THE MALE

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"We're not invincible"
How looking after
the ones you love, means
looking after yourself.

PAGE 06

HEALTHY MALE
ANDROLOGY AUSTRALIA

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Welcome

It's been a busy few months here at Healthy Male. We have a new name, and a new look, but our vision remains the same: a healthier life for all men and boys.

There were many significant factors behind our decision to rebrand. At the top of the list was the fact that most people don't know what andrology is. Time and time again we'd explain that andrology was to men what gynaecology was to women, but we'd already lost people by that stage. We wanted a name that people don't have to think about; they're looking for information, not trying to decipher what we do.

Healthy Male is an accessible name — a clear statement of intent. It's who we are as an organisation. It also shows that we are broadening our focus beyond andrological and reproductive issues. We're now looking at the symptoms and the causes — and the many health challenges that men face in 2019.

We understand that we need to be having conversations about diabetes, cardiovascular health, anxiety and depression. We acknowledge that we aren't experts in these fields, but we can't talk about sexual and reproductive health in isolation. These interconnected conditions need to become more prevalent in our discussions.

Our new magazine, *The Male*, is another way for us to engage with men, boys, families and health practitioners. It's a place where we can look at current issues in more detail. As with all our communication channels, we're interested in your feedback. Change will become a constant as we continue to connect with more and more communities.

It's always gratifying to hear stories of people coming together to talk about men's health. Because if we can get people talking, if we can normalise the conversation, then we can overcome that first barrier to seeking help. That's what Healthy Male and *The Male* is all about. In this inaugural issue, we're covering different ways of connecting and creating conversations. You'll find articles on Men's Health Week, the *National Men's Health Strategy 2020-2030* and real stories from real men. Health professionals will also find useful information about professional development opportunities and fresh new research. And we hope that our rebranding will help health professionals to share our resources and spread the word.

I hope you enjoy this edition of *The Male*. If you have any ideas or health topics that you would like to see covered, email us at info@healthymale.org.au. We're always open to suggestions on what you'd like to read and learn next.

Simon von Saldern
Healthy Male CEO

Contents

“We’re not invincible”

Men Care Too is an organisation that supports male carers through newsletters, social events and online resources. Greg Smith, the founder of Men Care Too, takes the lid off some of the health issues that affect the 1.1 million men around Australia who provide unpaid care or support to someone with an illness or disability[1]. Healthy Male supports this small but extremely important organisation by providing resources and information.

“A lot of carers don’t see themselves as carers. I’ve been in a caring role for 20 years, but I only recognised myself as a carer around ten years ago. There can be a bit of stigma for men and they typically don’t know what services or supports are around.

Another big issue is not knowing how to talk about the caring role with mates. A lot of carers with a partner or child with a disability or illness need to keep working to keep their income coming in. Say a guy is in the construction industry and he has an autistic child, it can be hard to talk about some of the challenges he faces. He might not have the right words or the confidence to say what he needs to say.

Often you are so focused on caring for your loved one that you put your own needs to the side. Many times you lose connections with your community. At Men Care Too, we organise social occasions for carers and former carers so that they can meet others who are in the same situation. For example, recently we organised a get together down at the Sydney Cricket Ground. Often, we have a bit of an icebreaker first, then we do an activity, then we move onto the food – and that’s where we start having more meaningful conversations.

We get the message out about our activities by connecting with the Australian Men’s Shed Association and other organisations that help promote the work we do. Men Care Too helps men on the central coast of NSW, but the issues are the same for men across Australia. As carers, we need more opportunities for social connection and we need more information about how to look after our own health.

I’ve been using Healthy Male resources at our social functions and at events like Men’s Health Week. What I like about them is that they are focused specifically on men, and are written in a language that blokes can understand and can relate to.

The GP question checklist is particularly useful. We handed them out to blokes during Men’s Health Week. Some of these guys might not have been to the GP for a while, or don’t believe they need to go to the doctor. Looking at the list might help them think, “Maybe I should go to my doctor and ask about some of these things.” The fold out contact list that you can put in your pocket is perfect because guys can keep it with them.

I package the resources into brown paper bags. I call them ‘blokes bags’ and hand them to men and women who come to events. Women can help put the information in front of guys. I tell them to hang onto the bags because they never know when they’re going to need numbers to call.

Men Care Too 'blokes bags'.

Service providers and healthcare professionals need to think outside the box when it comes to engaging with men and carers. It might be that they provide clinics outside of working hours, or offer quick basic health checks in workplaces, at sporting events and at hardware stores. Many carers might not make an appointment to see their GP during working hours. Services need to gauge where men are at and provide more male-friendly services. I also think GPs should be supported and resourced to play a key role in identifying and supporting carers. They can help carers put the time and effort into their own wellbeing.

My message to men is, ‘We’re not invincible’. We need to be more mindful of our bodies, particularly as we age. Like a car, our bodies get wear and tear, so it’s important to look after them. There’s no need to be embarrassed or put things off. We need to be proactive and not delay getting help. This is particularly important for men in a caring role – if you’re not well yourself, you can’t look after the people you love.”

mencaretoo.org

[1]ABS Survey of Disability, Ageing and Carers: Summary of Findings—2015

1.1 million Australian men provide unpaid care or support to someone with an illness or disability.

The new face of Andrology Australia

The rebrand of Andrology Australia to Healthy Male is more than a change of name and logo. It represents a change in voice, and a renewed sense of purpose to engage with the 12 million men and boys who call Australia home.

You'll see updated resources and a new website, but the one thing that hasn't changed is our commitment to sharing best practice scientific and medical information. Healthy Male continues to be evidence-based in everything we do. Now our trusted reputation and body of work, built by Andrology Australia over 20 years, is captured in user-friendly collateral. So while our work is still current, unbiased and cutting edge, we're making our information more accessible and easy-to-understand.

We're writing our website and resources for people who aren't necessarily from the health sector. We're talking to people differently, and helping them to navigate through complex health issues. And soon we'll be adding over 30 new videos to our website, which we know can be an easier way for people to absorb information.

We hope that by making our resources accessible and available to everybody, regardless of gender, age or education, we can help men to become more proactive in looking after their health.

healthymale.org.au

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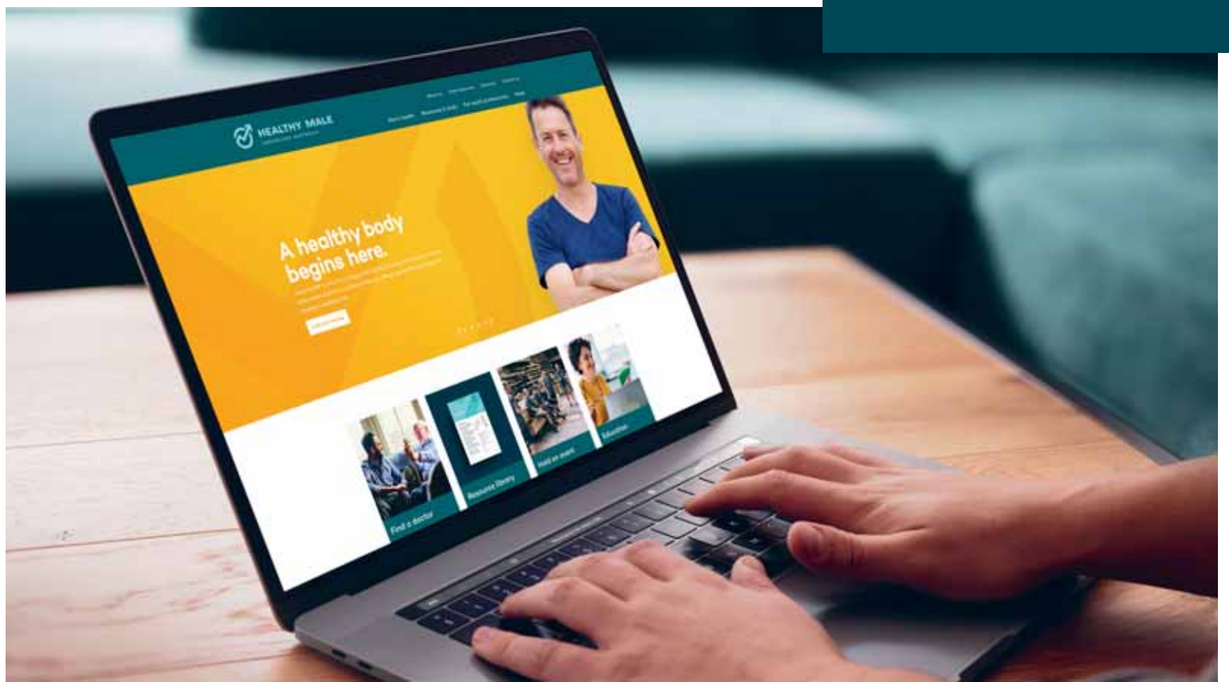
"... the one thing that hasn't changed is our commitment to sharing best practice scientific and medical information"



Something wrong?

Let's do something about it.

Men's Health Week 10-16 June 2019

At Healthy Male, we want to encourage men to be proactive in looking after their health, which is why this was our focus for Men's Health Week 2019. Because it's always better to check out a small problem before it gets bigger.

Men's Health Week is about keeping men and boys well, and encouraging them to be more proactive about their health. It's a week where we encourage men to seek help and find the people and resources they need.

The health status of males in Australia is generally poorer than that of females. That's why events held during Men's Health Week are so important. Many of these events give men an opportunity to come together and talk about health concerns in situations that are less confronting than direct conversations. The events also provide organisations such as Healthy Male with opportunities to engage with men and boys, to share knowledge on services, and to let men know that the information is there when they need it.

DID YOU KNOW?

Men's Health Week started in the United States in 1994 with a goal of heightening awareness of preventable health problems and encouraging early detection and treatment of disease. The idea caught on in New South Wales, and today Men's Health Week is celebrated around the country. This year over 250 communities and organisations across Australia promoted Men's Health Week using Healthy Male resources.

Hosting events and sharing resources

DID YOU KNOW THAT ALL OF OUR RESOURCES ARE FREE?

Events and promotion activities are a great way to raise awareness of men's health issues. And you don't have to wait for the next Men's Health Week to host one. We support hundreds of organisations across Australia to plan and promote events all year, every year.

In the past, resources have been used at events at Men's Sheds, community centres, local council/shire events, and at GP clinics and other health services. The resources help to increase awareness of men's health conditions and encourage men to talk about their health with GPs, nurses, family members, partners and each other.

By holding events, communities can get conversations started and reduce the stigma around seeking help for issues that are sometimes difficult to talk about.

Download and order fact sheets, information guides, booklets and brochures, posters, and clinical summary guides at ***healthymale.org.au***. All of our resources are available at no cost and postage is free within Australia.

My story

Erectile dysfunction

My name is Bruce. I was a public servant for 27 years. When I was in my late forties, I set up a gardening business in a bid to marry my interest in golf with horticulture. Despite my best efforts, I never did get a job as a groundsman on a golf course but the business ran for several years regardless. Now I'm 71 and retired. Soon I'll be celebrating 50 years of marriage.

When I was 57, I was diagnosed with erectile dysfunction (ED), which is an inability to get or keep an erection during sexual intercourse. While I'm really comfortable talking about this issue now, I'd never discussed it with any other guys. I guess no one wants to admit to it.

My sex life had been a disaster for several years. I was having 'improper' erections that weren't firm. I would ejaculate about a minute into intercourse. This was no good for my wife, and no good for me. I felt like I wasn't performing, that I was failing her. She thought I no longer found her attractive. But it didn't have anything to do with her at all.

I'd heard about Viagra on the grapevine and decided to go to my doctor to ask about it.

It was very clear to the GP from the outset that my problem was caused by smoking, which can affect your circulation, including your circulation down there. I had no idea of the link between ED and smoking but he made the connection straight away.

If I'd known, I would have gone much earlier.

I've since spoken with friends with ED who are younger than me. One had his prostate removed for cancer. The surgery for this often cuts some nerves which causes ED. Erectile dysfunction can also be a side effect of some drugs for high blood pressure. The reasons for the problem can be different for different blokes.

In my case, I'd been smoking for 37 years. I'd never considered giving up before because I thought I was too addicted. But once I made the connection, I said to myself that if I'm going to fix this problem, the smoking's got to go.

My GP put me onto a drug called Zyban which acts like a mind bending drug that gets you to a stage where you don't want to have cigarettes. It can have some side effects, so it's not for everyone. In my case it worked – I gave up smoking within seven days.

At the same time, my GP put me on Viagra. This worked very well, with minimal side effects. When on it, some people can get a bit of a headache, or feel a little flushed. After a time, I tried other drugs for erectile dysfunction called Cialis and Levitra. All three worked well, but after some years, they began not to work at all.

When I went back to my GP to see what my options were, he referred me to a urologist. When I met with the urologist about my problem, he said he had seen a lot of blokes from my golf club for the exact same issue! It made me realise how common it is.

I asked about other treatments I'd researched on the internet, like a pellet that you put into the tip of the penis. He said that was ''old hat, like putting soap in there''.

He recommended I try intracavernosal injections. This involves injecting a compound drug with a very fine needle into the base of the penis. I thought it was worth giving a go.

A nurse demonstrated the procedure in the specialist's rooms the first time. It didn't hurt. Once you're shown how to do it, you do it yourself at home. There are some helpful videos online. You inject prior to intercourse and the effects last for about four hours. I've been successfully doing it for three years now and haven't experienced any side effects.

What I would say to other men is that if you are having the same problem, the first step is to go and speak to your GP to get the ball rolling. This isn't something to be scared of. While I was initially a bit embarrassed, doing something about it has been worth it. It's restored my confidence and really helped my relationship. I only wish I'd done it earlier.

DID YOU KNOW?

Erectile dysfunction is very common and becomes more common as men age. At least one in five men over the age of 40 years has erectile problems and about one in ten men are completely unable to have erections. With each increasing decade of age, the chance of having erectile problems increases.

Erectile dysfunction is not a disease, but a symptom of some other problem, either physical or psychological or a mixture of both.

Reproductive health conditions are extremely common among Australian men. These conditions can come at a high social and economic cost and can impact your relationships. Sexual difficulties such as erectile dysfunction can occur at all ages. These problems are often under-acknowledged, due to their sensitive nature. Opening up conversations and sharing stories, such as Bruce's, is an important step towards normalising common conditions and addressing the causes behind them.

...the first step is to speak to your GP. This isn't something to be scared of.

"There's still a real disparity in how difficult it is for different population groups to access good health care. For men working on remote rural properties, taking time off to go to the doctor means that there's no one fixing that fence or looking after the cattle. These are tasks that have to be done, and no one else can do it. When we look at men in remote areas, it's obvious that our current health systems don't match our current needs."

Simon von Saldern, Healthy Male CEO

Why do we need a health strategy?

It's good to be an Australian man in 2019. Our men live longer than their brothers in most other countries, and they have access to good health care. But somehow there's still a gap in the information and health services available. Australian women, all things considered, are quite a bit healthier than men.

To fill the gap, we need new research, ideas and partnerships to allow for the improvement of men's health. The Australian Government released the *National Male Health Policy* in 2010. This policy signalled the importance of putting the health of men and boys at the top of the health agenda. It highlighted that for men to take better control of their wellbeing, new approaches and systems were essential.

Released in April 2019, the *National Men's Health Strategy 2020-2030* built on the 2010 policy with updated statistics and a clear path forward.

Healthy Male worked with years' of health data before authoring the new report. Within its pages, there were many sobering facts. When compared to Australian women, men are more likely to die from heart disease, diabetes, lung cancer and bowel cancer. It's even harder for Aboriginal men, and men in remote and regional areas, to look after themselves, with waiting times to see doctors measured in weeks, not hours.

The report also highlighted how conditions that only affect males, including prostate disease and erectile dysfunction, have a significant impact on their physical and mental wellbeing.

The strategy aims to build on past work, to support professionals within the healthcare system, and to improve the health of men and boys across Australia.

Key goals within the strategy include:

- Assisting men to improve their own health by sending clear messages that their health is a priority
- Improving the healthcare system by strengthening its ability to deliver quality care to men and boys
- Increasing investment in research to build the evidence base for improving men's health.

Moving forward, we also need to cater to the diversity of men in our communities. Men living with disabilities, military veterans, male prisoners, and intersex or transgender men all require unique treatment options to stay well. For the strategy to be successful, multiple groups will need to work together to achieve a central goal: healthier men and boys.

We're all in this together

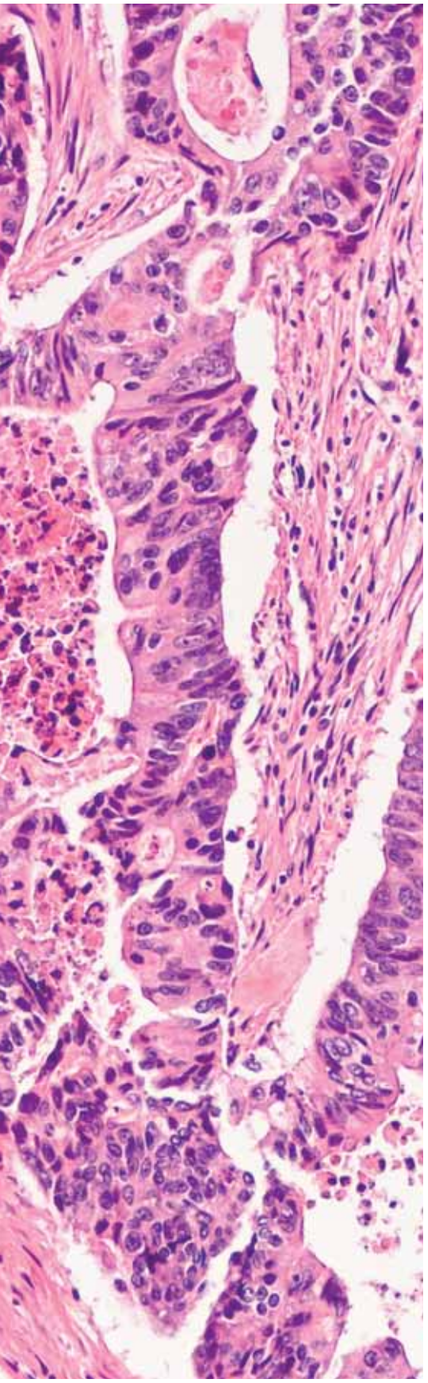
This isn't a case of choosing between men's and women's health – on the contrary, improvement in areas like male infertility, as well as other reproductive health issues, has positive effects on women's health too. As health researchers Peter Baker and Tim Shand note, "Better health for all cannot be achieved if the many challenges facing men are left hiding in plain sight." Improvements in men's health mean better health for everyone, so it's gratifying to see that the wheels are in motion. Of course, while we wait to see the new strategy rolled out, the new Healthy Male website is home to masses of information on sexual and reproductive health. Click, read, learn, and talk to your friends and family. The 21st Century Australian male doesn't need to suffer in silence.

health.gov.au/malehealthpolicy

CANCER AND STIS BY NUMBERS

The Report also reveals the importance of a men's strategy when it comes to their sexual and reproductive health. Prostate cancer is the second most commonly diagnosed cancer in men. Over 16,500 cases were recorded in 2017, and in men aged 20 to 39, testicular cancer was the second most common cancer diagnosis behind skin cancer.

Despite the availability of treatment, and many ways to avoid contracting diseases in the first place, the number of men contracting sexually transmitted infections (STIs) is rising. An estimated 230,000 people are living with hepatitis B in Australia, with men making up 54 percent of newly diagnosed cases in 2017. Chlamydia was the most frequently reported STI in 2016, and the number is increasing each year. Likewise, the number of men contracting gonorrhoea continues to rise. Around 90 percent of people with syphilis are men and, of the 23,200 men living with HIV in Australia, the Kirby Institute estimates 11 percent of that number probably don't even know they have the virus. These troubling figures all point to a need for an action plan and lots of conversations about safe sex.



Under the spotlight

Bowel cancer

Bowel cancer affects both men and women and is one of the most commonly diagnosed cancers in Australia. When the cancer is detected at an early stage, the chance of survival is far better than if detected later.

What is bowel cancer?

Bowel cancer, also called colorectal cancer, develops from the inner lining of the bowel. Polyps are small outgrowths of abnormal cells from the lining of the bowel. They are usually harmless but if left untreated they can grow into larger masses and become cancerous. Bowel cancer can develop slowly without symptoms. Symptoms, such as bleeding from the rectum, changes in bowel movements, bowel obstruction, and anaemia (low iron) may occur when the cancer is more advanced.

Bowel cancer in Australian men

Bowel cancer is the second most commonly diagnosed cancer in Australian men. In 2018, it was estimated that 9,300 men would be diagnosed with bowel cancer, and over 2,000 men would die from this disease. Men are 40% more likely to be diagnosed and 20% more likely to die from bowel cancer than women.

Risk factors for bowel cancer

Lifestyle factors that may increase your risk of bowel cancer include a high intake of processed meats, being overweight and physically inactive, smoking, and consuming large quantities of alcohol. A family history of bowel cancer and being over the age of 50 also increases your risk.

What is bowel cancer screening?

The Australian Government's National Bowel Cancer Screening Program aims to reduce the number of deaths from bowel cancer. The faecal occult blood test (FOBT) is recommended for all Australians between the ages of 50 and 74 and is a quick and easy at-home test. Participation in bowel cancer screening is important as screening allows doctors to detect cancer before any symptoms are present. Despite screening being shown to reduce the number of deaths from bowel cancer by 16%, just 4 in 10 Australians invited to participate do so. Men are also less likely to take part in bowel cancer screening than women.

What else can I do?

Having a healthy lifestyle, including being physically active, quitting smoking, eating non-processed foods and increasing your intake of dietary fibre can reduce your overall risk of bowel cancer. For help with any of these things, see your GP.

AIHW. Cancer in Australia (2017) Cat. No. CAN 100. Canberra

AIHW. National Bowel Cancer Screening Monitoring Report (2018). Cat. No. CAN 112. Canberra

Research overview

What influences men's decision making for treatment of localised prostate cancer?

Prostate cancer is the top diagnosed cancer in men over the age of 50. Fortunately, it has a very good survival rate. A diagnosis of prostate cancer can be a worrying and emotional experience, and making treatment choices can be daunting. It is important to understand how men make treatment decisions, what they understand about the treatments offered, and what their preferences are for receiving information, so that doctors can best support men in making informed treatment decisions.

Treatment options for localised prostate cancer include active surveillance (monitoring of low-risk cancer), surgery to remove the prostate (open or robotic prostatectomy), or radiotherapy. Studies show that these treatments all give the same likelihood of survival. However, surgery and radiotherapy can come with specific side effects that may influence decisions when choosing a treatment.

The Prostatectomy versus Radiotherapy for Early-stage Prostate Cancer (PREPaRE) study[1], set at the Liverpool Hospital in Sydney, NSW, aimed to understand how men choose treatments for prostate cancer. After receiving a diagnosis of prostate cancer, men enrolled in the study attended a 'combined clinic' where they received information about surgery or radiotherapy treatment options from doctors specialising in those areas (a urologist and a radiation oncologist). The study recruited 25 men with localised prostate cancer who completed surveys and took part in interviews to share their experiences on how they reached treatment decisions.

The main findings and recommendations of the study were:

1. Patients have great trust in their doctors. The specialist (e.g. urologist/ radiation oncologist) strongly influences the treatment decision. Not all patients were aware of the option of radiotherapy before the combined clinic appointment. Given that doctors are likely to be biased toward their specialty, it is important that patients receive balanced information from both a urologist and a radiation oncologist early on, preferably at the stage of diagnosis.
2. Patients mistakenly thought that compared to radiotherapy, surgery offered an increased survival rate and reduced likelihood of the cancer returning. Patients made decisions based on how they perceived the treatment was related to survival, rather than what the consequences (side effects) of the different treatments were. More education and better communication are needed so that men are fully aware of all the facts about different treatments, including the side effects.
3. Patients stated differing preferences for receiving information about treatments for their prostate cancer. Some preferred receiving information booklets and other resources, while others only wanted to get information from their doctor. There was a general lack of information resources on radiotherapy for prostate cancer. A tailored approach is needed so that each patient is fully informed and supported before making treatment decisions.

[1]Smith A, Rincones O, Sidhom M, et al. (2019) Patient Educ Couns. S0738-3991(19)30067-9

Clinical case study

Motivational interviewing in clinical practice

Conversations that inspire change

Motivational interviewing is a powerful tool for clinical practice. Its purpose is to engage the patient actively in the healing process, so that they are able to feel heard and valued. This works to enhance their motivation in finding and sticking to solutions. Applying the practices of: active listening, resisting the reflex to be right, understanding motivation, and empowering people to work with you on a solution can bring significant improvements in their attitude and ability to follow an agreed process.

The example scenario presented on the next page illustrates how simple changes in your behaviour can lead to better patient outcomes.

James is a 67 year old man who has been diagnosed with type 2 diabetes, hypertension and dyslipidemia for four years. He is attending an annual diabetes cycle of care appointment at the medical practice. The practice nurse has contact with James first.

Two options are presented: one without motivational interviewing and one using motivational interviewing to engage with James. This is followed by a discussion of the two approaches.

Example scenario

Nurse: Good morning. How are you doing?

James: I'm okay, I guess.

Nurse: I see you are here for your annual diabetes check-up. Do you have any concerns you would like to discuss?

James: Well, I think the only thing that has been a problem is that…well, I'm having a problem getting an erection.

OPTION 1: Interaction without motivational interviewing

Nurse: Oh, you are experiencing erectile dysfunction.

James: Yeah, I guess that's what I've heard it called on TV and the internet when I looked it up.

Nurse: Be careful what you read in those places. How is your diabetes control coming along?

James: Well, my diabetes doctor said it isn't great. I've been having a hard time getting my numbers to where they should be.

Nurse: You need to control your diabetes better. Otherwise you will have problems like these.

James: I know, and I've been trying.

Nurse: Did you discuss any issues with the Endocrinologist when you saw her?

James: No.

Nurse: Okay, well, you're next to see Dr. Smith.

OPTION 2: Interaction with motivational interviewing

Nurse: Lots of men suffer from erectile dysfunction, especially people with diabetes. Do you mind my asking how long this has been a problem?

James: It started about six months ago and it's getting worse.

Nurse: Ok, so it's now getting to a point where you would you like to do something about it?

James: Yes, I want to know why this is happening to me. The diabetes doctor said my diabetes numbers are not so good lately. Do you think that has anything to do with it?

Nurse: Yes, there is a connection. When diabetes is poorly controlled, it can lead to problems such as this and other medical conditions. What are your thoughts?

James: Well, I remember hearing something about erections being a possible problem. I guess I just didn't think this would ever happen to me.

Nurse: What do you feel you can do to help the situation?

James: I want to get the medication from the doctor, but I also need to work on my diabetes control.

Nurse: So, on the one hand, you want immediate relief, but at the same time, you are looking to improve the situation by improving your diabetes control?

James: That's right.

Nurse: That sounds like a great place to start. You can discuss the medication with your doctor, and I can help you with your diabetes control.

James: Thanks. I think I know what I need to do. I just need to do it.

Nurse: I'll make a note of our discussion and your doctor will discuss any further questions or medical advice that you may need. Now let's talk about how you can work on your diabetes before you see the doctor. What do you think you can do to make a start?

Discussion points

The two scenarios demonstrate two very different approaches to the same encounter. In the first scenario, James came to the nurse with a concern about erectile dysfunction and the nurse quickly turned it into a conversation about James's diabetes control. James wasn't heard, and the focus of the conversation was nurse-directed. The nurse wasn't listening to what was on his mind and she disregarded his concerns. She demonstrated that she knew what to do and that James should listen to her as an authority figure. After having his concerns ignored, it would be harder for James to approach the topic with the GP — especially when the topic was tricky to discuss in the first place.

The second scenario reveals a more effective encounter.

The nurse listened to what James said and let him guide the conversation. James did not show resistance to the nurse's questions and was clearly ready to make changes if it would improve his situation, even though he also wanted a quick fix. The nurse was able to help James see the connection between his current issue and the management of his diabetes, without directly telling him what to do.

James was willing to make changes because he wanted to improve his erectile dysfunction. Because he already knew what those changes entailed, he was now motivated to make them. The nurse encouraged his motivation through agreement, rather than diminishing it by authoritatively directing him. Not every encounter for behaviour change is met with resistance. Some patients have already thought through the process and come to a practice nurse or GP ready to make changes.

Practice points

- Up to four in every five men over the age of 40 with diabetes may experience erectile dysfunction (ED)
- ED is when a man is unable to get and/or keep an erection that allows sexual activity and penetration. It is not a disease, but a symptom of some other problem, either physical or psychological or a mixture of both
- ED can cause an increased risk of cardiovascular disease and depression in diabetes[1,2]
- Early recognition of ED is important as it may indicate that other medical conditions are present.

Thank you to our contributor, Dell Lovett. Ms Lovett is a registered primary health care nurse and member of the Healthy Male Primary Health Care Nurse Reference Group.

[1] Lue, TF, Brant, WO, Shindel A, et al. (2017), Endotext: Sexual Dysfunction and Cardiovascular Disease. In De Groot LJ. (ed.), Endotext.org, South Dartmouth (MA).

[2] Raheem, OA, Su, JJ, Wilson JR, et al. (2017), 'The association of Erectile Dysfunction and Cardiovascular Disease: A Systematic Critical Review, AM J Men's Health, vol. 11, no. 3, pp. 552-63.

Focus on

Lower urinary tract symptoms in men

What are lower urinary tract symptoms (LUTS)?

LUTS is a collection of symptoms related to the bladder, prostate and urethra, which make up the lower urinary tract. The different types of symptoms are broadly grouped into voiding (obstructive) or storage (irritative) LUTS. A man may have mainly voiding symptoms, mainly storage symptoms, or a combination of both.

How common are LUTS?

As men get older, LUTS become more common. LUTS can occur in young men, although the cause of the symptoms may differ in an older man. Moderate to severe LUTS occurs in one in 14 men in their 40s, and nearly one in three men over the age of 70. According to a study of men 35 to 80 years old, storage symptoms were twice as common as voiding symptoms (28% versus 13%).

What are the symptoms of voiding and storage LUTS?

STORAGE (IRRITATIVE) LUTS	VOIDING (OBSTRUCTIVE) LUTS
• Urgency – feeling an urgent need to urinate	• Hesitancy – a longer than usual wait for the stream of urine to begin
• Frequency – a short time between needing to urinate	• Weak stream
• Nocturia – waking from sleep to pass urine two or more times during the night	• Straining to urinate
• Urge incontinence – a sudden, intense urge to urinate followed by an uncontrolled loss of urine	• Dribbling after urination has finished
	• A stop/start stream

What causes LUTS?

Storage symptoms may be due to an overactive bladder (OAB). OAB leads to a feeling of urgency to urinate, which can occur with high frequency and during the night (nocturia). Urge incontinence may also be present. Storage LUTS can indicate an underlying chronic medical condition such as obesity, diabetes, high blood pressure or obstructive sleep apnoea (OSA). Smoking increases the likelihood of developing storage LUTS.

Voiding symptoms are usually due to a blockage (obstruction) at the outlet of base of the bladder, making it difficult to pass urine. The blockage can lead to hesitancy and a weak stream while passing urine. The blockage may be caused by a non-cancerous enlarged prostate gland (benign prostate hyperplasia [BPH]), or by scarring of the urethra (the tube that carries the urine from the bladder out of the body).

Enlargement of the prostate gland (BPH) can lead to both storage and voiding symptoms and is a common cause of LUTS in men. Other causes of LUTS include some medicines, and neurological diseases such as stroke and Parkinson's disease. LUTS is also linked with depression and erectile dysfunction.

LUTS, especially if it is painful to urinate or blood is present in the urine, may be caused by an acute problem such as a urinary tract infection, or infection and inflammation of the prostate gland (prostatitis).

Sometimes the exact cause of LUTS is not always easy to find.

When should a patient see their GP for LUTS?

Bothersome LUTS are not 'just a part of aging'. If there are changes to urination, particularly if the symptoms are affecting quality of life or interfering with normal daily activities, patients should speak to their GP.

Urinary symptoms in men are rarely a sign of prostate cancer, and the LUTS usually have other causes. An enlarged prostate (BPH) may be a contributing factor to the LUTS; however, men can have enlarged prostates but no LUTS, or normal-sized prostates and LUTS.

The presence of LUTS requires a very thorough general check of both physical and psychological health by the GP. If needed, GPs may refer to a urologist, a doctor specialising in conditions of the urinary tract and genitals.

How is the presence and cause of LUTS diagnosed?

The type of symptoms experienced will confirm the presence of LUTS. Further evaluation by a doctor is needed to find out the cause.

The assessment of LUTS starts with a thorough medical history and general examination. A medical history includes the type of symptoms, the presence of other health conditions, such as diabetes, high blood pressure, obstructive sleep apnoea (OSA), depression, erectile dysfunction, and a review of any medications.

Tests may include one or more of:

- Urinalysis: urine tests to check for signs of infection or cancer in the urinary tract or kidneys
- Blood tests: to check the function of the kidneys and liver, blood sugar and fats, and prostate specific antigen (PSA) levels
- Digital rectal examination (DRE): to check if prostate disease is present
- Urination diary (particularly for storage symptoms): records the pattern and frequency of urination and the volume of urine being passed
- Ultrasound scan: used to measure the amount of urine left in the bladder after urination and to check the prostate
- MRI scan: may be ordered to help diagnose the cause of LUTS, especially if prostate disease is suspected
- Cystoscopy: a small video telescope is inserted into the penis via the urethra
- Sleep study: to check for obstructive sleep apnoea (OSA) which is often associated with LUTS.

How are LUTS treated?

The appropriate treatment depends on the type of LUTS, the cause of the LUTS, and other factors such as how much bother and discomfort the LUTS is causing. Managing other health conditions such as obesity, diabetes, hypertension or OSA may be the first option. If symptoms are not very bothersome, the best approach may be to monitor the LUTS through regular check-ups.

The following lifestyle changes may help to reduce the symptoms:

- Quit smoking
- Reduce caffeine and alcohol intake – these can irritate the bladder
- Avoid large amounts of fluid before bed
- Prevent constipation – straining to pass stools can affect pelvic floor muscles, which are important for both bowel and bladder control
- Lose weight and increase levels of physical activity.

If the LUTS are bothersome, there are medicines that can help. The medicine suggested by the doctor will depend on the type and cause of LUTS. In some cases, several medicines may be tried to see if they improve symptoms. Tablet (oral) treatment options include:

- Alpha-blockers – relax the bladder outlet and the muscles of the prostate gland; help symptoms due to prostate enlargement
- Anticholinergics (or antimuscarinics) – reduce contraction of the bladder; help storage symptoms or overactive bladder
- Long-acting phosphodiesterase inhibitors (tadalafil) – used to treat erectile dysfunction but also help reduce LUTS
- 5-alpha reductase inhibitors – only used if the prostate is enlarged and usually taken in combination with alpha-blockers. Can have long-term side-effects including erectile dysfunction and loss of libido (sex drive).

Surgery is only opted for in severe cases of prostate enlargement (BPH) or other serious causes of obstruction. Surgery is the most effective treatment for relieving symptoms caused by an enlarged prostate but it has potential side-effects, including affecting normal sexual function.

Professional development

At Healthy Male, we're committed to supporting health professionals to better assist Australian males with their reproductive and sexual health. We provide access to training activities, guidelines, assessment tools and specialist devices. We also support health conferences, forums and events that are held throughout the year.

Professional education

Our training activities are accredited by leading bodies RACGP, ACRRM and APNA. To ensure our courses and programs are practical, relevant and educational, they have been based on examples of cases or problems commonly encountered by health professionals in day-to-day clinical life.

We have also worked alongside, and been supported by, our health professional reference groups in the development of our self-directed training activities.

Clinical resources

We offer a range of evidence-based resources for our health professional community, from clinical summary guides, to best practice guidelines and useful patient assessment tools.

Orchidometers

An orchidometer is a medical device for health professionals to measure testis size in a clinical setting. The Healthy Male orchidometer is available to purchase for health professionals and health services. GPs who complete all case studies in one active learning module will also receive a complimentary orchidometer.

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