

Program 08

Unzipping the facts

Sexual health for older men

In this program, we hear from three medical specialists about three often-related health and sexual wellbeing issues for older men – the detection and treatment of prostate cancer, erectile dysfunction, and testosterone replacement therapy. The production team acknowledges the assistance of Andrology Australia in the production of this program, in which we hear from Endocrinologists Associate Professor Carolyn Allen and Associate Professor Douglas Lording, and Urologist Mr Jeremy Grummet.

Interviewees

Dr Carolyn Allen

Mr Jeremy Grummett

Dr Douglas Lording

Discussion Starter

Problems and challenges of sexual health affect the lives of many older men, yet too few men are adequately or helpfully informed about these issues. The science on this subject, though sometimes unclear and in a state of debate on some topics (which will always be the case with advancing science), can still provide pretty sound advice and guidance.

Prostate problems

Prostate difficulties in older men have been much publicized in recent years, not just because they are common but because prostate cancer can be a killer. That said it is most often the case that such difficulties originate in benign disorders, and are not due to cancer at all. What is most important is that older men with diagnosed difficulties of the prostate receive expert advice about treatment options, and because some treatments have significant potential unwanted aftereffects, weighing carefully benefits versus risks relative to each individual patient and his circumstances is crucial.

We now have a useful body of prostate related science, but we still await better early detection methods and treatments that are less prone to creating unwanted damage. In all of this we must keep in focus that such effects can have profound consequences for individual men and their relationships. As an old school GP pointed out: practicing good medicine is much more than merely applying procedural skill and knowledge in diagnoses and treatments; just as importantly it is about empathically considering the implications of any proposed intervention.

Surgery, for example, may potentially save a man's life, yet a consequential loss of sexual function or incontinence may prove to be psychologically and interpersonally devastating. All the more reason for the best information and advice, so that males embarking on treatment do so, on the basis of properly informed consent and expectations, so they are apprised of best and worst case outcome scenarios.

Erectile dysfunction

Another issue of sexual health for older men, one which men can experience quite apart from the complications of prostate treatment, is impotence, or erectile dysfunction. With advancing years, male sexual function slowly and naturally declines. However, when older men understand and adapt to these changes, more often than not they can continue having sex for as long as their general health permits.

When it is assumed that sexual activity is important despite your age, rather than unimportant because of your age, all kinds of possibilities arise – including the potential benefits of changing medications, or trying an impotence drug; all things a good GP or specialist can advise on. There is little doubt that oral drugs that induce erection (such as Viagra, Cialis, and

Levitra) have brought a revolution in the treatment of impotence – and are apparently effective for a significant percentage of men. But these shouldn't be bought over the Internet or shared by a friend, because for some men with other health issues, or on other prescribed medications, impotence drugs may have some real dangers. A doctor should always be consulted before taking these medications.

Other factors – especially of lifestyle and particular health conditions such as diabetes, vascular disease, and mental ill-health can also impact considerably on male sexual capacity. But no man should be needlessly “put out to pasture” for want of some good advice, sound information – or some new tricks. Men experiencing erection problems should always talk to their doctor, and preferably also to their partner. It makes no sense to hide the problem – or to suffer in silence, when there may be a variety of effective options and treatments available.

Testosterone replacement therapy

When people think of sexual capacity, they most often think testosterone. There have been television programs focusing on anti-ageing and rejuvenation therapies with interviewees who swear by testosterone replacement therapy, as something that can miraculously restore their masculine powers. Mainstream medicine begs to differ; it advises that testosterone is not the panacea frequently touted in testimonials.

Testosterone is of course very important; experts tell us that it is associated with not only sexual libido and energy levels, but also muscle strength and healthy bones. However, it is most often found at normal levels in most men – even those who are more senior. When men encounter problems of diminished libido or sex drive, the most likely culprit will not be testosterone at all but other health problems, such as diabetes, depression, or obesity.

In cases where men are found to have a true testosterone deficiency, testosterone replacement therapy is made available and may be significantly helpful. However, researchers in this field suggest that not enough is yet known about unwanted or potentially harmful effects of testosterone supplementation for it to be safely recommended simply for enhancement of desirable capacities.

The good news is, though testosterone levels can decline somewhat with age, it is apparently not unusual for much older men to have levels of testosterone comparable with men many years their junior. Lifestyle and healthy living apparently play a crucial role in maintaining normal testosterone levels. Men can help really themselves by exercising regularly, and taking steps to maintain themselves in good general health.

Questions

- 1. How common is it that men contemplating prostate treatments with the potential to affect sexual function or continence, receive adequate assistance to think through and decide what to do? Are competent and male friendly specialised counselling services available for this?*
- 2. In what ways could health care providers make it easier for men to discuss the issue of erectile dysfunction with less hesitation and embarrassment?*
- 3. There appears to be some reticence in health promotion information about the role of testosterone. There also appears to be little emphasis on promoting healthy lifestyle as a means of maintaining male sexual health and libido. What might be some reasons for this?*

Project Consultant

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