

A WHOLE NEW BALL GAME

HEALTH INFORMATION
FOR AUSTRALIAN MEN
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Celebrating
25
issues





Associate Professor
Gary Richardson

GREETINGS FROM THE CHAIR OF FOUNDATION 49: MEN'S HEALTH

Welcome to the digital age for the Whole New Ball Game Magazine 2015. This is our first edition that is solely electronic and a significant issue at No 25.

The first Whole New Ball Game magazine was published in December 2006 featuring Shane Jacobson as 'Kenny' in the Australian 'mockumentary' film about Kenny Smyth, a Melbourne plumber who works for a portable toilet rental company. Since then, many well known celebrities and personalities have supported our work to encourage men with healthier physical, mental and emotional behaviours.

Our decision to go digital was driven by a need to reduce costs and recognition that a larger proportion of our readership are online participants. However, it was still a hard decision to make and we appreciate it may disadvantage some of the loyal readers, who like to receive the print version of the magazine.

In the coming months we will also be making significant changes to our website, based on feedback received from our supporters – thank you for your input. We hope that the new design will encourage you to visit and participate more often and encourage you to continue to use the website as an accredited source of Men's Health information and resources. Don't forget to advise us about

any topics where you would like further information and 'questions for the quack' where we can provide some advice and guidance on specific health concerns.

For anyone needing a little more encouragement to take better care of their health, try to 'Change 1 Thing' – so in 2015 commit to losing a few centimetres off your waist, or walk 3 days a week for 30 minutes or make this the year to stop smoking – 1 important step at a time.

Thank you to Professor David de Kretser AC, Foundation 49: Men's Health Patron and Former Governor of Victoria, for his message of support and encouragement.

Finally I urge you to please support Foundation 49: Men's Health to continue to undertake the great work providing support for men across the whole spectrum of men's health issues. Please donate now – every gift however small, is crucial to our survival – please visit www.49.com.au

Live Long, Live Well. **Cheers, Gary**

ASSOCIATE PROFESSOR
GARY RICHARDSON
CHAIRMAN, FOUNDATION 49

QUESTIONS FOR THE QUACK

CRAIG, 65 ASKS:

My sleep hasn't been the same for a few years – I need to get up several times a night to urinate, although I often have trouble 'getting it going'. My wife also complains of being woken up by my excursions to the toilet at night. Is this normal for my age, or should I see a doctor? I heard that prostate cancer could cause these symptoms...

It is common at your age to experience symptoms such as the ones you describe. They are in fact usually due to benign prostatic hyperplasia (BPH) a condition where the prostate enlarges over time and causes pressure which can affect your flow of urine. To rule out more serious causes (such as prostate cancer), and to help you with what sounds like bothersome symptoms to you (and to your wife!), I would advise you to visit your GP, who may refer you to an urologist, as effective treatment is readily available.

MORE INFORMATION

www.morethanonecaneight.com.au
www.49.com.au

PEDRO 30 ASKS:

My stool has recently started changing – I experience diarrhoea and constipation on and off. I am not eating any differently than before, and haven't increased my alcohol consumption. I have not had any complaints of this sort before, apart from the occasional bout of constipation – is this a cause for concern, and if yes, what should I do?

Changing stool patterns can be caused by a range of factors, such as bowel infection or inflammatory bowel disease, and some medications and foods, but they can also be a sign of bowel cancer, where they are accompanied by blood in the stool and/or unexplained weight loss or loss of appetite. Since bowel cancer can be treated effectively in 90% of cases if detected early, I suggest you visit your GP for appropriate tests, such as faecal occult blood testing (or FOBT) of the bowel movement for invisible blood. If positive for blood, colonoscopy is recommended to investigate the cause.

MORE INFORMATION

www.letsbeatbowelcancer.com

MY LOVE OF FOOD AND LIFE ITSELF

Michael Moore is an incredibly successful chef, husband and dad – but has also managed his serious health challenges equally successfully...

As a celebrity chef, Michael has worked in many of the most prestigious restaurants in the world. Having trained in Portsmouth in the south of England, Michael soon found his way to the Cafe Royale and the Ritz in London. He was persuaded by a friend to travel to Sydney and join the vibrant food enthusiasts at the Four Seasons in the 1980s.

"Food in Australia was amazingly dynamic at that time," said Michael. "I arrived in Australia in my early 20s with \$400 in my pocket, expertise in French cookery and a burning desire to succeed."

Michael admits "I was brought up watching and learning about food and cooking from my family, particularly my grandmothers. My mother grew, picked and cooked her own home produce; I had a hearty appetite and enjoyed the home cooked food."

From the age of four, Michael says he was destined to cook. "We had cooking classes at school and I was the only boy who attended and regularly won the Easter and Christmas cake competitions," he said.

Up until his mid-30s, Michael says he had hardly ever been to a doctor except for minor things. At this time, his life had become pretty stressful. "I had been working very hard as a chef, opening two restaurants, we had our first child, had financial pressures and some personal issues to manage," said Michael. "I began to feel really rough and went to the doctor who investigated my symptoms and did a few tests".

Michael was diagnosed with type 2 diabetes and admits he questioned his doctor. However, a blood glucose reading of 27 convinced him. "I immediately went into a panic attack, reading and researching everything about the diagnosis. I am still convinced it was brought on by stress; I was not overweight, ate healthy food and undertook regular exercise".

Michael's diagnosis had a significant impact and he became ever more focussed on eating healthy, nutritious food, which translated into the food served in his restaurants. However, this was not the only health challenge Michel was to experience.

"One Sunday lunchtime, I was in one of the pub gardens undertaking a cook-your-own steak for the family (and other restaurant patrons I seem to recall) when I suddenly collapsed. Initially, my wife thought it was a diabetic 'hypo' episode and I remember trying to say 'I'm alright' but it came out as 'I'm all white' and this was a defining moment for me," said Michael. "My wife noticed immediately that I had lost the use of my left side, had a droopy face and mouth and I couldn't get up. She obviously has a sixth sense and called the ambulance, which had me in hospital and in intensive care in about half an hour."

Michael says he felt 'punch drunk' for a few days. "With the immediate, first class treatment and great determination I have made a fantastic recovery. However, I do remember reading the pamphlet in the hospital that advised I had a slim chance of surviving a subsequent stroke. This really made me revalue my life and my responsibilities and in particular, my wife and children," he said.

Michael's stroke occurred almost five years ago. Since then, Michael says he may have become a bit short tempered and less patient, but has taken complete charge of his life. "I now focus on the present, today rather than tomorrow. I have not slowed down, but enjoy being in the moment. I am actively pursuing my dreams and ticking off the list."

How does Michael manage work-life balance? He advocates "remembering that your health is the most important and valuable gift that you have".



Michael says he never thought he would be repeating the old cliché: live every day as though it is your last. "It is absolutely true," he says. "I am now committed to more fun and enjoyment."

What does Michael do to keep well and healthy? "I have an even sharper focus on food with only good, healthy and nutritious items in the house. I still exercise regularly, but not with the intensity that I was; I take a softer approach and don't get to the stage where my heart feels it is coming out of my throat!"

As for his mental health, Michael read that depression was a normal consequence of having a stroke and "was waiting to find myself in that space." Luckily, that did not happen and he was able to get on with his life. However, Michel admits that initially he was anxious about being in remote places in case he became ill and could not get assistance quickly enough; he felt he was a bit fragile. Those days are behind him now: Michael has plenty of drive and self-motivation, which has kept him on an even keel.

Michael has the following tip for the average man reading this article: "Take your health seriously – if you don't have your health, you don't have anything. Have a check up every year while you still have a voice!"

So what does the future look like for Michael? "I am a very young 50 year-old," he said. "The future is one of fun and enjoyment, I do not intend to retire early but I will 'work to live' rather than 'live to work'. I won't just stop and switch off; everyone needs a level of commitment to something in their life."

POWER FOOD SALAD

KINDLY PROVIDED
BY MICHAEL MOORE

1 x 150g (5oz) can chickpeas
1 x 150g (5oz) can 3-bean mix
1 large red onion, finely diced
1 green apple
2 large celery sticks
2 carrots
juice and zest of ½ lemon
6 egg whites
1 cucumber, diced
1 cup fresh podded peas
½ bunch dill, leaves picked
180g (6oz) hot smoked salmon, flaked
1 tablespoon each pumpkin
and sunflower seeds
2 tablespoons olive oil
low-fat fetta cheese to garnish (optional)

1. Rinse and drain chickpeas and mixed beans. Place into a bowl with finely chopped red onion.

Using a juicer, juice apple, 1 celery stick and 1 carrot. Mix with lemon juice and zest. Pour this juice over chickpea, bean and onion mix, cover and refrigerate overnight.
2. Lightly beat egg whites and pour into a large hot non-stick skillet. Cook a few minutes each side, then turn the omelette out onto a board and roll up. Allow to cool and slice finely.
3. Drain the chickpeas and bean mixture. Place into a large bowl, retaining the liquid. Add 1 diced cucumber and 1 diced carrot with all remaining ingredients.
4. Whisk half of the reserved liquid with olive oil and drizzle over the salad to serve. Crumble fetta over the top if desired.

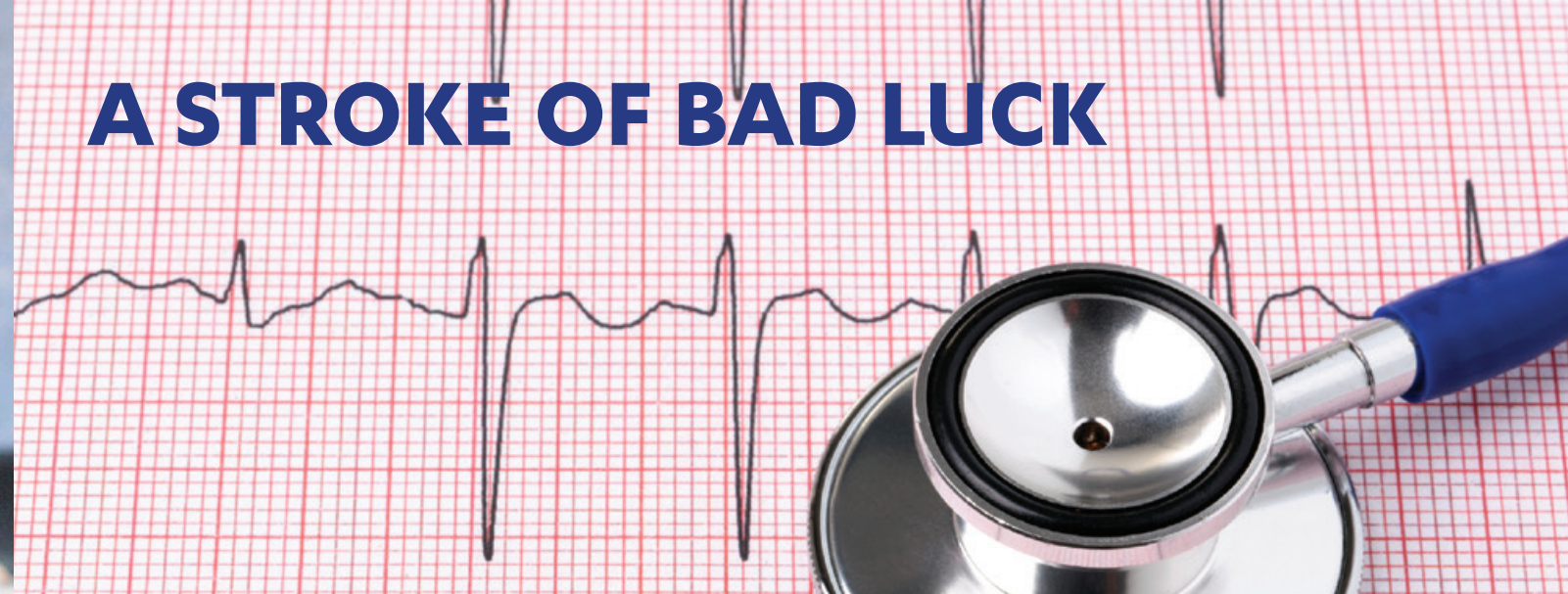
SERVES 4

Chef's note: Hot smoked salmon is available in most good supermarkets and delicatessens. Alternatively, you can use fresh cooked salmon or trout.

A fantastic source of protein!
I often add low-fat fetta to this salad.



A STROKE OF BAD LUCK



Stroke is Australia's second biggest killer and a leading cause of disability. Find out about the warning signs and how to protect yourself against stroke.

You are going about your normal Saturday and suddenly you can't lift your left arm and hold on to the lawn mower. Your left leg seems heavy, and you are having difficulty coordinating your leg to take a step. You call, but the words come out all wrong and jumbled. You look in the window of the house and your face seems droopy. You think 'What is happening to me? I must have pulled a muscle'. The thought I must start going to the gym crosses your mind, before you crumble to the ground. What is happening is that you are having a stroke.

Stroke is Australia's second biggest killer after coronary heart disease and a leading cause of disability. In 2014, approximately 51,000 Australians suffered a new or recurrent stroke. That is, 1000 strokes every week or one stroke every ten minutes. In 2012, the total financial costs of stroke in Australia were estimated to be \$5bn not to mention the untold human and social costs for sufferers and their families.

Stroke is sudden and always a medical emergency, just like heart attack. People often delay getting medical assistance thinking that the symptoms will go away. Stroke is an emergency that needs immediate medical treatment for three reasons:

- 1. EMERGENCY** – only a doctor can decide whether you are suffering a stroke.
- 2. TREATMENT** – some treatment must be given within four-and-a-half hours of the stroke starting, in order to prevent the severity. Depending upon the brain CAT scan results, a clot busting drug can be given to help dissolve the blockage and minimize damage to the brain tissue.

3. ASSESSMENT – you will need to be assessed by a doctor for diagnosis and treatment to prevent another stroke from occurring.

WHAT IS A STROKE?

A stroke happens when blood supply to the brain is interrupted. Blood is carried to the brain by blood vessels called arteries. Blood contains oxygen and important nutrients for the brain cells. Blood may be interrupted or stop moving through an artery because the artery is blocked ([ischaemic stroke](#)) or bursts ([haemorrhagic stroke](#)).

A transient [ischaemic attack](#) (TIA) happens when there is a temporary interruption to the blood supply to the brain. It causes the same symptoms as a stroke but symptoms go away completely within 24 hours. Despite this, it is vital to get treatment as quickly as possible calling 000. People with TIA diagnosis are at high risk of early stroke.

Emergency medical treatment at a hospital emergency department soon after stroke symptoms begin improves the chances of survival and successful rehabilitation.

Cabrini has recently launched a new stroke service. Rapid assessment and treatment starts in the emergency department with multiple health professionals working to assess treat and guide patients through their hospital stay and rehabilitation, equipping them with ways to improve their recovery and prevent another stroke from occurring.

It is important to know the risk factors for stroke. The best way to find out your risk is by seeing your GP annually for a check-up.

SOME RISK FACTORS YOU CANNOT DO ANYTHING ABOUT:

- **AGE** – the older you become, the greater your risk of having a stroke
- **GENDER** – stroke is more common in men
- **FAMILY HISTORY** – having a parent or sibling who has had a previous stroke

HOW TO PREVENT A STROKE

There are some risk factors that can be controlled to help prevent a stroke. Follow these tips:

- Keep your blood pressure at a healthy level
- Reduce your cholesterol if it is high
- Don't smoke
- Maintain a healthy weight
- Eat nutritious food and be active daily
- Check the suggestions for healthy alcohol consumption and remain within these limits
- Ask your GP whether you have an irregular pulse and if so, what to do about it!

SIGNS OF A STROKE

It is important to know the signs of stroke not only for yourself but to identify whether someone else is having a stroke.

- **FACE** – Check their face. Has their mouth drooped?
- **ARMS** – Can they lift both arms?
- **SPEECH** – Is their speech slurred? Do they understand you?
- **TIME** – Time is critical. If you see any of these signs, call triple zero (000) immediately

MORE INFORMATION

www.strokefoundation.com.au
StrokeLine 1800 787 653
www.alcohol.gov.au

ROGER – WAS THIS A STROKE OF LUCK?

Roger is a healthy and extremely lucky 71-year-old who lives in Perth WA. Before he retired, Roger spent 27 years lecturing in the School of Business and Law at Edith Cowan University, where he taught mathematics, research methods, information systems and finance.

In September 2014, Roger suffered a ‘stroke experience’ which caused him a worrying two-and-a-half hours lying on the floor, followed by a visit to Roger’s GP for a screwdriver injury, an airflight from Perth to Adelaide, a road trip to Mount Gambia and on to Melbourne and a visit to the family 14 days later – before someone said “I think you need to see a doctor quickly.”

Roger says it all started when he was sitting on the edge of the bed trying to undo his shoe laces. “The next minute, I was lying on the floor on top of my arm and literally unable to move for two-and-a-half hours,” he said. “Finally I felt I could pull myself up and then got on with the task at hand, which included a repair in the shower. Obviously, I was not quite right as I managed to spear my hand between the thumb and forefinger with a very rusty old screwdriver. So, I thought I had better take myself off to the doctor for a tetanus shot.”

In two days’ time, Roger and his partner were on a trip to the east coast of Australia to visit family. They flew to Adelaide, had seven days attending an educational computing conference and then drove to Mount Gambia for three nights. Then, they went back on the road to Melbourne, where they had planned to visit Roger’s son, wife and family.

After arriving at his son’s home, Roger realised he was “being observed”. His son decided he wasn’t quite right, saying: “Something is wrong – you need to see a doctor straightaway.” Roger visited the local GP the next morning. “The doctor

looked at me, immediately diagnosed a stroke and I was sent straight to Cabrini’s emergency department,” said Roger. Once at Cabrini, a CT scan was ordered and Roger was admitted to the hospital where he underwent treatment immediately and a rehabilitation plan was developed. Five days later, Roger was transferred to Cabrini Rehabilitation in Elsternwick.

Once he arrived at Cabrini Rehabilitation, Roger was seen by highly trained allied health professionals including a physiotherapist, speech pathologist and an occupational therapist. Their main focus was on gauging and improving Roger’s balance, devising extensive exercise regimes and slowly his balance improved.

“They tested my intellectual capacity by a variety of methods,” said Roger. “The rehabilitation staff were brilliant; comparing each day’s progress, they made me extend myself. Eventually I was allowed to go home, with daily intellectual and clinical exercises to undertake”.

So, why was Roger’s condition not noticed during the 14 days from the fall to the time his son pointed out that he was not right? Roger’s partner realised that he had been ‘sleepy’ and had taken a few photos of him dozing off in a café in Adelaide. His speech was also slurry, he had a slightly droopy mouth and in hindsight, he had experienced a nasty headache for a few days.

At his initial GP visit, Roger had concentrated on his painful hand and admits he didn’t mention his headache, his fall, or the period he spent on the floor unable to move.

Roger is now extremely aware of the Stroke Foundation’s **FAST** slogan; had he realised what had happened to him, it may have resulted in him receiving treatment on the first day.

- **FACE** – Check their face. Has their mouth drooped?
- **ARMS** – Can they lift both arms?
- **SPEECH** – Is their speech slurred? Do they understand you?
- **TIME** – Time is critical. If you see any of these signs, call triple zero (000) immediately

Roger says: “If you or someone you know experiences any of these symptoms call 000 and get some help immediately!”

For more information, contact the Stroke Foundation www.strokefoundation.com.au

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DANNY IS IN FINE VOICE

Danny Walsh is a young and athletic looking 51-year-old man who has managed his share of health related issues over the past year. As a professional carpenter, he has kept very active and never had any of the signs you would expect for someone who needs an aortic valve replacement. “I had spinal surgery about 14 years ago and there was never any question that my heart was of concern,” says Danny.

So what events led to this recent diagnosis? Danny admits that during last summer’s many hot nights, he slept outside under the stars. He says it was an exhilarating feeling and it was like being out in the countryside where he grew up, rather than in the suburbs of Melbourne. He recalls waking one morning and a feeling like a cloud had passed over him; he noticed a difference in his breathing. A couple of days later, Danny went to the doctor to have it checked out; the doctor sent him away to have chest X-Rays. About a week later, the reports came back and showed Danny had a mild case of pneumonia. Antibiotics were prescribed and after a couple of courses, he wasn’t feeling any better.

Danny’s GP suggested that they investigate further. These investigations and an echocardiogram test alerted the doctors to the fact he had a leaky aortic valve in his heart. Danny was referred to a Cabrini cardiologist who discussed the best way to remedy this situation. Concern was raised that the condition may in fact change and become potentially life threatening. The treatment suggested by the cardiac team was to have a heart valve replacement. These valves are made from a range of different materials, which were discussed with Danny at his consultation. It was decided that the animal (pig or cow)

valve would be the most appropriate given Danny’s age and current health status, which was and remains very good.

“Some of the valves have different properties,” says Danny. “So a decision is made to suit the individual patient”. It is possible that Danny’s leaky valve may have been present since birth.

Danny has been fortunate to have the support from his family and friends and the team at his workplace Bunning’s in South Oakleigh.

For relaxation, Danny has joined a local singing group called Voices 88, which he highly recommends. He says Daryl and Sharon who started Voices 88 are a great husband and wife team, who are excellent singers themselves and they always make everybody feel very welcome. Danny says joining the singing group has helped him through some trying times this year. “It is like exercising, it is good for your endorphins,” he says.

P.S “My surgery went well as expected and I am now on the road to recovery and was very impressed with the level of care I received from the nurses and staff at the Cabrini Hospital in Malvern. I am already back in my singing group and they tell me I haven’t missed a beat!”



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HEART AND CIRCULATION: OUR BIOLOGICAL PLUMBING

Human circulation functions as a series of connected pipes with the heart as the central pump. The heart and blood vessels are essential to transport blood containing oxygen and nutrients to tissues while simultaneously removing waste products. When the heart begins to fail, the system suffers and becomes noticeably less efficient.

Problems with the circulatory system can become apparent in a number of different ways. Narrowing or blockages of the arteries that supply the heart typically cause chest pain or shortness of breath. A heart attack is a sudden blockage of an artery that supplies the heart itself. This causes pain, as the muscle begins to die, and can also lead to fatal heart rhythm problems. This is why it is so important to go to hospital if there is any concern that you may be having a heart attack. If everything is OK, you can be sent home within a few hours.

Danny had been noticing that he was getting somewhat short of breath during his working day. Having recently turned 50, he wondered if he was just slowing down. However, it bothered him enough that he saw his GP to discuss it. At a review a few weeks later, it was discovered he had a heart murmur. Heart murmurs can have a number of causes, but each case should be investigated to establish whether there is anything of concern. The most common and useful test in this setting is an echocardiogram. An echocardiogram uses ultrasound waves to illuminate the heart whilst it is beating, providing tremendous information on the pumping function of the heart.

In Danny's case, the echocardiogram revealed he had a leaking heart valve. The valves are designed to ensure blood only flows in the correct direction through and away from the heart. A leaking valve, like any leak, means that blood is going in the wrong direction. This makes the heart work harder even to do simple tasks such as walking the dog or mowing the lawn. Although people may never suspect they have a heart problem, Danny quickly found out that he did. At that stage, he was referred by his GP to a specialist cardiologist to assist in managing this new problem.

Unlike a heart attack, there is rarely an urgent need to treat leaking heart valves. Many patients respond well to medication and may never need any more treatment than that. Initially, Danny only required observation but with progressive worsening of his valve function, it was decided that Danny will require an operation to replace the valve. There are many options currently available and the type and suitability of the various valves is discussed in full with the patient at the time of the consultation where a decision will be reached.

HEART ARTERY DISEASE: NARROWING OF THE PIPES

Our heart arteries can narrow overtime, reducing the amount of blood flow through them. This restricts the ability of the body to supply nutrients to the heart, oxygen and sugar, to keep it pumping well and strongly. This increases the risk of you suffering from a heart attack, but some people are lucky enough to get a warning that this might be happening to them.

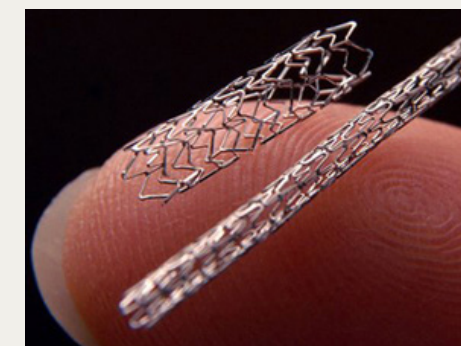
The restriction in the flow of blood to the heart muscle itself may result in chest pain or shortness of breath, particularly with activity. This is because the heart has to work harder on exertion, and what the body may be able to cope with at rest is not possible with effort. This chest pain with effort is called angina, and may be the only sign you get of an impending heart attack.

The narrowing of the arteries is typically due to cholesterol deposits which form over many years. This process can occur in people who are not overweight or otherwise at risk for heart artery disease and is not typically related to fat intake; it is a product of improvements in life expectancy in Australia when compared to historical and pre-historical times. Life was tough and few had the chance to develop heart artery disease!

The good news is that narrowed arteries can be fixed if attended to in time. Patients can either undergo a balloon and stenting procedure or bypass surgery if the nature of the blockages renders them unsuitable for stenting. In a heart stenting procedure a wire

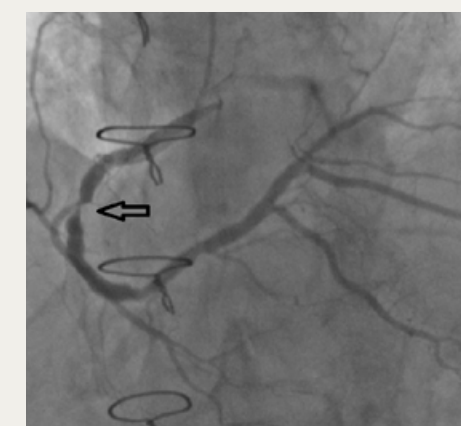
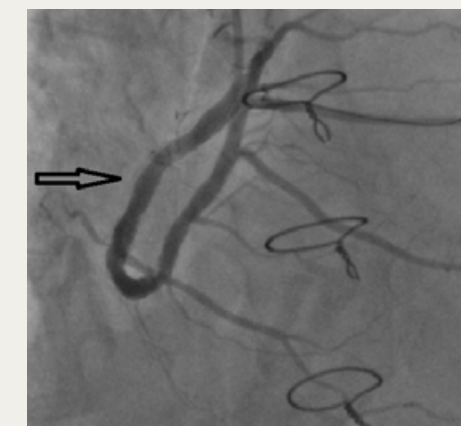
is placed across the narrowing and a high pressure balloon used to open the artery. A small metal stent (see figure 1), in a chicken wire type construction and only a few millimetres across, is then deployed across the narrowing to hold it open and prevent it collapsing down again. This procedure can typically be completed in 1-2 hours and most patients are able to go home the next day.

FIGURE 1 – A TYPICAL STENT SHOWN FULLY OPEN ON THE IMAGE AT LEFT WITH AN INDEX FINGER FOR SCALE.



As can be seen from the pictures below, a stent can really open the artery up to let blood flow freely. Although stents are not a replacement for preventative measures such as not smoking, weight loss and exercise, they are far better than the alternative of a heart attack. If you start to notice chest pain or shortness of breath, especially when playing sport or hard physical work, see your doctor to get checked out and reduce your risk of having a major heart attack.

FIGURE 2 – A HEART ARTERY BEFORE AND AFTER STENTING.



MORE INFORMATION

www.heartfoundation.org.au

www.betterhealth.vic.gov.au

Cabrini | **Foundation 49**
Men's Health

SAVE THE DATE

**JOIN US FOR BREAKFAST
TO RAISE AWARENESS
OF MEN'S HEALTH.
WEDNESDAY, 17 JUNE 2015**



MORE THAN ONE A NIGHT

BY DR JEREMY GRUMMET,
UROLOGIC SURGEON

ARE YOU A MORE THAN ONCE A NIGHT MAN?
IF SO THIS ARTICLE IS IMPORTANT FOR YOU!

Lower urinary tract symptoms (LUTS) are common in men over 50 in Australia. Often the cause is benign prostatic hyperplasia (BPH) or benign enlargement of the prostate, which partially blocks the bladder outlet. Despite having a higher death rate from cardiovascular disease, accidents, suicide and cancer, men see doctors less often than women. The new 'More than once a night' campaign, endorsed by Foundation 49: Men's Health, a health promotion initiative of Cabrini, has been launched to address both of these issues simultaneously.

The multimedia campaign focuses in a light-hearted way on the symptom of nocturia – one of the most common in the cluster of LUTS – and its effect not only on the man himself but also his partner and the disruption to their sleep. The campaign is a call to action for men with such symptoms to see their GP for an assessment and if necessary, gain access to the highly effective treatment options now available.

Many men who have symptoms may not need any treatment at all. If the problem is mild, uncomplicated LUTS (not caused by nerve damage, no blood or infection is present) and not bothersome, then reassurance may be all that is required. In addition, many of these men have concerns about their risk of prostate cancer, which can also be addressed at the consultation.

However, about 20 % of all men 50 and older have moderate to severe LUTS. Many may not seek medical attention for various reasons; including the belief that such symptoms are just part of ageing and that they simply

need to 'put up with them'. BPH, the most common cause of such symptoms, is certainly age-related. If it is interfering with quality of life, men need to know that there is a range of simple and effective interventions, which may make all the difference.

The first line of intervention for mildly bothersome symptoms should be lifestyle advice. This includes reducing intake of caffeine and alcohol, both of which may have diuretic and bladder irritant effect. The timing of general fluid intake can also be modified to reduce the need to urinate at inconvenient times. If the bladder is not retaining excess urine (chronic retention) bladder training may be advised in order to increase capacity and time between voiding. Constipation should be treated. Finally, the timing of taking medications that may have urinary side effects can be altered appropriately.

If lifestyle changes prove inadequate or the symptoms are more severe, there is a range of different medications that GPs can prescribe and that are proven to be effective. For the most severe LUTS, lifestyle advice and medical therapy may need to be bypassed in favour of surgical intervention. Surgery involves removal of obstructing tissue and is most commonly performed as a standard transurethral resection of prostate (TURP) or by using laser technology to either vapourise or scoop out the offending tissue. All of these surgical options are highly effective. Apart from the expected side effect of retrograde ejaculation, they carry a low risk of other side effects such as erectile dysfunction, urethral stricture (scarring) and urinary incontinence.

While the need for surgery clearly requires referral to a specialist urologist, other indications for referral include a failure of management with either lifestyle advice or initial medical therapy, or concern regarding the risk of prostate cancer.

Therefore with all the available highly effective interventions to treat bothersome LUTS in older men, from lifestyle advice through to medications and surgery if needed, there is no reason for these men to suffer in silence. It is hoped that the 'More than once a night' campaign will encourage men to see their GPs, not only to have their LUTS assessed and treated if necessary, but also to provide an opportunity for them to get a general check-up. In doing so, the higher rate of preventable illness and death seen in men might just have a chance of being reduced.

MORE INFORMATION

www.morethanonceanight.com.au
www.49.com.au

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A TABOO SUBJECT

BY SHAN MORRISON

One-third of men suffer bladder or bowel incontinence. No man needs to suffer in silence. Help is available. Find out more about these treatable conditions.

There is increasing awareness that women experience problems with bladder and bowel control, especially following pregnancy and childbirth. It may surprise readers to learn that one-third of men who visit their GP are affected by bladder or bowel incontinence – unfortunately, more than two-thirds of them do not discuss the issue. These problems have a detrimental effect for men on their quality of home and work life, leading them to feeling embarrassed, isolated and anxious, as well as causing them to reduce participation in enjoyable activities.

WHAT IS INCONTINENCE?

Bladder or urinary incontinence is the accidental leaking of urine and although it is more common in older men, it is not an inevitable part of ageing and can occur in younger men. Bowel or faecal incontinence is the involuntary loss of faeces or wind from the bowel. Importantly, bladder and bowel incontinence are treatable problems and there is no need to suffer in silence. There are different types of male urinary incontinence.

DIFFERENT KINDS OF INCONTINENCE

Stress incontinence is when urine leakage occurs with sneezing, coughing, laughing, lifting, changing position or doing something that places stress or strain on the bladder. This is most common after surgery for prostate cancer as the sphincter control mechanism is impaired. Urge incontinence is an urge to urinate that is so strong that the man cannot make it to the toilet in time. Functional incontinence can occur due to

poor mobility or the inability to quickly remove clothing to urinate. Overflow incontinence is the constant dribbling of urine usually associated with urinating frequently and in small amounts. Sometimes wet spots on underwear can occur after men have finished urinating related to after-dribbling. Bladder problems are often related to prostate surgery or enlargement. However, both urinary and faecal incontinence can be associated with other health issues such as diabetes, obesity, chronic cough (smoking, respiratory conditions), certain medications, constipation (and straining) and heavy lifting.

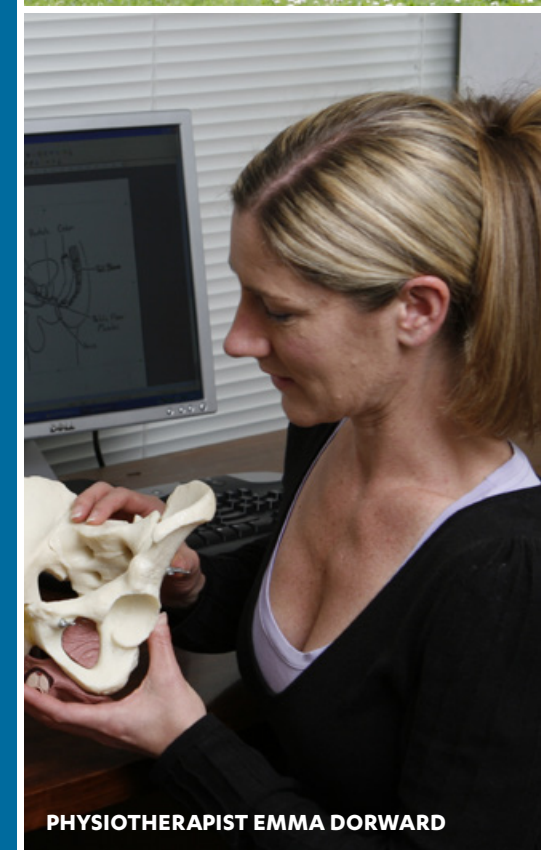
WHAT TO DO ABOUT SYMPTOMS OF INCONTINENCE

If you are experiencing symptoms of incontinence, the first step is to speak to your GP who will begin the process of assessment and diagnosis to determine the best management plan. An important part of bladder and bowel control is the pelvic floor muscles. This sling of muscle that stretches from the tail bone at the back to the pubic bone at the front plays a role in sexual function.

Evidence shows that symptoms of incontinence can be successfully treated through a personalised program designed by a specifically trained physiotherapist. Physiotherapists who have postgraduate qualifications in bladder and bowel incontinence and training the pelvic floor muscles can assist in reducing symptoms and improving quality of life.



GOLFER MATT ENGLISH



PHYSIOTHERAPIST EMMA DORWARD

MORE INFORMATION

For more information visit www.continence.org.au or to find a physiotherapist, visit www.physiotherapy.asn.au and look for a practitioner who has postgraduate training in this specialty.

Shan Morrison (FACP) is Managing Director of Women's and Men's Health Physiotherapy www.wmhp.com.au and a clinical consultant in continence and women's health physiotherapy at Cabrini www.cabrini.com.au/patients-and-families/services/directory/continence-clinic

WHAT EXACTLY ARE KIDNEY STONES?

Urological surgeon Mr Adam Landau, explains Kidney stones, also known as renal calculi, and are found in the kidney or the ureter – the tube between the kidney and the bladder. They develop when crystals form in urine and can block the flow of urine, causing pain. In some cases, infection may develop and if the blockage is not relieved kidney damage may result. Four to eight per cent of the Australian population suffers from kidney stones at any point in time. Stones can also be found in the bladder but are often associated with impaired emptying of the bladder.

Kidney stones are typically described in terms of their size, site and composition – which determines whether they can be seen on an x-ray or not (radio-opaque stones can be seen versus radiolucent stones which cannot be seen). Stone size is generally measured in mm and commonly those containing calcium can be seen on an x-ray.

When stones migrate from the kidney into the ureter, patients typically experience pain known as ‘renal colic,’ nausea, vomiting, and occasionally fever that may suggest infection (this can be a very serious complication).

SYMPTOMS OF KIDNEY STONES

Many people who have kidney stones do not have any symptoms. Symptoms typically develop when a stone migrates and causes obstruction. They may include:

- An acute gripping pain in the back – usually just below the ribs on one side, radiating around to the front and sometimes towards the groin – the pain may be severe enough to cause nausea and vomiting
- Blood in the urine
- Shivers, sweating and fever if the urine becomes infected

- An awareness of small stones passing out in the urine like gravel (which can be caused by uric acid stones)

- Urgent feeling of needing to urinate

Smaller kidney stones can often be treated conservatively, without surgery. Medication may be prescribed to assist in stone passage and reduce discomfort. However, pain can be so severe that hospital admission and strong analgesic medication or surgery may be required.

The usual tests performed to diagnose kidney stones are x-ray and CT scans. A small percentage of stones have a chemical composition that makes them invisible on x-ray. Most of them will still be seen on a CT scan. Ultrasound (US) can also be very useful, as the stone may be seen directly or other signs suggestive of a stone may be identified. The other advantage of US is that the patient is not exposed to radiation.

MANAGEMENT OF KIDNEY STONES

Pain relief is the first step in managing an acute case of kidney stones. Opiate based medications such as morphine and anti-inflammatories are frequently used to relieve discomfort.

Stone size is a strong determinant of whether a stone will pass from the ureter to the bladder. Once a stone has made its way in to the bladder, it will typically pass without difficulty (this is a different situation to stones that have formed in the bladder, as they are often larger).

One class of medication called alpha-blockers is frequently used in the management of renal colic. They act by relaxing the smooth muscle in the wall of the ureter and increase the likelihood of a stone passing.

If the patient has signs of infection, or the stone is considered too large to pass spontaneously, surgery may be required. Options include passing shockwaves from outside the body or introducing small instruments via the natural waterworks. These surgical operations generally do not involve any cuts to the body wall. The procedures aim to relieve discomfort and fracture the stone into dust and tiny fragments.

If surgery is performed and a stone is retrieved, or the patient strains their urine and identifies the stone when it passes, it should be sent for analysis. This analysis will determine the stone’s composition and, together with other urine and blood tests, helps to clarify whether there is an underlying condition that can be treated.

The main aim is to reduce stone formation and reduce the recurrent painful episodes of renal colic. An underlying cause is identified in only a small minority of patients. However, increased fluid intake (principally water) is the easiest way to reduce the likelihood of future stone formation.

MORE INFORMATION

Better Health Channel
www.betterhealth.vic.gov.au

BLOCKAGE IN THE BOWEL

There are many possible causes of a blockage in the bowel. Some problems are less serious than others but a blockage always requires treatment. Find out about possible causes and what action to take.

WHAT IS A BLOCKAGE IN THE BOWEL?

A blockage in the bowel is a mechanical or functional obstruction of the intestines, preventing the normal transit of the products of digestion. This condition occurs anywhere from the duodenum to the anus in the small or large intestine and is a medical emergency. Intestinal obstructions are the result of something blocking part of the intestine (mechanical) or a failure of the intestine to work properly (paralytic ileus). The condition is generally treated conservatively over a period of two to five days while the patient’s progress is regularly monitored by their doctor. If the condition persists and is deemed life threatening, for example a lodged foreign object or a malignant tumour, a surgical procedure would be performed.

CAUSES OF INTESTINAL OBSTRUCTION

- A strangulated hernia where part of the small intestine protrudes through the abdominal wall
- Inflammatory diseases such as Crohn’s disease where swelling and scar tissue causes a narrowing of the intestine
- Scar tissue from a previous abdominal surgery which may cause adhesions
- Cancer where a tumour blocks the intestine
- Severe constipation which leads to an impacted bowel
- A block in the flow of the bowel contents, may be caused by a gallstone
- A twist or knot in your intestine called volvuluses
- Where one section of your intestine collapses into another called intussusceptions
- A lodged foreign object (rare)
- Paralysis of the bowel which may happen after abdominal surgery; where the intestine temporarily ceases contracting and moving its contents along

SYMPTOMS OF INTESTINAL OBSTRUCTION

This condition causes a wide range of uncomfortable symptoms including: feeling bloated, abdominal pain, decreased appetite, constipation, nausea, vomiting, abdominal swelling, diarrhoea and sometimes a high fever.

DIAGNOSIS OF INTESTINAL OBSTRUCTION

This condition needs to be investigated by your doctor who will take your medical history and perform a physical exam. The obstruction can sometimes be heard by listening to your abdominal area with a stethoscope and assessing your abdomen for swelling or lumps.

Tests to determine the cause of the obstruction are generally CT scans and x-rays. A colonoscopy may also be used if the blockage is located in the large intestine. Sometimes a dye is introduced into the bowel via an enema which increases visibility on the x-ray.

TREATING INTESTINAL OBSTRUCTION

An intestinal obstruction is a medical emergency that requires prompt medical treatment. The appropriate treatment depends on the type of intestinal obstruction. This may include a tube being inserted to remove fluid and gas to relieve the abdominal swelling. Antibiotics and intravenous fluids may be given and a decision made as to whether surgery is required.

If untreated, intestinal obstruction can cause the affected portion of your intestine to die. Tissue death can lead to perforation of the intestine, severe infection and shock. If the affected part of the intestine has died, the surgeon will perform a resection, removing the dead tissue and joining the two healthy ends of the intestine. Overall, the outlook depends on cause of the obstruction. While most cases of intestinal obstruction are treatable, some causes such as cancer ultimately require long-term treatment and monitoring.

BOWEL CANCER IS PREVENTABLE, TREATABLE AND BEATABLE

Let’s Beat Bowel Cancer (LBBC), a Cabrini health promotion initiative, is designed to significantly reduce deaths related to bowel cancer, also known as colorectal cancer, by increasing the awareness of the prevalence and risk of this disease. This initiative also supports clinical research focusing on prevention, early detection and treatment of this condition.

Symptoms can include any persistent change in bowel habits, blood in the stool, abdominal bloating, cramping or pain and unexplained weight loss. If detected early, approximately 90% of bowel cancer cases can be treated successfully. Currently fewer than 40% of bowel cancers are detected in the early stages.

MORE INFORMATION

Better Health Channel
www.betterhealth.vic.gov.au
www.letsbeatbowelcancer.com



If detected early, approximately 90% of bowel cancer cases can be treated successfully. Currently fewer than 40% of bowel cancers are detected in the early stages.



A BLOCKAGE IN THE PIPE

Deep vein thrombosis, a blockage in the circulatory system, is a blood clot which may block a blood vessel and can cause serious problems.

A deep vein thrombosis (DVT) is a blood clot that forms in the deeper veins of the leg and carries a high risk of pulmonary embolism, which is when the clot loses the attachment inside the vein and lodges in the pulmonary artery (the main blood vessel to the lungs).

Muscles in your legs maintain a pumping action as you walk, helping to pump the blood back towards the heart. As the muscles contract, they compress the veins and with the aid of the valves in the veins, this counteracts the effect of gravity.

Anything that impairs the blood flow through the deep veins can cause DVT. This can include injury, surgery or long periods of inactivity such as bed rest. There is some debate around long-haul international flights and whether it contributes to the development of DVT. Travellers are generally encouraged to wear elastic compression stockings and perform foot exercises and stretches during such travel.

MAIN RISKS OF DVT

- Coronary heart disease
- Being overweight or obese
- Smoke
- Family history of DVT
- Blood clotting disorders
- Sit still for extended periods of time
- Prolonged bed rest
- Recent surgery (which is why tight elastics stockings are placed on your legs, a calf pumping machine may be used or anticoagulants are provided)
- Some types of cancer

SYMPTOMS OF DVT

- Pain or tenderness in the leg, which is felt in the calf and or thigh; hard lumps on the leg surface with tenderness
- Swelling of the lower leg and ankle, especially the latter
- Blue discolouration of the leg

DIAGNOSIS OF DVT

If a DVT is suspected, the diagnosis is confirmed using Doppler ultrasound. This is a quick and easy test to eliminate clots in the leg.

MORE INFORMATION

For further risk factors to developing DVT visit www.betterhealth.vic.gov.au

5 MINUTES WITH DR ANDREW DAWSON, HEALTH COACH

Andrew Dawson is a senior lecturer in Coaching at Victoria University – personal coach for people wishing to enhance their performance in both their career and their health.

1. WHY WOULD PEOPLE, PARTICULARLY MEN, WANT OR NEED COACHING PARTICULARLY FOR THEIR HEALTH?

Despite the fact that we have an abundance of information at our finger tips and access to a wide range of professional expertise for advice, we (especially men) aren't that great at acting on it or sticking to the changes we want to make to get healthy.

I help people make the transition from wanting to change their health behaviour to turning it into a habit. It sounds easy, but it's not, especially if the unhealthy, unwanted habits are rusted on.

2. WHAT IS THE REASON FOR SUCH POOR ADHERENCE TO CHANGE IN HEALTH BEHAVIOUR PARTICULARLY IN MEN?

There are quite a few reasons. The top five from the research on health behaviour change are:

- 1. LACK OF SELF-AWARENESS**
(no insight into how behaviour affects health)
- 2. LACK OF WILLPOWER DRIVEN**
(due to low motivation or low confidence)
- 3. LACK OF WAY POWER**
(no clear goal or action plan)
- 4. LACK OF SUPPORT**
(from family, friends, peers)
- 5. LACK OF FOLLOW-UP**
(being accountable to someone on a regular basis)

3. WHAT TIPS CAN YOU PROVIDE MEN TO GET HEALTHY OVER THE NEXT 12 MONTHS?

Build your awareness by having a check-up with your GP. I talk to my clients about measurable health key performance indicators (KPI) such as blood pressure, glucose, cholesterol, weight/body fat and any others your GP wants to track. Other measurable KPIs are cardiovascular fitness, core strength and flexibility that can be assessed by an accredited exercise physiologist (AEP).

Once you have that baseline data, discuss with your GP or AEP about how to improve one or more of your health KPIs. In my experience, choosing one behaviour to work on is the best way to go. More than likely, your GP will say that increasing your physical activity will be a big help.

To make it really happen, you'll need a goal and an action plan. Just saying to yourself "I'll do more exercise" is too vague and your chances of following through are pretty small. Instead, start out with an achievable goal (walk for 20 minutes, three days a week). Plan to increase your activity by five to ten minutes per session every week for the first four weeks and get a friend to do it with you.

After four weeks, review your goal and make some changes. You might want to do it more often, go faster or do something different. After three months, you'll be a lot healthier, feel better and you might want to see how you are tracking against your KPIs.

MORE INFORMATION

www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines

www.essa.org.au/find-aep

www.menshealthcoaching.com.au

WE NEED YOUR SUPPORT!

Each hour, four men die from potentially preventable conditions. Foundation 49: Men's Health is working to tackle this crisis.

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open to all GPs and Health Professionals

Saturday 08 August 2015

>'Diabetesity'

>Ageing Male patient

>Skin cancer & melanoma update

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