

ANSWERS FOR MEN

End the ED silence:

- Over 2 million Australian men over the age of 40 suffer erectile dysfunction (ED).¹
- One in 5 men over 40 suffer from erectile dysfunction (ED).²
- The prevalence of ED in men over age 40 increases with age.³
- About 5% of men at the age of 40 report complete ED, 15–25% by age 65, and 55% of men over the age of 75.⁴
- 1 in every 4 male deaths is from heart disease – ED often precedes coronary artery disease (CAD) in almost 70% of cases. ED could be an indicator of silent CAD.^{4,5}
- About 1 in 7 men will be diagnosed with prostate cancer during his lifetime⁶ (Thankfully, many are successfully treated via a radical prostatectomy (removal of the prostate)⁷
- 9% to 16% of men experience male stress urinary incontinence (SUI), also known as bladder leakage, at 1 year post radical prostatectomy⁸
- Sexual dysfunction following radical prostatectomy affects 25% to 75% of men⁹

With statistics like these, it's no wonder the little blue pill and adult absorbent pads represent some of the most well-known products recognised by consumers.

This issue of Answers for Men shares two interesting surveys that address what men think of these common issues – erectile dysfunction and male SUI – and possible solutions to discuss with your doctor.

We encourage you to seek regular medical advice and early treatment for disease and injury.



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HOW MEN TALK ABOUT GOING TO THE BATHROOM

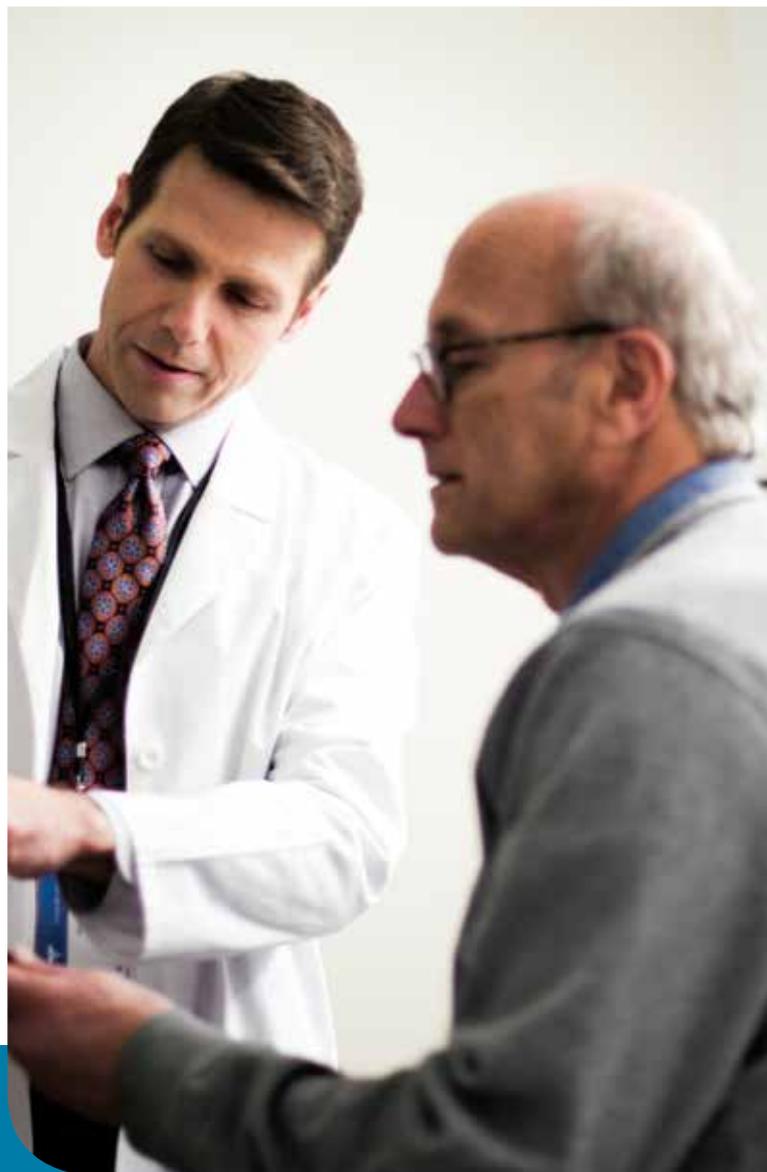
For men with bladder leakage problems, leaking urine can mean embarrassment and depression, living in costly diapers or pads and in constant search for restrooms. But how much do they, or anyone else, actually talk about the issue?

In a survey of 1,000 adults, the American Urological Association (AUA) and the Urology Care Foundation explored the code words many men use to talk about urination. They also asked about their comfort levels in discussing the issue with their healthcare provider, family or friends. Key survey findings include:¹⁰

- On average, most men and women urinate 6 times a day
- Code words that substitute for “urination” include “using the bathroom” (62%), “peeing” (55%), “taking a leak” (19%) or “going potty” (17%)
- Even if we have a condition known to cause bladder problems, men wait nearly two years before mentioning anything to their healthcare provider

Even if we don’t want to talk about going to the bathroom, we are not against talking in the bathroom!

An interesting survey looking at mobile phone habits found that three in four people (75%) use their mobile devices while on the toilet. Among those aged 28 to 35, the figure is 91%. In fact, two thirds of us receive a call while in the lavatory. Also, 4 out of 10 of us make a call from the porcelain throne!¹¹



HOW TO TALK TO YOUR DOCTOR ABOUT BLADDER LEAKAGE

Seriously, bladder leakage isn’t always avoidable, nor is it easy to talk about.

If you find you are always checking where the bathroom is, hesitating to go out in case of an accident or just struggling to maintain your bladder control, it’s time to talk to a urologist who specialises in male stress urinary incontinence.

Recovery can start with some simple questions and discussion with a doctor:

- **Will my SUI get worse?**
- **Could pelvic floor exercises help? How do I do them?**
- **Could the medicine I take be causing or aggravating my SUI?**
- **What tests might I need to determine the cause of my condition?**
- **What are my treatment options? Will I need surgery?**



THE CHANGING FACE OF ED

One in 5 men over 40 suffers from erectile dysfunction (ED).²

While erectile dysfunction (ED) may not be a topic that comes up frequently among friends and family, a recent publication reveals many people affected by ED are going online to find information and support.

To better understand the ED issues some men face, the Online Doctor website analysed more than 7,500 posts and comments made over eight years on a forum about erectile dysfunction. In addition to demographic information, they captured word frequency and position to words involved with treatment options, conditions or symptoms. Here are some surprising results:¹⁶

- The word “erection” was highest in both frequency and keyness (how often it appears beyond what you may expect in everyday conversation)
- Words commonly associated with the term “penis” included “problem”, “problems”, “curved”, “injury” and “curvature”
- “Will help”, “hope helps” and “sincerely hope” come up frequently when discussing doctors, drugs and remedies
- More than half of men posting on the forum were under 24 years old.

This last point was a surprise finding for researchers, as ED

is generally considered a condition that strikes older men. The researchers posed a question, “Was this simply because younger people are more likely to visit online forums? Or does the age breakdown actually underscore the increasing concern of an ED diagnosis of young men?” Perhaps it’s a combination of both factors. If you’re 22 years old with a new job, in a new city, and working long hours – which for many can be stressful – you may experience ED symptoms.

Stress can range from work to money woes, performance anxiety to trying to start a family, potentially adding to increased weight gain, heightened nervousness and could even lead to drug use. These stresses could also lead to an increased risk of diabetes and high cholesterol, which both are linked to ED.^{5,17} Even though ED has a physical cause, psychological factors may make the condition worse.¹⁸

There’s no denying ED can be an embarrassing issue for a lot of men. And for many, it’s easier to turn to an Internet forum for help rather than their doctor; it may be more comfortable to talk anonymously about problems. Regardless of age, it’s important to share any stress or symptoms you may be experiencing with your healthcare provider.

You can find a physician near you who treats ED by visiting www.MensHealthTreatments.com.au and www.HARDFacts.com.au and clicking on **Find a Specialist**.

CAUTION: Federal law (U.S.) restricts this device to sale by or on the order of a physician. Your doctor is your best source for information on the risks and benefits of a Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

Penile Prostheses are intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

CAUTION: Federal law (U.S.) restricts this device to sale by or on the order of a physician. Your doctor is your best source for information on the risks and benefits of an advanced male sling system and artificial sphincter. Talk to your doctor for a complete listing of risks, warnings and important safety information.

An advanced male sling system is intended for the treatment of male stress urinary incontinence (SUI). These devices are not for patients with urinary tract infections, a tendency to bleed easily; a blood clotting disorder, the inability to fight infection or any other condition that would interfere with healing, decreased kidney function; or relative blockage of the kidneys.

An artificial sphincter is intended for use in the treatment of male urinary incontinence following prostate cancer. This device is not for patients who are determined by their doctor to be poor surgical candidates, have permanent blockage of the lower urinary tract or who have uncontrollable contraction of the bladder.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. **3**

FROM BLADDER LEAKAGE TO URINARY CONTROL AND CONFIDENCE

When the urinary sphincter muscle is damaged or weakened, it cannot squeeze and stop urine from flowing out of the body when you laugh, lift, walk, bend, push, pull and move. This is called male stress urinary incontinence (SUI).

While there are no medications to treat SUI, other treatments are available to restore normal bladder control:

- Sling implants use a mesh material to function as a hammock and support the muscles around the urethra
- An artificial sphincter implant mimics the function of a normal, healthy urinary sphincter with a fluid-filled cuff that keeps your urinary sphincter tightly closed until you're ready to urinate.

A study of 34 patients reported 59% to 94% used 0 to 1 pad per day after an artificial sphincter procedure.¹²

Learn more about male SUI by visiting www.MensHealthTreatments.com.au.

TAKE THE NEXT STEP

Learn more about male stress urinary incontinence and erectile dysfunction and the impact on men.

Find a urologist who offers the full range of treatment options, including implants. Visit our "Find a Specialist" feature at www.MensHealthTreatments.com.au and www.HARDFacts.com.au.



FROM ERECTILE DYSFUNCTION TO SEXUAL SATISFACTION

Did you know? Two decades before the development of oral medications for ED, the penile implant was available to treat ED.¹³

For men and their partners who find that other treatments are unsatisfactory or don't work, a penile implant can offer support for an erection whenever and wherever desired. Features of the penile implant include:

- Entirely contained within the body
- Allows for spontaneity
- Provides the ability to have an erection anytime you choose
- Once activated, you can maintain an erection as long as you desire

The most common side effect of a penile implant is 97% patient satisfaction.¹⁴

Discover more about penile implants and other treatment options for ED by visiting www.HARDFacts.com.au.

ED FROM A WOMAN'S PERSPECTIVE

Marilyn, Cliff's Wife

Erectile dysfunction (ED) can test a relationship in ways never before experienced. It isolates and demeans the person suffering from ED, and creates emotional walls between partners. It can also often lead to depression.¹⁹

Below is one woman's story of how her partner's ED affected their lives.

"During the time that Cliff suffered from ED, neither of us seemed to understand what the other was feeling. Cliff felt emasculated. He lost a part of himself that defined his manhood. I did not realise how deeply hurt and disrupted he was. All this led to him feeling depressed. I felt isolated from him and helpless. I do not think Cliff was aware of how his depression was affecting my own sense of self.

"Beginning nine years ago, Cliff's life found its way back to the living, and in some ways, we are closer now than we ever were. We have learned to listen to each other and, although I would love to take credit for his ascent from depression to living life again, I cannot. The credit goes to his penile implant, which has allowed us to regain our sexual lives together. And for this, I will always be grateful."

ED can be a difficult topic for couples to discuss. Talking openly can help reduce stress and improve your relationship. Acknowledge your feelings, reassure each other and resolve to work through the problem, together.

www.HARDFacts.com.au offers resources to talk with your partner about erectile dysfunction, visit the **Get Talking** tab.

Results from one patient are not necessarily predictive of results for other patients.

STRAIGHT TALK: How hard is hard enough?

Life can get in the way of a rock-hard erection: stress, anxiety and outside factors play a role. Occasional erectile dysfunction (ED) is not uncommon. Many men experience it during times of stress. Once these problems are managed, you should return to smooth sailing in the bedroom; but continued problems getting or keeping an erection may indicate a more serious health condition. This self-reporting Erection Hardness Scale may help you and your partner identify if ED is suspected. The measure is done when the erection is active. Food analogies are for illustrative purposes only. The Grade description should be used for self-reporting.²⁰

If you can't achieve a Grade 4 erection more than 50% of the time, talk with your doctor about the problem. You can find a urologist who specialises in treating ED near you by visiting www.MensHealthTreatments.com.au and www.HARDFacts.com.au and selecting the **Find a Specialist** tab.

**GRADE 1:
Marshmallow**
Penis is larger but not hard.



**GRADE 2:
Peeled banana**
Penis is hard but not hard enough for penetration.



**GRADE 3:
Unpeeled banana**
Penis is hard enough for penetration but not completely hard.



**GRADE 4:
Zucchini**
Penis is completely hard and fully rigid.



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Individual symptoms, situations, circumstances and results may vary. This information is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

For more information visit
www.MensHealthTreatments.com.au
and www.HARDFacts.com.au

This publication is presented by AMS Men's Health, part of Boston Scientific, a leading provider of medical solutions designed to restore the pelvic health of men worldwide.

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