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# A FOCUS ON MEN'S HEALTH

DR MARCUS MCEWEN AND DR DOUGLAS WARDROP

SHERE SURGERY AND DISPENSARY

SALV 25TH MARCH 2026

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- Dr Wardrop – Common urological problems
  - Dr McEwen – How to stay healthy
  - Bob Alavoine - Mentell
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- Erectile dysfunction
  - Premature ejaculation
  - Testosterone deficiency
  - Benign prostatic hyperplasia
  - Prostate cancer
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# ERECTILE DYSFUNCTION

- **Erectile Dysfunction**
    - What is it?
    - Psychological impact
    - 90% physical - vascular
  
    - *History* - ?morning erections, meds
    - *Physical* – BP, rectal exam
  
  - **Testing**
    - Testosterone levels
    - CV risk factors – cholesterol, diabetes
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# ERECTILE DYSFUNCTION



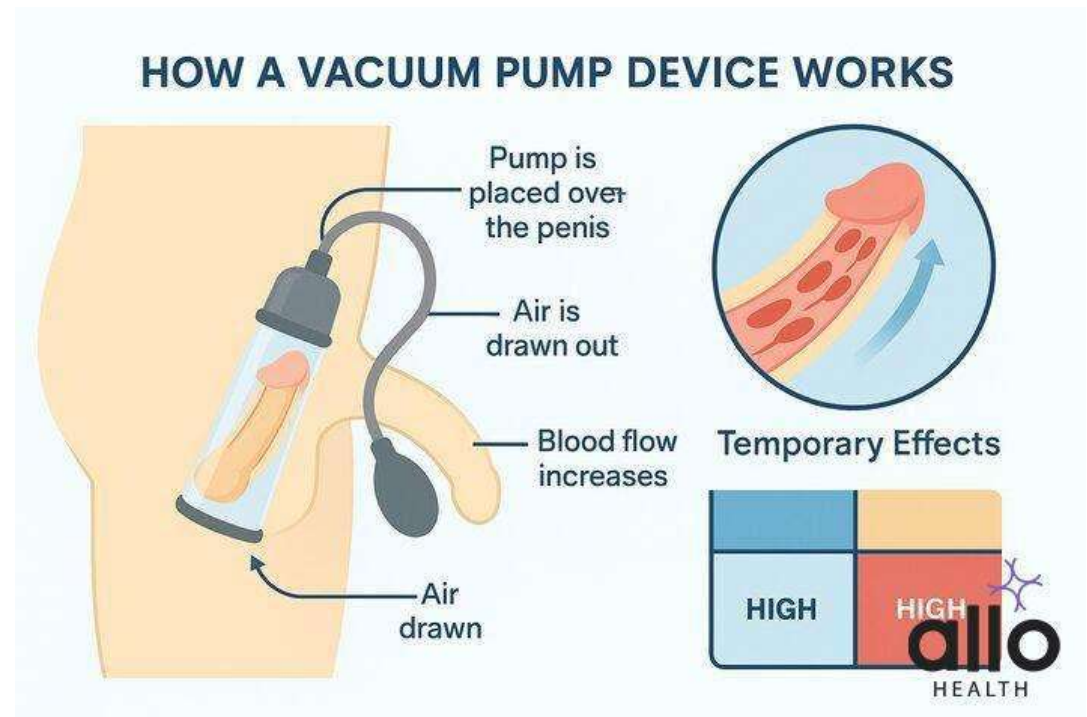
- **Treatment**

- Treat underlying cause - Optimise cardiovascular risk factors and ?testosterone
  - Viagra and Cialis (SLS) – break the cycle
  - Need more than the phonebook
  - 6 x at max dose
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# OTHER TREATMENTS

- Intracavernosal injections
- Intraurethral pellets
- Vacuum pumps
- Prosthesis (surgically inserted and irreversible)



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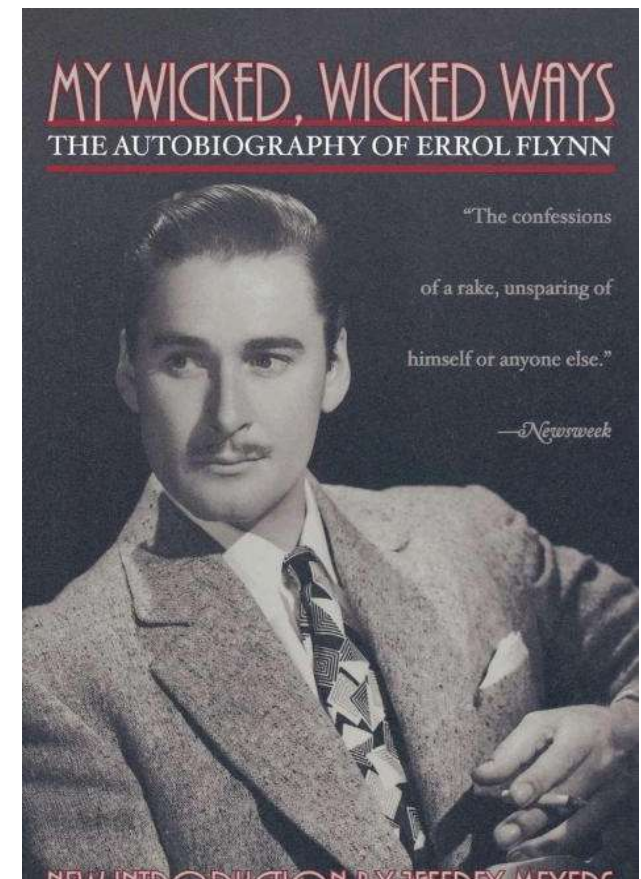
WHO IS THIS?



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# PREMATURE EJACULATION


- **What is it?**
- 30% of men affected
- May co-exist with ED
- Psychological
  
- **Treatment**
  - Therapy/counselling
  - Viagra
  - Anti-depressants
  - Emla ® cream /Fortacin®



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# TESTOSTERONE DEFICIENCY

- Nebulous – TATT, low mood, irritable
- Specific – low libido, ED
- Associations
  - High BMI
  - “Pear-shaped” –converting testosterone to oestrogen
  - Increased CV risk – diabetes,
  - Vicious cycle



**THE HIDDEN DANGER OF TESTOSTERONE DEFICIENCY**

**TESTOSTERONE DEFICIENCY IS MORE WIDESPREAD THAN YOU ARE LED TO BELIEVE!**

It is estimated that more than 80% of adult males above 40 years of age unknowingly live with sub-optimal levels of Testosterone, a condition called Low T. Low T leads to:

- Poor sexual desire and function
- Fatigue
- Increased waistline and muscle atrophy
- Depressed mood
- Increased risks of Obesity, Diabetes, Heart Disease, Hypertension
- Osteoporosis

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# ADAM QUESTIONNAIRE

- 10 x questions to help determine if you might have a low level
- Sexual symptoms are most specific but also consider strength (both physical and mental)

## ANDROGEN DEFICIENCY IN THE AGING MALE (ADAM) QUESTIONNAIRE

Patient Name:

Date of Birth:

Date:

This questionnaire is designed to help you and your doctor identify if you may be experiencing symptoms of low testosterone. If you are, you may choose to discuss treatment options with your doctor.

Please check YES or NO

YES NO

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1  | Do you have a decrease in libido (sex drive)?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Do you have lack of energy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Do you have a decrease in strength and/or endurance?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Have you lost height?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Have you noticed a decreased "enjoyment of life"?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Are you sad and/or grumpy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Are your erections less strong?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Have you noticed a recent deterioration in your ability to play sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Are you falling asleep after dinner?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Has there been deterioration in your work performance?                  | <input type="checkbox"/> | <input type="checkbox"/> |

The questionnaire is considered positive for symptoms of low testosterone if you answered yes to either low sex drive or decreased erections, or if you answered yes to at least 3 questions in total. If positive, you should be evaluated by a Urologist to determine if treatment can improve your symptoms.

THANK YOU VERY MUCH FOR YOUR COOPERATION

Date of preparation: August 2010, 4/10, GI, GEN

ANDROLABS®

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# TESTS AND TREATMENT

- 1. Blood Test– AM and fasted
- 2. If low – repeat after 4/52
- 3. Then referral on to RSCH for consideration of replacement
- 4. Replacement in primary care in selected cases and monitoring in primary care



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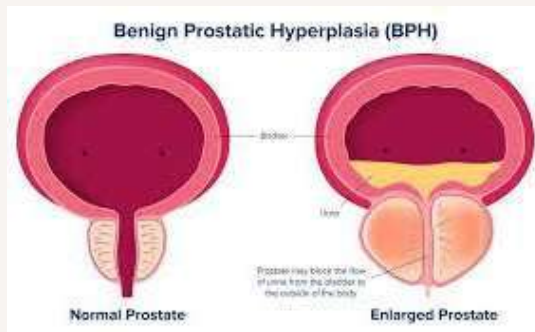
# BENEFITS OF TESTOSTERONE REPLACEMENT

- Sexual rejuvenation – low libido and ED better
- CV profile overall health improved
- “Mojo” restored - mood better
- Bone density improved
- Risks are small
  - No evidence that it causes prostate cancer
- Not the only way – weight training and muscle mass increase will help reverse



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# BENIGN PROSTATIC HYPERPLASIA (BPH)



- **Background**
- From the age of 50
- *Hx* - *Obstructive* versus *storage* symptoms
- *Ex* – Smoothly enlarged
- *Ix* - Effects on PSA levels

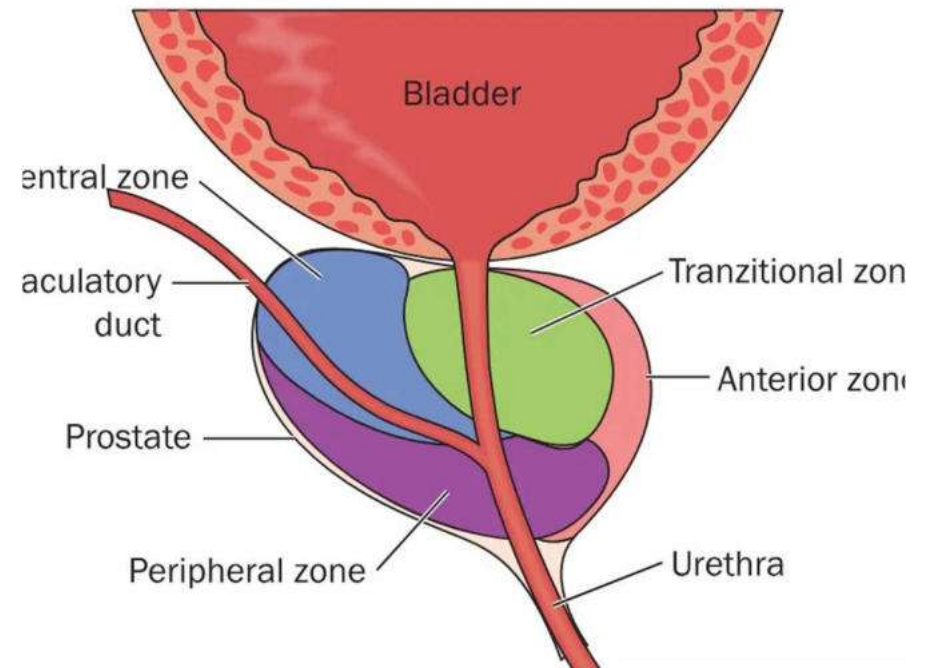
## Treatment

- None – no link with cancer
  - Medications e.g. Tamsulosin, finasteride
  - Others – UROLIFT, REZUM, TURP, Prostatectomy
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## PROSTATE CANCER

- Extremely common – 1/8
- Very often, no symptoms
- 8/10 of men aged 60+ have LUTs (often BPH) – does not usually mean cancer



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# WHAT ABOUT RECTAL EXAMINATION?

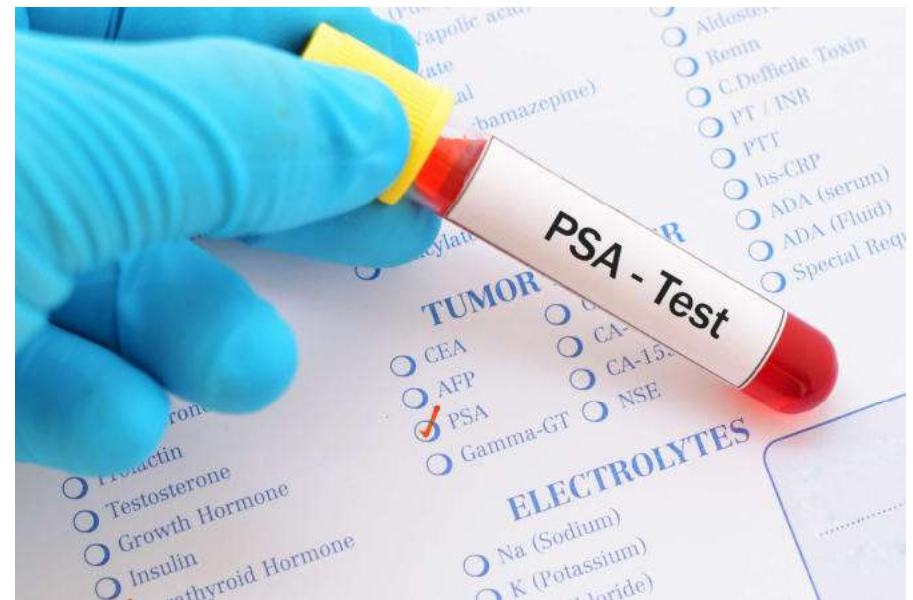
- Another piece of the jigsaw puzzle
- Then you can determine – benign enlargement versus cancer
- Might put men off if they think it's obligatory



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# THE PSA TEST

- Another part of the jigsaw
- Rises with age - (age-specific range)
- Spurious rises
- >75% increased levels - not cancer and 15% of known cancer will have normal PSA



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# THEN WHAT HAPPENS IF THE PSA IS RAISED?

## Repeat or Refer?

- **Pre 2018?**
- Biopsy – complications
- **Post 2018?**
- MRI will prevent 25% of biopsies
  - Detects if biopsy needed
  - Reveals where to take the biopsy

## Drawbacks

- Infections
  - Bleeds
  - Incontinence
  - Anxiety
  - Is it worth it?
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# PSA SCREENING

- Often in media e.g. Sir Chris Hoy
- Not good enough a test for screening – no fall in mortality
- Only two countries in the world have a screening programme
- What do we have instead?
  - Informed choice
  - >50 or >45 if risk factors
  - Inverse care law



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# WHAT'S NEXT AT THE SURGERY IF ALL IS FINE?

## If all reassuring

- When to do the next PSA?
- Depends on:
  - Baseline PSA
  - Other risk factors
  - Personal preferences

## What can we do to reduce our risk?

- Most risk factors are non-modifiable
  - However, exercise and good diet can help -  
?confounding
  - Harvard study
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# THE FUTURE OF SCREENING

- **Transform RCT** (from November 2023)
  - Joint venture of UK government and PCUK
  - £42M invested to try to find the right way forward -likely mixture of PSA and MRI
  - Many years before we get answers



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# IF IN DOUBT – REMEMBER MARCUS AURELIUS

- Don't worry at 3:20 AM
- Come and talk to one of us
- You can do none, part, or all of the tests
- Remember the **golden question**





- Lifestyle
  - Exercise
  - Cholesterol
  - Alcohol
  - Working life/ Retirement
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# HOW TO STAY HEALTHY?



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# WHAT ARE THE MAIN AREAS?

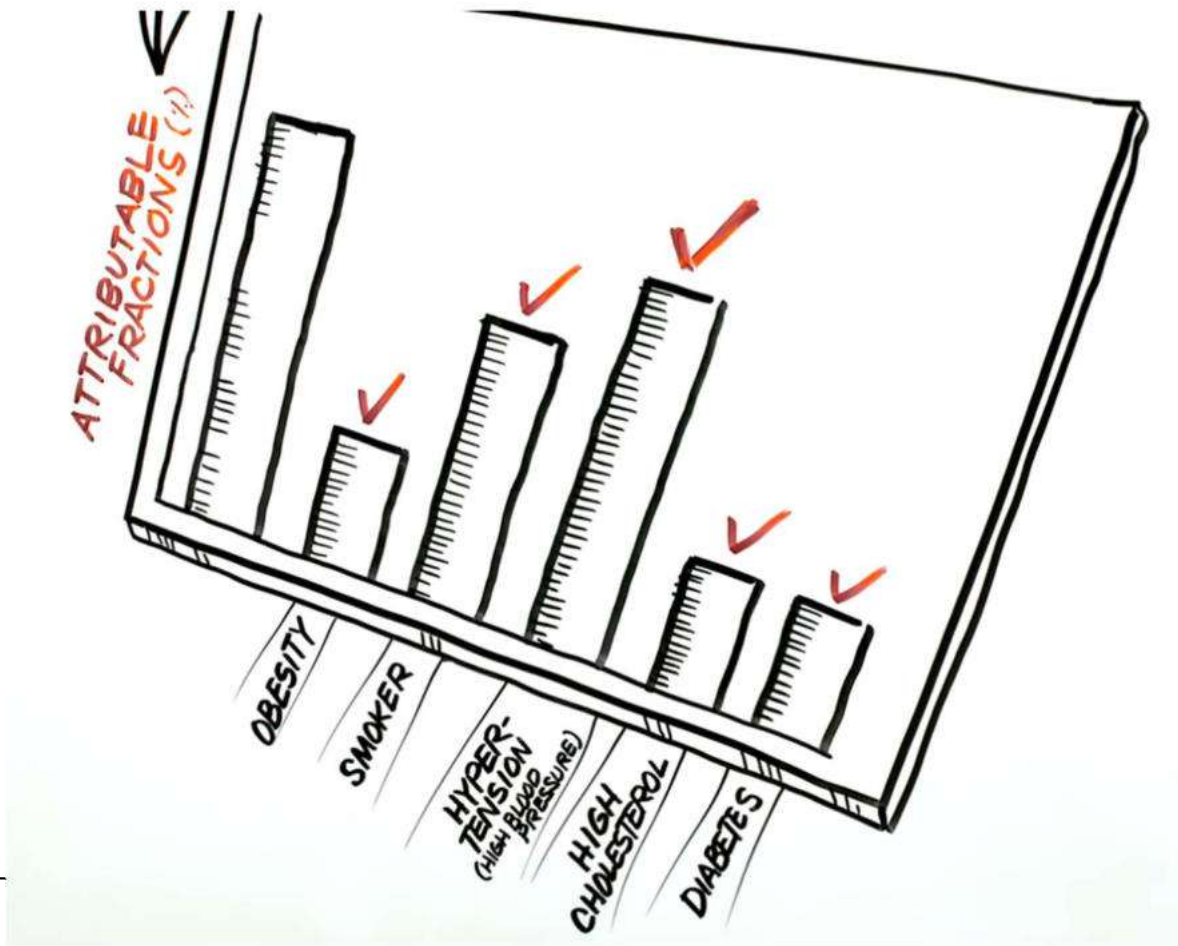


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# MAGIC TREATMENT??

- Knee Arthritis – pain and disability 47%
- Dementia and Alzheimers by 50%
- High risk of DM reduced progression by 58%
- Anxiety reduced by 48%
- Depression reduced by 30-47%
- Reduction in death over 12 years 23%
- Improve quality of life!





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## SO WHAT SHOULD WE AIM FOR?

- 150 minutes of at least moderate intensity exercise  
(?30 mins per day)
- At least 2 strength sessions per week
- If older 2 balance sessions per week

**Be active**

at least **150** minutes moderate intensity per week  
increased breathing able to talk

OR

at least **75** minutes vigorous intensity per week  
breathing fast difficulty talking

or a combination of both

**Build strength**  
to keep muscles, bones and joints strong  
on at least **2** days a week

Swim, Brisk walk, Cycle, Gym, Carry heavy bags, Run, Stairs, Sport, Yoga, Bowls, Tai Chi, Dance

**Minimise sedentary time**  
Break up periods of inactivity

**Improve balance**  
For older adults, to reduce the chance of frailty and falls  
2 days a week

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# HOW TO MEASURE INTENSITY?

- Talk test
  - Light – able to Sing whilst doing it!
  - Moderate – able to talk (just!) but not sing
  - Vigorous – Only say a few words at a time
- Sweat grading!
  - Light: Minimal sweat, easy conversation
  - Moderate: Noticeable sweat, talking possible
  - Vigorous: Heavy sweat, difficult to talk



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# WHY IS STRENGTH IMPORTANT?

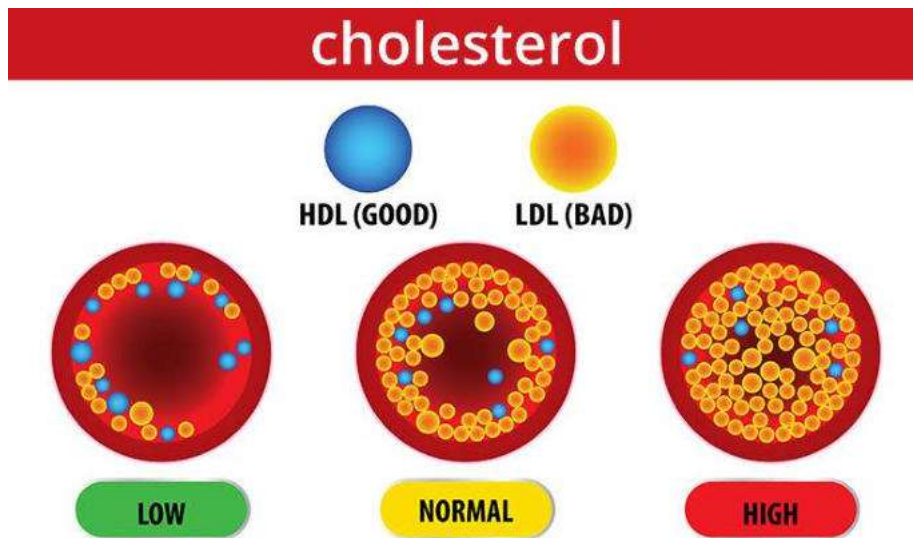
- Important at all stages of life but especially when older
- Falls
- Independence
- Arguably more important than 'fitness'!



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# CHOLESTEROL

- Cardiovascular disease focus
- What is cholesterol?
- What does it do?
- What does high cholesterol do?



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# WHAT CAN WE DO?

- Diet
- Lose weight
- Medications



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# ALCOHOL

- Guidance < 14 a week
- Rest days
- Less is more!
- Sleep quality



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# RETIREMENT

- Work is not everything!
- Maintain hobbies/friendship groups through career
- Plan plan plan!
- Volunteering/ using skills and experience
- Caring role

