THE MALE

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Why you should care about the **size** of this walnut

HEALTHY MALE
ANDROLOGY AUSTRALIA

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FOR HEALTH PROFESSIONALS

Welcome

The past few months have posed unprecedented challenges as our nation has gone into lockdown. Living rooms have been turned into workplaces. Kitchen tables have been converted into school desks. And all too many people have lost their jobs. In a bid to deal with these challenges, trying to stay physically and mentally healthy is more important than ever.

This edition of The Male focuses on prostate health. We've found that many men are confused about different prostate problems. With one in six men experiencing inflammation of the prostate (prostatitis), nearly all men experiencing benign (non-cancerous) prostate enlargement (benign prostatic hyperplasia) at some stage in their life and an estimated 16,500 men[1] will be diagnosed with prostate cancer in 2020. Our articles shed light on these common problems, what to look out for and what men can do to help themselves.

We continue to work closely with organisations such as the Prostate Cancer Foundation of Australia and the Continence Foundation to improve men's health in the months and years after treatment. In this edition, we are delighted to have father and son team, Ian and Jesse Stephens, talk candidly and poignantly about Ian's recovery after prostate cancer, as well as how treatment affected his sexual function.

I want to take this opportunity to thank our staff who have worked tirelessly to adapt our programs for online access, ensuring that men's health is not compromised during this challenging time. They converted our Plus Paternal round-table discussion into an online experience, giving stakeholders across Australia the opportunity to contribute meaningfully to the discussion of how the health of men and their children can be improved through changes to the health system. As an organisation we will use this rich data to keep keep raising awareness around pre-conception and early fatherhood issues for men.

Similarly, our Men's Health Week campaign (15-21 June) went digital, where we opened up the conversation around male reproductive and sexual health by asking a very simple question; "why is having good health important to you?"

During these uncertain times, we reach out to all men, urging them to take good care of their health. Find out where you can get reputable information. Ask your doctor questions if you don't understand something. Speak up if you are concerned or worried. Remember, taking care of your general health will keep you in good stead not just now, but into the future.

Simon von Saldern
Healthy Male CEO

REFERENCE

[1] prostate-cancer.canceraustralia.gov.au/statistics

Prostate enlargement vs prostatitis vs prostate cancer

— what's the difference?

A lot of us don't know everything there is to know about our bodies. This is especially true when it comes to the prostate. Most men don't know what the prostate does and about half of us don't know where it is. In fact, one in five men don't know that they have a prostate[1]!

The prostate is an organ in the body that sits at the base of the bladder and surrounds the urethra (the tube that takes urine from the bladder through the penis). The purpose of the prostate is to produce fluid that protects and supports sperm.

Diseases of the prostate include prostate enlargement (often referred to as benign prostatic hyperplasia or BPH), prostatitis (inflammation, a response to infection or damage of the prostate) and prostate cancer, which is the second most common cancer-related cause of death in Australian men (second only to lung cancer).

In childhood, the prostate is small. As boys enter puberty and their testosterone levels increase, the prostate begins to increase in size. By the end of puberty, it weighs about 20 grams. The prostate doubles in size between 20 and 50 years of age, and doubles in size again by age 80.

In some men, the prostate seems to grow more quickly than in others, resulting in enlargement.

Prostate enlargement, or BPH, is a normal part of aging for a lot of us. It affects about 8% of men in their 30s, 25% of men in their 50s, 33% in their 60s, and about 50% of men over 80[2]. Because prostate enlargement places pressure on the urethra, it usually causes trouble with urination. Men with BPH can feel the need to urinate more often or with more urgency than usual — this is especially noticeable during the night. BPH can also cause a weak urine stream and the inability to completely empty the bladder.

The urinary symptoms of prostate enlargement may include pain caused by a build-up of urine in the bladder, urinary tract infection and bladder stones. Each of these causes requires its own diagnosis. Kidney function can also decline to the point of failure as a result of the build-up of urine. Men are encouraged to seek medical advice early if they have problems urinating to avoid these serious complications that can occur if the condition is not well-managed.

Uncomplicated BPH is not life-threatening. Treatment options vary for BPH depending on severity and how much it affects daily life. Men with mild symptoms may opt for no treatment, to avoid possible side effects that might have a greater impact than the condition itself.

Medications can reduce the size of the prostate in men with mild or moderate BPH but these may not relieve all symptoms. A variety of surgical options are available for moderate or severe prostate enlargement, each with their own benefits and side effects.

Prostatitis (inflammation of the prostate) causes discomfort or pain in and around the gland.

Prostatitis is caused by a bacterial infection that is usually easy to diagnose and treat but if it's not dealt with quickly, bacterial prostatitis can be life-threatening. Recurring bacterial prostatitis can be caused by some underlying prostate problem, such as BPH or repeated urinary tract infections.

In some cases, the prostate can be inflamed without bacterial infection. The cause of this type of prostatitis is unknown. It may come and go and worsen with stress.

Bacterial prostatitis can be treated with antibiotics. Medicine to relax the muscle in the upper part of the urethra (where the prostate surrounds it) can be effective for relieving the pain of prostatitis. Prostate massage and pelvic floor exercises may also help relieve the pain of prostatitis. Surgery is an option for removing sources of infection that contribute to prostatitis.

The pain of prostatitis, and uncertainty about whether it will go away, can lead to a sense of hopelessness and depression. Prostatitis can reduce libido (sex drive). Fertility can also decrease because production of prostate fluid, which protects and supports sperm, can be reduced and/or sperm may be damaged by bacteria.

Prostate cancer is the growth of abnormal prostate cells and is different from prostate enlargement and prostatitis. The exact causes of prostate cancer are unknown, but the main contributing factors are age and genetics.

Prostate cancer is most commonly diagnosed in men aged over 50. About two thirds of cases in Australia are diagnosed in men over 65, and one in five Australian men aged 85 or over has prostate cancer.

Prostate cancer may be localised (no abnormal cells outside the prostate) or advanced. The stage of prostate cancer depends on whether abnormal cells have moved into the tissues and organs around the prostate, or further into the body (e.g. in the lymph nodes or bones).

Some prostate cancers detected in the early stage grow slowly, so may never pose a risk to the health or lifespan of many men. Ninety-five percent of men who are diagnosed with prostate cancer are still alive five years later[3]. The eventual cause of death for most men with prostate cancer is something completely unrelated, like cardiovascular disease or accidents.

Localised prostate cancer can have no symptoms in some men. Others may have urinary problems like men with BPH. Men with advanced prostate cancer may have blood in their urine, and can have pain in their lower back, pelvis and thighs.

Testing for prostate cancer can be complex, which is why it's important to speak with your doctor about your prostate before symptoms arise. A blood test for prostate specific antigen (PSA) (a substance made by normal and abnormal prostate cells) can be used and a digital rectal examination (DRE) can be performed to identify abnormal prostate size, shape or texture. Results of these tests help indicate the risk of prostate cancer but these tests alone are not enough for diagnosis.

A prostate biopsy (collection of samples of prostate tissue) is required for cancer diagnosis but this procedure is not perfect at detecting cancer and has its own risks. Prostate biopsy can cause bleeding (resulting in blood in urine and/or semen), infections, and temporary (lasting up to 6 months) problems with urination or erections.

Based on the biopsy examination, prostate cancers are classified in terms of their grade (an indication of how quickly the cancer may grow). Medical imaging (like an MRI, X-ray or ultrasound) is also required to assess cancer stage (i.e. localised or advanced).

In some cases, biopsy can detect prostate cancers that would never actually cause harm. The detection of low grade, low stage prostate cancers presents a challenge as prostate cancer treatments (surgery, radiation therapy, chemotherapy or hormone reduction) have side effects and risks that may be worse than the consequences of the cancer itself. Surgery and radiotherapy can result in erectile dysfunction and urinary incontinence; radiotherapy can result in bowel problems as well, and (at least temporary) infertility. Men, in consultation with their healthcare providers, need to decide on a course of management that suits them.

'Active surveillance' of prostate cancer may be preferable to treatment for men with low grade cancers, for whom prostate cancer may never have a physical impact on their lives. 'Active surveillance' involves regular PSA blood tests, examinations, scans and repeated biopsy procedures. 'Watchful waiting' might be suggested to some men, which involves fewer tests than active surveillance. These approaches to managing prostate cancer can avoid the complications of treatment but may have a psychological impact for those men who live knowing they have the disease.

Although your genetics play a large part in the development of prostate disease, keeping on top of your health, and seeing your doctor when something doesn't seem right are the most important things you can do for your health.

MORE INFORMATION	healthymale.org.au/mens-health/prostatitis
healthymale.org.au/mens-health/prostate-enlargement-bph	healthymale.org.au/mens-health/prostate-cancer

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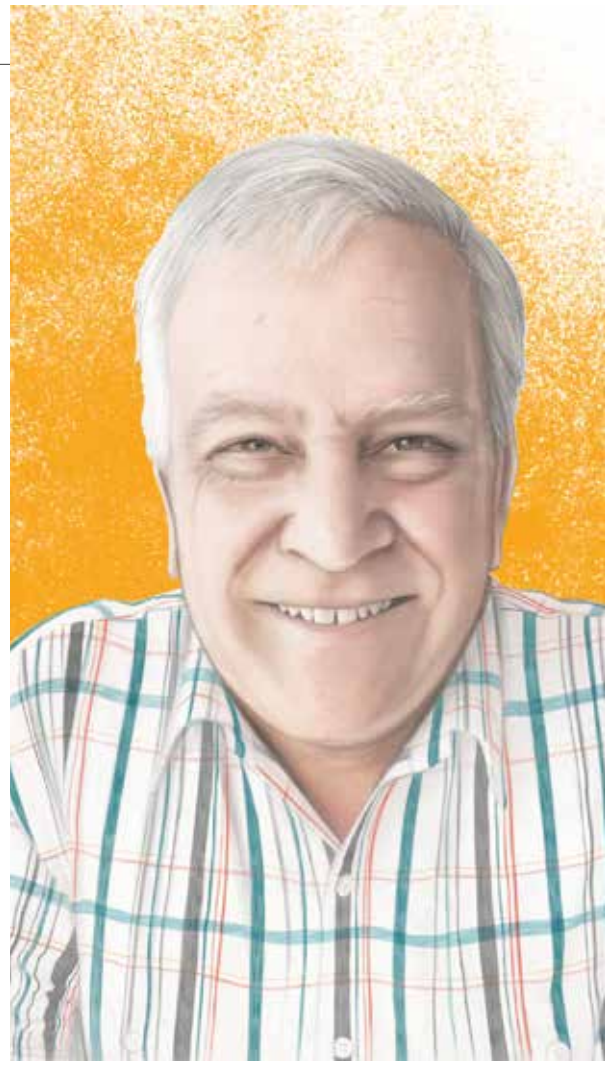
Talking about prostate cancer and masculinity



Ian Stephens is a 62-year-old nurse, who is married with two adult children. He was diagnosed with prostate cancer in 2013. From worrying about incontinence, to experiencing erectile dysfunction, he talks candidly about life after prostate cancer treatment.

For over 40-years I worked in general nursing, and then in mental health nursing. I worked with men in various settings to help improve their physical and mental health.

Before my prostate cancer diagnosis, I had a 10-year history of benign prostate enlargement. I knew the value of early detection from my health background, so I was getting my PSA levels regularly monitored. At one point, there was a significant jump in the levels and the urologist decided to do a biopsy of my prostate. He took 13 samples and one of them showed that there were cancer cells. I was diagnosed with low-grade prostate cancer.

On hearing the news, I did my best to wear my 'professional hat'. I knew there was no immediate risk to my health. Statistically speaking, I knew that there were a lot of men out there with prostate cancer like mine. I knew that if the men were monitored, looked after themselves and went into the active surveillance group, they could go on for many years without needing a prostatectomy. My hope was that I would be, and stay, in that group.

Despite this, being diagnosed with cancer was hard news to take. I'd always assumed I would have a healthy road in front of me and that everything would be bright for the future. For me, it happened so suddenly and it made me think, maybe it won't be quite as bright as I thought.

I was lucky my wife Marg was very supportive. She's also from a nursing background and we were able to share our knowledge and the language of health to get us through. Being told you have cancer isn't an easy thing to hear, but we were positive about the future. My two adult children have also been great. I've always talked honestly with them, and they are aware of the challenges I've faced, particularly around recovery.

I remember drawing on lots of good information. I started attending my local prostate support group and I found the Prostate Cancer Foundation booklets and videos helpful. I think men are not always good at seeking out information. We are often stoic, like to be seen as being on top of our game. Sharing our experience in a group setting is, in my opinion, vital.

I was in the active surveillance group for two years, having regular PSA tests. I also had three biopsies to monitor the cancer. After two years, my PSA doubled to a score of over 10, and the latest biopsy showed that there had been an increase in prostate cancer cell activity. The Urologist said, 'There's something more going on here. I don't want you to suffer the long-term consequences of prostate cancer that gets out of control. I want you to consider having a prostatectomy'. I considered my options before opting for surgery. I had surgery soon after. I was 57 at the time.

I recovered well from the surgery. I'd been doing pelvic floor exercises beforehand, because I knew that urinary incontinence could be an ongoing issue for some men. When the catheter was removed after eight days, I had good bladder

Glossary

Prostate enlargement (commonly known as Benign Prostatic Hyperplasia)
An increase in the size of the prostate gland (which is non-cancerous)

PSA
Prostate-specific antigen. A substance made by prostate cells that enter the blood stream

PSA scores
Measurements of the level of PSA in blood

Urologist
A doctor who specialises in the urinary system

Biopsy
Collection of a sample of body tissue for examination to help diagnose disease

Low-grade prostate cancer
The presence of cells in the prostate gland that look abnormal but do not have the appearance of aggressive cancer cells

Active surveillance
A way of monitoring low-risk prostate cancer, involving regular PSA tests, examinations, MRI scans and biopsies

Prostatectomy
Surgical removal of the prostate gland

Urinary incontinence
The unintentional loss of urine

Urinary catheter
A tube placed to drain and collect urine from the bladder

function. I continued to do the exercises rigorously afterwards. I got off the pain killers after three or four days. I was in reasonably good form.

I expected there would be erectile dysfunction as part of the early recovery phase, as it had been flagged by the surgeon and other men I had spoken to, as well as in the literature I had read. At around the four-month mark, I told my surgeon that things were still not working in that department. He suggested Viagra. When that didn't help, I tried injections. After trying a couple of different types, I found one that worked. That gave me a sense of hope that I was on the road to recovery.

When I look back, it was lifesaving, because at that point, I was pretty despondent. It was hard to be in a loving relationship and not be able to express myself spontaneously and creatively in the way that I had in the past. The injection gave me the opportunity to do that and it made a big difference. I'm glad I agreed to give it a go.

I started to get a sense of normality back and hoped that my erections would return naturally. I knew there could be improvements over time, but at some point I realised it was unlikely I would ever get back my erectile function.

At that point, I really started to question my masculinity and place in the world. I would do things like watch a movie with an intimate scene and it would remind me of the person I wasn't any more. Even at work, I felt less assertive, less able to express myself. I did a lot of reading on this and realised that I wasn't the only one.

At the time, what I was going through did strain my relationship with Marg. This was a difficult phase for us as a couple. We shut down a little with each other as this stuff isn't always easy to talk about. Marg was always very supportive, even during the times when I imagine she felt sad about the changes. We always remained hopeful that there were steps in the recovery process and that our relationship would blossom again. We've done pretty well. We are still very solid and have found some sort of balance.

I've since realised these feelings and experiences are a common problem for men that go through a prostatectomy. I think many of us feel embarrassed to admit we're not the men we used to be. Recently I presented my reflections to my prostate cancer support group about the issue of prostate cancer, sexual function and masculinity. Afterwards men and their wives came up to me and told me how important it was to talk about these issues, and how they could relate to what I was saying. My experience is that men are more willing to discuss the mechanics of how to fix the plumbing but find it much harder to express their feelings, particularly if they are having unhelpful thoughts or low mood. I know that anxiety and depression after prostate cancer diagnosis and beyond is unfortunately all too common[1].

I'm happy to now be able to give back to men and their partners by talking about my experience, which I believe can help men express and deal with the grief around the loss of our former sex life. I would encourage all men to speak to their urologist, preferred health worker and their partner.

Read more about how Ian's son, Jesse, dealt with Ian's diagnosis on page 10-11.

REFERENCES

[1] "Plea for prostate support", Prostate Cancer Foundation of Australia. Media release, November 2019.

What I admire about Dad... where do I start?

30-year old Jesse Stephens works as a primary school teacher. He is the son of Ian Stephens (see his story on page 8-9). He reflects on his father's diagnosis of prostate cancer and what this means for him and his future.

Growing up, one of the many things I admired about my Dad was his desire to be involved in our lives, to take us out and explore the world, and the fact that I could have an honest conversation with him without feeling judged. As a teenager, I remember him taking me to these father and son sexual health classes. It wasn't so much the education that was important — after all, being the son of a sexual health nurse provided a very liberal upbringing without much taboo. I look back at this, instead, as a chance more for Dad and I to connect and build our relationship as father and son.

As I've gotten older, I've also been able to appreciate the influence and positivity he's given to others over the course of his long career. Around the dinner table, Dad would tell stories about people he'd encountered at work and the funny things that had happened during the day. You could tell how much helping people gave meaning to his life. Even now, he's involved in a prostate cancer support group in a voluntary capacity. He's always lived a life for other people, not just for himself. These values have shaped my own desire to give back to the community as an educator.

Dad working as a nurse was quite a radical thing back in the day — not a lot of men did it. His career, and the fact that he's quite a sensitive and reflective person anyway, means his understanding of masculinity is probably a bit different to most people's. Discussions around masculinity have been a recurring theme in our relationship over the years and it is not surprising we both find ourselves in fields more commonly associated with females.

When Dad was diagnosed with prostate cancer, I was just out of high school. We went around to my sister's house, because he wanted to break it to us as a family. He told us that the doctors had caught it early and they were reasonably confident it hadn't spread to the rest of his body. I remember him saying it could take many years, if not decades, to surface. He reassured us he was going to be in a 'watch and wait' scenario. His tone, as usual, was rational and optimistic.

Despite this, when you hear the word 'cancer', you can't help but think the worst. I felt a looming sense of dread. Cancer was always something that I thought happened to other people, not to me, not to my family. While he told us in a way that eased our anxieties, it was still a big shock. I've always had a strong desire to be a father, and I've just assumed my Dad would be around to spend time with my own children as a grandfather. Hearing he had cancer made me question all of that.

Growing up, I thought my Dad was invincible, that he would be around forever. The cancer diagnosis reminded me of the time my grandfather was dying, and how traumatic that was for Dad. I was quite young, and we were on a holiday in New Zealand when Dad got a phone call. He was told that Grandad had a heart attack and that the prognosis was bad. As we made our way up the island to fly home, I overheard Dad on the phone, distraught and crying, hoping that Grandpa would hold on for a bit longer so that Dad could say goodbye. It was the first time in my life I had witnessed my father deal with a medical issue in an emotional, rather than clinical and rational way.

When the cancer appeared to be growing and surgery to remove his prostate was recommended, Dad became less of a clinician and more of a human. He went from being a medical professional, to being a patient. He had to start thinking about the effect it was going to have on his life and his body, his relationship with Mum, and his perception of his manhood.

“He had to start thinking about the effect it was going to have on his life and his body, his relationship with Mum and his perception of his manhood.”

I think him having to have surgery took him as much by surprise as it did us. The tables had turned; while we could do nothing to help the cancer in his body, we could be there for his mind and mental health throughout the journey.

In the months following surgery, Dad had practical concerns, such as the possibility of incontinence. Every year we go to the Boxing Day Test cricket match — it’s an important tradition for us. Both he and I were worried as it was a 45-minute train ride and then a 10-minute walk to the MCG — was this a realistic expectation I should have of my Dad? Even if he managed to get there, could he sit comfortably for the course of the afternoon and enjoy himself? Having to worry about managing his day-to-day life and what he could expect of himself were some of the challenges he faced.

Following the surgery, I noticed his mood changed quite a bit. I was aware that he was becoming concerned about his sexual function not returning to normal following the expected healing time. He started to question his ability to be a man, to have a healthy relationship with Mum. He’s always been proud of his ability to show affection to Mum both publicly and privately. Now he needed to re-evaluate that. But I had faith that as a couple they could go on to find other ways of expressing love that doesn’t necessarily depend on that sexual connection anymore.

Dad and I talk honestly about the struggles he’s had. I know that Dad’s not just talking with me about these issues for his sake, but for my sake as well. Men from my Dad’s family had also struggled with the same diagnosis, and we suspect others had also been afflicted without a diagnosis including my Grandpa. Consequently, there is a chance I am predisposed to it too. I haven’t yet been tested, but on the advice of doctors, I will consciously monitor it as I get older. Like with any cancer, if there’s a genetic link, you want to get onto it early.

If I had any advice for sons of men with prostate cancer, it would be to keep talking with their fathers about their masculinity. Reaffirm their self-concept in ways they understand themselves as men, regardless of the changes they go through and challenges they may face. Even though you can’t help what’s going on in their body, you can support how they perceive themselves and their understanding of who they are as men.

This whole experience has certainly made me value the time I have with Dad much more. He’s almost moved beyond that five-year window so he’s nearly been officially cleared of cancer, but there’s always the worry that it can re-surface. I’m grateful that, thanks to the marvels of modern science, I’ve been gifted the opportunity to have him around for much longer.

Dad has always been and continues to be, a tremendous father to me. I look forward to modelling a lot of my own fathering on lessons I learnt from him. I feel more confident now he’ll be around to meet my own children, and that we’ll keep going to the Boxing Day Test matches together for a little while yet.

Read more about how Jesse’s dad, Ian, dealt with his diagnosis on page 8-9.

MORE INFORMATION	healthymale.org.au/mens-health/prostate-cancer	prostate.org.au

Don’t let a wee problem turn into a big deal

Leaky pipes and blocked drains aren’t just a concern of plumbers. Lots of men develop problems with the waterworks as they get older, but these are not an inevitable consequence of ageing. There are lots of signs that things aren’t working quite right. Knowing what these symptoms are, what they mean and how to deal with them can help keep everything under control.

Lower urinary tract symptoms (sometimes referred to as LUTS), and the terminology that goes along with them can be confusing. They can be classified into problems with the storing of urine or problems with passing urine (emptying problems).

Lower urinary tract symptoms include:

Storage problems

- Increased frequency (needing to go too often during the day or getting up too many times overnight)
- Urgency (suddenly needing to pass urine and it’s difficult to hang on)
- Urinary incontinence (leaking urine), which can be classified as urge incontinence (leakage after a feeling of urgency), stress incontinence (leakage due to increased pressure on the bladder e.g. when jumping, running, lifting, etc.) or a mixture of both urge and stress incontinence.

Emptying problems

- A slow stream of urine
- Spraying of the urine stream
- Intermittency (urine flow that stops and starts)
- Hesitancy (difficulty starting to urinate)
- Straining (muscular effort needed to start or maintain urination)
- Terminal dribble (flow slows to a trickle or dribble for a while before finishing).

Other symptoms can occur straight after urinating, like dribbling after you think you've finished or feeling like your bladder is not actually empty when you've passed as much urine as you can. Men may also report pain in their bladder, urethra, scrotum, perineum (the skin between the scrotum and anus) or pelvis.

About half of all men and women over 65-years of age report at least one lower urinary tract symptom. In Australian men, more than 1 in 3 aged over 45-years report their symptoms as being moderate or severe[1].

In many men, lower urinary tract symptoms can develop because of prostate enlargement. The location of the prostate gland, below the bladder and surrounding the urethra, means that as it enlarges it can constrict the urethra and restrict urine flow. Therefore, prostate enlargement resulting from benign prostatic hyperplasia (BPH) is a common cause of lower urinary tract symptoms, and emptying problems.

Prostate enlargement can be a sign of prostate disease, so it's important to talk to your doctor if you have any lower urinary tract symptoms.

There are a variety of other causes of lower urinary tract symptoms, some of them health related (for example, neurological conditions like Parkinson's disease or multiple sclerosis) and some of them lifestyle related (for example, occupations or recreational activities that involve heavy lifting).

Our behavior can contribute to the development of lower urinary tract symptoms and to managing them. Simple things like reducing the amount you drink in the evening can help you stop needing to get up during the night. It's best to avoid things like this if they cause problems for you.

It's easy to slip into the habit of going to the toilet 'just in case' if you're worried about urinary incontinence but this strategy can backfire. Your bladder can effectively get used to holding low volumes, so going to the toilet before your bladder is full can gradually reduce its capacity to hold urine.

Bladder training can help you to gain control. To learn how to retrain your bladder visit www.continence.org.au/pages/bladder-training. After a while, urgency symptoms should let up.

Pelvic floor exercises can help to control your bladder and bowel, which can be important for people who have urinary incontinence associated with constipation. Other things that help with bowel function include a diet rich in fibre and controlling your weight. (If you are overweight, this puts pressure on your pelvic floor.)

Behavioral and lifestyle interventions are the first step in managing lower urinary tract symptoms. About half of the people with symptoms benefit from medication.

Even if lower urinary tract symptoms are not caused by a serious underlying health issue, the problems with bladder emptying can themselves lead to significant concerns.

Incomplete emptying of the bladder can lead to urinary tract infections, bladder stones, kidney problems and even acute urinary retention (a sudden onset need to pass urine but the inability to do so). Acute urinary retention is a medical emergency.

Lower urinary tract symptoms may reduce people's quality of life and contribute to depression and anxiety due to frequent trips to the bathroom and embarrassment.

Acting early to get help with lower urinary tract symptoms is the best way to take control rather than letting the symptoms control you.

MORE INFORMATION

healthymale.org.au/mens-health/urinary-problems-luts

continence.org.au

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[1] Troublesome lower urinary tract symptoms in the community: a prevalence study. *Medical Journal of Australia* 1997

Mental health and the prostate

Your mental and physical health are connected, meaning that one affects the other. Taking care of one can help take care of the other.

Your mental health is how you think, feel, and behave. Your physical health is the state of your body when you consider the presence or absence of bodily illness and fitness.

People living with chronic (persistent or long-term) physical conditions are more likely to experience poor mental health than those who are well, and those who have poor mental health are at a higher risk of developing problems with their physical health.

Prostate conditions including prostate enlargement, prostatitis and prostate cancer, and their treatment, can impact on mental health.

Prostate enlargement and mental health

Lower urinary tract symptoms (LUTS) are the most common symptoms of prostate enlargement. LUTS include storage and emptying problems. Storage symptoms include increased frequency of urination (and sometimes urge incontinence) and needing to urinate more often overnight. Emptying symptoms include poor urinary stream, hesitancy (difficulty starting the urinary stream), terminal dribbling (dribbling of urine after you have finished urinating), and incomplete emptying (not being able to empty the bladder properly).

These symptoms can cause men to feel stressed because they constantly need to plan for bathroom trips. Needing to go to the toilet multiple times throughout the night may lead to mood changes as men may struggle to get an undisturbed sleep.

Prostate enlargement and LUTS may be a source of anxiety and depression. Often, doctors will recommend lifestyle changes to try and relieve the symptoms. This does not always fix the problem so medications may be prescribed to help. These medications may affect mood, so it is important to talk with your doctor about possible side effects.

See pages 6-7 for more information on prostate enlargement.

Prostatitis and mental health

For many men living with prostatitis (infection or inflammation of the prostate gland), trouble urinating, pain and discomfort, and lowered sex drive are common symptoms that may lead to poor mental health, particularly depression.

Psychological stress can lead to worsening symptoms of prostatitis, particularly pain and discomfort when urinating. It is not fully understood why stress may cause worsened symptoms.

Prostatitis can be difficult to treat, which can add to feelings of hopelessness. If you have prostatitis, take hope in knowing that while it may take time to uncover the cause and find an effective treatment, once you do, it should quickly help to relieve your symptoms.

See pages 6-7 for more information on prostatitis.

Prostate cancer and mental health

Prostate cancer is the second most common cancer in Australian men. For many men, the diagnosis of prostate cancer is a much greater source of distress than the symptoms of the disease, which often go unnoticed until the cancer is in the later stages.

Men diagnosed with prostate cancer are at a higher risk of mental health issues, such as anxiety and depression, than the general population[1].

Mental illness can persist or come and go throughout treatment and recovery as men adjust to their diagnosis, its management and living with the possible side effects. It is important to speak to your health care provider to obtain help if required. In September 2019, the Prostate Cancer Foundation of Australia (PCFA) released a position statement recommending that men be screened for distress following diagnosis. This screening should be undertaken by men at regular intervals throughout their treatment and afterwards.

Men whose prostate cancer is managed using 'active surveillance' (which involves routine checking of their prostate cancer by their doctor) may feel distressed at the uncertainty of their condition, even if their doctor reassures them that they are safe and well.

See pages 6-7 for more information on prostate cancer.

It is important to know that feelings about any prostate problems are valid.

Feeling stressed, anxious or depressed when you are living with troubling symptoms is completely normal and you don't need to feel guilty or ashamed to ask for support. In fact, asking for support, from your partner, a friend or your doctor, is the first step in the right direction to better health.

If you experience any of the following symptoms, you should consider speaking with your doctor to find out what to do next:

- Sad, down or depressed
- Tired or a lacking energy
- Trouble concentrating or lack of motivation
- Mood swings
- Increased or reduced appetite
- Sex drive changes
- Trouble coping with daily problems or stress
- Trouble getting to sleep
- Disconnection from friends and/or family
- Loss of interest in activities that you normally enjoy.

For more information about prostate enlargement, prostatitis and prostate cancer, visit Healthy Male at healthymale.org.au and the Prostate Cancer Foundation of Australia at pcfa.org.au.

For more information about incontinence, see page 12-13 or visit continence.org.au.

Prostate Cancer Foundation of Australia

Continence Foundation of Australia | NATIONAL CONTINENCE HELPLINE

1800 33 00 66

REFERENCE

[1] Anxiety and depression after prostate cancer diagnosis and treatment: 5-year follow-up. *British Journal of Cancer* 2006

Pelvic floor health — it's important for men too!

Weaker muscle strength is a common side effect of aging, but regular exercise can help to ensure your body performs its best throughout the later years.

The muscles of the pelvic floor, which run from the coccyx (your tail bone) to the pubis (the bony part of the front of your pelvis) to support the internal organs, can weaken with age. These muscles help to control the release of urine, faeces and gas, so if the pelvic floor muscles weaken these bodily functions may be affected.

Pelvic floor exercises are generally promoted for women because the pelvic floor muscles and ligaments can weaken and stretch with pregnancy and childbirth, but men can also benefit from practicing them.

Constipation, obesity, chronic coughing, heavy weightlifting, and high impact exercise can cause the pelvic floor muscles to weaken over time.

The benefit of pelvic floor exercises is that they can help to improve bladder control and bowel function and may also increase sensation during sexual activity. These exercises may reduce the risk of prolapse (when the reproductive organs, bladder, colon, and rectum sag down from their usual position in the body) and can help aid recovery from prostate surgery.

Who should consider doing pelvic floor exercises?

All men should consider incorporating pelvic floor exercises into their routine. Men who should do pelvic floor muscle exercises include:

- Men who have undergone prostate surgery, or know they will have prostate surgery in the future
- Men who have a chronic cough
- Men who lift weights.

How do you locate your pelvic floor muscles?

Before starting pelvic floor exercises, you need to know where your pelvic floor muscles are. There are two ways to do this.

1 Sit or lie down, making sure that your thighs, buttocks, and abdominal muscles are relaxed. Pretend that you are trying to avoid passing wind, but do not clench your buttocks, to exercise the muscles around your back passage.

2 The next time you go to the toilet, try to stop your stream of urine. When you do this, you will be able to feel the muscles that are working to stop the stream (don't do this more often than once a week, so you do not over-stimulate and confuse the muscles involved).

If you are having difficulty locating these muscles or are unable to stop your stream of urine, consider speaking to your doctor or a physio specialising in pelvic floor health as it could mean that the muscles have become too weak to function properly.

How to do pelvic floor muscle exercises

Before you start doing pelvic floor muscle exercises, there are some important things to remember:

- Do not clench your buttocks when you are doing these exercises
- Keep your legs relaxed
- Keep breathing
- Squeeze and lift rather than tightly clenching.

With those tips in mind, here are the next steps

1 Squeeze and draw in the muscles of the urethra and anus at the same time (sort of like when you 'engage your core' if you were to do a plank or sit ups). Hold your muscles tight for eight seconds. You should feel a tightening and lifting when you squeeze and a feeling of letting the muscles go when you relax them.

2 Repeat this squeezing motion 8 to 12 times. Try to get to eight seconds of lifting and squeezing, and eight seconds of rest between each repetition. If you cannot make it to eight seconds, try to hold for as long as you can.

3 Try to do three sets of 8 to 12 squeeze-and-lifts (a total of 24 to 36 squeezes) every day.

You can do the exercises lying down, sitting, or standing. Try staying in one position throughout the exercise for best results.

Building your pelvic floor muscles is like building your cardio or resistance fitness — practice makes perfect. If you are not able to maintain the squeeze for eight seconds, do not feel disheartened, you will get there. Focus your energy, a few good squeezes are better than none.

Bear in mind that this guide is not tailored to your specific needs. If you have trouble getting the hang of it, you may need to visit your doctor or a physio who specialises in pelvic floor health for specific recommendations and guidance.

If you regularly have problems with bladder or bowel control and it doesn't improve within three months of doing these exercises, you should visit your doctor to talk about further steps that might be necessary to help with your symptoms.

MORE INFORMATION

healthymale.org.au

continence.org.au

Ten to Men

The Australian Longitudinal Study on Male Health

Everyone benefits when gaps between different groups in society are closed. As a community, we're working towards closing gender gaps in salaries, and representation in government and business. Health inequalities between genders are equally important to address but first we need to know why they exist in the first place.

We know some of the reasons for differences in health between males and females, but we still have a lot to learn. This is the reason why Ten to Men - The Australian Longitudinal Study on Male Health was initiated as part of the Australian Government's National Male Health Policy, directed at addressing the specific health needs of Australian males.

Ten to Men is aimed at gathering information to guide government policy, and develop programs, to improve the health of Australian males. The study is designed to collect information from a diverse group of around 16,000 men and boys, aged from 10-55 years.

Ten to Men is the largest nation-wide longitudinal study of male health in the world.

Every few years, participants are asked to complete surveys about their lifestyle, physical and mental health, use of health services, and their attitudes to their own health. After the first wave of the study, in 2013-2014, participants were surveyed again in 2015-2016.

The third wave of the study will occur in 2020-2021, during which participants will be asked some of the same questions they answered previously, to see how things are changing. The third wave will also begin collecting information about some new topics, including health concerns arising from COVID-19 and the recent bushfires.

Ten to Men has already defined age-related differences in the incidence of various physical and mental health conditions, and shown how boy's and men's health is different for those in urban, rural and regional parts of Australia.

The information collected during the study will allow identification of the things that increase men's risk of disease or provide protection against it.

As the study progresses, the data collected can be linked to other health databases to further expand knowledge about the health of Australian boys and men, and perhaps identify those groups who tend not to engage with health services but could probably benefit from that support.

If you are one of the participants in Ten to Men, you will soon be contacted by the study team from the Australian Institute of Family Studies to participate in the third wave of data collection.

You can find more information about Ten to Men, and reports on the study's progress and findings, at the study website.

tentomen.org.au

This study summary was written by the *Healthy Male* team.

Health information in a language you can understand

We produce a range of vital evidence-based resources for men and health professionals, from fact sheets to clinical summary guides, videos to helpful articles.

You can view and download these resources on our website and order hard-copy resources free of charge through our online store.

Resources for men

Visit healthmale.org.au/resource-library to learn more about a range of topics including:

- Prostate enlargement
- Prostate cancer
- Prostatitis
- Lower urinary tract symptoms
- Erectile dysfunction
- Ejaculation problems
- Male fertility and preconception health.

Resources for health professionals

Healthy Male offers 13 clinical summary guides on the management of male reproductive and sexual health, to support health professionals in the management of their male patients.

Our clinical summary guides include:

1. Step by step: Male genital examination
2. Male child and adolescent genital examination
3. Male adulthood genital examination
4. Androgen deficiency
5. Male infertility
6. Testicular cancer
7. Testicular cancer – Supplement
8. Prostate disease
9. Ejaculatory disorders
10. Erectile dysfunction
11. Klinefelter syndrome
12. Engaging men
13. Engaging Aboriginal and Torres Strait Islander men.

RESOURCES FOR HEALTH PROFESSIONALS

More information for health professionals can be found at healthymale.org.au/health-professionals You can download our clinical summary guides from healthymale.org.au/health-professionals/clinical-resources or order hard-copy versions for free from our online store: healthymale.org.au/resources-tools/order-resources.

Study Update

Some of the current research studies and projects that Healthy Male proudly supports include *Navigate* and *Out with Cancer*.

Navigate

Navigate is a project that seeks to help men understand their prostate cancer diagnosis and make informed decisions about their treatment. The *Navigate* website was developed by a team of experts and men with first-hand experience of prostate cancer. The website includes over 40 videos of men, partners, oncologists, urologists, and specialist prostate nurses to provide a range of perspectives and personal experiences.

Are you eligible to participate?

You may be eligible to participate in *Navigate* if:

- You have been diagnosed with low risk or localized prostate cancer within the last three months
- You are deciding on your treatment options and one option includes active surveillance (to be confirmed with your treating doctor)
- You have access to the internet, and you can meet the study requirements.

If you would like to participate, the Peter MacCallum Cancer Centre will provide you with access to one of two prostate cancer websites. Researchers will ask you to complete four online questionnaires (each takes a total of 15-20 minutes to complete) over a six-month period.

If you would like to find out if you are eligible to participate in the study, visit navigateprostate.com.au /auth/index

Out with Cancer

The *Out with Cancer* study is investigating the experiences of LGBTQI+ people about cancer and cancer care, and of medical interventions to reduce cancer risk. Information from this study will be used to develop better information and support for LGBTQI+ people with cancer and their carers.

Are you eligible to participate?

You may be an eligible participant if:

- You are an LGBTQI+ person who has been diagnosed with cancer (now or in the past) or had medical intervention to reduce a known or perceived cancer risk
- You are the partners, family members or friends of LGBTQI+ people with cancer
- You are an LGBTQI+ person who have cared for someone with cancer (15y+).

LGBTQI+ people inlcude those who are lesbian, gay, bisexual, transgender, queer, born with a variation in sex characteristics (intersex variation), and those who identify with other terms used in our communities (+).

If you are eligible to participate, you will be asked to complete an online confidential survey that takes 20-45 minutes to complete, with the option of a follow-up interview to discuss your experiences in more depth. You may be asked to provide photos to accompany your final interview. If you would like to find out if you are eligible to participate in the study, visit westernsydney.edu.au/out-with-cancer

Nursing care for male urinary issues

Lower urinary tract symptoms (LUTS) are common among Australian men.

Fewer than 20% of men aged under 45-years experience LUTS but almost half of all men aged 65-79 years and 70% of men aged 80-years or over have LUTS[1].

Many men endure LUTS in stoic silence due to feelings of embarrassment or shame, and ultimately present with complications including urinary retention, poor quality of life, mental health and relationship problems, or even advanced prostate cancer[2].

Assessing a man's urinary symptoms is very individualised and may be subjective. One man having to pass urine 3-4 times overnight might be a terrible night for some, whereas it could be a good night for others.

The International Prostate Symptom Score (IPSS) questionnaire is a validated tool for assessing LUTS[3] that can be accessed online. The IPSS identifies how bothersome LUTS are to the man, which is a suitable indicator to gauge the actual concern of their symptoms.

Nurses in primary care are well positioned to assist with managing patients who present with urological issues, by utilising validated tools like the IPSS and providing education about pharmaceutical or surgical treatment options. It is important for nurses to provide the most appropriate forms of education and information, or appropriate referral, to patients based on their clinical and personal needs.

Tools and concepts from oncology care can be useful for helping support men with LUTS, even though very few men with LUTS will have prostate cancer.

Supportive health care embraces the full range of issues that emerge for an individual as the impact of diagnosis and treatment are felt and the person deals with their situation[4]. Applying the principle of supportive care to the management of men with LUTS can help to manage the symptoms and the impact on their lives.

A tool that can help nurses in primary care is the Distress Thermometer (prostate.org.au/media/458256/Prostate_Cancer_Distress_Form.pdf), a self-reported measure of physical, emotional, and social distress that is brief and non-invasive. The Distress Thermometer is a validated and acceptable alternative to longer psychometric instruments used for supportive care in cancer patients.

DOWNLOAD AND PRINT COPIES OF THE IPSS QUESTIONNAIRE AT

healthymale.org.au/health-professionals/clinical-resources/patient-assessment-tools

REFERENCES

1 A practical approach to the management of lower urinary tract symptoms among men. *Medical Journal of Australia* 2011

2 The benefits of a shared-care prostate clinic. *British Journal of Urology* 1996

3 The american urological association symptom index for benign prostatic hyperplasia. The measurement committee of the American urological association. *Journal of Urology* 1992

4 Supportive care for cancer patients. *Hospital Quarterly* 2000

The role of prostate multiparametric MRI in the diagnosis and management of prostate cancer

Medical imaging is revolutionising healthcare as technological advances in hardware and software development occur at an astonishing pace. Now, advanced imaging is becoming routine for prostate cancer.

Multiparametric MRI (mp-MRI) provides high quality images of the prostate that allow radiologists and urologists to assign a score, using a 1-5 scale called the prostate imaging-reporting and data system (PI-RADS), to prostate tumours. PI-RADS scores indicate how likely it is that cancer cells will be found if a biopsy is done.

- Scores of 1-2 suggest no cancer cells will be found.
- Scores of 3 mean that cancer cells are likely to be found only 2 or 3 times out of 10.
- Scores of 4 are considered high (a 75% chance of cancer cells).
- Scores of 5 are very high (90-95% likelihood).

PI-RADS scores help to avoid unnecessary biopsies. In only about 20% of cases (such as in young men with strong family history and strong clinical suspicion) would a biopsy still be recommended for low PI-RADS scores.

For men with higher PI-RADS scores, the MRI images help to identify the sites from which biopsies should be taken.

It is possible to fuse MRI images taken before the biopsy with real-time trans-rectal ultrasound (TRUS) images using software to ensure accurate targeting of biopsies. 'In-bore' MRI-guided biopsy is also possible, allowing direct sampling of prostate lesions during the scan.

These techniques are much more accurate than traditional TRUS biopsies, which essentially provided 'random' samples of the prostate and resulted in a 30-40% risk of incorrect diagnosis. Now, we can be more confident about diagnosis and management.

Multiparametric MRI helps with treatment by identifying the location of the tumour and its relationship to anatomical structures. Large tumours with very high PI-RADS scores, located close to the outside of the prostate, might have microscopic extensions into surrounding tissues. These are difficult to remove without nerve damage — this is critical for patients deciding how to proceed. Men with tumours away from nerves and blood vessels, or with lower PI-RADS scores, are generally suitable for a nerve-sparing surgical approach.

Multiparametric MRI is also useful for monitoring tumours in men with lower risk prostate cancer, who are potential candidates for an "active surveillance" approach (whereby surgery or radiation are avoided).

A Medicare rebate for MRI of the prostate has been available since 1 July 2018, for scans ordered by a urologist, radiation oncologist or medical oncologist (not general practitioners). Specific criteria such as PSA levels, age, digital rectal examination findings and risk prior to biopsy must be met to be eligible for the rebate. Men on active surveillance who have not had an MRI are also eligible before a confirmatory biopsy or if there are clinical concerns.

Prostate clinical trials in action

The Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) was formed in 2008, to strengthen and support clinical trials in urogenital cancer. ANZUP brings together a world-leading multidisciplinary team of doctors, nurses, scientists, researchers, and community representatives.

ANZUP has a number of active clinical trials focused on prostate cancer. Here's a snapshot of some.

DASL-HiCaP

This randomised controlled trial examines darolutamide (a drug that blocks testosterone action) and radiotherapy in localised, very high-risk prostate cancer. Previous studies showed promising results for darolutamide alone preventing disease progression and improving survival for men with advanced prostate cancer. The trial will enrol 1,100 men worldwide.

DASL-HiCaP will identify if adding darolutamide to radiotherapy can reduce the spread of prostate cancer.

TheraP

Lutetium-177 Prostate-Specific Membrane Antigen (Lu-PSMA) radionuclide therapy is a new treatment for advanced prostate cancer. Lu-PSMA is a radioactive molecule that attaches to cells with prostate-specific membrane antigen on their surface. The cells that have the most prostate-specific membrane antigen on them are prostate cancer cells, so the radiation is specifically targeted to the tumours.

TheraP is a randomised study comparing Lu-PSMA with cabazitaxel chemotherapy. Cabazitaxel inhibits cell division and is the standard treatment for advanced prostate cancer when other treatments have stopped working. In September 2019, the last patient (number 201) was randomised to ANZUP's TheraP trial, five months earlier than expected. We look forward to sharing the results soon.

TheraP will tell us whether targeting prostate cancer cells with Lu-PSMA is more effective for reducing men's PSA levels than blocking cell division with cabazitaxel.

ENZA-p

Enzalutamide is a drug that blocks testosterone action to slow cancer growth. It is already widely used in men with prostate cancer that has stopped responding to standard hormone therapy. However, most men become resistant to enzalutamide treatment over time. Experiments show that combining the drug with Lu-PSMA might slow down the development of enzalutamide resistance.

ENZA-p is an exciting new study that will identify if this combined therapy is safe and actually slows the development of enzalutamide resistance in men with advanced prostate cancer. The plan is to enrol 160 participants across Australia in this randomized study.

ENAZAMET

The results of the ANZUP-led, ENZAMET international randomised clinical trial were published in 2019, showing that enzalutamide can improve survival of some men with advanced, hormone-sensitive prostate cancer, if the drug is given when standard first-line therapy begins. Men in the trial who received enzalutamide were 1/3 less likely to die within 3 years than those who received standard therapy.

Only prostate cancer trials are mentioned here, but ANZUP are leading trials in other vital urogenital cancers, affecting the kidney, bladder, testis and penis. The 12th ANZUP annual scientific meeting will be held in Adelaide for the first time, 18-20th July 2021.

If you would like more information on these prostate cancer trials, or your patients are interested in them, please contact ANZUP (anzup.org.au). You can also become an ANZUP member — membership is free.

The evolution of PSA testing

There has always been conflicting advice on whether a GP should order PSA (prostate specific antigen) testing for their patients, due to the ambiguity around the potential benefits and risks of the test. However, over the past two years, the use of PSA testing has evolved, with better outcomes for patients.

PSA testing benefits

Like any screening test, the rationale for PSA testing is to detect harmful disease early, while it is likely to be curable. The most rigorously conducted clinical trials show that PSA testing *does* catch prostate cancer early, and that with curative treatment rates of illness and death from the cancer are reduced. Because of this, PSA tests were naturally favoured.

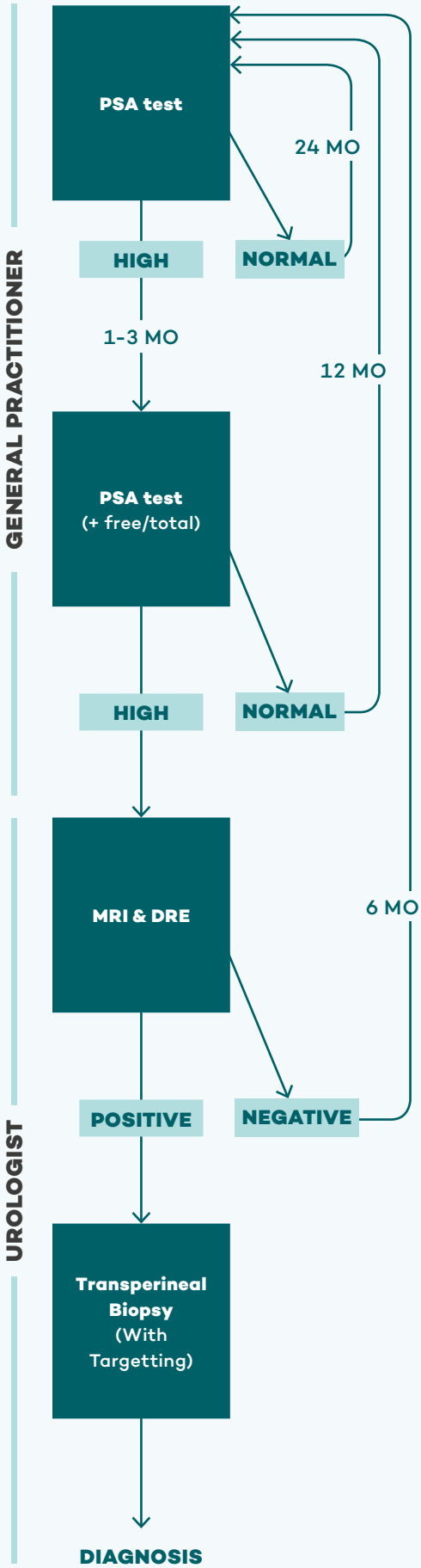
PSA testing risks

In the past, an elevated PSA result led straight to a transrectal ultrasound guided (TRUS) prostate biopsy. This procedure was often performed without sedation, so the process could be painful and embarrassing for the patient.

When harmless low-grade prostate cancer was detected by TRUS biopsy, the patient was often then subjected to aggressive treatment in case a more intensive cancer appeared. This treatment can often have side effects with major impacts on quality of life, such as problems with urinating or erections.

With a TRUS biopsy, there was a small but significant risk of severe infection (sepsis) if bacteria from the bowel was accidentally transferred when the needle passed through the bowel wall into the prostate. In addition, as these biopsies were taken randomly from around the prostate gland, if aggressive cancer was present it could be missed.

Most of the time the biopsy would find no cancer, meaning that it was either missed or that the PSA was elevated for another reason, such as benign prostatic hyperplasia (BPH).



Evolution of PSA use

Measures have been taken in recent years to reduce patient harm when it comes to PSA testing.

Now, a single elevated PSA measurement is no longer immediately followed by a biopsy. Instead, a repeat PSA test (preferably including measurement of the free/total PSA ratio) is taken one to three months after the first test.

It is well-recognised that PSA will naturally fluctuate to some extent within individuals, so the second PSA is often normal, precluding the need for further evaluation.

If the second PSA measurement is high, the free/total ratio can help determine the chance it is due to benign prostatic hyperplasia (free/total PSA >25%) or cancer. If the subsequent PSA remains elevated, and the free/total ratio is abnormal, the next step is to refer to a urologist, who will order the non-invasive test of a multiparametric prostate MRI.

Prostate MRI

Prostate MRI has only last year become standard of care in the evaluation of men with an elevated PSA, because of its advantages over biopsy at this point. If the MRI is negative, a biopsy can usually be avoided altogether. On the other hand, if the MRI does show a lesion, this lesion can then be precisely targeted at subsequent biopsy, maximising diagnostic accuracy. Finally, MRI typically does *not* detect harmless low-grade prostate cancer — which is exactly the type we do not want to find. By avoiding a biopsy when no lesion is seen on MRI, we therefore avoid unnecessarily diagnosing most of the harmless types of prostate cancer, and the chance of having them unnecessarily treated.

If a lesion is found on the MRI and a targeted biopsy is performed, this is now more often done via the perineum (the skin between the scrotum and anus) under general or local anaesthetic, rather than through the rectum, thereby avoiding rectal bacteria. Numerous studies show a zero or near-zero risk of infection using this technique. Prostate biopsy sepsis has therefore been all but eradicated.

Occasionally, harmless low-grade prostate cancers are still detected at biopsy. The good news is that these can almost always be managed by monitoring (sometimes known as active surveillance) rather than by any treatment, thereby again avoiding the potential significant side effects of treatment.

For GPs, knowing the benefits and risks of PSA testing is imperative. For male patients aged 50-70 years, when prostate cancer typically first arises, GPs must start the conversion about PSA testing and not simply wait for patients to present with symptoms.

For more detailed recommendations, including for men with a family history of prostate cancer, please see the RACGP-endorsed clinical practice guidelines on PSA testing and early management of test-detected prostate cancer.

- racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines/clinical-practice-guidelines-psa-testing-early-man

A different view

How do you think the pandemic has collectively changed our view on life as we know it?

These unprecedented times have shown how we can adapt to any situation, and the power of being flexible, accepting, and resilient.

Immersing ourselves in nature, valuing the quality time spent with those closest to us and reducing our social calendar has allowed us to adopt a new normal.

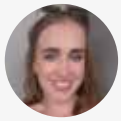
COVID-19 has been eye-opening across the globe. It has influenced so many in various ways. Our learnings will hold us in good stead for the future and give us the confidence to support one another in having a positive mindset, knowing that we can overcome the hurdles that are thrown our way.

Lukas Antoniadias
Teacher

As months have passed, we find ourselves wishing things would return to normal, but is going back to normal the best thing?

Coronavirus gave us a new perspective on life but most importantly it taught us to appreciate the important things. I have treated many people who appreciate their health and wellbeing more than they used to thanks to coronavirus. It is my hope that when this is all over, people will remember how important it is to keep an eye on their health and appreciate their life and our healthcare system.

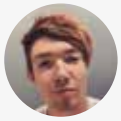
Bess Jones
Paramedic



This strange reality has produced an unexpected by product; and that is a sense of unity. We are united in our fear and our uncertainty. There is an overwhelming sense of clarity about what matters the most in this life. It is our family, our friends, our colleagues, our neighbours. It is our love for one another that compels us to abide by the government recommendations. We are physically far apart, but closer than ever.

Life will go back to normal. I am hopeful that our perspectives on life have been permanently coloured with love and compassion.

Ellen O' Flynn
Nurse



Collectively, the COVID-19 pandemic has changed our view on life as we know it, for the better!

This pandemic has encouraged people to broaden their minds more to love and respect "thy neighbour". The majority of the community I'm surrounded by are more open to a good old conversation with the bloke they just met while lining up to buy their groceries. Beforehand, they would grunt and mutter unpleasant thoughts about the same person.

This pandemic has made people realise that we are all in the same boat. People seem to be less grouchy towards one another and are becoming more open to bettering their relationships with each other.

Jaymie Heller
Supermarket worker

HEALTHY MALE

ANDROLOGY AUSTRALIA