The university student's guide to

MEN'S HEALTH

Taking care of men's health: Why bother?

Studies reveal that men are less concerned about taking care of their health than women. Compared to women, men die earlier and are at higher risk for suicide, accidents, violence, and drug and alcohol problems. Some diseases are also more common in men than in women. Men have penises, prostates, testicles and other anatomical parts that can pose a threat to their health and well-being. The social drive to be "masculine" affects the psyche of men in a variety of ways, which also has an impact on health. Men are clearly at risk for some health problems, yet they are less likely to visit a physician or to think of a health problem as serious enough to seek medical attention. This is changing as men are encouraging each other to be active in managing their health. To complement the general information presented in other chapters of this publication, here is some information specific to men's health.

Testicular cancer

Testicular cancer is the most common cancer for men aged 15-34. This type of cancer is 40 times more likely to occur in men whose testicles have not descended into the scrotum or did so after the age of 6. This type of cancer is usually found by men themselves, and it is very curable if caught early. The best way to protect yourself is to do a monthly testicular self-exam (see box at right) and to have your physician check for testicular abnormalities during an annual physical exam.

PERFORMING A TESTICULAR SELF-EXAM

- Examine your testes during, or right after, a hot bath or shower when the scrotal skin is most relaxed and the contents can be felt more easily.
- Examine each testicle gently.
- Place your index and middle finger on the underside of the testicle and place your thumb on top.
- Gently roll your testicle between your thumb and fingers.
- A normal testicle is soft, has a smooth surface and is firm, smooth, and egg-shaped. One testicle may be larger than the other and it is common for one to hang lower.
- Feel for small, hard lumps, which could indicate a testicular mass. These are usually the size of a pea.
- Consult your health care provider if:
  - you feel a lump or a hard area of the testicle
  - the whole testicle feels harder than normal
  - one side of your scrotum is very swollen
  - you feel a dull ache in the lower abdomen and/or groin area

Erectile dysfunction

Among the various sexually related problems a man can face, erectile dysfunction (ED) is arguably the most traumatic. To many men, their ability to perform sexually is an integral part of their self-image, and to not be able to perform in this domain is an insult to their "manhood". It is estimated that ED regularly affects 34% of men in Canada and that less than 10% of them seek treatment. Of course, since the approval of the anti-impotence drug Viagra by Health Canada, the number of men seeking treatment has greatly increased, but many still don't seek help.

Causes of erectile dysfunction

Although ED is more common in older men, younger men are also affected. It is reported that 50 to 80% of ED is related to physical causes, but many of those with physical causes also experience psychological effects, which further intensify the problem. Many physical causes of ED have been identified. They include: disruptions in blood flow in the penis (such as that caused by the narrowing of blood vessels, also known as

ANATOMY OF AN ERECTION

An erection is the result of a complex co-ordination of actions involving many players. Several elements need to be in place for an erection to happen. First, there needs to be a positive psychological environment and a stimulus (either physical or mental, or both). In order for the stimulus to culminate in an erection, the nerves that send messages between the brain and the penis must be intact and functioning and there must be adequate levels of hormones. Finally, there must be a functioning penis with functioning blood vessels and an adequate blood supply. If any of these elements are not present, an adequate erection will not occur.

In simple physiological terms, an erection is the result of increased blood flow in the spongy tissues called corpora cavernosa and corpus spongiosum that run the length of the penis. With stimulation, nerves, blood vessels and hormones work in conjunction to increase the flow of blood in the penis through a variety of chemical reactions, which lead to the penis becoming erect.

atherosclerosis); nerve damage; decreased or low testosterone levels; diabetes; alcoholism; liver or kidney failure; multiple sclerosis; and stroke. Many prescription medications such as antidepressants, tranquillizers and high blood pressure medication, can contribute to ED. Men who smoke are at a greater risk of experiencing ED.

Erectile dysfunction can also be caused by psychological factors. One of these factors is how a person feels about sex. If a man is nervous about sex, has had bad experiences with sex or a previous bout of ED, these can affect his ability to achieve a sufficient erection. Other psychological factors that can lead to ED are stress; relationship problems; feeling self conscious about your body, looks, or penis size; getting negative "vibes" from a partner; and sexual orientation issues.

It is common for men to occasionally experience ED, but if this is a recurring or ongoing problem for you, you should consult a physician. There are several treatment options that could help.

Premature ejaculation

The inability to achieve or maintain an erection can be very distressing for a man, but so can premature ejaculation. Premature ejaculation occurs when a man ejaculates too quickly during sex with a partner, leaving the partner sexually dissatisfied. This can happen to a man at any age, but it is more common in younger men. Unlike erectile dysfunction, where there is often an underlying physical problem, there is nothing wrong with the anatomy of a man who experiences premature ejaculation. Treating premature ejaculation involves gaining control over the ejaculatory process. One technique that many find helpful is the start-stop technique, which is explained in the box to the right.

THE STOP-START TECHNIQUE FOR PREMATURE EJACULATION

The stop-start technique involves mastering control over ejaculation.

Step 1: Masturbate without lubricant. When you feel you are reaching a point where you could easily ejaculate, STOP. Pay close attention to the feelings of arousal and take a few deep breaths. When your arousal level has stopped significantly, restart stimulation. When you can do this for 15 minutes with only 1 or 2 stops move to step 2.

Step 2: Repeat step 1, but this time use lubricant. When you can do this for 15 minutes with only 1 or 2 stops, move to step 3.

Step 3: Do the same as step 1 but instead of stopping, vary your technique (longer or shorter strokes, stroke the shaft rather than the head etc.)

Step 4: Repeat steps 1-3 with a partner masturbating you. Guide your partner.

Step 5: Repeat previous steps with a partner performing oral sex rather than masturbating you, if you both enjoy oral sex.

Step 6: Repeat steps 1-3 with penetrative intercouse with a partner.

Source: The New Male Sexuality, revised edition, by Bernie Zilbergeld Ph. D.

Performance enhancers

In general, men are more interested in sports than women, and many men participate in competitive sports. In search for a "competitive edge", a growing number of men are turning to performance enhancing substances. Often, coaches or team-mates recommend a specific compound that they believe will improve performance. Usually, these recommendations are based on anecdotal evidence rather than solid scientific evidence. A scientific review of common performance boosters was published in the December 2000 issue of the Berkeley Wellness Letter. The experts offer advice to those who are using, or considering using, performance enhancing substances. As they put it: "If you want to build muscle, lose fat, or run, swim, or cycle faster, you're better off with a solid training program than with these supplements. In any case, the small effect these supplements may have would be meaningless for recreational athletes or exercisers, though the risks are just as real".

Here is a summary of some common performance enhancing supplements reviewed by health experts and the editors of the Berkeley Wellness Letter:

Caffeine

The claims made about caffeine suggest that it can improve endurance by helping the body burn fat and save carbohydrates for later. Several small studies show that caffeine can allow athletes to exercise longer. However, other studies have found little or no benefit. It has not been proven that caffeine helps burn fat. For some it boosts alertness and energy, while for others it makes them jittery and hurts performance. Caffeine is a diuretic and users need to replace lost liquids by drinking non-caffeinated, non-alcoholic beverages.

Antioxidants (such as vitamin E and vitamin C)

The claims about antioxidants say that they limit damage done by free radicals that are released from vigorous exercise. Some studies indicate that large doses of some antioxidants may protect against damage caused by free radicals. There is no clinical evidence that antioxidant supplements prevent muscle soreness or help athletic performance.

IN THE LENDING LIBRARY

Total Health for Men

Male Sexual Health

Masculinity

Overcoming Impotence

The Male Body

Amino acids

Those marketing amino acids claim that they can boost muscle growth and strength, since amino acids are the building blocks of proteins from which muscle is composed. The scientific evidence that amino acids can be any more effective than proteins in food is very weak. There is no evidence to suggest that increased protein consumption beyond recommended daily intake (see the Nutrition chapter) is necessary nor advantageous to building muscle.

Creatine

Creatine is produced in the body and replenishes compounds necessary to supply energy. Those promoting creatine supplements indicate that it will boost the amount of available adenosine triphosphate (ATP), which in turn supplies energy and allows for better performance. Some small, controlled studies have found a slight benefit for activities involving short, rapid bursts of energy such as sprinting or jumping. Other studies have found no benefit or even decreased performance. Creatine is a relatively new supplement on the market and the long-term effects of high doses are still unknown. If it does what it claims to do, it would only be beneficial for a select group of people, such as athletes involved in sprinting or other activities that require short bursts of energy.

Androstenedione

Androstenedione is another relatively new supplement on the market. There has been little research on its safety. It claims to boost testosterone levels in blood and, therefore, can help build muscle. A well carried out study revealed that androstenedione had no muscle building benefits and actually increased estrogen levels in men, which could raise the risk of cancer and heart disease and can lead to breast enlargement.

Anabolic steroids

Anabolic steroids is the familiar name for a group of compounds that mimic the actions of the androgen hormones (such as testosterone) that are responsible for masculine characteristics. Females also produce androgens, but to a lesser extent than men. Anabolic steroids can help build skeletal muscle and will also affect male sex characteristics (e.g. deepening of the voice and facial hair). Unlike performance enhancing supplements, anabolic steroids are potent hormones that can dramatically affect a person's body. Many young men are enticed to use these illegal hormones to build muscle, either for a competitive advantage or just to improve their appearance.

All drugs have side effects. Since anabolic steroids are potent compounds, the list of potential side effects is long. Most of these side effects will disappear when steroid use is stopped, but some will be permanent (such as baldness, breast enlargement and liver cancer).

ON THE NET

Find out more about steroids at:

www.nida.nih.gov/ResearchReports/Steroids/AnabolicSteroids.html

ADVERSE REACTIONS FROM ANABOLIC STEROID ABUSE

- liver tumours
- liver cancer
- jaundice
- fluid retention
- high blood pressure
- increases in LDL (bad cholesterol)
- decreases in HDL (good cholesterol)
- kidney tumours
- severe acne
- trembling
- shrinking of the testicles
- reduced sperm count
- infertility
- baldness
- development of breasts
- increased risk for prostate cancer
- contracting or transmitting HIV/AIDS or hepatitis from needles
- aggression and other psychiatric side effects
- extreme mood swings
- violence
- depression when steroid use is discontinued
- paranoid jealousy
- extreme irritability
- delusions
- impaired judgment

A FEW WORDS ON PENIS SIZE

Penis size can be a worry for men. In the last few decades, men have become increasingly dissatisfied with their bodies, including penis size. For many men, penis size is equated with masculinity.

In order for a man to be dissatisfied with the size of his penis, he must somehow feel that his does not measure up to other men. To evaluate his own penis, a man has to see many others. Besides in the locker room, heterosexual men generally have little opportunity to see the real life penises of many other men, especially erect penises. They can, however, see penises in adult magazines or movies, which are not representative of the average penis. Models in adult magazines or videos are typically selected because they have larger than average penises, so any comparison with these models is not realistic.

As with all body parts, penises come in a variety of sizes and shapes, including curvature. There is no connection between a man's penis size and his "manliness". The size of a flaccid penis does not necessarily predict the size when it is erect. In fact, penis size studies have demonstrated that smaller flaccid penises grow larger proportionally, when they become erect, than larger penises.

Worrying about the size of your penis can reduce your self-esteem and body image unnecessarily. Be proud of your body, and that includes your penis.