

first word

Men's health down under



Issues pertaining to men's health in the Antipodes share a great deal in common with the UK, but of course there are some special problems

Australia is a country where many men still take 'Crocodile Dundee' for a macho role model. Returning from the annual meeting of the Urological Society of Australia and New Zealand (USANZ), where I delivered a lecture on 'The Trouble with Men' and took part in a public forum on men's health, gives me pause to contemplate these issues in the southern hemisphere, and to suggest some solutions.

Perhaps unsurprisingly, issues pertaining to men's health in the Antipodes share a great deal in common with those in the UK, but of course there are some special problems. Australia has the highest incidence of melanoma in the world, with men more commonly affected than women, yet sunbathing is still fashionable and many men are reluctant to wear hats or to apply sunscreen. In Darwin (Northern Territory), where the meeting was held, there is a large population of Aboriginal Australians, whose ancestors have inhabited the continent continuously for more than 400 000 years. Unfortunately, their transition over two or three generations from a traditional hunter-gatherer existence to a westernised lifestyle has been associated with a rise in western-style problems. Young Aboriginal men are major risk-takers and susceptible to binge drinking and alcoholism; this has led to a dramatic rise in liver disease as well as death and disability from trauma resulting from violence and road traffic accidents.

Among whites there is, as elsewhere in the developed world, a rising tide of obesity. Around one third of the population are overweight and a significant number of Australian children are obese. Naturally, this increase in average body mass index has been accompanied by a rise in diabetes, hypertension and coronary artery disease. Lifestyle changes are clearly required.

A somewhat startling statistic from 'down under' is that the number of men dying from prostate cancer each year (around 3000) now exceeds the number of women dying from breast cancer. As in the UK, the issue of screening men by prostate-specific antigen (PSA) testing is controversial, but the recent publication by Professor Schroder's group (*N Engl J Med* 2012;366:981-90), which was presented in Darwin, confirms that PSA screening at four-yearly intervals can reduce the number of deaths from prostate cancer by 21 per cent. The risk of overdiagnosis and overtreatment of clinically insignificant cancers can be overcome by the judicious use of active surveillance as a management strategy in patients with low-risk, Gleason pattern 6 adenocarcinoma. In active surveillance protocols, only those tumours that show progression over time are treated actively, either by surgery or radiotherapy, on the basis of PSA and MRI changes and the results of repeat prostate biopsies. Studies suggest that around two thirds of patients under active surveillance are treated conservatively in the longer term, during which time other comorbidities can of course be actively addressed.

One positive outcome of this visit is that plans are now underway to develop a version of *Trends in Urology & Men's Health* for Australian urologists and family practitioners. Reinforcing these important men's health messages in the Antipodes carries the potential to prevent very many premature deaths.

ROGER KIRBY, EDITOR

Do you have a question that you would like our specialists to answer? Go to the 'Ask Trends' page on the *Trends* website: www.trendsinoonology.com/asktrends