

HEALTH NOTES

The information available in "Health Notes" is not a substitute for independent professional advice. The information available through these pages is not intended to be used as medical advice and it is not intended to be used to diagnose, treat, cure or prevent any disease, nor should it be used for therapeutic purposes or as a substitute for your own health professional's advice.

MALE MENOPAUSE

Female menopause occurs when a woman stops ovulating and her monthly period (menstruation) ceases. The decline in hormone production is clearly marked by this event. The concept of male menopause is controversial. Some medical researchers claim it doesn't exist and argue that any physical or psychological changes - such as reduced muscle mass and decreased libido - are simply age-related. Other medical researchers point out that, while the drop in male hormones isn't heralded by such a clear event as cessation of periods, male menopause is real and should be recognised as having a significant impact on the health and wellbeing of older men. The male menopause is sometimes referred to as andropause or viropause.

Symptoms

The symptoms of male menopause are thought to include:

- Reduced sex drive.
- Increased susceptibility to sexual dysfunction, such as impotence and difficulties with ejaculation.
- Decreased fertility.
- Urination problems, such as incontinence or needing to go to the toilet more often.
- Reduced muscle mass.
- Increased body fat.
- Depression.
- Anxiety.

- Fear of being sexually unattractive.
- Denial of advancing age and the urge to re-experience youthful activities.

MID-LIFE CRISIS

Somewhere around middle age, a man can experience a mid-life crisis. This psychological event is thought to be sparked by the realisation that the 'best' years are now in the past, and that old age and death are getting nearer. Physical changes, such as weight gain and reduced muscle mass, may lead to insecurity about appearance and sexual appeal, while increased susceptibility to sexual dysfunctions such as impotence can make a man fear for his virility. Some men respond to a mid-life crisis by going into denial. For example, a man may start dating much younger women, buy a flashy sports car or indulge in high-risk activities and sports. Some researchers believe that the male mid-life crisis is not only psychological, but chemical and hormonal as well.

THE ROLES OF TESTOSTERONE

Testosterone is a male sex hormone. Recent US research indicates that testosterone is vital to the integrity of male bones. As the testosterone levels drop, the susceptibility to osteoporosis (softening of the bones) increases. Some of the other vital roles of

testosterone include:

- Building muscle and connective tissue
- Assisting the body to utilise blood sugars
- Helping to regulate the functioning of the immune system
- Contributing to the health of the prostate gland
- Contributing to sex drive and function.

FALL IN HORMONE LEVELS

While the female menopause is marked by a relatively sudden drop in hormone production, the male menopause is experienced more gradually - older men generally lose around one per cent of their testosterone every year. Typically, the decline starts between the ages of 40 and 55 years, although it can happen earlier (at around 35 years or so). Some researchers contend that testosterone influences the way the male brain forms thoughts and emotions. Perhaps the depression and anxiety that some middle-aged men experience is partly due to declining testosterone levels.

OTHER CONTRIBUTING FACTORS

Apart from psychological factors and falling hormone levels, other contributing events to a male mid-life crisis may include:

- Unhealthy lifestyle choices such as smoking, lack of exercise or excessive

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eating and drinking.

- Illnesses, such as heart disease or prostate disease.
- Peers may be getting sick or dying from illnesses such as heart disease.
- Stressful life events, such as impending retirement or children leaving home.

TREATMENT OPTIONS

Since male menopause is a controversial concept, there are no standard medical treatments. Options may include:

- Hormone replacement therapy - some researchers suggest that older men should have access to testosterone supplements, in the same way that menopausal women can choose to take oestrogen supplements. There aren't many studies on the long term health effects of male hormone replacement therapy, so the risks (and benefits) aren't fully understood.
- Medications for impotence

- to help improve erections by increasing blood flow to the penis.

- Mood-altering prescription drugs - such as antidepressants or sedatives.
- Counselling - talking to a professional may be a good idea if your depression or anxiety is significant or persistent.

MALE MENOPAUSE SELF-CARE

Options include:

- Lifestyle adjustments such as quitting cigarettes, eating a healthy diet and exercising regularly.
- Weight training or other weight-bearing forms of exercise can increase muscle mass and reduce middle-age spread.
- Regular medical check-ups.
- Stress management, or at least making time to enjoy relaxing hobbies and activities.
- Talking over your thoughts and feelings with your partner.
- Sharing your thoughts and

feelings with other like-minded friends who may be going through a similar experience.

WHERE TO GET HELP

- Your doctor
- Your spouse
- Friends
- Family Planning Western Australia Tel. (08) 9227 6177

THINGS TO REMEMBER

The concept of male menopause is controversial.

Some medical researchers claim it doesn't exist and argue that any physical or psychological changes are simply age-related.

Testosterone levels decline between the ages of 40 and 55 years.

There aren't many studies on the long term health effects of male hormone replacement therapy, so the risks (and benefits) aren't fully understood.

MEDIA RELEASE

Minister Assisting the Minister for Defence

FAKE VETERANS TO FACE IMPRISONMENT

People fraudulently claiming to be a returned soldier, sailor or airman could face six months imprisonment under proposed laws passed through the House of Representatives today.

Minister Assisting the Minister for Defence Mal Brough said anyone falsely claiming to be a returned service man or woman should face the force of the law.

"It's a disgraceful act that warrants a strong penalty," Mr Brough said.

"Many Australians have served our country proudly and wrongly claiming to be a veteran is an insult to those men and women."

Along with a maximum prison term of six months, the fine will increase from \$200 to a maximum \$3,300.

The Defence Legislation Amendment Bill also increases the penalty for the wearing of medals to which an individual is not entitled.

Media Contact: Peter Gandolfi on 0419 155 447

1. There is one word in this puzzle which is spelt incorrectly. Can you find it?
business, coffee, rhythm,

sincerely

2. Which fruit comes next in this sequence:

banana pear kiwi tomato
Choose from: peach lemon plum guava

1. Incorrectly - 2. Guava, the second letter of the words are the vowels in order

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MANAGEMENT OF LOW BACK INJURIES IN GOLFING

There is no experimental evidence that clearly indicates, the most appropriate form of management for low back injuries in golfing. However, our understanding of low back pain management in the normal population is continually evolving and is becoming more conclusive. Management of golfing spinal pain must therefore combine the most recent advances in outcome research and a specific understanding of golfing biomechanics and typical injuries.

It is well established that most lower back injuries recover well spontaneously. In golf this would also apply, providing pain provoking intensities of play are avoided in the acute and sub-acute phases of recovery. Initial treatment usually involves a day or two of relative rest, where painful activities are avoided. In the case of a moderate to severe disc injury with an inflammatory component, bed rest is necessary with appropriate NSAIDs and analgesia.

Sub-acute management aims for pain control, restoration of spinal mobility and improvement of function. There is considerable evidence that manual therapy will speed up the recovery process when applied by a skilled practitioner such as a Physiotherapist. Gentle mobilising exercises can also be

of benefit.

Correction of poor posture can be important in recovery from an injury. Prolonged slumped sitting, sleeping in a saggy bed or repetitive bending or lifting using the flexed lumbar spine can slow recovery. Correction of these poor habits can prevent re-injury.

Early return to the previous activity is a significant factor in achieving a positive outcome. Walking is an ideal activity, which can be performed at an early stage post-injury. It is usually relatively pain-free and is an essential component of the golf game. A progressive walking program will maintain strength in the injured part.

In addition, exercises to improve muscular spinal stability are also important and are best supervised by an experienced Physiotherapist.

PREVENTION OF RE-INJURY

Preventing re-injury is obtained, mainly, by correcting factors that pre-dispose to injury:-

- Correct training errors
- Correct swing mechanics
- Correct poor posture
- Correct poor flexibility
- Correct muscle weakness
- Ensure adequate warm-up and stretching prior to activity
- Reduce spinal loads.

Care should also be taken with the following situations:-

CARRYING/LIFTING THE GOLF BAG

Use both arms to lift the bag in and out of the car and on

and off the buggy.

Bend the knees and lift with the back straight where possible.

Keep the bag as light as possible.

Ensure the clubs are evenly distributed the bag compartments.

PULLING AND PUSHING THE BUGGY

Generally pushing the buggy requires less lumbar flexion and is preferable.

On steep uphill slopes however, pulling the buggy requires a more upright posture and less effort.

On uneven ground and going up kerbs, pulling the buggy requires less effort.

Motorised buggies will substantially reduce the loads.

ON THE COURSE

Keep the back straight, bend both knees and squat to tee and pick up the ball.

Alternatively use a club for support and slightly bend, the front knee.

THE SWING

Maintain a more upright posture.

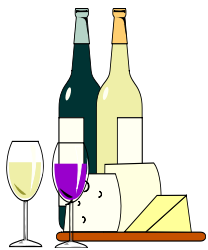
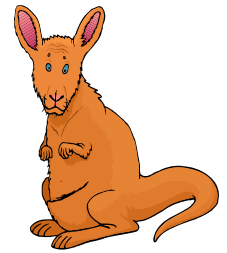
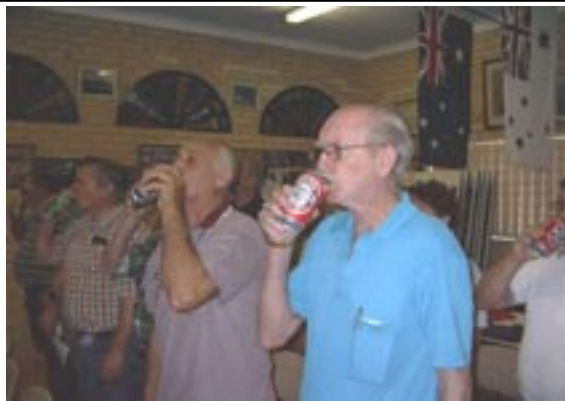
Increase turnout of feet to improve rotation.

A closed stance and encourage an in to out swing.

For prompt assessment and treatment of all your golfing injuries call LifeCare on 1300 650 766 for the Centre nearest you.



SAUSAGE SIZZLE AFTER OCTOBER MEETING



APPLICATION FOR MEMBERSHIP ☐RENEWAL OF MEMBERSHIP ☐

Please fill in all areas that are applicable to you. This will enable us to update our records.

SURNAME

FIRST NAME

Street Address

Suburb

Post Code

Email @

Name of Spouse

Telephone: Home

Mobile:

Service: (RAN/ARMY/RAAF)

Date of Discharge

Rank on Discharge

Branch

Official No

Ships/Units Served in

Honours and Medals Held: AASM ☐ ASM ☐ SVCM ☐ VLSCM ☐

Other

RAS Badge No

Are you employed? ☐ Retired ☐Where you referred by a Member of VLSVA? Yes ☐No ☐

If yes, by whom where you referred?

Please send application/Renewal together with Cheque/Money order to the;
Treasurer, VLSVA, 2 Chivrell Rise, Gwelup WA 6018

Annual Membership \$30.00 ☐ 2 Year Membership \$50.00 ☐Gold Card Membership (5 Years) \$ 120.00 ☐

VIETNAM LOGISTICS SUPPORT VETERANS ASSOCIATION (WA Inc)