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News & Views

TRAINING IN MALE SEXUAL AND REPRODUCTIVE HEALTH FOR A PRIMARY CARE PHYSICIAN

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ABSTRACT
In 2006, I was awarded a scholarship from Universiti Sains Malaysia for Fellowship training at Monash University (MU) for one year. The objective of the training programme was to develop knowledge and skills in several areas, including androgen deficiency, male infertility, prostate disease, testicular tumours, sexual dysfunction and sexually transmitted diseases. The training programme consisted of attachments with clinical specialists, completion of a course work module and a research project. After completion of the training programme, I believe that Primary Care Physicians (PCPs) will benefit from undertaking the training programme that I had completed. It will enable PCPs to assume leadership roles in this multidisciplinary area. The ability of PCPs in handling sexual and reproductive health issues in men will definitely be a more cost effective form of care for patients, particularly as the number of specialists is limited, and even more importantly, it will be satisfying for the patient and the physician.
Key words*:* sexual and reproductive health, primary care physician
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INTRODUCTION

In 2006, as part of Continuing Professional Development, I was awarded a scholarship by Universiti Sains Malaysia (USM) for Fellowship training in Male Sexual and Reproductive Health at the Department of General Practice, Monash University (MU), for one year. My interest in this area developed from my frustration in the management of male patients with sexual and reproductive health problems and in particular, sexual dysfunction. Male Sexual and Reproductive Health is a multi-disciplinary area involving endocrinology, urology, psychiatry, psychology and sexual health medicine. I took up this challenge so that I can be in a better position to improve the services for male patients (and to a certain extent, their partners) with sexual and reproductive health problems. The training programme was designed to develop practitioners' knowledge and skills in the areas of androgen deficiency, male infertility, prostate disease, testicular tumours, sexual dysfunction and sexually transmitted diseases.

TRAINING PROGRAMME

Clinical Attachment

This was the most important part of the training programme for me. The sessions include:

1. Sessions with an Endocrinologist at Androgen Replacement Service, Monash Medical Centre.
Patients attending the clinic have either primary or secondary hypogonadism. I saw many patients with Klinefelter's syndrome treated at the centre. According to Handelsman, Klinefelter's syndrome is the most common cause of male hypogonadism and it is estimated that 75% of men with Klinefelter's Syndrome have not been diagnosed.[1] According to Bojesen, most men with Klinefelter's Syndrome are never diagnosed.[2] The diagnostic feature of Klinefelter's syndrome is small firm testes with a volume of less than 4ml.

2. Sessions with an Endocrinologist (with special interest in erectile dysfunction) at Cabrini Medical Centre.
These sessions covered the appropriate approaches in dealing with erectile dysfunction. The majority of patients with erectile dysfunction and/or premature ejaculation seen in this clinic, these ailments were secondary to organic causes, mainly diabetes mellitus, hypertension or their treatments. Treatment was mainly with the three phosphodiesterase type 5 inhibitors (PDE5I) namely sildenafil, tadalafil and verdanafil. There are patients who are still comfortable using intracavernosal injections of alprostadil.

3. Sessions with the Endocrinologist specialising in male infertility at The Reproductive Biology Unit; Royal Women Hospital.
It is interesting to note that Australia has the most number of vasectomies performed per capita in the world and the statistics show that more than 30,000 men undergo vasectomies in Australia every year with a rate of reversal of about 7%.[3] The main reason for reversal is having a new partner. The success rate of reversal is about 50-60% but the risk of antibody to the sperm increases with the duration of vasectomy. These sessions were even more interesting because my wife, an

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obstetrics & gynaecology specialist, was also doing her training in the area of infertility at the same centre. It enhanced my interest and understanding in this complicated area.

4. Sessions with a Urologist at the General Urology Clinic at Monash Medical Centre.
These sessions covered prostate and testicular diseases, especially benign prostatic hyperplasia and prostate cancer.

5. Sessions with a Urologist at Como Private Hospital.
It was interesting and a good experience for me to observe two penile implants inserted in two men, aged 71 and 80 years, after previous medical treatment failed to improve their ED. The urologist claimed that he had inserted more than 50 penile implants and that he had taught one urologist in Malaysia who inserted the first penile implant in the country many years ago.

6. Sessions with Sexual Health Physician at Melbourne Sexual Health Centre.
These sessions covered the management of sexually transmitted infections including HIV. The most common presentation at the centre was viral warts. The treatment offered mostly was cryotherapy using liquid nitrogen. This is a very simple and acceptable procedure for the patient. Podophyllin and imiquimod are also available at the centre for the treatment of warts. Management of HIV in Australia was very advanced and they can see the good outcome of treatment with HAART that was introduced since the availability of the agents and was heavily subsidised by the government for all patients.

7. Session with Sex Therapist at the Malvern Clinic
These sessions enlightened me about the more sensitive aspect of care for patients with sexual difficulties. The approach of intimacy-based sex therapy, with or without erection, intercourse or orgasm, has opened up a new dimension of treatment for many of my patients where previous 'conventional' treatments have failed in the past. I learned that the focus should be intimacy-based and should build on the relationship rather than the performance (for example how hard the penis can be, how many orgasms the partner can achieve or how strong the orgasm is).

I learned and now use terms like 'healthy sexual intimacy', 'intimacy, negotiation and communication', 'emotional intimacy leads to sexual intimacy'; all these are terms that I acquired from either these sessions or from Kleinplatz.[4] Although this is the first sexual therapy book I have read, I would like to recommend it to all clinicians managing sexual health problems. A second book related to sex therapy that I would like to recommend to both patients and clinicians, especially men, is 'The New Male Sexuality'.[5] Zilbergeld has convinced me on the importance of Kegel exercise to improve orgasms in men and in his book he has illustrated various exercises for men with the problem of rapid ejaculation which I found very useful.

8. Sessions with general practitioners/Sexual Health Physicians with special interests in gay health at Prahran Market Clinic

9. Sessions with Scientists at Semen Laboratories, Melbourne and Monash In Vitro Fertilization (IVF) Centre.

Completion of module on Male Sexual and Reproductive Health DFM3008.
The module was prepared by the Department of General Practice as part of the Diploma in Family Medicine and Certificate training in Male Sexual and Reproductive Health. The module is interactive; students participated in various activities and discussions with the coordinator. The activities were monitored by the coordinator and feedback was provided. The reading material was provided in parallel to the module, and students were required to read the material before proceeding to the subsequent activity. The assessment for the module was based on:

1. The journal written by the student on the activities for all the sessions,
2. A presentation (Doping in Sport),
3. An essay on '*Active treatment is not justified in the majority of patients with benign prostatic hypertrophy*' and
4. An audit on management of erectile dysfunction. The students were given certificates of completion after all the assignments were handed to the coordinator and assessed.

Research Project
My research project, *'Knowledge Of Male Sexual And Reproductive Health Among Medical Students'*, was conducted at Monash University and Universiti Sains Malaysia and was targeted at final year medical students from both universities prior to their graduation. The objective was to look at the knowledge about various topics in male sexual and reproductive health among the students from both medical schools. The questionnaire was developed through feedback from various specialties including those from Andrology Australia (AA). The funding for the project was obtained from USM .

Networking
Throughout the training programme, I developed a network with AA and the Centre for Gender and Medicine, Monash Institute of Health Services Research. AA has been involved in the development of guidelines pertaining to male sexual and reproductive health and I was invited to review two of their guidelines developed for general practitioners throughout Australia. The first one was a GP summary guide: 'Examination of Male Genitalia and Secondary Sexual Characteristics'. The

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second was the GP summary guide on 'GP Diagnosis and Management of Androgen Deficiency'.

Conferences

I attended two international conferences related to my training programme. That was one benefit of attending the training programme in Melbourne; many major international conferences are held there. The first conference was the 'Australian Sexual Health Conference 2006' and the second was 'Healthy Ageing and Longevity'.

CONCLUSION

At the successful completion of the one year training programme, I have gained knowledge and confidence in the management of male sexual and reproductive health. With the new knowledge and skills acquired throughout the training programme, I realised that male sexual and reproductive health is such an important area and needs further exploration since more and more men are speaking out about not only their physical problems, but also their sexual problems. There were female patients who requested treatment for their partners. All this was partly due to the information gathered from the mass media.

Assessing the relationships of the couples has become an important aspect in all my patients with sexual difficulties. Talking to them on the importance of caressing, kissing, touching, massaging each other has become routine. The couples should know as much as possible about what they can give to have to a more satisfactory and meaningful sexual relationship.

I have also gained confidence in teaching and conducting research related to issues in male sexual and reproductive health.

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References

1. Handelsman DJ, Liu PY. Klinefelter's syndrome – a microcosm of male reproductive health. *J Clin Endocrinol Metab*. 2006;91(4):1220-22
2. Bojesen A, Juul S, Gravholt CH. Prenatal and postnatal prevalence of Klinefelter syndrome: a national registry study. *J Clin Endocrinol Metab*. 2003;88(2):622-6
3. Andrology Australia. Understanding vasectomy fact sheets. 2005. Available from: http://www.andrologyaustralia.org/docs/Factsheet_Vasectomy_05.pdf
4. Kleinplatz PJ (ed). *New Directions in Sex Therapy. Innovations and Alternatives.* Philadelphia: Brunner-Routledge; 2001
5. Zilbergeld B (ed). *The New Male Sexuality*. New York: Bantam; 1999