A bend in the men's health learning curve

MEN'S HEALTH To coincide with Movember and dedicated to psychologist Patrick Lumbroso, Jo Milios, APAM, discusses the diagnosis and treatment of Peyronie's disease, a health issue indicative of men's reticence to seek professional help when their health is suffering.

It's not every day that a fit, good-looking young man knocks on my door with tears in his eyes and begs for five minutes of my time. In my experience, when a man asks for help he really means it; it's not a case of me fobbing him off and saying 'Sure, Dave, come back next week' or 'Is it okay if I call you back tomorrow?' Nope. No way. Full-stop. This is actually a point of desperation and a critical moment in a man's life, and a moment that needs to be seized and immediately prioritised. Because all around the world, men live an average of five years less than their female counterparts and traditional male attitudes towards health may well be a big part of the problem. Few men sit comfortably with chinks in the armour and, culturally, men are far less likely to seek help when things start to go awry. Rather, a man is far more likely to wait until blood his pouring from his rectum before seeing the GP for a problem that hasn't gone away for a few months.

Back to Dave…I'll never forget the photograph on his mobile phone thrust in my hand—the shock made me recoil with morbid curiosity. 'I took this picture of my… you know, penis…this morning,' he said. It wasn't pretty. In fact, it was very severely bent, twisted approximately 85 degrees to the left and in an upward curve. 'Sex with my wife is now impossible', Dave stammered, before asking timidly, 'Is the cancer back?'

Immediately, I knew that Dave had a condition known as Peyronie's disease (PD), and that it was most likely subsequent to his robotic-assisted radical prostatectomy 12 months earlier. What I didn't know was why, how and what could be done about it. And so my learning curve began—a fork in my PhD road that not even my two male university supervisors were keen to pursue, because this is not what men want to know, let alone talk about. Yet, if you look up the scientific papers, this kind of information is easy to find:

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Peyronie's disease is a symptomatic disorder characterised by a variety of penile symptoms, including penile pain, curvature, shortening, narrowing, indentation, hinge deformity, palpable plaque and erectile dysfunction (Chung et al 2016). Patients with Peyronie's disease develop penile deformity due to the formation of a plaque in the tunica albuginea (TA) of the corpora cavernosa (Nelson & Mulhall 2012) which is believed to occur as a result of aberrant wound healing in physically susceptible individuals (Chung et al 2016, Nelson & Mulhall 2012). Formation of fibrous inelastic plaques within the TA potentially leads to compromised sexual function, with the reduced ability for sexual penetration and with it, psychological and psychosocial distress (Nelson & Mulhall 2012).

For the everyday patient, it is a soul-destroying, catastrophic and self-esteem blasting sequalae that can occur from injury, after surgery, or as a result of atherosclerotic change, cardiovascular disease or a genetic predisposition. Caucasian men with A-positive blood type, aged 51 years on average, and a positive family history of Dupuytren's contracture will best fit the identikit. But why, Dave, this fit, 45-year-old man who had recovered from prostate cancer with early urinary continence recovery from four weeks' post-op and full erectile function recovery at eight months' post-op?

Fast-forward several weeks of internet research and consulting my university's online library, I soon had my answers. As I discovered, men require 24-hour penile blood flow to maintain 'physiological erections', or penile tumescence, with six to eight nocturnal erections typical for the average bloke per night to maintain his 'housekeeping erections', with most usually occurring during REM sleep. For Dave, the initial eight months following surgery—in which the cavernosal nerves that previously surrounded his prostate were damaged and stretched during the 'nerve sparing' procedure, reduced blood flow—which led to the onset of scar tissue formation.

According to Sydney-based psychologist Patrick Lumbroso, this 'equates to approximately 2000 lost housekeeping erections per year, regardless of sexual activity'. Figuratively, a tap being turned off from full bore to zero overnight…with current research even further compounding Dave's dilemma.

Incidence-wise, up to nine per cent of men (Chung et al 2016) and 16–19 per cent (Teloken & Mulhall 2013) of men following radical prostatectomy—far more than the one to three per cent generally reported—experience PD in their lifetime, with 22 per cent (Smith 1969) confirmed on autopsy. With as many as 81 per cent of men with PD reporting emotional difficulties, 48 per cent clinically meaningful depression and 54 per cent relationship difficulties, the impact on individuals and their relationships can be dire (Lumbroso & Woo 2013). The challenges of PD include alterations in sexual relationships, restrictions in intimacy, socialisation and stigmatisation, along with complete deferment of relationships (Chung et al 2016), which, in younger patients, may lead to avoidance of fathering and parenthood options.

So what I did next for Dave was the only thing could do. A fortuitous conversation with US physical therapist Sandy Hilton, one promising research paper from 1983, six months of ethics applications and amendments, two frowning supervisors, a series of penile duplex doppler ultrasound (PDDU) scans from Dave, showing 'complete resolution' with photographic evidence to confirm, and a happy wife all came together. Two years, 40 participants, one World Congress of Physical Therapy poster presentation and one randomised controlled trial (RCT) later, I'm happy to report that there is indeed a role for physiotherapy in the treatment of Peyronie's disease. It's simple, non-invasive and any physiotherapist has the skill to do it. It involves therapeutic ultrasound directly to the affected area applied over 4–6 weeks, with pre- and post-treatment PDDU scans to confirm progress. A subsequent second project of the RCT involved the use of a specially designed vacuum pump, and the combination proved even more helpful in most cases than the ultrasound alone. Today, I'm in the midst of collating the results, but hope to share more in 2018.

Use Movember to improve your own awareness and education about the impact of men's health issues like PD and depression—potential treatment options need further development but just reading this article is a colossal start.

For a fully-referenced version, email inmotion@physiotherapy.asn.au.

Jo Milios is principal physiotherapist at Perth's Complete Physiotherapy and has a special interest in men's health, yoga and Pilates. She is currently undertaking a PhD at the University of Western Australia's Department of Human Services (Sport Science, Exercise and Health). In 2012 Jo established PROST! Exercise 4 Prostate Cancer, a not-for-profit community education and exercise program for men.

Patrick Lumbroso passed away from brain cancer on 11 September 2017. Patrick was a friend, teacher, mentor and passionate professional, forever dedicated to assisting men in their sexual health burdens. His website can be found at lifeafterprostatecancer.com.au.

For more men's health information, visit menshealthphysiotherapy.com.au and andrologyaustralia.org.au.