

Men's Health Week. (June 13 – 19)

Dr Tony O'Connell
A/Director-General
Queensland Health

Men's health week was from the 13th to the 19th June and its aim was to encourage men to speak up about their health concerns and take steps towards securing a healthier and happier future.



The biggest threats to men's health are lifestyle related choices such as smoking, excessive drinking, poor diet and lack of regular exercise. These can all put men at risk of developing long term health problems.

Key findings on men's health from the latest report from Queensland's Chief Health Officer show:

- men account for 64 per cent of deaths from lung cancer in Queensland
- male death rates from coronary heart disease are 60 per cent higher than females and men are generally 5-10 years younger than females at diagnosis
- more than 5,000 Queensland men were treated for either prostate (3,680) or bowel (1,565) cancer in 2007.

The good news is, many of these chronic diseases are preventable. Men just need to pay attention to their health and make simple changes to their daily routines such as:

- eating more fruit and vegetables
- exercising for at least 30 minutes daily
- eating less salty food
- quitting smoking
- having regular chats and check-ups with their GP.



It's also important that men don't neglect their mental and emotional health. Talking with family and friends, making time for themselves and finding and participating in activities they enjoy are easy ways for men to stay on top of their physical, mental and emotional health. To our male colleagues, you are encouraged to take time out and make your health a priority.

More information on men's health and Men's Health Week is available [HERE](#).

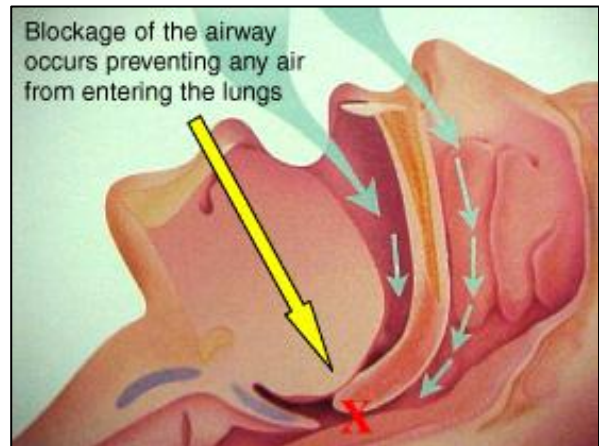
Sleep Apnoea.

About 20% of the population have a **mild** dose of sleep apnoea.

Sleep apnoea occurs when the walls of the throat come together during sleep, blocking off the upper airway. Breathing stops for a period of time (generally between a few seconds and up to one minute) until the brain registers the lack of breathing or a drop in oxygen levels and sends

a small wake-up call. The sleeper rouses slightly, opens the upper airway, typically snorts and gasps, then drifts back to sleep almost immediately.

In most cases, the person suffering from sleep apnoea doesn't even realise they are waking up. This pattern can repeat itself hundreds of times every night, causing fragmented sleep. This leaves the person feeling unrefreshed in the morning, with excessive daytime sleepiness, poor daytime concentration and work performance, and fatigue. It's estimated that about five per cent of Australians seriously suffer from this sleep disorder, with around one in four men over the age of 30 years affected.



Degrees of severity.

The full name for this condition is obstructive sleep apnoea. Another rare form of breathing disturbance during sleep is called central sleep apnoea. It is caused by a disruption to the nerve messages sent between the brain and the body. The severity of sleep apnoea depends on how often the breathing is interrupted. As a guide:

- Normal – less than five interruptions an hour
- Mild sleep apnoea – between 5 and 15 interruptions an hour
- Moderate sleep apnoea – between 15 and 30 interruptions an hour
- Severe sleep apnoea – over 30 interruptions an hour.

Symptoms.

People with significant sleep apnoea have an increased risk of motor vehicle accidents and high blood pressure, and may have an increased risk of heart attack and stroke. In the over 30 year age group, the disorder is about three times more common in men than women. Some of the associated symptoms include:

- Daytime sleepiness, fatigue and tiredness
- Poor concentration
- Irritability and mood changes
- Impotence and reduced sex drive
- Need to get up to toilet frequently at night

Causes.

Obesity is one of the most common causes of sleep apnoea. A loss of around 5kg to 10kg may be enough to dramatically reduce the severity of the disorder. Other contributing factors include:

- Alcohol, especially in the evening – this relaxes the throat muscles and hampers the brain's reaction to sleep disordered breathing

- Certain illnesses, like reduced thyroid production or the presence of a very large goitre
- Large tonsils, especially in children
- Medications, such as sleeping tablets and sedatives
- Nasal congestion and obstruction
- Facial bone shape and the size of muscles, such as an undershot jaw.

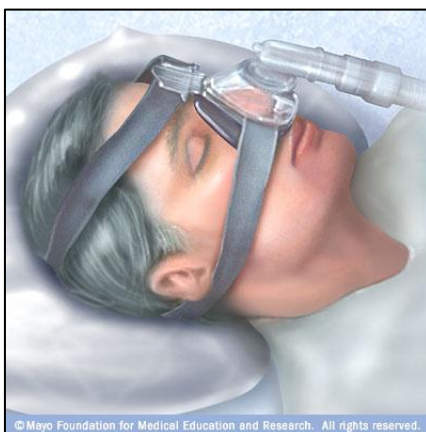
Treatment.

Treatment for sleep apnoea relies on changes to lifestyle, including losing weight and cutting down on alcohol. Any contributing medical condition, such as low production of thyroid hormone, also needs to be corrected. Any surgical conditions such as large tonsils should be corrected.

The most effective treatment available is a mask worn at night that keeps the back of the throat open by forcing air through the nose. This is called 'nasal **C**ontinuous **P**ositive **A**irway **P**ressure' (CPAP). However, some people with sleep apnoea find the mask difficult to tolerate.

Another treatment is the appliance or mandibular by holding the jaw forward made, they can be sleep apnoea.

Although not always and base of tongue may be These types of surgeries otolaryngologists (ENT interest and have had



use of a mouthguard (or oral advancement splint). They work during sleep. When properly effective for mild to moderate

effective, surgery to the palate useful when other therapies fail. are best undertaken by surgeons) who take a special training in sleep-related surgery.

Where to get help.

- Your doctor
- Sleep disorders clinic.

Things to remember.

- Sleep apnoea occurs when the walls of the throat come together during sleep, blocking off the airway above the voice box.
- Around one in four men over the age of 30 years have some degree of sleep apnoea, which makes it more common than asthma.
- Conservative treatment includes weight loss and cutting back on alcohol.
- Active treatment includes nasal CPAP, mouthguards or surgical correction of upper airway obstruction.
- Daytime sleepiness may distinguish simple snorers from people with sleep apnoea.

Wellbeing Toolbox.

DR Graeme Killer AO
Principal Medical Adviser



The Wellbeing Toolbox is an on-line interactive tool, developed by the DVA, designed primarily to assist those making the transition from the Australian Defence Force to civilian life, however it can be of use to any veteran who may feel they are not travelling too well.

What is the Wellbeing Toolbox?

The Wellbeing Toolbox allows you to self-assess your mental health needs and work through a self-management plan to help you adjust to post-military life. The Wellbeing Toolbox provides health advice in six key areas:

- problem solving;
- building support;
- helpful thinking;
- getting active;
- keeping calm; and
- sleeping better.

Based on international best practice, each module takes you through a series of Information panels and allows you to complete interactive-tasks and worksheets. You can work through all six modules or pick individual modules of particular interest.



By registering on the Wellbeing Toolbox you can save, revisit and update worksheets and a Self Management Plan. Saving your Self Management Plan allows you to identify goals and track your progress over time. Un-registered users can also complete worksheets and develop a Self Management Plan but will not be able to save and revisit their work. Registration for the Wellbeing Toolbox is free and anonymous and can be cancelled at any time.

More information and feedback.

The Wellbeing Toolbox is available by visiting the **At Ease** website www.at-ease.dva.gov.au or the post-ADF information portal, **Touchbase**, www.touchbase.gov.au.

The Wellbeing Toolbox is being piloted for 12 months from March 2011 and is a partnership between the Department of Veterans' Affairs and the Australian Centre for Posttraumatic Health. If you would like to be informed about opportunities to assist with the evaluation of this website please register your interest by e-mailing wellbeing-toolbox@unimelb.edu.au

You are strongly encouraged to have a look at the website and recommend it to your friends.

In the meantime, if you are visiting your GP, don't forget to let him or her know that you are a veteran or have served with the Australian Defence Force. Partners and children should also tell their GP that they are from a veteran family. GPs need to know this to provide treatment that best meets your needs and the needs of your family.

No one will be attempting to track or identify you. If you would like a Log-In, click [Here](#).

Saw my mate outside the Doctor's today looking really worried. "What's the matter?" I asked. "I've got the big C," he said. "What, cancer?" "No, dyslexia."

Depression - seasonal affective disorder.

Depression during the dark winter months may be seasonal affective disorder (SAD). Treatment can include antidepressant drugs, psychotherapy and bright light therapy (phototherapy). SAD is also known as winter depression. SAD is less common in countries that receive a lot of sunlight, such as Australia.



Some people suffer from depression **only** during the winter months – this is called seasonal affective disorder (SAD). Usually, a person with SAD starts to feel better in the spring. Treatment may include antidepressant drugs, psychotherapy and bright light therapy. SAD is also known as winter depression.

The exact cause of SAD is unknown. Since depression is more common during winter and in the higher latitudes of the Northern Hemisphere, doctors believe that lack of sunlight alters brain chemistry in some people. SAD is less common in countries that receive a lot of sunlight, such as Australia.

Most doctors think that a cascade of factors triggers SAD, including:

- **Genetic response to sunlight** – some animals, such as bears, hibernate in winter. Research suggests that reduced levels of sunlight also affect humans. However, some people are significantly more affected than others. This susceptibility may be partly genetic.
- **Circadian rhythm** – this 'internal body clock' is located in the brain and helps the body to regulate sleep and wake cycles. Regulation depends on sunlight. In some people, the shorter days in winter may disrupt the circadian rhythm and alter brain chemistry.
- **Altered brain chemistry** – melatonin is a brain chemical (neurotransmitter) that triggers sleep and is produced in response to reduced light. Daylight switches off its production in the body. The shorter daylight hours of winter encourages a longer duration of melatonin, which may be a cause for those susceptible to SAD. Mood is partly regulated by another neurotransmitter called serotonin and its production is improved in response

to sunlight. There is a natural variation in levels of serotonin across the seasons, with less production of serotonin in the winter months. This mixture of longer night-time melatonin production and low levels of serotonin (or altered activity of serotonin receptors) may produce depression and associated symptoms in people who are genetically predisposed.

Risk factors.

Risk factors may include:

- **Age** – SAD is relatively rare in people under 20 years of age.
- **Gender** – while SAD is diagnosed more often in women, men have more severe symptoms.
- **Long, dark winter days** – SAD is more common in the Northern Hemisphere, above the latitude of 70 degrees, which typically receives less sunlight than the Southern Hemisphere and very little during winter.
- **Family history** – some studies suggest that SAD may run in families. However, other studies have failed to find evidence of genetic involvement.
- **Other factors** – factors working in combination (such as personality and environment) are involved in other types of depression and may also contribute to SAD.

Symptoms.

Signs and symptoms of SAD may include:

- Depression
- Anxiety
- Lethargy (lack of energy and enthusiasm)
- Weight gain
- Oversleeping
- Loss of libido
- Withdrawal from others
- Loss of interest in previously enjoyed activities
- Dietary changes – for example, increased appetite for carbohydrates
- Difficulty concentrating
- Depression pattern that follows the seasons – usually symptoms start in autumn, get worse in winter, ease during spring and disappear by summer.



Diagnosis.

The symptoms of depression are similar to the symptoms of various medical conditions such as hypothyroidism or hypoglycaemia, so diagnosis can be tricky. Diagnosis is made by clinical assessment – there are no blood tests available. Your doctor will conduct a detailed interview

to help with diagnosis. Your answers to questions about onset, severity, whether the symptoms are different during the year, lifestyle factors, diet and sleeping habits can give the doctor valuable clues.

Tests used in the assessment for SAD aim to exclude other causes and may include:

- **Physical examination** – to check for an underlying physical disorder.
- **Diagnostic tests** – such as blood tests to rule out an underlying physical disorder.
- **Medical history** – for example, many types of medication can cause depression as a side effect.
- **Psychiatric history** – SAD may be confused with other types of depression.

Treatment.

- **Light therapy (phototherapy)** – the controlled use of artificial light that mimics the sunlight spectrum. Your doctor may recommend light therapy in severe cases of SAD. Studies show that light hitting the back of the eye (retina) stimulates the brain to reduce melatonin, increase serotonin and reset the circadian rhythm. Daily sessions may range in duration from 20 to 60 minutes, depending on the severity of symptoms. Light therapy taken in the morning seems to be most effective in resetting the circadian rhythm. Uncommon side effects of light therapy may include eyestrain, headache and insomnia. In reality, this condition is so rare in countries like Australia that this treatment is seldom suggested. For most Australians, it is easy enough to increase exposure to sunlight, even in winter. This should be tried before light therapy.
- **Medications** – including antidepressant drugs. Most antidepressant drugs take a few weeks to work.
- **Psychotherapy** – a ‘talking’ therapy with a specialist doctor to help you identify and combat negative thoughts and behaviours that may contribute to depression.

Self-help options.

Be guided by your doctor, but recommended self-help options may include:

- **Increase sunlight exposure** – extra sunshine every day can ease symptoms. For example, put your work desk next to a window, if possible, or eat your lunch outdoors. Extra sunlight during the winter months may be the only treatment necessary in mild cases of SAD.
- **Get some exercise** – regular exercise is an effective treatment for depression and anxiety. Boost the benefits by shifting your exercise routine to the outdoors, weather permitting.
- **Bring sunshine into your home** – install skylights, keep the curtains open and cut back trees or bushes that block light from your windows.
- **Look after yourself** – exercise regularly, make sure you have good sleeping habits and eat a healthy diet. Avoid cigarettes, drugs and excessive amounts of alcohol.



- **Holiday in the sun** – try to holiday in warmer climates during winter.

Uncommon SAD variations.

While most people with SAD experience depression during the winter months, there are uncommon variations, including:

- **Reverse SAD** – the winter months trigger symptoms of mania including high energy levels, disproportionate zest and intense social activity.
- **Summer-onset SAD** – spring and summer cause insomnia, anxiety, reduced appetite and weight loss. The triggers are thought to be heat and humidity. People with summer-onset SAD should cut back on sunlight exposure, try to confine themselves to air-conditioned premises and take holidays in wintry places.
- **‘Equinox’ SAD** – perhaps the rarest type of weather-related depression is a combination of winter-onset and summer-onset SAD. Symptoms usually strike at the start of autumn and spring.

Where to get help.

- Your doctor
- Your local community health centre
- Psychologist
- Occupational therapist
- Find a GP near you who specialises in mental health issues through the [beyondblue website](#)
- [beyondblue Info Line](#) Tel. 1300 22 4636
- SANE Mental Health Information Line Tel. 1800 187 263, Monday to Friday, 9am to 5pm
- [Mental Health Advice Line](#) Tel. 1300 280 737
- Lifeline Tel. 13 11 14
- Mental Health Foundation Tel. (03) 9427 0407, Monday to Friday, 9am to 5pm
- [SuicideLine](#) Victoria Tel. 1300 651 251 – for counselling, crisis intervention, information and referral (24 hours, 7 days)



You can download this article [HERE](#)

DAN.

Another site that is definitely worth a visit is <http://www.dan.gov.au/>

DAN stands for the Defence Alumni Network and is a site established by the Department of Defence for ex-Service personnel and promises to be an exciting personal experience. Connect with your mates and do as much or as little as you like in an intuitive environment that is guaranteed to raise your interest. It's free to join and worth a look.