

“Your count of zero” : Male diagnosis and counselling.

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- **Learning objectives**

- *“The elusive mail point of view-towards a deeper understanding of men’s roles in reproductive health and MAR treatments”.*
 - Sexual reproductive healthcare
 - Men and fertility care
 - Men’s fertility awareness and knowledge
 - Optimizing psychological resources for men
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- **Sexual reproductive healthcare for men**
 - Socio-ecological framework to understand influences of young men’s (SRH) care use more generally &, specifically, Fertility care, whenever possible
 - Socio-ecological frame work:
 - Cultural
 - Healthcare/policies – subspecialty care (Oncology, endocrinology, reproductive, urology, other) – which dr. make the diagnosis
 - Social – how mother’s react to son’s teenager stage.
 - Personal
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- **Many conditions place male children/youth at risk for infertility**
- Young men may not be aware of conditions that occurred earlier in childhood • Many conditions may not present until adolescence

Endocrinology

- Diabetes mellitus
- Transgender
- Hypogonadotropic hypogonadism – Growth hormone deficiency
- Panhypopituitarism
- Hyperprolactinemia
- Thyroid dysfunction

Chromosomal

- Klinefelter syndrome
 - Kallman syndrome
 - Noonan syndrome
 - Fragile X
 - Absence of vas deferens
 - Cystic fibrosis
 - Galactosemia
 - Down syndrome
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- **Prevent**

- Sexually transmitted infections (STIs) & human immunodeficiency virus (HIV)
- Unintended pregnancy
- Reproductive health cancers

- **Promote**

- Sexual health & development
- Healthy relationships & behavior
- Reproductive life plan
- Preconception care

- **Reduce**


- Sexual problems, infertility

- **Increase**


- Quality of life & lifespan



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- **Men and fertility care**
 - Understand the gender differences regarding fertility awareness– grieving is different, respond different way to stress and depression
 - Men aspire parenthood as women
 - Do we understand men needs
 - Do we understand their language
 - What they value
 - What they think to be more appellative
 - When do we offer information to men? Early 20’s or before?
 - Do we need to see men on their own during treatment?
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- **Men’s fertility awareness and knowledge**
 - Have poor knowledge about male fertility (study Canada)(Men aged 18-50)
 - Lack of information
 - Low fertility awareness using condoms, pills, patch
 - Failing knowledge scores
 - Lack of comfort (embarrassment, especially talking about sex & masturbation) – who should be involved in conversation
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- **Optimizing psychological resources for men**
- *“do men suffer form infertility less than women” ?*
- *“What is the psychological impact of male factor infertility on men – shooting blanks”*
- *“media report on the sperm decline construct stereotypical masculinity and conflate male infertility with impotence”*
- Lack of openness about infertility is a psychological risk factor
- Male factor infertility was significantly associated with depression (van Waart et al 2011; Babore et al 2017)


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- **Optimizing psychological resources for men**
- Medical treatment & male factor infertility – *“even the routine male fertility test is not a purely medical act, but has strong sexual connotations since it involves masturbation” religious beliefs might interfere, Muslim & Jewish men*
- 210 men undergoing ICSI treatment –for men the ICSI procedure per se was not important for perception of fatherhood, 37%of the men the reduced sperm quality negatively affected their perception of masculinity

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- **Optimizing psychological resources for men**
 - Sexual disorders – when an andrological factor is the sole cause of infertility male pt report appreciable impairment to their personal and sexual life quality – diagnosed male infertility correlated with the lowest average intimate life satisfaction
 - Every 9'th men was unable to produce the sperm needed for a second spermiogram after having told about sperm quality deficits identified in the first
 - Every 16'th ART cycle man was unable to produce a sperm sample before IVF
 - New onset erectile dysfunctions were reported by 26% men after unsuccessful TESE
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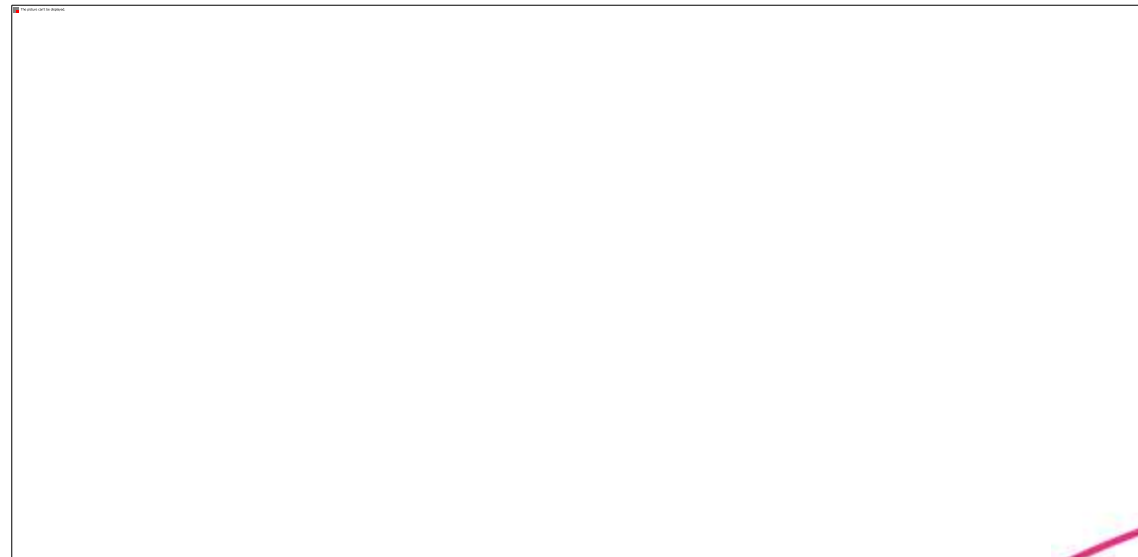
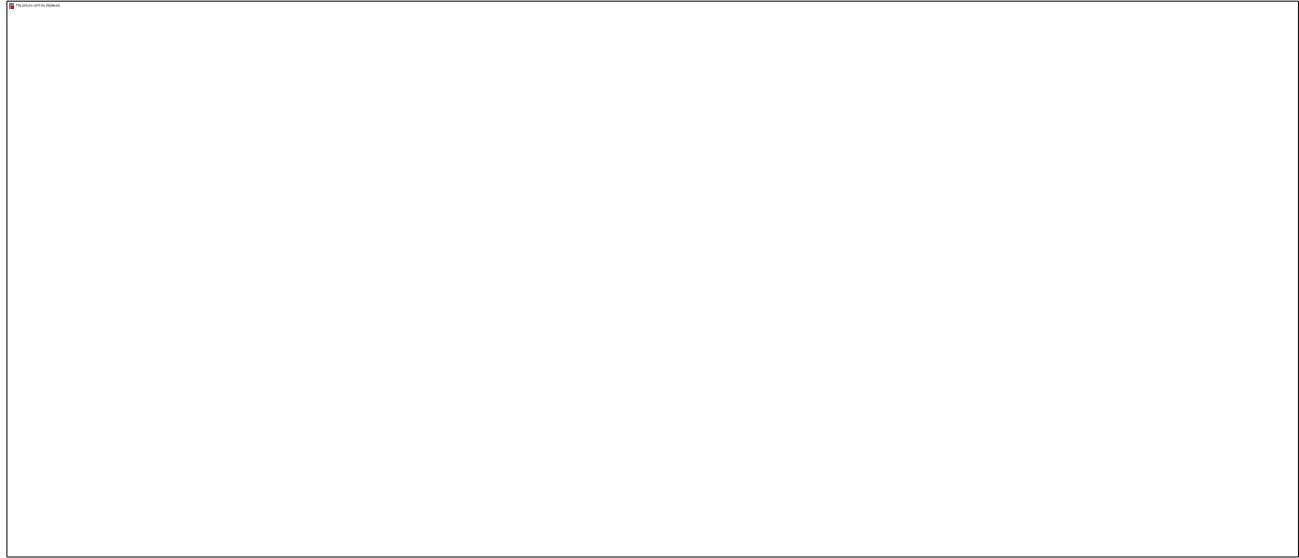
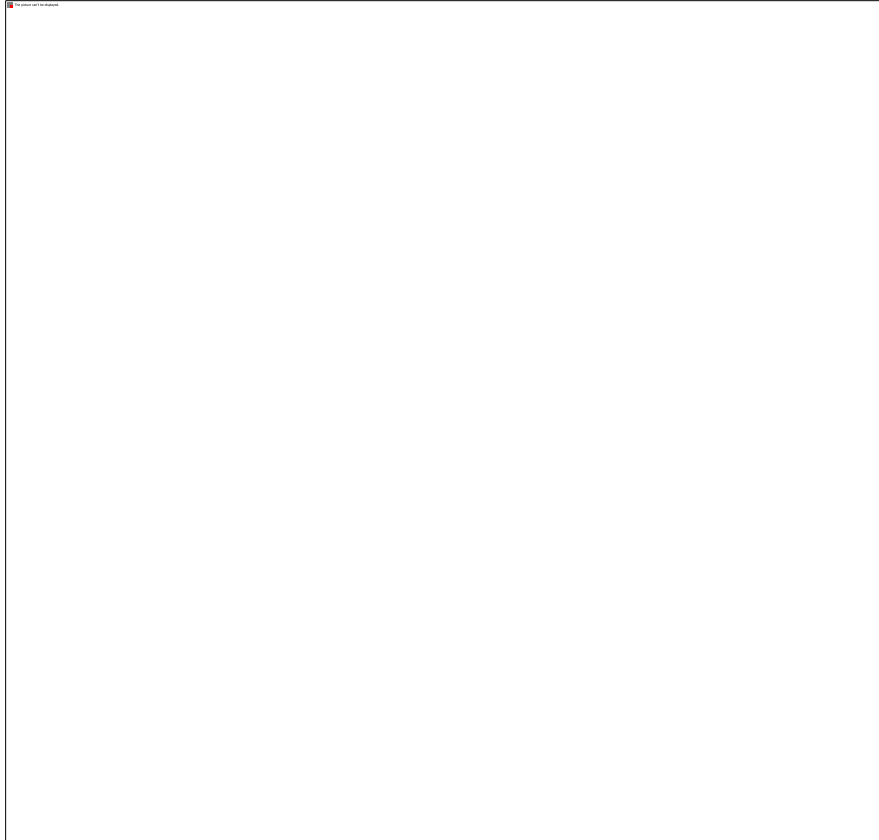
- **Optimizing psychological resources for men**
 - Infertility diagnosis men- more than twice as many men as in the overall population suffer form erectile dysfunctions
 - After the diagnosis of male factor 30% of couple have less intercourse due to this – time to intercourse most stressful event
 - Premature ejaculation is 2 to3 time more common in infertility men than in the general population
 - Psychological counselling – man in particular believe they can overcome their feelings alone – they withdrawn
 - Men want quick solutions
 - Psychological Counselling needs of men and women after treatment for male factor
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- **Optimizing psychological resources for men**
- No sperm man cannot related with them self how will they attached with donor sperm?

- kkkkkk

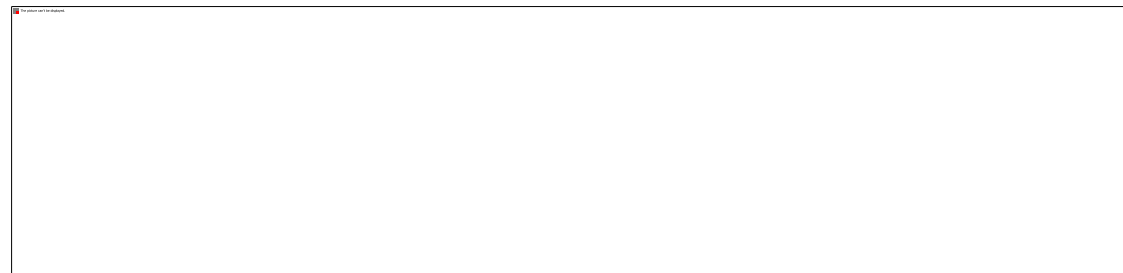
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Optimizing psychological resources for men “Take note”

Model form Heidelberg University




Your count of zero” : Male diagnosis and counselling” Optimizing psychological resources for men *”Take note”* Model from Heidelberg University,Germany




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Take Home Message

- Reproductive Health System: failing men with diagnosis of infertility
 - Men need proper diagnosis – clinical examination critical
 - Male diagnosis needs proper consultation with Reproductive specialist
 - Men fear if their results are reported back in front of their partner/wife
 - Please do not let embryologist or nurse give their results – seeing as “secondhand” information
 - Talk “men” language and understand their feelings and thoughts
 - Men do have Mental disorders like depression
 - Men do get Sexual disorders because of male diagnosis
 - Before TESE: men need proper counselling
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Take Home Message

- My whole life is falling apart because of a piece of paper “*your count of zero, shooting blanks*”
 - Male awareness and knowledge of male diagnosis are critical
 - Men need more information, guidance and options of emotional support/counselling available
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Key references

