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16 Oct 2023

## Gaps in male infertility science push 'burden onto women'

A lack of understanding of the causes of male fertility is 'a stark example of gender inequity', according to a newly published paper.



Infertility affects one in six couples, according to the World Health Organization.

Men could be missing out on effective treatments due to poor understanding of male infertility, which places an unfair burden on women, international experts have said.

In a paper published this month in *Nature Reviews Urology*, 26 authors called for more targeted work in their paper, 'Frequency, morbidity and equity — the case for increased research on male fertility'.

With the World Health Organization (WHO) estimating that 17.5% of the world's adult population experiences infertility, the experts put forward 10 recommendations to raise awareness of the issue, boost understanding of the condition – and potentially help treatments be developed.

Improved understanding of the causes of male infertility would likely lead to better clinical outcomes, they state.

Co-author Professor Rob McLachlan, who leads the male reproductive research program at the Hudson Institute of Medical Research and is the medical director for Healthy Male, which provides evidence-based information on male health, said the issue is not understood well enough.

'There's an under-appreciation of how common and how significant a medical condition infertility is,' he told *newsGP*.

'Infertility burdens one in six couples.'

'In half the cases, the male is the only or a contributing factor to that very frustrating and burdensome problem.'

The paper highlights an absence of research on the precise causes of male infertility.

'Low sperm count is not a diagnosis,' Professor McLachlan said.

'Every man with a fertility problem has the right to have a diagnosis made and have a treatment offered, maybe to restore natural fertility, but if not to move to assisted reproduction, which is obviously spectacularly effective for many of the severer cases.'

The paper states that in most cases of male infertility the default medical assisted reproduction (MAR) strategy 'requires the woman to carry a large burden'.

While describing the situation as 'unintended and the consequence of a complex history', they said it is 'a stark example of gender inequity in medical treatment', which extends in both directions.

It is a point taken up for Professor McLachlan.

'IVF is spectacularly effective if sperm can be found, but it's not really a treatment,' he said.

'It's a bypass procedure in the sense that you're getting around the problem often by exposing the female partner to all sorts of interventions.'

He and his co-authors described treating one partner due to a medical deficiency in the other as 'questionable'.

They also noted a current shortfall in treatments for men.

'Equally, the failure to develop male-centred treatment options is a failure to accept male infertility as a substantial medical condition that affects a notable portion of the global population,' they wrote.

'Disappointingly and frustratingly, given the frequency of male infertility, evidence-based therapies to restore natural fertility are uncommon and many clinical interventions are based on low-level, or no evidence.'

Another area of interest for Professor McLachlan is the potential for male infertility to signal the possible presence of other illness.

'It's turning out that infertile men as a population group are more often affected by some chronic diseases – they are over-represented with some forms of cancer, some forms of metabolic disease, and even a shorter lifespan over these large population studies,' he said.

'This is early days, and we don't have things for GPs to operationalise at this point, but it's interesting to think about male infertility not just as a fertility issue, but as a potential marker in some men of other problems, which could have other health system implications.'

He also said there is evidence that fertility can be influenced throughout life, with better training for healthcare workers to promote male reproductive health among the recommendations – an area he says is relevant for general practice.

'Many things are repairable, but you've got to get ahead of the game,' he said.

'You've got to realise that it takes three months to make a sperm and you've got to start the lifestyle changes early on.'

Expanding male contraception options, as well as more effective regulation of endocrine-disrupting chemicals, are among other recommendations.

Lead author Professor Moira O'Bryan, Dean of Science at the University of Melbourne, said there is an urgent need for more evidence on male infertility.

'Decreasing semen quality and increasing frequency of testicular cancer and congenital defects in the urogenital system indicate that, globally, male reproductive health has declined over recent decades,' she said.

'Research is needed to understand why, and how this trend can be reversed.'

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