

Time to man up to infertility

Men should seek treatment early, writes Dr Eeson Sinthamoney

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FINDING out that one is infertile could be an emotionally harrowing experience. For men, infertility dents their ego. Some men may also feel ashamed as libido and potency are often associated with fertility.



But often, women presume they are the ones with fertility issues and rush immediately into treatment. They overlook the fact that it is increasingly likely that the problem lies with their partner.

ONTHERISE

Recent studies show that male infertility is on the rise. Infertility is defined clinically as the inability to conceive naturally after 12 months or longer of having intercourse without contraception.

According to the Reproductive Health Division of American Centres for Disease Control and Prevention (CDC), infertility affects an estimated 15 per cent of couples globally, amounting to 48.5 million couples.

A study titled A Unique View on Male

Infertility around the Globe by Ashok Agarwal (of Centre for Reproductive Medicine, Cleveland Clinic, US) et al, says that in about 35 per cent of couples with infertility, a male factor is identified along with a female factor. However in about eight per cent of couples

with infertility, a male factor is the only identifiable cause. (The study was published on Reproductive Biology and Endocrinology website on April 26, 2015). In Malaysia, the 2017 Vital Statistics Malaysia report revealed the fertility rate per woman aged 15 to 49 in 2016 was 1.9 babies, a decrease from 2.0 babies in 2015. This is clearly below the replacement level of 2.1.

VARIOUS FACTORS

Infertility in men can be caused by various factors. Approximately 10–15 per cent causes of male infertility are due to oligozoospermia (low number of sperm), asthenozoospermia (poor sperm movement), ductal obstruction (obstruction to the flow of sperm) and teratozoospermia (abnormal sperm shape).

It can be due to the absence of, or severe reduction in, sperm production. This can be associated with chromosome or hormone abnormalities.

According to CDC, one of the major causes that lead to infertility in men is disruption of testicular or ejaculatory function. This could be attributed to varicoceles, a condition in which the veins on a man's testicles are large and cause them to overheat.

Other than physical body conditions, trauma to the testes may affect sperm production and result in lower number of sperm.

Other medical conditions such as diabetes, cystic fibrosis, certain types of autoimmune disorders, and certain types of infections may also cause testicular failure.

Unhealthy lifestyle habits are among the main reasons for the decline in sperm quality. Substance abuse, heavy smoking, consumption of excessive alcohol, and even being overweight or obese weigh in greatly when it comes to a man's risk of infertility. Added to these factors are high stress levels or excessive exercise.

QUALITY OF MALE SPERM

A man's fertility generally relies on the quantity and quality of his sperm. If the number of sperm a man ejaculates is low or of poor quality, it will be difficult and sometimes impossible to result in a pregnancy.

According to CDC, when a semen analysis is performed, the number of sperm (concentration), motility (movement), and morphology (shape) are assessed by a specialist. A slightly abnormal semen analysis does not mean that a man is necessarily infertile.

About two-thirds of infertile men have a problem with making sperm in the testes. Either low numbers of sperm are made or the sperm that are made does not function properly.

Genetic conditions such as a Klinefelter's syndrome, Y-chromosome microdeletion, myotonic dystrophy, and other, less common genetic disorders may cause low numbers of sperm to be produced.

In certain extreme circumstances, sperm may not be produced at all. A normal sperm count is between 15 million and 200 million sperm per millilitre of semen. One is considered to have a low sperm count if the number is fewer than 15 million sperm per millilitre. Hormonal disorders could also affect sperm production in males. Improper function of the hypothalamus or pituitary glands in the brain or growth of benign or malignant pituitary tumours may impact hormones that maintain normal testicular function.

Production of too much prolactin, a hormone made by the pituitary gland (often due to the presence of a benign pituitary gland tumour), or other conditions that damage or impair

the function of the hypothalamus or the pituitary gland may result in low or no sperm production.

TREATMENT OPTIONS

Among the treatments often recommended to couples with difficulty to start a family are assisted reproductive techniques (ART) such as intrauterine insemination (IUI) or in vitro fertilisation (IVF).

IUI is a procedure where prepared sperm is injected via a catheter into the cavity of the woman's womb.

IVF involves extracting eggs from the woman and retrieving the men's sperm sample and then facilitating the fertilisation of the egg with the sperm, most commonly by injecting the sperm into the egg. This technique is called Intra Cytoplasmic Sperm Injection. The embryo is then transferred to the uterus.

Today, IVF is one of the most effective and common forms of ART. However, success rates of IVF are heavily dependent on a number of factors especially female age.

With the latest advancement in ART, there is still a ray of hope for couples who are struggling with infertility.

Rather than blaming women or letting them shoulder the problem alone, it's time for men to face up to reality and seek treatment early from a fertility specialist.

The writer is a fertility specialist with special interests in male infertility. He is a medical director and consultant obstetrician and gynaecologist in private practice.

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