

A dark silhouette of a man from the waist up, facing away from the camera. His right hand is raised to his forehead, with fingers spread, suggesting a gesture of stress, frustration, or deep thought. The background is a light, solid color.

talking
HEALTH

Welcome to Talking Health brought to you by LloydsPharmacy Online Doctor, a free digital magazine that explores some of the most important men's health topics.

To discover what the nation's male population have to say about an array of health issues, we ran a survey of 1,000 UK men – and the results are in.

From hair loss myths, to contraception advice, to the importance of sexual wellbeing, we've collated their answers on an array of subjects here. Plus, there's information and advice from the LloydsPharmacy Online Doctor clinical team, at the whys and hows of speaking up about your health, and tips where you can go to find the help and treatments you might need.

Dive in and if you'd like to join in the conversation, use the hashtag [#TalkingHealthMag](#)

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Could a male contraceptive pill be coming to a pharmacy near you?

When it comes to temporary contraception that can be used by men, condoms are pretty much the only reliable option. This may all be about to change however. Scientists around the world are working on new types of male contraceptive, including a pill.

Recently, a team from the University of Washington Medical Centre revealed they have developed a male contraceptive pill that's safe to use and that doesn't have a negative effect on sex drive. So, does this mean that a pill for men may be hitting pharmacy shelves near you soon?

A 'major step forward'

Efforts to create a daily contraceptive pill for men have so far been limited in their success. One of the problems was that men were metabolising and clearing out the hormones contained in the tablets too quickly. In a recent breakthrough however, the team in Washington said they had made a 'major step forward' in tackling this problem.

They tested a drug called dimethandrolone undecanoate (DMAU) on 83 men for a month and found it to be both safe and effective. Importantly, it also didn't reduce men's desire to have intercourse. DMAU features a combination of a male hormone (an androgen) and a progestin. One of the significant features of the drug is that it also contains a long-chain fatty acid that serves to slow down the rate at which the hormones are cleared from the body.

At the highest dose of 400mg and when taken with food, DMAU was shown to result in a 'marked suppression' of testosterone levels and two hormones needed for the production of sperm.

Senior investigator on the study Professor Stephanie Page said: "These promising results are unprecedented in the development of a prototype male pill."

Watch this space

Don't expect to be offered this contraceptive in the immediate future however. Further research is underway to confirm that when taken every day, DMAU blocks sperm production.

At the same time as teams work on developing a male pill, scientists are also exploring the options of topical gels and long-acting injections as male contraceptives - so when it comes to family planning, watch this space...



It's good to talk: 3 topics you should broach before sex

Let's face it, talking about sex can be awkward, especially with a new partner. However, keeping schtum on the subject can lead to a whole range of unnecessary worries and problems. So, to help you express yourself when it comes to what goes on between the sheets, here are three topics you should broach before you get intimate.



1

Contraception

If you want to avoid pregnancy, you'll need to think carefully about - and talk about - contraception. Don't wait until you're in the heat of the moment to do this otherwise you might end up taking risks or making rushed decisions. Instead, when you're considering starting a sexual relationship with someone, make sure you talk about contraception and condoms in advance. There are plenty of contraception guides available online, or you can visit a contraceptive clinic with your partner to discuss your options.

2

Sexual history

It's really important that you find out about your partner's sexual history before you climb into bed with them. For example, have they had unprotected sex with previous partners? Have they ever been checked for STIs? Do they have an STI now that they know about? Or perhaps there's something you need to tell your partner about your sexual health. This might not seem like the most romantic topic of conversation, but it's essential to keep you both safe. Also, being open and honest about these details will ultimately mean you can enjoy the physical side of your relationship without worrying about health risks.

3

Expectations for the relationship

Sex can mean very different things to different people, so it's a good idea to chat about the expectations you both have about your relationship before you take things to the next level. Being honest with your partner, and yourself, at this stage can save hurt feelings or even heartbreak further down the line.



How and when to speak up

There's no getting around the fact that discussing sex with a new partner can be embarrassing, but there are some simple tips to bear in mind that can make things easier:

- Don't wait until you're in the throes of passion to raise the topic. Instead, bring the subject up in advance when you can think and talk about it calmly and rationally.
- Choose a time and place to discuss sex where you won't be disturbed.
- Talk about sex as a normal part of your relationship. Even if you feel shy to begin with, once you've broached the subject for the first time, you should find it gets easier.

On the whole, men seem to be relaxed when it comes to discussing contraception. 82.1% of respondents said they feel comfortable talking about this topic with their partner, while 89.9% said they had discussed contraception options with their other half.

If you want to take the initiative and get yourself checked out, you can order an [STI Home-Test Kit from Online Doctor](#). It's discreetly delivered, easy to use, and your results will come with advice on what to do next if you need treatment.

Confused about contraception? Know your options

With so many methods of contraception available, it can be hard to know which is right for you and your partner. From the condom, to the pill, to natural family planning, to a vasectomy, the possibilities might put your head into a spin.

Popular options

The most popular methods of contraception include the following:

- Condoms
- Combined pill
- Contraceptive implant
- Contraceptive injection
- Diaphragms or caps
- Progestogen-only pill
- Contraceptive patch
- Intrauterine device (IUD) or coil
- Intrauterine system (IUS) or hormonal coil
- Female condoms
- Vaginal ring

The method that works best for you and your partner will depend on a variety of factors, including your lifestyles, your partner's health and any plans you may have for starting a family in the future. The level of choice on offer can seem overwhelming, but there's plenty of information and advice available. For example, you can check out online guides, book an appointment with your GP or go to your local contraceptive clinic.

When asked which types of female contraception they'd heard of, **87.5%** of men said they were familiar with the pill.

More than six in ten had heard of the diaphragm or cap, contraceptive implant and female condom.

47.3% had heard of the contraceptive injection, while **35%** had heard of the IUD and just **10.8%** had heard of the IUS.

Over half of the people we polled (**52.3%**) said they never adjust their contraception method.



Natural family planning

If you'd rather steer clear of these contraceptives, natural family planning may be your preferred option. This will involve your partner monitoring and recording fertility signals during her menstrual cycle, including basal body temperature and cervical secretions. During the times when she's likely to get pregnant, the two of you will have to avoid sex.

This method can be highly effective when done properly, but in typical use, it's around 76% effective.

Vasectomy

Another option is to have a vasectomy. This is a surgical procedure that seals or cuts the tubes along which a man's sperm travels. The procedure itself only takes around 15 minutes and it's more than 99% effective. It doesn't affect your sex drive and you'll continue to have erections and ejaculate. The difference is, your semen won't contain sperm.

However, a vasectomy is considered permanent and is very difficult to reverse, so it's not something you should rush into. You should only have this procedure if you're absolutely sure you don't want to have more children, or you don't want children at all.

Emergency contraception

Even if you're responsible when it comes to contraception, accidents may happen, whether it's a condom splitting or your partner forgetting to take a pill. In situations like these, you may need to rely on emergency contraception.

The two main types are the IUD and the 'morning after pill' (Levonelle or ellaOne). Both methods are effective when women use them soon after unprotected sex. The IUD must be fitted within five days of unprotected sex, while Levonelle has to be taken within 72 hours and ellaOne must be taken within 120 hours. The sooner they are used, the more effective they are.

Emergency contraception is available from pharmacies, GP surgeries, sexual health and contraception clinics, some A&E departments, most NHS walk-in centres and LloydsPharmacy Online Doctor.

Open, honest and informed

The key when it comes to contraception is to have an open and honest dialogue with your partner and to make sure you're both fully aware of your options. If you ever need advice or information, you can turn to trusted sources online, your GP or your local sexual health or contraceptive clinic.

Only **26.7%** of men said they use contraception every time they have intercourse, while **28.5%** of respondents revealed they never use contraception.

When they're after advice on contraception, men are most likely to go to their GP. **45.4%** of respondents said they would approach their doctor.

Over a fifth (**20.3%**) of men said they would be most likely to look online for this advice, which put the internet ahead of sexual health clinics (**18.4%**), pharmacies (**11.1%**) and friends or family members (**4.8%**).

Is porn to blame for a less sexually active generation?

For the majority of couples, sex plays an important role in maintaining a happy, healthy relationship. However, various studies have shown that fewer young people are jumping between the sheets. So, why's this happening?

According to a study carried out by researchers at University College London, today's twenty-something's have had on average two fewer sexual partners than the previous two generations, and one in eight 26-year-olds is still a virgin. This is a sharp increase compared with Generation X and the Baby Boomer generations, where one in 20 people were still virgins at the same age.

Sex is a big part of modern day culture thanks to social media and photo sharing platforms, as well as the willingness of celebrities who aren't afraid to bare all. So, why exactly is the current generation so buttoned-up?

In his podcast series The Butterfly Effect, journalist Jon Ronson suggests that one of the reasons why teens and millennials are having substantially less sex than previous generations is because of online pornography. The journalist even goes as far as to claim that porn is replacing sex, and that it's making intercourse with real women seem 'alienating and difficult' to the younger generation.

It's worth asking the question - will this trend continue? Researchers at Middlesex University conducted a study which found that over half (53%) of 11 to 16-year-olds had viewed explicit material online - a red flag that the following generation, Generation Z, may end up on a similar path.

Want to know more? Check out a piece from the [LloydsPharmacy Online Doctor's Sexologist: Can porn really damage your sex life?](#)

Can you reverse hair loss?

There are undoubtedly some pretty out there treatments for hair loss. From drinking the freshly harvested urine of virgin cows to massaging onion juice into the scalp, these supposed remedies all have their committed followers. But which, if any, treatments actually work when it comes to reversing hair loss?

Here we take a look at two medically tested treatments that may help you to stop or reverse hair loss in cases of male-pattern baldness.

Finasteride

Finasteride (better known under the brand name Propecia) is currently the most effective treatment for male-pattern baldness available. A prescription medicine, it comes in tablet form and should be taken once a day.

Male-pattern baldness is a genetic condition that causes the hormone testosterone to be converted into dihydrotestosterone (DHT), which in turn causes hair follicles to shrink and eventually die. Finasteride works by inhibiting the conversion of testosterone into DHT, therefore reducing the negative effects that this hormone has on the hair.

Studies have found that when taken over a long period of time, finasteride can have positive effects in up to 90% of men with mild to moderate hair loss, while around two-thirds actually see hair regrowth. It's important to be aware that you'll probably need to take the tablets for around three months or longer before you notice any improvements, and your hair loss is likely to resume if you stop treatment.

Minoxidil

Widely known under the brand name Regaine, minoxidil is a lotion that you apply twice daily directly to your scalp. It's thought to work by helping blood flow to the follicles and by increasing follicular size.

Although it's not as effective as finasteride, it's been shown to bring positive results to many of those who use it. One study found that 60% of men who used it experienced more hair coverage, compared with 23% of men who used a placebo treatment.

A non-prescription treatment, minoxidil comes as a foam, liquid or lotion and it's available in strengths of 2% and 5%. As with finasteride, if you stop using it, your hair loss is likely to resume.

See if one of these treatments could be suitable for you with [Online Doctor's free online hair loss assessment](#).

Be realistic

The important thing if you're investigating hair loss treatments is to be realistic. If you see something purporting to be a miracle cure, don't be fooled. However, by using either finasteride or minoxidil, you might find you can halt or even reverse male-pattern baldness.

Of course, like lots of men, you might decide instead to embrace your thinning tresses and shave your head. The choice is yours!

Nearly six in ten men (**57.5%**) said they would shave their head if they were losing their hair, while **12%** said they would try tablets to reverse this process.

11.7% revealed they would opt for a hair transplant, **10.6%** said they would give Minoxidil/lotion a go, and **8.2%** suggested they would try the time-old approach of wearing a wig or hairpiece.



Common hair loss myths exposed

Given the number of people who experience hair loss, it's little wonder that so many myths have developed surrounding this subject. Here, we debunk some of the most common:

Frequent hair washing leads to baldness

Shampoos and conditioners go through a rigorous testing process to ensure their safety. No matter how many times you wash your hair with these products, it won't result in hair loss.

Cutting your hair will make it grow back thicker

Don't be tempted to reach for the clippers in the belief that cutting your hair will make it grow back thicker. There's no evidence for this. Similarly, it won't make your locks grow more quickly. Your hair will grow at a rate of around half an inch per month, regardless of how often you cut it.

Hair loss is passed down on the mother's side

One of the most enduring hair loss myths is that genetic hair loss (male-pattern baldness) is passed down on the mother's side. In fact, this hereditary condition can be passed down by either parent.

Massaging or brushing the scalp reduces hair loss

You might have heard people say that massaging or brushing the scalp regularly reduces or even reverses hair loss. This is based on the idea that this activity stimulates blood circulation and therefore boosts hair growth. Unfortunately, there's no evidence that scalp massaging or brushing has this effect - and it could damage your hair, meaning more strands fall out or break.



Hat wearing can make you bald

It's often mistakenly said that wearing hats on a regular basis can lead to thinning tresses. This simply isn't true - unless the hats are so tight that they cut off circulation to the follicles.

Bald men have higher testosterone levels

You're probably familiar with the idea that testosterone causes hair loss and that, because of this, baldness is a sign of elevated testosterone levels. In fact, hair loss is caused by a genetic sensitivity to dihydrotestosterone rather than by levels of testosterone.

Gels, waxes and sprays increase risk of baldness

Even if you like the look you get with the help of hair gels, waxes or sprays, you might be reluctant to reach for these products because you've heard they can increase your risk of baldness. The good news is, you can style your tresses without fear. These products won't raise the likelihood of hair loss.

The vast majority of respondents (**88.4%**) said they consider hair loss in men to be normal.

Could stress really be making you lose your locks?

It's often said that stress can cause hair to fall out, but is there actually any truth to this idea? To answer this question, it's important to separate the different types of hair loss and see what effect, if any, stress has on them.



Male-pattern baldness

By far the most common cause of hair loss in men is male-pattern baldness. In fact, it's estimated that around 6.5 million men in the UK have this condition. Most men have it by the time they reach their 60s and it can start much earlier when men are in their 20s and 30s. Male-pattern baldness is characterised by a receding of the hairline from the forehead and/or thinning that spreads from the crown. This type of hair loss is genetic and it's not impacted by stress.

Alopecia areata

Alopecia areata, another form of hair loss, is triggered by a problem with the immune system and, unlike male-pattern baldness, it's thought that in some cases it can be affected by stress. Alopecia areata can cause hair to fall out anywhere on the head and it often starts off as a small bald patch. It happens white blood cells gather around hair follicles and cause inflammation, reducing their ability to grow hair. Normally, a hormone called corticosterone controls this inflammatory response, but it's been found that stress reduces the effectiveness of this hormone.

So, if you're under excessive pressure, you might be at an increased risk of suffering alopecia areata.

Telogen effluvium

Another type of hair loss, called telogen effluvium, is caused by sudden and severe physical or emotional stress. For example, it can be brought on by serious injury, major surgery or a traumatic event such as bereavement. If you have this condition, your hairs stop growing prematurely and enter into a resting phase, after which they fall out. Telogen effluvium usually results in a general thinning of hair across the head.

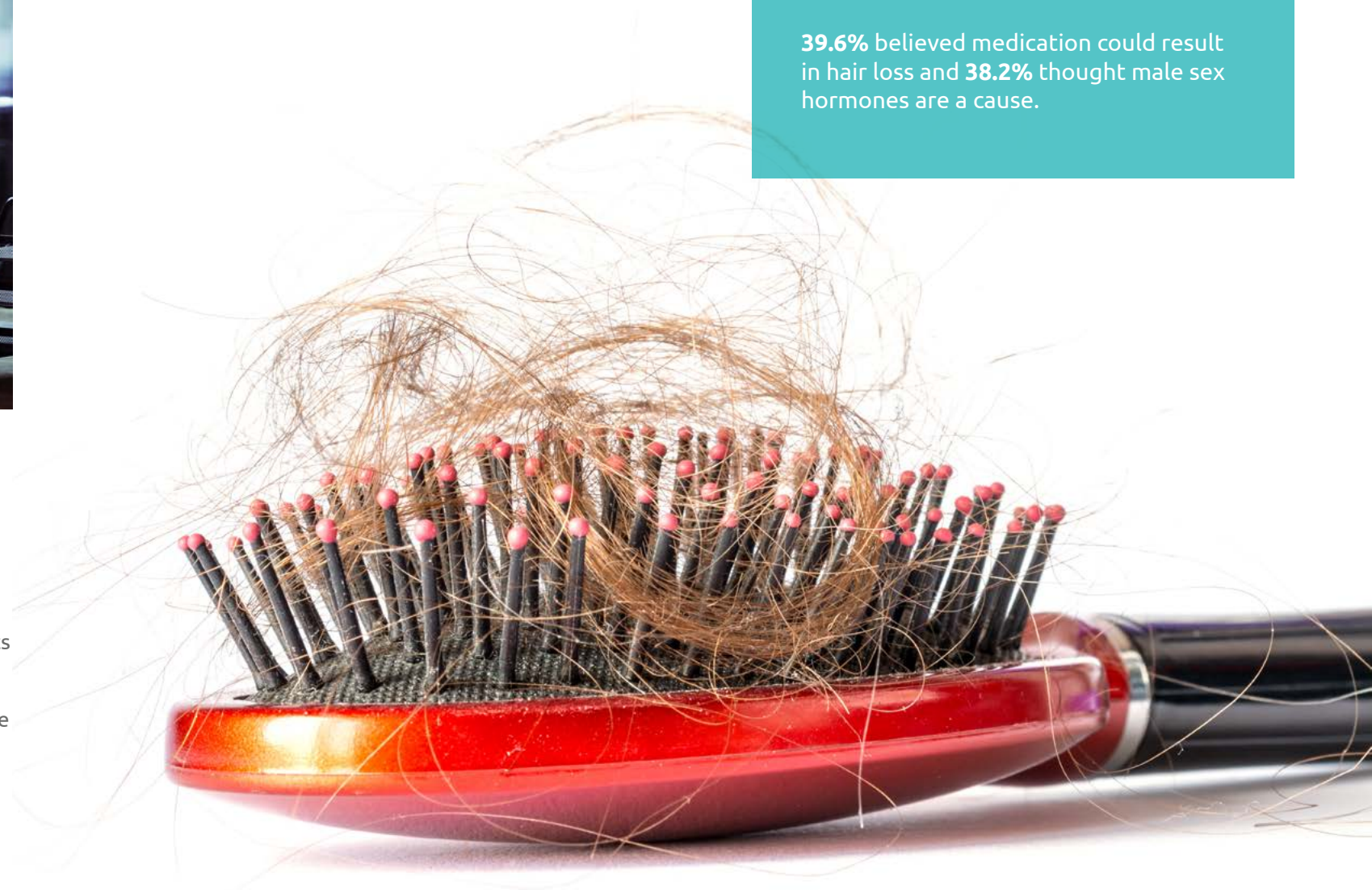
If you've recently experienced major emotional or physical stress and you've noticed that you're shedding more locks than usual, this could be the cause. The good news is, hair usually stops falling out and begins to regrow within around six months.

Don't be afraid to seek advice

If you're losing your hair and you're not sure if stress or another issue is to blame, don't be afraid to seek advice. There's plenty of information and guidance available – speak to your GP, pharmacist or head to Online Doctor where you can take a free online hair loss assessment to see if treatment might be suitable for you.

In our poll, **69.6%** of men believed stress could cause hair loss, while **65.5%** thought genes could trigger thinning stresses.

39.6% believed medication could result in hair loss and **38.2%** thought male sex hormones are a cause.



Stepping back in time: how ED treatments have changed

These days, if you're suffering from erectile dysfunction, there are a range of effective treatments available. The majority of these are tablet based, but depending on the cause of the problem, you might be advised to make lifestyle changes or go to counselling or cognitive behavioural therapy sessions instead.

This is a huge improvement when you consider that just 100 years ago, people were commonly subjected to electric shock therapy in a bid to tackle ED.

To highlight how things have changed, here are a selection of the weird and not so wonderful ED treatments on offer throughout the ages

Ancient Rome

Men with ED were advised to consume the organs of virile animals such as rabbits and even tigers.

Ancient Egypt

It was thought by some that supernatural elements such as evil spells caused ED. In a bid to counter these malevolent forces, people concocted a range of treatments, including cream made from the hearts of baby crocodiles.

Mayan civilisation

The herb Damiana was often used in ancient Mayan culture in an attempt to cure ED. This wild shrub was thought to work as an aphrodisiac.

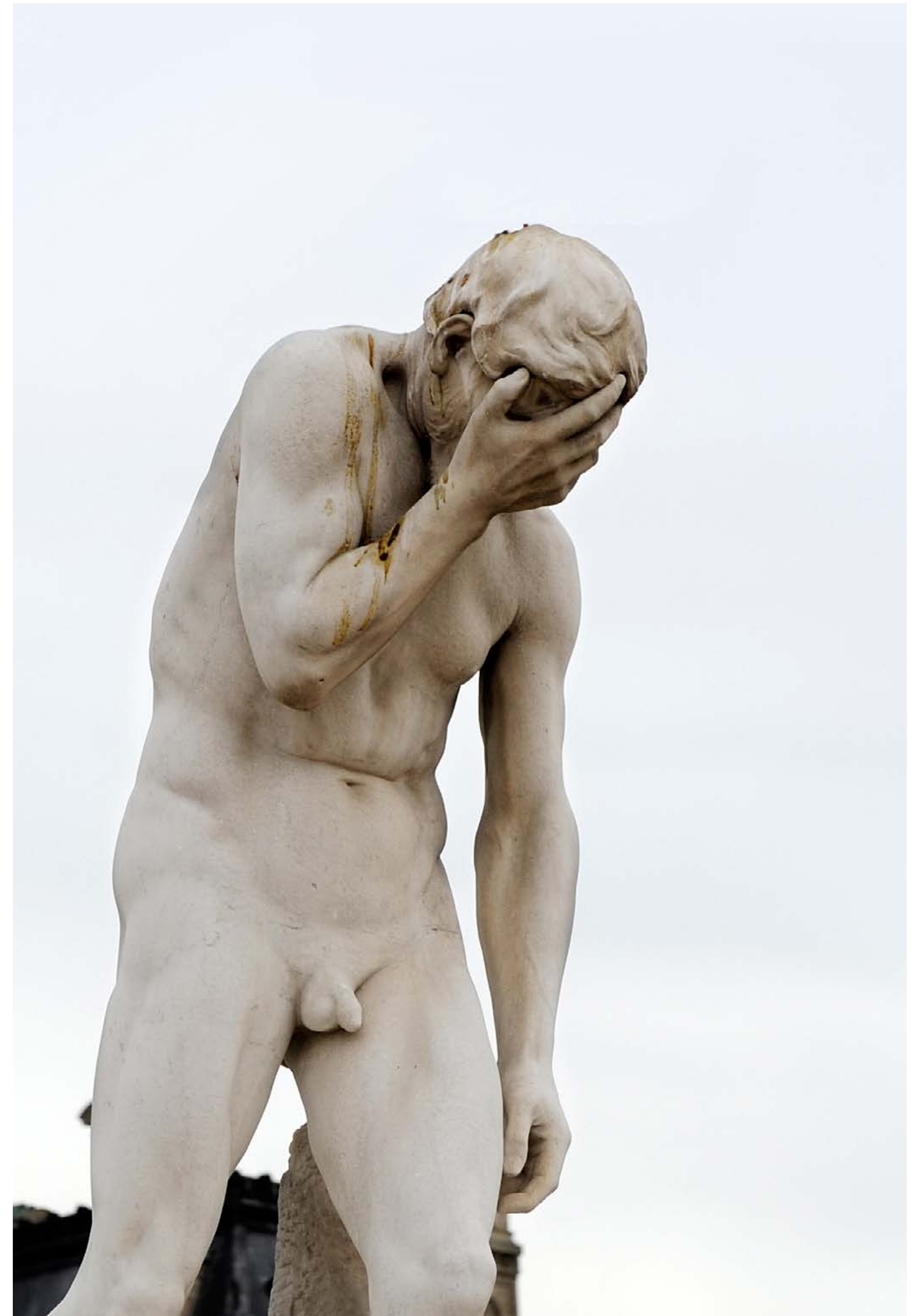
Ayurvedic India

Not for the fainthearted, urine therapy (which involves drinking your own wee) was recommended in Ayurvedic India. This treatment was also used by the Taoist Chinese during the second century BC.

19th century Britain

In the late 19th century, electric belts were being marketed as a treatment for this condition. It was believed that the charge from the belt would provide extra energy and help men overcome ED.

If you're looking for advice whether ED treatment is right for you, take the [Online Doctor free ED assessment](#) today.



Dispelling the myth: ED isn't just an issue for older men

People often mistakenly assume that erectile dysfunction is an older man's problem. In reality, while this medical issue may be more common among those over the age of 40, many younger guys also experience it.

In fact, a study published in the *Journal of Sexual Medicine* suggested that the condition may be much more prevalent among younger men than previously thought. It found that over a quarter (26%) of men currently experiencing erection problems are under 40 years of age. In addition, nearly half of these younger men were experiencing severe ED.

Regardless of your age, there are a whole range of potential risk factors when it comes to this condition.

Nearly a quarter (**23.6%**) of the men we polled said they had either experienced ED themselves or knew someone who had.

Physical causes

Getting and sustaining an erection requires good circulation, so any physical problem that gets in the way of this can increase your chances of developing ED. For example, high blood pressure and atherosclerosis (which is a clogging of the arteries) can lead to ED. Diabetes can also have this effect because increased levels of glucose in the blood can cause damage to blood vessels.

Hormonal disorders, such as low levels of testosterone, can also be a trigger for ED, as can an abnormally low or high thyroid hormone level. Injury and certain types of surgery can also bring on ED.

Psychological causes

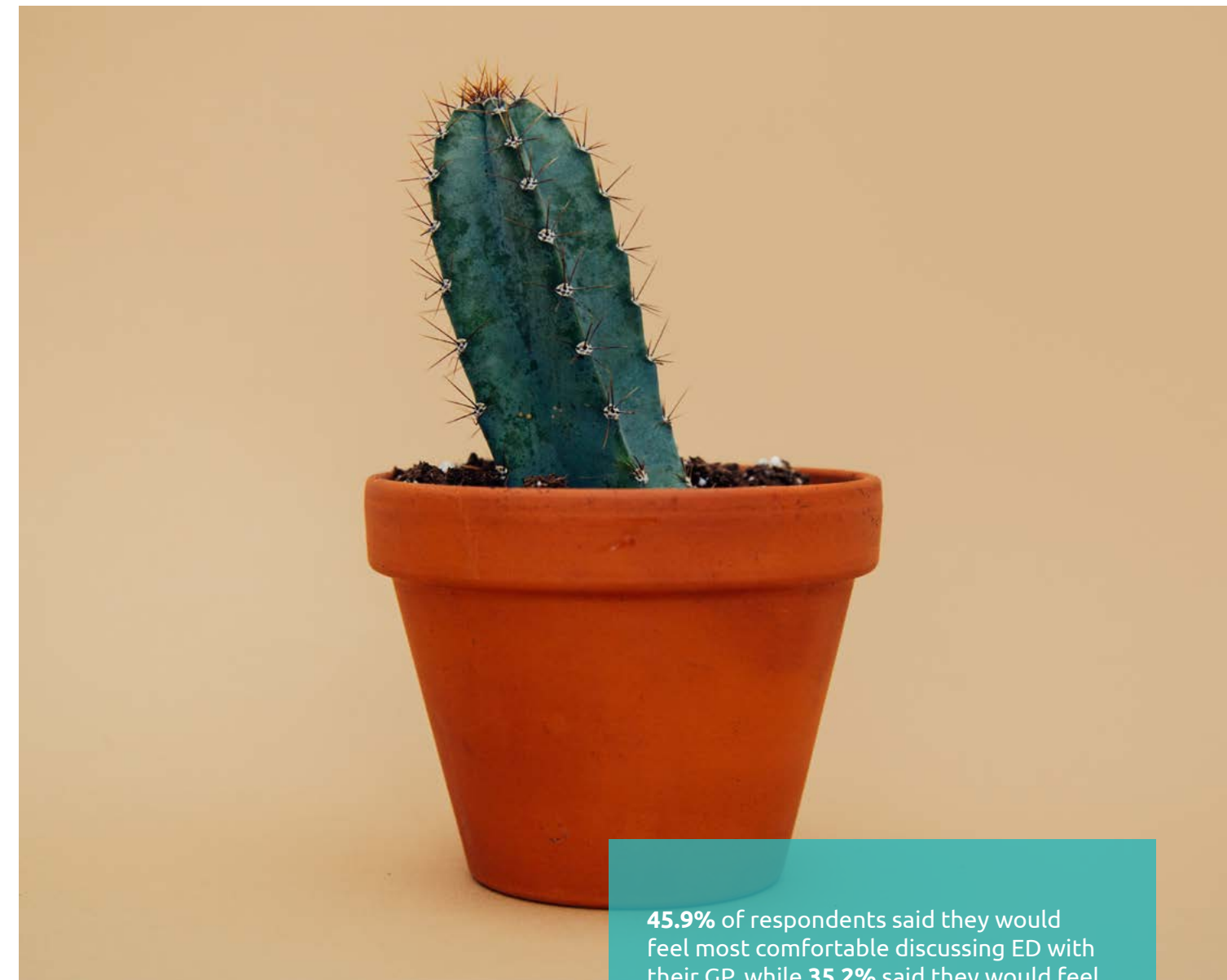
Conditions that affect how you think and feel can have a big impact on your ability to get erections too. For example, if you're suffering from depression or anxiety, you're more likely to suffer ED. Relationship problems and poor communication with your partner might also increase your risk.

Could your lifestyle be to blame?

No matter your age, it's important to understand the crucial role your lifestyle can play in enabling you to enjoy a healthy sex life. For example, eating a poor diet and not getting enough exercise can mean you're more likely to experience ED because of the impact this has on your circulatory system.

Drinking too much alcohol and smoking can also reduce your ability to perform in the bedroom, as can a number of recreational drugs. Even your exercise regime may be making you a candidate for ED. For instance, if you use steroids to help you build muscle mass, you're more likely to develop this condition. Meanwhile, cycling for over three hours a week can increase your risk because of the pressure this puts on the arteries and nerves that run to the penis.

If you're consistently under a lot of stress at work or for other reasons, you're also upping your chances of experiencing ED.



45.9% of respondents said they would feel most comfortable discussing ED with their GP, while **35.2%** said they would feel most at ease talking about the subject with their partner/spouse.

Nearly one in ten (**9.7%**) said their first choice would be an online doctor, while just **6%** said a friend and **3.2%** said a family member.

When asked which of the following conditions they would find the most difficult to discuss with a partner/spouse out of ED, hair loss, emergency contraception and contraception, ED took the top spot. **33.1%** of men identified this as the health issue they'd struggle most to talk about.

However, **53.5%** of respondents suggested they wouldn't find it difficult to discuss any of these conditions.

Help is available

Regardless of your age and the cause of your ED, help is available. You can speak to your GP or seek advice from an Online Doctor, who'll be able to help you identify the cause of the issue and the best treatment options on offer.

In fact, if you're considering treatment, Online Doctor offers a free ED online assessment that can help point you in the right direction.

Whatever you do, don't ignore this problem. As well as potentially putting strain on your relationships, ED could be a sign of an underlying health problem, so it's important to get to the bottom of it and take steps to tackle it.

ED: know your treatment options

From time to time, most men fail to get or sustain an erection. Often a result of stress, anxiety, tiredness or too much alcohol, this is nothing to worry about. However, if it happens more frequently, erectile dysfunction might be a sign of an underlying physical or emotional problem - and so it's important to take action.

It's no secret that there are now effective erectile dysfunction treatments on offer, but which is the right one for you? Keep reading to find out more about your options.

Speak to a doctor

Your first step should be to speak to a doctor. This is an important part of the process when it comes to identifying the cause of the issue. If you book an appointment with your GP or go to a sexual health clinic, you'll be asked questions about your lifestyle and relationships, and you'll also have some basic health checks.

Tackling the underlying health issue

Once the trigger of your ED has been discovered, you can find suitable treatments. Here are some common physical causes, along with possible remedies:

Cause - Narrowing of penis blood vessels, high cholesterol, raised blood pressure

Treatments - Statins to reduce cholesterol, medicines to lower blood pressure

Cause - Hormone imbalances

Treatment - Hormone replacement (e.g. testosterone)

Cause - Side effects of certain medications

Treatment - Switching to a new medicine

You might also be advised to make changes to your lifestyle. For example:

- Stop smoking
- Eat a healthier diet
- Get more exercise
- Lose weight
- Reduce your cycling
- Cut your alcohol consumption

If your ED is found to have an emotional cause such as anxiety, depression or relationship problems, you may be advised to go to counselling, cognitive behavioural therapy or sex therapy.

In our poll, **64.1%** of men said they believed smoking and alcohol can cause ED, while **60%** said psychological issues could trigger the condition.

46.9% said narrowing blood vessels could be to blame, **45.9%** said nerve problems were a possible cause and **41.2%** said a hormone imbalance could lead to ED.

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- CHECK -

TAKE THE 60 SECOND ERECTION CHECK TO SEE HOW WELL YOUR PENIS IS PERFORMING AND WHAT YOU CAN DO TO HELP IMPROVE IT.

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Targeted treatments

There are also a variety of highly effective targeted ED medicines available that work by relaxing the arteries that supply blood to the penis. When taken, they allow for increased blood flow, helping men to get and keep an erection.

Sildenafil (often sold as Viagra) is the best known of these, but other options include vardenafil (Levitra), tadalafil (Cialis) and avanafil (Spedra). These tablets all function in a similar way, but there are important differences between them in terms of price, how long the effects last for and more.

To help you make the right choice, it's important to do your research and to ask for expert advice if you need it. Sometimes, people find they have to try a number of different medicines out before they find the one that works best for them.

As long as you find out why you're experiencing ED, you shouldn't struggle to identify effective treatments.

Unsurprisingly, the vast majority of respondents (**87.4%**) had heard of Viagra as an ED treatment, while **28.2%** had heard of Cialis and **13%** had heard of Levitra. However, **9.7%** said they had never heard of any of these treatments.

Study shows men failing to spot signs of cancer

Prostate cancer is the most common type of cancer among men in the UK, but according to a new survey, many people are unaware of the warning signs of this disease. Conducted by YouGov on behalf of The Independent, the poll discovered that less than a third of men said they would be able to spot the symptoms of this form of cancer.

'A long way to go'

Men over 50 are most at risk of the disease, but only 6% of respondents aged 50 to 64 said they were very confident they could spot the signs, while 22% said they were fairly confident they could identify the symptoms. This leaves over two-thirds who were not confident they would know what to look for.

Responding to the findings, Laura James, a senior specialist nurse at the charity Prostate Cancer UK, said "we still have a long way to go" when it comes to raising awareness about this health issue.

What are the signs?

Unfortunately, prostate cancer often doesn't cause symptoms until it's grown large enough to put pressure on the urethra (which is the tube that carries urine to the penis from the bladder).

Signs at this stage can include:

- Needing to rush to the toilet
- Needing to urinate more frequently than usual (often this happens during the night)
- Having to strain when urinating
- Difficulty in starting to urinate
- Weak flow
- Feeling that you can't empty your bladder fully
- Blood in your urine or semen



If you think you may have prostate cancer, book an appointment to see your doctor as soon as possible. Treatment for this disease is often successful if it's caught at an early stage, so it's essential that you don't delay getting tested.



Bear in mind that these symptoms don't necessarily mean you have prostate cancer. Often, they're caused by something else, such as prostate enlargement. However, you shouldn't ignore them.

If prostate cancer spreads, it can cause a range of other symptoms, including back and bone pain, pain in the testicles, loss of appetite and unexplained weight loss.

At-risk groups

It's important to be extra vigilant if you're in a group considered to be at-risk. This includes:

- The over 50s
- African-Caribbean or African men
- Men whose fathers or brothers have had the disease

Thank you for taking the time to read this digital magazine. We hope it's provided you with useful and interesting information about some of the most important men's health topics, giving you the confidence you need to speak up about your own wellbeing.

For medical advice and support that spares your blushes, check out [LloydsPharmacy Online Doctor](#)

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