



# Men's Health

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## Why Do Men Skip Health Tests?

**Women live 5.1 years longer on average than men. Could the male tendency to avoid doctors have anything to do with it?**

Former President Bill Clinton admitted he ignored his chest pain for several months. He had also stopped taking a drug his doctor prescribed to lower his cholesterol. Extreme symptoms finally got him to a doctor – who rushed him into heart surgery.

Women across America sighed knowingly: Why is it many men won't follow medical advice or go to see a doctor before a crisis?

### The difference between men and women

It's a fact that women are quicker to see a doctor when they develop symptoms. In contrast, men are more likely to ignore symptoms and hope they go away. Often, by the time a man sees a doctor, his symptoms may be severe and harder to manage or treat.

Men are 24 percent less likely than women to have visited a doctor in the past year, according to recent U.S. government statistics. For an African American or Hispanic male, the odds of having seen a doctor are even lower. Ditto for men ages 18 to 44.

Women live 5.1 years longer on average than men. Could men's avoidance of doctors and routine checkups have anything to do with that?

Not seeing a doctor regularly means that you lose out on important health screenings or early diagnosis. You can feel fine, but still have conditions, such as high cholesterol or high blood pressure, that need treatment. Men may also miss out on preventive care. They are a lot more likely than women to need hospital care for illnesses that could have been prevented (pneumonia, for example) or complications from diseases like diabetes or heart failure.



### Why Do Men Skip Health Tests? (*continued*)

#### Is seeing a doctor like asking for directions?

The rap on men is that they don't ask for directions when lost. Perhaps they think they don't need a doctor's help either?

Men's attitudes about physicals may have come from their own fathers who avoided doctors. And some boys grew up with the message that expressing pain or sickness was a sign of weakness.

According to more than 1,000 men taking part in a 2007 survey commissioned by the American Academy of Family Physicians:

- **Thirty-six percent said they see a doctor only when "extremely sick."**
- **Fifty-five percent did not have a routine physical in the last year.**
- **Almost one in five, age 55 or older, had not been screened for colon cancer.**

Men also tend to be less willing than women to discuss their health. Women may talk freely about breast lumps, depression, or urinary problems to a friend or a doctor. For some men, talking to a doctor or spouse may be embarrassing if the subject involves their genitals, bowels, or mental health.

#### Men's health is women's work

Women are usually the gatekeepers of health in the family. They are often the ones who make medical appointments for other family members. Many men will not see a doctor unless prodded by the women in their life.

If you're a man, you can learn from women that getting suggested screenings and checkups can lead to a longer, healthier life. Early detection and treatment of cholesterol and blood pressure problems can prevent a heart attack or stroke. Detecting a tumor before it has spread can make the difference in whether or not a cancer is treatable.

If you are a woman with a man in your life, keep nudging your guy to exercise (with his doctor's OK), eat nutritiously, and seek appropriate medical care for his age and family history. In the AAFP survey, 80 percent of men with wives or girlfriends said their partner helped convince them to see a doctor. Being accused of nagging in this case is a small price to pay for possibly saving a loved one's life.



## Men's Health: With a Little Help From Friends

**Want to live longer? Keep exercising and eating your vegetables, but make lunch plans with an old friend, too.**

Numerous studies have shown that people with strong social networks live longer and recover more quickly from illness than those without these ties.

Men – who tend to have fewer close friends than women – stand to gain the most from developing relationships. Some researchers suggest that loneliness is a risk factor for heart disease, just like high blood pressure or elevated cholesterol. People without many friends are also more prone to depression.

### **Social isolation – a risk factor for men**

Researchers at Harvard School of Public Health studied more than 28,000 men to see if social ties had an impact on their health. Half enjoyed a large social network of family, friends, and community connections; the other half did not. After 10 years:

- **Deaths in the group with few social ties were 20 percent higher than in the highly social group.**
- **The more isolated men were 53 percent more likely to die from a heart-related disease than the others.**

- **Of those who developed heart disease, the less social men had an 82 percent higher risk of death than the other group.**
- **Men with the fewest social contacts had more than double the risk of dying from accidents and suicides than men in the other group.**
- **Married men had a lower risk of death from any cause and half the risk of death from accidents and suicides than the unmarried men.**

In addition, an American Heart Association study looked at 3,267 men (average age 62). The study reported that those with few social ties had much higher levels of a blood marker for inflammation – known to be associated with heart disease – than did men with bigger social circles. Known risk factors for heart disease were taken into account.

All the same, choose your friends wisely. Other studies show your risk of heart disease can go up if your relationships are stressful.

## Men's Health: With a Little Help From Friends (*continued*)

### People need people

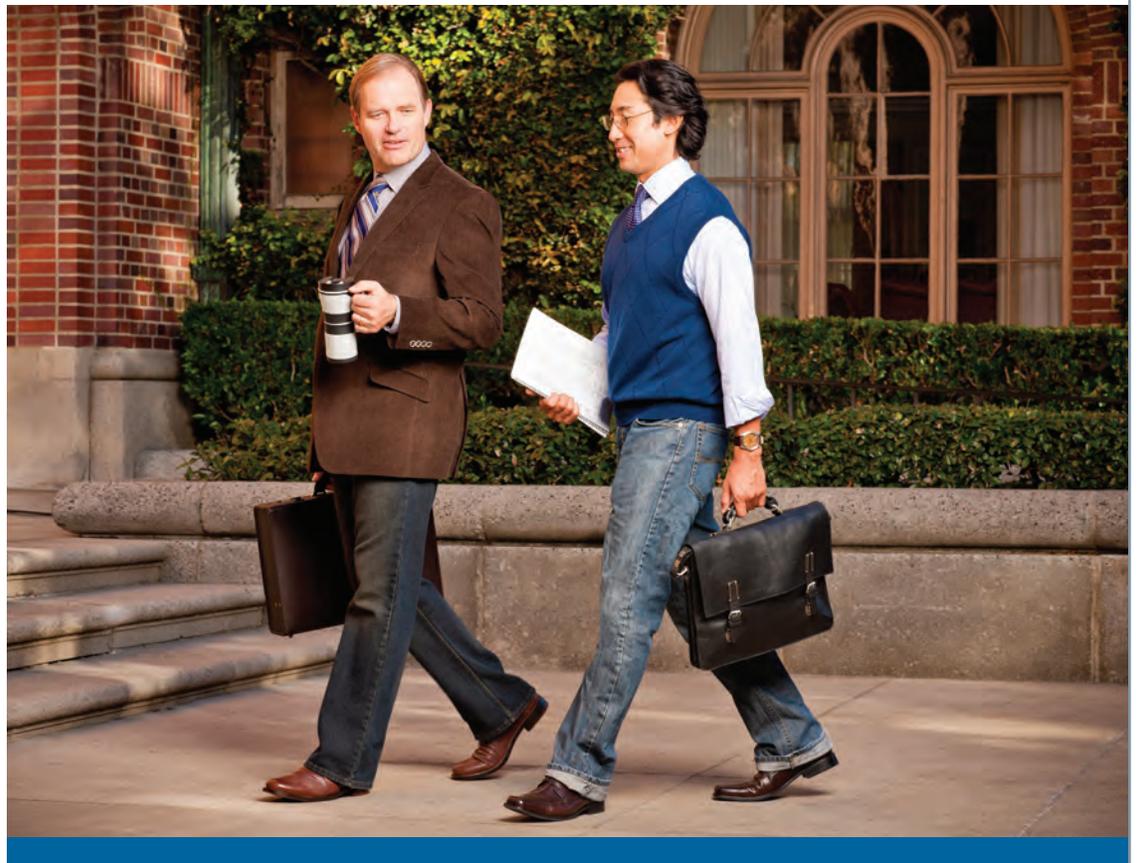
As many as one in four Americans say they have no one to confide in about personal problems. For them, making more friends could have clinical benefits similar to making lifestyle changes.

How do friends help us stay healthy? No one can say for sure, but theories include:

- **Close friends and relatives encourage you to take care of yourself. They may get you to give up smoking, heavy drinking, or a poor diet.**
- **Having friends may boost self-esteem and ward off depression.**
- **Having social support may reduce stress and hormone levels tied to high blood pressure.**

- **You're more likely to be physically active if you have people to do things with.**
- **Some men see doctors only because a wife, partner, or friend convinces them to.**
- **A social circle is a valuable resource when you are sick. Friends can take you to the doctor or help out while you recover.**

Generally, women are better at sharing their feelings and maintaining friendships than men. But anyone can increase their social network with a little effort. Joining a book club, bowling league, or poker group can widen your contacts; so can taking a class or doing volunteer work. Building good relationships can help keep you healthy in much the same way as a daily walk or a low-fat diet.





# Suggested Checkups and Tests for Men

**Screening tests can help men stay healthy. Find out which tests you need based on age, health and risks for other health problems.**

**This checklist is meant only as a general guideline. The tests and screenings you need depend on your individual risks, medical and genetic histories, and age. Talk with your doctor to know what you need to do to keep up your health. Your doctor can also tell you how often you should have these tests and screenings.**

Many doctors follow the guidelines put forth by the U.S. Preventive Services Task Force (USPSTF). The USPSTF is the nation's leading source of recommendations and guidelines for screening tests. Doctors also follow other recommendations, like those made by the American Cancer Society or other professional organizations.

**Regular checkups.** Regular checkups are a good way to keep track of your health. Your doctor can take your blood pressure, listen to your heart, weigh you and take other assessments. Sometimes, conditions that do not have noticeable symptoms, like high blood pressure, are found at a routine checkup. This is also a good time to get advice from your doctor about your diet, exercise and other steps to take. There is no consensus as to when or how often a man should go for a routine physical. Talk to your doctor about suggestions for what is right for you.

**Testicular exams.** The American Cancer Society (ACS) recommends a testicular exam as part of a routine cancer-related office visit. But checking yourself for testicular cancer (testicular self-exams) has not been shown to help men live longer. The ACS does not recommend testicular self-exams for all men. They do advise men who have cancer risk factors to consider a monthly testicular self-exam and to discuss this with their doctors. The USPSTF

does not advise screening teens or adult men for testicular cancer if they do not have symptoms. Talk to your doctor about what is best for you.

**Cholesterol testing.** The National Cholesterol Education Program currently recommends a fasting lipoprotein profile for all adults age 20 and older every five years. This test measures total cholesterol, HDL, LDL and triglycerides. Depending on your risk factors for heart disease, your doctor may suggest more frequent testing.

**Prostate cancer screening.** Doctors disagree about whether routine prostate cancer screening should be done. The reason is that very small slow-growing prostate cancers may not cause a man any health problems, but treating those cancers with surgery or radiation could. Here are two different guidelines. Talk to your doctor about them and what is best for you.

- The USPSTF does not advise for or against routine screening in men younger than age 75. The USPSTF concludes that there is currently not enough information to make a recommendation regarding screening. However, they do advise against screening men who are age 75 or older.
- The American Cancer Society recommends that doctors discuss the risks and benefits of prostate cancer screening with their patients. They also suggest prostate cancer screening for most men starting at age 50 and then yearly for men who do not have major medical problems and have a life expectancy of at least 10 years. Prostate screening includes both a PSA test and digital rectal

## Suggested Checkups and Tests for Men (*continued*)

exam (DRE). Yearly screening should start at age 45 for men who have a high risk for prostate cancer, including African Americans or men who have two or more first-degree relatives with prostate cancer. ACS also suggests that doctors talk about screening and offer screening to certain men who are at very high risk at age 40.

**Colon cancer exams.** The USPSTF recommends that everyone be screened for colon cancer starting at age 50 and continuing until age 75 with one of the following screening tests:

- Home fecal occult blood testing
- Flexible sigmoidoscopy
- Colonoscopy

The American Cancer Society guidelines also include several other tests that may be used to screen for colon cancer in some cases. These include:

- A double contrast barium enema
- CT colonography (virtual colonoscopy)
- Stool DNA test

If any of these tests are positive, your doctor may advise further testing with a colonoscopy.

If you have risk factors for colon cancer such as a family history, you may need earlier or more frequent screenings. Other risk factors include a personal history of inflammatory bowel disease, the presence of certain polyps, certain cancers or radiation therapy.

Talk to your doctor to see which screening test is right for you.

**Blood pressure.** Experts do not agree on how often blood pressure should be checked. But it's probably a good idea to have your blood pressure checked at least once every two years. Talk to your doctor if your blood pressure is 120/80 or higher. If you have prehypertension or high blood pressure, your doctor may suggest more frequent screenings, periodic office visits and perhaps regular blood pressure monitoring at home as well.

**Aortic aneurysm.** The USPSTF recommends screening for aortic aneurysm if you have ever smoked. This is a one-time test done by ultrasound between the ages of 65 to 75.

**HIV testing.** The Centers for Disease Control and Prevention (CDC) recommends that men get tested for the human immunodeficiency virus (HIV), the virus that causes AIDS, if:

- You are a man who has had sex with other men (after 1975). Get tested at least once a year.
- You inject illegal drugs. Get tested once a year.

Even if you think you have low risk for HIV infection, talk to your doctor about HIV screening.

**Diabetes testing.** The USPSTF recommends that adults who have blood pressure readings (either treated or untreated) greater than 135/80, even with no symptoms, be tested for diabetes. The American Diabetes Association's recommended testing intervals vary slightly. They suggest testing for all people who are overweight or obese and who have any other risk factors for diabetes. Testing in people who do not have these risk factors should start at age 45.

Risk factors for type 2 diabetes include being overweight, being inactive and having a family history of diabetes. Also, if you have high blood pressure or high cholesterol, it is important to be tested for diabetes, because diabetes significantly raises your already higher risk of heart attack.

**Obesity.** You should be screened for obesity by measuring body mass index (BMI), waist circumference or both.

**Dental checkups.** Regular checkups with your dentist are important for dental health and even your overall health. Ask your dentist how often you should have checkups. Two visits per year for cleaning are typically advised.

**Eye exam.** The American Academy of Ophthalmology recommends that after an initial comprehensive eye exam, you have your eyes checked every one to four years after age 40. Of course, this depends on your age and whether you have any health problems that could affect your eyesight. People with diabetes, diagnosed eye disorders and other medical conditions may need more frequent testing.

**Skin exams.** Skin cancer is the most common type of cancer in the U.S. But most kinds of skin cancer can be cured if found and treated early. If you notice any new or changing moles or other marks on your skin or have a sore that does not heal, see your doctor right away.



# Know Your Prostate Cancer Risks

**Certain factors can raise your risk of getting prostate cancer. Some can't be avoided, but lifestyle changes can lower your risk in other cases.**

Prostate cancer is the most frequently diagnosed cancer in men. Death rates from this cancer have leveled off since 1995, but some risk factors can still raise your chances of getting the disease.

Certain risks, such as heredity, can't be avoided. But you can cut your risk in other cases by making lifestyle changes.

## Non-modifiable risks

These are risk factors for prostate cancer that you cannot change.

**Age.** Age is the strongest risk factor for prostate cancer. The disease is rare before age 40. But the chance of getting it rises rapidly after age 50. More than 70 percent of men diagnosed are older than 65.

**Family history.** If your father or brother has had prostate cancer, your chance of getting it more than doubles. The risk goes up even more if you've had several affected relatives, especially if any were diagnosed under age 60.

**Race/ethnicity.** African American men and Jamaican men of African descent have the highest prostate cancer incidence rates in the world. African American men are more than twice as likely to die from prostate cancer as white men. This may be due to finding the cancer when the disease is more advanced.

The disease occurs less often in Asian American and Hispanic/Latino men than in white men.

**Nationality.** Prostate cancer is most common in:

- North America
- Northwestern Europe
- Australia
- Caribbean islands

It is less common in:

- Asia
- Africa
- Central America
- South America

### Know Your Prostate Cancer Risks (*continued*)

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The reasons for these differences are not clear, though more screening in developed countries may help identify more cases. Lifestyle or diet differences may play a role, too. For instance, men of Asian descent living in the U.S. have a lower risk for the disease than white Americans, but their risk is higher than men of similar ethnic backgrounds living in Asia.

#### Modifiable risks

These are risk factors that you can control.

**Diet.** Men who eat lots of red meat or high-fat dairy products seem to have slightly higher chances of getting prostate cancer. But these men also tend to eat fewer fruits and vegetables. It is not known which of these factors raises the risk for prostate cancer.

**Obesity.** Being obese is not linked with a higher risk of getting prostate cancer. But some studies on obese men who get the disease have found other connections.

For instance, obese men with prostate cancer may have a higher risk of having a more aggressive form of the disease. They may also be at greater risk of dying from their prostate cancer. More research is needed to find out the complex connection between prostate cancer and obesity. Much more is known about how obesity can lead to other conditions, such as diabetes and heart disease. Getting to and maintaining an ideal weight will contribute to your overall health even if there proves to be no direct connection with prostate cancer.

**Exercise.** Most studies have shown that exercise does not cut prostate cancer risk. But some find that high levels of physical activity, especially in older men, may lower the risk of an advanced form. Again, more research is needed before guidelines can be made about exercise and prostate cancer. Exercise, though, is known to lower the risk for other chronic diseases, such as high blood pressure and diabetes. Ask your doctor how much exercise is right for you.

