

BY SHARI HELD

5

HEALTH CONDITIONS

Men (and their partners) Need to Know About

A little prevention, timely screenings, and regular doctor visits can help men live longer, healthier lives

You don't need a crystal ball to know that men often aren't as diligent as women about getting preventive screenings or seeing a doctor when they don't feel well.

"In general, men like to think there's nothing wrong with them, or if there is, they don't want to know," says Scott B. Farnham, M.D., urologist with Urology of Indiana. "That male attitude can keep them away from the doctor."

And that's not good. Many potentially life-threatening conditions, including the following five, can be avoided or their effects minimized by early detection and treatment.

PROSTATE CANCER

AMONG MEN, PROSTATE CANCER IS THE MOST common cancer diagnosed, and the second-leading cause of cancer deaths, according to the American Cancer Society. It's also the disease most men would probably choose to ignore if they could.

"Prostate cancer is a hard thing to talk about," Farnham says. "I would encourage women to talk to their husbands about all their health issues and come up with a plan for them to be regularly screened for high-yield conditions such as heart disease or prostate cancer. The key thing is getting it out in the open and discussing it."

Two other conditions that urologists treat—benign prostatic hyperplasia (enlarged prostate) and prostatitis (infected or inflamed prostate)—also affect the prostate. Neither are precursors to or indicators of future prostate cancer.

Prostate cancer is most common in men over the age of 50, with the majority of prostate cancer occurring in men over 65. Risk factors include family history, particularly in first-degree relatives (father and brothers), and being an African-American, a population that is not only at higher risk but also apt to have more aggressive tumors. Prostate cancer can be

aggressive or develop slowly.

"There is also emerging data that shows elevated BMI [body mass index] or obesity is a risk for prostate cancer," Farnham says. Preventative measures include eating a heart-friendly diet and maintaining a healthy weight.

Early prostate cancer doesn't have symptoms, so a rectal exam and PSA blood test are the only ways to discover it. The U.S. Preventive Services Task Force recently recommended against routine PSA testing, citing false-positive results and subsequent potential for overtreatment. But many urologists and medical organizations consider it to be a valuable, if not perfect, screening tool.

"The Task Force assumed that if someone screens positive, they automatically go to treatment," Farnham says. "Screening is just trying to identify someone's risk for the disease. Since PSA came into vogue in the early '90s, the death rate from prostate cancer has dropped as much as 40 percent. We just need to do a better job of treating people more appropriately."

The traditional age to begin screening for prostate cancer is 50. Farnham suggests men have a baseline PSA at age 40 to detect an aggressive cancer that has presented early.

DEPRESSION

WOMEN ARE FAR MORE LIKELY TO EXPERIENCE depression than men, but unlike men, they're much more likely to seek treatment.

"There seems to be more of a stigma for men to be able to step forward and say they are feeling depressed," says Andrew Miller, M.D., a psychiatrist with IU Health.

Untreated depressive disorders can lead to thoughts of suicide, and that has huge significance for men.

"When men attempt suicide, they are much more likely to

succeed," Miller says. "They don't want anyone to know they are depressed, so if they harm themselves, they make sure they get the job done."

According to the Centers for Disease Control and Prevention, from 1999 to 2010 the suicide rate for middle-aged men was 27.3 deaths per 100,000; for middle-aged women it was 8.1 deaths per 100,000. Suicide is on the rise for both genders. For men, the 50s was the age group that saw the biggest increase (almost 50 percent).

Some symptoms include changes in sleep patterns, fatigue, variabilities in concentration, fluctuation in appetite, loss of interest in once-enjoyable activities, thoughts of suicide, and feelings of hopelessness or anxiety. Diagnosis involves a combination of symptoms of a certain severity over a two-week timeframe, so it needs to be done by a family physician or psychiatrist.

Screening tests such as the Zung Self-Rating Depression Scale can indicate when it's advisable to seek professional help. Any family history of mental-health disorders puts one at increased risk.

Depression often accompanies chronic physical diseases such as diabetes. Sometimes in men it plays out as anger or defiance at having to make major lifestyle changes.

"Defensive behaviors such as non-compliance with physicians' instructions should raise a red flag that the patient should be screened for depression," Miller says.

HEART DISEASE and HYPERTENSION

ONE OUT OF EVERY THREE AMERICAN ADULTS has hypertension (high blood pressure), according to the CDC. That's nearly 70 million U.S. men and women. Pre-hypertension is also a concern. This condition, which afflicts 30 percent of Americans, can lead to high

blood pressure.

And it's not just a disease of the elderly. Nine percent of males between the ages of 20 and 34 have hypertension, according to the National Health and Nutrition Examination Survey 2007–2010. Symptoms include chest discomfort, shortness of breath, and neurological symptoms similar to stroke.

"But garden-variety hypertension can be absolutely silent," says Irwin N. Labin, M.D., a cardiologist with Franciscan Physician Network Indiana Heart Physicians. "It's called the silent killer for a reason."

Fortunately, screening is as convenient and simple as going to your local pharmacy and using its blood-pressure monitor or buying one for home use. Blood pressure is also routinely checked each time you visit your doctor's office. Labin suggests young adults have their blood pressure checked annually; middle-aged people, twice per year; and, for people over 65, three or four times per year.

As far as preventive measures, the most important is to maintain a normal weight. Eat a heart-healthy, low-sodium diet, and exercise. And if you or your spouse suspects you have sleep apnea, get involved in a sleep study. Sleep apnea can worsen hypertension.

Hypertension is among the most significant risk factors

THE LOWDOWN on Low T

Decreased levels of testosterone can have a huge impact on a man's health



TESTOSTERONE IS THE HORMONE AT THE VERY CORE OF MEN'S sexuality and manliness. So it's no laughing matter for males, or their partners, if a man's testosterone levels are low.

Produced primarily in the testicles, the main responsibility of testosterone is sexual development and function in terms of libido, erection, and sexual performance. It also promotes muscle development.

Aging can bring about a small (less than 1 percent) decline in testosterone levels, according to the Endocrine Society. Symptoms of low testosterone, or "low T," may include lack of energy, decreased libido or sexual performance, moodiness, or reduced muscle strength. Men with low T may also produce less sperm, making conception difficult.

Since symptoms of low T are often associated with the natural process of aging, they may be ignored and left untreated. But that doesn't have to be the case.

Ernest Asamoah, M.D., an endocrinologist with Community Health Network, suggests men (or their partners) take the online ADAM questionnaire. If the results suggest low T, they should make an appointment to see their doctor.

"Men with chronic diseases such as COPD [chronic obstructive pulmonary disease], sleep apnea, obesity, diabetes, or chronic pain that they treat with medications tend to have low testosterone," Asamoah says. "There's a strong association between these conditions and low testosterone. Men with any of these conditions should be screened."

A simple blood test, drawn in the morning when testosterone levels peak, can determine if testosterone is within the normal range of 300 to 1,000 ng/dL. For a more conclusive diagnosis, testosterone levels should be low on two separate samples taken in the morning.

If low T is caused by a decrease of production in the testicles, testosterone replacement can offer relief for the problem.

Testosterone can be replaced in a variety of ways—topical gels, patches, a treatment applied to the gums twice daily, implanted pellets, or injections.

"They all have their pros and cons," Asamoah says.

He cautions that men who receive a diagnosis of low T shouldn't assume all they need is an appointment at a low T center.

"Make sure you see your family doctor or an endocrinologist to see if there is a cause for the condition before you begin treatment," he says. "It may not be a problem with the testicles. There may be underlying causes."

In adult men, one of those causes may be a disease or a tumor of the pituitary gland, which controls the production of testosterone. In addition, obese men with low T may find their testosterone levels automatically correct if they lose weight. In these cases, treatment would be ineffective or unnecessary, provided that the patient loses an appropriate amount of weight.

Recently, testosterone therapy has been touted as a magic pill to thwart the effects associated with aging. It might sound good, but at this point, many doctors advise against it.

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for heart disease. Others include high cholesterol, smoking, diabetes, being overweight or obese, a poor diet, insufficient exercise, and excessive use of alcohol.

Statistics from the CDC show that heart disease is responsible for one in every four male deaths in the U.S., making it the leading cause of death for American men. Online heart disease-risk calculators, such as the one at heart.org, can estimate your risk for a heart attack over a 10-year period.

When it comes to a heart attack, men generally present with typical symptoms such as a squeezing, aching, or burning behind the sternum during activity. If you have these symptoms, this isn't the time to procrastinate. The sooner you get to the hospital, the better your odds for survival and recovery.

Fifty percent of men who die suddenly from coronary heart disease have no previous symptoms, the CDC reports. That makes screening especially critical.

One popular screening tool is the calcium score, a CT scan that shows plaque or calcium deposits on the wall of the coronary arteries. Labin prefers a treadmill test, during which a patient walks on a treadmill while his or her heart and breathing rates are monitored.

"A calcium score cannot tell you whether or not that plaque is large enough to decrease blood flow to the heart," Labin says. If the plaque isn't impeding blood flow, aspirin and a statin drug, which fortifies the plaque to make it less prone to rupture, are all that's necessary. If the plaque deposit is large enough to potentially rupture the vessel and cause a heart attack, other medications or surgery may be needed.

Preventive tactics include maintaining a healthy weight, eating a heart-friendly diet, and treating conditions such as high blood pressure, high cholesterol, and diabetes.

STROKE

THIS YEAR 795,000 AMERICANS WILL HAVE A stroke, according to the CDC. The warning signs can be subtle or dramatic, and they occur suddenly: weakness or numbness of the face, arm, or leg, especially if on just one side of the body; vision problems; garbled speech

or difficulty speaking; facial droop; dizziness, coordination, or balance issues; severe headaches with no known cause; and confusion or difficulty understanding others.

The sooner you get help—within four hours is the standard window of time—the better your chances of survival and your long-term outcome. Even if you have had only one or two symptoms that were mild and didn't last, you still need to get checked out. You could have a condition called transient ischemic attack, or TIA, a precursor to stroke.

Stroke is the fourth-leading cause of death in the United States and the leading cause of long-term disability, according to the American Stroke Association. The CDC reports that 77 percent of people who experience their first stroke also have hypertension.

Prevention is the same as for heart disease. Keep your blood pressure well controlled, eat a healthy diet, maintain a proper weight, don't smoke, exercise regularly, and screen for and treat diabetes.

Many hospitals offer screening packages that may include an ultrasound of the carotid artery and the abdominal aorta. The calcium score can also be used as an indicator.

"Frankly, if you just visit your family doctor regularly, you really don't need those scans," Labin says. "If your doctor examines you and makes sure you are following a good risk-factor-reduction program, that's the most efficient way to get that done."

DIABETES

MOST PEOPLE ARE FAMILIAR WITH THE symptoms of diabetes—frequent urination, an increase in fluid intake, blurry vision, persistent infections, and weight loss. But what you may not know is that those symptoms don't occur unless you've had diabetes that has been left untreated for a very long time. By the time symptoms appear, much of the damage has already occurred.

Physical complications from untreated diabetes include nerve damage, kidney damage, and loss of eyesight. Both men and women who have diabetes are two to four times more likely to have heart disease, and it puts them at higher risk of stroke. Another unwelcome complication specific to men is that untreated diabetes can cause erectile dysfunction.

If that isn't enough, people with uncontrolled diabetes generally don't feel well.

"You have low energy and you get tired, and when you're tired you get moody," says Ernest Asamoah, M.D., an endocrinologist with Community Health Network. "So it affects your social life as well as your physical well-being."

The good news is that a glucose blood test, one of the screening methods, is often included as part of a routine annual physical. That means diabetes is being detected in many people at an earlier stage. Four screening tests are available: fasting plasma glucose, random glucose, hemoglobin A1C, and an oral glucose-tolerance test.

"In general, we recommend anyone over the age of 45 be screened for diabetes in their annual physical," Asamoah says. "A family history of diabetes puts you at a higher risk, especially if you have a BMI of 30 or more, which indicates obesity. These people need to be screened earlier."

There's also an ethnic component. African-American and Hispanic men and women age 20 and older have a slightly higher risk of developing diabetes than whites. And even a small weight gain is a risk factor for Asian Americans.

Where you carry your weight is also critical.

"Men don't have to be as heavy as women to get diabetes," Asamoah says. "One reason is more men gain weight in their abdomen than women do."

Abdominal obesity, or visceral fat, is more likely to predispose people to diabetes or insulin resistance, a potential precursor to diabetes.

Prevention should focus on your physical well-being.

"You can't choose your parents, but you can maintain a healthy weight and exercise regularly," Asamoah says. "The bottom line is to try to keep within a healthy weight or BMI and avoid abdominal obesity." ▲