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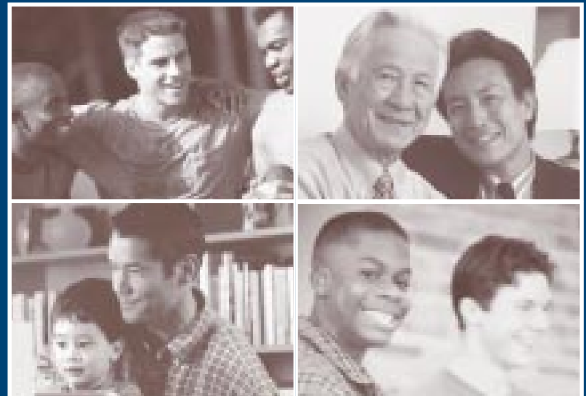
The Pfizer Journal®



Men and Health

The Pfizer® Journal

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Editorial

'Life Is Our Life's Work'

At Pfizer, "Life is our life's work." Our devotion to finding new medicines that will allow life to flourish is evidenced by our planned more than $2 billion investment in research and development of innovative new drugs in 1999 alone. At the heart of our search for innovative new medicines is our desire to preserve and enhance life, improve function, and prevent disease.

To understand life in all of its dimensions, we can first look at the whole, and then break it down into its component parts. Healthcare needs can be understood by understanding the needs of women and men; of older people and younger people; of people of different socioeconomic and cultural backgrounds; and of those with different underlying health risks. This is the perspective of the evolving field of population-based medicine. Studying each of these components has helped us better understand the needs of our customers.

Men and their health is the topic of this issue of *The Pfizer Journal®*. This issue examines attitudes and practices of men in obtaining health care, understanding health information, and changing behavior and lifestyle to improve health. The cultural definitions of masculine behavior may have healthcare implications. This issue was inspired by discussions by the staff about health conditions in our families. We talked about the healthcare attitudes and practices of our fathers, brothers, husbands, sons, grandfathers, nephews, uncles, colleagues, and male friends and the implications for the families and women in their lives.

Some of our experiences may be familiar to you:

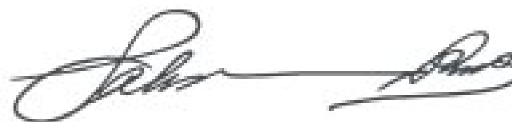
- A father who is still trying to quit smoking after 20 years—again, and again, and again.
- An uncle who denied and ignored his symptoms of diabetes until he was rushed to the hospital for a life-threatening episode of diabetic ketoacidosis.
- A teenager who took a stupid risk on a weekend night after drinking and driving and experienced an injury that changed his life forever.
- A nephew who was told he had high blood pressure, but stopped taking his medication after a few weeks and refuses to discuss it.
- A husband who failed to heed the signs of prostate cancer and was diagnosed only in its most advanced stage.
- A brother who learned he had high cholesterol and decided not to think about it.
- A grandfather who refuses to go for follow-up visits after a melanoma was diagnosed 7 years ago.
- A son whose knee was so damaged by skiing injuries that he is limited in his mobility, as well as his ability to get down on the floor to play with his children.

As illustrated by these examples, some men have difficulty admitting there is a medical problem and accessing and taking advantage of healthcare opportunities.

This issue of *The Pfizer Journal®* is the result of a roundtable of experts held in San Francisco in late 1998. As we learned from the panelists at the roundtable, being "manly" and being a thoughtful and cooperative healthcare consumer do not necessarily have to be at odds. When the needs of men are understood, healthcare messages may be more likely to be received, understood, and incorporated into the lives of men.

As we also learned from our panel, gender influences health in many diverse ways—some of which are only now coming to light.

Because life and health are inextricably connected, Pfizer is committed to exploring new treatments that will enrich and extend life for all of the men and women in our lives. Your lives are what Pfizer is committed to understanding. It is our "life's work."



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Introduction

Men, Masculinity, and Medicine

It is the first question parents ask about their new child: "Is it a boy or girl?" Should it be the first question a cardiologist or oncologist asks when thinking about health and disease? Should family physicians and internists shape their approach to disease prevention based on the patient's gender?

Increasingly, research is demonstrating that women and men have distinctive health and illness profiles—physiological and psychological differences that go beyond their obvious anatomical differences. There is increasing evidence that gender differences significantly influence a person's health perceptions, interactions with physicians and the healthcare system, and risk of disease. In studying any human function or disease, advocates of gender-based medicine state that researchers should investigate and understand the effect of male–female differences.[1]

One aspect of gender in medicine is already firmly established—for women's health. If there are biological and cultural differences that influence the health of 127 million American women, the flip side of the coin is that there are biological and cultural differences that influence the health of 121 million American men.[2] A roundtable for *The Pfizer Journal*® brought together a diverse group of stakeholders—physicians, patients, psychologists, a fitness expert, and men's health advocates—to examine men's health today and to outline some approaches that may be effective in reaching men.

"Men's and women's health are closely intertwined. Focusing on men's health in no way takes away from a focus on women's health," stated Robert Anda, MD, Medical Epidemiologist, Division of Adult and Community Health, National Center for Chronic Disease Control and Prevention, Centers for Disease Control and Prevention. "Isn't the health and quality of life of women interdependent on the health of men? How can healthy girls grow up to be healthy women without healthy dads who know how to raise them?" Women are concerned about the health of their husbands and fathers, brothers and sons, and uncles and nephews. In short, women care about men's health, just as men care about women's health.

"Isn't the health and quality of life of women interdependent on the health of men?"

Dr Anda

SIGNIFICANT HEALTH DIFFERENCES BETWEEN MEN AND WOMEN

There is evidence that there are real differences between the sexes in health and disease:

- **Men do not live as long as women do, on average.** [3] The survival gap between men and women has narrowed to 5.6 years: estimated life expectancies at birth were 73.6 years for men and 79.2 years for women in 1997.[4] Mortality levels for each of the 15 leading causes of death for the total population are higher for males than females.[5] **[Figures 1, 2, and 3.]** At ages 65 to 69, women outnumber men 5 to 4; at ages 75 to 79, they outnumber men 5 to 3; and, at ages 85 to 89, they outnumber men 5 to 2.[6]
- **Men tend to be health risk takers, compared with women.** They are more likely to smoke,[7] to drink alcohol heavily,[8] to be involved in homicide, motor vehicle accidents and other accidents,[5] to suffer a traumatic brain injury,[9] to commit suicide,[10] and to die from acquired immune deficiency syndrome (AIDS).[11]
- **Men are significantly less likely than women are to visit their physicians to obtain preventive healthcare examinations on a regular basis.**[12] In fact, men make 134.5 million fewer physician visits than American women do each year; males make only 40.8% of physician visits. **[Figure 4.]** The reasons men give for not having an annual physical include fear, denial,

embarrassment, and a desire to avoid an experience in which they are not in control.[13]

HOW IMPORTANT IS GENDER FOR HEALTH?

The concept of gender-based medicine is on the cutting edge of medicine. At this point, researchers are identifying gender-based differences; the next step will be to ask why these differences exist. Understanding the role of gender differences in most disease processes will require much additional research to scientifically validate that gender is fundamental to the observed differences. Obviously, the health of an individual man is based on many factors in addition to gender per se—interactions between his biology and genetics, his choices in lifestyle and health behaviors, his age, expectations in his culture for behavior, and the socioeconomic and ethnic context of his life. The relative importance of gender remains to be demonstrated.

The relative importance of biological and psychological factors in men's health outcomes also remains to be defined. "Some of men's ill health is rooted in unhealthy choices—alcohol misuse, smoking, inappropriate diet, lack of exercise, reckless driving, use of weapons in anger, and irresponsibility in sexual encounters," said Martin Miner, MD. Dr Miner is Chairman, Physicians Executive Council, Swansea Health Center, Harvard Pilgrim Health Plan of New England.

MEN'S HEALTH: TENTATIVE INITIAL STEPS

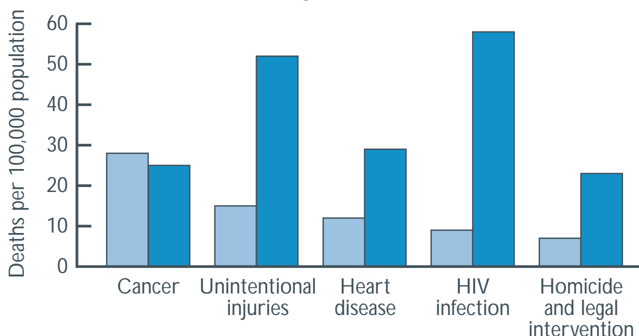
As President of the National Medical Association, Gary C. Dennis, MD, announced that this year the Association would focus on men's health issues. "There are obvious issues in men's health that deserve attention, especially with the significant disparities in longevity and health outcomes." Dr Dennis said that most men are not aware of the early symptoms of diseases to which they are most vulnerable, particularly cardiac diseases and prostate cancer.

If there is one critical issue in men's health in the United States today, it is the need to determine why men fall short of women in life expectancy. Dr Dennis, who is also Chief of Neurosurgery at Howard University Hospital, said: "The disparity in longevity between men and women began in the middle of this century with an increase in life expectancy for both genders. Men did not benefit as much as women did from the advances against infectious disease and, since then, men have continued to lag behind women in life expectancy."

"We have tremendous challenges in men's health," agreed Des Cummings, Jr, PhD, Chief Executive Officer, Business Development, Florida Hospital, where one of the

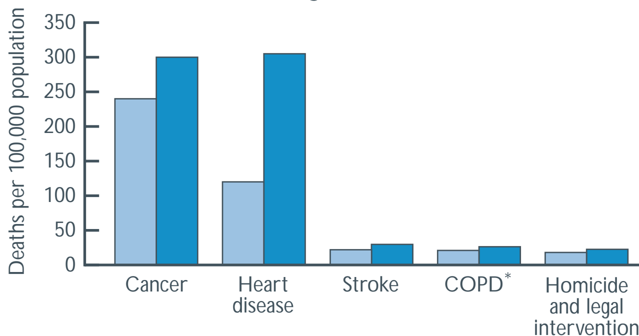
CDC Finds Death Rate in Men Higher Throughout Adulthood

Figure 1. Ages 25–44 Years: 59% Higher in Men



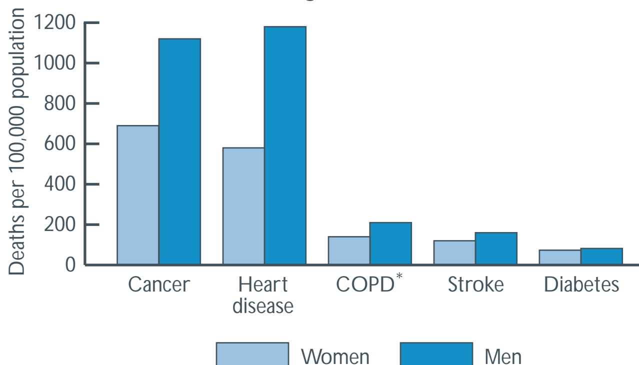
Data are for the five leading causes of death for women 25–44 years of age.

Figure 2. Ages 45–64 Years: 42% Higher in Men



Data are for the five leading causes of death for women 45–64 years of age.

Figure 3. Ages 65–74 Years: 41% Higher in Men



*Chronic obstructive pulmonary disease.
Data are for the five leading causes of death for women 65–74 years of age.
Source: Centers for Disease Control and Prevention.

A Short History of Men's Health

1979—Physician Sam Julty publishes *Men's Bodies, Men's Selves* in 1979 as a parallel to the women's version.[15]

1985—Men's Health Foundation is established.

1985—At the annual meeting of the American Public Health Association, Dr Joyce M. Boyd wrote a position paper on men's health that states that men's health has not received adequate attention in our society.[16]

1988—The first issue of *Men's Health* magazine is published by Rodale Press.

1989—Kenneth A. Goldberg, MD, establishes the first male health center in Dallas, Texas.[17]

1994—Congress proclaims the week leading to Father's Day as National Men's Health Week, a project of the National Men's Health Foundation.

1995—First Australian National Men's Health Conference takes place in Melbourne, Australia.

1997—American Academy of Family Physicians supports the annual National Men's Health Week.[18]

1998—National Medical Association, under the leadership of Dr Gary C. Dennis, focuses on men's health.

—Roundtable for *The Pfizer Journal*® on men's health is held.

first men's health programs is being developed. "For men's health to flourish, it has to find a medical champion. Women's health is organized around the obstetrician-gynecologist. Which specialty is going to champion men's health? Candidates for this role include urologists, family physicians, and internists," Dr Cummings stated. While all have been involved, no one group has established itself as the men's health specialty.

"Our primary goal is to get men through middle age, when the sex differential in heart disease is the greatest," reported William R. Hazzard, MD, Professor of Internal Medicine, Bowman Gray School of Medicine of Wake Forest University. "Men's chances of survival improve compared with women after mid-life. If they have made it to age 85, men die at 90 and women at 91.3 years—not a substantial difference."

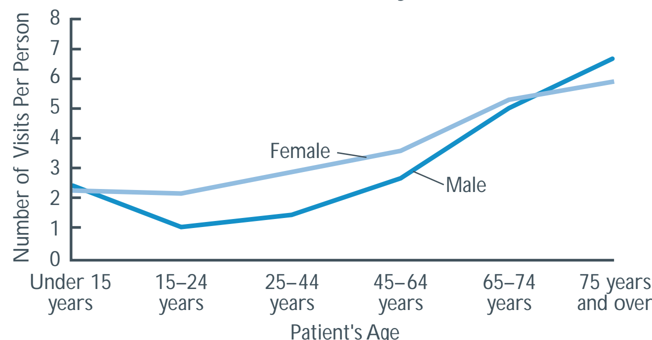
"Women's health was the first wave of gender-based medicine," Dr Hazzard said. "Men's health is in its early stages, trying to catch up." He emphasized that interest in this issue was not intended to divert any momentum from women's health. "I want to move this issue away from 'them or us.' Men's health and women's health can be joined in unified research that examines gender differences in health."

While women's health was an integral component of the women's movement, men's health has not occupied center stage of the "men's movement" that began in the United States approximately two decades ago. "About 30 years ago, we were organizing women's health and fitness symposia—we never mentioned men's health at all," stated John W. Cates, MA, a physical fitness expert from Encinitas, California. Dr Hazzard sees a reservoir of male frustration, rage, and disempowerment in our culture, as evidenced by the Promise Keepers movement. A recent essay about men's health by Warren Farrell, PhD, is entitled, "Do We Care More About Saving Whales Than Saving Males?"[14]

IN THEIR GENES OR IN THEIR JEANS?

No one yet knows what might explain the underlying mechanisms of the differences in longevity, health behaviors, and health risks between men and women. Given that the differences between the two sexes begin at conception, the answer may be found in the differences between genes. The secrets hidden in the Y chromosome will be outlined as the genome is sequenced, and more will be known about the genetic roots of masculine behavior in just a few years. Clearly, however, some of the differences between men and women are related to social conditioning and the lifestyle choices and risks men take to be "manly."

In the debate as to whether behavior is more influenced by biological determinism or social determinism,



Source: Centers for Disease Control and Prevention.

Dr Hazzard is a strong advocate for genetic factors. In his opinion, male behavior is innate, emerging from instinctual, hormonal, and neurologic differences between the sexes. "I have to be convinced that everything in life is not biologically determined—including behavior. Hormones mediate much of it," Dr Hazzard said. "I believe we will find it is all in our genome. Male behavior has had survival value through the eons, so it has been programmed in our DNA."

Some of the difference in health outcome, however, is behavioral, since some of the risk factors for early mortality, which differ by gender, are related to behavior. Early death in men has been associated with smoking, drinking alcohol, little or no physical activity, and low body mass,[19] and early death or hospitalization from coronary heart disease in men was associated with age, serum cholesterol, body mass index, and cigarette use in the NHANES I Epidemiologic Follow-Up Study.[20] In a newly published study,[21] which carefully followed men for 28 years, the predictors of healthy aging in men were low blood pressure, low serum glucose, not smoking cigarettes, and not being obese. "These are all modifiable risk factors," observed Dr Dennis.

Dr Cummings

"For men's health to flourish, it has to find a medical champion. Women's health is organized around the obstetrician-gynecologist. Which specialty is going to champion men's health?"

UNDERSTANDING THE 'GENDER STRAIGHTJACKET'

Without full understanding of genetic differences between the sexes, it is difficult to separate the tangle of what is innately a male trait from what is culturally and socially determined to be a male characteristic. "There is a critical need to distinguish biologically determined, sex-based characteristics—maleness—from societally and psychologically based concepts of masculinity," explained Glenn Good, PhD, Associate Professor of Educational and Counseling Psychology, University of Missouri–Columbia, and President of the Society for the Psychological Study of Men and Masculinity, American Psychological Association. While concepts of masculinity are undergoing change in today's society, men have been socialized to be risk takers, heroes, providers, and achievers. Boys are taught that men are invulnerable, independent, and achievement oriented. They are told they should restrict their emotional expression and avoid any characteristics associated with femininity.[22]

This has been called the "gender straightjacket", causing men and boys who want to be nurturing, emotionally expressive, and gentle to feel they are not considered manly.[23] While Dr Good believes it affects most men on some level, for a few men, gender role conflict feels like a trap. "I do not think every man is aware of this or affected by it, but for some men, it is very important. For some men, these unexamined messages and the conflicts they create are very troublesome," Dr Good stated.

"Even though many gay men have loosened their 'gender straightjacket' somewhat, they still grapple with many of these same issues," added Donald I. Abrams, MD, Professor of Clinical Medicine, University of California, San Francisco, and 1998 President Elect of the Gay and Lesbian Medical Association.

Just as society is questioning and, in many cases, discarding its old attitudes toward femininity and the cultural obligations for girls and women, it is beginning to question some of the attitudes about masculinity, ie, the expectation that men suppress sensitive and emotionally expressive feelings and champion their competitive and uncommunicative impulses.[24] "There is a paradox here," Dr Good said. "Men who meet society's expectations of masculine behavior and become isolated interpersonally may harm their own mental health in the process. They may have more trouble finding a rewarding place in their families."

"Men who experience high levels of gender role conflict often have low self-esteem, anxiety problems with intimacy, marital, and relationship problems, and higher degrees of personal stress. They also are more likely to have hypertension," reported James O'Neil, PhD, Professor of Family Studies and Educational Psychology, University of Connecticut. Dr O'Neil has carried out a 20-year research program on men's gender role conflict.[24] "Some of this suffering can come out in a physical way," he said. Men have a greater cardiovascular reactivity to emotion and frustration than do women,[25] and their systolic blood pressure may be reactive to the stress of gender role conflict.[26]

A researcher in this area, Dr Ronald Levant, believes that many adult men suffer from a mild form of alexithymia—the inability to identify and describe one's feelings in words.[27] It affects men's health in that they do not

"There is a critical need to distinguish biologically determined, sex-based characteristics—maleness—from societally and psychologically based concepts of masculinity."

Dr Good

report discomfort that might indicate illness. This condition, he believes, is a consequence of male gender role socialization, which requires boys to restrict their vulnerable and caring emotions and to be emotionally stoic. "They cannot do what is so automatic for most women," Dr Levant states. "Simply sense inwardly, feel the feeling, and let the verbal description come to mind." According to Dr Levant, these unrecognized emotions could come out in behavior, eruptions of anger, disengagement from bodily discomfort, and the inability to feel anything.

RAISING AWARENESS OF MEN AS HEALTH SEEKERS

After decades of absence, there is evidence that men at the end of the 20th century are expressing an increased interest in their own health. Patrick Taylor, Director of the National Men's Health Foundation, and Director of Communications, Rodale Press, Inc., stated: "Our magazine, *Men's Health*, started 10 years ago and, quite frankly, everybody laughed at the idea. Now, it has a circulation of 1.5 million, which makes it the second largest magazine in the men's group in the country. We think it is a major accomplishment because we filled a communication need for men."

"Our goal is public awareness of men's health. It is a simple goal. Men do respond to the right messages," said Mr Taylor. "I would like to thank Pfizer for helping to fund Men's Health Week in June. We distributed 200,000 copies of the *Men's Maintenance Manual* and received 35,000 calls to our hotlines for more information. Men are ready to answer the call."

The latest survey of men's health[28] indicates that men are taking a more active role in their own health care. Compared with 5 years before, 78% of men said they were more involved in healthcare decisions and 72% said they now considered it their responsibility to research different diseases and treatments that affect them. The Hearst Magazine survey respondents reported making their own health appointments in 95% of cases.

Despite this recent progress, historically men have not been vocal advocates of their own health care or that of other men. "Traditionally, men have not been prevention oriented," stated Mr Cates. "Most men live by the old adage that if it is not broken, do not fix it. What we need to emphasize is that if you take care of it, it is less likely to break." The traditional medical model, which frequently focused on what to do once a disaster has occurred, has suited men's tendency to use the healthcare system only when obviously necessary. As medicine shifts its focus to prevention, men's willingness to act in ways that support their own health will be critical.

The women's health movement was motivated and nourished by women with particular diseases, conditions, and health concerns, who formed coalitions around their common concerns. Men's groups have begun to form around prostate cancer and erectile dysfunction issues and other specific diseases. Further, men organizing around the subject of health have the role model of the HIV-positive community, where men formed coalitions to influence research, learn about their condition, seek care, and support one another with the illness.

"I have never thought of my work as men's health, but in truth, the patients I have cared for with HIV have virtually all been men," said Dr Abrams. "Gay men have been medicalized by this epidemic. Patients become concerned about their CD4 counts and viral load, like middle-aged people compare cholesterol values. Even those who are HIV negative have accepted testing and counseling as part of their medical reality."

CAUSE FOR OPTIMISM

There is cause for optimism in the current interest in this new momentum in men's health. The next step will require focused initiatives by government, researchers, health professionals, and diverse communities of men to move this cause forward. Even the interest in women's health has been helpful, because a broader understanding of the determinants of men's health is emerging through all gender research. Gender research can aid both men's health and women's health by determining how the burden of disease affects men and women differently.

There was agreement among participants in *The Pfizer Journal®* panel that attention to female-specific disease management issues has led to a similar interest in obtaining greater understanding of male-specific issues. The goal of all gender-based approaches, the panel agreed, is better therapeutic decisions and healthier outcomes for both sexes.

Chapter 1

Men's Health: What Are the Issues?

"Men's health is as diverse as women's health," Dr Hazzard stated. "Just as in women, where reproduction is not all that women's health is about, in men, health issues go beyond the prostate. It is not all genitourinary. Men should be concerned most about heart disease, lung cancer, stroke, and diabetes, because these are more substantial in terms of decreased longevity."

"One of the most overriding concerns in men's health is cardiovascular disease, since it is the leading killer of men today," said Gordon L. Fung, MD, MPH, Associate Clinical Professor of Medicine, University of California, San Francisco, and Medical Director, Cardiac Rehabilitation, California Pacific Medical Center. Heart disease remains the number one cause of death in men, despite significant advances in treatment and lifestyle modifications available in the latter decades of this century.

When the leading cause of death was infectious disease in the first half of the 20th century, the difference in life expectancy between men and women was small. In 1920, the life expectancy was 54 years for men and 56 for women.[29] As chronic diseases became the leading causes of death, the difference widened between men and women in life expectancy. While the male mortality disadvantage increased substantially in the mid-20th century, the mortality disadvantage for men recently has begun to decrease in the United States.[30] The 5.6-year lower life expectancy for the average American male[4] has been attributed to the fact that men have higher death rates from almost all the leading causes of death, from heart disease and lung cancer to homicide and AIDS.[31]

TWO THIRDS OF DEATHS FROM TWO CAUSES

"About two thirds of all deaths among adults older than age 25 result from just two causes: cardiovascular disease and cancer," Lloyd Kolbe, MD, of the Centers for Disease Control and Prevention, recently reported. "Much of this adult mortality and morbidity results from a few behaviors. These behaviors include tobacco use, unhealthy dietary patterns, and inadequate physical activity."

Tobacco Use. A major contributor to men's mortality disadvantage is men's behavior.[32] More men than women smoke and, among smokers, men smoke more cigarettes for more years than do women.[32] Smoking has been a major contributor to the gender differences in adult mortality, including up to perhaps half of the differences in ischemic heart disease.[33]

If men's health is the goal, smoking is one of the principal enemies. Use of tobacco is responsible for one of every five deaths in the United States each year and is the most important preventable cause of premature death, according to the Agency for Health Care Policy and Research (AHCPR).[34] In Dr Dennis' view, smoking is the major factor in the life expectancy difference between men and women. "Cigarette smoking in high volume is largely a 20th-century phenomenon. While we are seeing the effects of heavy smoking in the past and the fact that men smoke heavier, earlier, and longer, men are making progress in reducing the burden of cigarette smoking. **[Table 1.]** I believe smoking accounts for a substantial proportion of the 5.6-year difference in longevity between men and women," he said. "Women may now start smoking more often than men, but they

Dr Fung

"One of the most overriding concerns in men's health is cardiovascular disease, since it is the leading killer of men today."

"I believe smoking accounts for a substantial proportion of the 5.6-year difference in longevity between men and women."

Dr Dennis

also stop more effectively than men do. It is the duration and intensity of smoking that gives men the greater risk." If all adult smokers in the United States quit today, the overall US death rate would drop by an estimated 11% in 20 years, and men would account for 58% of the deaths avoided.[35]

Unhealthy Dietary Choices. Preventive medicine guidelines for healthy eating emphasize a diet low in fat, high in fruits and vegetables, and with only enough calories to maintain a healthy weight. However, despite these guidelines, most Americans are decreasing physical activity and increasing caloric intake. Alarmingly, obesity is increasing in the United States in both men and women. One third of American men are overweight;[36] **[Figure 5.]** and two thirds of adults fail to meet the recommendation to consume five or more servings of fruits and vegetables per day.[37] While obesity is determined by measurement of height and weight, physicians and patients may find it easier to remember a simpler definition of obesity, which is that men with a waist circumference of more than 40 inches are at risk for obesity-associated morbidities.[38]

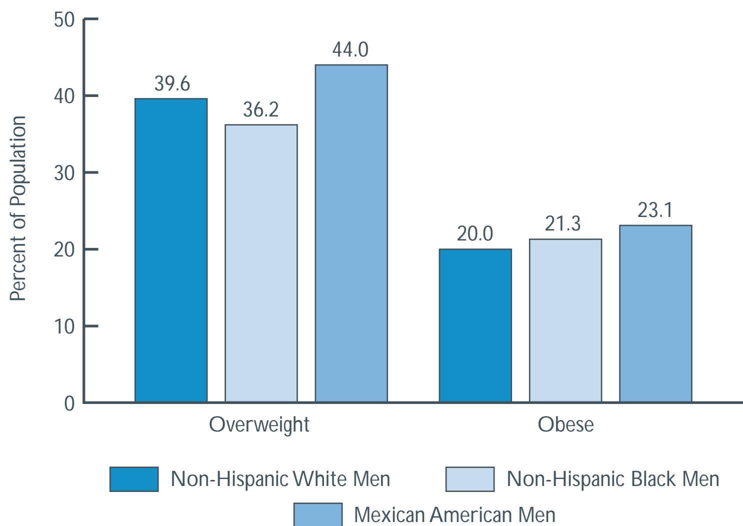
"Overweight men can exercise and go on a 1500-calorie diet, but it may not result in dramatic changes and the weight loss may not persist. It's frustrating for the patient to only define success as weight loss," Dr Miner said. "As a provider, I focus on encouraging an overweight man to exercise and eat well, which may be more effective than telling him to lose weight."

"I believe the problem is that we do not understand the origins of health-risking behavior. Overeating may be a solution to some underlying psychodynamic problem. Smoking may be a remedy for unsettling feelings or stress. Lack of exercise may be an expression of depression or apathy," Dr Anda said. "We who work in public health have an obligation to find solutions beyond just saying, 'it is bad for you, so stop it'."

Inadequate Physical Activity. More than half the male population has a sedentary lifestyle. **[Figure 6.]** Increasing evidence supports the hypothesis that an active and fit way of life improves health and delays death. Recently, the *Surgeon General's Report on Physical Activity and Health* recommended 30 minutes of moderate physical activity, such as brisk walking, per day.[39] Longevity has been linked to vigorous physical activity for men in the Harvard Alumni Health Study.[40] Men who maintained or improved adequate physical fitness were less likely to die from all causes and from cardiovascular disease during an approximately 5-year follow-up at the Cooper Institute for Aerobic Research.[41]

Self-reported leisure-time physical activity has been demonstrated to be inversely related to both cardiovascular heart disease and all-cause mortality, and the Israeli Ischemic Heart Disease Study reported that even light physical activity on a less-than-daily basis offered apparent benefit for men.[42] Even unhealthy men who were initially unfit and became fit benefited from exercise, with a 44% lower age-adjusted risk of all-cause mortality and a 52% lower age-adjusted risk of cardiovascular disease (CVD) mortality than sedentary men.[41] The lowest stroke risk in male Harvard alumni occurred in those with moderately intensive physical activity, according to a recent study.[43]

Figure 5. Overweight and Obesity Common in Men Ages 20-74



Overweight is defined as a BMI (body mass index) of 25-29.9 and obesity is defined as a BMI of 30.0 or greater.
Source: American Heart Association.

Table 1
Fewer Men Are Smoking

Men	1965	1992
18-24 years	54.1%	28%
25-34 years	60.7%	32.8%
35-44 years	58.2%	32.9%
45-64 years	51.9%	28.6%
65 years +	28.5%	16.1%

Source: National Center for Health Statistics. *Health 93*. Available at: http://www.cdc.gov/nchswww/data/hus93.pdf. Accessed November 6, 1998. DHHS Pub no. PHS 94-1232.

Mr Cates

"The elderly will follow physical activity and nutrition prescriptions from their physicians. Write a prescription that says walk 30 minutes five times a week. They will do it."

Exercise also affects cancer risk. A strong inverse relationship was found between all-cause mortality and the level of physical fitness. Higher fitness levels were significantly associated with a decreased risk of death from cancer in men.[44]

Physical fitness as a way to preserve men's health is a particular interest of one panelist, John W. Cates, MA, Founder and Past Executive Director, California Governor's Council on Physical Fitness and Sports. "Physicians can be confident that increasing daily physical activity and improving fitness will reduce a man's health risks for early death," said Mr Cates. He observed that many elderly people look at doctors as role models. "I do, because my parents brought me up that way. The elderly will follow physical activity and nutrition prescriptions from their physicians," he said. "Write a prescription that says walk 30 minutes five times a week. They will do it."

WORKING TOO HARD TO BE HEALTHY

Men's health is also affected by work patterns, family situations, ethnicity and cultural practices, socioeconomic status, neighborhood, and community. Many men define themselves by their jobs, observed Mary E. Frank, MD, a practicing family physician, and a representative to the panel from the American Academy of Family Physicians. "Their primary focus is on their jobs, because that is where their identity is. The men I see are concerned about stress at their jobs and the increasing productivity requirements, while they are commuting to work for 2 hours and working 12 hours a day. This affects their health. They never get to the gym or sit down to a leisurely, healthy meal. If we are going to advocate men's health, we have to address the fact that this society is moving towards a 24-hour work day."

"We who work in public health have an obligation to find solutions beyond just saying, 'it is bad for you, so stop it'."

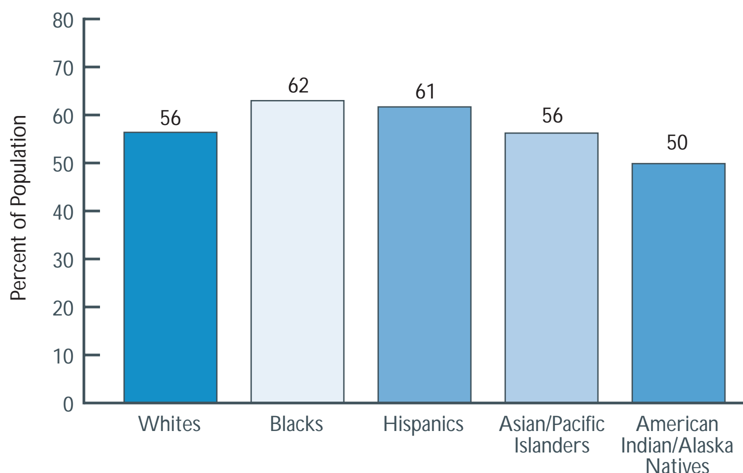
—Dr Anda

"I am alarmed by the effects on men's health from this lean and mean economic culture. We have people doing 1.5 person's jobs instead of one," Dr Frank said. "Men's image is connected to work performance and peak performance. In this high-pressured economy, that is dangerous." Dr Miner pointed out that physicians do not always have healthy lifestyles: "I work for a good company, a managed care company that is focused on quality and outcomes. Yet, no one is concerned that I might stay up all night at the hospital and how that impacts my health over time."

Employers may begin to address stress in the workplace when they realize its economic impact. Employees who reported high stress had healthcare costs that were 46.3% higher than those who did not; employees with untreated depression had mean medical expenses that were 70.2% higher than other workers.[45]

Overwork is one of a number of lifestyle issues that are important for men's health. Men—who have often been socialized to provide for others first—can have difficulty balancing the place of work in their lives. Some are caught up in a cycle of sacrifice-then-indulge, or they become caught up in the pursuit of money or objects, resulting in overwork followed by overindulgence.[27] This cycle can lead to inappropriate patterns of abuse of alcohol, chemicals, or sex.

Figure 6. Most Men Have Sedentary Lifestyles



Source: American Heart Association.

> "Race, education, and social class influence attitudes, behavior, and opportunities, which then affect health."

Dr Bennett

MEN ARE NOT A HOMOGENEOUS GROUP

Gender is but one of many forces influencing health. Dr Frank said: "We have to look at gender differences as factors in determining health and illness. But, men are not a homogeneous group in this country; there are ethnic, socioeconomic, cultural, and age differences that are also significant in evaluating their health."

"Economic factors have profound relevance for men's health," stated Dr Dennis. "These factors impact directly and negatively on men's health, and shape and constrain what individuals can do to promote their health."

Social class has a direct effect on health, even when data are controlled for lifestyle. According to Dr Dennis, men who have more resources (whether in terms of income or education) are better able to practice the health behaviors their physicians prescribe. Unfortunately, age-adjusted rates of persons without health-care coverage are increasing, according to a report from the Henry J. Kaiser Family Foundation.[46]

> "Men's image is connected to work performance and peak performance. In this high-pressured economy, that is dangerous."

Dr Frank

The relationship of health to education, race, and socioeconomic status is increasingly being demonstrated. A new report from the National Center for Health Statistics[47] emphasizes that:

- Adults with less education tend to die younger than more educated adults and have higher death rates for all major causes of death, including chronic diseases, communicable diseases, and injuries.
- The least educated adults are more than twice as likely to smoke as the most educated adults are. In 1994, 12% of college graduates smoked, compared with 38% of persons with less than a high school education.
- Life expectancy for black Americans is 70.2 years compared with 76.8 years for white Americans.

"Race, education, and social class influence attitudes, behavior, and opportunities, which then affect health," explained Carol Bennett, MD, Associate Professor of Urology, University of California at Los Angeles. "Men's access to health care also often differs according to their income. Their expectations of good health rise with their income. In my practice as a urologist, I see that men of higher socioeconomic status ask more questions, seek treatment earlier, and want a rectal and prostate exam as a way of detecting disease early. Men of lower socioeconomic status tend to present at higher stages of disease," Dr Bennett said. "Any men's health effort should be flexible enough so that it is capable of being adjusted for these cultural and socioeconomic differences."

"Stress is a persistent theme for men in explaining their ill health," observed Dr Dennis. "Men use stress to explain the connection between their health and the social and economic conditions of their lives." Men's health is not only a result of personal choices and individual genetics, but the effects of broader social and cultural forces, such as definitions of appropriate gender roles or the effects of economic factors and government policy.

Dr Dennis observed: "One of the biggest problems among men in lower socioeconomic groups is that they generally have not had access to health care on a regular basis. They manage problems sporadically through the hospital or public clinic. That has a big impact on life expectancy of men in general, but particularly of African American men."

THE HEALTH OF THE AGING MALE

Aging men differ from aging women in that there are fewer of them, they are less likely to have the disabling comorbidities that women have such as osteoporosis, and they have different patterns of coping with limitations that come with aging. Dr Hazzard pointed out: "Men really are handicapped in our society, especially if they live longer, since their needs are less and less considered as they age." Old age for men differs from old age for women. Only 28% of men who reach age 65 will require nursing home care, compared with 45% of women.[48] Arthritis, the leading chronic disease in mid- and late-life, affects men, but is less disabling. **[Table 2.]** Men with arthritis report less difficulty performing personal care and household management activities than women.[49] Men are also more likely to remain employed after a diagnosis of arthritis than are women.[50]

Dr Hazzard emphasized the role of the physician in preventing the diseases of old age: "The role of the physician in preventive gerontology is fourfold. The first role is to be a screener, follow the check lists; the second is to be the counselor, to individualize care from the screening, and craft an individualized prescription for the patient; third is to be a content expert for your community; and, fourth, be a role model. If physicians smoke, fail to exercise, or make poor choices in diet, our credibility is lost."

Aging changes men. "We have learned that the concept of masculinity changes during life. There is some softening of the tough, invulnerable young man, to the more nurturing and sensitive older man. There are different expectations of a man in his 20s, 40s, 60s, or 70s," reported Dr O'Neil. "In psychology, we are just beginning to understand the implications of developmental masculinity." Empirical research is needed to understand gender roles over the life span and how these affect men of different ages, races, ethnic backgrounds, class levels, and sexual orientations.[51]

"The needs of men change through different stages of life," said Dr Miner. "I have been intrigued about men's needs for intimacy, emotional and physical, and how these change with age, as do their willingness and openness to discuss sexual function."

Dr O'Neil

"We have learned that the concept of masculinity changes during life. There is some softening of the tough, invulnerable young man, to the more nurturing and sensitive older man."

PHYSIOLOGIC AGE VS NUMERICAL AGE

"Physiologic age has little to do with numerical age," Jan Marfyak, a patient representative to the panel pointed out. "I consider myself healthy in perspective, attitude, and health philosophy. I'm in good shape in terms of exercise and diet. However, I am a risk taker. And, I'm a physical wreck at this point, having had both a heart attack and prostate cancer." Mr Marfyak is a Patient Advocate Volunteer, American Foundation for Urologic Disease, Inc.

Mr Marfyak initially defied his physician's recommendation to undergo a prostatectomy for his prostate cancer.

Table 2

Selected Chronic Conditions* of Concern to Men Aged 65 Years and Over

Chronic Condition	Men
Arthritis	553.5
High blood pressure	395.8
Cataracts	192.4
Chronic sinusitis	175.7
Heart rhythm disorders	96.2
Diabetes	96.9
Frequent constipation	71.5
Ulcer	33.8
Migraine	28.2

*Per 100,000 persons, by sex and age: United States, 1994.

Source: Centers for Disease Control and Prevention. Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1994. Available at: http://www.cdc.gov/nchswww/fastats/ce94t58a.htm. Accessed October 10, 1998.

He typifies many other men in his concern that such surgery might affect other important aspects of his life. "When my urologist wanted me to go for prostate surgery, I told him I was concerned about being incontinent. My wife, who was with me at this time, leaned forward and said: 'That is not it, doctor; it is impotence. He likes sex, and I should know.' Of course, I didn't want to lose sexual function either. There is a myth that a man who is 64 is not interested in sex."

Men aged 60 or older were found in a recent National Council on the Aging survey[52] to be more sexually active than older women (61% of men and 37% of women). Maintaining an active sex life with their partner was judged an important aspect of their relationship by 79% of men over age 60 who were sexually active. Most men (62%) over age 60 reported they had a sex partner in the past 12 months, while most women (61%) of the same age said they did not have a partner.

For men, sexual function may influence their general health perception, and the role limitations they perceive due to physical and emotional problems.[53] Mr Marfyak observed: "The ability to have intercourse is absolutely essential to the male ego." Because a man's sexual interest persists, despite some age-related decrease in sexual function, this problem is a prevalent issue for patients and one for which they seek their physicians' help. "In my practice, I'm struck by the ease with which men bring their issues of sexual intimacy and their need for physical closeness to me," said Dr Miner. "They are quite open in describing the difficulties they are having with re-establishing intimacy in their marriages."

"If patients are not talking about this, it is the physician's failure to ask the questions about sexual function," Dr Bennett stated. "When the question is asked, most men respond honestly. The most popular clinic in our hospital is the erectile dysfunction clinic. Men have had no problem asking for help." Dr Miner added: "Asking about sexual functioning is becoming a routine part of general physical examinations. I specifically inquire in men with risk factors for erectile dysfunction: age over 50, diabetes, or hypertension. Some men are still hesitant to raise the issue—not always, but some still feel stigmatized asking for help. Therefore, questioning all men about their sexual functioning is absolutely necessary."

"As physicians, we need to have solutions in order to justify bringing up a problem," observed Dr Hazzard. "In the cholesterol field, we didn't measure cholesterol for a long time, because we didn't have anything to offer. Now, it is routinely measured and addressed because we have the evidence that lowering cholesterol makes a difference in survival and we have safe and effective tools to lower it. Now that we have several different treatment options for erectile dysfunction, we are raising this issue."

Erectile dysfunction affects millions of men.[54] Age-related decreases in sexual function occur in men, and have been ascribed to an age-related increase in erectile dysfunction and decreased libido.[55] Between the ages of 40 and 70, complete erectile dysfunction rates triple: from 5% at age 40 to 15% at age 70.[56]

Erectile dysfunction is an important clue, often signaling some underlying disease process that has been undetected. "When I learn about erectile dysfunction, I want to know why, so I look for hypertension, diabetes, high cholesterol, neurogenic problems, and other causes," said Dr Frank. For a family physician, erectile dysfunction often brings emotional problems to the surface, as well. "Fixing the erectile dysfunction is not going to fix underlying physical problems—just as it is not going to repair other quality-of-life issues, such as depression, anxiety, unhappy marriages, or problems of intimacy. Erectile dysfunction should not be viewed in isolation." Dr Hazzard agreed: "Addressing erectile dysfunction per se does not solve their sexual problems; physicians still need to spend time helping men deal with intimacy and relationship issues."

"When my urologist wanted me to go for prostate surgery, I told him I was concerned about being incontinent. Of course, I didn't want to lose sexual function either. There is a myth that a man who is 64 is not interested in sex."

Mr Marfyak

BENIGN PROSTATIC HYPERPLASIA AWAITS 8 OF 10 MEN OVER 80

"Certainly the treatment for BPH we are discovering—in the absence of recurrent infection, upper tract (renal) changes, or urinary retention—should be based on patient concern or 'bother,'" said Dr Bennett. "Fortunately, there are now reasonably effective medications that can relieve obstructing symptoms, thus allowing

the urologist to reserve surgery for more refractory individuals with BPH."

Sexual dysfunction is markedly increased in men with lower urinary tract symptoms attributed to benign prostatic hyperplasia (BPH), including incontinence and inhibited voiding, according to a new study. In 45% of men who had reported these symptoms to a urology clinic in one of 12 countries and in 7% of community men age 40 years and over, lower urinary tract symptoms interfered with sexual expression.[57]

Many men will experience BPH with age: it affects more than half of all men over age 60 and about 80% of those over age 80.[58] The Agency for Health Care Policy and Research has recommended that men with BPH take a more active role in treatment decisions. Prostate diseases are among the most prevalent health problems paid for by the Medicare program, including the annual $2 billion spent on transurethral resection of the prostate (TURP), the most common surgical procedure for relieving prostate symptoms. An interactive, computer-assisted videodisc program is available to help men choose between watchful waiting, drug therapy, or surgical treatment.

MARRIAGE, RELATIONSHIPS, AND MEN'S HEALTH

Is the current state of men's health related to the changing nature of the family, and the fact that men who are without mothers or wives demonstrate behavior that puts them at risk of morbidity and mortality? Recent research from the University of California at San Diego School of Medicine[59] found that men were 2.7 times more likely than women to be influenced to seek health care by a member of the opposite sex. Married patients were 2.4 times more likely than unmarried patients to be influenced to seek health care by a member of the opposite sex. A new study has reported that marital status affects mortality from prostate cancer, with better survival for married men than for men who are separated, divorced, widowed, or single.[60] The difference in survival was surprising: the average married man lived nearly twice as long after diagnosis as the typical widower (69 months vs 38 months).

While it is clear that marriage and other social relationships are associated with lower morbidity and mortality,[61] men appear to benefit more in their health than do women from relationships in general and marriage in particular.[62, 63]

A patient representative to the panel from San Francisco, Mr Peter Firmage, agreed that women are the principal healthcare agents in the family in encouraging men to visit their physicians. Mr Firmage, who is a volunteer with the American Diabetes Association, reported: "My mother was very instrumental in my obtaining health care. My dad was there for support, but didn't offer any health advice unless I asked. Women are key in nurturing husbands and sons to take care of themselves and visit physicians."

Dr Abrams

"Gay men tend to take better care of themselves than men who are not gay. They pay more attention to diet and exercise. However, they also tend to abuse themselves more."

Having a chronic disease like diabetes has motivated Mr Firmage to be an active healthcare participant on his own, but it has had other effects as well. "I wish others understood the challenges of chronic disease for men, the problems of having to be careful all of the time, and the difficulties posed in planning a future."

Whom do gay men depend upon in seeking health care? "Gay men tend to take better care of themselves than men who are not gay," reported Dr Abrams. "Because they are concerned about appearance, they pay more attention to diet and exercise. However, they also tend to abuse themselves more. For example, in San Francisco, where I practice, we're in the midst of an epidemic of amphetamine use. We're also seeing increased use of anabolic steroids found under the counter in gyms." It is ironic that men's efforts to "appear" healthy may have an opposite effect on health.

While gay men have been "medicalized" by the HIV epidemic, Dr Abrams said they are still not regular visitors at physicians' offices. "Gay men frequently have some difficulty bringing themselves to access health care because of homophobia on the part of some providers," he commented.[64]

For most men, women are important motivators in the use of health care. "Anyone wishing to change the health behaviors of the American public in general and American men in particular, especially with respect to utilization of primary care services, would do well to target American women," wrote one recent observer.[59]

The Health of Adolescent Boys

"Adolescence is a critical time to address life-long health behaviors, especially alcohol and smoking," Dr Miner said. American adolescents are currently experiencing a resurgence in binge drinking, cigarette smoking, and marijuana use.

In mortality rates for 15- to 19-year-old boys, the United States ranks 31st among 50 nations, according to Lloyd Kolbe, MD, Director of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention.[65] "The death rate for this age group in the United States is 160% higher than in Sweden—the nation with the lowest rate," Dr Kolbe said.

Three fourths of all mortality—as well as enormous morbidity, disability, and suffering—in this age group comes from five causes: automobile accidents (half are alcohol-associated), homicide, suicide, AIDS, and unintentional injuries (falls, drowning, and poisonings).

- **Smoking in teens is increasing.** In 1997, 42.7% of high school students used cigarettes, smokeless tobacco, or cigars in the month preceding a CDC survey, and 37% of males were current cigarette smokers.[66] This represents a substantial increase over 1988 rates.
- **Abuse of alcohol and illegal substances is common.** More than one third of teens reported recent episodic heavy drinking and one quarter used marijuana recently.[65] While many boys and girls begin to try alcohol during the high school years, boys are more likely to engage in problem behaviors related to alcohol.[67] In one study of teens, 28% of boys (vs 9% of girls) were high-intensity drinkers, 61% of boys (vs 43% of girls) reported binge drinking at least once in the past month, and boys were more likely than girls to have driven while intoxicated and to have ridden with an intoxicated driver during the past year.[67]

CHALLENGE OF INSTILLING HEALTHY ATTITUDES

Physicians have the challenge of instilling healthy attitudes and establishing healthy behaviors, when they may see the boy only for a school-mandated check-up or sporadically for an athletic injury. "Reaching adolescent boys takes time and effort, but it is so important because you also reach fathers when you can reach sons," explained Dr Frank. "If his teenage son is a confirmed nonsmoker, the father will get the message in many different ways from his son that smoking is hazardous. Healthy lifestyles spread through families in this way."

"Three types of behavior cause most of the unnecessary mortality, morbidity, and suffering among adolescents and young adults," explained Dr Kolbe. These behaviors are those that result in: unintentional and intentional injuries—physical fights, drinking, and driving; substance abuse—cigarettes, alcohol, and illicit drug abuse; and consequences of unprotected sexual encounters.

In adolescence, American teens are demonstrating behaviors that risk their health:

- **There are more overweight teens**. According to Dr Kolbe, currently, 24% of 12- to 19-year-olds are overweight, a problem that is increasing from a rate of 15% only a few years ago. Further, about 5.3 million American children aged 6 to 17 years are seriously overweight. Most children and adolescents eat too much total fat, too much saturated fat, and too few fruits and vegetables a day. American children get one third of their calories from total fat and 13% from saturated fat.[68] Risk factors for heart disease, influencing the development of atherosclerosis, are often in place even before age 20.[69]
- **Most teens are sedentary.** In addition, most teens do not participate in even moderate physical activity, 75% do not have a daily physical education class, and 30% exercise less than 20 minutes when they do have a physical education class.[70] And, 35% watch television for 3 or more hours every school day.[71]
- **Teens are at risk of the consequences of early sexual behavior**. Every year, nearly one quarter of all new HIV infections, one quarter of all new infections with other sexually transmitted diseases, and one million pregnancies occur among this nation's teenagers.[65] The proportion of sexually active students who do not use condoms in their senior year in high school is estimated to be at least 51%, Dr Kolbe said, adding that it increases to 78% among those aged 18 to 24.
- **Teens are at risk of violence.** Among ninth grade high school students, 47% of adolescents have been in a physical fight in the past year and 23% carry a weapon.[65] Boys are more likely than girls to be the victims of violence. Boys

seeking masculine role models in the media will find men who are strong, men who are aggressive, and men who act on angry emotions. "Boys are not socialized to take care of themselves. It is antithetical to the masculine code and brings up fears about being feminine,"[72,73] Dr O'Neil explained.

"Adolescent boys are risk takers; they have no sense of mortality. I do not start out saying, 'Do not.' I try to bond with them over sports or music first, and then talk about not smoking."

Dr Miner

"How do we inculcate boys and men to the concept of routine screening and health care?" Dr Frank asked. "Young women come through the ob-gyn model and for the annual Pap smear; young men might come for the 5-minute sports exam. If boys are not in sports, they might not come at all. For some, I pray for acne because acne will bring young men into the office." In reaching young men, Dr Frank suggested that school-based health clinics, community centers, or peer counselors may be more effective than healthcare providers.

RISK TAKING WITH HEALTH AND SAFETY

Boys' attempts to be masculine can jeopardize their health. In this culture, it is manly to attempt brave feats, even those that are more foolish than brave. Boys accept the risks of drinking excessively, avoiding helmets and seat belts, driving with speed and recklessness, and acting aggressively. Risk taking with health and safety—riding motorcycles too fast without a helmet, for example—is viewed as part of "boys will be boys". Further, Dr O'Neil stated, "Most boys do not have a long-term time perspective; they can't see the life span and act accordingly. They may only see to the next football game."

"Kids are bombarded with stereotypes in the media. It is important for a boy not to be a sissy or a wimp, and admitting vulnerability to illness and disease is a sign of weakness," he said. "'Real men' do not get sick or complain about pain. Men deny pain, men sacrifice health, and men accept a higher risk of injury for brave feats. In this culture, boys are not taught to respect their body as the temple of the soul. Boys are expected to 'tough it out' or 'take it like a man.' Many of these patterns develop unconsciously," said Dr O'Neil.

Dr Miner, who is a family physician, seeks to find a connection with the young man when he visits for a sports or school exam. "Adolescent boys are risk takers; they have no sense of mortality. I do not start out saying, 'do not.' I try to bond with them over sports or music first, and then talk about not smoking, using helmets during skateboarding, that first exposure to alcohol, and pressures to have sex. They respond to this approach and I can begin to communicate with them," he said.

What can physicians do to encourage boys to be concerned about their health? Dr Good answered this way: "As long as boys are socialized to conceal weakness and to be excessively independent, we are perpetuating health-neglecting behavior. We can seek to revise the notion of health by encouraging a healthy interdependency with others. Boys can learn to be more nurturing of others and of themselves."

FATHERS HELP BOYS OVERCOME BARRIERS

Fathers may be critical in helping adolescent boys select habits for life and overcome the barriers to their healthy development inherent in this culture. "There are at least eight social institutions that might do more to actively help adolescents and young adults establish healthy lifestyles, and thus also help reduce mortality," Dr Kolbe suggested. These are parents and families; schools and postsecondary institutions; neighborhoods and communities; healthcare providers; media; employers; national nongovernmental institutions; and government institutions at the local, state, and federal levels. "None of these institutions alone will be sufficient," he said, "but some combination of them working together could exert a considerable influence."

It is chilling to realize that for American boys and young men of all races aged 15 to 24 years, the three leading causes of death are (1) accidents; (2) homicide and legal intervention; and (3) suicide.[65] "Yesterday is not ours to recover," Dr Kolbe said, quoting Lyndon Johnson. "But, tomorrow is ours to win or lose."

Chapter 2

Delivering Health Messages to Men

Advocates of men's health face a long uphill road in guiding men toward better health. Many men are less likely than women to seek and utilize health care.[75] Men may also be less likely to engage in preventive behaviors such as blood pressure checks.[76] They tend to have less knowledge about health.[77] They may be less likely to achieve control with long-term therapeutic treatments.[78] And, they may be less likely to monitor their own health with a health maintenance visit.[79] The recent survey of men's health by *Men's Health* magazine and Cable News Network (CNN) concluded that nearly 7 million men had not seen a doctor for a checkup in 10 or more years.[80]

"The rate of male mortality could be significantly reduced if we could encourage men to seek treatment before symptoms reach a critical stage," reported Mr Taylor, whose National Men's Health Foundation advocates that men seek physician care for regular examinations and basic treatments. The panel discussed why men are less likely to make office visits to physicians. Dr Miner observed: "Women present earlier to healthcare providers essentially because of reproductive issues, pregnancy, family planning, PMS symptoms, and symptoms of menopause. Men present only for episodic and acute care until the age of 40 to 50. Then, they quietly and anxiously become concerned about screening for disease prevention." For physicians, the fact that men appear less frequently in their offices during young adulthood gives them less opportunity to encourage men to think about health habits.

> "Parents should be concerned that their sons are not getting the same health messages as their daughters to see the doctor every year."
>
> —Dr Bennett

Dr Miner asked, "If we see them so infrequently, how can we expect to influence their health, even at the most fundamental level, such as encouraging exercise and nutrition at an earlier age?" Dr Abrams emphasized, "The younger the intervention is made, the more effective it will be."

"Parents should be concerned that their sons are not getting the same health messages as their daughters to see the doctor every year. These health behaviors are learned in the family unit, and the messages for boys and girls should be the same," said Dr Bennett.

Just as women are motivated to see their physicians regularly for regular screening for gynecologic and breast cancers, men may be motivated to visit for the diseases that most affect them, as science advances in the development of early and accurate screening tests. Also, as treatments for baldness, sports injuries, erectile dysfunction, or other conditions that affect men become available, additional motivation may be found. Thousands of men who would not otherwise have visited their physicians made the trip because they wanted to discuss treatment options for erectile dysfunction.

Barriers are in place for men who want to undergo annual screening. Dr Dennis pointed out: "Men won't see a doctor unless they perceive a pressing reason, perhaps because the cost of the visit is not reimbursed. Women's visits to the ob-gyn are reimbursed. These differences in healthcare policy issues have to be addressed as a nation." Dr Hazzard stated: "We should not start with the assumption that seeing the doctor is a good thing necessarily. We do not need to medicalize

everything. The difference in gender—reflected in decisions to seek health care—may be deeply rooted."

The panel emphasized understanding of health and health behaviors in a contextual framework. Men are shaped by many forces in determining health behaviors and lifestyle routines, and in their attempts to manage illness. In highlighting some of the roots of "irresponsible" health behavior, panelists pointed to factors ranging from childhood experiences, to workplace ethics, to cultural messages that are clearly mixed.

PREVENTION AND MEN'S HEALTH

"Men's health should focus on primary prevention. The medical model has been devoted to age-specific screening, such as doing prostate exams on men after age 50 and the treatment of illness. If we promulgate that approach, we are not going to get health. We will get detection of disease and late intervention, not prevention," Dr Frank observed. "We should think about the determinants of health behaviors: 60% of chronic disease is the result of behavior or lifestyle," Dr Anda said. "Why do some men have these health risk behaviors and others do not? We know how difficult it is to change behavior in adults."

In recognizing the importance of healthy habits and in believing that such habits can protect their health, men trailed women in the recent survey.[81] **[Table 3.]** "The first hurdle will be to convince men—in their minds and hearts—that preventive health practices would extend their lives," said Dr Anda. Only one fourth of men in the recent survey said they were interested in improving their health and fitness in general, but three fifths said they were concerned about developing heart disease and prostate cancer. Men were also more concerned than women about colon cancer, AIDS, and liver disease. Preventive measures that address these specific health concerns might be more effective than those that are related to health generally.

As a family physician, Dr Frank sees men, but not always at the time when she could do the most for them. "If a young man shows up in my office, it is usually with an acute illness with annoying symptoms. I ask why he came. In perhaps 75% of the cases, it is because the wife, girlfriend, or coworkers can't stand his symptoms anymore. If it is not an acute illness—perhaps 80% to 90% of the time, it is one of two things: my wife or girlfriend made me come; or I'm at the age where my dad had a heart attack."

When primary prevention fails, early detection is the next step. To achieve this, men would have to change their behavior about their health checkups and seek regular physical examinations, which could detect problems that might be easily treated in their early stages.

The preventive services recommended for normal-risk men—as outlined by the AHCPR[82]—include annual fecal occult blood testing for men age 50 to 75; periodic assessment of blood pressure, height and weight, alcohol use, and dental care for men age 18 to 75; cholesterol testing every 5 years for men age 35 to 65; sigmoidoscopy every 5 to 10 years for men age 50 to 75; and vision and hearing screening periodically for men age 65 to 75. Men are advised to be immunized for tetanus and diphtheria (every 10 years), influenza (annually for men age 65 to 75); varicella (once for men who have not had chicken pox); and pneumococcal vaccination (once in a lifetime).

Dr Fung stated that sigmoidoscopy should ideally be performed every 3 to 5 years between ages 50 to 75. Dr Miner commented that he believes baseline cholesterol testing should be conducted at age 35 years, since cholesterol screening changes based on risk factors and age thereafter. He added that he gives pneumococcal vaccinations to men at age 65. Dr Abrams commented that men who are at risk of HIV infection should be screened.

CHILDHOOD ROOTS OF POOR HEALTH

These gender-based differences in concern about health and acting appropriately at the earliest sign of illness

Table 3

What Behaviors Do Men Think Are Important for Maintaining Good Health?

Behavior	Men
Not smoking	68%
Good diet	67%
Practicing safe sex	66%
Regular exercise	61%
Controlling stress	59%
Getting regular physical exams	50%
Avoiding alcohol	32%

Source: Opinion Research Corporation International. *Men's Health/CNN National Men's Health Week Survey, 1998.* Emmaus, Pa: Rodale Press; 1998.

may be long-standing by the time a person reaches adulthood. "Maybe the intervention should be with children even younger than high school," Dr Bennett observed.

Start very early, Dr Dennis agreed. "We need to give access to health information early in life. If African American boys have a 37% prevalence of hypercholesterolemia by age 19,[83] we have to start healthy eating habits and physical fitness long before that, or those boys are not going to live beyond middle age."

Dr Anda noted that for many of the leading causes of death in adults, there is a correlation between health risk behavior and disease in adulthood with the breadth of exposure to childhood emotional, physical, or sexual abuse. In his recent research conducted with the Department of Preventive Medicine at Southern California Permanente Medical Group, Dr Anda reported, "We found a graded relationship between the number of categories of childhood exposure to abuse and each of the adult health risk behaviors and diseases that were studied." Compared with adults who did not report abuse in childhood, adults who had experienced child abuse had a:

- 4- to 12-fold increased risk for alcoholism, drug abuse, depression, and suicide attempts;
- 2- to 4-fold increased risk of smoking, poor self-rated health, having more than 50 sexual partners, and sexually transmitted disease; and
- 1.4- to 1.6-fold increase in physical inactivity and severe obesity.

Further, a graded relationship was observed between the number of categories of adverse childhood experiences and the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.[84]

ENCOURAGING HEALTHY LIFESTYLES

Smoking, obesity, and physical inactivity remain serious problems in this country, despite efforts of preventive programs. "Smoking is powerful on a psychological level for men and risky business," Dr O'Neil stated. "They know they are flirting with death, and that is manly, daring, and fearless." Dr Fung observed: "Physicians who deal with patients on a one-to-one basis realize they need to consider the patient's philosophy and culture. Chinese men smoke because it is important in their community. Asking them to give it up is a problem because smoking facilitates conversations at social gatherings and is a symbol of status."

Physicians have been frustrated that patients ignore their exercise prescriptions. Mr Cates, who has worked with Arnold Schwarzenegger as part of the President's Council on Physical Fitness and Sports, had some advice. "Physicians would have more success if they explained why physical activity is important for good health and if they were more specific in prescribing the kind of activities, frequency, and duration," Mr Cates said. He added that the culture must promote healthy lifestyles through daily physical education in schools and recreational opportunities for physical activity planned into communities.

Dr Miner added that exercise opportunities should exist at job sites. "How else will we ensure that people will exercise regularly despite busy schedules?" he said. Men have to balance their desire to be healthy with other competing needs in their lives. "The most common reason people give me as to why they can't exercise is lack of time and demands for increased productivity at work," Dr Miner said. "We are a productivity-driven society. Everyone faces it; exercise is squeezed in for 20 minutes; few have time to even consider spiritual healing."

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>
> —Dr Anda

A HOUSE OF CARDS ABOUT THE DETERMINANTS OF HEALTH

"Many health interventions are mistakenly built on a house of cards of cultural mythology about the determinants of health," Dr Anda said. "Socioeconomic status is a health determinant because of risk factors, I believe. Why are risk factors more common in people of low socioeconomic status? We do not know. Before we construct an elaborate plan to improve men's health, we should have some scientific understanding of what health interventions work."

"We can learn from the past about interventions that do not work. Today, there is a persistent mythology of things known to be ineffective that are commonly

"What does it mean to be a healthy man? I do not think this question has been answered."

Mr Taylor

believed to be effective by physicians and the public," Dr Anda explained. These myths are:

- **Myth 1: The delivery of medical services is the primary determinant of health.** "We do not know this to be true," Dr Anda said. "Collaborative, multifactorial, and interdisciplinary approaches are critical," said Mr Marfyak.
- **Myth 2: The provision of health information is a primary determinant of healthy behavior.** "Health behavior may not be determined primarily by cognition. It may be driven more by emotion, seeking reward, and avoiding punishment or pain," Dr Anda said. "Everyone knows smoking is bad; everyone knows it is not healthy to be overweight. Knowledge does not do it." Further, many men are in denial about having a health problem, so they would not read the literature.
- **Myth 3: Adult health risk reduction works, so interventions should try to change adult behavior.** "This is not only very difficult to achieve; it is very difficult to maintain for long enough to make a difference in health," Dr Anda said.
- **Myth 4: Scolding people about behavior changes the behavior.** Shaming patients into better life-styles is a strategy that doesn't work. Physicians will be no more successful than mothers-in-law are with a strategy that shames or scolds men about bad habits. Said Dr Cummings: "We have to develop strategies that make health fun and give the man rewards for acting in healthy ways."

WHAT DOES IT MEAN TO BE A HEALTHY MAN?

"What does it mean to be a healthy man? I do not think this question has been answered," stated Mr Taylor. "The readers of *Men's Health* want to know, but they see health less in a medical context than in how it relates to lifestyle. They feel strongly about nutrition and performance at work, so we will write a healthy nutrition story by focusing on how they can have more energy. In this way, we put it in context and it changes his perception. It is not just about looking good or doing what the doctor tells me to do. If I'll have more energy at work, I'll do it."

"There is a wide gap in what men see as a lifestyle approach to health and what is medically desirable," Dr Frank observed. "There may be dangers in abusing nutritional supplements and herbal remedies. I see patients who are addicted to exercise instead of alcohol or tobacco. Men are developing eating disorders based on this cultural concept of the ideal body image. That is not health."

Health is a relative concept, based on age and underlying disease states. "In the Chinese culture, the concept of the healthy man is someone who has no problem eating or sleeping. What else is there?" Dr Fung commented. "A pursuit of balance in their lives is how they seek to improve their health. As a physician, I believe this represents a reasonable health promotion strategy. If men find they are out of balance, they should restructure their priorities to find balance."

Health has been defined as a perfectly sound mind in a perfectly sound body—*mens sana incorpore sano*. It is not only a healthy body, but also a healthy mind, that define a healthy man.

"Before we construct an elaborate plan to improve men's health, we should have some scientific understanding of what health interventions work. We can learn from the past about interventions that do not work."

—Dr Anda

Chapter 3

Men's Health: Where to Begin

"This is a critical time to be a men's health advocate," Dr Miner said. "There is growing momentum to understand the psychological, physical, social, and behavioral factors that contribute to men's health and to develop new approaches to reach men with healthcare messages."

As always, the first question is where to begin. The panel had many suggestions.

"If we want to get health messages across to men, we need to focus on what age group is likely to listen," Dr Frank said. "The 30- to 65-year-old group is the most malleable and teachable group." Dr Good added, "We also need to take a longer-term approach and consider targeting adolescents, if not grade-school children." Dr Anda said: "The audience ought to be the child and the fathers and mothers of those children. Men's health is a family issue. Every generation could be captured by concentrating on the health of the family."

Dr Frank liked the concept of both. "We could design health campaigns for fathers and sons that would reach the 30- to 65-year-olds, as well as their children. We are talking about role modeling and mentoring. Fathers model the male image for their sons." Dr Miner added, "Reaching the 30- to 65-year-old group also reaches older men, because they are often doing the caretaking of their fathers, men in their 70s, 80s, and 90s."

"Mothers and fathers should be concerned about their sons' health," said Dr Good. "It is the parents' responsibility to teach children about health. In particular, fathers teach sons and model healthy behavior." Dr Abrams pointed out that younger men who learn what it is to be healthy may have the biggest payoff: "Men in the 20- to 30-year-old group might benefit the most from incorporating messages. They have a long life ahead of them." Dr Hazzard was skeptical about successfully reaching younger men with health messages: "That is the most difficult age, because they are the 'Teflon®' years. Younger men believe nothing will happen to them."

Dr O'Neil recommended concentrating on critical transition stages: "We need to identify the turning points boys and men go through—gender transitions—where they define or redefine concepts of masculinity.[51] In psychology, we know these times are when a child goes to school for the first time, when middle school begins, at puberty, and during freshman year of college." Dr Dennis added some transitions occur later in life: "Transitions come with significant changes in roles and lifestyles, especially at the commencement of employment or retirement. Interventions in perhaps 85% of Americans can be achieved by giving them health information when they get their first job, and when they retire."

Dr Hazzard introduced the concept of teachable moments: "Teachable moments are when men are most likely to listen. Health education could focus on a milestone, such as when a man makes a commitment to himself as a father, or when he chooses to marry. A man could be receptive to health education at that moment, because he could see health as part of the contract, and because of the downstream effects on his children."

Would gay men respond to health messages delivered in the context of the family? Dr Abrams responded: "While many gay men are fathering children, not all do. Any campaigns aimed at fathers and sons, or when men get married to women, perhaps discounts the portion of the population that is homosexual." Dr Miner commented that gay men are sons. "As part of an approach, concentrating on men's health through fathers and sons is great, because it can be a son as a child or a son as an adult."

MEN'S HEALTH MESSAGES: SOME ADVICE

The panel had suggestions for those who have health messages for men:

1. Concentrate on the boys. Dr Frank said: "We have to take a long-term approach, start with younger people, and roll them out with good health habits. However,

immediate results will not be evident and we are not a long-term-approach society." This will present some challenges in funding, since traditionally, health approaches have focused on short-term solutions. "Are we going to write off the short term at the expense of long-term approaches? Are we willing to trade prostate exams for daily physical education in schools or school health clinics where children learn health habits? No. I want both," Dr Frank said. Dr Anda added: "If it were a choice between adolescents or younger children, I would go younger. Because most smokers begin during adolescence, tobacco education is more likely to be effective if initiated earlier in life."

2. Take advantage of teachable moments. One of the intercept points for people and the healthcare system is the birth of a child, said Dr Cummings. Home visitations can help control stress in families after the birth of a child, teach about child development, troubleshoot, and solve problems. These visits can also encourage parents to model healthy behaviors. This is an intercept point that could be the start of a cost-effective primary prevention strategy, teaching parenting, and preventing health risk behaviors. Dr Cummings added: "Start early. There are life passages, teachable moments. There is the moment the child enters day care; that is a teachable moment."

"Retirement is a teachable moment for health," Dr Dennis added. "Men need help making that transition from working to not working, and staying vigorous. With a total integrated health concept, there will be an incentive to do more prevention at all ages."

3. Gender matters. In health education, gender differences should be explored in the presentation of material, as should the subject of how men's gender role conflicts are addressed. Dr Good explained: "We should not assume that all men are alike and that if we drop messages around about men's health, they will have an impact. Unless a health campaign addresses what masculinity means to particular groups of men, what messages men incorporate, and what it means to health, the campaign won't have much impact." Dr O'Neil added, "The research now shows that men have numerous gender role conflicts that emanate from their sexist gender role socialization. These patterns of gender role conflict include restrictive emotionality, power and central issues, homophobia, and healthcare problems. Men need to be educated about the 'hazards of growing up male' through programs in our schools and communities."

4. Changing behavior involves changing the roots of the behavior. Dr Anda explained, "The biggest payoff in preventive health will come from the behavior-related diseases, since most of what happens in disease is due to health behaviors and lifestyle." Dr Miner observed: "That patients need health knowledge is a given, but people are driven by emotional states. They smoke because they believe they would gain weight if they stopped or because smoking calms them. We, as providers, have not given them the tools to change behaviors," he said. Dr Anda agreed: "Patients smoke for a reason. Abusive men may smoke to modulate aggressive behavior, since nicotine controls rage. Smoking will not be controlled until the reason why the patient smokes is understood," Dr Anda said. "It may be impossible to help many people change their behavior unless we understand the function of the behavior for the person."

5. Make exercise a medical prescription. Some patients will follow recommendations to exercise if the recommendation is made in the form of a written prescription, Mr Cates said.

Dr Fung explained that exercise methods should be culturally appropriate. In the Chinese culture, he revealed, "Tai Chi is now being started by people in their 40s. This activity does not require specialized equipment, a one-on-one trainer, or visiting the gym. There is usually one leader with some 50 to 70 people in a park or at a worksite."

6. Successful aging does not begin at age 65, 55, or even 40; it begins at conception. How can we introduce the longitudinal thinking and behavior change so that doing something in the interest of preventing cancer 30 years from now might be meaningful to a teenager? Is that a lost cause? Dr Bennett finds it challenging to find young men who are receptive to health messages: "None

Strategies to Reach Men with Health Messages

- Concentrate on the boys.
- Take advantage of teachable moments.
- Gender matters.
- Changing behavior involves changing the roots of the behavior.
- Make exercise a medical prescription.
- Successful aging does not begin at age 65, 55, or even 40; it begins at conception.
- Use cross-generational approaches for men's health.
- If men won't come to health care, take health care to men.
- Reinvent health as a lifestyle issue.
- Use a team approach to health education for men.
- Involve employers as advocates of men's health.

> "Successful aging—the other side of preventive gerontology—involves the convergence of different strategies, which enhance the quality of life in old age."
>
> —Dr Hazzard

of the younger ones believe they are going to die. They think doing the right things can avert death. Well, that is wrong." Even with the best health habits, blood pressure must be tested regularly, prostate cancer and colon cancer screening must occur, and testicular self-examination must be practiced.

The population Dr Miner has found the most open to health suggestions is the aged. "Older men are softening, letting their vulnerabilities be exposed," he said. Mr Cates observed: "Healthy and fit role models are important for older men. At retirement, there is finally time to exercise, but how many do it? The average male dies just a few years after retirement. What a terrible commentary that is on men's health." Dr Abrams stated: "Having a father and stepfather who are both on the cusp of early old age and oldest old age, there is a dramatic difference in the health of the old and the oldest old men. Older men have to cope with living in a culture that values youth and physical beauty. Older gay men are alienated, isolated, and prone to depression."

Dr O'Neil said: "That is true for heterosexual men as well. A lot of older men do not know how to manage aging. They haven't been given information about how to manage a body that may be deteriorating. Men may experience aging in negative ways: loss of control, loss of power, fears about emasculation, and loss of attractiveness. There are emotions and interpersonal issues that men may not know how to process. We need to educate men for this end of the life cycle.

"We should investigate how aging is experienced by men who retire and who no longer feel they are of value to the market economy," Dr O'Neil added. The emotions of this time, dealing with death, loss, retirement, and loss of a spouse need to be discussed. Men need to create that inner self they need for the next transition, which is death."

Dr Bennett said that the growing older patient populations have forced a reexamination of some long-standing policies. "In urology, decisions for a 60-year-old with prostate cancer might be different from decisions for a 75-year-old. Surgical removal is not always offered if life expectancy is short. We have to adapt our thinking to the longer life span. Even some 85-year-olds have a long life expectancy today," she said.

7. Use cross-generational approaches for men's health. "In the Chinese culture," Dr Fung pointed out, "people talk about how they look up to elders. The child is taught from a young age what is admirable. Respect for an elder is still a strong feature of this culture, even as families are more fragmented. There is still the cohesiveness in the senior family leader as a role model. Many of the teachings relate to the wise elder, who teaches how to have a healthy life."

Some cross-generational strategies can take place in the workplace. Mr Taylor said: "Rodale takes a larger, long-term view of its employees. It has programs that incorporate retirees, but doesn't isolate them. Retirees use the facilities during the day, because Rodale has discovered there is social value when retirees help current employees who have less work experience. Younger employees, who are encountering a business situation that is troubling, can talk with retirees who have had more experience. We find that it helps them in terms of their overall health information network. They can exchange information and ideas."

Dr Good observed: "One of the advantages of exposing young men socially to older men is that they become aware of the health issues they will eventually face. If they talk with a retiree with heart disease who wishes he had exercised more, they may change. There is wisdom about health that can be passed along." Dr Anda agreed: "At the YMCA where I work out, I see 70-year-olds who are remarkably strong and aerobically fit. They are an inspiration to me. They motivate me to keep doing it, so I can be like them when I am their age."

"Successful aging—the other side of preventive gerontology—involves the convergence of different strategies, which enhance the quality of life in old age," Dr Hazzard said. "There is a convergence of social, psychological, and physical components of health. It is hard for a young man to appreciate how he will change over time. It is even harder for a young person to acknowledge the value of social interaction with older men for psychological health. But if he relates to an older man who has himself incorporated this convergence, it will be easier for him."

Dr O'Neil emphasized the role of masculine images for young men. "For a young man or a boy, appearances and image are terribly important. Is it okay for men and women to exercise together? The message from the cul-

Men's Health for the Whole Person

The men's health program under development at Celebration Health is not just a urology program; it is a "whole person" program. "We are planning a structured program exclusively for men," reported Chuck Lynch, Jr, RN, MS, Program Manager for the Center for Men's Health and Sports Medicine for Celebration Health, Florida Hospital. "Our plan is to develop an umbrella primary care program for men that will link men to their primary care physician as well as to specialized care for cardiovascular and respiratory disease, diabetes and digestive disorders, and the full range of medical services designed for men."

Celebration Health is designing a place where men will want to go. "We are using marketing strategies to change the attitudes and behavior of men about health care," he said. The men's health program will have the motto, "Be A Hero," and its phone number will include the "HERO" theme, to remind men that being healthy is heroic for their families and children.

"We want men to have a healthcare experience different from that available anywhere else in the country," said Mr Lynch. At Celebration Health, a 60-acre health campus designed by Florida Hospital, a new approach to health care focuses on health as a state of mind, body, and spirit. Mr Lynch observed: "Of course, treatment and healing are addressed, but prevention of illness and promotion of good health are equally important in Celebration." Health comes not only from medicine, but how people live, the strength of their families, and the health of the community.

Working with Pfizer Inc as a sponsor, Celebration Health held a "Fit for Life" family-oriented men's health fair in November 1998. Mr Lynch said: "We are grateful for the generous support from Pfizer. This relationship has exemplified a productive spirit of partnership. We shared with the people from Pfizer the common goal of improving men's health. This type of partnership is one that we hope will extend to our other corporate sponsors of Celebration Health and of the men's health program." Pfizer is also sponsoring a series of men's health screening programs for more than 2000 men at risk in the Celebration Health service area—which is central Florida—screening for common health problems, including hypertension, high serum cholesterol, diabetes, erectile dysfunction, and others.

The sports medicine and orthopedics program will premiere first at Celebration Health; the men's health program will soon follow—perhaps as early as mid-1999—as a destination within the larger facility that taps into men's interests. "We want them to feel comfortable there, so they do not have an excuse to ignore a symptom," Mr Lynch explained. The waiting area will have a television with sports channels, there will be an area to connect laptops, and the magazines and art will reflect men's interests. Patients can opt for a beeper, which will allow them to go to different areas in the facility—the 65,000 sq ft health club or the vegetarian restaurant—and wait for the beep signaling the time for their appointment.

The women's health program at Celebration Health has been one of the biggest supporters of the new men's health program. Monica Reed, MD, former Medical Director of Women's Health at Celebration, was instrumental in providing the groundbreaking direction and support for the program. Mr Lynch also credited Des Cummings, the CEO of Business Development at Florida Hospital, as an important visionary in planning the men's health program.

WORKING WITH UNDERSERVED MEN

Celebration Health envisions corporations, citizens, care providers, academic institutions, and political leaders coming together to work on the issues in health care today. The men's health program is currently working with Walt Disney Memorial Cancer Institute to address prostate cancer in the population of underserved men in the community. Prostate cancer is the cancer most frequently responsible for admissions to Florida Hospital, Mr Lynch explained.

"We believe the men's health program at Celebration may be the first in the nation to address the whole man," emphasized Mr Lynch.

> "If we can understand what different men conceive of as masculine, we can target messages to them that will change their health utilization."
>
> —Dr O'Neil

ture is that maybe it is in adulthood, but not in high school. Is it okay for women to be stronger than men are? The answer for most boys is still out."

8. If men won't come to health care, take health care to men. "We have learned to target right to their needs," Dr Cummings said. "Get messages on the radio talk shows. Get them at sports fairs. Target their specific health concerns." Dr O'Neil said the gender role messages should be broadened: "Get messages to them beyond saying that real men should not wait to see a doctor until the body is broken and bleeding. If we can understand what different men conceive of as masculine, we can target messages to them that will change their health utilization." Dr O'Neil was also concerned that stereotypical masculine images not be used to promote health: "We should not market to them in ways that prey upon their vulnerabilities, such as this product supports my masculinity in a health-distorting way—the way tobacco and alcohol are marketed."

9. Reinvent health as a lifestyle issue. Dr Cummings' work at Florida Hospital's Celebration Health is focusing on bringing people into the hospital by making it a pleasurable experience. "Disney is moving toward being a lifestyle company from being an entertainment company," Dr Cummings said. "In medicine, we haven't realized that there are health products and experiences people will pay for voluntarily."

In four generations, the men in his family have learned to change how they feel about health care.

> "Healthy workers have a lower absenteeism rate. They have more energy and are more productive."
>
> —Mr Cates

Dr Cummings explained: "My grandfather hated doctors. He thought the hospital was a place a person went to die. My father was more open, and I am a hospital administrator. My son started attending to his health at age 18, asked for a nutrition counselor, and got on a fitness program. In our family, we can now see health as something incorporated into everyday life, not waiting for an incident of illness, but seeking new opportunities to enhance life."

Dr Cummings saw benefits in moving health toward a lifestyle issue, showing that healthy living has benefits both immediately and long term. "People will not sustain a continued approach unless they enjoy themselves," Dr Cummings stated. "Can health be fun or is it all sacrifice and deprivation? It can be fun, but I do not know that it is now."

"At Celebration Health, we are changing the way people look at the healthcare system. We want to launch a health culture in the 21st century, with competency of healing and competency of health—a 360-degree system," said Dr Cummings. "We have an episodic system now that doesn't allow us to intersect on an ongoing basis with the patient. In Celebration, we are going to create the healthiest city in the world. We are planning health in the fabric of the community; 50% of our citizens belong to a health club."

Dr Cummings explained that this involved changing the concept of a hospital as a place for sick people. "We have a fitness center in the hospital, with a medical mall. We see men interacting with health professionals as never before," he noted.

10. Use a team approach to health education for men. "The pharmacy is where self-care and professional care come together," Dr Cummings said. "The pharmacist is the natural health educator of the future, because the job will be increasingly conducted in a computerized, automated environment. The pharmacist will be able to spend time educating the patient."

Dr Bennett pointed out: "The education process about men's health does not lie entirely in the purview of the physician. In children and adolescents, parents, peers, and schools are the big opinion formers. For older men, it is wives, friends, and employers who encourage health. Physicians are not part of their day-to-day lives." She saw a role for healthcare professionals in community education efforts. "More men's health information should be disseminated by healthcare professionals, and urologists have a role for many male-specific issues. For general men's health and wellness, the role of educator of men should be shared with the family practitioner, or ancillary health personnel, like the nutritionist and exercise physiologist," explained Dr Bennett.

"Find one consistent message about health that is most critical for that individual," suggested Dr Fung. "This message should be repeated by all the health professionals involved in the man's care."

11. Involve employers as advocates of men's health. "Healthy workers have a lower absenteeism rate," stated Mr Cates. "They have more energy and are more productive." From a public policy issue, some companies might be interested in promoting men's health out of an interest in their employees' welfare. "Taking time away from work to exercise may have a payoff at work," Mr Cates said. "We have to explain the value of healthy employees to employers." Dr Dennis agreed: "Employers institute health plans not just for the employed worker, but the retired worker. Some programs are looking at the integration of these costs, because employers also fund disability payments. General Motors may be one of the more innovative companies in looking at proper health incentives. Having healthy employees means looking at physical fitness, and also maintaining blood pressure in the normal range, not smoking, and a host of other measures."

Dr Miner observed that sophisticated companies are interested in health outcomes in their healthcare plans, defined by HEDIS on a national level. "They look at the report card to find out how many diabetics have retinopathy and how many employees have been screened for cholesterol. The next step is to create a workplace culture that encourages employees to exercise an hour a day, and encourages workers to balance family and work. This next step faces the hurdle of increasing productivity demands."

Finding a Role Model for Men's Health

Who is a role model for the healthy man? Are athletes the right role models for men's health? "It depends on the person," Mr Cates said. "But, whether they want to be role models or not, they are. Sometimes, those who are doing a good job being role models do not get the headlines, and those who are doing a bad job are on the front page." Aggression in some of the most popular sports results in pain, serious injury, and even death for professional athletes.

Society's top athletes, esteemed as examples of good physical conditioning and men's health, are endangering their health in situations where they are likely to have permanent injuries, where they must perform despite pain and physician's warnings, and where they will be tempted to use anabolic androgenic steroids and other performance-enhancing drugs. In fact, no workplace comes close to the professional football arena in the predictability and severity of injuries,[85] with the possible exception of the professional boxing arena.

"Professional athletes should be good role models, because their health is their livelihood, but they do not always treat their bodies with respect," said Dr Cummings. Ironically, the models of health in their 20s, athletes who reached the peak of competitive sports, may become middle-aged and older men who are increasingly worn down, burdened by pain and disease, and suffering the ill effects of the risks they took with their health in their youth.

Finding a role model for men's health will be a fundamental part of any educational marketing strategy for men. "I believe that in order to make a national impact, we must have a highly visible spokesperson. Look at what Dr C. Everett Koop did with smoking and Arnold Schwarzenegger did for fitness," he observed. Dr Cummings said that, in his opinion, John Glenn personified the ideal of healthy men. Mr Taylor added: "I think his launch was a pivotal, defining moment for the baby boom generation. This will redefine aging for a generation."

"He went into space at age 77," Dr Cummings noted. "He sent a clear message that aging in men is different than it used to be."

"By sending Senator Glenn into space at age 77, NASA has lifted the hearts of millions of Americans and expanded the vision of human achievement," agreed Daniel Perry, Executive Director of the Alliance for Aging Research. To keep healthy and fit, Senator Glenn includes in his workout routine 2 hours of speed walking per day, weightlifting, and regular workouts on a treadmill. Senator Glenn has recently advocated for additional research into healthy aging for all Americans.

Chapter 4

Planning Research in Men's Health Issues

"The agenda for research in men's health deserves attention," stated Dr Dennis. "There are many things we do not know about men and health." To understand men's health, the panelists agreed additional research into gender-related factors was necessary.

Among the questions that need to be addressed are:

- What are the physical, social, and behavioral factors that account for differences in life expectancy between men and women?
- Are cultural concepts of masculinity health hazards for men?
- Why do men take more risks, drink more alcohol, and commit suicide more often than women?
- What gender-related factors affect men in seeking help for physical and mental problems?
- What preventive measures have been proven effective in men?
- Why do men differ from women in their health perceptions, attitudes about health and aging, current medical practices, and health behaviors?
- How do work patterns influence physical and mental health and quality of life? Do men and women differ in their response to workplace stress?

As Dr Hazzard observed: "In the last 40 years that I have been in academic medicine, I could never get funding on gender and heart disease prevention, because it was not a priority for the National Institutes for Health. We have not had an institute on gender and health at the NIH." Dr Hazzard emphasized: "We should be sure that the men's health research is hypothesis-driven or at least epidemiologically rigorous. We need to follow the role model of the women's health advocates who have succeeded in obtaining attention to their agenda. And, to some extent, men's health will not be established unless it is politically driven. Finding partners and liaison with others will be necessary."

Dr Dennis saw the need for a national meeting about men's health. "This will require collaboration with the National Institutes of Health, the Centers for Disease Control and Prevention, the Veterans Administration, voluntary health agencies, employers, patients, advocacy groups, academic health centers, clinicians, researchers, pharmaceutical companies, women's health advocates, and others. The first meeting would establish priorities for men's health research."

The need for caution was expressed by some panelists. "I would like to avoid anything that divides the genders along this issue," said Dr Hazzard. "Men's health does not exist in isolation from women's health. This is not a 'his-or-hers' problem. The agendas are similar. I would like us to give the message that men and women are in it together. We're all human beings. We all want to research gender in health."

Dr Anda agreed: "Men's health is integrated with women's health. Why is all of the research in adolescent pregnancy focused on girls? Who impregnated them? Why is the research on domestic violence focused on the women? Doesn't the presence of men who are socially, emotionally, and physically healthy have a positive effect on women?" Dr O'Neil commented about domestic violence: "Perhaps a more appropriate question is: what causes men's violence against women?"[86]

"Men's health does not exist in isolation from women's health. The agendas are similar. We're all human beings. We all want to research gender in health."

Dr Hazzard

MEN'S AND WOMEN'S HEALTH INTERACT

"I believe there should be a separate research agenda for women to address past inequities, so there will probably have to be a separate research agenda for men. But again, we have to use caution to avoid a competitive atmosphere," said Dr Frank. "There is also a need for a research agenda focusing on the interactive nature of men's and women's health. In other words, what are the consequences for men when women have breast cancer? What are the consequences for women when men have prostate cancer?" Examining healthcare issues for one sex will have relevance for the other. Dr Frank added: "We are talking about human issues here."

As Director of the National Men's Health Foundation, Mr Taylor supported a men's health initiative modeled after the women's health initiatives. "It will be an uphill political fight because men are not the public advocates that women are," he said. "One way to begin it is to present the issues in context, as partnership or integrated issues. I think these are overlooked."

Women care about men's health and are natural allies to this issue, said Dr Anda. "Men's health is a family issue; women have husbands, fathers, sons, and brothers. We are raising these concerns, advocating for this research, because men's health impacts families."

"Just because there is a movement banging the drum for men's health doesn't mean women's health will be harmed," Mr Marfyak said. "Men need to show that this is an important issue for them. Take a lesson from advocates for AIDS funding. They rallied and received more NIH funding per death than prostate cancer. Advocacy matters."

"There will always be some tension between diseases for funding, because there is not enough funding," said Dr Frank. "There are different pathophysiologic issues for men and women. However, there are also integrative issues, such as adolescent pregnancy and domestic violence. And, there are interpersonal interactions: the effect of women's health on men, and men's health on women."

As someone who is trying to find funding for a men's health clinic, Dr Miner explained: "Historically, men have not been as strong advocates as women have been for their needs. Outside this room, men's health is nearly dormant as a cause. I do not hear men clamoring for a staged assessment of men's health needs."

An influx of new money for research in men's health may come from tobacco settlement funds, said Dr Cummings. "This money should be carefully spent," he said. "I worry when I see $20 million spent on a television campaign for teenagers that is not going to make a blip on the screen. This money should be spent on substantive research."

> "Isn't the need for a national initiative in men's health obvious, just to eliminate disparities in health outcomes? It seems to me there is quite a case here for action."
>
> —Dr Dennis

MOVING THE AGENDA FORWARD

"How can we empower men to move this agenda?" Dr Frank asked. "We should take a lesson from women's health advocates. Over the past 30 years, women gathered, grew in strength, went to Congress, and pressured their physicians. We need to identify the spokespeople for men's health. Who are they? Who are the physicians who will champion this cause? Who are the legislators who will take this on and make this their agenda?" Mr Marfyak added, "Ultimately, men's health initiatives will require an ongoing, public source for money. Men's health requires some policy decisions by legislators, and they will not act unless they are motivated to do so."

"Isn't the need for a national initiative in men's health obvious, just to eliminate disparities in health outcomes? It seems to me there is quite a case here for action," said Dr Dennis. "The idea of men's health as part of family health is particularly viable."

" 'Family' is a word that has the most positive connotations of almost anything in the English language," agreed Dr Hazzard. "It rings a bell for everyone."

Preliminary research is needed to establish the goals for men's health, according to Dr Fung. "We have to agree upon the criteria for health. If all men in the nation are being asked to change their habits, what are the goals?"

Dr Dennis advocated for more research into what preventive health measures are effective in men. "We could examine the efficacy of stress management, violence prevention, blood pressure control, and reduction in heart attacks," he said. "Stress management is antithetical to the way men are raised in terms of their gender role. Violence, assertiveness, and aggression are how they respond to challenges." Any men's health agenda should address all men, including men who have not been considered in the past because of race, class, sexuality, or ethnicity. Dr Miner expressed inter-

> "We need to focus program development on the key trigger points of contact with the healthcare system for men."
>
> —Dr Cummings

est in examining the intimacy needs of men throughout the life cycle and how these needs impact on health outcomes.

To establish men's health in the system, Dr Cummings advocated for men's health program development in the hospitals. "I like the concept of the 'teachable moment.' We could investigate educating men as part of the birthing class, which is a place to intercept the family when men are looking at health," Dr Cummings said. "We need to focus program development on the key trigger points of contact with the healthcare system for men. We should fund some research in program development and design, to understand what motivates men."

To change men's behavior, Dr Bennett suggested examining effective health promotion for boys. "What about a partnership with schools? Education begins early. Education about health should begin at birth, and continue in early childhood," she said. Mr Cates added, "I would like to see education and support for physicians to be role models for health for their patients."

STUDY SUCCESSES

In searching for answers, Dr Anda suggested, "We often study failures; we should look at successes. What things motivate men to change risk behaviors? In evaluating research that demonstrated that maintaining or improving adequate physical fitness in men was linked to survival,[41] Dr Anda was curious about a group of unhealthy men who went from no physical activity to high levels of physical activity. "How was this accomplished?" he asked. "If we can understand the success stories, we can use them to change behavior."

The importance of alcohol abuse in men's health is a factor that requires additional research, Dr Anda observed. Men are three times more likely than women are to die of alcohol-related ailments.[87] The prevalence of having three or more alcohol-related problems has been estimated to be 11% for white men, 13% for black men, and 16% for Hispanic men.[88] "Abuse of alcohol by men is responsible for some of the longevity difference between men and women. We do not know why men drink more than women," Dr Anda said. "We should research primary prevention of risk factors for alcohol abuse through early childhood intervention in families with young children."

Similar research is needed in suicide prevention. Dr Anda asked: "Why are men more lethal in their suicide attempts? We need to know more about the precursors of suicide to establish more effective prevention programs." Dr Anda advocated increased clinical awareness of depression among men, given the disturbing statistics on suicide in men. "We need to research whether things that are commonly measured in routine medical care might indicate the person has a higher probability of having disorders not ordinarily recognized—depression or risk for suicide. We should empower physicians, using nonthreatening questions, to probe into these areas."

Access to health care is an important subject for research in men's health, said Dr Dennis. "I would like to see research that explores why the lowest socioeconomic group has the poorest health and what happens when the poorest men are given regular, unimpeded access to their physicians' care."

Dr O'Neil suggested that the first step was to do a national needs assessment for men that defines what they want and need across ethnic, race, class, sexual orientation, and age groups. With that in hand, the next step, according to Dr O'Neil, is to test proposed interventions with the different groups of men. "Find out what education works, under what conditions, with what population, and with what level of effectiveness," he said. "Find out what men are afraid of when it comes to dealing with their bodies and their health. We do not understand the emotional aspects of men's health." Finally, Dr O'Neil said that additional research is needed to study how the gender-based attitudes of health services influence men.

Focusing on the two diseases that cause the majority of deaths in men—cardiovascular disease and cancer—Dr Anda emphasized the need for new tools to use in primary prevention. "We should look at preventing the onset of risk factors—preventing males from taking up smoking; preventing obesity; and encouraging physical activity." Dr Cummings was skeptical about funding for such a strategy: "A health plan is going to say 'what is the return on my investment?' It is easier to obtain funding to help people stop smoking, than for preventing them from starting."

"We should look at each of the major health burdens for men. We should examine the mortality, morbidity, quality of life, and mental health issues in men," said Dr Anda. "As we see where we are missing the boat in each of them, we will develop a plan."

Summary and Conclusions

Where Do We Go From Here?

"Men's health advocates must begin to meet together and raise awareness," said Dr Dennis. "We need to develop a forum for men's health advocates. The key step will be to bring stakeholders together. The first job will be focusing on public information regarding preventive healthcare strategies. Next, this forum will develop research efforts to learn how to promote healthy habits for the longer survival of men and essentially for a healthier America." Dr Miner agreed: "I hope a larger group can be convened with other stakeholders, so this can generate its own steam as an initiative."

Dr Cummings said that *The Pfizer Journal®* roundtable gave the movement momentum. "We'll look back on this session as a turning point. The breadth and quality of the people who have taken time to come to this session is really encouraging. I'm most excited about the intercept strategy for teachable moments; I can go home and make some of that work in our hospital now."

"I'm very optimistic about the future of men's health," said Mr Taylor. "The number of dedicated and committed people around this room who are willing to move this agenda forward to the next level is a source of tremendous optimism. We need to change the way that men perceive their health."

"I think we are on the threshold of a new era of men's health care," said Dr Good. "I have found it exciting to talk about a coordinated approach to men's health, as part of a family's health," said Dr Frank. "The idea of coordinating with physicians, other care providers, patients, the media, researchers, and the government to look at men and health is very exciting."

ADVOCATE, RESEARCH, AND DEFINE MEN'S HEALTH

"Perhaps 25 years ago, a group of women sat around a table like this and decided they were going to advocate for women's health. We have to see this as the beginning of what we are going to do, which is to advocate, research, and define men's health," said Dr Bennett. "Men's health—defined biologically—has always been important to urologists. To have it broadened to include the whole person is very exciting to me."

"I have often felt like a lone voice, emphasizing the need for a men's health initiative," said Dr Miner. "It has been very difficult to obtain financial support, although people thought it was a good idea. But I have been lifted today by the common interest in men's health from this diverse group. I feel my voice is not a singular voice."

"There is richness in the many diverse disciplines that support men's health," said Dr O'Neil. "I see a need for a robust, theoretical conceptualization about men's health that is interdisciplinary and empirically-based. To move this issue forward, actions are needed to move forward on the research, prevention, and advocacy issues we discussed. We have a lot to think about, including the sociopolitical and multicultural issues that are part of a men's health agenda."

"The next step should be taken carefully," said Dr Anda. "There are myths that need to be debunked before we move forward in men's health. We should avoid the mistakes of the past, by avoiding expenditures on unproven approaches to men's health. Let's avoid programs that have already been tested and proven to be ineffective or cost-prohibitive."

Dr Anda encouraged the panel to begin to focus on children. "Healthy men come from healthy boys. Healthy boys come from healthy families. Khalil Gilbran said that children are incarnated through us, but we do not own them. We are the bowstrings from which they, as arrows, shoot forth. The trajectory of these arrows, in terms of how boys become men, is determined by the quality of the parenting and social interactions with others that they experience during childhood."

Similarly, the trajectory of the arrow shot for men's health will depend on the quality of efforts put forth by the growing number of men's health advocates.

Core Values for Men's Health

The Pfizer Journal® panel was challenged to define the core values of men's health. These core values will underlie future men's health initiatives, men's health education, and men's health advocacy.

1. Men are valuable. Men are more than their salaries, more than their potency, more than their muscles, and more than their bravery. Dr Good stated, "They are not dispensable."

"All men are valuable," Dr Fung said. "We should be careful not to generalize. To reach all men, we need a coordinated approach, with a wide perspective of cultures and age groups."

2. Men are fathers. Dr Anda sought to recast masculinity in terms of being a supportive parent. "Men do more than provide support; they raise children." The Department of Health and Human Services has announced a Fatherhood Initiative, led by Deputy Secretary Kevin Thurm, to examine the many roles men and fathers play in the lives of their children. Dr Abrams offered an additional perspective: "I think we should look at men as independent beings. I am concerned that defining a man in relation to children, as opposed to defining a man as his own being, leaves out gay people."

3. Men are responsible. Dr Hazzard emphasized the fact that men seek responsibility and accept it; they act responsibly. Men do not have to be risk takers to be manly. Dr Frank emphasized that being responsible did not mean having sole responsibility for the support of a family or a relationship. "I do not want to put the old trip on men. Working 15-hour days is not responsible. It is not good for physical or mental health and it is not good for families," she said.

4. Men are responsible for their own health. Dr Dennis stated, "We need to redefine the role of men as having responsibility for their health. This role is now being carried by spouses and significant others, who are responsible for getting men to see a physician." Dr Abrams added: "Gay men do not partner with women, but they also have responsibility to get into health care. They have been doing that. Gay men can teach straight men about how to respond to health crises."

5. Healthy men are good to their families. "We need to empower men to take care of themselves for their families' sake," said Dr Anda. "Considering their families could give them a reason to be responsible about their health." Men have a role in their families' health, in making sure they have health insurance, in encouraging others in the family to take care of themselves, and as role models for their sons and daughters.

6. A man's physical well-being and psychological well-being are not separable, said Dr Frank. Dr O'Neil agreed: "The physiological and psychological issues of men's health should be studied together. Men's gender role conflicts need to be scientifically studied in the context of men's physiological processes, as well as the overall contexts of men's lives. To understand men's health, the positive aspects of masculinity should also be explored."

7. Men's health is integral to community health and integral to the economy. Dr Anda explained: "Men should know that with good health, higher workplace performance is achieved. Positive health attributes should improve productivity." Men who live as long as their wives will support them in old age and prevent loneliness and nursing home admissions among their spouses. Men at low risk for cardiovascular disease in middle age will eventually cost Medicare about one third less than men at a higher risk, according to a recent report.[90] Dr Hazzard observed that there are positive aspects of being a man that enhance the quality of life in old age. "Women can learn from men. The issue of mental and physical frailty in old age for women is very significant. A healthy old age is a product of many factors," Dr Hazzard observed. "Hormones, physical activity and fitness, and intellectual activity are important."

8. Men want healthy relationships with their partners. "We should raise the awareness about the importance of intimacy to good health. Men often see themselves as standing alone," said Dr Miner. Dr Good added: "No more lone cowboy: relationships are important to men."

9. Wellness is a life-long process. "No one will hand a man his health. He has to work at it to earn it," said Dr Frank. Starting with boys in preschool and throughout development, messages about healthy lifestyles, healthy masculinity, and healthy behavior should be delivered, said Dr Bennett.

10. Men's health is integral to women's health. Dr Anda stated: "Whatever we accomplish for men's health will benefit the health of women."

Appendix

Selected Diseases and Conditions Important to Men

Heart Disease. Cardiovascular disease is the number one cause of death in men. Approximately 47.4% of deaths in men are from cardiovascular disease—or 455,152 deaths in American men each year.[89] The risk of heart attack increases with age. Men suffer heart attacks an average of 10 years before women do, so men have higher risks of heart disease than women do at younger ages.[90] **[Figure 7.]** The risk increases with the number of risk factors present. While men are more likely to survive hospitalization following a heart attack than are women,[91] men with coronary heart disease are more likely to die of sudden death than women with coronary heart disease.[92] The death rate from cardiovascular disease in African American males is 49% higher than that of white males.[83]

Hypertension. Men are at greater risk for high blood pressure than women are until age 55.[93] Men are generally less likely to be aware of their high blood pressure than are women and less likely to have controlled levels of blood pressure.[78] One observer has suggested that women tolerate hypertension better than men.[94] There are also well-documented ethnic differences. It has been reported that the higher rate of endstage renal disease in African American men than that of white men was associated with the higher blood pressures of African American men.[95]

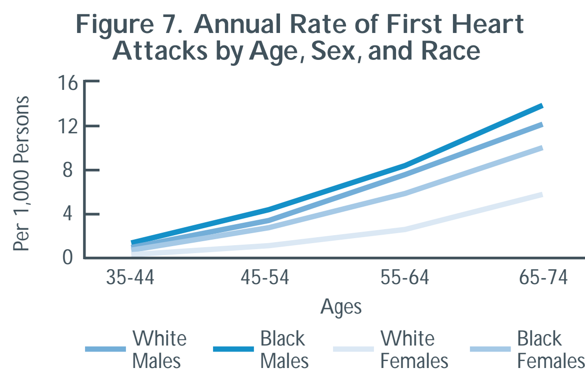
This nation has a poor track record in achieving control of hypertension in all people—only about 29% of people reach the goal of 140/90 mmHg.[96] For men in some ethnic groups, control is rarely achieved: only 18% of older Mexican American men with hypertension were in good blood pressure control in one recent study.[97] "Hypertension control efforts should focus some attention on men, where the problem is the greatest in terms of awareness," said Dr Fung. "Physicians should be aware that hypertensive men may need additional education about the need to control blood pressure."

High Cholesterol. As many as 40% of men—compared with 20% of women—have high serum cholesterol levels (over 240 mg/dL). As much as one third of the decline in coronary heart deaths since the mid-1960s may be attributed to reductions in cholesterol levels.[98] Yet, there is much work that remains to be done as high cholesterol, like hypertension, is only managed successfully in a segment of the population at risk. Men may have to be aggressive in seeking screening and counseling for high cholesterol, since a recent study indicated that physicians have not fully adopted the cholesterol management practices first recommended in 1988 by the National Cholesterol Education Program.[99]

Stroke. The risk of stroke is 25% higher in men.[100] Stroke is another leading cause of death in men, causing 61,563 deaths per year, and it remains the leading cause of disability. Stroke death rates in black men are twice those of white men.[101] Male physicians in the US have participated in the long-term Physicians' Health Study, which indicated that current smoking accounted for a substantial amount of stroke-associated morbidity and mortality in men.[102]

Cancer. More men than women will be diagnosed with cancer in 1998, and more men than women will die from cancer this year. **[Figure 8.]** Approximately 627,900 men will be newly diagnosed with cancer in 1998;

Figure 7. Annual Rate of First Heart Attacks by Age, Sex, and Race



Source: American Heart Association.

"We have learned that the first response of men is to hide health problems, and ask questions later. This pattern of behavior makes the discipline factor in blood glucose control for men even more difficult to achieve."

Mr Firmage

294,200 men will die from cancer this year.[103] The European Union has announced a major campaign for 1998 to make men more aware of the early signs of cancer, using the message: "If a symptom persists, do not wait."[104]

Lung Cancer. Cancer deaths in men are led by lung cancer (93,100 deaths),[103] which remains the leading cause of cancer death for men, as it has for several decades.[105] Each year in this country, more than 90,000 men are diagnosed with new cases of lung cancer. Lung cancer kills approximately 25,000 more men than women each year.[105]

Prostate Cancer. Prostate cancer is the second leading cause of cancer death among American men—causing 39,200 deaths.[103] Men face a lifetime risk of prostate cancer of 1 in 5. The risk is much greater after age 60 (1 in 6) than it is from ages 40 to 59 (1 in 57).[103] At all ages, African American men are more likely to develop prostate cancer than are white men and are significantly less likely to live 5 years after diagnosis than are white men.[106] Further, the death rates from prostate cancer in African American men are at least two times higher than death rates for other racial and ethnic groups. Early detection is particularly important in prostate cancer: the 5-year survival rates are 100% when it is diagnosed at a local stage (approximately 6 of 10 are diagnosed at this stage), compared with 30.9% when diagnosed after metastasis has occurred (approximately 1 of 10 cancers are diagnosed at this stage).

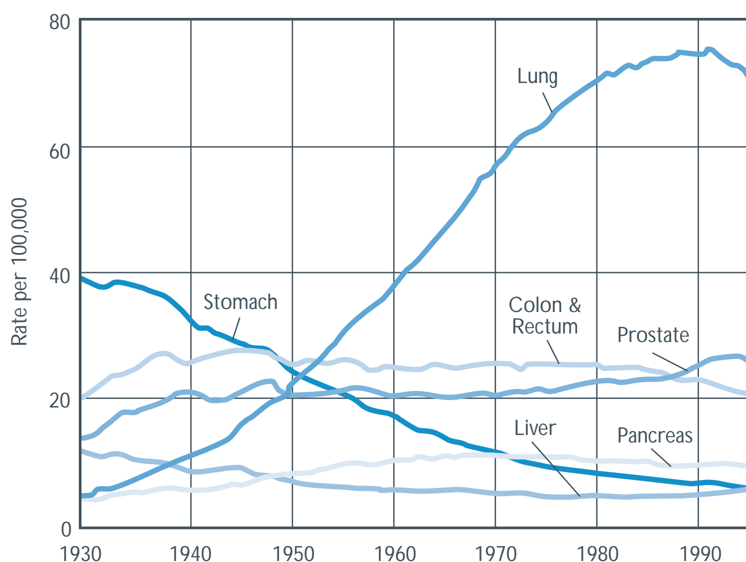
Colorectal Cancer. Men have a higher incidence of colorectal cancer than do women (60.4 vs 40.9 per 100,000 per year). Since survival is closely related to the stage of the disease at diagnosis, early detection with annual fecal occult blood testing is recommended.[107]

Melanoma. Melanoma incidence and mortality are rapidly increasing.[108] Among men, the death rates for melanoma are increasing faster than any other cancer.[109] The death rate for melanoma in men is higher than that for women (3.2 vs 2.2 per 100,000), and the 10-year survival rate is lower for men than women (73% vs 83%).[108] Among the explanations for the difference in survival is the fact that men are more likely to postpone seeing a physician to evaluate a suspicious lesion.

Suicide. Men are much more likely to commit suicide than women. Men account for 80% of the nation's suicides and white men account for 70% of all suicides. The highest suicide rate of any age group is in people 75 to 84, and elderly white men over the age of 65 have a suicide rate of 42.7 per 100,000, while women over age 65 have a suicide rate of 6 per 100,000.[110] Every year, there are more suicides than homicides.[110]

AIDS. An unprecedented 47% reduction in AIDS deaths occurred in 1997.[111] In 1997, AIDS caused 16,685 deaths, down from 31,130 in 1996. AIDS dropped to number 14 as a leading cause of death last year, down from number 8 in 1996.[111] While progress is being made in lowering the number of AIDS deaths in the United States, this decrease is being credited to the success of new drugs.[111] The latest report from the Department of Health and Human Services suggests that there has been no decline in the number of new HIV infections, and that the number of people living with HIV and AIDS is still on the rise. Dr Dennis explained: "According to a recent CDC review of HIV cases report-

Figure 8. Cancer Death Rates in Men*



*Rates are per 100,000 men and are age-adjusted to the 1970 US standard population.
Source: American Cancer Society

ed by 25 states between 1994 and 1997, the majority of cases were in Hispanics and African Americans. In fact, 57% occurred in African Americans."[112] A new report of concern from the Department of Public Health in San Francisco states that HIV risk behavior is still high among young men, approximating rates in 1992.[113]

Chronic Obstructive Pulmonary Disease. This fourth leading cause of death includes a large group of lung diseases, including chronic bronchitis, asthmatic bronchitis, and emphysema.[4] An estimated 11% of Americans have been diagnosed with COPD and its incidence is increasing.[114] In persons aged 65 to 74, more men than women have COPD (13.6% vs 11.8%).[115]

Diabetes. In addition to being associated with blindness, amputation, sexual dysfunction, and kidney failure, diabetes contributes to premature ischemic heart disease mortality and, in men, increases death rates from heart disease by 2 to 3 times.[116] This fact is often overshadowed by the problems in women, because diabetes increases premature mortality in women by much greater rates.[117] Nevertheless, among persons with diabetes, simply being a man is a significant independent contributor to fatal ischemic heart disease.[118]

Mr Firmage, who represented the Western Division of the American Diabetes Association on the panel, noted that one of the hardest variables to control is the long-term effects of high glucose levels over time. "It is hard to control something when you will not see effects until years down the road," Mr Firmage said. "Keeping glucose levels low requires a lot of discipline, which is key for controlling diabetes and limiting its long-term effects. We have learned that the first response of men is to hide health problems, and ask questions later. This pattern of behavior makes the discipline factor in blood glucose control for men even more difficult to achieve."

'Men-Only' Conditions. The likelihood of erectile dysfunction increases with age, but it is not an inevitable consequence of aging.[52] Of the 7 to 20 million men with this condition in the US, many cases can be successfully managed with appropriately selected therapy.[52] Benign prostatic hyperplasia (BPH) affects more than half of all men over age 60 and 80% of men by age 80.[58] No evidence exists that BPH is associated with an increased risk of prostate cancer.[58]

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