



MEN'S HEALTH

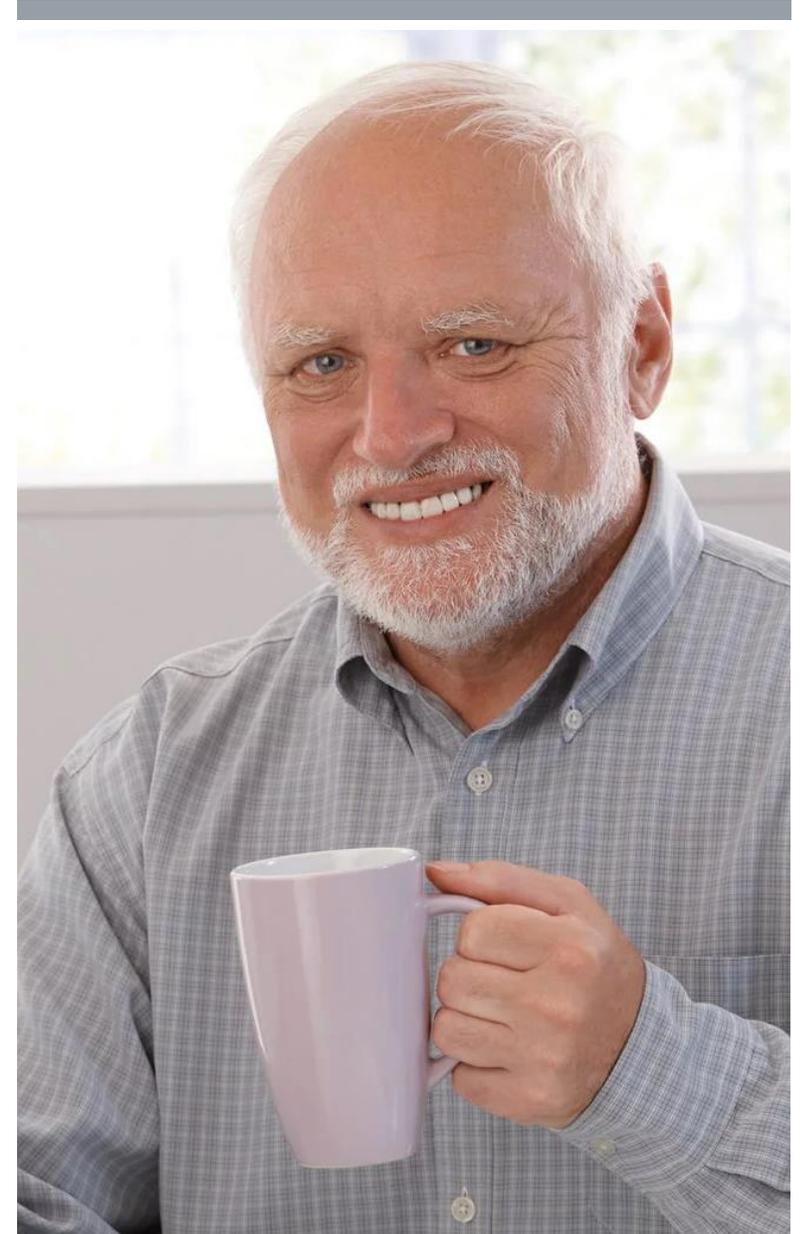
CAITLIN PRATHER, PHARM.D | JUNE 2019

“Recognizing and preventing men’s health problems is not just a man’s issue. Because of its impact on wives, mothers, daughters, and sisters, men’s health is truly a family issue.”

- Congressman Bill Richardson, 1994

JUNE IS MEN'S HEALTH MONTH

- National Men's Health Week is observed each year leading up to Father's Day
- Leading causes of death in men:
 1. Heart disease
 2. Cancer
 3. Unintentional injuries
 4. Chronic lower respiratory diseases
 5. Stroke
 6. Diabetes
 7. Suicide



WHY IT MATTERS



- On average, men live about 5 years less than their female counterparts
- Men have a higher death rate than women for cancer, heart disease, diabetes, and suicide
- 1 out of every 2 men will develop cancer in his lifetime
- Men make half as many visits to their physician for prevention as women



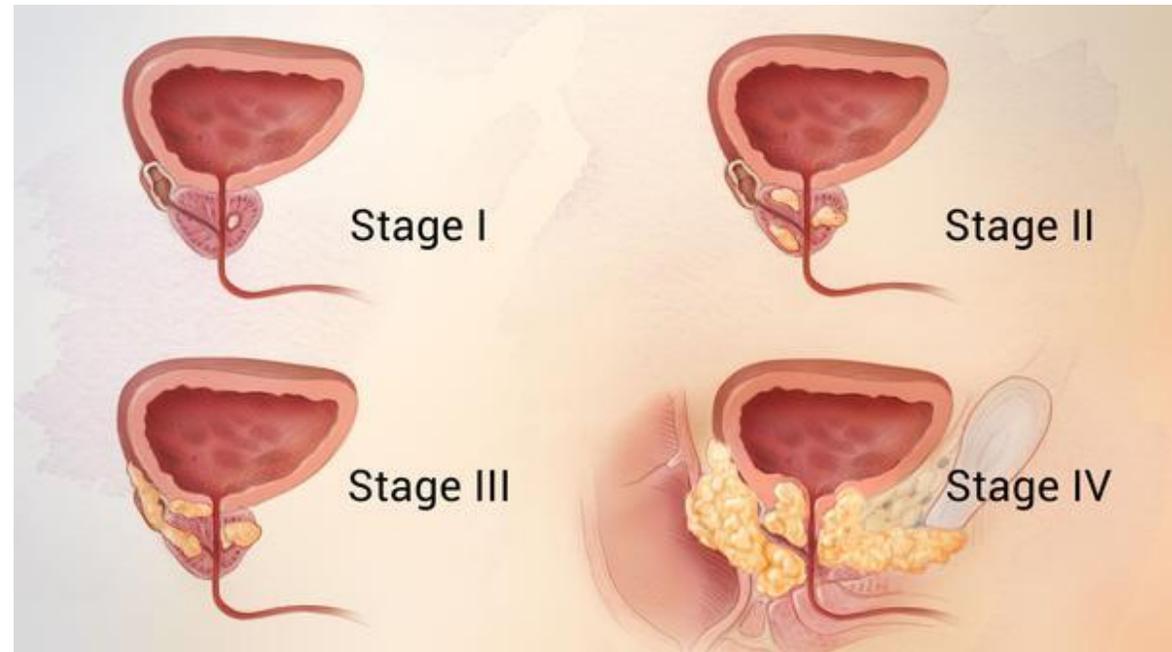
PROSTATE PREDICAMENTS

PROSTATE CANCER AND BPH



PROSTATE CANCER

- Symptoms:
 - Frequent urination
 - Weak or interrupted urine flow
 - Blood in the urine or semen
 - New onset of erectile dysfunction



PROSTATE CANCER



Risk factors:

Age
Race
Family history
Obesity



Complications:

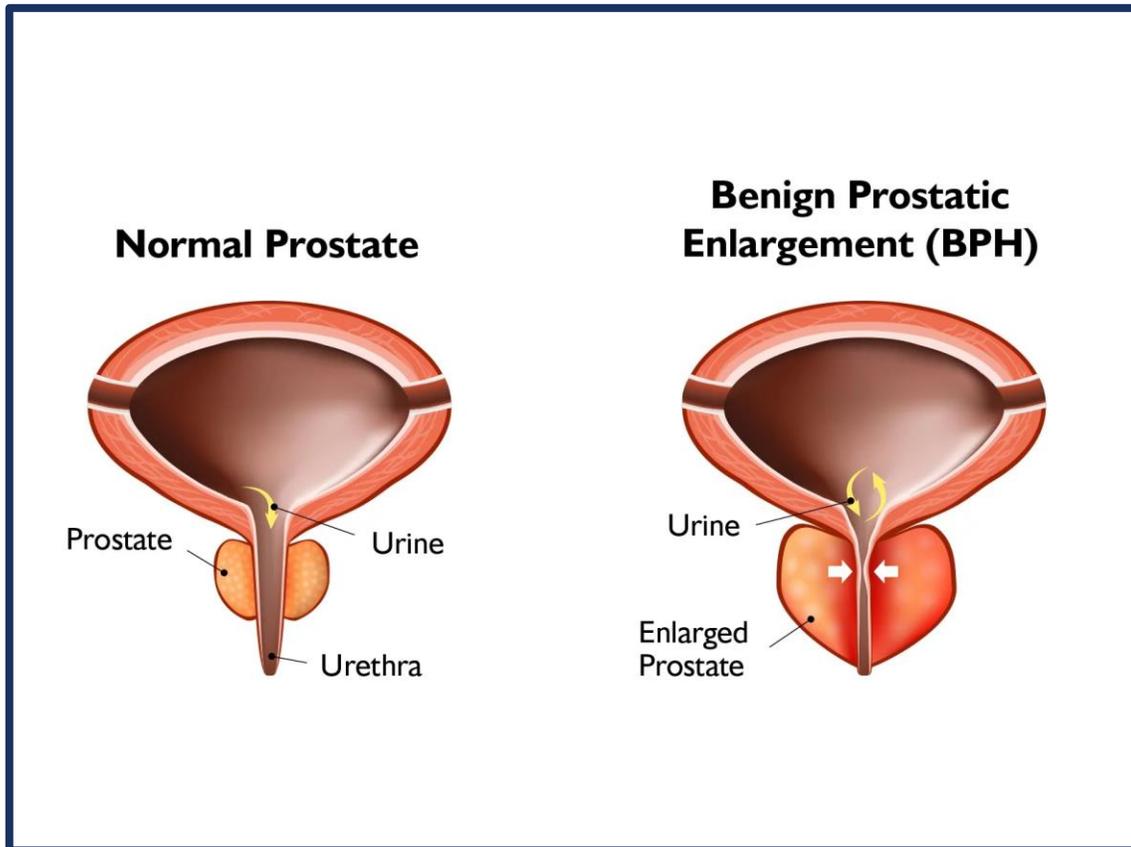
Cancer that spreads
Incontinence
Erectile dysfunction



Screening for prostate cancer:

Digital rectal exam
Prostate-specific antigen (PSA)

BENIGN PROSTATIC HYPERPLASIA (BPH)



- Symptoms:
 - Frequent or urgent need to urinate
 - Increased frequency of urination at night
 - Difficulty starting urination
 - Weak urine stream or a stream that stops and starts
 - Dribbling at the end of urination
 - Inability to completely empty the bladder

BENIGN PROSTATIC HYPERPLASIA (BPH)

- Risk factors:
 - Aging
 - Family history
 - Diabetes and heart disease
 - Obesity
- Complications:
 - Urinary retention
 - UTI
 - Bladder stones
 - Bladder or kidney damage
- Some medications can worsen the symptoms of BPH and should be avoided
 - Diuretics
 - Antihistamines
 - Decongestants
 - NSAIDs

BENIGN PROSTATIC HYPERPLASIA (BPH)

- Not everyone needs treatment!
- Treatment options:
 - Lifestyle changes → limit water/liquid intake, limit caffeine and alcohol, exercise pelvic floor muscles
 - Medications
 - Alpha blockers: terazosin (Hytrin[®]), doxazosin (Cardura[®]), tamsulosin (Flomax[®])
 - 5-alpha reductase inhibitors: dutasteride (Avodart[®]), finasteride (Proscar[®])
 - PDE-5 inhibitors: tadalafil (Cialis[®])
 - Combination products
 - Surgery → several options, many are minimally invasive
- Saw palmetto, an over the counter supplement, has not shown to be effective in treating BPH



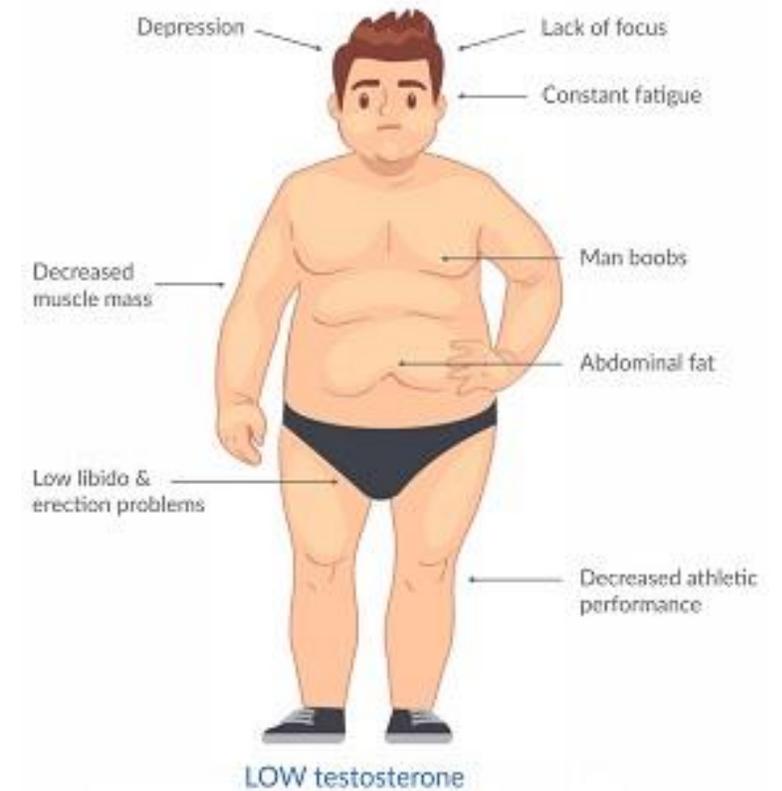
TROUBLESOME TESTOSTERONE

ERECTILE DYSFUNCTION AND LOW TESTOSTERONE



LOW TESTOSTERONE

- Not part of regular bloodwork, but can be screened starting at age 40
- The American Urology Association defines low testosterone as <300 ng/dL
- Testosterone therapy should only be prescribed to men who have low-T in the blood and have symptoms
- Testosterone therapy is available in several dosage forms:
 - Topical
 - Injections
 - Pellets placed under the skin
- Testosterone “boosters” or supplements have NOT shown to be effective



LOW TESTOSTERONE



"Low T? How's the rest of my alphabet?"

Benefits of Testosterone Therapy

Symptom relief

Improves bone density & strength

May help correct anemia

Risks of Testosterone Therapy

More plaque build-up in arteries

Unclear long-term risks

Side effects: acne, application site reactions, increased blood pressure

ERECTILE DYSFUNCTION

- Erectile dysfunction, or ED, is the most common sex problem that men report to their doctor
- ED is defined as trouble getting or keeping an erection that's firm enough for sex
- ED can happen:
 - Most often when blood flow in the penis is limited or nerves are harmed
 - With stress or emotional reasons
 - As an early warning of a more serious illness, like blocked arteries, heart disease, high blood pressure, or high blood sugar



ERECTILE DYSFUNCTION



- Lifestyle changes such as weight loss or treating the underlying condition may help
- Several treatment options, but most commonly oral drugs:
 - Viagra® (sildenafil)
 - Levitra® (vardenafil)
 - Cialis® (tadalafil)
 - Stendra® (avanafil)
- Some drug interactions are possible, so always tell your healthcare providers if you take one of these medications
- Over the counter (OTC) supplements have not been tested to see how well they work or if they are a safe treatment for ED



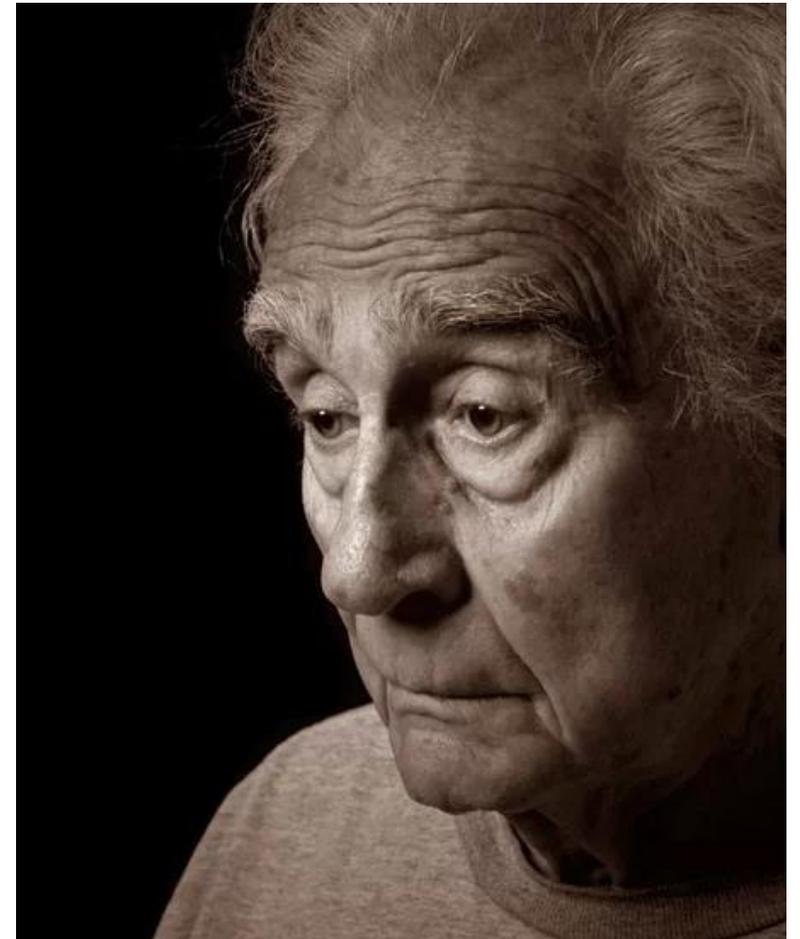
MELANCHOLIC MOOD

SUICIDE AND DEPRESSION



DEPRESSION

- Everyone feels sad, irritable, or tired at times. Many people experience difficulty sleeping when they're under stress.
 - Depression is different.
- Common symptoms:
 - Feeling sad or “empty”
 - Feeling irritable, angry, or hopeless
 - Loss of interest in work, family, and/or hobbies
 - Feeling very tired
 - Difficulty concentrating
 - Changes in eating habits



DEPRESSION

- What causes depression?
 - Genetic factors
 - Environmental stress
 - Illness
- Treatment options:
 - Medications
 - Psychotherapy
- Over the counter products, such as St. John's Wort, may be helpful for some but have **MANY** potentially dangerous drug interactions
- What else can you do?
 - Spend time with other people and talking with a friend or relative about your feelings
 - Increasing your level of physical activity
 - Keep a stable daily routine
 - Avoiding alcohol
- If you have any suicidal thoughts, please call:
 - 1-800-273-8255 (available 24/7)



HEALTHY HABITS

SCREENINGS, IMMUNIZATIONS, AND HEALTHY TIPS



Check Ups and Screenings	How often?
Blood pressure	Annually
Colorectal health (choose 1) - Stool based tests - Sigmoidoscopy or colonography - Colonoscopy	Annually Every 5 years Every 10 years
PSA blood test	Annually starting at age 50 (may start as early as age 40 for those at higher risk)
Cholesterol	Every 5 years
Diabetes	Depends upon risk factors, but generally every 3 years starting at age 45
Dental exam	1-2 times per year
Lung cancer	Depends upon smoking history, but can start at age 55
Hepatitis C	Once if born between 1945 and 1965 Regularly if at high risk
Depression	Variable, but request screening if you have symptoms

IMMUNIZATIONS

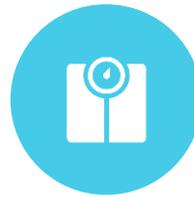
Vaccine	How many? How often?
Influenza (flu shot)	Once every year
Tetanus (Tdap or Td)	1 TDaP then Td every 10 years
Measles, mumps, rubella (MMR)	1-2 doses if born after 1957
Shingles (Shingrix)	2 doses 6 months apart, age 50 or older
HPV	2-3 doses, before age 26
Pneumococcal	2 doses, starting at age 65

* If you have certain risk factors or medical conditions, you may also need to be vaccinated for Hepatitis A or B, meningococcal disease, and *Haemophilus influenzae* disease. You may also need to receive more doses of the above vaccines or receive them earlier in life.

SUMMARY



Avoid all forms of tobacco



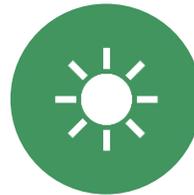
Stay at a healthy weight



Get regular physical activity



Eat healthy with plenty of fruits and vegetables



Protect your skin from the sun



Limit yourself to no more than 2 alcoholic drinks a day, if you drink at all



Know yourself, your family history, and your risks



Have regular check-ups and cancer screening tests