

BLUE, YELLOW AND WHITE IS MEN'S HEALTH ALL ABOUT COLOURS

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Headlines such as Better Sex and How to Last Longer can be seen splashed across Tabloids and Magazines. However, is Men's Health all about the ability to "get it up"? In fact, there are more to that than lust, love, play and pleasure or for the matter of fact the ability to propagate the family line. Because of the "Macho" image that they wish to propagate, risk taking behaviour, emotional health and general well being, there are many things that the family physician has to deal with than that "below the belt".

What are the issues?

There are many issues to look at in Men's health beside which colour pill to prescribe and problems at the groin. These can be grouped into 2 main areas.

1. *Lifestyle*

- κ Unhealthy eating habits
- κ Risk taking behaviour
- κ Relationship problems
- κ Stress management
- κ Anger management
- κ Sexual behaviour
- κ Smoking cessation.

2. *Physiological*

- κ Injuries; sustain at work, sports and road traffic accidents
- κ Cardiovascular problems: blood pressure, stroke and cholesterol
- κ Cancers: colorectal, prostate.

Studies have shown that men are more likely to die on the road than woman. This is because they drive faster and are more likely to take risk than women drivers.

How do we improve Men's Health?

Family Physician has a unique role to play as we see them across their life stage. Each consultation provides ample opportunities for "Health Promotion". The best strategy is to use a "case finding" approach to identify high risk groups and to introduce intervention as early as possible. Enclosed is a format adopted from the Family Practice Management published by the American Academy of Family Physician which is useful for fact finding.

REFERENCES

1. Royal Australian College Of General Practitioner guidelines for preventive activities in General Practice; 5th edition RACGP 2002 (The Red Book).
2. Royal Australian College Of General Practitioner; putting prevention into practice 1st edition 1998 (The Green Book).

WELL-MALE EXAM

1. Age: _____
2. Have you had any of the following problems?

a. High blood pressure	YES / NO
b. Heart disease	YES / NO
c. Cancer	YES / NO
d. High cholesterol	YES / NO
3. Do you have any of the following problems?

a. Bothersome joint pains	YES / NO
b. Sexual problems (getting and keeping erections, completing intercourse, etc)	YES / NO
c. Change in size/firmness of stools	YES / NO
d. Change in size/colour of a mole	YES / NO
e. Sleeping poorly or having any trouble falling or staying asleep during the past month	YES / NO
f. Often feeling down, depressed or hopeless during the past month	YES / NO
g. Often having little interest or pleasure in doing things during the past month	YES / NO
h. Difficulty with urine stream strength or flow rate	YES / NO
i. Getting up frequently at night to urinate	
j. Chest pain, shortness of breath, stomach problems or heartburn	YES / NO
k. Problems with falling or doing routine tasks at home	YES / NO
l. Periods of weakness, numbness or inability to talk	YES / NO
4. Do you have a parent, brother or sister with a history of the following?

a. Cancer of the prostate or intestine	YES / NO
b. Heart pain or heart attacks before	YES / NO

 If yes to a or b:
 Relation: _____ Type: _____
 Relation: _____ Type: _____
5. Have you ever used tobacco? YES / NO
 If yes:
 Average number of packs/day: _____
 Number of years smoked: _____
 Year quit: _____
 When are you planning to quit?
 Now / next 6 months / sometime / never
6. Do you drink alcohol? YES / NO
 If yes:

a. Have you ever felt you should cut down on your drinking?	YES / NO
b. Have people ever annoyed you by nagging you about your drinking?	YES / NO
c. Have you ever felt guilty about your drinking?	YES / NO
d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES / NO
7. Prevention:

a. Which of the following are included in your diet?	
Grains and starches	a lot / some / few
Vegetables	a lot / some / few
Dairy foods	a lot / some / few
Meat	a lot / some / few
Sweets	a lot / some / few
b. Exercise:	
Activity _____	
Days per week _____	
Time/duration _____ minutes	
Exertion:	stroll / mild / heavy
c. Do you always wear seat belts?	YES / NO
d. If over 30 years old, have you had your cholesterol level checked in the past five years?	YES / NO
e. Have you had a tetanus shot in the past 10 years?	YES / NO
f. Does your house have a working smoke detector?	YES / NO
g. Do you have firearms at home?	YES / NO
h. How many sexual partners have you had in the last 12 months? ____	
in your lifetime? ____	
i. When is the last time you had a dental check-up? _____	
8. Please describe any concerns you have:

Date: _____

Height	Weight	Overweight	BP
		YES/NO	

				ALLERGIES
Temp	Pulse	Resp	O ₂ Sat	

OTHER COMPLAINTS/HPI:

PHYSICAL EXAM:

As indicated by past medical history (none of the following are specifically recommended by USPSTF):

Oral exam (if smoker)	:	Normal	Abnormal
HEENT	:	Normal	Abnormal
Heart	:	Normal	Abnormal
Lungs	:	Normal	Abnormal
Genitourinary	:	Normal	Abnormal
Abdomen	:	Normal	Abnormal
Prostate	:	Normal	Abnormal
Rectum	:	Normal	Abnormal
Skin	:	Normal	Abnormal
Extremities	:	Normal	Abnormal

Diagnoses (#s correspond to problem list)

PLAN

All patients:

- κ Handout given and reinforced healthy diet, lifestyle, exercise and safety
- κ Immunizations: flu, Td (q 10 yrs)
- κ Recommended dental exm
- κ Others

Over 40 y/o:

- κ Cholesterol
- κ Coated ASA: o 325 mg/d o 81 mg/d

Over 50 y/o:

- κ Coated ASA: o 325 mg/d o 81 mg/d
- κ Immunizations: pneumococcal (>65 y/o)
- κ Colon cancer screen: o coloscopy o ACBE o flex sig o stool guaiac x 3
- κ Calcium R: o 600 mg/d o 1200 mg/d
- κ PSA (controversial)

Follow-Up:

- κ Routine visit in _____ for _____
- κ Physical exam in _____