

# OVERVIEW OF MEN'S HEALTH AND CME COURSE

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## INTRODUCTION

For years, we had maternal and child health programs as well as well women clinics in Singapore. We even have a hospital dedicated to women and children. Recently the term men's health had been bandied around. Is it reactionary hype or is there a case for greater emphasis on the health of half the population in Singapore who happen to be male in gender?

World wide, we know that males die earlier. The disparity in life expectancy between the genders is predicted to widen in the next decade. In most major categories of disease, men are at greater risk of dying. Men are 3.5 times more likely to commit suicide than women. Men are also twice as likely as women to die of violent causes. Therefore there is a case to look closely into the concept of Men's Health.

## CONCEPT OF MEN'S HEALTH

For some, men's health is synonymous with erectile dysfunction which is presently well emphasized due to the happy coincidence of many new drugs being launched in the market that remedies the condition.

A logical approach is to follow the women's health movement and focus on diseases unique to the male gender namely, those afflicting the prostate and the testicles. That would then call for national screening programmes for prostatic and testicular cancer analogous to the screening programme for breast cancer. However, such an approach neglects many unique health problems that have a special affinity for males.

Men are more likely than women to have unhealthy lifestyles. They are more likely to drink too much alcohol, to smoke and to eat an unhealthy diet.

Risk taking behaviour and interpersonal violence are more prevalent among men. This is reflected in the higher accident fatality rates among men. The concept of "masculinity" and the gender stereotype can also have harmful effects on the health of men. Manhood is often equated with sporting and drinking prowess. The man is the breadwinner. He is responsible for the financial well being of the family. He is expected to be tough and stoic in the face of pain and suffering. Men are less likely than women to recognize physical and emotional symptoms. They are less likely to seek medical help early. Men are less likely to consult their family doctors when ill. The cultural expectations of males create even greater health stress for males with lower social status. It has been suggested that this neglected subset of male population may be doubly handicapped. They encounter greater stress to their health, are in greater need of attention and yet are more likely to be neglected.

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## THE ROLE OF FAMILY PHYSICIANS

Family physicians must recognize this need and to be on the look out for the patients who do not consult. There should be some effort in reaching out to men with health problems either through their family members or through programmes targeting diseases that are more likely to afflict men.

## CME COURSE ON MEN'S HEALTH NOVEMBER 2003

### Components and CME points

The CME Course on Men's Health is made up of the following components. You can choose to participate in one or more parts of it. The CME points that will be awarded are also indicated.

- κ Distance learning course – 6 units (see attached) – each unit 1 CME point
- κ Seminars – 2 Seminars – each 2 CME points
- κ Workshop – 2 CME points
- κ Reading papers on Men's Health – 10 – each 1 CME point up to 5 points maximum for the whole CME year.

### Distance learning course

Unit 1: Male Aging

Unit 2: Diagnosis and the Understanding of Erectile Dysfunction

Unit 3: Managing Erectile Dysfunction

Unit 4: Approach to Urinary Symptoms in Men

Unit 5: Diseases of the Prostate

Unit 6: Stress and Coping

### Unit 1

Male Aging

- κ Pathophysiology of Aging
- κ Endocrinology of the Aging Male
- κ Health issues in the Aging Male
- κ Rational Approach to Medical Intervention.

### Unit 2

Diagnosis and Understanding of Erectile Dysfunction

- κ Male Sexuality
- κ Pathophysiology of Erectile Dysfunction
- κ Clinical Assessment
- κ Psychosocial Assessment
- κ Investigations
- κ Pitfalls in Diagnosis.

### Unit 3

Managing Erectile Dysfunction

- κ Drug Therapy
- κ Vacuum Devices
- κ Surgery.

*Unit 4*

## Approach to Urinary Symptoms in Men

- κ Urinary symptoms in Men
- κ Pathophysiology of urinary symptoms
- κ Diagnostic approach
- κ Common Pitfalls in history taking and interpreting urinary symptoms.

*Unit 5*

## Diseases of the Prostate

- κ Benign Prostate Hypertrophy
- κ Prostatitis
- κ Prostate Cancer.

*Unit 6*

## Stress and Coping

- κ Counselling and Psychotherapy in Erectile Dysfunction
- κ Mood Disorders in Men
- κ Coping with Aging.

**FACE-TO-FACE SESSIONS****Seminar 1: 29 November 2003**

2.00pm – 4.00pm (2 CME points)

- 1) Male Aging
- 2) Diagnosis and Understanding of Erectile Dysfunction
- 3) Managing Erectile Dysfunction

**Workshop 1: 29 November 2003**

4.00pm – 6.00pm (2 CME points)

Group A: Case discussion and Implementing Disease Management Strategies

Group B: Relaxation Therapy

**Seminar 2: 30 November 2003**

2.00pm – 4.00pm (2 CME points)

- 1) Approach to Urinary Symptoms in Men
- 2) Diseases of the Prostate
- 3) Stress and Coping

**Workshop 2: 30 November 2003 (REPEAT)**

4.00pm – 6.00pm (2 CME points)

Group A: Case discussion and Implementing Disease Management Strategies

Group B: Relaxation Therapy.