

## A SELECTION OF TEN CURRENT READINGS ON MEN'S HEALTH AVAILABLE AS FREE FULL-TEXT

Selection of readings made by A/P Prof Goh Lee Gan

The URLs of the articles are given below the reference.

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### PROMOTING MEN'S HEALTH

#### Reading 1

Hall RH. Promoting men's health. *Aust Fam Physician*. 2003 Jun;32(6):401-7.

<http://www.racgp.org.au/afp/downloads/pdf/june2003/20030601hall.pdf>

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#### ABSTRACT

**BACKGROUND:** In the past men have declined to follow health authority recommendations to go to their general practitioner for preventive health checks. The BEACH report on male consultations in general practice in Australia 1999-2000 reveals low GP utilisation by men, high smoking rates and high at risk alcohol consumption. Although attendance rates increase in men over 45 years of age, problems managed at that stage are frequently chronic in nature, and rates of obesity are high.

**OBJECTIVE:** This article discusses men's health needs and approaches to preventive health in men, drawing from the experience of nine Victorian projects on Rural Men's Health Promotion.

**DISCUSSION:** At different times in their lives men have differing health experiences and needs, and different degrees of interest in improving their health. Strategies are required at a community level to educate and encourage men to attend GPs and engage in health prevention. At a practice level we need to be employing strategies to encourage men to attend, including appropriate appointment times and going to where men are in workplaces and sporting clubs. Within the consultation when men do present, we need to address the presenting problem but also encourage further health discussion relating to risk factors, and improving resilience.

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## Reading 2

Wijesinha S. Male reproductive health – what is the GP’s role? *Aust Fam Physician*. 2003 Jun;32(6):408-11.

<http://www.racgp.org.au/afp/downloads/pdf/june2003/20030601wijesinha.pdf>

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### ABSTRACT

**BACKGROUND:** Male reproductive health issues cause considerable morbidity, as well as mortality, in our community. Although ‘women’s health’ has been a separate and important subject of medical interest for many years, it is only recently that the study of male health, andrology, has gained impetus as an area of research and clinical importance. **OBJECTIVE:** This article outlines the current issues and recent advances in men’s reproductive health. **DISCUSSION:** Despite publicity in the popular press about erectile dysfunction it remains an under treated, treatable condition, with close association with increased cardiovascular risk. The advent of intracytoplasmic sperm injection has significantly improved the management of male infertility. Testicular cancer now has an excellent prognosis and, while screening for prostate cancer remains a controversial area, prostate cancer mortality appears to be declining. As general practitioners we need to keep abreast of developments in male reproductive health, know how to sensitively question our male patients about their concerns and to deal effectively with the answers we receive.

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## Reading 3

Brownhill S, Wilhelm K, Eliovson G, Waterhouse M. ‘For men only’. A mental health prompt list in primary care. *Aust Fam Physician*. 2003 Jun;32(6):443-50.

<http://www.racgp.org.au/afp/downloads/pdf/june2003/20030601brownhill.pdf>

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### ABSTRACT

**BACKGROUND:** Barriers to detecting symptoms of depression in male patients in primary care include patients’ reticence to self disclose and doctors’ failing to ask questions that tap into their patient’s emotional distress. Effective consultation is further hindered by time constraints, undifferentiated and nonspecific symptoms of depression, differing attribution of symptoms and expectations of the consultation, and low levels of mental health literacy. These issues, of particular relevance to men, informed the design of a screening instrument, the ‘For Men Only’ Prompt List (PL). **OBJECTIVE:** This article reports an evaluation by male patients and their general practitioners of the PL conducted in the context of primary care. The patients completed the PL in the waiting room and used it to raise issues during consultation. The instrument was evaluated using a short questionnaire completed by patients, a postal questionnaire by GPs, and field notes. **DISCUSSION:** The PL was useful for those patients who required prompting in raising issues surrounding depression. Those who already had a good relationship with their doctor, were at ease discussing issues without prompting, or had a specific physical problem to be treated, did not find it as useful. All practitioners found the PL provided extra information about their patients. It also helped them build rapport with patients and made their job of assessment easier. Doctors depend on patients to self disclose and patients depend on doctors to provide an accurate diagnosis. The PL addresses some of the barriers to identifying depressive symptoms in men, particularly in assisting male patients to ‘open up’ to their doctors.

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## ERECTILE DYSFUNCTION IN SINGAPORE

### Reading 4

Tan JK, Hong CY, Png DJ, Liew LC, Wong ML. Erectile dysfunction in Singapore: prevalence and its associated factors—a population-based study. *Singapore Med J.* 2003 Jan;44(1):20-6.

<http://www.sma.org.sg/smj/4401/4401a3.pdf>

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### ABSTRACT

**PURPOSE:** To study the prevalence of erectile dysfunction (ED) in Singapore males aged 30 and above and its association with demographic, medical and other risk factors.

**METHODOLOGY:** A population based cross sectional study of 729 men aged 30 and above in Singapore was conducted using the abridged, five-item version of the International Index of Erectile Function (IIEF-5). Presence of erectile dysfunction was defined as IIEF-5 score of less than 21. Erectile dysfunction was further categorised into mild (IIEF-5: 16-20), moderate (IIEF-5: 11-15) and severe (IIEF-5: <11). A logistic regression model was used to identify significant independent risk factors for ED.

**RESULTS:** Overall, 51.3% of respondents (n=374) reported some degree of erectile dysfunction. Of these, 23.2% have mild ED, 8.8% have moderate ED and 19.3% had severe ED. The prevalence of ED increased from 42.8% for men in their forties to 77.4% in their sixties. The prevalence of severe ED increased from 9.1% in men in their forties to 43.5% in their sixties and 77.0% in those aged 70 and above. Age above 50 years is the single most significant risk factor on multivariate analysis when adjusted for all confounding factors. Other important risk factors include Indian ethnic group, lower household income, physical inactivity, diabetes mellitus and cardiac diseases.

**CONCLUSION:** Erectile dysfunction is common amongst Singaporean men. Age is the single most important physiologic factor affecting erectile function. The prevalence and severity increased significantly with age after 50 years old. With an ageing population, erectile dysfunction may become a significant health problem. Health care providers should plan their resources accordingly.

## SUBFERTILE MAN

### Reading 5

Kolettis PN. Evaluation of the subfertile man. *Am Fam Physician.* 2003 May 15;67(10):2165-72.

<http://www.aafp.org/afp/20030515/2165.html>

Department of Surgery, Division of Urology, University of Alabama at Birmingham, Birmingham, Alabama 35294-3296, USA.

### ABSTRACT

Infertility affects 15 percent of couples, and 50 percent of male infertility is potentially correctable. Evaluation of the subfertile man requires a complete medical history, physical examination, and laboratory studies. The main purpose of the male evaluation is to identify and treat correctable causes of subfertility. In addition, many men seek an explanation for their condition, which can be discovered during their evaluation. Furthermore, the male fertility evaluation can uncover significant medical and genetic pathology that could affect the patient's health or that of his offspring. Although pregnancies can be achieved without any evaluation other than a semen

analysis, this test alone is insufficient to adequately evaluate the male patient. Treatment of correctable male-factor pathology is cost effective, does not increase the risk of multiple births, and can spare the woman invasive procedures and potential complications associated with assisted reproductive technologies. Appropriate evaluation and treatment of the subfertile man are critical in delivering suitable care to the infertile couple.

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## OSTEOPOROSIS IN MEN

### Reading 6

Campion JM, Maricic MJ. Osteoporosis in men. *Am Fam Physician*. 2003 Apr 1;67(7):1521-6.

<http://www.aafp.org/afp/20030401/1521.pdf>

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### ABSTRACT

Osteoporosis in men is now recognized as an increasingly important public health issue. About 30 percent of hip fractures occur in men, and one in eight men older than 50 years will have an osteoporotic fracture. Because of their greater peak bone mass, men usually present with hip, vertebral body, or distal wrist fractures 10 years later than women. Hip fractures in men, however, result in a 31 percent mortality rate at one year after fracture versus a rate of 17 percent in women. Major risk factors for osteoporosis in men are glucocorticoid use for longer than six months, osteopenia seen on plain radiographs, a history of nontraumatic fracture, hypogonadism, and advancing age. Bisphosphonates and teriparatide (recombinant parathyroid hormone) have recently been approved for use in men and should be considered along with supplemental calcium and vitamin D. Increased awareness by physicians of risk factors for male osteoporosis – and early diagnosis and treatment – are needed to decrease the morbidity and mortality resulting from osteoporotic fractures.

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## PROSTATE CANCER SCREENING

### Reading 7

U.S. preventive services task force. Screening for prostate cancer: recommendations and rationale. *Am Fam Physician*. 2003 Feb 15;67(4):787-92.

### SUMMARY

The USPSTF found good evidence that PSA screening can detect early-stage prostate cancer but mixed and inconclusive evidence that early detection improves health outcomes. Screening is associated with important harms, including frequent false-positive results and unnecessary anxiety, biopsies, and potential complications of treatment of some cancers that may never have affected a patient's health. The USPSTF concludes that evidence is insufficient to determine whether the benefits outweigh the harms for a screened population.

If early detection improves health outcomes, the population most likely to benefit from screening will be men aged 50 to 70 who are at average risk, and men older than 45 who are at increased risk (African-American men and men with a family history of a first-degree relative with prostate cancer).<sup>3</sup> Benefits may be smaller in Asian Americans, Hispanics, and other racial and ethnic groups that have a lower risk of prostate cancer. Older men and men with other significant medical problems who have a life expectancy of fewer than 10 years are unlikely to benefit from screening.

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## SEXUAL DYSFUNCTION AFTER TREATMENT FOR URINARY TRACT SYMPTOMS

### Reading 8

Brookes ST et al. Sexual dysfunction in men after treatment for lower urinary tract symptoms: evidence from randomised controlled trial. *BMJ*. 2002 May 4; 324 (7345): 1059

<http://bmj.bmjournals.com/cgi/reprint/324/7345/1059>

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### ABSTRACT

**OBJECTIVE:** To examine the impact on sexual function of treatments for lower urinary tract symptoms in men.

**DESIGN:** Multicentre pragmatic randomised controlled trial of standard surgery (transurethral resection of the prostate), non-contact laser therapy, and conservative management (no active intervention).

**SETTING:** Three clinical centres in the United Kingdom.

**PARTICIPANTS:** 340 men aged between 48 and 90 years with lower urinary tract symptoms related to benign prostatic enlargement.

**MAIN OUTCOME MEASURES:** ICSsex questionnaire items concerned with erectile stiffness, ejaculatory volume, pain or discomfort on ejaculation, whether sex life was spoilt by urinary symptoms.

**RESULTS:** Erectile and ejaculatory dysfunction were common (70%) and problematic at baseline and showed the expected trends with ageing. After treatment, reduced ejaculation was reported in all groups but was not significantly worse after standard surgery than after laser therapy. Erectile function was significantly improved after standard surgery; no significant difference was found between standard surgery and laser therapy (odds ratio 0.70, 95% confidence interval 0.36 to 1.38). Standard surgery was significantly better at relieving pain or discomfort on ejaculation than either conservative management (0.06, 0.007 to 0.49) or laser therapy (0.09, 0.01 to 0.73).

**CONCLUSIONS:** Compared with laser therapy standard surgery for lower urinary tract symptoms has a beneficial effect on aspects of sexual function – particularly in improving erectile function and reducing reported pain or discomfort on ejaculation. Older men who need treatment and want to retain or improve sexual function may thus want to consider standard surgery rather than non-contact laser therapy.

## TESTICULAR TORSION

### Reading 9

Bird S. Failure to diagnose – testicular torsion. *Aust Fam Physician*. 2003 Jul;32(7):527-8.

<http://www.racgp.org.au/afp/downloads/pdf/july2003/20030705bird.pdf>

MDA National

### SUMMARY

Failure to diagnose a surgical condition, such as appendicitis, testicular torsion, or ectopic pregnancy is a relatively common source of claims against GPs. Testicular torsion should be considered in any adolescent patient presenting with a painful or swollen testis. If testicular torsion is suspected, the patient should be referred for urgent surgical.

## APPROACH TO HIV PREVENTION

### Reading 10

Pisani E, Garnett GP, Grassly NC, Brown T, Stover J, Hankins C, Walker N, Ghys PD. Back to basics in HIV prevention: focus on exposure. *BMJ*. 2003 Jun 21;326(7403):1384-7.

<http://bmj.bmjournals.com/cgi/content/full/326/7403/1384>

Family Health International, Bangkok, Thailand; Imperial College, London; East West Center/Thai Red Cross Society Collaboration, Bangkok, Thailand; Futures Group, Glastonbury, CT, USA; Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 Avenue Appia, Geneva 1211, Switzerland

### SUMMARY

Despite worldwide efforts to prevent HIV infection, the number of people affected continues to rise. The authors of this article argue that a commonsense approach based on simple country by country analyses could improve the situation.

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