

LIFESTYLE AND DISEASE, MALE HEALTH AND RISKS

RICHARD S. PELMAN, MD (1), DEAN S. ELTERMAN, MD FRCSC (2)

1. Department of Urology, University of Washington School of Medicine, Seattle, WA, USA. Clinical Professor of Urology, Department of Urology, University of Washington School of Medicine.

2. Division of Urology, University of Toronto, Toronto, ON, Canada Medical director of the Prostate Cancer Rehabilitation Clinic at Princess Margaret Hospital Cancer Centre.

Email: elpel@u.washington.edu

SUMMARY

Men throughout the world continue to have higher rates of morbidity and mortality compared to their female counterparts. The result of men living shorter and unhealthier lives impacts families, communities, economies and societies. The majority of the underlying cause relates to modifiable and preventable lifestyle choices made by men. Epidemics in obesity and diabetes are directly related to smoking, poor diet, excess alcohol consumption, and sedentary lifestyles. If physicians and policy makers are truly going to change the poor state of men's health, the focus must be on the preventable illnesses resulting from lifestyle choices and behaviors.

Key words: Male health, epidemiology, risk, lifestyle.

INTRODUCTION

Lifestyle choices complicate decisions regarding health and wellbeing. Consider the impact of smoking and other substance abuse issues, unhealthy diet and obesity, sedentary behavior and failure to maintain adequate exercise. Epidemics in obesity, diabetes and cardiovascular disease are directly related to smoking, poor diet, excess alcohol consumption, and sedentary lifestyles. All have significant consequences regarding disease. All, to some extent, can promote better health if modified or can lead to severe deterioration and progression of illness.

How many patients come to their physicians and other medical providers asking for a medication to treat GERD which is exacerbated by over eating and obesity? How many require treatment for hypertension secondary to smoking, obesity, lack of exercise? The same is true for the consequences of the metabolic syndrome, sleep apnea, diabetes, elevated cholesterol, and lipids.

This is not to say that physicians have become the enablers of excess, however responsibility toward the identification of lifestyle risks does rest on the shoulders of physicians and non-physician providers. The education of the patient regarding the consequences of lifestyle on health concerns and appropriate intervention must accompany any medication solutions. The intervention regarding correction of these life choices are in most cases more intense both for the patients and the practitioner than a simple office reference such as "you should stop smoking, you should lose weight, you should begin to exercise." They are significantly more intense than the simple writing of a prescription. The patients in most instances know they need to initiate these modifications, however, most do not know how. Many may have tried and failed. A coordinated plan must be available for each patient who wishes to make improvements in lifestyle and must be developed with the individual needs of the particular patient with goals set and with sustained follow up. Lifestyle excesses must be approached as addictions and treated as intensely. The ultimate goal of health and disease prevention will result in a happier, healthier patient who will be relieved to be spending less on medications.

The preservation of valuable health dollars and resources within the healthcare delivery system will be an additional benefit. Promoting and propagating better lifestyle choices for younger generations, will hopefully follow an improvement in lifestyle of the current population.

To better appreciate the impact of lifestyle choices on health and disease, let's review associated diseases, opportunities to intervene and the overall economic impact of these diseases on the healthcare system.

OBESITY

Obesity is defined by the United States Center for Disease Control and Prevention as a Body Mass Index (BMI) of 30 or higher, Overweight is defined as a BMI of 25-29.9. The BMI is calculated by dividing the adults weight in kilograms by the square of his or her height in meters. World Health Organization data demonstrates obesity trends have been increasing globally over the last 3 decades. While Obesity rates in the United States have stabilized since 2003, they have more than doubled since 1980 (1). It is approximated that two out of three adults in the U.S. are overweight or obese (69 percent), and one out of three is obese (36 percent) (2). It is predicted that if trends continue in the U.S. that by 2030 half of all men and women will be obese (3).

The most recognizable disease associated with excessive weight is diabetes.

As the epidemic of obesity grows so does the diabetic population. In the United States 55 percent of adults diagnosed as diabetic are obese and 85 percent are either overweight or obese (4). Diabetes as defined by the American Diabetes Association as the presence of any one of the following three criteria A1C \geq 6.5, Fasting plasma glucose-8-hour fast \geq 126mg/dl, Glucose 2 hours post oral load of 75 grams of glucose dissolved in water \geq 200mg/dl. Pre diabetes is defined as A1C 5.7-6.4, Fasting plasma glucose 100-125 mg/dl, Glucose 2 hour post oral load 140-199mg/dl. Pre diabetes is a risk factor for Type 2 diabetes. Pre Diabetes is associated with the metabolic syndrome. The metabolic syndrome is defined as three or more of the following; Blood pressure \geq 130/85, fasting glucose \geq 100mg/dl, Large waist circumference (men \geq 40 inches, women \geq 35 inches), Low HDL Cholesterol (men $<$ 40 mg/dl, women $<$ 50 mg/dl), Triglycerides \geq 150mg/dl. Individuals with metabolic syndrome are at increased risk for stroke, myocardial infarction, diabetes, urinary calculus disease, androgen deficiency, lower urinary tract symptoms, erectile dysfunction.

In addition to type 2 diabetes, obesity itself places individuals at risk for hypertension, elevated cholesterol, cardiovascular disease, gallbladder disease, colon cancer, post menopausal breast cancer, sleep apnea, increase wear on joints leading to either joint replacement surgery or a diminished quality of life. The economic costs of obesity can be significant. They can be calculated as direct costs (those that result from outpatient

and inpatient health services – surgery, labs, imaging, medications), and indirect costs –defined as resources forgone as a result of a health condition(loss of work (5), insurance costs (6), lower wages (7)). One estimate found that the calculated per capita medical spending for an obese individual in the U.S. was an additional \$1,429 or 42 percent higher than for an individual of normal weight. Other authors estimate the per capita spending for obese individuals was \$2,741 or a 150 percent increase (8). Thompson in his research felt that a lifetime course of per person obesity related medical costs were equal to those increases related to smoking (9).

The identification of diabetes, metabolic syndrome, and other obesity related condition's is relatively straightforward when compared to developing an approach and treatment plan for the obese patient. One robust obesity management plan has been developed by the Canadian Obesity Network (www.obesitynetwork.ca).

This comprehensive plan discusses five key principles for obesity management. They are:

1) Obesity is a chronic condition.

Obesity is a chronic and often progressive condition not unlike diabetes or hypertension

Successful obesity management requires realistic and sustainable treatment strategies

Short-term "quick fix" solutions focusing on maximizing weight loss are generally unsustainable and therefore associated with high rates of failure.

2) Obesity management is about improving health and well-being, and not simply reducing numbers on the scale

The success of obesity management should be measured in improvement in health and wellbeing rather than in the amount of weight loss

For many patients, even modest reductions in body weight can lead to significant improvements in health and well-being.

3) Early intervention means addressing root causes and removing roadblocks.

Successful obesity management requires identifying and addressing both the 'root causes' of weight gain as well as the barriers to weight management. Weight gain may result from a reduction in metabolic rate, overeating, or reduced physical activity secondary to biological, psychological or socioeconomic factors.

Many of these factors also pose significant barriers to weight management.

4) Success is different for every individual

Patients vary considerably in their readiness and capacity for weight management.

"Success" can be defined as better quality of life, greater self-esteem, higher energy levels, improved overall health prevention of further weight gain, modest (5 percent) weight loss, or maintenance of the patients "best: weight.

Download English Version:

<https://daneshyari.com/en/article/3830288>

Download Persian Version:

<https://daneshyari.com/article/3830288>

[Daneshyari.com](https://daneshyari.com)