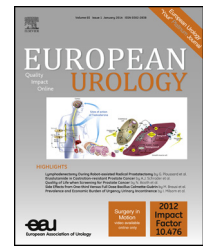


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Platinum Opinion

What Can Be Done to Maintain Men's Health: Perspectives from the EAU Young Academic Urologists Working Party Men's Health Group

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Men have lower life expectancy than women in most countries around the world, regardless of geography, race, and ethnicity [1]. This gender disparity has been reported since the beginning of the 20th century and most likely will continue through the end of this century [2]. Although this phenomenon may be explained by biological and clinical factors such as higher incidence of coronary heart disease, hypertension, diabetes, and cancer [1], high-risk behavior and low utilization of health services may also contribute to men's lower life expectancy [2].

Although the factors accounting for differences in life expectancy between men and women are not yet entirely clear, increasing awareness of this unchallenged reality has resulted in the introduction of a new medical field known as *men's health*. As obstetric and gynecologic problems inevitably drive women to turn to health care from an early age, a similar approach to men complaining of male gender-specific problems not only will allow the presenting complaint to be addressed but also will allow for other male gender-specific problems to be managed accordingly. In an attempt to explore men's contextualized understanding of their health, Coles et al. noted that men perceive barriers to seeking help; however, they are willing to engage in health care services and to discuss their health care needs [3]. Consequently, physicians who specialize in men's health can break down those barriers and play a pivotal role in addressing the general health questions of male patients.

Defining this new approach is a challenging task. Although many professional organizations have different

perspectives regarding the content of men's health, there seems to be agreement that this discipline should focus on the medical problems of the human male anatomy. Because most problems in urology are closely linked to common causes of death in men, systematizing the management of these conditions and addressing this limited perspective as a stepping stone in improving men's overall health is a logical approach.

One example would be the relationship between erectile dysfunction and cardiovascular disease, which is well established [4,5], whereby special evaluation is recommended by the current guidelines in patients presenting with intermediate and high cardiovascular risk (ie, more than three risk factors, unstable angina, recent myocardial infarction, moderate-severe left ventricular dysfunction) [6]. Similarly, a strong association is recognized between male hypogonadism and metabolic syndrome [7], whereas obesity [8] and metabolic syndrome [9] may also play a role in the pathogenesis of lower urinary tract symptoms as related to benign prostatic hyperplasia (Fig. 1).

Taking the aforementioned causal relationships into consideration, the International Society of Men's Health adopted the following comprehensive definition and scope of *men's health* [10]:

- Male gender-specific diseases and conditions related to the male anatomy such as prostate diseases, male sexual dysfunctions, male hypogonadism, and testicular and scrotal diseases

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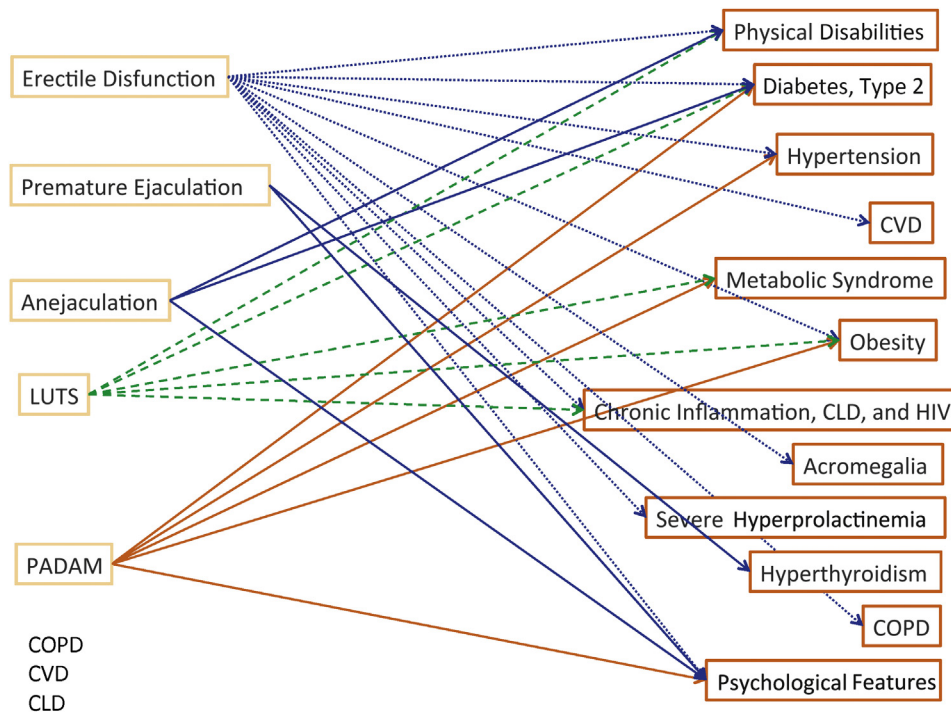


Fig. 1 – Relationships among male gender-specific health issues.

CLD = chronic liver disease; COPD = chronic obstructive pulmonary disease; CVD = cardiovascular disease; LUTS = lower urinary tract symptoms; PADAM = partial androgen deficiency in the aging male.

- Non-gender-specific diseases and conditions with a higher prevalence or special impact on men such as cardiovascular disease; metabolic syndrome; chronic obstructive pulmonary disease; cancers of the lung, colon, bladder, and liver; and schizophrenia including obsessive-compulsive disorder, and suicide
- Behaviors that are more common in men and impose health risks such as smoking, substance abuse, violence, and low utilization of health services
- Social situations involving a majority of men that may have a negative impact on their health such as the armed forces, wars, incarceration, construction, mining, and shipping industries.

This definition fits with the general vision of the men's health field that could be represented as three concentric circles in which the innermost circle represents uroandrogenic problems, the middle circle represents general health issues, and the outermost circle represents psychosocial, work, and productivity implications.

To strengthen the urologist's role as a resource and a point of reference for male patients to coordinate their general health issues, the American Urological Association has prepared a health checklist to guide urologists in screening for urologic and nonurologic men's health issues [11].

Inevitably, the concept of men's health has spread to Europe, and recently a group of young academic urologists has started to focus on this topic under the umbrella of the European Association of Urology (EAU). The ultimate aims established for the Young Academic Urologists Working Party (YAUWP) Men's Health Group are supported by three

pillars: publications, training, and scientific interaction (Fig. 2).

With regard to publications, the goal is to increase the understanding of the men's health field within the urologic community while improving patient care by incorporating the latest scientific evidence and expert recommendations.

To date, formal education in the specific field of men's health is sorely lacking, and our aim is to preliminarily assess the current level of andrologic training within Europe through a survey. Through strict collaboration with the EAU Section of Andrological Urology, a men's health curriculum will be implemented as an integral part of urology residency training and will include an effective multidisciplinary environment so that all urologists are equipped to provide high-quality men's health care in its entirety. Furthermore, collaboration with existing EAU offices such as the European Urological Scholarship Programme (EUSP) and the European School of Urology will promote scholarships and thematic courses in specialized and certified European centers.

With regard to scientific activity, we aim to establish a multicenter scientific clinical network among specialists involved in men's health covering specific topics (eg, urologists, cardiologists, and endocrinologists for clinical studies on metabolic syndrome, cardiovascular risk, and sexual health; urologists and medical oncologists for the management of sexual well-being during oncologic treatment; interaction between urologists and specialists involved in reproductive medicine for aging men seeking fatherhood). Finally, we will invest in preclinical research identifying priority research lines, such as physiopathology

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