

The Intersection of Medicine and Urology

An Emerging Paradigm of Sexual Function, Cardiometabolic Risk, Bone Health, and Men's Health Centers



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KEYWORDS

- Medicine and urology • Sexual function • Cardiometabolic risk • Bone health
- Men's health centers

KEY POINTS

- Men's mental health and how they think about their health are critical to the future of men's health. Poor health choice patterns are established during those years under the age of 50 when men are twice as likely to die compared with women.
- As the future of medicine focuses on quality and value, a better understanding of the social determinants of men's health will identify potential areas of improvement.
- The presentation of a man to a clinician's office with a sexual health complaint should present an opportunity for a more complete evaluation, notably the complaint of erectile dysfunction.
- The future of men's health will be well served by integrated men's health centers that focus on the entire man, with proper education and testing and careful shared decision making between patient and provider.

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WHY MEN'S HEALTH?

Gender-based medicine, specifically recognizing the differences in the health of men and women, drew significant attention in the 1990s with regard to addressing disparities. The National Institutes of Health Office of Research on Women's Health was established in 1990, and in 1994 the US Food and Drug Administration (FDA) created an Office of Women's Health, resulting in a dramatic increase in the quantity and quality of research devoted to examining numerous aspects of women's health, rendering women's health in the mainstream today.¹

Although decades of research have yielded many important findings about health disparities and disease burden in men, such knowledge has not resulted in the benefits expected. Men are still less likely than women to seek medical care and are nearly one-half as likely as women to pursue preventive health care visits or undergo evidence-based screening tests.² Recent data indicate that 68.6% of men aged 20 years and older are overweight,³ and life expectancy of men continues to trail that of women by nearly 5 years in 2014 (76.4 years for men and 81.2 years for women).⁴

Men's health as a concept and discipline is in a nascent state compared with women's health. Most clinicians and the public consider men's health a field concerned only with diseases of the prostate and erectile dysfunction (ED). Men's health has recently become a hot topic in these specific areas, with millions of dollars spent on remedies for prostate health, improved urinary flow, and enhanced erections and by comparison a much smaller amount directed at improved preventive health.⁵

Adult men ages 18 years to 65 years do not use or react to health care services in the same ways as women⁶ and are less likely to attend preventive health care visits.⁷ Men are also less likely to follow medical regimens and are less likely to achieve control with long-term therapeutic treatments for chronic diseases, including hypertension, diabetes mellitus, and atherosclerotic heart disease.^{8,9} The Commonwealth Fund did a mass survey in 2000 and found that "an alarming proportion of American men have only limited contact with physicians and the healthcare system in general. Many men fail to get routine check-ups, preventive care, or health counseling and they often ignore symptoms or delay seeking medical attention when sick or in pain."¹⁰

The presentation of a man to the clinician's office with a sexual health complaint should present an opportunity for a more complete evaluation, notably the complaint of ED. In a landmark article published in 2005, Thompson and colleagues¹¹ confirmed that ED is a sentinel marker and risk factor for future cardiovascular events. Incident ED occurring in the 4300 men without ED at study entry enrolled in the Prostate Cancer Prevention Trial was associated with a hazard ratio of 1.25 for subsequent cardiovascular events during the 9-year study follow-up. For men with either incident or prevalent ED, the hazard ratio was 1.45.

WHO IS THE MEN'S HEALTH DOCTOR: PRIMARY CARE PHYSICIAN, UROLOGIST, OR SUBSPECIALIST?

With the advent of the Patient Protection and Affordable Care Act in March 2010, millions of men ages 18 years through 45 years who previously did not have access to health care entered the marketplace to obtain health insurance. Although urologists are typically thought of as "men's doctors" and obstetrician-gynecologists are considered "women's doctors," the issue remains: Who is to shoulder the responsibility for men's health in the decades to come? Integrated men's health centers (MHCs) to deliver health care for years to come need to be created.

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