

MEN'S HEALTH GUIDE

INTRODUCTION





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Introduction to Men's Health



The average life expectancy of a man born in the United State in 2007 is 75 years and 5 months. The life expectancy for a man has increased dramatically in the past 50 years. How long we live is important; however, the quality of life is equally important. The ability to enjoy life to its fullest requires investing time and effort into health maintenance and disease prevention. This investment pays dividends almost immediately and it is never too late to begin. A person who was 65 years old in 2007 could expect to live to age 82, and a 75 year old could expect 10 more years of life.

Our bodies are incredibly complex machines that require fuel components (food, water, and air) to grow, function, and repair itself. Like any machine, the body requires routine maintenance to make it last a long time and to function well throughout a person's life expectancy. Using the body as it was intended and minimizing abuse also increases its ability to perform. When we buy a car, we expect to routinely change the oil, filters, rotate the tires, and avoid driving too aggressively to keep the car running smoothly and last a certain length of time. As in life, accidents happen and cosmetic injuries occur, but it is the "guts" of a car, the engine, transmission, and brakes that will decide if it will be happily driving down the road or sitting in the junkyard.

Our bodies suffer through illnesses and accidents and many are unavoidable. Taking care of your body also includes <u>scheduled maintenance and screening examinations</u> to detect illnesses at an early stage, which increases the potential for cure and a return to health. Learning to listen to the body's warning signs and symptoms is the same as paying attention to the check engine light in your car, neither should not be ignored.

A healthy lifestyle is not just an absence of disease, but an opportunity to enjoy the years of life available to each person. Medical care can help the body maintain its performance as it ages. A longer life expectancy should not be considered a jail sentence to inactivity. But as the body ages, there is an expected and normal physiologic change in some of the hormones in the male body.

Prostate Problems



The prostate is a unique male organ. It is located beneath the bladder and connects it to the penis. Its function is to produce part of the seminal fluid that is alkaline, which helps lengthen the life span of semen when it enters the vagina. The prostate also has involuntary muscles that contract to help expel semen during ejaculation.

A common condition in men that is part of the normal aging process is <u>benign prostatic hypertrophy</u> (BPH or enlarged prostate). The urethra is a tube that passes through the prostate and drains the bladder. A man with an enlarged prostate (BPH) often has difficulty emptying the bladder because the urethra is being compressed by prostatic tissue. This compression of the urethra makes it difficult for the bladder to generate enough pressure to overcome the obstruction (enlarged prostate). Over time, the bladder itself begins to weaken making urination even more difficult.

Symptoms of BPH include:

- Urinary frequency (urinating more often)
- <u>Urinary urgency</u> (the feeling that he has to empty the bladder urgently or risk wetting himself)
- Urinary hesitancy (difficulty starting the urine stream)
- Urinary straining (requiring more pressure or bearing down to empty the bladder)
- Poor urine stream and <u>dribbling</u>

Treatment of BPH (which may include medications or surgery) depends upon the man, any underlying medical conditions, and the severity of symptoms.

Testosterone



<u>Sexual health</u> and function are important parts of a healthy lifestyle. The ability to participate in sexual intercourse depends upon the brain, hormones, nerves, and blood vessels that supply the penis. A variety of mechanisms and feedback loops need to work for an erection to occur.

There are numerous causes of erectile dysfunction (ED, impotence) including:

- diabetes,
- peripheral vascular disease,
- spinal cord injury, and
- multiple sclerosis.

Impotence is also a complication of <u>prostate cancer treatment</u> including surgery and <u>radiation</u>.

Smoking is an independent risk factor for developing impotence.

Treatment of erectile dysfunction depends upon the cause but may include medications (for example, <u>tadalafil</u> [Cialis], <u>sildenafil</u> [Viagra], and <u>vardenafil</u> [Levitra, Staxyn], <u>testosterone replacement therapy</u> and, for some men, <u>prosthetic devices surgically inserted into the penis</u>.

Testosterone levels that are required for <u>puberty</u>, muscle, and bone <u>development in young adulthood</u> gradually decrease over a man's lifetime (sometimes referred to as <u>Low T</u>). Testosterone levels need to be at a certain level to maintain body and brain function. Numerous theories exist about the use of testosterone therapy routinely in older men, but these theories have not been widely accepted. There are however, a few health care practitioners that use testosterone to "prevent aging."

Top 10 Diseases That Kill Men



Most of the common diseases that affect men are potentially preventable, but one needs to know their enemy. Interestingly, the presence of some diseases increases the likelihood that another will occur. Heart disease, stroke, peripheral vascular disease, and dementia all share the same risk factors: smoking, high cholesterol, and family history.

Top 10 Diseases That Kill Men

- 1. Heart Disease
- 2. Cancers
- 3. Injuries
- 4. Stroke
- 5. COPD
- 6. Diabetes
- 7. Influenza and Pneumonia
- 8. Suicide
- 9. Kidney Disease
- 10. Alzheimer's Disease

Read about the above diseases and the complete Men's Health article:

http://www.medicinenet.com/mens health/article.htm#introduction to mens health

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Male Menopause



Male Menopause Introduction

Women may not be the only ones who suffer the effects of changing hormones. Some doctors are noticing that their male patients are reporting some of the same symptoms that women experience in perimenopause and <u>menopause</u>.

The medical community is currently debating whether or not men really do go through a well-defined menopause. Doctors say that male patients receiving hormone therapy with testosterone have reported relief of some of the symptoms associated with so-called male menopause.

What Is Male Menopause?

Because men do not go through a well-defined period referred to as menopause, some doctors refer to this problem as androgen (testosterone) decline in the aging male, or what some people call <u>low testosterone</u>. Men do experience a decline in the production of the male hormone testosterone with aging, but this also occurs with conditions such as <u>diabetes</u>. Along with the decline in testosterone, some men experience symptoms that include <u>fatigue</u>, <u>weakness</u>, <u>depression</u>, and <u>sexual problems</u>. The relationship of these symptoms to decreased testosterone levels is still controversial.

Unlike menopause in women, when hormone production stops completely, testosterone decline in men is a slower process. The testes, unlike the ovaries, do not run out of the substance it needs to make testosterone. A healthy male may be able to make sperm well into his eighties or longer.

However, as a result of disease, subtle changes in the function of the testes may occur as early as 45 to 50 years of age, and more dramatically after the age of 70 in some men.

Read full article:

http://www.medicinenet.com/male menopause/article.htm

Sexually Transmitted Diseases in Men Facts



- Sexually transmitted diseases (STDs) can be spread (transmitted) by intercourse, kissing, oral-genital contact, and sharing sexual devices.
- Aside from abstinence, the use of latex barriers, such as condoms, during intercourse and oral-genital contact (although not 100% effective) is the best means of preventing the spread of STDs.
- Genital or oral ulcers are most often caused by herpes simplex, chancroid, syphilis, and lymphogranuloma venereum.
- Syphilis infection can either produce no symptoms or can cause oral or genital ulcers, rash, fever, or a variety of neurological illnesses ranging from forgetfulness to strokes.
- Chlamydia and gonorrhea can be transmitted alone or together and cause inflammation of the urethra (urethritis), which the patient experiences as burning on urination and a penile discharge (dripping).
- The human immunodeficiency virus (HIV), which causes the acquired immunodeficiency syndrome (AIDS), is spread by infected blood or sexual secretions and is often associated with one or more of the other STDs.
- Human papillomavirus (HPV) causes genital warts and is associated with the development of anogenital cancer such as cervical cancer in women and anal or penile cancers in men.
- Hepatitis B is transmitted primarily through sexual contact while hepatitis C is transmitted more commonly by contact with infected blood.

- Human herpes virus 8 (HHV-8) is a recently identified virus that may be transmitted sexually and
 has been associated with Kaposi's sarcoma (an unusual skin tumor), and possibly certain
 lymphomas (tumors of the lymph tissue).
- Pubic lice and scabies are tiny parasitic bugs that can be spread by skin-to-skin contact

Read full article:

http://www.medicinenet.com/sexually transmitted diseases stds in men/article.htm

Disease Prevention in Men



Routine screening tests are part of basic prevention medicine. All of the following screening tests are commonly available through your doctor. Take an active role in your own health care and discuss screening tests with your doctor early in life. Following is a list of diseases for which screening is recommended along with

mention of the commonly used screening tests, which usually are safe and simple and can help detect many diseases before they become harmful.

- High blood pressure (hypertension)
- Hypercholesterolemia, hyperlipidemia, dyslipidemia
- Type II diabetes mellitus
- Human immunodeficiency virus (HIV)
- Cancer of colon and rectum /polyps of colon and rectum
- Prostate cancer
- Glaucoma
- Melanoma and other skin cancers
- Bladder cancer

Read full article:

http://www.medicinenet.com/disease prevention in men/article.htm

Impotence (Erectile Dysfunction) Quiz



Q: Erectile dysfunction (ED) can be caused by both physical and psychological conditions.

True or False?

A: True.

Risk factors for ED can include the following:

- Advanced age
- Cardiovascular disease
- Diabetes mellitus
- High cholesterol
- Cigarette smoking
- Recreational drug use
- Depression or other psychiatric diseases



Q: By age _____ most men have experienced erectile dysfunction.

A: 45.

By age 45, most men have experienced erectile dysfunction.



Q: A symptom of erectile dysfunction is...

A: The inability to achieve or sustain an erection.

Erectile dysfunction (ED), also known as impotence, is the inability to achieve or sustain an

erection for satisfactory sexual activity. Erectile dysfunction is different from other conditions that interfere with male sexual intercourse, such as lack of sexual desire (decreased libido) and problems with ejaculation and orgasm (ejaculatory dysfunction).

Take the Impotence (ED) Quiz:

http://www.medicinenet.com/impotence erectile dysfunction guiz/guiz.htm

Men's Health Pictures Slideshow: Essential Screening Tests Every Man Needs



Why Screening Tests Are Important

Getting the right screening test at the right time is one of the most important things a man can do for his health. Screenings find diseases early, before you have symptoms, when they're easier to treat. Early colon cancer can be nipped in the bud. Finding diabetes early may help prevent complications such as vision loss and impotence. The tests you need are based on your age and your risk factors.

http://www.medicinenet.com/mens health screening tests pictures slideshow/article.htm

Related Slideshows



Prostate Cancer: Visual Guidelines to Symptoms, Tests and Treatment

Prostate cancer develops in a man's prostate, the walnut-sized gland just below the bladder that produces some of the fluid in semen. Watch this slideshow covering prostate cancer symptoms, tests, staging, treatments, survival, and foods that may help lower your risk.

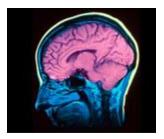
http://www.medicinenet.com/prostate_cancer_pictures_slideshow/article.htm



The Best Flat Abs Moves for Men

Cultivating a six-pack takes more than sweat. It calls for strategy. Watch this slideshow on the best flat abs moves for men. If you want a ripped mid-section, learn how to go from flabby to flat abs with the right moves and foods.

http://www.medicinenet.com/best_abs_moves_for_men_pictures_slideshow/article.htm



Embarrassing Male Body Problems

Belly fat, back hair, sweating, erectile dysfunction, gas, body odor, bad breath -- these issues top the list of body problems that plague men. Watch this slideshow on embarrassing body problems for men.

http://www.medicinenet.com/mens_embarrassing_body_problem_pictures_slides how/article.htm

Patient Comments: Low Testosterone – Symptoms

What were the symptoms of your low testosterone levels?

Comment from: Frank, 45-54 Male (Patient) Published: May 29

I developed low energy and depression a few years ago. I was prescribed antidepressants which never work. A friend suggested a few months ago that I get my testosterone checked. I went to the doctor and my testosterone level was 150. My doctor prescribed Testim and within a week I could feel the positive effects. By the end of 30 days I had great energy, sexual interest, no depression, no more crying spells. I went to the gym daily and lost a few pounds. My testosterone level on Testim went from 150 to 301. Life was great. Last month I went to get my 2nd refill of Testim and was told by the pharmacy that my provider would no longer cover Tesitim. I had to switch to Androgel. I switched for 30 days and noticed the depression came back. This time big time with crying spells, more loss of motivation energy, no sexual interest and a very low sense of wellbeing. I contacted my doctor for a follow-up test of my testosterone which came back at 70! The blood lab showed that I went from 301 on Testim to 70 while on Androgel. My doctor and I are trying to appeal the health care provider to let me remain on Testim.

Related Reading: sexual problems in men | depression

Comment from: Li'l Abner, 65-74 Male (Patient) Published: January 05

I have Low Testosterone, and have been getting shots every 3 weeks for 2 years now. It has made an enormous difference in my life. I regained muscle mass, lost weight, regained my interest in Sex. My Dr. has decided that I should go off of the shots for 4 months so she could determine the cause of my low T. Since then I have gained 10 pounds, I am developing breasts, I have no interest in sex, I don't want to leave the house or do anything with friends and family, I am depressed most of the time. I fear she won't return to giving me the shots because she said that since I have sleep apnea it disqualifies me from T therapy. I don't know what I'll do if I have to live like this.

Related Reading: sleep apnea

Comment from: Mr. low t, 25-34 Male (Patient) Published: October 18

I started suffering from low t about 2 and half years ago. I first noticed something wrong when I could not maintain an erection. Within a year I could barely get an erection. I started on Androgel and I saw immediate results but six months later my symptoms were worse. I went to the gym 4-5 days a week mixing cardio and strength training but I could barely gain muscle. My relationship suffered and I fell into a major depression. A few months back I visited a urologist who referred me to an endocrinologist. Turns out I have a prolactinoma which is a benign tumor on the pituitary. It secrets prolactin which is a hormone that nursing women secret. The hormone's main function is to suppress sexual functions. After a few eye exams (pituitary tumors can affect the optic nerve) and an MRI to confirm the tumor, my doctor started me on cabergoline. It prevents the tumor from secreting the prolactin. I saw instant results. It's only been two weeks, but I am now getting an erection almost daily. I would advise anyone experiencing erectile dysfunction to have your physician check your prolactin levels.

Related Reading: prolactinoma | erectile dysfunction

View all Comments:

http://www.medicinenet.com/low_testosterone/patient-comments-386.htm

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Suggested Reading on Men's Health on MedicineNet

Suggested Reading on Men's Health by Our Doctors





More on MedicineNet:

http://www.medicinenet.com/mens_health/focus.htm

http://www.medicinenet.com/mens_health/index.htm

Suggested Reading on Men's Health Across the WebMD Network



Men's Health on WebMD.com

http://men.webmd.com/



Men's Health Center on Medicinenet.com

http://www.medicinenet.com/mens_health/focus.htm



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