Masculinity & Medicine
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Disclosure Statement

I have no current affiliation or financial arrangement with any grantor or commercial interests that would have direct interest in the subject matter of this CE Program
Objectives

- Understand the leading causes of death in men per national statistics.
- Define masculinity and recognize how masculinity negatively impacts men’s health and health promotion.
- Discuss national guidelines for screening and caring for men in the primary care setting.
- Analyze strategies to help recruit men to primary healthcare settings and retain men in primary care.

Learning to Speak “Their” Language

The book “Understanding Women” has finally arrived in book stores.
Perception of Health

The Chasm is Wide

- Men are leading in 9 out of the top 10 causes of death and women are 100 percent more likely than men to visit a doctor for prevention
- 33% of men surveyed respond that they do not have a primary care provider

(Bond et al., 2014; CDC.gov; Garfield et al, 2008)

- Heart disease: 614,348
- Cancer: 591,699
- Chronic lower respiratory diseases: 147,101
- Accidents (unintentional injuries): 136,053
- Stroke (cerebrovascular diseases): 133,103
- Alzheimer's disease: 93,541
- Diabetes: 76,488
- Influenza and Pneumonia: 55,227
- Nephritis, nephrotic syndrome and nephrosis: 48,146
- Intentional self-harm (suicide): 42,773
Death Rates

Do Not Pass Go

“Although only 1% of men make up breast cancer cases, men diagnosed with this cancer suffer a fatality rate double that of women”

(Evans et al., 2011; Naymark, 2006)
Statistics

Table 1. Current Statistics on Men’s Health and Well-Being

<table>
<thead>
<tr>
<th>Health Category</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At birth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>78.8</td>
<td>79.8</td>
</tr>
<tr>
<td>Female</td>
<td>76.4</td>
<td>75.4</td>
</tr>
<tr>
<td><strong>At age 65</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19.3</td>
<td>19.3</td>
</tr>
<tr>
<td>Female</td>
<td>17.9</td>
<td>18.0</td>
</tr>
<tr>
<td>Male</td>
<td>20.6</td>
<td>20.6</td>
</tr>
<tr>
<td>Female</td>
<td>20.6</td>
<td>20.6</td>
</tr>
</tbody>
</table>

(CDC.gov; Heidelbaugh & Tortorello, 2012)

Reality

(Pringle et al., 2014)
Unsustainability

• Men’s premature morbidity and mortality cost the United States a staggering $479 billion in 2011

• The cost incurred by U.S. employers and society in the form of direct medical payments and lost productivity exceed $156 billion annually.

(Baker et al., 2014; Brott et al., 2011)

Men’s Health Disparity = Women’s Problem!

The declining health of men increases the risk of women entering retirement as a widow. In 2001, over half of widows surveyed were living in poverty that was not present prior to their husband’s death.

(Bond et al., 2014)
Hegemonic Masculinity. A specific set of practices and norms that are seen as masculine and dominate; what a specific culture defines as a “real man” (O'Brien, 2009).

What is Masculine

- Sporting prowess and competitiveness
- Heterosexuality and denigration of homosexuality
- The objectification of women
- Excessive use of alcohol
- The ability to prove oneself through physical force
- Physical and emotional strength
- Risk taking
- Being a breadwinner
- A lack of concern regarding physical and psychological health

Prove it or lose it!

The more masculine behaviors men enact, the greater the likelihood that they will be respected.

Men and Primary Care

- Men generally do not find it necessary to visit their PCP because they rarely feel their condition warrants attention
- Fear, stigma, embarrassment, loss of social status, negative experiences in accessing or negotiating the healthcare system, and masculine norms
- Additionally, lack of knowledge about when and where to seek healthcare, especially when no signs and symptoms of disease are present

(Garcia et al., 2014; Mak et al., 2016; Pringle et al., 2014)
Where Do Men Fit

(Heidelbaugh & Tortorello, 2012)

Table 2. Screening Guidelines for Lifestyle Risks in Men

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>U.S.P.S.T.V. Recommendation (evidence rating)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>Screen and offer behavioral counseling to reduce alcohol use (B).</td>
<td>Improve alcohol consumption to identify men who consume more than 14 drinks per week or more than 4 drinks per occasion; recommend no more than 2 drinks per occasion.</td>
</tr>
<tr>
<td>Depression</td>
<td>Screen all men for whom care support systems are in place (B). Do not screen routinely when they are not (C).</td>
<td>—</td>
</tr>
<tr>
<td>Healthy diet</td>
<td>Provide intensive behavioral dietary counseling for adults with hypertension or other risk factors for cardiovascular and diabetes-related chronic disease (B).</td>
<td>The U.S. Department of Health and Human Services recommends that adults decrease their daily intake of saturated fat, cholesterol, sodium, and added sugars.</td>
</tr>
<tr>
<td>illicit drug use</td>
<td>Evidence is insufficient to balance benefits and harms of routine screening (C).</td>
<td>—</td>
</tr>
<tr>
<td>Obesity</td>
<td>Screen all men for obesity, and offer intensive counseling and behavioral interventions to promote sustained weight loss (B).</td>
<td>Encourage gradual and sustained weight loss in men whose weight exceeds the ideal for their height.</td>
</tr>
<tr>
<td>Physical activity</td>
<td>The A.A.P. recognizes that physical activity is desirable, but the effectiveness of physician advice and counseling is uncertain.</td>
<td>The U.S. Department of Health and Human Services recommends that men participate in at least 75 minutes of moderate-intensity aerobic exercise per week, as well as muscle strengthening at least twice per week.</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>Screen and provide high-intensity behavioral counseling to men at high risk of sexually transmitted infections (B), syphilis (B), and human immunodeficiency virus infection (C).</td>
<td>The Centers for Disease Control and Prevention recommends screening all men 40 years and younger for human immunodeficiency virus infection at least once, regardless of risk factors.</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Screen for tobacco use and provide cessation interventions (A).</td>
<td>Short behavioral counseling sessions and pharmacotherapy are effective in increasing the proportion of smokers who successfully quit and remain abstinent for one year.</td>
</tr>
</tbody>
</table>

Table 3. Screening Guidelines for Chronic Diseases in Men

<table>
<thead>
<tr>
<th>Disease</th>
<th>U.S.P.S.T.V. Recommendation (evidence rating)</th>
<th>Other guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>Screen men with a 20% or worse family history of abdominal aortic aneurysms (B).</td>
<td>—</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Do not screen men with symptoms of COPD (C).</td>
<td>—</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Screen men 50 years of age and older, and men 35 years of age with two cardiovascular risk factors (B).</td>
<td>The National Cholesterol Education Program (N.C.E.P.) recommends screening with a fasting lipoprotein profile every 5 years, but more frequent screening is appropriate for men with high and very high cardiovascular risk.</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Screen men 18 years and older, evidence lacking on optimal screening interval (B).</td>
<td>—</td>
</tr>
<tr>
<td>Obesity</td>
<td>Measured with body mass index (BMI), 30 kg/m² or greater (B).</td>
<td>—</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Evidence is insufficient to assess the balance of benefits and harms of screening (C), recommend bone density testing for men aged 50 years and older who have an additional risk factor (C).</td>
<td>—</td>
</tr>
<tr>
<td>Type 2 diabetes mellitus</td>
<td>Screen men 35 years of age and older, or other age groups with high-risk metabolic syndrome (A).</td>
<td>—</td>
</tr>
</tbody>
</table>


Depression

Masculine Depression Scale

- I've yelled at people or things
- I've had a short fuse
- I got so angry I smashed or punched something
- I don't get sad, I get mad
- I've been drinking more than usual
- I'm using recreational drugs more than usual
- It's easier to focus on work or school than the rest of my life
- I've been under constant pressure
- I've needed to handle my problems on my own
- I've needed more sex than usual to feel good

“Men have been socialized to avoid disclosing their problems and thus men are hesitant to report signs and symptoms of depression when present out of fear of endorsing femininity (Nadeau et al., 2016).”

(Addis & Mahalik, 2003 & 2008; Nadeau et al., 2016)

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>USPSTF/AAP recommendation (evidence rating)</th>
<th>Other guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>Begin screening at 50 years of age in men of average risk, and continue until 75 years of age; offer fecal occult blood testing every year, flexible sigmoidoscopy every five years combined with fecal occult blood testing every three years, or colonoscopy every 10 years (A).</td>
<td>The American College of Gastroenterology endorses colonoscopy as the preferred screening test, and does not recommend double-contrast barium enema. Recommendations from the American Cancer Society are the same as those of the USPSTF and AAP, but include the options of computed tomographic colonography every five years, fecal immunochemical testing every year, or fecal DNA testing (no currently established interval).</td>
</tr>
<tr>
<td>Prostate</td>
<td>PSA-based screening should not be performed at any age because the harms outweigh the benefits (D; draft recommendation).</td>
<td>The American Urological Association recommends offering PSA testing and digital rectal examination to well-informed men beginning at 40 years of age and continuing until life expectancy is less than 10 years. The American Cancer Society recommends discussing the risks and benefits of screening with men 50 to 75 years of age, and initiating screening at 45 years of age in black men and in those with a first-degree relative who was diagnosed with prostate cancer before 65 years of age. Additional screening options, including age-adjusted PSA values, free PSA levels, PSA velocity, and doubling time, have been suggested. No current evidence suggests that these testing strategies improve outcomes.</td>
</tr>
<tr>
<td>Skin</td>
<td>There is insufficient evidence to assess the balance of benefits and harms of whole-body skin examination or patient skin self-examination for the early detection of skin cancer (I, 2009).</td>
<td>NA</td>
</tr>
<tr>
<td>Testicular</td>
<td>Do not routinely perform clinical screening or self-examination (D).</td>
<td>The National Cancer Institute states that screening would result in unnecessary diagnostic procedures with attendant morbidity.</td>
</tr>
</tbody>
</table>

(Heidelbaugh & Tortorello, 2012)
Have It Your Way

- Create a Space Men Feel Welcome In
- Go To Them
- Change Office Hours
- Write Down Reason for Visit or No Reason
- Don’t Expect Negotiation With Everyone in the Office
- Create “Buy-In” – *Phallus, Family, Children*
- Address Fear Up Front
- Know The Latest Testing Modality
- Use Your Poker Face
- Use Story Theory to Level the Playing Field
- Know When Too Much Is Too Much

*(Pringle et al., 2014)*

Where Do We Go From Here

HHS – Office of Women’s Health
NIH – Office of Research on Women’s Health
CDC – Office of Women’s Health
FDA – Office of Women’s Health
HRSA – Office of Women’s Health
National Heart, Lung, and Blood Institute – Women’s Health Initiative
Reframing Messages

(Watkins and Griffith, 2013)

Educate, Educate, Educate
Curricular Revisions

<table>
<thead>
<tr>
<th>Course</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Determinants of Men’s Health</td>
<td>What masculinity means to men</td>
</tr>
<tr>
<td>Biological &amp; Genetic Determinants</td>
<td>The study of disease and health issues specific to men</td>
</tr>
<tr>
<td>Individual Behavioral Determinants</td>
<td>The study of understanding and addressing behavior that affects men’s health</td>
</tr>
<tr>
<td>Policy Making Determinants</td>
<td>Study dedicated to reviewing policy that affects men’s health and policies that could be developed to positively reach men through health services</td>
</tr>
<tr>
<td>Health Services Determinants</td>
<td>Study aimed at addressing the need for more targeted and effective health services for men</td>
</tr>
</tbody>
</table>

(Giorgianni et al., 2013)

Resources

- Men’s Health Caucus – American Public Health Association
- APA – Division 51
- American Society for Men’s Health – AUA
- Men’s Health Initiative
- CDC Men’s Health
- Champions of Practice
Journals

- American Journal of Men’s Health
- American Journal of Lifestyle Medic
- Journal of Men and Masculinity
- The Journal of Men’s Health & Gender
- The International Journal of Men’s Health

Questions


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