Men’s Health as an Integrated Specialization and Erectile Dysfunction as a sentinel marker

Abstract

In the older era Men’s Health was considered only from the Sexual Perspective. Man was Considered and Portrayed as a stronger sex and there was a lack of awareness about other aspects of health. In the modern society there has been a paradigm shift in the way male health has been projected based on data and evidence. The older beliefs have been recognized as flawed and followed by transition to modern day practices. It is evident that average lifespan of men is 5 years less than women and is attributable in large part to a number of known and unknown factors apart from increased genetic susceptibility, stress of ‘being the provider’ for the family, Increased risk of hypertension, coronary artery disease, depression, associated risk factors and high risk behavior, professional hazards and certain gender specific diseases and cancers. There is a need to integrate various specialties and provide an integrated and Comprehensive Package of Health Care (CPHC) to men under the label of integrated men’s health program (IMHP) pertaining to the low likelihood of men seeking consultation for health issues due to social beliefs, taboos and various other reasons. Incidentally erectile dysfunction has been found to proceed or correlate with a number of diseases affecting men at an early stage including major morbidities like coronary artery disease, depression and metabolic syndrome and its screening and prevention may be new avenues in preventive health. Men’s health should be projected as a new specialty with erectile dysfunction as a ‘Sentinel Marker’ of ‘Male Health’. It is the era when men need to open up, come forward and be cured.

Presentation

The Historical Perspective on Men’s health

Men’s Health has come a long way from the era when Hippocrates (5th-4th century BC) described the high incidence of impotence and infertility and attributed it to continuous trauma to the genitalia due to horse riding in “De aëre aquis et locis” or when Aristotle (384 till 322 BC) like many other Greek authors debated that air or ‘pneuma’ was the initiator of erection. It was not until the 15th century that Leonardo da Vinci described the increase in blood flow to the penis as a basic principle of erection. Similar to Greek medicine the Indian system of medicine also acknowledged impotence in around 8th century BC, and a humble attempt was made to described the cause of this condition classified as voluntary, congenital, praecox and disease of genital organs. The Indian system described the various doshas and qualities of fertile semen. Chinese medicine also described sexual impotence and attributed it to the constriction of yang. Most of the ancient available literature focused on sexual dysfunction among males in the name of men’s health. Until the 18th century Men's health remained confined to male sexuality and everything ranging from potions to electric current was applied to improve those sexually weak. The 18th century focused on overindulgence as one of the causes of impotence and poor sexual health and young men were subjected to preputial infibulation as a means of precluding masturbation and for a very long duration sexual practices remained flawed with myths and misconceptions.

The Recent Revelations

Based on a mortality survey done in the recent past in Western Europe from 1625 to 1900 it was realized that women were the focus of attention in terms of preventive healthcare. Many organizations and societies identified the lacunae and the need to address women related issues and began to focus on health of women. In this endeavor the focus on Men’s health was completely lost in the modern society. Man was projected in the society as a stronger sex and thus felt constrained by Social Taboos. There was an inherent embarrassment to discuss health related issues which were further strengthened by doubtful needs about Specialty for Men’s Health due to lack of a Stronger Evidence Base. There is little...
evidence of effective interventions to target male illness in the past and the agenda has traditionally been to prevent venereal diseases and cure impotence.

In the 21st century we have enough data to prove that the focus of men's health needs to move from sexual dysfunction to see the bigger picture. The facts are that Men use health services less frequently than women, visit a doctor later in the course of condition thus bearing poorer health outcomes. They die, on average, 4.9 years earlier than women and suicide, and Homicide four times as often as women. Extreme differences have been observed in Russia (12 years) and India (2 years) in favor of women. Men die in accidents about twice as often as women and mortality due to acquired immune deficiency syndrome (AIDS) is three times the rate of women. Men are likely to engage in more high-risk behaviors and work at more dangerous occupations which makes them more vulnerable. To top it all, Men are less informed about health issues, less likely to utilize preventive and healthcare services, suffer from the effects of substance abuse at a higher rate, have a greater tendency to engage in antisocial behavior, and more likely to be uninsured, lack a social support network and be homeless. We are at an early phase of studying gender differences in health and risk factors.

The Indian Situation
India has the second largest population in the world after China with current population in 2013 being 1.24 billion. As per 2011 census the sex ratio is 940 females per 1000 male's life expectancy at birth for males is 65.77 years and for females is 67.95 years. Men have shorter life span due to their risk taking habits like smoking, chewing tobacco, drinking alcohol, higher suicidal tendency, drugs in take, rash driving, unsafe sex and health hazards at work place. There are a few findings that need to be considered:

- On average men live about 3-5 less years than women
- 1 in 2 men, while 1 in 3 women, will be diagnosed with cancer in their lifetime
- Men lead in 9 out of the top ten causes of death

Urologists / Andrologists along with major stakeholder specialties like Cardiology, Oncology, Psychiatry, Endocrinology, Orthopaedics, Reproductive Medicine, and Rehabilitation Medicine are on a mission to improve the health of men and empower them to pursue healthier lives. The reason for this greater interest in men's health is the overwhelming irrefutable evidence from many scientific studies of the significant disparity in gender health. All over the world, men live shorter than women and suffer more from heart disease and cancer. This disparity in utilizing preventive healthcare is more pronounced in populations of low socioeconomic status. Moreover, prostatic ailments, andropause, Urinary Tract Infections, urethral infections (urethra being longer and more vulnerable than female), significant osteoporosis incidence etc. pose more gender specific problems where Urologists and Andrologists have to interact. Realizing this, the urological society of India had also conceptualized PDAP (Prostate Disease Awareness Program), an Indian awareness program for prostate diseases. When the administrators in Govt. of India admit that for decades India has been struggling to achieve National Health Program unmet targets related to women, children and communicable and non-communicable diseases, men's health has been inadvertently ignored.

As stated Men suffer more than Women as far as Oncological disease burden is concerned. Not only this, the Oncological outcomes in men are worse than women. Men specific Prostate Cancer which was at no. 6 or 7 in India in male populations has already risen to number 3rd-4th position in different cities and can any time become the number 1 Cancer in Indian Male.

Men's Health is one section of medicine which has often got neglected with no concerted efforts being currently undertaken by the health care system for its promotion on the national front. Urologists along with other major specialties can contribute immensely to the endorsement of this cause as we frequently deal with problems of men in the geriatric and adolescent age group.
In the current situation there is a need to find markers to assess men’s health and provide tools which can contribute to promoting male health. Erectile dysfunction is one such potential marker. Risk of Erectile Dysfunction is higher among men with low socioeconomic status, high body mass index, those who were sedentary, current smokers and those with diseases including diabetes, heart disease, and depression/anxiety. ED is a potent predictor of all-cause death and the composite of cardiovascular death, Myocardial infarction, Stroke and Heart failure. The peripheral cavernosal arteries are end arteries, and thus do not have the ability to form collaterals to compensate for decreased blood flow, as does the heart. This loss of vasodilation may be recognized earlier in the microvascular penile bed than in coronary arteries. Erectile Dysfunction (ED) thus heralds to the more ominous cardiovascular accidents. In fact ED is now recognized as the Sentinel Marker which precedes Cardiac Event by two years. The endothelial dysfunction is common precursor to both cardiovascular disease and erectile dysfunction.

In a study among newly diagnosed type 2 diabetics, 20% of the patients reported having used ED drugs, but more than 50% had abandoned therapy because of the drug's ineffectiveness or high cost. About 20% of these patients also had depression and many had hypogonadism. It has been suggested that Subclinical endothelial dysfunction and insulin resistance may be the underlying pathogenesis of ED in young patients without well-known etiology. Mean IIEF-5 scores were lower for the men with depression and anxiety indicating a strong relationship between erectile dysfunction and mental state. Patients with ED had significantly lower 5-year stroke-free survival rates and erectile dysfunction has also been referred to as a marker for cerebrovascular accidents. There is an increase in evidence from multiple epidemiological studies that lower urinary tract symptoms (LUTS) and erectile dysfunction (ED) are correlated. Screening for Erectile dysfunction is thus a powerful tool in the hands of a Men’s Health expert to assess risk of future morbidity from coronary artery disease, diabetes, stroke, depression and metabolic syndrome. It is an integrated marker of overall health.

Men’s health so far has been on the back burner in India. Belatedly though, the concept of Men’s health now seems to be all set to be considered for inclusion in National Programs. National Health Programs in India are presently concentrating on communicable and non-communicable diseases and also maternity and child health and there is no national health program dedicated to Men’s Health. India is going to host the 10th Men’s Health World Congress (MHWC) in 2015 and the challenge faced is that we lack epidemiological data of male dominated diseases. We have to have our own Men’s Health Country report before planning and targeting Men’s Health related morbidity and mortality issues in the country.

It is our endeavor to convert this thought process into a mission to ensure a Men’s Health Aware India and to lead remedial interventions for reaching the logical end in the pursuit to improve men’s health and empower Indian Man. Our men also suffer from a peculiar premarital anxiety. Many of these young men have been exposed to fallacious ideas and suggestions which are in fact detrimental to their psyche and result in sexual dysfunction. These men end up feeling guilty about past sexual practices and thus result in psychogenic ED. Another prevalent disorder often neglected is that syndrome which destroys the productive years of a number of young men in this country. Awareness is the only hope and answer to the future that is plagued by misconceptions. In infertile couples, the male factors are responsible in about 50% cases. It is important to recognize these factors and educate doctors and public at large to minimize health related problems in males and to improve their quality of life and longevity.

So let us all pledge and put our head together in the pursuit of achieving our goals to enable men to ‘Celebrate the Manhood’ and develop Men’s Health as an Integrated Specialization. What we need is Men’s Health friendly facilities and integration of this specialty in the main stream. This not only requires an effort form the health sector but all sections of the society including women who have a big role in influencing how men perceive themselves and their health. There is a need to establish a dedicated Integrated Men’s Health National Program and Male Genitourinary Disorder (Male GUD) National Program.
Program which shall include research, epidemiological studies, prevention and control of male morbidity and mortality.


13 Circulation. 2010 Mar 30;121(12):1439-46. Erectile dysfunction predicts cardiovascular events in high-risk patients receiving telmisartan, ramipril, or both: The ONgoing Telmisartan Alone and in combination with Ramipril Global Endpoint Trial/TelmisartanRandomized AssessmeNt Study in ACE iNtolerant subjects with cardiovascular Disease (ONTARGET/TRANSCEND) Trials.


