

The Evolution of Men's Health

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In recognition of June as national Men's Health Month, the current issue of the *Rhode Island Medical Journal* (RIMJ) focuses on this young and evolving discipline in the field of medicine. The discipline has its roots in Rhode Island at the Men's Health Center at The Miriam Hospital, the first of its kind multidisciplinary center founded by **MARTIN M. MINER, MD**, in 2008.

The term "men's health" is used interchangeably in medicine, media and advertising, which makes its definition a challenge. From a healthcare perspective, it implies urologists treating male-specific disorders like erectile dysfunction or prostate cancer in a clinic or traditional office setting. Outside of the office, the term assumes a less academic and more commercial meaning. An internet search of men's health reveals a proliferation of websites for fitness and grooming products and direct-to-consumer (DTC) platforms selling anti-aging elixirs and male-enhancement products. The line between healthcare and consumerism is becoming increasingly blurred, and whether the academic and online identities of men's health are complementary or in competition remains to be seen.

Necessity of a gender-based approach

The striking health disparities between men and women provide a compelling argument for why a gender-based approach to healthcare for men is necessary. Life expectancy for males in the United States is 4.8 years less than that for females,¹ and men die at higher rates than women from 9 of the top 10 leading causes of death. In addition, men have higher lifetime risks for heart disease, cancer, diabetes and HIV/AIDS,² and are disproportionately affected by substance abuse and homelessness.³

Men's mental health is the focus of increasing attention as well, largely based on the disproportionate impact of mental health issues like suicide and substance abuse. Men commit suicide at a rate nearly four times higher than women, yet men are half as likely to use mental health services.⁴ When they experience depression they are more likely to "act out" and engage in dangerous risk taking and alcohol and substance abuse.⁵ Traditional screening tools for depression do not capture these symptoms, and mental health disorders in men may be significantly underdiagnosed.

Men in underserved populations are affected by unique challenges resulting from the combined effects of race,

ethnicity and gender-based discrimination.⁶ Obstacles to socioeconomic status, safety and education drive these disparities, and a mistrust of the healthcare system perpetuates the problem. The result is a disproportionate burden of chronic disease in Black and Hispanic men. African American men are affected by violence and incarceration at alarming rates, and young African American men are 53 times more likely to be murdered than their White counterparts.⁷

Action steps needed on academic, federal level

Despite the poor health outcomes that men face, academic medicine has been slow to embrace men's health as a discipline. Most institutions offering services under the umbrella of men's health do so within the department of urology and provide a narrow range of services for problems like low testosterone and erectile dysfunction. A survey of the top 50 hospitals for urology in the U.S. News and World Report rankings revealed that only 16 of the top 50 programs offered some form of a men's health center, while 49 out of 50 offered a women's health center. Of the 16 centers offering some form of men's health, only four provided primary care services like treatment for cardiovascular disease, diabetes, musculoskeletal injuries or preventive care.⁸ Research is lacking, and there are only six journals indexed in MEDLINE dedicated to men's health as compared to 62 journals dedicated to women's health. A PubMed search of papers and abstracts from 1970 to 2018 showed that the term "men's health" has been used 1,555 times, whereas the term "women's health" has been used 14,501 times.³ A coordinated public health policy to address these disparities is absent. There are currently zero federal dollars dedicated to funding men's health, and a federally funded office of men's health does not currently exist.

Alternatives: online platforms, telemedicine

The advent of interactive websites and telemedicine has made access to health information increasingly convenient. Men now have alternatives to the traditional office setting and can access information about embarrassing male-specific issues like erectile dysfunction, Peyronie's disease and infertility from the comfort of their own homes. Studies confirm that only a small fraction of men suffering from sexual dysfunction seek help from a doctor,⁹ and a recent survey that was part of Cleveland Clinic's MENTion It campaign

demonstrated that 40% of men preferred to talk about a sexual health problem with a physician online or by phone because they were “too embarrassed” to discuss them in person.¹⁰ The widespread availability of sexual health information online has helped to normalize a discussion about a sensitive subject like erectile dysfunction, and it provides a unique opportunity to educate men about the link between erectile dysfunction and cardiovascular risk. Younger men who go online to search topics related to sexual function, fertility and contraception can be introduced to information about the importance of paternal health and the need for preconception care for the male parent. Young men drop out of the healthcare system at an alarming rate after their high school years, and keeping them engaged in a conversation about their health and wellness is a potential step in the right direction.

The internet has been a particularly successful medium for combating the mental health crisis that men are facing. Organizations like HeadsUpGuys have reached millions of men around the world and provided guidance and hope to men suffering from depression or contemplating suicide.¹¹ The National Black Men's Health Network and The Confess Project have leveraged the far reach of the internet to extend healthcare from the office into the community and promote programs that address the unmet mental health needs of minority men. As a result of this outreach, men in underserved communities are now able to start a conversation about their mental health in a comfortable and trusted environment.

However, online platforms are unregulated, and the spread of misinformation is also very real. DTC sales of testosterone, anti-aging and male-enhancement products via online platforms bypass the physician's office entirely. They run the risk of directing men away from important health screenings and preventive care. A recent study of internet traffic to six major DTC prescribing websites offering erectile dysfunction evaluation and treatment showed that the number of unique, quarterly visitors increased from 655,733 in the 4th quarter 2017 to over 11 million in the 4th quarter 2019.¹² Demand for this type of transactional care is eye-popping and presents a significant challenge to our healthcare system.

Going forward

For the discipline of men's health to evolve to meet the healthcare needs of men, it will require partnerships and cooperation within medicine and beyond the four walls of the office. A coordinated plan to promote men's health must be supported by academic medicine, and leaders in the field must agree to share responsibility for this movement with no single specialty having ownership. Brick and mortar men's health centers have the potential to act as medical homes delivering basic primary care services and linking men with specialty care and research. Such centers gain

credibility from associations with medical schools and large healthcare systems. Valuable lessons can be learned about men's preferences for non-traditional modes of delivery by the success of online men's health platforms, and finding creative ways to improve access and reach men in the communities where they live and work will be essential to the success of the field.

Contributions

The authors featured in this issue have made important contributions to the field of men's health and are working to shape its future. **MARTIN M. MINER, MD**, is Clinical Professor of Family Medicine and Urology at The Alpert Medical School of Brown University and, as noted, founder of the Men's Health Center at The Miriam Hospital. He and co-authors describe the evolution of men's health as an academic discipline and outline the need for a dedicated curriculum to train clinicians in this field. **MYLES SPAR, MD, MPH**, is a leader in the field of Integrative Men's Health and former National Medical Director for Vault Health, a successful virtual health platform delivering men's health services. Drs. Spar and Miner discuss the successful expansion of healthcare for men to online platforms and the potential for these platforms to assume a larger role in preventive care. **YUL D. EJNES, MD**, is Clinical Professor of Medicine at The Alpert Medical School of Brown University, Chair of the Board of Directors for the American Board of Internal Medicine and Chair-Emeritus of the ACP Board of Regents. He offers a unique perspective on the disintermediation of primary care providers in the age of transactional medicine. **JOHN S. OGRODNICZUK, PhD**, is Professor and Director of the University of British Columbia Psychotherapy program and founder of HeadsUpGuys, an eHealth resource for men with depression. He and colleagues describe how this digital platform was developed to normalize mental health seeking behavior for men. **DAVID P. GUO, MD**, completed his training in urology at Stanford University and fellowship in Male Reproductive Medicine and Surgery at Brown University. He provides a review of the factors affecting male fertility and introduces the concept of using preconception care as an opportunity to keep younger men engaged in their own health and wellness.

Collectively, it is our hope that the above contributions inform our colleagues and raise awareness of the specific healthcare needs of men, and the evolving discipline rooted in our home state.

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