



# Men's Health

Your Questions Answered

BY ILLYSE LANE

True story. The morning I was assigned this story was the morning I returned from my brother-in-law's funeral. A healthy father and husband who died in his sleep at the ripe old age of 50. Yes, you read it correctly.

This loss set off a temporary wave of panic among the men in our family. They wondered if they'd been remiss in ignoring those persistent aches and pains. They contemplated if they should have been more honest with their doctors, confessing their poor diets and overindulgences. They mentally reviewed their family history, wondering if they'd be next.

Now, they have answers. *Cary Living* had the chance to connect with a few of our local experts. Five doctors with enough diverse experience to cover nearly every inch of your body. We asked them to shed some light on a few of the most popular topics in men's health. To dispel some of the myths, eliminate any confusion, highlight the important and share some of what the average man needs to know. Let's start with a sensitive topic.

## THE TRUTH ABOUT ERECTILE DYSFUNCTION

*You say:* I'm fine. I just need that little blue pill once in a while. Besides, I've been stressed out and tired lately.

*The Experts Say:* First, you are not alone. Erectile Dysfunction (ED) is a problem that affects 18 million men in the United States alone. It can be especially common if you have diabetes or are obese. When should you be concerned? If it is a recurring issue and it's happening with frequency such as a few times a month.

*Can't You Just Call In A Prescription?* Unfortunately, ED is more than being stressed out, tired or even having problems in your relationship. "ED is a barometer of overall health that can be an indicator of more serious life-threatening conditions such as heart disease, diabetes and prostate cancer," says Dr. Brent Sharpe of North Carolina Urological Associates. If accompanied by a decrease in interest, self-esteem issues or anxiety, it could also be a symptom of depression or low testosterone.

*The Heart Attack Connection:* "Evidence that links heart disease and ED

has been mounting during the past several years. In one study, 65% of men who experienced a heart attack had erectile dysfunction and no history of heart disease," says Dr. Sharpe. Additionally, it has been documented that men experience their first heart attack about three years after their first signs of ED, making it an early warning sign of cardiovascular disease.

Dr. Sharpe explains that because the penile arteries are much smaller than arteries of the heart, evidence of cardiovascular disease can manifest first as ED symptoms, long before other symptoms occur, putting you at risk for a vascular event. And, while heart attacks may be the first thing to pop into your mind, remember that strokes are also vascular events. "ED could be your first indicator that there's a bigger problem," says Dr. Richard Daw of Wake Heart and Vascular Associates.

*Takeaway:* The good news is that when identified, ED can be cured and more serious cardiovascular events can hopefully be averted. So don't be embarrassed. And don't procrastinate. Be willing to go to your doctor and make sure there's nothing else going on.

## THE IMPORTANCE OF DEVELOPING A RELATIONSHIP WITH A FAMILY PHYSICIAN

*You Say:* I'm too busy to go to the doctor. I've got knee pain because I overdid it being weekend warrior. And the pain in my chest at night is just indigestion or stress.

*The Experts Say:* "The fact is, most men go to the doctor only when they're convinced they are dying," says Dr. David Adams, Board Certified Family Physician. Here's the thing. The majority of the time, you're not dying. The majority of the time, there's an explanation for your ailment. And there's no easier way to get answers than by developing a relationship with a family physician or internist.

*Know This:* "If you are having persistent issues of any kind and have not had a physical in a while, see your doctor," says Dr. Adams. A relatively healthy young man with no risk factors – no tobacco use, obesity, high blood pressure or family history – may forgo the annual physical and instead go in once every few years for a physical exam and blood work. As you get older, if any risk factors are present, or if you are on medication, see your doctor annually.

*About Those Risk Factors:* The key to good health is good habits, all in an effort to eliminate risk factors. While certain factors such as family history cannot be escaped, there are other ways to take care of yourself:

- *Eliminate tobacco products:* This is the single most preventative factor for a whole variety of health issues. It's so detrimental to your health that it almost negates the value gained by implementing all the other healthy living habits, such as good eating and exercise. Even a current smoker can reduce his risk by quitting.
- *Lower your cholesterol:* You may be a candidate for medication, but you can also lower your cholesterol through a healthy diet and exercise.
- *Eat a healthy, low fat diet:* Include plenty of fruits and vegetables.
- *Exercise:* Just moderate exercise a few times a week can help.
- *Reduce stress:* Sure, it's easier said than done. But stress does take a physical and emotional toll on the body. Exercise is a wonderful way to let it go.
- *Increase sleep:* It's a common misconception that as we get older, we need less. Ideally, most of us need at least six to eight hours a night.

*What About Vitamins?* The most important vitamin to take is the one you're deficient in. If you are concerned, see your doctor.

*Takeaway:* Establishing a relationship with a physician and going in to get a physical will give you a baseline of your health, so if there are any significant changes, your doctor will be able to respond quickly.



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**THE MEANING OF SCREENING... AND HOW IT'S DIFFERENT THAN A DIAGNOSIS**

*You say:* I turned 50 and I'm getting my first colonoscopy. What if they find something?

*The Experts Say:* Are you having symptoms? If not, don't panic. "It's important that people understand the difference between screening and diagnosis, as well as the benefit of both," says Dr. William Bobzien III of Waverly Hematology Oncology. "During a screening, you're looking for a test that has both high sensitivity, meaning that if the condition is there, it can be found, and high specificity, meaning that if something is found, what is the likelihood that it is the disease." If symptoms are present, you are instead looking at a potential diagnosis and you will be referred to a doctor who can help make that diagnosis.

So what is recommended?  
 • **Colonoscopy:** The American Cancer Society recommends that every man, beginning at age 50, have one, and this recommendation is based on the assumption that you have no symptoms. If you have a family history, talk to your doctor about beginning screenings earlier. "It may be that you begin at an age 10 years earlier than the age of the person who was diagnosed," says Dr. Bobzien. So if your father was diagnosed at the age of 50, you begin at 40.

• **PSA (Prostate Specific Antigen) Test:** The American Cancer Society leaves the decision to screen for prostate cancer is between you and your doctor. "For the average, healthy male, this should be considered starting at the age of 50," says Dr. Charles Eisenbeis of Cancer Centers of North Carolina. If you are at higher risk for prostate cancer, which includes African Americans and men who have a first-degree relative such as a father, brother or son diagnosed with prostate cancer at an early age (younger than age 65), these discussions should be at the age of 40 or 45, depending on how many first-degree relatives have been affected.

*The Only Time It's OK To Ignore the Guidelines:* If you have symptoms, regardless of age, proceed directly to your physician.

*And What If They Find Something?* If you are referred to a specialist based on symptoms or screening results, it is important to understand that it may or may not be something to be concerned about. "A good family physician is doing his job in getting further tests and there are lots of things it could be," says Dr. Bobzien. While it could turn out to be something, it could also turn out to be a non-problem or a trivial problem. If a problem is found, it will be identified, evaluated, and you'll be referred to a specialist.

**WHAT IF IT'S CANCER?**



*Getting a Diagnosis:* First, try to remain calm. "Hearing the words 'you have cancer' can be scary. However, it is important to keep in mind that many cancers are treatable, and many people are living satisfying and productive lives, even with a cancer diagnosis," says Dr. Eisenbeis.

*Information Overload:* In addition to family and friends who will offer advice, it may be tempting to immediately turn to the Internet for more information. "While there are certain useful sources of information, there is also information that can be misleading or incorrect," says Dr. Eisenbeis. Instead go to your doctor for specific details on your cancer. It is also a good idea to keep a notebook with questions for your doctor, so that when you meet, you don't have to try to remember everything you want to ask.

*The First Visit:* Your initial visit should include a thorough discussion of the diagnosis, including treatment options and both the short-term and long-term prognosis. A key part of this will be staging your diagnosis, includes determining if the cancer is localized or has spread. "It is important to determine if you can cure it or if you are trying to control it," says Dr. Bobzien. If there is a need for additional testing, this will also be discussed.

*Treatment:* "The treatment of cancer is changing dramatically, with novel drugs and treatments being introduced at a rapid pace. Many of these new treatments are more effective against cancer, but have fewer or less severe side effects when compared to the treatments available even 10 years ago," says Dr. Eisenbeis. Treatment plans are specifically tailored not only to the patient's cancer type, but also to his personal goals and wishes.

In general, most cancer treatment, including both chemotherapy and radiation therapy, can cause fatigue. Nausea and loss of appetite are also common. The specific treatment plan will include a plan for how to deal with these symptoms if they arise. Questions you should be asking include:

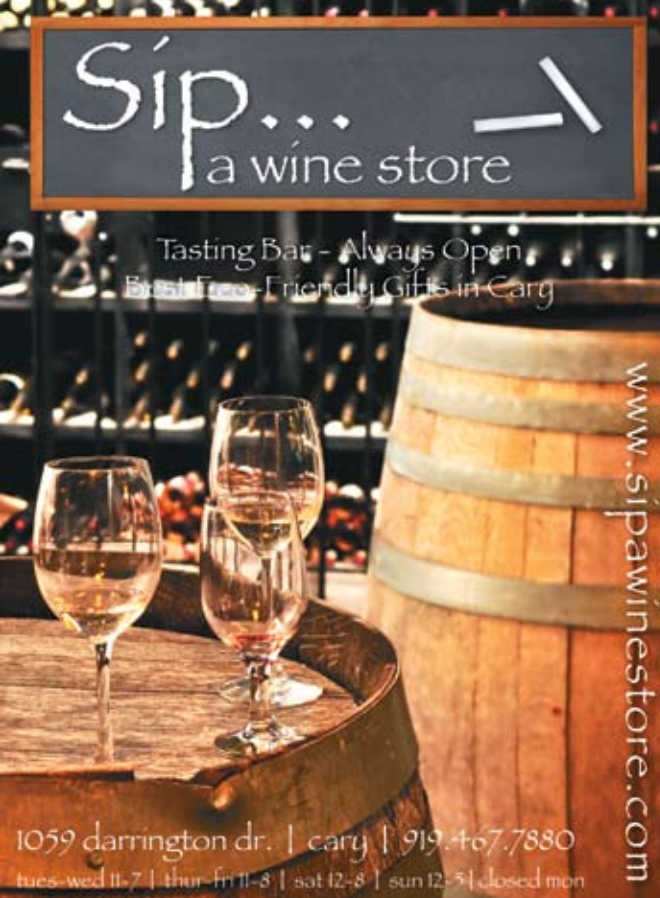
- How often the treatments are given?
- What should I expect on treatment days?
- Are there any medications to prevent side effects?
- What can be done if side effects occur?
- Who do I call if I'm having problems?
- What are the expectations of treatment?
- What kind of testing schedule will be implemented to determine if the treatments are working?
- What are the options if the recommended treatment doesn't work?

*Takeaway:* Feel confident that if you are diagnosed with cancer, you will receive compassionate care that is on the cutting edge of modern medicine, with your medical oncologist working to coordinate and manage your care.



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## I'M WORRIED ABOUT A HEART ATTACK OR STROKE

*You say:* I'm a walking time bomb. I'm going to have a heart attack or stroke out.

*The Expert Says:* Good for you for making the connection between the heart and the brain. "Understanding that a stroke is a heart attack of your brain can help you understand the risk factors," says Dr. Daw. This connection also extends to a risk for a vascular event in your extremities. Once you understand the connection, it also makes it easier to understand what you can do to prevent a vascular event.

*Understanding Atherosclerosis:* When plaque develops in the arteries, the hardening of the arteries occurs. This is a disease called atherosclerosis. Atherosclerosis in the heart is called coronary artery disease and is the most common cause of heart attacks. When atherosclerosis is found in the arteries that supply blood to the brain, it may cause a stroke. If found in arteries in other parts of the body, such as the pelvis and legs, it can cause poor circulation, slower healing of skin injuries, and erection problems. Atherosclerosis is very common in people over the age of 65.

*Preventative care:* If you are healthy with no symptoms or history, your physical exam conducted by your general internist will encompass preventative care. This will include blood work with a full lipid profile, a cholesterol breakout and a discussion of any risk factors. Outside of the doctor's office, Dr. Daw stresses the importance of physical activity,



stress management, a healthy diet, managing a healthy weight, and if you are a smoker, quitting. If you are at risk, have symptoms or have had physical findings of a heart attack or stroke, a specialist will perform diagnostic tests.

*Importance of Aspirin:* The benefit of aspirin for those at risk for a vascular event has long been reported. What is recommended? "If you are an at-risk male over the age of 45, a dose of about 81 mg a day is beneficial," says Dr. Daw. The key word in that statement? At-risk. Additionally, if you are experiencing heart attack or stroke symptoms, take an aspirin as you call 9-1-1.

*Treating Heart Disease:* A major part of treating atherosclerosis and coronary artery disease involves lifestyle changes such as quitting smoking along with medications to help reduce high cholesterol, control high blood pressure, and manage other factors that increase a person's risk of heart attack, stroke, and other complications.

## SUSPECT A HEART ATTACK OR STROKE?

The American Heart Association recommends calling 9-1-1 if you notice one or more of these signs:

### Heart Attack Warning Signs

- Chest discomfort: Usually in the center of the chest that lasts for a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body: May include one or both arms, the back, neck, jaw or stomach.
- Shortness of Breath: May occur with or without chest discomfort.
- Other signs: May include a cold sweat, nausea or lightheadedness.

### Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

## UNDERSTANDING CHOLESTEROL

High cholesterol is one of the major controllable risk factors for coronary heart disease, heart attack and stroke. While overall level of your cholesterol is important – less than 200 is the desired number – it is also important for your doctor to evaluate the components of your cholesterol: low density lipoproteins, high density lipoproteins, and triglycerides. These are the American Heart Association's Guidelines for the components of cholesterol:

Components	Description	Desired level*
LDL	The "bad" cholesterol. Too much can build up in the artery walls, resulting in atherosclerosis.	Optimal: Less than 100 Near Optimal: 100-129
HDL	The "good" cholesterol. High levels seem to protect against heart attack. Low levels (less than 40 mg/dl) increase the risk of heart disease.	60 and above
Triglycerides	People with high triglycerides often have high cholesterol and LDLs, as do people with heart disease and diabetes.	Normal: Less than 150 Borderline High: 150-199

\*in milligrams per deciliter of blood

## SO WHAT'S NOW?

There's a lot of information out there. And you should read and learn so you can be as educated as possible about your health. But as you read, keep in mind that as soon as one study comes out singing the praises of a new treatment, medicine, supplement or regime, another study is sure to take its place, stating just the opposite. "Medicine is not a clear-cut science. Everything has to be interpreted in light of relation to the family history, patient history, personal history and lifestyle," says Dr. Adams. So stay on top of your health by talking with your doctor about what is best for you.

And if there is a problem, don't be frightened of what might be. Instead, find out what the problem is and what you can do about it. "We are fortunate to be in an area with very competent doctors, including some fantastic medical schools. You have lots of options," says Dr. Bobzien. 🌐

Editor's note: Always consult with your doctor regarding your health.

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