

MEN'S HEALTH TALK

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ADVICE FROM THEIR DOCTORS

- 43% of men received advice about exercise
- 37% about diet
- 31% family history of prostate cancer
- 25% about urinary symptoms
- 14% about sexually transmitted diseases
- 10% about impotence

TOPICS

- Sarcopenia
- Testosterone
- Prostate Issues
- Erectile Dysfunction

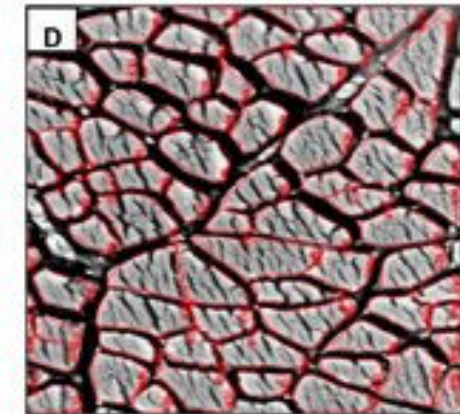
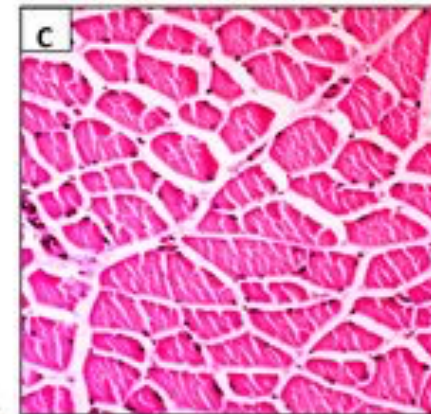
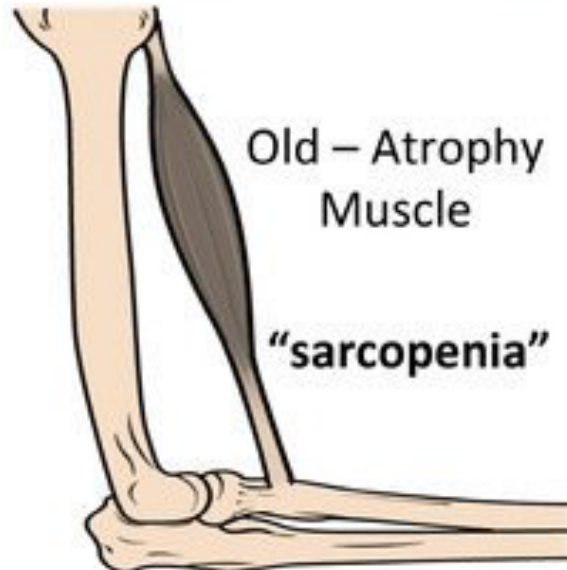
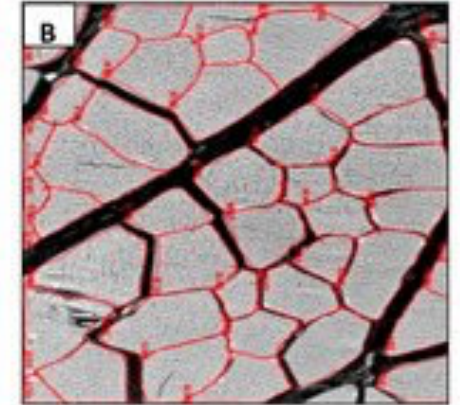
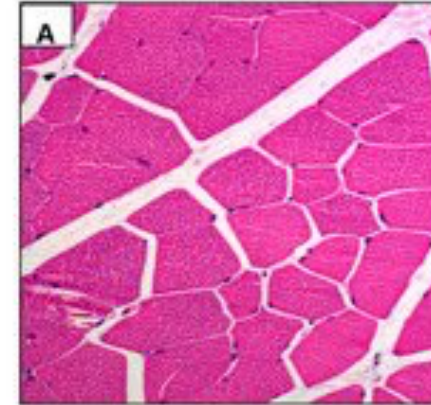
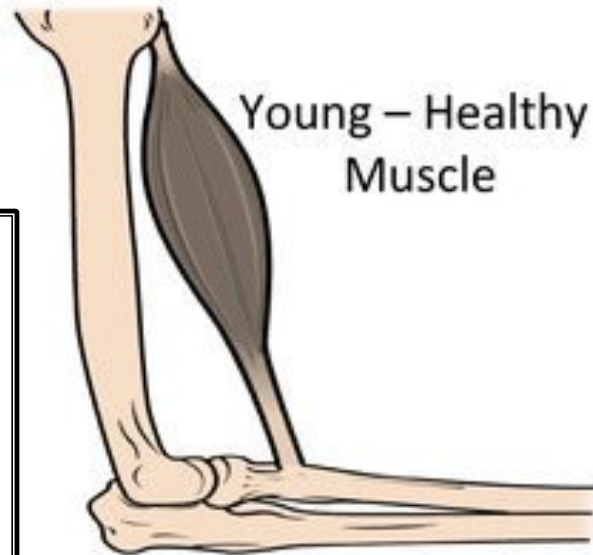
SARCOPENIA

➤ The average American male will lose 25% of their muscle from:

30 to 70 y.o.

& again from

70 to 90 y.o.



SARCOPENIA

PREVENTABLE!

STRENGTH EXERCISES

- Bicep curls
- Shoulder press
- Upright row
- Lateral raises
- Bent knee crunches
- Squats (weighted or body weight)
- Hip extension
- Knee extension
- Lateral leg raises
- Heel raises and dips

SARCOPENIA TREATMENT

- 2-3 times per week
- Warm-up and cool down – 5-10 minutes of stretching
- Do exercises for strength
 - 8-12 times over 30-90 seconds (repetitions)
 - Rest 1-2 minutes
 - Then repeat 1-2 times (sets)
- Stay hydrated
- Get in shape **GRADUALLY**

PERSONAL TRAINERS



SARCOPENIA

- Recommendations: www.fitnessblender.com



Duration

Min - Max MINUTES

Calorie Burn

Min - Max CALORIES

Training Type

- HIIT (155)
- Strength Training (197)
- Pilates (53)
- Cardiovascular (267)
- Yoga / Flexibility (46)
- Low Impact (222)
- Warm Up / Cool Down (47)
- Kettlebell (19)
- Toning (446)

Equipment

- No Equipment (410)
- Dumbbell (179)
- Mat (154)
- Bench (30)
- Exercise Band (11)
- Jump Rope (7)
- Kettlebell (23)
- Medicine Ball (7)
- Physio-Ball (16)

Difficulty

- 1 (20)
- 2 (84)
- 3 (211)
- 4 (202)
- 5 (64)

Trainer

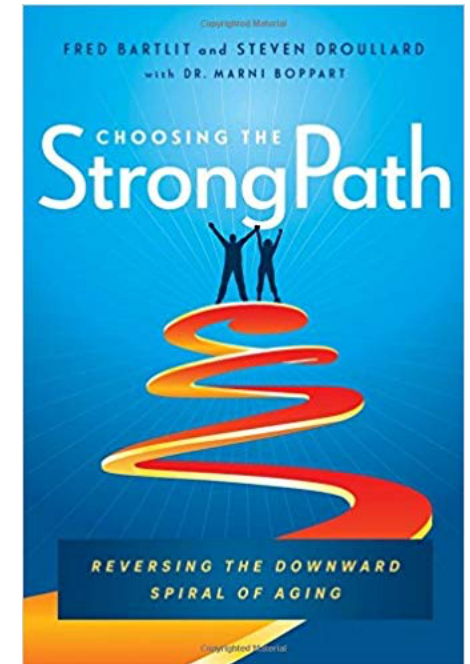
- Female (316)
- Male (216)
- Both (49)

Body Focus

- Upper (91)
- Core (148)
- Lower (184)
- Total (287)

SARCOPENIA

Book Review: Stresses the importance of retaining muscle mass as you get older. Otherwise, little detail. A lot about themselves. Repetitive.



TESTOSTERONE

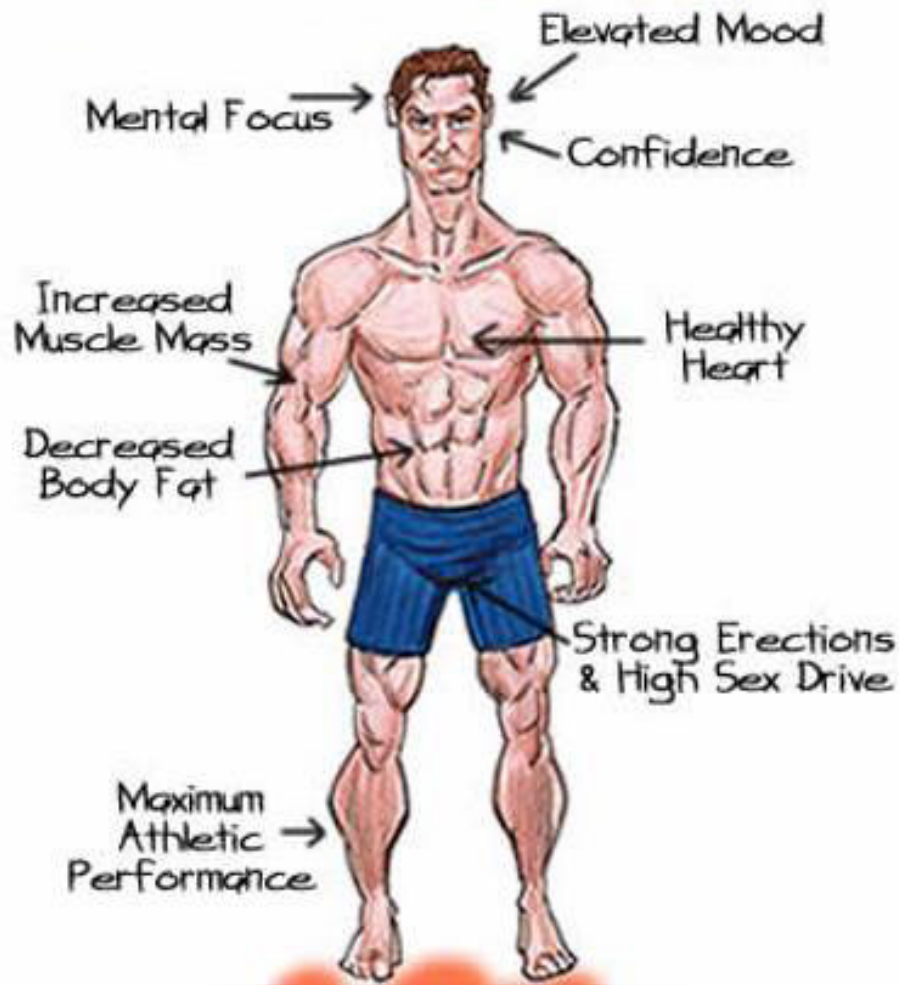
- Affects:
 - Bone mass
 - Hair growth pattern
 - Muscle mass
 - Sex drive and sperm production
 - Storage of fat
 - Red Cell Production
 - Mood

TESTOSTERONE

- True that levels decline...
 - 1% per year starting in 30-40s
 - They still remain in normal range for most older men
 - Most men produce enough testosterone to maintain libido throughout life
 - Low testosterone only accounts for 15% of erectile dysfunction
 - If loss of libido, what else? Issues with partner, worry, fatigue, stress, depression, self consciousness aging/appearance, pain, alcohol, marijuana, illness, medication,, obesity, etc.



Man w/
Low Testosterone



Man w/
HIGH Testosterone

**BEWARE OF
ADVERTISEMENTS:
TREATING YOU WITH
TESTOSTERONE,
DOESN'T MAGICALLY TURN
YOU INTO THE MAN ON THE
RIGHT**

TESTOSTERONE

- If you have a concern for low T,
 - Drs. Mellman and Guerrasio may also check the following labs:
 - pituitary hormones like FSH, LH, and prolactin
 - liver function tests
 - thyroid function tests

TESTOSTERONE OPTIONS

- Gel, Cream
- Injection
- Pellets

In the 1900s, men transplanted monkey testicles in to their scrotums for testosterone supplementation!



TESTOSTERONE EFFECTS

- Subjective feeling of wellness
- Increased muscle mass and strength, but not physical functioning
- Does NOT reduce body fat
- Improved bone density if low T initially
- Acne/Oily skin
- Testicle shrinkage, decreased sperm count
- ?Helped with depression and anxiety
- ?Libido

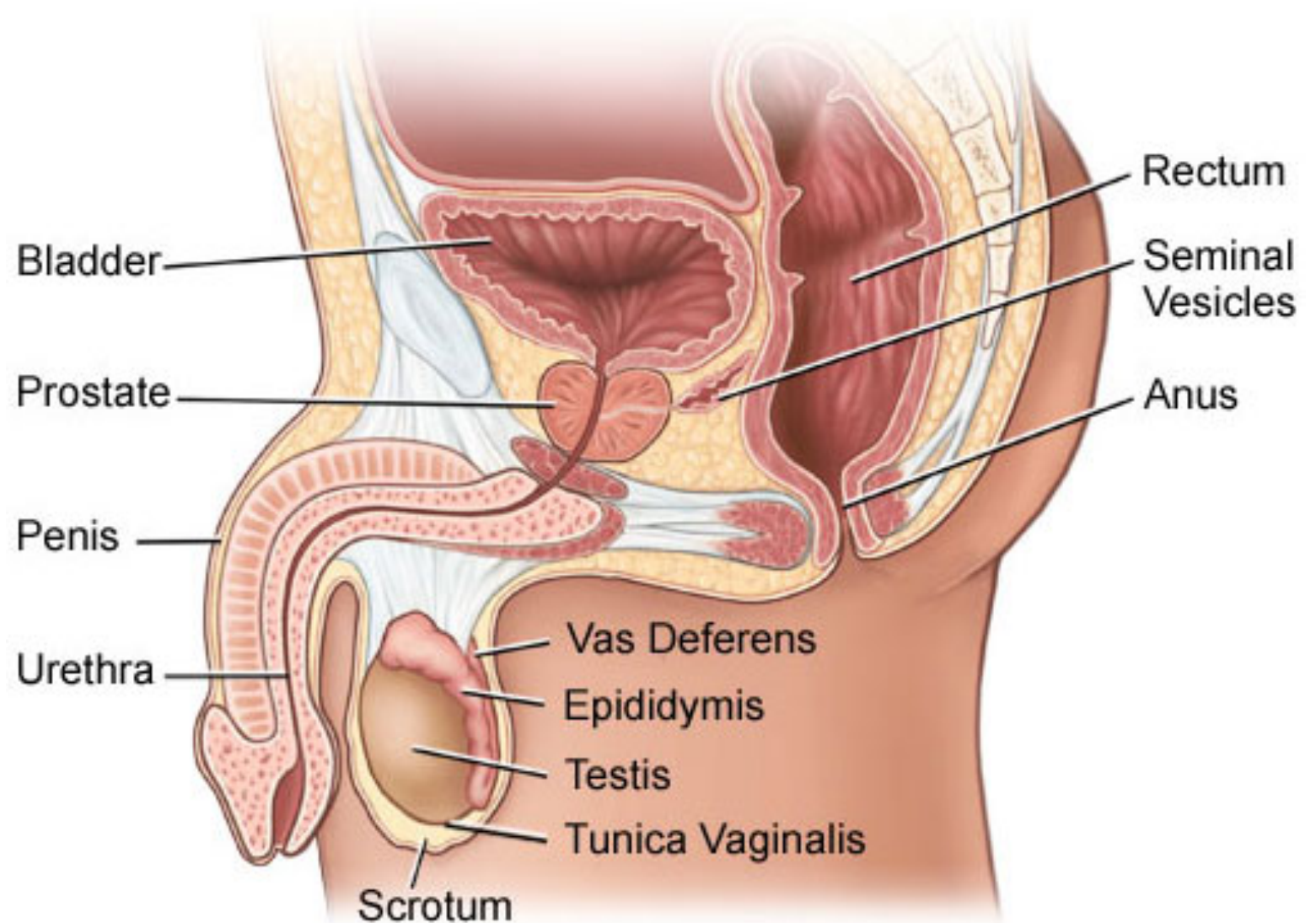
- Studies have NOT shown robust improvements in erectile function or sexual performance, or cognition in older men

TESTOSTERONE RISKS

- Abnormal cholesterol levels
- Abnormal liver function tests
- Elevated red blood cell counts
- Sleep apnea
- Prostate stimulation – BPH and Cancer
- Fluid retention
- Weight gain
- Blood clots
- Changes in mood

PROSTATE ISSUES

Male Reproductive Tract

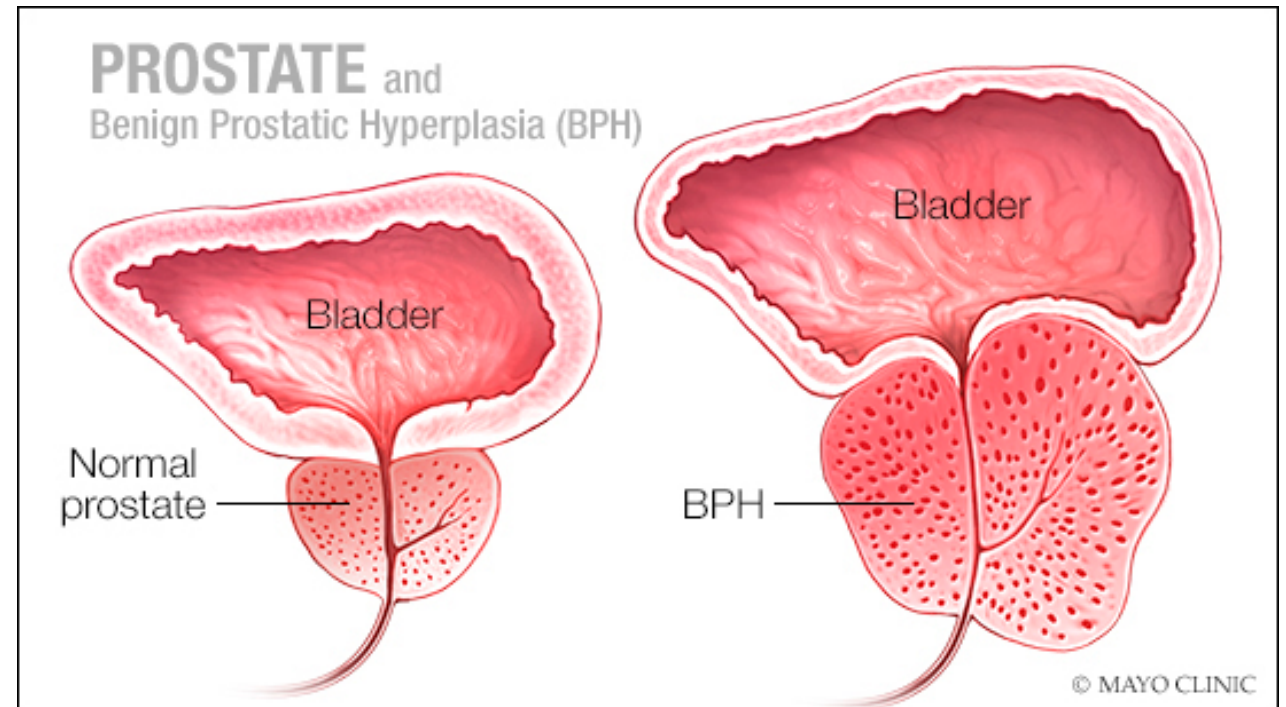


BENIGN PROSTATIC HYPERTROPHY (BPH)

Enlarges by 1.6% per year starting at age 40

Develop prostate nodules

25% will develop symptoms that require treatment



BPH SYMPTOMS

- Weak, slow urinary stream
- Hesitancy of urination
- Straining to initiate and maintain voiding
- Prolonged voiding and dribbling
- Nocturia
- Sometimes an uncontrollable need to go, but then only pass a small amount of urine

*****Does NOT increase the risk of prostate cancer*****

BPH

- When to treat?

It's entirely up to you!

BPH - TREATMENTS

- Reduce fluid intake after dinner
- Limit alcohol and caffeine
- Avoid Sudafed and other decongestants
- Avoid Benadryl
- If you are on diuretic medications, ask Drs. Mellman and Guerrasio when you should take them
- Never pass up the chance to use a bathroom
- Request an aisle seat
- Know where the bathrooms are located
- Make your night trips to the bathroom safe

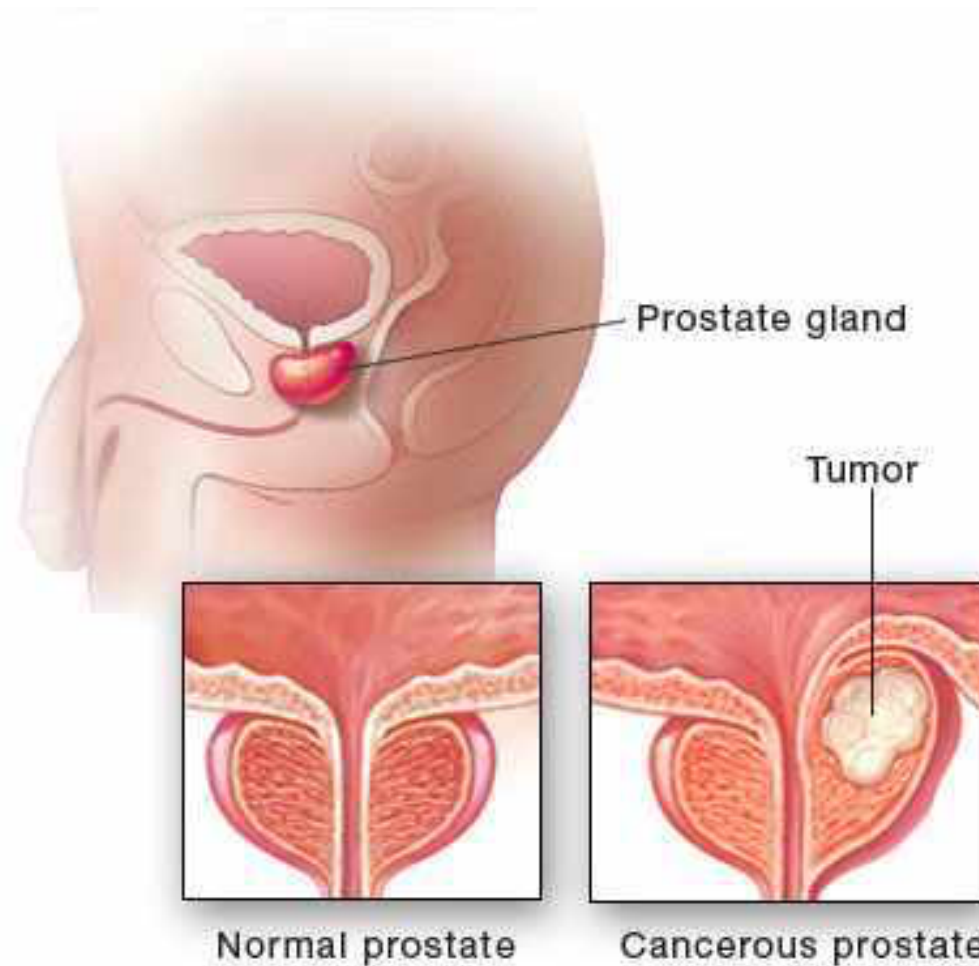
BPH - TREATMENTS

- Alpha Blockers – Tamsulosin (Flomax)
 - Relaxes the smooth muscles of the prostate and bladder
 - Can cause lightheadedness, fainting, nasal congestion
- 5 Alpha Reductase Inhibitor - Finasteride (Proscar) –
 - Shrinks the prostate 25% in 12-18 months
 - Can affect hair follicles, retrograde ejaculation
- Phosphodiesterase 5 Inhibitors – Tadalafil (Cialis)
 - Relax the smooth muscle in the bladder and prostate
 - Can cause muscle pain, headache, flushing, nasal congestion, vision problems
- Saw Palmetto
 - CVS brand
 - May improve urinary flow

BPH - TREATMENTS

- Surgical Options
 - Stents
 - TURPS
 - Others: microwave, incisional, needle ablation, laser, etc.

PROSTATE CANCER



PROSTATE CANCER

Lifetime risk = 30%

Risk of Clinically Important Disease = <10%

AGE	RISK of Prostate Cancer
50-59	10-42%
60-69	17-38%
70-79	25-66%
80-100+	Up to 90%

RISK FACTORS

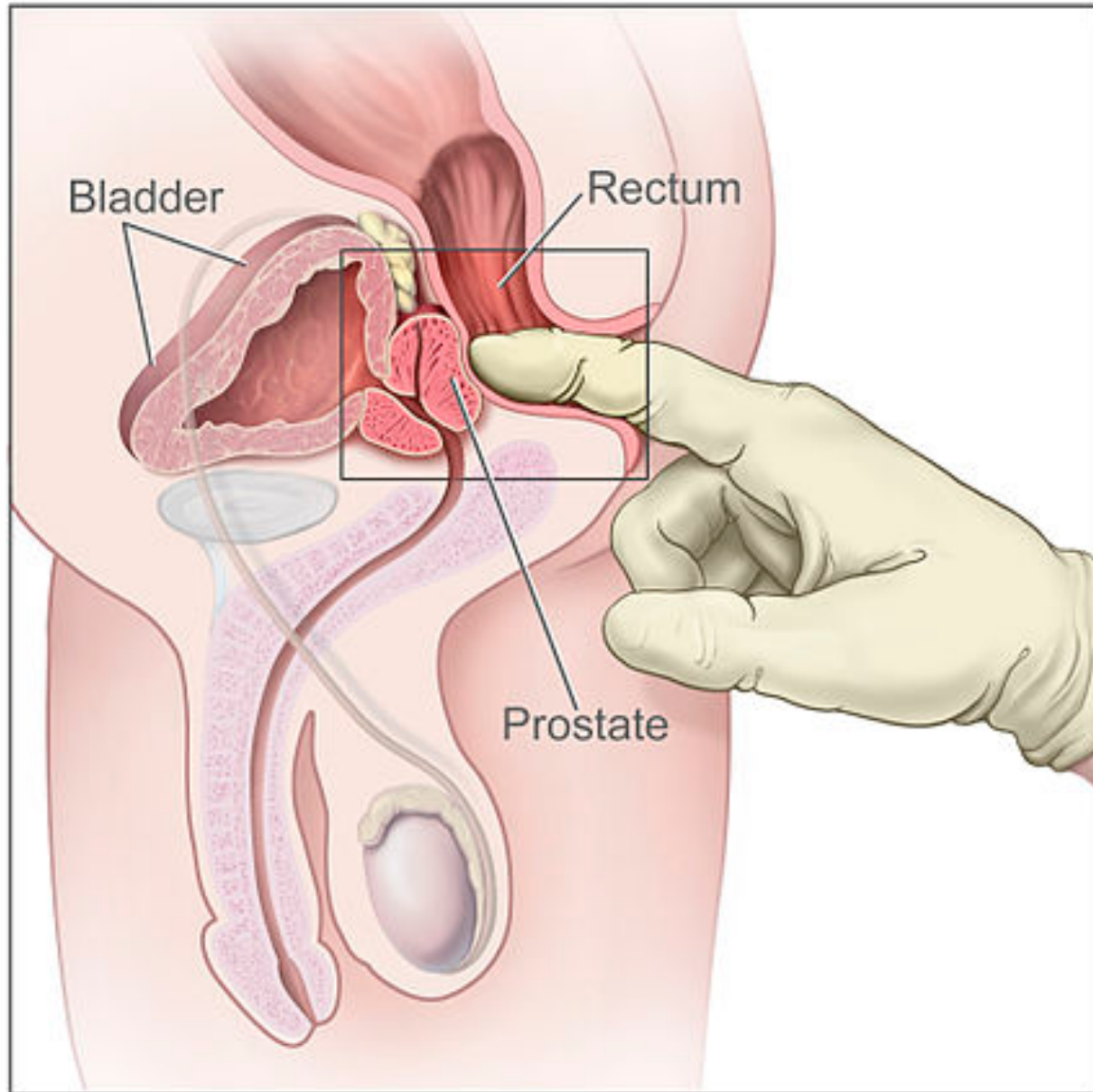
- Multiple sex partners
 - 30 partners 2.3 times increased risk
 - 2-4 partners 1.7x increased risk
- Higher levels of testosterone and IGF-1
- Tobacco
- Diets high in meat and dairy
 - ?Eating cooked tomatoes and soy
 - Selenium 55mcg (showed benefits in former smokers)

IF THERE IS A BLOOD TEST, WHY DO YOU DO THIS TO ME EVERY YEAR?

PSA fails to detect 2-3 out of 10 prostate cancers

Men who get digital rectal exams (DRE) are half as likely to die from Prostate cancer...





PSA TESTING

The controversy...

- Alert us to the presence of cancer that is insignificant
- Causing unnecessary stress and worry
- Overtreatment
- Expense
- Suffering and side effects

PLEASE
ABSTAIN FROM
EJACULATION
24 HOURS
PRIOR TO
YOUR PSA
TESTING.

IF +PSA OR +DRE, THEN

- TransRectal Ultrasound or MRI with biopsy
- If prostate cancer, it is given a Gleason score (ie. $4 + 3 = 7$) and possibly imaging to check for spread
- Tend to treat 7 or greater, though this is often individualized based on if it has spread

IF PROSTATE CANCER, THEN

- Treatment options
 - Watchful waiting/ Active Surveillance
 - Surgery
 - Radiation – External Beam or Brachytherapy
 - Hormones
 - Chemotherapy, immune therapy (less likely)

ERECTILE DYSFUNCTION

- Penile tissue becomes less elastic and nerve conduction slows.
- Erections occur more slowly
- More dependent on physical stimulation than on erotic thought
- Rigidity is diminished and more difficult to sustain
- Muscle contractions with orgasm are less intense
- Ejaculation is slower and less urgent
- Longer refractory period

ERECTILE DYSFUNCTION — WHY???

Diseases damage blood vessels

- Diabetes
- High blood pressure
- High cholesterol
- Atherosclerosis

Disease damage the nerves:

- Diabetes

Other insults:

- Tobacco use
- Prolonged bicycle riding
- Radiation
- Surgery
- Medication
- Mental health disorders



ERECTILE DYSFUNCTION - OPTIONS

- Medications – Sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra), avanafil (Stendra)
 - Most common side effect: headache, muscle aches, facial flushing, nasal congestion, indigestion, diarrhea, 3% visual disturbances
 - Works best on an empty stomach and without alcohol
- **DO NOT TAKE WITH NITRATES FOR CHEST PAIN!**
- **If you have an erection that last more than 4 hours... go to the Emergency Department or Urologist... so it isn't your last!**
- If you have visual disturbances, talk to your doctor before taking it again.

ERECTILE DYSFUNCTION

- Injection therapy – alprostadil (Caverject), 70% of men respond in 10 minutes, lasts 30-60 minutes. \$25
- Pellets into the urethra, AKA - Medicated Urethral System for Erection (MUSE), 40% of men respond, low blood pressure and dizziness
- Vacuum pump – 80-90% effective within 5 minutes, some bruising, pain, impaired ejaculation \$150-450
- Surgical implants
- Yohimbine – only works as a placebo, so if it works then your mechanics are fine.
- Is there anything else to improve the quality of erections? Yes!

QUESTIONS?