

HEALTHY MANHATTAN: Don't Take a Doc Holiday

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Each year, some 9.2 million American men are afflicted with coronary heart disease, the leading cause of death for men in the United States. Heart attacks afflict about 5 percent of the male population annually, double the rate for women. The average life expectancy of the American male has increased since 1990, but is still five years less than that for women. These findings suggest the need for better preventative care and regular doctor visits. Yet many men cannot be coaxed to make an appointment.

According to data from the Center for Disease Control and Prevention, while 70 percent of women had at least one doctor's visit in a 12-month period, only half the male population in the U.S. saw a doctor in the same period.

"It's the John Wayne stereotypical masculinity," said Rutgers University sociology professor Kristen Springer. "There is the stereotype that real men don't get sick. So for men to go to the doctor when it's not life or death is akin to admitting you're not a real man. It's the fear of looking emasculated by getting help."



In a recent study, Springer's team evaluated the beliefs in traditional masculine ideals of 1,000 middle-aged men, and compared the results against how often the subjects sought out preventative care. Men who scored high on the "macho" scale—which was determined by asking questions such as whether it is acceptable for men to show emotions—were almost 50 percent less likely to see a doctor for preventative care. Springer theorizes that this is one explanation for why men live shorter lives, even as they bring home bigger paychecks that should guarantee access to quality food and healthcare.

Yet regular checkups and screenings may hold the key for detecting disease, especially later in life. Although not all healthcare experts recommend annual physicals for younger men, men aged 40 and older are advised to see their primary care provider annually. All men should have their blood pressure checked on a regular basis and have cholesterol checks at least once every five years.

Dr. David Watson, an internist at the Henry Ford Hospital in Detroit, cautions against a culture of looking to tests, rather than lifestyle choices, to guard against preventable disease.

"Both physicians and patients have a strong affinity for testing," he said. "I think in this country we have to be careful in remembering that these tests are not perfect. I would not recommend a stress test, for example, for a 40-year-old. There is no benefit, and it could yield a false positive."

Instead, healthcare experts recommend that men and women alike watch their diet and salt intake, avoid excessive alcohol and tobacco consumption, and exercise regularly.

Following the same logic, the American Heart Association no longer recommends routine prostate screenings for men, which are conducted through prostate specific antigen (PSA) blood tests or digital rectal exams.

“The PSA tests can be wrong about 50 percent of the time,” said Watson. “Once we get an elevated PSA, we are somewhat committed to doing biopsies. So we try to have that conversation with our patients before we draw blood. It’s an individual decision and there is no right and wrong.”

While some doctors suggest regular self-exams for testicular cancer, there is little scientific evidence to suggest that these exams are effective. The U.S. Preventive Services Task Force recommends against routine screening for testicular cancer in asymptomatic males. But screening for colon cancer—the second most deadly cancer for both men and women—is recommended beginning at age 50.

Although men are at a slightly higher risk for certain forms of skin cancer, men are less likely to use sunscreen.

“Men only use 15 percent of the sunscreen sold,” said Rochlen. “It’s a good metaphor. Men are not looking to protect themselves. They are socialized not to ask for help, and to be able to tough it out.”

In the realm of mental health, men are also less likely to seek out help. In a study published in the June issue of the American Journal of Men’s Health, Rochlen found that the male focus group participants considered seeking help for depression—and the state of depression itself—at odds with their perceptions of masculinity.

“Men are skeptical of the efficacy of treatment,” said Rochlen. “In therapy you have to be expressive and vulnerable, but men often struggle with tapping into their inner life.”

Rather than trying to rewire men’s minds, Rochlen is joining other health care innovators in investigating new methods—such as coaching—to deliver mental health treatment to men.

Similar efforts are underway in New York City. Thanks to a \$20 million private bequest, the Iris Cantor Men’s Health Center is currently under development at New York Presbyterian-Weill Cornell Medical Center, and tentatively slated to open in 2012.

Neurologist Steven Kaplan, who will head the new facility, plans to specifically market the center to men. He finds that men tend to seek out medical health later in life due to sexual and prostate issues.

“Men think in their pelvic region, or in their knees. They are weekend warriors, and that is the portal to get them in,” explained Kaplan. “Unfortunately, medicine has become siloed. I don’t believe a person is just a prostate or a heart. Everything is connected.”

Kaplan envisions his center will be among the early adopters of a holistic and integrated approach to healthcare management. Although he is currently chief of the Institute of Bladder and Prostate Health at the hospital, he hesitates to name himself as the future director of the new center. Rather, he sees his role as that of a “*maître d*” who provides advice, rather than issues orders.

“We want people to understand they control their lives,” he said, “It’s much more than just taking a pill.”

Rutgers professor Kristen Springer, who is currently a Robert Wood Johnson Health & Society Scholar at Columbia University, theorizes that the issue of control is at the heart of the matter of why men often neglect their health. Men who subscribe to traditional masculine ideals are likely to view illness as a weakness. They may not like taking advice from other authority figures—including doctors. For example, if a man is clad only in a paper-thin hospital gown and subject to what some men might consider the

indignity of a rectal exam, he may feel that he is in a compromised position. The easy solution is to avoid the doctor altogether.

“I don’t see that changing until we can get rid of the masculine ideal,” said Springer. Asked whether that was possible, she laughed. “My utopian answer would be sure—but it would require the wiping out of gender.”

Armin Brott, author of the *Blueprint for Men’s Health*, agrees that men are afraid to go to the doctor once routine visits become necessary in their forties. “It all comes down to the prostate exam,” he said. “There is just something about it men don’t want to deal with. They are either uncomfortable, or afraid that someone will think they are homosexual.”

Fears aside, there is some scientific evidence that suggests bachelors, in particular, should take care to book that doctor’s appointment. Adjusting for other factors such as age, obesity and socio-economic status, a large-scale study presented at the American Stroke Association’s International Stroke Conference this year found that single men had a 64 percent higher risk of fatal stroke than did married men. But that doesn’t mean that steely New York bachelors should give away their heart to save their heart. Turns out the same study found that unhappily married men are also twice as likely to die from a stroke. While psychological and emotional wellbeing is important, experts agree that diet and exercise are the key factors in reducing the risk of preventable diseases.

At the new Iris Cantor Men’s Health Center, Dr. Kaplan hopes that men who come in the door hoping to improve their prostate health or sexual function will learn to give their whole bodies an overhaul as well. “Men have to realize—just as the cars they love need a 30,000 mile overhaul, so do they.”