

Men's Health Program



**Illinois Department of
PUBLIC HEALTH**

Illinois Department of Public Health

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One in four men has high blood pressure, one in five will develop prostate cancer, one in five can expect to have a heart attack before the age of 65, one in 12 can expect to develop diabetes and one in 22 will suffer from depression at some time in his life. Depending on your racial and ethnic background, your odds may be even greater.

But men can improve their chances for a healthy life by practicing some common sense habits:

- Eat healthier foods.
- Stay active.
- Drink in moderation.
- Kick the tobacco habit.
- Get annual checkups and screenings.

The Illinois Department of Public Health's Men's Health Program has developed this educational booklet to inform men about some common health problems they may encounter and to encourage them to take advantage of early screening and follow-up. So, start today to take care of yourself – do it for yourself and for your family. Remember, your health is a family affair!

If you have additional questions about men's health, please contact the Illinois Department of Public Health at –

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CHOLESTEROL

Cardiovascular disease refers to coronary heart disease and stroke. It is the leading cause of death in Illinois, accounting for 42 percent of all deaths. Heart disease, which is marked by a reduced blood supply to the heart, accounts for 21 percent of all deaths. Stroke is the third leading cause of death in Illinois, causing about 7 percent of deaths in 1998. The death rate from heart disease is about twice as high among African Americans and whites than it is among Asians/Pacific Islanders and Hispanics.

High cholesterol is a leading risk factor for heart disease. Excess cholesterol in the bloodstream can form a thick, hard deposit (plaque) on artery walls. The build-up causes arteries to thicken and become less flexible, slowing down and sometimes blocking blood flow to the heart. When blood flow is restricted, chest pain or angina can result. When blood flow to the heart is severely impaired or stops completely, a heart attack can result.

Cholesterol is a waxy substance produced by the liver. Your body makes all the cholesterol you need. Eating foods high in saturated fat and cholesterol (for example, red meats and dairy products) can raise your blood cholesterol level. The higher the level, the greater your risk of heart disease.

There are two types of cholesterol:

- LDL, or “bad” cholesterol, can clog the arteries to your heart and increase your risk of a heart attack.
- HDL, or “good” cholesterol, helps remove fat and excess cholesterol from arteries and carries them to the liver so they can be removed from the body.

All adults need to have their blood cholesterol checked at least once every five years. Ask your doctor to do a simple test to measure how much HDL and total cholesterol is in your blood. Total cholesterol should be less than 200 mg/dL (milligrams per deciliter of blood); your HDL should be 35 mg/dL or higher.

COLORECTAL CANCER

In Illinois in 1998, there were 6,400 cases of colorectal cancer reported. That same year, 2,800 Illinois residents died from the disease. The number of men and women dying from colorectal cancer has gone down during the past 20 years, reflecting both a decline in the incidence rates and an increase in survival rates.

Certain factors increase the risk of colorectal cancer:

- A personal or family history of colorectal cancer or polyps
- Inflammatory bowel disease
- Physical inactivity
- A high-fat and/or low-fiber diet
- Inadequate intake of fruits and vegetables

Recent studies have suggested that estrogen replacement therapy and non-steroidal anti-inflammatory drugs such as aspirin may reduce colorectal cancer risk.

There are several signs and symptoms of colorectal cancer to watch for:

- Rectal bleeding
- Blood in the stool
- Change in bowel habits

A number of screening techniques can detect colorectal cancer. One of the simplest is the fecal occult blood test, which can be performed in the privacy of your home.

People should begin colorectal cancer screenings at age 50. Earlier and more frequent screenings may be advisable if a person has a personal history of colorectal problems (for example, cancer, polyps or chronic inflammatory bowel disease) or if there is a strong family history of such problems. Talk to your doctor about how often you should be screened.

DEPRESSION

Depression does not discriminate; it can affect men and women, young and old, every nationality and heritage. Between 17 million and 20 million Americans each year develop some form of depression. By the year 2020, the World Health Organization estimates that clinical depression will be the second leading cause of disability in the world, second only to heart disease.

More importantly, however, depression not only hurts; it can kill. For example, about two-thirds of people who kill themselves have a depressive disorder at the time of death. Suicide rates among youth have increased more than 300 percent since the 1950s.

The Illinois Mental Health Association is a major partner and supporter of the National Campaign for Clinical Depression. The association offers depression screenings at various health fairs across the state as well as information on depression and other mental and emotional disorders.

Since it is important to check both physical and mental health on a regular basis, the Mental Health Association advises all residents of Illinois to undergo a depression screening in conjunction with an annual physical exam. The HANDS Depression Screening Tool, a 13-question self-rating survey, takes approximately three to five minutes to complete. A person's doctor or a mental health professional reviews the responses and, when appropriate, can make referrals and recommendations for treatment.

Remember, depression is one of the most treatable diseases. As little as eight weeks of treatment can result in more than an 80 percent rate of improvement in many individuals.

DIABETES

About half of all persons with diabetes do not know they have the disease and are not under medical care. Between 1958 and 1995, the number of persons with diagnosed diabetes increased from 1.6 million to 8 million – a five-fold increase! In Illinois, approximately 500,000 persons 18 years of age and older have been diagnosed with diabetes.

Individuals with diabetes are at increased risk for heart disease, blindness, kidney failure and lower extremity amputations. While the disease and its complications occur among persons of all ages and racial and ethnic groups, the burden of diabetes is heavier among the elderly and among African Americans, Hispanics/Latinos and American Indians.

Diabetes refers either to a deficiency of insulin or to a decreased ability to use insulin, a hormone excreted by the pancreas. Insulin allows glucose (sugar) to enter body cells and be converted to energy. It also is needed to build protein and to store fats. In uncontrolled diabetes, glucose and fats stay in the bloodstream and, in time, damage the body's vital organs. There are two main types of diabetes:

- Non-insulin diabetes usually appears after the age of 40 and is the most common type. It affects 90 percent of those who have the disease.
- Insulin-dependent diabetes affects less than 10 percent of those with the disease. Although this type of diabetes can occur at any age, it most often appears in childhood or during the teen years.

Signs of diabetes are excessive thirst, frequent urination, unusual hunger, rapid loss of weight and obvious weakness and fatigue.

The following individuals have a greater risk of developing non-insulin dependent diabetes:

- Those with a family history of diabetes
- Individuals who are 20 percent or more over ideal body weight
- Members of certain racial or ethnic groups, such as Mexican and Puerto Rican Americans, African Americans and Cuban Americans
- Those who are 45 years of age and older
- Individuals with impaired glucose tolerance
- Persons with hypertension
- Those who have excessive levels of fat in their blood
- Women who have a history of gestational diabetes during pregnancy or who have had babies weighing more than nine pounds

HYPERTENSION

High blood pressure, or hypertension, puts one of every four Illinoisans at greater risk of arteriosclerosis, heart attack, an enlarged heart, kidney damage and stroke. Heart disease is the No. 1 killer in Illinois, claiming approximately 35,000 people each year, and stroke is the third most common cause of death, causing another 7,500 deaths. If your blood pressure is normal, there are certain measures that can prevent hypertension from developing. These same measures also can help you to lower your blood pressure if it is high.

Each time a person's heart beats, it pushes blood from the heart through arteries to all of the body's tissues and organs. Blood pressure is the force of the blood pushing against artery walls. This pressure is greatest when the heart contracts and is pumping the blood; this is called systolic pressure. When the heart is at rest between beats, blood pressure falls; this is the diastolic pressure. Written as numbers, usually one (systolic) above or before the other (diastolic) – for example, 120/80 – both are important indicators of cardiovascular health.

If your blood pressure is less than 140/90, it is considered normal. However, a blood pressure below 120/80 is even better for your heart and blood vessels.

Anyone can develop high blood pressure, but some people are more likely to do so:

- African Americans develop hypertension earlier and it is more severe than in whites.
- Men are more likely to have high blood pressure during the early and middle adult years. After menopause, however, women are more likely to have high blood pressure than men of the same age.
- In older age groups, hypertension increases rapidly among both men and women.

You can help to prevent or to lower high blood pressure by following these guidelines:

- Maintain a healthy weight. If you are overweight, lose those extra pounds by choosing foods low in calories and fat, and high in starch and fiber and by limiting serving sizes.
- Be more physically active.
- Lower your intake of sodium (salt).
- If you drink alcoholic beverages, practice moderation.

OBEESITY

Obesity is a chronic condition caused by a number of factors: excessive food (calorie) intake, decreased physical activity and genetic influences. The defining characteristic is excess body fat.

Today, more than 70 million Americans are overweight. In Illinois, adult obesity steadily increased between 1994 and 1999. Today, more than half (56 percent) of Illinois' adult population is either overweight or obese.

Being overweight or obese can lead to many chronic diseases:

- High blood pressure
- Diabetes
- Stroke
- Gallbladder disease
- Cancer
- Lung disorders
- Heart disease

One way to determine whether a person is overweight is to calculate his or her body mass index (BMI). BMI is commonly used to classify weight as "healthy" or unhealthy."

To figure your BMI, follow this simple equation:

$$\text{BMI} = 705 \times \text{body weight (in pounds)} \div (\text{height in inches} \times \text{height in inches})$$

For example, if a man is 6 feet tall and weighs 175 pounds, his BMI would be calculated like this:

$$705 \times 175 = 123,375 \div 5,184 (72" \times 72") = 23.8$$

BMI values between 18.5 and 24.9 are considered "normal" or "healthy." Values between 25 and 29.9 are considered "overweight" and those 30 and above are considered "obese."

While BMI is a reasonable gauge of obesity, you should be evaluated by your doctor. If there is a question about whether your weight is due to fat accumulation or to muscle development, other assessment methods can be used. Your doctor also will consider your body type and pattern of fat distribution as well as other risk factors you may have.

Where you put on weight is as important as how much of it you put on. Studies show that upper body obesity, particularly in the abdominal area, increases health risks more than fat accumulated in the hips and thighs. Upper body fat is more often associated with higher risks of insulin resistance, diabetes, high blood pressure and arteriosclerosis (which can lead to cardiovascular disease).

PROSTATE CANCER

Prostate cancer is the most common type of cancer diagnosed in American men (excluding skin cancer). Approximately one out of every five men will develop the disease in his lifetime. In Illinois, an estimated 8,300 new cases were diagnosed in 1998. About 3 percent of the men who develop prostate cancer die from the disease, including an estimated 1,800 Illinois men in 1998.

More than 80 percent of prostate cancer cases are in men 65 years of age and older. African-American men, who are about one-third more likely than white men to develop the disease, have the highest incidence rate for prostate cancer in the world.

In the early stages of prostate cancer, the disease stays localized in the walnut-sized male sex gland. Without treatment, however, the cancer can spread to other tissues and, eventually, can lead to death.

Certain factors increase the risk of developing prostate cancer:

- Being over 50 years of age
- Being an African American
- Eating a diet high in fat
- Having a family history of prostate cancer

It is important to remember that, while these factors may increase a person's risk of developing the disease, they do not cause prostate cancer. Many men with these risk factors never develop prostate cancer; others, who have prostate cancer, have no known risk factors.

Prostate cancer is diagnosed by screening procedures that can detect the disease in its earliest stages, many times before there are any symptoms. The best way to find prostate cancer is to have your doctor do a prostate-specific antigen (PSA) blood test and a digital rectal exam (DRE).

If your doctor suspects prostate cancer after doing a DRE or if your PSA level is high, the next step is to do an ultrasound and perhaps a biopsy. A biopsy is the only way to know for sure if you have prostate cancer. If prostate cancer is diagnosed, your doctor may suggest more tests to find out the scope of the cancer and to plan the best treatment.

All men 50 years of age and older should ask their doctors about having the PSA test and a DRE every year. African Americans and men with close family members who have had prostate cancer should talk to their doctors about starting screenings at a younger age.

TOBACCO USE

More than 20,000 Illinois residents die each year as a result of cigarette smoking. In fact, smoking is responsible for one of every five deaths. It kills more Illinoisans than AIDS, alcohol, motor vehicle crashes, murders, suicides, drugs and fires combined. Yet, smoking is the single most preventable cause of illness and death in the U.S.

Approximately 90 percent of all smokers start before age 18. In fact, the average age of a new smoker is 13. People with any college education are more likely than those who have none both to try to quit smoking and to stay off cigarettes for one or more years.

Do not quit trying. Smokers often try to quit more than once before they succeed: 70 percent of ex-smokers made one or two attempts; 22 percent made three, four or five attempts; and 9 percent quit six or more times before succeeding. Stick with it and join the other 38 million smokers who have quit!

If you quit smoking, studies show two very important results:

- You will live longer.

After 15 years, the risk of death for ex-smokers returns to nearly the level of persons who have never smoked. Male smokers who quit between the ages of 35 and 39 add an average of five years to their lives; women can add three years. Even men and women who quit between the ages of 65 and 69 add one year to life expectancy.

- You will live healthier.

After 10 years, the risk of lung cancer for ex-smokers drops to as much as one-half of those who continue to smoke. The risk continues to decline the longer a person stays smoke free.

Ex-smokers who have not smoked for many years are less likely to die of chronic lung diseases than those who continue to smoke.

One year after quitting, the excess rate of heart disease is reduced by half. After 15 years of abstinence, the risk is similar to that of persons who have never smoked.

Five to 15 years after quitting, the risk of stroke for ex-smokers returns to the level of those who continue to smoke.

Ex-smokers have fewer days of illness, fewer health complaints and reduced rates of bronchitis and pneumonia.

People who quit smoking also are more likely to exercise regularly.

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