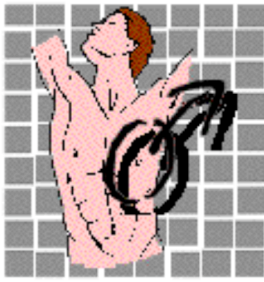


National Men's Health Week



June 9-15, 2003

DH AGAINST **HD**
DENTAL HYGIENISTS HEART DISEASE

Men's Health Week is a national, weeklong annual observance that symbolically ends on Father's Day. It seeks to draw attention to the health issues that affect boys and men. Throughout the week, health care and health policy specialists and members of the media work together to educate the public about the detection, treatment, and prevention of health problems relating to men.

According to the National Women's Health Information Center, men live an average of 6 years less than women and face major health risks that can be prevented or successfully treated, if diagnosed early. ([Click here for Life Expectancy Rates](#)). Men also face serious mental health risks that can worsen rapidly without detection. Since men consult health professionals nearly 150 percent less often than women, increasing men's knowledge about the prevention and treatment of health problems is an important step in safeguarding their health.

Men commonly face health issues that include: prostate problems, alcohol and drug abuse, cancer, diabetes, HIV/AIDS, violence, and mental health problems. According to the Men's Health Network, men also are more likely to die by suicide than women. For more information, contact the Men's Healthline at 1-888-MEN-2-MEN (636-2636), or visit the official National Men's Health Week web site at www.menshealthweek.org

Cardiovascular disease is the number one killer of both men and women. Risk factors that must be addressed include: tobacco smoke, high blood pressure, high blood cholesterol, physical inactivity, overweight and obesity, and diabetes. Risk factor modification has been proven to save lives. To significantly reduce your risk for heart disease and stroke, avoid using tobacco, adopt healthier eating patterns, and be physically active. Using tobacco directly affects a person's risk for heart disease and stroke, and poor nutrition and physical inactivity increase risk by adversely affecting blood pressure and blood cholesterol levels.

As part of the National Men's Health Week promotion, you will find the [Men and Cardiovascular Diseases - 2003 Statistical Fact Sheet](#), and [For Men and Women: Get It Checked!](#) - A schedule of checkups and age-appropriate screenings for men and women.

C. Austin Risbeck, RDH
Dental Hygienists Against Heart Disease

Men's Health Week, June 9-15, 2003 is celebrated each year as the week leading up to and including Father's Day



Goal of Men's Health Week

The purpose of Men's Health Week is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

This week gives health care providers, public policy makers, the media, and individuals an opportunity to encourage men and boys to seek regular medical advice and early treatment for disease and injury.

Men's Health Is A Family Issue

To quote Congressman Bill Richardson (Congressional Record, H3905-H3906, May 24, 1994):

"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue."

Men and Cardiovascular Diseases – 2003 Statistical Fact Sheet

Cardiovascular Disease (CVD)

- 1 in 5 males has some form of cardiovascular disease.
- In 2000 cardiovascular disease caused the deaths of 440,175 males compared with 505,661 females. Males represent 46.5 percent of deaths from CVD. Cancer killed 286,082 males in 2000.
- The 2000 overall death rate from CVD was 343.1. Death rates were
 - 397.6 for white males.
 - 509.6 for black males.
- In 2000 cardiovascular disease was the first listed diagnosis of 3,115,000 males discharged from short-stay hospitals. Discharges include people both living and dead.

Coronary Heart Disease (CHD)

- About 6.3 million males alive today have a history of heart attack, angina pectoris (chest pain or discomfort caused by reduced blood supply to the heart muscle) or both. Of these, about 4.7 million have a history of myocardial infarction (MI) (heart attack).
- This year an estimated 660,000 men will have a new or recurrent coronary attack. Of these, about 330,000 will have a heart attack (MI). (ARIC [1987-94], NHLBI)
- The annual rates per 1,000 population of new and recurrent heart attacks for non-black men are 26.3 for ages 65-74, 39.7 for ages 75-84, and 53.6 for age 85 and older. For black men in these age groups the rates are 16.3, 54.9 and 40.8, respectively. (CHS, NHLBI)
- Among American Indian men ages 65-74, the rate per 1000 population of incident heart attack is 6.8. (SHS [1991-98], NHLBI)
- CHD is the single leading cause of death of American males, killing 260,574 in 2000. This represents 51 percent of deaths from CHD.
- The 2000 overall CHD death rate was 186.9. Death rates were 238.0 for white males and 262.4 for black males.
- 25 percent of males who have a recognized MI (heart attack) die within a year compared with 38 percent of women. (FHS, NHLBI)
- 50 percent of men who died suddenly of CHD had no previous symptoms. (FHS, NHLBI)
- Within six years after a recognized heart attack, 18 percent of men will have another attack, 27 percent will develop angina, 8 percent will have a stroke, 7 percent will experience sudden cardiac death and 22 percent will be disabled with heart failure. (FHS, NHLBI)
- 1,274,000 males diagnosed with CHD were discharged from short-stay hospitals in 2000. From 1970 to 2000, discharges for males increased 63 percent.

Angina Pectoris

- Among men age 20 and older, the following have angina:
 - 2.6 percent of non-Hispanic whites.
 - 3.1 percent of non-Hispanic blacks.
 - 4.1 percent of Mexican Americans.
- Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)
 - The annual rates per 1,000 population of new and recurrent episodes of angina in non-black men are
 - 44.3 for ages 65-74.
 - 56.4 for ages 75-84.
 - 42.6 for age 85 and older.
 - For black men in these age groups the rates are
 - 26.1 for ages 65-74.
 - 52.2 for ages 75-84.
 - 43.5 for age 85 and older.
- (CHS, NHLBI)
 - About 34,000 males diagnosed with angina were discharged from short-stay hospitals in 2000.

Stroke

- An estimated 2.3 million male stroke survivors are alive today.
- Among men age 20 and older, the following have had a stroke:
 - 2.2 percent of non-Hispanic whites.
 - 2.5 percent of non-Hispanic blacks.
 - 2.3 percent of Mexican Americans.
- Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)
 - The prevalence of transient ischemic attack (TIA or mini-stroke) in men is
 - 2.7 percent for ages 65-69.
 - 3.6 percent for ages 75-79.
- (CHS, NHLBI)
 - The annual rate per 1000 population of new and recurrent strokes in American Indian men ages 65-74 is 15.2. (SHS [1991-98], NHLBI)
 - 2000 final stroke mortality was 64,769 for males (39 percent of total stroke deaths).
 - The 2000 overall death rate for stroke was 60.8. Death rates were
 - 58.6 for white males.
 - 87.1 for black males.
- 51 percent of men under age 65 who have a stroke die within 8 years.
- In 2000, 428,000 males were discharged from short-stay hospitals after having a stroke.

High Blood Pressure (HBP)

- 1 in 5 Americans (and 1 in 4 American adults) has HBP. (NHANES III [1988-94], CDC/NCHS)
- A higher percentage of men than women have HBP until age 55. From ages 55 to 74 the percentage of women is slightly higher; after that a much higher percentage of women than men have HBP. (*Health United States 2002*, CDC/NCHS)
- Among men age 20 and older, the following have HBP:
 - 25.2 percent of non-Hispanic whites.
 - 36.7 percent of non-Hispanic blacks.
 - 24.2 percent for Mexican Americans.
- Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)
 - 73 percent of Japanese-American men ages 71-93 have HBP. (HHP [1991-93], NHLBI)
 - Among American Indian men ages 45-74, 26.8 percent have HBP (defined as definite hypertension: systolic blood pressure of 160 mm Hg or higher or diastolic blood pressure of 95 mm Hg or higher on one occasion or reported to be currently taking antihypertensive medication). (SHS [1989-92], NHLBI)
- In 2000, 17,934 males died from high blood pressure. They represented 40 percent of the deaths from HBP.
- The 2000 overall death rate from HBP was 16.2. Death rates were
 - 13.2 for white males.
 - 46.3 for black males.
- As many as 30 percent of all deaths in hypertensive black men may be due to HBP. (JNC V and VI)
- 186,000 males diagnosed with HBP were discharged from short-stay hospitals in 2000.

Congenital Cardiovascular Defects

- The 2000 overall death rate for congenital cardiovascular defects was 1.6. Death rates were
 - 1.7 for white males.
 - 2.1 for black males.
- Crude infant death rates (under 1 year) were 45.7 for white babies and 62.8 for black babies. Some types of defects occur more commonly in females or males.
 - 25,000 males were discharged from short-stay hospitals in 2000 with a diagnosis of congenital cardiovascular defects.

Congestive Heart Failure (CHF)

- About 2,400,000 males alive today have CHF.
- The annual rates per 1,000 population of new and recurrent CHF events in non-black men are
 - 21.5 for ages 65-74.
 - 43.3 for ages 75-84.
 - 73.1 for age 85 and older.
- For black men the rates are
 - 21.1 for ages 65-74.
 - 52.0 for ages 75-84.
 - 66.7 for age 85 and older.
- (CHS, NHLBI)
- In 2000, 19,384 males died of congestive heart failure (38 percent of deaths from CHF).
 - The 2000 overall death rate from CHF was 18.7. Death rates were
 - 19.5 for white males.
 - 20.4 for black males.
 - After a diagnosis of CHF, survival is poorer in men than in women. After onset of CHF, median survival for men is 1.7 years. (FHS, NHLBI)
 - 418,000 males were discharged from short-stay hospitals in 2000 with a diagnosis of CHF.

Kawasaki Disease

- Kawasaki disease occurs more often among boys (63 percent) and among those of Asian ancestry.

Rheumatic Fever/Rheumatic Heart Disease (RF/RHD)

- 2000 final mortality showed 1,072 male deaths from rheumatic fever and rheumatic heart disease. This represents 30 percent of deaths from RF/RHD.
- The 2000 overall death rate for RF/RHD was 1.3. Death rates were
 - 1.0 for white males.
 - 0.7 for black males.

Tobacco Smoke

- Among Americans age 18 and older, 26.0 million men (25.7 percent) are smokers, putting them at increased risk of heart attack and stroke. (*Health United States 2002*, CDC/NCHS)
- Among men age 18 and older, the following are smokers:
 - 25.8 percent of whites.
 - 26.1 percent of blacks or African Americans.
- (*Health United States 2002*, CDC/NCHS)
- Among men age 18 and older, the following are smokers:
 - 24.1 percent of Hispanics.
 - 24.3 percent of Asian/Pacific Islanders.

- 40.9 percent of American Indians/Alaska Natives.
(NHIS [1999], CDC/NCHS)
 - Among American Indian men ages 45-74, 40.5 percent are current smokers.
(SHS [1989-92], NHLBI)

High Blood Cholesterol and Other Lipids

- Among children and adolescents ages 4-19 years, females have significantly higher average total cholesterol and low-density lipoprotein (LDL) cholesterol (bad cholesterol) than do males. (NHANES III [1988-94], CDC/NCHS)
- Among children and adolescents ages 4-19, the mean total blood cholesterol level is 165 mg/dL. For boys it's 163 mg/dL and for girls it's 167 mg/dL. The racial/ethnic breakdown is:
 - 162 mg/dL for non-Hispanic white boys.
 - 168 mg/dL for non-Hispanic black boys.
 - 163 mg/dL for Mexican-American boys.
(NHANES [1999-2000], CDC/NCHS)
 - In 2000, 50 million adult men had total blood cholesterol levels of 200 mg/dL or higher. In adults, total cholesterol levels of 240 mg/dL or higher are considered high risk. Levels from 200 to 239 mg/dL are considered borderline-high risk.
(NHANES III [1988-94], CDC/NCHS)
- Among men ages 20-74, the following have total blood cholesterol levels over 200 mg/dL:
 - 52 percent of non-Hispanic whites.
 - 45 percent of non-Hispanic blacks.
 - 53 percent of Mexican Americans.
 Of these, the following have levels of 240 mg/dL or higher:
 - 18 percent of non-Hispanic whites.
 - 15 percent of non-Hispanic blacks.
 - 18 percent of Mexican Americans.
 Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)
 - Among elderly Japanese-American men, 42 percent had cholesterol levels of 200 mg/dL or higher or were taking cholesterol-lowering medication. (HHP, Fourth Examination [1991-93], NHLBI)
 - Among American Indians ages 45-74, 37.7 percent of men have total blood cholesterol levels of 200 mg/dL or higher, and 8.6 percent have levels of 240 mg/dL or higher. (SHS [1989-92], NHLBI)
 - Among men age 20 and older, the following have an LDL cholesterol of 130 mg/dL or higher:
 - 49.6 percent of non-Hispanic whites.
 - 46.3 percent of non-Hispanic blacks.
 - 43.6 percent of Mexican Americans.
 Of these, an LDL cholesterol of 160 mg/dL or higher is found in
 - 20.4 percent of non-Hispanic whites.
 - 19.3 percent of non-Hispanic blacks.
 - 16.9 percent of Mexican Americans.

Low-density lipoprotein (LDL) or “bad” cholesterol levels of 130-159 mg/dL are considered borderline high. Levels of 160-189 mg/dL are classified as high, and levels of 190 mg/dL or higher are very high. Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)

- Among men age 20 and older, the prevalences with an HDL cholesterol less than 40 mg/dL are

- 40.5 percent of non-Hispanic whites.
- 24.3 percent of non-Hispanic blacks.
- 40.1 percent of Mexican Americans.

High-density lipoprotein (HDL) or “good” cholesterol levels of less than 40 mg/dL are associated with a higher risk of coronary heart disease. Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)

Physical Inactivity

- Among men age 18 and older, the following are sedentary (have no leisure-time physical activity):

- 32.5 percent of non-Hispanic whites.
- 44.1 percent of non-Hispanic blacks.
- 48.9 percent of Hispanics.
- 30.9 percent of non-Hispanic Asian/Pacific Islanders.

Data are age-adjusted. (NHIS [1997-98], CDC/NCHS)

Overweight and Obesity

- Among children ages 6-11, the following are overweight, using the 95th percentile of body mass index (BMI) values on the CDC 2000 growth chart:

- 12.0 percent of non-Hispanic white boys.
- 17.1 percent of non-Hispanic black boys.
- 27.3 percent of Mexican-American boys.

(NHANES [1999-2000], CDC/NCHS)

- Among adolescents ages 12-19, the following are overweight, using the 95th percentile of BMI values on the CDC 2000 growth chart:

- 12.8 percent of non-Hispanic white boys.
- 20.7 percent of non-Hispanic black boys.
- 27.5 percent of Mexican-American boys.

(NHANES [1999-2000], CDC/NCHS)

- Among men age 18 and older, the following are overweight, defined as a BMI of 25 kg/m² or higher:

- 66.2 percent of Hispanics.
- 36.7 percent of non-Hispanic Asian/Pacific Islanders.

(NHIS [1997-98], CDC/NCHS)

- Among men age 20 and older, the following are overweight or obese, defined as a BMI of 25.0 kg/m² and higher:

- 67.4 percent of non-Hispanic whites.
- 60.7 percent of non-Hispanic blacks.
- 74.7 percent of Mexican Americans.

Of these, the following are obese, defined as a BMI of 30.0 kg/m² and higher:

- 27.3 percent of non-Hispanic whites.
- 28.1 percent of non-Hispanic blacks.
- 28.9 percent of Mexican Americans.

Estimates are age-adjusted. (NHANES [1999-2000], CDC/NCHS)

- Among American Indian men ages 45-74,
 - 25.9 percent are overweight, defined as a BMI of 27.8-31.0.
 - 35.5 percent are obese, defined as a BMI of 31.1 or higher.
- (SHS [1989-92], NHLBI)

Diabetes Mellitus

- Of the estimated 10.9 million Americans with **physician-diagnosed diabetes**, about 5.0 million are male. (NHANES III [1988-94], CDC/NCHS)
- Among men age 20 and older, the following have **physician-diagnosed diabetes**:

- 5.4 percent of non-Hispanic whites.
- 7.6 percent of non-Hispanic blacks.
- 8.1 percent of Mexican-Americans.

Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)

- Of the estimated 5.7 million Americans with **undiagnosed diabetes**, about 3.0 million are male.

• Among men age 20 and older, the following have **undiagnosed diabetes**, using American Diabetes Association criteria of fasting plasma glucose of 126 mg/dL or more:

- 3.0 percent of non-Hispanic whites.
- 2.8 percent of non-Hispanic blacks.
- 5.8 percent of Mexican Americans.

Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)

- Of the estimated 14.2 million Americans with **pre-diabetes**, about 8.6 million are male.

• Among men age 20 and older, the following have **pre-diabetes**, using American Diabetes Association criteria of fasting plasma glucose of 110 to less than 126 mg/dL:

- 9.4 percent of non-Hispanic whites.
- 8.0 percent of non-Hispanic blacks.
- 12.1 percent of Mexican Americans.

Estimates are age-adjusted. (NHANES III [1988-94], CDC/NCHS)

- Among Japanese-American men ages 71-93,
 - 17 percent of have recognized diabetes.
 - 19 percent have unrecognized diabetes.
 - 32 percent have impaired glucose tolerance (pre-diabetes).
- (HHP [1991-93], NHLBI)
- Among American Indian men ages 45-74,
 - 43.5 percent have diabetes mellitus.

- 14.2 percent have impaired glucose tolerance (pre-diabetes). (SHS [1989-92], NHLBI)
- In 2000 diabetes killed 31,602 males (46 percent of deaths from diabetes).
- The 2000 overall death rate from diabetes was 25.2. Death rates were
- 25.8 for white males.
- 47.8 for black males.
- 279,000 males diagnosed with diabetes mellitus were discharged from short-stay hospitals in 2000.

Nutrition

- The average daily intake of total fat in the United States is 81.4 grams (g). For males the averages are
- 96.5 g overall.
- 99.0 g for non-Hispanic whites.
- 94.6 for non-Hispanic blacks.
- 88.0 for Mexican Americans.
- (NHANES III [1988-94], CDC/NCHS)
- The average daily intake of saturated fat in the United States is 27.9 grams. For males the averages are
- 33.1 g overall.
- 34.1 g for non-Hispanic whites.
- 31.7 g for non-Hispanic blacks.
- 30.1 g for Mexican Americans.
- (NHANES III [1988-94], CDC/NCHS)
- The recommended daily intake of dietary cholesterol for adults is less than 300 milligrams (mg). The average daily intake of dietary cholesterol in the United States is 269.6 mg. For males the averages are
- 323.5 mg overall.
- 312.6 mg for non-Hispanic whites.
- 358.8 mg for non-Hispanic blacks.
- 365.9 mg for Mexican Americans.
- (NHANES III [1988-94], CDC/NCHS)
- The recommended daily intake of dietary fiber is 25 grams or more. Americans consume a daily average of 15.6 grams of dietary fiber. For males the averages are
- 17.8 g overall.
- 18.1 g for non-Hispanic whites.
- 15.0 g for non-Hispanic blacks.
- 21.0 g for Mexican Americans.
- (NHANES III [1988-94], CDC/NCHS)

Surgery

- In 2000, 71 percent of bypass and 64 percent of PTCA procedures were performed on men. Bypass data represent a combination of code and vessel data. Thus it's impossible to determine the average number of vessels per patient.
- In the United States, 73 percent of heart transplant patients are male.

Source Footnotes

ARIC – Atherosclerosis Risk in Communities

CDC/NCHS – Centers for Disease Control and Prevention/National Center for Health Statistics

CHS – Cardiovascular Health Study

FHS – Framingham Heart Study

HHP – Honolulu Heart Program

JAMA – Journal of the American Medical Association

JNC V – Fifth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure

JNC VI – Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure

NHANES III (1988-94) – National Health and Nutrition Examination Survey III

NHIS – National Health Interview Survey

NHLBI – National Heart, Lung, and Blood Institute

SHS – Strong Heart Study

Men and Cardiovascular Diseases. Updated in 2003. Statistical Fact Sheet. Retrieved June 7, 2003, from

<http://www.americanheart.org/presenter.jhtml?identifier=3000935>

WOMEN'S HEALTH CHECKLIST

CHECKUPS AND SCREENINGS	WHEN?	AGES	20-39	40-49	50+
PHYSICAL EXAM: Review overall health status, perform a thorough physical exam and discuss health related topics.	Every 3 years Every 2 years Every year		✓	✓	✓
BLOOD PRESSURE: High blood pressure (Hypertension) has no symptoms, but can cause permanent damage to body organs.	Every year		✓	✓	✓
TB SKIN TEST: Should be done on occasion of exposure or suggestive symptoms at direction of physician. Some occupations may require more frequent testing for public health indications.	Every 5 years		✓	✓	✓
BLOOD TESTS & URINALYSIS: Screens for various illnesses and diseases (such as cholesterol, diabetes, kidney or thyroid dysfunction) before symptoms occur.	Every 3 years Every 2 years Every year		✓	✓	✓
EKG: Electrocardiogram screens for heart abnormalities.	Baseline Every 4 years Every 3 years	Age 30		✓	✓
TETANUS BOOSTER: Prevents lockjaw.	Every 10 years		✓	✓	✓
RECTAL EXAM: Screens for hemorrhoids, lower rectal problems, and colon cancer.	Every year		✓	✓	✓
BREAST HEALTH: Clinical exam by health provider. Mammography: X-ray of breast.	Every year Every 1-2 years Every year		✓	✓	✓
REPRODUCTIVE HEALTH: PAP test / Pelvic exam.	Every 1-3 years after 3 consecutive normal tests. Discuss with your physician.	Age 18	✓	✓	✓

CHECKUPS AND SCREENINGS	WHEN?	AGES	20-39	40-49	50+
HEMOCCULT: Screens the stool for microscopic amounts of blood that can be the first indication of polyps or colon cancer.	Every year			✓	✓
COLORECTAL HEALTH: A flexible scope examines the rectum, sigmoid and descending colon for cancer at its earliest and treatable stages. It also detects polyps, which are benign growths that can progress to cancer if not found early.	Every 3-4 years			✓	✓
CHEST X-RAY: Should be considered in smokers over the age of 45. The usefulness of this test on a yearly basis is debatable due to poor cure rates of lung cancer.	Every year (if smoker)			✓	✓
SELF-EXAMS: Breast: To find abnormal lumps in their earliest stages. Skin: To look for signs of changing moles, freckles, or early skin cancer. Oral: To look for signs of cancerous lesions in the mouth.	Monthly by self		✓	✓	✓
BONE HEALTH: Bone mineral density test. Should be considered in all postmenopausal females. Discuss with your physician.	Postmenopausal				✓
ESTROGEN: Peri-menopausal women should consider screening for FSH (follicle stimulating hormone) and LH (leutenizing hormone) to determine supplemental estrogen therapy need.	Discuss with a physician				✓
SEXUALLY TRANSMITTED DISEASES (STDs): Sexually active adults who consider themselves at risk for STDs should be screened for syphilis, chlamydia and other STDs.	Under physician supervision		✓	Discuss	

FOR MEN AND WOMEN: GET IT CHECKED!

A Schedule of Checkups and Age-appropriate Screenings for Men and Women



Regular checkups and age-appropriate screenings can improve your health and extend your life. Members of high risk groups, or those with a family history of a disease, should consult their health care provider about the need for earlier screening.

MEN...

GET IT CHECKED!

(Refer to the checklist on this side.)

The Men's Health Network provides this maintenance schedule for men as a reminder of your need to take responsibility for safeguarding your health. **Regular checkups and age-appropriate screenings CAN improve your health and reduce premature death and disability.** You should consult your health care provider about the benefits of earlier screenings, especially if you are a member of a high risk group or have a family history of disease.

WOMEN...

GET IT CHECKED!

(Refer to the checklist on the other side.)

The Men's Health Network provides this maintenance schedule for women as a reminder of your need to take responsibility for safeguarding your health. **Regular checkups and age-appropriate screenings CAN improve your health and reduce premature death and disability.** You should consult your health care provider about the benefits of earlier screenings, especially if you are a member of a high risk group or have a family history of disease.

For more information about women's health, contact the National Women's Health Information Center at: 1-800-994-WOMEN, www.4women.org.

Please note: The Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your physician. Check with your health care provider about your need for specific health screenings.

MHN Men's Health Network™

BUILDING HEALTHY FAMILIES ONE MAN AT A TIME™

P.O. Box 75972, Washington, DC 20013 • 202-543-MHN-1

info@menshealthnetwork.org • www.menshealthnetwork.org

MEN'S HEALTH CHECKLIST

CHECKUPS AND SCREENINGS	WHEN?	AGES	20-39	40-49	50+
PHYSICAL EXAM: Review overall health status, perform a thorough physical exam and discuss health related topics.	Every 3 years Every 2 years Every year		✓	✓	✓
BLOOD PRESSURE: High blood pressure (Hypertension) has no symptoms, but can cause permanent damage to body organs.	Every year		✓	✓	✓
TB SKIN TEST: Should be done on occasion of exposure or suggestive symptoms at direction of physician. Some occupations may require more frequent testing for public health indications.	Every 5 years		✓	✓	✓
BLOOD TESTS & URINALYSIS: Screens for various illnesses and diseases (such as cholesterol, diabetes, kidney or thyroid dysfunction) before symptoms occur.	Every 3 years Every 2 years Every year		✓	✓	✓
EKG: Electrocardiogram screens for heart abnormalities.	Baseline Every 4 years Every 3 years	Age 30		✓	✓
TETANUS BOOSTER: Prevents lockjaw.	Every 10 years		✓	✓	✓
RECTAL EXAM: Screens for hemorrhoids, lower rectal problems, colon and prostate cancer.	Every year		✓	✓	✓
PSA BLOOD TEST: Prostate Specific Antigen is produced by the prostate. Levels rise when there is an abnormality such as an infection, enlargement or cancer. Testing should be done in collaboration with your physician.	Every year			*	✓

*African-American men and men with a family history of prostate cancer may wish to begin prostate screening at age 40, or earlier.

CHECKUPS AND SCREENINGS	WHEN?	AGES	20-39	40-49	50+
HEMOCCULT: Screens the stool for microscopic amounts of blood that can be the first indication of polyps or colon cancer.	Every year			✓	✓
COLORECTAL HEALTH: A flexible scope examines the rectum, sigmoid and descending colon for cancer at its earliest and treatable stages. It also detects polyps, which are benign growths that can progress to cancer if not found early.	Every 3-4 years				✓
CHEST X-RAY: Should be considered in smokers over the age of 45. The usefulness of this test on a yearly basis is debatable due to poor cure rates of lung cancer.	Every year (if smoker)			✓	✓
SELF-EXAMS: Testicle: To find lumps in their earliest stages. Skin: To look for signs of changing moles, freckles, or early skin cancer. Oral: To look for signs of cancerous lesions in the mouth. Breast: To find abnormal lumps in their earliest stages.	Monthly by self		✓	✓	✓
BONE HEALTH: Bone mineral density test. Testing is best done under the supervision of your physician.	Discuss with a physician			Age 60	
TESTOSTERONE SCREENING: Low testosterone symptoms include low sex drive, erectile dysfunction, fatigue and depression. Initial screening for symptoms with a questionnaire followed by a simple blood test.	Discuss with a physician			✓	✓
SEXUALLY TRANSMITTED DISEASES (STDs): Sexually active adults who consider themselves at risk for STDs should be screened for syphilis, chlamydia and other STDs.	Under physician supervision		✓	Discuss	

Mortality by Sex and Race

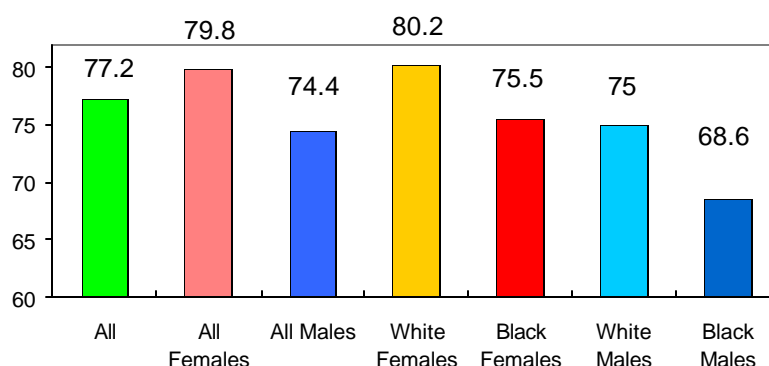
© 2003 Men's Health Network

Source: *National Vital Statistics Report. Vol. 51, No. 5, March 14, 2003, Deaths: Preliminary Data for 2001, page 25*

Based on data released by CDC in March of 2003, the life expectancy of a newborn child in 2001 is defined by sex and race with white females setting the standard. Black females are expected to live longer than white males. White females are projected to live 11.6 years longer than black males.

Mortality By Sex And Race 2001

Life Expectancy At Birth, 2001



Life Expectancy At Birth, 2001 ^a		1970 ^c	1950 ^c	1920 ^c
Classification	Life Expectancy			
Population	77.2 ^b	70.8	68.2	54.1
All females	79.8	74.7	71.1	54.6
All males	74.4	67.1	65.6	53.6
White females	80.2	75.6	72.2	55.6
Black females	75.5	68.3	62.9 ^d	45.2 ^d
White males	75.0	68.0	66.5	54.4
Black males	68.6	60.0	59.1 ^d	45.5 ^d

a) *National Vital Statistics Report. Vol. 51, No. 5, March 14, 2003, Deaths: Preliminary Data for 2001, page 25.* Retrieved March 15, 2003, from http://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_05.pdf

b) *HHS Study Finds Life Expectancy in the US Rose to 77.2 years in 2001*, HS News, March 14, 2003 Retrieved March 15, 2003, from <http://www.cdc.gov/nchs/releases/03news/lifeex.htm>

c) *National Vital Statistics Report. Vol. 48, No. 18, February 7, 2001, pages 33-34.* Retrieved June 2, 2002, from http://www.cdc.gov/nchs/fastats/pdf/nvsr48_18tb12.pdf

d) Prior to 1970, data for the black population are not available. Data shown prior to 1970 are for the nonwhite population.