Issues in Men's Health Care

SCOPE OF THE PROBLEM

Issues in men's health include diseases or aspects of health care delivery that are either unique to men, or more prevalent in men.

For example:

- Seven of 10 Americans who haven't visited a doctor in the last 5 years are men. Men are less likely than women to be screened regularly for high blood pressure, cholesterol, and cancers.
- Over 180,000 men are diagnosed each year with prostate cancer, and 40,000 will die from this most common form of cancer in men.
- The cost of treating prostate cancer, primarily in older men, is a major public expenditure. By the mid 1990s, hospital costs of this disease to Medicare alone were over \$1.4 billion.
- One in 5 American men has cardiovascular disease. Of all hospitalizations of men in 1999, at least a fourth of them—over 3.5 million—were related to cardiovascular problems.
- In 1999, more than 700,000 U.S. men lost their lives due to heart disease, cancers, and stroke.
- Of the 40,000 people infected with HIV in the United States yearly, 70 percent are men.

Background

The Agency for Healthcare Research and Quality (AHRQ) conducts and supports research that examines what works—and what does not work—in diagnosing and treating conditions especially relevant to men's health. AHRQ has a longstanding commitment of support for research on effective ways to diagnose and treat prostate

disease, heart disease, stroke, HIV and other major causes of illness and death among men.

A major AHRQ goal is to bring about improvements in the Nation's health care system by translating the results of research into everyday clinical practice and public policy. AHRQ provides this information to public policymakers at all levels as well as to health system leaders and others who are working to improve the quality and safety of health care for American men.

Impact of AHRQ Research

Prostate Disease

- Development of health status measurement instruments. Sixty percent of urologists now use a scientifically valid patient questionnaire, developed with AHRQ support, to measure the symptoms and quality of life for elderly men with benign prostate disease. This instrument has changed the way urologists and other practitioners work with patients to make their health care decisions.
- Nonsurgical treatments in benign prostatic hyperplasia (BPH). BPH is a nonmalignant condition that can cause chronic urinary problems, sometimes leading to surgery. Although surgery can be effective in helping men with moderate symptoms of BPH, nonsurgical treatments such as watchful waiting are safe choices for men less bothered by these problems. This research led to a 50-percent decrease in rates of surgery for BPH during the 1990s.
- Misuse of PSA (prostate-specific antigen)
 blood screening tests. Half of all PSA tests are performed on patients outside the optimal





age range or performed too often. The use of PSA tests to screen for prostate cancer is controversial since some benign prostate conditions also give a positive result and the benefits of treatment are uncertain.

Cardiovascular Disease

- Heart attack predictive instrument. AHRQ funded the development of a special software tool that can help emergency room doctors using electrocardiographs (ECGs) predict more quickly if a patient is having a heart attack and whether he should receive drugs that help prevent repeat attacks. This tool could prevent 200,000 unnecessary hospitalizations and more than 100,000 admissions to cardiac care units yearly, saving \$728 million.
- Chest pain units. Special hospital units for diagnosing and treating chest pain are now more common in big city hospitals following AHRQ research that showed treatment within 24 hours of a heart attack has the greatest effect on long-term survival. These chest pain units have reduced the rate of missed heart attack diagnoses, from 4.5 percent to 0.04 percent, and saved nearly \$3 million.
- Warfarin to reduce chance of stroke. Giving older patients with atrial fibrillation—rapid and erratic heart beat—a blood-thinning drug called warfarin reduces their odds of having a stroke. Subsequent to AHRQ research, Medicare Peer Review Organizations implemented projects in 42 States to increase anticoagulation rates in certain categories of patients.

AIDS/HIV Disease

• HIV Cost and Services Utilization Study (HCSUS). This AHRQ project is the first major research effort to collect information on a nationally representative sample of HIV patients. HCSUS examined many aspects of care and quality of life for HIV patients. These include access and costs of care, use of services, unmet needs for medical and nonmedical services, social support,

satisfaction with medical care, and knowledge of HIV therapies. Findings from HCSUS have been used to assist policymakers and health care providers to improve the quality and access to care for persons suffering from HIV.

Prevention

Reducing risk of heart disease. An AHRQ-sponsored Task Force recommends that for people at high risk for coronary heart disease, such as men over age 35 and adults who smoke, taking aspirin regularly can reduce their risk of getting heart disease by 28 percent.

Current AHRQ Projects

- **Prostate cancer.** A team at the University of Connecticut is studying the effectiveness of various treatments for prostate cancer in a sample of 6,000 men ages 75 and younger.
- Colorectal cancer screening. A study team at the University of Texas is developing the prototype of a newsletter that could be sent by physicians over the Internet to patients to increase screening for colorectal cancer, a highly effective but greatly underused (less than 50 percent of the time) preventive service.
- Heart disease and stroke. Researchers at the Medical University of South Carolina are studying the effects of using guidelines incorporated into electronic patient records and other methods to improve physicians' preventive care for heart disease and stroke.
- Benign Prostatic Hyperplasia (BPH).
 Researchers at Michigan State University are studying a group of 200 men with BPH to determine how and if the type of information presented affects their decisions about treatment.

For More Information

For more information on AHRQ's research on men's health and other issues, visit the AHRQ Web site at www.ahrq.gov.



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