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## No More Excuses: Men's Health Matters

Let's be honest: Men aren't as focused on their health as they should be. Compared to women, men are more likely to have risky habits like drinking and using tobacco. They're more prone to skipping appointments.

Men have excellent excuses for not going to the doctor, according to the MDVIP/IPSOS Men's Health Survey:

- 40% say they put off seeing a doctor until their symptoms are urgent
- 30% avoid the doctor out of fear of finding something wrong
- 34% can't fit it into their schedule

Even when they do go, they're not exactly engaging with their doctor.

For example, men told us they almost never discuss sexual health or depression (60%), stress or sleep (50%) or their weight (46%).

Maybe it's supreme confidence: 84% say their overall health is good or excellent; 83% believe they have control over their health through lifestyle; and 60% say that people worry too much about their health. This might clarify why women outlive men in the U.S. by five years.

Studies explain this discrepancy by pointing to the fact that women are more likely to see their doctor and put more effort in being healthy, where men will indulge in less healthy habits. Other studies look for physiological differences to explain the gap.

The reality is men have more control of their health than they're willing to take. And that starts with seeing a doctor. In our survey, 86% of men said their primary care doctor played an important role in their health – even if they rarely see their doctor. That's important. Diagnosing and treating the conditions that affect men the most (heart disease, depression, diabetes, erectile dysfunction, low testosterone and cancer) start with your primary care doctor.

The next time you see your primary care doctor, take this guide with you. It's designed to help you have a discussion with your primary care physician about these important issues.

# Tests You Need Before Age 65

Lab work, screenings and tests may be a hassle, but they can save your life. You'll notice that your doctor will order some tests during certain periods of your life, while others will be ordered every year. Here are the preventive screenings for middle age and older men ages 40 through 64:

**BLOOD PRESSURE** – This screening should be performed at least once every two years. If you have conditions such as diabetes, heart disease, kidney disease or high blood pressure, your doctor may take your blood pressure more often. Blood pressure readings have two numbers. Ideally, the top number should be between 120 and 139 mm Hg, while the bottom number should range from 80 to 89 mm Hg.

**CHOLESTEROL PROFILE** – This screening should be performed at least once every five years. Cholesterol screenings include total cholesterol, high density lipoprotein

(HDL - good cholesterol), ratio between total cholesterol and HDL, low density lipoprotein (LDL - bad cholesterol) and triglycerides. The MDVIP Wellness Program also includes particle size. You may need the test repeated if you've gained weight or have issues such as heart disease, high cholesterol or kidney disease. Ideally, total cholesterol should be 125 to 200 mg/dL, HDL should be 40 or higher, LDL should be less than 100 and triglycerides should be less than 150.

**COLORECTAL CANCER SCREENINGS** – if you are younger than 45, your doctor may order a screening if you are high risk; otherwise, these screenings begin at 45. Screenings such as stool-based fecal occult blood, fecal immunochemical test and stool sDNA test can be conducted annually, CT colonography and flexibly sigmoidoscopy are ordered every five

to 10 years and colonoscopies are every 10 years.

**DENTAL EXAM** – You should visit a dentist's office either once or twice year for an exam and cleaning. The dentist will evaluate if you need more frequent visits.

**DIABETES** – This screening should take place every three years. Your doctor may begin your screenings earlier or more often if you have risk factors for diabetes such as being overweight or having high blood pressure. Screenings usually involve bloodwork to measure A1C levels – the average blood sugar level over the last several months. A reading of 5.7 percent or lower is normal, between 5.7 and 6.4 percent is the prediabetic range and 6.5 percent and over suggests diabetes. If you are diagnosed with diabetes, you may be subjected to more in-depth tests such as fasting blood sugar and/or glucose tolerance test.

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men delayed seeing a doctor because they can't fit into their schedule



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**EYE EXAM** – This screening should be conducted every two to four years between ages 40 and 54 and between one and three years between ages 55 and 64. It may be conducted annually if you have diabetes.

**GENERAL HEALTH AND SAFETY** – Every year your doctor will probably discuss your nutrition and supplements you take, physical activity level, emotional state including stress, depression and anxiety, substance use such as alcohol, tobacco and cannabis. They will probably ask you about your sleep habits and relationships, as well as remind you to put on a seatbelt, wear a bike helmet and change batteries in smoke detectors

**HEIGHT, WEIGHT, BMI** – these screenings should be conducted annually.

**INFECTIOUS DISEASE SCREENING** – at some point between 18 and 79, you'll probably get screened for hepatitis C. If your lifestyle warrants it or symptoms appear, you may be screened for sexually transmitted infections.

**IMMUNIZATIONS** – your doctor may recommend an annual flu shot, as well as vaccines for shingles/herpes zoster after age 50, pneumonia after age 65, a tetanus-diphtheria booster every 10 years and COVID-19.

## Tests You Need Age 65 and Beyond

**BLOOD PRESSURE** – This screening should be performed at least once every two years. If you have conditions such as diabetes, heart disease, kidney disease or high blood pressure, your doctor may take your blood pressure more often. Blood pressure readings have two numbers. Ideally, the top number should be between 120 and 139 mm Hg, while the bottom number should range from 80 to 89 mm Hg.

**CHOLESTEROL PROFILE** – This screening should be performed at least once every five years. Cholesterol screenings include total cholesterol, high density lipoprotein (HDL - good cholesterol), ratio between total cholesterol and HDL, low density lipoprotein (LDL - bad cholesterol) and triglycerides. The MDVIP Wellness Program also includes particle size. You may need the test repeated if you've gained weight or have issues such as heart disease, high cholesterol or kidney disease. Ideally, total cholesterol should be 125 to 200 mg/dL, HDL should be 40 or higher, LDL should be less than 100 and triglycerides should be less than 150.

**COLORECTAL CANCER SCREENINGS** – Until age 75, your doctor may order a screening such as stool-

**LUNG CANCER SCREENING** – this screening is usually annual if you are younger than 80 and smoke or quit within the last 15 years but have a 20 pack-year smoking history.

**OSTEOPOROSIS SCREENING** – This screening is ordered if you are between 50 and 70 and have risks for osteoporosis including steroid usage, low body weight, drink heavily, have a family history of osteoporosis or experienced a fracture after 50.

**PHYSICAL EXAM** – This should be conducted annually.

**PROSTATE CANCER** – These screenings begin at age 45 and often include an annual digital rectal and exam and PSA test.

**SKIN EXAM** – These screenings are often based on risk. If you spend a lot of time outdoors or have a personal/family history of skin cancer, a light complexion, light eyes, weakened immune system, history of sunburns or specific types of moles, your doctor may recommend annual screenings.

**TESTICULAR EXAM** – Formal screenings for testicular cancer don't exist. The U.S. Preventive Services Task Force no longer recommends self-checks. Discuss testicular cancer early detection with your doctor.



based fecal occult blood, fecal immunochemical test and stool sDNA test can be conducted annually, CT colonography and flexibly sigmoidoscopy are ordered every five to 10 years and colonoscopies are every 10 years.

**DENTAL EXAM** – You should visit a dentist’s office either once or twice year for an exam and cleaning. The dentist will evaluate if you need more frequent visits.

**DIABETES** – This screening should take place every three years. Your doctor may begin your screenings earlier or more often if you have risk factors for diabetes such as being overweight or having high blood pressure. Screenings usually involve bloodwork to measure A1C levels – the average blood sugar level over the last several months. A reading of 5.7 percent or lower is normal, between 5.7 and 6.4 percent is the prediabetic range and 6.5 percent and over suggests diabetes. If you are diagnosed with diabetes, you may be subjected to more in-depth tests such as fasting blood sugar and/or glucose tolerance test.

**EYE EXAM** – this screening should be conducted every one to two years starting at age 65. It may be conducted annually if you have diabetes.

**GENERAL HEALTH AND SAFETY** – Every year your doctor will probably discuss your nutrition and supplements you take, physical activity level, emotional state including stress, depression and anxiety, substance use such as alcohol, tobacco and cannabis. They will probably ask you about your sleep habits, relationships and if you’re having drug interactions, and remind you to put on a seatbelt, wear a bike helmet and change batteries in smoke detectors.

**HEARING TEST** – talk to your doctor about a hearing test if you think you may have some hearing loss.

**HEIGHT, WEIGHT, BMI** – these screenings should be conducted annually.

**INFECTIOUS DISEASE SCREENING** – at some point between 18 and 79, you’ll probably get screened for hepatitis C. If your lifestyle warrants it or symptoms appear, you may be screened for sexually transmitted viruses.

**IMMUNIZATIONS** – Your doctor may recommend an annual flu shot, as well as vaccines for shingles/herpes zoster, pneumonia, a tetanus-diphtheria booster and COVID-19.

**LUNG CANCER SCREENING** – This screening is usually annual if you are between 50 and 80 and smoke or quit within the last 15 years but have a 20 pack-year smoking history.



**54%**  
of men say the  
pandemic has  
motivated them to  
improve health

**OSTEOPOROSIS SCREENING** – This screening is ordered if you are between 50 and 70 and have risks for osteoporosis including steroid usage, low body weight, drink heavily, have a family history of osteoporosis or experienced a fracture after 50. If you are older than 70, your doctor may discuss getting a bone mineral density test with you.

**PHYSICAL EXAM** – This should be conducted annually.

**PROSTATE CANCER** – These screenings go through age 69 and usually involve an annual digital rectal and exam and PSA test.

**SKIN EXAM** – These screenings are often based on risk. If you spend a lot of time outdoors or have a personal/family history of skin cancer, a light complexion, light eyes, weakened immune system, history of sunburns or specific types of moles, your doctor may recommend annual screenings.

**TESTICULAR EXAM** – Formal screenings for testicular cancer don’t exist. The U.S. Preventive Services Task Force no longer recommends self-checks. Discuss testicular cancer early detection with your doctor.

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# Focus on Preventing Heart Disease



**34%**  
of men in the U.S.  
are overweight,  
increasing their heart  
disease risk.

Heart disease kills one out of every four men — for more than any other disease. Unfortunately, 89 percent of men don't know this fact. There is good news, however: 80 percent of heart disease is preventable.

You should also address stress and anxiety. New research indicates that higher levels of stress among men in their middle ages can lead to increased risk for heart disease decades later.

## HOW TO TALK TO YOUR DOCTOR:

Make sure you and your physician are on top of key measurables such as cholesterol, blood pressure and your weight — that's right. Being overweight or obese can raise your risk for heart disease by eight times. If you have a "Dad Bod," you may want to take steps to lose weight and get in shape.

You should also talk to your doctor about any issues with sleep or stress and be honest about your exercise and diet. In our MDVIP/IPSOS Men's Health Survey, 84 percent of men rated their health as good or excellent and 83 percent said they have a lot of control over their health due to their lifestyle. This level of confidence belies reality: More than 1 in 3 men in the U.S. are

overweight or obese, increasing risk for heart disease, diabetes, dementia and a host of other conditions.

## WHAT NUMBERS SHOULD I KEEP TRACK OF:

**Cholesterol.** Total cholesterol should be less than 200. LDL should be 100 or less and HDL should be 60 or above.

**Blood Pressure.** Your blood pressure should be less than 120/80 mm Hg.

**Blood Glucose.** If you're at risk for diabetes, your doctor should check your fasting glucose or HbA1C levels every year or two.

When it comes to heart disease, there's so much more to know than just basic cholesterol and blood pressure numbers. The size and amount of your LDL or bad cholesterol and your levels of inflammation both come to mind.

Why? Half of people who have heart attacks have normal cholesterol levels. At MDVIP, our affiliated physicians have time to look beyond the basic. Learn more at [MDVIP.com/YourHeartMatters](https://mdvip.com/YourHeartMatters).

# But Keep an Eye on Cancer

Cancer is a major health problem among American men. In fact, men have a nearly 40 percent chance of developing cancer in their lifetimes, according to Mayo Clinic. And it's second only to heart disease as a leading cause of death. Fortunately, many cancers are preventable by living a healthy lifestyle and treatable by adhering to early detection guidelines.

Spotting cancer early improves your chance of surviving; for instance, colorectal cancer has a 90 percent survival rate when caught at an early stage. Cancers caught during earlier stages usually require less intense treatments and are more affordable to manage. Leading cancer diagnoses for men include prostate, colorectal and lung. Additionally, more men are diagnosed with skin cancer compared to women.

## HOW TO TALK TO YOUR DOCTOR:

Learn your family history of cancer and share it with your doctor. It helps a doctor set early detection and lifestyle priorities for you. Let's continue using colorectal cancer as an example. If you have a family history of this disease, your doctor may remind you not to smoke; advise you to limit alcohol and processed meats; encourage you to exercise, manage weight and eat vegetables; and begin early detection screenings during your early- to mid-40s, as opposed to waiting until mid to late 40s.

## WHEN SHOULD I GET SCREENED?

**Prostate Cancer.** If you have an average risk for developing prostate cancer, you should begin screenings around age 50. If you have a high risk, screenings should



54%

of men falsely think prostate is the most common cancer in men (it's skin cancer)

begin at age 45. Risk factors include having a family history of prostate cancer and breast cancer, being African American, living in North America or northern Europe, having been exposed to Agent Orange, being obese and advancing age.

**Colorectal Cancer.** If you have an average risk for developing colorectal cancer, you should begin screenings around age 45. If you have a high risk, your doctor may begin screenings sooner. Risk factors include smoking, having a family history of colorectal cancer or polyps, drinking alcohol, eating a lot of low-fiber foods and processed meats, skipping fruits and vegetables, being sedentary, having a personal history of inflammatory bowel diseases and genetic syndromes such as Lynch syndrome or familial adenomatous polyposis.

**Lung Cancer.** Most people are not at risk for lung cancer. However, if you are at risk, your doctor will probably begin ordering early detection tests around age 50, unless you're exhibiting signs/

symptoms of lung cancer, in which case, screenings would begin sooner. Risk factors for lung cancer include smoking tobacco (and possibly marijuana), being exposed to secondhand smoke, thirdhand smoke, asbestos, radiation to the lungs or arsenic in drinking water.

**Skin Cancer.** Generally, men spend more time outdoors than women, which helps explain why men tend to develop skin cancer more often than women. However, regardless of your gender, you should begin annual head to toe skin cancer screenings from a dermatologist while you're in your 20s and report suspicious moles and other changes to your doctor for examination and possible biopsy.

When it comes to cancer, your best strategy is to stay on top of early detection screenings and live a cancer-friendly lifestyle.

# Understanding ED and Low T

## ERECTILE DYSFUNCTION

On its own, erectile dysfunction is as serious condition. It's not normal part of aging. Worse, ED can be an underlying symptom for chronic conditions like type 2 diabetes and heart disease.

What is ED? According to the National Institutes of Health, you have ED when you:

- Achieve erection sometimes but not every single time you want to have sex;
- Achieve erection but it doesn't last for fulfilling sex;
- Cannot get an erection any time.

What contributes to your risk of ED? Being overweight, drinking too much alcohol, smoking or having certain conditions, taking certain medications or having certain emotional or psychological issues. Being older can also be a factor, but it's not the most important one.

## HOW TO TALK TO YOUR DOCTOR

ED affects a lot of men – 30 million a year in the U.S. This won't be the first time your doctor has had a conversation about it. So, don't be afraid to talk to your doctor. Many men won't talk to their doctor about erectile dysfunction out of fear and embarrassment, but the conversation can lead to a solution.

## WHEN SHOULD I TALK TO THEM?

Don't let the conversation wait. Set up a separate appointment with your physician to talk specifically about your concerns and any performance issues you're experiencing. Your primary care doctor is experienced with treating ED and can run tests to help determine the reason for your condition.



## LOW TESTOSTERONE

Why: Nearly 40 percent of men ages 45 years and older have low testosterone. Low T can cause fatigue, low energy levels, low sex drive, a need to shave less often, erectile dysfunction, weight gain, muscle loss, higher body fat levels, hot flashes/sweating, poor sleep, osteoporosis, depression and some studies suggest heart disease.

Waning testosterone levels are a normal part of the aging process for men. However, low T seems to affect a higher percentage of men who are obese, have metabolic syndrome, depression, HIV/AIDS or chronic pain, or have been treated for testicular cancer.

## HOW TO TALK TO YOUR DOCTOR:

Understandably, most men find it difficult to talk about symptoms associated with low testosterone. But know that many men experience low T. And since low T can lead to serious issues such as osteoporosis, depression and possibly heart disease, it's an important conversation to have with your doctor. A blood test can determine your

testosterone level. If your levels are low and it's affecting your health, your doctor may have options for you.

What changes in my body should I keep track of:

- Fatigue and low energy levels
- Mood changes and feeling depressed
- Erectile dysfunction and experiencing low sex drive
- Weight gain and body composition shifting to higher fat percentage
- Hot flashes/sweats
- Poor quality sleep
- Hair loss and needing to shave less often

If you're struggling with low T or ED, you're not alone. Have a conversation with your primary care doctor, regardless of how difficult it may be. He or she has had that discussion plenty of times and they know how to help you. Work closely with your doctor to control of symptoms and prevent more serious issues.



# Your Risk for Type 2 Diabetes

Diabetes affects 13 million American men — between 90 and 95 percent of these cases are type 2 diabetes. Untreated and poorly controlled diabetes can lead to many serious complications such as poor circulation, heart disease, vision problems, nerve damage, digit or limb amputation and kidney disease. Comorbidities specific to men include erectile dysfunction and urological issues.

The bright spot is that type 2 diabetes is largely preventable. Eating a healthy diet, exercising regularly and managing your weight, cholesterol and blood pressure all help stave off type 2 diabetes. But even if you live a very healthy lifestyle, advancing age and family genetics can still put you at risk.

## HOW TO TALK TO YOUR DOCTOR:

Share your family history with your doctor. If they know diabetes runs in your family, they may order

cholesterol and glucose panels more often. If you notice symptoms such as fatigue, thirst, weight gain (particularly in the torso) and erectile dysfunction, talk to your doctor. They may order blood work to confirm if the problem stems from your blood sugar levels. If you are diagnosed with type 2 diabetes, your doctor may recommend lifestyle changes, prescribe medication, follow you more closely and possibly refer you to a specialist.

## WHAT NUMBERS SHOULD I KEEP TRACK OF:

**Cholesterol.** Total cholesterol should be less than 200. LDL should be 100 or less and HDL should be 60 or above.

**Blood Pressure.** Your BP should be less than 120/80 mm Hg.

**Blood Sugar.** You should have your fasting glucose or HbA1C levels every year or two. Normal blood sugar

levels range between 69 and 99 mg/dL and healthy HbA1C levels fall between 4 percent and 5.6 percent.

**Triglycerides.** Your triglycerides should be at least every four to six years — more often if you're at risk for or been diagnosed with heart disease or diabetes. Healthy levels are below 150 mg/dL.

With type 2 diabetes, one of the most important steps you can take is managing your body composition — the percentage of fat, bone, water, and muscle in the body. A healthy diet, regular exercise, quality sleep and stress management are common keys to a healthy body composition. Getting your body composition measured can accurately indicate whether you're underweight, health weight, overweight or obese. Body weight also is commonly used as it can help track personal progress and body mass index (BMI) helps you compare your numbers to the population.





**60%**  
of men have never  
discussed depression  
with their doctor.

# Take Care of Your Mental Health

Your mental health affects more than just how you feel or live life. It affects your overall health. Stress, anxiety and depression contribute to other conditions like heart disease and cancer, especially when they are not managed. The good news: All three are manageable. Managing them effectively starts with your primary care doctor.

Unfortunately, men are often reluctant to talk about stress, anxiety and depression with their primary care doctor. In our MDVIP/IPSOS Men's Health Study, more than half the men surveyed said they never discuss stress or anxiety with their doctor; 61 percent said they never discuss depression.

**STRESS AND ANXIETY.** Men and women also react differently to stress, both psychologically and biologically. For men, excess stress not only influences the obvious — affecting our heart — but does surprising things, too. It can cause us to skip meals, sleep less and eat more unhealthy foods. It can even increase our belly fat, which can lead to a higher risk of type 2 diabetes. Stress and anxiety can even cause erectile dysfunction because they can interfere with the way your brain sends messages to your penis to allow extra blood flow.

Of course, it's also bad for our hearts. Stress and anxiety increase heart rates and blood pressure and over time, Those can hurt your heart. High levels of cortisol, a hormone released during stress incidents, can also raise your cholesterol levels. Chronic stress and anxiety are associated with a substantial increase in heart attack and stroke.

**DEPRESSION.** Studies show that men experience major depressive episodes less often than women, but four times as many men than women commit suicide in the U.S. Men may experience depression differently, however. They may experience fatigue, irritability, anger, loss of interest and sleep

issues as opposed to more traditional signs of depression like feelings of sadness or worthlessness. For men, symptoms may also manifest physically — a racing heart, digestive issues, chest tightness, even headaches.

But the worst part about depression is that it often goes untreated. Men with depression are more likely to cope with drugs and alcohol. They are also more likely than women to die from suicide.

**HOW TO TALK TO YOUR DOCTOR:** Stress, anxiety and depression are all real, serious conditions that can cause lasting harm to your health. Your primary care physician is experienced in talking about and treating all three. Start the conversation at your next visit and don't sugar coat your experience. If you're feeling symptoms of stress or depression, tell your doctor. Keep a log of how you're feeling, of what stress you out or when you're feeling lethargic, angry or disinterested.

While many men are concerned about their mental and emotional well-being, they will just as often not report this to their doctor. That's a mistake — one that you can easily rectify next time you're at the doctor.

**MDVIP**