HotDoc | CPD WEBINAR

Lifestyle Choices to Improve Men's Health – for your Practice & Patients

HOSTED BY

Dr Joe Kosterich

HealthCert EDUCATION

aapm Australian Association of Practice Management

AAPM Approved 2022

5 Points

Wed 16 Nov

12:30pm AEDT

In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

HealthCert

Cases in Men's Health – Lifestyle Choices

Presented by

Dr Joe Kosterich
M.B.B.S.

Disclosures

- Medical consultant to Little Green Pharma
- Clinical editor Medical Forum
- Chairman ATHRA
- IPN WA state Medical Consultant
- Writer and course chair HealthCert Education

What will be covered

- Why men’s health matters in general practice
- Most common lifestyle diseases and stats
- Case study 1 with treatment recommendations
- Case study 2 with treatment recommendations
- Men’s health outlook – what we need to prepare for
- How GPs can help

Men and their health?

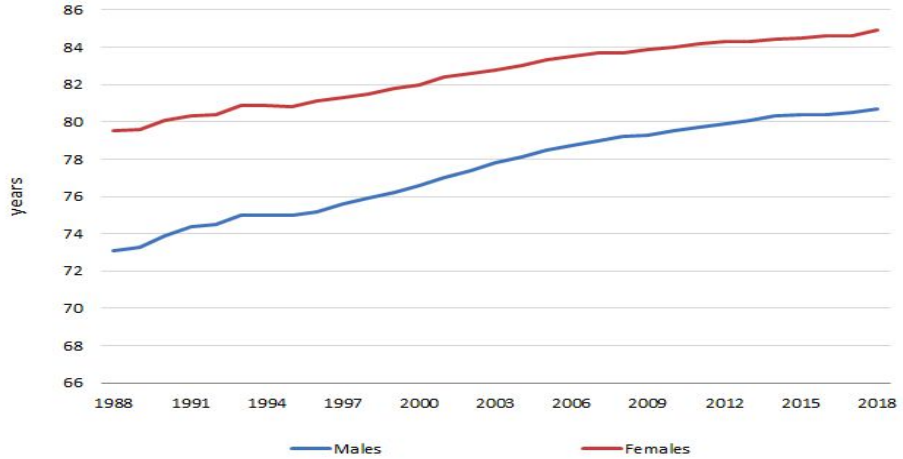
Why men's health?

Australia

- Life expectancy at birth estimates represent the average number of years that a newborn baby could expect to live, assuming current age-specific death rates are experienced through his/her lifetime.
- In 2016-2018, life expectancy at birth was 80.7 years for males and 84.9 years for females.
- In the past 10 years, life expectancy has increased by 1.5 years for males and 1.2 years for females.
- The increase in life expectancy at birth reflects declining death rates at most ages.

For detailed data see data cube **Table 1: Life Tables, States, Territories and Australia**, from the Downloads tab.

1.1 LIFE EXPECTANCY AT BIRTH(a) - 1988 to 2016-2018



“Lifestyle” diseases

- Heart disease and stroke are associated with lifestyle risk factors such as smoking, high cholesterol, high blood pressure, diabetes, being inactive, being overweight, an unhealthy diet, and depression.
- These factors tend to be more common in males.
- And the impact becomes cumulative with more factors and longer time.

http://heartfoundation.org.au/your-heart/keep-your-heart-healthy

What are we trying to achieve?

Insurance statistics: TPD

- Total and permanent disability claims
- 78% male
- 86% aged 30-59
- 42% aged under age 50
- Cancer 12%, heart disease 7%, mental health illness 14%

Insurance statistics: death claims

- 64% male
- 35% under age 60
- Cancer 33%
- Heart disease(including heart attack) 32%
- Respiratory disease 13%

Critical illness claims

- Males 70%
- Ages 30-48 49%
- Age 50-59 35%

- It is important to note that the statistics reflect the cohort insured with the company and the claims made.
- Thus are indicative figures but the trend is clear – males more affected and not insignificant numbers under age 60.

Humans, not numbers

Smoking data

- 2017-18 smoking rates: male 16.5% vs female 11.1%
- Sharp drop from 1995 (27.3% male and 20.3% female)
- Little change from 2014 (16.9% male and 12.1%female)

This is a concern

- For men aged 18-24 years in 2017-18, around one in six (17.5%) smoked daily.
- This remained relatively constant until age 55-64 years where the prevalence fell to 16.5%, before eventually dropping to 5.1% at age 75 years and over.
- Suggests rates fall as men die of smoking related illness!!
- And that smoking rates have plateaued.

Alcohol – Uni Sheffield Study 2019

- Estimated 1316 deaths from chronic conditions attributable to (excess) alcohol consumption in males -70% of total
- Acute harder to calculate – estimate 689
- Estimated 3%of total deaths in males (1.4% on total population)
- Hospital admissions (morbidity) for acute and chronic alcohol attributed illness 91,195 males (70%of total)

ABS Data

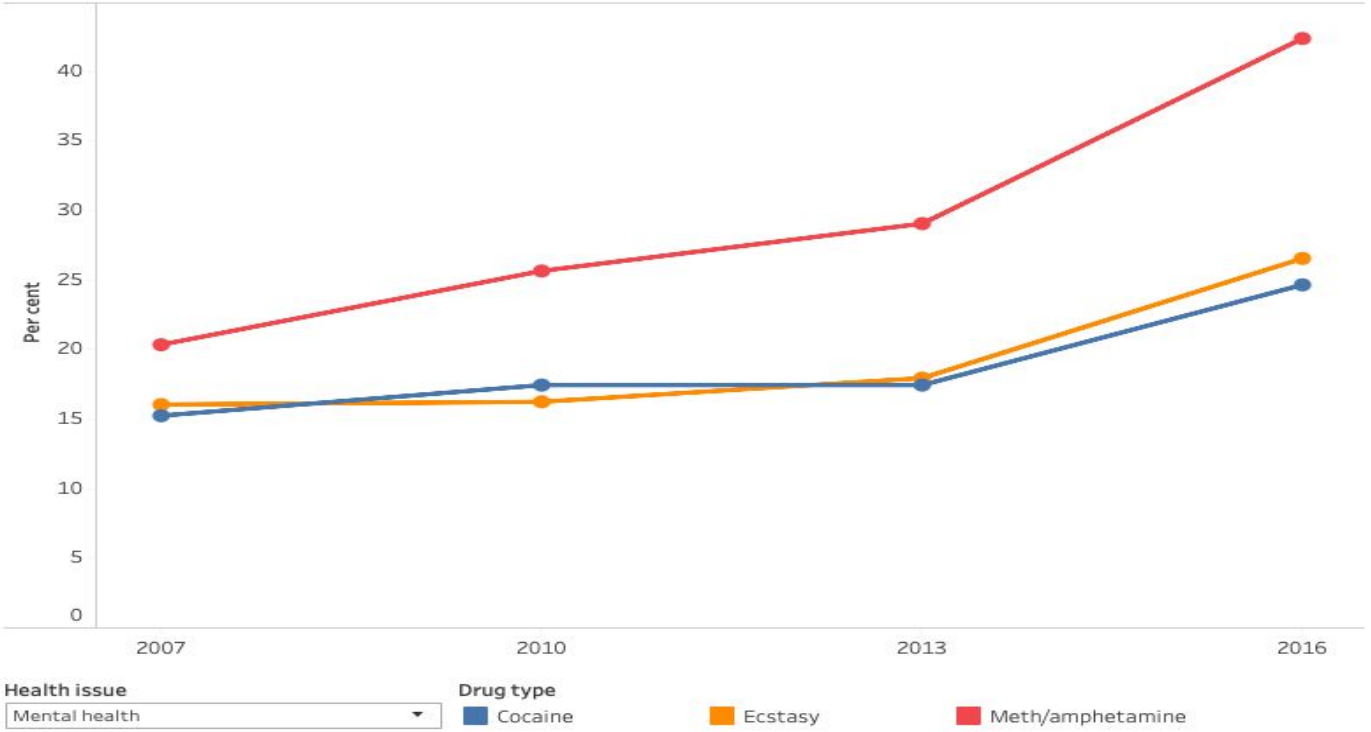
- One in six (16.1%) persons aged 18 years and over consumed more than two standard drinks per day on average, exceeding the lifetime risk guideline in 2017-18.
- 17.4% in 2014-15 and 19.5% in 2011-12.

Men were more than twice as likely to exceed the lifetime guideline as women. 23.7% of men and 8.8% of women exceeded the lifetime risk guideline in 2017-18. Whilst men were more likely than women to exceed the guideline, the proportion of men exceeding declined since 2014-15 (25.8%)

Methamphetamine use

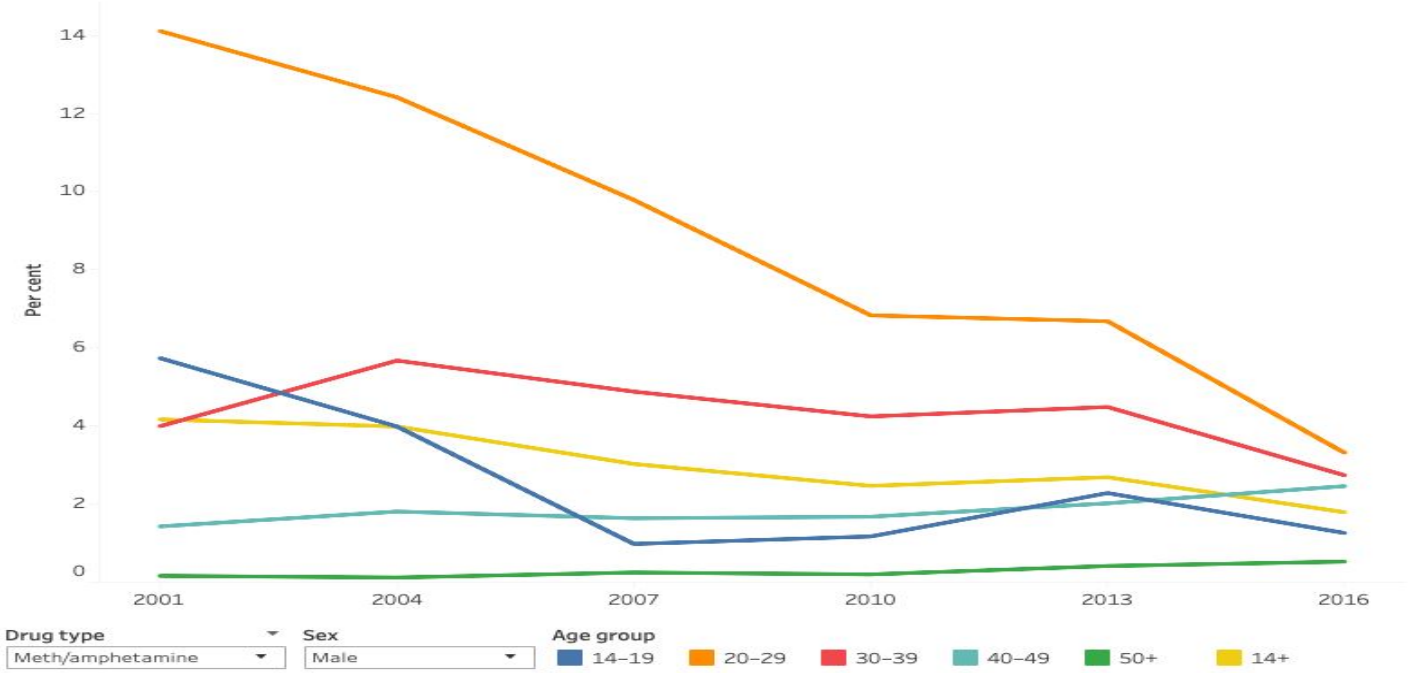
- Males 62-65%
- 54% police detainees tested positive to amphetamines in 2018
- Increase in self reported mental health illness in those using methamphetamine increase from 29% to 42% between 2013 and 2016
- Estimated cost to community 2013/14 $5 billion
- 2019 wastewater monitoring shows methamphetamine to be the highest consumed illicit drug

AIHW Data


40
35
30
25
20
15
10
5
0
Per cent
2007
2010
2013
2016
Health issue
Mental health
Drug type
Cocaine
Ecstasy
Meth/amphetamine

AIHW data – Its not all bad news

Figure STIM1: Recent[a] use of meth/amphetamine[b], cocaine and ecstasy[c], people aged 14 and over, by age and sex, 2001 to 2016 (per cent)



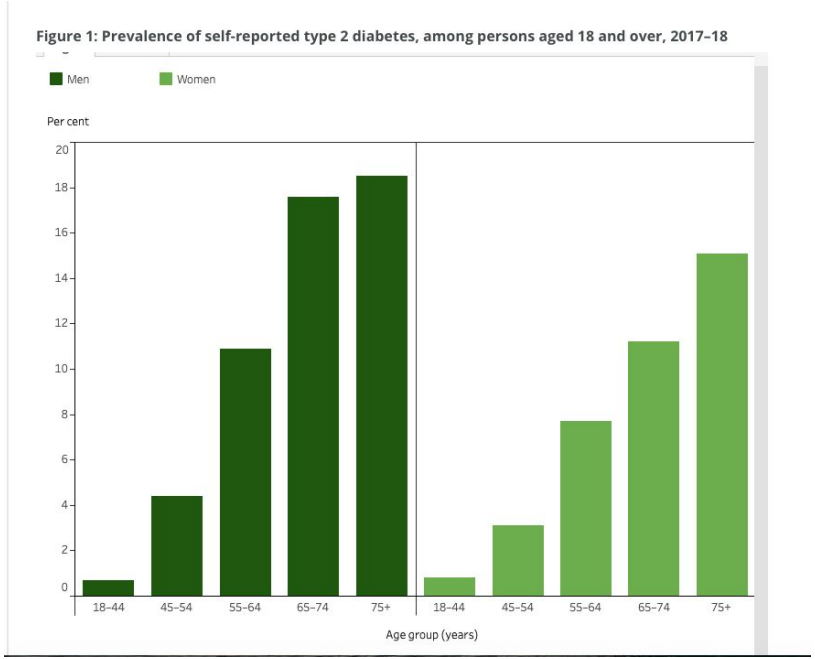
Cardiovascular disease- ABS data

- 2017 43,447 deaths from heart, stroke and vascular disease
- 27% of all deaths
- 1.1 million hospitalizations (11% of total)
- Overall male 5.4% versus females 4.2%
- Closer prevalence till age 65
- Age 65-74 – 19.6% male and 12.4% female
- Over 75 – 31.5% male and 20.4% female

Type two diabetes - AIHW

- Almost 1 million Australian adults (5.3% of those aged 18 and over) had type 2 diabetes in 2017–18, according to self-reported data from the Australian Bureau of Statistics (ABS) 2017–18 National Health Survey.
- Proportions were slightly higher for men than women (6.1% and 4.6%, respectively)
- Age-specific rates for men were higher than women from age 45 onwards

Males higher than females



- 10.9% males 55-64
- 17.6% males 65-74
- 18.5% males 75+

Strokes in Australia

Prevalence

In 2012, there were over 420,000 people living with the effects of stroke. There were about 25% more males (233,171) than females (187,099). Two thirds of these people sustained a disability that impeded their ability to carry out activities of daily living unassisted. By 2032 there will be around 709,000 Australians living with stroke, or 2.4% of the population.

Table i: Stroke prevalence by age and gender, 2012

Age	Female	Male	Total
0-39	10,596	10,639	21,236
40-44	2,932	4,825	7,757
45-49	5,056	4,982	10,038
50-54	11,009	10,662	21,671
55-59	14,793	15,016	29,809
60-64	17,098	20,681	37,779
65-69	15,620	32,962	48,582
70-74	15,570	40,238	55,808
75-79	21,993	35,086	57,080
80-84	29,781	32,270	62,051
85-89	26,484	18,148	44,631
90+	16,167	7,662	23,829
Total	**187,099**	**233,171**	**420,271**

Source: Deloitte Access Economics derived from Australian Bureau of Statistics data (ABS 2012a; 2012b).

Hypertension - AIHW

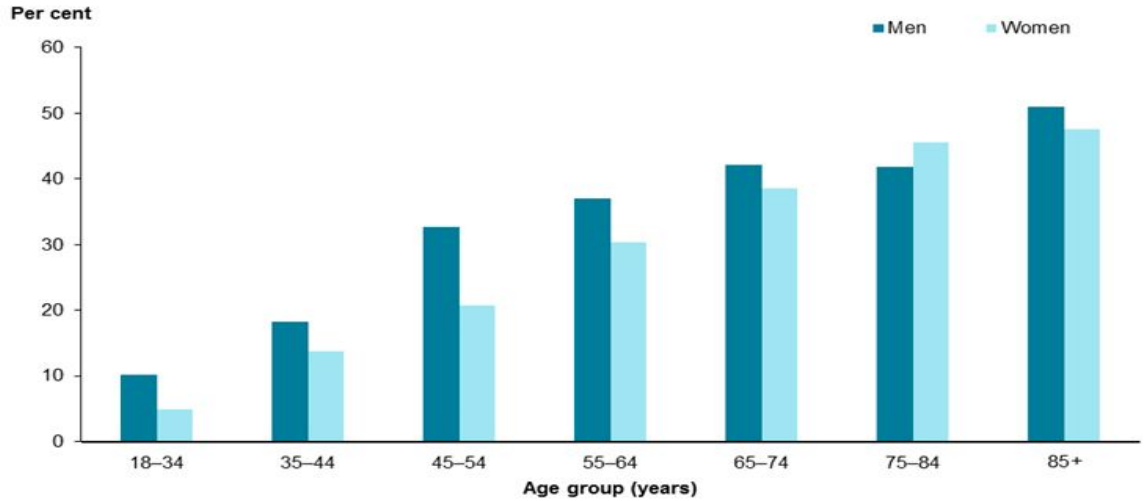
- Based on measured data from the 2017–18 Australian Bureau of Statistics National Health Survey, about 1 in 3 people aged 18 and over (34%) have high blood pressure.
- This comprises:
- 23% with uncontrolled high blood pressure; and
- 11% whose blood pressure was controlled using medication/s
- There has been no change in the prevalence of uncontrolled high blood pressure since 2011–12 (ABS 2018a).

Hypertension

- Men are more likely to have uncontrolled high blood pressure than women. One in four men (25%) had uncontrolled high blood pressure compared with one in five(20%) women.
- The average systolic blood pressure is higher for men (126 mmHg) than for women (119 mmHg). The average diastolic blood pressures are similar for men and women (77 and 76 mmHg)

AIHW data

Figure 2: Prevalence of uncontrolled high blood pressure among adults, by age and sex, 2017–18



Source: ABS 2018a: AIHW analysis of ABS 2019 (see Table S2 for footnotes).

What are we trying to achieve?

Case study one

- BV aged 48
- Smokes 25 per day – used to be 35
- Drinks half a bottle of gin a few days per week
- Divorced with two teenage children he sees alternate weekends
- Lives alone
- High pressure executive job

Case one continued

- Past medical history includes
- Hypertension - on medication which he takes when he remembers
- Asthma – has a “blue” and “other colour” inhaler
- Thinks his father had diabetes but not sure
- Wants a script for his BP meds which ran out a few weeks ago

Examination and bloods

- BP 160/98
- BMI of 32.4
- Chest - clear
- BSL last year 5.9mmol/l
- Cholesterol last year 4.5 with acceptable HDL and LDL
- Liver function last year GGT =103 and ALT 86
- Renal function normal

Issues

- BV is intelligent
- He has “heard it all before”
- Sees a doctor’s appointment as transactional
- “Feels well”
- Why do I need to change anything, doc?

What can we do?

- There is no one size fits all
- Males like BV tend to ignore public health messaging
- It doesn’t apply to them
- Lecturing or hectoring will almost certainly fail!
- Everyone has a why!
- If we can find that, we can leverage it

This needs to be a partnership

- There are (at least) six separate but also related health issues to manage
- Big bang approach where one tries to improve everything
- Stepwise approaches where one addresses one at a time

- What works will be what works for the patient
- Can we agree on priorities?

Project management

- The medical side is straightforward. We know what needs to be done and we know how it can be done.
- However, that doesn’t mean it will happen.
- BV needs to want to change
- He needs a “why”

- We can reframe the medical requirements

The simple part

- Smoking cessation
- Reducing or ceasing alcohol
- Weight loss through dietary change and regular exercise
- Control of blood pressure through lifestyle measures and medications (to be taken regularly)
- Normalising blood sugar
- Optimising lung function

Reframing

- Males can have singular focus
- Those in executive positions will think about projects, asset management, deadlines, bonuses, financials, and achievements.
- Can we put it in his language?

Reframing

- A different way of thinking
- Health is an asset to be managed like a property or stock portfolio
- Health is an “asset” worth investing in
- The “risk/reward” ratio for investing in health is high
- Can BV asset manage his health portfolio?

Management

- Agree priorities with BV
- There is no absolute right or wrong
- Short term 3-6 month goals
- Medium term 6-12 months goals
- Long term goals
- Agree regular “portfolio” review

One year on

- BV has ceased smoking
- 18 kg weight loss with BMI now of 26.1
- Still drinks gin but “not as much”
- Uses workplace gym three times a week
- BP now averaging 138/88
- BSL now 5.4mmol/l

Real world

- Do not let perfect be the enemy of good
- Population targets may not work for an individual
- Allow some “wriggle room”
- Aim is for improvement
- The more the better
- Acknowledge progress
- Do not hector or berate

Trust and open communication!!!

Case two

- FR age 58
- Smoker since age 14 currently a pack of 25 per day
- Has early COPD
- Blood pressure 130/80
- BMI 22
- Wants to quit smoking

BUT!!

- FR has tried and failed to quit via
- Patches
- Gums
- Sprays
- Quit line
- Hypnosis
- Cold turkey
- Varenicline

What else?

- FR does not want to fail again
- His friends suggest he take up vaping of nicotine
- He wants to know about it as he has heard it is opposed in Australia but supported in NZ and UK
- Chat groups online tell him that it can get people off cigarettes

- Is it an option?

Not first line

- Use of e-cigarettes is legal in Australia if the individual has a prescription for nicotine liquid from a doctor
- Any doctor can do this
- The prescription is for three months supply and three repeats
- This legally allows importation for personal use
- The Colleges of Psychiatrists (November 2018) GP's (January 2020) and Physicians (April 2020) acknowledge a role for vaping where other quit methods have failed

The basics!

The College of General Practitioners requires that smokers should first raise the topic with their doctor and patients should be informed that:

- No tested and approved e-cigarette products are available
- The long-term health effects of vaping are unknown
- Possession of nicotine-containing e-liquid without a prescription is illegal
- In order to maximise possible benefit and minimise risk of harms, only short-term use should be recommended
- Dual use (i.e. with continued tobacco smoking) needs to be avoided

Not harmless

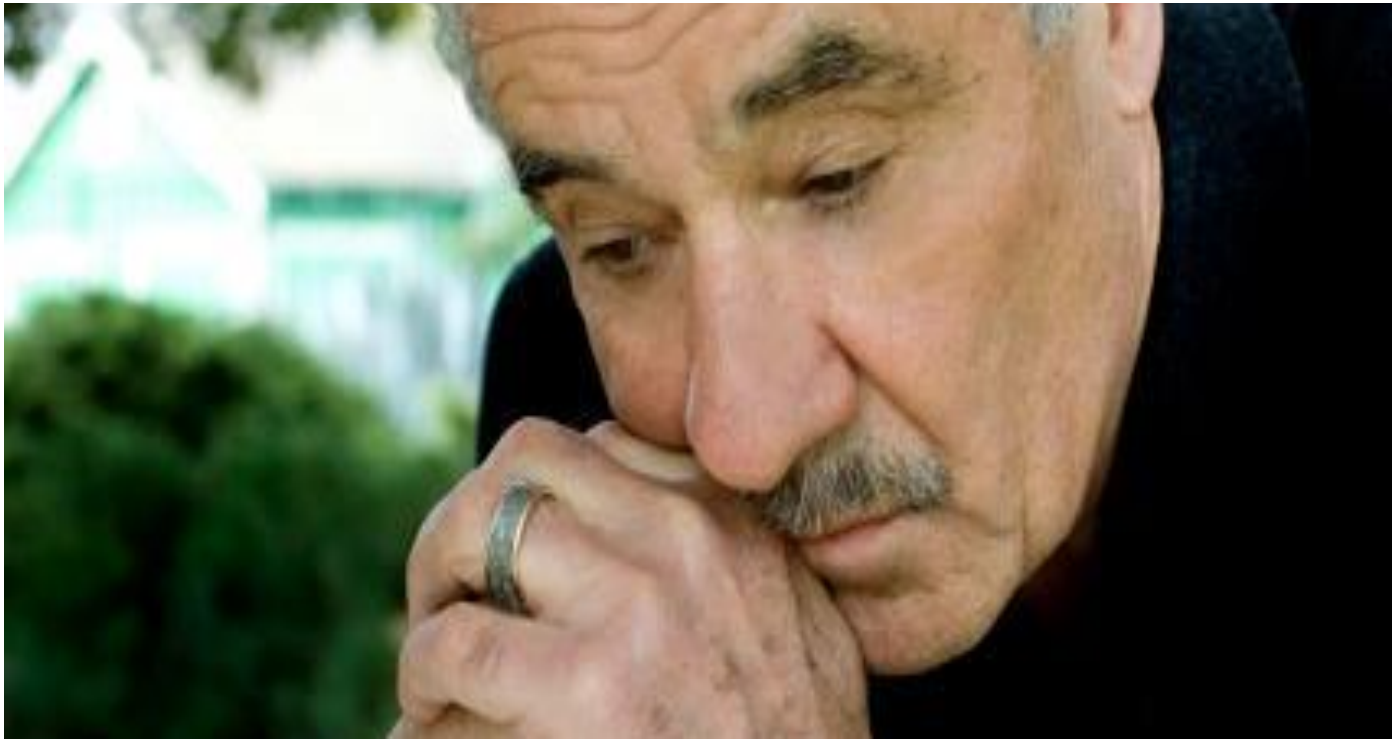
- While vaping may not be 100% safe, most of the chemicals causing smoking-related disease are absent and the chemicals that are present pose limited danger.
- It had previously been estimated that EC are around 95% safer than smoking. This appears to remain a reasonable estimate.
- UK 2015 paper
- Reaffirmed 2019
- UK (and NZ) governments support switching from smoking to vaping if unable to quit

Where does that leave FR?

- He has raised the issue
- He has tried and failed other quit smoking methods
- It is an option
- The aim is to reduce nicotine strength over time

- Nicotine liquid can be prescribed
- Be aware that regulations can change!!

We may see more of this



A potentially looming scenario

- Financial hardship is a top risk factor for suicide attempts
- People who have recently experienced severe financial strain may have a 20-fold higher risk of attempting suicide than those who have not encountered hardship.
- Data pre dates Covid19
- 34,653 adults interviewed first in 2001–2002 and then in 2004–2005

Quotes from lead author

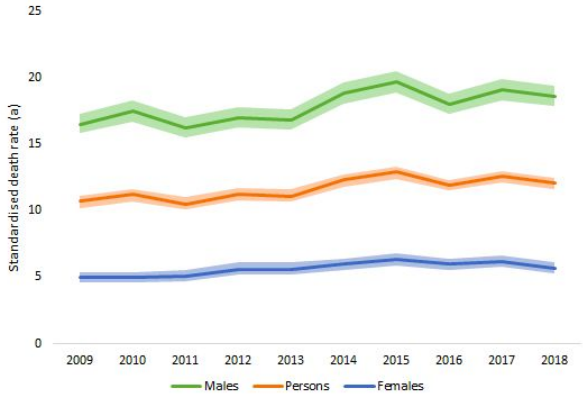
- “Our research shows that financial stressors play a major role in suicides, and this needs to be recognized and appreciated in light of the unprecedented financial instability triggered by the COVID-19 pandemic,” says lead author Prof. Eric Elbogen, from the Duke University School of Medicine in Durham, NC.
- “Although the ultimate health impact of COVID-19 is still unknown, it is all but certain that the longer infections spread, there will likely be more people who will experience significant financial strain resulting from work stoppages and disruption.”

ABS Data

- There were 3,046 registered deaths of people who died due to intentional self-harm (suicide) in Australia in 2018. Suicide is the leading cause of death among people aged 15-44 in Australia
- 2,320 were of males and 726 were of females with standardised death rates of 18.6 and 5.7 respectively.
- The fifth National Mental Health and Suicide Prevention Plan provides details of strategies aimed at reducing the impact of suicide in Australia.

As a graph

Standardised death rates for intentional self-harm, 2009-2018 (a)(b)(c)(d)(e)(f)



Footnote(s):

(a) Standardised death rate. Death rate per 100,000 estimated resident population as at 30 June (mid year). See Explanatory Notes 46-49 for further information.

(b) The data presented for intentional self-harm includes ICD-10 codes X60-X84 and Y87.0. Care needs to be taken in interpreting figures relating to intentional self-harm. See Explanatory Notes 41 and 91-100 in this publication.

(c) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2014 and 2015 (final), 2016 (revised), 2017 and 2018 (preliminary). See Explanatory Notes 59-62 in this publication and Causes of Death Revisions, 2015 Final Data (Technical Note) and 2016 Revised Data (Technical Note) in Causes of Death, Australia, 2017 (cat. no. 3303.0).

(d) See Explanatory Notes 77-108 for further information on specific issues related to interpreting time-series and 2018 data

(e) Care needs to be taken when interpreting data derived from Victorian coroner-referred deaths including suicide, see Explanatory Note 111 in this publication.

(f) Changes in coding processes have been applied to 2018 data. See Technical Note Updates to Iris coding software: Implementing WHO updates

Inconvenient truths

- The suicide rate in Australia is not falling
- Despite more money allocated to mental health
- Anti-depressant use has increased over the last decade
- Mental health plans are available

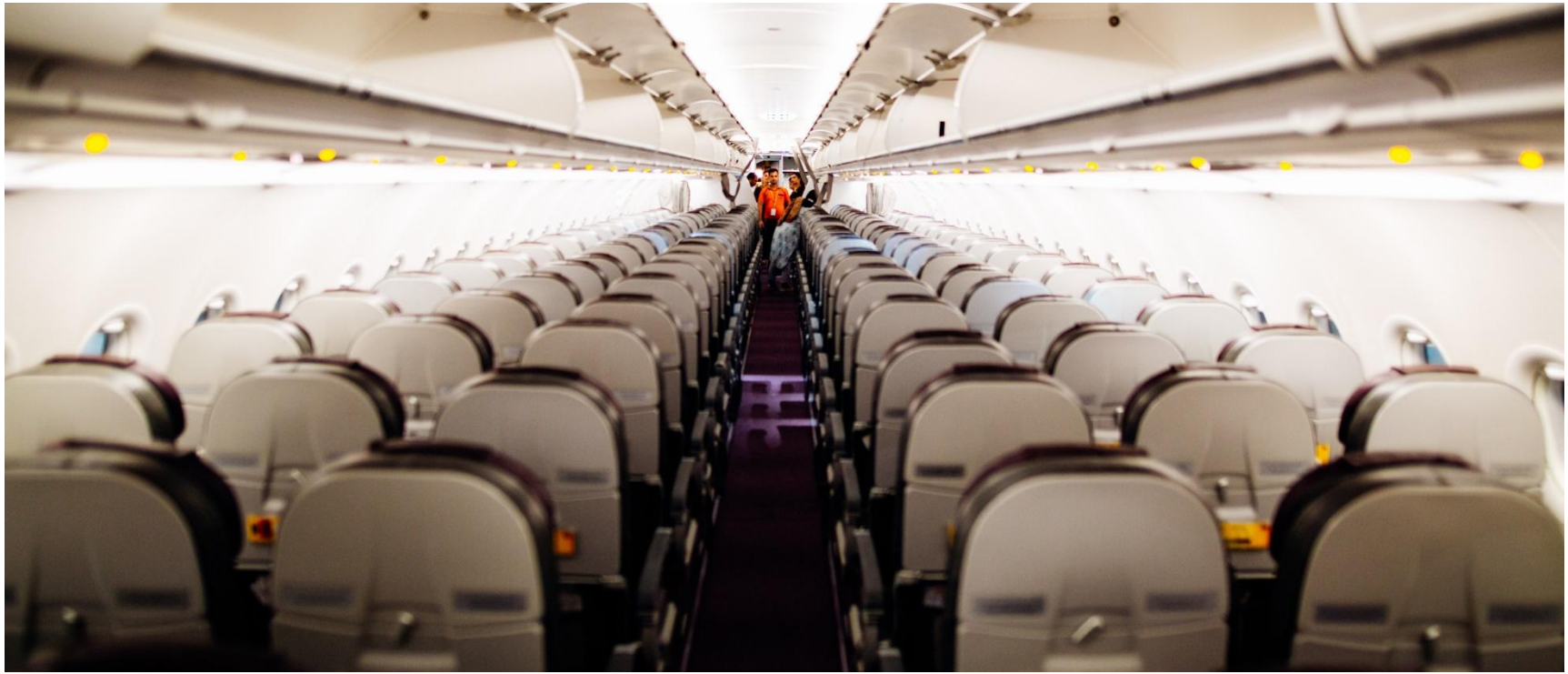
What may be coming?

- Financial stress, job loss and business loss will increase sharply, especially as when job keeper and seeker is wound back and loan and rent moratoriums end
- Financial stress, job loss and business loss will likely disproportionately effect males
- There will be knock-on effects on partners and children
- Males will be less likely to seek help
- GPs are not immune

GPs can help

- We cannot solve everything and it is unrealistic to try
- We can offer assistance
- This can be “an ear”
- Appropriate referrals
- Appropriate use of medications
- Non-medical support such as Men's Sheds

An important blast “from the past”



Summary

- We all know what needs to happen to improve men's health outcomes
- The purely medical side is straight forward
- Implementation reminds us that the practice of medicine remains an art
- Guidelines have uses but limitations
- Guidance is actually the key

Summary

- Lifestyle change is first line where possible
- Do not make perfect the enemy of good
- Determine priorities

- You cannot put your head on anyone else's shoulders

- Look after your own health!!!

HealthCert course savings in November

Save 10% on Men's Health
and other courses by 30 November 2022
with special code:

10PNOV

Register at www.healthcert.com/november

HotDoc | CPD WEBINAR

Business Planning & Setting Goals in 2023

HOSTED BY
Riwka Hagen
Medical Business Services

aapm
Australian Association of Practice Management
AAPM Approved
2022
5 Points

WED 07 DEC
12:30pm AEDT

JOIN THE CONVERSATION

for the love of Healthcare

Our community has over 4,600 healthcare professionals to share ideas, discuss hot topics and collaborate with.

Join here https://www.facebook.com/groups/fortheloveofhealthcare

HotDoc

HealthCert course savings in November

Save 10% on Men's Health
and other courses by 30 November 2022
with special code:

10PNOV

Register at www.healthcert.com/november