

Your Health

 Health Partners

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NEWSLETTER

MEN'S HEALTH & HAPPINESS

*Plus articles on cervical
screening and diabetes*



In this issue of *Your Health*, we focus in on men's health and wellbeing, with clinical information and practical advice on sexual health, prostate and testicular health and mental health.

MEN: TAKING CARE OF YOU

Evidence suggests that men are less likely to seek support for their health than women, although they tend seek more help after retirement age. This is despite the life expectancy for men being lower than that of women, in part related to biological, social and occupational tendencies/trends.

Men should feel able to seek support from their GP or other clinician as soon they need it, just like anybody else. Identifying problems sooner rather than later means they are caught early and are, therefore, usually more easily and quickly treated. Delay in seeking support could result in more serious symptoms, additional complications and more challenging treatment.

Let's take a look at some of the issues men may face.

SEXUAL HEALTH

Most men will experience some form of sexual health problem at some stage in their lifetime, whether this be acute or chronic.

Erectile dysfunction is more common with age and is often easily treatable. There are various possible underlying causes for erectile dysfunction such as cardiovascular (heart) disease, diabetes, certain medications or other underlying health conditions or treatments.

Additionally, psychological symptoms associated with stress, depression and



“Men are less likely to seek support for their health than women.”

anxiety can result in erectile dysfunction. It's important you speak to your GP to try and identify any potential causes. This can help them to provide appropriate treatment options. There are prescription medications available and your GP can refer you for specialist treatment and support if needed. Lifestyle changes may also help such as stopping smoking, cutting down alcohol and losing weight if needed.

Sexually transmitted infections (STIs) may or may not show symptoms. Symptoms may include:

- Discharge from the penis;
- Pain on urination;

- Rash/lump/blisters in the genital region;
- Pain in the testicles.

It's important to seek support from a sexual health clinic or your GP if you suspect you may have an STI as treatment may be required. Practicing safe sex and getting regular sexual health assessments if you are sexually active with more than one individual can all help with avoiding STIs.

Other common sexual health problems experienced by men include:

- Premature ejaculation;
- Difficulty/lack of ejaculation;
- Loss of libido.

If you have any concerns about your sexual health, seek support from your GP as soon as possible. It can be embarrassing to discuss such concerns, but your GP will have seen many men with similar problems, many times previously and will be able to offer advice.

PROSTATE HEALTH

The prostate is a walnut-sized gland whose function is to produce fluid, which mixes with sperm during ejaculation to create semen. Prostate function is governed by the male hormone testosterone.

The prostate sits just beneath the bladder and the urethra (the tube from the bladder to the penis) runs through the

centre of the prostate gland. Hence, the most common symptoms experienced relating to prostate health are related to urination, and can include:

- Not being able to urinate or difficulty doing so such as straining or delay;
- Poor urinary flow;
- Increased frequency or urgency to urinate, particularly during the night;
- Leaking following urination;
- A feeling like the bladder has not been emptied fully;
- Pain on urination.

These symptoms are most commonly due to an enlarged prostate (commonly caused by benign prostatic hyperplasia (BPH) – a non-cancerous growth of cells) and can be easily managed with lifestyle changes, medications if required or occasionally surgery if this is deemed necessary.

However, other causes can also include prostatitis (infection of the prostate gland) or prostate cancer, so it's important to seek advice from your GP as soon as possible, if you develop any symptoms.

Prostate cancer is the most common cancer in UK males (27%) and second-most common cause of cancer death. Prostate cancer is easily treatable, especially if caught early.

Although survival rates have never been better, the UK still experiences 12,000 deaths per year as a result of prostate cancer. The causes of prostate cancer are not fully understood but it tends to affect men aged 50 or over.

TESTICULAR HEALTH

It's important you check regularly for any changes to your testicles. The ideal time to check is just after a warm bath or shower: hold your scrotum in the palm of your hand and check each testicle by rolling it between the thumb and fingers.



“Men in their forties have the highest suicide rates in the UK.”

It's perfectly normal for testicles to be a different size and length; however, if you notice any changes such as swelling, lumps, hardening or pain, it's important you seek the advice of your GP as soon as possible.

These symptoms are commonly a sign of infection, inflammation, fluid build-up (hydrocele) or damage; however, it is important to get checked as these symptoms may also indicate testicular cancer.

Cancer of the testicle is one of the less-common cancers and tends to mostly affect men between 15 and 49 years of age. 2,354 men are diagnosed in UK each year. Many testicular cancers can be cured if treated early, so it is important to check regularly and don't delay seeking GP advice.

MENTAL HEALTH

Research shows that men are less likely to speak openly about their emotional wellbeing; it's thought that this may be due to societal and gender stereotypes and expectations. It's becoming more commonly heard in recent times, but it really is 'OK not to be OK.'

Men should feel safe to speak out and seek support and be confident that they won't be judged or perceived differently for doing so.

Approximately one in eight men in the UK are thought to have a common mental health condition such as depression, anxiety or obsessive compulsive disorder (OCD), with over a third of men reporting having experienced mental health problems at some point in their lives.

Men are more likely to become alcohol addicted than women and reduced mental health can be a trigger for unhealthy behaviours; men are more likely to use potentially harmful coping mechanisms, which could potentially lead to addiction.

Men are three times more likely than women to die by suicide. Men aged 40-49 have the highest suicide rates in the UK

and yet, men are less likely to access psychological therapies than women, with only 36% of referrals to NHS talking therapies being for men.

Talking is not always easy. However, with the increased risk of suicide and other harmful behaviours such as addiction, it's important to speak out and seek support if needed.

If you recognise that you are experiencing symptoms related to your mental health, speak to your GP, as they may be able to help. It can also be beneficial to explain how you're feeling to family and close friends so that they can offer support.

Additionally, lifestyle factors such as maintaining a healthy diet, engaging in physical activity, spending time outdoors, practicing good sleep hygiene, ensuring a good work/life balance and practicing techniques such as mindfulness and relaxation can be of great benefit.

As well as looking out for ourselves, it's also important that we look out for each other. If you suspect a friend or colleague may be struggling, offer a listening ear, encourage them to talk and let them know that help is available and that they are not alone.

Common symptoms of reduced mental health in men can include:

- Low mood and increased anxiety;
- Irritability with feelings of anger;
- Increased risk taking and aggression;
- Reduced motivation;
- Poor sleep, fatigue/lethargy;
- Tearfulness;
- Feelings of hopelessness, worthlessness and helplessness;
- Thoughts of suicide or needing to escape;




- Feelings of guilt, shame, and low self-esteem;
- Apathy – no longer getting enjoyment out of or losing interest in things you ordinarily enjoy.



Starting a conversation with somebody about their mental health can be really helpful; it may be the first time somebody has asked, and it may offer a huge sense of relief to acknowledge that this is how they are feeling.

If you feel that an individual is in immediate danger, e.g. if they tell you they have a plan or intention to act on thoughts of suicide, don't leave them alone. Try to remove any means of suicide from the immediate environment and seek further support – perhaps contact their GP on their behalf, call 999 or accompany them to A&E and stay with them until they are seen.

Hearing that a friend, family member or colleague is feeling suicidal can be

difficult, so make sure you also seek support for yourself if needed. 

Please note: When we use the word 'men', we are referring to men, trans women, people who are non-binary who were assigned male at birth and cis gender men. When we use the word 'women', we are referring to women, trans men, people who are non-binary who were assigned female at birth and cis gender women.

Sources: *Diabetes UK, Cancer Research, NHS, Prostate Cancer UK, Men's Health Forum, Drink Aware, Office for National Statistics.*

PROTECT YOURSELF FROM CERVICAL CANCER

Cervical cancer is a cancer in the cervix, the opening of the womb from the vagina. It is possible for anyone with a cervix (women, trans men, people who are non-binary who were assigned female at birth, and cis gender women) of any age to develop cervical cancer.

Traditionally, the condition mainly affects those who are sexually active between the ages of 30 and 45 years; however, Cancer Research UK data demonstrates that the peak age of incidents has reduced to 30 to 34 years of age.

How common is cervical cancer?

Cervical cancer accounts for 2% of all new cancer cases in women. Since the early 1990s, cervical cancer incidence rates have decreased by 25%. However, over the last decade, incidents rates have remained relatively stable.

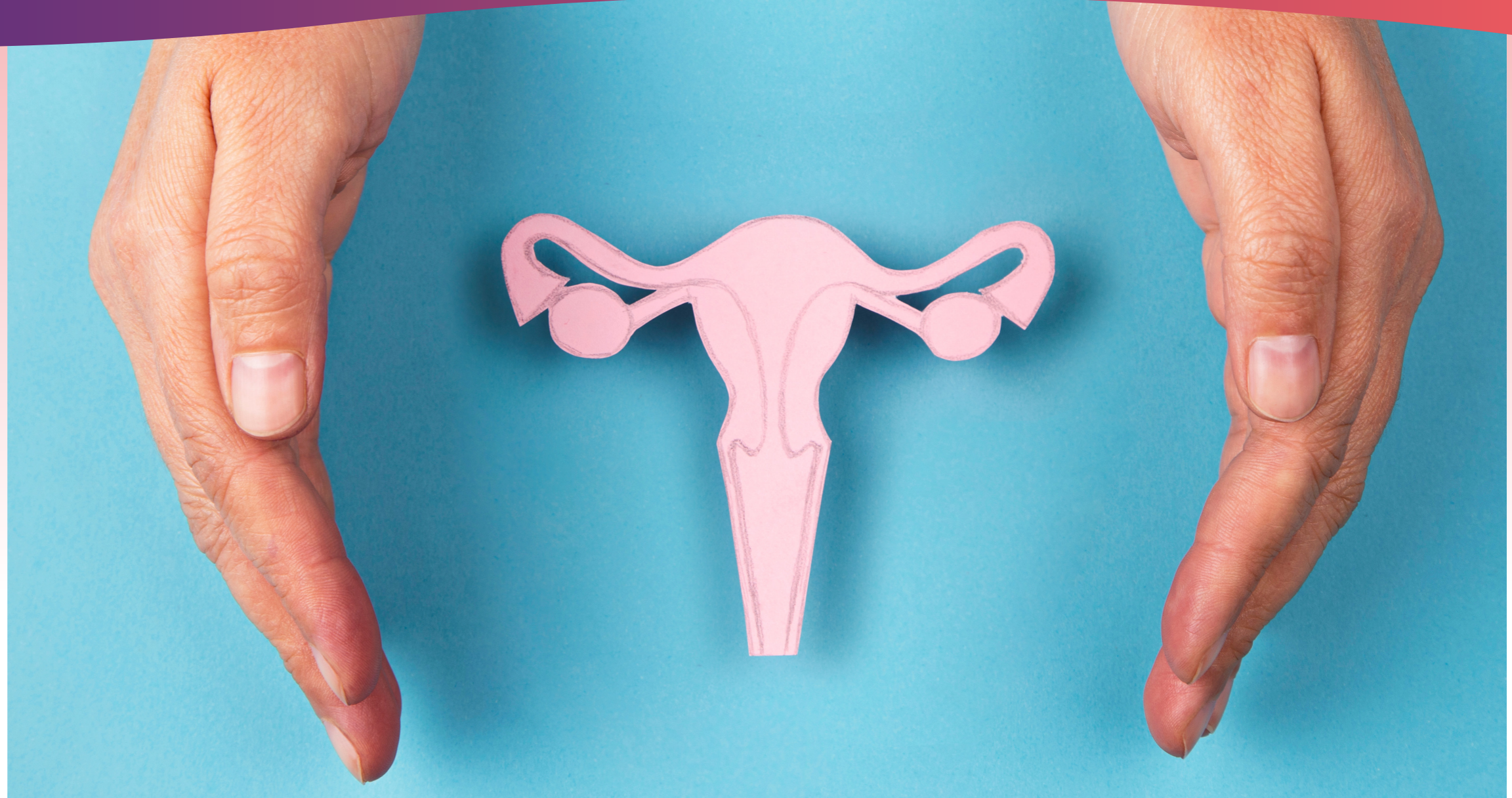
Despite the presence of a well-organised cervical screening programme in the UK and the introduction of human papilloma virus (HPV) vaccinations for schoolchildren, the incidence of cervical cancer is not expected to significantly decrease over the next few years.

What are the symptoms?

Cancer of the cervix often has no symptoms in its early stages and may only be detected after abnormal cervical screening (smear test). Symptoms can be subtle and may be attributed to other benign gynaecological conditions – or there may be no symptoms.

When symptoms are present the most common ones are:

- Abnormal vaginal bleeding;
- Vaginal bleeding between periods;
- Vaginal bleeding after sex;
- Vaginal bleeding after the menopause.



Other symptoms may include painful sexual intercourse and abnormal vaginal discharge. Abnormal vaginal bleeding does not mean that you have cervical cancer but you should see a GP as soon as possible to get it checked out.

If a GP thinks that you might have cervical cancer, you should be referred to see a specialist within two weeks.

What increases your risk of cervical cancer?

- **Human Papilloma virus (HPV):** Almost all cases of cervical cancer are caused by HPV. This is a very common virus that can be passed on through any type of sexual contact with a man or a woman. There are more than a hundred types of HPV, many of which are harmless. However, some types

can cause abnormal changes to the cells of the cervix, which can eventually lead to cervical cancer. Most screening is now for HPV only, with further checks only carried out if HPV is detected (read the box-out on HPV to the right for more information).

- **Other sexually transmitted infections:** The risk of cervical cancer may be increased in people who have a sexually transmitted infection alongside HPV, e.g., people with both HPV and chlamydia, people with HIV or AIDS.
- **Smoking:** Smoking increases the risk of cervical cancer and makes it harder to treat abnormal cells in the cervix.

There are two strains of HPV (HPV 16 and HPV 18), which are known to be responsible for most cases of cervical cancer. They do not have any symptoms, so individuals will not realise that they have it. These infections are very common, and most people do not develop cervical cancer as a result. Using condoms during sex offers some protection against HPV but it cannot always prevent infection. This is because the virus is also spread through skin-to-skin contact of the wider genital area. The HPV vaccine is offered to girls and boys aged 12 and 13 in England, NI and Wales and every S1 pupil in Scotland.)

- **Contraceptive pill:** The risk of cervical cancer is linked to taking the contraceptive pill. Taking the pill from more than five years increases the risk of cervical cancer. The increased risk begins to drop as soon as you stop taking it. After ten years, the risk is the same as if you had never taken the pill. The pill can also slightly increase the risk of breast cancer but it is important to know that taking the pill can help reduce the risk of womb and ovarian cancers.
- **How many children you have and when:** Women who have had children are at an increased risk of cervical cancer compared to those who have not. Having your first baby before the age of 17 also gives a higher risk compared to those who have had their first baby after the age of 25. The reasons for this are unclear.
- **Family history:** You have an increased risk of cervical cancer if your mother, sister or daughter has had cervical cancer.
- **Previous cancer:** You have an increased risk of cervical cancer if you have had cancer of the vagina, vulva, kidney or urinary tract.

What is the best way to protect yourself?

The best way to protect yourself from cervical cancer is by attending a cervical screening (previously known as a “smear test”). Cervical screening checks the health of your cervix. It is not a test for cancer; it is a test to help prevent cancer.

The NHS cervical screening programme across the UK invites people with a cervix between the ages of 25 to 64 to attend. You get the results and next steps by letter usually in about two to six weeks.

During cervical screening, a small sample of cells is taken from the cervix. They are checked for HPV, and where this is detected, further assessment for cell changes is required. Where there is no HPV present, no further action is required.

“Cervical screening checks the health of your cervix - it is not a test for cancer.”

An abnormal cervical screening test result does not mean you have cancer. Most abnormal results are either due to signs of HPV, the presence of treatable precancerous cells or both, rather than cancer itself.

You should be sent a letter confirming when it is your time for your screening appointment, but contact your GP if you think that you may be overdue.

Tests to diagnose cervical cancer

If the results of your cervical screening are abnormal or you have symptoms that could be caused by cervical cancer, further tests will be undertaken. These may include a procedure called a colposcopy, a LLETZ procedure or a cone biopsy.




Once a diagnosis of cervical cancer has been made further tests, such as blood tests, chest x-rays, MRI and CT scans will be undertaken to stage the cancer. The stage of a cancer tells you about its size and whether it has spread. Knowing the stage helps your doctor decide which treatment you need.

What is the treatment for cervical cancer?

This depends on whether the cancer is diagnosed at an early or late stage. Treatments include surgery, radiotherapy and chemotherapy. The treatment depends on where in the cervix the cancer is, how big it is, whether it has spread anywhere else in your body and your general health.

Survival from cervical cancer

Survival depends on many different factors, including the type of cervical cancer and the stage of the cancer. The later the stage, the poorer the prognosis.

61.4% of women diagnosed with cervical cancer in England survive their disease for five years or more, with 51% surviving ten years or more. So do get checked regularly, especially if you have been invited for a screening test. 

Sources: CRUK, Cervical Cancer Statistics, British Gynaecological Cancer Society (BGCS), Cancer Research UK, NHS.

DIABETES

Diabetes is a serious condition characterised by high blood sugar. Its full name is diabetes mellitus.

There are different types of diabetes mellitus, and they have one thing in common: the body's diminished ability to action insulin correctly.

Insulin is a hormone produced in the body by the pancreas. It promotes the absorption of glucose (sugar) from the blood into the liver, fat and skeletal muscle cells. When the action of insulin is diminished, the sugar remains in the blood, and this can be dangerous to health.

Diminished insulin action can result from:

- Decreased insulin secretion;
- Reduction in the effectiveness of secreted insulin (insulin resistance);
- A combination of the above.

Types of diabetes mellitus

Diabetes can be divided into primary and secondary. Most patients have primary diabetes – you may have heard of the common primary diabetic syndromes: Type 1 and Type 2 diabetes.

Type 1 is characterised by insulin deficiency. Injected insulin is needed to replace the deficiency. It is therefore known as insulin-dependent diabetes mellitus (IDDM). Type 2 is characterised by insulin resistance. Often it can be treated with oral medication, or by dietary changes, without the requirement for insulin. It is therefore known as non-insulin-dependent diabetes mellitus (NIDDM).

Sometimes however, it can be difficult to achieve adequate control of Type 2 diabetes with oral medication alone and insulin treatment can be needed. This is known as insulin-treated Type 2 diabetes.



A minority of patients have secondary diabetes due to another disease that interferes with the action of insulin.

You may also have heard of prediabetes. This is a term used to describe people who are at high risk of Type 2 diabetes. It means that your blood sugars are higher than usual, but not high enough for you to be diagnosed with Type 2 diabetes. It also means that you are at high risk of developing Type 2 diabetes. At this stage, for many, there may be an opportunity to completely reverse the diabetes.

One in 15 people in the UK have diabetes, including one million people who have Type 2, but haven't been diagnosed. The number of people with diabetes is increasing at an alarming rate and we are fast approaching epidemic proportions globally – a major public health problem.

Prevalence across diabetes types

Type 2 diabetes has grown at a particularly high rate and is now one of the world's most common long-term health conditions. Most cases are linked to increased obesity. In the UK, Type 2 diabetes accounts for about 90% of all diabetes and Type 1 for 8%, with 2% having rarer types.

What is the risk of developing diabetes?

Type 1 diabetes cannot be prevented, and there is no way to predict who will get it. It can appear at any time in someone's life after the destruction of the pancreas cells, which produce insulin.

It is often not clear why these cells are damaged, although it is thought to have been triggered by infection. The risk of developing Type 2 diabetes can be reduced by changing lifestyles.

Risk factors for Type 2 diabetes

- Age: your risk increases with age. You are more at risk if you are over 40 and white, or over 25 and African-Caribbean, Black-African, or South Asian;
- Family history: you are two to six times more likely to get Type 2 diabetes if you have a parent, brother, sister or child with diabetes;
- Ethnicity: Type 2 diabetes is two to four times more likely in people of South Asian, African-Caribbean, or black-African descent;
- High blood pressure;
- Weight: the more you weigh the greater your risk, especially if you are large around the middle;
- Other factors including smoking, a history of diabetes during pregnancy, polycystic ovary syndrome, mental health conditions, e.g. schizophrenia, bipolar disorder or depression, sedentary lifestyle, increased alcohol intake and poor sleep.

What are the signs and symptoms of diabetes?

Having signs or symptoms of diabetes does not mean you definitely have it, but you should always contact your GP, just to make sure.

Common symptoms are:

- Going to the toilet a lot, especially at night;
- Being really thirsty;
- Feeling more tired than usual;
- Losing weight without trying;
- Genital itching or thrush;
- Cuts and wounds take longer to heal;
- Blurred vision.

Many people have Type 2 diabetes without realising. This is because symptoms do not necessarily make you feel unwell.

The symptoms for Type 1 or Type 2 diabetes are similar. However, it is hard to ignore the symptoms of Type 1 diabetes as they come on rapidly. The patient will feel very unwell and, if left untreated, will develop a condition called diabetic ketoacidosis, when the blood sugar levels are dangerously high, which can result in a potentially fatal coma.

Type 2 diabetes can be easier to miss as it develops more slowly, especially in the early stages.

Complications of diabetes

With good diabetes control and a healthy and active lifestyle, it is possible for people to go for a number of decades complication free. Keeping your blood sugar, blood pressure and blood fats (cholesterol) under control will hugely help to reduce your risk of developing complications.

However, if you have had less-well-controlled diabetes, have led a less healthy lifestyle or had undiagnosed diabetes for a number of years, the complications of diabetes are more likely to develop earlier.

Uncontrolled diabetes can lead to short- and long-term health complications. The short-term/acute complications include:

- Hypoglycaemia: when the blood sugars are too low;
- Hyperglycaemia: when the blood sugars are too high;
- Hyperosmolar hypoglycaemic state (HHS): a life-threatening emergency that only happens in people with Type 2 diabetes, brought on by severe dehydration and very high blood sugars;
- Diabetic ketoacidosis (DKA): a life-threatening emergency caused by a lack of insulin and high blood sugars.

Long-term/chronic complications include:

- Eye problems;



- Foot problems;
- Heart disease and stroke;
- Kidney problems;
- Nerve damage;
- Mouth problems;
- Sexual problems;
- Other related conditions like cancer.

Reducing the risks of/reversing Type 2 diabetes:

- Eat well;
- Move more;
- Lose weight.

Whilst there is no cure for diabetes, the strongest evidence for reducing your risk of or reversing your Type 2 diabetes and your blood sugar stays within a safe range as much as possible. If you have type 2

diabetes, some people can work towards pushing the condition into remission with the measures below.

Weight loss can be achieved through lifestyle and diet changes, but for some, weight loss surgery, called bariatric surgery may be necessary. Losing around 15kg significantly increases your chances of Type 2 diabetes remission.

Remission means that the diabetes has not gone for good, but that blood sugar levels are now within a normal range as a result of the weight loss. However, your GP should continue to monitor you.

There is no such thing as a special diet exclusively for people with diabetes, as there is no one-size-fits-all diet. The diet should however be nutritious, understanding how different carbohydrates impact on blood sugar, and include foods with a lower glycaemic index which can help to maintain healthy blood sugar levels

Losing extra weight can lead to:

- Fewer medications;
- Better blood sugar levels;
- A lower risk of diabetic complications;
- Improved blood pressure;
- Improvement of other health parameters, e.g. musculoskeletal, cardiovascular and psychological health issues.

To prevent the complications of diabetes, it is important you keep your blood sugars, blood pressure and cholesterol levels as close as you can to the numbers your doctor recommends. Do not smoke, be physically active and eat a nutritious diet to help you reach or maintain a healthy weight.

Sources: : NHS, Diabetes UK, NCBI, International Diabetes Federation.

NEXT ISSUE:

- Travel / Holiday Health
- Nutrition / Mindful Eating
- The Big Listen

At Health Partners we offer a full range of tailored health and wellbeing services.

Our thinking is innovative. We constantly develop new responses and tools designed to address the health and wellbeing challenges that face your business and people.

Our commitment is total. We invest in our services, creating new ones and keeping in step with every client. We constantly explore new ways of working and make no compromises in the quality of our services.

Simply put, we are here to help people be their best.