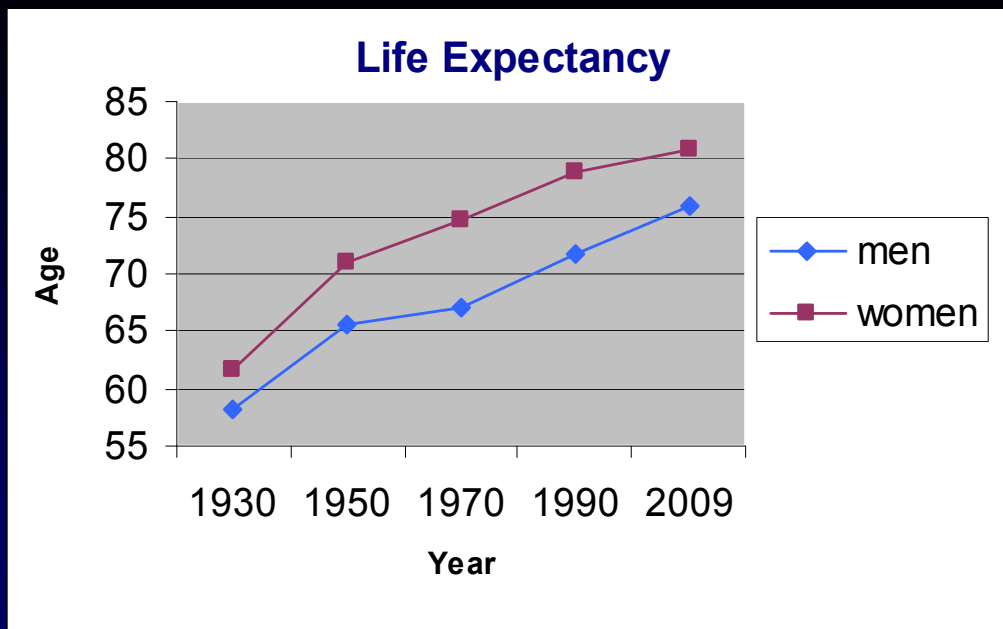


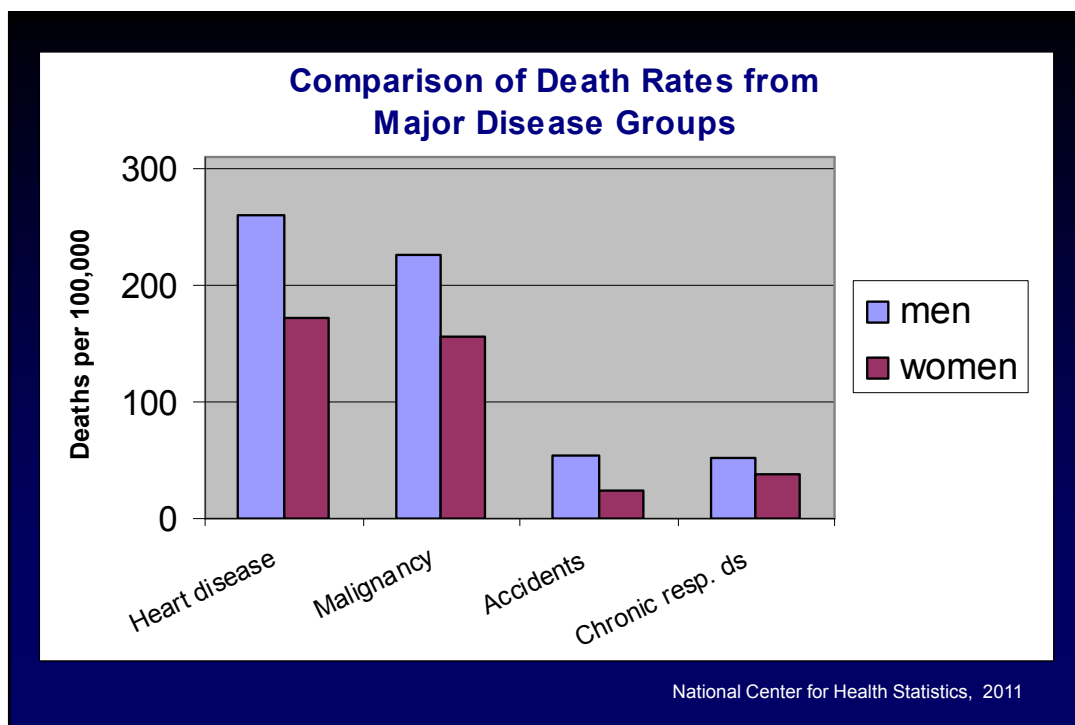
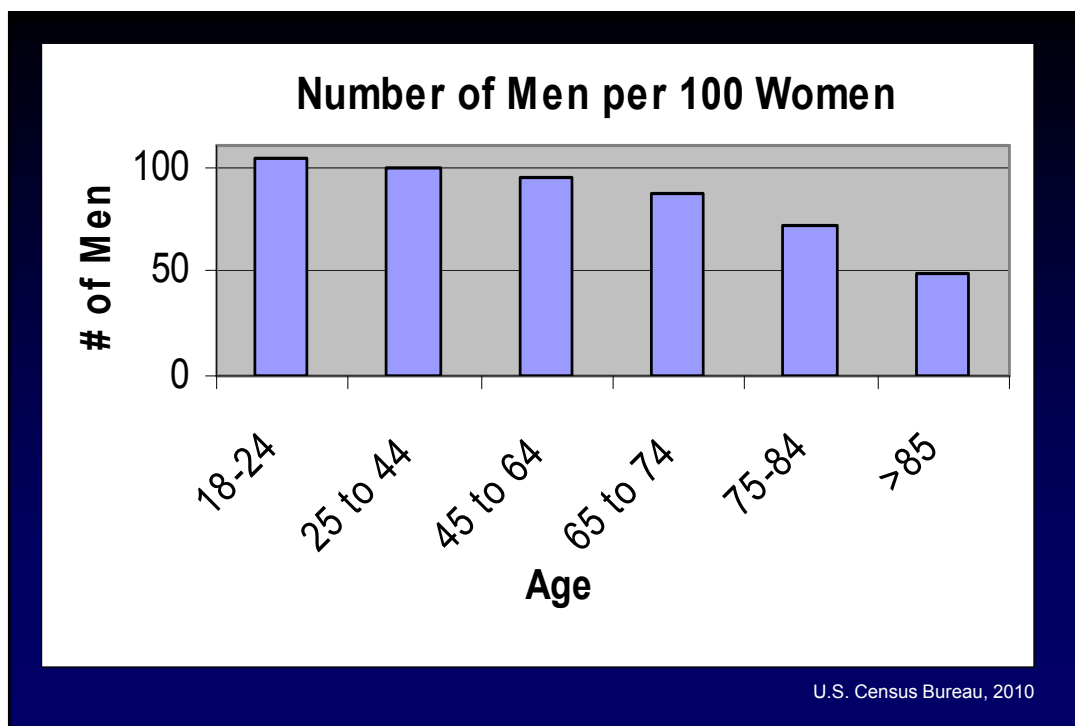
The Demise of Mr. Homo sapiens

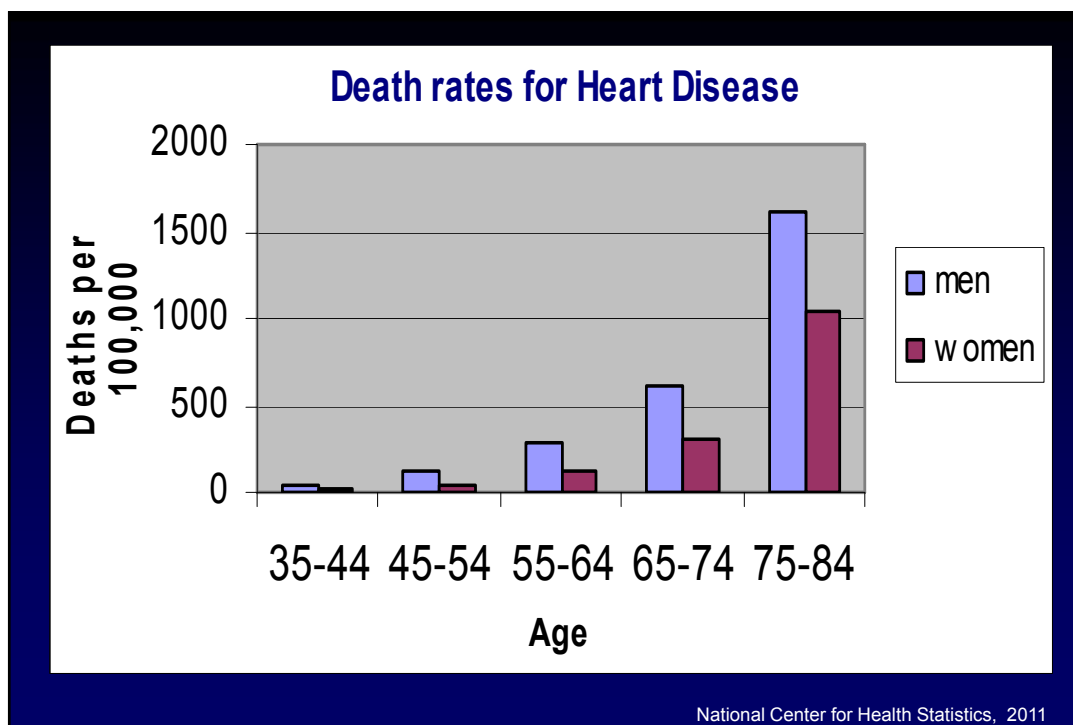
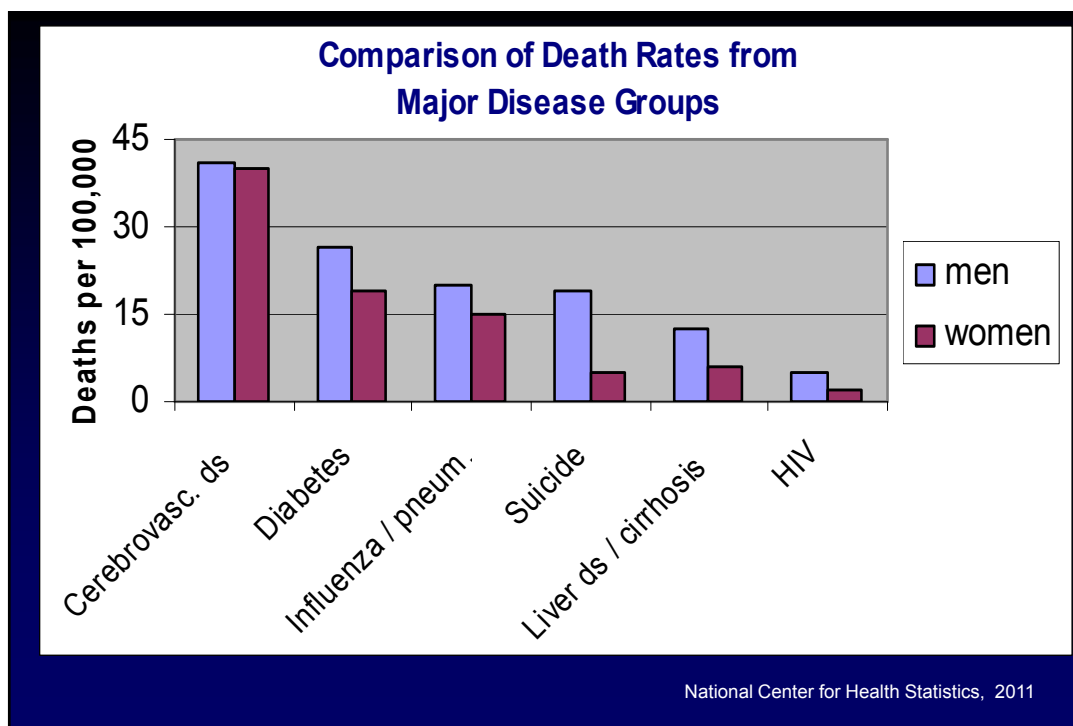
June 12, 2013

Bruce B. Campbell, MD
Chair, Department of Executive Health
Associate Clinical Professor of Medicine
Tufts University School of Medicine
Lahey Clinic



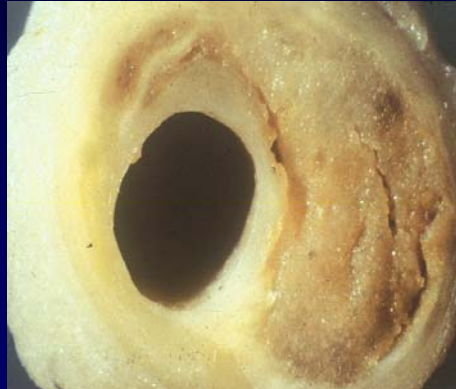
National Center for Health Statistics, 2011





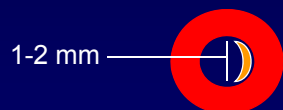
What percentage of the men who die suddenly of CAD have no prior symptoms?

- A) 10%
- B) 20%
- C) 30%
- D) 40%
- E) 50%

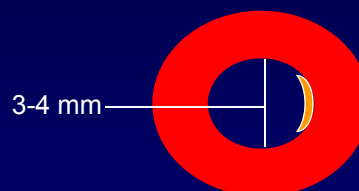


ED is a strong predictor of cardiovascular disease

ED associated with a 50 fold increase in the 10 year incidence of a cardiac event in men age $\leq 49^*$



Penile artery



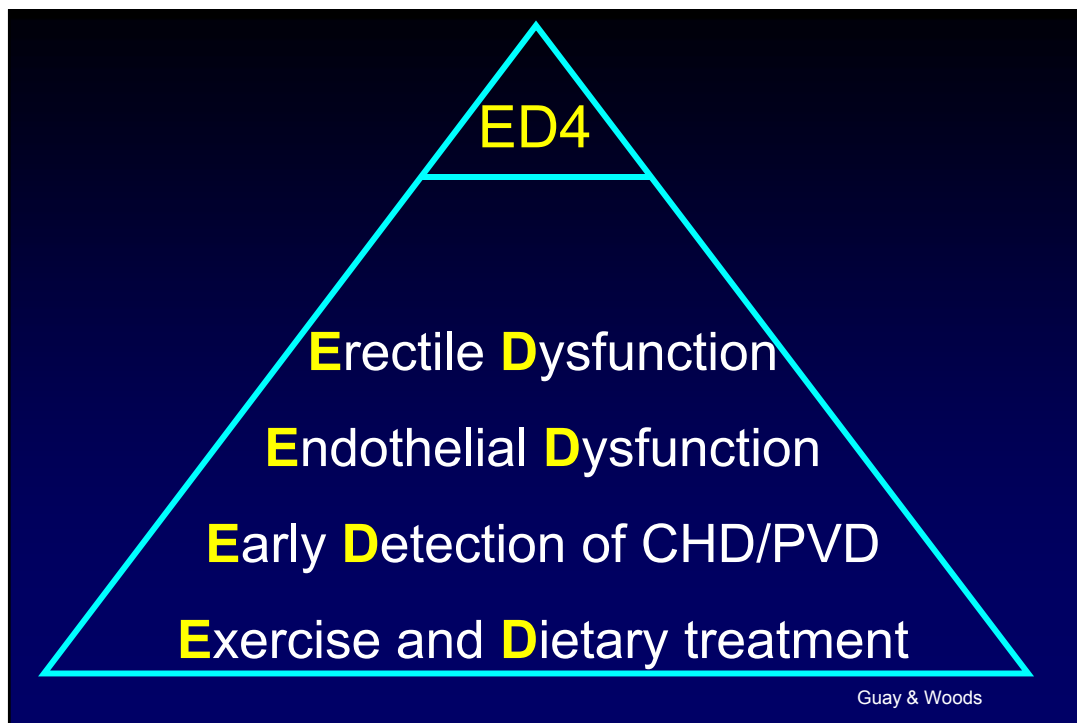
Coronary artery

* Inman B. Mayo Clinic Proceedings, 2008

Princeton III Consensus Recommendations for the Management of ED and CVD

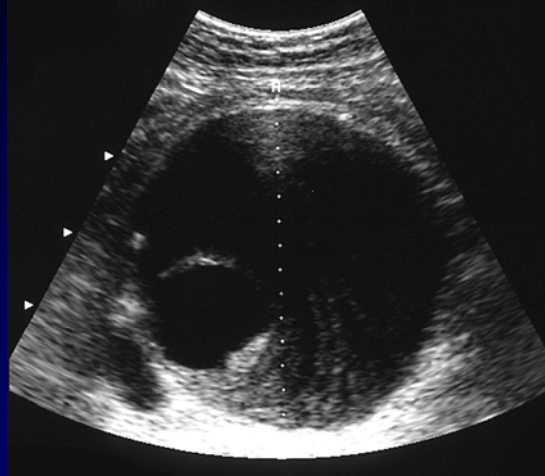
- *ED is a marker (independent of FRS) of significantly increased risk of CVD, CAD, stroke, and all-cause mortality.*
- *ED provides an opportunity for CVD risk reduction.*
- *All men with ED (esp. age 30-60) should have their cardiovascular risk assessed. (WC, BP, FBS, lipids, EST, CACS, etc)*
- *In all patients, lifestyle changes are likely to reduce cardiovascular risk and improve ED.*

Mayo Clin Proc. 2012;87(8):766-778



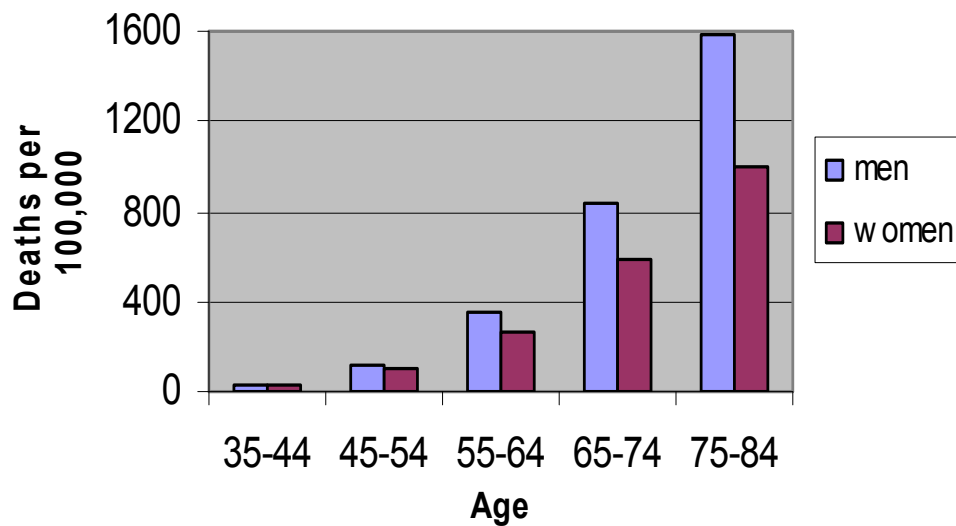
AAA Screening

- 3rd leading cause of sudden death in men > 60
- One-time ultrasound screening for AAA is recommended for all men ≥ 65 years.*
(USPSTF: 65-75 smoker)
- Screening men as early as 55 years is appropriate for those with FH of AAA*



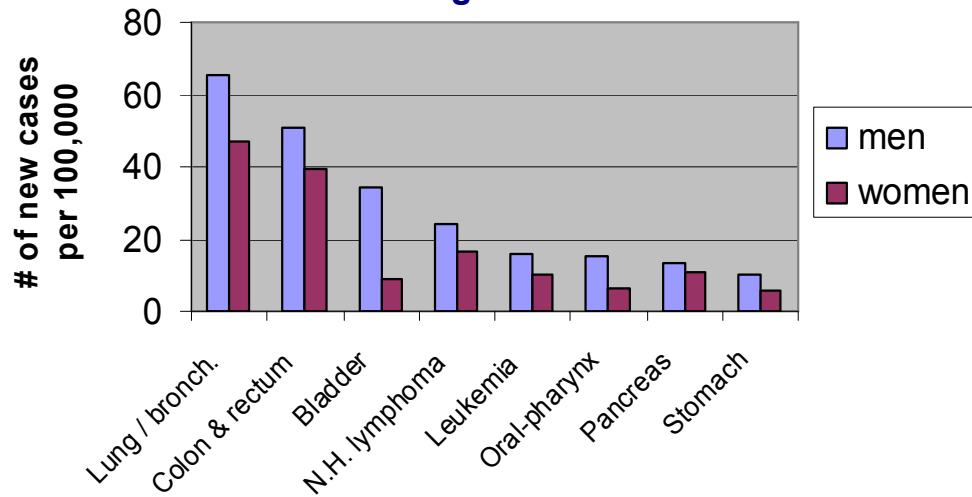
*Society of Vascular Surgery Position Statement on Vascular Screening 2011

Death rates for Malignant Neoplasms



National Center for Health Statistics, 2011

Comparison of Incidence Rates for Major Malignancies




National Center for Health Statistics, 2011

Lifetime Probability of Developing an Invasive Cancer

Men: 1 in 2
Women: 1 in 3

Cancer Statistics, 2013 American Cancer Society

2013 Estimated US Cancer Deaths

Estimated Deaths			Males
Lung & bronchus	87,260	28%	
Prostate	29,720	10%	
Colorectum	26,300	9%	
Pancreas	19,480	6%	
Liver & intrahepatic bile duct	14,890	5%	
Leukemia	13,660	4%	
Esophagus	12,220	4%	
Urinary bladder	10,820	4%	
Non-Hodgkin lymphoma	10,590	3%	
Kidney & renal pelvis	8,780	3%	
All Sites	306,920	100%	

Cancer Statistics, 2013 American Cancer Society

The Need for Lung Cancer Screening

- Total # lung CA deaths > prostate + colorectal + pancreas
(> breast + colorectal in women)
- Patients typically present with advanced disease
 - Only 15% of lung cancers are diagnosed at a localized stage
- 5-year survival rate is only 16%
- 90% of lung CA deaths among men due to smoking

Cancer Statistics, 2013 American Cancer Society

National Lung Screening Trial (NLST)

- Screened *high risk* individuals with LDCT or CXR
(55-74 with ≥ 30 pack year; former smokers quit < 15 yrs)
- 20% \downarrow in lung CA mortality in LDCT vs CXR
- NNS to prevent 1 death = 320
- But... weigh against false +, procedures for benign disease, XRT exposure, \$, etc.

N Engl J Med 2011;365:395-409

N Engl J Med 2013; 368: 1980-91

LDCT Lung CA Screening 6/12/13

- National Comprehensive Cancer Network: recommend for
 - 1) 55-74 with ≥ 30 pack year; former smokers quit < 15 yrs (NLST)
(Category 1 recommendation)
 - 2) ≥ 50 with ≥ 20 pack year + 1 risk factor (Prior CA, +FH, COPD, radon exposure, occupational exposure) (Category 2B recommendation)
- American Lung Association: recommend for NLST
- American College of Chest Physicians
- American Society of Clinical Oncology
- American Thoracic Society
- American Cancer Society: consider screening for NSLT
- American Association for Thoracic Surgery: recommend for NLST+
- USPSTF: insufficient evidence to recommend for or against screening (2004)

The PSA Controversy: stay tuned.....



Peter Tiffany, MD



Alan Edelstein, MD

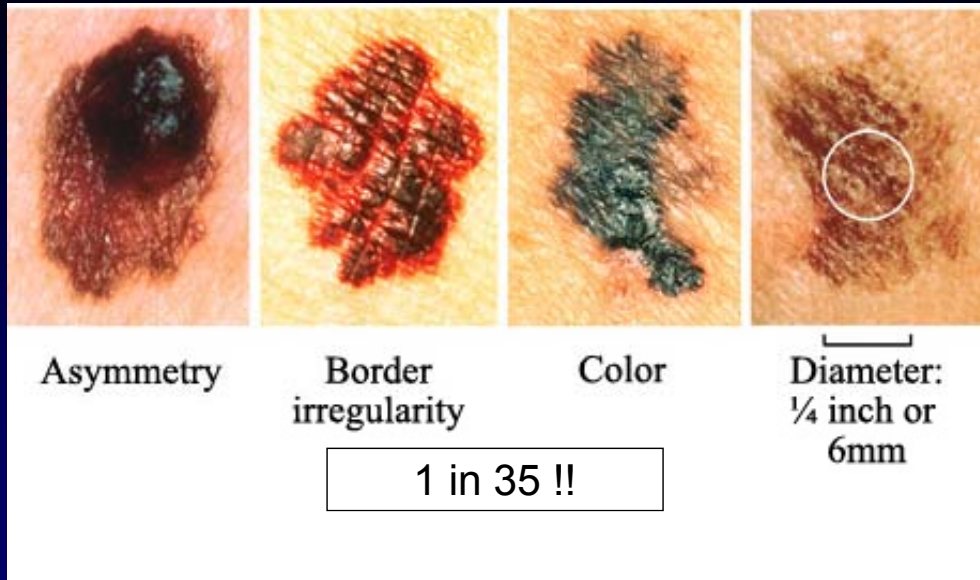


Adam Feldman, MD

Colon Cancer Screening Get Scoped!



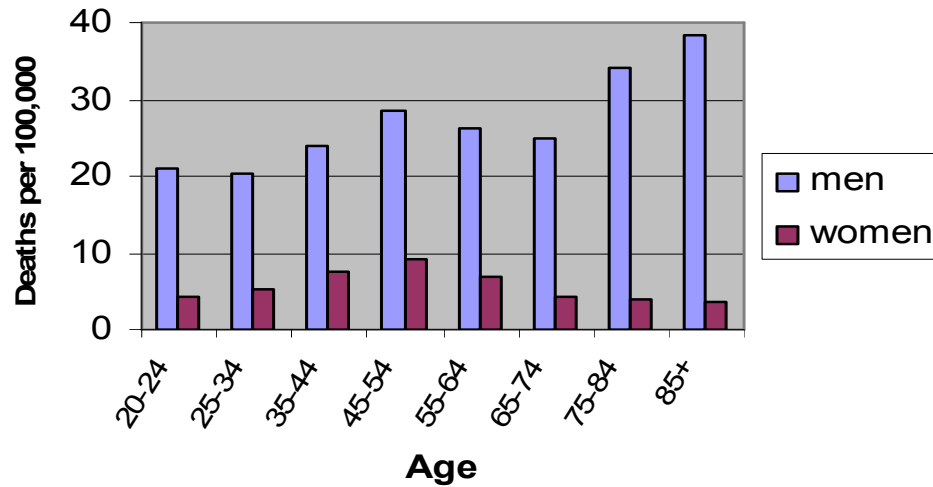
Melanoma Screening



Cancer Statistics, 2013 American Cancer Society



Comparison of Male & Female Suicide Rates



National Center for Health Statistics, 2011

Screen for Depression in CAD

- Depression 3x more common after an acute MI
- 15-20% of hospitalized MI patients meet criteria for major depression
- Similar prevalence for bypass surgery, valve surgery, USA, angioplasty, & CHF
- Depression associated with a worse prognosis in patients with CHD (doubles risk of CV event 1-2 yrs after MI!)



Circulation. 2008;118:1768-1775

The Demise of Mr. Homo sapiens

Why?

- Unhealthy Behavior

Alcohol Misuse

- *Men more likely to develop alcohol dependence than women*
- *Men have more alcohol related problems than women*
- *Men have more aggressive behavior associated with excessive drinking than women*

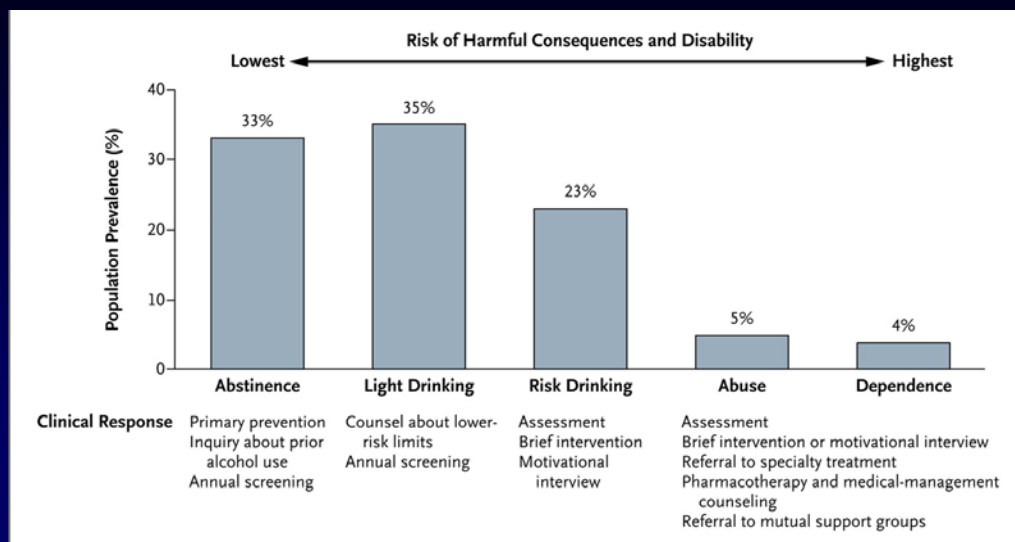
Clin Psychol Rev. Dec 2004

Risk Drinking

- > 14 drinks per week or > 4 drinks on any day, or
> 7 drinks per week or > 3 drinks on any day over 65
- 23% of U.S. adults report *risk drinking*!
- ↑ risk of oropharyngeal & esophageal CA, HTN, CVD, stroke, liver disease, sleep disorders, depression, accidents, social problems, and alcohol dependence & abuse
- USPSTF now recommends screening ≥ 18 for EtOH misuse and providing brief behavioral counseling to reduce risky drinking

National Institute on Alcohol Abuse and Alcoholism
Friedman, NEJM, 2013
USPSTF 5/13

Continuum of Risk Associated with Alcohol Use and Possible Clinical Responses



Friedmann PD. N Engl J Med 2013;368:365-373

Screening Tests for *Alcohol Misuse*

1) Single question

*How many times in the past year have you had 5
(4 in women and ≥ 65) or more drinks in a day?*

≥ 1 time is positive test

2) AUDIT-C (3 questions; 1-2 minutes to complete)

3) AUDIT (10 questions; 2-5 minutes to complete)

Moyer, Ann Intern Med, USPSTF, 2013

Audit-C Alcohol Screening

1. How often do you have a drink containing alcohol?

- | | |
|------------------------|------------|
| Never | (0 points) |
| Monthly or less | (1 point) |
| 2-4 times a month | (2 points) |
| 2-3 times a week | (3 points) |
| 4 or more times a week | (4 points) |

2. How many drinks do you have on a typical day?

- | | |
|------------|------------|
| 1 or 2 | (0 points) |
| 3 or 4 | (1 point) |
| 5 or 6 | (2 points) |
| 7 to 9 | (3 points) |
| 10 or more | (4 points) |

3. How often do you have 6 or more drinks on one occasion?

- | | |
|-----------------------|------------|
| Never | (0 points) |
| Less than monthly | (1 point) |
| Monthly | (2 points) |
| Weekly | (3 points) |
| Daily or almost daily | (4 points) |

Positive result

Men ≥ 4 points

Women ≥ 3 points

7 -10 suggests alcohol dependence

Adapted from Friedmann, NEJM, 2013

**“A couple drinks per day”
(1 drink = ½ oz. of ethyl alcohol)**



Behavioral Counseling Interventions for *Risky* Drinkers

- Brief multicontact (each session 6-15 minutes) most effective
- Results in: ↓ weekly consumption & binge drinking (BAC ≥ 0.08%)
↑ long-term adherence to recommended drinking limits
↓ alcohol-related accidents
- Strategies: drinking diaries, stress management, avoid triggers, measure servings (wine), alternate with non alcoholic beverages, reinforce positive health outcomes

Moyer, Ann Intern Med, USPSTF, 2013

Friedmann, NEJM, 2013



Updated

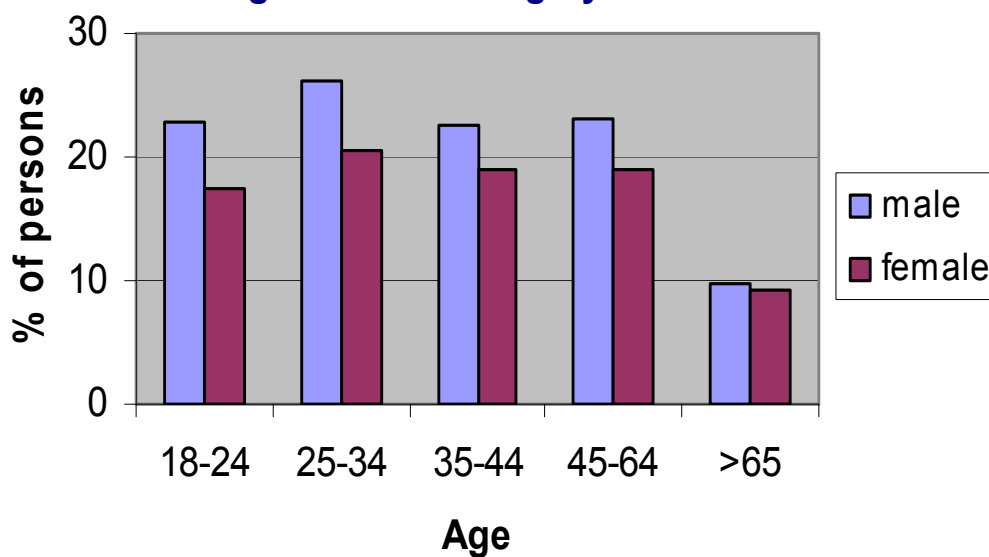
Helping Patients Who Drink Too Much



A CLINICIAN'S GUIDE

Updated 2005 Edition



Cigarette Smoking by Gender



National Center for Health Statistics, 2011

2013 Estimated US Cancer Deaths

Estimated Deaths

			Males
Lung & bronchus	87,260	28%	
Prostate	29,720	10%	
 Colorectum	26,300	9%	
Pancreas	19,480	6%	
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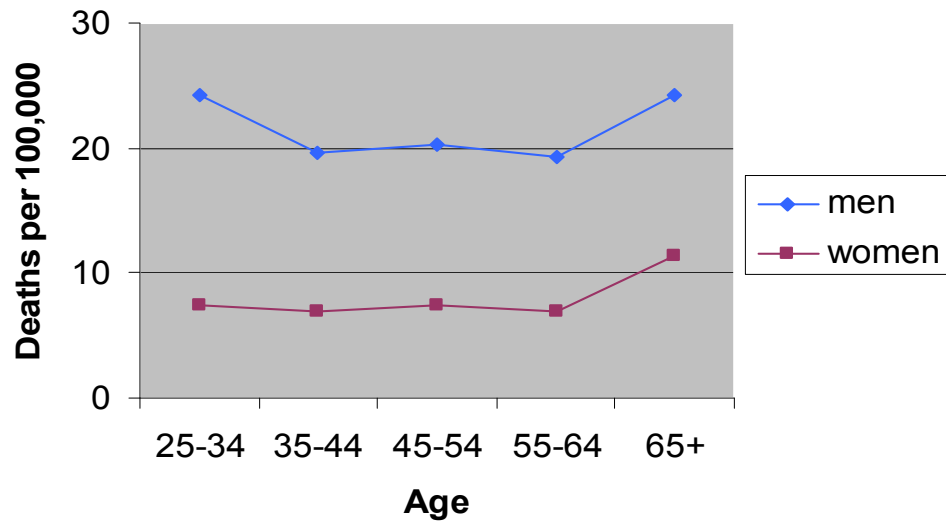
Cancer Statistics, 2013 American Cancer Society

10 Leading Causes of Death for a Male All Ages, U.S.

- 1) Heart disease
- 2) Malignancy
- 3) Accidents (MVA #1)
- 4) Chronic lower respiratory diseases
- 5) Cerebrovascular disease
- 6) Diabetes
- 7) Suicide
- 8) Influenza & pneumonia
- 9) Alzheimer's disease
- 10) Nephritis, nephrotic syndrome & nephrosis

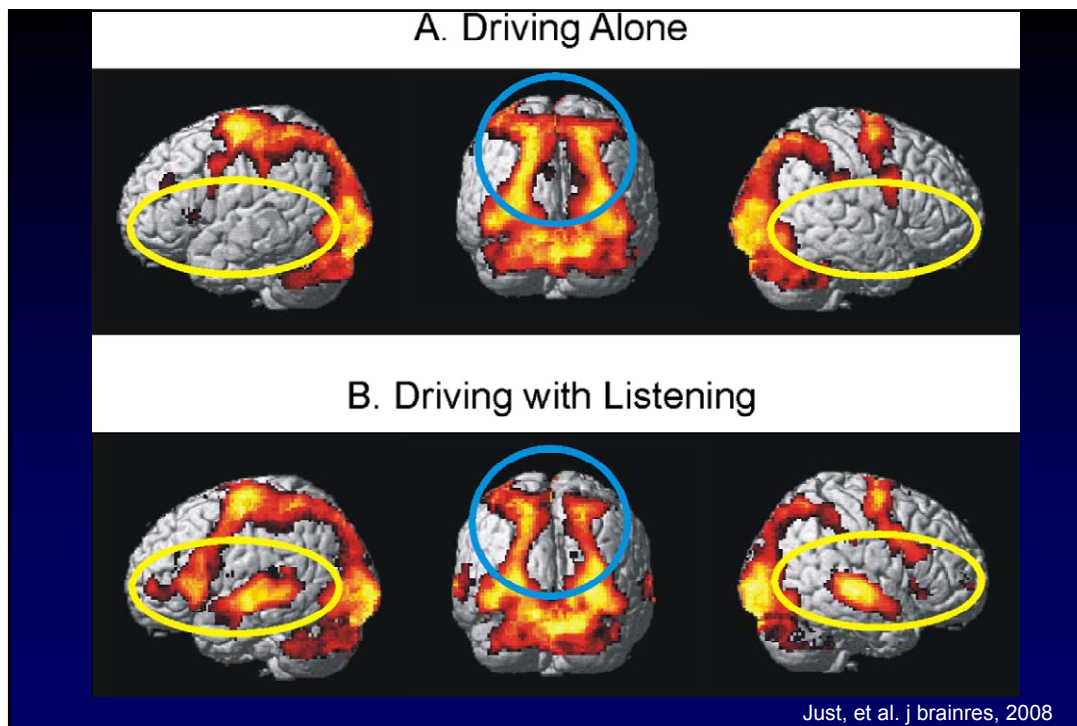
National Center for Health Statistics, 2011

Motor Vehicle-Related Death Rates



National Center for Health Statistics, 2011

“But I use a hands-free device”



Metabolic Syndrome

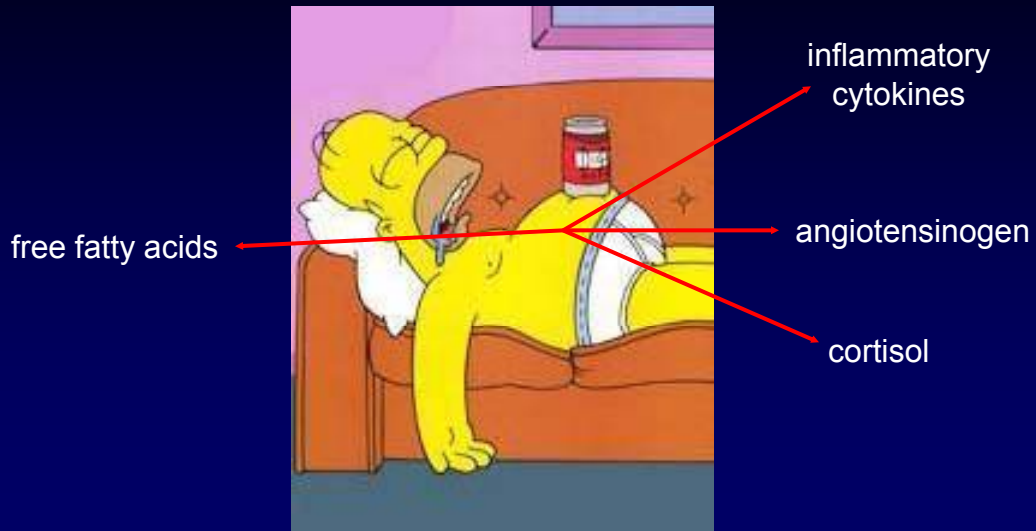
Any 3 of the following 5

- 1) Elevated waist circumference
M \geq 37 inches
F \geq 31.5 inches
- 2) Elevated sugar (FBS \geq 100)
- 3) Elevated triglycerides (\geq 150)
- 4) Low HDL (<40M, <50F)
- 5) Elevated BP (\geq 130/85) or on BP med



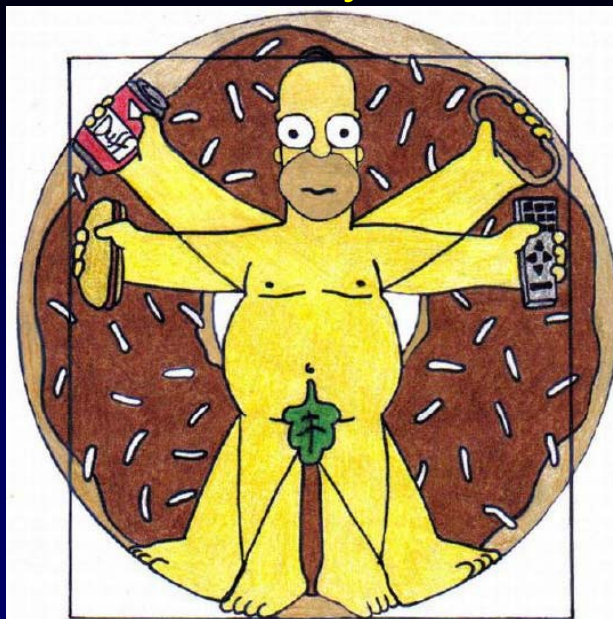
*Joint Scientific Statement, Circulation. 2009;120:1640-45

Belly Fat Secretes Bad Stuff



Klein et al. Am J Clin Nutr. 2007

Metabolic Syndrome



Diabetes

Coronary
Artery
Disease

Stroke

Metabolic Syndrome

Over 50 million Americans!

American Heart Association

WHY?

The secret behind obesity: Portion Distortion

20 Years Ago



500 calories
1 cup spaghetti with sauce &
3 small meatballs

Today



1,025 calories
2 cups of pasta with sauce &
3 large meatballs

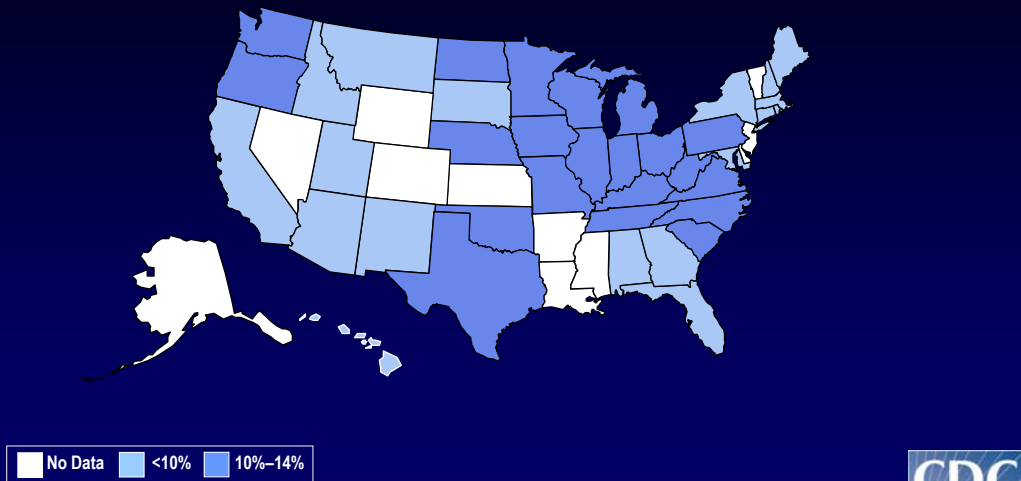
Calorie Difference: 525 Calories!!

National Heart, Lung, and Blood
Institute <http://hp2010.nhlbi.nih.gov/portion>

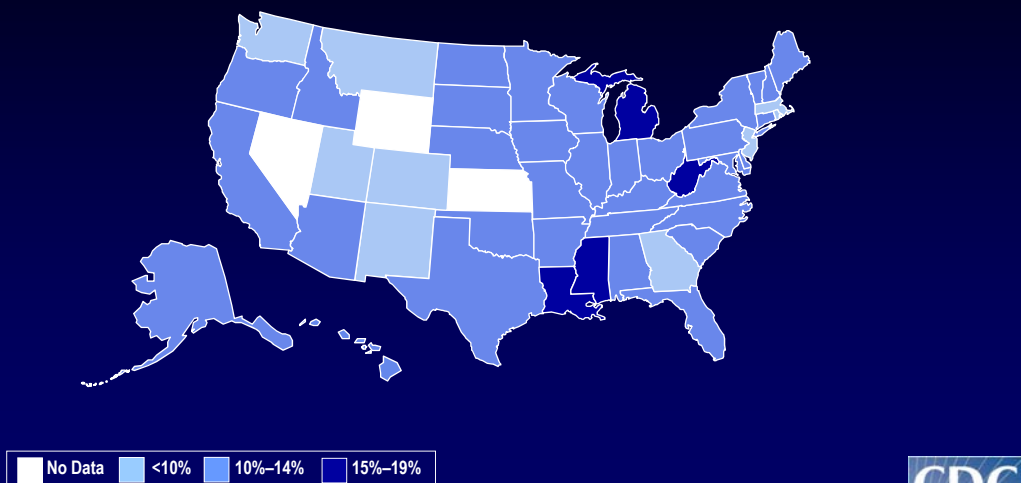
"The Perfect Plate"



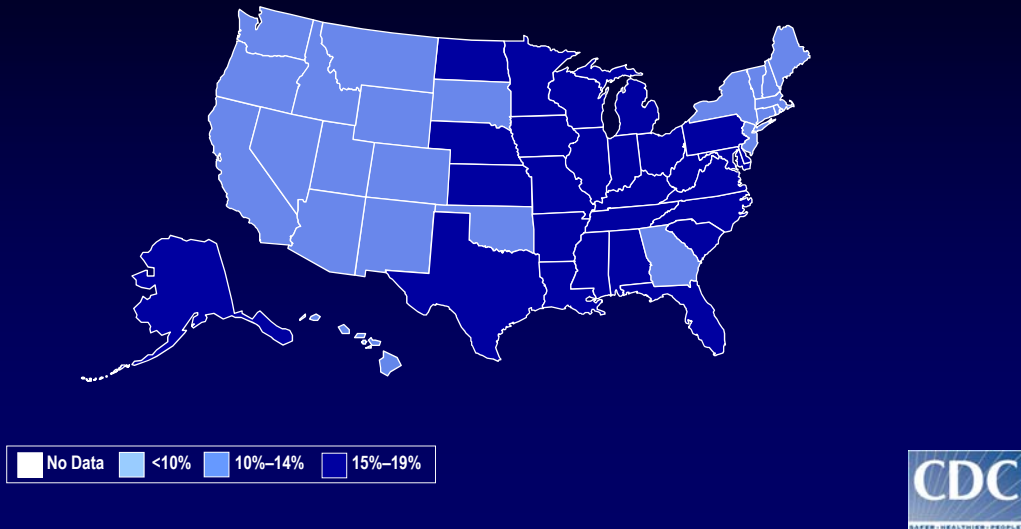
Percent of Obesity (BMI ≥ 30) in U.S. Adults 1989



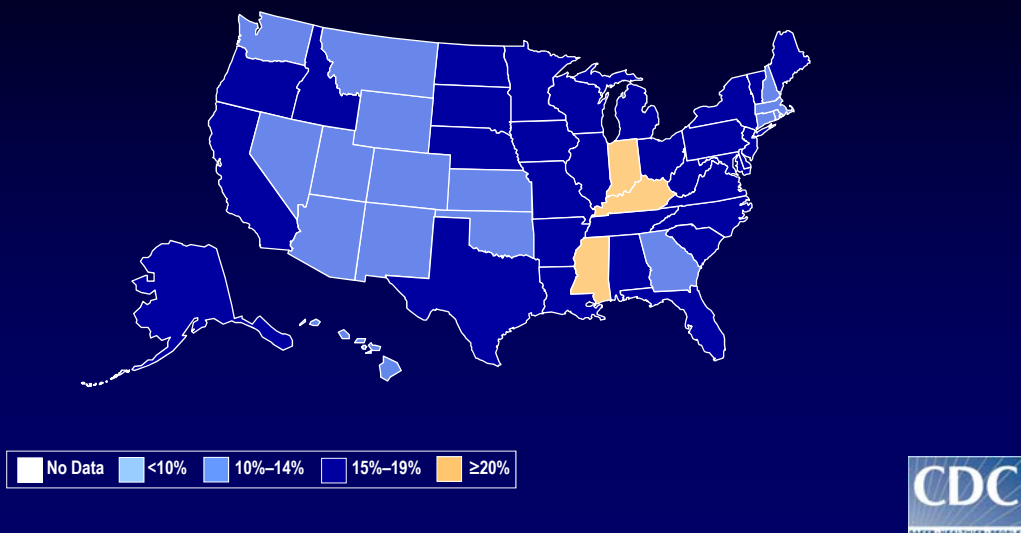
Percent of Obesity (BMI ≥ 30) in U.S. Adults 1991



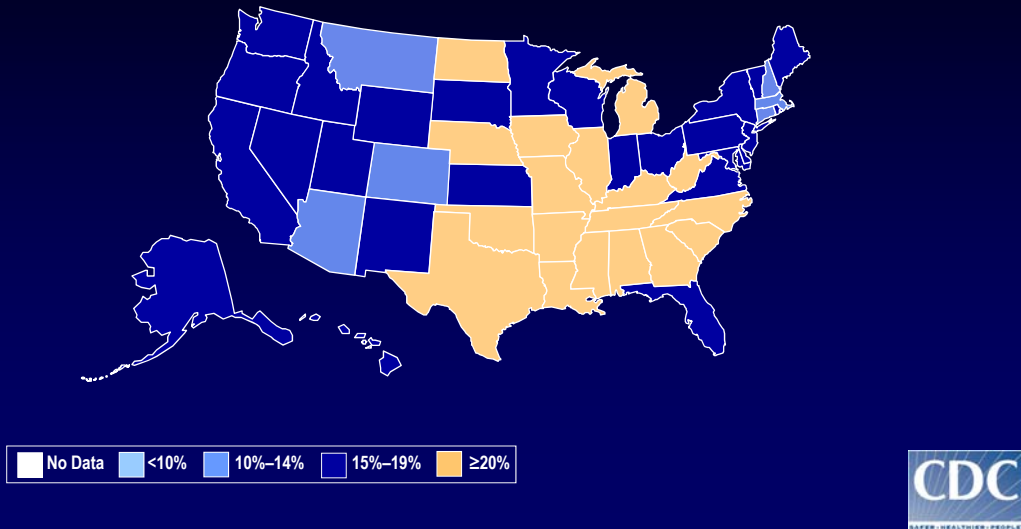
Percent of Obesity (BMI ≥ 30) in U.S. Adults 1995



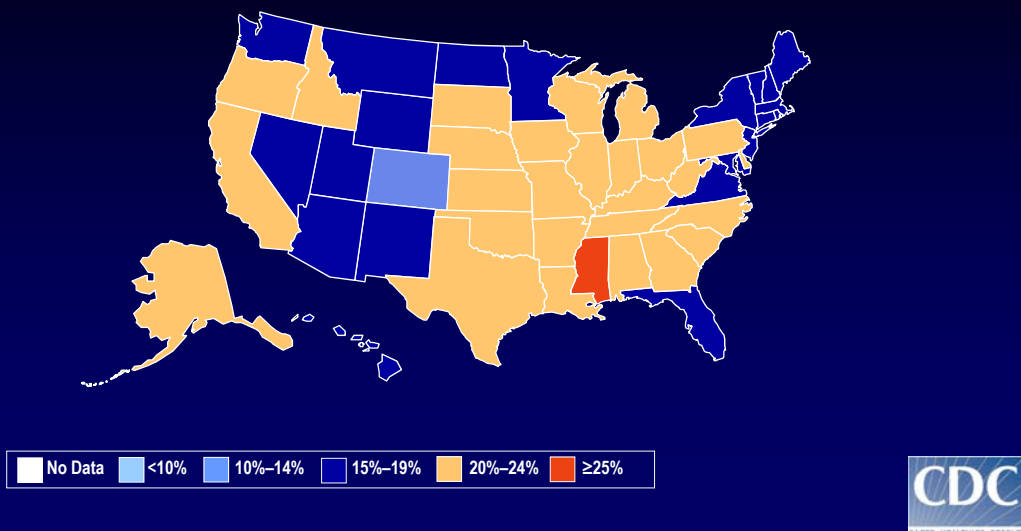
Percent of Obesity (BMI ≥ 30) in U.S. Adults 1997



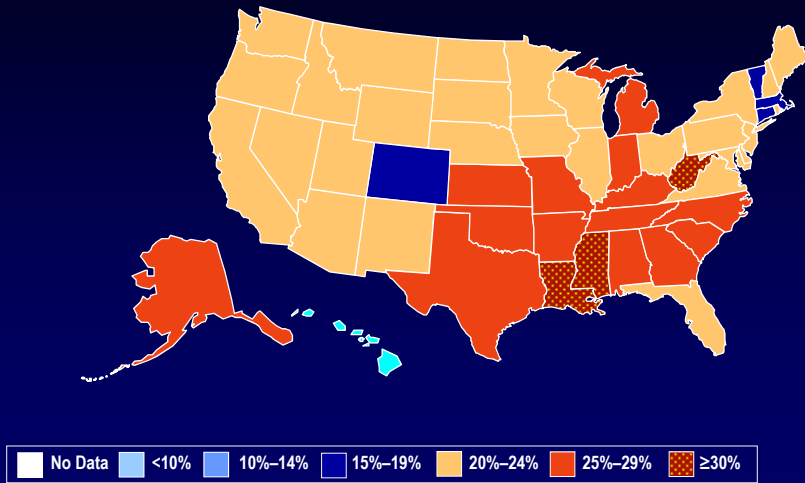
Percent of Obesity (BMI ≥ 30) in U.S. Adults 1999



Percent of Obesity (BMI ≥ 30) in U.S. Adults 2001

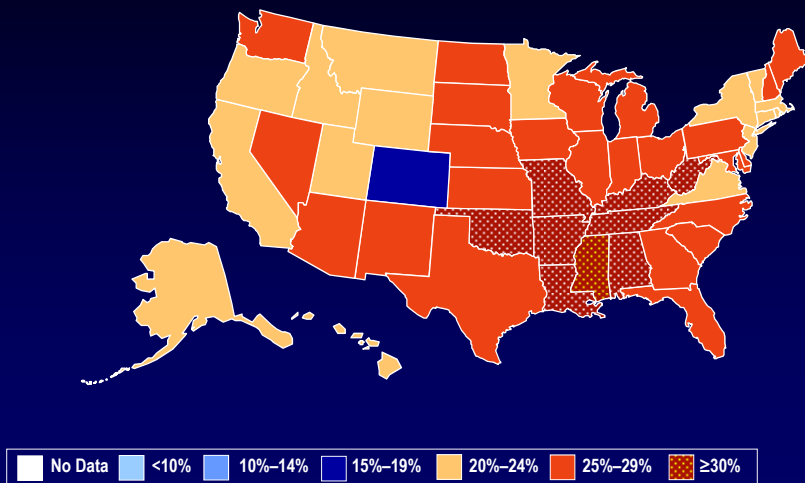


Percent of Obesity (BMI ≥ 30) in U.S. Adults 2005

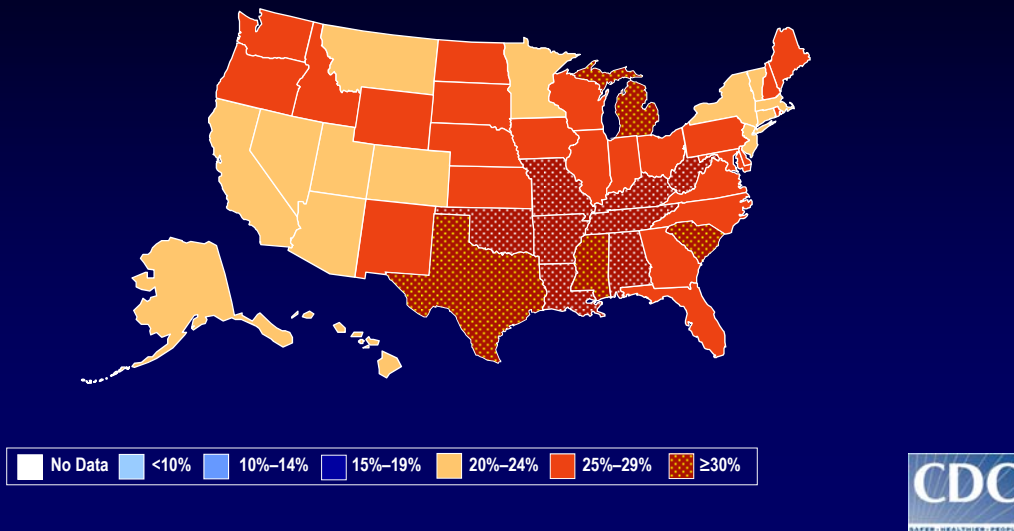


Percent of Obesity (BMI ≥ 30) in U.S. Adults 2009

(*BMI ≥ 30 , or ~ 30 lbs. over weight for 5' 4" person)



Percent of Obesity (BMI ≥ 30) in U.S. Adults 2010



AHA: More Than One-Third of U.S. Could Have Cardiovascular Disease by 2030

By: HEIDI SPLETE, Internal Medicine News Digital Network

01/24/11

WASHINGTON - **Approximately 40%** of the U.S. population could have some form of cardiovascular disease by the year 2030, based on data from a prediction model created by the American Heart Association.

Total Direct Costs of CVD

2010: \$273 Billion

2030: \$818 Billion!!

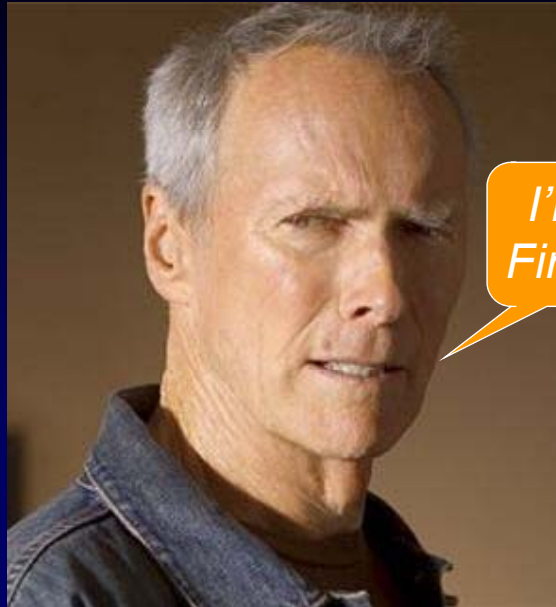
Heidenreich et al, Circulation; 2011

The Demise of *Mr. Homo sapiens*

Why?

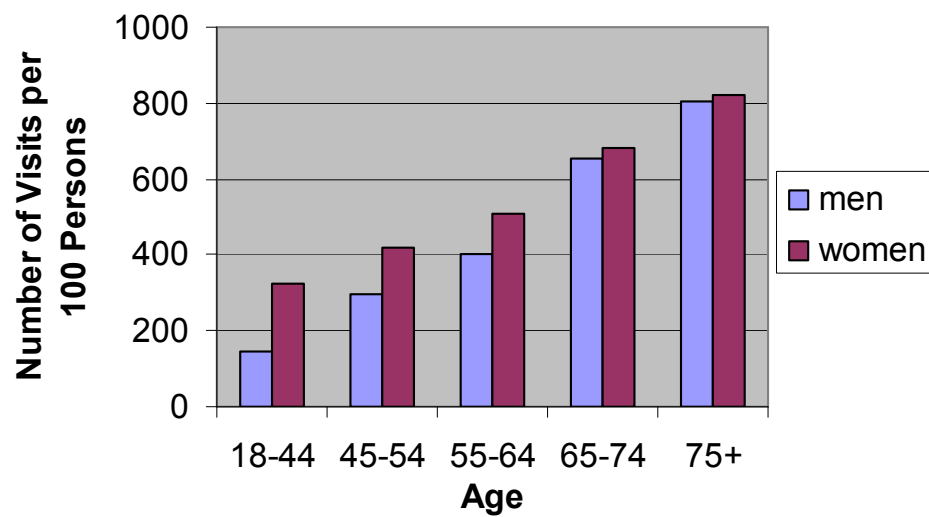
- Unhealthy Behavior
- Avoidance of Healthcare

“Going to the doctor is for sissies!”

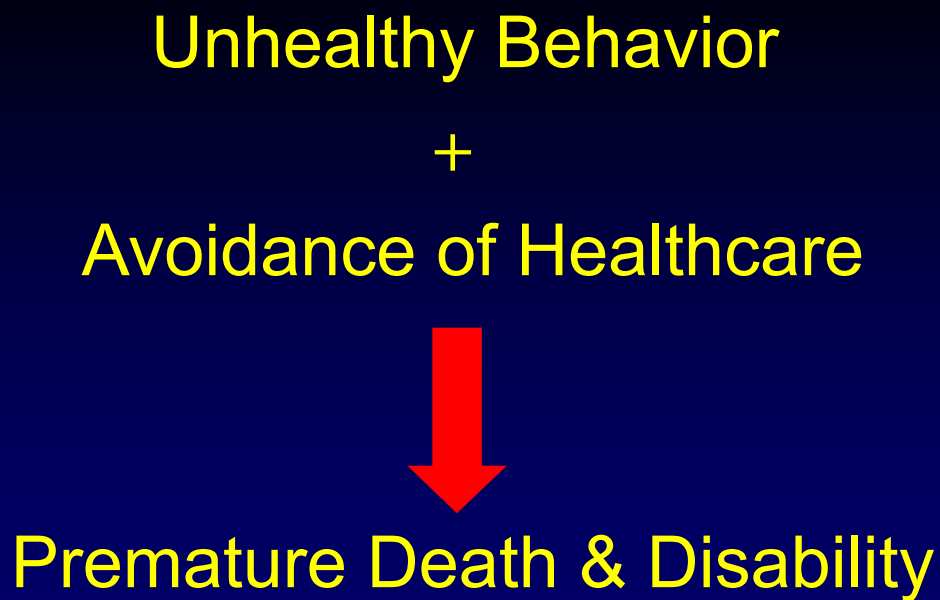


*I'm
Fine!*

Visits to Physicians Offices



National Center for Health Statistics, 2011



10 Survival Tips for Mr. Homo sapiens

- 1) Exercise for at least 30 minutes only on the days you eat
- 2) Eat right and avoid portion distortion--the lean man wins
- 3) On the road, off the phone
- 4) If you drink, set a limit of 1-2 "real" servings/day
- 5) Avoid tobacco like the plague—it causes ED!
- 6) Get out of your cave and build friendships
- 7) Get 7-8 hours of sleep per night—real men sleep!
- 8) Get scoped, and go to the doc regularly for a check up
- 9) Avoid motorcycles and risk taking behavior
- 10) Take at least 15 minutes a day to enjoy your life!

A Woman's Touch

"Marriage, at least for males, has a huge benefit on health, and that being married is associated with men being more health proactive and practicing good health habits, such as seeing the doctor regularly for check-ups."

Markey, New Jersey Family Health Survey, 2005



Welcome to UC Davis
Women's Center for Health



CHICAGO WOMEN'S HEALTH CENTER
Women Making Health Care Accessible



The Gretchen S. and Edward A. Fish Center for Women's Health

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Center of Excellence in Women's Health