Original Article: European Men's Health Report
Review: Population based screening for prostate cancer
Review: PCA3 urine test for prostate cancer
Original Article: HPV knowledge, and more, among college males
ISMH Congress 2011: Abstracts inside
Abstract ID: #0131

SERUM CORTISOL AND CARDIOVASCULAR MORTALITY IN MEN WITH CHRONIC KIDNEY DISEASE

A. Tomaschitz 1,2,3, S. Pöltz 1, E. Ritz 1, T. Grammer 4, K. Kienreich 2, B. Winkelmann 1, B. Boehm 5, W. März 1

1 Medical University of Graz, Graz, Austria, 2 Department of Endocrinology and Metabolism, Medical University of Graz, Graz, Austria, 3 Department of Nephrology, University of Heidelberg, Heidelberg, Germany, 4 Mannheim Institute of Public Health, Ruperto Carola University, Medical Faculty Mannheim, Mannheim, Germany, 5 Cardiology Group Sachsenhausen, Frankfurt am Main, Germany, 6 Division of Endocrinology, Diabetes and Metabolism, Graduate School of Molecular Diabetology and Endocrinology, Ulm University, Ulm, Germany, 7 Clinical Institute of Medical and Chemical Laboratory Diagnostics, Medical University of Graz, Graz, Austria

Background: An appropriate response of the hypothalamic-pituitary-adrenal axis to critical illness and trauma is a crucial factor for survival. Elevated cortisol levels in the long-term, reflecting the chronic stress response, are, however, an emerging cardiovascular risk factor in patients with reduced kidney function. We therefore aimed to evaluate the association between serum cortisol concentration (SCC) and risk of cardiovascular death in a cohort of elderly male patients with an estimated glomerular filtration rate (eGFR) of <60 ml/min/1.73 m².

Materials & Methods: We examined 229 male patients with an eGFR <60 ml/min/1.73 m² from the Ludwigshafen Risk and Cardiovascular Health (LURIC) Study. This prospective cohort study included Caucasian patients without primary kidney disease who were routinely referred for coronary angiography at baseline (1997-2000). Information on vital status was continuously obtained from local person registries.

Results: At baseline, 229 men (mean age 68.0 ± 9.4 years) with mean SCC of 21.4 ± 1.5 μg/dl and mean eGFR of 46.8 ± 11.9 ml/min/1.73 m² were referred for coronary angiography. Of these, 100 (43.7%) participants had an acute coronary syndrome (ACS). Mean SCC (20.4 vs. 22.3 μg/dl; P=0.086; [reference range: 5.0-25.0 μg/dl]) did not differ significantly between patients with and without ACS, respectively.

During a median follow-up of almost 10 years, 64 (27.9%) male patients died due to cardiovascular causes. Multivariate adjusted Cox proportional hazard analysis showed that higher SCC values at baseline were strongly related to increased cardiovascular mortality (hazard ratio for the third and highest vs. lowest quartile of SCC were 2.13, 95% CI=1.02-4.44 and 2.33, 95% CI=1.12-4.85, respectively). In addition, adjusted analyses showed that for each increase of 5 μg/dl in SCC there was a 26% (P=0.009) increase in the risk of cardiovascular mortality.

Conclusion: Higher serum cortisol levels are associated with increased cardiovascular mortality in male patients with chronic kidney disease. These findings support the suggestion that elevated cortisol levels reflect chronic stress play a major role in the pathogenesis of fatal cardiovascular events in men with reduced kidney function.

doi:10.1016/j.jomh.2011.08.097

Abstract ID: #0122

UNDERSTANDING MEN’S PRIORITIES: A FIRST STEP TOWARDS IMPROVING MEN’S HEALTH

C.J. Ng 1,2, E.M. Koh 1, W.Y. Low 1, L.P. Wong 1, H.M. Tan 2

1 University of Malaya, Kuala Lumpur, Malaysia, 2 Sime Darby Medical Centre, Kuala Lumpur, Malaysia

Background: This study aimed to compare the priorities of men in terms of health, family, relationships, career, sex and spiritual need. It was conducted in an urban area of Malaysia in 2009/2010. Men were sampled purposively based on their age, ethnicity and education level. Generation X was defined as those aged 30-44 years while generation Y comprised men aged 19-29 years.

Materials & Methods: This study used a qualitative methodology to explore the priorities of men in terms of health, family, relationships, career, sex and spiritual need. The semi-structured interview guide included questions on the importance of different life domains to the respondent, how they might achieve their goals, and any barriers to achievement. The interviews were transcribed verbatim and checked for accuracy. Two researchers analysed the transcripts independently by extracting and agreeing on the emerging themes before converting them into nodes for coding across the 22 transcripts.

Results: There was a substantial difference in life priorities between men from generations X and Y but this was less obvious among men from different ethnicities and educational backgrounds. Men from generation X considered family as their main priority. Health and money were considered as means to achieving quality in life and happiness. Those with lower education did not place as much emphasis on health compared to those with higher education. However, financial gain was the top priority among men from generation Y. Money was considered essential in supporting their education, social activities, enjoyment in life and for starting a family. Some participants viewed family as a priority as it was their main source of emotional and financial support. Health was considered by most as a pre-requisite for achieving their goals in life. Relationships and sex were not the main priority among the participants in this study.

Conclusion: In this study, health was not a priority among men from generations X and Y. Family and financial gain were the priorities for men from generation X and Y, respectively. When planning for strategies to improve men’s health, it is important to consider these priorities, which could be used as a source of motivation for behavioural change.

doi:10.1016/j.jomh.2011.08.099