

IN-DEPTH

MEN'S
HEALTH

Age Smarter, Not Harder

Leading physicians, researchers and health experts weigh in on how men can keep their bodies in top shape through their 40s, 50s, 60s and beyond. **BY DAVID JARNSTROM**

As Mick Jagger once sang, “What a drag it is getting old.” While the lyric was written from a mother’s point of view concerning the prescription sedative epidemic of the 1960s, it certainly can apply to current-day men fighting the ravages of time.

But look at the Rolling Stones frontman today: still going strong at 75, cavorting nightly across

stadium stages all over the world. Proof positive that if we take care of ourselves in middle and later age, there’s no limit to what we can accomplish in our golden years. (Just don’t hold your breath on the whole international rock star thing).

Men in the United States, on average, are living longer than ever. Their life expectancy is 76, up a full decade from 1968. Advancements in medical research and technology are curing ailments that were once

death sentences.

Yet studies show that men are sicker and have a poorer quality of life. They’re living increasingly sedentary and stress-filled lives, while adhering to body-sabotaging schedules and diets—and experts say too many of them are resigned to their declining physical state.

“In our culture, it’s pretty much expected that after age 40, guys will have a potbelly, that they’ll be on medication for high blood pressure

ILLUSTRATION BY SÉBASTIEN THIBAUT

DELTA SKY / AUGUST 2018 99

or high cholesterol and . . . they will have either had their first heart attack or had angioplasty or bypass surgery," says David L. Katz, M.D., founding director of the Yale-Griffin Prevention Research Center.

Katz posits that too many men rely on the health care system to bail them out after making poor choices and that the onus is on the individual to reverse course. "There is an enormous opportunity as guys enter this demographic to snap out of it, to have a reality check," he says. "By using a short list of priorities, we can eliminate about 80 percent of the risk for any major chronic disease or premature death. Lifestyle is incredibly powerful medicine. It can add years to lives, and it can add life to years."

DETERMINING DESTINY

What about the notion that DNA is destiny? There's currently great in-

terest in finding out precisely what we're made of, as men (and women) are shipping saliva swabs in droves to genetic testing companies in exchange for a detailed breakdown of their life code.

This recent phenomenon has seen some people despair upon learning that they have an increased hereditary risk of disease. But a new study by Finnish researchers reports that awareness of genomic health risks for heart attack or stroke helped motivate 90 percent of participants to make healthy life adjustments, such as quitting smoking or losing weight.

Katz notes that through the power of epigenetics, we actually have the power to nurture nature. "There are expanses of real estate in our chromosomes that act as settings that control what our genes do," he explains. "Lifestyle changes those settings. We have evidence

that if you have specific genes increasing your risk for heart disease, lifestyle can change the behavior of those genes and reduce that risk. Lifestyle interventions can even turn on the genes that suppress cancer and turn off the genes that promote cancer. So essentially, lifestyle is destiny."

The lifestyle component is especially important when it comes to cardiovascular disease.

"The mortality rate has slowed some because we have better treatment and medication, but the population overall is less healthy," says Seamus Whelton, M.D., M.P.H., a cardiologist and epidemiologist at Johns Hopkins Medicine. "People are exercising less, and the rates of obesity and diabetes are increasing significantly."

RETHINKING RESOLUTIONS

Even when armed with empowering

SIMPLIFYING CANCER SOLUTIONS

Prostate cancer is a major risk concern for men in middle age. It's the most common form of cancer affecting men. According to Jonathan D. Tward, M.D., Ph.D., a radiation oncologist at Huntsman Cancer Institute in Salt Lake City, choosing a treatment plan can be downright overwhelming.

"[For] a guy who is diagnosed with prostate cancer, it's almost like he's staring at the menu at The Cheesecake Factory," he says. "There are five different ways of doing surgery and at least 20 different ways of doing radiation—it can be paralyzing trying to research all the different options."

Tward and his colleagues at Huntsman are among the first in the United States to offer a revolutionary new combination procedure, one that offers prostate cancer patients unparalleled convenience and comfort, with a reduced risk of side effects.

Using image-guided, computer-controlled machines, stereotactic body radiation therapy delivers an extremely precise and very high dose of radiation directly to the prostate. Patients only need five sessions—one hour every other day for two weeks—to garner equal or superior results compared to a traditional lower-level radiation plan that takes two months.

The inherent risk of using concentrated radiation is that the rectum, which practically touches the prostate, can sustain serious damage if an oncologist's aim isn't absolutely true. But when SBRT is paired with SpaceOAR—a state-of-the-art hydrogel that Tward can skillfully place between the prostate and rectum—12 millimeters of buffer zone is created and that risk drops significantly.

"In my world, 12 millimeters is like a

mile," Tward says. "Now instead of there being a 1 in 20 chance of a significant bowel injury, it's maybe 1 in 100."

The risk of decreased bladder and erectile function is also lower, and patients have no pain or physical restrictions on any activity whatsoever—even immediately following the procedure. "You can go whitewater rafting in the afternoon after a treatment in the morning," says Tward. "Most men come in, get radiated and then go to work. People don't even really feel like cancer patients at all. And it's a game changer for a lot of our patients, who travel hundreds of miles from all over the Mountain West. They don't have to commit to two months of treatment, two months of travel. It's really a remarkable sort of 21st-century thing—super-effective prostate cancer therapy that doesn't suck."

information, taking our health into our own hands can be an overwhelming task. So much so that the Mayo Clinic recently introduced a special health promotion program to assist people in making actionable and enduring lifestyle changes. Among other features of the immersive, holistic sessions, participants undergo a physical activity assessment and formulate a personalized wellness plan. A certified wellness coach monitors progress and offers continuous support and counsel over the next year.

"It's the antithesis of the way people approach New Year's resolutions—without a good plan, it's not going to happen," says Donald D. Hensrud, M.D., director of the Mayo Clinic Healthy Living Program.

An associate professor of preventive medicine and nutrition as well as the author of bestseller *The Mayo Clinic Diet*, Hensrud says short-term goals encourage stick-to-itiveness. "Say a guy wants to get back down to his weight in college. It's good to have that long-term vision, but he'll need to achieve it five pounds at a time. Moreover, the modalities—diet and exercise—actually need to be enjoyable in order to be sustainable."

Working out may not be enjoyable for some, but the big-picture benefits are undeniable. Hensrud notes that aerobic exercise is ideal for optimizing cardiac function, while resistance training is the best way to counteract the loss of muscle mass—which starts to decline by roughly 1 percent each year after men reach their physical peak in their early 30s. In general, more muscle mass means a higher metabolism. Studies have shown that combining cardio with resistance training is the best way to burn off that unwanted belly fat.

Hensrud says you don't need to be a gym rat to boost your physical activity in a big way. Think NEAT:

nonexercise activity thermogenesis—or activities we do during the day separate from exercise. "Park farther away, take the stairs, use a standing desk," says Hensrud. "It adds up quickly, especially for highly sedentary men [who change their diets], who get a huge bang for their buck just getting off the couch and doing anything."

FUEL WITHOUT FUSS

What to eat shouldn't be a difficult question. But after decades of a confounding glut of ever-changing, oversensationalized diet fads that promise to have (finally) cracked the code to optimal nutrition, many men are at a loss when it comes to food.

The type and quantity of fuel you choose to put in your body is absolutely vital to a successful preventive lifestyle. But whom should you believe? A growing chorus of experts is hell-bent on broadcasting a clear and honest answer.

In 2016, Katz of the Yale-Griffin Prevention Research Center founded the True Health Initiative, a coalition of more than 400 lifestyle-as-medicine authorities dedicated to dispelling the myths about good diet practices.

"It's a collection of experts from almost 40 countries ranging from vegan to paleo, who are all agreeing that the same fundamentals matter most," says Katz, whose book on this topic, *The Truth about Food*, is due out in October. The experts include former U.S. surgeons general, health care CEOs, chefs, sustainability experts, nutrition writers such as Mark Bittman and health journalists such as Sanjay Gupta.

Upon what, exactly, are they agreeing? "Diets can vary in all kinds of ways. They may include meat and fish, or not. They may include dairy and eggs, or not. But the best diets have in common a preponderance of minimally processed vegetables, fruits, whole

grains, beans, lentils, nuts and seeds," says Katz.

Regardless of personal values, experts agree that the health benefits of reducing one's consumption of animal products while increasing intake of unprocessed, plant-based foods—commonly called a "flexitarian" diet—are massive: lower cholesterol levels; decreased inflammation; a greatly reduced risk of heart disease, stroke, diabetes, autoimmune diseases, even cancer.

The concept can be polarizing, though, particularly for men living in a culture that tends to associate meat with masculinity. Christopher Gardner, Ph.D., director of nutrition studies at the Stanford Prevention Research Center and a member of the American Diabetes Association dietary guidelines committee, hopes encouraging middle- and later-aged men to become flexitarians might be the key. "We're way more likely to effect meaningful change if it's not so black and white," he says.

A cultural revolution is also more likely to occur if it's delicious. The Culinary Institute of America's "Menus of Change" initiative, for which Gardner serves in an advisory role, aims to address this by creating healthy, sustainable, chef-driven dishes and even entire menu programs for a reimagined food service industry. Instead of the traditional American meat-centric plate, Menus of Change's food philosophy centers around what Gardner calls a "protein flip."

"It's this global fusion of grains and beans, seared vegetables with fabulous grill stripes on them, herbs and spices—then just a few strips of chicken or a couple of pieces of beef," versus a meat-dominated plate, he says.

PRIORITIZING SLEEP

Sleep is the oft-neglected third pillar of preventive health. Jeffrey

Durmer, M.D., co-founder and chief medical officer of Fusion-Health, argues that rest is even more fundamental in terms of biological function and overall well-being. It's why his company leverages cutting-edge technology to collect previously unappreciated data on patients in their own natural sleeping environments, allowing for highly targeted treatment plans.

Durmer notes that as men enter middle age, mounting obstacles start to interfere with getting quality z's. "Oftentimes, they find themselves overburdened and stressed in that in-between generation, where they're taking care of kids and parents, likely while also juggling a demanding career," he explains.

It doesn't get any easier, either. Studies show that melatonin, a natural hormone that helps regulate our sleep, gradually declines over the course of our lifespans. Experts recommend seven to eight hours of recovery time each night. Not only does poor sleep or lack of sleep reduce productivity and increase the likelihood of automobile accidents, it can drive up the risk of hypertension, obesity and diabetes. Perhaps even more alarming are the findings of a recent National Institutes of Health study linking sleep deprivation to an increased risk of Alzheimer's disease.

"There are waste products that naturally accumulate in our brains which can accentuate the deposition of beta-amyloid. The NIH study determined that sleep helps clear them out, sort of like how your liver detoxifies alcohol," Durmer says. "Lack of sleep—even a single night of sleep deprivation—allows the formation of beta-amyloid in the brain, thought to be the pathology behind Alzheimer's disease. This information could help us curb the epidemic of de-

mentia—through prevention."

The most common sleep disorder in middle-aged men—occurring twice as often as in women—is obstructive sleep apnea, a condition where the upper airway intermittently becomes blocked due to relaxation of the throat muscles. The brain sends signals to resume normal breathing, causing sleep to be momentarily interrupted (though this is seldom remembered the next day). Episodes can occur dozens of times an hour, all night long.

Douglas Kirsch, M.D., president of the American Academy of Sleep Medicine, notes that men tend to demonstrate signs of OSA to a greater degree starting in their late 40s and early 50s.

"If you're feeling really tired during the day but you're getting an adequate amount of sleep at night—or if you're coughing a lot in the morning; awakening, choking or gasping during the night; or have a bed partner who is complaining about loud snoring or pauses in breathing—don't ignore it," he advises. "In the long term, untreated OSA can lead to high blood pressure, stroke and heart attack."

Continuous positive airway pressure machines are the most common form of treatment for OSA. Kirsch says CPAP tech advancements have helped improve patient comfort and outcomes in recent years, while widespread adoption has made the devices more ubiquitous.

"There's this perspective that men didn't really talk about CPAP machines," he says. "It was like this hidden club that no one actually wanted to be in. The interface has gotten more comfortable and the machines are smaller and easier to travel with."

Most importantly, though, men are feeling better: libido is stronger, blood pressure is lower

CURBING CANCER

According to the American Cancer Society, approximately 40 out of 100 men will develop cancer during their lifetimes. These are the estimated number of occurrences of new cases and deaths for 2018 among the most common cancers affecting men.

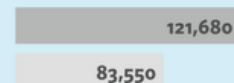
■ New Cases ■ Deaths

PROSTATE



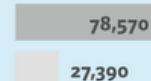
At age 50, men should talk to their doctors to see if prostate cancer screening is right for them.

LUNG



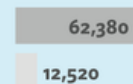
At age 55, men with a history of heavy smoking (two packs a day for 15 years or more or one pack a day for 30 years or more) may benefit from lung CT screening.

COLORECTAL



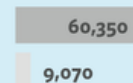
For most men, colonoscopies should occur every 10 years starting at age 50. If you have a history of colorectal cancer, talk to your doctor about beginning screening earlier.

BLADDER



Talk to your doctor if you notice changes in urination frequency, blood in urine or pain while urinating.

SKIN



Starting at age 18, get a full-body skin examination yearly and talk to your doctor about any unusual moles.

IN-DEPTH
MEN'S
HEALTH

and individuals feel more productive in the workplace. "Many men don't realize how bad their sleep has been until they actually treat it," says Kirsch.

TAKING ACTION

While a preventive lifestyle can give men a decided advantage in the battle against chronic disease, even the cleanest-living among us should follow recommended screening guidelines. Most can be administered by your primary care physician, though you may see a specialist if risk factors emerge or if there's a family history of cancer or other diseases.

It's important for men to know their complete family history—even of diseases that affect the women in their family. Breast and ovarian cancers can have common genetic traits with prostate cancers, for example. Men with certain inherited cancer predisposition genes also can pass them along to their children. Self-screening is advised for diseases such as melanoma—the deadliest form of skin cancer and (surprise) one that is more common in men than women.

According to the American Cancer Society, men age 49 and under have a higher probability of developing melanoma than any other cancer, and the majority of people diagnosed with melanoma are white men over age 55. Jerry D. Brewer, M.D., M.S., a dermatologist and skin cancer specialist at Mayo Clinic, offers up even more sobering stats: Men between the ages of 40 and 60 are getting melanoma four-and-a-half times more often than they were 40 years ago, and men who are 60 and older are getting melanoma 11 times more often. Other factors hint at a greater risk—such as having more than 100 moles on your body or a history of bad sunburns. The good news is that melanoma has a 99 percent cure rate if it's caught early enough.

In addition to getting an annual once-over from a dermatologist, Brewer advises monthly skin self-examinations to monitor for subtle changes in your moles. "Up to around 70 percent of melanomas come from a brand-new dark spot, so be aware of your skin." And, of course, wear sunscreen daily (at least SPF 45) and avoid tanning beds.

THE TRUTH ABOUT TESTOSTERONE

Between the ages of 30 and 40, testosterone levels start to decline in men by roughly 1 percent per year. Testosterone is the hormone that fuels men's libidos, boosts their metabolism and helps build and maintain their muscles. It also affects mood—low testosterone is a major cause of depression in men. Its very name is synonymous with youth and virility, and in recent years, relatively healthy middle-aged men have become increasingly obsessed with testosterone—boosting it, restoring it, replacing it—in an effort to feel younger. Katz advises that unless you have a true testosterone deficiency, steer clear of the craze.

Replacing testosterone, unless you have a medical condition, actually increases your risk of heart disease, says Katz. But to the contrary, an optimal lifestyle—eating well, being active—sustains healthy testosterone levels. "Now, it doesn't mean you're going to feel 18 at 55," cautions Katz.

"One of the things our culture tries to talk us into is that age is optional. Frankly, a healthy testosterone level at 55 is not the same testosterone level at 18... and that's OK. I think part of being healthy is accepting that some of those changes are simply the normal product of aging, and you shouldn't try to fight what is a normal, healthy part of the life cycle."

Richard Bribiescas, Ph.D., professor of anthropology, ecology

and evolutionary biology at Yale University, argues that there's potentially a very important silver lining to the dreaded testosterone dip.

His book, *How Men Age: What Evolution Reveals about Male Health and Mortality*, explains that not only does it get harder for men to burn fat and keep muscle in middle age, but once they establish fat deposits around their mid-sections, that fat starts converting anabolic hormones like testosterone into estrogen—which promotes the creation of even more fat. Devious, but there's a twist.

"There are 7 billion people on the planet," Bribiescas says. "To put that in perspective, if you were to add up all other great apes besides humans, the total number would be less than the population of New Haven, Connecticut. How did we become so successful in terms of reproduction?"

Bribiescas notes that humans are the only great apes that exhibit paternal engagement, which is rare even among nonprimate mammals. "There's a growing body of research that shows when men become fathers, their testosterone levels drop and they also start to put on a little weight," he says, adding that human babies are "expensive offspring" in that they require an extremely high level of attention and nurturing—typically more than just one parent can provide.

"The idea I float in my book is, as men got older, this fat that they have actually creates a hormonal environment that promotes paternal care. It doesn't mean that it'll automatically make you a good father, but it does create the right hormonal environment."

Love handles may be the secret weapon in humankind's rise to evolutionary dominance? Maybe it's time we started treating dad bods with a little more respect. ▽