



The Time is right!

A gender-blind approach to health and healthcare serves neither men nor women well! See our feature article

Dear Colleagues and Friends,

As you read this newsletter the premier issue of The Journal of Men's Health and Gender is rolling off the press and being stacked and packed ready for distribution. The first batch will be couriered to Arlington, USA for the journal's launch on 21 May at the Men's Health Conference.

The time from the journal's conception at a meeting between Elsevier and the ISMH in October 2003 to its birth has outran even that of human gestation, not to mention challenged human endeavours. All the stops were pulled out to meet our deadline because **the time is right** for a journal to combine issues of men's health and a gender approach o medicine to serve both men and women equally.



We could not have achieved this feat on our own. It has exemplified a new age of global teamwork forged by our associate editors and editorial board, who represent two core countries and five of the world's continents. These eminent doctors and scientists have lent their invaluable and active support as have our authors because they believe in the need for a gender approach to medicine, which will improve the lives of people throughout the world. We would like to sincerely thank all the associate editors, editorial board members, and authors who have contributed to the premier issue. We would also like to especially thank the team at Elsevier who as individuals have worked in record time to produce an attractive and readable journal for our readers.

How can you get hold of your free copy?

[ISMH](#) and Elsevier are very pleased to offer recipients of the ISMH men's health newsletter a complementary print and online subscription to [Journal of Men's Health and Gender \(jmhg\)](#) for 2004. To subscribe to the 4 issues of [jmhg](#) for 2004, please send an e-mail to menshealth@elsevier.com with "ISMH 2004 subscription" in the subject line. In the body of the e-mail message please provide your complete mailing address.

The first issue of [jmhg](#) will be released after 21 May, after which you will receive your copy. Information on how to access the online version of the journal will be e-mailed to you at a later date. Further information about the journal, including paid subscription prices for institutional and personal subscribers, can be found at www.jmhg.org.

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Sincerely,
Siegfried Meryn, M.D.
Professor of Medicine
President International Society for Men's Health and Gender

Feature Article:

What About Men's Health?

A gender-blind approach to health and healthcare serves neither men nor women well! Over a decade ago, increasing attention began to be paid to women's health throughout North America and Europe and as a result enormous advances have been made in women's health research, policy and services. Numerous vital gender differences in health behaviors, symptoms, response to therapy and prognoses have recently been described. Examples of these include gender differences in smoking initiation and cessation, symptoms associated with acute ischemic cardiac disease, responses to pharmacologic therapies and prognosis for cardiovascular diseases and lung cancer. Many of these differences illustrate the point that women's health should never be about "them versus us," but rather "what are the gender differences in health and healthcare and how might we best address these to better serve both sexes?" Accordingly, this new focus on men's health is welcomed and I hope your path will be a little smoother as a result of our work on the importance of sex and gender in health.

My colleagues and I recently undertook the first comprehensive analysis and publication of health and disease among Canadian women, which provided updated information and statistics on factors affecting the health status and health outcomes of the population. We conducted comparisons between men and women, and between women themselves across the life course for a wide variety of health issues. Among the most surprising findings was that women's longer life expectancy was primarily due to better health behaviors and not biology. In fact, the avoidable causes of death (such as, accidents, smoking-related deaths, HIV and AIDS) accounted for the majority of the difference in life expectancy between men and women, thereby defying the myth that women are by nature healthier than men. Of course, what the report could not answer is why these differences in health behaviors exist, though it seems highly likely that biological, social, psychological and behavioral variables interact to produce many important gender differences. For example, the high rates of male death through violence throughout the world cry out for studies to better understand the multiple determinants of risky behaviors.

There are unlimited opportunities to explore sex and gender differences in health and health care ranging from subcellular to health systems approaches. However we must remember that the life context of both genders, including our relationships with each other, will be critical in most considerations of health. I am delighted to serve on the editorial board of this new Journal of Men's Health and Gender and look forward to working and learning together to help solve the many health issues that afflict both men and women. These will also undoubtedly include conditions that are sex specific, such as genital cancers, as well as those which show gender differences such as violence, sexual problems, depression and substance abuse. My heartfelt hope is that this new journal will enlighten and expand the vision of health for both genders, and that the men we know and love will also receive the health and healthcare they deserve.

Donna E. Stewart MD FRCPC

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References:

1. Wizemann TM, Pardue M, Understanding the Biological Contributions to Human Health: Does Sex Matter? 2001, Institute of Medicine. The National Academies Press. Washington, DC.
2. DesMeules M, Stewart DE, Women's Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women. 2003, Canadian Institute for Health Information

XIX European Association of Urology Congress-Highlights/Part II/will follow in our next men's health newsletter

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MOST RECENT ISSUES IN MEN'S HEALTH

Impact of erectile dysfunction and its subsequent treatment with sildenafil: qualitative study

Research has identified a high prevalence of erectile dysfunction in men. Despite the awareness of the importance of psychogenic factors as a cause of erectile dysfunction, little is known about impact of erectile dysfunction and the effect of its subsequent treatment on the lives and wellbeing of patients.

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Heart Disease Risk Factors in Mid-Life Predict Erectile Dysfunction 25 Years Later

Age, obesity, high cholesterol, and high triglyceride measurements in midlife predict not only heart disease risks, but also the likelihood of erectile dysfunction decades later, according to a new study in the April 21, 2004 issue of the Journal of the American College of Cardiology.

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Long-term Use of Dutasteride Helpful in Benign Prostatic Hyperplasia

The long-term use of dutasteride is helpful in benign prostatic hyperplasia (BPH), according to the results of a study published in the April issue of Urology.

" Dual inhibition of 5-a-reductase with dutasteride provided sustained efficacy in subjects with symptomatic [BPH] treated for 48 months," write Claus G. Roehrborn, from the University of Texas Southwestern Medical Center at Dallas, and colleagues.

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Growth hormone: uses and abuses

It has anabolic effects, but its use in ageing and other conditions is not established

The therapeutic use of human growth hormone was first shown 45 years ago. In these years the number of approved and proposed uses of human growth hormone has grown from one to more than a dozen, and the number of patients being treated with it has increased from a handful to tens of thousands worldwide

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Impotence Still Taboo Subject With British Men

Fourteen percent of British men who suffer from impotence have suicidal thoughts and many wait years before seeking help, according to a survey published on Tuesday.

Despite the launch of anti-impotence drugs such as Viagra, Levitra and Cialis, erectile dysfunction (ED) is still a taboo subject among Britons. Nearly a quarter of affected men are too embarrassed to even discuss it with their wives.

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Sex Differences in Developmental Reading Disability

An influential article published in 1990 claimed that the increased rate of reading disability in boys was a consequence of referral bias.

To summarize the history of research on sex differences in reading disability and to provide new evidence from 4 independent epidemiological studies about the nature, extent, and significance of sex differences in reading disability.

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FDA Approves Prostate Drug Combination

Merck and Co. Inc. on Tuesday said U.S. regulators have approved the use of its drug Proscar for benign prostatic hyperplasia in combination with Pfizer Inc.'s drug Cardura.

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