choosing a new course

The Johns Hopkins Men’s Health & Vitality Program
We treat men’s sexual health needs and educate men about the correlation between sexual medicine and chronic ailments. We help men live healthier, happier, and more productive lives.

—Kevin L. Billups, M.D.
James Buchanan Brady, the second son of a New York saloon operator, remains a legendary character from America’s “Gilded Age,” a thoughtful philanthropist whose legacy continues to fuel urological research.

Brady started working at the age of 11 to support his family, eventually getting a job selling special patented steel saws used for cutting railroad track. He soon developed an eye for diamonds and other jewels, and as his success as a salesman grew, so did his vast diamond collection, earning him the nickname, “Diamond Jim” Brady.

As renowned as he was for his business acumen, Brady, who consumed vast quantities of food daily, was also well known for his prodigious appetite.

Culinary historians note that his breakfast often started with a gallon of orange juice, a half dozen eggs, pancakes, fish cakes, and chops, with a succession of larger meals throughout the day that culminated in a dinner including dozens of oysters and clams, terrapin, lobsters, roasted meats, and a variety of game birds.

In 1912, Brady, who was already suffering from diabetes, kidney disease, and other ailments, developed severe benign prostate difficulties. After undergoing successful treatment at Johns Hopkins Hospital by Dr. Hugh Hampton Young, the ever-grateful Brady endowed the urological institute that now bears his name, allowing research to flourish right from its inception.

Since then, the Brady Urological Institute has been the epicenter of all things urologic and continues to set the standard for the rest of the world to follow.

Be assured that the power and the breadth of talent of the Brady Urological Institute will be supporting you in the Men’s Health & Vitality Program.
Brady Urological Institute Milestones

**Discovered the first human gene mutation in prostate cancer**

- Developed the first animal models to characterize the properties and types of prostate cancer; the models were sent all over the world to further research

**Pioneered quantitative pathology to refine staging and prognostic markers**

- Identified new drug targets, PSA-activated prodrugs, and other agents

**Johns Hopkins surgeons performed the first prostatectomy in 1904 and later pioneered the anatomical nerve-sparing surgical approach**

- Developed some of the first therapeutic approaches and clinical models for prostate cancer, including the earliest form of brachytherapy, and was the first to culture human prostate cancer cells to study therapeutic targets

**Was the first to describe the importance of stem cells in prostate cancer**

- Developed the Partin Tables, Pound Tables, and Han Tables to predict localized cancers, relapse time, metastasis, and survival

**Pioneered the strategy of active surveillance for managing prostate cancer for men with low-risk disease thought to be small volume and low grade in which the patient is closely monitored**

- Performed the first protein analysis of normal prostate and prostate cancer

**Led the work in robotics for prostate cancer treatment**

- Developed an animal model of prostate inflammation and defined PIA (proliferative inflammatory atrophy), a new model for what causes prostate cancer

- Developed and clinically tested the first prostate-specific adenovirus to treat recurrent and metastatic prostate cancer
That’s an adage that is a guiding principle at the Men’s Health & Vitality Program, where a new era in men’s health is taking shape at Johns Hopkins. We offer comprehensive medical care for the treatment of male health issues as well as those linked with sexual health. Our philosophy is basic: The earlier disease is caught, the better the chance for changing its course.

And when men maintain good health, they will live better and longer lives. To enable this philosophy, we follow the 4-E action principles: Educate, entertain, engage, and empower. I believe that providing information in an entertaining format will engage men in a manner that will empower them to make the sustained behavioral changes needed for better preventive health.

Men have particular physical, sexual, and emotional issues and each of the physicians on our highly specialized team aspires to provide outstanding medical care to men of all ages based on prevention and the treatment of unique aspects of men’s health and disease. Understanding that certain health problems are more prevalent or are exclusive to men, our Program specifically addresses critical clinical and educational issues to improve these deficiencies in men’s health. In addition, we’re educating our patients about lifestyle choices that can help prevent diseases altogether.

Since its inception in 2012, the Men’s Health & Vitality Program has been a partner in good health for our patients, delivering one-on-one personal attention while assessing both health behaviors and lifestyle issues to direct medical care and help formulate goals for the future.

The more men understand about their health, the better equipped they are to manage it. The Men’s Health & Vitality Program provides in-depth information on the prevention, diagnosis, treatment, and care of conditions that affect men. And by treating men with sexual disorders and restoring normal levels of sexual functioning through comprehensive urological services, we empower men—no matter what their age—to modify their lifestyles and take responsibility for their health.

Comprehensive in scope, expansive in treatment options, and with the full support of one of America’s top hospitals behind it, The Men’s Health & Vitality Program gives every man the tools necessary to enable him to change his medical destiny, make informed choices, and optimize and sustain his lifelong health and longevity.
choosing a new course

We empower men with knowledge, enriching them through changing expectations and better health.
At the Johns Hopkins Men’s Health & Vitality Program, each conversation with a patient is important. Like the conversation I recently had in my office with Robert, a 56-year-old Baltimore lawyer who came to see me about some long-standing sexual dysfunction issues. That conversation, a subsequent physical exam, and lab tests routinely performed as part of our Men’s Health Program resulted in not only discovering the cause of his sexual complaints, but also uncovered Type 2 diabetes and symptoms of sleep apnea. Robert was referred to my Johns Hopkins colleagues in both primary care and sleep medicine and, in addition to being treated for those two chronic medical conditions, he is also being treated for sexual health concerns.

Because they often lead to something more, my conversations also serve as important beginnings: The start of a deeper doctor-patient relationship. A greater chance to impart the latest medical knowledge. A way to initiate valuable lifestyle changes and set short- and long-term goals. That is exactly what happened over the course of my ongoing relationship with Robert, and with the many other patients whom I have counseled and treated in the Men’s Health & Vitality Program.

As a urologist and a physician who has dedicated his life to communicating with men and treating a variety of male problems, I have made a significant impact on improving their health, quality of life, and longevity.

Good For the Heart ... Good for the Rest of the Body
I received my bachelor’s degree from Harvard University and my medical degree from The Johns Hopkins University School of Medicine. After my urology residency at the Brady Urological Institute, I did fellowship training in sexual medicine, male infertility, and vascular biology at the University of Virginia, where I was honored as an American Foundation for Urologic Disease and Robert Wood Johnson Foundation scholar. While on the faculty at the University of Minnesota I first encountered men in their 40s and 50s coming to see me for their erectile dysfunction problems. Surprisingly, many of these men admitted they had first developed erection difficulties three to six years before eventually suffering a heart attack.

It was then that I started to realize that the health of the heart is linked directly to the performance of the penis. I also discovered the connection between failing erections and heart attacks, and recognized the all-important link with other common male medical ailments, including elevated cholesterol levels, hypertension, diabetes, and sleep disorders.

When atherosclerosis, the cause of heart disease, first begins to develop, it clogs the tiny vessels in the penis. The
The Men’s Health & Vitality Program

Impact—erectile dysfunction—is often seen there first, long before atherosclerosis ever shows up in the arteries of the heart, triggering an eventual heart attack.

Heart disease is the #1 killer of men in the United States. The good news is that these heart problems, sexual issues, and other health conditions men face, such as diabetes, obesity, and hypertension are preventable or curable when diagnosed and treated early. And that is the goal of the Men’s Health & Vitality Program at Johns Hopkins.

Our Vision

Men’s health is a new and exciting discipline that includes many of the most challenging and fast-moving topics of our day. In this environment, men need to be taught to take charge of their health. With this foremost in mind, I had the vision to create a unique program entirely devoted to the medical needs of men. Dr. Alan Partin, Chairman of the Brady Urological Institute, shared my vision. By bringing men into the health care system, we could help overcome one of their biggest health risks: just being male. In 2012 we launched the Johns Hopkins Men’s Health & Vitality Program to achieve that vision.

Treating The Whole Man

The focus of the Men’s Health & Vitality Program is on the whole man—not just his urologic or sexual health issues. In addition to treating male sexual dysfunction, low testosterone levels, and enlarged prostate problems, the Program also makes use of Johns Hopkins’ world renowned medical experts in primary care, cardiology, diabetes, sleep disorders, psychiatry, clinical psychology, oncology, nutrition, and exercise. This facilitates a unique climate of health care for our patients, and positive and continuous movement along the total care continuum. The end result is optimal health and a new understanding of the necessity to maintain a healthy lifestyle.

For example, when one of my patients originally complaining of erectile dysfunction was also found to have severe and poorly controlled Type 2 diabetes, Johns Hopkins physicians at the Diabetes Center took over and began to get his blood glucose and other risk factors (such as cholesterol and blood pressure) under control to prevent the...
development of long-term complications. Those Men’s Program patients with hypertension begin work with a Johns Hopkins primary care physician to address medical therapy and coordinate appropriate lifestyle changes. Patients will often be referred to Johns Hopkins cardiologists at the Ciccarone Center for the Prevention of Heart Disease.

Several recent studies have reported that erectile dysfunction symptoms are likely to precede and are predictive of adverse cardiovascular events, particularly in men ages 40 to 60. By working closely with colleagues at the Ciccarone Center, we can detect vascular disease early and intervene before a heart attack or stroke occurs.

We Are Well Positioned To Deliver Superior Care
At the Men’s Health & Vitality Program, we offer comprehensive and innovative medical care for the treatment of all male health issues, as well as those associated with male sexual health.

Sexual health complaints can often be symptoms of more serious health conditions. For example, heart attack, stroke, hypertension, prostate disorders, diabetes, stress, obesity, and many other ailments can lead to problems in bed.

Our experienced staff offers a multidisciplinary approach to treatment. We regularly communicate and collaborate with other Johns Hopkins specialists when needed to provide the best possible health care.
The mission of the *Men’s Health & Vitality Program* is to engage, educate, and empower our patients.

First, let’s put the problem in perspective...
All adults are entitled to a fulfilling sex life.

An active component of complete health, the ability to have satisfying sex is a marker signifying that all the elements that define us are working together seamlessly. By this I mean not only the physical, but the very important psychological and emotional factors as well. What it comes down to is this: Sex is good for you.

If you’re having difficulty with erections, you are far from alone. Regardless of racial, economic, or social situation, at least one man out of every three over the age of 50 will experience erectile dysfunction, or ED, the lack of ability to achieve or maintain a satisfactory erection. Perhaps the most difficult part of treating ED involves separating fact from fiction. For many men, virility and self-esteem are so tightly intertwined that discussion can be difficult and embarrassing, even with people they trust, such as their partner or doctor.

Erectile dysfunction has a physiological basis, in most instances. It is usually a secondary condition brought on by other physical causes. In fact, evaluation by a physician for ED may save your life: Erectile difficulty is frequently the first sign of vascular disease, which could lead to a heart attack or stroke. It may also be a first sign of Type 2 diabetes.

**Erectile dysfunction is usually NOT . . .**

- just a normal consequence of aging. It’s true that the likelihood of ED increases as you get older, but erectile difficulty is more likely the result of medical problems that occur at a greater rate as a man ages.
- just a man’s problem. Because it can disrupt marriages, relationships, and the way sufferers feel about themselves, ED is a couple’s problem. In fact, treatment success rates are even higher when both partners are involved.
- permanent. About 95 percent of all ED can be successfully treated, once the cause has been determined.

Fifteen years ago, no effective treatments for ED were available. Today, however, almost every man can be successfully treated with an assortment of effective medications, therapies, or procedures.

**Did you know?**

**Available Therapies for ED**

The four most frequently prescribed treatments include:

- Prescription drugs—sildenafil, vardenafil, tadalafil, avanafil
- Vacuum therapy
- Self-injection therapy
- Penile implants
**Did you know?**

**Erectile dysfunction** is the inability to achieve or maintain an erection suitable to complete sexual intercourse. It is now considered to be the most common untreated, treatable disorder in the world.

- **Affects an estimated 30 million men** in America.
- Is frequently a symptom occurring only weeks or months before a major cardiovascular event such as heart attack or stroke.
- Is not merely a consequence of aging, though it is secondary to medical conditions that increase with age.
- Can be successfully treated more than 95 percent of the time.
- Cuts across all social, racial, and economic boundaries, truly affecting all men.
- Is a couple’s problem. It may affect an entire family unit because it can disrupt marriages, relationships, and the way its sufferers feel about themselves and their partners.

It is a difficult subject for many to discuss. Embarrassment and lack of knowledge frequently prevent individuals from seeking medical help.

May be a symptom of other medical problems and is an indicator of overall health.

Can result from chronic use of tobacco, because smoking may affect penile arteries and reduce blood flow to the penis.
Testosterone deficiency (also called hypogonadism) is a medical condition recognized for over a century. It is associated with symptoms that include reduced sexual desire, fatigue, depressed mood, reduced muscle mass, and increased abdominal fat. Research has shown that testosterone deficiency is also associated with a number of significant health issues, such as diabetes, obesity, the metabolic syndrome, and bone fractures. Several population-based studies have also demonstrated reduced longevity in men with low testosterone.

Low testosterone can also adversely impact a man’s erections, and erectile dysfunction is another common symptom seen in men with hypogonadism. Low testosterone is often associated with chronic medical conditions such as hypertension, dyslipidemia (high cholesterol), asthma or COPD, chronic use of narcotic pain medications, and prostate disease (both cancer and benign enlargement).

Treatment of low testosterone has been shown to improve symptoms as well as several indicators of general health. However, testosterone therapy is only indicated in men with characteristic symptoms or signs, as well as documented low testosterone levels on hormone blood testing.

As a man ages, it is normal for levels of testosterone to gradually decrease and continue diminishing throughout his life. Testosterone levels typically decline about 1 percent per year after age 30. Over the decades, that loss can add up. The average American man will live to his mid-70s, and a drop of 1 percent a year can mean a 44 percent diminution in testosterone in his later years.

Testosterone is just one of several male hormones or androgens. A small percentage of testosterone is made in the adrenal glands, which sit atop the kidneys, but most of it—approximately 95 percent—is made in the testes. Testosterone helps maintain male sexual characteristics, erectile function, libido, and sperm production, as well as muscle strength, fat distribution, and bone strength. There is also increasing evidence that testosterone plays an important role in maintaining overall metabolic and cardiovascular health.

**Did you know?**

- Do you have a decreased sex drive (libido)?
- Are your erections not as strong as they once were?
- Do you have a lack of energy?
- Have your strength and endurance diminished?
- Have you noticed decreased enjoyment in life?
- Do you feel sad or grumpy?
- Have you noticed a drop-off in your sports abilities?
- Do you often fall asleep after dinner?
- Is your waist size over 40 inches, or have you experienced significant weight gain?
- Has your work performance declined?

If your answer to either of the first two questions was yes, or if you answered yes to any three questions, you may have a low testosterone level. Speak with your doctor about your concerns.
There is no standard definition of low testosterone. Healthy testosterone levels range from 300 to 1,000 ng/dL, which is an extremely wide span for “normal.”

When a patient complains of loss of libido, erectile dysfunction, lethargy, apathy, and loss of joy in life, I often suspect a sub-optimal testosterone level. I also routinely check testosterone levels in men with common chronic medical conditions such as Type 2 diabetes, hypertension, and high cholesterol. If a man has a belt size of 40 inches or more, a sign of obesity, I will also check his testosterone.

**Getting a manly boost . . .**

The Endocrine Society, the medical group that sets guidelines for testosterone replacement in the United States, recommends treatment only for men who have both clinical symptoms and low testosterone levels. The clinical symptoms are detected by the medical history and the low testosterone levels are best determined by a blood test. At the Men's Health & Vitality Program we often get a full hormonal panel that examines testosterone (total, free, and bioavailable) and other important hormones that can impact sexual health.

There are several different forms of testosterone therapy commonly used in the United States. The hormone can be given through an injection (short acting or long acting), rubbed on the skin as a transdermal gel, placed as a patch on the skin, or implanted as a small pellet in the thigh.

We use blood test results as the start of a conversation on testosterone therapy—they become the basis for a sustained program with careful monitoring and periodic review in the context of our patient’s overall health profile.

**Testosterone Replacement and Cardiovascular Safety**

At the Men’s Health & Vitality Program we are dedicated to the effective and safe treatment of individuals with sexual dysfunction and improving men’s overall health. Several recent studies have linked testosterone use to higher cardiovascular risks in men. One article in the *Journal of the American Medical Association (JAMA)* reported that testosterone supplementation increased the risk of death, heart attack, and stroke by almost 30 percent in men with a history of heart disease.

Careful review of this study has uncovered several major flaws. For this and other significant limitations, more than two dozen international medical groups have demanded that *JAMA* retract the study.

We currently feel that this and other studies do not provide credible evidence of increased cardiovascular risk with testosterone therapy. We believe that testosterone therapy can provide significant benefits for men with sexual symptoms, and also for a variety of non-sexual complaints. Like all medical treatments, testosterone therapy is associated with risks, and we have a thorough and open discussion with any man considering replacement therapy. There is no reason to change the current management of men with testosterone deficiency on the basis of these recent studies.

At the present time, weighing the entirety of available medical research, there is no compelling evidence that testosterone therapy increases cardiovascular risks.
Gotta go? I’m sure you have your own story. Everyone does. But we have solutions.

You are awakened several times by the need to go to the bathroom in the middle of the night. Your sleep and your partner’s are interrupted constantly, and your sex life has become a memory. You have to urinate more than usual at work. You make sure that you always sit on the aisle in planes, at the movies, and at the theater, because you know you will need frequent bathroom breaks. You wonder about that second drink at dinner. You decide to have it, and four hours later you’re roused from a deep sleep and find yourself hurrying to the bathroom.

Let me be the first to tell you that we can help you to change all that, help you to become empowered, and then play a central role in combating your frequent urination problem.

Benign prostatic enlargement—and the lower urinary tract symptoms (LUTS) that it causes—is one of the most common disorders in men over 40. Multiple studies have now shown that LUTS due to benign prostate enlargement is linked to the components of the metabolic syndrome (abdominal obesity, hypertension, elevated fasting blood sugar levels, and abnormal cholesterol). This research suggests that LUTS is associated with risk factors for cardiovascular disease and that one option to improve these symptoms could involve lifestyle modifications, including healthful eating and more physical activity.

Based on a thorough medical history, physical examination, and some laboratory tests, we can diagnose a patient’s lower urinary tract symptoms with a high degree of confidence and suggest a variety of management options tailored to a man’s condition and personal preferences. There are a number of management options to consider, from no treatment to surgery.

Every man is different, and every man has to make his own choices. Some men may wish to pursue the most aggressive management with the highest chance of success, even though the risks are higher than those of a less aggressive approach, with minimal side effects and a lower chance of success.

For a man who has to get out of bed to go to the bathroom two to five times a night because of LUTS, or who has frequent urination during the day, urgency, incomplete bladder emptying, starting and stopping, or a weak stream, the traditional options have been (1) watchful waiting, (2) drugs that are usually taken daily to relax smooth muscles in the prostate, shrink prostate size, and relax the bladder, or (3) a combination of these strategies.

By the time a man reaches 40 it’s not uncommon to develop lower urinary tract symptoms (LUTS) caused by an enlarged prostate.

There are also several minimally invasive therapies to consider. These procedures may alter nerves within the prostate or destroy prostate tissue. Finally, there are surgical procedures, performed through the urethra, that remove prostate tissue using electrical or laser energy. Open surgeries can also remove the bulk of the prostate and ease symptoms to a great extent for those with benign prostatic enlargement and bladder obstruction due to a very enlarged prostate.
When you come to the Men’s Health & Vitality Program, we’ll identify your issues, suggest the best treatment options, and work with you until you achieve the optimal outcome.
Any man who is suffering from erectile dysfunction should be seeking immediate medical consultation and insist on a full heart and vascular checkup at the same time.

Even relatively minor difficulties getting or maintaining an erection could signal “silent” heart disease and may indicate an increased risk of dying early from a multitude of causes. A recent study—the world’s largest to investigate the link between erectile dysfunction and heart disease—reported that men with erectile dysfunction (ED) have a higher risk of hospital admission for heart disease, even if they have no history of heart problems. Men with erectile dysfunction were at higher risk of heart attack, heart failure, peripheral vascular disease, and heart conduction problems. They are also at greater risk of premature death from any cause.

Erections serve as a barometer for a man’s heart and overall health. While ED can be a consequence of existing heart disease, it can also be the first sign and a signal of heart disease, particularly in men 40 to 60 years old.

ED is an easy symptom for both a man and his partner to recognize. The earliest symptom that a man with ED will experience is difficulty being able to keep or maintain an erection. This problem is caused by a lack of relaxation of blood vessels and vascular tissue (smooth muscle) in the penis. The inability to keep a firm erection is often called a “venous leak,” but the real problem is poor relaxation of penile smooth muscle, a process that’s closely linked to cardiovascular disease.

Because most men do not think of this early symptom of not being able to keep a firm erection as ED, they miss an important opportunity to seek medical help at a time when we could do the most good from a preventive health aspect. Three to four years after complaints of ED, cardiac symptoms typically present themselves.

Although erection issues are a sensitive topic, men shouldn’t suffer in silence. At the Men’s Health & Vitality Program we offer many effective treatments, both for ED and for cardiovascular disease. When further cardiac testing is warranted, our colleagues at the Johns Hopkins Ciccarone Center for the Prevention of Heart Disease offer a personalized, comprehensive approach to lifestyle and medical management that can slow the progression of cardiovascular disease, decreasing future risk of heart attack, stroke, bypass surgery or angioplasty.

Under the guidance of Dr. Roger Blumenthal, the Ciccarone experts examine all aspects of a patient’s lifestyle habits along with family and medical history to best determine his risk of heart disease and stroke, and then develop a plan to significantly reduce that risk.

Did you know?

Heart disease is the leading cause of death for men in the United States, killing more than 307,000 annually—that’s 1 in every 4 male deaths.

› Half of the men who die suddenly of coronary heart disease have no previous symptoms.

› High blood pressure, elevated LDL cholesterol, and smoking are key risk factors for heart disease. Other medical conditions and lifestyle choices that put men at a higher risk for heart disease include:

   Diabetes • Overweight and obesity • Poor diet
   Physical inactivity • Excessive alcohol use
Our aim is to provide the best health care and the best patient experience.

—Kevin L. Billups, M.D.
When you have high blood pressure (hypertension) you have one of the most common life-threatening disorders in the United States. Hypertension—blood pressure readings that are 140/90 mm Hg or higher—affects approximately one in four of us and is a major risk factor for heart attack, stroke, and kidney failure.

Although high blood pressure frequently has no symptoms (and is called the “silent killer” for that reason), a man will often be alerted to this ailment, because it can also cause erection problems and wreak havoc on his sex life.

The decreased blood flow that high blood pressure causes makes it difficult to maintain an erection suitable for satisfactory sexual intercourse. It’s been estimated that almost half of men between the ages of 40 and 79 with high blood pressure have some degree of ED.

Hypertension has far-reaching disruptive effects elsewhere in the body as well. When hypertension is present, blood pressure is constantly elevated all the time at 140/90 mm Hg or higher, putting extra pressure on the heart and arteries.

High blood pressure can also damage the surface of blood vessels and may lead to cholesterol deposition, thereby further narrowing pathways and blocking blood flow to the penis, as well as major organs.

The good news: Hypertension can be easily detected and is usually controllable so that you can continue to have a satisfying sex life and live a healthier life at the same time.

One of our principle approaches at the Men’s Health & Vitality Program is to pair lifestyle changes—diet, physical activity, smoking cessation, and maintenance of a healthy weight—with as low a dose of medication as possible. Since some hypertensive drugs can actually cause or exacerbate ED, we do everything possible to eliminate that potential side effect.

Sometimes this entails a switch to an alternative medication that has less impact on erectile function. Many times we need to find an effective treatment for the ED if a man is using a blood pressure drug that is working well. A healthful diet and active lifestyle also help—no matter what medication a man is taking for ED or hypertension.

Hypertension can be easily detected and is usually controllable so that you can improve your overall health and have a satisfying sex life.

Getting hypertension under control can have considerable impact on your overall health, and not just on your erections and libido.

Research repeatedly shows that successfully treating elevated blood pressure can reduce your risk of a stroke by about 50 percent and your likelihood of a heart attack by about 20 percent.
Promoting Best Practice
The healthcare challenges posed by men require new thinking.
—Kevin L. Billups, M.D.
Type 2 diabetes is a chronic disease in which high levels of glucose build up in the bloodstream. Glucose is a sugar that serves as the fuel that provides energy for the body’s cells. When left untreated, long-term complications of diabetes can affect large blood vessels, eyes, nerves, and kidneys.

Being overweight is the major contributing factor for Type 2 diabetes. Approximately 80 percent of people with Type 2 diabetes are overweight or obese, and the risk of Type 2 diabetes rises as a person’s weight increases.

Diabetes can also damage the blood vessels and nerves that control erections. Recent studies report that men with Type 2 diabetes and erectile dysfunction face a greater cardiovascular risk than men with ED alone.

Clinical studies have shown that improving control of blood sugar (as manifested by lower hemoglobin A1c blood levels) will improve erectile function. Men taking oral medications for ED have found that better control of blood sugar results in the ED drugs working better. In addition to ED, persistent thirst, and frequent passing of urine containing glucose are characteristic symptoms of Type 2 diabetes.

Men are at slightly higher risk of developing diabetes than women, while almost 26 million individuals in the United States have diabetes, about 7 million of them aren’t aware of it.

Uniting to Address Diabetes . . .

Diabetes is very treatable. When a man is diagnosed with Type 2 diabetes at the Men’s Health & Vitality Program, an appointment is made to visit with a primary care physician or a diabetologist at the Johns Hopkins Comprehensive Diabetes Center.

The Diabetes Center offers diagnosis, assessment, education, management, and multidisciplinary care. If needed, access to additional Hopkins resources provides a full range of treatment options. Top specialists are also available at the Wilmer Eye Institute and the Ciccarone Center for the Prevention of Heart Disease.

Did you know?

➢ A major contributing factor to Type 2 diabetes is being overweight.
➢ Men with diabetes will often develop ED 10 to 15 years earlier than men without diabetes.
➢ Over 50 percent of the estimated 10 million men with diagnosed Type 2 diabetes experience ED.
➢ In men whose Type 2 diabetes is well controlled, the rate of erectile dysfunction is about 30 percent.
➢ 50 to 70 percent of men with complications from diabetes may have sexual difficulties because of damage to nerves or blood vessels.
➢ Modest weight loss and 150 minutes of exercise a week can lower risk of Type 2 diabetes by 58 percent.
Promoting Best Practice

The experts at the Johns Hopkins Sleep Center will perform a complete exam of the nose, mouth, palate, throat, and neck, and may recommend a sleep study if sleep apnea is suspected as a cause for the snoring.

— Kevin L. Billups, M.D.
Sleep apnea has one major tip-off: Loud and harsh snoring interspersed with long pauses

Homer, who once described sleep as “the brother of death,” might have said the same about obstructive sleep apnea had he known that it quadruples the risk of heart attack and triples the risk of strokes.

Sleep experts now suspect sleep apnea to be involved in sexual dysfunction, depression, and some work- and automobile-related accidents, as well as a contributing cause of thousands of nocturnal heart attacks and stroke episodes.

Derived from the Greek word for “lack of breath,” sleep apnea is a condition that is often linked with loud, heavy snoring. Sleep apnea can be the result of an abnormality in the body’s natural respiratory pacemaker in the brain or, more commonly, it may be triggered by an obstruction in the upper airway, which decreases the amount of inhaled air and disrupts sleep. In severe cases, people are briefly awakened hundreds of times every night due to oxygen deprivation, leading to poor sleep and extreme fatigue during the day.

As many as 4 percent of American men suffer from apnea, making it as common as Type 2 diabetes and asthma.

The typical patient is a middle-aged man who is overweight and “apple shaped”—carrying disproportionately more body fat around the midsection, giving him a round apple figure.

Both snoring and apnea increase with age—probably because people tend to gain weight as they get older, and obesity seems to be a cause of apnea in two-thirds of cases; 60 percent of sleep apnea sufferers are overweight.

Though not all snorers have sleep apnea, almost all sleep apnea patients are snorers—and half of heavy snorers do indeed have sleep apnea.

Not only is there a high incidence of erectile dysfunction among patients with sleep apnea, but the two conditions together also tend to cause further impairments in both mood and quality of life than either condition alone.

I will often refer men to one of my colleagues in sleep medicine at the Johns Hopkins Center for Sleep or the Johns Hopkins Sleep Disorders Center, because I find that chronic sleep disorders are common in men with ED and low testosterone.

The typical patient is a middle-aged man who is overweight and “apple shaped”—carrying disproportionately more body fat around the midsection, giving him a round apple figure.

In addition to obstructive sleep apnea, men can also suffer from insomnia, inadequate sleep duration (less than six uninterrupted hours of sleep a night), altered circadian rhythm (common in rotating or night-shift workers), sleepiness, or restless leg syndrome.

Since any of these conditions can contribute to or be associated with sexual health issues, I have a low threshold for referral to Sleep Medicine.
Promoting Best Practice

Progress is about feeling better, getting better, doing better, and staying healthy. This is what motivates us at the Men’s Health & Vitality Program. As a patient, you can expect us to listen, help, and enable you to progress.

—Kevin L. Billups, M.D.
With our patients, we are always raising the bar and encourage them to get the most of life.

your journey starts here
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<th>Did you know? Signs of depression can include:</th>
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<tr>
<td>Sense of hopelessness or pessimism</td>
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<td>Changes in appetite, either eating too much or too little</td>
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<tr>
<td>Feeling helpless or worthless, or feeling guilty</td>
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<tr>
<td>Suicidal thoughts</td>
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<td>Using TV or sex to self-medicate</td>
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In the U.S., the prevalence of major depression for men between the ages of 15 and 54 is 13 percent. Men with high depression scores are nearly twice as likely to report ED than non-depressed men.

There is an interesting triad relationship between depression, ED, and ischemic heart disease. Depression is now recognized as an independent risk factor for the development of ischemic heart disease as well as a significant predictor of higher sickness and mortality in men with symptomatic heart disease.

At the Men’s Health & Vitality Program, we feel that if you have one of these conditions, then we also need to look for the other two as part of your evaluation.

Depression clearly can have a harmful effect on a man’s physical health, emotional well-being, and his sex life. Sometimes, ED is a side effect of taking drugs used to combat depression, especially those in the serotonin reuptake inhibitor (SSRI) category. These drugs can cause delayed ejaculation or orgasm as well as possible problems with libido (sex drive).

Soothing the Mind
Depression affects mood, cognition, and physical health. And that includes the ability to enjoy a happy and fulfilling sex life. Depression is an illness, just as diabetes, sleep apnea, and heart disease are illnesses. The good news is that depression is highly treatable.

Depression can make you want to isolate yourself . . . It’s a natural reaction.

When depression or anxiety is suspected in a man in the Men’s Health & Vitality Program, he is immediately referred to one of the mental health experts in psychiatry or clinical psychiatry within the Johns Hopkins medical system.

The physician provides patient care along with a team of nurses, social workers, and occupational and talk therapists who are dedicated to the treatment of depression and other mood disorders.

The Johns Hopkins mental health experts offer highly specialized psychiatric care and treatment, provided with compassion and respect, and tailored to meet the needs of each patient.

—Kevin L. Billups, M.D.
The genetic cards that we are dealt are important, but healthful lifestyle choices can reduce the genetic predisposition to disease.

—Kevin L. Billups, M.D.
Most disorders, including cancer, are not related solely to genetics but also to personal lifestyle choices. This means that men have within their power the ability to minimize the effects and slow the course of the various health problems they encounter by implementing nutrition and exercise lifestyle changes.

Men are often surprised when I bring up heart, diet, and exercise issues when they have come to the Men's Health & Vitality Program about erection difficulties. They soon find out, however, about the all-important link between erections and good health: The strength of a man’s erection is a true barometer of his overall health. If the erection does not get hard or stay hard, this is a matter of medical concern.

Men in the Program come to understand the power of nutrition and physical activity, not only as effective ways to fuel and strengthen the body but also as helpful preventive strategies that may delay or prevent a decline in male health.

Taking care of the physical component of your life is vital if you want fulfilling sex: It’s difficult to enjoy a fulfilling sex life without being physically fit.

The good news is that you can choose a more healthful diet and active lifestyle as part of the pathway to better sexual health.

Several studies have shown that combining the heart-healthy Mediterranean diet with daily physical activity results in improved erectile function.

One aspect of the diet often not discussed is alcohol consumption. We encourage no more than moderate alcohol consumption, defined as up to two drinks a day for men. A standard drink is defined as 12 ounces of regular beer, 5 ounces of table wine, or 1.5 ounces of distilled spirits.

Patients in the Men's Health & Vitality Program come to realize that wise food choices such as fruits, vegetable, whole grains, and legumes teamed with regular exercise and only moderate alcohol consumption, help reduce the risk of chronic diseases that threaten male health.

Going Mediterranean

The popular Mediterranean diet consists of foods traditionally consumed by people living along the coast of the Mediterranean Sea, characterized by:

- smaller portion sizes than a Western diet
- a focus on fresh rather than processed foods
- infrequent consumption of meat, which is high in saturated fats, and sweets.
- regular consumption of skinless poultry and low-fat dairy in smaller portions
- a high intake of plant-based foods such as vegetables, fruits, legumes, and whole grains
- moderate amounts of nuts, olive oil, and fish, which are high in healthy monounsaturated and omega-3 fats
- moderate consumption of wine, typically with meals

American Heart Association Recommendations For Overall Cardiovascular Health:

- At least 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150 minutes OR
- At least 25 minutes of vigorous aerobic activity at least 3 days per week for a total of 75 minutes; or a combination of moderate- and vigorous-intensity aerobic activity AND
- Moderate- to high-intensity muscle-strengthening activity at least 2 days per week for additional health benefits.

For Lowering Blood Pressure and Cholesterol

- An average 40 minutes of moderate- to vigorous-intensity aerobic activity 3 or 4 times per week

If you truly want to be healthy, begin today. Right now.
Promoting Best Practice

The Men’s Health & Vitality Program helps men improve their quality of life by enabling them to feel better and accomplish more.

—Kevin L. Billups, M.D.
The Johns Hopkins Men’s Health & Vitality Program

VISIT US ONLINE
http://menshealth.jhu.edu

CONTACT US.
Please don’t hesitate to call with any questions or concerns.
We are here to help you.

MEN’S HEALTH & VITALITY PROGRAM LOCATIONS

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