

# The Adult Well Male Exam

WHAT TO DO WHEN YOU GET A MAN TO SHOW UP  
FOR A CHECK-UP.

---

ANTHONY DRESBACH, MD  
FAMILY MEDICINE OF LINCOLN

## Disclosures

---

No financial disclosures or conflicts of interest

I've never done a presentation like this before

## Goals of the well-male exam

---

To promote optimal health and well-being

To prevent premature morbidity/mortality

To provide age-appropriate cancer screening and immunizations

To avoid overwhelming the man and scaring him off from future visits.

## According to 2011-2016 CDC data, which of the following is/are TRUE?

---

- A. 56% of men >18 meet physical activity guidelines
- B. 20% of men >20 have HTN and/or take meds for HTN
- C. 34% of men >20 are obese
- D. 12% of men >18 rate their overall health as fair or poor
- E. A, C and D
- F. A, B and C

## Where can you find evidence-based guidelines?

---

US Preventive Services Task Force (USPSTF)

American Academy of Family Physicians (AAFP)

- The Adult Well-Male Examination
- Joel Heidelbaugh, MD AAFP 12/15/18

Specialty Sites/Organizations

- American College of Cardiology
- American Gastroenterological Association/American College of Gastroenterology
- American Urological Association

## Accepted guideline regarding frequency of well-male exams?

---

- A. Twice in the twenties, three times in the thirties, four times in the forties, then annually at age 50.
- B. Every 5 years until age 50, then annually.
- C. Every 2 years until age 50, then annually.
- D. Annually starting at age 30.

# History

---

Medical History

Surgical History

Current Medications

Allergies

Family History (chronic diseases, cancers)

Social History (lifestyle habits)

# Lifestyle/Mental Health Risks

---

Tobacco and Substance Use

- USPSTF – no rec regarding screening for illicit drug use (Grade I)

Alcohol Use

- Risky Drinking: >14 drinks/week or >4 drinks on one occasion

Sexually Transmitted Infections

- Screen everyone for HIV (USPSTF 15-65, AAFP 18-65, CDC up to 64)
- Screen for STIs (including syphilis) if high risk

# Lifestyle/Mental Health Risks

---

## Depression

- PHQ-2, if positive move to PHQ-9

## Obesity

- Refer for more intensive management for BMI 30 or higher

## Diet/Physical Activity

- >150 min/week of moderate intensity aerobic exercise
- Strength training at least twice/week

# Depression

---

## PATIENT HEALTH QUESTIONNAIRE-2

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

## PATIENT HEALTH QUESTIONNAIRE-9

3. Sleep – initiation/maint/amount
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself
7. Trouble concentrating on things
8. Moving/speaking slowly or being fidgety/restless
9. Thoughts of being better off dead or of hurting yourself

# Chronic Conditions

---

## Hypertension

- 18-39 w/o risk factors: screen every 3-5 years
- 40 and older and adults w/ risk factors: annual screening

## Obesity (BMI >30)

## Type 2 DM

- As part of CV risk assessment in overweight/obese men 40-70
- ADA recommends in all men 45 and older and in asymptomatic men with BMI >25 and CV risk factors

## Dyslipidemia

- 40-75 years of age, optimal interval uncertain. (NCEP rec's q5 years)

# Chronic Conditions

---

## Abdominal Aortic Aneurysm

- 65-75 years who have smoked at least 100 cigarettes in their life (u/s)

## Osteoporosis

- No recommendation

## COPD

- Do not screen asymptomatic men with spirometry

## Hepatitis C

- High risk of infection or born between 1945 and 1965.

---

# Surprising and not-so-surprising guidelines regarding cancer screening

---

## Not-so-surprising

Prostate: Discuss/individualize decisions in men 55-69. Do not screen men 70 and older.

Colorectal: Screen average risk men ages 50-75, individualize in men 76-85.

Lung: In men 55-80 with at least 30 pack-year hx smoking who currently smoke or have quit in the last 15 years.

**Consider underlying health conditions and anticipated lifespan.**

# Surprising

---

PSA testing only (no DRE) for men who elect to have prostate cancer screening, per AAFP.

Do not screen asymptomatic men for testicular cancer.

No recommendation for/against whole-body skin exam by primary care provider or counseling patients regarding self-exam for early detection of skin cancer.

## Guidelines vs Common Sense/Habit

---

### LIPIDS (USPSTF)

Screen men between ages 40 and 75 years.

Insufficient evidence to recommend screening younger than age 40.

### LIPIDS (UPTODATE)

- One time screening between 17 and 21
- With risk factors, screen men 25 and older
- Without risk factors, screen men 35 and older

# Immunizations

---

Influenza annually

Tdap at least once, Td every 10 years

Zoster vaccine after age 50

Pneumonia

- PCV13 then PPSV23 6-12 months later, then once after age 65
- If PPSV23 given before age 65 and 5 years have elapsed, give PPSV23 once more after 65.

Hepatitis B if <60 and diabetic

# Shared Decision Making

---

Individualize screening decisions based on risk factors, considering the patient's values and preferences.

Clinical recommendations are based on populations but applied to individuals.

Identify what is important to the patient so you can focus time on that.

# Mobile Resources

---

ePSS – Electronic Preventive Services Selector

- USPSTF recommendations based on age, gender, tobacco user, sexually active
- Searchable

UpToDate

# Highlights

---

Maximize benefit of time together without scaring them off

Identify concerns/priorities (Shared Decision Making)

Have guidelines/references handy

Patient education handouts – published vs custom

Be aware of guidelines vs. habits

---

Thank you!