

Men's health in Canada: A national survey of urologists

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Introduction

Men's health is evolving to incorporate the physical, mental, emotional, and social needs of men, in addition to their sexual and genitourinary health.¹ The Canadian Men's Health Foundation and the American Society of Men's Health acknowledge that men's health is a multidisciplinary field and they advocate for the role of public health and lifestyle change in delaying and preventing the onset of diseases common in men.^{2,3} A need exists for urologists to recognize systemic issues that may lead to worsening illness in their patients and encourage a multifaceted approach to address these.^{4,5}

The practice patterns of urologists are variable and may depend upon their subspecialty training and whether a dedicated men's health clinic is affiliated with their center.⁶ Information about the practice patterns of Canadian urologists is limited. We sought to question the practice patterns of Canadian urologists as it relates to men's health, and also to query members regarding their preferences pertaining to education around this topic.

Methods

Recruitment

On April 23, 2018, members of the Canadian Urological Association (CUA) were invited via email to participate in an online survey entitled, "Men's Health in Canada." Participants were given 11 days to complete the survey. The survey was closed on May 4, 2018.

Survey and analysis

The survey was a novel design drafted by experienced urologists and trainees. It comprised three sections: demographics, current scope of practice pertaining to men's health, and interest in education regarding men's health (Appendix; available at cuaj.ca). For survey items with binary responses, the number of affirmative responses were summed and expressed as a percentage of the sample. Questions that were formulated as Likert-type items provided possible responses ranging from 1: strongly disagree/least preferred to 5: strongly agree/most preferred. Each Likert-type item was analyzed individually. The range of responses (1–5) for each question were treated as ordinal-level data and the measure of central tendency is expressed as the median response and the interquartile range (IQR).

Results

A total of 133 survey responses (15.3%) were obtained from 868 CUA members. Of these, 79 (9.1%) surveys were completed by urologists.

Demographics

Demographic data is summarized in Table 1. The most represented age decile was 50–59 years (n=20; 25%). Most urologists were male (n=75; 95%), currently in practice (n=77; 97%), and in a community-based practice (n=53; 54%). Ontario was the most represented province (n=33; 42%). Most urologists worked in communities of <1 million people (n=49; 62%) and within a predominantly outpatient setting (n=45; 57%).

Areas of men's health

The presentations seen most universally by urologists were benign prostatic hyperplasia (BPH)/lower urinary tract symptoms (LUTS) (n=74; 95%), erectile dysfunction (ED) (n=73; 92%), and prostate cancer (n=71; 90%) (Fig. 1). The presentations that the fewest urologists reported seeing were addiction (n=5; 6%), mental health issues (n=7; 9%), and

Table 1. Respondent demographics (n=79)

Characteristic	n (%)
Age decile	
<40	19 (24%)
40–49	14 (18%)
50–59	20 (25%)
60–69	18 (23%)
>70	8 (10%)
Gender	
Male	75 (95%)
Female	4 (5%)
Currently in practice	
Yes	77 (97%)
No	2 (2%)
Location of practice	
Ontario	33 (42%)
British Columbia	14 (18%)
Quebec	8 (10%)
Alberta	8 (10%)
Other	7 (9%)
Type of community	
Rural	11 (14%)
Urban <1 million	38 (48%)
Urban >1 million	30 (38%)
Type of practice	
Community	43 (54%)
Academic	35 (44%)
Not specified	1 (1%)
Practice setting	
Inpatient predominant	6 (8%)
Outpatient predominant	45 (57.0%)
Equal predominance	27 (34.1%)
Not specified	1 (1.3%)

cardiovascular (CV) disease (n=8; 10%). Comparatively, a larger number of urologists endorsed having some exposure to patients with addiction (n=17; 21%), mental health issues (n=32; 40%), and CV disease (n=18; 23%). The areas of men's health that the most urologists would like to learn more about were metabolic syndrome (n=25; 32%), testosterone therapy (n=24; 30%), and strategies towards living a healthy lifestyle (n=22; 28%). The areas of men's health the fewest urologists expressed interest in were trauma (n=12; 15%), prostate cancer (n=12; 15%), testicular cancer (n=11; 14%), and other cancers (n=8; 10%).

Insights into CPD and men's health education

Urologists most commonly earned CPD credits from attendance at association meetings (n=75; 95.0%), hospital rounds (n=65; 82.3%), and review of journal articles (n=68; 86.1%) (Table 2). Urologists agreed that their understanding of men's health was informed by previous lecture attendance

Table 2. Men's health education/CPD

I have earned CPD credits from participation in the following:	Number of respondents (%)
Association meetings	75 (95%)
Journal articles	68 (86%)
Hospital rounds	65 (82%)
Invited lectures	59 (75%)
Workshops	45 (57%)
Web-based modules	38 (48%)
Hospital committees	33 (42%)
Podcasts	20 (25%)
Point of care resources	19 (24%)
Motivations for wanting to learn more about men's health:	
Professional interest	59 (75%)
Beneficial to patients/practice	57 (72%)
Patients are interested	28 (35%)
Inadequate training/education	23 (29%)
Don't know where to find quality data	8 (10%)
The following sources of information have contributed to my knowledge of men's health:	
Meetings/conferences	4 (4–5)
Attendance at lectures	4 (4–5)
Clinical practice guidelines	4 (4–5)
Published articles	4 (4–4)
Residency/fellowship training	4 (3–5)
Peer discussion	4 (3–4)
Consultant recommendations	3 (3–4)
The internet	3 (3–4)
Podcasts/videos	3 (2–4)
Discussion with an informed patient	3 (2–3)
Mainstream media	3 (2–3)
Mainstream books	3 (2–3)
Documentary film	3 (2–3)
I would be interested in participating in the following educational activities about men's health:	
Integrated men's health curriculum	4 (4–4)
Published series	4 (4–4)
Novel Canadian men's health meeting	4 (3–4)
Lecture series	4 (3–4)
Web-based modules	4 (3–4)
Men's health website	4 (3–4)
Webcast	3 (2–4)
Preferred content for delivery of content at a men's health educational event:	
Lecture based	4 (4–4)
Interactive workshops	4 (3–4)
Cases with a panel	4 (3–4)
Audience Q&A with an expert panel	4 (3–4)
Debate	4 (3–4)
Presentations by allied health professionals	3 (2–3)
Patient testimonials	2 (1–3)
Presentations by industry	2 (1–3)

CPD: continuing professional development; IQR: interquartile range.

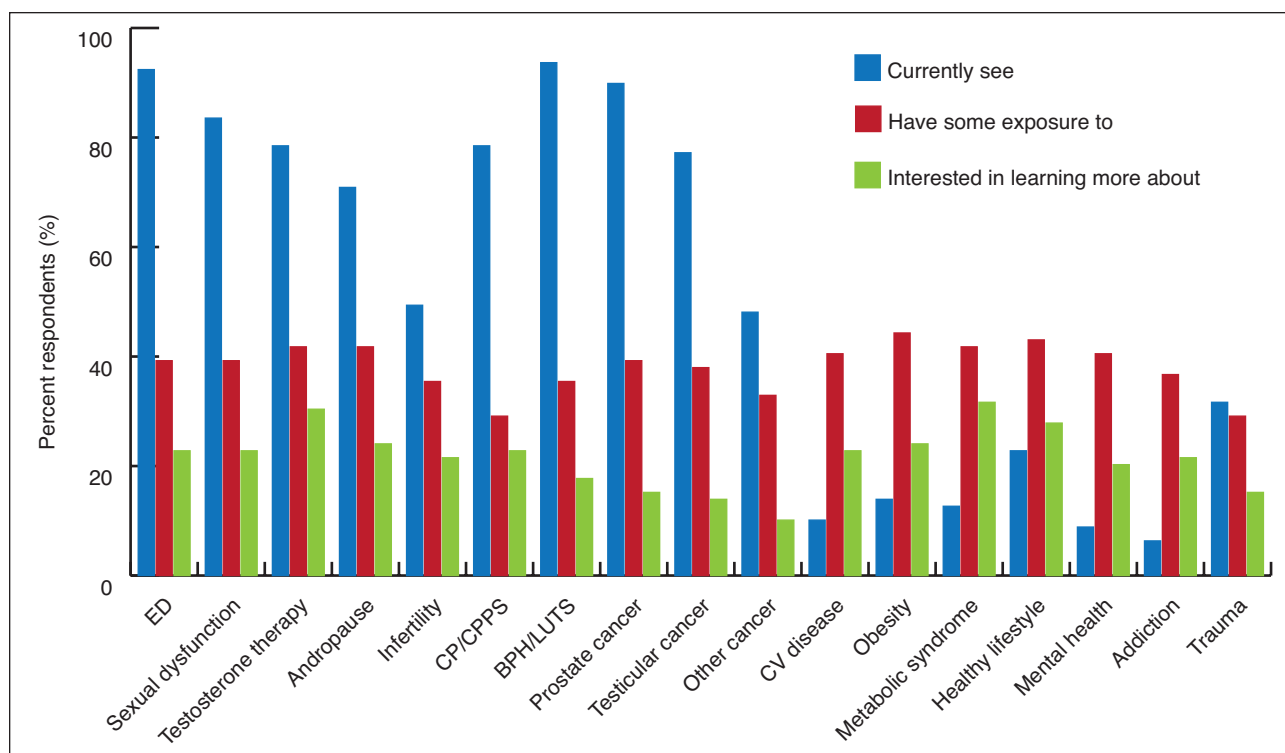


Fig. 1. Urologists and men's health practice. BPH: benign prostatic hyperplasia; CP/CPPS: chronic prostatitis/chronic pelvic pain syndrome; CV: cardiovascular; ED: erectile dysfunction; LUTS: lower urinary tract symptoms.

(median 4, IQR 4–5), conference attendance (median 4, IQR 4–5), and clinical practice guidelines (median 4, IQR 4–5). The most common motivations for wanting to learn more about men's health were a professional interest ($n=59$; 75%) and the perceived benefit to their patients ($n=57$; 72%).

When queried about educational activities, urologists expressed interest in a men's health supplemental review article series (median 4, IQR 4–4), as well as the integration of a men's health curriculum into an existing association meeting (median 4, IQR 4–4). Regarding the method to communicate such a curriculum, urologists indicated they would prefer a lecture-based format (median 4, IQR 4–4).

Discussion

Few urologists reported seeing men with addiction, mental health issues, CV disease, obesity, and metabolic syndrome. These results were anticipated, given the role of urologists as consultants in our healthcare system, with the aforementioned conditions generally under the purview of family practitioners. However, a comparatively larger number of urologists endorsed some exposure to these issues, underscoring their presence in patients presenting with urological complaints. Previous associations have been established between urological diseases and men's health issues, for example, between LUTS and metabolic syndrome, hypogonadism and obesity, and cancer with

tobacco use.^{7–10} It is likely that urologists are cognizant of these relationships, given that the most common topics they would like to learn more about include metabolic syndrome, testosterone therapy, strategies towards living a healthy lifestyle, and obesity. We believe this suggests an opportunity to meet the educational desires of our members with a curriculum pertaining to men's health. Members expressed an interest in this curriculum taking the form of a review article series or a dedicated session incorporated into an existing association meeting. Correspondingly, these are the formats urologists have previously used to inform themselves about men's health and where many have obtained CPD credits previously.

The interpretation of our results is limited by misclassification bias, which more detailed survey instructions may have mitigated. The small sample size limited the statistical interrogation of our results and restricts the generalizability of our findings. Important queries pertaining to more detailed demographic variables (i.e., fellowship training) were not made. Questions probing the management decisions (i.e., referrals made, testing ordered, prescribing decisions) of urologists may have yielded valuable insights. The use of Likert-type items did not add appreciably to our insight and may have complicated the interpretation of the data. Despite these shortcomings, this survey represents an initial step in understanding the practice patterns of our members, as well as their desires and preferences pertaining to education regarding men's health.

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Competing interests: Dr. Brock has been an advisory board member for Acerus, Eli Lilly, and Pfizer; and holds investments in Boston Scientific and Pfizer. Dr. Flannigan has been an advisory board member for Acerus; has received honoraria and an educational grant from Boston Scientific and Paladin Labs; and was the principal investigator in a clinical trial supported by Sustained Therapeutics. The remaining authors report no competing personal or financial interests related to this work.

This paper has been peer-reviewed.

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