AMERICAN COLLEGE OF APOTHECARIES

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Men's Health News

Volume 13 **Issue 3**

Prostate Cancer: increased risk after *Trichomonas* infection

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Risk Reduction: Prostate Cancer

The most common nonskin cancer in America is Prostate Cancer. One man in seven will get prostate cancer during his lifetime, but only one man in 36 will die of the disease. There is no definite way to prevent prostate cancer, but . . . . . **More Details**

Vasectomy and Prostate Cancer

Results from a 24-year follow-up study show a modest increase in the incidence of lethal prostate cancer in men who elected to have vasectomy. The study included 49,405 men in the Health Professionals Follow-Up Study age 40 to 75 years at baseline . . . . . **More Details**

More Testosterone News: Cardioprotective?

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The Uncircumcised Male and SGLT-2 Inhibitors

With three SGLT-2 Inhibitors (Invokana®, Farxiga™, and Jardiance®) approved for the treatment of diabetes, more patients are being exposed to the class of medication. The SGLT-2 Inhibitors work by blocking the effects of SGLT-2 in the kidney, ... **More Details**

OTC Cialis – are we ready for this?

On May 28, 2014, Eli Lilly and Sanofi announced they will seek regulatory approval for over-the-counter sales of Cialis for erectile dysfunction (ED). In 2013, Cialis generated $2.16 billion in sales worldwide. If this occurs, it would probably be optimal . . . . . **More Details**

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Upcoming Events and Reminders

- **ACA 75th Anniversary**
- **Know a Community Pharmacist—Refer them to ACA**
- **New 2014 Training Schedule**

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Prostate Cancer: increased risk after *Trichomonas* infection

In a study published in Proceedings of the National Academy of Sciences in May 2014, scientists discovered that men who have been previously infected with the sexually transmitted disease, *Trichomonas vaginalis*, are more likely to have an aggressive form of prostate cancer when compared with men who never had the sexually transmitted disease. The study compared 673 men with prostate cancer to 673 men without prostate cancer from the Physician's Health Study. Blood samples were tested for signs of past infection for trichomonas. It was found that one in five men had been infected with trichomonas in their lifetime, and those infected were no more likely to develop prostate cancer. However, those infected with trichomonas were two to three times more likely to develop an aggressive and life-threatening form of prostate cancer.

Risk Reduction: Prostate Cancer

The most common nonskin cancer in America is Prostate Cancer. One man in seven will get prostate cancer during his lifetime, but only one man in 36 will die of the disease. There is no definite way to prevent prostate cancer, but adopting some lifestyle changes could reduce the risk of developing this type of cancer. A men's health program should emphasize some or all of these and develop programs to encourage men to adhere to these recommendations.

- Choose a low-fat diet.
- Eat more fat from plants than animals.
- Increase the amount of fruits and vegetables in your diet.
- Increase the amount of fatty fish (i.e., salmon, sardines, tuna).
- Reduce the daily intake of dairy products.
- Drink green tea.
- Add soy to your diet.
- Consume alcohol in moderation, if at all.
- Maintain a healthy weight.
- Exercise most days of the week.

http://www.cnn.com/HEALTH/library/prostate-cancer-prevention/MC00027.html

Vasectomy and Prostate Cancer

Results from a 24-year follow-up study show a modest increase in the incidence of lethal prostate cancer in men who elected to have vasectomy. The study included 49,405 men in the Health Professionals Follow-Up Study age 40 to 75 years at baseline in 1986. A total of 12,321 men (25 percent) had vasectomies. During the follow-up through 2010, 6,023 patients were diagnosed with prostate cancer of which 811 were lethal. Vasectomy was associated with a modest increased risk of prostate cancer overall (RR 1.1), and risk for lethal disease was higher (RR 1.9). Analyses suggested that there were no differences related to sex hormone levels, sexually transmitted diseases, or cancer treatments.

(Journal of Clin Onc http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2013.54.8446)

More Testosterone News: Cardioprotective?

Evidence was presented at the American Association of Clinical Endocrinologists (AACE) 23rd Annual Scientific and Clinical Congress meeting in Las Vegas in May 2014 that contradicts recent findings concerning cardiovascular risks associated with testosterone replacement therapy (TRT). Data presented by Robert Tan, MD, research director at the Low T Institute of the Opal Medical Clinic in Houston, TX found that TRT in men is **not** associated with increased risk for myocardial infarction (MI) or stroke. The study evaluated 19,968 hypogonadal men nationwide over a 5-year period whom received TRT. The MI risk was 7-fold lower and the risk for stroke was 9 times lower when the study population was compared with a sample from the general population. This data shows that TRT may actually be cardioprotective. This demonstrates that prospective studies need to be completed to determine to true risk benefit associated with TRT. (Reference: http://www.medscape.com/viewarticle/825326)

The Uncircumcised Male and SGLT-2 Inhibitors

With three SGLT-2 Inhibitors (Invokana®, Farxiga™, and Jardiance®) approved for the treatment of diabetes, more patients are being exposed to the class of medication. The SGLT-2 Inhibitors work by blocking the effects of SGLT-2 in the kidney, preventing the reabsorption of glucose for the filtrate and thus promoting glucosuria, resulting in improvements in blood glucose and A1C reductions. The SGLT2 Inhibitors have also been associated with weight reductions and improvements in systolic blood pressure, thus improving the overall clinical aspect of patient. However, in the uncircumcised male patient, the glucosuria may increase the risk of male genital mycotic infections (i.e. balanitis, balanoposthitis). When these medications are prescribed, it is important to counsel the patients about appropriate hygiene. Balanitis is an inflammatory disease of only the head of the genitalia. Balanoposthitis is an inflammation of the tip of the penis skin in men, and posthitis is and inflammation of the internal part of the skin genitalia.

Symptoms of balanitis include swelling, redness and soreness of the end of the penis. There might also be a thick discharge under the foreskin. Causes of balanitis in men include the following.

- Skin irritation due to substances such as perfumed soaps or shower gels
- A fungal infection
- An allergic reaction to chemicals used in products such as soaps or detergents
- Skin conditions, such as psoriasis
- Sexually transmitted infections (STIs), such as gonorrhoea, genital herpes and syphilis
- Persistent dribbling of urine following urination

Balanitis and balanoposthitis should be taken seriously and treated with adequate therapy because it can become chronic when the mucosa becomes shiny, smooth, thinned and of decreased elasticity. Potential complications of the disease are the development of phimosis (inability to coat the drag over the skin) and paraphimosis (brim of the skin tightened behind the glans, followed by swelling). The basic approach in the treatment is to remove predisposing factors. Washing with water, very mild soaps and rinsing with hyper manganese is recommended. Depending on the cause the treatment can be conducted with antibiotics or antimycotics, locally or systemic. In serious situations, circumcision may be the most optimal course of action, especially if there are improvements in glucose control associated with initiation of the medications.

(References: http://www.nhs.uk/conditions/Balanitis/Pages/Introduction.aspx

and http://www.dermatim.net/en/webpage/balanopostitis)

OTC Cialis – are we ready for this?

On May 28, 2014, Eli Lilly and Sanofi announced they will seek regulatory approval for over-the-counter sales of Cialis for erectile dysfunction (ED). In 2013, Cialis generated $2.16 billion in sales worldwide. If this occurs, it would probably be optimal to keep the product behind-the-counter due to the possibility of shoplifting. Other important items to consider would be having a questionnaire that potential patients complete prior to selling the product. Questions should include past medical history, current prescription medications, and the symptoms of ED.

(References: History taking in ED http://emedicine.medscape.com/article/444220-overview and http://www.reuters.com/article/2014/05/28/sanofi-lilly-idUSL6N0OE14720140528)

Online Sex Supplements and Psychoactive Effects

Data presented in May at the American Psychiatric Association 2014 Annual Meeting highlighted serious psychoactive effects from sexual enhancement products sold online. The study evaluated 108 online sources and revealed the most common active ingredients to be yohimbine, maca, ginkgo biloba, and/or horny goat weed, which have been linked to anxiety, panic, mood changes, hallucinations, and/or addictive behaviors. The investigators noted a significant increase in the use of herbals supplements as sex supplements over the past few years. Be sure to counsel patients concerning the potential psychoactive effects of these products if they are identified.

(Reference: http://www.medscape.com/viewarticle/824622?src=confwrap&uac=33973FN)

Establishing Men's Health Services

Pharmacists have been successful at developing niches in weight management, compounding, cardiovascular health, metabolic disorders, smoking cessation, and other health conditions. All of these areas can include specialty products and services which help improve a man's health and quality of life. Below are a few general recommendations to consider when offering men's health services in your community pharmacy.

- Ensure that the selected men's health services fit into your overall business mission and strategic plan.
- Consider your customers, your competition, the market size, the local prescribers, and the overall market environment. Is there are market for your men's health services? You may need to survey customers or interview various people in the community to understand the market. You may want to conduct a SWOT analysis.
- Promote your services to both prescribers and potential patients. Remember marketing may include advertising, personal selling, and public relations. Examples include signage at your store, creating specialized business cards, or visiting physician offices.
- Provide appropriate training for pharmacists and other staff involved in providing the men's health services.
- Consider the layout of your pharmacy. Is it appropriate for offering consultations and/or compounding? A private, quiet consultation area is optimal.
- Establish pricing and billing policies and procedures for consultations and/or compounding services.
- Obtain a medical history from the patient and have her complete a questionnaire about her health. Keep a patient chart and document his medical condition as well as interventions provided. Keep all patient information confidential.

ACA Will Celebrate Their 75th Anniversary in 2015!

Sponsorship provides an excellent opportunity to spread the message that you support community pharmacy and the College. By agreeing to sponsor an **ACA 75th Anniversary** event you will increase your visibility and be recognized among conference participants. Click here for the Sponsorship Form.

2014 Class Schedule

January
10 – 12 Regional High Risk – Conway, AR – ACA
15 & 16 Compounding Pain Meds – Letco
17 & 18 Aseptic Technique Compounding – ACA
22 & 23 Contemporary Prescription Compounding (ACA)
31 & 1st Basic Veterinary Compounding – Letco

February
10 Pharmacy Calculations – A Review – ACA
21 & 22 Aseptic Technique Compounding – LETCO
24 & 25 High Risk Compounding – LETCO
28 & 1ST Women's Health Compounding – LETCO

March
11 & 12 Contemporary Prescription Compounding – ACA
25 & 26 Compounding Pain Meds – LETCO

April
1 & 2 High Risk Sterile Compounding – ACA
11 & 12 Basic Veterinary Compounding – LETCO
14 & 15 Aseptic Technique – ACA
25 & 26 Women's Health Compounding – ACA

May
5 & 6 Compounding Pain Meds – ACA

June
18 & 19 Basic Veterinary Compounding – ACA

July
14 & 15 Aseptic Technique – ACA
16 & 17 High Risk Sterile Compounding – ACA
21 Pharmacy Calculations – A Review – ACA
22 & 23 Contemporary Prescription Compounding – ACA
25 & 26 Women's Health – LETCO
28 & 29 Compounding Pain Meds – ACA

August
5 & 6 Aseptic Technique Compounding – LETCO
7 & 8 High Risk Sterile Compounding – LETCO
18 Pharmacy Calculations – A Review – ACA
29 & 30 Basic Veterinary – ACA

September
12 & 13 Aseptic Technique Compounding – ACA
15 & 16 Contemporary Prescription Compounding – ACA
26 & 27 Basic Veterinary Compounding – LETCO
Hospice & Palliative Care for Pets (t)

October
7 & 8 Compounding Pain Meds – ACA
10 & 11 Women's Health Compounding – ACA
13 & 14 Dentistry Compounding – Human & Vet. (t)
24 & 25 Advanced Compounding – ACA

November
5 & 6 Contemporary Prescription Compounding – ACA
13 Pharmacy Calculations – ACA
14 & 15 Women's Health Compounding – ACA
18 & 19 Aseptic Technique Compounding – ACA
20 & 21 High Risk Sterile Compounding – ACA

December
8, 9, & 10 Comprehensive Sterile Training
11 & 12 Contemporary Prescription Compounding – ACA