Dispelling Men's Nutrition Myths: The Healthcare Provider's Playbook

Webinar Will Begin Momentarily

TODAY'S AGENDA:

- Welcome
- Speaker Introduction
- Presentation
- Q&A
- Closing

Orgain

Professional Education Series

Support. Inform. Educate. Empower.

WEBINAR HOST:

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VP of Healthcare, Sports & Professional Education
Orgain, LLC

WEBINAR PRESENTER:

Greg Lafortune, MS, RDN, LD
Men's Health Educator & Nutrition Professional

Gregory Lafortune MS, RDN, LD

Disclaimers

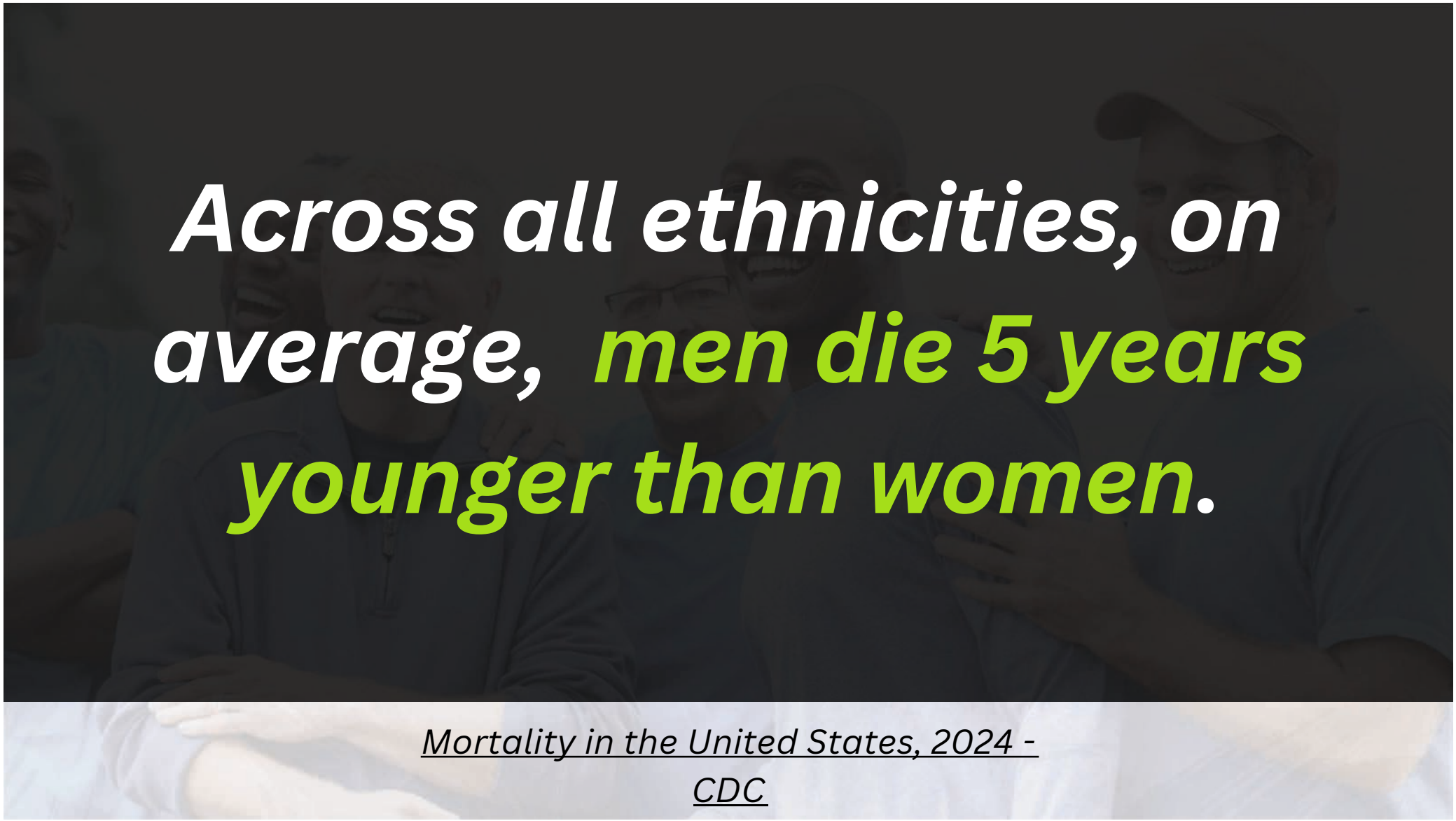
The Dairy Alliance Dietitian Collective - *Member*

The views expressed in this presentation are those of the presenter and are based on current evidence and professional judgment.

Population/Community data

Pulled across multiple agencies, i.e., CDC, BLS, Census, etc.

	White	Hispanic/Latino	Black/ African American	Asian	American Indian/ Alaska Native	Hawaii/ Pacific Islander
% of population	60.7%	18.4%	12.8%	7%	1.7%	0.4%
High school grad %	93.35	70.5%	87.2%	87.8%	84.4%	88.7%
Bachelor's or higher %	36.9%	17.6%	22%	55.6%	20.8%	23.8%
Household Income	$71,664	$55,658	$43,771	$93,759	$49,906	$66,695
Poverty level %	9%	17.2%	21.2%	9.6%	20.3%	14.8%
Unemployed %	3.7%	5.1	7.7%	3.5%	7.9%	5.9%
Uninsured %	6.3%	18.7%	10.1	6.6%	14.9	9.1%
Life expectancy	W: 82.7 M: 78.4	W: 84.2 M: 79.9	W: 79.8 M: 74.0	W: 82.7 M: 78.4	W: 81.1 M: 75.8	W: 83.2 M: 78.5



Mortality in the United States, 2024 - CDC

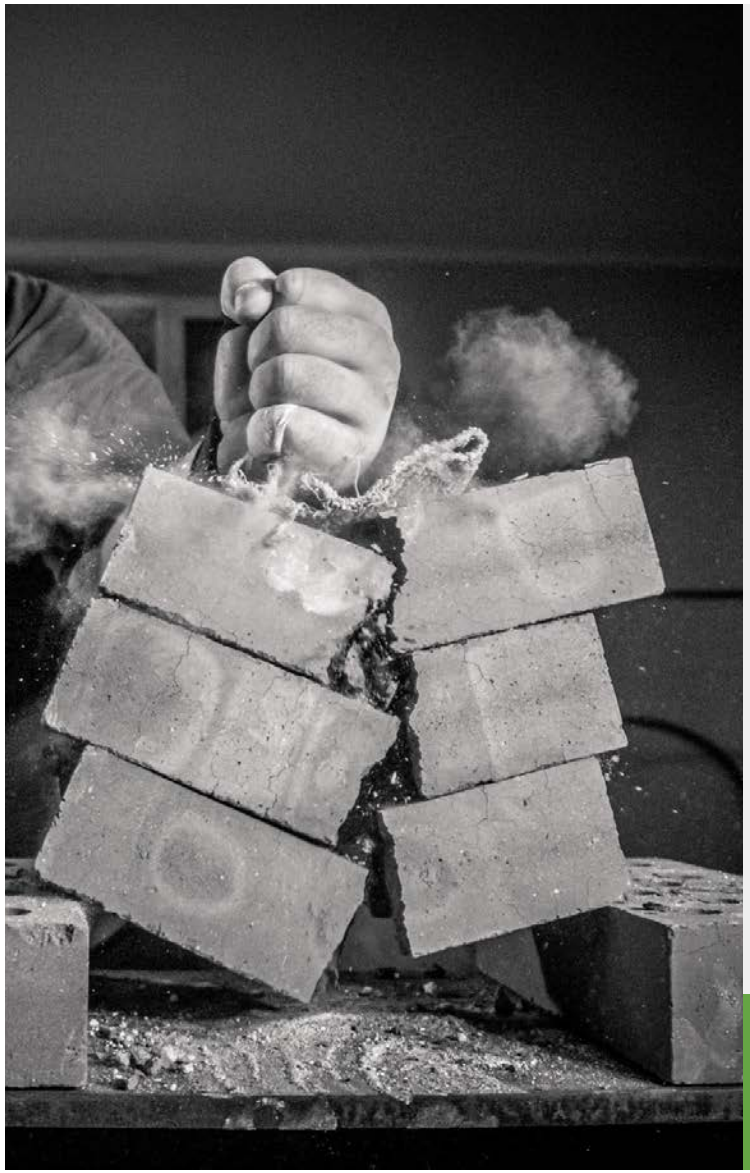
Leading causes of death in males, 2021

4 Accidents (unintentional; injuries)

3 COVID-19

2 Cancer (Prostate)

1 **Heart Disease**



Here's a myth:

Men are non-compliant in and careless about health

Other derminants of health

Education

- Boys are less likely than girls to graduate highschool
- Women outnumber men in obtaining degrees.

Race/Ethnicity

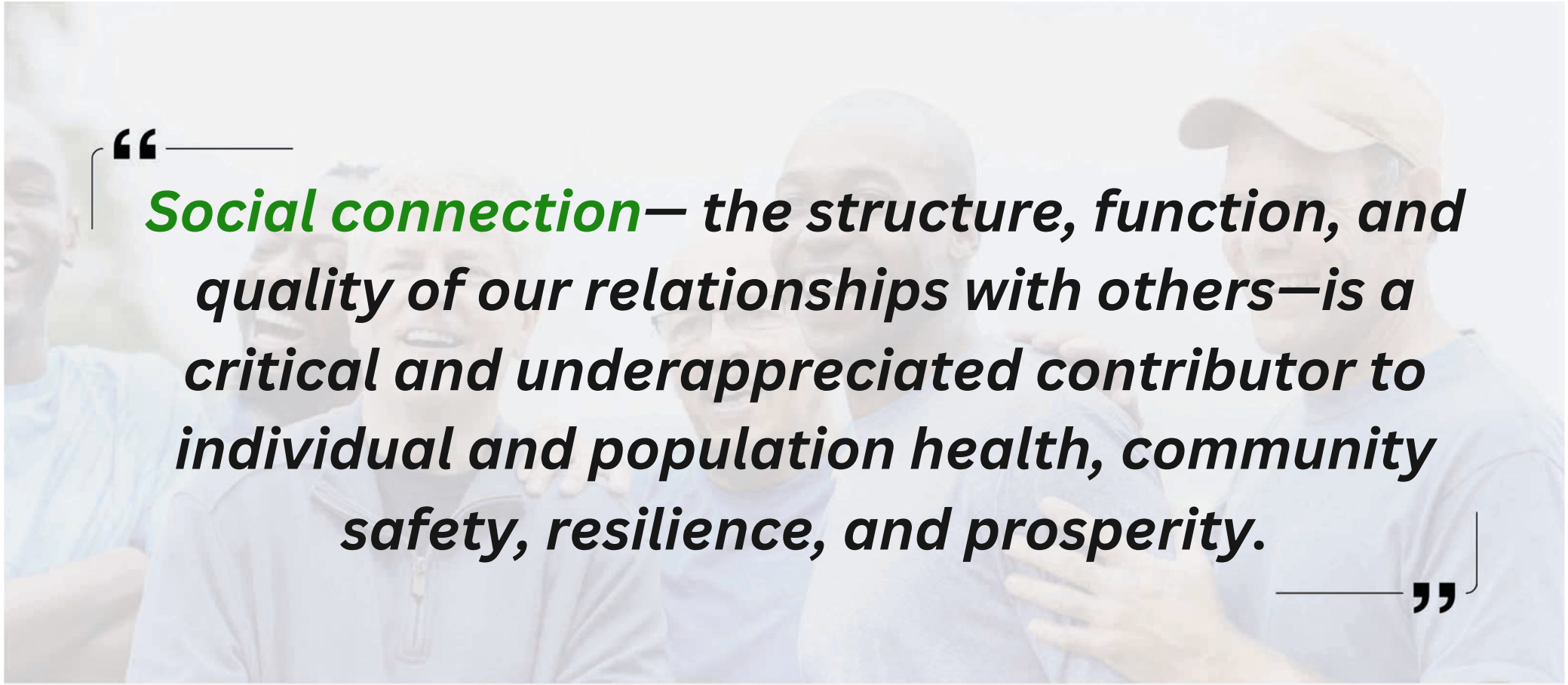
- Black men- disproportionately high rates of chronic disease (cardiovascular, cancer, HIV, etc.)
- Latino men- less likely to have a usual source of healthcare
- Native American/ Alaska Native men- have significantly higher mortality rates from unintentional injuries

Biology/Genetics

- Hormonal factors (testosterone) influence body composition, cardiovascular risk, reproductive health, and quality of life.
- Prostate health- genetics and lifestyle factors play a role

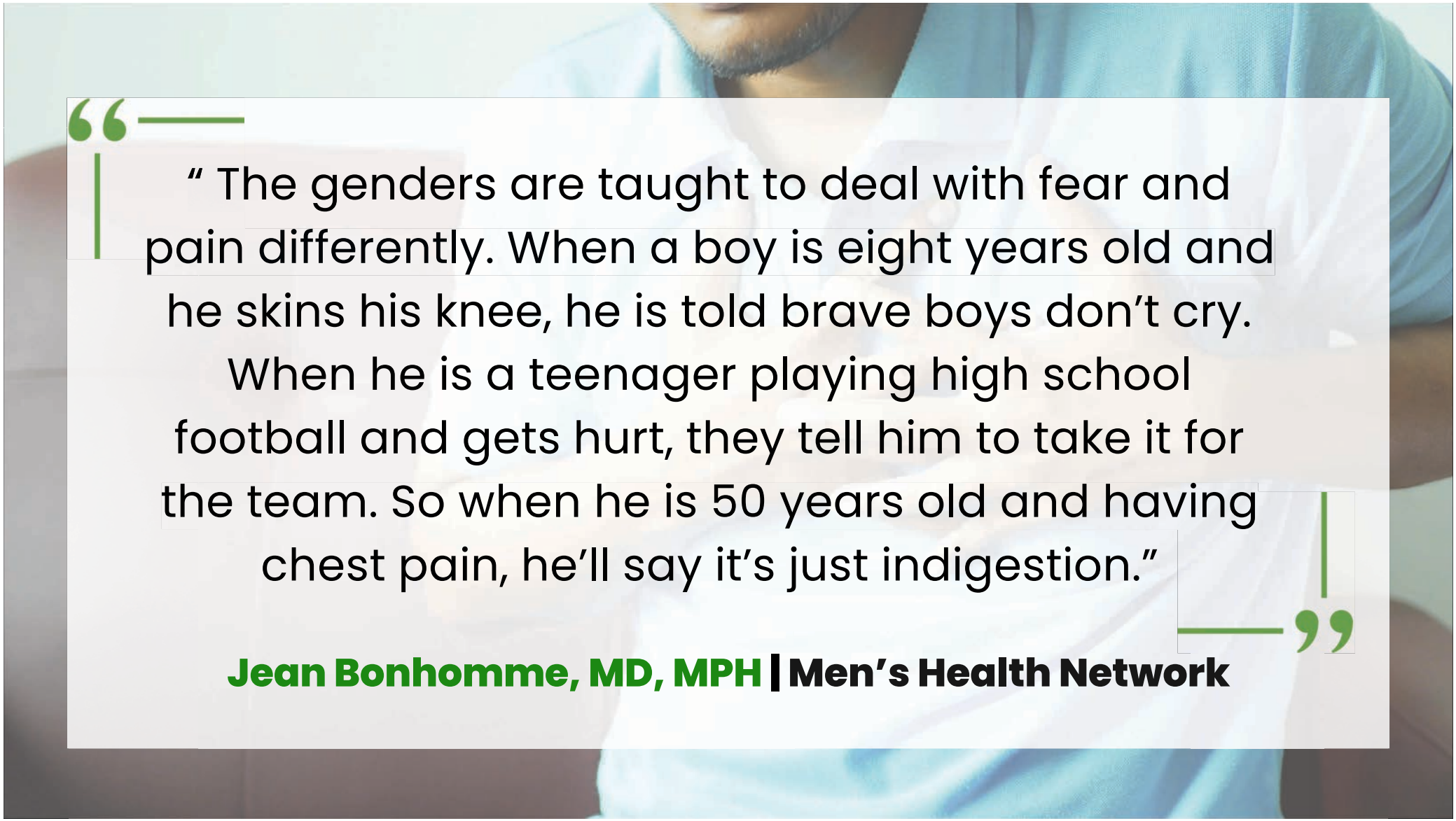
Men are at high risk of social isolation due to:

- Smaller emotional support networks.
- Delayed/lack of healthcare utilization.
- Avoidance of discussing emotional distress.
- Avoidance of discussing physical pain/symptoms.
- Life following retirement, divorce, job loss, widowhood, or other major events.



> ***Social connection*— the structure, function, and quality of our relationships with others—is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity.**

Dr. Vivek Murthy
19th 21st US Surgeon General



“ The genders are taught to deal with fear and pain differently. When a boy is eight years old and he skins his knee, he is told brave boys don’t cry. When he is a teenager playing high school football and gets hurt, they tell him to take it for the team. So when he is 50 years old and having chest pain, he’ll say it’s just indigestion.”

Jean Bonhomme, MD, MPH | Men’s Health Network

How culture affects men's healthcare

Job/career Demands

Men have a high representation in manual labor jobs that are painful and dangerous,

Healthcare Avoidence

Higher likelihood to distrust & ignore healthcare due to history, attitudes toward healthcare, and behavioral factors
ie: Black men & the Tuskegee Study

Social Norms

- "Men don't cry."
- "Man up."
- "No pain, no gain."
- Gender Roles

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Attitudes/Beliefs

"Nothing bad can happen to me."
"That's just what we do."
Feeling invincible

"Healthcare is not for me."
"Let me find my own way."
Feeling invisible

Stoicism and non-expression
Fad diets; 'bro-science.'
Extreme health behaviors
Emphasis on hormonal health
Feeling invincible


Are men non-compliant or
do we lack ways to see the invisible man and redirect the invincible man?
X

Provider reframe

Why won't he change?

What is making change difficult?

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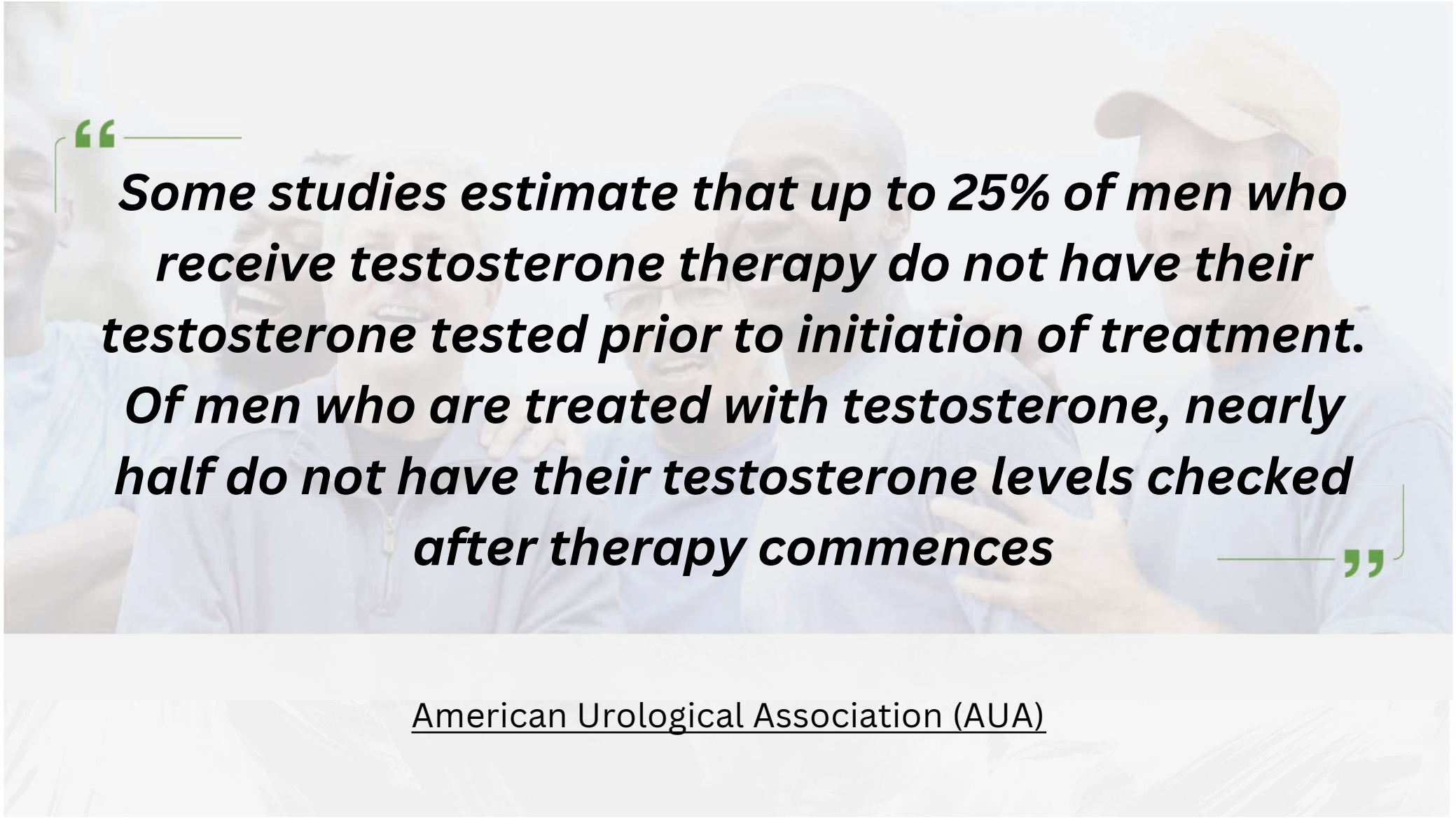


Some studies estimate that up to 25% of men who receive testosterone therapy do not have their testosterone tested prior to initiation of treatment. Of men who are treated with testosterone, nearly half do not have their testosterone levels checked after therapy commences

American Urological Association (AUA)

Testosterone (T)

plays a major role in men's health & **is the root of many men's health myths & risks.**

Basics

The main male androgen (sex hormone)
Production starts in the brain:

- Hypothalamus ⟶ GnRH
- Pituitary Gland ⟶ LH

Men: 300-1000 ng/dL

Its importance

Affects men's

- Bone health
- Muscle health
- Sexual organ development
- Sperm development
- Libido
- Puberty/ male development

Starting as early as a man's late 20s, testosterone naturally declines at an average rate of 2% / year.

Hypogonadism

Clincal term for low testosterone (T). **Diagnosed when T levels are <300 ng/dL**

The Endocrine Society does not recommend routine testosterone testing for asymptomatic men.

Two Types:

- **Primary** Hypogonadism ⟶ Testes
- **Secondary** Hypogonadism ⟶ Brain

A credentialed urologist or endocrinologist can help determine the type.

Symptoms

- Psychological - Lack of motivation, depression, difficulty concentrating, mood swings
- Physical - Hot flashes, gynecomastia, increased body fat, fatigue, decreased muscle mass
- Sexual- Decreased libido, Erectile dysfunction, fewer morning erections

TRT

Testosterone Replacement Therapy has emerged as a major treatment for low testosterone.

Men should seek medical advice from a urologist and/or an endocrinologist before starting TRT

Administration

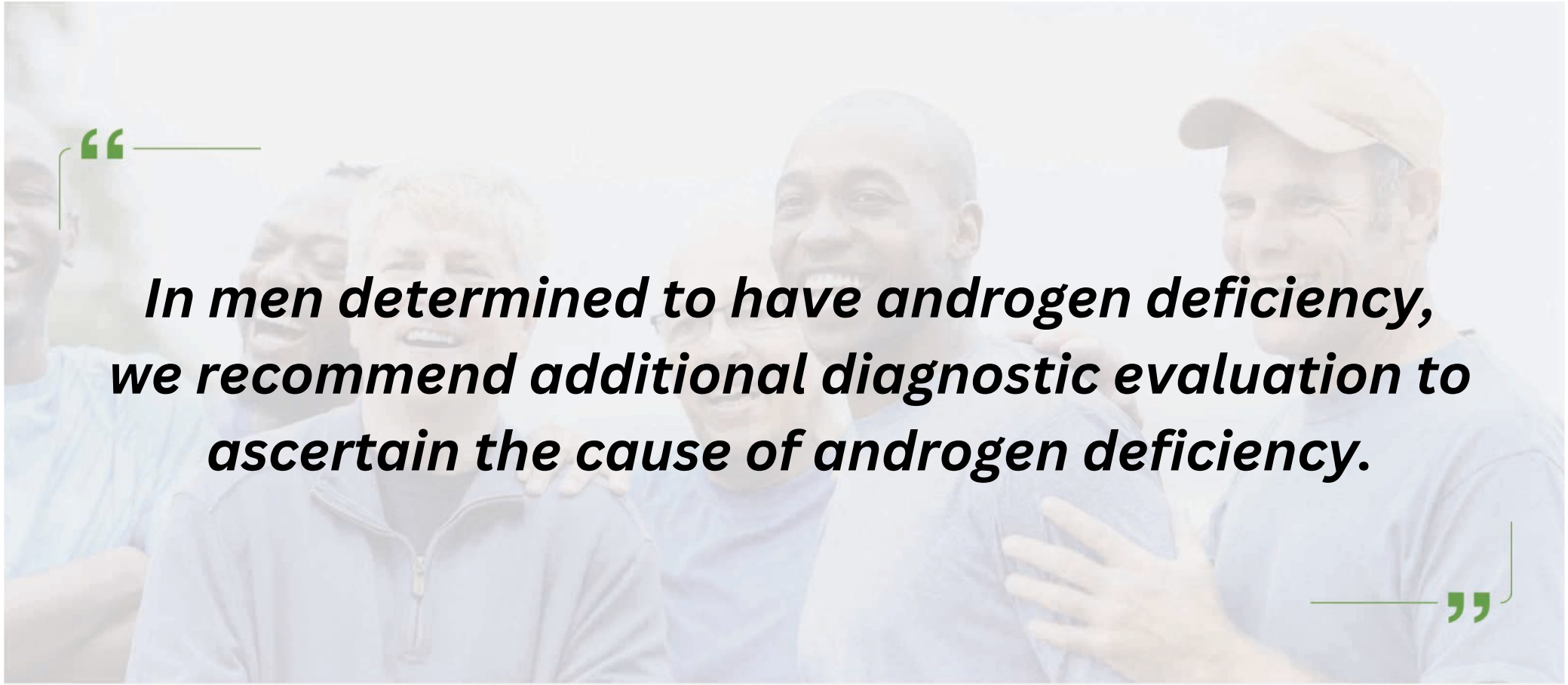
- Injections
- Gels
- Pellets
- Tablets

Risks

- Testicular atrophy (shrinkage)
- Lower sperm quality
- Cardiovascular risk (*TRAVERSE trial*)
- Increased clot risk (increased RBC count)

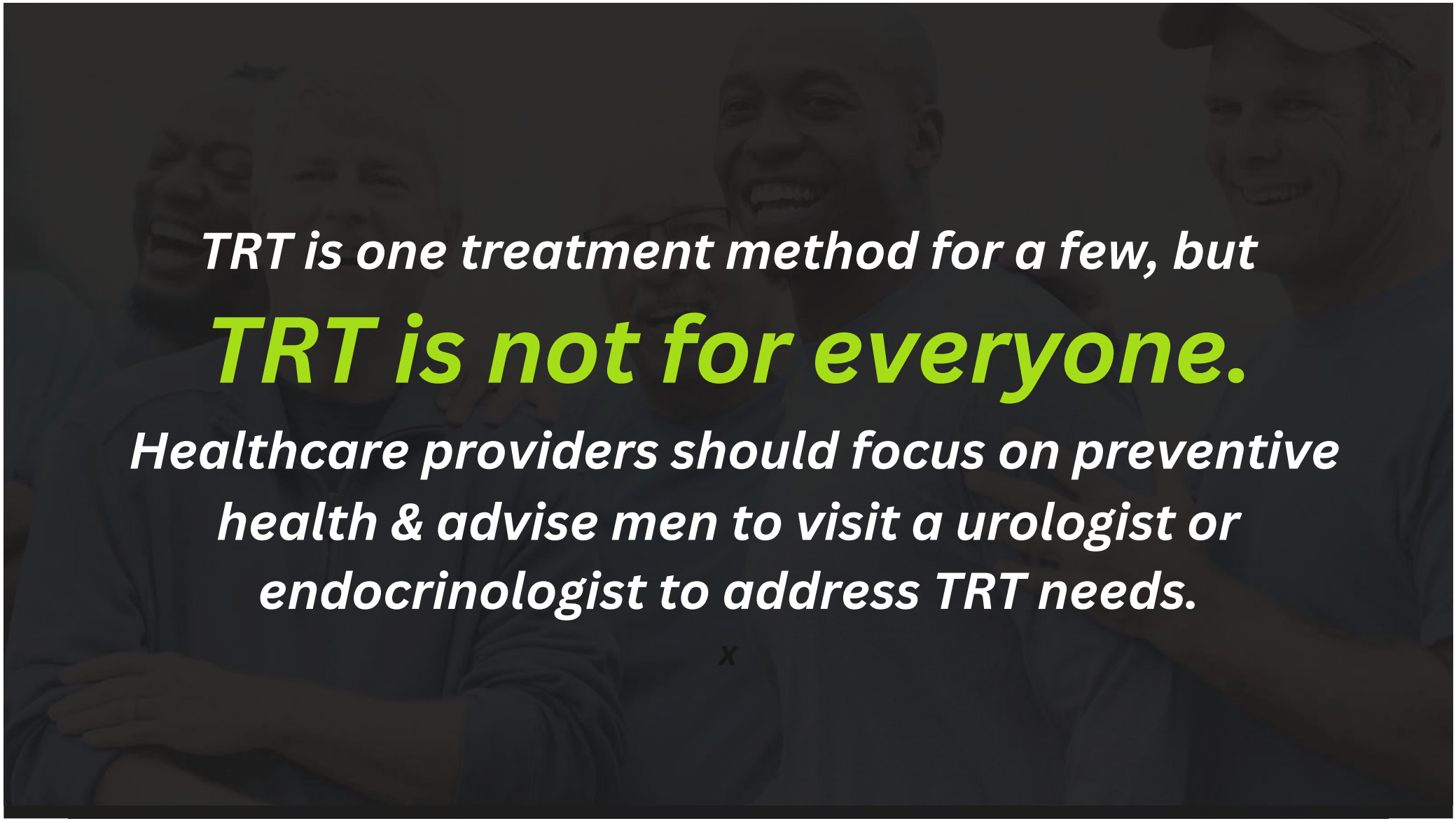
What about T Boosters?

- Some ingredients in T boosters may help, *i.e., Ashwagandha, Tongkat Ali, Zinc, Vitamin D, Fenugreek, and others.*
- Most OTC T-boosters lack clinical evidence and contain proprietary blends that make evaluation of dose and efficacy more challenging.



In men determined to have androgen deficiency, we recommend additional diagnostic evaluation to ascertain the cause of androgen deficiency.

The Endocrine Society, 2018 Clinical Practice Guidelines


TRT is one treatment method for a few, but
TRT is not for everyone.
Healthcare providers should focus on preventive health & advise men to visit a urologist or endocrinologist to address TRT needs.

I've heard soy is bad for men's health
Is this true?

- Soy contains a phytoestrogen called isoflavones.
- It has a similar structure to estrogen, but its biological effect is much weaker.
- Individualized case reports and animal studies reporting soy and low testosterone have not been validated by clinical trials.
- A 2021 meta-analysis of over 35 clinical studies found that soy foods, soy protein, and isoflavones had no significant effects on testosterone or estrogen in men.

Soy/Edamame

Flax seed

Sesame seeds

Dried fruit

Berries

Broccoli

Phytoestrogens

By removing all foods with phytoestrogens because of the word ‘estrogen’ , men begin to remove foods with fiber, antioxidants, protein, and other beneficial nutrients that support overall health.

Flax seed/oil

Chia seeds

Fish/oil
(S,M,H,T)

Oils (S,C)

Walnuts

Omega-3s

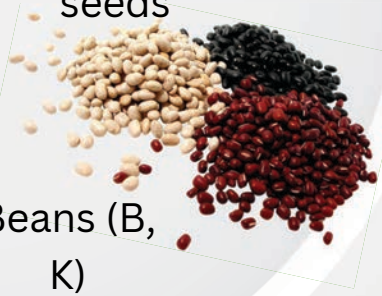
Benefits on:

- **Heart health**
- **Brain health**
- **Energy**
- **Hormone health**
- **Fertility**
- **and more.**

Pumpkin seeds

Chia seeds

Nuts (P,C,A)



Beans (B, K)

Banana

Magnesium

Benefits on:

- **Sleep**
- **Blood sugar**
- **Heart health**
- **Muscle health**
- **and more.**

Oysters

Beef

Blue Crab

Pumpkin seeds

Cereal (Fortified)

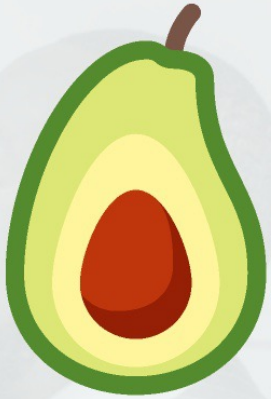
Zinc

Benefits on:

- **Testosterone production**
- **Fertility**
- **Healthy aging**
- **Prostate health (pumpkin seeds)**
- **and more.**

HIS Responsibility:

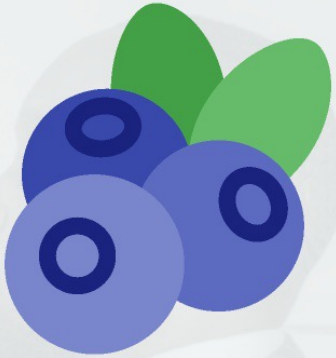
An Active participant



- **Become an active participant in your healthcare**
- Accept honesty & provide the most complete & honest history as possible.
- Accept & cooperate with agreed-on-treatment plans
- Accept care from appropriately trained professionals
- Accept that a healthy lifestyle can often prevent/ manage illness
- Accept that certain behaviors unreasonably places others' health at risk.
- Accept that you must be an active participant in your healthcare.
- Make an appointment with your HCP when something needs attention.

Your Responsibility :

An Active Blueprint



- **Be specific + Strategic**
- **Don't be afraid to game plan**
- Use flashy/eye catching images that are relatable & memorable
- Use fewer & more decisive words. Expect fewer & decisive words.
- Set boundaries & establish your credibility.
- Engage in active listening
- Don't be afraid to use humor. Corny is okay.
- Female member (spouse, sibling, parent, etc.). These people are his world.

Public health resources to look into:

1. Men's Health Network (MHN)

Best for: Public health, men's health advocacy, screening resources, and patient education materials.

- Website: https://menshealthnetwork.org
- Resource Library: https://menshealthnetwork.org/resources/
- Men's Health Month Toolkit: https://menshealthmonth.org/

MHN is one of the largest nonprofit organizations dedicated to improving men's health through education, advocacy, and public awareness.

2. Healthy Men, Inc.

Best for: Understanding male healthcare engagement, communication strategies, and men's health disparities.

- Website: https://healthymen.org
- Resources: https://healthymen.org/resources/
- Certified Men's Health Educator (CMHE): https://healthymen.org/cmhe/

The CMHE program focuses on improving "guy-friendly" communication skills and helping providers better engage boys and men in healthcare.


Start with
his motivators
Help him feel seen.
Help him feel heard.
and bring it back to
his motivators

Thank you for joining us today.

RDNs and NDTRs, please complete the short survey after the webinar to download a CPEU certificate!

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