

If I were Tom: Developing an interactive website to support men with prostate cancer

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Men's Health Research Program
University of British Columbia



**Men's Health
Research** at UBC

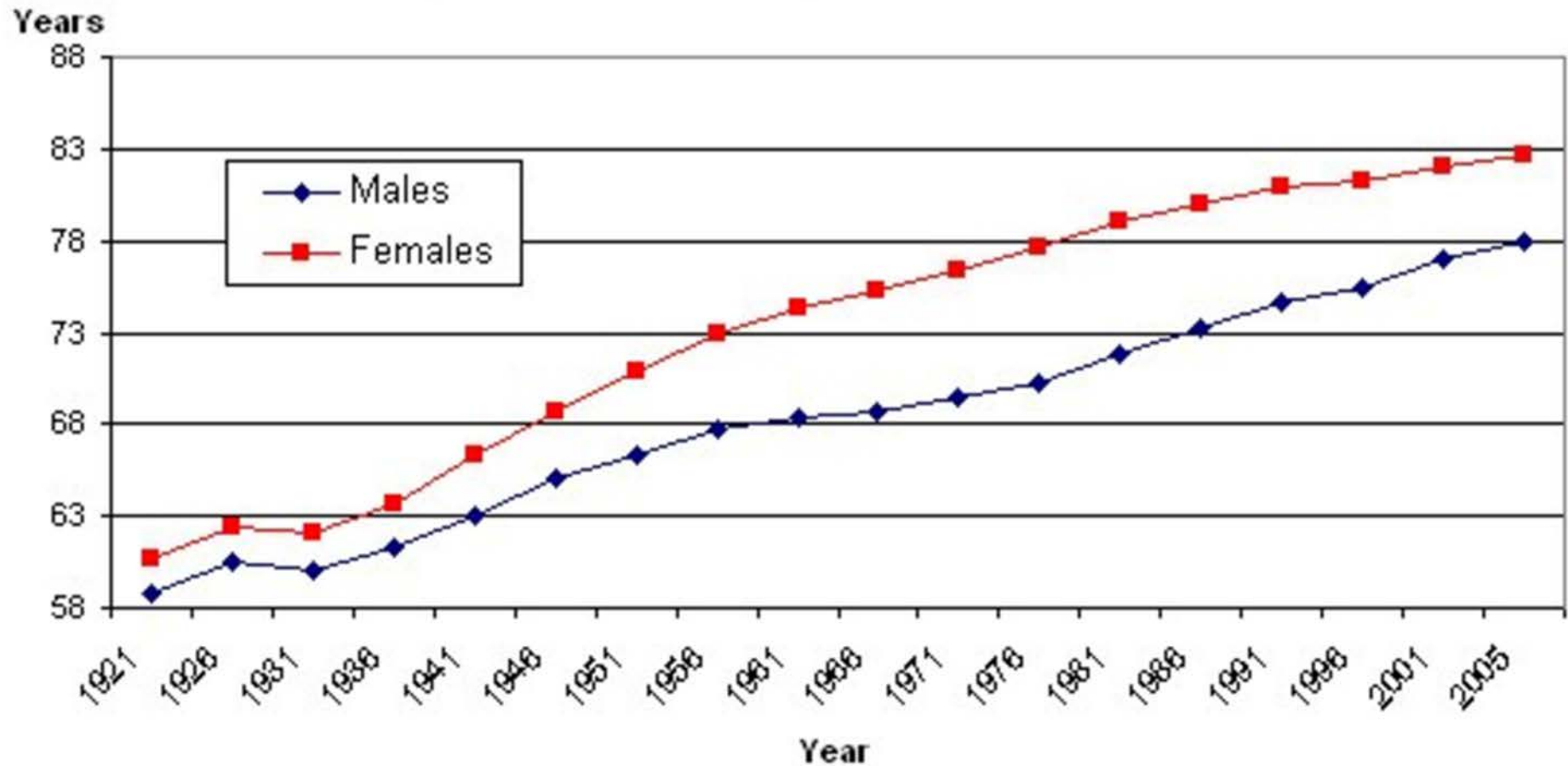


Men's Health: @ 35,000 feet

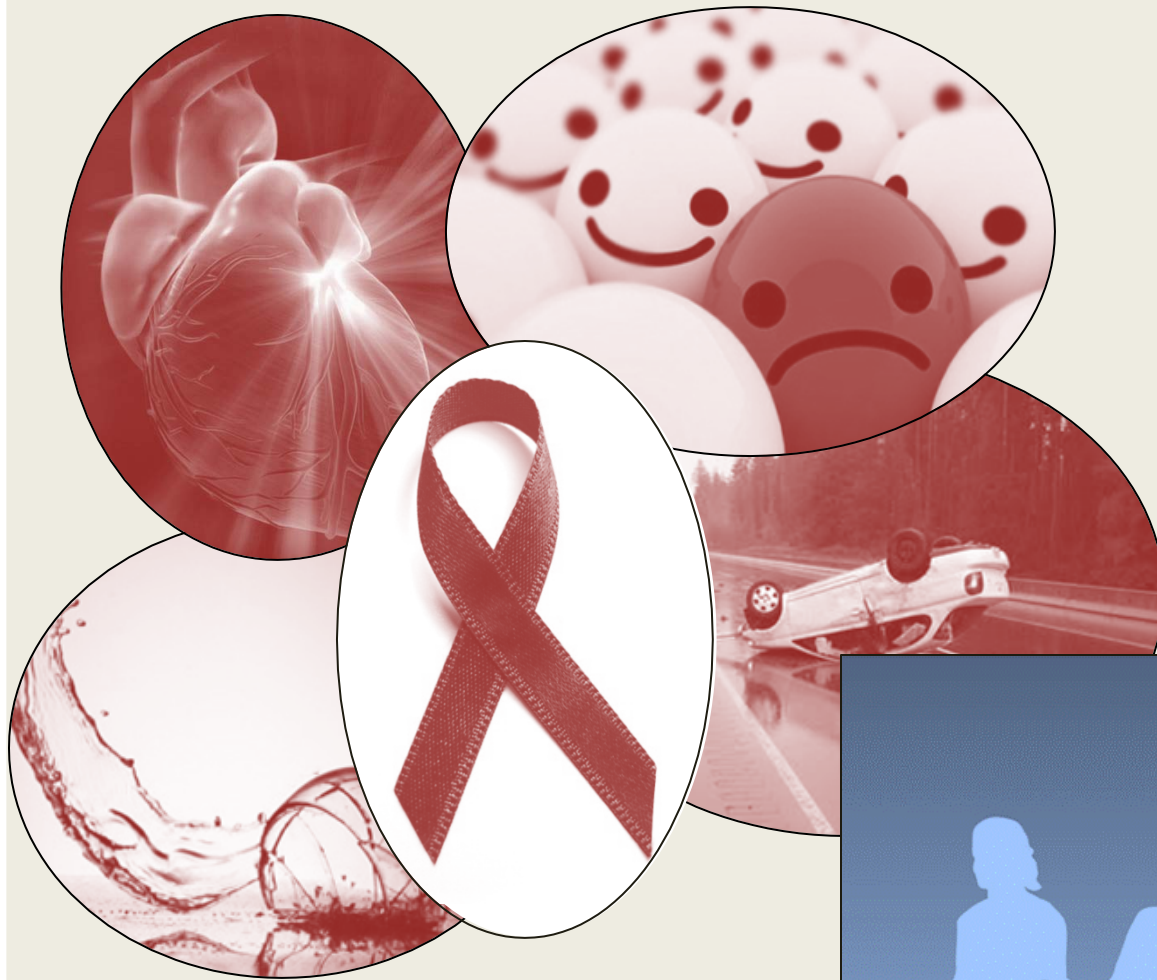
1. Men don't live as long as women
2. Men don't go to the doctor

1. Men don't live as long as women

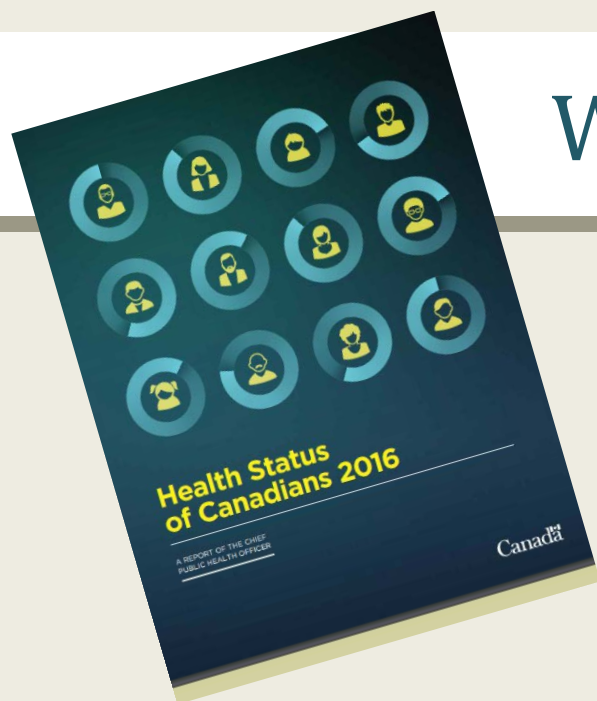
Life expectancy at birth, by sex, Canada, 1956 to 2005









What groups of men are at risk?

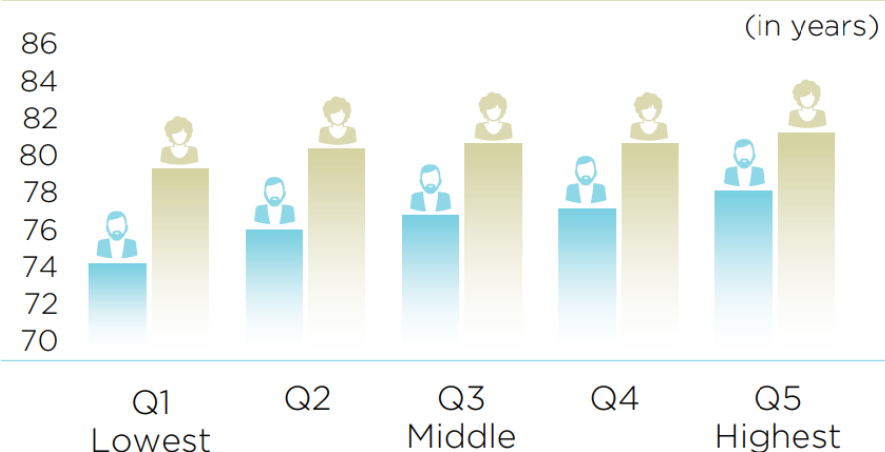


LIFE EXPECTANCY AT BIRTH, PROJECTIONS FOR 2017¹¹

(in years)

		
First Nations	73	78
Métis	74	80
Inuit	64	73
Canada (total)	79	83

LIFE EXPECTANCY AT BIRTH BY SEX AND NEIGHBOURHOOD INCOME, 2005-2007⁹

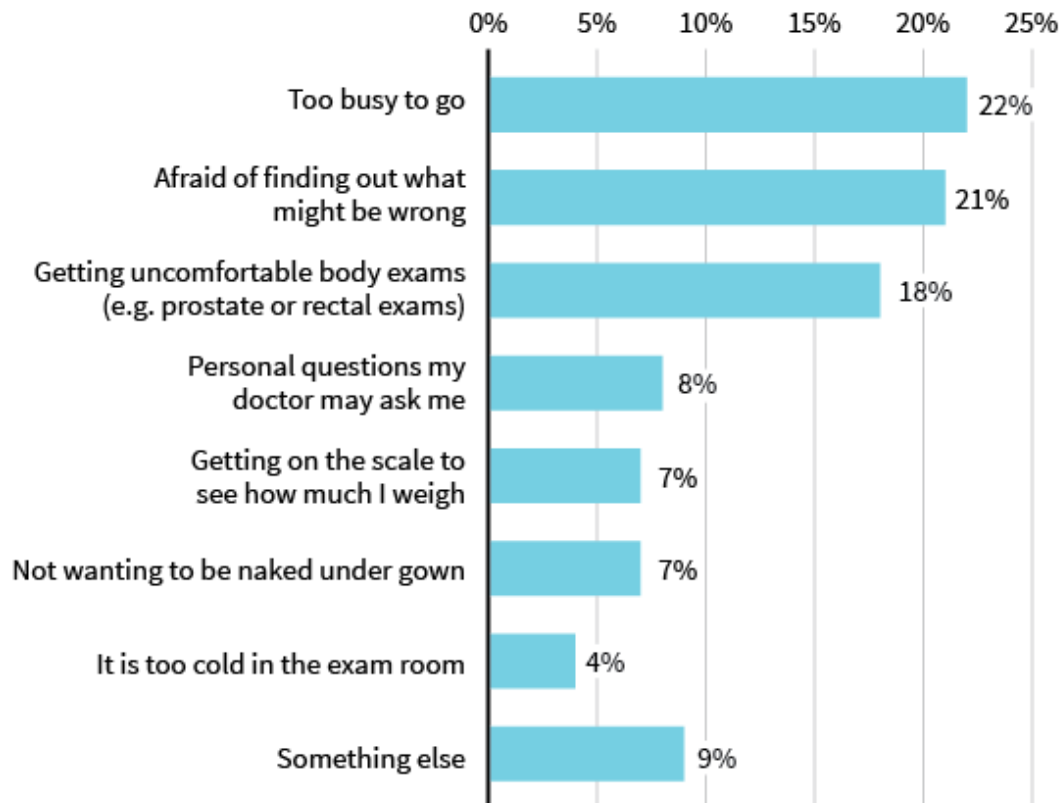


Quintiles (Q) are calculated by dividing the Canadian population into five groups of equal size (quintiles) based on neighbourhood income.

2. Men don't go to the doctor

Why Men Don't Go To The Doctor

Reasons men gave for not setting up an annual appointment with a primary care physician



Note: Respondents could pick more than one reason. 52 percent of male respondents said nothing would keep them from making an appointment.
Source: MediaSourceTV poll

The Huffington Post

Population with a regular medical doctor, by age group and sex (Percent)

	2010	2011	2012	2013	2014
	percent				
Total, 12 years and over	84.8	84.7	85.1	84.5	85.1
Males	80.6	80.6	81.1	80.6	81.6
Females	88.9	88.8	89.0	88.3	88.5
12 to 19 years	84.9	85.2	84.8	86.0	85.6
Males	82.9	84.3	83.5	84.5	84.6
Females	87.0	86.0	86.1	87.5	86.6
20 to 34 years	72.6	73.1	72.9	71.9	73.5
Males	64.5	65.4	64.7	65.0	67.4
Females	80.7	81.1	81.1	79.1	79.7
35 to 44 years	82.0	82.3	83.4	81.8	82.9
Males	76.2	77.5	77.2	76.7	77.7
Females	87.8	87.0	89.6	86.7	88.0
45 to 64 years	89.9	88.9	89.9	88.9	89.0
Males	87.7	85.5	87.9	85.9	86.3
Females	92.1	92.3	91.8	91.8	91.6
65 years and over	95.0	95.4	95.1	95.4	94.8
Males	93.9	95.0	94.6	95.1	94.5
Females	95.8	95.7	95.6	95.7	95.0

Prostate Cancer

2017 STATS

1 in 7 Canadian men will be diagnosed with prostate cancer in their lifetime



Prostate cancer is the most commonly diagnosed cancer among Canadian men

AN ESTIMATED **21%**
[of all new male cases]

An estimated

21,300

4,100

2017

Canadian men will be diagnosed with prostate cancer

will die from the disease



The death rate has been declining significantly by an average of

3.3% { per year since } **2001**

from improved testing for prostate cancer and better treatment options

PSA : Know Your Number



Risk Factors

Age: Risk for prostate cancer increases with age.



Race: Men of black African or black Caribbean descent have increased risk for prostate cancer.



Family History: Men with a first degree relative (brother, father, son) with prostate cancer have an increased chance of getting the disease.



Lifestyle: Maintaining a healthy weight through good diet and exercise may reduce the risk of prostate cancer.



Did you know?

The PSA test is a simple blood test, taken from your arm, that measures the amount of prostate specific antigen in your blood.



While there are controversies with the PSA test, high numbers serve as a powerful **red flag** for further investigation.



Prostate Cancer Canada Recommends



PCC advocates for shared decision making between doctor and patient

What Affects PSA Values?



Prostate Specific Antigen (PSA) values can be affected by a number of factors. Here's what you need to know before and after the test.

BEFORE the PSA How should I prep?

Exercise

You may be asked not to do any vigorous exercise 48 hours before your PSA test.



Sex

Take a break from sexual activity or ejaculation 48 hours before your PSA test.



Pressure

Pressure on the area near the prostate may increase your PSA value - please don't ride your bike for 48 hours before your appointment.



Medications or Supplements

Tell your doctor if you are taking any prescription or non-prescription medications. (e.g., aspirin or supplements)



AFTER the PSA Why is my PSA level high?

Elevated PSA levels can be caused by many things not related to cancer, including:

Other prostate conditions such as prostatitis or Benign Prostatic Hyperplasia (BPH).



Having a digital rectal exam (DRE) immediately before your PSA.



Urinary infection.

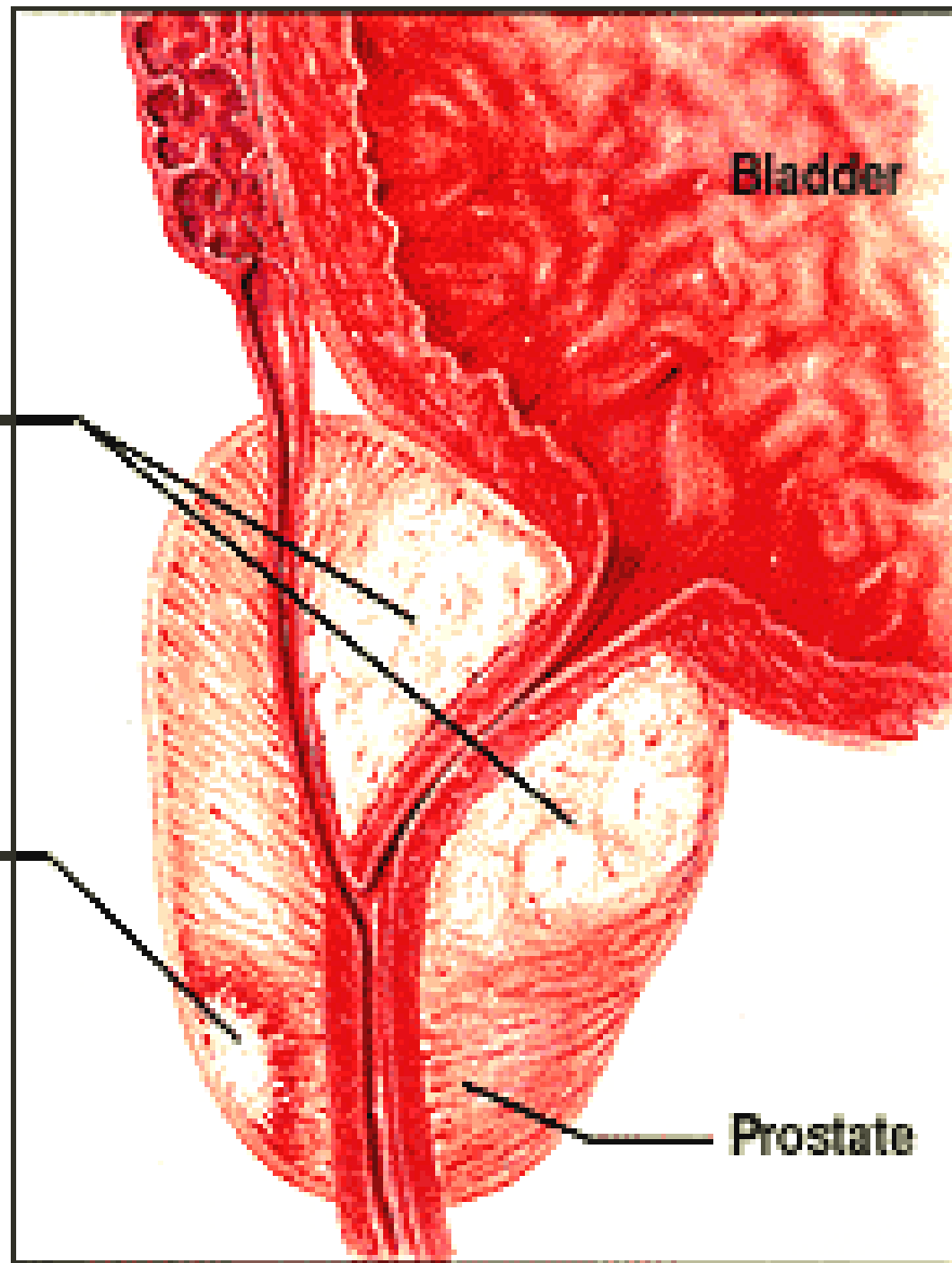


Recent prostate procedure.



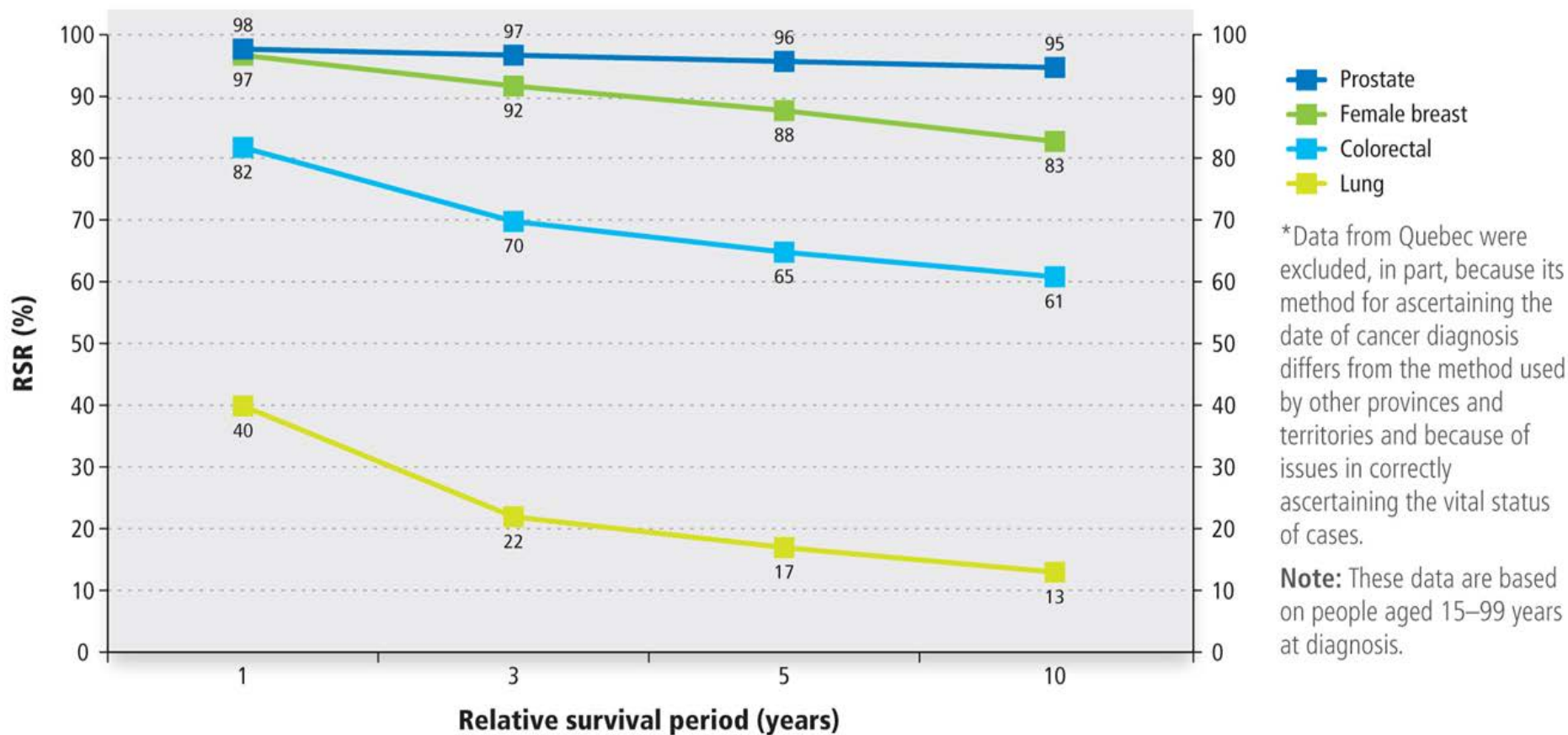
**BPH blocks
urine flow
through the
urethra.**

**A cancerous
tumor usually
doesn't block
urine flow.**



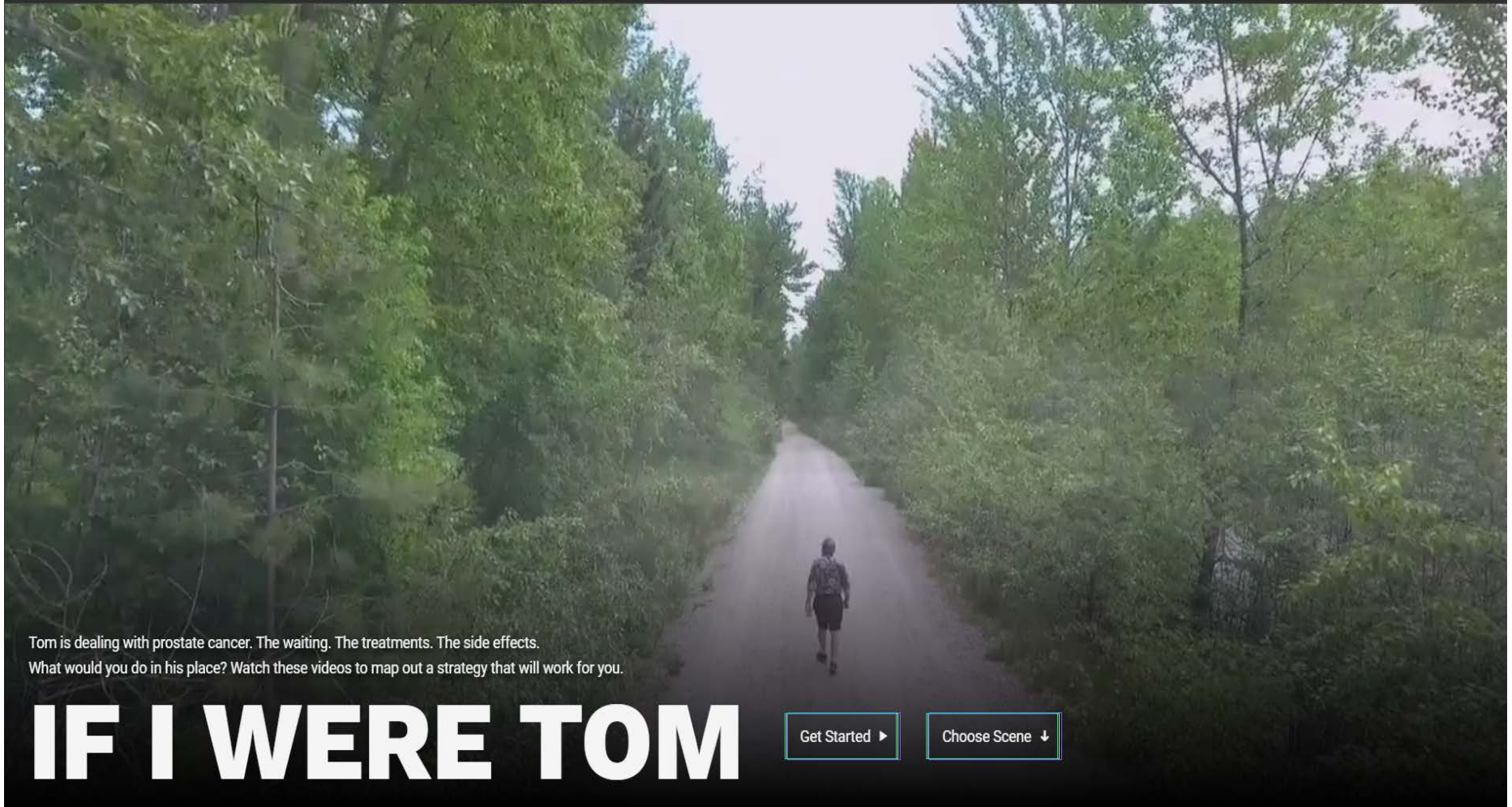
Relative Survival at 5 and 10 Years

FIGURE 5.1 One, three, five and ten-year relative survival ratios (RSR) for the most common cancers, Canada (excluding Quebec*), 2006–2008



Analysis by: Health Statistics Division, Statistics Canada

Data sources: Canadian Cancer Registry and Canadian Vital Statistics Death databases and life tables at Statistics Canada

A person is walking away from the camera down a dirt path that stretches into the distance, flanked by dense green trees and foliage. The path is slightly dusty, and the person is wearing a backpack and dark clothing.

Tom is dealing with prostate cancer. The waiting. The treatments. The side effects.
What would you do in his place? Watch these videos to map out a strategy that will work for you.

IF I WERE TOM

[Get Started ►](#)[Choose Scene ▾](#)

Welcome to the club that no one wanted to join!



Support Care Cancer (2015) 23:1127–1133

DOI 10.1007/s00520-014-2562-z

ORIGINAL ARTICLE

How Prostate Cancer Support Groups Do and Do Not Survive: British Columbian Perspectives

John L. Oliffe, PhD, MEd, RN, Michael Halpin, BA,
Joan L. Bottorff, PhD, RN, T. Gregory Hislop, MSc, MDCM,
Michael McKenzie, MD, FRCPC, and Lawrence Mroz, MSC

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Women and prostate cancer support groups:
The gender connect?☆

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STUDY FINDINGS

Key findings from our study

VIDEOS

Expert perspectives

PODCASTS

The authors talk

SEND AN E-VITE

Support someone with a personalized card

PROSTATE CANCER SUPPORT GROUPS



Many men and their families benefit by attending prostate cancer support groups (PCSGs). This site is designed for you to help yourself to the findings from a study of PCSGs in British Columbia, Canada and share your perspectives on our forum. You can also hear from experts in prostate cancer, listen to the study authors and help to raise awareness of PCSGs by sending an e-vite.

RESOURCES BY AUDIENCE



STUDY FINDINGS



SUSTAINABILITY

Early on in the study we noted that the groups often struggled and some groups had stopped meeting; while others were enduring, meeting regularly, and attracting large numbers of attendees.

[read more](#)



HUMOUR

Psychosocial benefits, including improved mood and mental health, and increased quality of life, have been reported among men who routinely attend PCSG meetings.

[read more](#)



WOMEN & PCSGs

Women influence their spouses' experiences of prostate cancer, and are also significantly affected by living with a partner who has prostate cancer.

[read more](#)



HEALTH PROMOTION

There is strong evidence that men are reluctant to engage with health promotion programs; typically men react to severe symptoms rather than attempt to maintain their health...

[read more](#)



HEALTH LITERACY

Health literacy refers to the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

[read more](#)



LEADERSHIP

Effective PCSG leadership is integral to sustaining groups and efficient meetings. Recognizing leadership qualities and strategic management of the groups as key factors...

[read more](#)



WOMEN ON MEN'S HEALTH AND PROSTATE CANCER

There is consensus that overall, compared to men, women are more competent in health matters and more likely to be engaged in health care services...

[read more](#)



COUPLES & PROSTATE CANCER

Many challenges can accompany prostate cancer for men and their families. Based on interviews with 15 heterosexual couples who attend PCSGs we learned...

[read more](#)



Top 12 Videos



Shannon Griffin - Sexual Health Clinician & Men's Health...
356 views



Tom Pickles - Radiation Oncologist
343 views



Cheri Van Patten - Registered Dietitian and Researcher
279 views



Larry Goldenberg - Head of UBC Department of Urologic Sciences
245 views



Online Prostate Cancer Support Groups
197 views



How Prostate Cancer Support Groups Run
165 views



Women on Men's Health and Prostate Cancer
150 views



Carolyn Gotay - Canadian Cancer Society Chair in Cancer Primary
135 views



Carolyn Gotay on Women and Prostate Cancer Support Groups
119 views



John Christopherson - Clinical Counselor
109 views



Claude Garceau - Prostate Cancer Survivor
94 views



Online Prostate Cancer Support Groups for Younger Men
94 views



2012-2018 Advancing PCSGs

Family Physicians

Specialists

Nurses



The Perspectives of Canadian Health Care Providers

HCP's said...

	General Practitioners [N=140]	PCa Specialists [N=150]	Nurses [N=101]
Presenter at group	9 (6.4%)	93 (62.0%)	26 (26.7%)
Referred patients to group	51 (36.4%)	117 (78.0%)	79 (78.2%)
Group member	1 (0.7%)	7 (4.7%)	1 (1.0%)
Group leader	0 (0%)	1 (0.7%)	1 (1.0%)
No linkages	79 (56.4%)	5 (3.3%)	12 (11.9%)

HCP's said...

	Top two reasons why men choose not to go to a PCSG
General Practitioners [N=140]	Privacy – Don't want to discuss their problems with others (57 strongly agreed; 75 agreed) A lack of knowledge about groups (53 strongly agreed; 63 agreed)
PCa Specialists [N=150]	Privacy – Don't want to discuss their problems with others (48 strongly agreed; 91 agreed) A lack of knowledge about groups (25 strongly agreed; 88 agreed)
Nurses [N=101]	Privacy – Don't want to discuss their problems with others (40 strongly agreed; 50 agreed) A lack of knowledge about groups (29 strongly agreed; 57 agreed)

HCP's said...

	Top key factors for the effectiveness of a web-based PCSG.
General Practitioners [N=140]	Providing brief summaries about PCa and health information (50 strongly agreed; 83 agreed)
PCa Specialists [N=150]	Providing brief summaries about PCa and health information (24 strongly agreed; 91 agreed)
Nurses [N=101]	Facilitating discussion and promotes camaraderie (49 strongly agreed; 43 agreed) Using interactive web 2.0 applications (42 strongly agreed; 51 agreed)

Prostate Cancer Support Groups: Canada-Based Specialists' Perspectives

John L. Oliffe, PhD, RN¹, Suzanne Chambers, PhD²,
Bernie Garrett, PhD, RN¹, Joan L. Bottorff, PhD, RN³,
Michael McKenzie, MD^{1,4}, Christina S. Han, MA¹,
and John S. Ogrodniczuk, PhD¹

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Tim Henwood, PhD
Anthony G. Tuckett, PhD
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Canadian Nurses' Perspectives on Prostate Cancer Support Groups

A Survey Study

KEY WORDS
Canadian
Nurses' perspectives
Prostate cancer
Psychosocial oncology
support
Support groups

Background: Prostate cancer support groups (PCSGs) are community-based organizations that offer information and psychosocial support to men who experience prostate cancer and their families. Nurses are well positioned to refer men to a range of psychosocial resources to help them adjust to prostate cancer; however, little is known about nurses' perspectives on PCSGs. **Objective:** The aim of this study was to describe nurses' views about PCSGs as a means to making recommendations for advancing the effectiveness of PCSGs. **Methods:** A convenience sample of 101 Canadian nurses completed a 43-item Likert-scale questionnaire with the additional option of providing comments in response to an open-ended question. Univariate descriptive statistics and content analysis were used to analyze the quantitative and qualitative data, respectively. **Results:** Participants held positive views about the roles and potential impact of PCSGs. Participants strongly endorsed the benefits of support groups in disseminating information and providing support to help decrease patient anxiety. Online support groups were endorsed as a practical alternative for men who are reluctant to participate in face-to-face groups. **Conclusions:** Findings suggest that nurses support the value of Canadian face-to-face and online PCSGs. This is important, given that nurses can help connect individual patients to community-based sources providing psychosocial support. **Implications for Practice:** Many men benefit from participating in

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This study was supported by the Canadian Institute of Health Research (grant 11809115).
The authors have no conflicts of interest to declare.

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DOI: 10.1097/NCJ.0000000000000277

Canadian Nurses and Prostate Cancer Support Groups

Cancer Nursing™, Vol. 00, No. 0, 2015 ■ 1

Garrett et al. BMC Family Practice 2014, 15:56
http://www.biomedcentral.com/1471-2296/15/56

BMC
Family Practice
Open Access

RESEARCH ARTICLE

The value of prostate cancer support groups: a pilot study of primary physicians' perspectives

Bernard M Garrett^{1*}, John L Oliffe¹, Joan L Bottorff², Michael McKenzie³, Christina S Han¹ and John S Ogrodniczuk⁴

Abstract

Background: In Canada, prostate cancer (PCa) is the most common male cancer, and prostate cancer support groups (PCSGs) have prevailed for more than 20 years providing support to men with PCa and their families. While the format, focus and benefits of attending PCSGs have been reported little is known about primary physicians' (PPs) perceptions of these groups. This article describes Canadian primary physicians' views about face-to-face and web-based PCSGs.

Methods: Canadian based primary physicians (n = 140) attending a 2012 Continuing Medical Education Conference participated in a pilot survey questionnaire study. The 56-item questionnaire used in this study included six sets of

Potential end-user perspectives . . .

- 5 Focus groups: n=25
 - *PCSGs Leaders: 9; Chinese men: 3; Men who attend PCSGs: 4; Men who do not attend PCSGs: 5; Female partners: 4*
- PCSG attendees
 - *Guest speakers, support, personal interaction*
- Non-PCSG attendees
 - *Do not find what they need in PCSGs*

Findings

- Gaps – Needs to be addressed
 - *Online information plentiful, difficult to personalize*
- Applicable, applied and interactive
- BC centric

Launched 9th Jan 2017

IF I WERE TOM


Scenes ▾

First Things

Treatments and Side Effects

Living with It

Build your Plan



Tom is dealing with prostate cancer. The waiting. The treatments. The side effects.
What would you do in his place? Watch these videos to map out a strategy that will work for you.

IF I WERE TOM

Get Started ▶

Choose Scene ▾

CHOOSE A SCENE



1: MEET TOM



2: THE C WORD



3: DAZED BY THE DIAGNOSIS



4: STEPS FORWARD



5: SIDE EFFECTS



6: BACK IN THE GAME

1

First, watch this video.

DAZED BY THE DIAGNOSIS

[SCENE 3 OF 6]



2

IF I WERE TOM, WHAT ACTION WOULD I TAKE NEXT?

☐ Tough it out alone.



2

Then decide what
you would do. Click
CONFIRM CHOICE to
find out what others
decided.

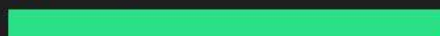
IF I WERE TOM, WHAT'S THE FIRST THING I'D DO TO PREPARE MYSELF?

☐ Find out about my Gleason score.



32%

☒ Search prostate cancer and read all that I can find.



32%

☐ Talk about the possibility of having prostate cancer with my partner or a friend.



22%

☐ De-stress about the potential of having prostate cancer by going for a walk.



15%

CONFIRM CHOICE

FIRST THINGS TO KNOW

Prostate cancer is the most common cancer among Canadian men (excluding non-melanoma skin cancers) but it's also a cancer that's treatable and manageable. The Gleason score will tell you how aggressive your cancer is and will help identify treatment options suitable for you. It's a good idea to gather as much information as you can about possible treatments and side effects. In addition to family and professional support, there are many free resources, programs and services available to assist you.



GETTING READY FOR THE APPOINTMENT



TOP QUESTIONS TO ASK THE DOCTOR



ABOUT THE DIAGNOSIS



AFTER THE DIAGNOSIS



TREATMENTS AND SIDE EFFECTS

Here are some factors to consider when deciding on a prostate cancer treatment:

- your age and general health
- how quickly your cancer is growing
- how much your cancer has spread
- the potential benefits of the treatment
- the potential side effects of the treatment



ACTIVE SURVEILLANCE



RADICAL PROSTATECTOMY



RADIATION THERAPY



ANDROGEN DEPRIVATION THERAPY





ACTIVE SURVEILLANCE

Active surveillance means keeping close tabs on your prostate cancer to see if it changes. Active surveillance is an option if your cancer is not causing any symptoms and is expected to grow slowly. Since prostate cancer often spreads very slowly, many men who have the disease may take this option.

Men on active surveillance normally undergo regular PSA tests and periodic prostate biopsies to ensure that the cancer is not becoming more aggressive.

Watch these videos for more details about active surveillance from Radiation Oncologist, Dr. Michael McKenzie, and Vince, a prostate cancer survivor.



LIVING WITH PROSTATE CANCER

Good nutrition, along with regular physical activity and stress management can help you feel better and stay energized. Making a few simple changes, like increasing the variety of healthy foods you eat, limiting the amount of alcohol you drink, and maintaining a healthy weight can have long-lasting benefits to your health. As well, having a strong network of family and friends can help you maintain a positive attitude.



MENTAL HEALTH



PHYSICAL ACTIVITY



FOOD AND DIET



ERECTILE DYSFUNCTION





PHYSICAL ACTIVITY

Physical activity can improve your general health, and help reduce some of the side effects of prostate cancer.

Watch the following videos to hear Sarah Weller and Dr. Prue Cormie, exercise physiologists, talk tips on returning to exercise after surgery, exercising during treatment, and the general benefits of regular exercise. Then hear from Dr. Kristin Campbell, Director of the UBC Physiology Lab, on exercise guidelines for men with prostate cancer.

1) Follow your surgeon's post-operative guidelines. Be sure to take it easy.

- Daily Kegel exercises.
- Get walking as soon as possible.
- No biking or golfing (putting is okay) for three months.

2) Start slow, build slow.

3) Do it daily.

Sarah Weller, Certified Exercise Physiologist, Oncology
4 tips on returning to exercise after prostate cancer surgery

1) Can help decrease fatigue

1. It is too difficult
2. It is too expensive
3. No time for exercise
4. It can worsen incontinence
5. "I don't know what exercise to do"

1. It can reduce risk of prostate cancer
2. It can counteract physiological side effects
3. It can improve mental well-being
4. It can counteract sexual dysfunction
5. To realize these benefits, seek out an exercise physiologist

Web Stats: If I Were Tom January 9, 2017 to November 10, 2017

Sessions

7,310

86% Canadian Visitors

Users

5,125

54% from BC

Page views

20,013

25% from Ontario

Pages / Session

2.74

Avg. Session Length

03:10

57% accessed from tablet or mobile

Top Traffic Sources: If I Were Tom January 9, 2017 to November 10, 2017



Vancouver Sun/Province Article:
824 hits

*Well worth pursuing traditional
media*

Facebook Referrals:
2,792 hits

Mix of organic and paid promotional content

Google: 677 hits

*Importance of making content
search-friendly*

Twitter: 136 hits

User Behaviour: If I Were Tom January 9, 2017 to November 10, 2017

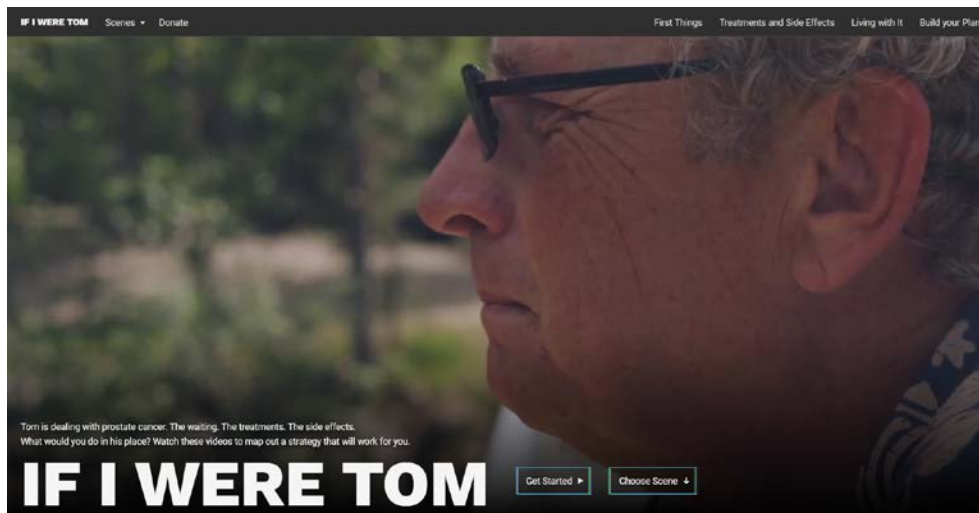
If they arrived at the home page, 49% of users continued on to another page. The top pages they went on to were:

Meet Tom (Scene 1): 52% of traffic

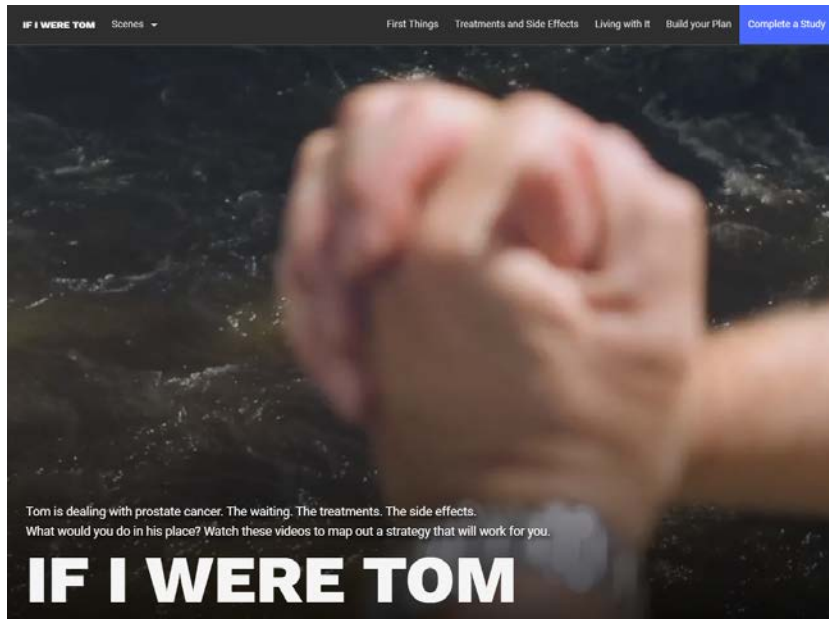
Treating Prostate Cancer: 10% of traffic

First Things to Know: 10% of traffic

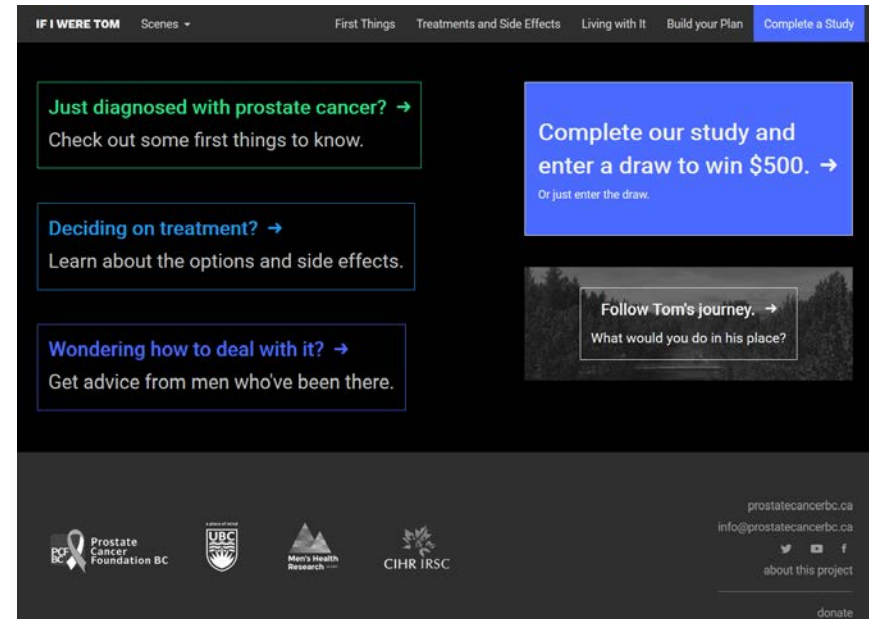
Living with Prostate Cancer: 6% of traffic



User Behaviour: A/B Testing for Home Page Layout



Original



Variant

Video Scene Stats: January 9, 2017 to November 10, 2017

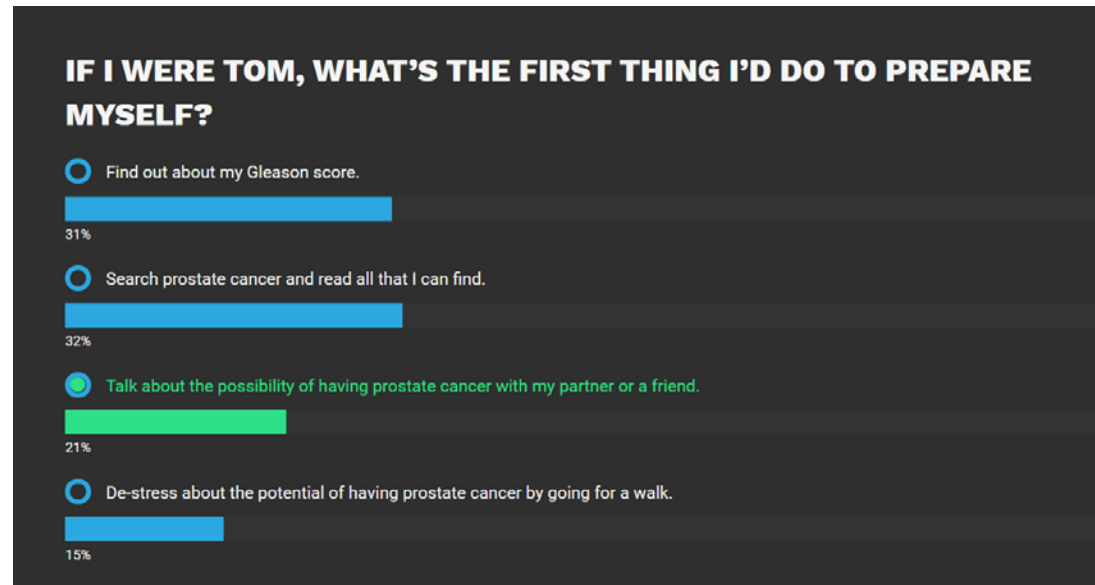
If users proceed to Scene 1, 60% continued to Scene 2.

80% of these continued to Scene 3.

86% to Scene 4.

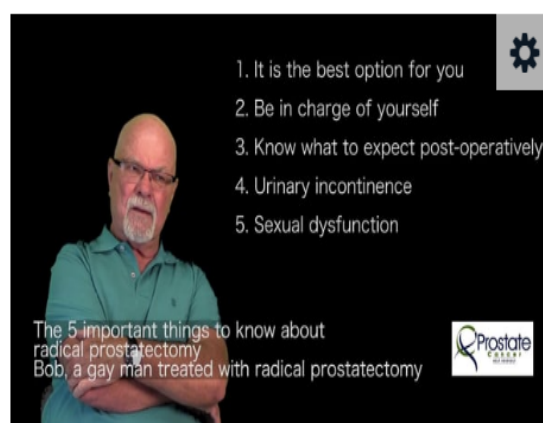
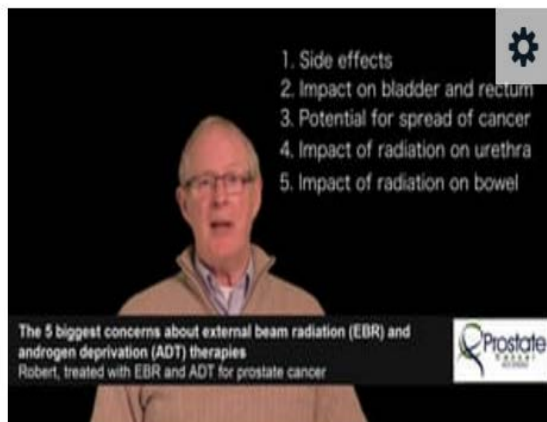
95% to Scene 5.

95% to Scene 6.



3,592 video scenes views. 2,711 votes cast during the videos.

Top Resource Videos: If I Were Tom January 9, 2017 to November 10, 2017



Biggest concerns about EBR and ADT; Concerns about radical prostatectomy; Side effects of radical prostatectomy; important things to know about radical prostatectomy; what to know about active surveillance; how to use vacuum erection devices

CHECK YOUR HEAD

Guys with prostate cancer often experience changes in their mental health. The survey below can help you think about what's going on in your head and identify steps to get back on track.

For a limited time (Jan. 9 – Apr. 9), all website viewers have the opportunity to enter a draw to win \$500.00 CAD.

SURVEY CONSENT AND CONTEST RULES

Consent

Thank you for sharing your feedback in this 5-minute survey.

This survey is being conducted by Dr. John Oliffe (email – john.oliffe@ubc.ca; phone – 604 822 7638) at the University of British Columbia. In this survey we hope to get your feedback on the topic of **Men's Mental Health**.

Some questions asked in this survey may be sensitive for some people. If you feel you may have difficulty completing this survey, you're encouraged to discontinue now. Also, you do not have to answer any questions that you are not comfortable with, and you can withdraw at any time without penalty.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University British Columbia's Office of Research Ethics at 1-604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

If you choose to continue, we ask that you answer these questions truthfully. Once again we remind you that this survey is completely confidential and anonymous.

Contest Rules

If you choose to enter the draw, you must provide an email address. We will contact you at this email address if you are selected in the random draw. We will not contact you otherwise, and your email address will not be used for any other purpose nor kept on record. The winner will be selected and notified on Sunday, April 9th, 2017. If you do not wish to enter the draw but want to complete the survey, leave the email field blank when submitting.

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

Problem	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ORIGINAL ARTICLE

Men's depression and suicide literacy: a nationally representative Canadian survey

John L. Oliffe¹, Madeline N. Hannan-Leith², John S. Ogrodniczuk³, Nick Black⁴, Corey S. Mackenzie⁵, Maria Lohan⁶, and Genevieve Creighton⁷

¹School of Nursing, University of British Columbia, Vancouver, BC, Canada, ²Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, BC, Canada, ³Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada, ⁴Intensions Consulting, Vancouver, BC, Canada, ⁵Department of Psychology, University of Manitoba, Winnipeg, MB, Canada, ⁶School of Nursing and Midwifery, Queen's University, Belfast, Ireland, and ⁷Department of Pediatrics, University of British Columbia, Vancouver, BC, Canada

Community Ment Health J (2016) 52:302–310
DOI 10.1007/s10597-015-9986-x



ORIGINAL PAPER

Stigma in Male Depression and Suicide: A Canadian Sex Comparison Study

John L. Oliffe¹ · John S. Ogrodniczuk² · Susan J. Gordon³ · Genevieve Creighton⁴ · Mary T. Kelly⁴ · Nick Black⁵ · Corey Mackenzie⁶

Patient Health Questionnaire (PHQ-9)

Patient name: _____ Date: _____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

TOTAL SCORE _____

Male Depression Risk Scale (MDRS-22)

Citation: Rice SM, Fallon BJ, Aucote HM, Möller-Leimkühler AM. Development and preliminary validation of the male depression risk scale: Furthering the assessment of depression in men. *Journal of Affective Disorders*. 2013; 151(3): 950-8.

Instructions for completion: Please think back over the last month and respond to each item considering how often it applied to you. Please respond where 0 = not at all; 7 = almost always.

	Not at all							Almost always
1. I bottled up my negative feelings	0	1	2	3	4	5	6	7
2. I covered up my difficulties	0	1	2	3	4	5	6	7
3. I drank more alcohol than usual	0	1	2	3	4	5	6	7
4. I drove dangerously or aggressively	0	1	2	3	4	5	6	7
5. I had more heartburn than usual	0	1	2	3	4	5	6	7
6. I had regular headaches	0	1	2	3	4	5	6	7
7. I had stomach pains	0	1	2	3	4	5	6	7
8. I had to work things out by myself	0	1	2	3	4	5	6	7
9. I had unexplained aches and pains	0	1	2	3	4	5	6	7
10. I needed alcohol to help me unwind	0	1	2	3	4	5	6	7
11. I needed to have easy access to alcohol	0	1	2	3	4	5	6	7
12. I overreacted to situations with aggressive behaviour	0	1	2	3	4	5	6	7
13. I sought out drugs	0	1	2	3	4	5	6	7
14. I stopped caring about the consequences of my actions	0	1	2	3	4	5	6	7
15. I stopped feeling so bad while drinking	0	1	2	3	4	5	6	7
16. I took unnecessary risks	0	1	2	3	4	5	6	7
17. I tried to ignore feeling down	0	1	2	3	4	5	6	7
18. I used drugs to cope	0	1	2	3	4	5	6	7
19. I verbally lashed out at others without being provoked	0	1	2	3	4	5	6	7
20. I was verbally aggressive to others	0	1	2	3	4	5	6	7
21. It was difficult to manage my anger	0	1	2	3	4	5	6	7
22. Using drugs provided temporary relief	0	1	2	3	4	5	6	7

Sample

- Convenience $n=100$
- Age – M – 64-years-old
- Additional health challenges ($n=38$; $n=1$ depression)

- Discord
- Difference
- Diversity



HEADS **UP** GUYS

DEPRESSION IN MEN

TAKE ACTION

YOU'RE NOT ALONE

FOR SUPPORTERS

BETTER STARTS HERE

FOR MEN. ABOUT MEN.


New SQs on Exercise Habits and Health Literacy

IF I WERE TOMScenes ▾Donate

First ThingsTreatments and Side

APRIL TO JULY 2017

We're researching the exercise habits of men with prostate cancer. Complete our study and enter a draw to win \$500. Or just enter the draw. →



Tom is dealing with prostate cancer. The waiting. The treatments. The side effects.
What would you do in his place? Watch these videos to map out a strategy that will work for you.

IF I WERE TOM

Get Started ▶

Choose Scene ▾

Sustainability



Work and prostate cancer

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Canadian seniors now outnumber children for 1st time, 2016 census shows

Share of seniors in Canada's population sees biggest increase since Confederation

By Eric Grenier, CBC News Posted: May 03, 2017 8:47 AM ET | Last Updated: May 07, 2017 2:27 PM ET



There are now 5.9 million Canadian seniors, compared to 5.8 million Canadians aged 14 or younger, Statistics Canada reported Wednesday in releasing the latest census data. (Frank Gunn/Canadian Press)

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1 in 6 Canadians aged 55 or older hasn't started retirement saving yet, RBC survey suggests

CBC News Posted: Feb 14, 2017 10:27 AM ET | Last Updated: Feb 14, 2017 11:57 AM ET



Almost half of respondents in a recent poll commissioned by Royal Bank said they worried about living past their retirement savings. (Ryan Remiorz/Canadian Press)

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MONEY

November 15, 2016 1:32 pm

Updated: November 15, 2016 2:03 pm

Western Canadians buying less and worried about money: survey



By Patrick Cain

National Online Journalist, News Global News

Comments Facebook Twitter LinkedIn Email Print



Falling oil prices and higher housing prices in B.C. have left Western Canada with a darker view of the future than was the case 10 years ago.

Global News

The ageing male workforce

Table 282-0002 ¹¹

Labour force survey estimates (LFS), by sex and detailed age group
annual (persons x 1,000)

[Data table](#) [Add/Remove data](#) [Manipulate](#) [Download](#) [Related information](#) [Help](#)

The data below is a part of CANSIM table 282-0002. Use the [Add/Remove data](#) tab to customize your table.

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Geography = Canada

Labour force characteristics = Employment ³

Sex = Males

Age group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
50 to 54 years	1,025.1	1,056.4	1,065.1	1,068.7	1,111.3	1,133.9	1,161.4	1,157.9	1,130.1	1,111.6
55 to 59 years	754.7	763.0	757.8	800.8	828.3	870.3	888.5	913.7	952.5	967.5
60 to 64 years	423.7	448.4	477.0	506.0	527.7	534.6	565.8	583.2	605.8	636.1
65 years and over	229.8	262.1	283.9	309.8	330.6	357.7	390.3	422.0	434.5	445.5

- <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labor07a-eng.htm>

Reformulating the Worker Identity



Recovering after radical prostatectomy

Embodying the sick role



Contesting side-effects



Conceding new realities



Re-negotiating work expectations

Assessing work capacity



Re-balancing work and
health needs



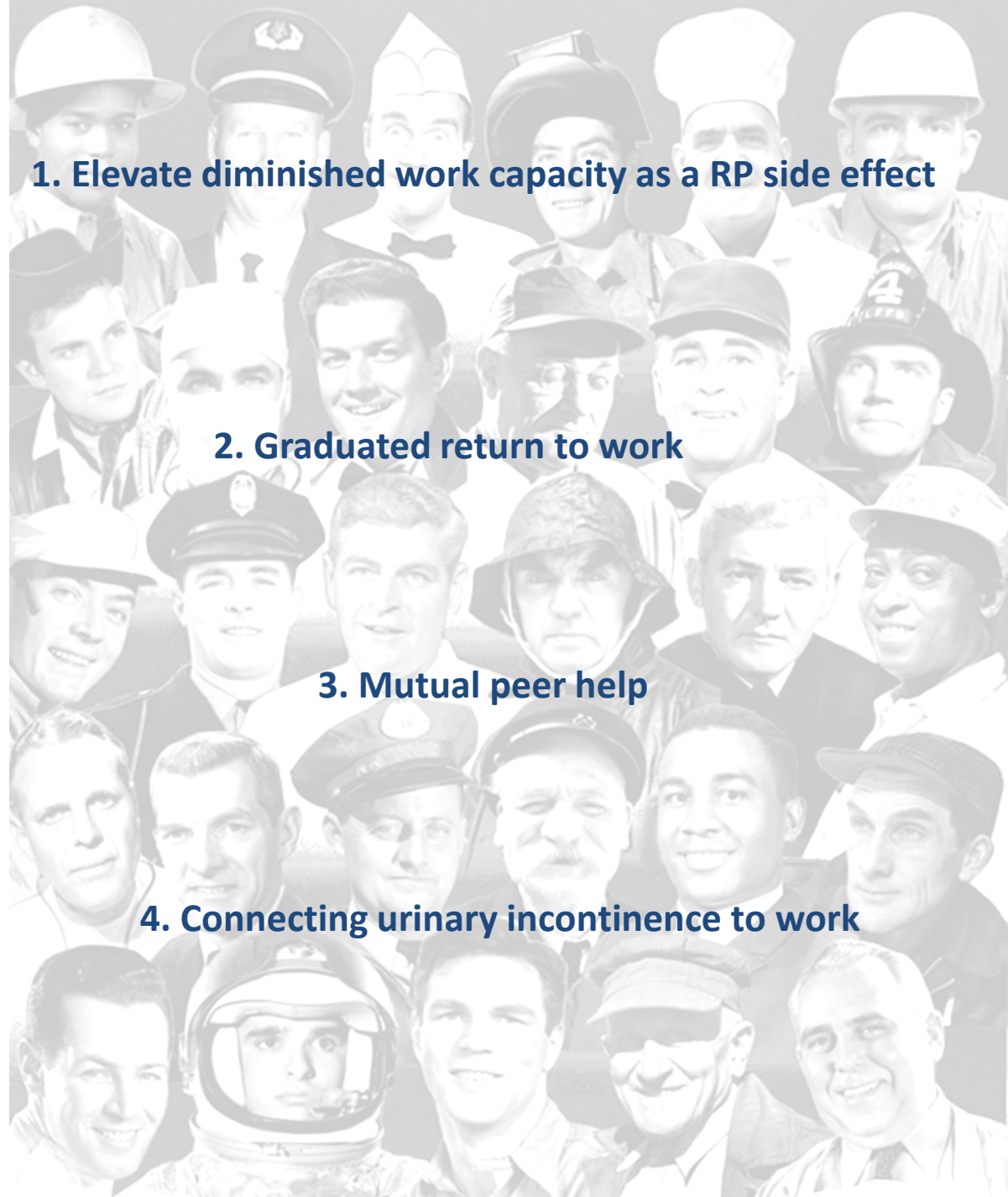
Re-setting work obligations

1. Elevate diminished work capacity as a RP side effect

2. Graduated return to work

3. Mutual peer help

4. Connecting urinary incontinence to work





CEMCOR

the Centre for Menstrual Cycle
and Ovulation Research



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The ABCs of Osteoporosis Prevention for Men with prostate cancer on Testosterone-Lowering Treatment

The development of prostate cancer is sufficiently frightening without also worrying about a broken bone. Those men whose prostate tumours grow in response to male **hormones** (like **testosterone [T]**) are usually treated with "androgen depletion/ablation" meaning a medicine that lowers **testosterone** and/or decrease its actions. **Why is this an osteoporosis risk?** Because **testosterone** both normally slows bone loss and increases bone growth. Taking away **testosterone** causes rapid bone density and strength loss and may also cause **hot flashes**, sleep trouble and aches and pains. Don't despair—there are many things you can do to keep your bones healthy. Plus there are specific ways you can decrease bone loss and risks for breaking a bone (**fracture**) while on **androgen** depletion therapy. **Bone health is influenced by how we live our lives and is simple as ABC.**

"A" IS FOR "ACTIVE"

Bones gain strength through forces from muscle work or gravity. Men build stronger muscles and bigger bones than women but still need regular exercise/activity. While sitting watching TV or on the computer, get up, stretch and do calisthenics or climb stairs for 2 or more minutes every 20 minutes or at every commercial. Make a commitment to doing moderate exercise (walking, hiking, stair climbing, cycling etc.) 30 minutes each day. Adult exercise doesn't increase bone density, but does increase bone strength. Exercise is good for whole body, heart and mind. **Commit to at least a daily walk!**

"B" IS FOR "BRAWNY"

How Can You Find the
Help You Need? ▶



ASK US

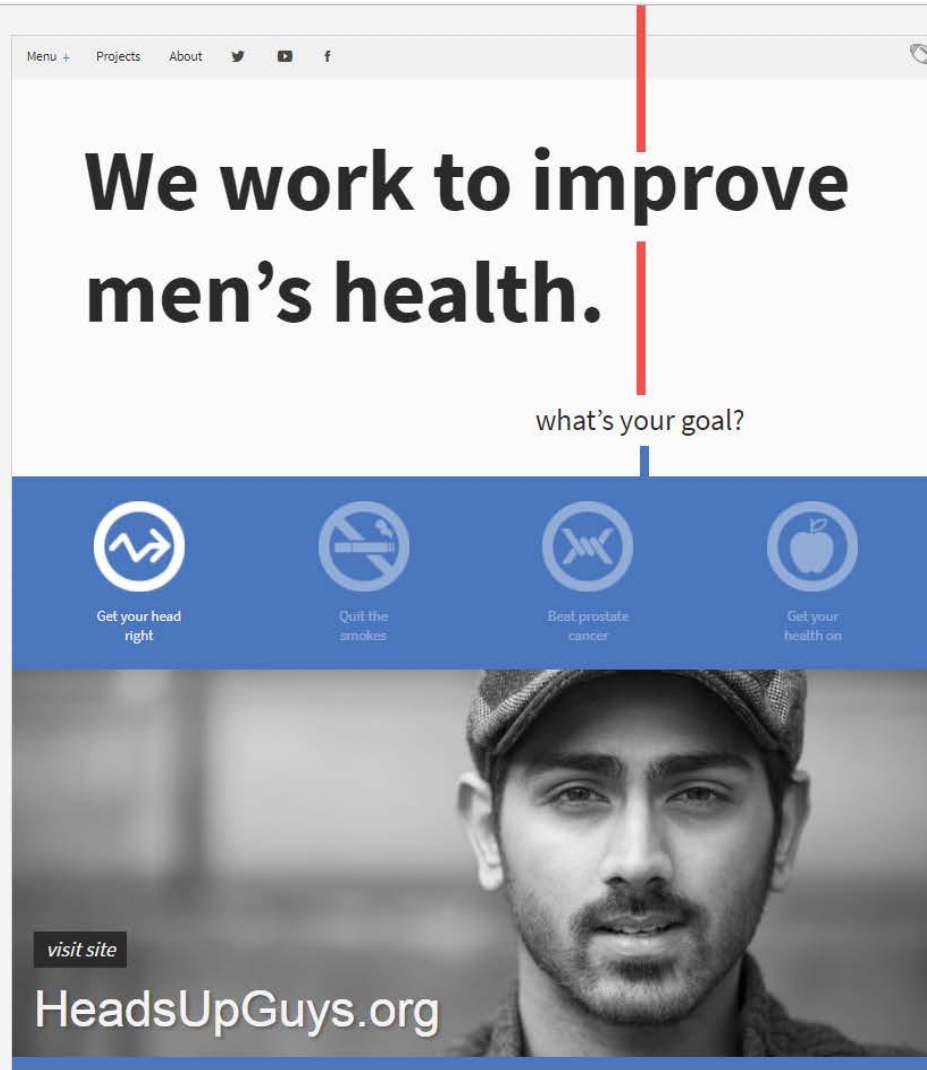
Have a question about your cycles?
[Submit a question](#), and we'll do our best
to get you an answer!

I am 39 and having hot
flushes and night sweats.
I've skipped my period
for the last 18 months.
Does that mean I am in
menopause? Help! I'm
too young—what can I
do?

[READ ANSWER](#)

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