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

John L. Oliffe, PhD MEd RN
Men’s Health Research Program
University of British Columbia
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

![Graph showing life expectancy at birth by sex in Canada from 1956 to 2005]
What groups of men are at risk?

**LIFE EXPECTANCY AT BIRTH, PROJECTIONS FOR 2017**

(in years)

<table>
<thead>
<tr>
<th>Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Nations</td>
<td>73</td>
<td>78</td>
</tr>
<tr>
<td>Métis</td>
<td>74</td>
<td>80</td>
</tr>
<tr>
<td>Inuit</td>
<td>64</td>
<td>73</td>
</tr>
<tr>
<td>Canada (total)</td>
<td>79</td>
<td>83</td>
</tr>
</tbody>
</table>

**LIFE EXPECTANCY AT BIRTH BY SEX AND NEIGHBOURHOOD INCOME, 2005–2007**

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

![Chart: Reasons men gave for not setting up an annual appointment with a primary care physician]

- Too busy to go: 22%
- Afraid of finding out what might be wrong: 21%
- Getting uncomfortable body exams (e.g. prostate or rectal exams): 18%
- Personal questions my doctor may ask me: 8%
- Getting on the scale to see how much I weigh: 7%
- Not wanting to be naked under gown: 7%
- It is too cold in the exam room: 4%
- Something else: 9%

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

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

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 Canadian men will be diagnosed with prostate cancer in 2017. An estimated 4,100 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.

Source: Canadian Cancer Society, 2017
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

<table>
<thead>
<tr>
<th>At Age</th>
<th>Under 40</th>
<th>40 - 70</th>
<th>70+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>At high risk? Talk to your primary care provider about prostate cancer.</td>
<td>Get a PSA test in your 40’s to establish your baseline.</td>
<td>The decision to end PSA testing should be based on individual factors.</td>
</tr>
</tbody>
</table>

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

*Data from Quebec were excluded, in part, because its method for ascertaining the date of cancer diagnosis differs from the method used by other provinces and territories and because of issues in correctly ascertaining the vital status of cases.

Note: These data are based on people aged 15–99 years at diagnosis.

Analysis by: Health Statistics Division, Statistics Canada
Data sources: Canadian Cancer Registry and Canadian Vital Statistics Death databases and life tables at Statistics Canada
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
Welcome to the club that no one wanted to join!
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

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

Joan L. Bottorff a,*, John L. Oliffe b, Michael Halpin b, Melanie Phillips b, Graham McLean b, Lawrence Mroz b

* University of British Columbia Okanagan, Faculty of Health and Social Development, 3333 University Way, Kelowna, BC, Canada V1V 4V7
b University of British Columbia, Vancouver, BC, Canada
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.
**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.

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

**WOMEN & PCSGs**
Women influence their spouses’ experiences of prostate cancer, and are also significantly affected by living with a partner who has prostate cancer.

**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...

**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.

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

**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...

**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...
Top 12 Videos

1. Shannon Griffin - Sexual Health Clinician & Men's Health
   Views: 356

2. Tom Pickles - Radiation Oncologist
   Views: 343

3. Cheri Van Patten - Registered Dietitian and Researcher
   Views: 279

4. Larry Goldenberg - Head of UBC Department of Urologic Sciences
   Views: 245

5. Online Prostate Cancer Support Groups
   Views: 197

6. How Prostate Cancer Support Groups Run
   Views: 165

7. Women on Men's Health and Prostate Cancer
   Views: 150

8. Carolyn Gotay - Canadian Cancer Society Chair in Cancer Primary
   Views: 135

9. Carolyn Gotay on Women and Prostate Cancer Support Groups
   Views: 119

10. John Christopherson - Clinical Counselor
    Views: 109

11. Claude Garneau - Prostate Cancer Survivor
    Views: 94

12. Online Prostate Cancer Support Groups for Younger Men
    Views: 94
2012-2018 Advancing PCSGs

The Perspectives of Canadian Health Care Providers

Family Physicians

Specialists

Nurses
HCP’s said...

<table>
<thead>
<tr>
<th></th>
<th>General Practitioners [N=140]</th>
<th>PCa Specialists [N=150]</th>
<th>Nurses [N=101]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter at group</td>
<td>9 (6.4%)</td>
<td>93 (62.0%)</td>
<td>26 (26.7%)</td>
</tr>
<tr>
<td>Referred patients to group</td>
<td>51 (36.4%)</td>
<td>117 (78.0%)</td>
<td>79 (78.2%)</td>
</tr>
<tr>
<td>Group member</td>
<td>1 (0.7%)</td>
<td>7 (4.7%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Group leader</td>
<td>0 (0%)</td>
<td>1 (0.7%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>No linkages</td>
<td>79 (56.4%)</td>
<td>5 (3.3%)</td>
<td>12 (11.9%)</td>
</tr>
</tbody>
</table>
### HCP’s said...

<table>
<thead>
<tr>
<th>Top two reasons why men choose not to go to a PCSG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Practitioners [N=140]</strong></td>
</tr>
<tr>
<td>Privacy – Don’t want to discuss their problems with others (57 strongly agreed; 75 agreed)</td>
</tr>
<tr>
<td>A lack of knowledge about groups (53 strongly agreed; 63 agreed)</td>
</tr>
<tr>
<td><strong>PCa Specialists [N=150]</strong></td>
</tr>
<tr>
<td>Privacy – Don’t want to discuss their problems with others (48 strongly agreed; 91 agreed)</td>
</tr>
<tr>
<td>A lack of knowledge about groups (25 strongly agreed; 88 agreed)</td>
</tr>
<tr>
<td><strong>Nurses [N=101]</strong></td>
</tr>
<tr>
<td>Privacy – Don’t want to discuss their problems with others (40 strongly agreed; 50 agreed)</td>
</tr>
<tr>
<td>A lack of knowledge about groups (29 strongly agreed; 57 agreed)</td>
</tr>
</tbody>
</table>
## HCP’s said...

<table>
<thead>
<tr>
<th>Role</th>
<th>Top key factors for the effectiveness of a web-based PCSG.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners [N=140]</td>
<td>Providing brief summaries about PCa and health information (50 strongly agreed; 83 agreed)</td>
</tr>
<tr>
<td>PCa Specialists [N=150]</td>
<td>Providing brief summaries about PCa and health information (24 strongly agreed; 91 agreed)</td>
</tr>
</tbody>
</table>
| Nurses [N=101]               | Facilitating discussion and promotes camaraderie (49 strongly agreed; 43 agreed)  
                                | Using interactive web 2.0 applications (42 strongly agreed; 51 agreed)                           |
The value of prostate cancer support groups: a pilot study of primary physicians’ perspectives

Bernard M. Garrett¹, John L. Oliffe¹, Joan L. Bottorff², Michael McKenzie², Christina S. Han¹, and John S. Ogrodnickzuk¹

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
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
DAZED BY THE DIAGNOSIS
[SCENE 3 OF 6]

1. First, watch this video.

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

2. Tough it out alone.
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. 13%
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 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.
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 Cornie, 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 wellbeing
4. It can counteract sexual dysfunction
5. To realize these benefits, seek out an exercise physiologist
<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sessions</td>
<td>7,310</td>
<td></td>
</tr>
<tr>
<td>Users</td>
<td>5,125</td>
<td>86% Canadian Visitors</td>
</tr>
<tr>
<td>Page views</td>
<td>20,013</td>
<td>54% from BC</td>
</tr>
<tr>
<td>Pages / Session</td>
<td>2.74</td>
<td>25% from Ontario</td>
</tr>
<tr>
<td>Avg. Session Length</td>
<td>03:10</td>
<td>57% accessed from tablet or mobile</td>
</tr>
</tbody>
</table>
Top Traffic Sources: If I Were Tom January 9, 2017 to November 10, 2017

**Vancouver Sun/Province Article:**

824 hits

*New UBC website walks men through prostate cancer diagnosis, treatment*

*Well worth pursuing traditional media*

**Facebook Referrals:**

2,792 hits

*Mix of organic and paid promotional content*

**Twitter:** 136 hits

**Google:** 677 hits

*Importance of making content search-friendly*
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.
ORIGINAL ARTICLE

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

John L. Oliffe¹, Madeline N. Hannan-Leith², John S. Ogrodniczuk², Nick Black³, Corey S. Mackenzie⁴, María Lohan⁵, and Genevieve Creighton⁶

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; ⁴Interventions 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

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?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all (0)</th>
<th>Several days (1)</th>
<th>More than half the days (2)</th>
<th>Nearly every day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Trouble falling/staying asleep, sleeping too much.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Feeling tired or having little energy.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Poor appetite or overeating.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Trouble concentrating on things, such as reading the newspaper or watching TV.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Thoughts that you would be better off dead or of hurting yourself in some way.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)


**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.

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

- Convenience n=100
- Age – $M$ – 64-years-old
- Additional health challenges (n=38; n=1 depression)
• Discord
• Difference
• Diversity
New SQs on Exercise Habits and Health Literacy
Sustainability
Work and prostate cancer

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

Western Canadians buying less and worried about money: survey
## The ageing male workforce

### Table 282-0002
Labour force survey estimates (LFS), by sex and detailed age group
annual (persons x 1,000)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50 to 54 years</td>
<td>1,025.1</td>
<td>1,056.4</td>
<td>1,065.1</td>
<td>1,068.7</td>
<td>1,111.3</td>
<td>1,133.9</td>
<td>1,161.4</td>
<td>1,157.9</td>
<td>1,130.1</td>
<td>1,111.6</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>754.7</td>
<td>763.0</td>
<td>757.8</td>
<td>800.8</td>
<td>828.3</td>
<td>870.3</td>
<td>888.5</td>
<td>913.7</td>
<td>952.5</td>
<td>967.5</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>423.7</td>
<td>448.4</td>
<td>477.0</td>
<td>506.0</td>
<td>527.7</td>
<td>534.6</td>
<td>565.8</td>
<td>583.2</td>
<td>605.8</td>
<td>636.1</td>
</tr>
<tr>
<td>65 years and over</td>
<td>229.8</td>
<td>252.1</td>
<td>283.9</td>
<td>309.8</td>
<td>330.6</td>
<td>357.7</td>
<td>390.3</td>
<td>422.0</td>
<td>434.5</td>
<td>445.5</td>
</tr>
</tbody>
</table>

- [http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labor07a-eng.htm](http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labor07a-eng.htm)
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
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 flushes, 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"
We work to improve men’s health.

what's your goal?

- Get your head right
- Quit the smokes
- Beat prostate cancer
- Get your health on

visit site
HeadsUpGuys.org
Project Team

Dr. John Oliffe
Professor, School of Nursing, UBC and Lead of Men’s Health Research Program

Dr. Gayl Sarbit
Knowledge Broker, Institute for Healthy Living and Chronic Disease Prevention, UBC

Dr. Joan Bottorff
Professor, School of Nursing, Director, Institute for Healthy Living and Chronic Disease Prevention, UBC

Dr. Michael McKenzie
Clinical Professor, Faculty of Medicine, UBC and Radiation Oncologist

Dr. Bernie Garrett
Associate Professor, School of Nursing, UBC

Andrew Munroe
Web Development