

# Health Codebook 2022.A1

Written for NABWMT by Mark P. Behar, PA-C Emeritus

## Introduction

We are often shocked and saddened of news of an untimely death of a friend or loved one. Could there be a warning sign or symptom that had been known, could have prevented the tragedy? Lifestyle choices such as unsafe driving, eating too much sugar and junk food, smoking, not enough exercise, and many others we know or may not know, may contribute to the quality of life. In addition to such environmental causes, genetics may also play a role.

This “Codebook” will help focus your attention on things that might help identify your personal risk for illness or disease. It should complement, not replace your own trusted primary care provider (doctor, PA, NP, physician, etc.), which you should have, right?? If you don’t yet have someone you can trust, check out your local LGBTQ Community Center or AIDS service organization in your community for references. Or you may look at the provider resource directory in the **Reference Section** below, at the Gay & Lesbian Medical Association (GLMA.ORG). Read on to find out why it’s important for you to have a health care provider who is well informed about gay men’s health issues.

This is divided into two components: this section, **Health Codebook--2022.A1**, has important and detailed information. **Codebook 2022.B1** is a brief list of Signs and Symptoms and what they COULD represent. A2/B2 will represent updated versions, if released. **Throughout these documents, you may search for a key word or phrase by pressing <CONTROL F> to bring up a search window to type your search words.** References are near the end of this document. You may “google” any term to learn more about the problem or direct your searches to valid university based medical centers. You may also address specific comments, additions, suggestions to the author via email listed in the footer. Thanks for reading!

It is important to trust your provider irrespective of their clinical profession. Most “doctors” (MDs/DOs/surgeons, dentists, psychiatrists, physician associates/assistants (PA), nurse practitioners (NPs), midwives, podiatrists, paramedics, and some military medics) clinically diagnose, prescribe medications, treatments, therapies, and are licensed by their states to “practice” their skills permitted and appropriate to their training. These clinicians may be front line or primary care providers and are usually generalists, such as family practice (or family medicine), internal medicine, pediatricians, and obstetricians & gynecologists. They know a lot about everything! Surgeons and other specialists (neurologists, ophthalmologists, orthopedists, cardiologists, and scores of other specialists have specific training that delves more deeply into their specialty.

Some “doctors” such as psychologists, social workers, counselors, massage therapists, hygienists, acupuncturists may perform their skills to the best of their training and may implement effective nonpharmacologic therapies but cannot prescribe medications. Some have academic doctorate degrees and may be called “doctors” or “professors,” but are entirely nonclinical.

Each of us wish to feel good enough to effectively conduct our activities of daily living—prepare food and eat, bathe, dressing without assistance, sleep, work, play, have sex, etc. without interferences from our bodies and minds that may interfere with our plans. Illness and injury of any kind may interfere with these goals and cause us to seek a “doctor” to help remove these obstacles to a quality of living that coincides with good health.

## Diagnosis

Having “signs” (something that can be observed by others, like a rash, bleeding, or laceration/cut) and “symptoms” (something that cannot be observed by others, such as itching or pain) of disease or injury need to be analyzed in a systematic way to develop a working hypothesis of what the diagnosis may be.

For example, “nausea” is a sensation like you are going to throw up (It’s a “symptom,” because no one can see or observe it; you might look pale or be sweating, but those are “signs”). But it may be due to sinus drainage, ulcers, acid reflux, infection from bacteria or virus, poison, blood loss, cancer, and an assortment of cardiovascular diseases & other maladies. It is important to address every persistent illness or sign & symptom of disease with your primary care provider.

The questions asked by your clinician will help them create a list of potential problems (this is a “differential diagnosis” or “differential”) that may help in diagnosing a problem by ruling out possible but unlikely causes. WHEN EVER going to your health care provider to discuss medical issues, they will always want to know details about what you are experiencing. The following “PQRSTA” mnemonic (there are other ways to remember what these essential questions are) may help us remember what to tell our health care provider:

- **Provokes:** what caused it to happen or is there something I can do to make it better or worse (e.g., after eating pizza, I get terrible abdominal pain.)
- **Quality:** Sharp, burning, throbbing, aching, numbness (e.g., sharp, crampy, colicky pain), pressure
- **Region of the symptom,** and does it move around or **radiate**? (e.g., right upper abdominal area below ribs)
- **Severity:** how severe, and does it interfere with your ability to do normal things? (e.g., stops me in my tracks) Resist rating the severity on a scale from 1-10 although they may want you to. Better ways to describe severity is how it effects your ability to perform activities of daily living (ADLs)—such as getting up and conducting your day’s business without interference from your body. (See ADLs below.)
- **Temporal qualities:** does it always happen at nighttime? Immediately after eating or sex or exercise? (e.g., within 30 minutes of eating pizza), and how long have you experienced the problem(s)?
- **Associations:** Anything else that is associated with the sign/symptom? Anything else you would like clinician to know?

### **Bring Medication & Medical Problem Lists to Each Visit, Keep it in Wallet!**

Remember to bring a list of all your current medical ailments, prescribed medications, over the counter medicines, vitamins, supplements, and special herbs, teas, etc. And tell your clinician if you use/take Saw Palmetto, St. John’s Wort, Grapefruit juice or grapefruit? These all may interact and interfere (sometimes dangerously) with your medications. It may not be in the electronic health record your provider is using.

### **Importance of Having LBGTQ Sensitive Health Care Provider/Doctor**

- 1) You do not have to explain what “coming out” is all about; or what “top” and “bottom,” or “tossing salad” (or other sex practices) are about. You need not be the teacher of “Homo 101” when you’re the patient. You’re paying for their time, not to teach them these essential basics.
- 2) Feel secure that correct lab testing and recommended vaccinations are offered at the right time during appointments
- 3) Aware of differing susceptibilities to medical problems such as depression, alcohol, tobacco, breast cancer (among lesbians), illicit drug use, STDs, etc.
- 4) Not presuming that you want to have a child or should be using birth control, although you may feel otherwise
- 5) Asking sensitive questions sensitively, regarding your gender, sexual orientation, ethnicity, age, gender identity.

### **After Reading this, Any Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:**

## **Signs & Symptoms: Based on Anatomy (Chest, etc.) & Organ Systems (Cardiovascular, etc.)**

“Things to expect as we age” in each of the categories below is a nonexhaustive list of things many people (but not all) experience during aging. Do not freak out but use this information as a springboard for discussion with your primary care provider. It is NON-exhaustive, meaning, there are lots of omissions! **Circle or Checkmark Items Below That You’re Concerned About.**

### **1. Head, Ears, Eyes, Nose, Throat**

- a. Increased sensitivity to touch, to light, to odors or tastes, to sound
- b. Diminished or absent taste, smell, hearing, vision, or touch sensation
- c. Stuffy nose, worse at night, often but not always due to allergies or colds
- d. Aberrant sensation (tinnitus (high- or low-pitched ringing sensation in one or both ears), bad smells, tunnel, or limited vision such as cataracts); sensitivity to light, sound, or touch
- e. Severe dental pain may be a toothache or may reflect abscess in need of immediate attention; get to urgent care or dentist!
- f. **Things to expect as we age:** changes in visual and auditory acuity, cataract formation, changing tastes to prefer stronger flavors

### **2. The 6 Senses Involve “End Organs” (fingertips, retina, tastebuds, etc.), sensory nerves and their pathways to the brain for its interpretation in the brain as a “sense”**

- a. Vision, color vision/color blindness, double vision, seeing shooting flashes of light, tunnel, inability to see things clearly, pain and drainage from eye
- b. Hearing & Balance: hearing ranges drop off as we age; balance, vertigo
- c. Touch (soft, firm, sharp, dull, hot, cold, warm, shock/electric, numbness, tingling, etc.), abnormal sensation may be common with diabetes and injuries to nerves.
- d. Smell, diminished or absence of smell or olfactory hallucinations
- e. Taste, diminished, altered, or absence of taste
- f. Internal proprioception of wellness. This is the umami of senses; hard to pinpoint but important and easy to overlook.
- g. **Things to expect as we age:** hearing loss, cataracts, changing preferences for stronger flavored foods (like some cheeses, beer, liquor), easier to lose balance, sensitivity to temperature changes

### **3. Neurologic (Brain, Spinal Cord, Nerves)—In describing problems, you need to be specific: For instance, three sensory motor nerves supply various parts of each hand so exactly which fingers are bothering you?**

- a. Chronic Pain
- b. Numbness/tingling
- c. Tremors, tremulousness/movement disorders, ataxia
- d. One sided, bilateral, upper/lower
- e. Stroke/Cerebral Vascular Accident (CVA)/Transient Ischemic Attack (TIA) (See Urgencies/Emergencies below)
- f. Peripheral neuropathies (such as carpal tunnel in the wrist)
- g. **Things to expect as we age:** aging redistributes fatty cushions around nerves in joints, therefore more numbness, tingling in hands, arms, elsewhere

### **4. Respiratory (Lungs)**

- a. Shortness of breath, wheezing, exertional
- b. Localized Chest Pain, sometimes exacerbated by inhalation
- c. Cough dry, productive: upon arising from sleep? Daily? Nightly?
- d. Sleep apnea—how many sleeping pillows to you need?
- e. **Things to expect as we age:** easier to get winded; loss of lung elasticity resulting in decreased lung volume

### **5. Cardiovascular (Heart & Blood Vessels)**

- a. Heavy Pressure Chest Pain sometimes radiating to left shoulder

- b. Murmur may reflect heart valve disease
- c. Edema in feet & ankles
- d. Chest congestion with or without productive cough
- e. Palpitations (flip-floppy sensation of heart beating); coughing hard several times often stops this feeling
- f. Rapid pulse (tachycardia) or Slow pulse (bradycardia)
- g. EKG abnormalities
- h. Shortness of breath especially when exercise makes worse
- i. Claudication pain (exercise induced muscle pain & cramping usually in calves)
- j. Varicose veins
- k. **Things to expect as we age:** pulse rate during exercise usually is decreased

#### 6. Abdominal/Gastrointestinal (Liver, Gall Bladder, Intestines, Colon, Anus, Rectum, Pancreas)

- a. Acid reflux (GERD)—worse before or after eating, drinking? Nighttime? Only after certain foods/drinks?
- b. Diverticulosis—nonspecific abdominal discomfort, bloating, pain, intermittent
- c. Crohn’s, colitis, irritable bowel—intermittent diarrhea, constipation, bleeding, crampy pain
- d. Gall bladder disease—right upper abdominal area has pain especially after eating fatty/greasy foods
- e. Anorectal Hemorrhoids, abscesses, fissures, fistula—itching, irritation, pain, bleeding a little or a lot. Not always related to having had receptive anal sex (“bottoming”)
- f. Nausea/Vomiting, Diarrhea/Constipation
- g. **Things to expect as we age:** bowel regularity, but make sure you obtain regular colon cancer screening (Colo-Gard, FIT test, colonoscopy); if acid reflux (GERD) continues, ask to check for test to detect a germ that can increase risk for stomach cancer; sagging connective tissue increases risk of abdominal rectus diastasis (bulging of abdomen from separation of muscles), ventral abdominal hernia; failure of previously corrected hernias

#### 7. Renal (Kidneys, ureters, bladder)

- a. Bleeding, flank pain, polyuria
- b. Renal colic is extreme pain in flanks from a kidney stone usually caught in ureter
- c. Genital, Urinary, Prostate, Bladder, and Connecting Tubes
- d. Discharge, burning, frequency, urgency, hesitation, decreased force, nighttime
- e. Urinary Blood, pus, odor (odors reminiscent of the indoor animal enclosures of old urine)
- f. Flank pain—dull, colicky?
- g. Erectile Dysfunction—all the time? Previous use of Viagra/Cialis?
- h. Enlarged prostate (BPH)—nocturnal urinary frequency, hesitation, decreased flow
- i. **Things to expect as we age:**
  - i. Enlarged prostate (irrespective of sexual activity or prior prostate stimulation) effects urinary frequency, hesitation, bedtime urgency
  - ii. Prostate cancers occur only in older men; digital rectal exams (DRE) may be performed by you/your partner or your doctor. Changes in the PSA (prostate-specific antigen) blood test over a year or two may suggest abnormal growth from a cancer. Black men are at higher risk for aggressive disease and need screening earlier than non-Black men.
  - iii. Medications used to treat enlarged prostate (tamsulosin, finasteride, alfuzosin, tadalafil) may affect quality of urination (frequency, hesitation, urgency, dribbling, leakage of urine, etc.) and sexual performance (erectile dysfunction, retrograde ejaculation, sex drive/libido, etc.)
  - iv. Increased incidence of urinary tract infections.
  - v. Sexually transmitted infections may occur if exposed to potentially infected sex partners engaging in unprotected sex.
  - vi. Decreased kidney function that may require you to refrain from medications such as ibuprofen, cut down on salt, avoid getting dehydrated, other dietary changes.

## 8. Genito-urinary (noninfectious: penis, scrotum, testicles, anus, prostate with overlap to Renal and Abdominal/Gastrointestinal above)

- a. **Think of your penis as the “canary in the coal mine.”** If it begins to cause you problems with having sex, urinating, ejaculating, then it may be a warning that something is wrong, and you must investigate to prevent other things from happening.
- b. Erectile dysfunction (ED) is the inability to get or maintain erection sufficient for penetration to the point of sexual satisfaction or orgasm. Other variations of ED may include premature ejaculation, ejaculation without orgasm (anorgasmia), retrograde ejaculation (ejaculation into bladder, rather than out of penis), and anejaculation (complete absence of ejaculation during sex, despite normal erections or nighttime ejaculations (nocturnal emissions) associated with dreams or not. There are many causes of ED, and may include poor glycemic control among diabetics, elevated cholesterol/triglycerides (lipids), uncontrolled obstructive sleep apnea, tobacco use, obesity (fat converts testosterone into estrogen), testosterone deficiency, post-surgical complications, multiple sclerosis, spinal cord injury, psychogenic causes (the brain is the largest sex organ in the body), medication side effects, alcohol & other drug use, and cardiovascular risk. The penis may be thought of as the proverbial “canary in the coal mine.” ED often signifies cardiovascular abnormalities that affect blood vessels in the heart, kidneys, brain, as well as the penis. Addressing things that adversely affect blood vessel health (lowering cholesterol, blood sugar (“glycemia”), blood pressure, etc.) will benefit all these organ systems, including the penis.
- c. Circumcised, uncircumcised, circumcised as an adult; if too tight or constricting, may cause
- d. Pee-hole above (epispadias) or below (hypospadias) affecting outflow of urine or semen
- e. Testicular lumps, bumps, varicocele (varicose veins of scrotum, bag of worms appearance)
- f. Growers or show-ers—penis appearing small when flaccid, then elongating to “proper” length when erect; Size of erect penis can be too small or too large for satisfactory sexual activity.
- g. **Things to expect as we age:** see Renal and Abdominal/Gastrointestinal sections above.

## 9. Musculo-skeletal (Skeletal, Joints, Muscles, Tendons & Ligaments)

- a. Fatigue/fibromyalgia
- b. Osteoarthritis
- c. Pulled muscles, injured tendons/ligaments
- d. Bone loss/osteopenia/osteoporosis
- e. Back & neck pain; shoulder, elbow, wrist, finger pain; hip, knee, ankle, foot, toe pain
- f. **Things to expect as we age:** loss of muscle mass, loss of bone calcium with increased risk of fracture, more cramps, foot disorders such as bunions/bunionettes, joint pain, plantar fasciitis/heal spurs; knee, hip, shoulder pain, neck, and low back pain; decreasing range of motion of all joints

## 10. Dermatologic (Skin, Nails, Hair)

- a. Eczema/atopic dermatitis
- b. Seborrheic dermatitis
- c. Blisters: friction, herpes, shingles, monkeypox. Whatever the cause, DO NOT BREAK; cover with nonstick bandage, & call nurse or doctor/urgent care to discuss how to manage
- d. Psoriasis, psoriatic arthritis
- e. Keloids
- f. Onychomycosis (fungal infection of nails)
- g. Hidradenitis suppurativa
- h. Skin cancers and melanoma
- i. Dermatologic presentations involving darkly pigmented skins may differ from those of lighter complexions.
- j. **Things to expect as we age:** Dry skin, wrinkles, crape skin, thick callouses or corns on feet, prior severe sun/UV exposure predisposes to skin cancers, graying of hair, hair growth in the “wrong” places (ears, nose), enlargement of ears, nose, rosacea on face and nose (more in the white guys!)

## 11. Immunologic

- a. Deficiencies (excluding viral infectious causes such as HIV)
- b. Medication/Drug induced
- c. Rheumatologic including Rheumatoid arthritis
- d. **Things to expect as we age:** Less robust immune system responsiveness causing such things as longer recovery

## 12. Metabolic/endocrinologic (Adrenal, Thyroid, Ovaries/Testicles, Pancreas, Pituitary, Hypothalamus, others)

- a. Diabetes
- b. Thyroid/parathyroid
- c. Gout, Pseudogout
- d. **Things to expect as we age:** As our weight increases, so too does risk for diabetes. Losing a significant amount of weight may help prevent you from getting diabetes; sleep disturbances such as sleep apnea and differing requirements of sleep or awakening at night for a while; a loss of sense of thirst especially when dehydrated and in hot weather is often dismissed as “nothing to worry about”!

## 13. Infectious Bacterial, Viral, Protozoa, Fungal, Parasitic

- a. STDs bacterial, protozoal, fungal
- b. STDs viral: Herpes, HPV/warts, Hepatitis, HIV, monkeypox
- c. COVID
- d. HIV/AIDS
- e. Influenza/the flu, seasonal
- f. Acute viral syndrome: common in many infectious viral diseases: viral shed & potential spread may occur 1-3 days before general symptoms begin; fatigue, muscle aches, fever, sore throat, headache, rash, etc., like the flu.
- g. Vaccinations may prevent some infections (HPV, HAV, HBV, Gardasil/HPV), and regularly taking PrEP may help prevent HIV
- h. Traveler’s vaccinations to prevent
- i. **Things to expect as we age:** Less resilience to some infectious diseases. “It hits me harder than it used to.”

## 14. Behavioral/Psychiatric

- a. Depression
- b. Loneliness vs. being alone & secluded
- c. Substance abuse—tobacco, alcohol, meth, opioids, other drugs, gambling, sex addiction
- d. Attention Deficit and Hyperactivity Disorder usually among younger people
- e. Borderline personality disorder causes difficult social interactions, impulsivity, mood instability
- f. **Things to expect as we age:**
  - i. Recognition of mortality
  - ii. Friends dying, feeling alone and lonely—your age mates aren’t around anymore so you can’t commiserate, and younger family members just can’t empathize!
  - iii. Loneliness, depression

## 15. Traumatic Injuries

- a. Concussion causes brain injury that may persist and get worse for lifetime (football, boxing)
- b. Motor Vehicle/Cycle, scooter, skateboard, roller blading/skating, skiing, bicycle, or pedestrian injuries
- c. Orthopedic injuries from mis-stepping, falling downstairs
- d. Burn injuries (thermal, chemical, radiation): burns, frostbite, hypothermia, hyperthermia
- e. Things to expect as we age:
  - i. Greater risk of having a slip & fall with subsequent damage far exceeding what may have occurred when same thing happened when younger
- f. **Things to expect as we age:** Simple injuries when younger turn out to be a bit more complicated when we’re older, so the best advice is to avoid activities that may increase chance of falling and hurting yourself!



- 16. STIs (STDs, VD)** --considerable overlap with urinary & genitourinary, prostate, gastrointestinal, endocrine, dermatology and infectious diseases. Among the STIs chlamydia (CT), gonorrhea (GC), syphilis (S), mycoplasma (M gen), herpes simplex (HSV), HIV, HPV/warts/condyloma may cause these types of signs/symptoms.
- a. Unexplained sores, blisters, or bumps may be painless, painful, itchy, dry/moist around genitals, mouth, or anal area.
  - b. Thin, mucoid, or thick discharge from penis or anus
  - c. Burning, pain, itching, from penis or anus
  - d. Sore throat, swollen glands, fever
  - e. Rash on body, palms, or soles, inside mouth
  - f. Unexplained patchy hair loss, swollen lymph nodes
  - g. Unexplained weight loss, drenching night sweats, fever
  - h. Vaccine preventable STDs: HPV, Hepatitis A and B, HIV if PrEP with antiviral medication if consistently used.
    - i. PrEP (Pre-Exposure Prevention or Prophylaxis) may include two oral medications: tenofovir DF/emtricitabine (Truvada), tenofovir AF/emtricitabine (Descovy)—which are taken daily, and sometimes as a 2-1-1 dosage, and the injectable suspension cabotegravir extended release (Apretude)—two shots at one time every 1-2 months. Medications are constantly changing and improving. On the horizon, a 6–12-month injection or subcutaneous capsule not unlike some methods of birth control.
  - j. A word about antibiotics given for an infection: Signs & symptoms may quickly resolve in a few days, but you must continue all medications for the entire duration of your treatment. Shortening the dose to “save for a rainy day” is the perfect formula for creating resistance to antibiotics. Always take all medications as directed and discard unused meds in garbage (not the drain!).
  - k. REMEMBER that you must ask your doctor for throat and anal gonorrhea/chlamydia cultures as well as providing a urine specimen for infections of your urethra. Don't expect a request for “STD Testing” to include testing your anus or throat unless you ask for them! Sometimes syphilis and HIV testing may also be excluded unless you specifically ask for them.
  - l. **Things to expect as we age:**
    - i. Human Papilloma Virus (HPV) are the causes of warts. Certain strains of this virus are also associated with precancerous changes, that if left untreated may progress to cancer. Anal HPV may cause cancer. Oral HPV may degenerate to throat and neck cancers. Although very uncommon, penile HPV may progress to penile cancers, especially in uncircumcised men. Vulvar, vaginal, and cervical HPV may progress to gynecologic cancers of these organs. Warts on the fingers, hands, and feet, may cause uncomfortable fleshy bumps, but do not progress to cancers.
    - ii. Herpes simplex virus (HSV) is one of several herpesviruses that share one important characteristic—once infected, always infected. Other viruses in this family include chickenpox and shingles, and the virus that causes infectious mononucleosis when you were younger, along with others. HSV and chickenpox/shingles can be prevented with vaccines, and they can be effectively treated during outbreaks, but recurrences may recur. HSV can occur anywhere around the nose and mouth, and the anogenital area, chickenpox causes a generalized rash everywhere, and shingles usually occurs only on the right or left side of the body along certain nerve pathways called dermatomes.
    - iii. Sexually transmitted infections may occur if a person—regardless of age, has sex with an infected partner.

**Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:**

## Pain Better Assessed Through Activities of Daily Living (ADLs) Rather Than a 1-10 Scale

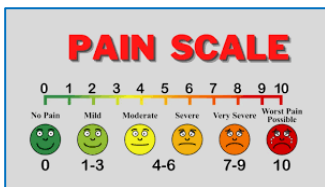
Pain is acute if present for less than 3-6 months associated with injury or disease. Pain is the body's perception that something is harmful, and that you need to quickly assess to remove or minimize the noxious stimulation. Something external (such as burning hot, freezing cold, electric, pressure, sharp, stabbing, stretching, throbbing, etc.) irritates sensory nerves that connect to the reflex mechanism in the spine and milliseconds later interpreted as pain by the brain.

Some people are overly sensitive to the slightest of noxious stimuli; others are very tolerant to pain. Some people are tolerant to many types and sources of pain, but not others! Like dental procedures

Chronic pain is a continuation or worsening of painful sensations for longer than 6 months, in the absence of a causative injury or disease or after physical healing following an injury may have taken place. Chronic pain establishes constantly activated neurochemical pathways in the brain not unlike the geological process that created the mile deep channel of today's Grand Canyon after millions of years of flood waters.

Assessing "functional impairment" (how your symptoms interfere with your ability to perform ADLs (Activities of Daily Living) is far more useful than asking "how severe is your pain on a 1-10 scale" that most hospitals and clinics use (see two samples here). Although having a pain scale is quick and easy, it is inaccurate, and there is no universal agreement about quantifying pain with these types of scales.

1. Personal hygiene or grooming including bathing, shaving, etc.
2. Dressing, preparing clothing and dressing/undressing
3. Toileting & hygiene
4. Transferring to & from bed or chair, ambulating with/without assistance
5. Eating & food preparation
6. Safety and emergency responses



Severity	Description of Experience
<b>10 Unable to Move</b>	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
<b>9 Severe</b>	My pain is all that I can think about. I can barely talk or move because of the pain.
<b>8 Intense</b>	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
<b>7 Unmanageable</b>	I am in pain all the time. It keeps me from doing most activities.
<b>6 Distressing</b>	I think about my pain all of the time. I give up many activities because of my pain.
<b>5 Distracting</b>	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
<b>4 Moderate</b>	I am constantly aware of my pain but I can continue most activities.
<b>3 Uncomfortable</b>	My pain bothers me but I can ignore it most of the time.
<b>2 Mild</b>	I have a low level of pain. I am aware of my pain only when I pay attention to it.
<b>1 Minimal</b>	My pain is hardly noticeable.
<b>0 No Pain</b>	I have no pain.

## Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:



## What Constitutes Real Urgencies & Emergencies

1. **Crushing heavy chest pain** like an elephant sitting on your chest is potentially emergent! Call 911
2. Did you know that sometimes heart attacks may be silent (without symptoms), or may have nausea and stomach distress as the main symptom?
  - a. **Acute shortness of breath** from wheezing, inability to breath or speak potentially emergent! Call 911
  - b. **Acute traumatic injury with blood loss, loss of consciousness, or obvious fractures or dislocations, or suspected neck and spinal injuries:** Call 911
  - c. **Respiratory arrest, choking, cardiac arrest, drowning:** Call 911
  - d. **Fainting or loss of consciousness** for any reason is potentially emergent! Call 911
  - e. **Loss of consciousness** (See below “**About Personality Changes as We Age**”): Call 911
    - i. from hitting head on solid surface, athletic accident, swimming
    - ii. Witnessed or unwitnessed, consider cardiac or respiratory arrest,
  - f. Warning signs of **Stroke** (cerebrovascular accident, CVA) is potentially emergent! Call 911
    1. Sudden numbness or weakness in face, arm, or leg, especially on one side of body
    2. Sudden confusion, trouble speaking, difficulty understanding speech
    3. Sudden trouble seeing in one or both eyes
    4. Sudden trouble walking, dizziness, loss of balance or lack of coordination
    5. Sudden severe headache without known cause

### **If you suspect Stroke in someone else act FAST:**

**F**—Face, ask person to smile. Does one side of face droop?

**A**—Arms: can person raise both arms? Does one arm drift downward?

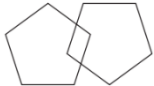
**S**—Speech: Ask to person to repeat a simple phrase. Is it slurred or strange sounding?

**T**—Time is of the essence! If any of these are present, call 911

## Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:

## **Mental Status: Severe Memory Loss, Personality Changes--Could I Have Alzheimer's?**

Dementia is a general term describing a decline in mental ability (or "cognitive impairment") severe enough to interfere with activities of daily living (ADLs) and is NOT a normal consequence of getting older. Alzheimer's is a common cause of dementia and is a specific disease. Dementia is caused by damage to brain cells affecting a person's ability to communicate, think, behave, and emote feelings. Alzheimer's is a progressive degenerative condition involving certain brain proteins that alter brain function and causes dementia, usually beginning with short term memory loss. The first step is to assess memory:

1. **Memory Loss/Behavioral changes/Cognitive Impairment (Do I have dementia or Alzheimer's?):** Memory loss is one component that can be This is an example of a Mini-Mental Status Test.
  - a. **Orientation** to time and place
  - b. **Registration:** requires remembering several named objects (such as a pencil, keys, book, ball, piece of paper)
  - c. **Attention & Calculation:** Spelling a word backwards or repeatedly subtracting "7" from 100 for at least 5 times
  - d. **Recall:** list of 3 objects from above
  - e. **Language:** identify two items shown (may be "Repeat phrase "No ifs, ands, or buts"." "Do the following: "take a piece of paper, fold in half and place on the floor."" "Read and obey the following: CLOSE YOUR EYES. Write/print any type of sentence."
  - f. **Copy** two overlapping pentagons:
  - g. **Draw picture of analog** clock showing the time (chose something like "4:20") to determine if circle is drawn, numbers on face of clock are appropriate, and large & little hands correspond correctly to the time.

Points are given for successfully completing these tasks in the allotted time. A low score may call for a full mental status exam with 30 questions, along with other laboratory and imaging tests that could help determine whether the cause may be organic, medications, or something else, and to better access the nature and degree of memory loss. The goal is prevention of further memory decline that will adversely affect the quality of life.

2. Poor hygiene and disheveled appearance
3. Poor judgment, confusion
4. Difficulty speaking, understanding, and expressing thoughts, or reading and writing
5. Wandering and getting lost in a familiar neighborhood
6. Trouble managing money responsibly and paying bills
7. Repeating questions

**Traumatic Brain Injury** (from repeated concussions sustained from football, boxing, bicycle, skateboard, motor vehicle accidents, etc.) may contribute to chronic traumatic encephalopathy, a progressive degenerative disease who's symptoms include headaches, loss of attention & concentration, depression & mood swings, explosivity, short term memory loss, loss of executive functioning, language difficulties, impulsivity, potential for suicide, gait and visuospatial difficulties, aggression, apathy, dementia, paranoia, slow or slurred speech, movement disorders such as Parkinsonism (slow movement, tremor, impaired speech, muscle stiffness). This is yet another cause of dementia.

## **Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:**

## **Preventive Health Care—What We Can Do at Any Age to Improve Our Future Health**

1. Vaccinations <<https://www.cdc.gov/vaccines/>>. Vaccinations (immunizations) may not always prevent disease, but almost always prevents severe consequences of the disease, such as hospitalization or death.
  - a. HPV, HBV, HAV, COVID, tetanus, pneumococcal pneumonia, meningococcal, varicella and others may be needed, based on your age.
  - b. Monkeypox: childhood vaccination against smallpox (prior to 1972) may offer protection
  - c. Annual flu and COVID vaccinations each fall.
  - d. International Travel Vaccinations for Overseas Travel & State Department Travel Advisories
    - i. <https://wwwnc.cdc.gov/travel>
    - ii. <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>
2. Dental & Oral health (associated with cardiac disease)
3. Body weight, BMI/Truncal Fat: Weight Loss, Exercise, Nutrition: Your goal should be a 5% loss of your total body weight within 3-6 months if you are overweight. Body Mass Index (BMI) is controversial, but if your belt size is > size 40, then unless you're a Sumo wrestler, you should lose weight!!
  - a. Dietary Salt/Sodium restrictions: look on ingredient labels for sodium. Canned foods are usually preserved with salt, so rinse them with plain water several times, or better yet, shoot for fresh and frozen foods.
  - b. Nutrition: Omnivore (meat eaters with animal based proteins, fruit, vegetables, grains); pescetarian (fish & shellfish, seafood, but no land animal proteins), lacto-ovo vegetarians (including dairy and eggs), and vegans (no animal proteins, dairy or eggs), need for supplementation to avoid deficiencies of vitamins B-12 & D, some amino acids, and omega-3 fatty acids.
  - c. Best diets: the one you can maintain. Mediterranean Diet is heart healthiest. Even if you remain overweight, a 5-10% weight loss decreases your risk of diabetes and other metabolic disorders, cardiovascular disease, and some cancers.
4. Drugs & Substances
  - a. Tobacco, Alcohol, Marijuana/Delta 8, -9, -10/Blunts/Vapes—Cut down or eliminate.
  - b. Meth, Ecstasy, cocaine, heroin are not only illicit, but they are also well known to cause severe cardiovascular, neurologic and/or behavioral side effects that can be both addicting and life threatening.
  - c. Pain medication overuse: codeine, tramadol, hydrocodone, oxycodone, oxycontin, gabapentin, pregabalin/Lyrica
  - d. Sleep medication with any drug with a “z” sound: Zopiclone, eszopiclone, zaleplon and zolpidem/Ambien, or a benzodiazepine such as alprazolam/Xanax should be closely monitored by your prescribing doctor.
  - e. As you get older (>age 65), many medication doses MUST be reduced or eliminated because of your changing body's ability to process, metabolize, and eliminate such medications.
5. Medication adherence especially if you're on HIV or hepatitis antivirals.
  - a. Smart phone apps may help you remember to take your meds at designated times: e.g., MediSafe, RxRemind, Pillgo
6. Trans-Men were born with female organs and endocrine glands and despite masculinizing hormone therapies, may forever be at risk for breast, ovarian, cervical, or uterine cancers, unless these organs were surgically removed. Trans-Women were born with male genital organs and endocrine glands and will always have a prostate gland.
7. Cancer screenings: colon, prostate, skin, anal, dental/oral cancer, breast (especially if you are transmale and with family history of breast cancer), lung (if any history of tobacco use)
  - a. Change of bowel habits: making sure you need to do periodic testing for colon cancer (FIT test, colonoscopy every 5-10 years, Colo-Gard); constipation may benefit from psyllium seed (Metamucil (psyllium) or MiraLAX)
8. Learn CPR/Basic Life Support, First Aid at least once.
9. How does your personality affect your health, well-being, longevity? 5 Factor Model of Personality:

- a. Extraversion-Introversion
- b. Agreeableness
- c. Conscientiousness--Reflects the tendency to be responsible, organized, hard-working, goal-directed, and to adhere to norms and rules. Like the other core personality factors, it has multiple facets; conscientiousness comprises self-control, industriousness, responsibility, and reliability. A conscientious person is good at self-regulation and impulse control. This trait influences whether you will set and keep long-range goals, deliberate over choices, behave cautiously or impulsively, and take obligations to others seriously. Conscientiousness is a key ingredient for success—in love as well as work. It's also a major predictor of health, well-being, and longevity.
- d. Emotional Stability & Neuroticism
  - i. Type A Personalities: characterized by a strong drive to reach goals, aggressiveness, adherence to rigid deadlines, competitiveness, and more. In epidemiologic studies, a strong association between Type A personality and cardiovascular disease has been shown. Many factors may be associated with Type A personalities and heart disease, including increased tobacco use and alcohol intake, as well as anger which contributes to blood pressure and vascular instability.
  - ii. Type C Personalities: characterized by passivity, focus on others, anger-repression, helplessness, patience, agreeableness, and self-sacrifice. Most importantly are submissiveness and restricted emotionality.
- e. Intellect/Openness

In a [study](#) published in the *Journal of Black Psychology*, investigators suggested ways in which personality can be paired with interventions to improve health. Of note, researchers were investigating the relationship between the Big 5 and physical functioning in a population-based sample of Black adults.

The authors suggested that “interventions targeting individuals’ personality and social skills may help people become more aware of available social support and perceive their support more favorably. Interventions could train participants in increasing and diversifying their social network, teach them how to elicit assistance from their network, provide resources for forming more links with their community, and assist them in learning to accept help when offered.”

Interventions targeting personality could also help with conflict avoidance and encourage interdependence. Targeting higher conscientiousness and extraversion, as well as lower levels of neuroticism, could help those who have diminished social support.

MDLinx <https://www.mdlinx.com/article/4-personality-traits-that-affect-your-patients-health/53XHMaH4ejGm4E6ULUQ8JU>

## **Future Health, Disability & Estate Planning**

1. Last Will and Testament: Do you have next of kin who will dispute your wishes
2. Power of attorney, health care power of attorney
3. Cosignatory on bank statements with trusted loved one
4. Beneficiaries for health insurance, IRA, Roth’s: Talk to Your Financial Planner
5. Downsizing your material possessions so a loved one won’t have to discard your valued possessions
6. Wealth best determined by your ownership of property
7. Gay sensitive family attorney for implementing such planning

## **Questions on Your Mind to Ask Your Provider or Family Member/Significant Other:**

## **Quick Information About Transgender Health**

### **Definitions**

Cisgender, or cis, refers to the gender you identify with that matches with your sex assigned at birth, and is usually consistent with your genital anatomy. Transgender refers to when your gender identity differs from your assigned sex at birth and is usually not consistent with your anatomy. In Latin, “cis” means “on this side,” while “trans” means “on the other side.” Most will say that by age 5 or so, they knew they were boys or girls despite their anatomic sex.

### **Adolescents Younger than Age 18**

Role of puberty blocking medications is legally controversial, especially in conservative states. However medical interventions are available that can delay the impact of a person’s own estrogen and testosterone as they age. These hormones help a child develop secondary sex characteristics (in males: voice deepening, facial hair, muscle development, tracheal cartilage (Adam’s apple) growth, etc.; in females: breast growth, fat deposition, etc.)

### **Counseling & Therapy**

This is helpful to understand one’s gender identity and inconsistencies with the way they feel about their anatomy and more importantly, how society and diverse cultural values respond to individual gender variances. Connecting with local transgender support groups is always helpful.

### **Hormone Transitioning Therapy**

For Transmen (female to male), testosterone in large doses helps them achieve the look and feelings of men. There are no commonly approved estrogen blockers in the US. Unless ovaries and uterus are surgically removed, transmen can still get pregnant without other nonhormonal methods of contraception. They may always be at increased risk for breast cancer, even after mastectomy.

For Transwomen (male to female), a testosterone blocker, an estrogen, and sometimes a progesterone (for breast growth) are given. Unless a surgical orchiectomy (castration) is obtained, sperm production may still be sufficient to impregnate a fertile cis-female. They will always have a prostate, and will be at minimal risk for prostate cancer

Most benefit from taking these medications for a minimum of 2 years. After that, continued medications will help maintain the status quo, but no further feminization or masculinization is achieved (i.e., no more breast growth in transwomen, no further voice deepening and hair growth in transmen).

Stopping all medications allows endogenous hormones (from one’s own testicles or ovaries) to regain control, but some changes that have occurred cannot be undone.

### **Surgical and Alternative Options May be Desired**

Orchiectomy, electrolysis, breast augmentation or reduction, chest and facial remodeling, tracheal shave, to creation of a new vagina (neovagina) in transwomen may be considered. Hysterectomy and removal of ovaries, mastectomy, and creation of a phallus (“package”) in transmen may be considered. Sometimes LGBTQ-sensitive sex stores may help (see resources). However, many transfolk will refuse all surgical interventions and just use hormonal therapies.

### **Searching for Knowledgeable Health Care Providers**

Gay and Lesbian Medical Association (GLMA.ORG) can help you identify clinicians in your area who may be able to help you through these processes.

## **Elder, Older, “Seasoned” Men’s Health Issues**

As we age, everything seems like it’s breaking down, takes longer to recover, etc. More specifically and in no special order:

1. Greater susceptibility to infectious diseases; slower recovery following exercise, illness, or surgery.
2. Sleep disturbances; apnea, snoring, may need to consider C-PAP machine to assist.
3. Hair thinning and loss from scalp; more and often grayer hair in ears, nose, everywhere you may not wish.
4. Prostate cancer
5. Urination—frequency, hesitancy, burning, urgency, inability to empty bladder fully, night time urination, dribbling after completion may be due to an infection, STI, or prostate enlargement
6. Shrinking phallus/penile “shrinking”: circumcised (circ’d) when younger, but now looks like penis has a foreskin turtleneck! When peeing, a few drops may remain, and may keep head moist, which may generate foul smell. Sometimes when sitting, instead of phallus hanging down so that urine will be sprayed downward into the bowl, it may “strategically” stream horizontally, under the toilet seat to wet your trousers/underwear or floor. Sometimes when standing while urinating, similar problem with penile head covered by “faux” foreskin, resulting in urine ending up where you don’t want it!
7. Erectile Dysfunction or Ejaculatory problems, Sex, Libido
  - a. Frequency of erections, ejaculations, libido, and force and quantity of semen is less.
  - b. Previously able to top? Now it’s more difficult and you may need to switch to bottoming, if at all. The fantasy of having a “daddy” or “silver daddy” as a “top” does not often occur
  - c. Medications having effect on libido (sex drive and “friskiness”) & erections: antihistamines, several blood pressure medications, all the prostate medications, anti-depression and anxiety meds may also have harmful effect
  - d. Low libido irrespective of medications, affecting ability to initiate and sustain erections and have sex
  - e. Chronic conditions may also have adverse effects on sex: tobacco, obesity, diabetes, high blood pressure, cardiovascular disease, severe atherosclerosis.
8. Organs previously held in place with connective tissue that begin to sag, becoming less compliant, causes that facial wrinkling (made worse by sun exposure), “penile shrinkage” and sometimes a defect in mid-abdominal wall causing a bulge that looks like but is not a hernia, especially when pushing/straining (called “diathesis rectus”). May also cause saggy breasts (“man boobs”), pubic area, face, neck skin, “low Hangers” (scrotum and testicles seem stretched out and hang lower than when younger and are more noticeable), hiatal hernia (sensation of swallowed food or drink that gets “stuck” in mid-chest).
9. Other bodily systems requiring SMOOTH MUSCLE: veins relax and may become less efficient (more “incompetent”) and look bulgy (prominent) on forearms, penis; GI system, which increases likelihood of constipation and bowel irregularities
10. Intermittent muscle cramps (feet, calves, legs, hands, forearms, etc.) & joint pain irrespective of past injury or not, including knee pain, neck pain, low back pain, fatigue!
11. Intermittent nerve sensations like something is biting you hard (like a crab pinching you, or a horsefly biting a piece of you off) on your toes or feet or elsewhere
12. Weight gain in abdomen, and redistribution of fat away from upper body to central abdominal area, which may cause pressure on nerves (and numbness, tingling of hands, arms somewhat like carpal tunnel syndrome)
13. Constipation, bowel irregularity
14. Dehydration without having thirst: oral rehydration involves
15. Alcohol Overuse causes gastritis, esophagitis, pancreatitis, N/V, dehydration
16. Tobacco Long Term Use causes lung cancer, increases risk of COPD and asthma
17. Nighttime coughing may need pre-treatment with an albuterol inhaler, or GERD medication like famotidine (Pepcid).
18. Nasal congestion worse at night due to allergies



19. Weak, low stamina, fatigue, need for naps far more often than when younger
20. Foot issues: corns, callouses, bunion (1<sup>st</sup> toe)/bunionette (5<sup>th</sup> toe), heel spur/plantar fasciitis, difficulty in trimming nails; nails may be malformed or growing differently than before; toenail fungus (onychomycosis)
21. Change of bowel habits: making sure you need to do periodic testing for colon cancer (FIT test, colonoscopy every 5-10 years, Colo-Gard); constipation may benefit from psyllium seed (Metamucil or MiraLAX)
22. People over age 65 tend to metabolize many medications differently than those who are younger. You may need lower doses of some medications, and some may be thought of as unsafe and must be discontinued or may interact unpredictably with other prescribed or over-the-counter medications, teas, and herbs.
23. **Other things to expect as we age, many of which are metabolic:**
  - a. Cholesterol abnormalities
  - b. Gout, pseudogout (excess uric acid or calcium crystals in joint of toe, knee, elsewhere)
  - c. Bone loss, increased risk of bone fractures from slips, falls
  - d. Diabetes, insulin resistance, especially if overweight
  - e. High blood pressure
  - f. Decreasing kidney function
  - g. Accidentally inhaling a particle of food or drink, and then coughing a lung up!

### **Questions on Your Mind to Ask Your Provider or Significant Other:**

### **A Note About the Author**

Mark P Behar, PA-C served as national co-chair of the NABWMT from 2012-16, co-directed the Milwaukee convention in 2014 (achieving an \$8,000 profit), and served on the NA's Board of Directors 2007-2021, first being involved in BWMT/Milwaukee in 1986. During his tenure with co-chair Darryl Fore, he promoted the need for developing goals, objectives and meaningful outcomes (GOMOs) in all projects and committee work, created an updated white paper on convention planning and a 3 wave approach to chapter development, modernized the organization's vision, Bylaws and Standing Rules, empowered members to provide effective feedback on annual conventions using Survey Monkeys, created initial FaceBook page in 2009, with membership growth to over 11,000 (>15,000 today) and developed guidelines for moderators. Immediately after his tenure as co-chair, he orchestrated development of the **RESIST Racism** app for Android, working with students from University of Wisconsin Parkside (Kenosha) and Gavin Morrow Hall and Demetrius Mack, NA chapters in Milwaukee, Baltimore, Phoenix, Southern California a host of NA members from around the country, and an Emmy Award winning writer to create the nation's first smart phone tool addressing racism.

After initial graduation from college in 1972, he moved to New Orleans, where he co-founded the Tulane University Gay Student Union (1973) which eventually engaged in and won a lawsuit against the university for official recognition. He co-founded the Gay Peoples Union VD Clinic which now is known as the Brady East STD Clinic in Milwaukee. He obtained a second degree in Washington, DC, becoming a physician assistant in 1981. While a student, he co-founded the LGBT PA Caucus in 1979 which provided support to Lesbian & Gay PAs and empowered others to provide enhanced professional education on LGBT health among PAs during national conventions that has continued annually since then. While in school, he also published the newsletter of the National Coalition of Gay STD Services (NCGSTDS), the nation's first bell weather publication on STD risk avoidance, gay clinics, and HIV education. As a PA, his patients included people of all colors with diverse ethnic and cultural identities at Planned Parenthood (women's and reproductive health), and eventually in family medicine, LGBT and HIV health at community health centers before retiring in 2022.

He has published many medical papers, has given many presentations and talks nationally and locally, and was recognized as a distinguished fellow and clinical preceptor for the Dept. of Family Medicine at University of Wisconsin Madison, and as an assistant professor for the PA Program at Marquette University. He was one of the first medical clinicians interviewed on local television on the AIDS epidemic.

He lives in Milwaukee with his husband, Demetrius Mack.

## **Reputable On-Line Resources (web pages or phone apps) & References (\* = LGBTQ)**

1. **Atherosclerosis Cardiovascular Disease (ASCVD Plus) Risk Estimator Plus:** <https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/>
2. **\*Black Gay Men's Health organizations: It Gets Better Project** <https://itgetsbetter.org/blog/organizations-serving-black-lgbtq-community/>
3. **\*Boston's Fenway Clinic Boston:** <https://fenwayhealth.org/>
4. **\*Chicago's Howard Brown Clinic:** <https://howardbrown.org/>
5. **Diabetes: CDC,** <https://www.cdc.gov/diabetes/index.html>
6. **\*Gay & Lesbian Medical Association ([www.GLMA.org](http://www.GLMA.org))** for locating LGBTQ Sensitive health care provider in your area [https://glmainspak.networkats.com/members\\_online\\_new/members/dir\\_provider.asp](https://glmainspak.networkats.com/members_online_new/members/dir_provider.asp).
7. **\*Gay Men's Health Crisis, New York City:** <https://www.gmhc.org/>
8. **\*Health Disparities for Gay and Bisexual Men,** <https://fenwayhealth.org/wp-content/uploads/3.-Health-Disparities-for-Gay-and-Bisexual-Men-Gonzalez.pdf>
9. **\*Health Disparities in Racial/Ethnic and Sexual Minority Boys and Men.** <https://www.apa.org/pi/health-equity/resources/race-sexuality-men-summary.pdf>
10. **\*LGBTQ Erotic Boutiques (Sex Stores): The Tool Shed--** <https://www.toolshedtoys.com/>
11. **\*National Black Gay Men's Advocacy Coalition:** <https://www.hiv.gov/blog/national-black-gay-mens-advocacy-coalitions-new-focus-new-media>
12. **\*ReelMagik for Transmale prosthetic penises:** <https://www.reelmagik.com/>
13. **\*Transgender Resources:** <https://forge-forward.org/>; <https://translifeline.org/>
14. **Alzheimer Disease:** [https://www.alz.org/alzheimer\\_s\\_dementia](https://www.alz.org/alzheimer_s_dementia)
15. **Centers for Disease Control and Prevention (CDC):** [www.cdc.gov](http://www.cdc.gov), NIH: [www.nih.gov](http://www.nih.gov)
16. **Cleveland Clinic:** <https://my.clevelandclinic.org/health/diseases>
17. **Johns Hopkins, Baltimore:** <https://www.jhu.edu/>
18. **Mayo Clinic:** <https://www.mayoclinic.org/>
19. **MedScape:** <https://www.medscape.com>
20. **USPSTF (US Preventive Services Task Force):** <https://www.uspreventiveservicestaskforce.org/uspstf/>
21. **WebMD:** <https://www.webmd.com/>

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