

ISMH World Congress 2010 Abstract 060

BEYOND "WE DON'T LIKE TO GO TO THE DOCTOR": PERSPECTIVES OF URBAN AFRICAN AMERICAN MEN ON MEDICAL HELP-SEEKING

D.M. Griffith*, K. Gunter, J.O. Allen

Department of Health Behavior & Health Education, School of Public Health, University of Michigan, Ann Arbor, Michigan, U.S.A

E-mail address: derekmg@umich.edu (D.M. Griffith).

Background: The notion that men do not go to the doctor is widespread, but African American men's perceptions of medical services, experiences receiving care, and behaviors following care have rarely been explored. This presentation examines social, cultural and historical factors that shape African American men's medical help-seeking behavior

Methods: We conducted thematic analysis of data derived from 14 focus groups with 110 urban African American men with a mean age of 55 from Flint and Ypsilanti, Michigan, U.S.A.

Results: Many African American men avoided medical care because they were afraid, although they did not articulate why. The men also described current normative expectations that they not go to the doctor, which were consistent with stereotypes of African American men and lessons learned from modeling and socialization during their upbringing. When they did seek care, men reported that medical providers were frequently disrespectful and unhelpful, often making lifestyle change recommendations without offering practical advice on how to implement these changes. Though rarely valued alone, providers' recommendations were respected most when consistent with medical test results and other sources of health information. After receiving care, men tended to base their health behavior decisions on how they would affect their priorities, especially caring for their families and their quality of life. Spouses, medical test results, and men's desire to fulfill social roles were key motivational and instrumental factors in their following medical advice.

Conclusion: These findings highlight the need to consider African American men's sociocultural context and negative perceptions of the health system in order to increase their rates of medical help-seeking and adherence.

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MEN IN ICSI TREATMENT - PSYCHOLOGICAL ASPECTS OF MALE INFERTILITY

Svend Aage Madsen^{a,*}, Alice T. Mikkelsen^b, Lisbeth Ohrt^c, Lise Dessing^d, Peter Humaidan^b

^a Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark, ^b Skive Regional Hospital, Fertility Clinic, Skive, Denmark, ^c Braedstrup Regional Hospital, Fertility Clinic, Braedstrup, Denmark, ^d Holbaek Regional Hospital, Fertility Clinic, Holbaek, Denmark

E-mail address: svendaage@madsen.mail.dk (S.A. Madsen).

Background: The aim of this study was to document the experiences of infertile Danish men as individuals, partners and patients, respectively, when ICSI treatment was the only possible way to establish fatherhood, and to identify possible need for additional psychological communicative support of the infertile man in the care process.

Methods: A self-report questionnaire with structured and open-ended questions was completed by 210 men, undergoing ICSI treatment in three Danish public fertility clinics. The questionnaire consisted of 69 questions in total, including three issues: individual perception of reduced sperm quality, marital consequences and communication with health professionals in the clinic. All questionnaires were completed in private at the clinic, while the female partner rested.

Results: Around half of the men (46%) find that being equally involved is the most important element of the treatment (after successful insemination). However 73% of the 210 men felt that the staff communicates primarily with their partners. Furthermore 62% found that there was a need for a deeper dialogue with the staff concerning the experience regarding reduced sperm quality, and 72% lacked information regarding psychological consequences of male infertility in general. In 37% of the participants the reduced sperm quality affected their perception of masculinity. At the

same time 96% found fatherhood to be important, and the need for ICSI was not important for the perception of fatherhood

Participants wished health professionals to show openness in questions concerning reactions to infertility, infertility treatment and the role of the male partner.

Conclusions: Infertile men wish to be met by health professionals on equal terms with their female partner. This is still not met by staff at the clinics, and there is a need for developing skills in communicating with men as patients and men as fathers to be.

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TREATMENT OF ANGER IN MEN WITH POST PARTUM DEPRESSION

Svend Aage Madsen*

Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark

E-mail address: svendaage@madsen.mail.dk.

Background: Anger is a frequently occurring state in men with pre and post partum depressions. Men who exhibit violent behavior are found among the men who express anger. Around 7 percent men suffer from post partum depression upon becoming fathers.

Methods: The study is an analysis of referral and treatment records of 169 men with pre and post partum depressions regarding the occurrence of anger and violence. They were undergoing treatment with psychotherapy at the department clinic.

Results: The study shows that anger is present in approximately one third of the men in treatment. Anger is thus a frequently occurring state in men with pre and post partum depressions. The number of cases with verified violence is around two percent of the total number of men in treatment, while approximately six percent of the men who express anger also exhibit violent behavior. No violence is seen in cases without expressed anger. Furthermore the study shows that the men with postpartum depressions most often show these mental states: *Withdrawal - Quickly getting away from pain and weakness - Acting-out - And ambivalence between autonomy and attachment.*

Conclusions: There is a need for developing a treatment targeting these states of mind in men having just become fathers. A treatment building upon the principles of mentalization in targeting the men's anger seems to be beneficial. A mentalization-based treatment of anger consists of reflecting upon, and putting words to, these mental states in the man and understanding his actions in the context of these states. Furthermore it consists of understanding and putting words to the child's and the partner's mental states and understanding their actions e.g. that can evoke anger in the man. At the same time the therapist provides a safe experience that encourages the client's exploration of his own mental states.

The presentation will present the results and bring case-examples from treatment sessions.

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ANDROGEN DEFICIENCY AND INSULIN RESISTANCE IN OBESE MALE PATIENTS

Sh. Janjgava*, E. Giorgadze, K. Asatiani, M. Amashukeli, L. Uchava, N. Jikraul, T. Zerekidze, T. Doliasvili

Tbilisi State University Department of Endocrinology LTD "Healthy Life"

E-mail address: Shota.janjgava@mail.ru (Sh. Janjgava).

Background: The decrease of testosterone level is one of the major pathogenic factors of obesity in men. The data of several studies prove, that there is a consistent correlation among the low testosterone level, insulin resistance and the risk of type 2 diabetes mellitus. The androgen replacement therapy improves insulin resistance, decreases the BMI and abdominal obesity. Re-instituting physiological levels of testosterone in hypoandrogenic men might have an important role in reducing the prevalence of metabolic syndrome, but large-scale randomized placebo-controlled trials are needed to evaluate this. Beside that, currently we