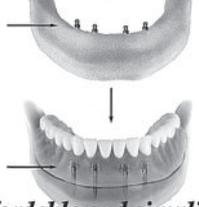


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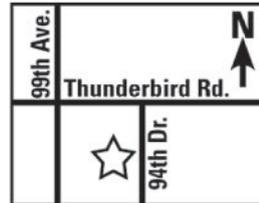
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AR-008024116-01

Men, behavioral health is vital, too

A conversation about men's health doesn't end with just physical health related to heart health, screening for colon cancer, prostate exams, nutrition, smoking cessation and exercise.



SHAREH GHANI

ASK THE EXPERT

Behavioral health also needs addressing. One in four men is affected by some type of mental illness in their lifetime. In their 30s and 40s, men are at greater risk for disorders such as major depression, anxiety disorders and bipolar disorder.

Where can you get more information about behavioral-health conditions and treatment?

If you're not sure if your symptoms are really a behavioral-health condition, there are several easy-to-use screening tools available at <http://www.integration.samhsa.gov/clinical-practice/screening-tools>.

On the website, you will find screen-

ings for depression, anxiety, bipolar disorder (the mood-disorder questionnaire) and substance-use disorders. Discuss the results with your doctor.

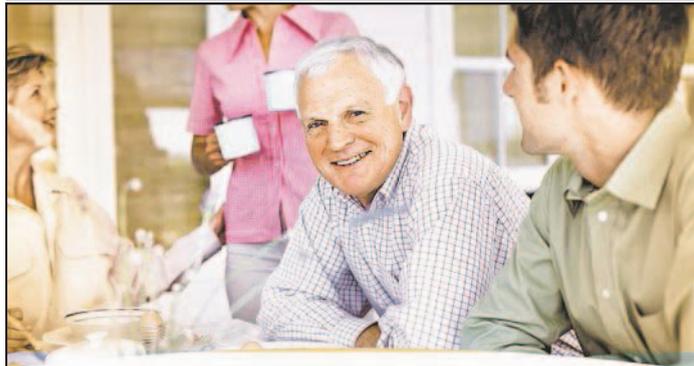
Men, please resolve to get in with your primary doctor at least once in 2013. In Arizona last year, men were only half as likely to have visited a primary-care physician as compared with women. And talk to your doctor about your behavioral-health concerns.

Behavioral-health conditions can cause significant relationship issues, interfere with work and hinder social opportunities. Treatment for depression and anxiety disorders can include counseling or talk therapy, or medications, alone or in combination.

Medications may have side effects such as loss of libido or sexual desire. These side effects should go away after a while. Talking with your doctor regularly will help him or her navigate you past these hazards and get yourself safely to a state of mental well-being.

More information: oneinfour.info.

Shareh Ghani is chief medical officer for Magellan Health Services of Arizona.



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Clinical Study Results

The average pre-treated pain score on a scale of 0 to 10 was 5.39, and the average post-treatment score was 0.98, indicating an 81.8% reduction in symptoms. It is important to note that 31 of the 101 patients reported numbness as their primary symptom, which they did not define as pain, thereby entering an N/A when questioned by staff members. The above results interpret all N/A answers as a "0." If we evaluate the 70 patients who did not report numbness as their primary symptom, the pre-treatment pain scores were 7.79, and the post-treatment pain score was 1.0, indicating an 87.2% reduction in symptoms.*

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