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With Special Clinics, Hospitals Vie for Hesitant Patients: Men

By ANEMONA HARTOCOLLIS MAY 28, 2014

From the gleaming limestone lobby to the chocolate and oxblood exam room walls to the percussive address, 555 Madison Avenue, a new clinic in Midtown Manhattan exudes masculinity, and that is no accident.

Still smelling of fresh paint, it is NYU Langone Medical Center's health center devoted to men, one of two such centers opened in the last two years by major New York hospitals, within 10 blocks of each other, and using marketing techniques common to lifestyle companies and luxury spas.

"The glass ceiling has been broken; now there's a health center just for men," goes one NYU Langone advertising slogan, with a tongue-in-cheek hint of transgression. Says another: "It's the gentlemen's club your wife would approve of."

NYU Langone and other medical institutions have long had services devoted to women, an outgrowth of the belief that the male-dominated medical establishment had not paid enough attention to their particular needs.

Now men are beginning to get equal treatment as hospitals try to take advantage of an enormous untapped market: men who, studies show, avoid doctors for virtually anything short of a bullet wound. The new clinics offer one-stop shopping for services ranging from heart monitoring to hair removal to hormone therapy, from the life-prolonging to the life-enhancing, if medically debatable.

The Men's Health Center at the Miriam Hospital in Providence, R.I., affiliated with Brown University, opened in 2008 and was one of the first in the nation. The Curtis D. Robinson Men's Health Institute was founded in 2010 at St. Francis Care in Hartford. The Iris Cantor Men's Health Center at NewYork-

Presbyterian/Weill Cornell opened in summer 2012, and NYU Langone's center opened six months ago.

Dr. Martin Miner, co-director of the Miriam men's center, had to draw up several business plans before one was approved. The initial reaction, he said, was, "Health is about men, the whole world is about men, so what do we need it for?"

One focus is prostate health; the Curtis D. Robinson center, named after a black businessman in Hartford who financed much of the center's start-up costs, is geared toward black men, who have a higher rate of prostate cancer than the general population.

Predictably, virility treatments, including for erectile dysfunction, are also a major draw. Along with a large number of urologists, NewYork-Presbyterian's center, for example, offers Botox treatments for overactive bladders and a physical therapist who works exclusively on the pelvic area to reduce stress-related pain.

"Welcome to the Casbah," Dr. Steven A. Kaplan, the center's director, said during a tour of the glass and gray clinic, conveying a mind-set somewhere between clubby exclusivity and a pull-up-the-drawbridges fortress mentality.

But a hazard of gender-oriented health care may be that it will lead to overtesting and overtreatment, said Dr. Steven Woloshin, a professor of community and family medicine at the Dartmouth Institute for Health Policy and Clinical Practice.

A case in point is low-testosterone, or "low T," therapy, which has turned into a small industry in recent years. It is offered in small independent clinics around the country and, now, in the New York men's health centers. Some medical authorities question whether men receiving the therapy who have no underlying medical condition are being pitched a fountain of youth, and the federal Food and Drug Administration is investigating the risk of stroke, heart attack and death in men taking testosterone products. (Several studies have shown a link between testosterone treatments and heart attacks.)

Another example is prostate specific antigen screening, or P.S.A., for prostate cancer. In 2012, the United States Preventive Services Task Force recommended against it for men without symptoms because in many cases the treatments may do more harm than good. The American Urological Association has since moderated its support for the testing, saying it should be considered

primarily by men ages 55 to 69.

Dr. Woloshin derides low-T therapy as “the mother of all disease mongering.” As for the concept of same-sex health care, he said: “I think in the abstract, that’s a fine idea. The thing is what they’re offering. If they’re focusing on low T, even prostate cancer, where the evidence is limited, they’re not doing men a favor, and they may be doing harm.”

Both the NYU Langone and Presbyterian clinics said they did not consider their treatments unnecessary.

“If somebody has low testosterone, of course we’ll treat it,” said Dr. Steven Lamm, medical director of the NYU Langone center. “That’s part of the endocrine abnormality.” P.S.A. screening is done based on individual factors like family history and ethnicity, Dr. Lamm said.

It is an axiom of the men’s health centers that sexual dysfunction is a barometer of overall health, since it may betray causes like heart disease, diabetes and obesity.

In fact, Dr. Lamm said, treatment for erectile dysfunction was “not immensely profitable.”

“We don’t treat it in absentia,” he said. “We treat it as part of their overall medical issue.”

The staff at the NYU Langone center includes orthopedists, dermatologists, psychiatrists, physical therapists, cardiologists, gastroenterologists, neurologists and a specialist in male fertility.

Dr. Lamm acknowledged the risk of overtreatment but said: “Are you creating a need or are you meeting a need? I think meeting a need — based on the longevity gap and men not taking care of themselves.”

Patients can also indulge their vanity. At NYU Langone, men have come in asking for Botox and Juvederm to look younger. Some have had hair removed and undergone laser therapy for unsightly veins.

The ads for the health center revel in the retrogradeness of it all: “It’s not often you get to hang with the guys, and feel better the next morning,” and “Men have needs too.”

The winking bravado can even be seen in Dr. Lamm’s office, which is decorated with pictures of him made up as the Joker and his wife dressed as a Playboy bunny for Halloween. “(I Can’t Get No) Satisfaction” plays on his voice mail message.

“We are very nonjudgmental,” he said. “We say, ‘Tell us about your alcohol, your cocaine, who you slept with.’ This is a safe place for men.”

Creating a safe place is one way of combating a documented male avoidance of doctors. A 1999 paper in *The Journal of Family Practice* attributed this behavior to a need to project being in control, a sense of invulnerability and a reluctance to ask for help.

And if there were any doubt that men are generally worse than women at taking care of themselves, a study at Boston Medical Center published in 2012 put it to rest, finding that men were more likely than women to go to the emergency room within a month of being discharged from the hospital, and even more so if they were unmarried or retired, which the researchers attributed to social isolation.

Doctors at the health centers are overwhelmingly male: NewYork-Presbyterian has one female doctor, a cardiologist, and NYU Langone has none. And though they do not turn away female patients, the centers’ target audience is clear.

On a recent morning, Mike Kitson, 39, a project manager for a branding company, came in to the NYU Langone clinic to have a pimple on his chest checked. He had stubbornly ignored it for eight months until a relative fell sick, making him paranoid about his own health.

The receptionist registered him biometrically by scanning his palm vein pattern, appealing to his male gadget gene and hooking him instantly. As for the pimple, his doctor gave him a cream for psoriasis and advised him on how to get more sleep.

“Everything’s kind of taken care of, so for a lazy guy like me it’s very, very helpful,” Mr. Kitson said.

He also liked the aura of exclusivity: “Just the fact that they’re calling it ‘men’s health’ makes it a little more inviting.”

Most patients said the quality of the doctors mattered at least as much as the setting. “If anything, we are proponents of coed,” Peter Kornman, 61, a retired lawyer and patient at NewYork-Presbyterian’s clinic, said of himself and his wife.

But he conceded, “For a sexual issue, I guess I’d like to talk to a man.”

