HEALTH BASICS

Men's health

Men's health is the broad care of physical, sexual, reproductive, and mental well-being in men.

WHAT IT IS
Physical, sexual, reproductive, and mental health across life

WHERE IT COMES UP
Routine care, screening choices, symptoms, and life changes

WHY IT MATTERS
Earlier care can reduce avoidable illness and disability

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician or sexual health service

HOW IT IS CHECKED
Health history, examination, and selected screening tests

Overview

Men's health is a broad area of healthcare, not a disease or diagnosis. It includes physical health, mental health, sexual function, reproductive health, preventive care, and healthy ageing.

Not every man has the same healthcare needs. The care that fits you depends on your age, organs, family history, sexual practices, work and environmental exposures, medications, and existing conditions. Gender identity alone does not determine which screening tests you need.

For example, a person with a prostate may need to discuss prostate health. A person with a cervix may need cervical screening, even if he identifies as a man. Hormone treatment or surgery can also change which examinations and tests are useful.

Men's health is sometimes reduced to testosterone, erections, or prostate checks. Those subjects can matter, but they are only part of the picture. Blood pressure, heart and blood vessel health, diabetes, cancer screening, sleep, mood, substance use, vaccinations, and social well-being also deserve attention.

How it works

Healthcare usually combines prevention with attention to new or continuing concerns.

Preventive care aims to find important risks or conditions before they cause noticeable problems. Blood pressure checks are one example because high blood pressure often causes no symptoms. Cholesterol, diabetes, colorectal cancer, HIV, hepatitis, and other screening may be appropriate depending on your age and risk factors.

Vaccination is another part of routine care. The vaccines you need depend on age, previous doses, health conditions, work, travel, and other exposures.

Sexual and reproductive care may cover contraception, sexually transmitted infection testing, fertility, erections, ejaculation, genital changes, and questions about sex. A sexual history helps a clinician suggest suitable testing without making assumptions about your partners or identity.

Mental health is part of men's health as well. Stress, depression, anxiety, harmful alcohol or drug use, loneliness, trauma, and sleep problems can affect physical health, relationships, and work. These concerns may not be visible during a physical examination, so it is useful to mention them directly.

Testosterone is a hormone involved in sexual development, bone and muscle health, and sperm production. A testosterone result must be interpreted alongside symptoms, the time and method of testing, other medical conditions, and sometimes repeat measurements. A single result does not by itself explain tiredness, mood changes, weight changes, or erectile difficulties.

Why it matters for your health

Some health risks can develop quietly. High blood pressure, high cholesterol, type 2 diabetes, and early kidney disease may be found during routine care rather than because you feel unwell.

Family history can change what should be discussed. A history of early heart disease, certain cancers, diabetes, or inherited conditions may affect when a clinician considers assessment or screening. Knowing which relative had the condition and their age at diagnosis is more useful than writing only "cancer" or "heart problems."

Sexual changes can also provide useful health information. Erectile dysfunction means repeated difficulty getting or keeping an erection firm enough for sex. It can relate to blood vessel disease, diabetes, medications, nerve problems, hormone conditions, stress, relationship factors, or several causes together. It does not automatically mean low testosterone.

Preventive decisions can involve trade-offs. Prostate-specific antigen, or PSA, is a blood test that may help detect prostate cancer. It can also produce abnormal results when cancer is not present and may find cancers that would never have caused harm. Whether to test is a personal decision based on age, risk, health, and preferences after discussing possible benefits and harms.

Regular care also creates a record over time. Changes in blood pressure, weight, mood, sleep, medication use, or sexual function can be easier to assess when earlier information is available.

What can go wrong

Health concerns commonly discussed under men's health include heart and blood vessel disease, high blood pressure, diabetes, depression, anxiety, substance use disorders, sleep apnoea, sexually transmitted infections, infertility, erectile dysfunction, prostate conditions, testicular conditions, and cancers affecting different organs.

These conditions do not all have the same causes, tests, or treatments. Having one symptom does not show which condition is responsible. Persistent urinary changes, sexual difficulties, low mood, loud snoring with daytime sleepiness, a new lump, or an unexplained body change are reasons to arrange a routine clinical assessment.

Some problems need quicker attention. Seek urgent same-day care for sudden inability to pass urine, visible blood in urine, or scrotal pain with fever or swelling.

Use emergency services for:

Sudden testicular pain can be caused by testicular torsion, in which the spermatic cord twists and limits blood flow. An erection lasting at least four hours is called priapism. Both require prompt assessment.

- Sudden severe testicular pain, especially with swelling or nausea
- An erection lasting four hours or longer
- Chest pressure with breathlessness, sweating, or pain spreading elsewhere
- Possible stroke signs, such as facial drooping, arm weakness, or speech difficulty
- Immediate risk of suicide or serious self-harm

What you can do

Arrange routine primary care even if you feel well. Ask which preventive checks fit your age,

organs, health history, and risks. There is no single "men's health panel" that everyone needs.

Keep a current record of medications, non-prescription products, supplements, allergies, vaccinations, operations, and major family conditions. Include testosterone or bodybuilding products because these may affect fertility, blood tests, and other aspects of health.

Ask whether you are due for blood pressure measurement, cholesterol or diabetes assessment, cancer screening, or vaccination. If you have a cervix, breasts, prostate, or other organs that may need screening, make sure your clinician knows. Screening should be based on the organs present as well as age and individual risk.

Discuss sexual health openly. You can ask what sexually transmitted infection tests fit your sexual practices and whether testing should involve blood, urine, throat, genital, or rectal samples. Mention fertility plans before starting testosterone or other treatments that could affect sperm production.

If you are considering PSA testing, ask:

There is no need to order testosterone testing on your own as a general health check. If you have a concern that could relate to hormones, ask whether testing is appropriate and how a result would be confirmed and interpreted.

Record a new concern before an appointment. Note when it began, whether it is constant or occasional, what makes it better or worse, and any related medication or life changes. This can make a routine visit more useful.

- What is my personal risk of prostate cancer?
- What could an abnormal result lead to?
- What are the possible benefits and harms of testing?
- What happens if I choose not to test now?

Common questions

Is men's health only for cisgender men?

No. Men's health services may support cisgender and transgender men. The care you need should respect your identity while also considering your anatomy, hormones, operations, and personal goals.

Does every man need a prostate examination or PSA test?

No. PSA testing is not automatic for everyone. The decision should account for age, individual risk, general health, and how you feel about the possible benefits and harms. A rectal

examination and a PSA blood test provide different information.

Does tiredness mean low testosterone?

Not by itself. Tiredness has many possible explanations, including poor sleep, stress, depression, anaemia, thyroid conditions, infection, medication effects, and other health problems. Testosterone deficiency requires an appropriate clinical assessment and correctly performed blood testing.

Should I take a supplement labelled for men?

Not routinely. A "men's" label does not show that a product is needed or effective. Ask whether a specific nutrient deficiency is likely or has been confirmed. Tell a clinician or pharmacist about supplements because they can cause side effects or interact with medicines.

Can I discuss erections or fertility during an ordinary appointment?

Yes. These are routine healthcare concerns. You can request privacy, ask for a clinician you feel comfortable with, or use a sexual health or fertility service where available.

Do I need preventive care if I have no symptoms?

You may. Some important risks do not cause early symptoms. The useful checks depend on your age, anatomy, medical history, family history, exposures, and previous results.

Sources

- US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Men: Take Charge of Your Health . MyHealthfinder
- US Preventive Services Task Force. Recommendations for Primary Care Practice , including blood pressure, colorectal cancer, diabetes, HIV, hepatitis C, depression, and prostate cancer screening
- US Preventive Services Task Force. Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement . JAMA. 2018;319(18):1901-1913
- Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States
- Centers for Disease Control and Prevention. STI Screening Recommendations
- Bhasin S, Brito JP, Cunningham GR, et al. Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline . Journal of Clinical Endocrinology & Metabolism. 2018;103(5):1715-1744



- National Institute of Diabetes and Digestive and Kidney Diseases. Erectile Dysfunction
- Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 . International Journal of Transgender Health. 2022;23(Suppl 1):S1-S259