นิพนธ์ต้นฉบับ • Original Article

ปัญหาสุขภาพของชายกลางคนและสูงอายุ ชุมชนเมือง ภาคตะวันออกเฉียงเหนือประเทศไทย: การศึกษาจากผู้ป่วยชายที่เข้ารับการปรึกษาที่ คลินิกชายวัยทอง โรงพยาบาลศรีนครินทร์ มหาวิทยาลัยขอนแก่น

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Health Problems of Urban Middle-age and Elderly Males in Northeast Thailand: A Study of Patients Visiting the Andropause Clinic, Srinagarind Hospital, Khon Kaen University

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หลักการและวัตถุประสงค์: คลินิกชายวัยทอง โรงพยาบาลศรีนครินทร์ มหาวิทยาลัยขอนแก่น ได้เปิดดำเนินการมาตั้งแต่ปี พ.ศ. 2546 มีเป้าหมายที่จะดูแลชายวัยกลางคนและสูงอายุ ประกอบด้วย การตรวจวินิจฉัยโรค การป้องกันความผิดปกติทางร่างกายและจิตใจ นอกจากนี้ยังตระเตรียมวางแผนชีวิตเพื่อเข้าสู่วัยชราที่มีสุขภาพดีและมีความสุข การวิจัยนี้ได้จัดทำขึ้นเพื่อรายงานผลการดำเนินการ ในช่วง 10 ปี ระหว่างปี พ.ศ. 2546 ถึง ปี พ.ศ. 2556

วิธีการศึกษา: การศึกษานี้เป็นการศึกษาเชิงพรรณนา ของผู้ป่วยชายวัยทอง จำนวน 360 ราย

ผลการศึกษา: ผู้เข้ารับการรักษามีอายุเฉลี่ย คือ 59 ± 8.3 ปี และค่าเฉลี่ยดัชนีมวลกาย 24.2 ± 3 กก/ม^2 พบว่า มีความผิดปกติของไขมันในเลือดสูง ร้อยละ 31.1 ความดันเลือดสูง ร้อยละ 28.1 และโรคเบาหวาน ร้อยละ 17.5 โดยพบผู้ป่วยต่อมลูกหมากโต โรคไตเรื้อรัง และมะเร็ง สูงขึ้นในกลุ่มผู้ป่วยที่มีอายุ มากกว่า 60 ปี ผู้ป่วยส่วนใหญ่เป็นคนชั้นกลางในเมือง มีเศรษฐสถานะปานกลาง เคยทำงานระดับสูงและ/หรือเป็นข้าราชการเกษียณอายุ ต้องการที่จะอาศัยอยู่ใกล้โรงพยาบาล เพื่อง่ายต่อการรักษาพยาบาล รวมทั้งใกล้กับสวนสาธารณะสำหรับการออกกำลังกาย ฐานนิยมของจำนวนบุตร คือ 2 ราย (ช่วง 0-4) ผู้ป่วยเกือบสองในสามอาศัยอยู่ใน

Background and Objective: The Andropause Clinic, has opened since 2003, aims to look after middle-aged and elderly men, including; diagnosis of current diseases, prevention of physical and mental disorders, and planning to live in a healthy and happy way. This report aimed to provide a summary of the ten-year results.

Methods: This descriptive study was included of 360 patients visiting at the clinic in a 10 year period (2003-13).

Results: Mean age of the patients was 59 ± 8.3 years old and the mean BMI was 24.2 ± 3 kg/m^2. Of the 360 patients, 31.1%, 28.1%, and 17.5% had underlying diseases of dyslipidemia, hypertension, and diabetes mellitus, respectively. The prevalence of benign prostatic hyperplasia, chronic kidney disease and malignancy were higher in older patients, especially in those aged more than 60 years old. Most of the men were defined as having a middle-class socio-economic status, working in high positions or being retired civil servants. All wanted to live nearby the hospital to easily search for medical help as well as close to a public park for their daily exercise. The mode of their children was 2 (range 0-4). Around two-thirds were living in a small house only with their spouse and a few (1.6%) were living alone. However, most of them (86%)

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บ้านขนาดเล็กกับภรรยา และบางราย (ร้อยละ1.6) อาศัยอยู่คนเดียว แต่ส่วนใหญ่ (ร้อยละ 86) ยังมีความสัมพันธ์ดีถึงดีมากกับบุตร เช่น มีการโทรศัพท์หากันบ่อยๆ หรือเยี่ยมเยือนกันเป็นระยะ มีผู้ป่วย ร้อยละ 42.9 อาศัยอยู่กับบุตรที่ยังไม่แต่งงาน หรือแต่งงานแล้วในลักษณะครอบครัวขยาย ผู้ป่วยร้อยละ 77.6 มีความสุขขึ้นหลังจากปรับเปลี่ยนวิถีชีวิตและเริ่มต้นการวางแผนชีวิตเพื่อเข้าสู่วัยชรา

สรุป: ชายวัยกลางคนและสูงอายุ ควรได้รับ การตรวจวินิจฉัยโรค การป้องกันความผิดปกติทางร่างกายและจิตใจ อันมีผลทำให้ชีวิตมีความสุขขึ้นหลังจากปรับเปลี่ยนวิถีชีวิต และเริ่มต้นการวางแผนเข้าสู่วัยชรา

have a good and very good relationship with their adult children such as frequent phone calls or visiting. Forty two point nine percent were living with their unmarried or married children as an extended family. Seventy seven point six percent felt happy after they modified their life style and starting to plan for themselves.

Conclusion: The middle-aged and elderly men should be diagnosed of current diseases, prevented of physical and mental disorders, and planed to live in a healthy and happy way by modifying their life style and starting to plan for themselves.

Keywords: Planning for old age, Androgen deficiency, Life style modification, Early disease detection, Aging male.

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Introduction

In 2011, life expectancy at birth in Thailand was 71 years for males and 77 for females (total population life expectancy is 74 years at birth)[1]. By 2020, Thailand will become a country in which the aging population will be over 20% and will increase to 30% in 2050[2]. However, the real situation will be more than this estimation because of the success of the universal health care project for Thai nationals which has been established since 2002[3]. As a consequence of this aging, population problems associated with andropause are becoming an increasing health concern for older males.

The Ministry of Public Health of Thailand defines andropause as men between the ages of 40 to 59 years old[4]. However, there is currently no general agreement on the andropause age-range. In early andropause, there are many important biomedical, hormonal and clinical manifestations. Major clinical alterations occur in body mass, visceral fat, bone density, hair and skin, intellectual capacity, mood, sleep pattern, prostate and sexual functions. For men from 40-60 years old, diseases categorized as the metabolic syndrome are the main problem[5]. For men 60-80 years old the main health problems are common malignancies caused by chronic infection, toxic pesticides and carcinogenic substances and other degenerative diseases. Disorders of the brain or nervous system such as Alzheimer's disease are monitored generally after age 80 but few patients in our clinic are not yet this old.

In Khon Kaen University, the Andropause Clinic was established in 2003. We look after the patients with a holistic approach and provide many specialists for consultation including a urologist, cardiologist orthopedist, internist, endocrinologist, psychiatrist and others as necessary. The objectives of this clinic are to provide early detection of physical and mental disorders. We also teach all patients to plan for their impending elderly life in order to be less dependent, more dignified, and have greater health and happiness in old age.

In this article we present data on the demographic profile and health status of a large number of elderly middle class urban males who utilized the services of our clinic and discuss the possible situation of Thai elderly in the future.

Materials and Methods

We collected basic data of all new patients who visited the Andropause Clinic, Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, from 2003 to 2013. These data were obtained from direct discussion, medical records and laboratory results. The new patient had to complete the andropause (PADAM) questionnaire which included questions about

general demographic data, daily living and life style, andropausal symptoms or other related conditions. After the doctor and patient spent a 30-minute discussion and counseling session which included the following topics: 1) their past achievements, 2) current health, life style, hobbies, friends and faith, 3) future goal of life, economic plan, health plan and living plan. The patient received a physical examination and made an appointment for the laboratory investigation that covered a general health check-up (the functions of essential organs), chronic infectious diseases, metabolic syndromes, and common malignant markers. Any health problems detected by the physical examination and laboratory test results were treated through life style modification, simple medications, hormone replacement therapy or referred to specialists as needed. The results of treatment were then followed up at three or six month intervals.

Results

There were 360 new patients who visited the clinic during this 10 years period. Demographic data and baseline health status for this group were shown in Table 1. Mean age of the patients was 59 ± 8.3 years old. Most of the patients were defined as having middle-class socio-economic status, working in high status positions or being retired civil servants. The mode of number of their children was 2 (range 0-4). Eighty seven point five percent did daily or at least twice weekly exercise. Fifty five point six percent reported drinking alcohol at least once a month and 13.1 percent were smokers. In all patients, the mean BMI was 24.2 ± 3 kg/m^2. Metabolic related syndromes were the most commonly diagnosed diseases which were composed of dyslipidemia (31.1%), hypertension (28.1%) and diabetes mellitus (17.5%). Other medical problems included benign prostatic hypertrophy (11.9%), heart disease (7.5%), gout (4.4%), liver disease (4.2%), old cerebrovascular accident (3.3%), chronic kidney disease (3.1%), and malignancy (1.9%) (Figure 2). We also found osteopenia in 76 cases (21.1%) and osteoporosis in 11 cases (3.1%).

Table 1 Demographic data, medical conditions and baseline laboratory values of 360 patients

Characteristics	Results n (%)
Age, years (mean ± SD)	58.9 ± 8.3
Body mass index, kg/ m^2 (mean ± SD)	24.2 ± 3.0
Exercise,	315 (87.5)
Smoking	47 (13.1)
Alcohol drinking	200 (55.6)
Caffeine drinking	241 (66.9)
Medical conditions	
- Dyslipidemia	112 (31.1)
- Hypertension	101 (28.1)
- Diabetes mellitus	63 (17.5)
- BPH[1]	43 (11.9)
- Heart disease[2]	27 (7.5)
- Gout	16 (4.4)
- Liver disease	15 (4.2)
- Old CVA[3]	12 (3.3)
- Chronic kidney disease	11 (3.1)
- Malignancy[4]	7 (1.9)
Anemia	80 (22.2)
High fasting blood sugar	92 (25.5)
Renal impairment	8 (2.2)
Liver impairment	52 (14.4)
Hypercholesterolemia	25 (6.9)
Osteopenia	76 (21.1)
Osteoporosis	11 (3.1)

[1]Benign prostatic hyperplasia, [2]Heart disease including coronary artery disease, arrhythmia, [3]Cerebrovascular accident, [4]Malignancy including CA prostate (N=2), CA colon (N=2), CA bladder (N=1), CA lung (N=1), Leukemia (N=1)

Fifty-five point six percent were living in a small house with only their spouse but a few (1.6%) were living alone. However, their living places were not far from their adult children's families. In addition, most of them (86%) have a good and very good relationship with their adult children and receive frequent phone calls or visits from them. In two point six percent, however, their adult children were living in other countries. Forty two point nine percent were living with their unmarried and married children as part of an extended family.

All wanted to live nearby the hospital to easily obtain medical help as well as close to public park for their daily exercise. Some of them (18.8%) had breakfast of western style but 73.4 percent preferred to eat regularly local north-eastern Thai food. Their main hobby (66.7%) was to work in a small garden (combination of vegetables, herbs, fruits or flowers) in a small area around their houses. Some (4.7%) operated large farms where they grew rice or fruit trees or raised livestock as their post-retirement hobbies. Thirty eight point five percent routinely went to the temple to pray, practiced meditation and giving donations. Some (4.7%) were consultants in public institutions. Eleven percent of patients still had their business plans or financial investment. Thirty three point three percent traveled with their spouses regularly. Most (92.2%) could still drive car by themselves. Even though they worried about becoming old, 77.6 percent felt happy after we assisted them to make a plan for how they should live in the future and they had modified their life style and started following their plan.

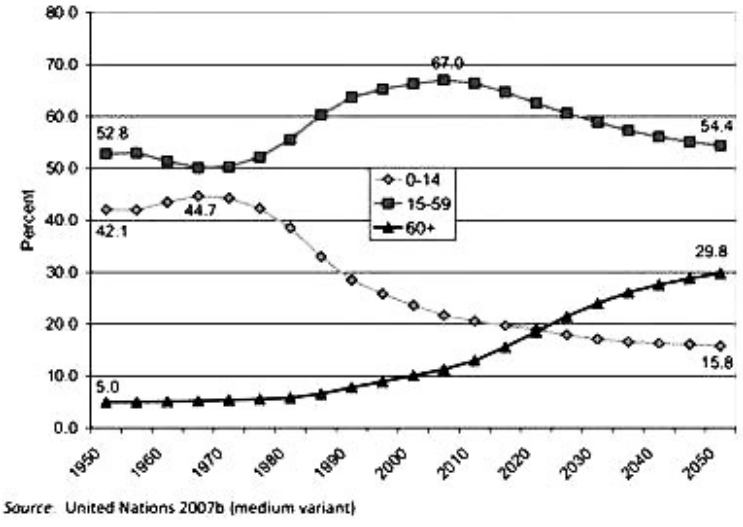

Figure 1 Percentages of total population in major age groups, Thailand 1950-2050

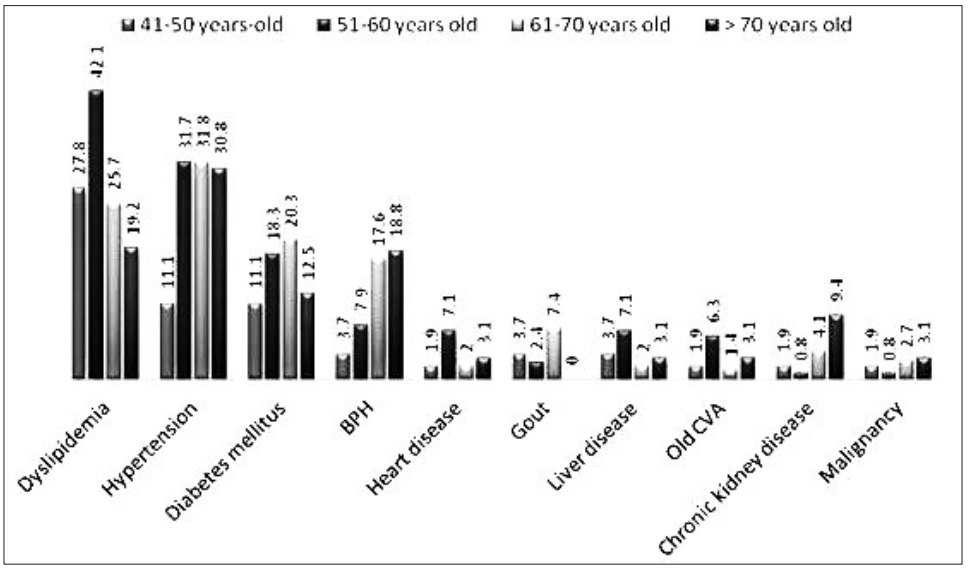

Figure 2 Percentage of patients in this study (n=360) with medical conditions in each age group. Malignancy including CA prostate (N=2), CA colon (N=2), CA bladder (N=1), CA lung (N=1), Leukemia (N=1)

Discussion

Many factors influence the health and sense of well-being of the elderly in Northeast Thailand. The regular involvement of many of our patients in religious activities at Buddhist temples and in meditation practices may make an important contribution to old people's physical and mental well-being and sense of happiness[5-9]. Because Thailand is an agricultural country, it is easy to obtain the nutritious fresh fruits and vegetables needed to have a good diet. Living in a tropical climate, with sunshine all year round, provides a very favorable environment for the elderly to engage in regular daily outdoor exercise. These factors make it easy for counselors to teach patients life style modification.

In Northeast Thailand, the primary responsibility for caring for the elderly has traditionally been with the family and was provided within the extended family with intergenerational exchanges[10,11]. Most Thai people believe in the concept of repayment for their parents' goodness and have a strong sense of obligation to have at least one child co-reside with or live in close to elderly parents[12,13]. Thus, having familial relationships are another essential key of happiness[14,15]. Unfortunately, however, in recent years, family structures in Thailand have become more diverse and the average family size had dropped to 3.4 persons in 2004 and is expected to drop further to 3.09 persons in 2020[16]. Although the majority of persons aged 60 and over still either live with or close to one of their children, the proportion of older persons who co-reside with children has steadily declined over the last two decades[17]. The percent of elderly who live alone as well as the percent who live with a spouse only have both increased. This is the real situation for nowadays Thai elderly. However, development of elderly nursing homes is not yet far advanced so it is still unclear how care will be provided for Thai elderly in the next decade.

Conclusion

In this study, we found that metabolic related diseases were the most common diagnosis in andropausal men. However in the older patients, malignancies were also found higher. Around two-thirds were living in a small house only with their spouse. A few were living alone. Most of them felt happy after they modified their life style and starting to plan for themselves.

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