

PROVIDING HEALTH CARE TO MEN

in General Practice

All too often men's health is mistakenly limited to issues pertaining to the physical differences between the sexes. While cancers of the prostate and testes and reproductive health are important issues in men's health, they do not fully recognise the differences between the sexes that relate to different health outcomes for men and women.

Men's life expectancy is 5–6 years shorter than women's and men have higher mortality rates for all major causes of death before the age of 65.^[1] This is serious. Why are these statistics so bad? Why are men's health outcomes so very different to females?

Men's health provides a perspective for understanding possible causes of health inequalities by looking at other differences between the sexes. Consider the following two categories of behavioural differences between men and women.

Common Risk Factors

A comparison of common risk factors shows that men are more likely to:^[2]

- Eat foods high in fat
- Exercise less (after age 35)
- Drink alcohol in excessive amounts
- Smoke
- Use illicit drugs
- Take risks, mistakenly believing that this demonstrates masculinity

- But are less likely to admit to experiencing emotional stress.

Interaction with Health Services

In relation to health service use men are:^[3]

- Less likely to visit a GP
- Less likely to seek preventive assistance
- More likely to consider waiting for appointments a waste of time.

These behavioural differences can be addressed, but what is the GP's role? How can GPs and general practice address the health needs of men? Systematic changes and a proactive approach, at both the practice and consultation levels, may be a start in the right direction. Following are some examples and suggestions of ways GPs and general practice may influence the health inequalities apparent for men.

Consider the use of health promotion posters to highlight issues of interest to men

At the Practice Level

While most GPs are comfortable in the role of clinician and with being able to discuss the changes at the consultation level, many have also opted for an additional management role, especially those who own/are partners in their practice. It is worthwhile discussing the GP's role, as manager,



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in addressing men's health at the practice level.

There are three main areas for change at the practice level:

- The practice setting (waiting room)
- Management systems (planning registers and recalls)
- Practice staff (communication)

The Practice Setting

Consider what educational materials/flyers are available for men in the

waiting room. Consider the use of health promotion posters to highlight issues of interest to men. It is also important to acknowledge that, over many years, practices may have developed a culture that is geared towards women and children. Ensure that posters include images of men, are not offensive to men, and include

some that address issues of concern particularly to men. Another simple but often overlooked practice is to ensure magazines are available that will be of interest to men. As the manager, ensure responsibility for such tasks is clear and that there is a system in place to regularly change/update the displays.

Management Systems

Practice

The practice as an organisation has many different parts and people. Centrally coordinating the 'vision' of the practice is essential in ensuring it addresses the areas you, as manager, consider worthwhile and a priority. If you want to focus any area of your practice and create change (for example, in men's health), you will need to ensure the plan is clear, well communicated and systems focused. Create a strategic Health Promotion Plan that outlines the changes planned for the practice. This will include the goals, the activities planned to meet those goals, who is responsible for the activities and the timeline agreed to.

Men generally consult GPs infrequently and for acute care; however, this may provide opportunities for GPs to raise general health issues

Although initially planning will take additional time, in the longer term it will save time as the practice functions more efficiently and effectively and as management intended. It will be necessary to ensure a review system is included in your plan to reassess and modify where necessary. An example of a Practice Health Promotion Plan, using men's health as an example, can be downloaded and customised from <http://www.nevdgp.org.au>

Patient Records

Use Health Summary Sheets to summarise preventive needs and activities for patients. This will also enable the organisation of patient files into registers. Using registers the practice

can adopt a proactive approach to health care, recalling patients when appropriate. You may direct your administrative staff to have a system for recalling men for an annual men's health check or reminding men who need follow-up visits. This can be organised easily with the currently available medical software programs. Many Divisions of General Practice will provide support for practices needing assistance to set up computerised reminder systems.

A written plan, designed together, with clear goals, strategies, timelines and rewards may be useful

Practice Staff

Most GPs are already burdened with clinical care, so consider utilising practice staff to assist in the development of health promotion activities in the practice. As the manager, delegate these tasks to your administrative staff. However, ensure staff are fully informed of the activities you

wish to change/include in your practice (see management systems). Appoint a staff member to coordinate the health promotion activities in your practice and regularly communicate with your staff your expectations and plans via staff meetings. Ensure men's health is raised as a regular agenda item for discussion on current and planned activities.

At the Consultation Level

As a medical practitioner, there are also things that can be done at the consultation level. The main areas at this level are male outreach, men's preventive health care, and interventions for change.

Male Outreach

Men generally consult GPs infrequently and for acute care; however, this may provide opportunities for GPs to raise general health issues. The GP may incorporate prevention into the consultation or, preferably, educate the patient about the need for preventive health checks and encourage him to return for a complete health check. (It can be useful to provide reminders, such as

a pathology form or specimen jar, or encourage them to make an appointment to come back before leaving.) It may also be useful for the practice to create a flyer on prevention for the GP to provide after this discussion. One can be downloaded and customised from <http://www.nevdgp.org.au>

Another strategy is to enquire from your female patients about their partners/sons health. Again it may be useful to provide a flyer to females on preventive care for men so they might encourage their partners/sons to attend. (Indeed some men may find it easier to attend when they can attribute it to their 'nagging wife'.)

Men's Preventative Health Care: Annual Men's Health Check

Men should be encouraged to attend their GP regularly for a complete check for the early identification and prevention of disease. It is important to tailor the man's health check to his age. The issues for young males are clearly different to those for a 70-year-old. Clearly, in the younger male, issues such as safe sex, alcohol intake, safe driving and illicit drug taking should be addressed. Outlined in the Appendix (see page 14) are some examples of how health checks might vary for different age groups. These are a guide only, and each practitioner should decide what

history and examination is most appropriate for his/her patients.

Interventions for Change

Target Change

It is important to assess patients' readiness to change and direct interventions appropriately. If the patient has not previously considered changing a particular behaviour, he may find being given educational material, raising his awareness of the relationship between that behaviour and his health, useful. If a patient has been considering changing and needs assistance in starting, assess the health risks with him, and work with him to assess his barriers to change. Assist him in planning strategies to address the barriers. A written plan, designed together, with clear goals, strategies, timelines and rewards may be useful.

A patient is much more likely to feel the information is important and directly personal if it is handed out by the GP within the consultation

Regular Follow-Up

Once the patient has started on a behavioural change plan it is essential he receive follow-up and support. Having started their Action Plan, patients will either need follow-up in the form of praise and encouragement to stay on track, or they may need assistance refocusing their efforts after a 'relapse'. If the patient has relapsed, assure him this is part of the process of change and assess his readiness to try again. He may need additional information on why he should change this behaviour, or he may need further assistance identifying the barriers/unforeseen barriers he has encountered and in creating a modified plan.

Always ensure that he arranges his next follow-up appointment before he leaves the last and send a reminder

letter or ring him the day before (or get your practice staff to) to ensure he comes back for support. This is an additional burden for busy practices, but an essential part of providing real help to patients wanting to change unhealthy lifestyle behaviours.

Patient Education

Patient education is crucial in assisting patients to change. Although it is important to provide opportunities for patients to select information of interest to them (in the waiting room), a patient is much more likely to feel the information is important and directly personal if it is handed out by the GP within the consultation. Patient education is particularly crucial for raising awareness to areas/behaviours for change (diet, exercise, smoking etc) and also for raising awareness to the concept of preventive health care and an annual check.

Community Support

Making changes to one's lifestyle is a difficult task. The GP's role is an important one for the support already outlined, but also as the 'point of access' to other support organisations. Many members of the community (especially men) are unaware of the support services available to them and see the GP as their first point of call. It is important GPs are familiar with other health and community support organisations in their local area. Another additional burden for GPs, however, crucial in providing the best health care, is to build relationships with other organisations in the community to confidently work together.

Conclusion

Traditionally, general practice has catered to those entering their

doors and this has been women and children. By adopting a systematic approach to health promotion and incorporating some positive discrimination towards men, GPs may be better placed to provide preventive health care to men. This article has outlined various strategies, at both the practice and consultation levels, that may better equip GPs and general practice to address the health needs of males. CT

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The project has been firmly based around the principles outlined in the RACGP's *Putting Prevention into Practice*. The complete resources can be found at <http://www.nevdgp.org.au> or you can contact the Project Coordinator, Darlene Henning, on 03 9496 4333.

References

1. Department of Human Services, Victoria. Victorian burden of disease: mortality. 1999
2. New South Wales Health Department. Moving forward in men's health: better health good health care. 2000
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APPENDIX: SAMPLES OF MEN'S HEALTH CHECKLISTS**Young adults (20–49 years)****✓ CHECK**

- Blood pressure
- Blood cholesterol level about every 5 years
- Urine test for diabetes
- Family history of conditions such as melanoma, bowel cancer, prostate cancer, hyperlipidaemia, diabetes. Are any specific tests required?
- Skin. Is there any sign of ultra-violet damage or skin cancer?
- Driving safety
- Mental health. Is there any evidence of depression? Stress?
- Immunisation. Is a tetanus booster required?

DISCUSS

- Diet and exercise. Particular attention to abdominal obesity
- Smoking, alcohol and drugs
- Relationships
- Parenting
- Occupational health and safety
- Employment
- Accidents and risk taking
- Testicular self-examination
- Sexual health

Older adults (50–74 years)**✓ CHECK**

- All the items for younger adults
- Prostate disease. Annual rectal exams
- Prostate-specific antigen blood tests when indicated
- Diabetes. Urine tests. Blood if required
- Glaucoma eye check if required
- Skin. Is there any evidence of skin cancer?

DISCUSS

- Diet and exercise
- Smoking and alcohol
- Family
- Retirement

Elderly men (75+ years)**✓ CHECK**

- Full health assessment (enhanced primary care)
- Blood pressure
- Arthritis
- Memory loss
- May need glaucoma eye check
- Urinary stream. Very elderly men do not require regular rectal examinations unless they are worried by urinary symptoms
- Skin. Signs of skin cancer/melanomas?
- Mental health. Any evidence of depression?

DISCUSS

- Diet/nutrition and exercise
- Carer relationships
- Social connectedness/loneliness