

Men and Their Health

THE M FACTOR

Whichever way you look at it, men are far less healthy than women. They have a considerably shorter average life expectancy and a much greater incidence of conditions such as cardiovascular disease, accidental death, suicide, alcoholism, obesity and smoking-related diseases.^[1] Call it the 'M-Factor',^[2] call it maleness, call it what you like...but from infancy onwards, in every age group, males are more likely to die than females.

The discrepancy in health is most obvious in the broad age group between 25 and 65 years, the main working period of men's lives. It has also become increasingly evident that many men struggle with their various roles. Some are confused, stressed and not satisfied with their life. Difficulties with issues such as power and control cause some men to act violently, in the home or elsewhere. As a community, we should be questioning how well we are equipping our young boys for adolescence and adulthood. Improving the situation in men's health is going to be a long process. It is unlikely to occur without a deeper understanding of male issues and a review of the personal development curriculum in our schools.

As a full-time GP for the last 20 years it has been exciting to witness the recent growing interest in men's health. It is intriguing how boys and young men seem to have little

understanding of the very real health risks conferred on them by their maleness. For any real progress to occur in men's health, our concepts of maleness itself need to be explored, discussed and challenged, preferably from an early age. A number of excellent books have appeared in recent years.^[3-5] However, it would seem that there is still a long way to go before we see a mature community appreciation of what men's health is all about.

Looking at every male illness in detail is beyond the scope of this editorial. Instead, only the major conditions are listed, followed by a few brief comments. What men and boys actually think about their health is also discussed, along with what I consider to be the real issues in men's health.

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The obvious question is why? Why is it that men and boys fare so badly? Part of the explanation is the 'macho' syndrome. From a young age, boys are taught to be tough, to 'cop it on the chin' and 'take it like a man'. Most boys and men recoil at the thought of being regarded as weak; an attitude that works against them having a regular medical check-up^[6] or opening up about their feelings. Although some medical conditions just happen to be more common in males, men generally tend to present later with their symptoms. Risk-taking behaviour, of course, is a typical male characteristic and is evident from an early age.



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Health Risks of Being Male

Accidental Death

The discrepancy between males and females for accidental death is very marked at all ages. It can be at least partly explained by the combination of male risk-taking behaviour and greater intake of alcohol. Better education approaches would seem to

be the key to any improvement in the situation. The success of television advertisement campaigns against road trauma has been a great achievement. However, the high death rate of young boys should prompt more preventive efforts directed towards younger age groups.

Cardiovascular Disease

Although cardiovascular disease remains the leading cause of death in men, issues such as impotence and prostate disease tend to hijack discussions about men's health. Abdominal obesity has now taken its place alongside the other established

Table 1. Men's Health at a glance

- Average life expectancy: males 75 years, females 81 years, and the discrepancy begins in infancy or earlier
- Up to 14 years, boys are at least TWICE as likely to die from accidental injury eg MCAs and drowning
- Between the ages of 15–24 years, males are THREE times more likely to die in MCAs and FOUR times more likely to suicide. Overall death rate is 2.65 times higher than females
- Between the ages of 25–65 years, males are FOUR times more likely to die from coronary artery disease; THREE times more likely to die in MCAs; FOUR times more likely to suicide; FOUR times more likely to die in other accidents; and TWICE as likely to die from cancer. Overall death rate is two times that of females
- The figures are worse in the poorer socioeconomic classes. Low-income males are nearly THREE times more likely to state their overall health is poor compared to men with higher income
- At least four out of five heroin overdose deaths occur in males
- Aboriginal males life expectancy is 17 years less than that of non-aboriginal males. In the 35–45 year age-group, the death rate is ELEVEN times that of non-aboriginals
- Workplace deaths. 93% occur in males (who constitute 56% of workforce)
- 46% of Australian marriages end in divorce. The majority of these are initiated by women
- 90% of those convicted for acts of violence are males: 80% of the victims are males
- In Australian schools 90% of children with documented behavioural problems are males

risk factors for coronary artery disease, such as smoking, hypertension, family history and hyperlipidaemia. Rigorous attention to risk factors is as important as ever. The 'Gutbusters' programme should be considered for obese men who are well motivated.^[7]

Cancer

When discussing the issue of cancer in males, we need to especially keep in mind carcinoma of the lung, prostate, colorectal region, stomach, ENT cancers, melanomas and testicular cancer. The concept of surveillance is very important. Testicular self-examination (TSE) in young men should be encouraged. Screening for cancer of the prostate remains a very contentious issue.^[8–10] Prevention of cancer is better than the cure. We need to reinforce preventive issues, such as not smoking, avoiding excessive UV radiation, having a healthy lifestyle, and reducing stress.

Alcohol Abuse

Alcohol excess and alcoholism are major health issues for males. Binge drinking among young males and females is a particular area of concern.^[11] This group is also the most likely to take up smoking...perhaps an indication of clever marketing as much as anything else. Men still drink about three times as much alcohol as women. Not surprisingly, men are also three times as likely to die of alcoholic liver disease. About 3600 Australians die each year from accidents or illnesses related to alcohol.

Suicide

The high suicide rate in young males is a particularly alarming issue. Between 1964 and 1991, the youth suicide rate in males aged 15–24 years tripled. In rural areas, the rate increased six-fold. Suicide is the most common cause of death in young males. At least 2300 suicides occur in

Australia each year. With the number of unexplained motor vehicle accidents, the number of suicides may be a lot higher. It is said that for every suicide, at least ten people's lives are irrevocably changed. The Victorian Government report on youth suicide was released in 1997 and a number of preventive measures were discussed. How effectively the changes will be implemented remains to be seen.^[12]

Prostatic Disease

Benign prostatic hyperplasia (BPH) is a very common condition and often presents as lower urinary tract symptoms (LUTS) such as reduced urinary outflow, dribbling, urgency and nocturia. The new highly specific α_1 -blocking medication, tamsulosin, is useful in men with uncomplicated LUTS and who are mild to moderately bothered by their symptoms. In these patients it may delay or prevent the need for urological referral and intervention.

Cancer of the prostate remains a controversial issue. Currently, there are about 15 000 new cases in Australia each year. In some areas, there remains a rather curious notion that prostate cancer is a condition that affects only older men and there is nothing much we can do to influence things. Although the incidence of prostate cancer does increase markedly in old age, it also occurs in men in their 50s and 60s and is often much more aggressive in this age group. With 2500 deaths annually from prostate cancer, it is now the second most common cause of cancer death in men (lung cancer being the most common).

Unlike BPH, cancer of the prostate tends to occur in the outer part of the gland. Some of these cancers are palpable on digital rectal examination (DRE). There are widely differing views about the value of regular DREs and prostate-specific antigen (PSA) blood tests. I believe that a case-finding approach is more appropriate than full population screening. In the context of a full physical examination, men from 50 to about 75 years should

Table 2. Major health conditions affecting males

- Accidental injury
- Cardiovascular disease
- Obesity
- Cancer
- Smoking-related diseases
- Alcoholism
- Suicide
- Prostate disease
- Testicle and penis conditions
- Impotence and other types of sexual dysfunction
- Sexually transmitted diseases and HIV/AIDS
- Domestic violence
- Other conditions more common in males eg childhood behaviour problems, hernias, gout, sleep apnoea, acne, baldness, UV skin damage etc

be offered a DRE every year or so. A PSA test might also be suggested, especially if there is a family history of cancer of the prostate, an irregularity on DRE, or if the patient specifically requests it. However, it should only be performed after the full implications of the test are thoroughly explained to the patient. If there is any suspicion of cancer of the prostate, referral to a urologist for further discussion should be arranged.

There is continuing debate about the management of cancer of the prostate and the very real risk of complications, such as impotence and urinary incontinence, following treatments such as radical prostatectomy and radiotherapy. The patient should be made aware of the different options of treatment and offered more than one urological opinion if necessary. No doubt it will be some years before a uniform approach is accepted.

Prostatitis in its various forms is the other main prostate condition seen in general practice. Our understanding of non-bacterial prostatitis is far from complete and this is reflected in the difficulty in managing this condition. Acute bacterial prostatitis is another matter. If not adequately treated, it may become chronic or recurrent. A prolonged course of antibiotic therapy is essential.

Impotence

Impotence or erectile dysfunction (ED) is a much-discussed topic in recent years. Newer forms of therapy, such as sildenafil and alprostadil, provide GPs with an excellent range of treatment options. The vast majority of men with ED can be very effectively managed in general practice. Any pharmacological treatment should only be offered after a thorough history, examination and appropriate investigation. The association between ED and other health problems, such as vascular disease and diabetes, is very clear. The proper management of ED can often bring other men's health issues into focus.

Non-organic and psychological factors associated with ED still need to be kept in mind and managed appropriately. The risks of pharmacological treatment, contraindications and complications all need to be thoroughly explained, several times if necessary.

Domestic Violence

Domestic violence is one of those disturbing issues that won't go away. Until recently in Australia, it was rarely talked about at all. Domestic violence of any sort – verbal, emotional or physical that is perpetrated by men – is connected with concepts of patriarchy, that is, the archaic belief that

men are lord and master of the house. This, of course, is tied up with issues such as power and control. Domestic violence is not confined to any particular socioeconomic or ethnic group. It crosses every social barrier.

A large Melbourne general practice-based study revealed that about 10% of women had experienced quite severe physical violence in the previous year.^[13] This figure, of course, is way above what most GPs, including myself, would estimate in their own practices. Is the figure accurate? Do we simply not recognise the problem? Or is it that we don't want to see it? Many women are reluctant to discuss the issue with their GP. It is easier to talk about not sleeping, or headaches or back pain or lethargy.

In the management of domestic violence, the safety of women and their children is paramount. Women need to be instructed on what their rights are; who to ring in an emergency and about such things as how to obtain a restraining order. In Victoria, specialised counselling can be arranged through V-Net and the Men's Referral Service.^[14]

In a general sense, we should be asking ourselves about the role the media plays in domestic violence. Are power and strength the main attributes people are encouraged to applaud? Is the ability to control other people held up to our young boys as a major goal in life to aim for?

Discussion

Over the years, I have asked boys and men from every background and age how they felt the health of men compared with that of women. When I was writing the first edition of *The M Factor*, I collected numerous comments to include in a separate chapter of the book. As well as including remarks from our Prime Minister, other prominent politicians, notable business and science leaders, entertainers and sportsmen, I also included comments from many not so well-known Australians – young

boys, elderly men, and some from very marginalised groups. Although not a statistically significant piece of research, the results were very interesting from a qualitative point of view.

The younger boys thought that men were much stronger and healthier than women, a curious attitude to take with them into adolescence. Older teenagers and young adults did not return the questionnaire, not one. They either did not want to know about it or could not be bothered talking about it. Men in their 30s to late 50s seemed to have quite a good idea of the real risks associated with being male. It appears that the baby-boomers might be getting the message – not that it always translates into a healthy lifestyle. What they might be doing about their health is another thing altogether. As for the elderly males, they were keen to offer their thoughts about men's health but seemed to relate more to issues such as prostate disease and war injuries.

There is an increasing interest in men's health issues, not just in Australia but overseas as well. There is no doubt that the issues in men's health are very broad. Across all age groups, males are more likely to die than females. Cardiovascular disease, cancer, accidental injury and suicide are killing men at a rate of two to four times that of women. Added to this, men's general health has been lagging far behind that of women.

From a broader community perspective, education approaches would seem to have the most to offer. Obviously, the process is going to take time. However, it will be through education only that the real issues in men's health can be addressed.

As a GP with a particular interest in men's health, I constantly see the same themes recurring...

- *Men and boys need to be more aware of their maleness.* We should talk more about what it means to be male and the very definite health risks that are associated with it. We should also talk about the positive

aspects of maleness. A change in the community perceptions of maleness is well overdue, especially in the workplace.

- *Self-esteem is important at every stage of our lives.* Everyone's self-esteem takes a battering at some point, especially at times of rejection and personal loss. Helping our children to develop a strong self-esteem is very important.
- *Men and boys should try to be more in touch with their feelings.* Men are often less in touch with their feelings than women. Some men have the notion that they just don't have enough time. Men need to find time for themselves.
- *Men and boys need to be more in tune with their bodies.* We need to help boys and men tune in to what their bodies are telling them: to keep a check on their skin; to check their testicles for lumps; and to see their doctor when something is wrong, such as blood in their bowel motions or urinary difficulties.
- *Men and boys should look closely at how they communicate with others.* Men need to know that when it comes to those closest to them, it is better to remove the facade and express exactly what they feel. It's okay to feel threatened and sad. It's okay to fail, and it's okay to cry.
- *Health is our personal responsibility.* At the end of the day, our health is our own personal responsibility. Men should find the time for a proper annual check-up, not just a quick run-over when they happen to be down with a sprained ankle. This means a full comprehensive health-check appropriate to the man's age group and should include a detailed medical history, thorough physical examination and urinalysis, and the opportunity to discuss any specific health problems that become apparent.

Conclusion

Men's health is finally getting some of the attention it deserves. Our patients and the community are

starting to accept that it is a major health issue. It has been encouraging to see the number of Divisions of General Practice looking more closely at men's health in their specific regions. There is no doubt that GPs are in an ideal position to make a significant and lasting contribution to improve the health of men in our community.

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