

# **Dr. Ian Banks**

## **UEMO 99/017**

### **Mens Health**

**Camels, short straws and shorter arms.**

**All is not well for many Y chromosome owners. Men die on average 6 years earlier than do women and for just about every disease common to both sexes, men come off worse. They will attend GPs in person half as often as women and invariably late in the course of the illness. Suicide is now the single greatest cause of death for young men and is also on the increase amongst middle aged men. As they generally choose hanging, firearms and car exhaust fumes, their chances of survival are substantially lower than for women, who prefer poisoning. Up to 1.5 per cent of parasuicides commit suicide within one year and in the majority of suicide cases, alcohol is involved. In fact, suicide rates are higher for men than women at all ages and a Primary Health Care Team (PHCT) can expect around one case of male suicide every six/seven years.**

### **Stress and stress management**

**While it is impossible, even undesirable, to remove stress from a man's life, it is possible to help him recognise stress and cope better with it.**

### **Important facts:**

- **Stress is now recognised as contributing as much as 75% to all illnesses, and in recent years it has become fashionable to think of stress itself as the major disease of the twentieth century.**
- **Although adrenaline release is implicated, only a teaspoonful is produced in an average person's lifetime.**
- **Stress is the second biggest cause of illness at work, costing industry at least £5 billion in absenteeism and staff turnover and approximately 90 million working days.**
- **Smiling may alleviate stress by releasing endorphins.**

#### **Work related issues.**

**Without doubt, a sociological revolution is taking place, with women entering the work place while men are increasingly placed on short term contracts, part-time or bonus related work. Even so, there is still a distinct pattern of work-related illness and injury. Manual workers have a significantly lower life expectancy than the middle and professional classes. And the workplace impacts on life expectancy and morbidity far more than is generally appreciated in general practice, possibly because of the lower presentation rate from men. Despite this, men take sickness absence from work less often than women, which will delay their treatment. More men are killed and injured at work than women although illness and injury depend more upon the nature of occupation than on gender. In terms of filthy lucre, work-related ill health accounts for 2-3% of the UK's GNP, around £11 and £16 billion each year, so asking a man's occupation is as relevant today as in Ramazzini's time, when he wrote the first text book on work related illness (1713). The role of the practice nurse cannot be overstated in this area of health promotion, with 7% of GP consultations of people of working age related to occupational ill health.**

#### **Accidents & work related ill health.**

industries account for the highest fatalities. Many conditions carry the job title. Hence Farmer's Lung, Nurse's Finger, Billingsgate Hump etc. Occupational asthma is on the increase with 1000 new cases each year. Car body spraying with exposure to isocyanates carries the greatest risk, but exposure to flour, grain, solder flux, animals, wood dusts (particularly Western red cedar) and glue resins are also major factors. Asbestos has not gone away and around 3000-3500 people die each year from asbestosis. Men comprise 86% of deaths from closely related mesothelioma. Noise induced hearing loss and hand arm vibration syndrome are almost exclusively male conditions. Any hearing loss or nerve/vascular problems in the hands require a PHCT's high index of suspicion for a work related aetiology. Dermatitis is the most common occupational disease. 50-70,000 cases are seen by GPs each year. Engineering, metal work, food handling, construction, rubber industry, painting, and agriculture are the main danger areas for men.

## Cancers

### Colorectal cancer

If ever there was a case of too little too late, bowel cancer, which is the second most common cause of cancer death in the UK, has to be a good example. Men characteristically present later in the course of the disease than do women and embarrassment is a big factor for late presentation. Yet it may be in part preventable by increasing fibre and fruit intake - surely a role for the practice nurse during screening of risk groups through faecal occult bloods. The message that it is eminently treatable when caught early must be hammered home along with the estimate of a third of all cancers being linked to diet. By making some fairly simple changes to their eating patterns individuals can substantially reduce their risk of developing bowel cancer and some of the other common cancers such as stomach cancer and perhaps cancer of the prostate.

### Testicular cancer

Despite the vast number of potential years of life lost, striking as it does men in their youth and increasing awareness, testicular cancer is on the increase. The peak incidence of testicular cancer is in 20 to 40 year olds with a secondary peak in the over

## **Prostate cancer**

**The lifetime risk of prostate cancer in men is 9.5% . Prostate cancer kills over 11,000 men each year (2.9% of all deaths). Family history counts. Estimates of increased risk range as high as factors of nine. Incidence is highest in north America, northern Europe and Australia, and lowest in the eastern hemisphere. Migration from an area with a low rate of prostatic cancer to an area of high incidence seems to increase a man's risk to the level prevalent in his new location. Four times as many men die from cancer of the prostate than women die from cervical cancer. There is no effective screen.**

## **Heart disease.**

**Lifestyle & prevention. Cardiovascular disease is the greatest cause of death More men die from CHD than women.**

- Deaths are on the decline, mainly through greater awareness of diet, smoking and stress related factors.**
- There are wide variations in mortality across the world and even the European Union (9% in Portugal compared to 31% in Eire).**
- It is also the single greatest cause of death in women despite being labelled a 'male disease'. This has influenced research.**
- Oestrogens may have a protective effect.. Higher levels of testosterone may lower levels of HDL.**
- One in twelve men die from a myocardial infarction before retiring age.**

## **Sexual health**

### **Erectile dysfunction**

- **Avoid the term impotence as it is confused with infertility.**
- **One in ten men will suffer from erectile problems.**
- **Causes are split between psychological (40%) and organic disease (60%).  
Drugs are a common iatrogenic cause.**

#### **HIV**

- **HIV can be transmitted through unprotected vaginal or anal intercourse.**
- **Oral sex is less risky, but not entirely safe.**
- **Gay men still account for more than 50% of newly reported HIV cases in the UK, with an estimated 1500 new infections each year in this group alone.**
- **People of African origin living in the UK are the next largest group affected.**
- **Needle exchanges have been remarkably effective in controlling HIV among injecting drug users in the UK, but clearly some risk remains.**

#### **Straws and camels**

**There is light at the end of the tunnel and hopefully not that of a rapidly approaching train full of women. Men are changing their behaviour patterns, although it can be painfully slow. Smoking is on the decline, drunk driving is now second to speed in road deaths and lifestyle issues are perceived as important rather than 'un-masculine'. Mens health receives increasing attention from the media, yet governments generally are slow to recognise the scope for improvement, even with moderately increased resources. This is not a case of robbing Patricia to rob Paul. It is an attempt to lift a few straws off those camels, particularly the ones with short arms and bad backs. The UEMO should be aware of the increasing divide between male and female health and the impact general practice could have in improving the situation.**

#### **Recommendations.**

That GEMO raise with European Mens Health groups to commission a study on mens health.

**Dr Ian Banks**