

# Men and their health

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When it comes to comparing men with women around the context of healthcare; men generally speaking, fare significantly worse than their female counterparts. Women have their own screening programmes for the early detection of breast and cervical cancer but for men, they have nothing directly comparable. For example, using PSA with or without a digital rectal exam has not been shown to be effective as a tool when screening for prostate cancer.<sup>1</sup> In fact it was stated in a research article that “Prostate cancer is the most common non-skin cancer among men worldwide and, after lung cancer, is the second leading cause of deaths from cancer in men in the United States.”<sup>1</sup>

But it is not just in gender associated malignancies that men are the underdogs, it can occur in other indices. This was highlighted in a recent editorial in the British Medical Journal (BMJ) which reviewed a European commission report on men’s health.<sup>2</sup> The conclusions were predictable and yet worrying, men of working age have a greater mortality risk than their female working counterparts. Meanwhile it also confirmed what we either already knew or suspected; that men who work, utilise healthcare facilities less compared to either men who do not work or women.

The reasons for these observations are multiple and diverse and beyond the scope of this article. However there is no one clear cut answer, so obviously that makes the solutions much more difficult. Even

so, there are simple strategies which we can adopt—men sometimes do attend healthcare facilities for intervention, maybe for an acute condition. Whilst they are there then they can be “captured” and could be asked to attend for a simple check up such as blood pressure monitoring, measuring weight and offering simple lifestyle intervention. This would be a suitable strategy for primary care but of course not all men present to primary care as a first point of call. In fact the BMJ editorial<sup>2</sup> did suggest that we should look at alternatives to the standard working hours of a primary care service.

Such alternatives will need to have an evidence base to support their case but will also require funding. In this current economic climate that may not have a high priority. So what else can be done that is easy to implement?

Well simple measures such as raising public awareness about men’s health both within the profession and the general public at large and hopefully the message will slowly get through. Of course such a strategy takes time and it should not be the sole initiative. Some interesting comments have been made by the same author of the BMJ article in another publication.<sup>3</sup> A valid point was to have more male reception staff and nursing staff as well as more male orientated reading material in the waiting room. Another valid point is to have specific male orientated health information available on a practice or departmental website. This leads to another solution which

is the internet, which contains many high quality sites that look at men’s health. Since many working men now have easy access to online resources, then perhaps men are more able to educate themselves more about their health.

Trying to encourage men to engage with healthcare services is not an easy task and requires a multitude of strategies at local, national and international level. There will have to be a mix of political and medical input to try and level out the gender playing field and bring men up to the level of their peers. From the perspective of a front line clinician, for some of us this will require a changed mind set and perhaps actively seeking out the men who consult less often.

This will not be easy; according to the European Union report<sup>4</sup> (mentioned in the BMJ editorial,) it stated “Usage of health services is strongly associated with unemployment/economic status”. There is still a long way to go.

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