

Focus

Men's health – a neglected area?

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What is unique about men's health? For women it may be disorders of the breast, cervix and ovary. Analogous gender health issues in the male are disorders of the testes, prostate and penis. However, these are not all and there are very few reports on men's health internationally.¹

Boys are more likely to be born prematurely and infant mortality is about 20 per cent higher for boys than girls. Higher death rates occur in males for each age group throughout life thereafter.²

There is also a "gender gap" as men live, on average, five years less than women with an average life expectation of 73.9 years for men compared to 79.2 for women in the UK.³ This may be attributed to some intrinsic difference between the sexes or that many men do not look after themselves and lack health awareness.

It has been suggested that 40 per cent of men will only go to see their GP if told to do so by their partner.⁴ On average they consult four times less than women and are therefore less likely to have hypertension, diabetes and hyperlipidaemia diagnosed. It has also been suggested that men are generally not good at discussing their problems.⁴

Circumcision

Circumcision is widely practised for religious, social and medical reasons.⁵ The proportion of UK boys circumcised fell from 35 per cent in the early 1930s to 6.5 per cent by the mid 1980s. It can be argued that two-thirds underwent the procedure unnecessarily as in Scandinavia less than 2 per cent are circumcised.⁶

Many circumcisions are undertaken as a result of misdiagnosis of phimosis. At birth, the foreskin is almost invariably non-retractable, but this state is transient and resolves in nearly all boys as they mature. This is clearly distinguishable from a pathological phimosis where there is scarring and partial obliteration of the orifice.

Phimosis is the only absolute indication for circumcision and affects some 0.6 per cent of boys, where incidence peaks at 11 years, and is rarely encountered before the age of five years. However, some boys are circumcised where this diagnosis may be considered as a result of recurrent balanitis.⁶

Interestingly, an Australian study of epidemiological evidence suggests that male circumcision may provide some protection against HIV infection.⁷ However, this is disputed, similar to claims that circumcision may protect against penile cancer.⁸

Potential emotional trauma from circumcision has been known from the time of Freud.⁹ It seems reasonable to propose that urologists should produce guidelines and, where possible, circumcision should not be done until the person is able to give informed consent.¹⁰

Accidents

Men are more prone to accidents and violence for all age groups between 10 and 50 years. It is suggested this points to differences in attitudes to higher risk activities, such as motor vehicle accidents and sports injuries. An editorial in the New Zealand Medical Journal asks whether this vulnerability can be blamed on circulating testosterone.¹¹

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A US study has suggested young men have adopted unhealthy lifestyles and this may be related to men's socialisation as boys.¹² A New Zealand study looked at fatalities for males aged one to 34 years and the leading mechanism of death was motor vehicle traffic crashes (49 per cent).¹³

Suicide

During the last two decades, male youth suicide rates in New Zealand doubled, from 20.3 per 100,000 in 1977 to 39.5 per 100,000 in 1996. This increase was accounted for, almost entirely, by increased use of hanging (71 per cent of total increase) and vehicle exhaust gas (26 per cent of total increase.)

Suicides among young females also increased, from four per 100,000 in 1977 to 14.3 per 100,000 in 1996.¹⁴

This increase is in both Maori and non-Maori populations and New Zealand ranks first for fatal suicidal behaviour in males 15–24 years of age and third for fatal suicidal behaviour in females.¹⁵ The cause is not known, but factors have been suggested, such as a rapid number of social and economic changes that have created dramatic social and cultural shifts.

Cardiovascular disease

There would appear to be an epidemic of cardiovascular disease that seems to target men in the most productive time of their lives – one in five men die prematurely before the age of 75 from cardiovascular disease. Important factors are stress, smoking, poor diet, alcohol misuse and reduced uptake of health screening.² For Maori men, it is the leading cause of death (36 per cent), followed by cancer (21 per cent) and injury (12 per cent).¹³

Testicular self-examination

There is an increasing media interest in promoting testicular self-examination (TSE) even though testicular cancer is not a major public health problem. Nevertheless, it remains the most commonly occurring cancer in young men aged 20–45 years and recent trends suggest an increase in the Western world.¹⁶



TSE has sensitivity, but its levels of specificity and positive predictive values are poor and it is therefore difficult to recommend it as a useful screening tool.

Evidence suggests that delays in the treatment of testicular cancer are not caused by men failing to notice a problem, eg, a swelling, but by them failing to act on it. One study recorded an average delay of nearly eight months¹⁷ and this is where health advice would be best directed.

On a lighter note, a Russian author has suggested men should be becoming more vigilant, particularly if they use laptop computers, as the non-thermal effect of microwaves emitted has been inadequately documented.¹⁸

Erectile dysfunction

Health expectations are such that erectile dysfunction (ED) is not acceptable and an unrealistic analogy is made to the motor car. In the latter, parts can be replaced, but this tends not to be the case with humans. In the absence of a definable "menopause" in males, dysfunction in this area is a shock event and was the subject of a previous article.¹⁹

ED affects up to 10 per cent of men between the ages of 40 and 70 years and can lead to feelings of negative self-worth, depression and significant relationship difficulties. However, because of its sensitive nature, many men do not seek advice or treatment.²⁰

An Australian survey of 612 men with a 70 per cent response rate revealed that ED correlated strongly with age in all seven domains of sexual function: sexual desire; orgasm; ability to have an erection; adequacy (firmness) of erections for intercourse; frequency of erections when wanted; frequency of intercourse; and nocturnal or morning erections. Erections inadequate for intercourse affected 3 per cent of 40–49 year olds, increasing to 64 per cent of 70–79 year olds.²¹

ED is a common complaint in men and treatment has been revolutionised following the introduction of sildenafil. There are increasing data to support the safety of this drug although there is still scrutiny regarding possible cardiovascular risks. The use of nitrates remains an absolute contraindication. It is generally well-tolerated,³ but its only controversy remains its cost.

Prostate disease

Prostate disease is common and may present either as benign hypertrophy of the prostate gland or as cancer. Benign disease presents with urinary symptoms (prostatism) or as one New Zealand study stated, "voiding symptoms".²²

This was a community based study of 515 men aged 40 years and over. No difference was demonstrated in the prevalence of symptoms between Caucasian, Maori and Pacific Island men. However, proportionately fewer Maori and Pacific Island men seek help for their symptoms.

An Australian community based survey of 340 men aged 40–80 years (65 per cent response rate) found the following about lower urinary tract symptoms (LUTS):

- 54 per cent needed to wake at least once at night to urinate
- 47 per cent indicated they had terminal dribbling sometimes or frequently
- 30 per cent experienced urgency
- 21 per cent experienced hesitancy
- 19 per cent could retain urine in their bladder for no more than two hours
- 4 per cent had urge incontinence.

LUTS correlated poorly with symptoms causing bother. Only 26 per cent of men inconvenienced by urinary symptoms had seen a GP about these symptoms in the last five years. Of these, two-thirds had been referred to a urologist and half of these received surgical treatment.²³

What of prostate cancer?

For a long time in the US, the role of rectal examinations was well-publicised to detect prostate cancer. This latter aspect has perhaps reversed as it is not consumer friendly and prostate-specific antigen (PSA) assays have a much greater specificity, although not 100 per cent. Having said that, PSA has the highest validity of any circulating cancer screening marker discovered thus far, at a cut-off of 4ng/ml.²⁴ Increasing numbers of men are asking for this screening test, although an Australian study demonstrated that "patient request" was the sole reason for 13 per cent of screening.²⁵

Each year in Australia over 12,000 men are diagnosed with prostate cancer.²⁶ It is the most commonly diagnosed cancer in Western men and the incidence is rising rapidly. This is thought to be due to a combination of genetic and environmental factors.²⁷ It can reduce life expectancy by up to nine years. Several different treatments are available including surgery, radiotherapy and LHRH analogues. However, trials are being conducted to clarify which treatment is most effective, particularly in localised disease.²⁸

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The future

Greater planning needs to be given to the organisation and structure of health-care services worldwide. Because women consult more frequently for themselves and their children, primary care has responded by providing services such as maternity, family planning, cervical and breast cancer screening.

It may be of interest to learn that Iceland has the lowest mortality rate for men, just ahead of Japan. Longevity is highest for men in Japan and Iceland, 76.4 and 76.3 years, respectively, and the lowest for men in Finland (72.0 years). Life expectancies for men during 1995–2000 are projected to improve by 1.6 years in New Zealand.²⁹

Why is men's health somewhat neglected, bearing in mind their "disadvantages" from birth? Factors include a lack of media interest, lack of research, traditional masculine models, unwillingness or inability of men to express themselves emotionally and the need to target young men who are socially disadvantaged and at risk. This article is not meant to provide answers but to foster discussion in male health issues.

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- References available on request