

A Roadmap to Men's Health: Current Status, Research, Policy & Practice

Men's Health Initiative of British Columbia

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EXECUTIVE SUMMARY

The importance of Men's Health

The Men's Health perspective is crucial to effective healthcare policy, research and practice. This report provides an overview of Men's Health – why it matters, what we know, gaps in our knowledge/service delivery and what new directions we should be taking.

The gender gap

Men live on average 4 to 6 years less than women, a *life expectancy gap* which has been taken for granted rather than explained. Analysis of life expectancy data for B.C. shows that the Big Three sources of reduced lifespan for men compared to women are:

1. *Cardiovascular Disease*, which strikes men in larger numbers and earlier than it does women
2. *Suicide*, which has a much higher rate for men at all ages
3. *Motor Vehicle Accidents*, which involve a much higher rate of fatal accidents for men and a high rate of occurrence at a relatively young age.

These sources of men's excess mortality should be seen as *opportunities* to improve men's health status and longevity. Only by understanding the contributors to men's reduced life expectancy can we develop ameliorative interventions.

A framework for Men's Health

In order to understand the underlying causes of differences in mortality or other health outcomes between men and women, a framework was developed which includes three kinds of factors: *biological* (e.g., differences in hormone levels between men and women); *environmental* (e.g., men being preferentially hired into physically dangerous jobs); and *behavioural* (e.g., men taking risks and avoiding health-protective behaviours). Of these, behavioural factors seem most important.

'Traditional masculinity' has been negatively portrayed, as the cause of men's poor health behaviours; but this portrayal risks: blaming the victim; undervaluing positive male traits; and alienating men in whom we seek to instil healthier behaviours.

Health initiatives specifically targeting men have been studied. These initiatives have had generally positive results, whether by focusing upon diseases specific to men such as prostate cancer (improving men's knowledge and decision-making options), delivering healthcare services in settings that are primarily male (e.g., certain sports events) or designing health information to be appropriate to men's needs and preferences.

Applying the framework to health conditions

Specific health conditions may profitably be examined from a Men's Health perspective:

Prostate Cancer The appropriate use of prostate-specific antigen (PSA) screening has been the subject of considerable controversy and it is challenging to decide the most appropriate treatment option for diagnosed prostate cancer. A promising approach is the development and testing of *decision aids*, tools that support physicians and individual men in making such difficult decisions.

Hypogonadism This is a recently recognized condition whose diagnosis and appropriate treatment are still controversial. There is considerable potential for improved education of healthcare providers and provision of screening for this condition. Once testosterone replacement is seen as a clinical intervention with the potential to enhance quality of life in older men, it will find its place in usual care.

Sexual Dysfunction A high proportion of older men suffer from erectile dysfunction, premature ejaculation or lack of appropriate sexual desire. Screening for erectile dysfunction is recommended because this condition may be an indicator of underlying cardiovascular disease. Both individual Canadians and physicians need improved access to comprehensive and unbiased information. Research is needed to identify forms of treatment that will be effective for premature ejaculation or reduced sexual desire.

Cardiovascular Disease Cardiovascular disease shows a much higher prevalence rate in men than in women – it tends to begin at a significantly younger age for men and thus accounts for a larger proportion of potential years of life lost by men versus women. Factors shown to contribute to men's cardiovascular disease are: (i) relatively poor nutrition; (ii) higher rates of excess weight; and (iii) chronic difficulties with anger management.

Osteoporosis Because this health condition occurs with less frequency in men than women, healthcare providers perceive osteoporosis as a "women's health problem" and are less likely to screen for or address indications of osteoporosis in men. Healthcare providers need education in recognizing and responding to osteoporosis in men.

HIV The two highest-risk groups for HIV infection are exclusively or predominantly male: MSM (men who have sex with men) and IDU (intravenous drug users). Not surprisingly, men show much higher rates of mortality from HIV-associated conditions than do women – but the life expectancy of individuals with HIV has increased dramatically with the introduction of Highly Active Anti-Retroviral Therapy. Increasing the uptake of this effective treatment, especially among IDU, is a major challenge.

Suicide Canadian men show a suicide mortality rate three times that of women. The increased risk for death by suicide in Canadian men is especially pronounced in the age range of 40-50, when men's suicide rises to a peak before gradually falling and then rising once more past the age of 80. Both the strikingly high levels of suicide for men compared to women and the surprising peak in suicide for middle-aged men (a recent social phenomenon) have received minimal research attention and require systematic investigation in order to design preventive and clinical interventions.

Lung Cancer For many decades, lung cancer was primarily a disease of men, essentially because men were far more likely than women to smoke tobacco. However, public health campaigns have been quite effective in reducing men's level of smoking, resulting in a reduction in rates of lung cancer in men – these rates have been falling in men over the past 30 years. It is a success story that gives us hope for improving Men's Health in other areas.

New directions

Health research should: (i) evaluate population-level initiatives to modify cardiovascular risk factors in men; (ii) study male *suicide*, men's pathways to suicide and population-level interventions to reduce its incidence. (ii) investigate male *mortality from motor vehicle accidents*, emphasizing population-level interventions with younger male drivers regarding risk-taking; (iv) compare treatment outcomes for male-specific conditions like prostate cancer and erectile dysfunction.

Health policy should prioritize population-level initiatives which: (a) adopt a male gender-appropriate approach; (b) integrate forms of communication well suited to men's identities; (c) deliver interventions in settings that maximize access to men.

Healthcare practice should: (a) train primary care providers to focus on Men's Health issues such as risky drinking, suicidal ideation and poor nutritional habits; (b) develop decision aids to support men and their physicians in weighing complex decisions such as choice of prostate cancer treatment; (c) disseminate self-management materials concerning healthier lifestyle, risky drinking and mood/anger issues.