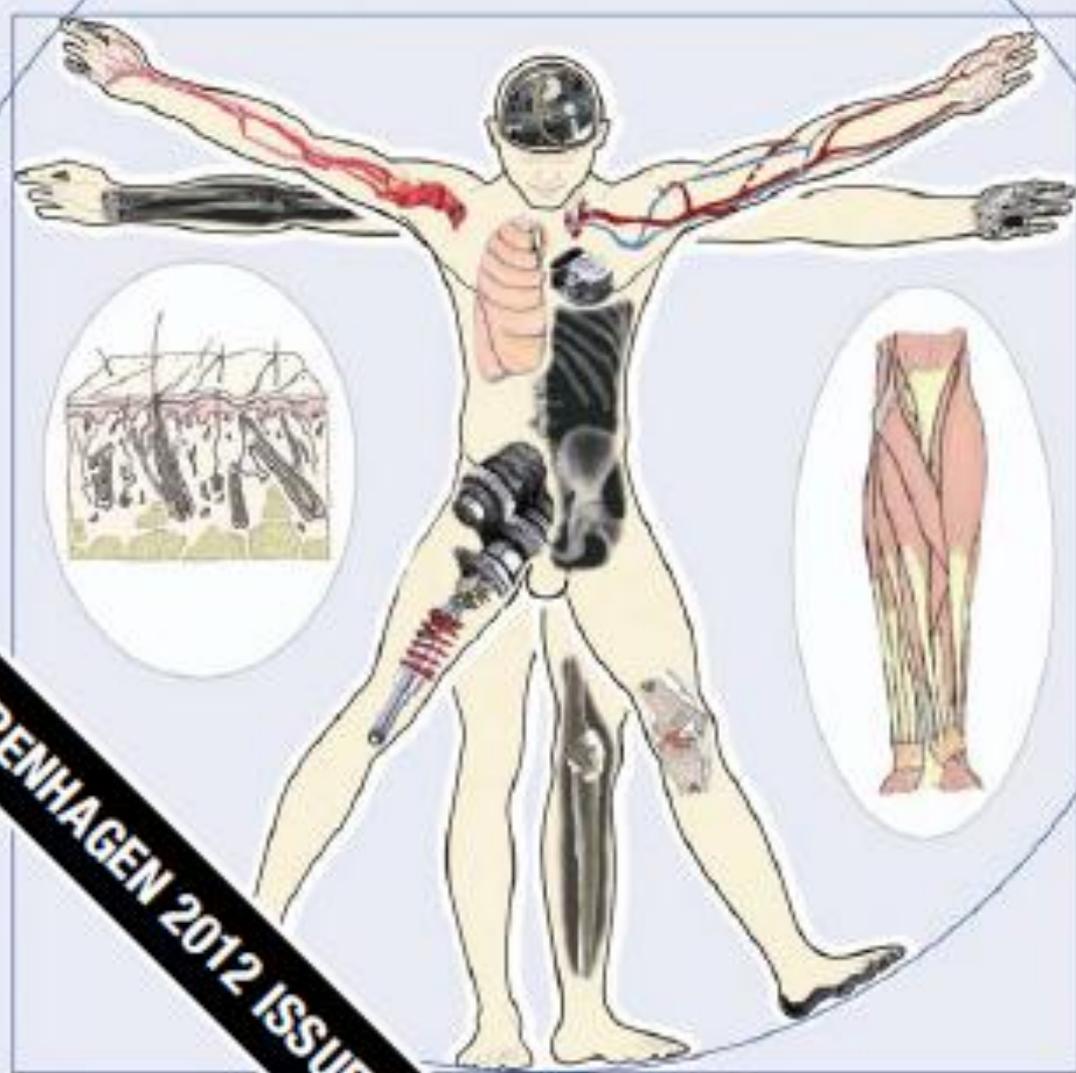


EUROPEAN



MEN'S HEALTH FORUM

**RESPONSE TO THE EC REPORT ON THE STATE
OF MEN'S HEALTH IN EUROPE**



THE COPENHAGEN 2012 ISSUE

European Men's Health Forum and Men's Health Society, Denmark presents:
Recommendations for actions to Main Points and Summaries from
"The State of Men's Health in Europe – Extended Report" 2011
Edited by Svend Aage Madsen

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**European Men's Health Forum and
Danish Men's Health Society presents**

Recommendations for actions to "The State of Men's Health in Europe – Extended Report" 2011



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Selskab for Mænds Sundhed
Men's Health Society

Copenhagen Conference 2012 on

"Gender and Health through Life"

**With support and participation from
the Danish EU Presidency**

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OF THE COUNCIL OF THE
EUROPEAN UNION 2012



Ministeriet
for Ligestilling
og Kirke

June 14 – June 15 2012

Copenhagen University Hospital, Rigshospitalet

Introduction

By European Men's Health Forum & Men's Health Society, Denmark

For the first time the EU has put a focus on men's health. This has been done with the publication of the EU Commission's seminal report "The State of Men's Health in Europe Extended Report".

The report is written, reviewed and discussed by scholars from more than 15 European countries. The report is a milestone in clarifying how important gender is in the health of the population.

The report provides an overview of the state of men's health across the 34 European countries. The report shows that there is a high level of premature morbidity and mortality in men. This has implications not just for the men, but for their families, for society, and for all those concerned with health and social welfare.

The report shows that, for every cause of death, men are dying younger and in greater numbers in every age group and in every European country, with most of men's higher occurrence of diseases and early death being preventable. This publication is a critically important step towards informing strategies to prevent men's premature morbidity and mortality.

For every chapter in the report, we have reproduced the Main Points and Summaries followed by a list of recommendations for actions in each area to improve men's health and reduce men's premature diseases and deaths. These recommendations have been proposed and discussed in different occasions among which are meetings in EMHF, at the Leeds Metropolitan University, in Gastein at the European Health Forum and more. Our goal is that everybody at the "Copenhagen Conference on Gender and Health Through Life" will engage in developing and proposing further recommendations for this important area.

◆ **General Recommendations for Actions**

- Recognition of men's physical and mental health as an area of public health concern. Gender mainstreaming should be expanded to have a more explicit focus on men.
- Inclusion of men's health within the decision making processes relating to the impact on men's health of the social determinants of health
- Recognition of the difference between sex and gender with regard to men's health as well as women's health.
- The establishment of a research agenda that can identify:
 - The causes of male specific diseases and those conditions where men seem most vulnerable
 - The role of gender and male socialisation processes on health behaviour
 - Barriers to men's use of health services
 - How best to communicate with men with regard to their health needs
- The promotion of men's health should not be at the expense of women's health and should not pose a threat to the resources currently utilised tackling the specific health and wellbeing needs of women
- Involve politicians on an on-going basis in increasing the policy spotlight on men's health and in working towards solution-oriented outcomes in addressing men's health. There is an urgent need to increase awareness at government level within member states and in the EU of the breadth of issues impacting on men's health
- The importance of education and environment in influencing men's health
- The importance of focusing on prevention.

The Male Population

Main points

- There is an increasing longevity of much of the male population, but this is coupled with a decline in the birth rate.
- If the current projections for the changing male population are correct there will be a reduction of nearly 24 million working age men (aged 15-64 years) across the EU27 by 2060 and an increase in the number of men over 65 by some 32 million.
- Young men are living at home for longer and deferring the age of marriage.
- Boys and girls are in the education system for longer, but boys seem to be missing out on a full educational experience, with more leaving school prematurely and fewer entering tertiary or adult education.
- Patterns of work are changing, with higher unemployment levels than women and being less likely to have a job for life.
- Early migration and asylum seekers are predominately male, with a greater degree of migration occurring within Europe, reducing the male population in the home countries.
- Men in vulnerable positions such as Migrants / Asylum seekers, Prisoners, the homeless or the disabled are all facing challenges to their health and well-being.

Summary

The emerging demographic picture will have a marked impact on men over the coming decades, with implications for how men live, are educated, and work. An expanding older population will put an increased strain on resources at a time when the younger population is diminished in number. Changing patterns of work and fewer jobs for men is occurring at a time when European policy is striving to retain more men at work for a greater proportion of their lives. The message that we need a highly qualified workforce still seems to be missing a large proportion of men, with relatively few entering into tertiary education or taking up adult education opportunities. More men are living at home for longer before getting married and family size is reducing with children being born later in married life. For many men there is the prospect of divorce and the health challenges that this brings.

The movement of men across borders through emigration, or asylum seeking may be plugging some of the demographic gaps in the younger population for some countries, but internal migration within Europe has a negative effect on the workforce in the home countries. It also brings with it challenges in

how these young men will be enabled to manage their health and wellbeing in their host country as they tend to be working and living in poor conditions. There are other groups of men who also face particular health challenges, which include those who are in prison, the homeless and men with disabilities.

◆ **Recommendations for Actions**

1. Monitoring of the effects of the post industrial society on the health and wellbeing of men
2. Improvement in the guidance and support given to boys and men with regard to the benefits of secondary, tertiary and adult education
3. Need for targeted strategies for men at different stages of the life course, from different socio-economic background
4. Focus on the reaching out to those men separated from mainstream society through being unemployed, homeless, having migrant status or through imprisonment.
5. Research to explore the health and wellbeing needs of the older population of men

Lifestyle & Preventable Risk Factors

Main points

- Poor lifestyles and preventable risk factors are still some of the principal causes of premature death and morbidity in men, with over 50% of premature deaths being avoidable.
- There are strong links between the socioeconomic and educational background of men and their available health choices, which impact on their wellbeing.
- A gender element exists with regards to men's lifestyle choices, with social pressure increasing the likelihood of adopting risky behaviour.
- There has been a steady reduction in smoking across Europe – but the levels are still highest amongst men in lower socioeconomic groups and in the Eastern European countries.
- Alcohol consumption remains high in men, but differences are most noticeable for drunkenness and binge drinking.
- Illicit drug use varies across Europe, but men tend to have greater use of cannabis, ecstasy and steroids, with more drug related deaths in men.
- Though men have higher levels of activity than women generally, there are too few men taking sufficient exercise for health maintenance.
- Men tend to have less nutritiously balanced diets, with above the recommended levels of dietary cholesterol and saturated fatty acids and lower levels of polyunsaturated fat, carbohydrate, and fibre. Higher than advised salt and other mineral levels adds to the negative health consequences of men's diets.
- Obesity is increasing across Europe and the male form of overweight with central fat deposition increases the risk of many health problems [with links to cardio-vascular disease, cancer and diabetes].
- Men tend to accumulate fat at a faster rate than women, becoming more overweight at an earlier age.
- It is difficult to make international comparisons relating to Sexually Transmitted Infections.
- Programmes that target young men regarding screening for STI's are proving successful.
- Men tend to have a lower age of sexual initiation, have more partners, with condom use being greater in young men and those with higher levels of education.

Summary

The way men live their lives has a major effect on their overall health and wellbeing. From childhood onwards the lifestyles that many men develop are building up problems for their future, whether it's smoking, excess alcohol intake, illicit drug use, poor diet or limited physical activity the effect is seen in their high rates of premature death and chronic morbidity.

Young men feel they are living invulnerable lives, able to eat, drink and take risks without fear of the consequences; sometimes the reality is immediate, through the sudden death of alcoholic poisoning, or it may be cumulative effect as in the rising incidence of ischemic heart disease or cancer in their early adult years. The risks men face are not only the consequence of the life choices they take, there are anatomical and physiological, social and environmental, and service provision factors that can compound the problems. An instance of this relates to the health problems men have when they are overweight, which are a complex blend of the availability of the right food, a socialisation process of boys with regard to their body size and their diet, an increasing sedentary lifestyle coupled with the male form of obesity comprising central (or visceral) fat deposition increasing the risk of the metabolic syndrome and the fat related cancers. This is then linked to the tendency for weight-loss health promotion and services being focused onto women.

There is difficulty in agreeing the extent of sexually transmitted diseases, but it is apparent that the number of cases is increasing. However the targeting of men with regard to Chlamydia is showing that if the screening is done appropriately then men will engage. Getting men to use condoms is more effective in the young. Understanding men's lifestyles is a significant factor in the development of health strategy aimed at supporting men to lead less damaging lives.

◆ Recommendations for Actions

1. Provide an increased focus on preventative and health promotion programmes that have a specific focus on men, and that specifically target those subpopulations of men who are most in need (young men, lower socio-economic group men, ethnic minority men).
2. Consult with men and those working with men in the community, voluntary and statutory sectors, to design preventative and health promotion programmes targeting men.
3. Increase the focus on workplace health promotion initiatives that specifically target men

4. Devise gender-competent health information and health promotion literature and disseminate it through media that are appropriate for men.
5. Provide dedicated men's health websites that provide reputable and accessible health information for men that include links to existing sources of information and support.
6. Develop gender-specific social marketing campaigns that specifically target the health and risk behaviours of young men.

Accessing Health Services

Main Points

- Infrequent use of and late presentation to health services are associated with men experiencing higher levels of potentially preventable health problems and having reduced treatment options.
- The overall rate of admission to hospital is higher for men than for women for all of the principal diseases and health problems.
- Men are also less likely than women to engage in routine or preventative health checks.
- Men's poorer knowledge/awareness of health points towards the need for targeted health information to be delivered to men.
- Men's preference for the internet as an alternative to mainstream medical services can create the problem of missed diagnosis and the possibility of accessing potentially dangerous counterfeit drugs.

Summary

Men's usage of health services has been long recognised as a possible contributing factor in their high rate of premature morbidity and mortality. There is evidence that some men use primary health services less frequently and are more likely to need hospitalisation for the principal causes of disease. There is also evidence that men do not use preventative services at the same level as women, which may be due to the availability of services only being available during the working day so inaccessible to many men. Men have higher levels of usage of the internet for health advice and are more likely to buy drugs through this route (and therefore more vulnerable through missed diagnosis and the rise of counterfeit drugs). Conversely men tend to show no difference to women with regard to presenting with symptoms of illness. Where services have been set up in ways that make access easier, then men have used them and many have been shown to have high levels of hidden problems, both physical and emotional.

Against a background of higher premature death rates among men for nearly the whole range of non-gender specific disease and illness, there is an urgent need for more targeted measures that enable boys and men to recognise their health risks and to take increased responsibility for managing their own health.

There is a need for the provision of training for GP's and other healthcare professionals on the gendered aspects of health and illness and, in particular, on best practice in engaging men with health services. There also needs to

be an increased focus on how health services can be configured to be more successful at targeting men.

◆ **Recommendations for Actions**

1. Develop specific health education initiatives that enable men to make more informed decisions about seeking help in a timely fashion for health conditions that pose a serious threat to their health.
2. Develop 'male-friendly' primary care services that provide flexible opening hours and that have the capacity to be offered in more accessible community and workplace settings.
3. Adopt more stringent regulatory and legislative measures to counteract the sale of counterfeit drugs through the Internet.
4. Provide increased resources for dedicated men's health Helplines.
5. Develop specialised academic programmes on men's health and integrate modules on gender and men's health into the training syllabi of all health and allied health courses.
6. Develop training protocols and short training courses in the area of men's health, targeting existing service providers in the health, allied health and community sectors.
7. Provide support and information for men in the workplace (on health and better lifestyles) through Trade Unions, Employers and NGOs.
8. Bring health professionals to the workplace for conducting check-ups
9. Promote the notion of men as co-deciders of their own health and care
10. Acknowledge the reluctance of some men to really look after themselves – because of other priorities, embarrassment and stigma, or the perception of being emasculated
11. Recognise the importance of using familiar and traditional environments trusted by men to promote health – e.g sports organisations, etc.
12. Ensure health services actively reach out to men
13. Make testing / screening 'routine' and build it into men's lives, from their perspectives
14. Ensure that men recognise signs and symptoms of illness and act on them, with the family acting as a 'team'

Health Status

Main points

- Men generally identify themselves as having better health than women, although this may not accurately reflect their actual level of health and wellbeing.
- Life expectancy is lower for men across all the EU Member States, ranging from 66.3 years for men in Latvia (77.6 yrs for women) to 80 years for men in Iceland (82.2 yrs for women).
- There are more variations found between men's life expectancy between different countries and regions than between men and women's life expectancy.
- Men have nearly double the potential years of life lost as compared to women, with large differences also evident between the countries.
- For the EU27 it can be seen that the rate of death is higher for men across all age ranges, with 24% higher rate in the 0-14 year age range, 236% higher in the 15-44 age range, 210% higher in the 45-64 age range and a 50% higher rate of death in the over 65 age range
- The rate of premature death in men still far exceeds that for women, and is evident across the majority of disease states.
- Over 630,000 male deaths occur in working age men (15-64 years) as compared to 300,000 women.
- Infant mortality tends to be higher in boys.
- Cardiovascular disease is still the biggest cause of premature death, but this is rapidly being replaced by cancer.

Summary

Men report better health than women and have lower levels of self reported chronic morbidity, but their life expectancy remains lower across all the countries. The gap between male life expectancy across different countries and regions is more marked than that between males and females, suggesting that men are more vulnerable to social circumstances. The biggest challenge facing men with regard to the mortality figures is in relation to their higher levels of premature death, with over 2.5 times more young men (aged 15-44 years) dying than young women across EU27. These deaths are also seen across nearly the whole spectrum of those health conditions that could affect men and women equally as they are not sex-specific.

The burden of death appears to differ across the countries with those in Eastern Europe having higher rates of death as a result of cardiovascular

disease, whereas the predominated cause of deaths in the West are due to cancer.

◆ **Recommendations for Actions**

1. Health data should routinely be broken down by age and sex
2. Develop action plans to tackle men's high rates of premature mortality
3. The working age male population should be monitored to assess the extent of preventable deaths.
4. Research should explore men's increased vulnerability to those conditions that should affect men and women equally

Cardio-Vascular Disease

Main points

- Since the 1970's in Europe there have been marked reductions in cardiovascular morbidity and mortality. Nevertheless, Cardio-Vascular Disease (CVD) is still one of the biggest risks to men's health. In the older population it is increasingly the principal cause of death.
- Whilst CVD accounts for a mortality rate of 36% of all deaths for men, the differences across Europe are marked ranging from 61% of total male deaths in Bulgaria to just 25% in France.
- The Balkan and Baltic regions have significantly higher mortality levels from CVD than the other European countries.
- Ischemic Heart Disease, (IHD) is responsible for 360,000 deaths among men in the EU27, nearly 15% of all mortality.
- Cerebro-Vascular Disease (stroke) constitutes 8% of all male deaths or nearly 200,000 lives lost.
- Educational attainment levels have a direct impact on the risk of dying from Cardiovascular disease.
- Smoking remains the single most preventable cause for poor cardiovascular health.

Summary

Although there have been great improvements in cardiovascular health, marked differences exist between different parts of the EU. In some countries cardiovascular disease (CVD) accounts for half of all premature male deaths. In the most vulnerable regions, such as the Baltic States, CVD premature mortality is almost 6 times higher than in those countries with the lowest risk rates such as Switzerland, Iceland and Italy. These inequalities are found not just at the national level: a significant degree of social stratification with regard to CVD is also seen within countries across Europe. A prime example of this is found in Polish young adult males (15-44) for who, at the beginning of the 21st century, the risk of dying from cardiovascular diseases was some six times higher for those with primary education than for those with university education. The historical trend of low IHD mortality in the Mediterranean region is today much less apparent with Greece having one of the highest rates in Western Europe. Stroke accounts for 200,000 deaths among men in Europe but as with IHD, the Balkan region, Bulgaria, Former Yugoslav Republic of Macedonia and Romania have the highest rates of stroke mortality.

Educational attainment has a direct impact on the risk of CVD mortality, up to six times higher for those without a University education. Smoking of tobacco is the single most preventable cause for poor cardiovascular health.

One of the most important challenges in vascular disease control in Europe is the huge gap between Eastern and Western Member States of the EU. As the single most controllable cause of this gap, cardiovascular diseases are one of the most important areas in which the European Union that can achieve significant results in equalising the health of Europeans. Targeted action in the form of special programmes of activity within these countries would hasten the process of health transformation in the Eastern part of the EU29.

A further challenge in the management of cardiovascular disease across all the Member States of the European Union is the inequality in access to appropriate health services determined by socioeconomic factors.

◆ **Recommendations for Actions**

1. Introduce gender sensitive National cardio-vascular strategies – including vascular checks coupled with appropriate counselling and follow-up for all men over the age of 50 years.
2. Prioritise efforts to curb smoking and excessive alcohol consumption (including pricing) across Europe.
3. Introduce legislation directed at the causes of cardio-vascular disease including, for example, the salt and fat content in food.

Cancer

Main points

- Cancer kills around 700,000 men in the EU27 each year which accounts for a 1/3 of all male deaths, with premature mortality affecting some 198,000 males under the age of 65 years.
- Men develop and die sooner from those cancers that should affect men and women equally.
- Tobacco is the largest single preventive cause of cancer death among men across Europe.
- Male cancer patterns are changing, lung cancer is declining but prostate cancer has become the most diagnosed among European males affecting around a million men.
- Lung cancer is on the decrease but will remain a major cause of premature mortality while tobacco products remain so freely available.
- Colorectal cancer is a leading cause of cancer death in Europe and requires population-based screening.
- Stomach cancer has steadily decreased in the last two decades although it is still one of the most leading cancers.
- Testicular cancer, despite effective treatment, still remains the first cause of cancer death among young males (20-35 years).
- Not all countries have a cancer plan that addresses how men's risk of cancer will be tackled.

Summary

Male cancer patterns are changing with a reduction in deaths as a result of stomach cancer and now lung cancer, but with an increase in cases of prostate cancer. Marked differences exist between countries in relation to the male burden of cancer. Men generally have a higher incidence rate for those cancers that should affect men and women equally and a higher rate of premature death. The gender differences are also evident with respect to survival rates, which are generally improving but still poorer in men.

The reasons for men's higher risk of developing and dying of cancer are multifactorial but tobacco remains the largest source of exposure to carcinogenic substances for men. Tobacco causes numerous localised and systemic cancers (lung cancer, oral cancer, pharyngeal cancer, laryngeal cancer, oesophageal cancer, pancreatic cancer, kidney cancer, urinary bladder cancer, leukemia, etc). Tobacco is still the largest single preventive cause of cancer death among men across Europe.

◆ Recommendations for Actions

1. National Cancer plans should make specific recommendations with regard to monitoring and reporting on male cancer patterns, to male cancer susceptibility and lower rates of survival and to lower male cancer literacy
2. Screening needs to be better understood and targeted – for example, bowel cancer needs to be started at an earlier age for men and effort has to be made to ensure more men present for screening while research is needed into the development of an effective screen for prostate cancer.
3. Prioritise earlier cancer screening, with more aggressive treatment (biological difference between women and men)

Accidents, Injuries and Violence

Main points

- Throughout the EU, there is a clear and consistent pattern of higher mortality rates among males compared to females from accident and violence-related injuries.
- There are considerable differences between countries with male mortality rates from accident and violence related injuries being particularly high in Eastern Europe.
- Accidents account for the biggest proportion of deaths within this classification group (some 36,000 male deaths in EU27) with death rates from road traffic accidents being 3 times higher in males than in females. Men account for 95 % of fatal workplace accidents.
- Homicide accounts for 5,500 deaths annually in the EU27 with the rate of homicide being twice as high for males as for females.
- Road injuries are the principal cause of accidental fatality.
- The economic costs associated with accidents in the EU are estimated at over € 15 billion a year.
- Whilst the vast majority of both victims and perpetrators of violence are male, females are much more likely to be victims of intimate partner violence (IPV).

Summary

Men's accidents, injuries and violence are a major public health problem within the EU. Male risk taking, the effect of male anti-social behaviour, male work and play activities and the management of mental and emotional conflict are all implicated in the higher rates seen in men. With the exception of sexual violence (for which 90% of victims are women) 72% of interpersonal violence victims and perpetrators are men. Homicide accounting for over 5,500 deaths each year also rises exponentially in young males after the age of 15 and peaks again in the 80 plus age group.

In light of the large intercountry variations in mortality rates from injury, it seems prudent that policy lessons and tried and tested preventive programmes established in low mortality countries could be used as a blueprint for good practice initiatives for countries with higher injury mortality rates. If all countries matched those with the lowest mortality rates, half of the lives lost to road traffic injuries and 9 out of 10 of those lost to drowning, poisoning, burns and falls could be saved each year. With men being vastly overrepresented in the

injury statistics, such reductions would be particularly significant in reducing mortality and morbidity rates among men.

◆ **Recommendations for Actions**

1. Adopt the policy lessons and tried and tested preventive programmes established in countries with low mortality rates for accidents and injury as a blueprint for more co-ordinated and multisectoral action in those countries with high accident and Injury mortality rates.
2. Provide an increased focus on research that seeks to unravel the underlying factors associated with accident and injury, particularly in regions with high mortality rates, and that support a strong evidence-based approach to injury prevention.
3. Develop more stringent mechanisms for collating and tracking accident and injury data that are consistent between member states, and that lead to an increased focus on alignment of leadership, infrastructure and capacity building directed at reducing accident and Injury rates.
4. Provide increased resources towards the enforcement of regulatory and legislative measures targeted at accident and injury prevention
5. Provide at both an EU and member state level an increased focus on violence prevention, addressing the root causes of violence and developing a better understanding of the structural and cultural conditions that help to foster lives free of violence.
6. Provide increased intervention programmes for male perpetrators of domestic violence and ensure that male victims of domestic violence have appropriate access to information, support services and counselling services.
7. Health and Safety at Work is an EU competence – use it more

Mental Health

Main points

- Men's depression and other mental health problems are underdetected and under treated in all European countries. This is due to men's difficulty in seeking help, health services' limited capacity to reach out to men, and men's different presentation of symptoms to women with higher levels of substance abuse and challenging behaviours.
- More than three times as many men as women commit suicide and the difference increases to up to five times among the elderly. The higher suicide rates in men are linked to undiagnosed mental health problems.
- Men can suffer from post natal depression which is a scarcely recognised problem, but one that can have a marked effect on families.
- Sex differences between EU countries regarding incidence, occurrence and admission to treatment for bipolar disease are evident, but difficult to explain.
- Schizophrenia onset is earlier in men than women, with men having poorer long term outcomes, longer inpatient stays and extended periods of impaired functioning.

Summary

Mental ill-health in European men is under-diagnosed and under-treated. Many men seem to find it challenging to seek help when it comes to mental or emotional health problems. It may be difficult for health professionals themselves as well as individual men to identify changes in health behaviour as signs of mental disturbances. There is a lack of adequate assessment tools suitable to diagnose men's symptoms, and a lack of suitable ways of referral for gender specific treatment. Mental and behavioural disorders due to the misuse of alcohol are one of the most disturbing problems of men's mental health. The deaths of men and women as a result of mental & behavioural disorders due to alcohol show a significant gender difference with three to four times more men dying than women.

There has been a 15% increase in the number of suicides in the last decade. Eight Member States are amongst the fifteen countries with the highest male suicide rates in the world, with large differences seen between the highest and lowest countries. In order to address mental health issues more effectively in men, there is a need to address gendered patterns in the upbringing of boys, and to improve our understanding of gendered dimensions to mental health disorders, mental health service delivery and in the behaviours of men themselves. One very important change that has emerged is in relation to

more contemporary approaches to fatherhood. Greater numbers of men attending the births of their children and participating in caring may enhance men's awareness of their own and their family's mental and emotional well being. This may also sensitise men to be more aware of their own mental health and to seek help more promptly.

◆ **Recommendations for Actions**

1. Develop the techniques to detect the 50% of male depression that remains undiagnosed and to treat it. Research into the symptoms of male depression in men leading to screening instruments for men especially those in vulnerable groups such as older or single men
2. Develop methods for referral and treatment models better suited for men.
3. Prevent much more of men's suicides – especially older men's suicides. This must be done by detecting men's depressions earlier and to a much greater extent and by developing programs for identifying men with mental problems. One important way to reach this is by educating GPs and other health professionals in home and institution services
4. Acknowledge that parenthood is a massive transition for men, and acknowledge that around 7-10 percent of all new fathers suffer from Post-Partum Depression
5. Explore men's self-esteem linked to their mental health – power, control and transference

Problems of the Male Reproductive System

Main points

- There is a lack of patient focused research into men's experiences of reproductive health problems.
- There appears to be a gap between men's needs for treatment or advice in relation to sexual health and the capacity of health services to meet these needs. This gap is a result of men's under-use of health services and an apparent reluctance of many health care professionals to address men's sexual health.
- Erectile dysfunction is a common condition that can cause great distress to sufferers, but it is also an important early warning of cardio-vascular disease and other health problems.
- The Lower Urinary Tract Symptoms (LUTS) cause significant problems for a large proportion of the older generation of men across Europe.
- Late onset hypogonadism has been found to have a biological basis for about 2% of men.

Summary

The problems encountered by men with regard to the male reproductive system are often wrongly associated with the ageing process. Early diagnosis of the causes of erectile dysfunction can uncover serious health concerns as well as allowing restoration of a normal sex life. The lower urinary tract symptoms (LUTS) are associated with a number of conditions, such as Benign Prostatic Hyperplasia and Prostatitis, which cause significant discomfort for the affected individual. Though these are significant illnesses for the older man there remain few treatment options available. Over 40% of cases of infertility are due to male problems.

◆ Recommendations for Actions

1. Improved communication with men on the signs and symptoms of male reproductive disorders to help differentiate between normal ageing and problems and to recognise the importance of early diagnosis
2. Expand research opportunities to explore male reproductive disorders
3. Improve access to men for diagnosis and treatment of erectile dysfunction

Communicable Diseases

Main points

- Men have a higher risk of dying prematurely from the major infections as a result of reduced immunity and their greater likelihood of either having a lifestyle or social circumstances that makes them more susceptible.
- Tuberculosis was in decline, but it is increasing in sub-populations of men. Drug-resistant strains hamper the management (and containment) of this disease.
- It is difficult to make international comparisons relating to Sexually Transmitted Infections.
- Across Europe there are about 2 HIV cases for every 1 case in women, and 3 AIDS cases to every 1 case in women, with differing patterns of incidence rates across Europe, with a ratio of 5:1 male to female deaths.
- Viral Hepatitis affects more men than women by a ratio of about 4:1.

Summary

Communicable diseases have significantly been reduced in Europe over the last two decades for both men and women, but the gender differences in morbidity and mortality between countries and within the EU are still very significant. The accession countries, particularly those of Eastern Europe and the former soviet block are struggling with higher rates of communicable diseases particularly among men. Across the lifespan deaths from Pneumonia are higher in men and boys until the over 80 age bracket, which accounts for 77% of female deaths and 55.4% male deaths. Tuberculosis continues to be a public health risk with 18 European States in the WHO 'high-priority' category. Mortality from HIV and AIDS has seen a general decrease across EU27 with a larger decrease in Males but there are still 3 new AIDS cases in men to every one case in women.

◆ Recommendations for Actions

1. Improve reporting of communicable disease states with standardisation of data collection – specifically age-range – and Inclusion of sex breakdown in all data
2. Improve tracking of men infected with TB
3. Improve health conditions in prisons to ensure minimal transfer of infection and rapid effective treatment.

Dental and oral health

Main points

- Dental and oral ill-health are causes of many systemic diseases as well as being the source of marked discomfort to the individual.
- Dental caries and missing teeth are a bigger problem for women than men.
- Periodontal disease affects a significant proportion of the population and has a greater prevalence in men
- The older generations are more at risk, but obese young men are emerging as another at risk group.
- Strong links are evident between periodontal disease and cardio-vascular disease.

Summary

Women tend to have more problems with regards to dentition but men have the greatest need with regard to poor periodontal health, which, apart from being a cause of considerable pain and discomfort, is associated with cardiovascular disease and increasingly with metabolic syndrome in men. It is ironic that although men are less likely to use preventative dental services women have a higher incidence of dental caries.

The causes of periodontal disease are closely associated with risky male health behaviour but though this was once seen mainly as a problem of the older men it is now being increasingly seen in the young, especially those who are obese.

Whilst there are variations across the EU with regards to consultation with a dentist by educational level, periodontal disease can be prevented through changes in lifestyle behaviours. Improved oral care is a precursor to reducing the incidence of systemic diseases across the world and early health promoting strategies aimed at men would seem to hold great worth.

◆ Recommendations for Actions

1. Improve surveillance of men's oral health problems
2. Include gender specific information in the Oral Health report
3. Develop better health strategies on how to improve men's oral health

Other Health Conditions Affecting Men

Main points

- Type 2 diabetes is increasing in men as a result of obesity. The death rate in men is twice that of women in those under the age of 65 years, and across Europe men have higher admission rates for diabetes.
- Obese diabetics have a 40-60% higher risk of cardiovascular mortality.
- Across Europe there are higher levels of chronic lower respiratory diseases in men than women. Around 4% of all male deaths result from this condition, which is mainly caused by smoking.
- Osteoporosis is traditionally seen as a problem of older women. There are however problems of low bone density in young male athletes, men with specific health problems and hereditary factors. A growing number of men develop the condition as a result of hormone ablation therapy for prostate cancer.

Summary

The mortality data for diabetes masks the true extent of its influence on the overall health of the population as it is the fourth leading cause of death in the EU.

Type II diabetes, once only seen in adults, is being diagnosed in younger populations and is associated with obesity. With the link between male form of central obesity and the metabolic syndrome and other health conditions this is a major cause of premature death as a result of cardiovascular disease. With chronic lower respiratory diseases it is noticeable that the Eastern European countries have a lower percentage of total deaths despite having higher levels of smoking than Western Europe. This may be explained by higher mortality levels of cardiovascular disease in Eastern Europe. Osteoporosis once seen as a problem for post menopausal women is also prevalent in men.

◆ Recommendations for Actions

1. Routine checking of blood glucose in men to identify undiagnosed diseases – especially those who are overweight or obese.

