

Preventing Premature Death in Men – a European Priority?

Professor Alan White
Centre for Men's Health
Leeds Metropolitan University
a.white@leedsmet.ac.uk



2020 Health for Growth

‘promoting good health is an integral part of the smart and inclusive growth objectives for Europe 2020. Keeping people healthy and active for longer has a positive impact on productivity and competitiveness. Innovation in healthcare helps take up the challenge of sustainability in the sector in the context of demographic change’, and action to reduce inequalities in health is important to achieve ‘inclusive growth’.

http://ec.europa.eu/health/programme/docs/prop_prog2014_en.pdf accessed 4th June 2012



The State of Men's Health in Europe Report



With: Bruno de Sousa,
Richard de Visser, Richard
Hogston, Svend Aage
Madsen, Péter Makara ,
Noel Richardson, and Witold
Zatoński & Gary Raine



Main messages

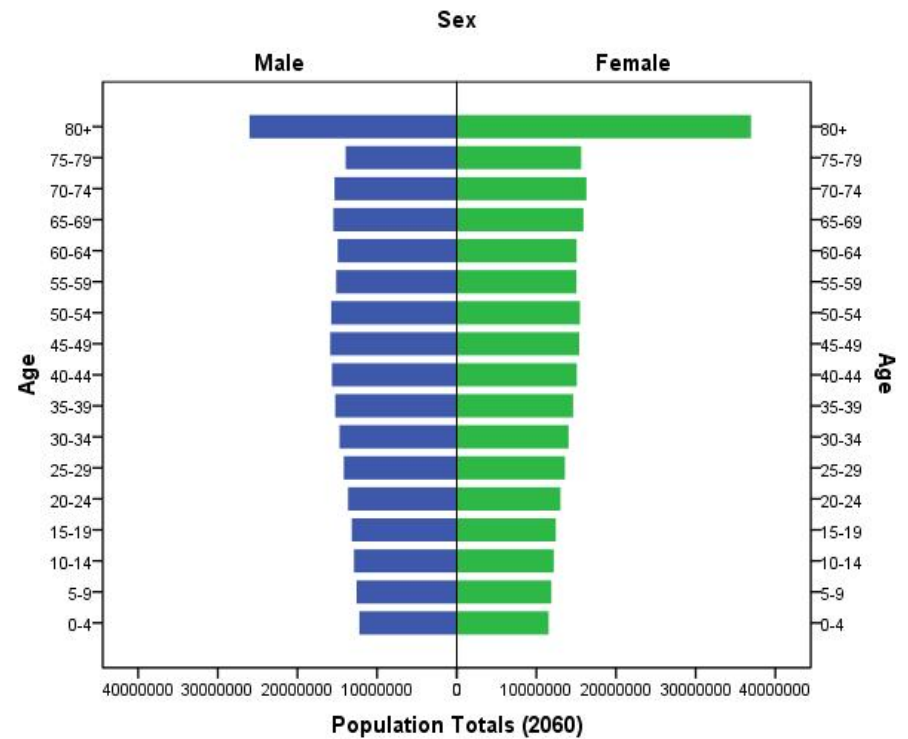
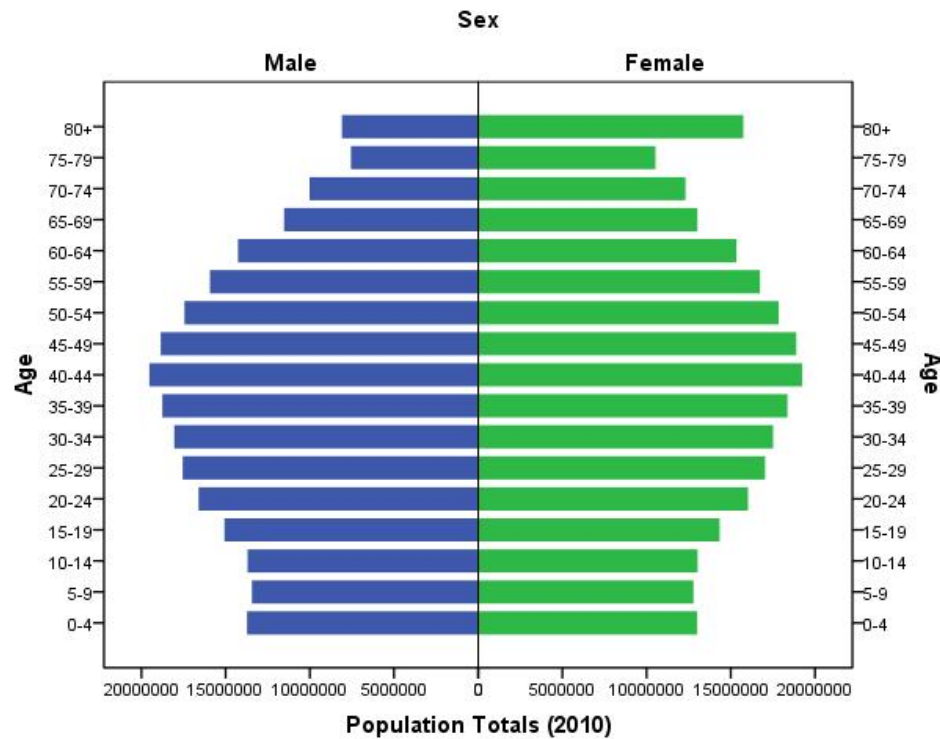
- There is a high level of preventable premature morbidity and mortality in men, with marked differences seen between and within countries, which will only be addressed by targeted activity across the lifespan.
- Improvements in the physical and mental health of men are necessary to ensure the economic and social wellbeing of the entire European Community.



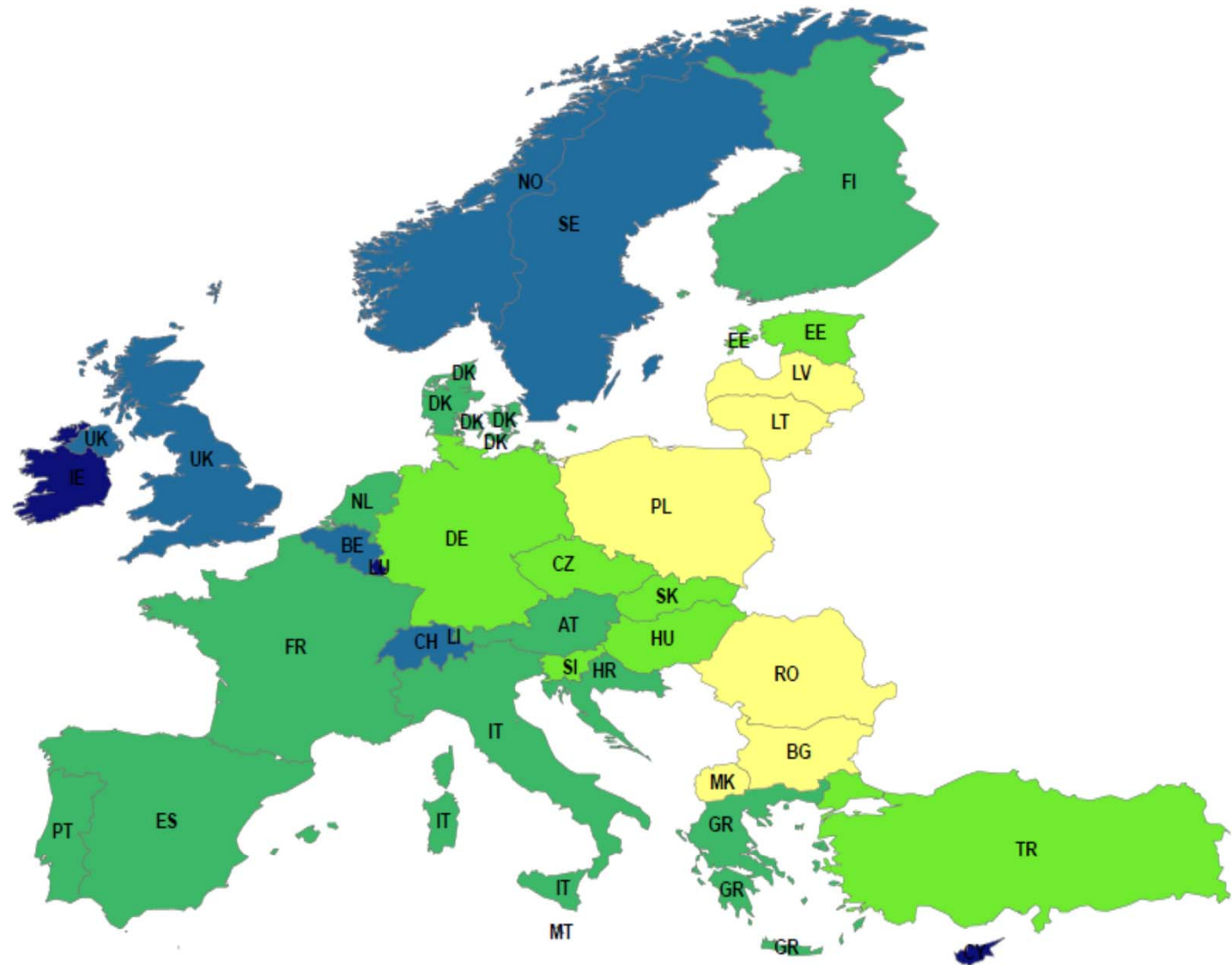
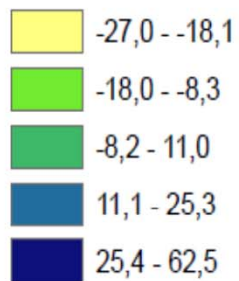
If the current projections for the changing male population are correct, there will be a reduction of nearly 24 million working age men (aged 15-64 years) across the EU27 by 2060 and an increase in the number of men over 65 by some 32 million.



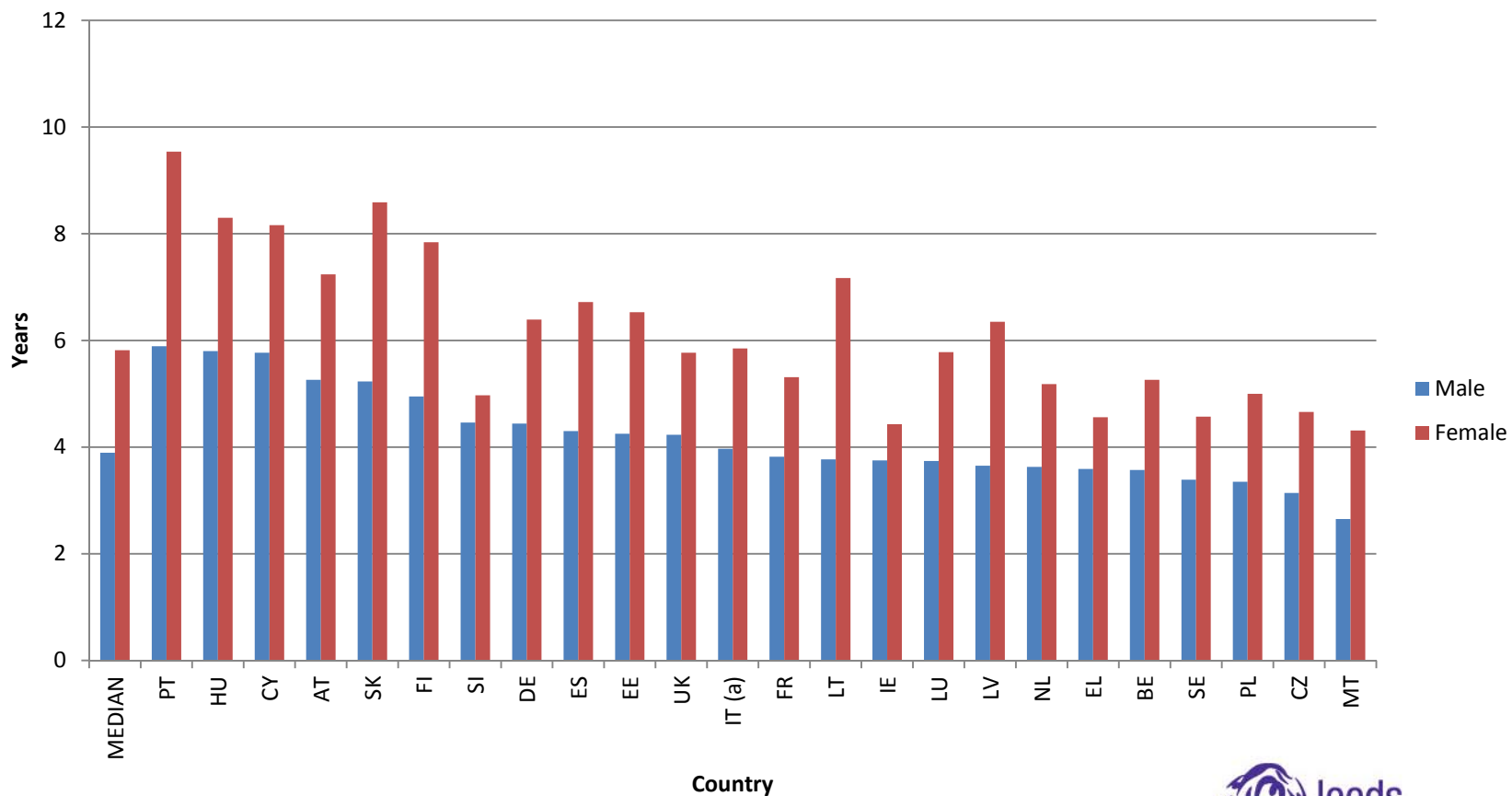
Population trends from 2010 to projected numbers in 2060



2.1.1. Percentage change in male population from 2010 to projected numbers 2060



Life expectancy for 50 year olds with severe activity limitation, by sex and country, 2008

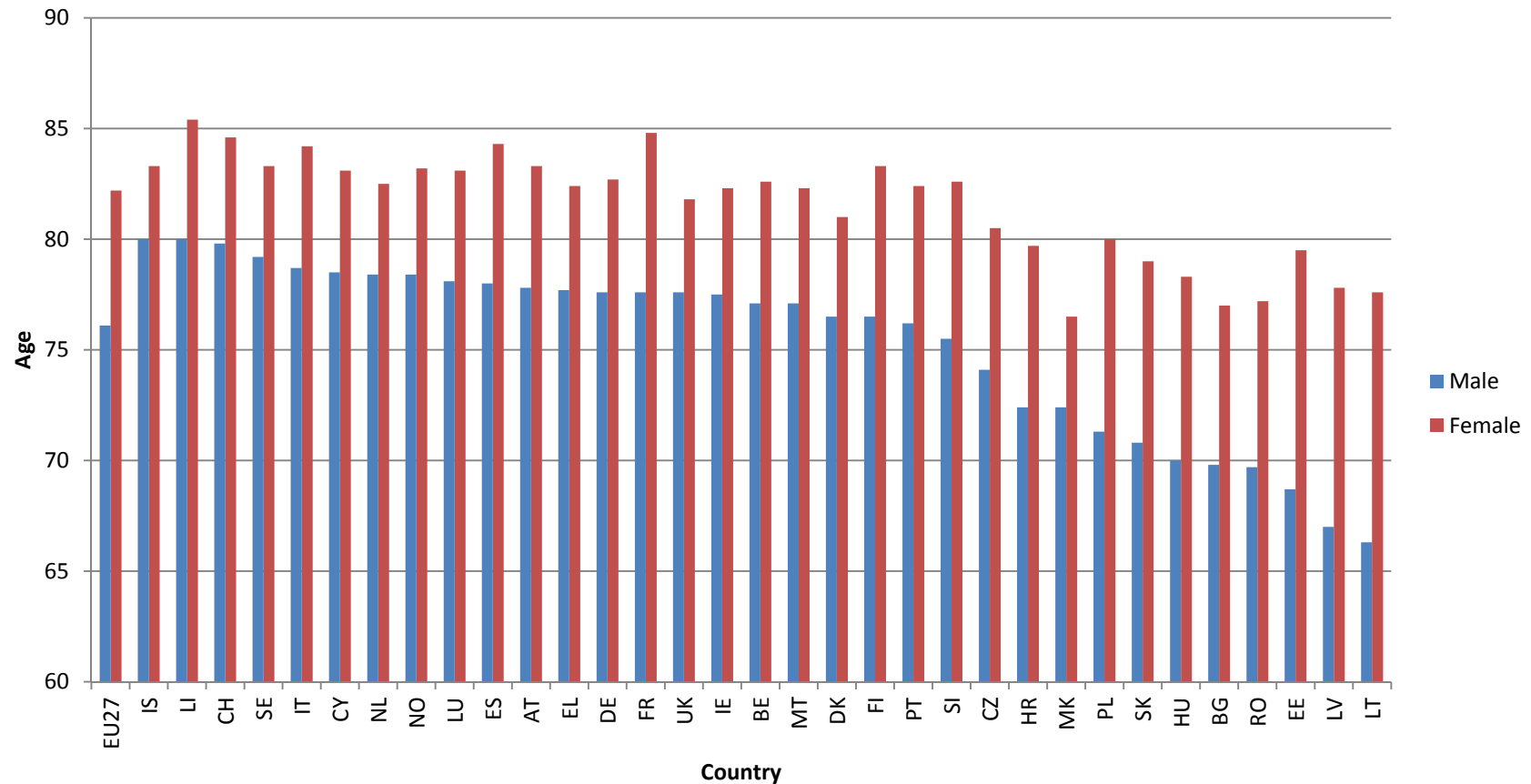


(a) Estimated value

EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

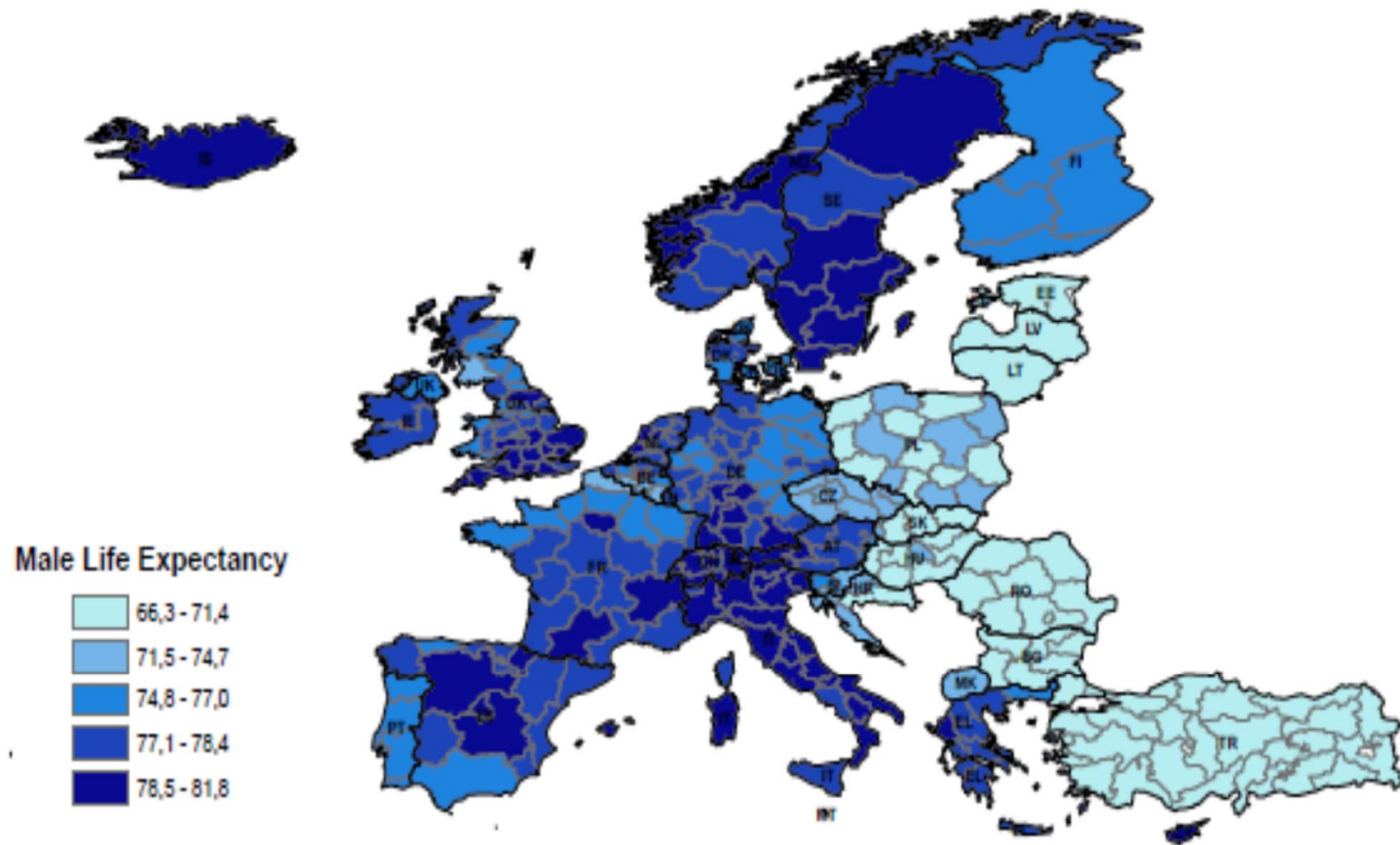


Life expectancy at birth, by sex and country, latest year¹



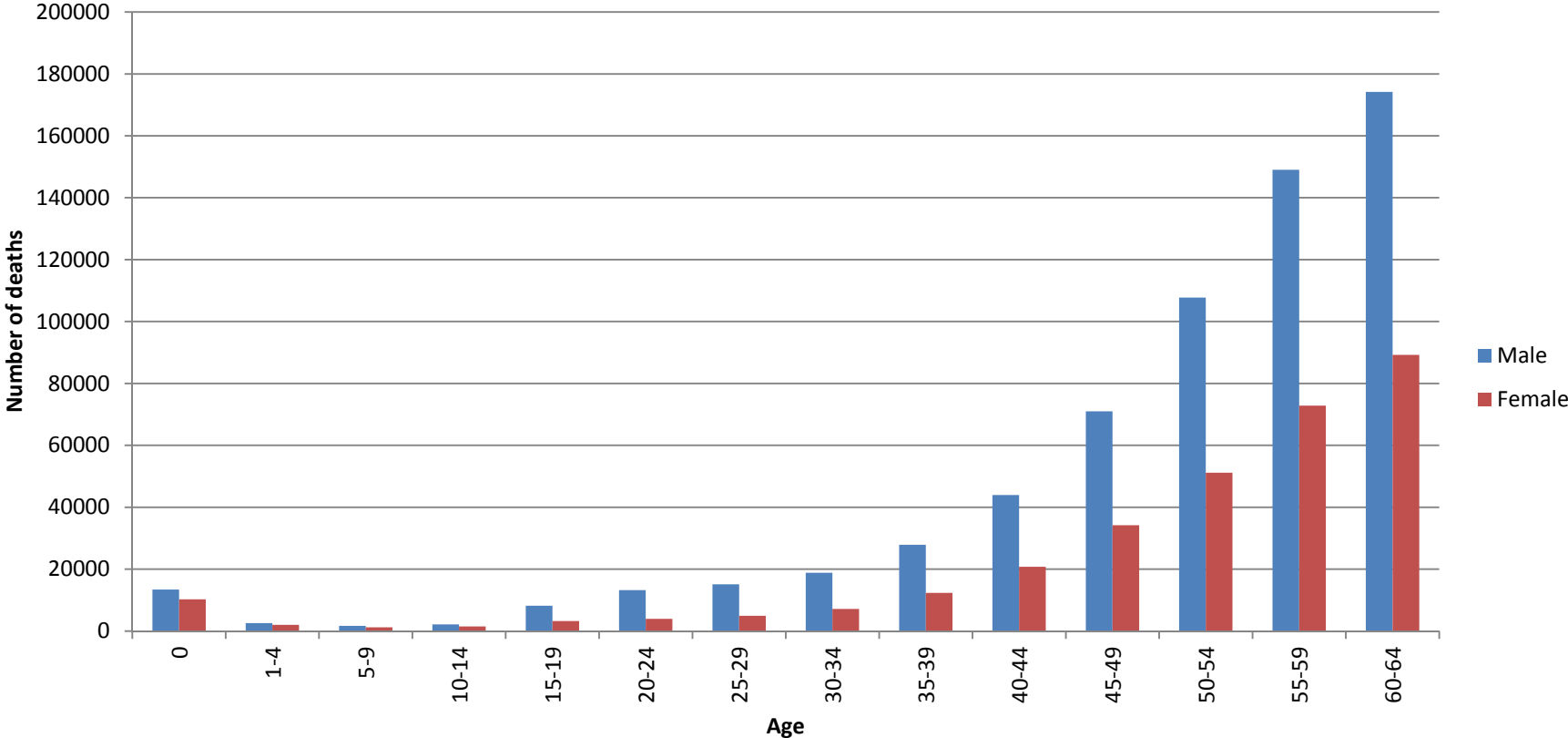
¹ 2008 except EU27, BE, FR, IT, UK (2007)



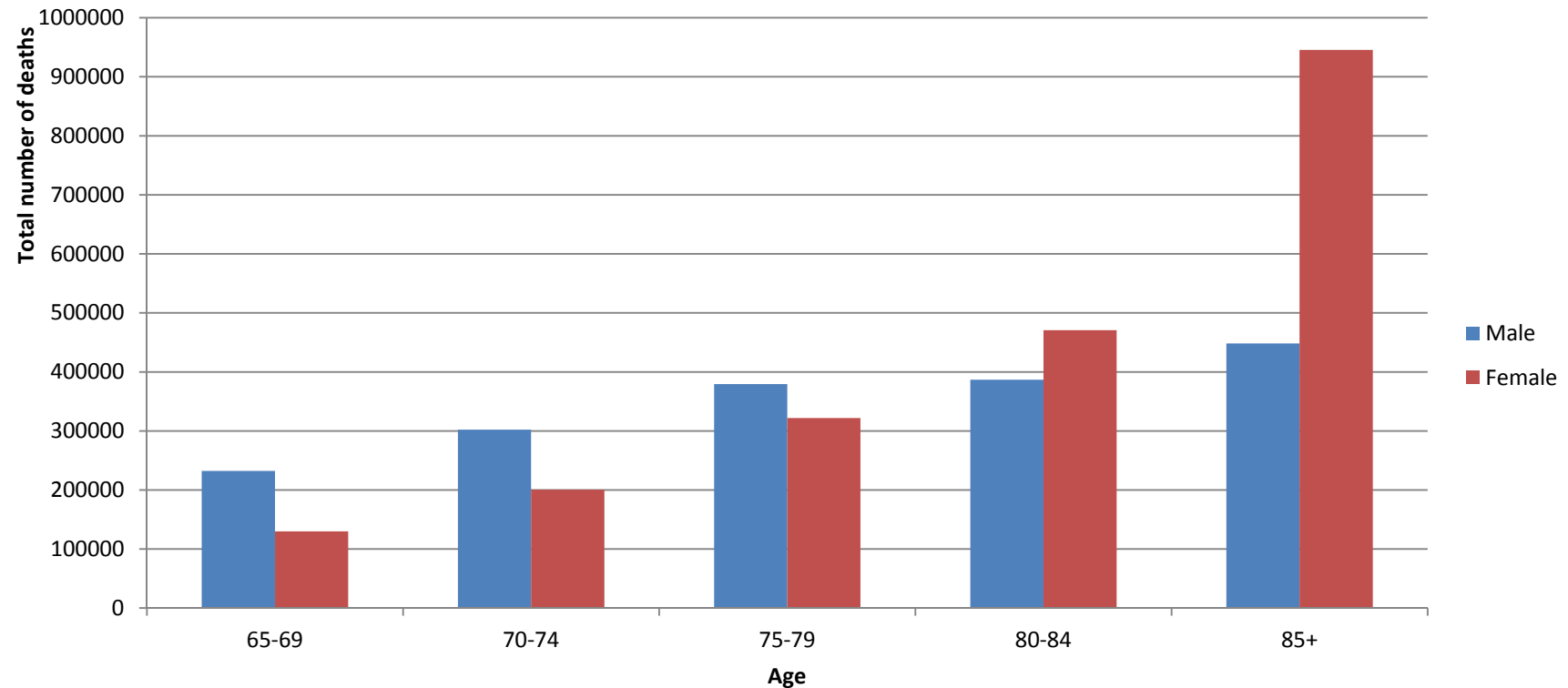


EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

Total number of deaths, ages 0 to 64 years, EU27, 2007



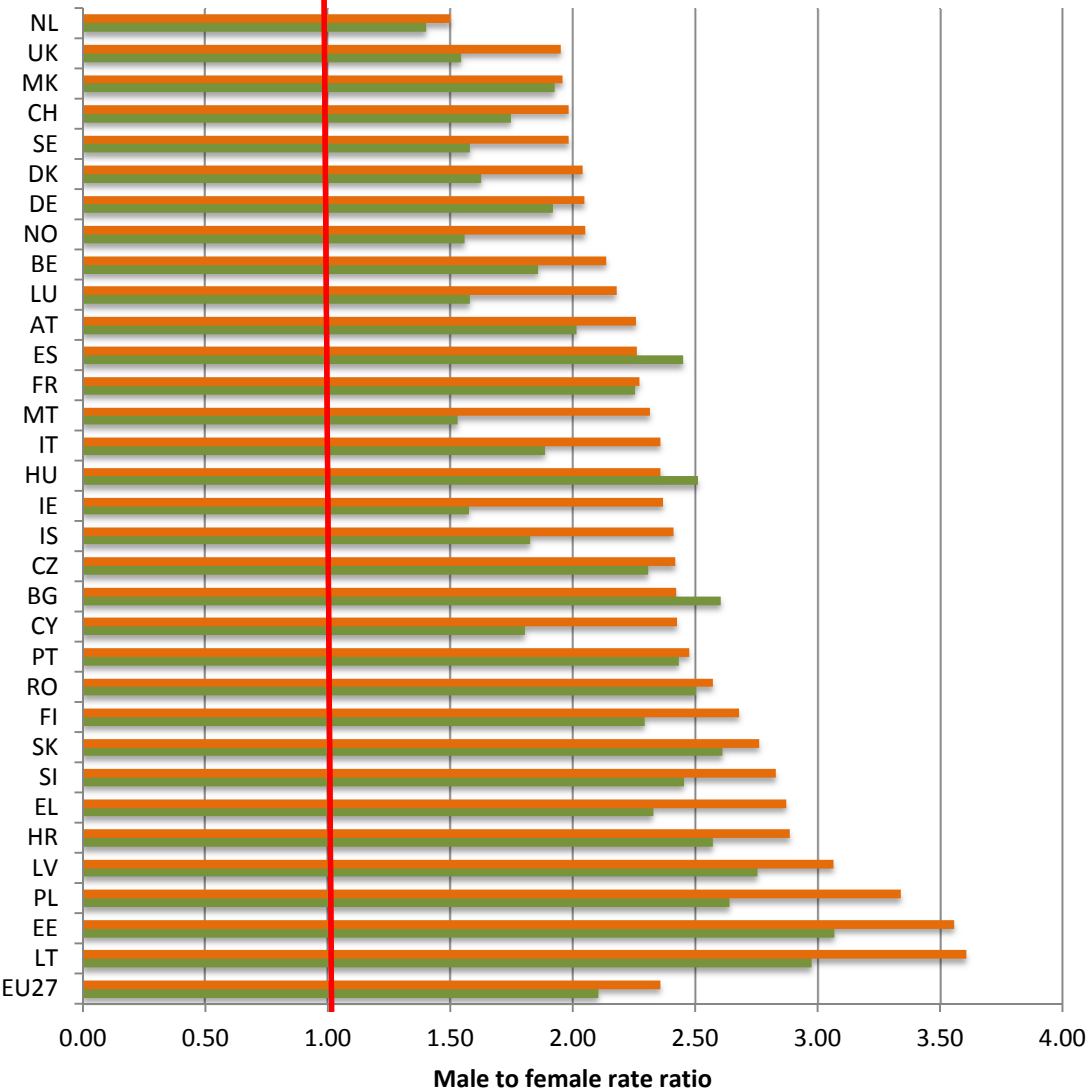
Total number of deaths, ages 65+ years, EU27, 2007



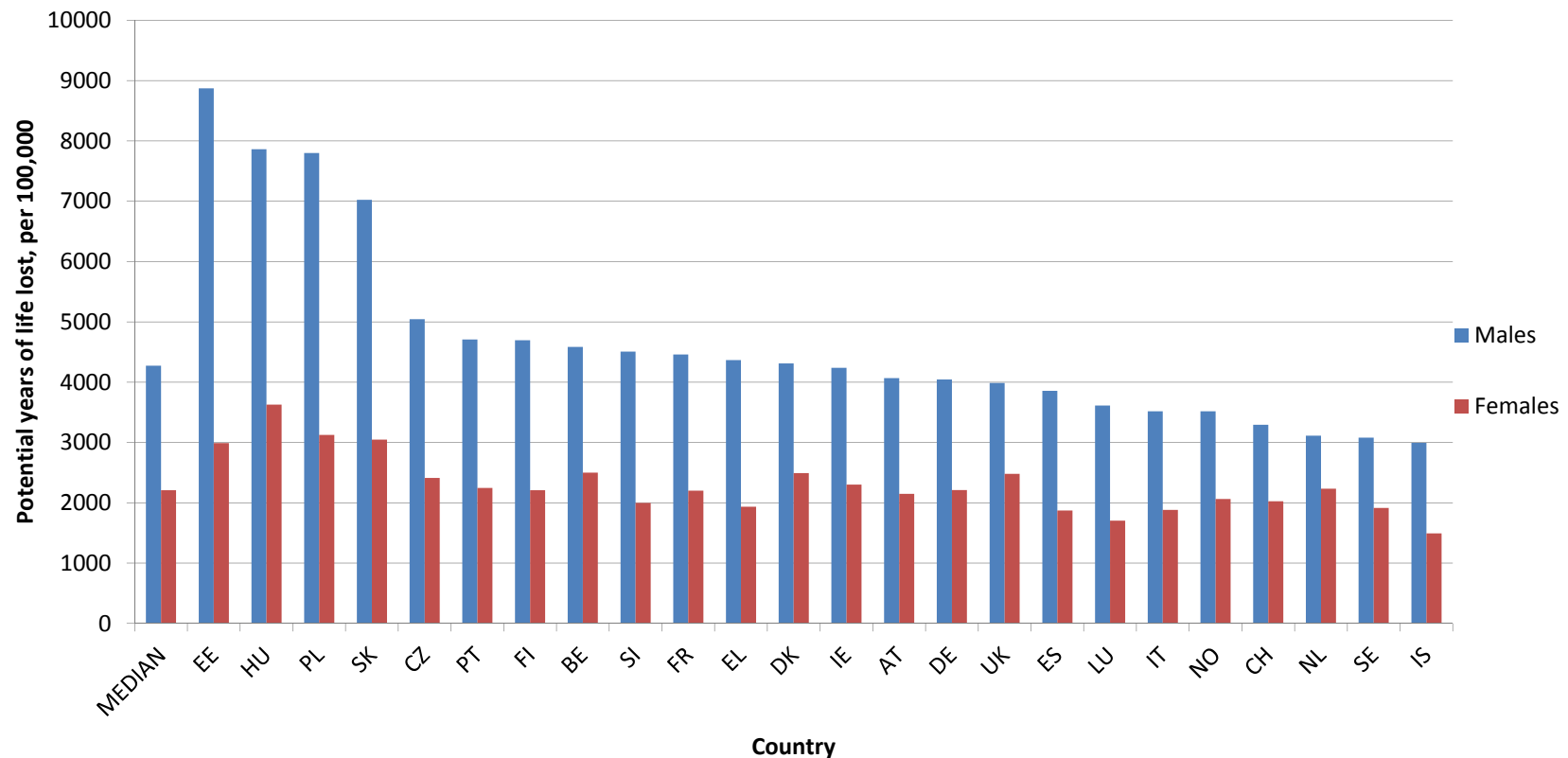
Over 630,000 male deaths occur in working age (15-64 years) men across the EU27 as compared to 300,000 female deaths.



Sex ratio of rates of death, for all conditions, by age and country, latest year

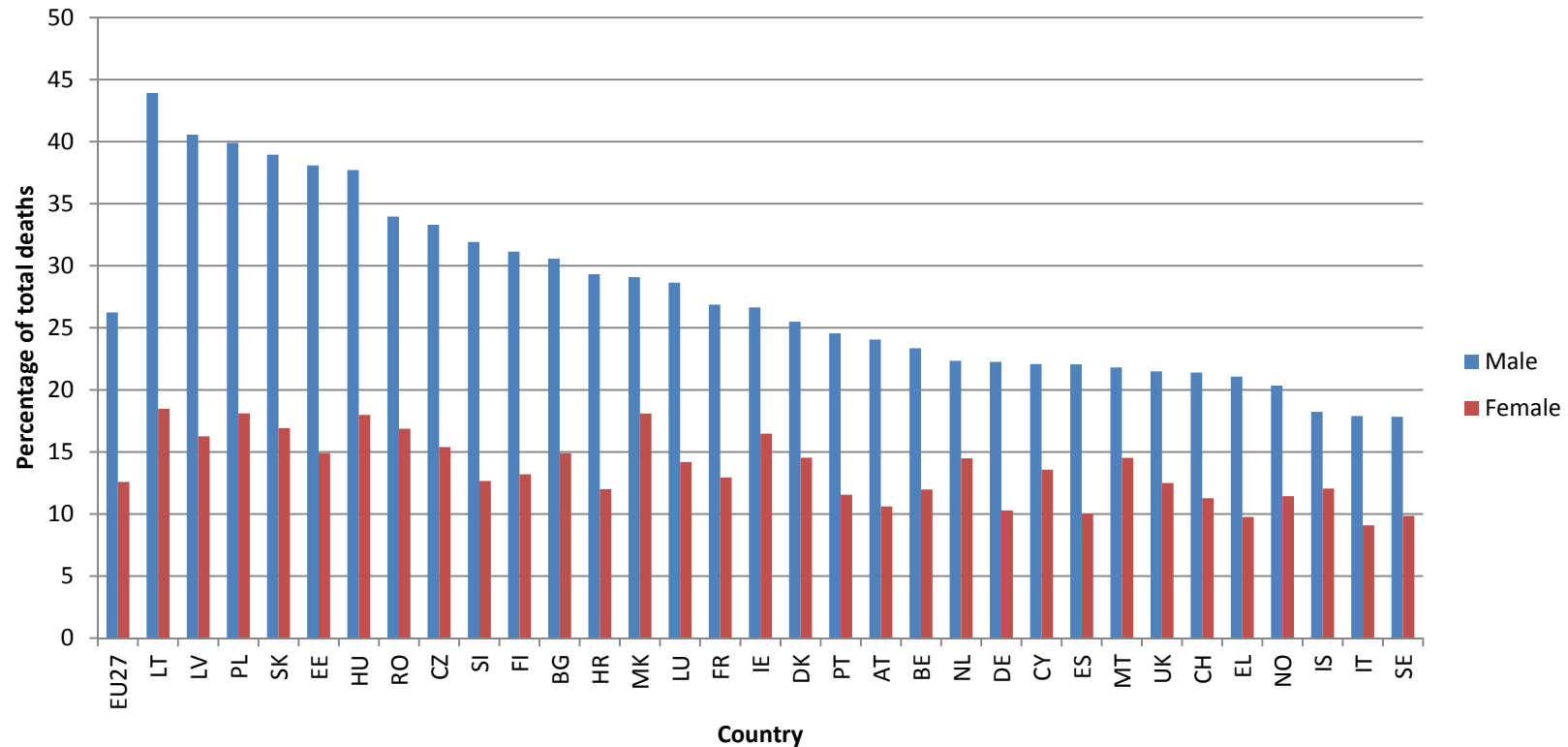


Potential years of life lost per 100,000 population, all causes, aged 0-69 years, by sex and country, latest year ¹



Source: OECD HEALTH DATA ¹2009 except ES, FR, LU, PL, SE (2008). CH, IT (2007). DE, DK (2006). BE (2005).

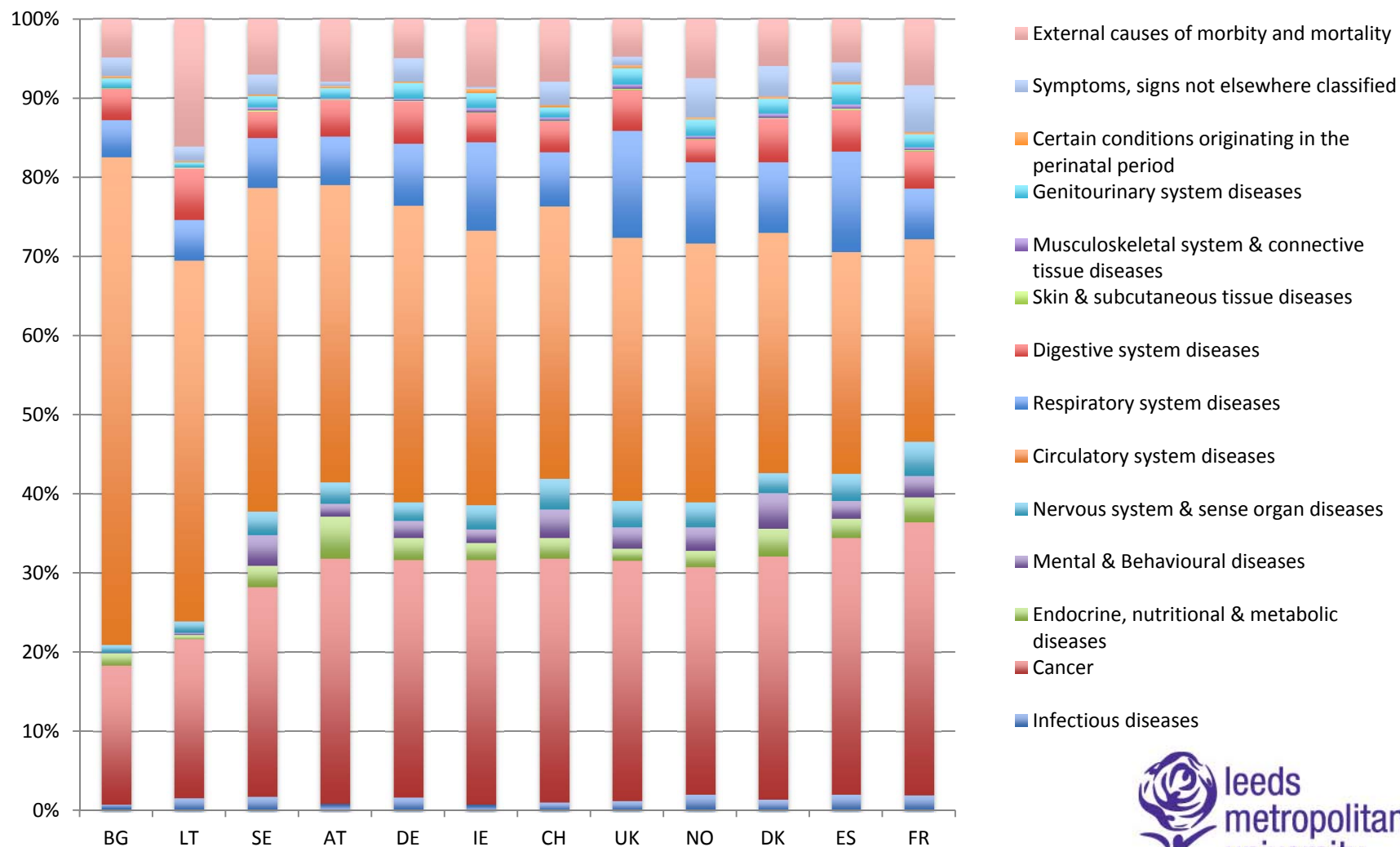
Deaths in 15-64 age range as a percentage of total deaths, by sex and country, latest year. ¹



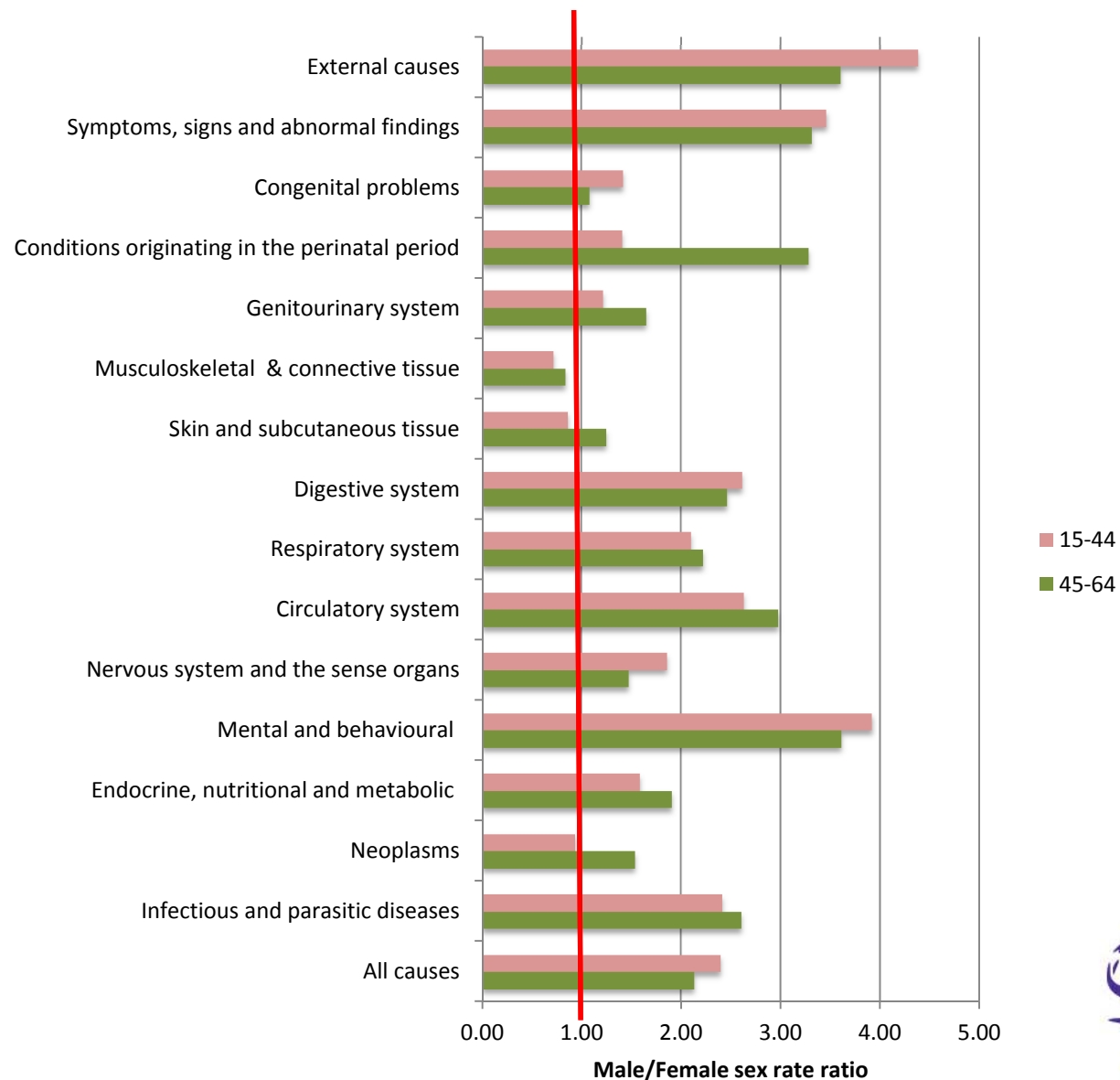
¹ 2008 except EU27, BG, CH, FR, IT, MT, PL, RO, SE (2007). DK, LU, PT (2006). BE (2004).



Male mortality from underlying causes of death as a proportion of total deaths, by selected country



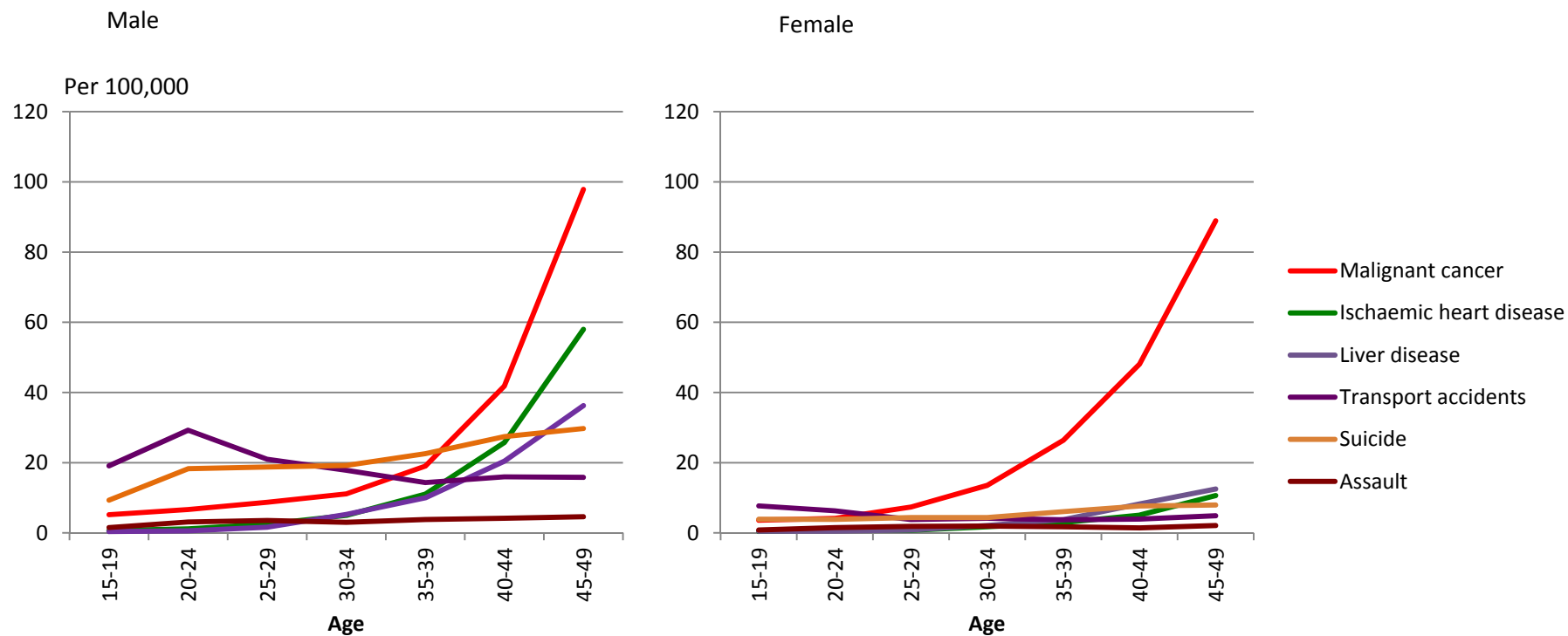
Sex rate ratio, main classification groups, by age, EU27, 2007



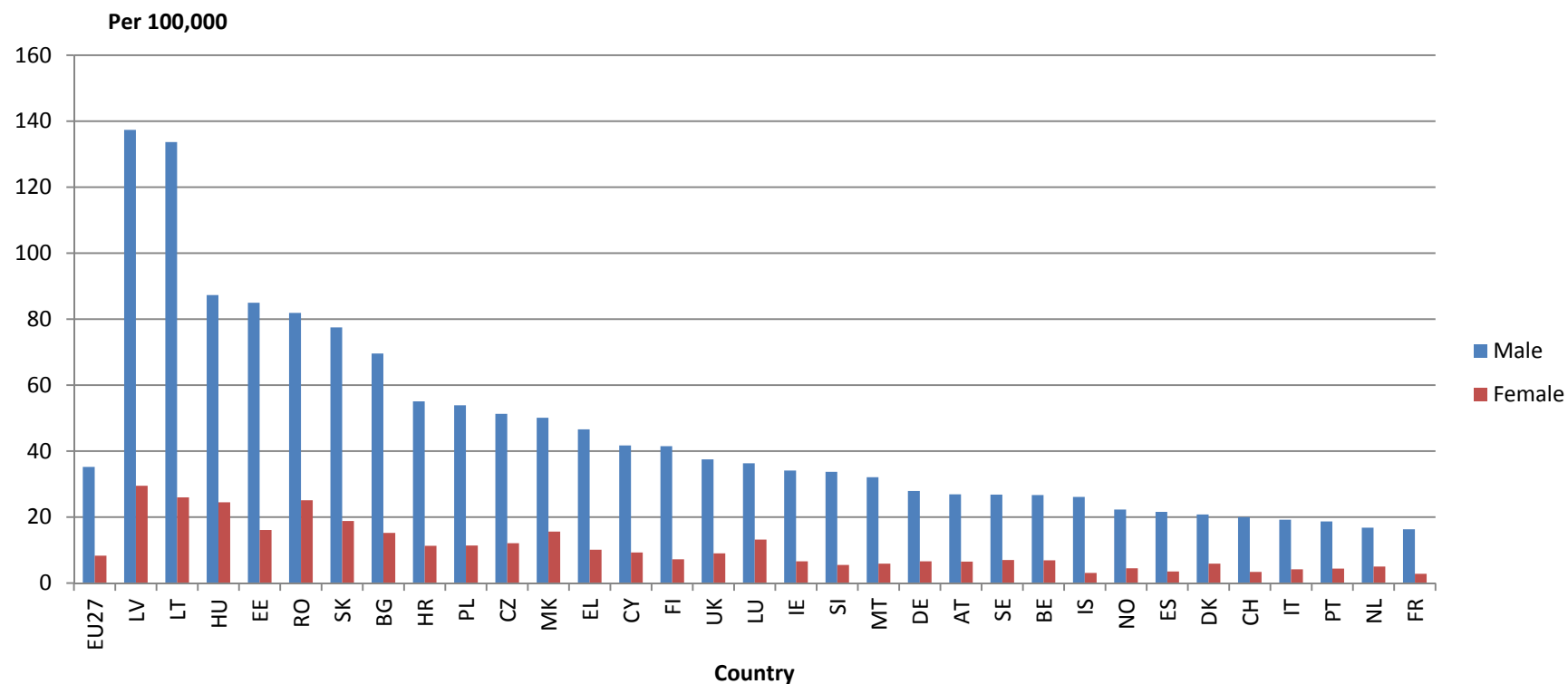
¹Excluding Pregnancy, childbirth and the puerperium as this only relates to female mortality.



Age specific death rates, for selected causes, 15-49 years, EU27, 2007

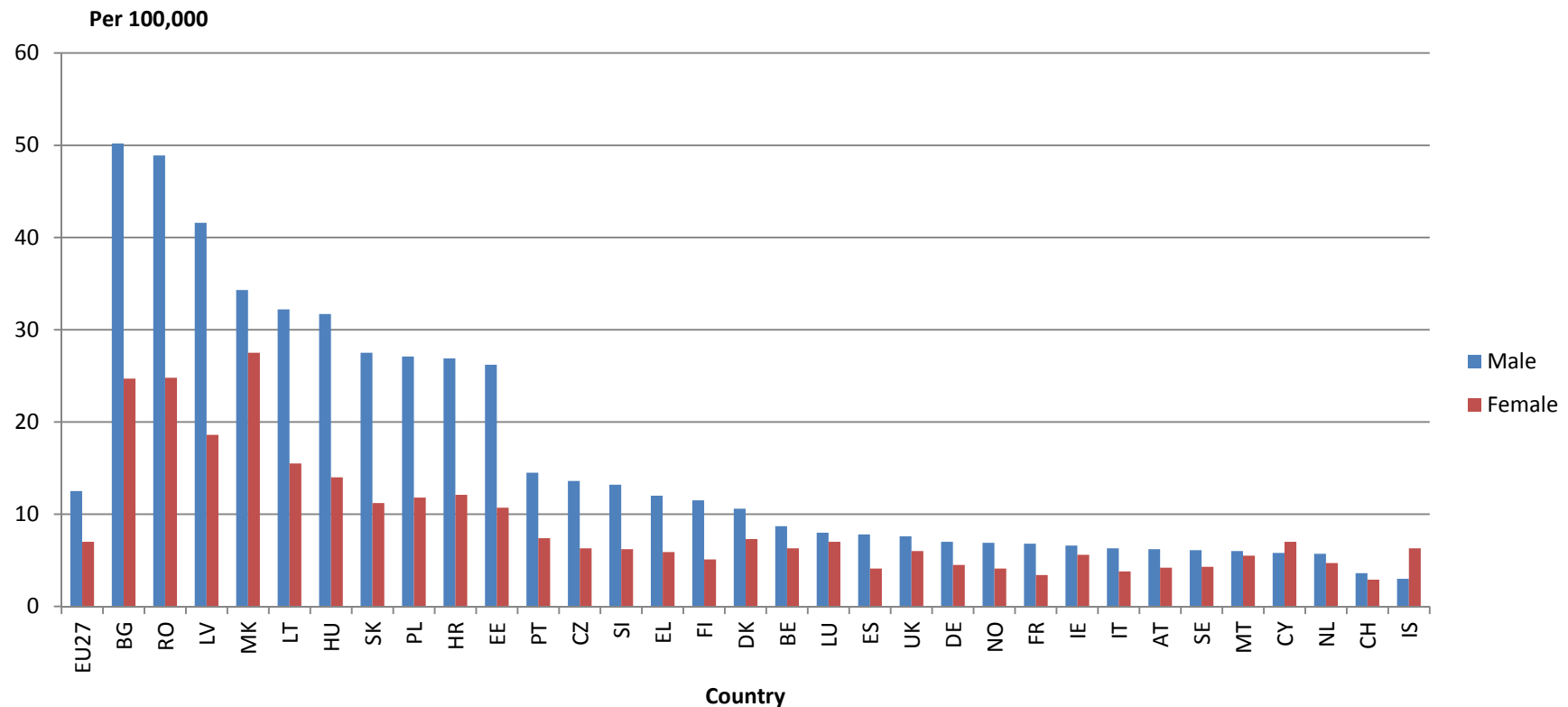


Age standardised mortality for Ischemic heart disease, by sex and country, ages 0-64 years, latest year¹



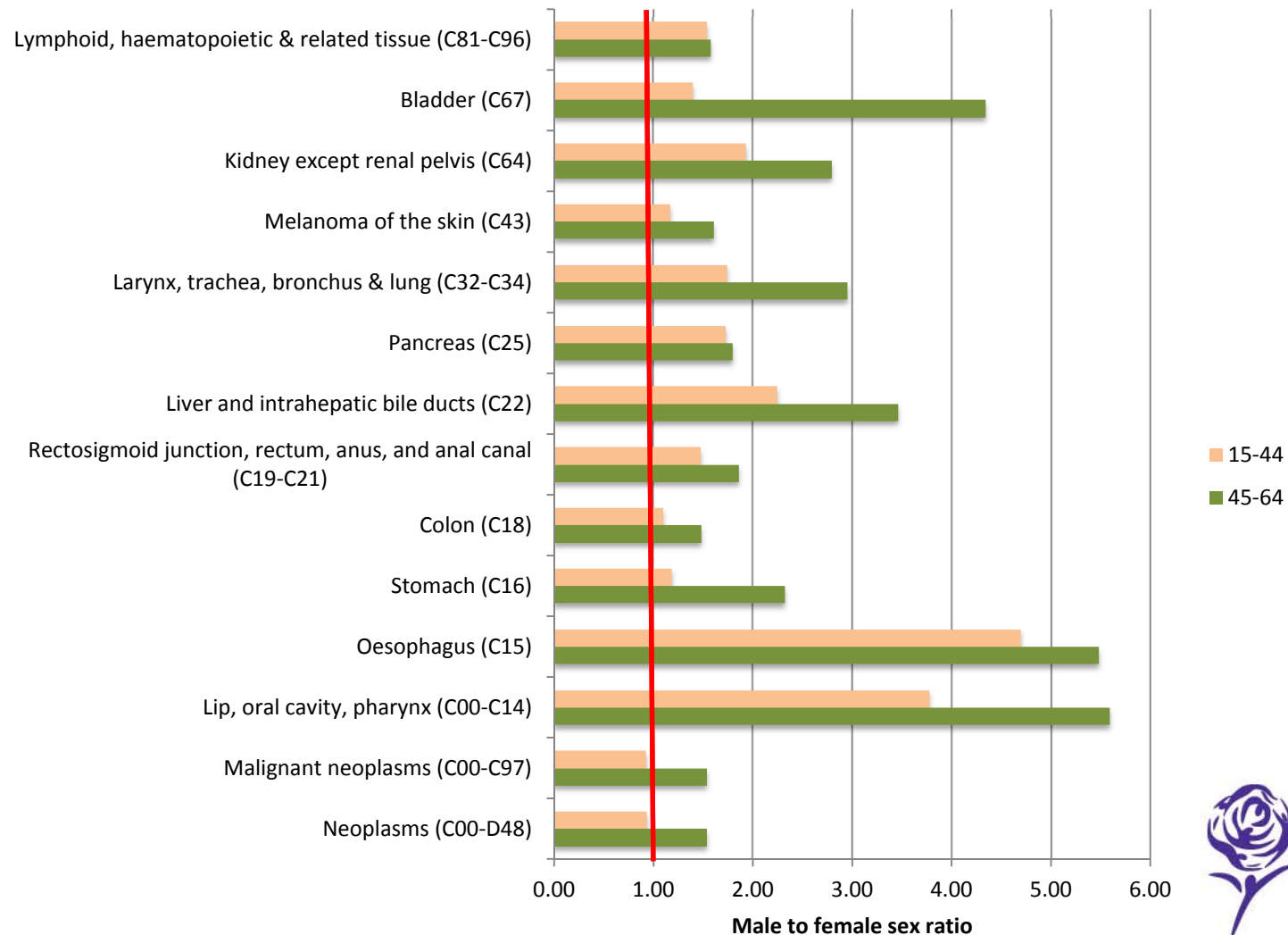
¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised mortality for Stroke, by sex and country, ages 0-64 years, latest year¹

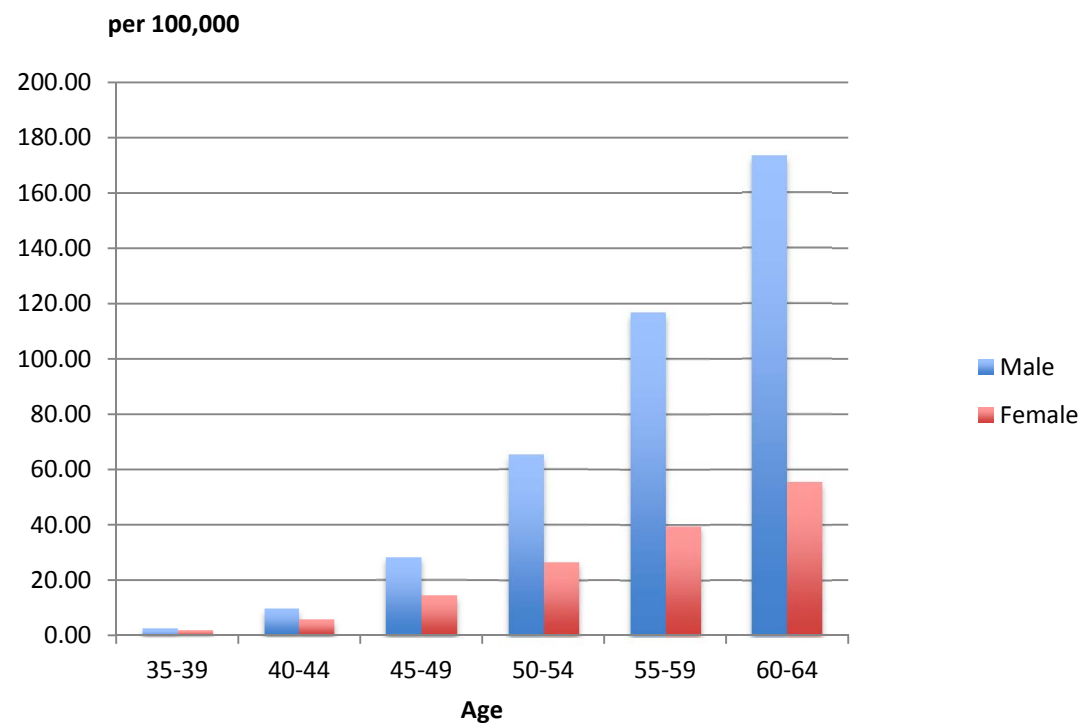


¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

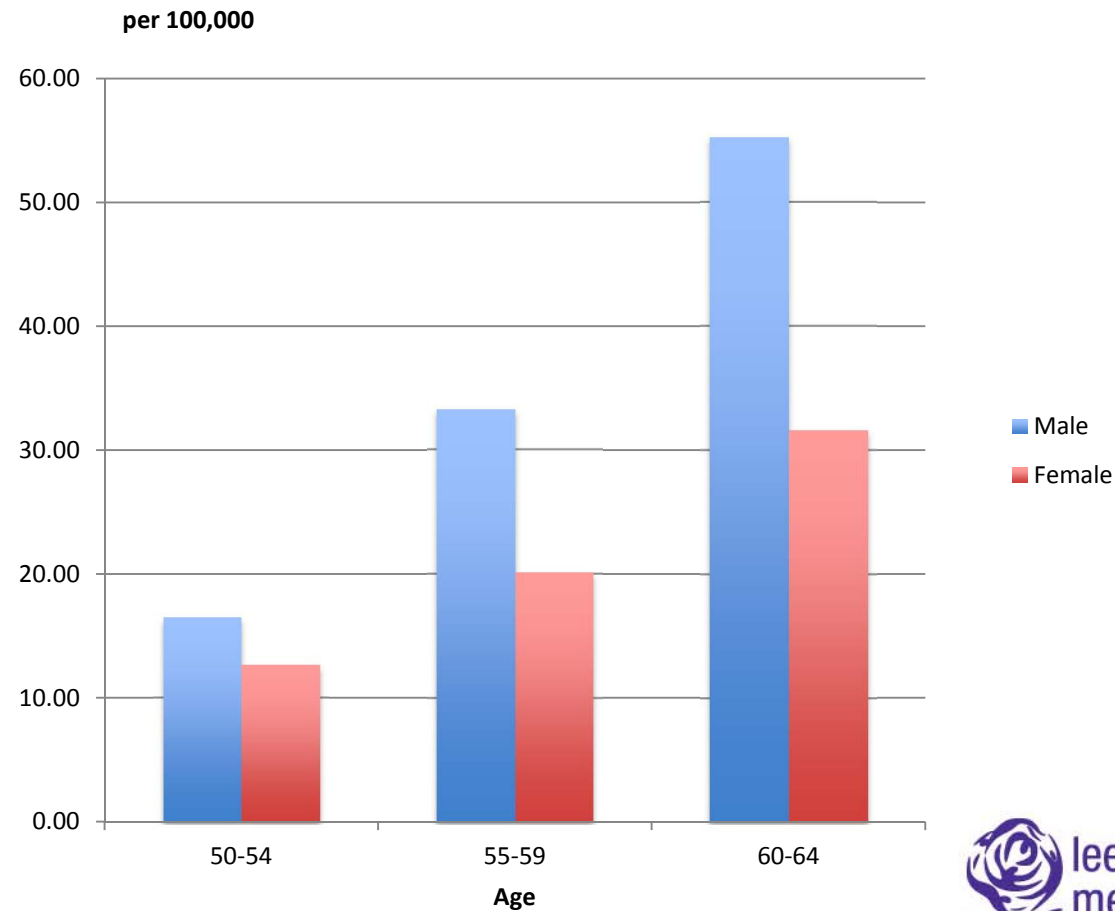
Sex rate ratio of standardised death rates as a result of cancer, by age, EU27, 2007



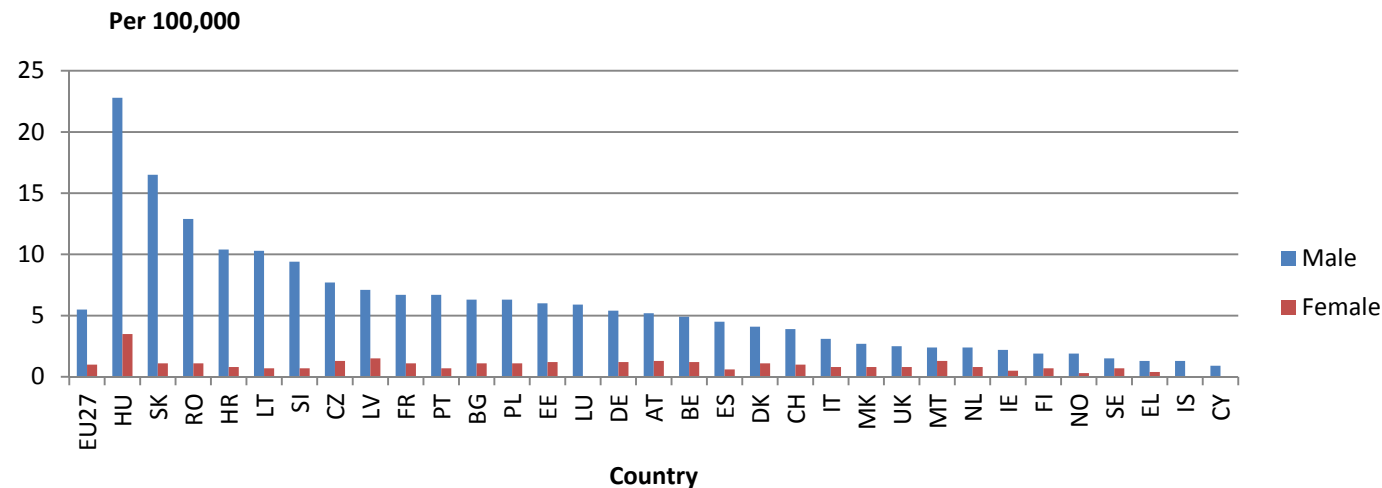
Age specific death rates for Lung cancer, by sex, EU27, 2008



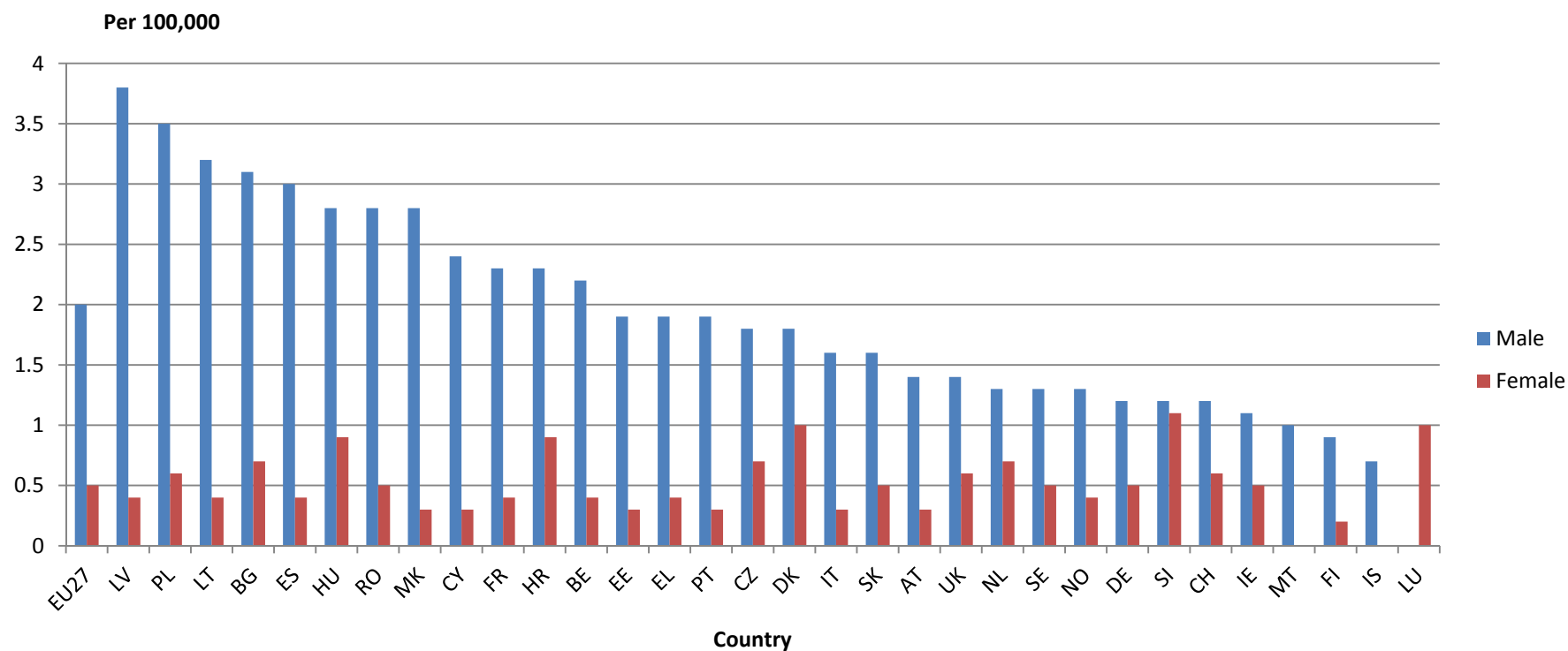
Age specific death rates for Colorectal cancer, by sex, EU27, 2008



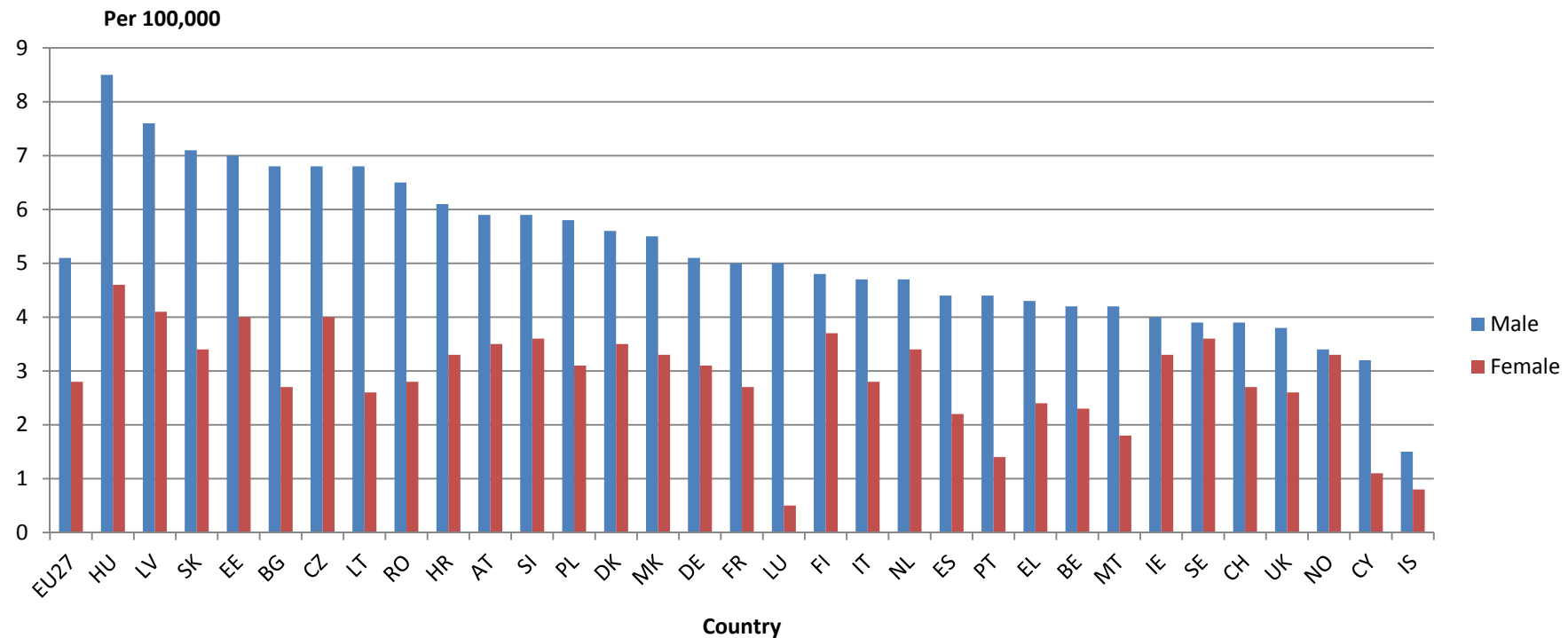
Age standardised death rates for malignant neoplasm of Lip, Oral cavity, Pharynx, ages 0-64 years, by sex and country, latest



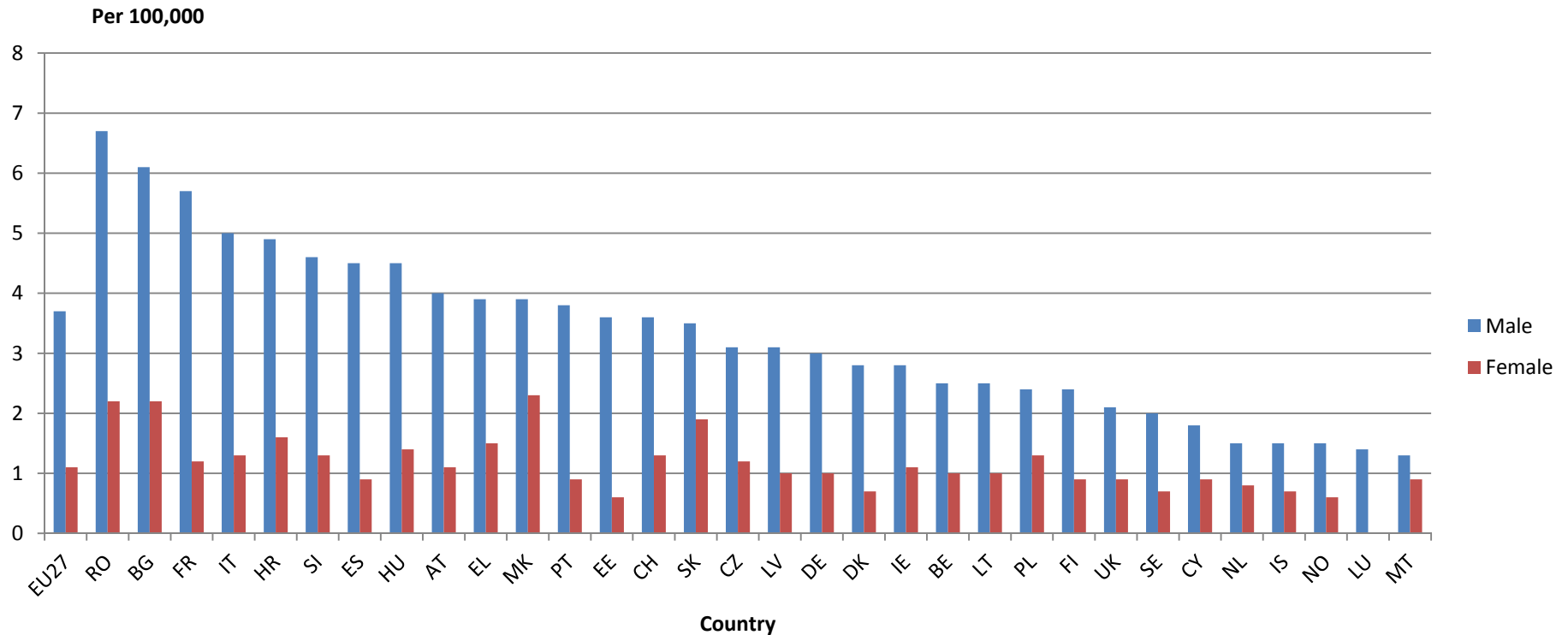
Age standardised death rates for malignant neoplasm of Bladder, ages 0-64 years, by sex and country, latest year¹



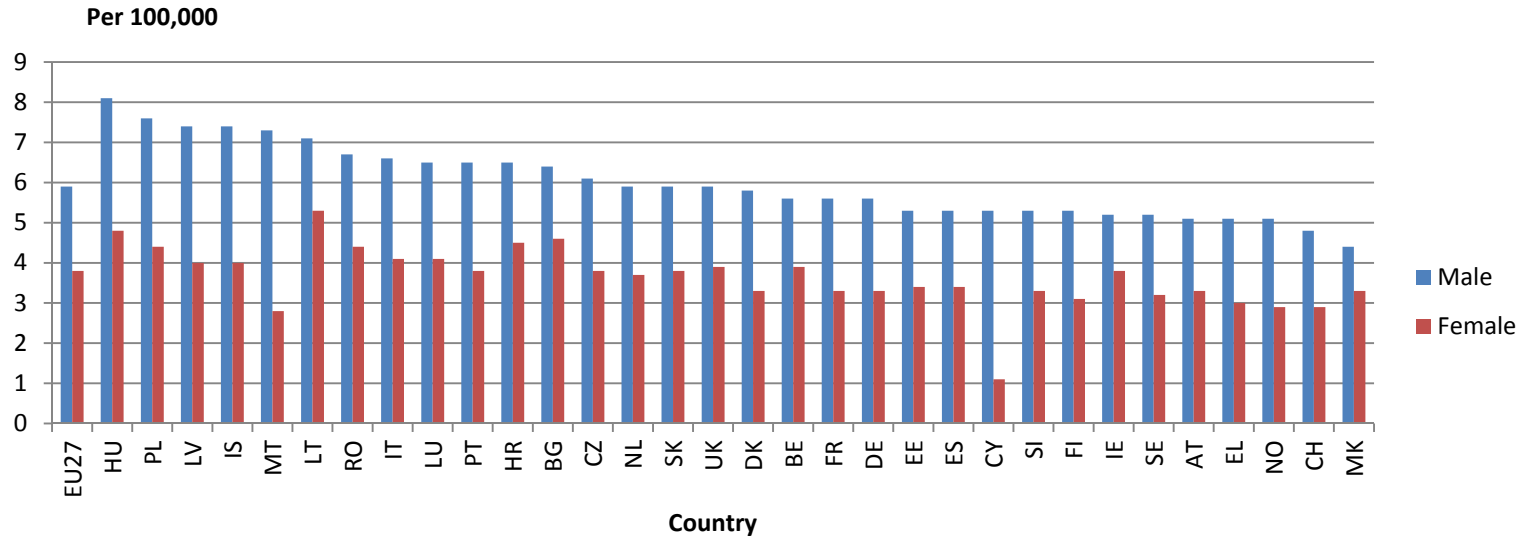
Age standardised death rates for malignant neoplasm of Pancreas, ages 0-64 years, by sex and country, latest year¹



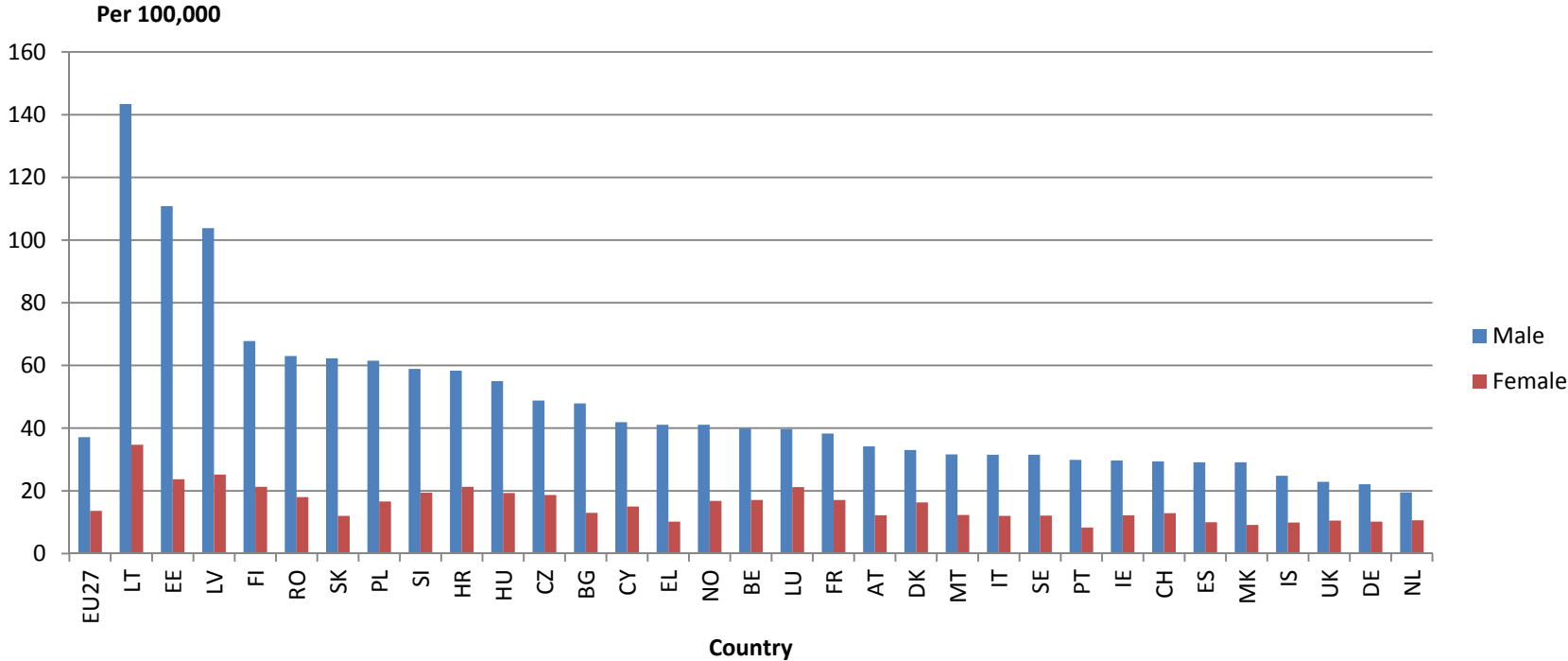
Age standardised death rates for malignant neoplasm of liver and intrahepatic bile ducts, ages 0-64 years, by sex and country, latest year¹



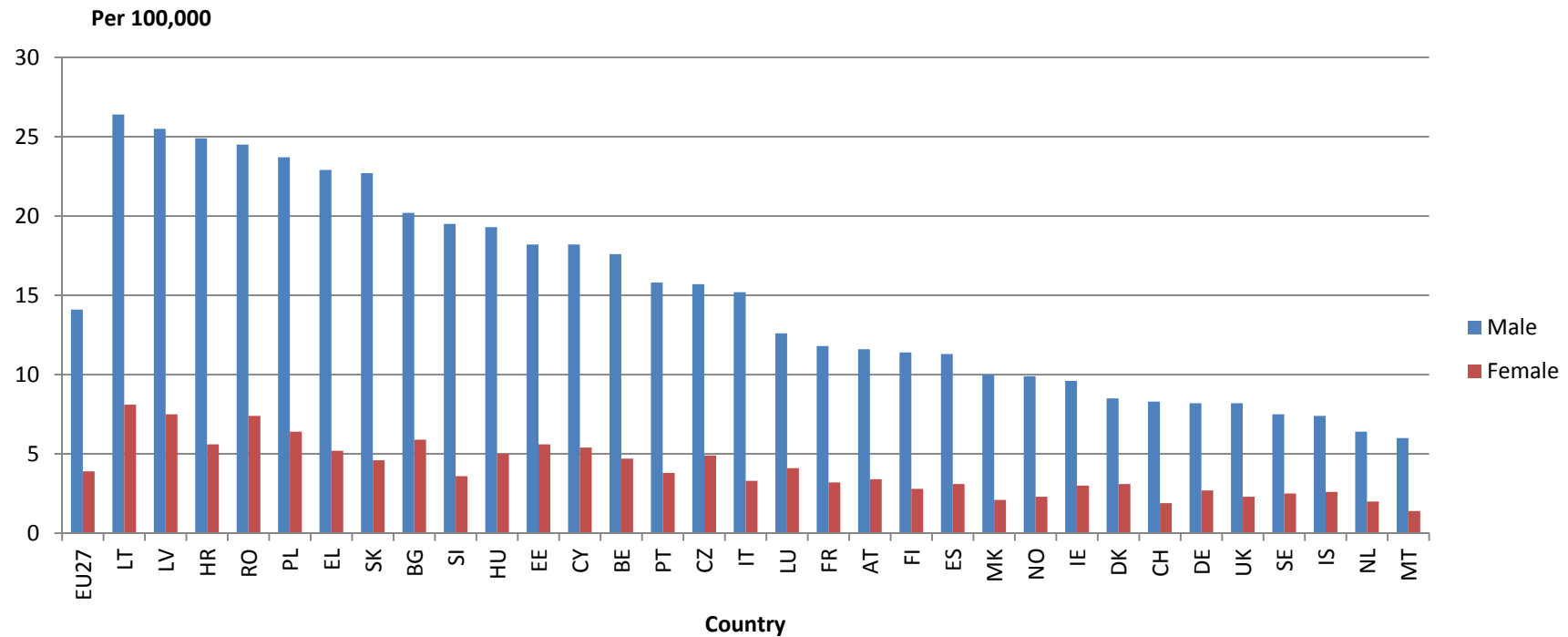
Age standardised death rates for malignant Lymphoid, Haematopoietic and related tissue, ages 0-64 years, by sex and country, latest year



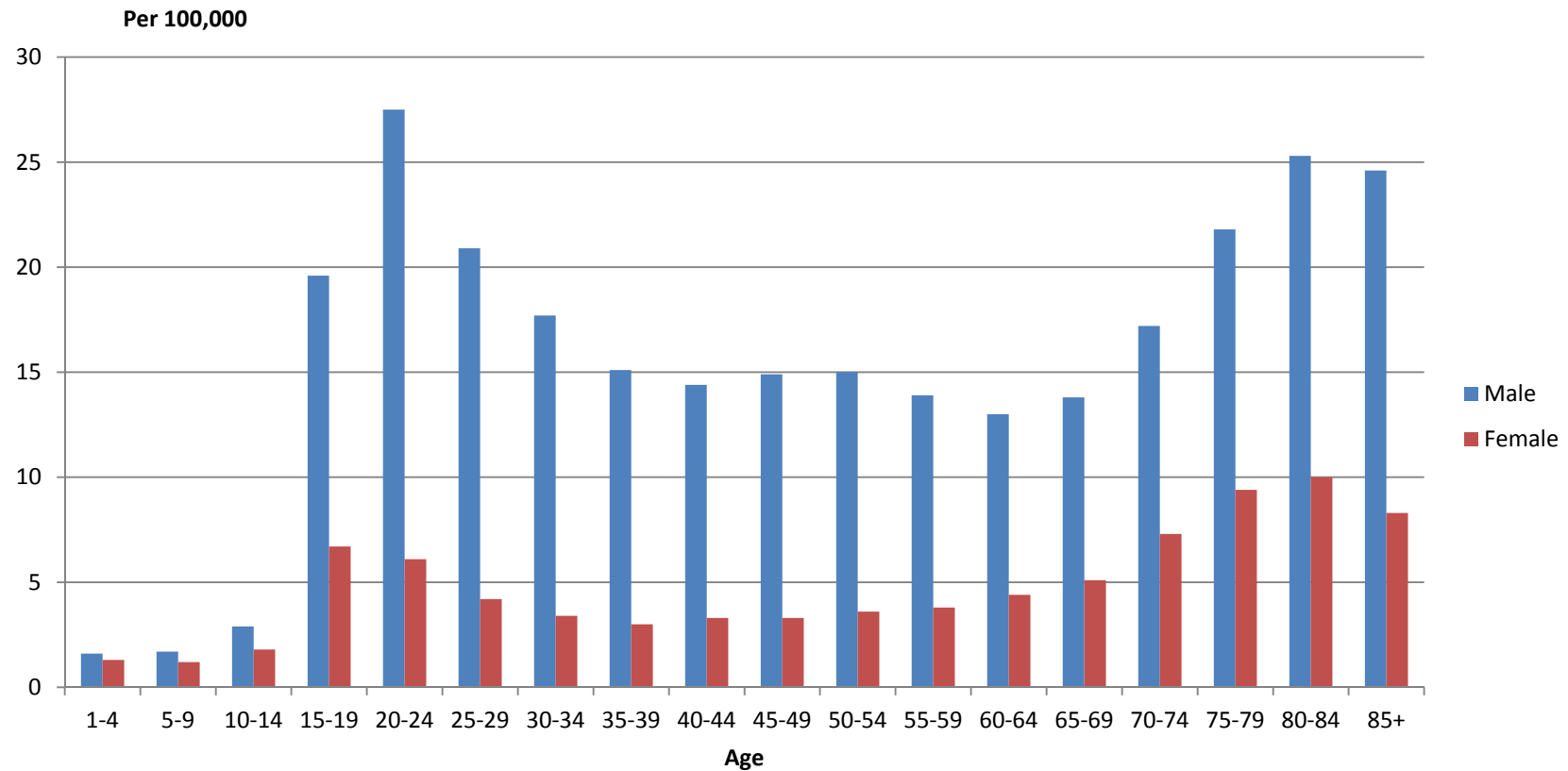
Age standardised death rates for Accidents, by sex and country, all ages, latest year¹



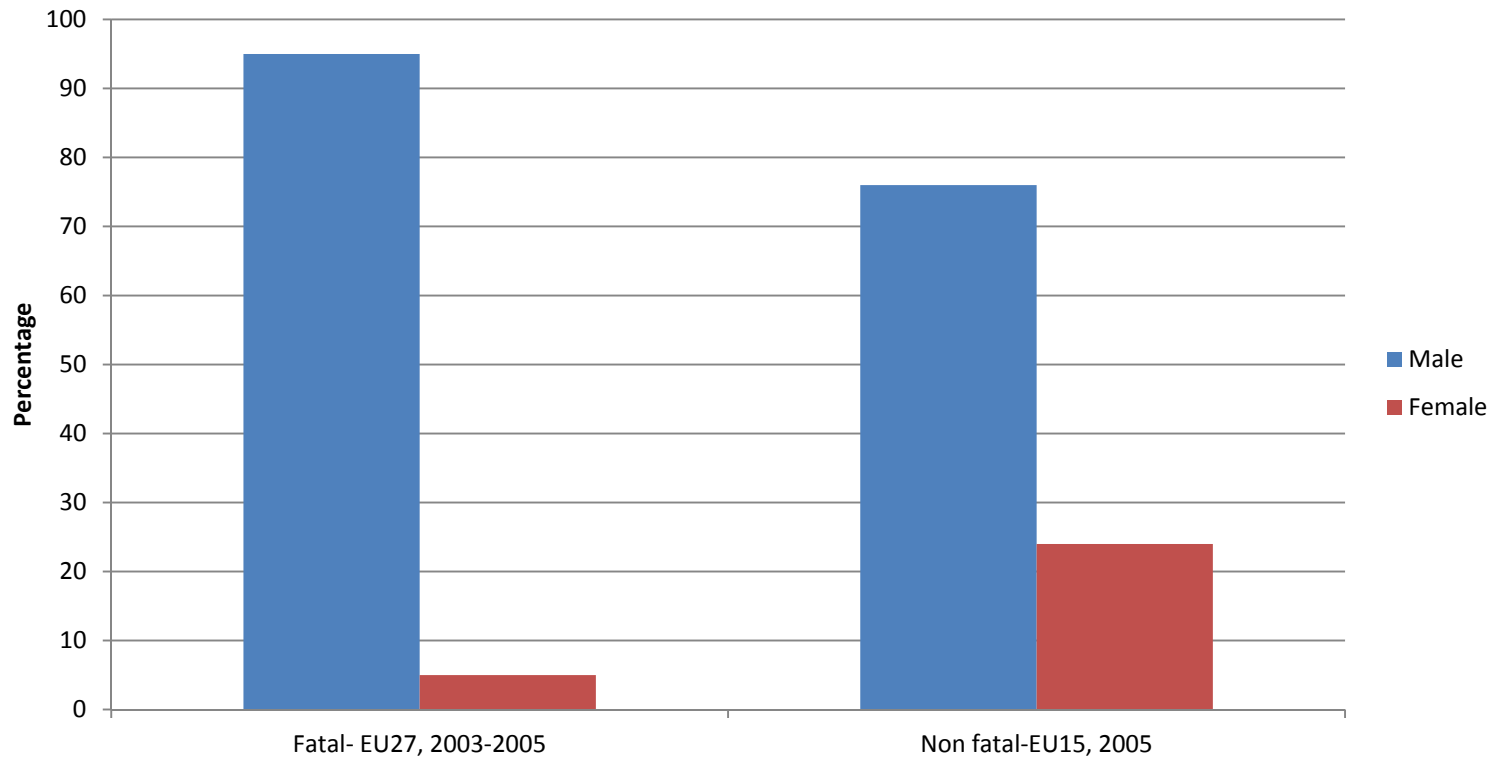
Age standardised death rates for Transport accidents, by sex and country, latest year¹



Age specific death rates for Transport accidents, by sex, EU27, 2007



Fatal and non-fatal accidents at work, by sex, 2008



Why do men have such health problems?

- Social determinants of health
- Lifestyle issues and choices
- Socialisation and concepts of “maleness” including risk-taking
- Bio-physiological issues
- Usage of and access to services
- Attitudes of health care professionals

Effect of Recession on men's health

- Massive social change leads to increase in premature death in men: Russia, Eastern European Countries
- Poor socio-economic circumstances leads to increase in premature death in all countries
- The recession has already seen a 40% increase in male suicides in Greece
- Ireland also starting to see specific trends in the health of men.



ANALYSIS

Europe's men need their own health strategy

A recent European report on men's health shows that it lags behind that of women. **Alan White and colleagues** analyse the problems and call for more policy, practice, and research aimed specifically at men

Alan White *professor of men's health*¹, Martin McKee *professor of European public health*², Noel Richardson *director*³, Richard de Visser *lecturer*⁴, Svend Aage Madsen *head of department of psychology, play therapy, and social counselling*⁵, Bruno C de Sousa *research fellow*⁶, Richard Hogston *director*¹, Witold Zatoński *director*⁷, Péter Makara *professor*⁸

¹Centre for Men's Health, Institute for Health and Wellbeing, Faculty of Health and Social Sciences, Leeds Metropolitan University, Leeds LS2 8NU, UK; ²London School of Hygiene and Tropical Medicine, London, UK; ³Centre for Men's Health, Institute of Technology Carlow, Carlow, Ireland; ⁴School of Psychology, University of Sussex, Falmer, UK; ⁵Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark; ⁶Centro de Malária e Doenças Tropicais, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisbon, Portugal; ⁷Department of Cancer Epidemiology and Prevention, Cancer Centre and Institute of Oncology, Warsaw, Poland; ⁸Institute of Public Health, Semmelweis University, Budapest, Hungary

“A more focused approach to the physical and mental health of younger men needs to be balanced with one that also faces the health challenges of an ageing male population. The diversity of factors contributing to men’s poorer health requires measures that not only recognise any gender equality issues, but also highlight a more fundamental concern with equity. This relates to the right of all men - irrespective of social, cultural, political or ethnic differences - to live long and fulfilling lives.”

White et al., 2011, Europe’s men need their own health strategy. British Medical Journal 343:d7397



2020 Health for Growth

- Focus on productivity and competitiveness
- Economic viability of the European Union
- Men's Health as an asset and an investment

“In policy, practice, and research there is a pressing need to examine the “problems” with men’s health and to tackle the underlying causes as well as the symptoms. This demands appropriate intersectoral and intergovernmental responses at both EU and national levels.”

White et al., 2011, Europe’s men need their own health strategy. British Medical Journal 343:d7397

