

Men's Health

One in a series of Curriculum Statements produced by
the Royal College of General Practitioners:

- 1 Being a General Practitioner
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Key messages

- Men suffer more ill health than women, and their life expectancy is five years shorter
- Men tend to take more risks with their health than women, which is reflected in higher rates of alcohol excess, smoking, poor diet, sexually transmitted diseases and accidents.
- Consultation rates with their general practitioner are lower amongst men than women, and these rates are declining further.
- Men have a higher risk of committing suicide compared with women.

[INTRODUCTION]

Men's Health covers three main themes:

- **Biological determinants**
- **Lifestyle and Individual Risk Taking**
- **Understanding men: Masculinity and Socialisation**

Developing services for boys and men that are built on an understanding of these factors are more likely to be successful. Men do put a premium on health, but as professionals we have not always understood the implications these themes for service development.

Rationale for this curriculum statement

In 1998 males in Great Britain had an expectation of life at birth of just less than 75 years, compared with just less than 80 years for females. In 1999, the most common causes of death among men were cardiovascular disease (heart disease and strokes) and cancers¹.

Coronary heart disease is more common among men than women. This may be due partly to genetic factors and partly to lifestyle. Historically, more men have tended to smoke cigarettes than women, although proportionately more men than women have given up smoking cigarettes. More men than women exceed the government's current recommendation on daily alcohol consumption. More than three-fifths of men are either overweight or obese – prevention of which can be aided by eating a healthy diet and taking part in physical activity. On average young men eat less healthily – for example they have a higher fat intake – than either older men or than women¹.

In general, men take more risks with their health than women. Two in five (39%) drink too much. More than one in four (28%) smoke and one in three younger men (35%) use illegal drugs.² Men are much more likely than women to be affected by a major or minor accident.² All sexually transmitted infections, including HIV, are increasingly common in men. In addition men are less likely to consult their general practitioner than women, especially during their working lives. Between 1996 and 2003, the rate of consulting has decreased further.

	1996		2001		2003	
Age	Men	Women	Men	Women	Men	Women
16-44	10	20	8	15	8	15
45-64	15	19	13	18	12	17
All ages (16+)	13	19	12	16	11	17

Table 1 Male consultations per year with an NHS GP in past 14 days, 1996 and 2001²

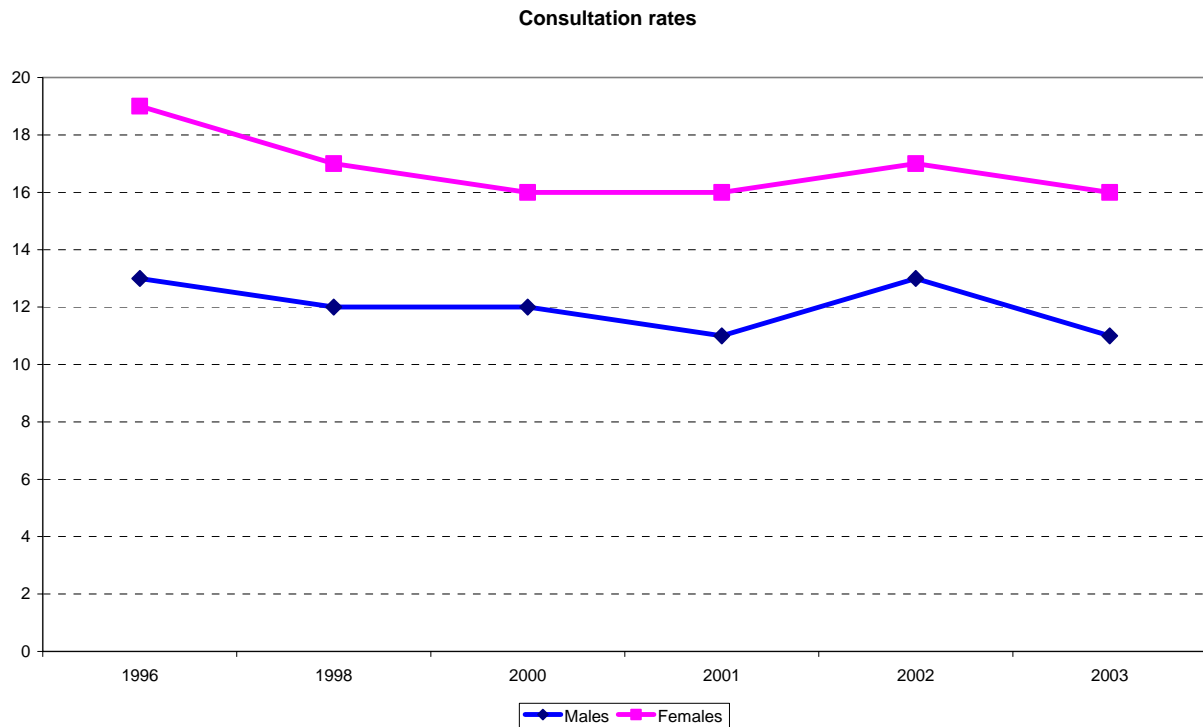


Table 2 NHS GP consultations: Percentage of persons who consulted a doctor in the 14 days before interview by sex³

Diseases of the male genito-urinary tract are increasing. Prostate cancer diagnoses have increased by over one-third and testicular cancer diagnoses have increased by 15% since 1993.^{4,5} Men are often embarrassed to present with these conditions, but they cause much personal anxiety and the one implication of the growing percentage of female GPs is that it may become harder for men to get same sex appointments

The general practitioner needs to be aware of important changes in UK society in recent decades, which affect men's health and social background. Women increasingly participate in the labour market, competing for jobs with men. In contrast, traditional roles in the home may still exist. In households with children, men reported spending around three-quarters of an hour a day caring for and playing with their children – just under half the amount reported by women. Some men might feel that they have no purpose in today's society. This may help to explain why depression and suicide are increasing amongst men.²

Most perpetrators of documented crime are men. Crimes of violence are almost exclusively committed by men. Young men are also most likely to be the victim of a violent crime, possibly as a result of being in places where violence occurs such as pubs, or in groups late at night.

A larger proportion of men than women have used the Internet, and those that are younger are most likely to have used it. This may have implications for the way men use primary care health services.

UK health priorities

The Choosing Health White Paper (2004) sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health⁶. There are inequalities between men and women in many of the key areas – accidents, alcohol consumption, substance abuse, smoking, poor diet, sexual health. Effective improvement of health in these areas requires health education amongst men.

Members of the UK Parliament have demonstrated their support for men's health issues by setting up an All Party Group on Men's Health in 2001. All Party Groups are formed by MPs and Peers of any political party who have a common interest. They are not part of the government and set their own agenda; they must contain members from at least the three biggest parties in the House of Commons. The aims of the All Party Group on Men's Health are to raise awareness of issues impacting on the health of men. Issues chosen by members of the Group to discuss include: male health policy, heart disease, depression, sexually transmitted infections, erectile dysfunctions and PSA testing.

There are important variations in men's health according to ethnicity, social class and geography across the UK. The 1999 Health Survey for England⁷ found that:

- Higher rates of ischaemic heart disease (angina and heart attack) were reported by Indian, Bangladeshi and Irish men and higher rates of stroke by Black Caribbean, Bangladeshi and Indian men (all compared with the general population).
- Higher rates of diabetes were reported by men from all the ethnic minority groups.
- Men from the South Asian and Chinese communities were less likely to be obese while Irish men were more likely to be obese.
- Bangladeshi men were nearly twice as likely to smoke as men in the general population; smoking rates were also higher among Irish and Black Caribbean men. Chinese men were less likely to smoke than men in general.
- All minority ethnic groups consumed less alcohol than the general population except for Irish men.

Men in routine and manual jobs are more likely to smoke and have chronic health problems than other men. Men in the north of the UK are generally less healthy and die younger than men in the south⁵ (Table 3 and 4).

Manchester	71.0 years
Blackpool	71.7 years
Liverpool	72.5 years
Tower Hamlets (London)	72.7 years
Knowsley (Merseyside); Middlesborough	72.9 years
National average	75.6 years
North Dorset; South Norfolk; New Forest	79.1 years
Purbeck (Dorset)	79.2 years
Rutland; Hart (Hampshire); East Dorset	79.5 years

Table 3: Lowest and highest male life expectancy at birth by local authority area, England and Wales 2000-2002⁸

	Lung	Colo-rectal	Prostate
UK	100.0	100.0	100.0
Northern and Yorkshire	116.6	110.6	97.7
North West	117.2	103.7	98.5
Trent	100.4	94.8	74.1
West Midlands	97.7	101.3	106.0
Anglia and Oxford	80.0	97.6	106.1
North Thames	93.3	86.5	106.5
South Thames	91.1	90.4	104.2
South and West	75.0	93.9	105.7
All England	96.4	97.3	100.2
Scotland	95.1	108.8	101.1
Wales	138.6	117.8	99.6
Northern Ireland	100.7	114.0	90.6

Table 4: Men: Incidence of specific cancers by NHS Region and country 1998 (National Statistics, Regional Trends 37)⁹

[LEARNING OUTCOMES]

The following learning objectives relate to specific issues around lifestyle, risk taking and male gender roles within society, which impact upon the general practitioners relationship with male patients. Conditions of the male genito-urinary tract are also covered.

Because of the nature of illness presenting to the general practitioner, this Curriculum Statement should be read in conjunction with the other RCGP Curriculum Statements in the series. The full range of generic competencies is described in the *core* RCGP Curriculum Statement 1, *Being a General Practitioner*.

Primary care management

- Demonstrate knowledge and describe the management of the key medical conditions which affect men.
- Manage primary contact with patients who have a male genito-urinary problem.
- Describe the role of the practice nurse in delivering effective health promotion for men.
- Describe the indications for urgent referral to specialist services, for patients with testicular lumps and suspected prostate cancer.

The knowledge base

Symptoms

- Dysuria
- Frequency of micturition
- Haematuria
- Prostatism
- Retention of urine
- Abdominal and loin pains
- Testicular lumps
- Testicular pain (orchalgia)
- Sore / painful penis, ulceration
- Erectile dysfunction

Common and/or important conditions

- Male-specific cancers: Testicular and prostate cancer
- Benign Prostatic Hypertrophy (BPH) and prostatitis
- Other testicular conditions e.g. cryptorchidism, varicocele, haematocele, hydrocele, epididymo-orchitis and epididymitis
- Sexual dysfunction including psychosexual conditions, premature ejaculation and erectile dysfunction
- Male contraception: vasectomy
- Male infertility
- Circumcision (religious and non-religious)
- Mental health issues including depression, suicide and andropause
- Sexually transmitted infections (*covered in detail in the RCGP Curriculum Statement on Sexual Health*)

Investigations

- Urinalysis, MSU and dipstick
- Blood tests including renal function tests and Prostate specific antigen (PSA) test
- Semen analysis
- Knowledge of secondary care investigations including prostate biopsy and testicular ultrasound

Treatment

- Understand principles of treatment for common conditions managed largely in primary care – benign prostatic hypertrophy, prostatitis, sexual dysfunction, infertility etc
- Injection of anti-androgens for testicular cancer

Emergency care

- Acute management of testicular torsion
- Acute management of paraphimosis and priapism
- Acute urinary retention
- Acute management of ureteric colic

Prevention

- Health education regarding lifestyle and risk taking behaviour, sexual and mental health

Person-centred care

- Recognise that men may be less articulate about their health compared with women, and describe strategies to compensate for this during the consultation.
- Describe the impact of gender on individual cognitions and lifestyle, and formulate strategies for responding to this. For example, some men may have limited control over lifestyle choices, such as those from low socio-economic groups, or living with an addiction.
- Recognise that men from different cultural backgrounds have widely different attitudes towards health and expectations of the doctor. They may seem more dismissive about their symptoms than women, but be no less concerned.
- Describe the particular difficulties that adolescent males have when accessing primary care services.
- Detect whether the male patient wishes to see a doctor of the same sex and arrange this where practical and appropriate.
- Demonstrate a non-judgmental, caring and professional consulting style to minimise embarrassment of male patients.

Specific problem-solving skills

- Recognise that men consult less frequently and have more illness. This should lower the doctor's threshold for suspicion of significant disease
- Utilise knowledge of the relative prevalence of all medical conditions in men compared to women to assist diagnosis.
- Describe the indications for a PSA blood test, and explain its role in the diagnosis and management of prostate cancer.
- Intervene urgently when patients present with a testicular or penile emergency i.e. testicular torsion, paraphimosis and priapism.

- Intervene urgently with suspected malignancy and have a low threshold for the referral of testicular lumps

A comprehensive approach

- Identify the patient's health beliefs regarding illness and lifestyle and either reinforce, modify or challenge these beliefs as appropriate.
- Educate men about symptoms, and the link between lifestyle and health.
- Promote well-being by applying health promotion and disease prevention strategies appropriately (e.g. safe sex)
- Use consultations with infrequent attenders opportunistically for health education.
- Describe the impact of illness, in both the patient and his family on the presentation and management and of men's health problems.

Community orientation

- Describe the features of a successful men's health service.
- Evaluate the effectiveness of the primary care service you provide from the male patient's point of view.
- Develop practical means of engaging with men more effectively regarding their health.
- Appraise the role of well-man clinics in primary care.
- Recognise that violence and aggression is more common amongst men, assess the risk of harm to others and intervene when appropriate.
- Evaluate the arguments for and against a national PSA screening programme.

A holistic approach

- Describe the changing gender roles that men are expected to conform with.
- Recognise the importance of the parental fathering role in family structures.
- Appreciate the psychological, social, cultural and economic problems caused by unemployment amongst men.

Contextual aspects

- Recognise important variations in men's health according to ethnicity, social class and geography.
- Describe the local demography, social deprivation and service provision which may contribute to poor male health.

Attitudinal aspects

- Recognise that relationships with male patients will be different depending on the gender of the doctor, and intervene when this is adversely affecting the doctor-patient relationship e.g. sexual advances from the patient.
- Demonstrate a non-judgmental approach towards male health beliefs, to encourage these beliefs to be expressed and modified.
- Recognise that male circumcision is important for several religious groups.

Scientific aspects

- Summarise the key statistical differences between the health of men and women.
- Being aware of tensions between science and politics of screening

Psychomotor skills

- Testicular examination
- Digital rectal examination
- Catheterisation
- Injection of anti-androgens for testicular cancer

[FURTHER READING]

Examples of relevant texts and references

- Adler M ABC of Sexually Transmitted Diseases (Fifth Edition) London: BMJ Books, 2004
- Baker P, Real Health For Men London: Vega, 2002
- Banks D The Man Manual (a collaboration between Haynes and the Men's Health Forum) London: Haynes, 2002.
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- Department of Health Effective Sexual Health Promotion Toolkit A Toolkit for Primary Care Trusts and others working in the field of promoting Good Sexual Health and HIV Prevention Department of Health, London, 2003
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- Warrell, D., Cox, T.M., Firth, J.D., Benz, E.J. (Editors) Oxford Textbook of Medicine, 4th Edition. Oxford: Oxford University Press, 2004

Web resources

The International Society for Men's Health and Gender (ISMH)

An international, multidisciplinary, worldwide organization, dedicated to the rapidly growing field of sex- and gender-specific medicine. The ISMH publish a monthly newsletter for interested individuals.

www.ismh.org/ismh/english/home.htm

International men's health week

Occurs annually and is synchronised around the world.

www.menshealthweek.org/

The Men's Health Forum,

Founded in 1994, is an independent body that works with a wide range of individuals and organisations. It works for the development of health services that meet men's needs and to enable men to change their risk-taking behaviours. Their members, partners, staff and executive officers bring a wealth of experience in healthcare, media, business and grassroots activity. Their vision is a future in which all boys and men in England and Wales have an equal opportunity to attain the highest possible level of health and well-being. There are similar Men's Health for a in Scotland and Ireland which can be accessed through the main Men's Health Forum website which contains information for professionals and policy makers, including the UK Projects Database.

www.menshealthforum.org.uk

National Electronic Library for Health and National Electronic Library for Public Health

The aim of the NeLH is to provide clinicians with access to the best current know-how and knowledge to support healthcare-related decisions. Patients, carers and the public are also welcome to use the site, because the NeLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NeLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, its mission is to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NeLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NeLH - those working in public health and in social care. The National Electronic Library for Public Health is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

www.nelh.nhs.uk/new_users.asp

www.phel.gov.uk/

Patient UK

The website has information leaflets on many health topics, and an extensive directory of patient support and self help groups. In addition, their extensive web directory lists many other sites which provide information and support on specific conditions

www.patient.co.uk/showdoc/39/

[Promoting Learning about men's health]

Work-based learning – in primary care

The period of time spent in general practice is ideal for gaining a better understanding about men's health. Some practices offer men's health 'health check' clinics.

The Men's health Forum promotes a 'Men's Health Week', which takes place each June (since 2002). This is an ideal opportunity for the GP Registrar to engage, perhaps helping to organise a practice event. Each year, the week focuses on an area of concern e.g. In 2005, the key objective was to increase men's awareness of weight and obesity issues, in 2004, the objective was increase men's awareness of cancer prevention (including smoking cessation and dietary changes) and to encourage symptom awareness and early presentation to health services.

Work-based learning – in secondary care

GP Registrars should take the opportunity during their hospital based placements to attend outpatient clinics in specialties directly relevant to men's health e.g. urology outpatients. Sexual Health Clinics are also excellent environments to gain a better understanding of men's health concerns and problems. It is important, however, to recognise that men's health issues will arise across all specialties that they will encounter in the secondary care setting (including women's health!).

Non work-based learning

General Practice Registrars will have the opportunity to discuss men's health issues as part of their GP Training programme's educational sessions. The Men's Health Forum's website is a valuable source of information and news which can be used to trigger discussion and debate.

RCGP Learning Unit - The Professional Development Series - Men's Health in General Practice

The RCGP in partnership with the University of Bath, School for Health have developed a series of courses called the '*Professional Development Series*' which are user friendly and relevant to everyday practice. Primarily developed for general practitioners and using a GP's perspective, multi-professional teams have also found the materials to be a useful resource. While they are an excellent choice for established general practitioners' PDP (professional development portfolios), as all relevant learning goals are covered, GP Registrars will also find them very useful.

These distance education courses are specifically relevant to Primary Care. They feature an interactive CD-ROM showing video of real doctor-patient consultations, information text, resource material and links to professional websites. The courses stimulate knowledge through interactive questions and answers. They also challenge the general practitioner's thinking around more complex issues and provide the opportunity for independent peer review with optional tutor marked assignments and clinical audits. Each course is accompanied by a paperback reference book (also on the CD). The courses are arranged into small packages of information, allowing you to cover a clinical condition quickly when time allows.

Additionally, there are optional one day clinical skills meetings which are an invaluable opportunity to meet peers and tackle real cases and problems and engage in debate with key professionals in the area. The clinical meetings are organised through the RCGP's Events Department.

www.rcgplearning.org

Learning with other health care professionals

Joint sessions with nursing colleagues provide multidisciplinary opportunities for learning about the wider aspects of men's health both in primary and secondary care. The GP Registrar should take the opportunity to accompany the occasional patient to hospital clinics to gain a better understanding of the 'patient's journey' from a male perspective.

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- ⁷ The 1999 Health Survey for England www.menshealthforum.org.uk/userpage1.cfm?item_id=1216 accessed 14.09.05)
- ⁸ Office for National Statistics Life expectancy at birth by health and local authorities London: Office for National Statistics, 2003
- ⁹ Cancer - comparative incidence ratios for select sites: by sex and NHS Regional Office area, 1998: Regional Trends 37
www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=5962&Pos=9&ColRank=2&Rank=160 (accessed 14.09.05)