Everywhere and Nowhere Baby

The Hidden Man

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(with thanks to Alan White)

Percentage of deaths in the 15-44 age bracket as compared to total deaths for men and women for the 44 countries.

Men in Glasgow's east end have life expectancy of 54
Daily Record, 29 August 2008
Death rates for Homicide, for men and women, EU countries

Adapted from White & Holmes (2006)
Suicide rates Men & Women

Adapted from White & Holmes (2006)
Death rates for Accidents & Adverse Effects, for men and women, EU countries

Adapted from White & Holmes (2006)
Death rates for Cardio Vascular Disease, for men and women, EU countries

Adapted from White & Holmes (2006)
Deaths related to drug misuse
England and Wales 1993-2007

- Males accounted for almost three quarters of drug poisoning deaths – 1914 in 2007, up from 1782 in 2006

- From the late 1990s there have been twice as many deaths in males as in females

- The rate for all deaths related to drug poisoning in males increased by 9% between 2006 and 2007, whilst in females it declined by 3%.
Deaths related to drug misuse
England and Wales 1993-2007

- Mortality due to drug misuse in the most deprived parts of England and Wales is five times the rate in the least deprived areas
- Mortality rates increase as deprivation increases
- Males are more than twice as likely to misuse drugs
- In men
  - 30% deaths are due to drug abuse/dependence
  - 30% deaths are due to accidental poisoning
  - 39% deaths are due to intentional self poisoning or poisoning of undetermined intent
Rate ratio of male to female deaths, Northern Ireland, 2007

Calculated from:
Standardised Death Rates, Northern Ireland, 2005

Derived from NISRA Mortality Statistics and home population estimates 2006
Consultations with a National Health Service General Practitioner in the 14 days before interview by gender and age, 2000-01 to 2006-07
Consultations with doctor – Proportion of rates per 10,000 person years at risk by ‘minor’ category of severity, by sex

Consultations with doctor – Proportion of rates per 10,000 person years at risk by ‘serious’ category of severity, by sex

Men tend to delay diagnosis and treatment
The example of Melanoma (all ages)

Five-year age-standardised(1) relative survival (percentage) for adults (15 to 99 years) diagnosed with melanoma of the skin(2) during 1999 to 2003, followed up to the end of 2004, England

(1) As cancer survival varies with age at diagnosis, the relative rates for all ages (15 to 99) have been age-standardised to control for changes in the age profile of cancer patients over time, thus making them comparable with previously published figures.
Men’s usage of the health service

Consultations with GP

In-patient use

Where's a bloke to go for decent health information these days?

Look in any newspaper, any magazine. Turn on the telly. There's been a growth in media interest in health over the last few years but quantity doesn't mean quality. Far from it.

For blokes it's a particular problem. In some areas of the media where you'd expect to find specifically male health covered, interest is actually declining. When Peter Baker, the director of the Men's Health Forum, was health editor of men's magazine Maxim, he had a good half a dozen pages to fill each month. Today you'll be lucky to find two. (And one of them is a sexy nurse in a short skirt.) Many of the other 'lads mags' are even less bothered. That's because they think you aren't bothered either.

Of course, there are specialist mens health and fitness magazines preaching to their particular brand of the converted but frequently these...
The Vienna Declaration on the health of men and boys in Europe

1 October 2005

1/ We assert that in order to improve public health and prevent disease, there is an urgent need to take specific action to address men’s health. In particular, all men must have the opportunity to:

- Achieve the highest possible level of health and well-being.
- Access equitable and affordable healthcare services.
- Receive health advice and information appropriate to their experience and concerns.

Men’s use of health services and health information is generally poor across Europe. The delivery of healthcare and information is often not appropriate for men. There is a lack of investment and research in men’s health.

Men’s life expectancy is unnecessarily low across Europe. Death rates from preventable causes at all ages are unacceptably high. Furthermore, there are significant and avoidable inequalities between countries.

Poor health and premature death in men also affect their families and are an unnecessary burden on health services and the wider economy.

These problems require responses that take account of the specific needs of men.

We therefore call on the EU, national governments, providers of health services and other relevant bodies to:

- Recognise men’s health as a distinct and important issue
- Develop a better understanding of men’s attitudes to health
- Invest in ‘male sensitive’ approaches to providing healthcare
- Initiate work on health for boys and young men in school and community settings
- Develop co-ordinated health and social policies that promote men’s health.

(Throughout this declaration, the term ‘health’ includes both physical and mental health.)

Name: __________________________ Country: _________________

Organisation: ___________________________________________

Signature: ______________________ Date: _________________
First reactions ...

- First EU presidency conference on men’s health
- Better understanding of men’s health, and clearer identity among public health issues
- Improved mobilisation of stakeholders
- Increasing support beyond the healthcare industry
- Emulation outside Europe (e.g. USA)