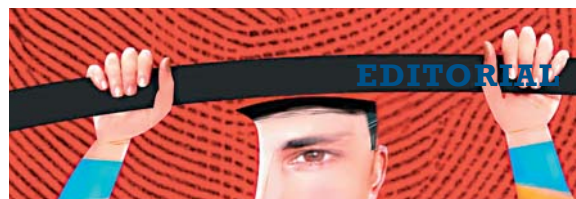




# Men's health

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Concerns about men's health and well-being have come to the fore in many areas over recent years. In addition to the well documented lower life expectancy and increased cardiovascular mortality, concerns have arisen about the educational achievements of boys, high youth male suicide rates and high rates of health risk behaviour in men.

The release earlier this year of the BEACH report on male consultations in general practice in 2000–2001 gave us an enlightening snapshot of male patterns of health seeking behaviour.<sup>1</sup> It showed there is considerable work to do for Australian men and their general practitioners in terms of health promotion and illness prevention.

Fewer male patients consult GPs than do female patients. Those men that do attend do so less frequently, have shorter consultations, fewer long consultations, and have fewer problems managed per consultation.

BEACH data suggests men are faring badly in terms of health risk behaviour; men are more likely than women to be overweight or obese, daily smokers, and more likely to engage in 'at risk' alcohol consumption. There are significant differences between younger and older men, with younger men having low GP utilisation rates, high smoking rates and high at risk alcohol consumption. Of 100 GP encounters in the 15–24 years age group, 2.5% were for drug abuse. From 45 years of age on, the rates of GP utilisation increase, but problems managed become more chronic in nature and rates of

obesity/overweight peak. The implication that can be raised from this is that low rates of GP utilisation, shorter consultations (implying reduced likelihood of preventive health activities) and high risk behaviours in youth are resulting in negative outcomes in later life.

How are we, as GPs, to approach the problem of health promotion and illness prevention in men? In this issue of Australian Family Physician, Robert Hall's article on promoting men's health tells us that men have a functional view of health: they see themselves as 'well' if they can do what they wish to do in terms of work, love and play. Younger men, in particular, present to us only when something has gone wrong. However, we need to seize the opportunity to provide health promotion messages and make them relevant to the current presenting problems, their work, family or their social activities. We need to make men feel comfortable attending GPs, and if they are not attending, take health messages to where they are in workplaces, sporting clubs. We need to make time for men, in consultation length, appointment times and initiation of relevant discussion.

Although men's health is much more than reproductive and sexual health, if these topics are bringing men to GPs they provide an opportunity to broaden the agenda. Publicity in the general community about effective treatments for erectile dysfunction has highlighted a range of issues about men's sexual function and the impact of sexual and relationship dysfunction on health and

mood. The links between erectile dysfunction and cardiovascular morbidity underscore the importance of a full assessment, rather than merely reaching for the prescription pad.

Also in this issue we provide a range of articles relevant to the care of men. Paul Arduca writes on erectile dysfunction and the importance of life stage, physical and psychological assessment. Sanjiva Wijesinha updates us on what we need to know about reproductive health and Carolyn Allan and Robert McLachlan update us on the facts, assessment, treatment and controversies in testosterone deficiency. Educational and other services for GPs and consumers provided by Andrology Australia are outlined by Carol Holden. In the new 'forum' section of AFP we present a range of views on the controversies of PSA testing, and patient education material to assist patients in making an informed decision that is right for them. Part of AFP's role is to provide a forum for discussion and debate, and we welcome your feedback. We hope you enjoy this issue of AFP, and have a thought provoking 'Men's Health Week' from June 9–15.

## References

1. Bayram C, Britt H, Kelly Z, Valenti L. Male consultations in general practice in Australia 1999–2000. AIHW Cat. No. GP 11. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 11), 2003.

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