

Boys don't cry

Experts say we should stop blaming blokes for their health woes and take a national approach. **Kellie Bisset** reports

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GRAHAM Nightingale was mowing the lawn at his western Sydney home two years ago when he felt some noticeable chest pain.

"She'll be right," he thought, and did nothing about it. The next day he felt "a bit iffy" at work, and agreed with his wife he should knock off early and go straight to the GP. It was a smart decision.

He'd been in the waiting room less than a minute when he suffered a massive heart attack. Had he gone home first to change his clothes, he most likely wouldn't be here to celebrate his upcoming 50th birthday.

"The doctors kept warning me about the risk," says Nightingale, a business support manager for RailCorp NSW. "It's in the family. My brother died of a brain stem infarct (a form of stroke) and the old man died of a heart attack. But I took no notice."

Fortunately for Nightingale, his near-death experience shook some sense into him. He no longer eats hamburgers for breakfast, and salt is a distant memory.

But he's not completely reformed. He admits to not exercising as much as he should, and while he visits the doctor a little more regularly, he's still reluctant to go too often.

After a recent accident where he nailed his own thumb to the wall with a nail gun, he asked his wife to hold his hand steady while he pulled the offending object out with a pair of pliers. He didn't make it to the GP until well after the wound had healed.

"I suppose it is a lousy excuse but I don't have time to go to the doctor," he says. "But I've never forgiven myself for what I put my wife and family through with the heart attack, because it could have been averted had I taken notice of the doctors years ago."

Nightingale is a textbook example of many men's head-in-the-sand approach to health.

Greg Malcher, national convenor of GPs4Men, an Australian GP network that promotes men's health, says doctors "still see men who think they are bullet-proof and can battle on".

"Some men say 'if my health suffers, providing it is not enough to stop me from working, I just have to accept it'. I find that really sad, because as people age into their 40s and 50s the burden of putting their health as a last consideration does show up in illnesses which are often preventable."

The evidence for this is not just anecdotal: national statistics on the state of men's health make sobering reading.

Men die at a greater rate in all age groups, and the poorer they are, the higher their risk. When young (aged 15-24) they are three times more likely to die than females, and four times more likely to kill themselves; and those differentials improve only slightly as men age.

They have greater levels of severe mental illness, are more likely to eat fatty foods, exercise less after 35, smoke, use illicit drugs and not admit to experiencing emotional stress.

Despite all this, they visit doctors less than women, and as a nation we spend less money on their health.

Figures compiled in 2001 by men's health advocate Micheal Woods show that the amount of federal Government funding for women-only health programs was more than 200 times greater than for men-only programs: \$212 million versus just \$1 million.

At the time, Woods, a senior lecturer at the Men's Health Information Resource Centre at the University of Western Sydney, said these figures showed that men are "subject to almost total neglect", and he says things haven't really changed.

A national men's health policy would be a start, he and other experts say, considering we've now had a national women's health policy for nearly 20 years. We also need to take a whole person approach to men's health and stop thinking of them simply in terms of prostates and testicles, it's argued. And the amount of money required for this shift doesn't have to be huge – or even equal to what we spend on women's health.

"It requires some fairly senior political action," Woods says. "There are all these groups doing great stuff around the community, but it's all happening in a fragmented way. People aren't evaluating projects to see what is having the best impact, and we are probably wasting money. A national policy would tie it all together."

Experts also argue that we need to ask why men aren't using the health system. They suggest rather than putting the onus on men to change, maybe we need to change the system to better suit their needs.

"If you have a party and no one comes, do you blame all the guests – or should you be thinking maybe this isn't the sort of party they want to come to?" Woods says.

Blaming men for their own illnesses also ignores external pressures on men that might influence their health, such as the need to work long hours, working in risky industries and the pressure of being a breadwinner.

"Men's health has to be clever in working with men. They are not going to start jumping up and down and having protest marches. If you provide services for men in ways they can access and use readily, they will use them."

This is particularly evident in the area of mental health, according to Professor Ian Hickie, executive director of the Brain and Mind Research Institute.

He says men don't tolerate distress any better than women – and probably have similar levels of depression, despite statistics showing women suffer more. But rather than seek help they tend to self-medicate with alcohol or drugs. The key is getting them help and getting it to them early.

"You have to stop telling them to go to care – you have to go to where they are," Hickie says. "For young men, that's schools and higher education and TAFE, and for older men if you want to capture them you have to take it to the workplace."

"The federal Government needs to look at this more closely, because at the end of the day, the cost of inaction shoots home to them."

Meanwhile, it seems some employers are already making headway, despite a lack of incentives. Malcher's experience in a workplace education program for blue-collar workers in Ballarat got great feedback from the bosses.

"One manager told me how amazed he was to walk into the lunch room and there was a very heated discussion going on about the merits of salad rolls versus meat pies," Malcher recalls.

"The message he gave us was the guys were saying 'we are interested in our health, but want information presented in a way we feel comfortable with'."

Melbourne GPs David Oberklaid and Barry Gilbert are having similar success. They and other doctors from their Melbourne practice regularly visit fire crews from the city's Metropolitan Fire Brigade to conduct voluntary full health checks. And there's plenty of interest.

Oberklaid says when he does a health check, he often gets around men's reluctance to discuss health problems by asking if their wife or partner is worried about something.

"It's only then they say 'Yeah, the central chest pain I get when I walk five yards'," Oberklaid says. "A classic line is 'I'm not worried about this and I'm sure it's nothing, but my wife asked me to raise it' – it's the 'silly missus'."

Oberklaid is also involved with the not-for-profit men's health group Foundation 49, which is currently developing a program – being trialled by Foster's – where a nurse visits the workplace and screens for cholesterol, blood sugar, depression and erectile dysfunction.

Back at the practice, he and Gilbert have tried to make things more man-friendly – stocking the waiting room with magazines on sport and cars, being pro-active with men's health checks, introducing organised reminder systems and allowing appointments in the evenings and Saturday mornings.

Other local programs are also making headway, including the men's sheds movement, where men can meet, share skills and hear presentations on health and other topics, and Sydney's Zipper Clubs for men who've had open heart surgery.

There's also Andrology Australia, which works with doctors and the community on male reproductive issues and partners with groups such as Beyondblue, the national depression initiative.

Its director, professor Robert McLachlan, says the area of men's health is attracting increasing interest and his group is eager to do more research in the area. It has already had a paper published in *The Lancet* (2005;366:218-224), which found more than 40 per cent of men over 40 had serious health problems, and is hoping to expand on this work with a large long-term study of male health in Australia that could help inform future policy decisions.

While we need to make our health system more male-oriented, Malcher says it's also important not to give up on the idea of cultural change and rethinking the idea of the bullet-proof bloke.

"If we can work with boys in schools looking at both the positive and negative aspects of masculinity, within a generation we could start to see significant changes," he says.

Woods agrees: "We need to do a lot of work with boys, otherwise they are going to grow up just like us."