

Cardiovascular disease in men

EMHF Fact sheet

- Cardiovascular disease (CVD) is the world's biggest killer, causing an estimated 30% of all deaths worldwide (16.7 million each year). Around 5 million (the highest proportion) of those deaths occur in Europe
- Mortality rates among men and women are similar. Worldwide, around 8.2 million men die of CVD every year – 27.6% of all male deaths. Corresponding figures for women are 8.5 million and 32.7%
- CVD is an umbrella term for disorders of the heart and blood vessels. It covers such diseases as angina, atherosclerosis, peripheral vascular disease, hypertension (high blood pressure) and cerebrovascular disease (stroke)
- However, acute myocardial infarction (heart attack, cardiac arrest [AMI]) is the biggest cause of CVD death. It accounts for around 6.9 million (12.4%) of the 16.7 million cardiac deaths worldwide. Again, the highest proportion of this (2.3 million) occurs in Europe, and rates of AMI are similar between men and women (3.6 million vs 3.3 million; 12.2% of all male deaths vs 12.6% of all female deaths)
- There are many causes of CVD, including poor lifestyle choices, socio-economic conditions and biological risk factors
- Smoking is one of the greatest risk factors. Around 48% of men in developing countries and 42% of men in industrialised nations smoke (equivalent figures for women are 7% and 24%)
- Abdominal obesity, which particularly affects men, is associated with the so-called 'metabolic syndrome', a cluster of risk factors that make cardiac disease more likely. Obesity and the metabolic syndrome are also associated with Type 2 diabetes, which confers an additional 2–4-fold greater risk of CVD
- Other risk factors include unhealthy diet, stress, lack of physical activity, psychosocial factors, genetic make-up and family history
- Whether caused by these poor lifestyle choices or by genetic factors, high blood pressure, atherosclerosis, raised cholesterol levels and other CVDs all make an AMI much more likely
- Treatment of CVD is, by its nature, secondary. That is, doctors try to prevent a second 'cardiac event', such as an AMI, or the development of complications
- Such treatment can be surgical – eg a coronary artery bypass graft in the case of severe angina and atherosclerosis. It may be mechanical – eg an angioplasty may be used to compress atherosclerotic plaques. And it may be pharmacological – eg the use of drug therapy to dissolve clots in AMI

- New treatment combinations and technologies are beginning to improve outcomes in CVD. Stents – tiny metal meshes that help keep arteries dilated – are now frequently used alongside angioplasty. Also, the value of new drugs called GPIIb/IIIas, which help keep blood flowing, has been well-demonstrated in recent years
- We also know much more about the role of drug therapy in the day-to-day management of patients with CVD. Statins, sometimes called lipid-lowering agents, are now recommended for nearly all patients with CVD; indeed many doctors now believe that these drugs have benefits over and above their primary purpose, which is to lower cholesterol levels
- However, and despite these impressive advances in our technologies and understanding, treatments will still help only a proportion of people with CVD. Mortality and disability rates remain depressingly high in this group
- Thus, the need for primary prevention of CVD – lifestyle changes and so called ‘risk factor modification’ – remains paramount. Interventions to help people stop smoking, to prevent or control the onset of diabetes, to reduce obesity and encourage healthy diet and active lifestyles are urgently needed
- Unfortunately, men are a particularly difficult group to reach with health messages of this nature. Risk-taking behaviours such as excessive alcohol abuse, an apparent unwillingness to look after their own health, the fact that they are generally poor users of GP and other services – all these factors can interfere with campaigns to target male cardiovascular health
- There is therefore an overriding need to develop strategies and programmes that address men in relevant, convincing ways. Consideration of men’s specific health needs should be integral to any campaign to reduce CVD across Europe

Source

Statistics derived from the WHO World Health Report, 2001

The EMHF: tackling inequalities in men’s health across Europe

The EMHF is an independent, non-profit-making, non-governmental organisation that aims to raise the profile of men’s health at both a pan-European level and within individual countries. It encourages Europe-wide national, local and regional organisations (both governmental and non-governmental) to include men’s issues in their health policies and practices. It also aims to improve delivery of health services to men and to influence men’s health-related behaviours.

European Men's Health Forum
 Rue de l'Industrie 11, B1000, Brussels,
 Belgium
 email: office@emhf.org
 web: www.emhf.org

