



A report on the state of men's health across 17 European countries

Alan White
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The European Men's Health Forum

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MEN'S HEALTH ACROSS 17
EUROPEAN COUNTRIES**

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Designed by Learning Technology Services
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Published: The European Men's Health Forum

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The European Men's Health Forum
rue Wiertz 50 /28
B1050 Brussels
Belgium

ISBN 1- 898883 - 94 - 7

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This report was commissioned by the EMHF, an organisation funded through unrestricted educational grants from several pharmaceutical companies

Printed by in Great Britain by J.H Haynes & Co. Ltd

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THE EUROPEAN MEN'S HEALTH FORUM (EMHF)

The European Men's Health Forum is an independent, non-governmental, non-profit-making organisation established to promote male health across Europe. It is a membership organisation managed by an executive committee which represents the diverse range of Europe-wide and national organisations with an interest in men's health issues

Mission statement

To improve men's health across all countries in Europe by promoting collaboration between interested organisations and individuals on the development and application of health-related policies, research, education and prevention programmes.

Equal opportunities

The European Men's Health Forum fully supports equal opportunities in all its work and is committed to the improvement of the health of women and children as well as men.

Moreover, it does not believe that men's health should be improved by transferring resources from women's or children's health.

More information on the European Men's Health Forum can be found at www.emhf.org

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ACKNOWLEDGEMENTS

With thanks to Diana Camidge who helped with the initial data collection; Joanne Horsfall at the European Document Centre and Rachel Clark at the Copyright Office at Leeds Metropolitan University for their assistance.

FORWARD

The European Men's Health Forum (EMHF) is a new organisation but then so is the whole concept of men's health as an 'issue'. Based in Brussels its aim is to improve the health of men throughout Europe by addressing areas of inequality, health service provision and education. World Health Organisation definitions make it clear that health is more than the absence of disease even so, when it comes to illness and death European men fare very differently across only three time zones. Within the same country huge differences can be seen often reflecting the impact of low income and other environmental factors. Perhaps more startling is the difference in life expectancy and between men and women of around 8 years. This stark statistic – an average for all Europe – could be interpreted as fuel for the fatalistic theory of men's health based on oestrogen versus testosterone or the lack of one 'extra' X chromosome. A handy scapegoat when health professionals, educationalists and especially politicians wish to avoid addressing the huge problems in European men's health.

As this report shows, the environment in which a man finds himself is the single greatest factor for inequality. Not that this is a battle of the sexes – women's health also shows great inequality across Europe – by improving the health of either sex we can influence the health of the other. Inextricably linked in many cases, the health of men and women needs to be addressed as a whole but to do so we need to recognise the different needs of both sexes and make health service delivery more gender sensitive.

This report – the first from the EMHF - will change our view of European men's health forever. Some of the statistics are frankly disturbing and if they do not make EU politicians uncomfortable it will have failed in its task. Most of the inequalities highlighted in the report are within the gift of politicians to change for the better. Why should so many Irish young men be taking their own lives? How can the European community sit back while there is a difference in life expectancy of over 15 years between men in different European countries? There is no room for fatalism, we need to find the reasons for such variation and urgently address them.

Every European politician, public health worker, health professional and social scientist needs to read this report and consider the next step, not least in finding out how men use health services and how this can be improved. Having a Y chromosome should not be seen as possessing a self destruct mechanism nor should living in one European country rather than another give such huge differences in mortality. In short, being a man should not seriously damage your health whatever your colour, religion, age, sexuality or geographical home. Ensuring as wide a readership as possible of this superb and definitive report will be a start but that is the easy bit. Action speaks louder than words.

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1.0 INTRODUCTION

Men's health is increasingly seen as a key area of concern but, whilst information is now being collated around individual health issues, an overview of men's health across Europe has been lacking. This report brings together the latest available mortality and morbidity figures on men's health for the current European Union countries (Austria, Belgium, Denmark, Germany, France, Finland, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the United Kingdom) along with Norway and Switzerland.

The report is a resource of information on men and their health. Due to the lack of morbidity data that can be attributed to men in individual countries the majority of the data relates to mortality statistics and general demographic data.

The report is in three sections: the first relates to general information on the male population, men's perceptions of their health, life expectancy, and cause of death; the second section focuses on specific disease states; and the third section on lifestyle issues.

The section on disease states includes: cardiovascular disease; lung cancer, prostate cancer, cancers of the digestive system, testicular cancers; deaths due to external causes, injury and suicide (which includes road traffic accidents, violence, accidents at work), liver disease, diabetes, mental health, sexually transmitted infections and HIV/AIDS. Within each section the impact of the health issue on total deaths for each country are compared, along with comparison of age standardised and age specific death rates along with incidence and prevalence figures where available. Comparison with women is also included.

The report concludes with a consideration of the overall findings from the study with recommendations for policy development and further research.

1.1 Summaries from the sections of the report

This section repeats the summaries from the end of each section as an overview of the findings of the report.

Summary of the male population – Section 2

- There are 190,500,000 men in the 17 countries of this study, 9.5 million less than the number of women.
- More boys tend to be born than girls. The proportion of men is greater than that of women until the 45-64 age group.

- There are marked differences between the countries in the ratio of young males (1-14) to older men (65+). Ireland has the largest percentage of young men and Italy the smallest.
- There are large differences in the rate of change in the male population between the countries of the study, from a projected 20% increase in Luxembourg to a 7% decrease in Italy.
- There are significant changes in marital status with a large increase in divorce rates.

Summary of men's perceptions of their health – Section 3

- Men's perception of good health differs between the countries with men from Greece and Sweden having the highest rating for good health in the 25-64 and 65+ age brackets respectively.
- Men from Portugal and Germany see themselves as having the poorest health across both the age brackets.
- Men generally see themselves as having better health than women.
- There are substantial national differences in the reporting of severe disability for men ranging from 2.1% in Italy to 6.7% in Portugal and Finland.
- For moderate disability the range of the self reported moderate disability is from 4.2% in Greece to 15% in Finland.
- Women report a wider range of both moderate and severe disability.

Summary for life expectancy, death rates and cause of death – Section 4

- Healthy life expectancy (HALE), for men, ranges from 63.9 years (Portugal) to 70.4 years (Sweden).
- Life expectancy for men has improved since 1980 in all countries ranging from 4.1% for Ireland and the Netherlands to 9.3% for Austria.
- The range of life expectancy for men is between 73 (Ireland) and 77.5 (Sweden) years.
- Men's increase in life expectancy still leaves them with a lower life expectancy than that of women 20 years ago.
- Age standardised death rates for men ranges from 1156.3 deaths per 100,000 for Portugal to 763.2 per 100,000 for Switzerland.

- For the following causes of death the countries with the highest death rates are:
 - AIDS – Portugal
 - Neoplasms – Belgium
 - Endocrine, nutritional and metabolic diseases – Portugal
 - Mental and behavioural disorders – Finland
 - Diseases of the nervous system and the sense organs – Finland
 - Diseases of the circulatory system – Austria
 - Diseases of the respiratory system – Ireland
 - Diseases of the digestive system – Portugal
 - Accidents – Finland
 - Suicide and intentional self-harm - Finland
- When the median death rates across all the causes of disease for men and women are compared men are seen to have a higher rate than women in all the categories, except for diseases of the musculo-skeletal system and diseases of the skin and subcutaneous tissue. Men therefore seem to be at greater risk of all the major causes of death than women.
- Men are more likely to suffer a premature death than women's, with men's death rate for all the causes of disease being higher in the younger age brackets than women.
- Diseases of the circulatory system are the greatest overall cause of death for men, followed by malignant neoplasm and diseases of the respiratory system.
- For young males (aged 1-24) deaths from external causes and poisoning form the greatest risk, especially transport accidents and suicide.
- For men aged 25 to 74 neoplasms are the greatest cause of premature death resulting in 36% of the total deaths in this age bracket. However, ischaemic heart disease is the biggest single cause of death (17% of total deaths in this age bracket).
- For men aged 75+ cardiovascular disease becomes the major cause of death with nearly 45% of the total deaths in men.
- When compared to women, men have a higher ratio of deaths until 75+ across all the disease states, except for the diseases of degeneration such as the diseases of the musculo-skeletal system where women have a greater number of deaths throughout the lifespan.

Summary for cardiovascular disease – Section 5

- Cardiovascular disease is the principal health concern for men in the countries of this study. However, there is considerable variation between the different countries, with the northern European countries showing a much greater risk of coronary heart disease, whilst the southern European countries are at greater risk of cerebro-vascular disease.
- Coronary heart disease is also the principal health concern for women, but only over the age of 70 is it a greater problem than for men.

Summary for lung cancer – Section 6

- Lung cancer is a substantial contributor to total deaths ranging from over 11% of total male deaths in Belgium to 4% in Sweden and 8% of all male deaths in these 17 countries.
- There is a generalised decline in cases as the impact of non-smoking policies is felt.
- There are substantial differences in male death rates between countries of the study, with a 3 fold difference between Belgium and Sweden.
- The risk of developing lung cancer increases significantly after the age of 45.
- The incidence rates for cancer of the bronchus and lung mirror the death rates with Belgium having the highest number of new cases diagnosed each year (76.41 per 100,000 population) and Sweden the lowest rate (21.41 per 100,000).
- More men are diagnosed with lung cancer than women, with the United Kingdom having a 12 fold difference.
- The prevalence figures show lower survival over the five year period, as compared to the other cancers presented in this study.

Summary for prostate cancer – Section 7

- Prostate cancer is becoming more common than lung cancer amongst men.
- Prostate cancer is the second most important cause of deaths through malignancy in men resulting in over 3% of all male deaths in these countries.
- Sweden has the highest proportion of their total male deaths due to prostate cancer, Greece has the lowest.

- Deaths from prostate cancer occur primarily in the over 65 age bracket but there are still a significant number of deaths in the younger age groups.
- The northern European countries have a higher incidence rate.
- The one and five year prevalence rate suggests that there is a good survival rate following diagnosis.

Summary for cancers of the digestive system – Section 8

Cancer of the stomach

- The southern European countries have a larger proportion of their total male deaths due to cancer of the stomach than the northern European countries.
- Comparison with the median death rates for women shows that men have double the rate of death across all the age brackets.
- The incidence rates also demonstrate the higher number of men developing cancer of the stomach in southern European countries with Portugal having the highest rate (30.1 new cases per 100,000).

Cancer of the colon, rectum, rectosigmoid junction and anus

- Cancer of the colon is responsible for about 2% of all male deaths in the countries of this study, with Finland and Greece having noticeably lower figures (1.1% and 1.4% respectively).
- Cancer of the rectum, rectosigmoid junction and anus account for 1% of all male deaths, with Luxembourg and Greece (0.2% & 0.5% respectively) having the lowest levels.
- Men over the age of 65 are most affected by these cancers.
- Men having similar median death rates for all the countries to women in the younger age brackets but there are marked differences above the age of 55 where men appear to be much more at risk of dying of these cancers than women.
- The incidence rates for men show the majority of countries having a rate of between 30 and 45 new cases per 100,000 diagnosed each year. Greece has the lowest incidence rate with 17.35 new cases per 100,000.

Summary for testicular cancer – Section 9

- The death rate for testicular cancer is decreasing across all the countries in this study
- Switzerland has the highest death certification rates and Spain the lowest.
- Though the death rate is decreasing there is a rising incidence of testicular cancer.
- Denmark currently has the highest incidence rate with nearly 11 new cases per 100,000.
- The prevalence figures demonstrate the high survival rate.

Summary for deaths due to external causes, injury and suicide – Section 10

External causes

- There are considerable differences in the contribution of external causes to the proportion of total deaths in the countries under consideration, ranging from 12.2% in Finland to 4.1% in the United Kingdom.

Transport Accidents

- There is considerable variation in the rate of deaths due to traffic accidents, with Greece having a three fold higher proportion of male deaths than the United Kingdom or Sweden.
- The death rate in all countries, except Greece, has fallen over the last 20 years.
- The age distribution is bimodal, peaking at the 15 to 24 and the 75+ age groups.

Deaths due to suicide and self-inflicted injury

- There are substantial national differences in suicide rates, ranging in 0.6% of total deaths in Greece to 3.9% in Finland.
- Substantial increases in death rate from suicide and self harm is seen in the over 65 year age group in the majority of countries.
- Men show a consistently higher rate of suicide than females.

Accidents at work

- Men are more likely than women to suffer death and injury at work.
- Spain and Portugal have over 8,000 work related accidents per 100,000 employed as compared to 1,500 for Sweden.

Violence

- There are substantial variations in the mortality rates between the countries in the study.
- Men are uniformly more likely to be killed as a result of violence than women.
- Men are the main perpetrators of violence on both other men and women.
- There are substantial links with violence to a variety of health and economic inequalities.

Summary for chronic liver disease and cirrhosis – Section 11

- There is a wide variation in the number of deaths related to chronic liver disease and cirrhosis between the countries in the study.
- Overall, the death rate is declining.
- There is a strong correlation between death rate and age.
- Men show a consistently higher death rate than women.

Summary for diabetes mellitus – Section 12

- Diabetes is a growing public health issue, as it is associated with coronary heart disease, blindness, hypertension and sexual dysfunction.
- Although the incidence is increasing the death rate is decreasing.
- There are wide variations in the death rate between the countries of the study ranging from 5.63 per 100,000 in Greece to 24.39 per 100,000 in Denmark.
- Men show consistently higher death rates due to diabetes than women.

Summary for mental disorders – Section 13

- Men appear to have more disorders related to substance misuse than women.
- Women have more neuro-psychiatric and depressive disorders.
- Men generally have a higher death rate associated with mental illness until the 75+ age group when there are more female than male deaths.
- There seems to be little comparative European data on mental health.

Summary for sexually transmitted disease – Section 14

- There has been a general and substantial reduction in the degree of sexually transmitted diseases but there is now a growing concern that this trend is being reversed.

Summary for HIV/AIDS – Section 15

- Overall incidence rates for AIDS have gone down in all countries except Portugal.
- The number of AIDS cases in the homosexual male population are declining whereas transmission by heterosexual contact is increasing.
- Death rates for AIDS for men have declined substantially in all countries except for Portugal.
- The main impact is on the 25 to 44 age group.
- The incidence of HIV seemed to be in decline until the late 1990's but now appears to be on the increase again.

Summary for lifestyle – Section 16

Smoking

- Smoking is implicated in the development of numerous diseases especially cardiovascular disease and cancer.
- There is a wide variation in the number of men who smoke between the countries of the study.

Alcohol

- There are wide differences in the drinking patterns within the countries of the study.
- Alcohol is heavily implicated in the deaths of young men, with 1 in 4 deaths being alcohol related.
- There is wide variation in the ages at which people start drinking.

Physical activity, weight and diet

- Physical activity is recognised as a key factor in reducing both the level of morbidity and mortality of a number of major diseases.
- There is a paucity of gender specific data.
- 30% of European adults are considered insufficiently active.
- There is a growing number of overweight and obese men.
- There are more men overweight than women, but more women are classified as obese.

1.2 The approach taken

This is not an epidemiological study in terms of being a study of causality. Existing data has been brought together to emphasise the impact on men of a number of common health conditions. This study is an attempt to disaggregate the official statistics to draw out those with specific reference to men and their health. Within the report comparisons are made between men from differing countries and also between men and women when it was felt that such comparative data helped to highlight a specific differences between the sexes.

The study has utilised multiple sources of data at an international level, it was felt to be beyond the scope of this initial study to attempt to access individual country data. In part this decision was based on the increased complexity of examining national data, with the inherent problems of ensuring like is being compared to like. On a more fundamental level there is a wealth of data that is produced at the international level that has not been subject to such an examination as this and therefore in itself has great worth. This model of considering international data is consistent with that adopted by the European Study on Women's Health¹.

Though there is data on mortality there is a surprising lack of data on morbidity at an international level broken down by gender and country. Therefore the focus of this study is more on the impact of the health issues on men's mortality.

Sources of data

The key sources of data² were the WHO Statistical Information Service (WHOSIS) website, especially the World Health Organisation 1997-1999 World Health Statistics Annual; The Health For All 2003 database; The WHO World Health Report (2002); The World Report on Violence and Health; The European Health Report 2002; Eurostat reports, such as 'The Life of Men and Women in Europe: A statistical portrait 1980 – 2000, European Social Statistics: Demography', along with statistics direct from the Eurostat Data Shop (which have been referenced Eurostat 2002). In addition, data from Eurobarometer and the Statistics in Focus publications have been included where appropriate along with data from special reports such as the WHO Global Alcohol Study. All the data was accessed between June 2002 and March 2003. There are difficulties in comparing data from these differing databases, for example there are instances where not all the countries are represented. There are also issues in relation to how age standardised

rates of death are calculated between the World Health Organisation and the European Union due to the different standard population used. However, within this first report of its type it was felt justified that these statistics be presented for completeness, even when some discrepancy exists.

There are also issues when dealing with statistics at the international level, and many have argued that such analysis cannot truly represent the health of the individual man in any one country. This is obvious in the case of national health inequalities. This limitation is acknowledged in the report, but what can be demonstrated are the similarities and differences in morbidity and mortality due to a number of health conditions between the countries we have investigated.

¹ European Commission (2001) The state of women's health in the European Community.

² For full references of the data sources please see appendix 2.