



Australian Government  
Department of Health and Ageing

# Development of a National Men's Health Policy

## SUMMARY OF MEN'S HEALTH ISSUES



November 2008

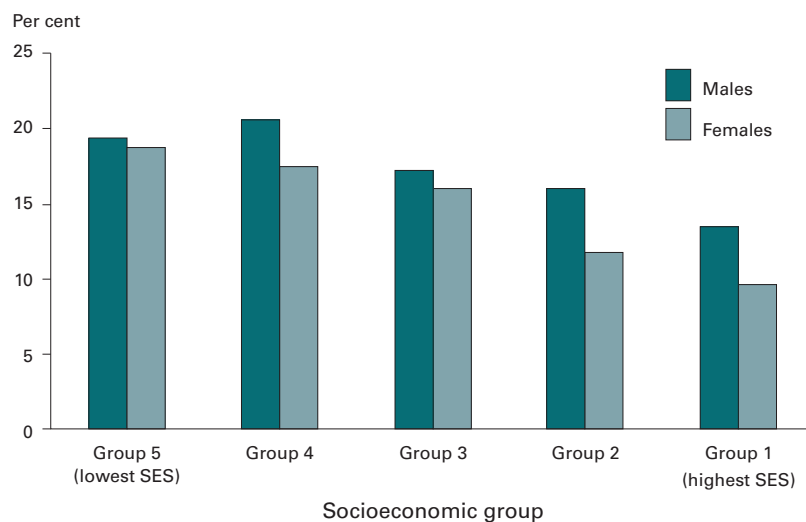


## This is an overview of some of the main risk factors and health issues affecting men.

### Obesity:

Obesity is the major preventable driver of burden of disease. Becoming overweight or obese is primarily associated with poor diet and physical inactivity, although genetic factors can play a role. The prevalence of overweight and obesity has increased across all age groups since 1995. Excess body weight is associated with a range of health problems including cardiovascular disease, Type 2 diabetes, high blood pressure, sleep apnoea, osteoarthritis, psychological disorders and social problems. It is also associated with the most socioeconomically disadvantaged, as demonstrated in the below figure.<sup>1</sup>

### Prevalence of obesity (BMI of 30 or more) by sex and socioeconomic status.<sup>2</sup>



For Aboriginal and Torres Strait Islander people, high body mass, as a single risk factor, was the second leading cause of the burden of illness and injury in 2003, accounting for 11% of the total burden of disease and 13% of all deaths.<sup>3</sup>

- 62% of adult men (18 years and over) were classified as being overweight (Body Mass Index between 25.0 and 29.9) or obese (Body Mass Index 30.0 or more).<sup>4</sup>
- A high proportion of men living in outer regional Australia (69%) were overweight or obese compared to major cities of Australia (60%) and inner regional areas of Australia (64%).<sup>4</sup>
- The rates of overweight/obesity were similar for both Indigenous men (58%) and females (55%) in 2003.<sup>4</sup>

It is important to ensure that people living in rural and remote areas are supported in terms of access to services, programs and opportunities to make healthy choices. An emerging issue of the impact of early nutrition on childhood obesity and its role in affecting health outcomes later in life. There is a strong link between overweight parents and obesity in children.

### Physical Inactivity:

While participation in adequate levels of physical activity promotes good physical and mental health, the recent National Health Survey shows that only 42.7% of men have moderate to high levels of exercise (individuals aged 18-24), with levels declining steadily with age.<sup>5</sup> Middle aged men (aged 35-64) were most likely to be sedentary or have low levels of exercise.<sup>5</sup>

<sup>1</sup> AIHW, 2008. *Australia's Health 2008*, cat.no.AUS 99, pg162

<sup>2</sup> AIHW, 2008. *Australia's Health 2008*, cat.no.AUS 99, pg162.

<sup>3</sup> AIHW, 2008, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*, AIHW cat. no. IHW 21, pg. 144.

<sup>4</sup> 2004-05 National Health Survey

<sup>5</sup> 2004-05 ABS National Health Survey

Burden (DALYs) attributable to physical inactivity by specific cause expressed as: (a) proportion by sex, and (b) proportions due to fatal and not fatal outcomes <sup>6</sup>				
Male % of BOD	BOD Ailment	Fatal	BOD Ailment	Non Fatal
58%	IHD	82%	IHD	18%
54%	Colorectal Cancer	81%	Colorectal Cancer	19%
53%	Type 2 diabetes	69%	Stroke	31%
43%	Stroke	19%	Type 2 Diabetes	81%

Physical inactivity was responsible for 6.6% of the total burden of disease and injury in Australia in 2003, with ischaemic heart disease, Type 2 diabetes and stroke accounting for more than four-fifths of this burden.<sup>6</sup>

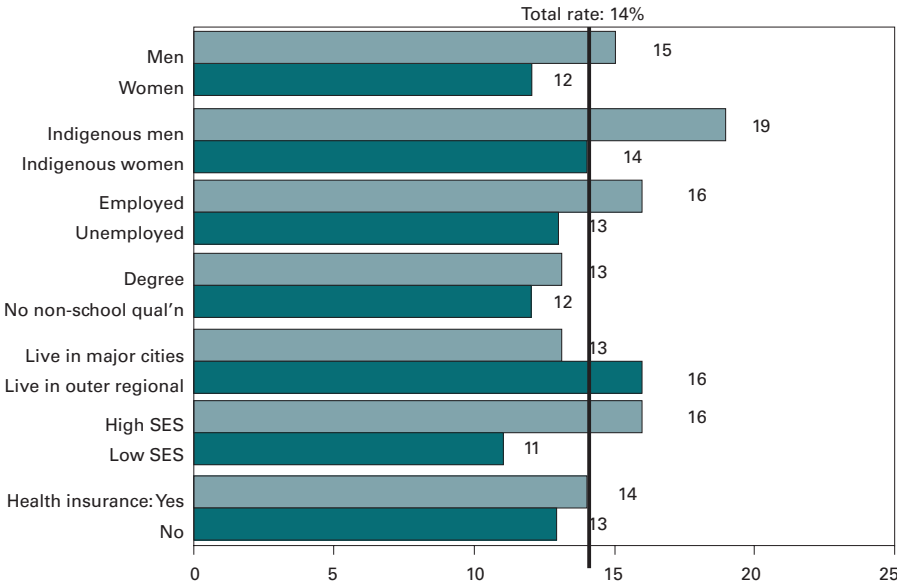
When looking at addressing the health issues related to physical inactivity is important to know how and why men engage in physical activity. The number of men participating in non-organised physical activities in 2004-05 was 53%, almost double that for participation in organised activities (30%). Walking was the most commonly reported physical recreation activity for men (17%).

The most common reasons given by men for not participating (or participating less than 12 times in the 12 months prior to interview) were insufficient time because of work or study commitments (27%), lack of interest (19%), age too old (16%) and ongoing injuries or illness (14%).

*The National Physical Activity Guidelines for Australians* recommends 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week.<sup>7</sup>

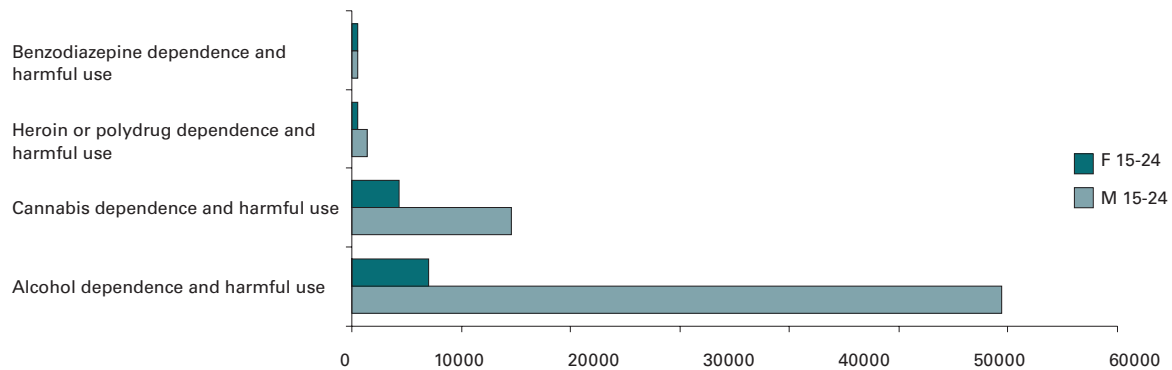
*Alcohol and other drugs:*

**Risky or high risk use of alcohol  
Selected risk factors by sex, Indigenous status,  
and indicators of disadvantage, 2004-05**



6 S Begg, T Vos, B Barker, C Stevenson, L Stanley, AD Lopez 2007, *The Burden of Disease and Injury in Australia 2003*. AIHW: Canberra.  
7 2005, Department of Health and Aged Care, *National Physical Activity Guidelines for Adults*, Canberra

## Substance Misuse Incidents in Australia 2003 - Ages 15-24 Yrs



Alcohol is responsible for the greatest amount of burden of disease and injury in men under the age of 45 years contributing to injuries, road traffic accidents and suicide. Excessive alcohol consumption also accounted for the greatest proportion of the burden of disease and injury for young Indigenous men aged 15-34 years.<sup>8</sup> Overall, alcohol harm was responsible for 3.2% of the total burden disease and injury in Australia in 2003.

Little is known on substance use and mental health comorbidity for men in rural areas. Fewer rural men access mental health services and more rural men are exposed to risk factors such as social isolation, high unemployment, economic hardship and population decline. Men in rural areas knowing little about mental health problems and possible treatment may turn to substances to 'self-medicate'. Alcohol is associated with further problems – for example, more than 50% of domestic violence and other types of physical assault are strongly associated with alcohol abuse.<sup>9</sup>

Illicit drug use is a major risk factor for ill health and death, in fact it is estimated that 2% of the burden of disease in 2003 was attributable to illicit drug use. Illicit drug use is associated with mental illness, suicide, injury, malnutrition, Hepatitis C and HIV/AIDS. Men are more likely than women to use cannabis, heroin and meth/amphetamines. Regular use may be associated with difficulties in relationships, work, education, finances and legal status.

Parental drug use along with domestic violence and mental health issues are increasingly being reported as contributing factors in the rise of notifications to child protection authorities.<sup>10</sup>

The treatment received by men to treat alcohol and drug dependencies appears to be more tailored towards assessment and information provision and less towards counselling.

<sup>8</sup> AIHW, 2003, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples*

<sup>9</sup> Australian Bureau of Statistics, 2006, *Personal Safety Survey 2005*, ABS, Canberra

<sup>10</sup> Child and Family Welfare Association of Australia, 2002:9 & Families Australia, 2003; Patton, 2005; Saunders & Goddard, 1998).

### **Tobacco use:**

Of the 14 risk factors examined in the Australian Institute of Health and Welfare, tobacco use was responsible for the largest amount of burden across all ages in men. Specifically, 7.8% of the total burden of disease and injury in Australia in 2003 was caused by tobacco use, with lung cancer, COPD and ischaemic heart disease accounting for more than three-quarters of this burden.<sup>11</sup>

Tobacco smoking contributes to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined.<sup>12</sup> In fact, tobacco smoking is currently the single largest preventable cause of death and disease in Australia<sup>13</sup> and it was the leading cause of the burden of disease and injury for Indigenous Australians in 2003, accounting for 12.1% of the total burden and 20% of all indigenous deaths.<sup>14</sup>

While smoking rates have decreased slightly for the total Australian population over the ten years to 2004–05, there has been no significant change in smoking rates for the Indigenous men population in this period.<sup>11</sup> Although the general reduction in smoking is reassuring, there are still specific subgroups that have high rates of tobacco use:

- In 2007, 18.0% of men aged 14 years or older smoked daily.<sup>15</sup>
- In 2004–05, 51% of Indigenous men were current daily smokers.<sup>16</sup>
- It has also been reported that in some communities the smoking prevalence rate is much higher with reports of up to 83% of men in remote regions.

While health benefits of reductions in smoking are real, they will not be fully realised until many years in the future due to the long lag time between smoking and the many ill effects on health that it causes.<sup>11</sup>

Prevention for smoking is supported through the Indigenous Tobacco Control Initiative and in the primary care setting through 'Lifescrpts'.

### **Injuries and violence:**

Injury is the leading cause of mortality, morbidity and permanent disability in Australia. According to the ABS disability survey in 2003, 15.2% (600,300) of people with a disability reported that the cause of their main health condition was accident or injury.<sup>17</sup>

Injury has a major effect on men's health and is the greatest cause of death particularly in the in the first half of the life of men. It also causes serious disabilities that have both physical and mental health implications. Injury and poisoning are large contributors to Indigenous morbidity, especially for younger people. A variety of factors can affect a person's risk of being injured, including age, sex, alcohol use and socioeconomic status.

Widespread hurt, loss, and suffering in Indigenous communities also leads to an increase in self-harm, making the incidence of intentional injury much more common among Aboriginal and Torres Strait Islander people than other Australians.

Of the 10.8 million Australians who worked in the 12 months to June 2006, 6.4% experienced at least one work-related injury or illness. More men (438,000) than women (252,000) experienced a work-related injury, partly reflecting men's higher level of employment. However, even after this factor is removed, men were still more likely than women to experience a work-related injury or illness. Differences in the nature of occupation and industry explain the differences in injury rates. Generally, fewer women work in professions that consistently have high numbers of injuries or illnesses.<sup>18</sup>

The overall rates of injuries conceal an important factor for men – the severity of the injury experienced. Injuries to men are far more likely to result in deaths. An analysis of data on work-related deaths notified under OHS legislation during the period 1 July 2005 to 30 June 2006 found of the 157 notified work-related fatalities, men accounted for 149 fatalities and 8 fatalities of women.<sup>19</sup> Most of these deaths occurred in industries that are dominated by men, such as construction and mining.

11 S Begg, T Vos, B Barker, C Stevenson, L Stanley, AD Lopez 2007, *The Burden of Disease and Injury in Australia 2003*. AIHW: Canberra.

12 AIHW, 2008. *Australia's Health 2008*, Cat. no. AUS 99, pg 132.

13 National Preventative Health Taskforce, "Australia: the healthiest country by 2020 A discussion paper", 2008

14 Vos T, Barker B, Stanley L, Lopez AD 2007. *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*. Brisbane: School of Population Health, The University of Queensland.

15 2007 National Drug Strategy Household Survey- First Results

16 ABS, *National Aboriginal and Torres Strait Islander health Survey 2004-05*

17 Cripps, R & Harrison, J, 2008, *Injury as a chronic health issue in Australia*, AIHW National Injury Surveillance Unit, Bulletin No. 13,

18 ABS, 2007, *Australia's Social Trends 2007*, ABS, Canberra (accessed September 12th, 2007)

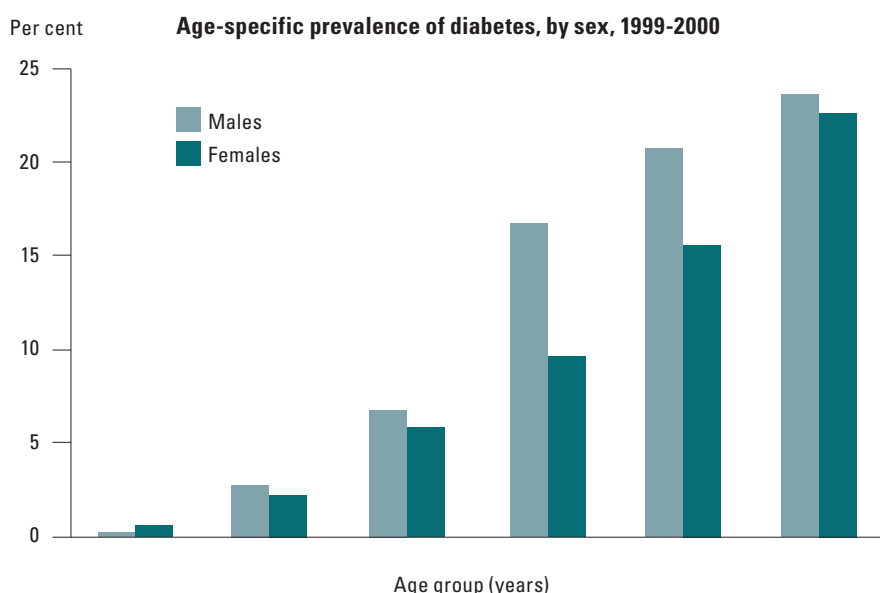
19 Australian Safety & Compensation Council, 2006, *Notified Fatalities Statistical Report July 2005 To June 2006*,

Experience of violence towards males during 2005. <sup>20</sup>				
	Physical assault	Physical threat	Sexual assault	Sexual threat
Males	6.5%	5.3%	0.6%	0.1%

The relationship between violence and men's health is complex. Many social, situational and structural factors contribute to violence.<sup>21</sup> The consequences of violence include psychological and physiological health problems.<sup>22</sup>

Men were at a greater risk of experiencing violence in 2005, with 11% of men reporting at least one experience of violence in the previous 12 months.<sup>22</sup> The consumption of alcohol and certain drugs increases the risk of a violent incident as 72% of men who had been physically assaulted by another man reported the perpetrator had been consuming alcohol or taking drugs. Whilst 90% of the men who experienced physical assault by a perpetrator who was also a man did not seek professional help, 10% did take time off work as a result of the assault.<sup>22</sup> Men are also victims in about one third of sexual assaults, most of these being young men.<sup>23</sup>

## Diabetes:



Source: AIHW analysis of the 1999–2000 AusDiab study.

Diabetes poses long-term complications such as coronary heart disease, stroke, peripheral vascular disease, retinopathy, kidney disease and neuropathy, digestive diseases, infections, oral diseases, and depression.<sup>24</sup>

The percentage of people in Australia with diabetes was higher in men compared with females, particularly for the middle groups between 55 and 74 years of age, and the percentage increased with age as demonstrated in the figure below (refers to figure on next page).

A large proportion of diabetes cases go undiagnosed demonstrated in the AusDiab survey where half the diabetes cases detected had not previously been diagnosed. There was little variation in this pattern of not being diagnosed across age groups.<sup>24</sup>

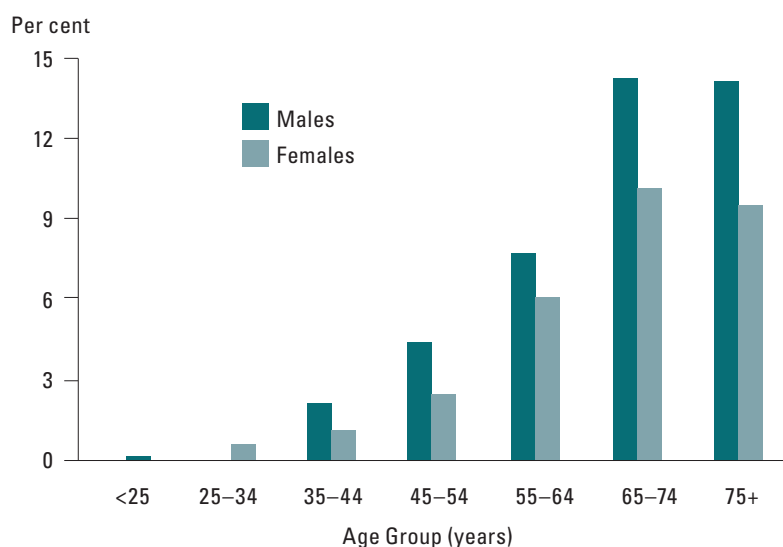
<sup>20</sup> Australian Bureau of Statistics, 2006, *Personal Safety Survey 2005*, ABS, Canberra, p. 7

<sup>21</sup> Commonwealth Department of Human Services and Health, 1996, *Draft National Men's Health Policy*.

<sup>22</sup> ABS, 2007, 'Article: Interpersonal violence', 4102.0 - *Australian Social Trends 2007*, released 7/8/07

<sup>23</sup> Australian Bureau of Statistics, 2006, *Personal Safety Survey 2005*, ABS, Canberra

<sup>24</sup> AIHW, 2008, *Diabetes: Australian Facts 2008*, Cat no. CVD40. Canberra: AIHW.

**Age-specific prevalence of diagnosed Type 2 diabetes, 2004-05**

Note: Based on self-reported data.

Source: AIHW analysis of ABS 2004-05 National Health Survey data.

Men accounted for 58% of Type 1 diabetes cases, and incidence rates were higher for men than females across nearly all age groups.<sup>24</sup> Whilst there was a significant increase in the incidence of Type 1 diabetes between 1999 and 2005, the incidence remained relatively stable for people aged 15-39 years (around 15 per 100,000 for men and 10 per 100,000 for females).<sup>24</sup>

Type 2 diabetes accounted for 83% of all diabetes in 2004-05, with a higher prevalence in men than females (age-standardised rate of 7.6% compared with 6.5%). Type 2 diabetes increased with age: being highest in the age group 75 years and over (22%). The prevalence of diagnosed Type 2 diabetes has increased substantially in recent years.

After adjusting for differences in the age structures of the Indigenous and non-Indigenous populations, hospitalisation rates for all types of diabetes for Indigenous men were four times those for other Australian men. Hospitalisation rates for Type 2 diabetes for Indigenous men were 7 times those for other Australian men.<sup>25</sup>

Biomedical risk factors for diabetes include impaired glucose regulation, overweight, high blood pressure and high cholesterol, and these can be influenced by the behavioural risk factors of obesity, physical inactivity and unhealthy diet. Genetic predisposition also plays a role. Behavioural and biomedical risk factors have the potential to be modified.<sup>26</sup> High blood pressure, high blood cholesterol and tobacco smoking are also risk factors for diabetes complications.<sup>26</sup>

High body mass and physical inactivity together explained 60% of the disease burden (in terms of Disability Adjusted Life Years) from Type 2 diabetes in 2003. High body mass was the largest contributor (55%) to Type 2 diabetes while the contribution of physical inactivity was 24%.<sup>26</sup>

The *National Chronic Disease Strategy* provides an overarching framework of national direction for improving chronic disease prevention and care across Australia, and is supported by a *National Service Improvement Framework for Diabetes*.

25 Australian Institute of Health and Welfare, Australian Bureau of Statistics, 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, Canberra, using 2005-06 data from NSW, Vic, Qld, WA, SA & NT.  
26 AIHW, 2008, *Diabetes: Australian Facts 2008*, Cat no. CVD40. Canberra: AIHW.



## Cardiovascular Disease:

There have been some successes in the area of cardiovascular disease with death rates from heart, stroke and vascular diseases falling by 36.3% for men and 33.7% for females between 1991–2002.<sup>27</sup> Yet men were over one-third more likely to be hospitalised for heart, stroke and vascular diseases than females, with coronary heart disease and peripheral vascular disease rates being twice as high in men in 2001–02.<sup>27</sup>

In 2000–02, Australians in the most disadvantaged areas experienced considerably higher death rates from heart, stroke and vascular diseases than their counterparts from the least disadvantaged areas—21.0% higher for men and 19.6% for females.<sup>27</sup>

Heart, stroke and vascular diseases were the leading causes of death among Aboriginal and Torres Strait Islander peoples in 2000–02, accounting for 26% of all deaths among Indigenous Australians. Indigenous Australians experienced higher death rates from heart, stroke and vascular diseases than other Australians, with rates 2.6 times as high as for other Australians.<sup>27</sup> Four per cent of hospitalisations for Indigenous men were for diseases of the circulatory system.<sup>28</sup>

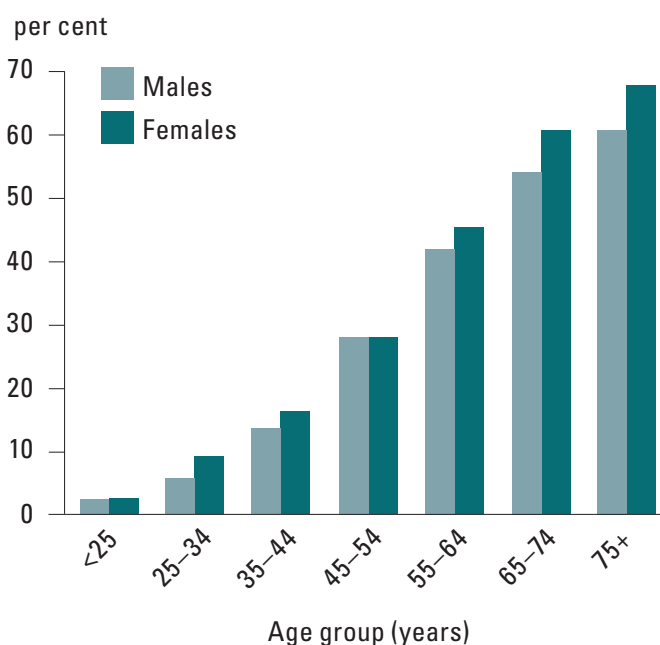
Interestingly, cardiac checkups do not appear in the top 10 general practice encounters for all Australia men until men are aged 65 years and over despite ischaemic heart disease and heart attacks occurring at much younger ages.<sup>29</sup>

The major preventable risk factors for heart, stroke and vascular diseases are tobacco smoking, high blood pressure, high blood cholesterol, insufficient physical activity, overweight and obesity, poor nutrition and diabetes.<sup>27</sup>

The *National Chronic Disease Strategy* provides an overarching framework of national direction for improving chronic disease prevention and care across Australia, and is supported by a *National Service Improvement Framework for Heart, Stroke and Vascular Disease*.

Indigenous men and disadvantaged men could benefit from targeted prevention programs as death rates from heart, stroke and vascular diseases in the most disadvantaged areas were 21.4% higher than in the least disadvantaged; and Indigenous Australians death rates from heart, stroke and vascular diseases were 2.6 times as high as for other Australians in 2000–02.<sup>30</sup>

People with heart, stroke and vascular conditions, 2001



Note: Based on self-reports.

Source: AIHW analysis of the 2001 National Health Survey.

<sup>27</sup> AIHW, 2004, *Heart, stroke and vascular diseases Australian Facts 2004*, AIHW cat no. CVD 27.

<sup>28</sup> AIHW & ABS, 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, Canberra, AIHW cat. no. IHW 21; ABS cat. no. 4704.0, using 2005–06 data from NSW, VIC, Qld, WA, SA & N.

<sup>29</sup> AIHW, 2008, *General Practice in Australia 2006–07*, AIHW cat no. GEP 21.

<sup>30</sup> AIHW, 2004, *Heart, stroke and vascular diseases Australian Facts 2004*, AIHW cat no. CVD 27.

## Cancer:

The causes of cancer are complex and multifactorial. Cancer is likely to be the result of an interaction between genetic, environmental, and lifestyle factors. However, there are a number of risk factors that have consistently been found to meet accepted public health criteria of causation. Some of these are listed below.<sup>31</sup>

Risk Factor	Cancer
Smoking	Several including lung, mouth and cervical cancers
Poor diet and nutrition	Digestive system cancers
Excess alcohol consumption	Cancers of the digestive system
Inadequate physical activity	Colon cancer
Excessive sun exposure	Melanoma and other skin cancers

In 2001-03, the incidence of cancer in men living in regional areas of Australia was 5% higher than for those in major cities. Melanoma is a major issue for non-metropolitan men; over 46% of the excess new cases of cancer in men outside of major cities were melanoma in 2001-03.<sup>32</sup> One-fifth of excess new diagnoses of cancer for inner regional men were prostate cancer.<sup>32</sup>

In 2003, cancer resulted in 292,668 person years of life lost for Australian men (to age 85 years). The greatest contributor to this was lung cancer.<sup>33</sup> In 2003, overall deaths due to cancer were 15% higher than in 1993 and increased by 14% for men. However, the overall age-standardised cancer death rate fell by 12%. Also during this same period the age-standardised death rate (ASDR) due to prostate cancer dropped by 22%, while the ASDR due to melanoma in men increased by 3.3%.<sup>33</sup>

Prostate cancer and lung cancer were leading causes of excess death for non-metropolitan men in 2002-04, comprising of 6% and 4% of excess deaths respectively.<sup>32</sup>

<b>Cancer Incidence: Males 2003 (Source: AIHW &amp; AACR 2007, AIHW &amp; AACR, 2004)</b>					
	Number	% of total	Risk to age 85	Age-standardised rate (per 100,000) <sup>2</sup> 2003	Age-standardised rate (per 100,000) <sup>2</sup> 2001
<b>Prostate</b>	13526	26.3	1 in 5	144.2	128.5
<b>Colorectal</b>	6857	13.3	1 in 10	73.2	79.0
<b>Melanoma</b>	5535	10.8	1 in 15	57.9	55.2
<b>Lung</b>	5281	10.3	1 in 12	57.1	61.4
<b>Non-Hodgkin Lymphoma</b>	2050	4.0	1 in 36	21.6	21.4

<sup>1</sup> Excluding non-melanocytic skin cancer

<sup>2</sup> Based on the Australian 2001 standard population

n/a not applicable

<sup>31</sup> AIHW 2002. *Australia's Health 2002*. Cat no. AUS 25. Canberra: AIHW.

<sup>32</sup> AIHW 2008. *Rural, regional and remote health: indicators of health status and determinants of health*. Rural Health Series no. 9. Cat. no. PHE 97. Canberra: AIHW

<sup>33</sup> AIHW & AACR, 2007. *Cancer in Australia: an overview, 2006*. Cancer series no. 37. Cat. no. CAN 32. Canberra: AIHW

### Prostate cancer:

The prostate is the most common site of cancer in Australian men and the second leading cause of men's cancer deaths, after lung cancer. One-fifth of excess new diagnoses of cancer for inner regional men were prostate cancer.<sup>32</sup> An estimated 18,700 new cases of prostate cancer were diagnosed in 2006 and more than 2,900 died of prostate cancer in 2005.<sup>33</sup> In 2003 the incidence rate for 50-54 year olds was 86 per 100,000 men.<sup>33</sup>

Whilst the crude incidence rate of prostate cancer increased between 1993 and 2003, the age-standardised prostate cancer incidence rate decreased by 12%. During the same period, the age-standardised death rate due to prostate cancer dropped by 22%.<sup>32</sup> The 5-year survival rate after prostate cancer diagnosis has increased from 57.4% to 85.3% in the same period.<sup>34</sup>

While the prostate-specific antigen (PSA) test has increased the diagnosis of prostate cancer, there is insufficient evidence that screening for prostate cancer reduces mortality. The investigation and treatment of early prostate cancer has been associated with urinary incontinence and erectile dysfunction.<sup>35</sup>

### Testicular cancer:

Although a relatively rare disease, affecting about 638 Australians in 2003,<sup>36</sup> testicular cancer is the second most common form of cancer amongst men aged 18 – 39. It can be successfully treated when identified at an early stage, and screening for this disease is simple and free - testicular self-examination (TSE).

### Bowel cancer:

Bowel cancer is one of the most common forms of cancer in Australia, and around 80 Australians die each week from the disease. Bowel cancer can be treated successfully if detected in its early stages, but currently less than 40 per cent of bowel cancers are detected early. Bowel cancer is relatively rare before age 45 with the highest rates in people aged 80 years and over.<sup>37</sup>

In 2007 data from the National Bowel Cancer Screening Program (NBCSP), men were less likely to take part in the NBCSP, however were more likely to test positive than females. Some 31.2% of men completed a FOBT compared with 37.3% of females. Of those men who were screened, 8.4% had a positive FOBT result compared with 5.9% of females. The most recent report on participation in the NBCSP by socioeconomic status showed that participation was significantly lower in the most disadvantaged groups compared with other groups.

Age	Men least disadvantaged	Women least disadvantaged	Men most disadvantaged	Women most disadvantaged
55 years	33.2%	41.4%	29.8%	37.4%
65 years	42.4%	47.3%	37.8%	42.6%
Total	36.6%	43.5%	33.2%	39.6%

32 AIHW 2008. *Rural, regional and remote health: indicators of health status and determinants of health*. Rural Health Series no. 9. Cat. no. PHE 97. Canberra: AIHW

33 AIHW & AACR, 2007. *Cancer in Australia: an overview, 2006*. Cancer series no. 37. Cat. no. CAN 32. Canberra: AIHW

34 AIHW, 2008. *Australia's Health 2008*. Cat no. AUS 99. Canberra: AIHW.

35 M Harris & S McKenzie, 2006, 'Men's Health: what's a GP to do?', *MJA*, 185(8) p 440-444.

36 Australian Institute of Health and Welfare (AIHW) & Australasian Association of Cancer Registries (AACR), 2007, *Cancer in Australia: an overview, 2006*, Cancer series no. 37. Cat. no. CAN 32, AIHW, Canberra

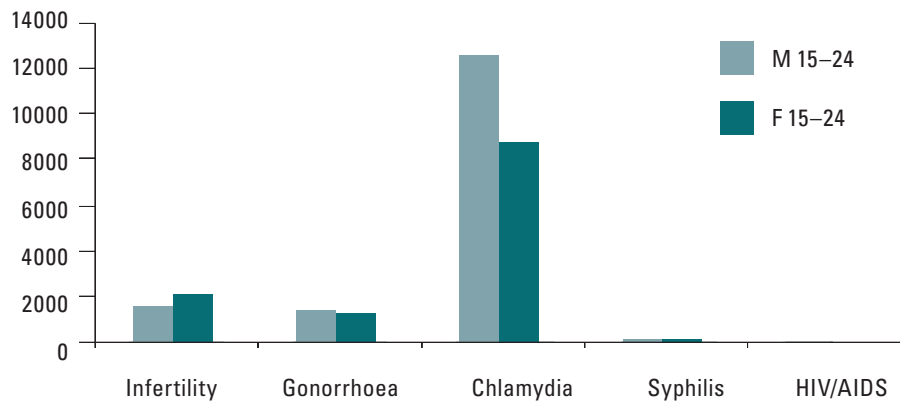
37 The National Bowel Cancer Screening Program Monitoring Report 2007, p 85.

## Sexual and reproductive health

### Sexually transmitted infections:

Rates of diagnosis of sexually transmissible infections are rising in men and unprotected sex is a contributing risk factor. Men also reduce their reproductive health through unhealthy behaviours such as smoking which may affect their fertility level. Erectile dysfunction affects the wellbeing of men as they age.

Sexual Health Incidents Australia 2003 — Ages 15–14 Years<sup>38</sup>



For men, the rates of a number of sexually transmissible diseases are increasing. This includes:

- Gonorrhoea by 27% between 2002 and 2006;
- Chlamydia, from 35.2 reported diagnoses per 100,000 in 1997 to 185.1 in 2006; and
- Syphilis (except in New South Wales) and was almost completely confined to homosexually active men.
- Increases in diagnoses for Chlamydia and gonorrhoea were highest in the 15-29 age group.<sup>39</sup>

There have been various rates of increases for diagnoses of HIV infection, including newly acquired HIV infections in the states and territories. Men with a history of homosexual contact continue to make up the majority of people diagnosed with HIV infection and AIDS followed.<sup>39</sup>

National strategies for HIV/AIDS, hepatitis C, sexually transmissible infections and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008 identify the priority groups for prevention and health promotion activities as gay and homosexually active men, Aboriginal and Torres Strait Islander people, prison entrants and people who have injected drugs.<sup>39</sup>

A survey of men and females aged 16-59 years in 2001-2002 identifies that only 8% of men always used a condom in the past year for sexual activity with a regular partner, and 45% of men always used a condom with casual heterosexual partners.<sup>40</sup> The benefits of considering socio-demographic factors in service planning and delivery is clear for this issue.

<sup>38</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury, AIHW, Canberra

<sup>39</sup> National Centre in HIV Epidemiology and Clinical Research, 2007, *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2007*.

<sup>40</sup> AIHW, 2008. *Australia's Health 2008*, Cat.no.AUS 99, pg 150

**Prostate health:**

The prostate as a source of ill health for men is not limited to cancer. Benign hyperplasia of the prostate (BPH) is a reason for many more surgical interventions than for malignant growths. In 2004-5 procedures on the prostate or seminal vesicle included 21,110 transurethral prostatectomies, the majority of which (14,109) were for a principal diagnosis of hyperplasia of the prostate.<sup>41</sup> Unfortunately, this procedure does lead to complications with profound implications for quality of life, such as erectile dysfunction and incontinence – as well as the need for a number of episodes of surgery.

**Men's infertility:**

Men's infertility was listed as the only cause of infertility for 27% of assisted reproductive technology treatment cycles in 2005, and men's infertility, alone and combined with female infertility, was reported for 43.3% of the cycles.<sup>42</sup> Erectile dysfunction is an issue for one in five men over the age of 40 years.<sup>43</sup> For erectile dysfunction (ED) and other men's reproductive health disorders, seeking advice or treatment is predicted by socio-demographic factors specific to different reproductive health problems.<sup>44</sup> Recent quality research indicates some of the patterns of service use, and suggests ways to improve health support.<sup>44</sup>

*The National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males* recommends that any health promotion strategy should include an awareness of men's sexual and reproductive health issues and how they may impact on general health, well being and quality of life as one of its five key recommendations.<sup>45</sup>

**Incontinence:**

Incontinence is a significant health issue that has physical, social and economic implications for women and men of all ages as well as children, carers, families and the community. An estimated 4 million Australians have some degree of incontinence, with the prevalence of incontinence increasing with age in both men and women. Of those experiencing urinary incontinence, 21% of those are men.<sup>46</sup>

**Psychosocial Health:**

Psychosocial health considers a range of mental illnesses including anxiety, depression, bipolar disorders and schizophrenia, and relates to an individuals perceptions, emotions and behaviours.

Mental illness was estimated to be responsible for 13% of the total burden of disease in Australia in 2003, placing it third as a broad disease group after cancers and cardiovascular disease. The burden attributed to mental illness is spread across both sexes and all ages, with men accounting for 47% of the burden. The burden from mental illnesses for both sexes was greater in early to mid adulthood than at other ages and accounted for a relatively large proportion of overall disease burden for age groups up to middle age. Twenty-three per cent of the overall burden for children aged 0–14 years was due to mental illnesses and the proportion was 36% for the 15–44 years age group.

When looking at mental health related encounters with general practitioners in 2004-05, men were only slightly less likely to suffer from mental illness than women; however they were far less likely than women to access services accounting for only 39.5% of all admissions. Similarly, men are significantly less likely to access psychiatrists (45.2% of admissions).<sup>47</sup>

Men patients accounted for 53.5% of mental health service contacts in community mental health and hospital outpatient services in 2004-2005 and 61.2% of episodes of residential mental health care.

41 Australian Institute of Health and Welfare (AIHW) & Australasian Association of Cancer Registries (AACR), 2007, *Cancer in Australia: an overview, 2006*, Cancer series no. 37. Cat. no. CAN 32, AIHW, Canberra,

42 AIHW, 2007, *Assisted reproductive technology in Australia and New Zealand 2005*. Cat. No PER 36, p.11.

43 Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius P, Handelsman DJ and de Kretser DM. Men in Australia, "Telephone Survey (MATEs) I: A National Survey of the Reproductive Health And Concerns Of Middle Aged and Older Australian Men." *Lancet* 2005; 366: 218-24

44 Holden, C, Jolley, D, McLachlan, R, Pitts, M, Cumming, R, Wittert, G, Handelsman, D & de Kretser, D, 2006, "Men in Australia Telephone Survey (MATEs); predictors of men's help-seeking behaviour for reproductive health disorders", in *Medical Journal of Australia*, Vol. 185

45 The Working Party of the National Framework for Improving the Health and Well Being of Aboriginal and Males Reference Committee, 2004. *A National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males*, pg 33.

46 Commonwealth of Australia, 2006, *National Continence Management Strategy Phase Three Action 2006-2010*.

47 ABS, 2006, National Health Survey: Summary of Results 2004-5, Cat No. 436 4.0,

### **Depression:**

There was no significant change in the management rate of depression in Australian general practice across all age groups and both sexes between 1998–99 and 2006–07. Patients aged 25–44 and 45–64 years were managed for depression at a significantly higher rate than other age groups.<sup>48</sup> Management of depression for men shows bell curve distribution - lowest in youngest and oldest age groups – these are age groups that have higher rates of suicide.<sup>48</sup>

### **Australian Defence Force members and veterans:**

Poor mental health is a major area of disability for veterans, who have both a higher rate of mental health conditions than the general population and a pattern of mental health that is markedly different from the rest of the population. Among Korean War veterans studied in 2004, for example, anxiety state was present in 31%, depression in 24%, and post-traumatic stress disorder in 26%, while 59% drank hazardous amounts of alcohol. The prevalence of mental health problems was closely correlated with the degree of combat exposure. Australian veterans of the Gulf War 1990–91 showed that they also had a higher prevalence of a broad range of mental health problems such as depression, anxiety states and post-traumatic stress disorder. Again, there was a strong and significant correlation between the risk of developing mental health problems and the degree of exposure to stressors in the Gulf War.<sup>49</sup>

### **Psychosocial health linked to CHD:**

In 2003 the National Heart Foundation of Australia completed an Expert Working Group (EWG) review of systematic reviews of the evidence relating to major psychosocial risk factors in order to assess whether there are independent associations between any of the factors and the development and progression of coronary heart disease (CHD), or the occurrence of acute cardiac events. What was discovered was:<sup>50</sup>

- Depression, social isolation and lack of social support are significant risk factors for CHD which are independent of and of similar magnitude to the conventional risk factors.
- Psychosocial and conventional risk factors often coexist and may cluster together in a similar way (eg, patients with depression are more likely to smoke and be physically inactive).
- Depression is common and is clearly a risk factor for CHD. It can be easily identified and treated. As yet, there are no published studies of whether treatment of depression will reduce CHD morbidity.

The EWG went on to highlight the need to consider the modification of both conventional and psychosocial risk factors when looking at how best to improve outcomes in CHD patients.

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<sup>48</sup> AIHW, 2008, *General Practice activity in Australia 2006-07* AIHW cat. no. GEP 21, pg 176.

<sup>49</sup> Australian Institute of Health & Welfare, 2008, *Australia's Health 2008*, AIHW, Canberra

<sup>50</sup> 17 March 2003. *The Medical Journal of Australia*. "Stress" and Coronary Heart Disease: Psychosocial Factors. A National Heart Foundation of Australia Position Statement Update.

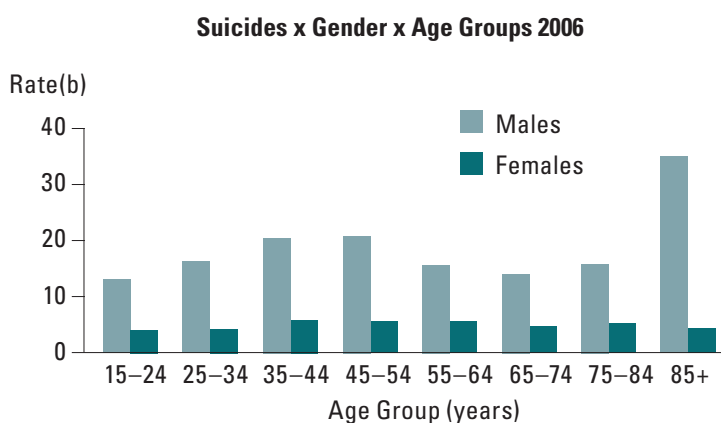
## Suicide:

While suicide is ranked as the 15th leading cause of deaths registered in Australia and accounts for only a relatively small proportion (1.3%) of all deaths overall, it accounts for a much greater proportion of deaths in some groups of people, in particular suicide accounts for 20% of deaths for men aged from 20 to 24 years.

There were 2,101 deaths from suicide registered in Australia in 2005, similar to the number registered in the previous year (2,098). Nearly 80% of these deaths were men.<sup>51</sup> Of these, the highest proportion of suicides (and indeed all suicides) was men in the age group 25 to 44 years, as shown above.<sup>52</sup>

Despite national concern over youth suicide, the above shows that the demographic most at risk is men from 25-44 years, and then a further increase in older men. Youth suicide has been a focus of suicide prevention efforts nationally, and also of media scrutiny, for over a decade. There were 244 deaths recorded in 2006 for those aged 15 to 24 years, continuing the lower trends from the peak in 1997 (509 deaths). Indeed, for the second consecutive year the lowest age-specific death rate of any age group for men and females was in the 15-19 year age group (8.8 per 100,000 and 3.5 per 100,000 respectively).

High age-specific suicide death rates for men occurred in the age groups 35 to 54 years and over 85 years. These were highest in the elderly (34.5 per 100,000), but accounted for only 0.7% of all deaths of men in this age group. Rates for middle aged men remain high, with the highest rates for men aged 35 to 39 years and 45 to 49 years (21.5 and 22.0 per 100,000 compared to 13.6 per 100,000 across all ages).



(a) Care should be taken in interpreting numbers of suicide deaths due to limitations in the data. For further information, see Explanatory Notes 57-58 and 74-75.

(b) Rate per 100,000 estimated resident population.

### Indigenous suicide deaths:

The data on the number of suicide deaths of Indigenous peoples indicates considerable fluctuations across years. This is due both to the relatively small numbers and also because of data quality issues. Data is only collected in Queensland, South Australia, Western Australia and the Northern Territory. While it is considered likely that most deaths of Indigenous Australians are registered, it is known that a proportion of these deaths are not identified as Indigenous when registered.

### Rural suicide deaths:

In 2005, there were 9.5 suicides per 100,000 people in capital cities and 11.2 suicides per 100,000 people in other urban areas compared with 12.5 suicides per 100,000 people in rural areas.<sup>53</sup>

<sup>51</sup> Australian Bureau of Statistics, 2005, *Suicides - Australia, 2005*, ABS, Cat. No. 3309.0

<sup>52</sup> ABS, 2006, *Causes of Death - Australia 2006*, ABS, Canberra,

<sup>53</sup> Australian Bureau of Statistics, 2003, *Suicides: Recent Trends, Australia 1992 to 2002* ABS, Cat. No. 3309.0.55.001

