Encouraging your male patient to discuss his health concerns

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Men tend to seek help for health problems less often and less readily than women. Some simple measures can help ensure their needs are met.

Remember

- Men have lower rates than women for using all health related services, including GPs, hospitals, health promotion services, alternative therapists and telephone counsellors. The difference is not explained by superior health in men, but by a combination of factors related to help seeking methods, personal beliefs, social context, and difficulties with access.[1]
- Compared with women, men seek help less often and less readily and have a lower level of health literacy, especially for emotional problems.[2] They are more likely to engage in risk-taking behaviours and less likely to engage in behaviours that tend to prolong life and improve health.[3]
- For men, important personal barriers to help seeking include feelings of weakness, vulnerability, fear and denial, as well as a sense of immunity and the need to be 'in control'. Practical barriers relate to access (e.g. difficulty getting an appointment outside of work hours or finding a male doctor) and practice settings that are more geared towards women and children.
- Men who repress their emotions and 'tough it out' are less likely to articulate their distress and identify depression and other mental health problems in themselves.[2] They are also more prone to a variety of illnesses, such as heart disease, sudden cardiac death, hypertension, alcohol and substance abuse, and deliberate self-harm.
- Female partners and friends may be able to persuade men to attend. Male friends generally offer very little support in terms of help seeking.
- Men will talk about their health concerns if they are given the opportunity and emotional 'time and place'.
- The top 10 causes of death in men (in decreasing order) are: ischaemic heart disease, lung cancer, suicide, stroke, road traffic accidents, COPD, bowel cancer, prostate cancer, diabetes, and cirrhosis.[4]
- Tobacco is responsible for 12.1% of the entire disease burden for all men, which is about twice that for women. It is still the most readily reversible cause of morbidity and mortality.[4]
- Suicide and premature death due to coronary heart disease, violence, accidents, and drug and alcohol use are issues of particular relevance for young and for middle aged men.[5] These are complicated by the presence of untreated depression.[1]

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Suggested strategies and questions for the consultation

When the consultation begins, allow at least 90 seconds (without interruption) for the patient to give his reasons for coming to see you. Remember that some men are more comfortable with questions about 'doing' rather than 'feeling' (e.g. 'What do you think?' rather than 'How are you feeling?'). Consider using self-report measures or prompt lists[7] – these can be particularly helpful for emotional problems.

Explore reasons for attendance
What brings you here today?
What are you concerned about?
Who suggested that you come today?

Probe further if he requests a 'general check up'
Do you have any particular areas of concern?
Is there anything else?

Ask about the patient's social context
How is work?
How is the family?

Ask about somatic complaints that may signal stress or depression
Do you have any problems with sleep or appetite?
Do you know what might have triggered this?

When asking about recent stress and depression
Are there any other stresses in your life that you can identify?
What would your partner say if she (or he) was here?

Check your understanding of the patient's situation
Let me see if I have understood...Have I got this straight?
Let me summarise what you have said...Is that correct?
Have I missed anything important?

Encourage discussion with others
What will you tell your partner about what we've discussed?

Useful internet resources

Department of Health and Ageing
Health Insite, which includes information about a range of issues, including men's health: www.healthinsite.gov.au
Better Outcomes Mental Health Care Initiative: www.gpcare.org

Moodgym
An interactive program to assist with mood regulation: www.moodgym.anu.edu.au

CLIMATE (CLInical Management And Treatment Education)
Advice about self-management for chronic physical and mental disease using illustrated storylines: www.climate.tv

Information about mood disorders
Advice about how to seek help:
www.blackdoginstitute.com.au
www.beyondblue.org.au
www.crufad.unsw.edu.au

Reviewer's comment

This brief article is a breath of fresh air, as it confronts the reductionism of male health as being largely defined by issues pertinent to the genitalia. Elsewhere, women's health has also been framed in terms of genital and mammary pathology as if these were the fundamental sexual discriminators. Although genital issues do define the primary anatomical sexual distinctions, very scant attention in the nonspecialist medical literature is paid to the very real and significant differences between males and females at the psychological level that account for the ways in which men and women present clinically.

This is a timely reminder of the nuanced differences between the sexes that require much closer and focused attention by their medical advisors.

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Assessment

- It is important to provide a waiting room and consultation area that considers men's needs. This includes having posters and reading material to interest them.
- Men tend to present with vague or general health related questions or complaints. They are less direct than women and hope the doctor will 'guess' their problem without them having to volunteer information.[6] Suggestions for history taking are given in the box on page 58.
- It may be worthwhile having some appointment times that suit working men, such as at the end of the day. Sending reminders by mail may be appropriate.
- Computer based resources can be of assistance – some examples are listed in the box shown above. Other media (such as comics and videos) can also help.

Management

- Health promotion about male-related issues and help seeking can be achieved through practice newsletters, outreach in workplaces, men's organisations, pubs and sports settings.
- Consider specific methods of addressing each patient's concerns. For example, fears of loss of control may be eased if a collaborative approach is taken in which management options are presented and the patient is involved in selection.[8]
- Concerns about sex-role issues can be eased by reassurance and discussion of other men's experiences. Concerns about perceived homosexuality (especially with rectal and groin examinations) may be eased if education and explanation are provided beforehand. (A rectal examination would not normally be done unless the doctor knew the patient's history and sexual orientation.)
- Attend to health maintenance and lifestyle issues in a positive fashion.
- Persist with getting your male patients to attend in future.

Final comments

- Men's health issues have the potential to become trivialised to prostate problems, baldness and impotence.
- There is growing awareness that men's health issues require the same advocacy as women's health issues.
- Improved recognition of men's time availability is needed in the appropriate provision of health services.
- Preventive health is as important for men as for women. Men are not all the same: their differences related to age and education as well as cultural and ethnic backgrounds need to be respected. MT

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DECLARATION OF INTEREST: None.