Men die, on average, five years earlier than women. This difference in longevity has been described as the gender gap. For many years it was assumed that there must be some underlying genetic basis for this reduced life expectancy of males compared with females. Recently, however, it has been recognised that the problem lies in the fact that men lack awareness about their health and look after themselves very much less well than do females.  

Why should this be the case? The answer seems to lie in a single molecule: testosterone. This hormone, secreted by the Leydig cells of the testis, imprints the brain with masculine attributes of sex drive, competitiveness with other males, and aggression. While historically, these characteristics may have been important for the very survival of Homo sapiens, in the 21st century they can often be counterproductive. The vast majority of the prison population of more than 85,000 in the UK, for example, is male, and a huge preponderance of premature deaths caused by road traffic accidents, as well as gun and knife crime, worldwide involve young testosterone-charged males.

The need for a greater focus on the prevention of premature deaths in men is highlighted by Professor Alan White’s article on the state of men’s health in Europe.  He points out that, across all ages, men have a 64 per cent higher death rate than women; for example, there are 630,000 male deaths per year in the 15–64 years age range as compared with only 300,000 female deaths (Figure 1). The report emphasises that men are consistently more vulnerable to developing (and dying prematurely from) nearly all the cancers, a fact at least partly attributable to delayed diagnosis as a result of reluctance to seek medical advice (Figure 2).

Masculine competitiveness, and the desire to become an 'alpha-one male', results in men being much less willing than women to share their troubles with their peers. For a man, the admission of any weakness, such as erectile dysfunction (ED) or urinary difficulties, for example, risks undermining his masculinity. As a consequence men have fewer contacts with health professionals for preventative health checks, and most counselling and weight-loss services seem to find reaching out to men difficult; a factor that almost certainly contributes to their greater risk of cardiovascular mortality.

Men are less concerned than women with their own body image. As a result they not uncommonly allow themselves to run to fat. A recent paper in the *New England Journal of Medicine* confirms that being
overweight or obese can significantly shorten a man’s life. The ideal body mass index (BMI) was between 22.5 and 24.9 kg/m². Risk of death rose by around 30 per cent for every five-unit increase in BMI over the range 25–49.9 kg/m². Depressingly, even moderately overweight adults (BMI 25–29.9 kg/m²) were significantly more likely to die than those in the ideal category.

The dangers of alcoholic liver damage have often been emphasised.5 In addition, it needs to be remembered that alcohol is also an important source of additional calories, which eventually results in the unattractive combination of a plethoric, rounded countenance and prominent beer belly. The propensity of men to overindulge in risky habits such as regularly drinking excess alcohol, smoking and drug taking is coupled with reduced levels of physical activity, higher levels of obesity and a generally unhealthy diet, high in calories, fat and red meat and low in fibre, vitamin and mineral content.

The solution to many of these problems lies in the adoption of a healthier lifestyle. A recent report6 confirms that even 15 minutes of vigorous exercise can significantly reduce the risk of death. People who did no exercise at all had a 17 per cent higher risk of dying compared with those who did only moderate exercise. Each extra 15 minutes of daily exercise was linked to a 4 per cent reduction in the risk of death. Men who exercised for 15 minutes each day on average could expect to live 2.6 years longer than their inactive peers.

As an encouragement to those who resolve to adopt a healthier lifestyle, a recent study7 has confirmed that men who lose weight by eating better and exercising more often see an improvement in erectile function. As clinicians we could certainly do more to exploit the link between cardiovascular risk and ED. ED is a dreaded accompaniment of ageing in many men and a leading cause of impaired quality of life. The prospect of better sex may act as a more powerful motivator for lifestyle change than vague predictions about the risk of heart disease and strokes.

It may be that changes in the attitude of society away from patriarchy will, in itself, function to narrow the gender gap. Traditionally one of the attributes that characterised a successful man – in addition to strength, power, authority, decisiveness and rationality – was health. By contrast, until relatively recently, femininity was associated with fragility, vulnerability, sensitivity and weakness – ‘frailty, thy name is woman’ – and therefore masculinity was equated with health. Also, the medical profession itself was predominantly male – especially urology – and, as a consequence, reinforced implicitly and explicitly notions of health and disease that were intrinsically sexist. It seems probable that the reason that men are reluctant to seek healthcare and appear to lack awareness of their own health is that to admit to such needs would weaken their very maleness.

Clearly there is an important role for the urologist, working in conjunction with the family practitioner, in this respect, since prostate problems and ED very often provide the stimulus for men to seek the attention of the medical profession.8 By broadening our remit to counsel our patients about the benefits of sustained lifestyle change, we can potentially reduce cardiovascular morbidity and mortality as well as diminish the risk of diabetes and the metabolic syndrome.9 In this way, not only can we add value to our consultations, but also help to reduce the incidence of premature death in men.10 This is an especially laudable aim, since the early demise of the main breadwinner in the family has been shown to have a very deleterious impact on the next generation. Indeed, men’s health problems have been linked to increased poverty among widows and families without a functional breadwinner and to poorer academic performance of children without a healthy father.11 The health of men is critical for
promoting the health of children, wives, families and society.

Declaration of interests: none declared.

REFERENCES