Persuading men to take better care of themselves in 2017

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Men continue to live shorter lives than women in the UK. Mike Kirby describes how the New Year provides an opportunity for all healthcare professionals who come into contact with men to encourage them to better look after themselves.

Peter Baker, in the May/June 2016 edition of this journal, summed up men’s health as a ‘Cinderfella’ – a major public health issue, being generally overlooked and hidden in plain sight.¹

There is a five-year gender gap in Western Europe of 79 years of life expectancy in men and 84 years in women, compared to the global figures of 69 years and 74 years respectively. The gap is actually getting wider at a global level and is expected to reach seven years by 2030.

There are groups of men who experience outcomes that are of particular concern. Those in the most socio-economically deprived areas in England have a life expectancy of 74 years, which is nine years shorter than males in the least deprived areas. They also spend a smaller proportion of their shorter lives in good health; 71% compared to 85% respectively.

So, the question is, how can we persuade these men to take better care of themselves? We know that men are far more likely than women to be at risk from an unhealthy lifestyle, such as smoking and hazardous levels of alcohol consumption, and exposure to occupational physical and chemical hazards. They are less likely to actively use health services, particularly primary care and screening.

Men are particularly reluctant to seek help for mental health problems, whether from family, friends or health professionals. Masculinity appears to inhibit important aspects of self-care and appropriate health seeking.

What can be done in 2017 to address this problem? Healthcare is something that most of us do as part of daily living. The

Figure 1. Staying healthy and managing less serious conditions should be the responsibility of the patient, with professional care having an increasing role as conditions become more complex. Men, in particular, need to be encouraged to engage with self-care (diagram courtesy of Self Care Forum).

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actions that individuals take for themselves to look after their own health – managing existing conditions, aiming to stay as healthy as possible and reduce the risk of developing new conditions – are known as self-management.

We know the leading causes of premature death and disability in men from the Global Burden of Disease Study 2013. Including dietary risks, tobacco smoke, high body mass index, high blood pressure, alcohol and drug use, raised plasma glucose, raised cholesterol, low GFR, low physical activity and occupational risks, they are all amenable to education and lifestyle change – therefore, the self-care movement needs to grow. It is essential to switch the focus away from what men cannot do to what they can do, and to persuade them to take more control and responsibility for their health and wellbeing (Figure 1).

We can expect significant benefits from this approach in terms of an increase in life expectancy, better symptom management, a reduction in pain, anxiety and depression, and improvement in quality of life with increased independence. The additional benefits include reduced visits to GPs, reduced hospital admissions and outpatient visits, less use of medication and fewer attendances at A&E.

TRIGGER POINTS
There are certain trigger points when self-care will be of special interest to our patients. As clinicians, we need to learn to assess patients’ self-care status and identify when they are likely to be most receptive to self-care information and advice. Examples of this may be on becoming a first-time father, at the first diagnosis of a long-term condition, sexual problems and lower urinary tract symptoms.

To change their behaviour, a person has to be dissatisfied with their current situation. They may want to change, but do not know how to make the first steps or feel confident in their ability to make the change.

It is helpful to introduce advice on self-care at the appropriate time in ways that are seen as supportive – a change in behaviour is then much more likely to occur. Eventually we need to hand over responsibility to the patient, explore their attitudes and beliefs, and find more effective ways to support them to make healthier and less risky lifestyle changes.

You can’t throw a habit out of a window, you have to coax it downstairs one step at a time

At the end of the day, this will save time and worry and enhance the feeling of being in control. It is a safe approach and can improve outcomes. People who have the knowledge, skills and self-confidence to effectively self-manage a long-term condition are considered activated in their health and healthcare. They are more likely to play a greater role in their care and treatment and more likely to adopt healthy behaviours.

There is one validated measure of patient activation already in use. Known as the Patient Activation Measure (PAM), it is a method that assesses the knowledge, skills and confidence a patient with a long-term condition has in managing their own health. 13 statements, scored from 1 to 100, define one of four patient activation levels. Essentially, the message is about building knowledge and confidence, taking action and maintaining behaviour.

HOW TO HELP
The Royal College of General Practitioners has a useful self-care e-learning module for minor ailments; another approach is to provide patients with access to medical records. One small study in the North of England estimated that if 30% of patients accessed their electronic general practice record online at least twice a year, it would save a practice with 10 000 patients 4747 appointments (11%) and 8020 telephone consultations. This presents a good business case for patient record access in UK practice.

Some football clubs have taken the initiative. Hunt et al published a study involving 747 male football fans who were overweight and assigned to a weight loss programme. After a year, the mean difference in weight loss was 4.94kg (4.36% of their weight) in favour of the intervention. The intervention group also had significant improvements in physical activity and fruit and vegetable consumption, and reduced consumption of fatty/sugary foods and alcohol. There was also a mean decline in blood pressure, and improved quality of life and self-esteem scores in the intervention group.

None of this is easy. Mark Twain said: ‘You can’t throw a habit out of a window, you have to coax it downstairs one step at a time!’ Most patients are aware of the benefits of exercise and a healthy diet, but as health professionals we can move them from wishful thinking to a practical reality, making that big step from contemplation to action. Even within a short appointment, it is our attitude and commitment towards emphasising the importance of diet and exercise or the harm of inactivity that may move patients towards self-care. A simple message delivered with sincerity needs to be repeated every time we encounter our male patients who need help.

Look out for patient participation groups and involve service users in designing, planning and getting feedback on initiatives and self-care. Hospitals and GP surgeries have the opportunity to use their websites, phone messaging, emails, displays in waiting rooms, entrance halls and consulting rooms.
to offer high-quality self-care information to patients attending their premises. You can also guide your patients to online resources such as NHS Choices, Patient UK or HealthTalk, as well as books, leaflets and other materials. The Self Care Forum (www.selfcareforum.org) provides a number of useful leaflets and posters.

Consider using self-management courses, such as the Expert Patient Programme, to empower patients with long-term conditions and link with national patient groups whenever possible. Motivational interviewing techniques can be very powerful in supporting self-care. Men may consult less frequently than women, so let’s make sure that in 2017, when they do come through the door, we make the most of the opportunity to help them help themselves.

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**REFERENCES**

