

2 SUMMARY

It is the intent of the men's health report presented here to offer the health system a basis for focal points of men's health issues. The report builds on demographic conditions and trends in the health status of the male population. This report deals particularly with those health issues that are most essential to the state of health and the life expectancy of the male population. In addition, it deals with the connection between male health and social status. The following findings are of particular interest.

- Of the 1.6 million Viennese, 47.2 % are men. Up to the age of 45, the proportion of men in the population outweighs that of women, but men make up only 36.2 % of those over 65. Demographic studies anticipate that the proportions will tend to equalise by the year 2030, particularly among the younger seniors.
- Men's life expectancy is 6 years lower than that of women, both in Vienna and in Austria nationally. At present the life expectancy of men in Vienna is 73 years, which is one year below the national average. There is a tremendous potential for increases in men's life expectancy, as many early deaths are preventable.
- Over 70 % of Viennese men judge their state of health to be very good or good. About 20 % suffers from chronic illnesses, above all hypertension and arthritis.
- The state of health and mortality of men are very closely connected to social factors, such as education and income. The mortality of those with only compulsory-level schooling is twice that of men with higher education.
- The three most frequent causes of death among men are cardiovascular diseases, cancer, and accidents. They are also responsible for the greatest proportion of hospital stays.
- Over 50 % of men die of cardiovascular illness; the absolute number of such deaths in Vienna in 1996 was 4,000. Vienna has the highest mortality from cardiovascular diseases in Austria. Coronary heart disease makes up a third to a half of these diseases. About 15 % of all men die from a coronary heart disease, which is responsible for up to 40 % of the difference in mortality between men and women. Above all, life style factors cause this increased mortality. In 1996, 11 % of all men die of acute myocardial infarction and 13 % of cerebral vascular diseases. Although mortality rates for cardiovascular diseases are declining overall, also for men. There are indications that the incidence of these diseases is falling. We assume that the severity of the diseases is declining and thus mortality from them is declining.
- Men have a higher risk of dying of cancer than do women. The age-corrected incidence rate of cancer among Viennese men is 435 per 100,000. In Vienna, as in the country as a whole, men most frequently develop prostate, lung, and colorectal cancer. Since 1986, there has been a marked increase in the incidence of prostate, pancreatic, oropharyngeal, and hepatic cancer. The incidence rate for prostate cancer among those over 60 has climbed by over 50 % since 1986. At the same time the mortality rate has dropped. The mean age of death from prostate cancer is 10 years higher than from other cancers.
- Cigarette smoking is that risk factor which most severely reduces men's life expectancy. About 90 % of all lung cancer is caused by cigarette smoking, and lung cancer is the most frequent cause of death among men. Although, in contrast to women, the proportion of Viennese men with lung cancer has been declining steadily since 1993, mortality from lung cancer among Viennese men is 11 % higher than the national average. At present, the rate of incidence of lung cancer among men is 74 per 100,000.
- The risk of dying of colon cancer is almost twice as high for men as for women. In Vienna, the death rate is 15 % above the national average. The incidence rate has increased since 1986 from 60 per 100,000 to 69 per 100,000.

II. SUMMARY

- Accidents, excessive alcohol consumption, and suicide are among the causes of the lower life expectancy of men.
- The median age of death of male accident victims is 42.4 years. In Vienna mortality from motor vehicle accidents has fallen by 60 % since 1981. In 1997 a total of 508 men died as a result of accidents, poisoning, and violence, among them 187 suicides. Men commit suicide three times more frequently than do women (although women have a 3 times higher rate of attempted suicide). The age groups most affected are 30 to 40-year-olds and those over 80.
- The connection between alcohol consumption and cirrhosis of the liver is unequivocal. Among men the risk of dying of liver cirrhosis is three times that of women. The median age of death from liver cirrhosis is about 60 years. In international comparisons, Austrian men rank second (after Hungary) in their rate of mortality from this illness.
- Sick leaves are primarily due to respiratory illnesses (about 40 %). These rank second among occupational illnesses, after noise damage. The consequences of work and sport accidents cause twice as many sick leaves among men as among women and rank third among the reasons for sick leave. Disability pensions and early retirement are above all due to illnesses of the musculo-skeletal system, further to cardiac and respiratory diseases, and psychological disabilities.
- About 40 % of Viennese men report suffering from stress. They experience time pressure and hard physical labor as particularly burdensome. They deal with high levels of stress by increasing their smoking, consumption of alcohol, and food intake.
- In consequence of demographic developments, the age-related illnesses of men, such as benign prostatic hypertrophy, prostate cancer, osteoporosis, incontinence, and dementias, will become increasingly significant.
- In Austria there will be a rapid climb in the number of osteoporotic fractures between the years 2010 and 2040. One of the most frequent causes of male osteoporosis is alcohol consumption.
- At present men are more prone to dementias consequent on multiple infarction than to Alzheimer's dementia. On the basis of international epidemiological studies one can assume that in Vienna some 6,800 men suffer from a dementia. The same risk factors are at work in multiple infarction dementias as in cardiac disease. These risk factors, such as hypertension and cigarette smoking, appear particularly frequently among males (40 % of Viennese men are cigarette smokers, and over 25 % suffer from hypertension).
- Benign prostatic hypertrophy (BPH) is one of the most frequent illnesses in advanced age. Clinically relevant BPH affects about 14 % of men aged 40 to 49 and 43 % of those 60 to 69 years old. Health statistics do not register this illness sufficiently. In 1996, about 1,700 Viennese men were admitted to hospital for treatment of BPH, 60 % of them were over the age of 70.
- Bladder incontinence affects about one third of men, above all men past their 60th birthday. The prevalence among middle-aged and younger men is estimated at 3 to 5 %. Urological problems are a frequent cause of impaired male health. During examinations, up to 90 % of men above the age of 50 report urological problems. Two thirds of these men report their impairment from these problems to be considerable.
- Older men live alone less frequently than do women and when ill are more frequently tended by their partner. They are less likely to require help. They maintain social contacts more than do women and they more frequently report participating in leisure activities. Men become isolated in old age far less than do women.
- Men make use of public health institutions significantly less frequently than do women. In Vienna, men accounted for 43 % of hospital stays, with an average stay of 12.7 days. International studies have shown that the hospitalisation rate among men is higher than for women. The highest proportion of health care costs over a lifetime is ascribable to the last year of life.

II. SUMMARY

- Men make less use of preventive care settings than do women. In Vienna in 1997 about 10% of men had a regular health check-up. In all of Austria it was 7%. Men's examinations yield suspicious results much more frequently than do women's. The lower number of visits to a doctor also reduces the chance of early detection of illness. Altogether the health consciousness of men is insufficient. A great deal of work will be necessary to motivate men to increase their participation in preventive health measures.
- Men therefore need to be specifically addressed as a target group for preventive medicine. The preventive potential (actually health potential) is, in fact, particularly great among men, and life and health expectancy can be markedly increased. The goals here are, on the one hand, the diminishment of the risk factors for premature death, and on the other hand, consideration of the health and social system and providers of preventive measures of the increasing number of age-related illnesses.

**III.
EINLEITUNG**

INTRODUCT

III. EINLEITUNG

III. EINLEITUNG	31–40
3.1 „WAS IST MÄNNERGESUNDHEIT?“	36