

Men's Health Strategy for England: call for evidence

About you

In what capacity are you responding to this survey? Please choose one capacity in which to complete the survey from this list:

- an individual sharing my personal views
- a health or social care professional
- an academic
- responding on behalf of an organisation (such as a local authority, employer, research institution, charitable organisation or a social care provider)

Please note that all respondents must be 16 and over to participate in this survey.

Does your organisation operate or provide services in England?

- yes
- no

What is the name of the organisation you are responding on behalf of?

British Geriatrics Society

What type of organisation are you responding on behalf of?

- business
- not for profit organisation
- academic institution
- public sector body
- other, please specify

Membership organisation for multidisciplinary healthcare professionals with an interest in improving healthcare for older people.

Men's health topics

There are many topics that relate to men's health, either directly or indirectly. Which of the below topics, if any, do you think it is most important for the Men's Health Strategy to consider? (Optional)

Please select up to 5 topics that you think are most important. You can also provide your own suggestion by selecting 'other'.

- access to services
- alcohol
- atrial fibrillation (a type of heart rhythm problem)
- autism and neurodiversity (such as attention deficit hyperactivity disorder and dyslexia)

- cancers typically affecting men (prostate, testicular and penile cancer)
- conditions that affect your joints, bones and muscles (such as arthritis)
- dementia
- diabetes
- diet
- disability
- experience of healthcare
- fatherhood
- gambling
- governance and accountability
- health literacy
- health screening services
- healthy relationships
- heart disease and stroke
- high blood pressure
- high cholesterol
- inequalities
- injuries and risk taking
- loneliness
- masculinity
- mental health (including stress and anxiety)
- neurological conditions (such as epilepsy or Parkinson's disease)
- physical activity or inactivity
- research and data
- sexual health
- smoking
- substance misuse
- suicide prevention
- training and education for healthcare professionals
- weight

other cancers (such as bowel and lung cancer)

other (please specify)

- Frailty
- Multiple health conditions

Understanding and identifying areas where we can improve support for healthier behaviours

Please upload your contribution of data, research and other reports relevant to this topic of men's health: understanding and identifying areas where we can improve support for healthier behaviours.

We are particularly interested in:

- your insight into the factors driving behaviours posing a risk to health among men and boys
- your suggestions as to how to improve health-positive behaviours among men and boys
- any gaps in research and evidence

Please draw upon sex-related health inequalities in your response where possible.

Do not include any personal information in your response.

Upload Word document file [maximum 10 pages].

Physical activity

Older men tend to be less sedentary and engage in more physical activity than older women. Despite this, national policy should not overlook the importance of improving the physical activity of older men. Regular exercise can help older men remain healthier and more independent for longer. A combination of age friendly environments, alongside targeted approaches aimed at men are needed to support older men to remain physically active and reduce their risk of falls.ⁱ There is strong evidence that regular exercise, particularly strength and balance training, reduces falls and partially reverses or slows the progression of frailty.ⁱⁱ Age friendly environments which enable older men to stay active for longer are key to healthy ageing. This may include walkable neighbourhoods, public parks, and accessible public transport. It is also vital that communities are well equipped with community centres or gyms providing age-friendly exercise programmes. The UK Network of Age-friendly Communities ⁱⁱⁱ should be expanded so that more men are supported to stay healthier for longer regardless of geography. An expansion of social and exercise programmes focussed on specific activities, such as Men's Sheds and walking football, may also be beneficial.

Policy should also focus on integrating physical activity into long-term care, and ensuring rehabilitation is embedded into the health service. As outlined in *Reablement, Rehabilitation, Recovery: Everyone's business*,^{iv} the BGS urges the investment in rehabilitation into all care settings as a priority. Every older person can benefit from rehabilitation in some way, and efforts should be made to ensure systems offer rehabilitation for older people as a key component of health and social care.

Nutrition

Inadequate nutritional intake is an important modifiable risk factor for frailty and falls and is highly influenced by social determinants such as poverty, food insecurity and social isolation. Older men often have poorer diets compared to older women and consume fewer fruits and vegetables.^v For men who live alone, this worsens. Barriers include poor cooking skills amongst men compared to women, and a reluctance to change eating habits. To address barriers, psychosocial solutions are needed as described in the Eat Well Age Well programme in Scotland.^{vi} A similar programme would be beneficial in England, with targeted interventions aimed at men.

Loneliness and social isolation

Loneliness and social isolation are associated with higher mortality, increased risk of coronary heart disease, stroke, high blood pressure, depression and suicidal thoughts, and contribute to frailty and dementia risk as much as physical activity.^{vii} Whilst older women are more likely to report feeling lonely compared to older men, this is likely due to the fact that women are more willing to admit they are lonely.^{viii} A greater proportion of older men report moderate to high levels of social isolation compared to women, and this increases for those without partners.^{viii ix} Barriers to support include social clubs and activities mainly being dominated by women and a lack of activities targeting the interests of men. Societal stigma and norms also influence men's behaviour, generating a feeling that they should be independent and not seek help. Research commissioned by Age UK recommends that policymakers and commissioners need to prioritise the long-term resourcing of community-based groups for older adults.^x These groups should consider that older men's identities and life experiences differ considerably, and groups should be focused on specific interests.

Smoking

Overall, men are more likely to smoke compared to women, and this gap persists into older age.^{xi} In 2023, around 13.7% of men smoked in the UK compared to 10% of women.^{xi} Whilst smoking rates in the UK are declining, around 11% of the population smoke, leading to detrimental impacts on health.^{xi} Gender differences may be associated to cultural and historical norms, including the fact that higher smoking prevalence exists in manual occupations, mainly occupied by men.^{xii}

Whilst there has been a strong policy focus on creating a smoke-free UK with the Tobacco and Vapes Bill aiming to create a smoke-free generation, this has mainly focused on younger people. There are still many benefits of stopping smoking in older age and it is important that preventative health measures do not overlook the needs of older people. Evidence suggests that smoking is associated with an increased risk of frailty over a four year period than non-smokers.^{xiii} Smoking is also a risk factor for falls as it affects bone health, and smoking cessation is recommended as an intervention to help protect older people from falls.^{xiv} There are also strong links between smoking and the risk of developing dementia. Current smokers are more likely to develop Alzheimer's disease compared to non-smokers, with the risk of ex-smokers being similar to those who have never smoked.^{xv}

Alcohol

Older men are more likely to drink alcohol on a regular basis compared to older women and more likely to drink at level that would harm their health.^{xvi} Alcohol use in older age is associated with a range of physical and mental health conditions. Overuse can cause or worsen anxiety, depression, poor sleep, self-neglect, malnutrition, memory problems, and confusion. It is also linked to incontinence, liver and kidney problems, hypothermia, and poor balance and falls.^{xvii} Alcohol can interfere with medications and heavy drinking in older age can prevent older people from accessing the services that they may need.

Research suggests that a high consumption of alcohol in midlife is predictor of frailty in older age.^{xviii} Therefore, preventative measures in younger men are needed to ensure men stay healthier for longer, alongside policy to address alcohol problems in older age. A multi-faceted approach will be needed, focused on health education, interventions in healthcare settings, and alcohol-free alternatives.

Improving outcomes for health conditions that typically, disproportionately or differently affect men

Please upload your contribution of data, research and other reports relevant to this topic of men's health: improving outcomes for health conditions that typically, disproportionately or differently affect men. We are particularly interested in:

- your suggestions for improving health outcomes for men and boys, such as on mental health and suicide prevention, cancer and cardiovascular disease
- your views as to what extent services in these areas are currently meeting the needs of men
- your suggestions as to how services for health conditions that affect men can be improved to better meet their needs
- any gaps in data or evidence on these areas

Please draw upon sex-related health inequalities in your response where possible. Do not include any personal information in your response.

Upload Word document file [maximum 10 pages].

Frailty

Frailty is a long-term health condition reflecting increased vulnerability to adverse health outcomes.^{xix} It is a distinctive health state related to ageing in which the body loses its inbuilt reserves, affecting an individual's ability to recover from periods of ill health.^{xx xxi} As a spectrum disorder, it can present non-specifically with lost functional ability. It requires accurate identification, assessment, diagnosis and severity grading. Frailty is common in older adults, affecting up to half of people over the age of 85.^{xxii} With the UK population ageing, the number of people living with frailty may double in the next 20 years. Women over the age of 65 are more likely to be diagnosed with frailty but the risk of mortality for men with frailty is higher.^{xxiii} Once diagnosed, men experience more deterioration, and less improvement compared to women.^{xxiv}

Frailty is not an inevitable part of ageing, and it can be delayed, slowed, and, in some cases, reversed.^{xxv} The BGS's *Joining the dots: A blueprint for preventing and managing frailty in older people* outlines how health systems can create the conditions for high quality care for older people. The BGS recommends this document is implemented across the UK to effectively prevent and manage frailty in both men and women. We also recommend that all healthcare professionals undertake frailty training, such as BGS's Frailty elearning course.^{xxvi}

The higher number of women diagnosed with frailty compared to men is likely due to men being less likely to seek medical help.^{xxvii} Therefore, men are likely to be undiagnosed until they are in later stages of frailty, which is harder to delay, slow and reverse. Early identification of men with frailty is essential to reduce health inequalities. As outlined in *Be proactive: Delivering proactive care for older people with frailty*,^{xxviii} the BGS recommends that proactive care is implemented across the UK. Proactive care aims to reduce or delay negative health outcomes through targeting population groups at risk

of frailty and tailoring health interventions to support them to live longer. This involves a holistic assessment, such as a Comprehensive Geriatric Assessment (CGA), to identify physical, psychological, functional, environmental, social and future needs, which may account for sex-related needs.^{xxxix} Currently, proactive care services vary over the UK. To reduce sex-based health inequalities, it is essential that proactive care is prioritised in health policy.

Multimorbidity

Multimorbidity, the presence of two or more health conditions, affects both men and women but there are notable sex differences. Men are more likely to experience physical-only multiple health conditions at older age and women are more likely to experience multimorbidity overall.^{xxx} Multiple health conditions are best managed through person-centred care focused on needs of the individual. This can be achieved through a holistic assessment of needs, such as a Comprehensive Geriatric Assessment (CGA). The BGS advocates that a CGA should be offered to all older people presenting in acute, community, and primary care settings. This will ensure that tailored interventions are put in place to support the individual, such as exercise, adequate nutrition, and structured medication reviews.^{xxv} CGA guidance is available on the BGS website.^{xxix}

Urinary incontinence

Urinary incontinence (UI), a common frailty syndrome, is more prevalent in older men compared with older women. Whilst more younger women are more likely to have UI compared to younger men, UI trends in men tend to be age-related.^{xxxi} One in three older men experience bladder problems, and two in three men in care homes experience bowel and bladder incontinence.^{xxxii} South Asian men experience more UI than white men but are less likely to seek help.^{xxxiii} With the UK's ageing population, male incontinence is likely to increase. Poor management of UI in older men can lead to poor health, falls and fractures, infections, alongside negative impacts on psychological and emotional wellbeing.^{xxxiv}

Despite often being preventable or curable, men face significant barriers to treatment. One reason for this is that UI is often seen as a condition affecting women, with most research and guidance focuses on female UI.^{xxxv} Additionally, UI is often seen as a normal part of ageing by healthcare professionals and the wider public. Men are also often reluctant to seek help due to embarrassment, lack of awareness, or fear of surgery. **Error! Bookmark not defined.** There is also evidence of service barriers, such lack of service integration, poor staff training, and adherence to guidance.^{xxxvi} As a result, less than one in four of men seek help for UI and those who do are often unsatisfied with treatment.^{xxxvii}

To address barriers associated with men not seeking help, public information campaigns and accessible information on UI aimed specifically at men are needed, including the signposting of male-orientated services. Structural and service level improvement are also needed. This may include improved training and education on male UI for healthcare professionals, and improved healthcare pathways for early detection and interventions. More research focusing on male UI is needed.

Mortality rates after surgery

Older men tend to have higher mortality rates after surgery compared to women, especially those with pre-existing conditions.^{xxxviii} Men with conditions such as hypertension, cardiovascular problems and diabetes have higher risks of perioperative mortality; and those with comorbidities are more likely to die after surgery.^{xxxviii} Black men have a higher mortality rate after surgery compared to white men and women of

both races.^{xxxix} Studies suggest that the reason for higher mortality rates in older men may be due to higher rates of cardiovascular problems and comorbidities in men compared to women, and reluctance to seek preventative care.^{xi} Whilst more research is needed to understand sex-related surgery outcomes, studies suggest that more focus is needed on cardiovascular risk factors during pre-operative assessments.

Mental health

Older women are more likely to be diagnosed with mental illnesses, such as depression and anxiety, but this gap is smaller compared with younger ages.^{xli} Despite this, older men are more likely to die from the impacts of poor mental health, with higher suicide rates. With the population ageing, there is the potential for this figure to increase without a clear strategy addressing the issue. The cause of higher rates of mortality in older men is multi-faceted. One reason may be associated with the fact that men are more likely to experience social isolation, especially after retirement, the loss of a spouse, or when children move away.^{xlii} There is also evidence to suggest that men tend to have smaller social support networks and are less likely to seek new social connections.^{xliii} Like other health inequalities mentioned, men also often avoid mental health services, sometimes due to stigma and cultural norms around masculinity.^{xliv} This causes some men to see mental illness as a personal weakness leading to underdiagnosis. Age-related factors, such as retirement, may also cause a loss of identity, purpose, and self-worth, particularly for older men who strongly identify with their careers.^{xlv} There is also evidence that older men are more likely to use alcohol or substances as a coping mechanism, which can impair judgement.^{xlvi}

Tackling the problem will require a multi-faceted approach tackling potential causes of depression and focusing on early identification. Mental health screenings should be made accessible to all men and routine in all health check-ups, including through Comprehensive Geriatric Assessments. Social connection programmes specifically targeted at men may address issues of social isolation, such as Age UK's Men in Sheds service. Similarly, specific programmes which support men with having a sense of purpose after retirement will also help tackle mental health problems associated with a lack of purpose. Campaigns that aim to normalise seeking help for mental health problems, specifically targeted at older men, are also needed. More broadly, national policy is needed that specifically aims to reduce mental health issues in older men.

Men's access, engagement and experience of the health service

Please upload your contribution of data, research and other reports relevant to this topic of men's health: improving men's access, engagement and experience of the health service. We are particularly interested in:

- examples of solutions that have improved men's engagement and experience of healthcare services
- recommendations for how healthcare services can improve how they engage men and the experience they offer
- any gaps in data or evidence

Please draw upon sex-related health inequalities in your response where possible. Do not include any personal information in your response.

Upload Word document file [maximum 10 pages].

Older men are less likely to seek medical help compared to older women, particularly in primary care and health screenings.^{xlvii} This is associated with worse health outcomes and decreased life expectancy.^{xlviii} Evidence suggests that barriers to engagement may be structural, including the lack of appointment times, waiting times, lack of availability of male GPs, and a perception that you may have to disclose health information to a receptionist.^{xlviii} There is also evidence that internal barriers play a significant role, with feelings of fear and embarrassment stopping men seeking help.^{xlix} This is often associated with perceptions of masculinity as being stoic and self-reliant, and therefore some men view seeking help as a sign of weakness and vulnerability. There is also evidence to suggest that when men do seek help, it is often for acute rather than preventative care. This may be associated with the higher rates of health literacy amongst women in the UK.¹

To address structural barriers preventing older men seeking help, integrated community-based care needs to be accessible for all. The Government's commitment to shift healthcare from hospital to community will act in some way to make healthcare more accessible. It is important that implementation considers the needs of older men. For example, community engagement is needed, such as neighbourhood health services partnering with community organisations and leaders to reach older men in the spaces they occupy. Co-production is vital in implementing neighbourhood services that provide good outcomes for older men.

Nationally, a campaign focused on preventative care and improving health literacy amongst men would be beneficial to address the inequality in health literacy rates. This would encourage more men to seek preventative healthcare and attend health screenings. A scheme or campaign promoting health screenings in spaces that men already occupy, such as barbershops, may increase preventative care.

To target men at risk of poor health in older age, proactive care in the community enables healthcare professionals to target population cohorts who may be at risk of frailty and poor health. This may include using data to identify individuals who meet certain criteria, such as not presenting in a healthcare setting for a long period. Identifying older individuals in this way will identify older men more reluctant to seek help and will enable preventative care before a health crisis presents. The BGS has published two documents on proactive care: *Be proactive: Evidence supporting proactive care for older people with frailty*ⁱⁱ highlights the evidence base behind proactive care; and *Be proactive: Delivering proactive care for older people with frailty*ⁱⁱⁱ outlines how proactive care can be delivered in community and primary care settings. The BGS recommends these documents are used to roll out proactive care services across the UK.

Final question: submitting further evidence

You will be asked whether there is anything else you would like to share as part of this call for evidence. This can be regarding any topic that relates either directly or indirectly to men's health.

You will be given the option to upload a file if you prefer.

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