CHAPTER 1
MORTALITY

men's health FORUM in ireland

1. MORTALITY

Circulatory disorders, diabetes, alcoholism, duodenal ulcer, and lung cancer are all commoner in men, while women have significantly higher rates of depressive, eating and connective tissue disorders. Male suicide rates continue to exceed those in females throughout life, and as is universally known, women survive men by several years in almost all countries, and the gap is widening (Kraemer 2000).

...I think it's a sad thing that we have to wait until one of our friends dies before we go to the doctor (M42, Stakelum and Boland, 2001).

- In spite of increased male life expectancy, men continue to have higher death rates at all ages, and for all leading causes of death (Richardson 2003a). The annual directly standardised mortality rate (per 100,000) during the period 1989-1998 on the island of Ireland for men and women was 1007 and 662 respectively. This represents a 54% higher level for men, and has been described as a *"fundamental inequality in health"* (Balanda and Wilde 2001: p.11).

- In 2001 the leading causes of death among men on the island of Ireland (in order of the number of deaths) were circulatory diseases (40%), cancers (27%) and respiratory diseases (13%). Sex differences in mortality figures are particularly pronounced in the case of road traffic accidents and suicides (Table 1.0).

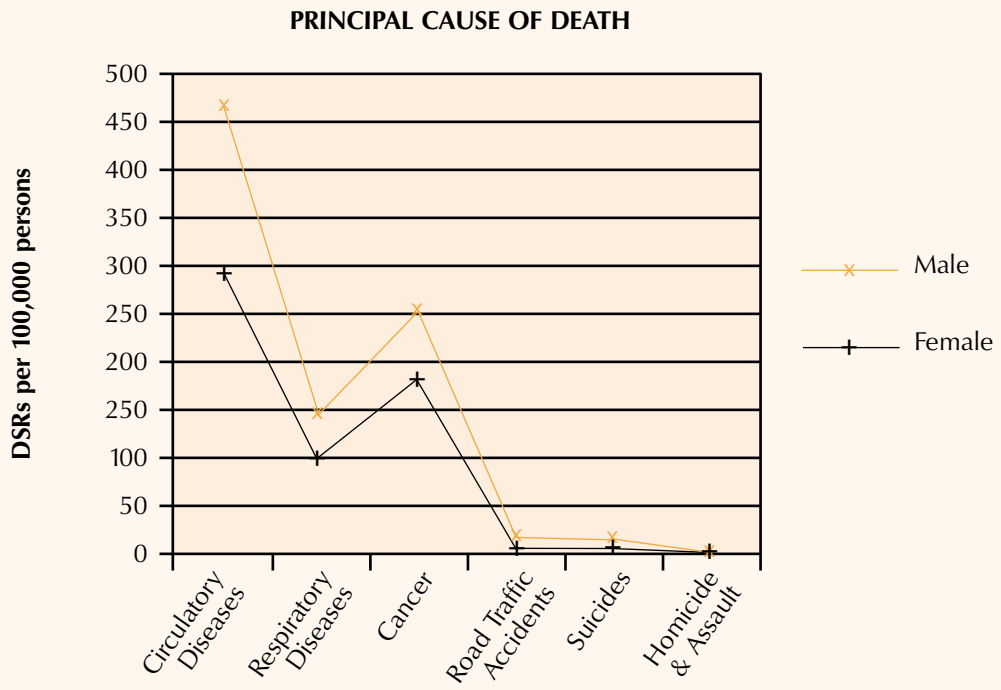
- O'Shea (1997) and Barry *et al.* (2001) note that clear occupational class gradients in mortality rates amongst men are present for circulatory diseases, cancers, respiratory diseases, and injuries and poisonings. According to Barry *et al.* (2001), in 1996 unskilled men were twice as likely to die as higher professional men (standardised ratio 122 versus 64), and were eight times more likely to die from an accidental cause (standardised ratio 136 versus 17). In addition to the obvious health and safety issues that need to be addressed here, there is also a need to gender men's health in the context of social class.

TABLE 1.0 AVERAGE ANNUAL NUMBER OF DEATHS, BY GENDER AND CAUSE, ON THE ISLAND OF IRELAND

	1990		2000		2001	
Principal Causes	Males	Females	Males	Females	Males	Females
Circulatory Diseases	11,098	10,323	9,170	9,266	8,903	8,840
Respiratory Diseases	3,725	3,517	3,683	4,338	2,994	3,393
Cancer	5,619	4,941	5,772	5,332	6,042	5,321
Road Traffic Accidents	485	179	359	117	387	106
Suicides	366	126	471	105	475	114
All other	3,138	3,234	3,603	3,802	3,704	4,136
Total Deaths	24,431	**22,320**	23,058	**22,960**	22,505	**21,910**

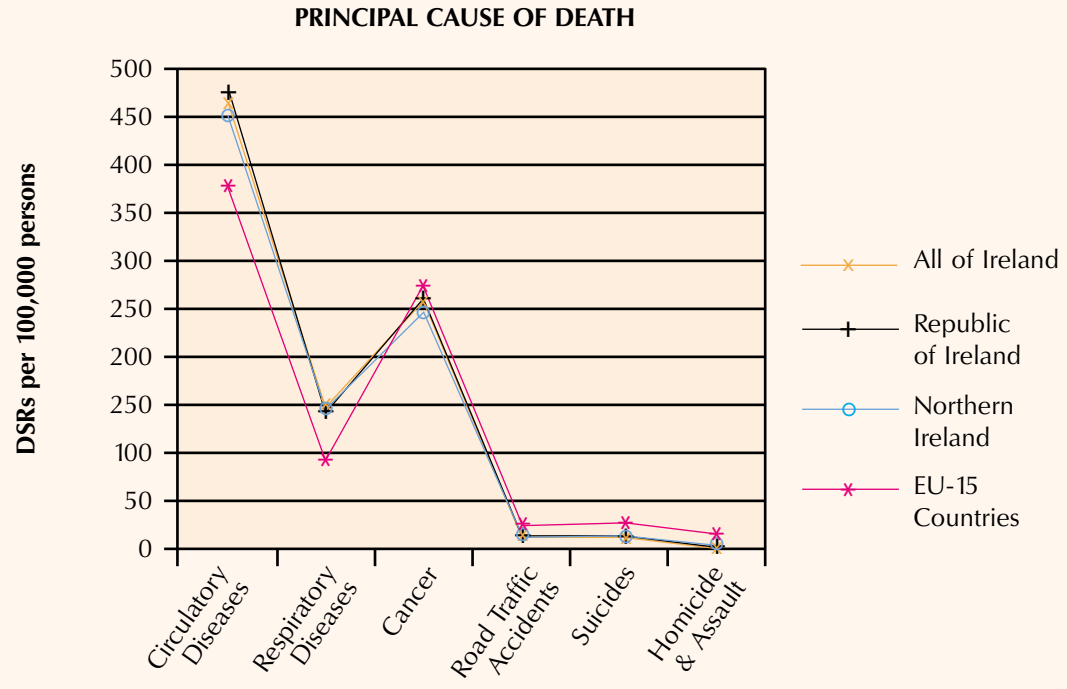
Sources: CSO(2000a), Republic of Ireland and NISRA, Northern Ireland (2002).

FIGURE 1.0 ANNUAL DIRECTLY STANDARDISED MORTALITY RATES (PER 100,000 PERSONS) ON THE ISLAND OF IRELAND BY GENDER 1989-1998



Source: The Institute of Public Health in Ireland (2001).

FIGURE 1.1 ANNUAL DIRECTLY STANDARDISED MORTALITY RATES (PER 100,000 MALES) BY JURISDICTION 1989-1998

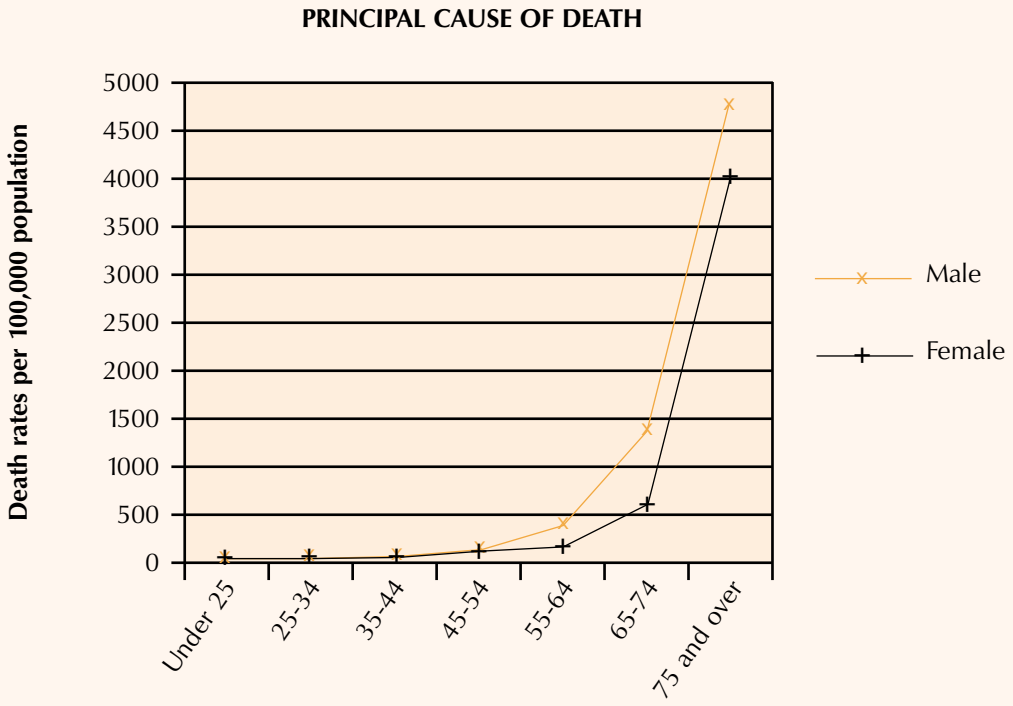


Source: The Institute of Public Health in Ireland (2001).

1.1 CIRCULATORY DISEASES

Heart disease kills more men in the Western World than any other disease... In Ireland alone, heart disease wipes out the size of a small town every year... Every man is immortal until it happens to them (Armstrong 1999: p.21).

FIGURE 1.2 DEATH RATES FROM DISEASES OF THE CIRCULATORY SYSTEM (PER 100,000 POPULATION) ON THE ISLAND OF IRELAND 2001



Sources: Central Statistics Office (2002b).

- **Key Facts**

  - During 1989-1998, the directly standardised mortality rate per 100,000 for circulatory diseases amongst males was 61% higher than it was for females (Balanda and Wilde 2001);

  - The mortality rate was higher for males in the RoI than in NI: Directly standardised mortality rate of 474.2/100,000 males to 452.9/100,000 males respectively (*ibid*);

  - The standardised death rate for males was significantly higher in the RoI than it was in the (combined) EU-15 countries. In France, for example, the standardised death rate per 100,000 men for ischaemic heart diseases was 78.2 compared to 261.6 in the RoI (Eurostat 2000);

  - Ischaemic heart disease is responsible for more than half of all deaths from circulatory diseases amongst men on the island of Ireland (NISRA 2002, Balanda and Wilde 2001).

- For circulatory diseases the directly standardised mortality rate in the lowest occupational class was over 120% higher than the rate in the highest occupational class (Balanda and Wilde 2001); According to O'Shea (1997), the mortality differentials among socio-economic groups arising from diseases of the circulatory system are likely to be due to variations in causal factors known to influence the risk and incidence of heart disease. Smoking behaviour, for example, is believed to be a major influencing social class differential in the risk of ischaemic heart disease.

1.2 MALIGNANT CANCERS

I've become more familiar with the dynamic of fear over time. If anything, I'm eager to convey the message that fear is far more dangerous than the cancer could ever be (Sheridan 2002a: p.7).

- **Key Facts**

  - Overall, men and women had similar risks of developing cancer, although men were more likely to die from it (National Cancer Registry Board 2001);

  - Estimated lifetime risks of developing malignant cancer were about 1 in 3 for both men and women. The risk of dying from malignant cancer before the age of 75 was about 1 in 8 for women, but about 1 in 6 for men (National Cancer Registry Board 2001);

  - During 1994-1998, the incidence of prostate cancer in the RoI was higher than the European average and was second after Scotland and NI (National Cancer Registry Board 2001);

  - In NI, age-standardised cancer mortality rates are almost 50% higher for men than women (Northern Ireland Cancer Registry 1996);

  - Non-melanoma skin cancer was the most frequent cancer in both sexes, with lung and related cancers second most frequent for both sexes combined. After lung cancer, prostate cancer has the second highest mortality rate among men (O'Dowd *et al*. 2002);

  - In 1998, the RoI ranked sixth amongst fellow EU countries in terms of standardised death rates due to cancer of the prostate (31.6 per 100,000). Sweden ranked the highest with a rate of 38.6 per 100,000 and Greece the lowest with a rate of 16.3 per 100,000 (Eurostat 2000);

  - In 1998, 28.5% of male deaths in Europe were attributed to malignant neoplasms, compared to 22% of female deaths (Eurostat 2000).

- In 2000 on the island of Ireland, deaths from cancer represented around a quarter of both male and female deaths (CSO 2002). In the RoI, overall survival from cancer was 43%, but was generally better for women. The worst survival from common cancers was for men with lung cancer, only 8% of whom were alive after five years (National Cancer Registry Board 2001).

- During 1994-1996, an average of 3,889 new cases of malignant non-melanoma skin cancer (NMS) were registered in males each year. On average, females were estimated to have a 1-in-12 chance of developing NMS by age 74, **males a 1-in-8 chance**. European-age-standardised rates were also significantly higher among males than females, by about 48%. On average, females were estimated to have a 1-in-6600 chance, **males a 1-in-1600** chance, of dying from these cancers by age 74. As with melanoma of the skin, excessive exposure to direct sunlight is the main risk factor for non-melanoma skin cancer. Outdoor workers may be at special risk, and this may account, in part, for the higher rates of NMS among males (Walsh *et al*. 2001).

- The directly standardised mortality rate for cancer amongst men on the island of Ireland was over 100% higher in the lowest occupation class (Balanda and Wilde 2001). These results are similar to those found in Britain, where deaths from malignant neoplasms are highest in the lower socio-economic groups (O'Shea 1997).

- *Nature hid the prostate gland and most people seem content to leave it at that* (Bulla 2003: p.18). According to O'Dowd *et al*. (2002), very few countries collect healthcare information on non-malignant prostatic disease that could be used to help estimate a more accurate figure of the number of men with this condition. The Netherlands is the exception. Most countries, however, who took part in the study, could provide actual figures of the incidence of malignant disease (Table 1.1).

- As the percentage of people over the age of sixty five continues to rise the incidence rate of men suffering from Malignant Prostate Disease will undoubtedly continue to grow.

TABLE 1.1 NUMBER OF MEN WITH MALIGNANT PROSTATIC DISEASE, 2002

Country and estimated male population	Actual figure or estimate	Malignant prostate disease
Denmark 5,356,845	**Actual**	**Incidence:** 1,500 per year
Hungary 4,867,283	**Estimate**	**Incidence:** Approx. 4,000-6,000 new patients annually. Mortality: 1,200 men die each year.
Ireland (RoI) 1,805,970	**Actual**	**Incidence:** 1994 - 1,068 1995 - 1,113 1996 - 1,147 1997 - 1,180 1998 - 1,244 This incidence rate is much greater for men aged 65 and over; in 1998 1022 cases (from the 1,244 total) were men aged 65 years and over compared to 222 from men aged under 65 years.
Netherlands 7,833,646	**Actual**	**Incidence:** 6,402 per year
Slovenia 956,319	**Actual**	**Incidence:** 384 new cases per year
Spain 19,126,607	**Estimate**	**Incidence:** 8,000 new cases per year
UK 29,037,778	**Estimate**	**Incidence 1997:** 21,000 per annum (19,000 England and Wales plus 2,000 Scotland) excluding Northern Ireland. Mortality 1999: 9,300 per annum (8,533 plus 760)

Source: O'Dowd et al 2002, Department of Community Health and General Practice, Trinity College Dublin, (2002) and the CIA World Fact Book, Populations (1999).

Note: The countries outlined in Table 1.1 were selected in order to have as broad a European involvement as possible with countries of different size, geographical spread and range of knowledge, experience and expertise. Belgium, Germany and France were also invited to join the project but declined the invitation (O'Dowd *et al*. 2002).

TABLE 1.2 RATES OF BENIGN PROSTATIC HYPERPLASIA/ 100,000 MALES AGED 40 YEARS AND OVER SHOWING WIDE VARIATIONS, 2002

Country	Rates for BPH per 100,000 males	Based on:
Denmark	833	Patients treated for BPH
Ireland (RoI)	16,642	Prevalence from Scottish Study (253 per 1,000).
Netherlands	5,000	Prevalence from Krimpen Study (9-20%).
Spain	15,049	Prevalence from Andalusian Survey (18-20% of males over 50, 30% for males over 70).
UK	18,604	Prevalence from Stirling BPH study.

Source: O'Dowd et al 2002, Department of Community Health and General Practice, Trinity College, Dublin (2002).

- In a European study carried out by O'Dowd *et al*. (2002), findings show that there was an abundance of clinically related information for benign prostatic hyperplasia (BPH). However, there is very little patient-focused, qualitative research that looks at the morbidity of non-malignant prostatic disease and the impact it has on men's lives and the lives of their family members.

In a broader context, there is very little research that looks at specific issues in relation to men's health including their health-seeing and coping strategies and how they view health (O'Dowd et al. 2002: p.53).

Indeed, this research shows that very little work has been done to look at the psychological and social aspects of this chronic condition that may affect one in four men at some stage of their lives.

I saw big strong men who were garrulous and full of jokes about the 'waterworks department' when they arrived. When they left with nothing but a plastic bag of elephantine nappies under their arm, I saw broken men who didn't know how to cope (Cahill 2002: p.18).

- O'Dowd *et al*. (2002) also noted a significant shortage of urologists or prostate disease specialists in the RoI, which suggests that Irish men could be denied access to the treatments they need (see Table 1.3). The study found that there were only twenty-three urologists in the RoI, representing a rate of 3.2 specialists per 100,000 males aged forty and over.

- Even though prostatic cancer killed 900 Irish men in 2002, there is no prostatic cancer screening on the island of Ireland. Furthermore, although 65 radical prostatectomies were carried out in 2002...

  ...the Department of Health and our hospital administration do not think this is value for money, and have now closed all our urology beds (except day beds) in order to balance their books (Smith 2003: p.18).

TABLE 1.3 NUMBER OF UROLOGISTS, 2002

Country	Number of Urologists	Urologists per 100,000 males aged 40 years and over
Denmark	105	8.6
Hungary	360	17.2
Republic of Ireland	23	3.2
Netherlands	283	8.1
Slovenia	31	7.2
Spain	1,633	19
UK	506	5.9

Source: O'Dowd et al 2002, Department of Community Health and General Practice, Trinity College, Dublin (2002).

- The relative contribution of cancer to overall mortality has been increasing in recent decades. For example, 2.9 deaths per 1,000 of the population was attributed to cancer in the 1950's, compared with 4.4 deaths per 1,000 in 2001 (CSO(2000a)). According to the Department of Health and Children (2001), this pattern is likely to continue in future years on account of current population trends. In addition, as our population ages it is likely that cancer morbidity will increase.

1.3 RESPIRATORY DISEASES

Key Facts

- In 1998, the standardised death rate (per 100,000) for respiratory diseases amongst males in the RoI was 153.2, compared to 94.4 amongst their female counterparts (Eurostat 2000);

- Between 1989-1998, the incidence rates for males was higher in NI than the RoI: 155.5/100,000 males to 147.3/100,000 males respectively (Balanda and Wilde 2001);

- In 1998, the standardised death rate for males was significantly higher in the RoI than it was in the (combined) EU-15 countries (Eurostat 2000);

- Between 1989-1998, over half of all deaths from respiratory diseases on the island of Ireland were due to pneumonia, with the percentage being much higher in NI than it was in the RoI. Chronic lower respiratory disease accounted for another third of such deaths, with the percentage in the RoI being much higher than it was in NI (Balanda and Wilde 2001).

For respiratory diseases the directly standardised mortality rate was over 200% higher in the lowest occupational class (Balanda and Wilde 2001). Homelessness, poor housing, damp housing, and household overcrowding are likely to lead to increased amounts of respiratory infection with an increasing risk of mortality (Martin *et al*. 1987, Townsend *et al*. 1988).

1.4 SUICIDE AND INTENTIONAL SELF-HARM

The increasing suicide trend, both internationally and in Ireland, is now a major public health problem. This is particularly so for young Irish men, where there has been a four-fold increase in the suicide rate since 1990, making it the most common cause of death in young males. The rate of suicide among young males is more than ***six times as high*** *as among young females, but women are more likely to attempt to kill themselves. Of the 368 people aged 24 and under who took their own lives between 1994 and 1997, 318 were males (Aware 1998).*

FIGURE 1.3 TOTAL NUMBER OF SUICIDES BY GENDER IN THE ROI AND NI BETWEEN 1998-2000

	RoI		NI	
	Males	Females	Males	Females
1998	421	83	95	31
1999	349	90	103	18
2000	341	72	130	33
2001	356	92	119	22

Source: National Suicide Review Group Report (2002).
Registrar General Reports 1998-2001

- **Key Facts**

  - In recent years, four to five times more men than women died by suicide on the island of Ireland (CSO 2002a, NISRA 2002);

  - In 1998, the RoI ranked sixth amongst fellow EU countries in terms of standardised death rates amongst men due to suicide and intentional self-harm (22.8 per 100,000). Finland ranked the highest with a rate of 36.8 per 100,000 and Greece the lowest with a rate of 5.7 per 100,000 (Eurostat 2000);

  - In both NI and the RoI, there were clear occupational class gradients in mortality from suicide and intentional harm (Balanda and Wilde 2001);

  - Mental illness has a very important association with suicide (Foster *et al*. 1997, Kelleher *et al*. 2000);

  - Identification with traditional masculinity has been linked to the act of taking one's life amongst males (Sabo 1999).

- Between 1945 and 1995 the rate of suicide in the RoI rose from 2.38 per 100,000 population to 10.69 per 100,000. The increase in suicide in recent decades, however, has been primarily a male phenomenon.

- In the preparation of the *Interim Report of the National Task Force on Suicide*, (Department of Health and Children, 1998b) it was found that suicide is the second most common cause of death among fifteen to twenty-four year old males in the RoI, and is equal to a rate of 19.5 per 100,000 population compared with 2.1 per 100,000 among fifteen to twenty-four year old women. During the same period from 1991 to 1993 young male suicide deaths increased from a position where they were as frequent as cancer deaths in 1976 to greatly exceeding cancer deaths by 1993. The overall rate of suicide among men in 1995 was 17.2 per 100,000 population compared with a rate of 4.3 among women.

- A psychological autopsy of suicides in Cork between August 1989 and January 1993 found that only 18% of young men aged fifteen to twenty four years who had died by suicide had received psychological treatment in the year before their death, even though almost 75% of this group were regarded as being mentally ill (Department of Health and Children 1998b). In the case of older people, men aged sixty-five years and over have shown a significant increase in their rate of suicide from 9.4 per 100,000 to 17.9 per 100,000 population between 1976 and 1993. In the age group sixty-five to seventy-four years there is a far greater incidence amongst men than in the seventy-five years of age plus age group.

- *An Investigation of One Hundred Suicides* (Kelleher *et al*. 2000) shows males who died from suicide were significantly younger than female suicides. Among those aged 15-44 years old, males outnumbered females by 4:1. After the age of forty-five years, the number of men and women is almost equal. The numbers treated for psychiatric illness by a general practitioner or psychiatrist prior to death also shows major divergence between the sexes. Over 80% of the women were known to have been medically treated, as opposed to 49% of the men. In the under twenty-nine year olds, the situation with the males was even starker.

Although the failure among clinicians to diagnose depression in men contributes to men's low treatment rates,

Men's own unwillingness to seek help contributes to the social construction of their invulnerability to depression (Courtenay 2000: p.1396).

In response to depression, men are more likely than women to rely on themselves, to withdraw socially or to try to talk themselves out of depression (Warren 1983, Chino and Funabiki 1984, O'Neill *et al*. 1985).

- *An Investigation of One Hundred Suicides* (Kelleher *et al*. 2000) also shows that marital status differed significantly for male and female suicide victims. Over 80% of men were single, separated or divorced as opposed to 46% of women. This difference remains significant after adjustment for age. Female suicides were twice as likely to be married at the time of their death (Kelleher *et al*. 2000).

- According to the report of the National Suicide Review Group (2001), almost half of all suicides in the RoI are by hanging (49.7%). For males, hanging accounted for more than half of all suicides with drowning and poisoning accounting for 17.7% and 14.2% respectively. Suicide by firearms is less common for males overall, but accounts for one in eight young males who died from suicide (15-24years) and almost as many in elderly men (11.3%, over 64 year olds). Stillion notes that often males select more violent methods and, compared with females, they see surviving a suicide attempt *"as yet another failure, a mark against their masculine adequacy..."* (1995: p.52). Canettos' (1995) research found that traditional masculine expectations elevated the likelihood of a suicide resulting in a fatal outcome for some men.

1.5 DEATH FROM HOMICIDE/ ASSAULTS AND TRANSPORT ACCIDENTS

Male violence represents both the most celebrated and the most censured features of masculinity. It is also one of the most paradoxical. When displayed for noble, righteous, or patriotic causes, male violence is exalted as in the form of the 'warrior male' or 'epic male'. Nevertheless, because of its immense destructiveness, it clearly represents one of the greatest impediments to the physical health of men and women (Brooks 2001: p.15)

- **Key Facts**

  - On the island of Ireland, deaths from both homicide/assaults and transport accidents occurred more frequently amongst males (CSO 2002a, NISRA 2002);

  - In the RoI, there has been a startling increase of over 450% in reported crime over the past ten years (Cusack 2002);

  - In 2001, five times more men than women were killed on the island of Ireland due to road traffic accidents (RTAs) (National Roads Authority 2001, NISRA 2002);

  - According to Balanda and Wilde (2001), occupational class was highly correlated with deaths from homicide/assault and transport accidents. Between 1989 and 1998, the directly standardised mortality rate for homicide/assault in NI was 252% higher in the lowest occupational class than it was in the highest. In the RoI, the rate for transport accidents was 354% higher in the lowest occupational class than it was in the highest.

- The directly standardised mortality rate for homicide/assault was 514% higher in NI than it was in the RoI (Balanda and Wilde 2001). Lockhart (2003) maintains that these crimes are almost exclusively associated with terrorism and the 'Troubles'.

- In the RoI, the murder rate in 2001 showed a worrying increase, up to 52 compared to 39 the previous year. When detailed comparative data become available for 2002, they are likely to reveal that Dublin has become a more deadly city than London and that the national rate has crept closer to the EU average (O'Donnell 2003). In addition, victims were predominantly male (over 85%) and young (average age 34). Stabbing was the most common method (*ibid*).

- The 2001 Garda Siochana Crime Statistics Report shows an unexplained drop in the percentage of women murder victims:

This may be due in part to the fact that the traditionally high percentage of 'domestic' murders is fast being overtaken by the number of murders by young men of young men, often characterised by drunken aggression (Cusack 2002: p.22).