



Directorate-General for
Health & Consumers



Report

The State of Men's Health in Europe Report

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Main messages

- There is a high level of preventable premature morbidity and mortality in men, with marked differences seen between and within countries, which will only be addressed by targeted activity across the lifespan.
- Improvements in the physical and mental health of men are necessary to ensure the economic and social wellbeing of the entire European Community.



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Outputs

- Executive summary – in English and French.
- Printed Summary Report – 100 pages, 88 graphs, 7 maps – available at:
http://ec.europa.eu/health/population_groups/docs/men_health_report_en.pdf
- Main report – 400 pages, 102,000 words, 280+ graphs 10 maps – available at:
http://ec.europa.eu/health/population_groups/docs/men_health_extended_en.pdf

Report content

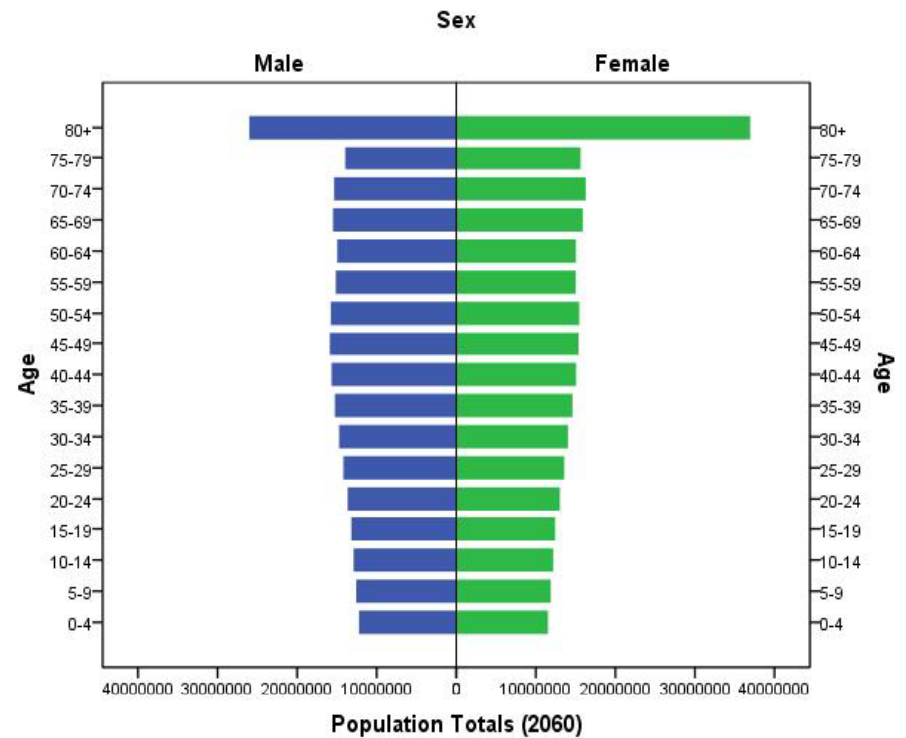
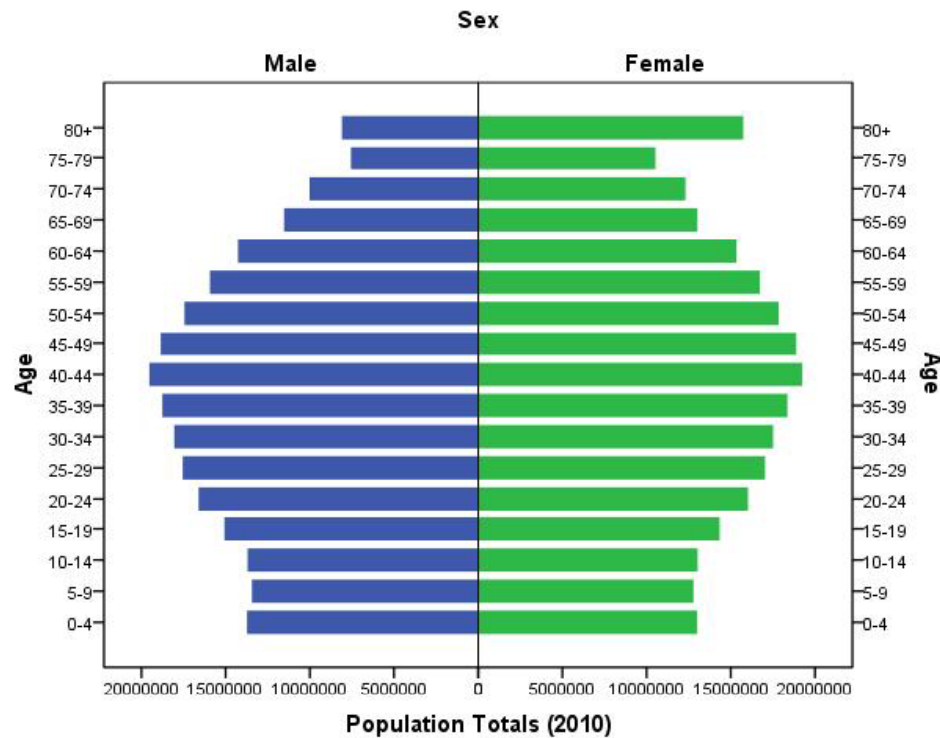
- Introduction
- Lifestyles and preventable risk factors
- Accessing health services
- The male population
- Health status
- Cardio-vascular disease
- Cancer
- Accidents, Injuries and violence
- Mental Health
- Problems of the male reproductive system
- Communicable diseases
- Dental and oral health
- Other health conditions affecting men

Male population

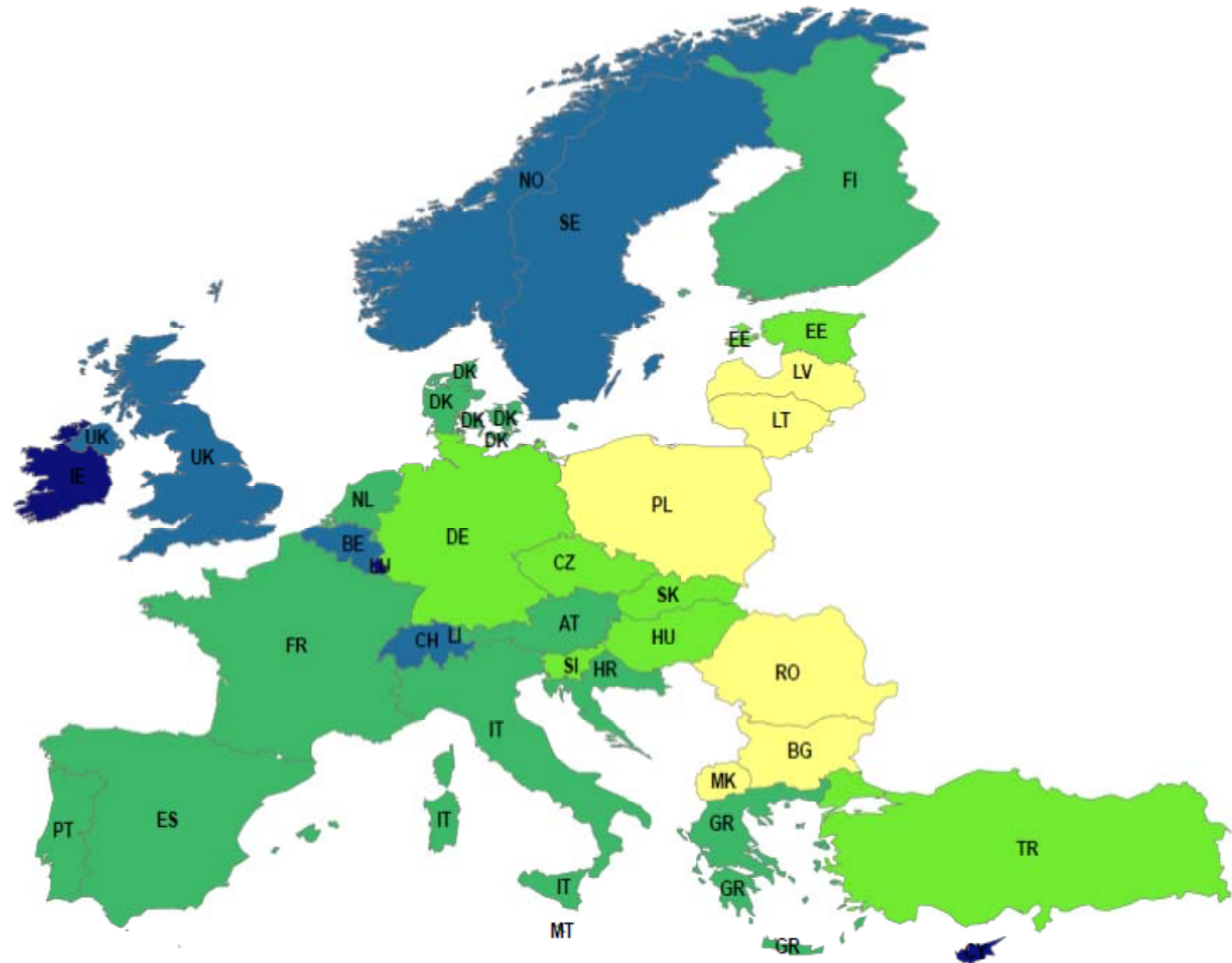
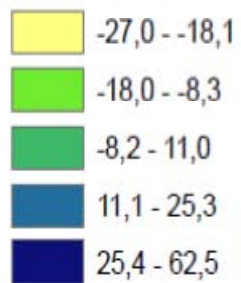
If the current projections for the changing male population are correct, there will be a reduction of nearly 24 million working age men (aged 15-64 years) across the EU27 by 2060 and an increase in the number of men over 65 by some 32 million.



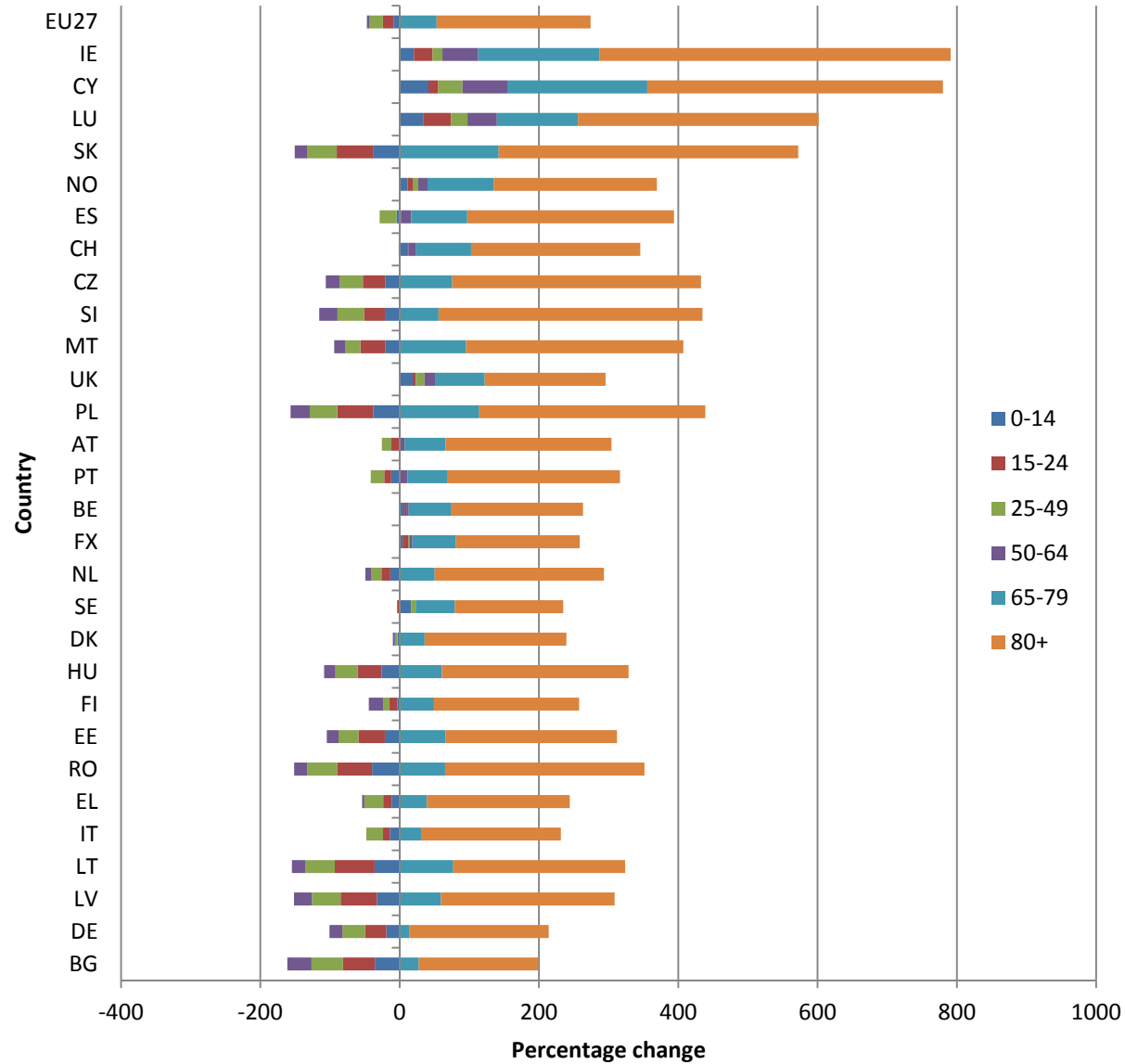
Population trends from 2010 to projected numbers in 2060



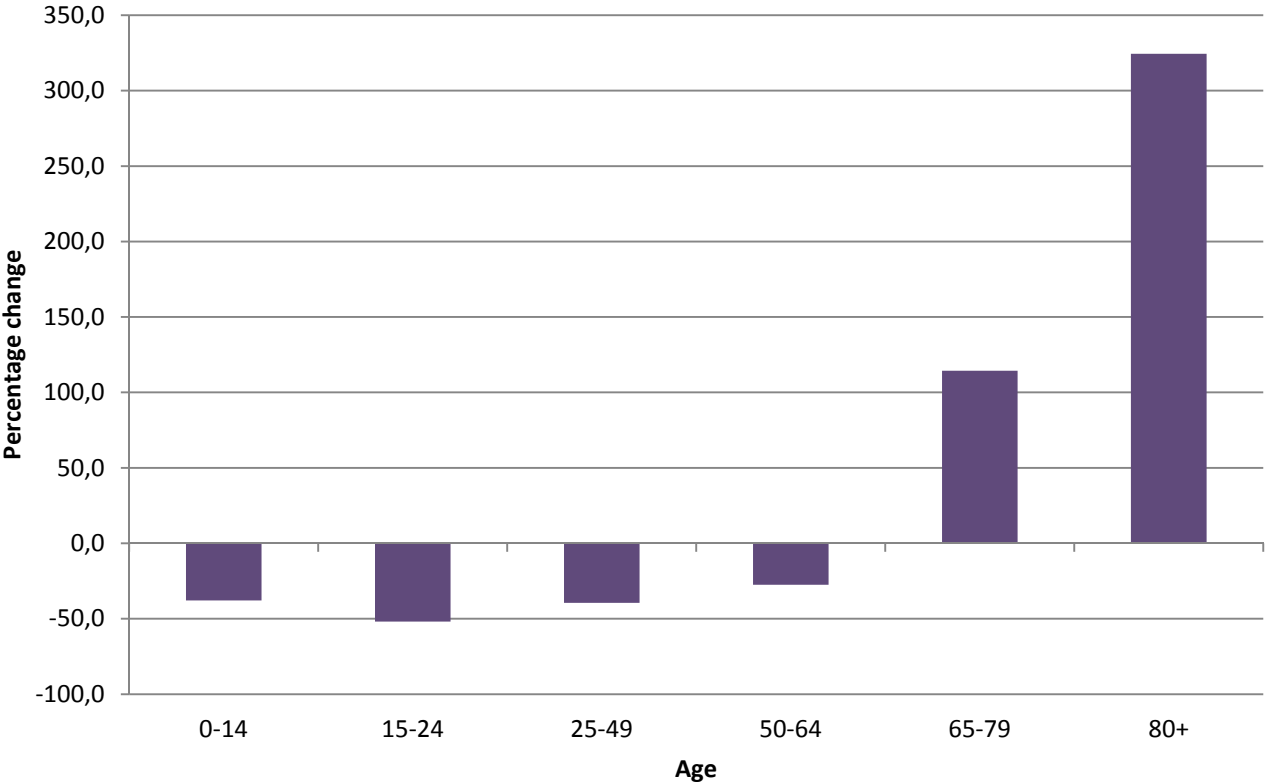
2.1.1. Percentage change in male population from 2010 to projected numbers 2060



Percentage change in male population structure, by country, from 2010 to projected numbers in 2060



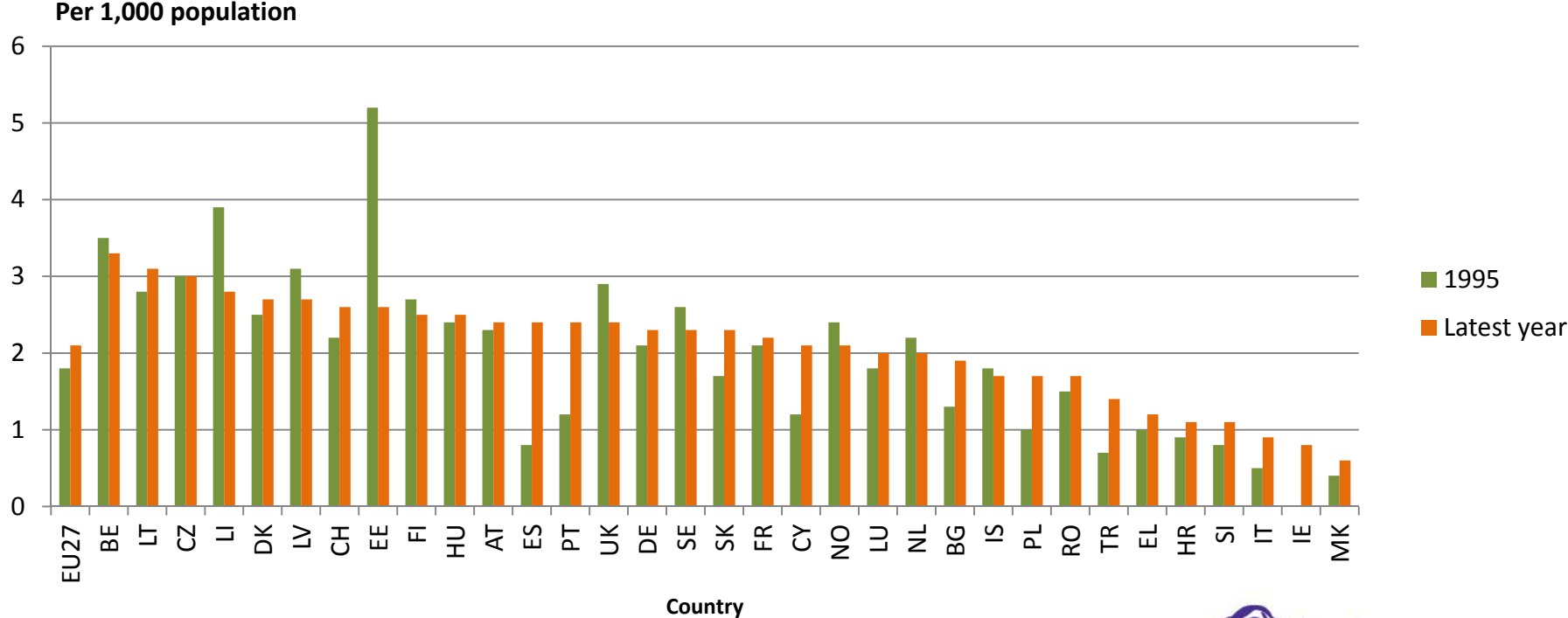
Percentage change in male population structure, Poland, from 2010 to projected numbers in 2060



- Young men are living at home for longer and deferring the age of marriage.
- Greater numbers of men are entering older age alone.



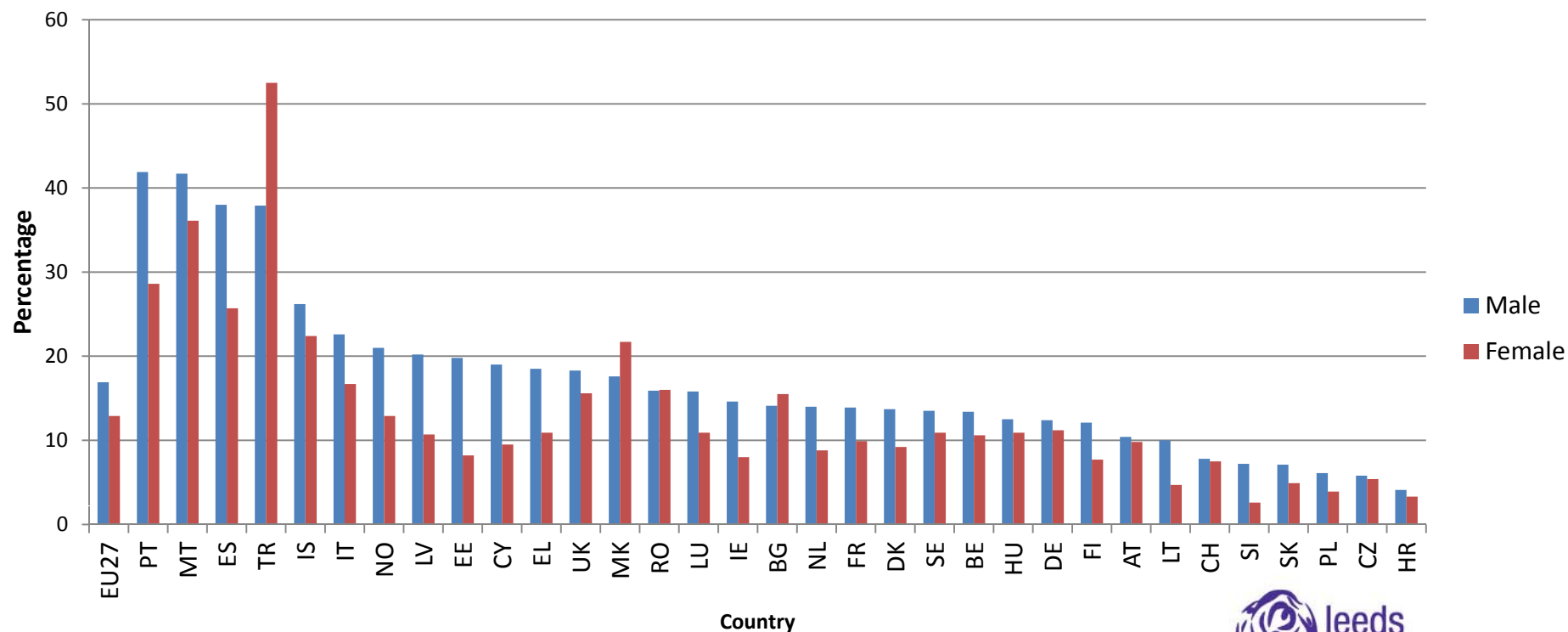
Trends in divorce rate per 1000 population, by country, 1995-2008



Boys and girls are in the education system for longer, but boys seem to be missing out on a full educational experience, with more leaving school prematurely and fewer entering tertiary or adult education.



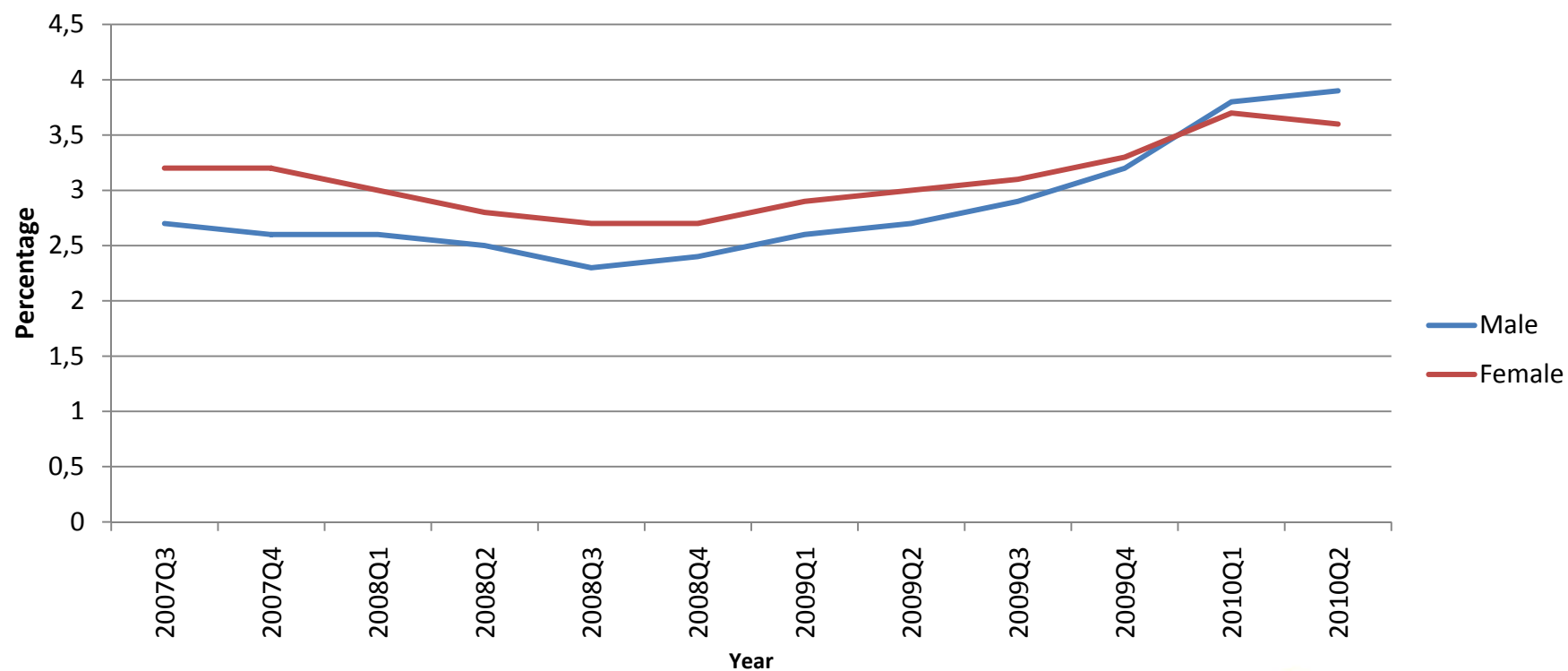
Early school leavers, percentage of males and females aged 18-24 with at most lower secondary education and not in further education or training, by country, 2008



Patterns of work are changing, with men having higher unemployment levels than women, and men being less likely to have a job for life.



Long-term unemployment - quarterly average, by sex

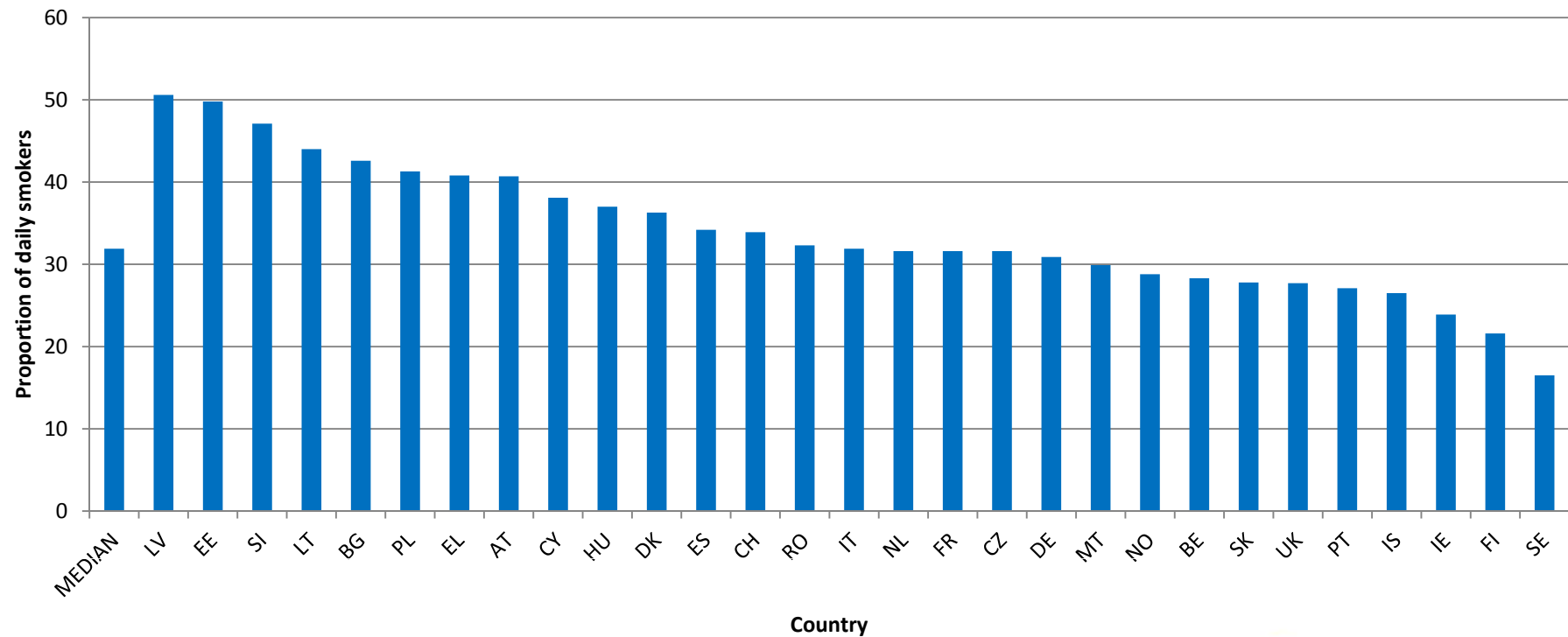


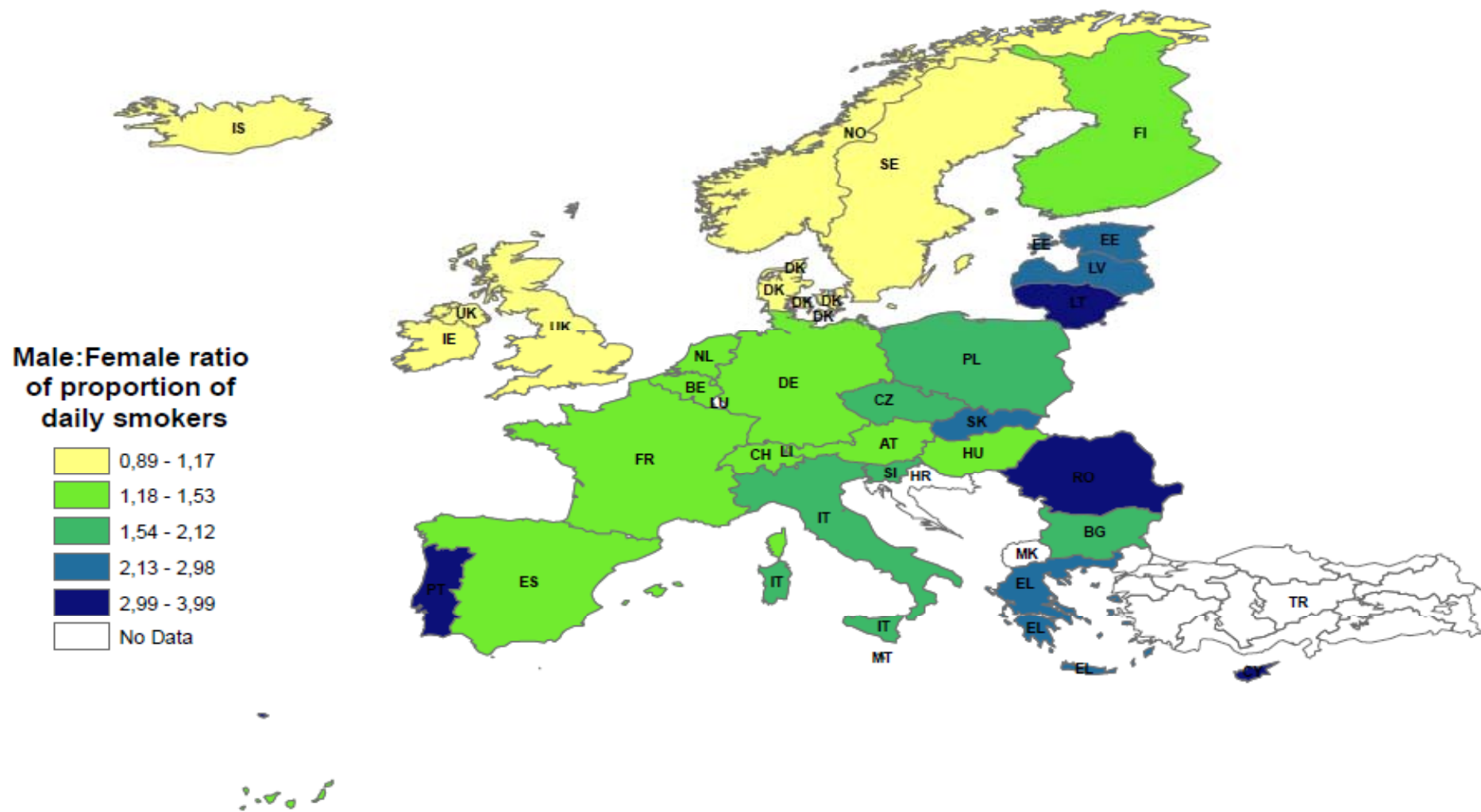
Lifestyle & Preventable risk factors

- Poor lifestyles and preventable risk factors are still some of the principle causes of premature death and morbidity in men, with over 50% of premature deaths being avoidable.
- Men's propensity to over-indulge in dangerous habits such as smoking, drinking alcohol, 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.

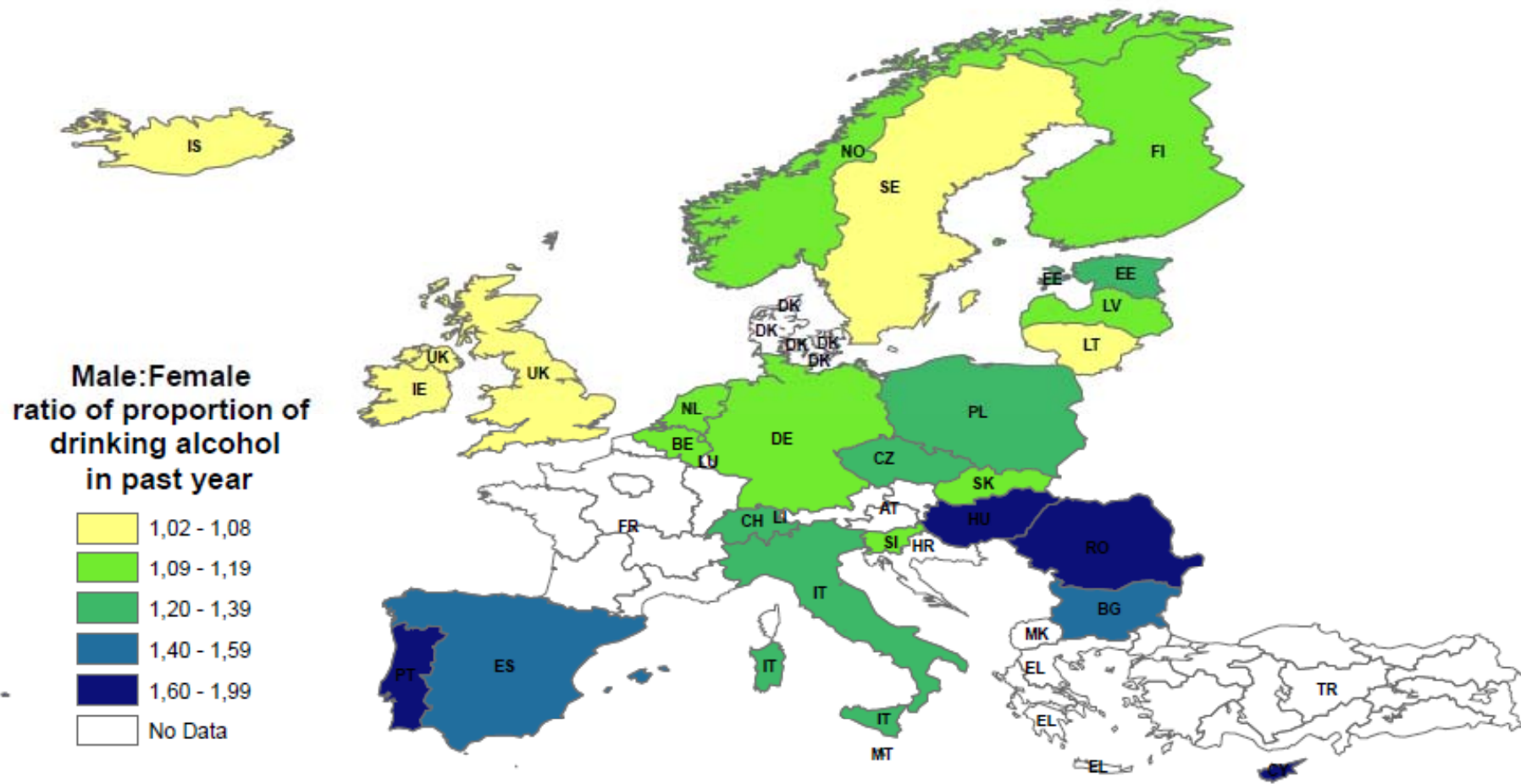


Proportion of daily smokers, by country, 2004



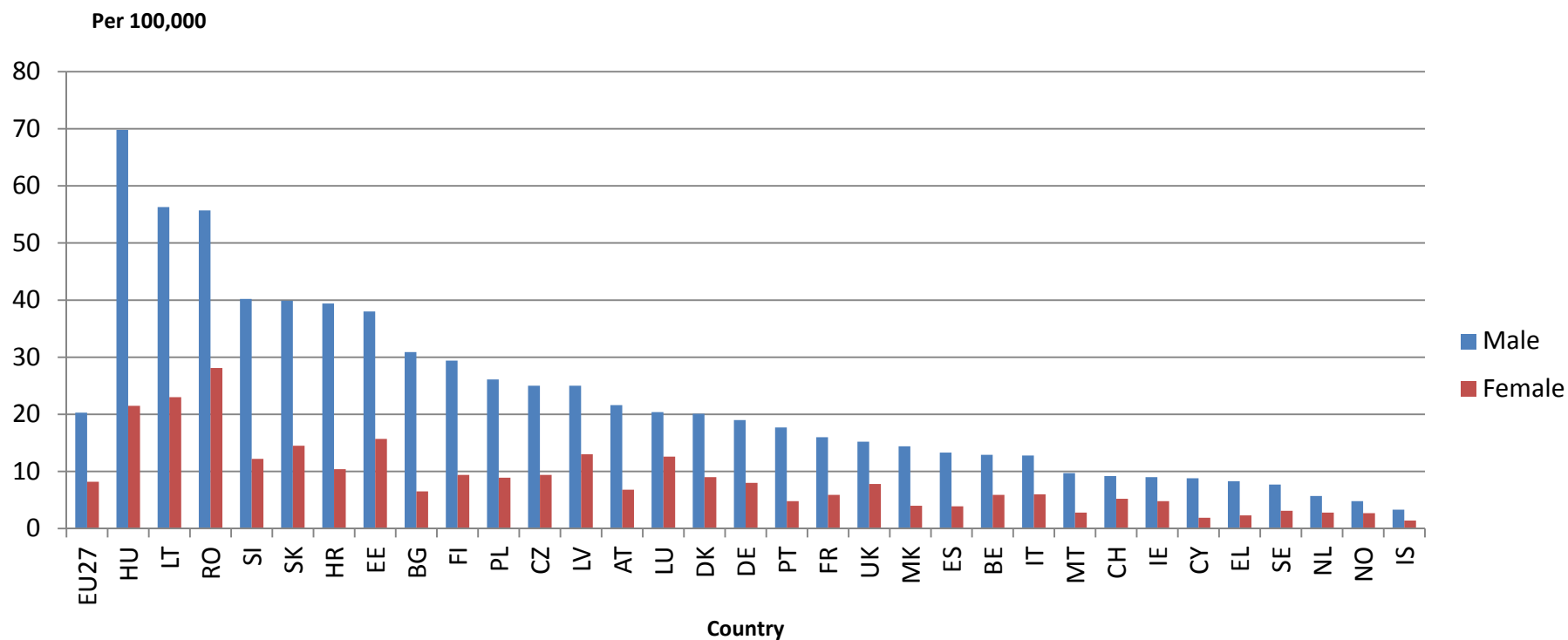


EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission



EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

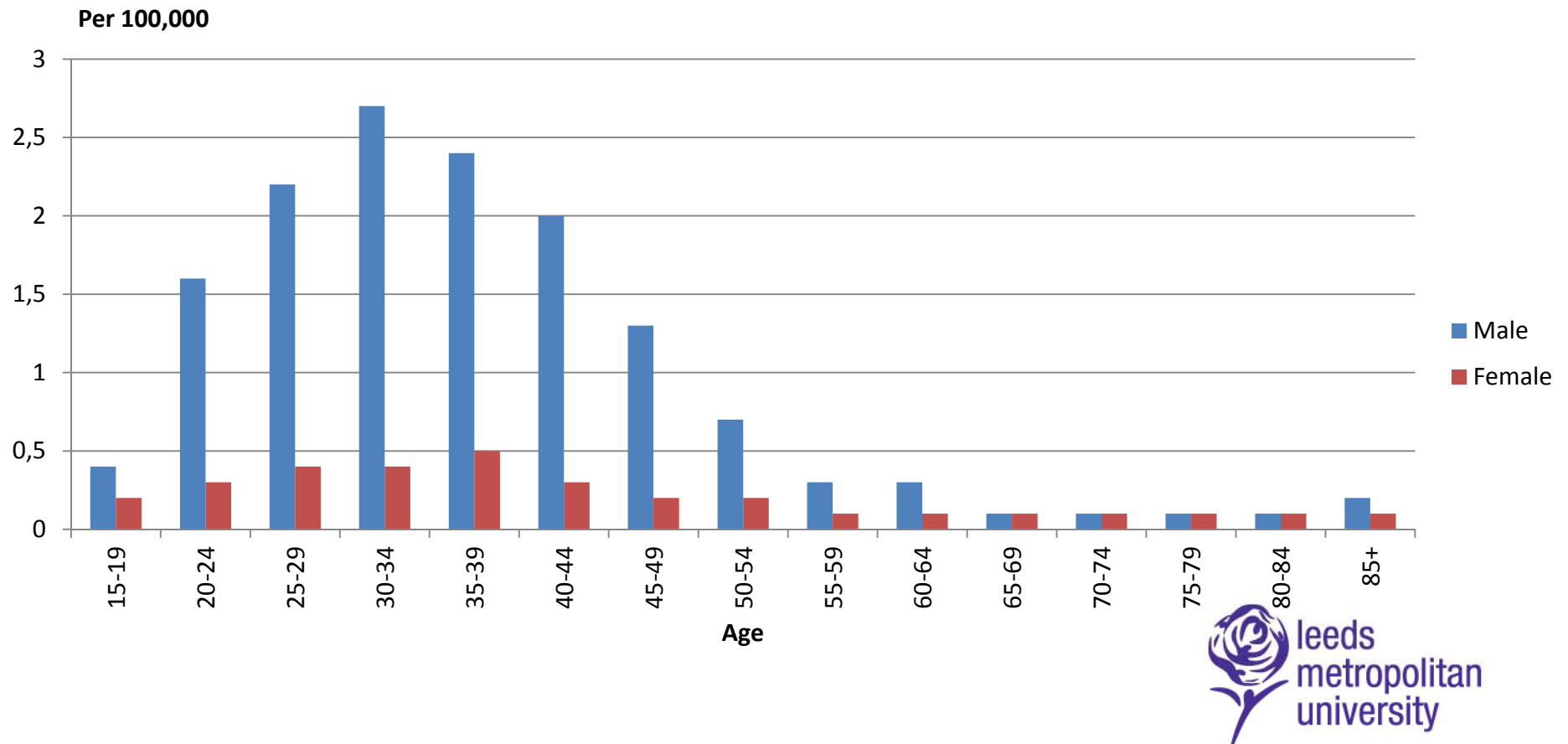
Age standardised death rates for Chronic liver disease, by sex and country, all ages, latest year¹



¹2008 except: BE (2004). DK, LU, PT (2006). BG, IT, MT, PL, RO, FR, SE, UK, CH, EU27 (2007)

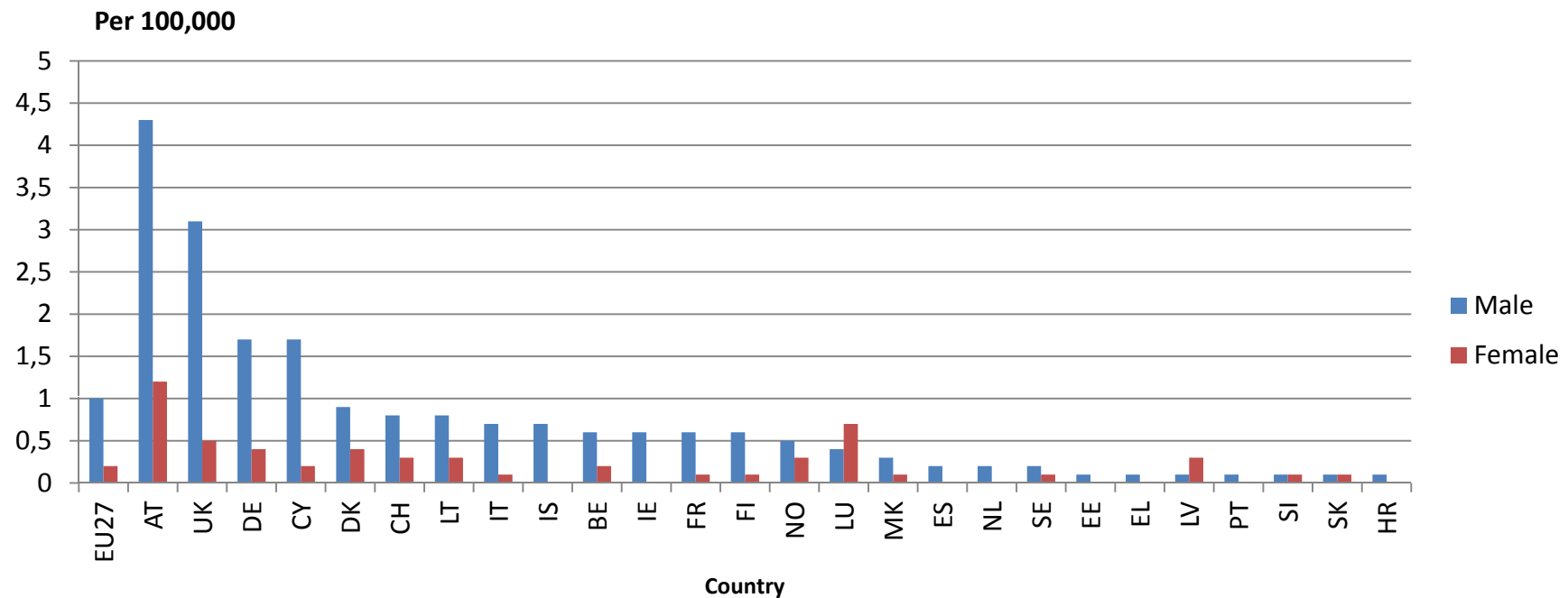
EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

Age specific death rates for Drug dependence, toxicomania, by sex, EU27, 2007



EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

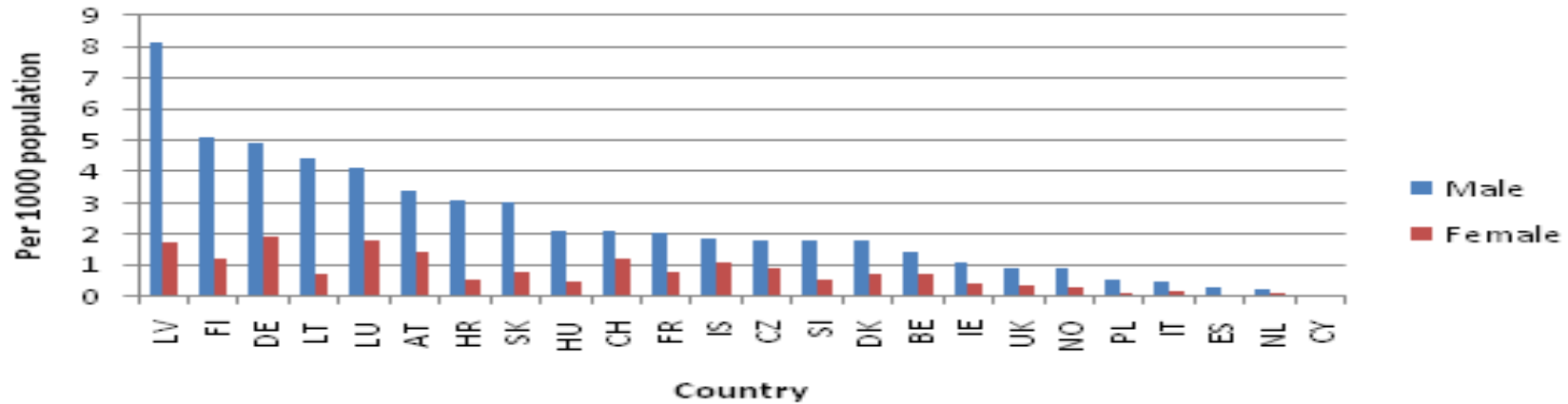
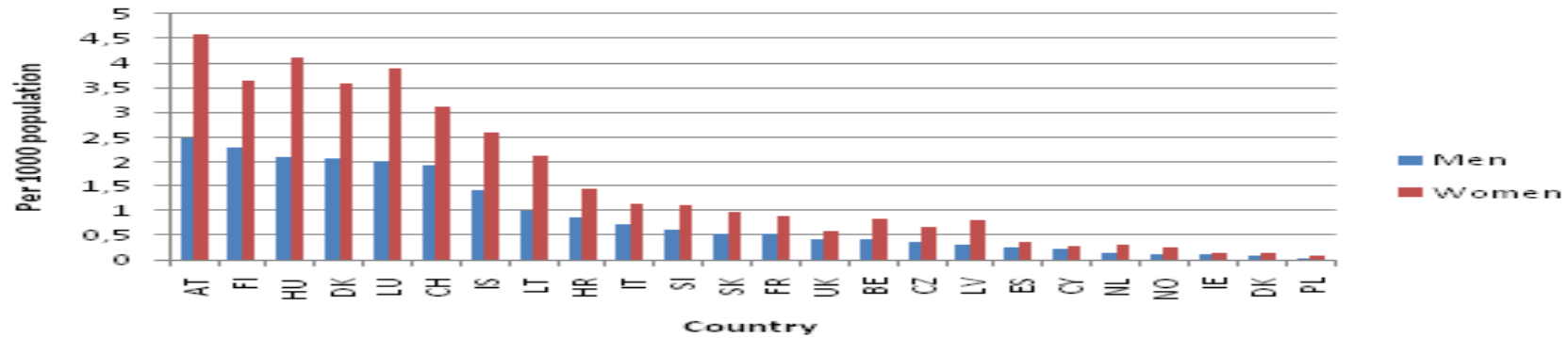
Age standardised death rates for Drug dependence, toxicomania, by sex and country, all ages, latest year¹



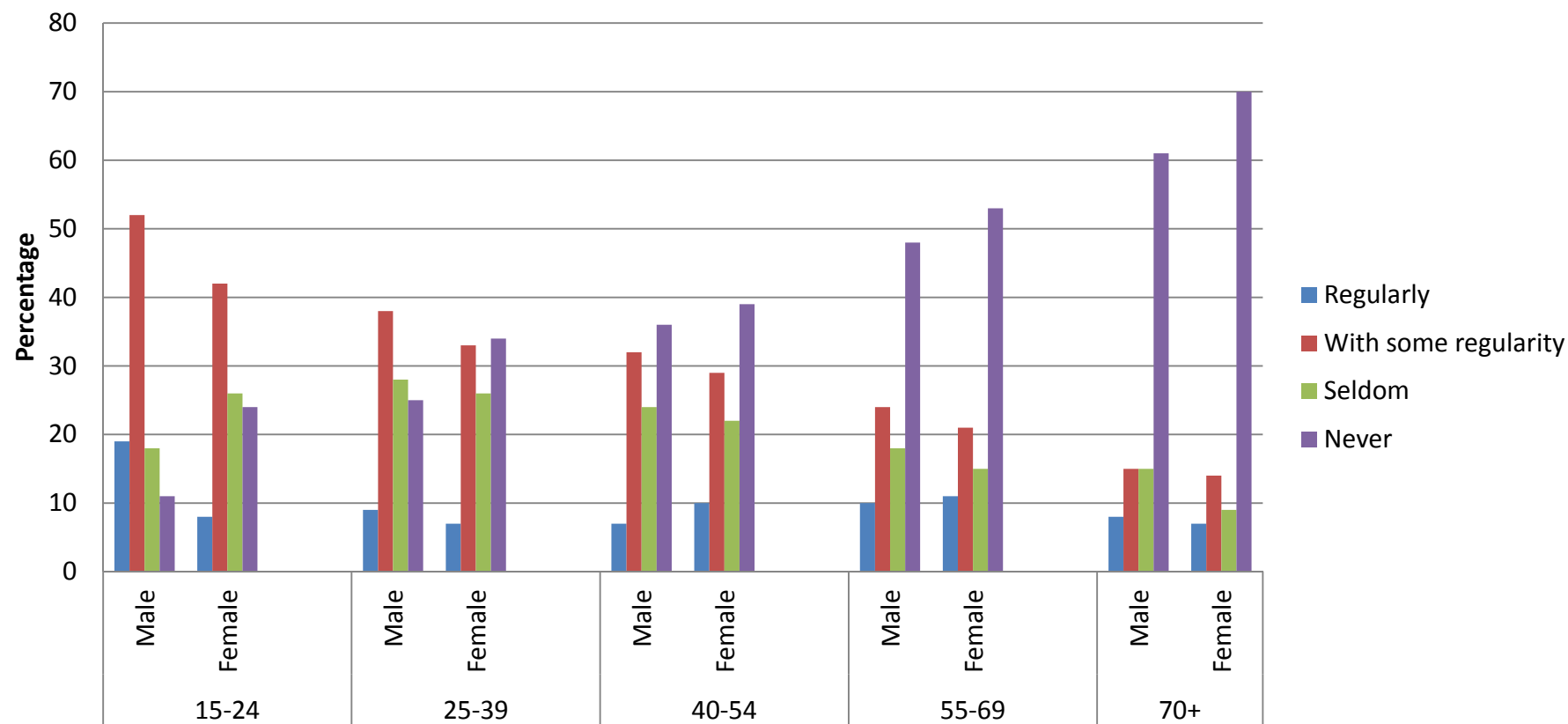
¹ 2008 except: CH, CY, EU27, FR, IE, IS, IT, SE, SI, UK (2007). DK, LU, LV, PT (2006). EE, MK (2005). BE, SK (2004)



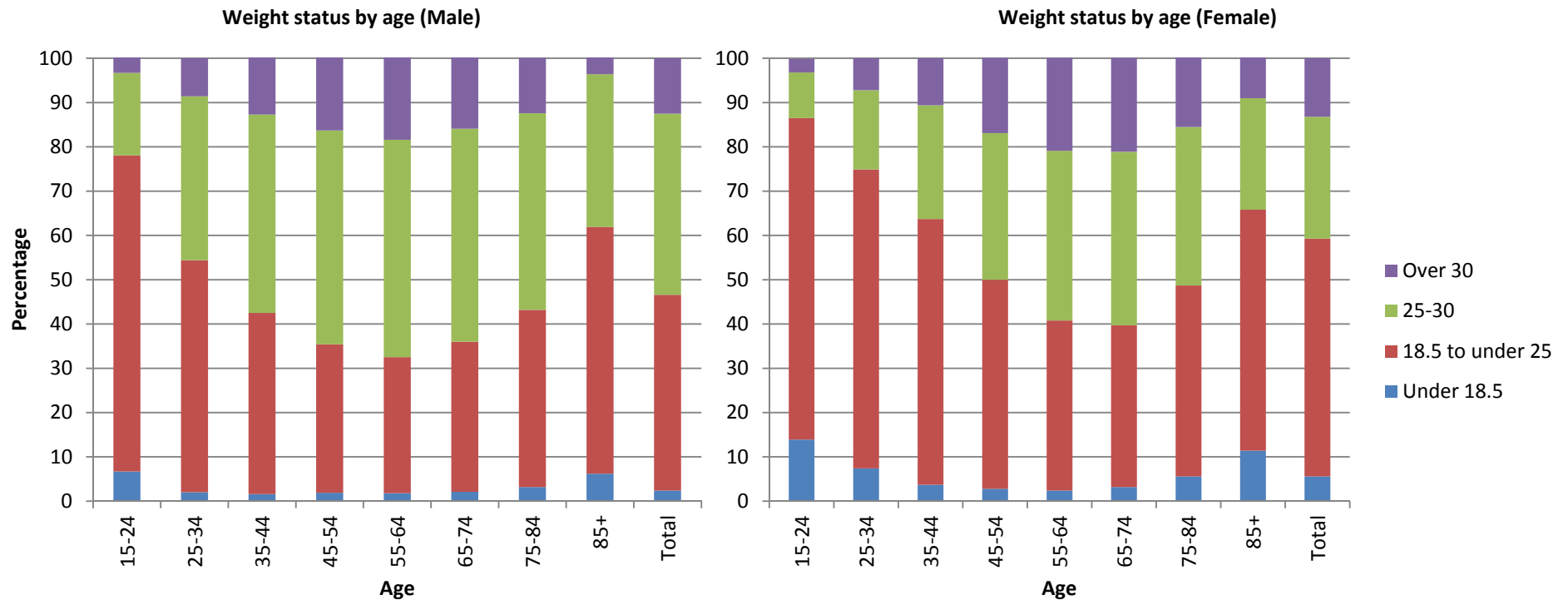
Depression vs. Alcohol Disorders



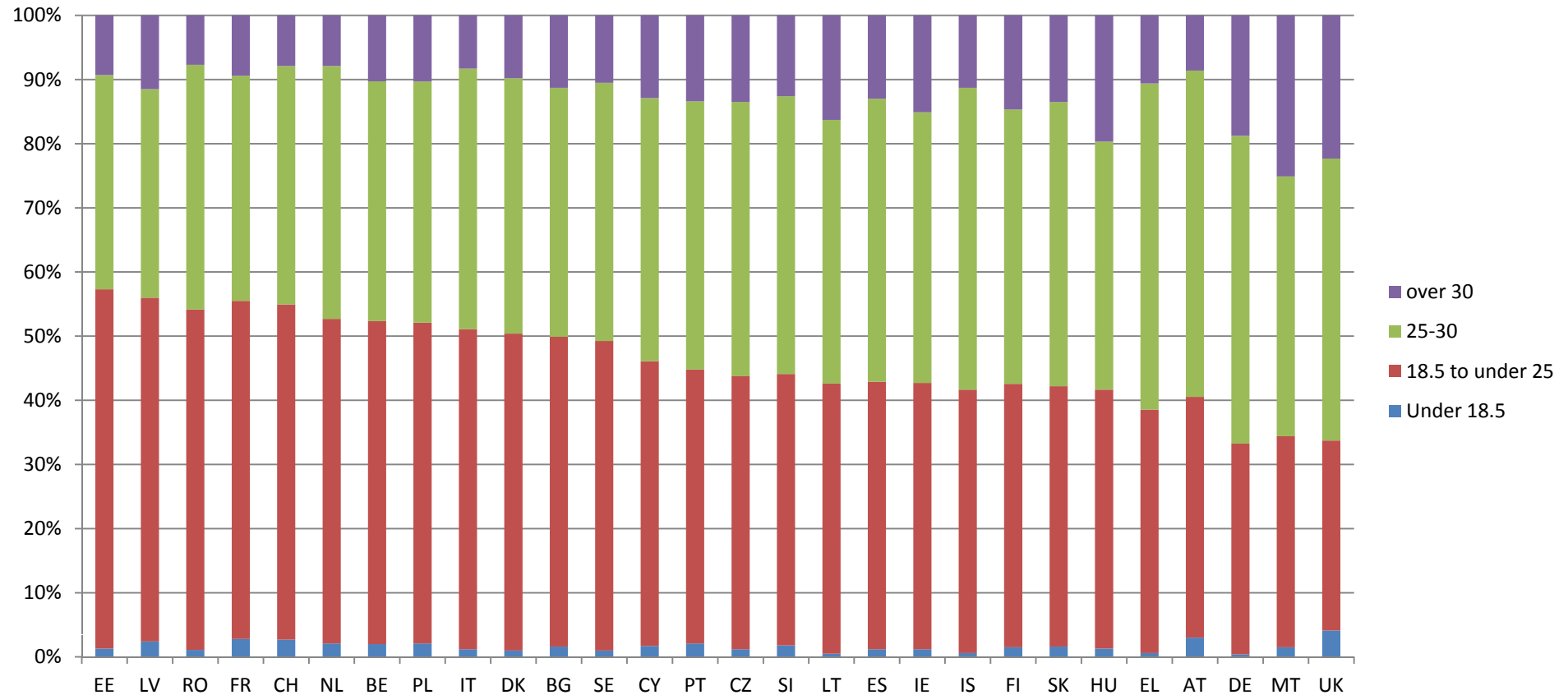
How often do you exercise or play sport, by sex and age, EU27, 2010



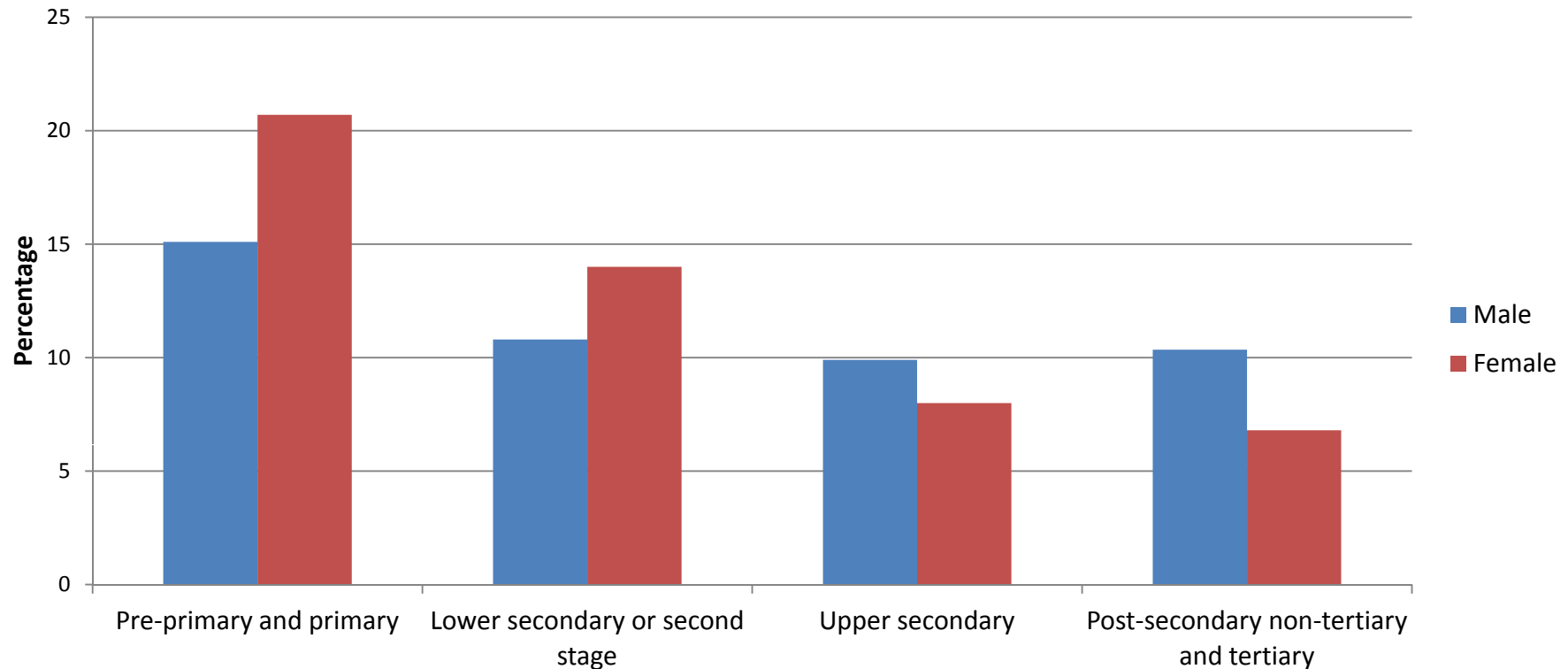
Weight status by age and sex, the EU27, 2004



Weight status for males, by country, 2004



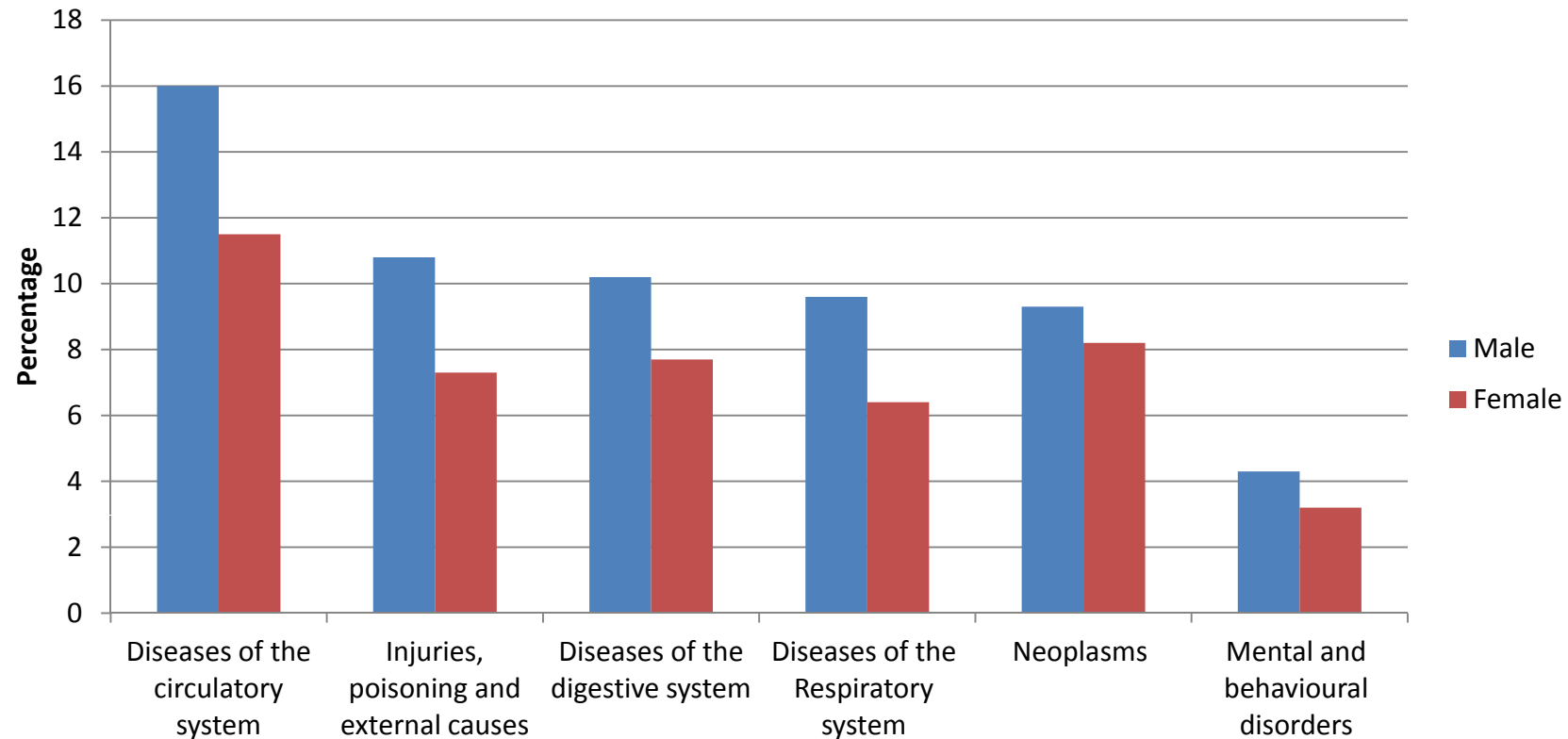
Median percentage of population overweight (BMI 25-30), by sex and educational attainment, 2004



Access to services

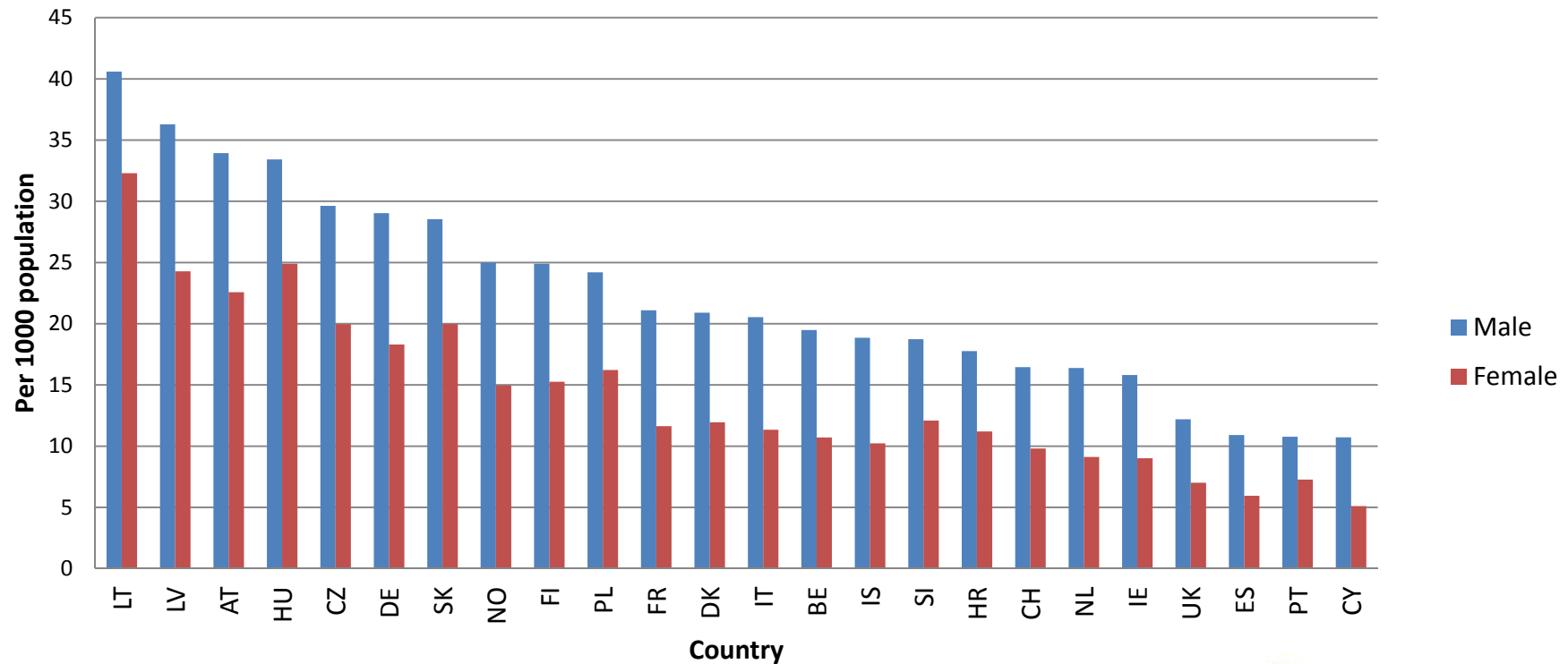
- Infrequent use of and late presentation to health services are associated with men experiencing higher levels of potentially preventable health problems and having reduced treatment options.
- The overall rate of admission to hospital is higher for men than for women for all of the principal diseases and health problems.
- Men are also less likely than women to engage in routine or preventative health checks.

Diseases as a percentage of all in-patient admissions, by sex, EU_V¹.



¹ EU_V aggregate which varies according to countries available

Age standardised admission rates per 1000 population for Diseases of the circulatory system, by sex, and country, latest year¹



¹ 2007 except HR, DK, IS, IT (2006). NL, PT, ES (2005)

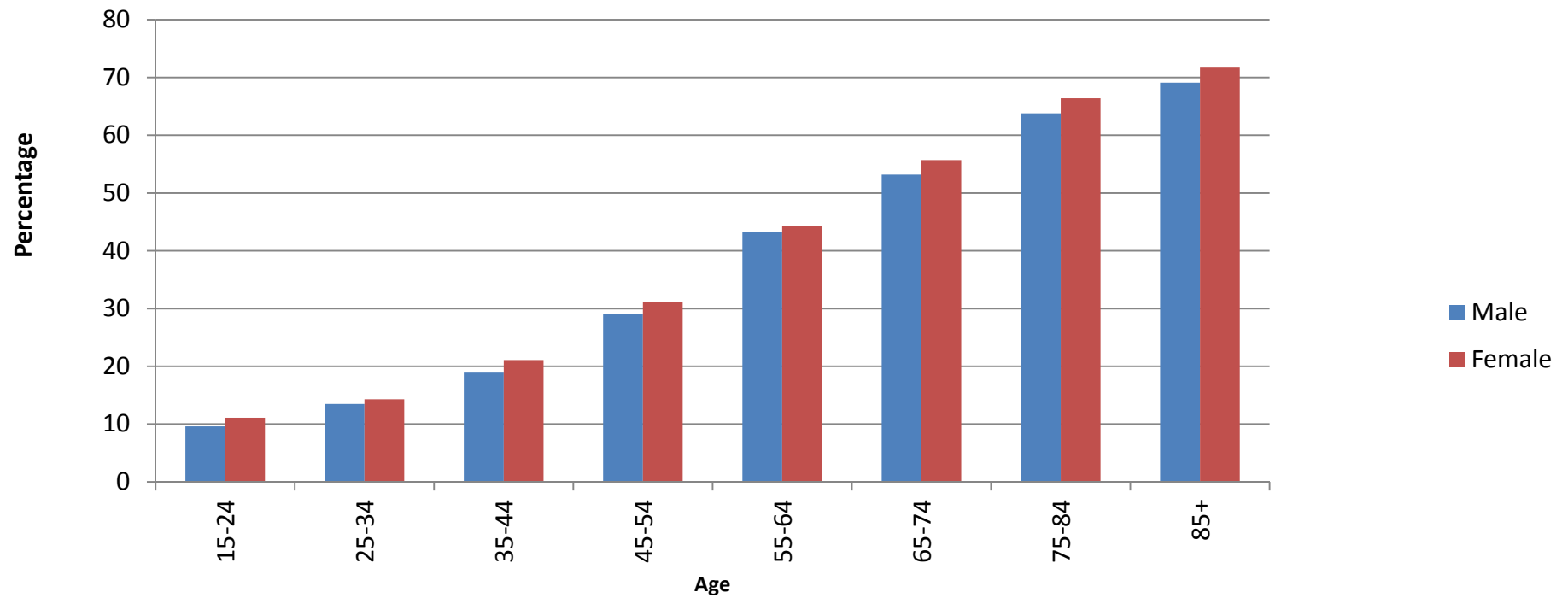


Health Status

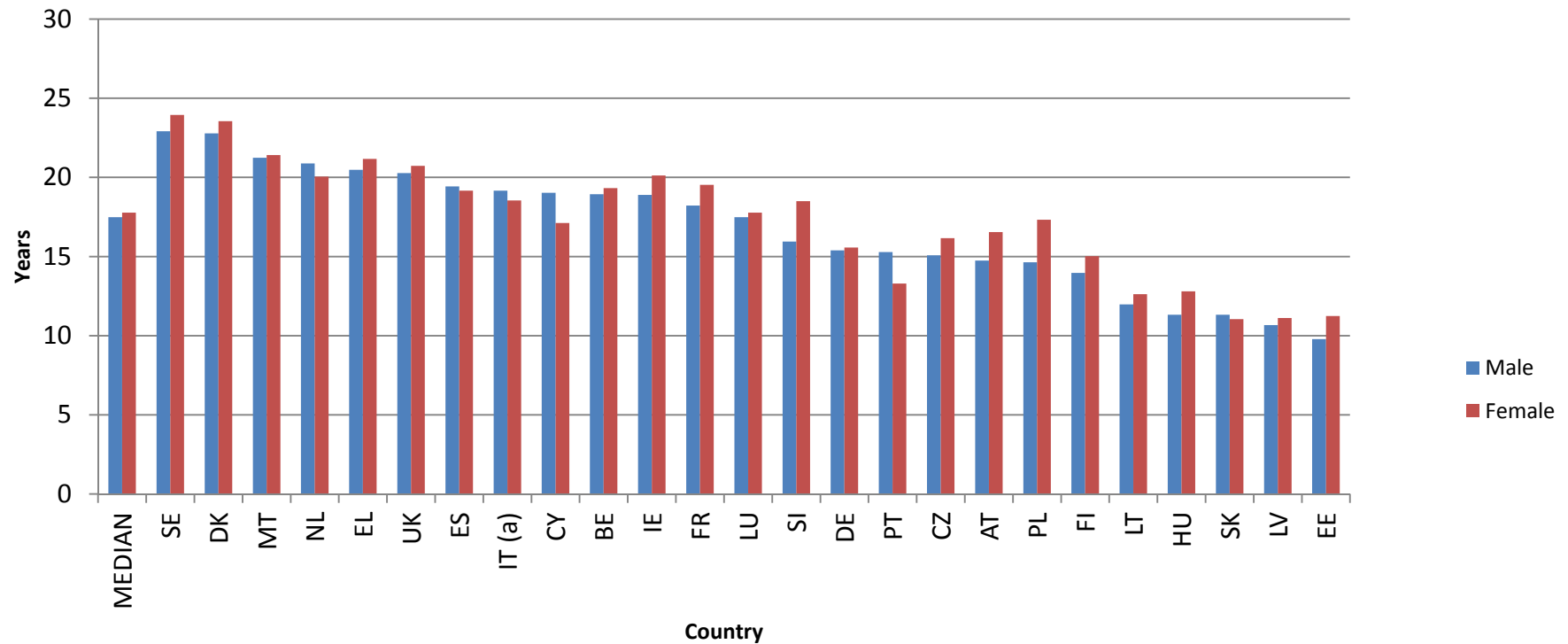
Men generally identify themselves as having better health than women, though this may not accurately reflect their actual level of health and wellbeing.



Self perceived chronic health problems, by sex and age, EU27, 2008



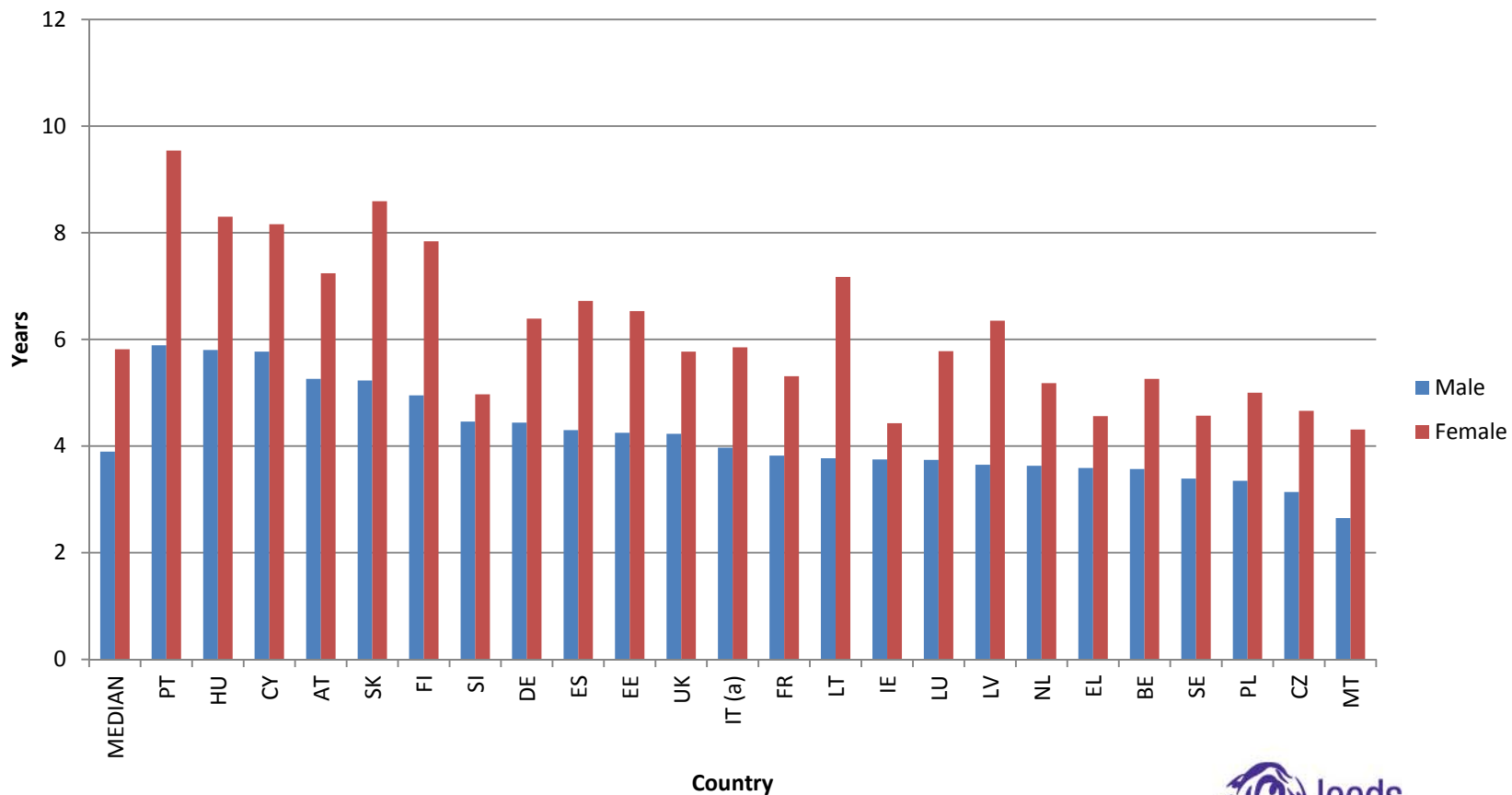
Life expectancy for 50 year olds without activity limitation, by sex and country, 2008



(a) Estimated value



Life expectancy for 50 year olds with severe activity limitation, by sex and country, 2008

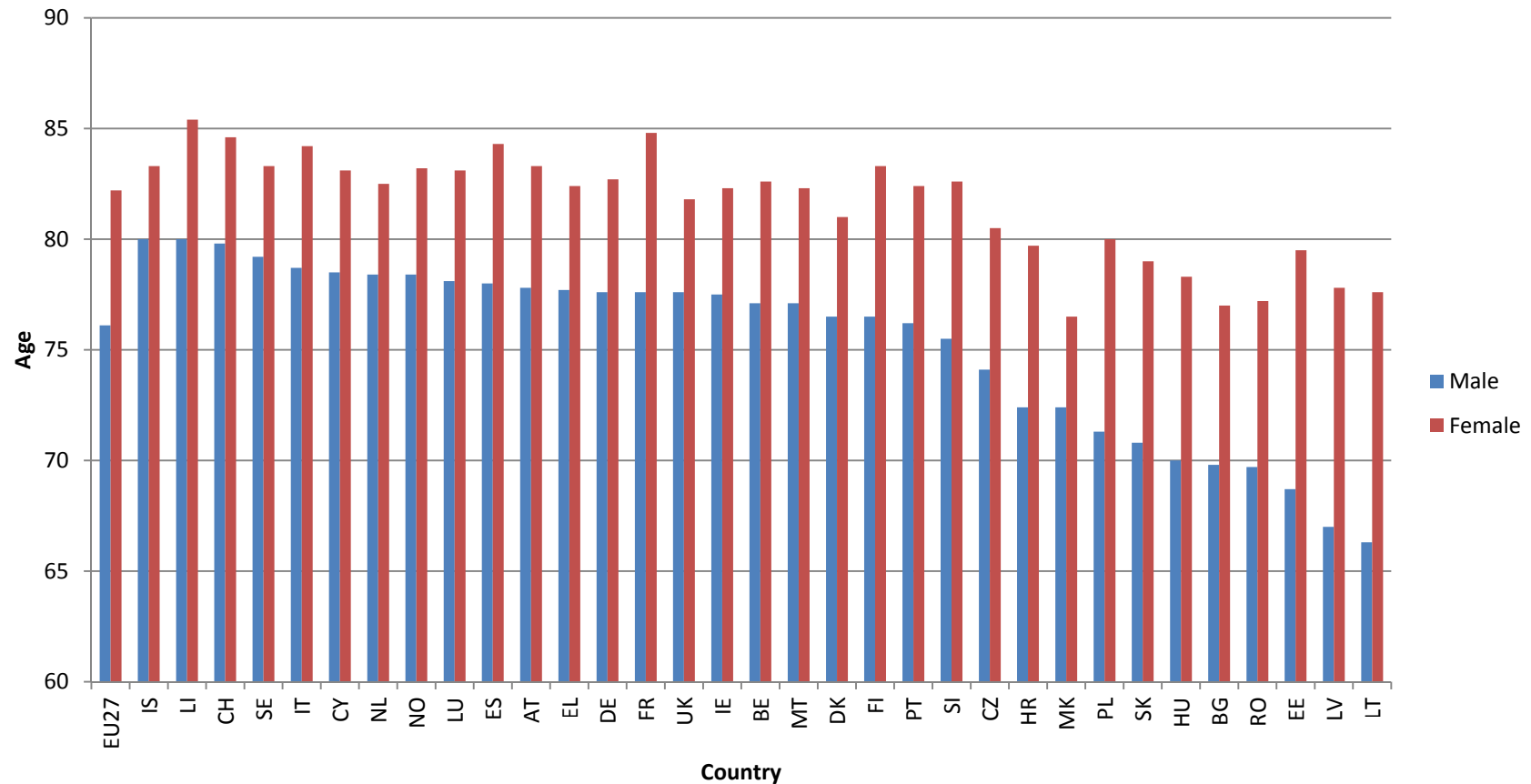


(a) Estimated value

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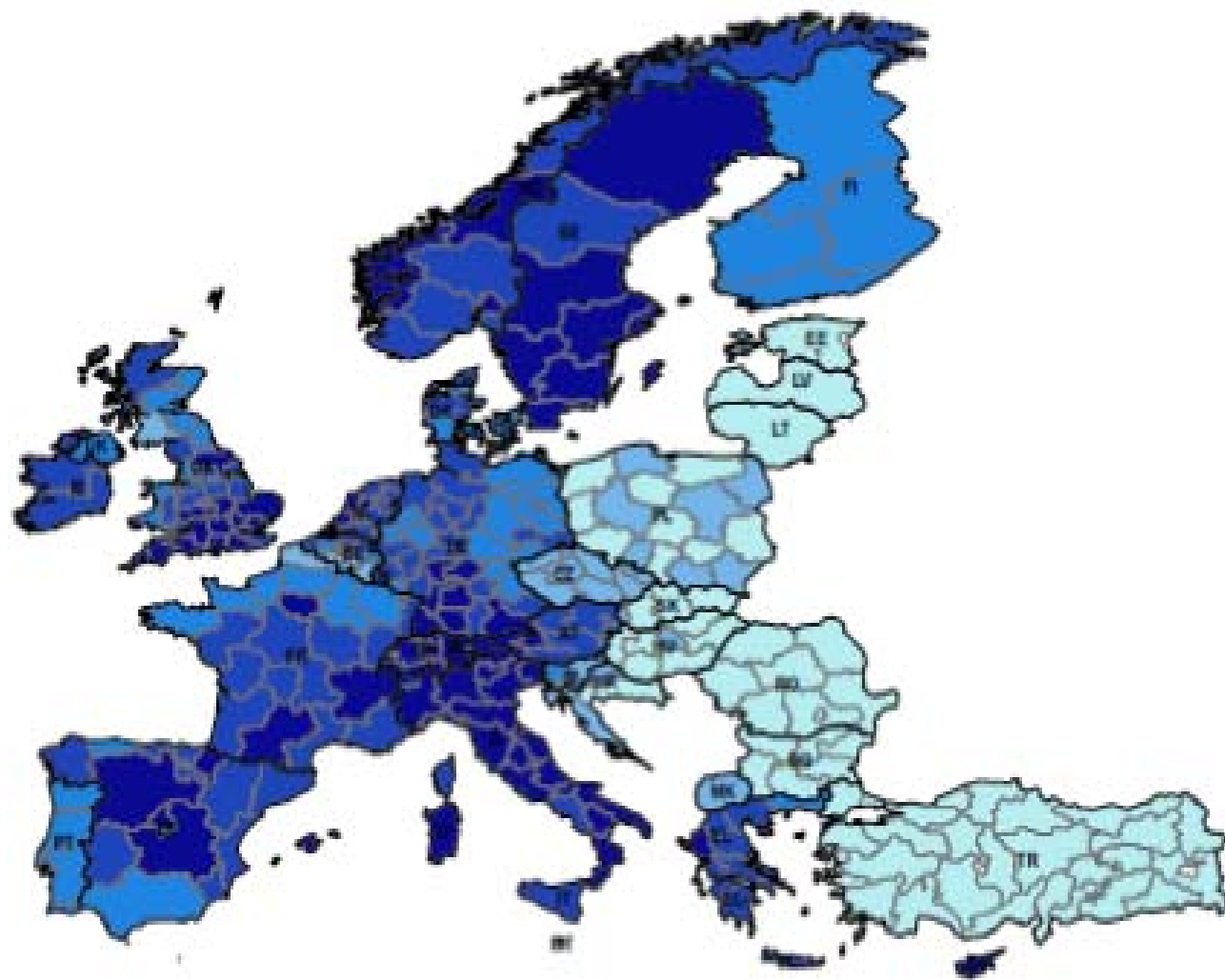
Life expectancy at birth, by sex and country, latest year¹



¹ 2008 except EU27, BE, FR, IT, UK (2007)



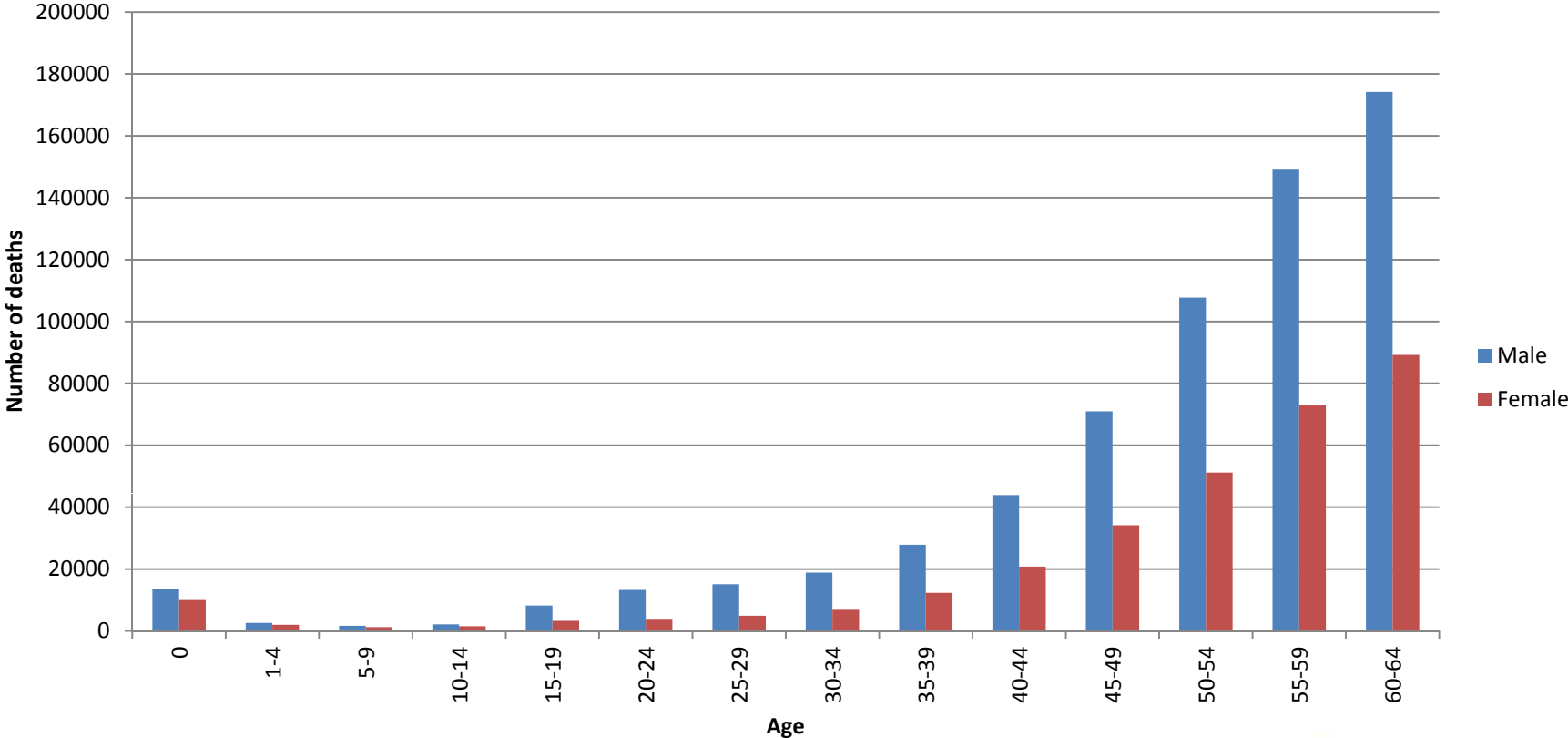
Male Life Expectancy



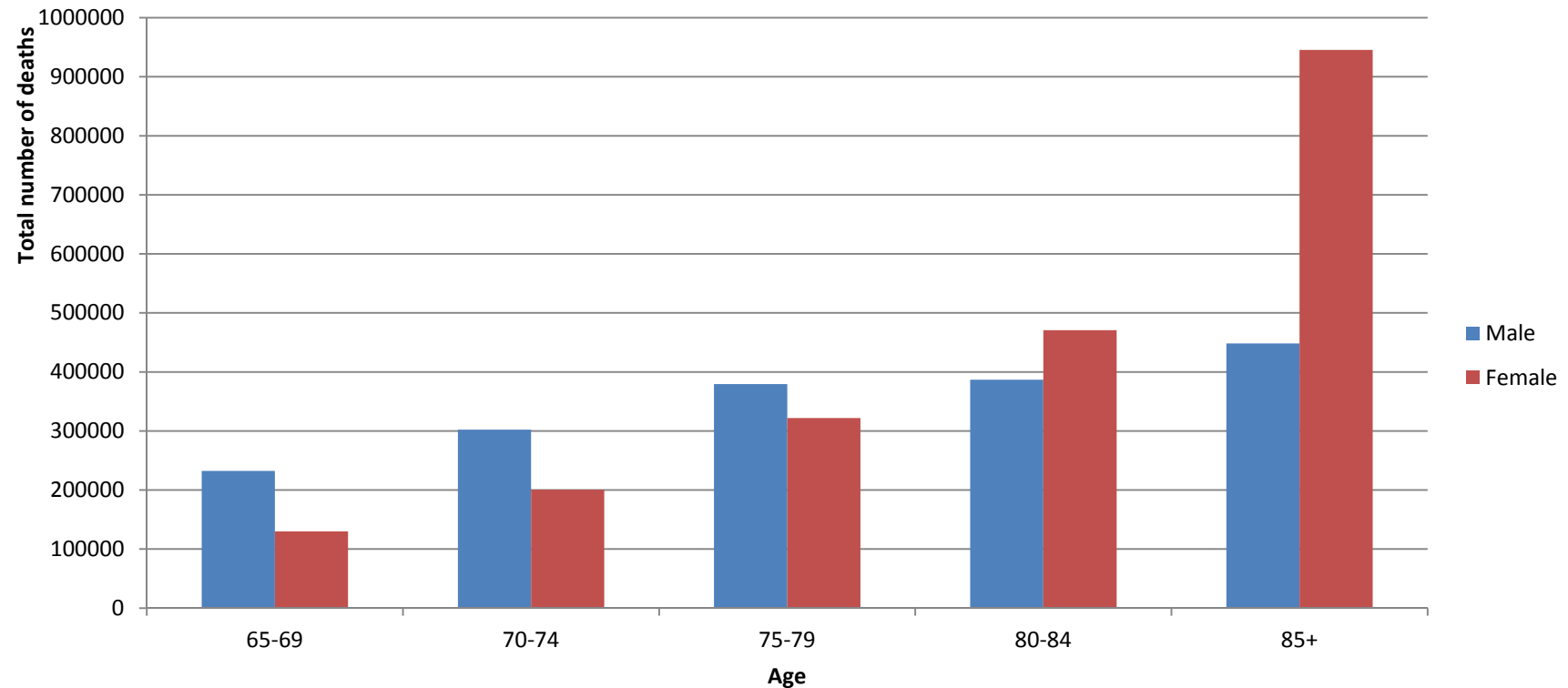
Over 630,000 male deaths occur in working age (15-64 years) men across the EU27 as compared to 300,000 female deaths.



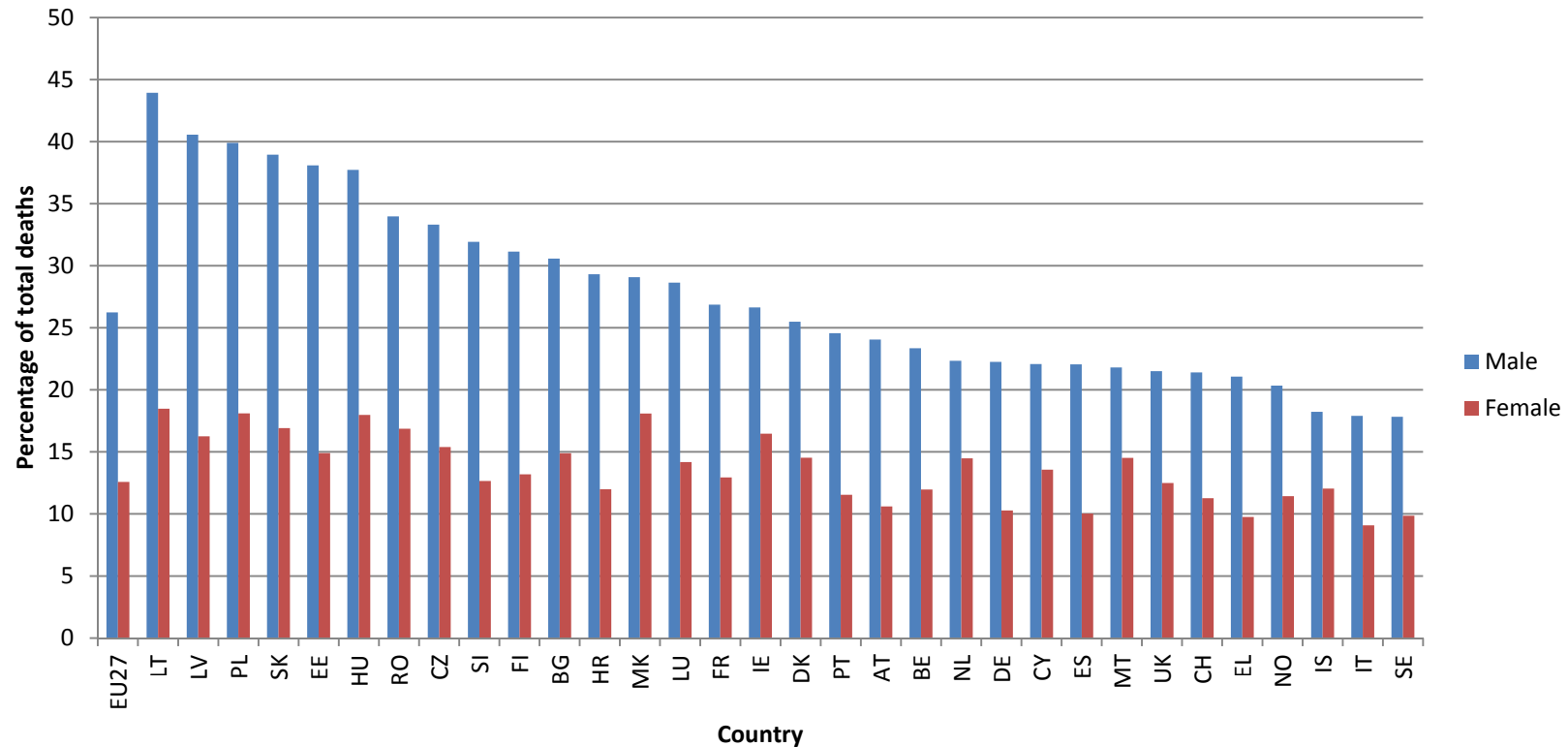
Total number of deaths, ages 0 to 64 years, EU27, 2007



Total number of deaths, ages 65+ years, EU27, 2007



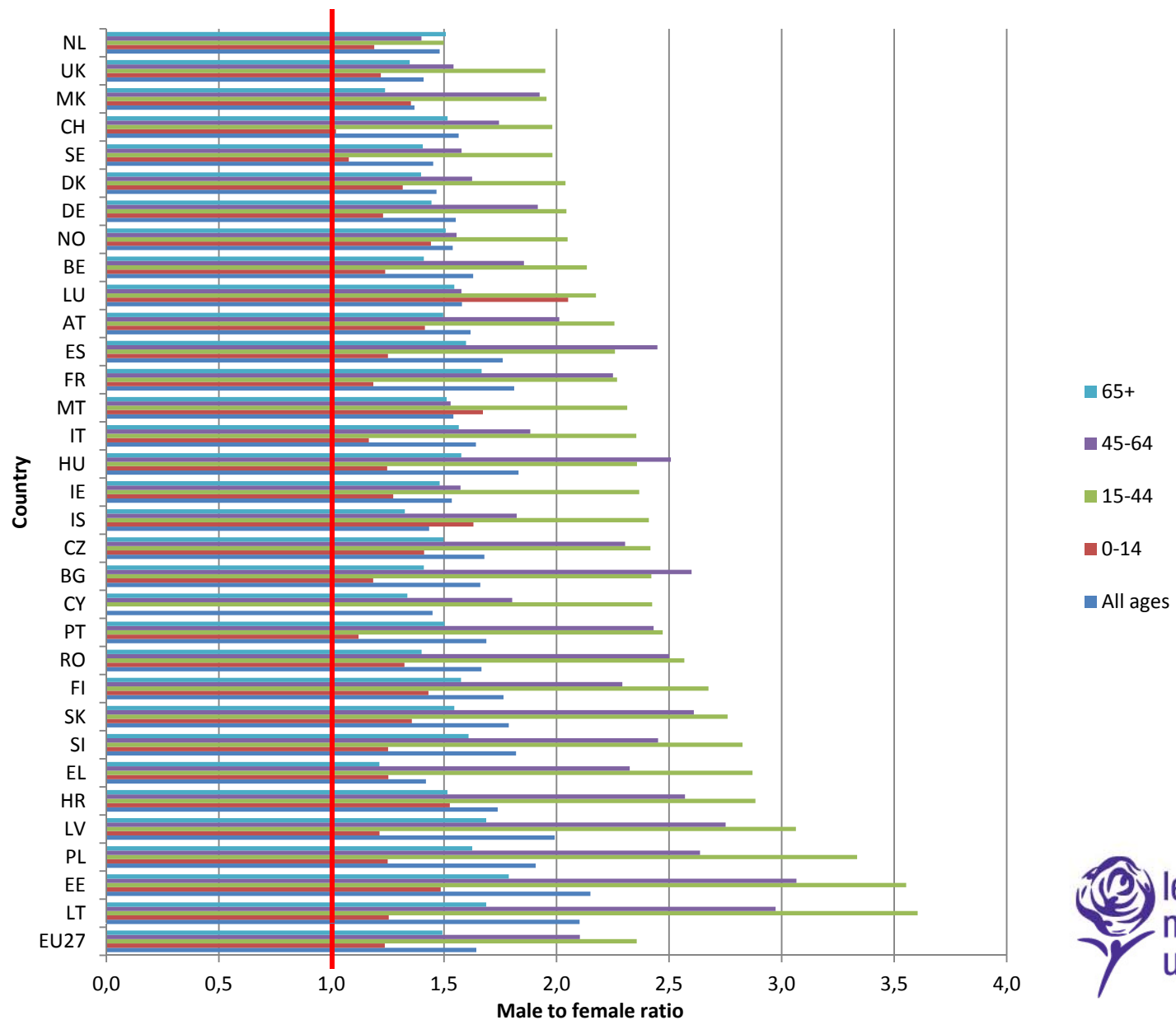
Deaths in 15-64 age range as a percentage of total deaths, by sex and country, latest year. ¹



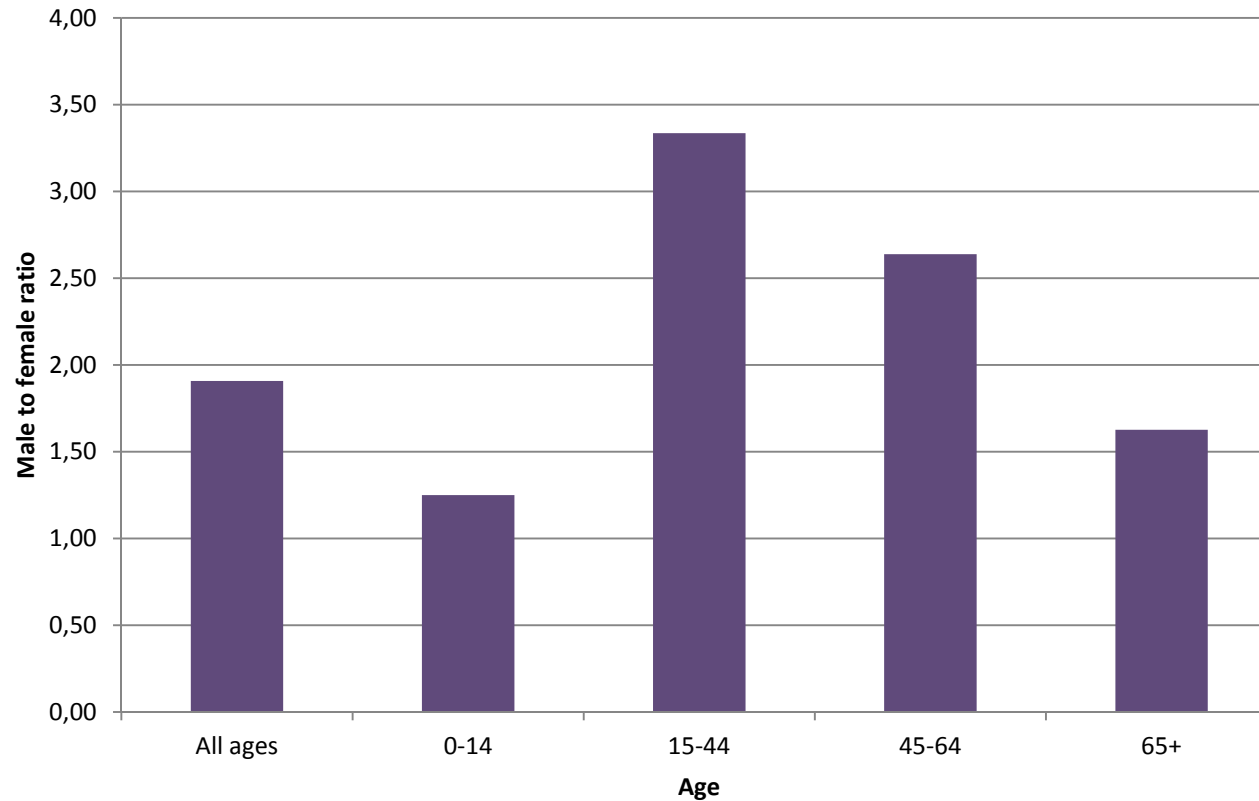
¹ 2008 except EU27, BG, CH, FR, IT, MT, PL, RO, SE (2007). DK, LU, PT (2006). BE (2004).



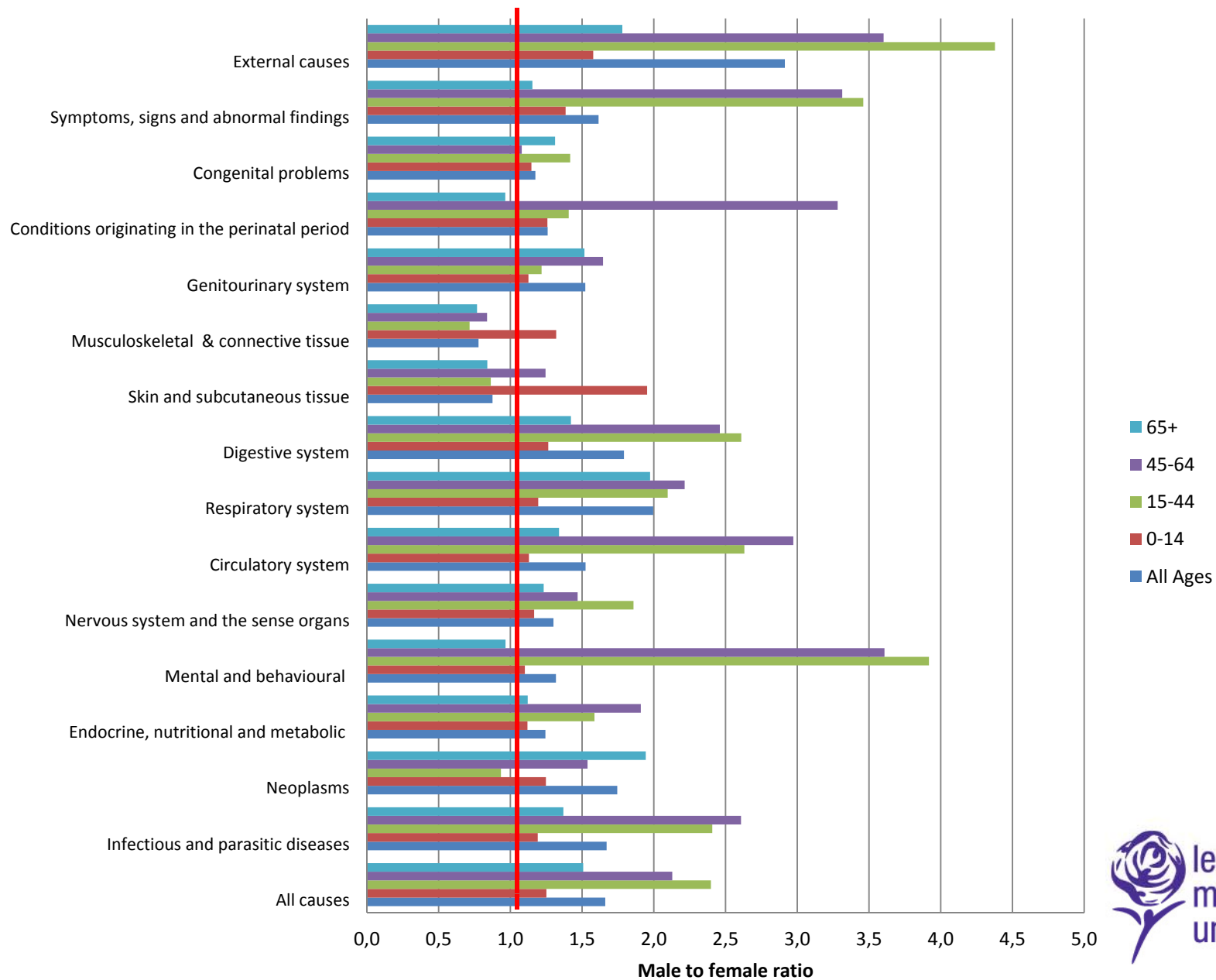
Sex ratio of rates of death, for all conditions, by age and country



Sex ratio of rates of death, for all conditions, by age, Poland



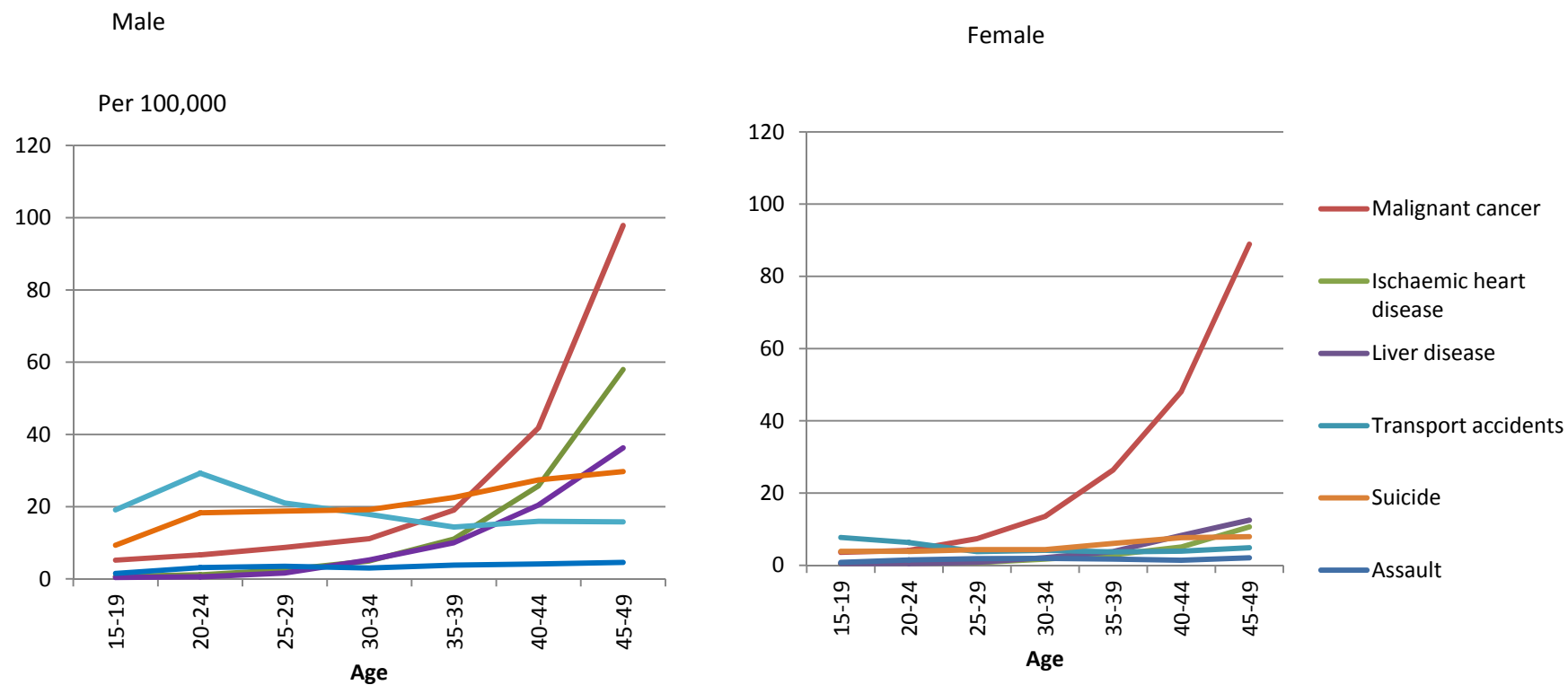
Sex rate ratio, main classification groups¹, by age, EU27, 2007



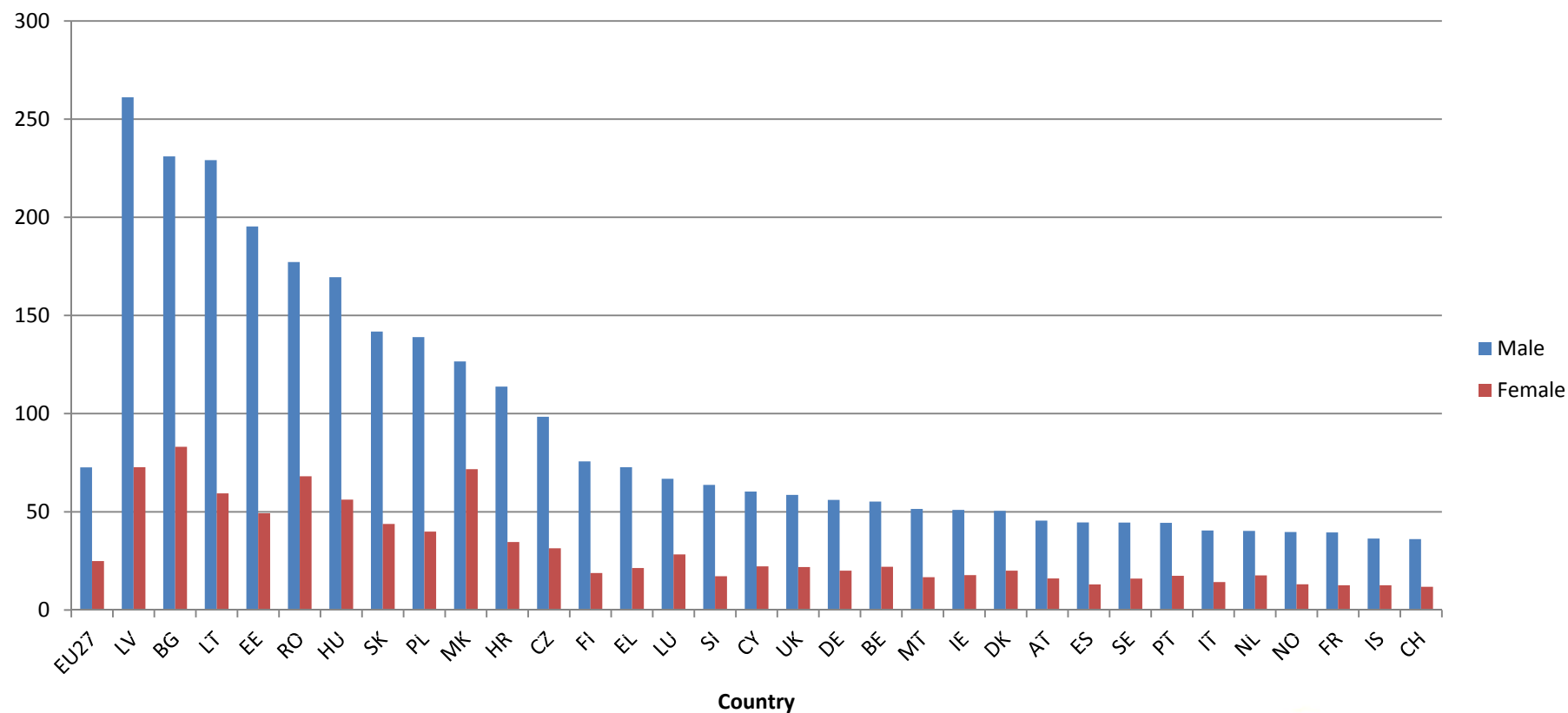
¹Excluding Pregnancy, childbirth and the puerperium as this only relates to female mortality.



Age specific death rates, for selected causes, 15-49 years, EU27, 2007

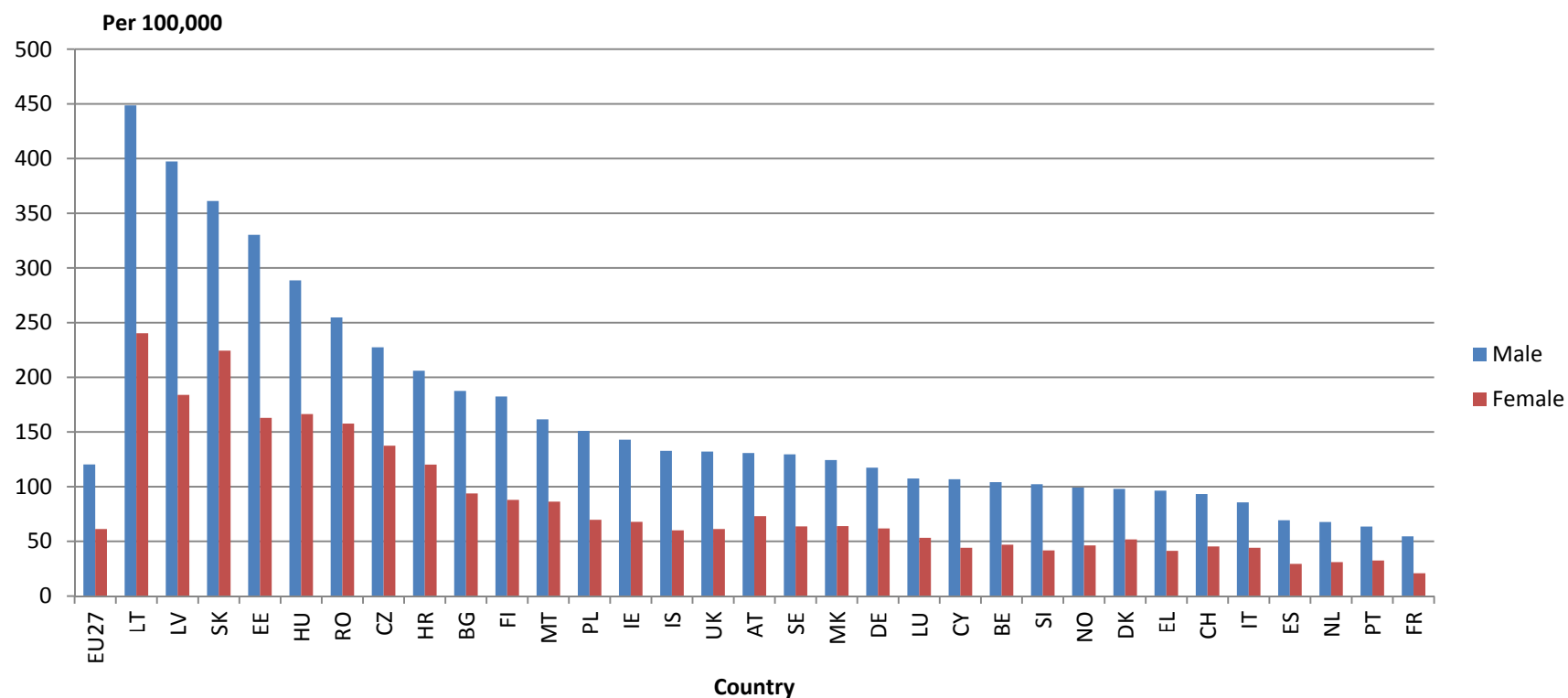


Age standardised mortality for premature CVD, by sex and country, ages 0-64 years, all ages, latest year¹



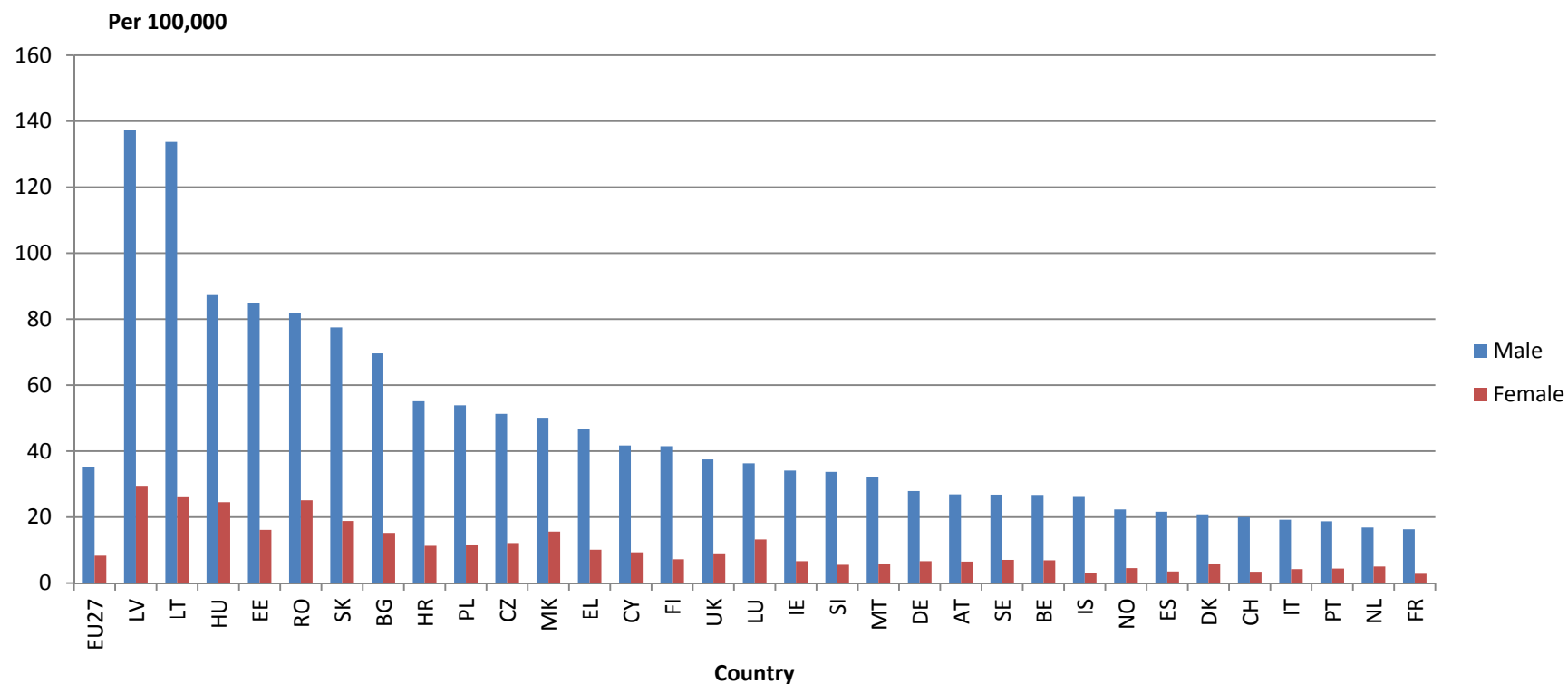
¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised mortality for Ischemic heart disease, by sex and country, all ages, latest year¹



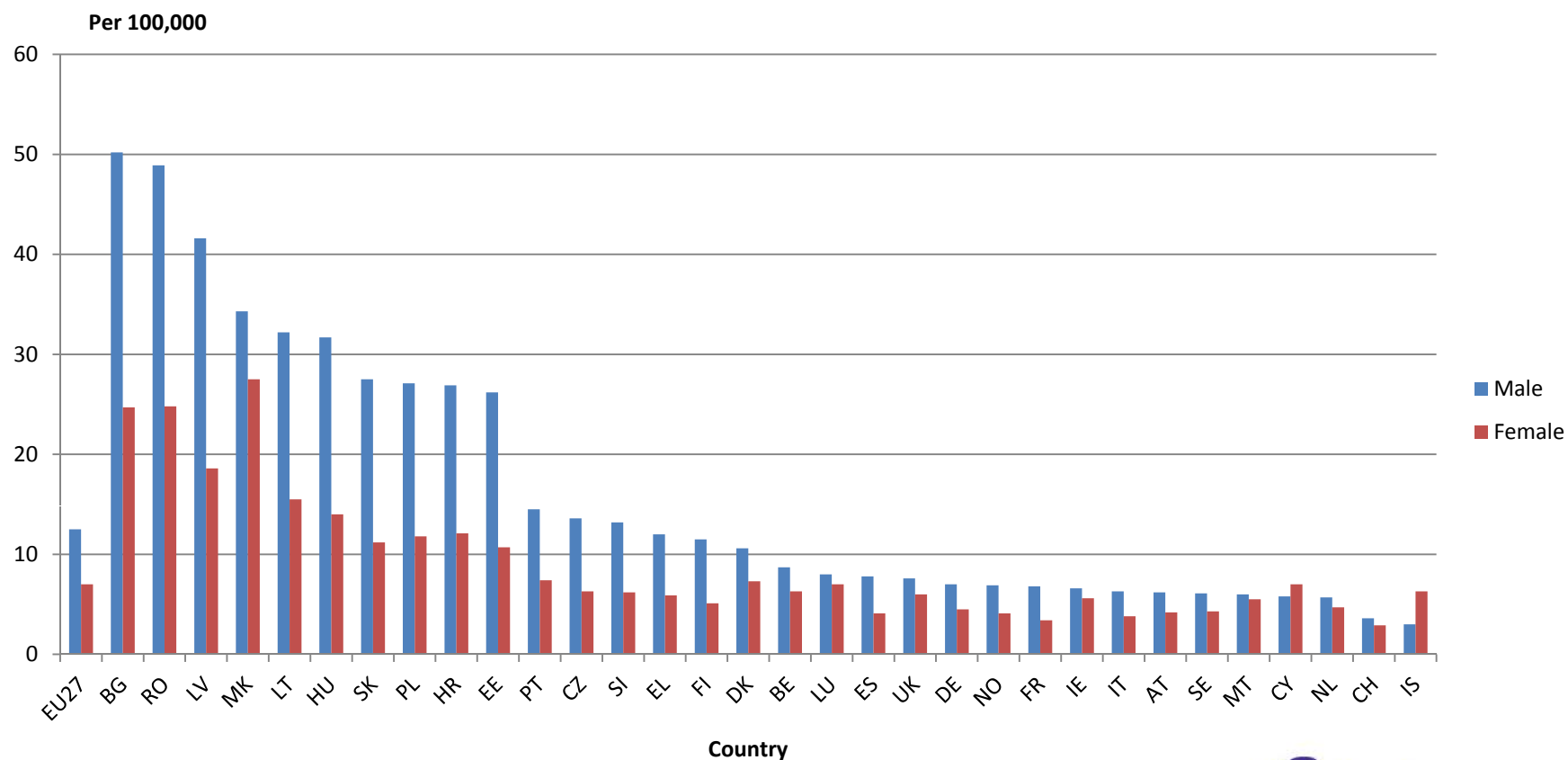
¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised mortality for Ischemic heart disease, by sex and country, ages 0-64 years, latest year¹



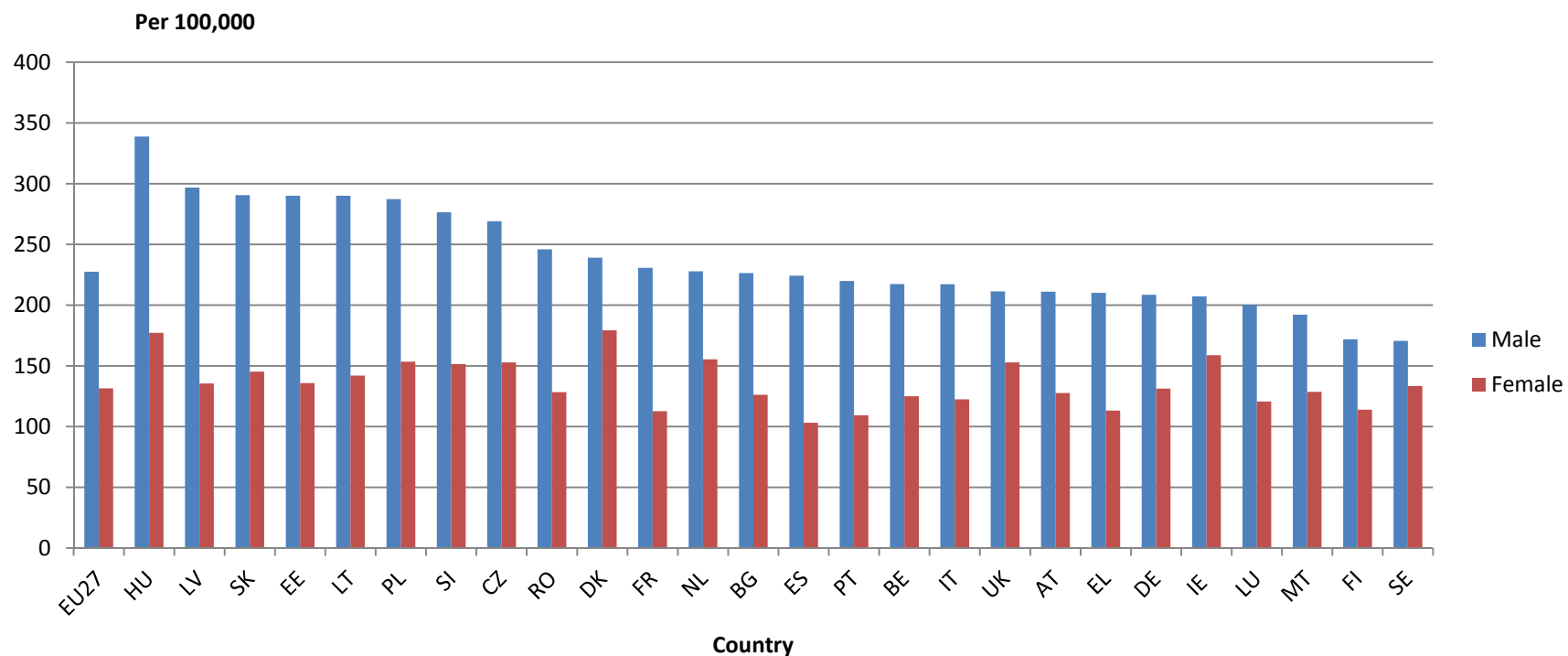
¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised mortality for Stroke, by sex and country, all ages, latest year¹



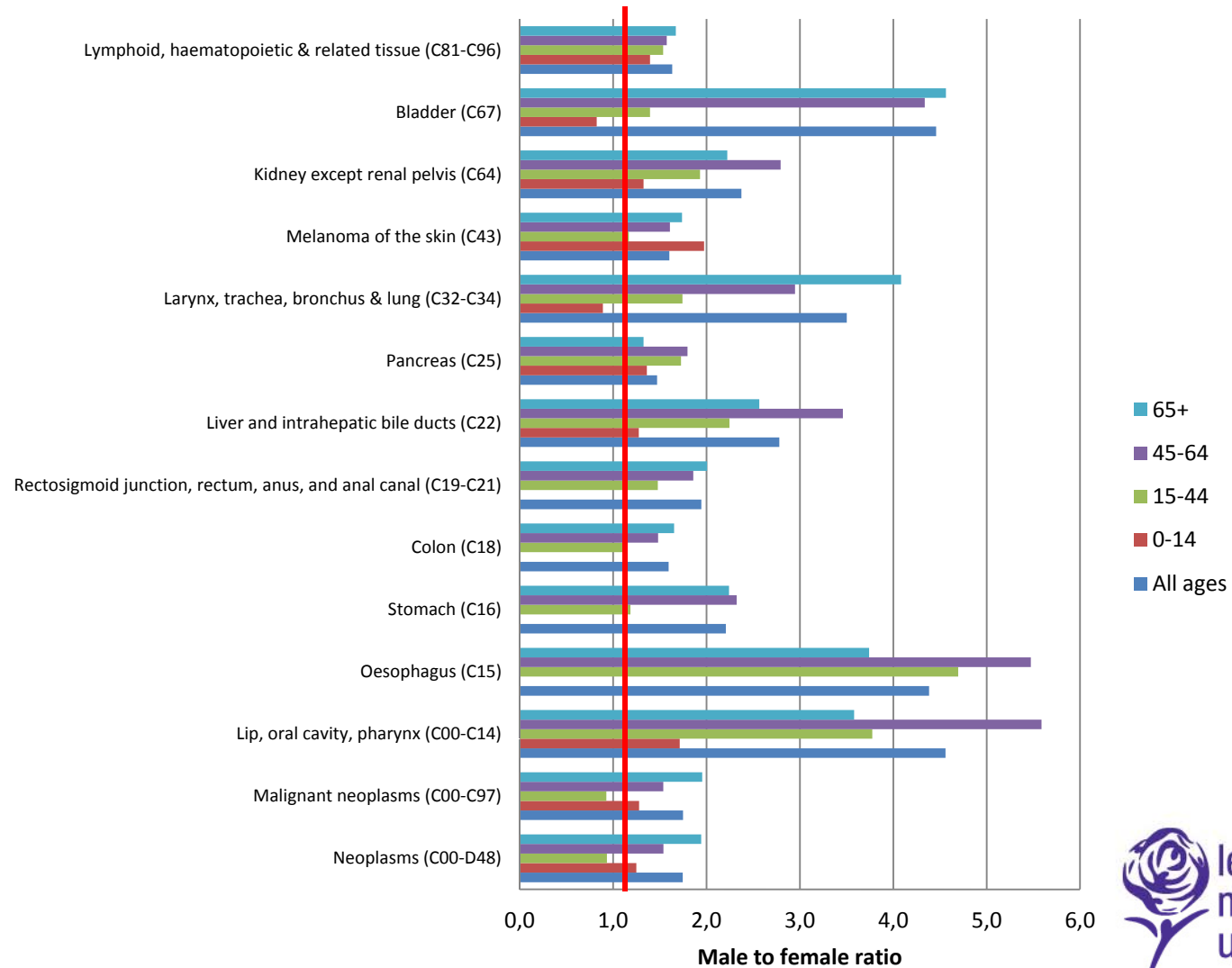
¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised death rates for cancer, by sex and country, all ages, latest year¹

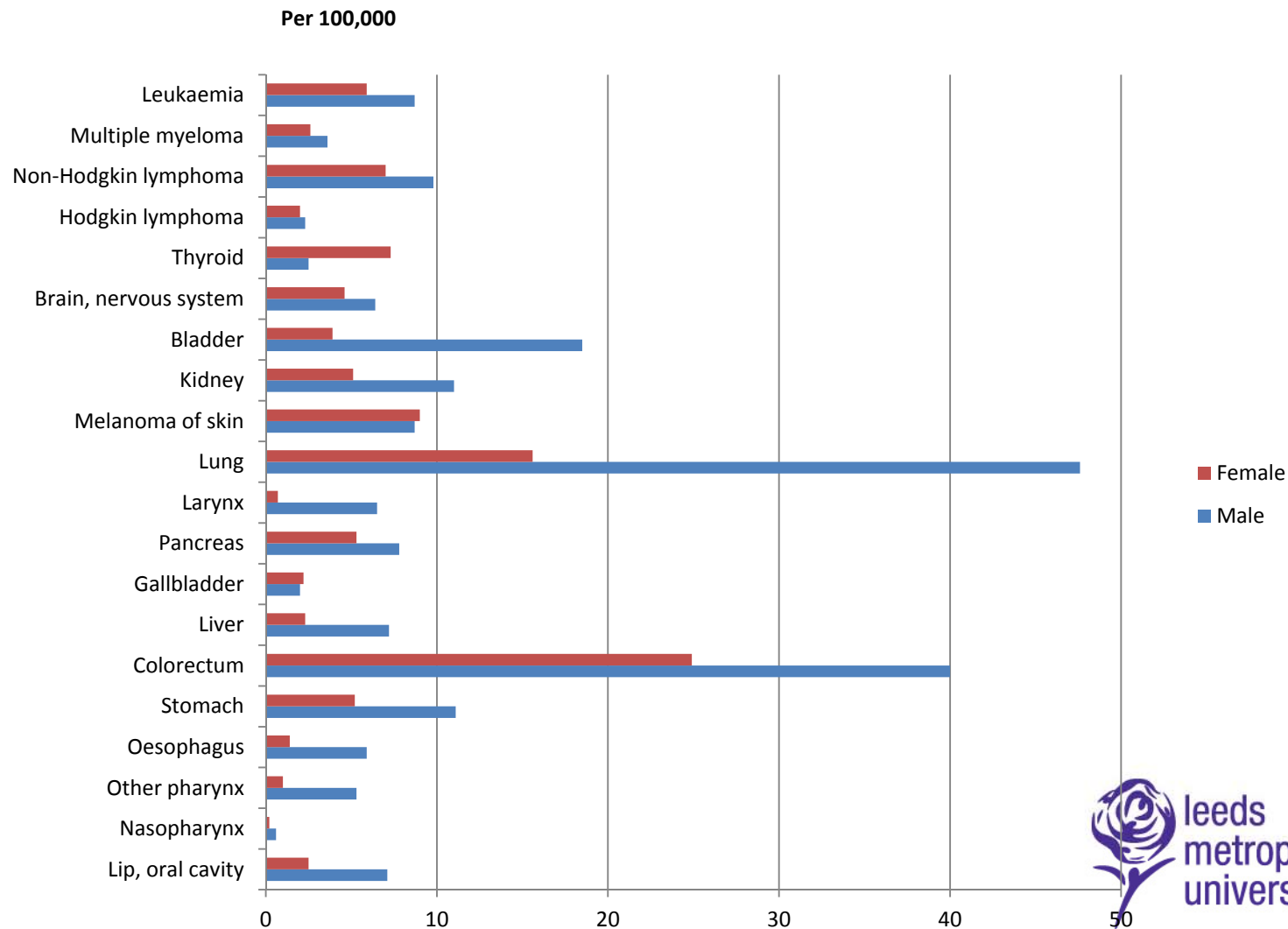


¹ 2008 except: BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007), DK, LU, PT (2006), BE (2004).

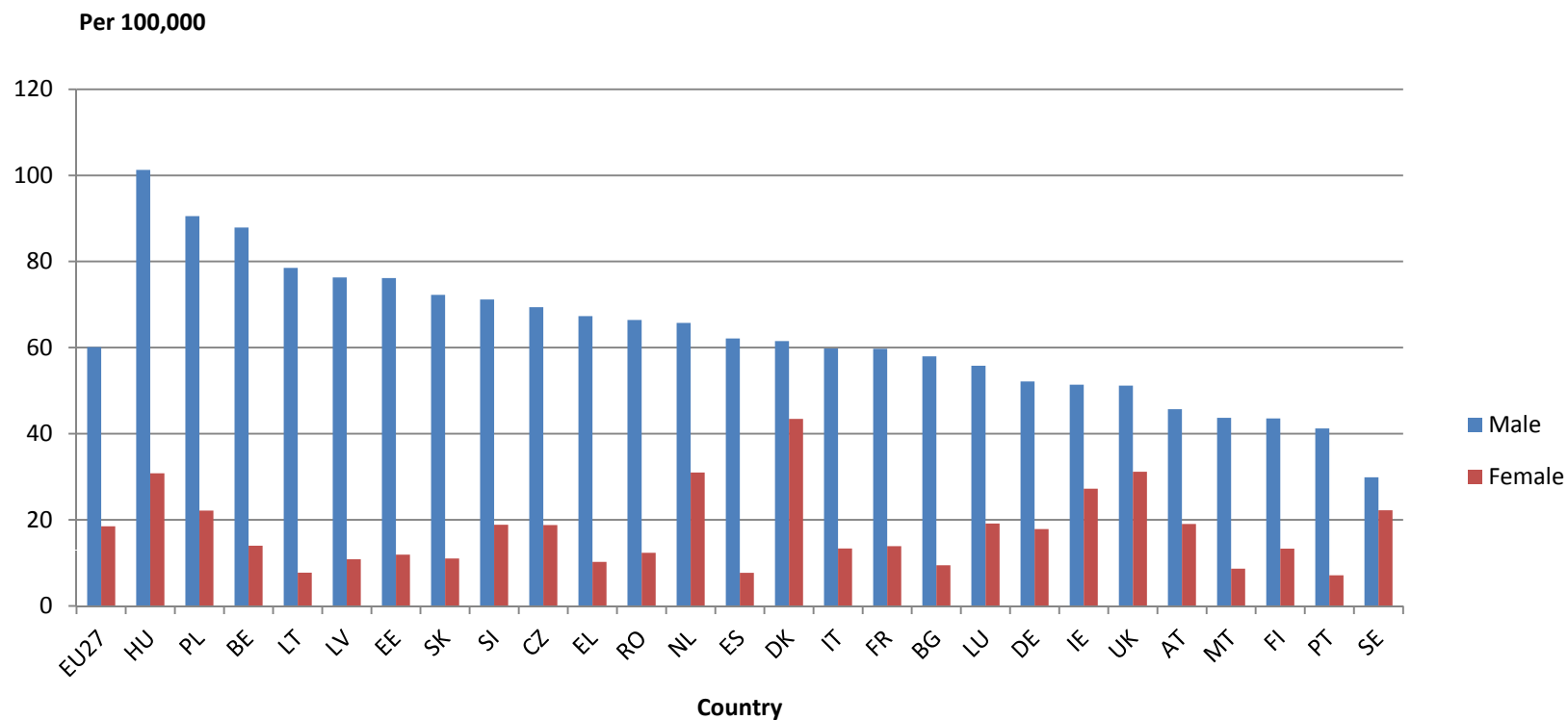
Sex ratio of standardised death rates as a result of Cancer, by age, EU27, 2007



Age standardised incidence rates for the major cancers, by sex, EU27, 2008

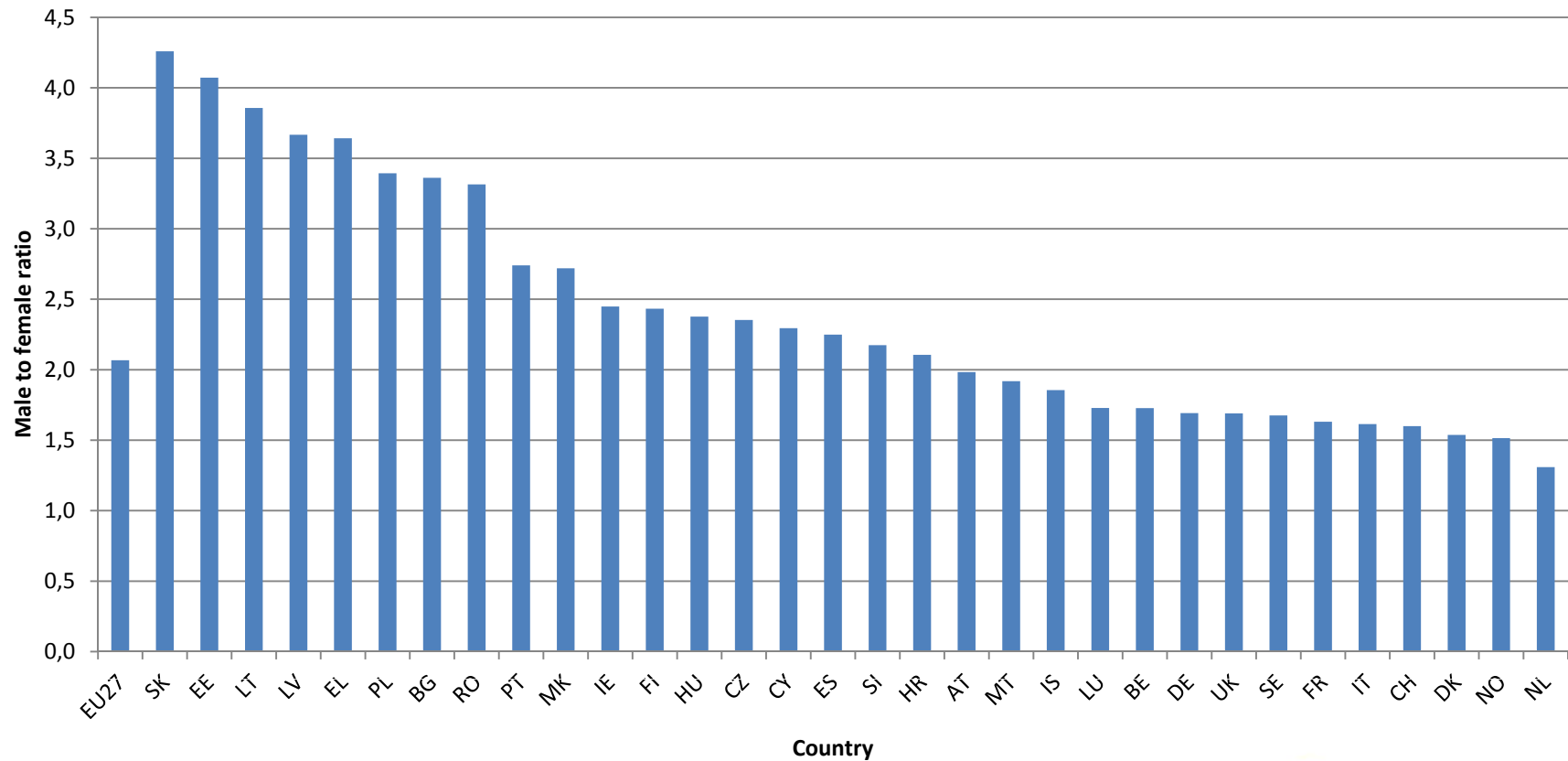


Age standardised death rates for Lung cancer, by sex and country, all ages, latest year¹



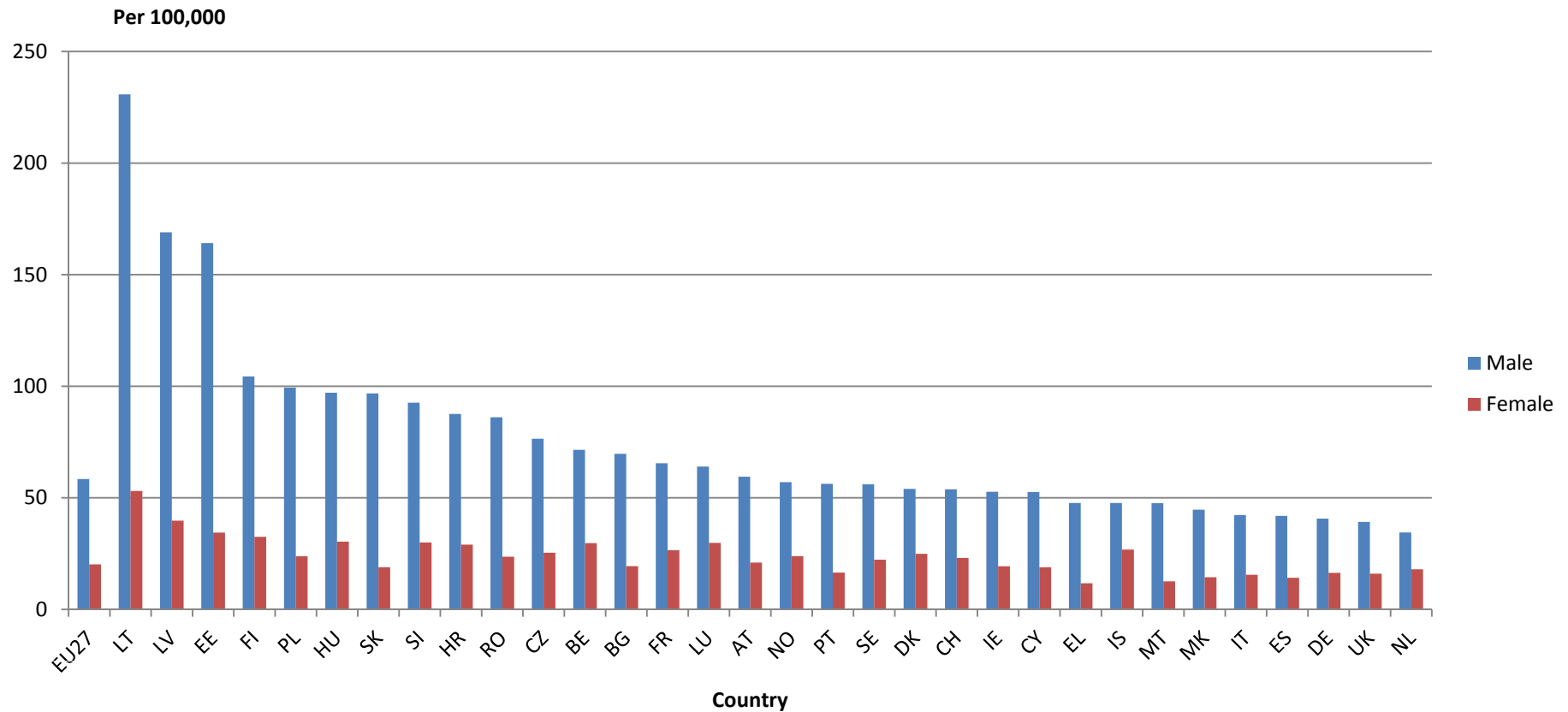
¹ 2008 except FR, IT, SE, UK (2007). DE, DK, LU (2006). ES, PT, SK (2005). BE (2004).

Male to female rate ratio of deaths due to injuries, by country¹



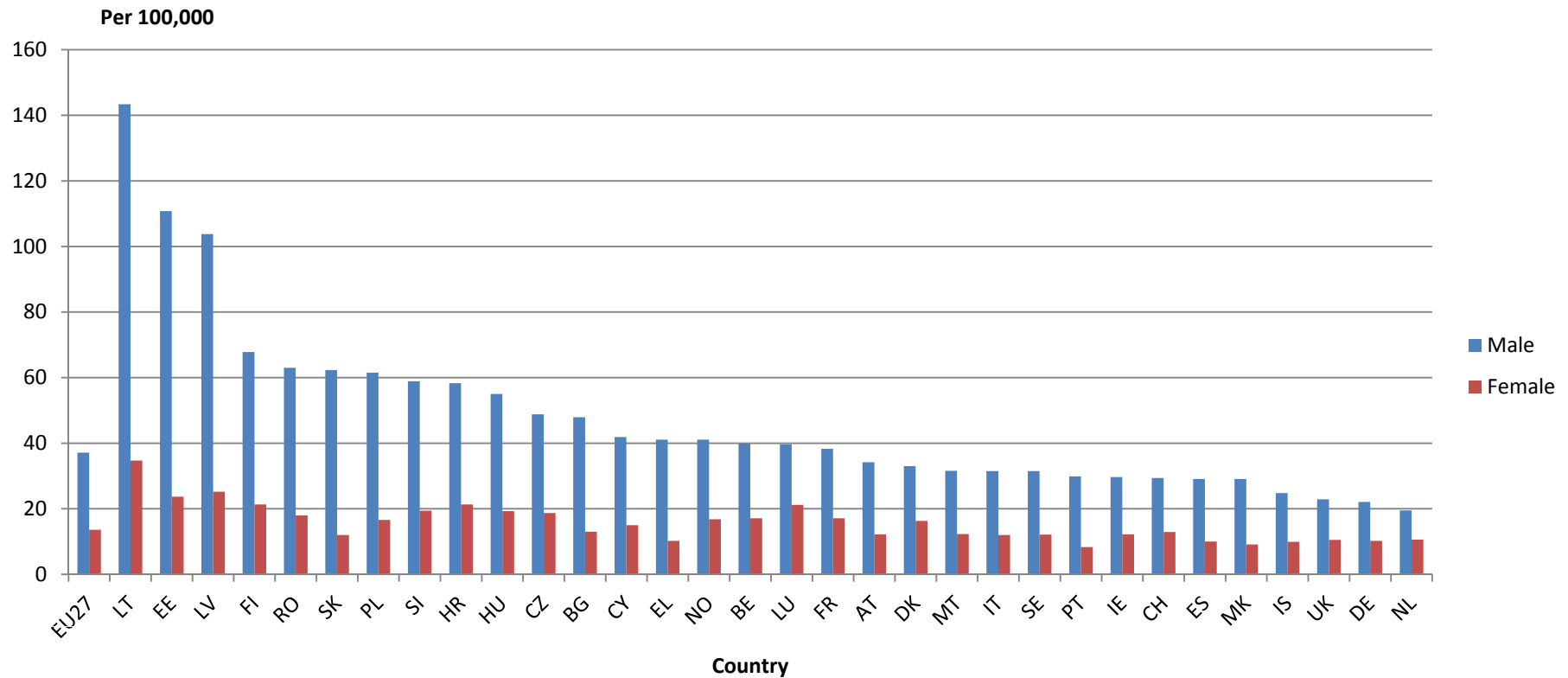
¹ 2006 except BG, CH, FR, MT, PL, RO, SE, UK (2005). DK, EU27, LU, PT (2004). IT (2001). BE (1997).

Age standardized death rates and percentage of all deaths for External causes of morbidity and mortality, by sex and country, latest year¹



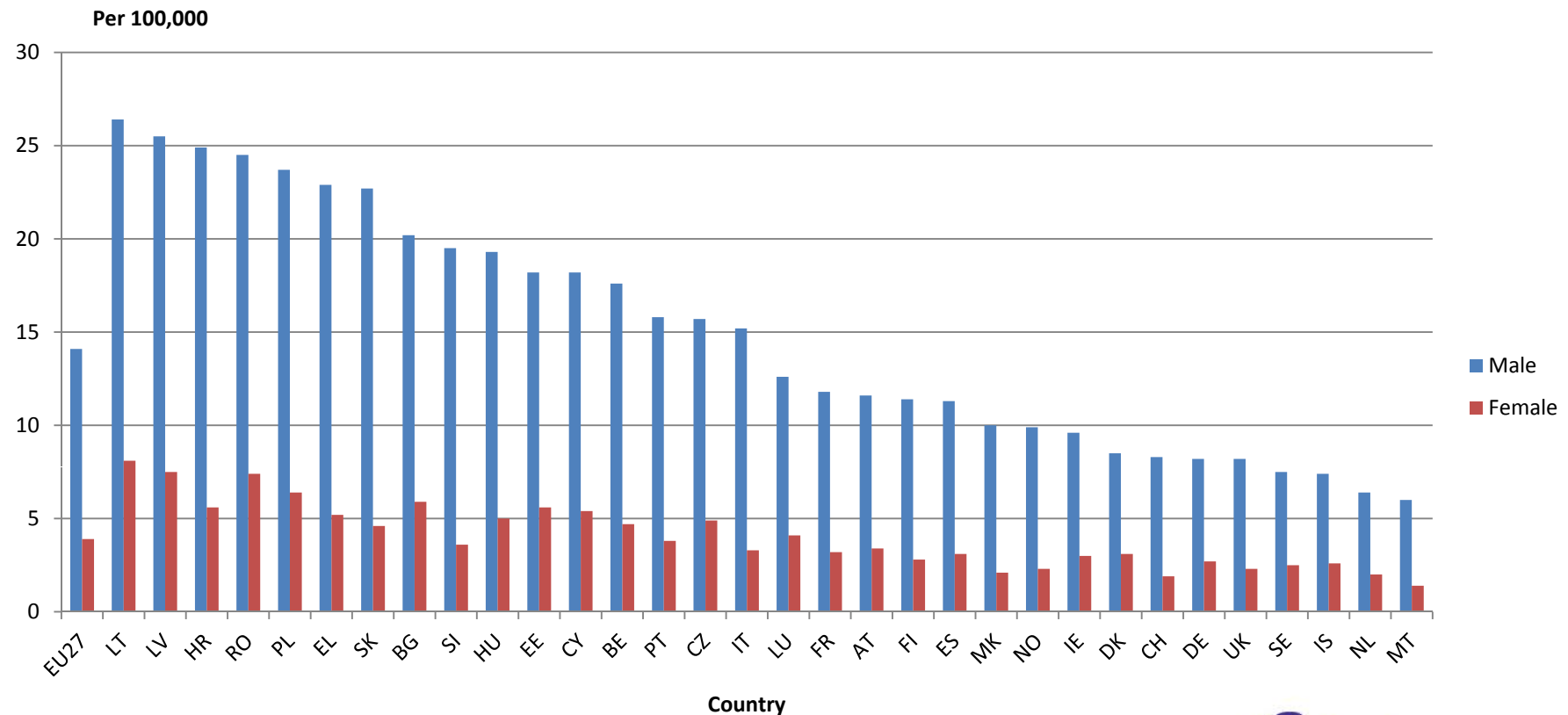
¹ 2008 except BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004).

Age standardised death rates for Accidents, by sex and country, all ages, latest year¹



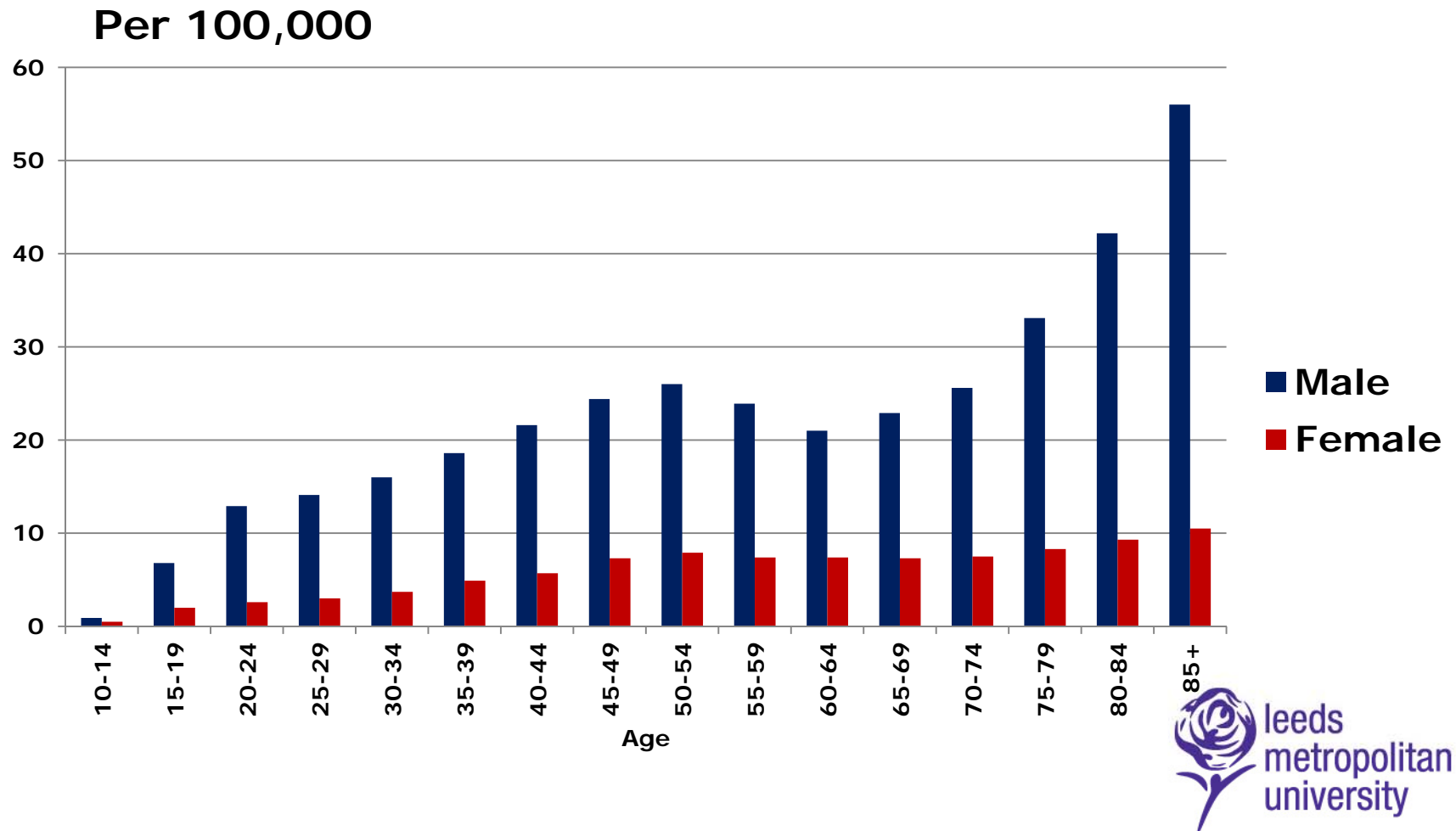
¹ 2008 except BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004)

Age standardised death rates for Transport accidents, by sex and country, all ages, latest year¹

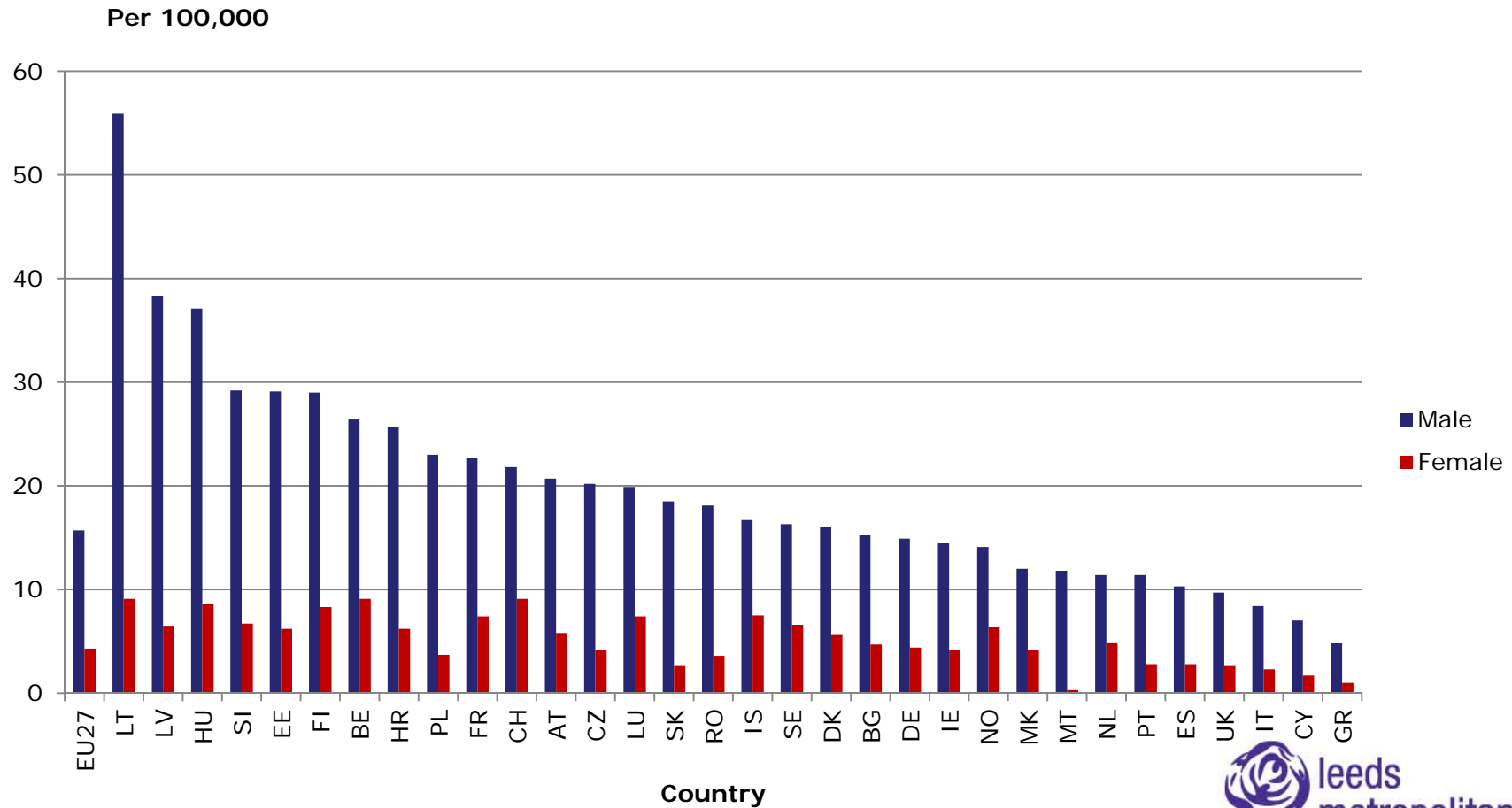


¹ 2008 except BG, CH, EU27, FR, IT, MT, PL, RO, SE, UK (2007). DK, LU, PT (2006). BE (2004).

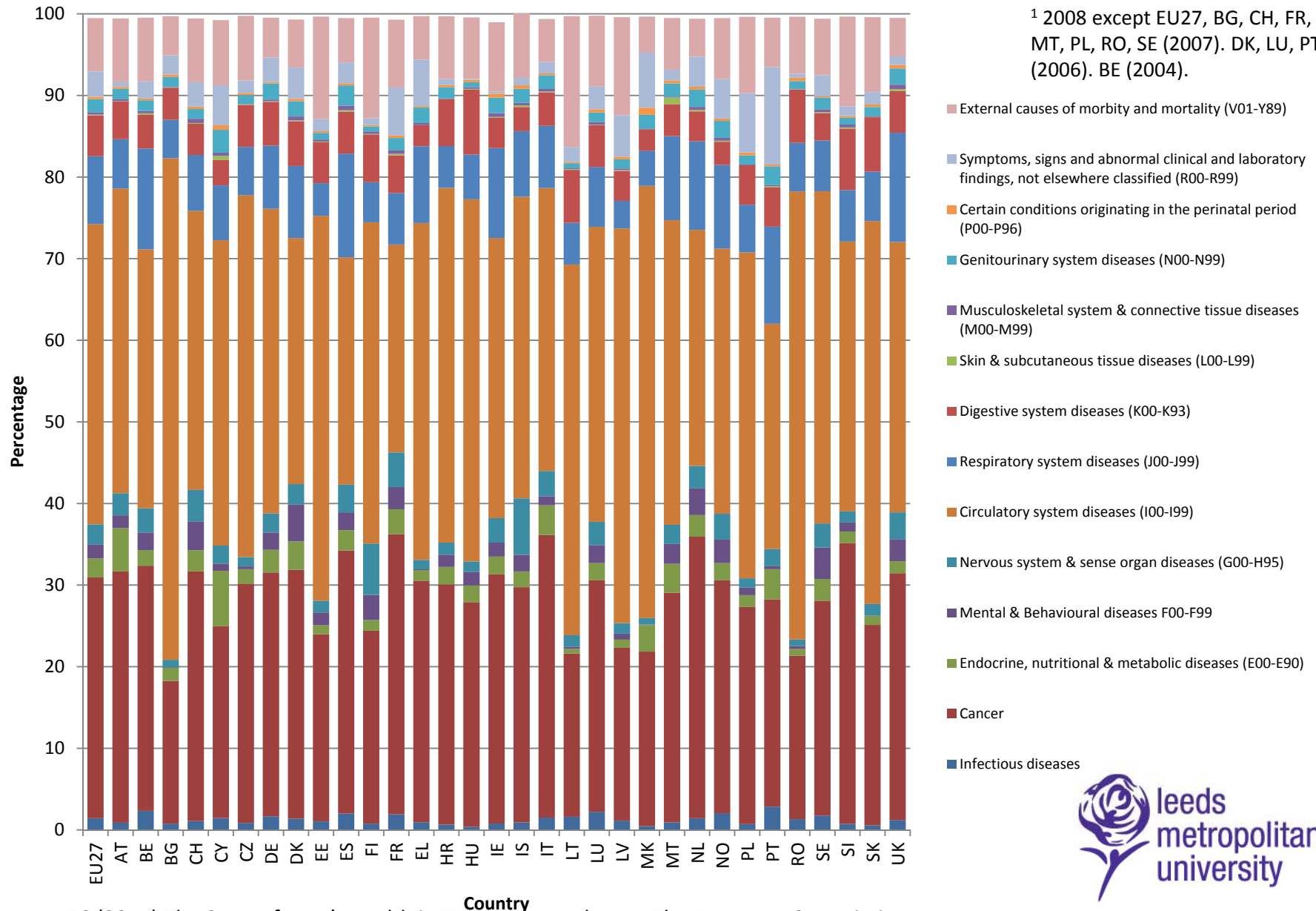
Age specific mortality rates due to Suicide and intentional self harm, by sex, EU27, 2007



Age standardized mortality rates due to Suicide and intentional self harm, by sex and country, all ages, latest year



Male deaths from specific classification groups as a proportion of total deaths, by country¹



Concluding comments

- The lives of both men and women can be severely affected by the health challenges men face and how they respond to them.
- Consensus is starting to emerge on what constitutes a 'men's health' issue.
- Men are dying from heavy impact diseases that are strongly related to their biology, their lifestyle and other social determinants of health.
- Key health policies are indirectly affecting men's health in a positive way, such as smoking bans, road safety legislation, health and safety in the workplace.
- Gender equality initiatives will have a positive impact on the way men's needs are taken into account within government health strategies and at the more local practitioner level.

