

The Men in Australia Telephone Survey (MATEs) — lessons for all

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Dispelling the belief that men are not interested in their health

Despite the well known shorter life span of men compared with women,¹ strategies to raise awareness of the burden of disease in men — such as social population health approaches² — have only recently emerged. While men's increased risk of disorders such as atherosclerotic vascular disease is well known, there has been little focus on male reproductive health — the emerging specialty of andrology. In particular, the prevalence of disorders such as prostate disease, lower urinary tract symptoms (LUTS), erectile dysfunction, androgen deficiency and male infertility have been poorly defined.

The Men in Australia Telephone Survey (MATEs) conducted in 2003 is the first whole-of-nation, population-based study focusing on the reproductive health and other problems of middle-aged and older Australian men³ (Box). As the first accurate picture of reproductive health in Australian men over the age of 40 years, it provides prevalence data not previously available, stratified by age and state. The depth of questioning provides a unique snapshot, not only of reproductive health, but also of issues relating to general health, lifestyle and sexual behaviour.^{3,4} Ongoing datamining of this comprehensive dataset may help identify risk factors and potential areas of preventive health. For example, in this issue of the Journal (*page 418*), Holden and colleagues explore the sociodemographic factors that affect help-seeking behaviour of men aged over 40 years with reproductive health disorders.⁵ But, beyond biomedical outcomes, the MATEs study uniquely challenges several general misconceptions about men's health.

MATEs differs from most other reported population studies in that it covers a broader demographic group; previous studies have been confined to geographic areas, such as Massachusetts in the United States,⁶ and South Australia,⁷ or to particular population groups, such as men recruited from general practice.⁸ The results of MATEs are thus better able to be extrapolated to the entire Australian population of men. In addition, studies on male reproductive health tend to be restricted to single components (eg, erectile dysfunction, LUTS or prostate disease), while MATEs provides prevalence rates for a range of conditions and allows interactions to be explored. Similarly, while the large Australian Study of Health and Relationships (Sex in Australia)⁹ has provided the cornerstone of research and understanding in Australia on sexual health, behaviour and relationships in a younger population (aged 16 to 59 years),¹⁰ its findings cannot be directly extrapolated to an older population. MATEs is thus unique in allowing us to challenge existing men's health constructs for this older age group.

Firstly, MATEs demonstrates that significant numbers of men are affected by reproductive health disorders, with one in three men over the age of 40 years reporting erectile dysfunction, prostate disease and/or LUTS. Prevalence rates in the over-40-years age group are: erectile dysfunction, 21%; LUTS, 16%; prostate disease, 14%; and infertility, 8%. The rates of the first three conditions increase sharply with age. While these conditions are not considered life-threatening, the significant numbers of men affected and the potential link with other chronic diseases, such as cardiovascular disease, hypertension, diabetes and depression,^{6,11} highlight

the need to educate both the community and health professions to ensure reproductive health disorders are not overlooked or dismissed. They may be early warning signs of more serious disease.

Secondly, the study challenges the belief that men are not interested in or concerned about their health.¹ Almost 90% of men aged over 40 years had visited a doctor in the 12 months before interview, and men expressed high levels of concern about developing reproductive health problems as they age: 80% were concerned about developing erectile dysfunction, and 57% about developing prostate cancer.³ However, the study suggests that men are selective about the issues they will discuss openly, and the social, cultural and environmental influences that modulate such health behaviours need to be better understood. In a clinical setting, these barriers need to be overcome by allowing men, particularly older men, opportunities to disclose reproductive health concerns that may otherwise remain unspoken. Health promotion strategies that address men's health concerns may assist in overcoming barriers to help-seeking behaviour.⁵ Examples include targeted health education sessions and promotional displays as part of other social events, such as community men's health nights,¹² and workplace or local community events.¹³

Thirdly, MATEs achieved a high response rate of 78%. Not only does this response rate ensure the validity of the dataset, but it also demonstrates the acceptance of this research by the target group, which is commonly considered to be more difficult to recruit and is often excluded from studies on sexual health.¹⁴

Finally, MATEs also challenges the widely accepted notion that older couples are sexually inactive (37% of men aged over 70 years were sexually active⁴), thereby implicitly dismissing their sexual health needs in many settings. The inclusion of older couples in sexual health studies needs to be considered as part of the healthy ageing research agenda, as relationships and sexual expression are a key component of ongoing good health across the life span. In addition, medical practitioners and allied health professionals need to consider that sexual relationships remain important for many couples as they age, and should not be overlooked or dismissed on the basis of patient age.

A progressive decline in male reproductive health with advancing age is well recognised.^{3,6} However, the physiological causes of this decline may be multifaceted and influenced by lifestyle, social, cultural and environmental issues. Population-based studies of the incidence and progression of disease and related health issues are necessary components of public health and health outcomes research to allow the development of strategies for promotion, prevention and intervention. This was recognised in 1995 when the Commonwealth Department of Health and Aged Care commissioned the Australian Longitudinal Study of Women's Health to assess a wide range of women's health and health-related issues.¹⁵ Although longitudinal studies of men's health issues have been conducted overseas,⁶ there is no similar study in Australia. With Australia's increasingly ageing population, MATEs provides the impetus for a formal longitudinal study to help us understand the impact of social and biomedical determinants on the health of

Overview of MATeS (Men in Australia Telephone Survey)³⁻⁵

Design

- A representative sample of men aged 40 years and over was contacted from 7636 households which had been randomly selected from the Electronic White Pages.
- Unbiased sampling stratified by age (40–49, 50–59, 60–69 and 70+ years) and across all states and territories.
- All men participated in a 20-minute computer-assisted telephone interview exploring general and reproductive health, including related knowledge and beliefs, and sociodemographic and lifestyle factors.

Participants

- 5990 men participated from 7636 randomly selected households, with an individual response rate of 78%.

Outcomes

- High rates of reproductive health disorders and related concerns.
- A low level of specific enquiry and treatment for reproductive health disorders.
This suggests that opportunities to talk to general practitioners about reproductive health problems are being missed.
- A strong link between reproductive health disorders and age.
This suggests that more men will seek help in the future. ◆

middle-aged and older Australian men. This would help us to lessen the burden of disease and ensure that quality of life and wellbeing are maintained as far as possible in later life. Outcomes from such a longitudinal study would potentially help the development of better clinical management options for men as they approach their middle years.

An effective men's health research agenda should be implemented in Australia to coordinate the research effort, involve the many and varied stakeholders, address the prevailing assumptions in men's health, and develop a sound evidence base for future policy and practice. However, any development of men's health research should not be used to argue for a diminution of the existing emphasis on women's health. Instead, it should be recognised that biological and sociocultural factors can profoundly affect the behavioural responses of both sexes to disease, the environment and the stresses of life.^{1,16}

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