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Men's health: a holistic approach

1. Men's health: a holistic approach

I'll admit that when I started in primary care, I thought of men's health issues through the narrow lens of urogenital or sexual health problems, but I've come to realise that men are more than just a few organs down below! Men's health is equally about preventing and treating cardiometabolic disease, cancer and mental illness. Mind the (life expectancy) gap!

Men's health is a public health challenge:

- Being male is the leading demographic risk factor for early mortality in high-income countries ([Lancet 2024;403:2259](#)).
- The UK government committed to publishing its first ever [Men's Health Strategy in 2025](#). This mirrors steps that other countries are also taking

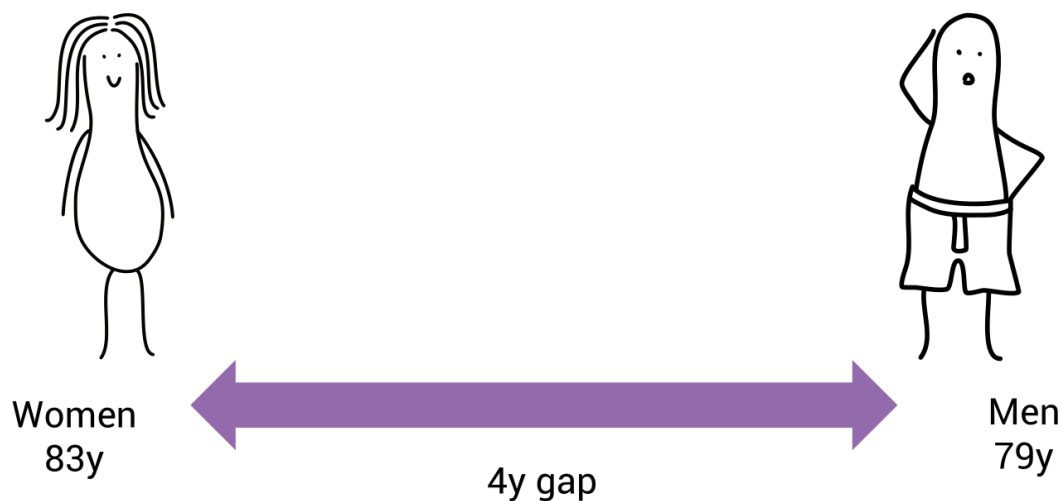
to address men's health as a public health priority.

- The life expectancy gap in the UK highlights an intersection of health inequalities because it varies based on:
 - Region (Life expectancy for local areas of Great Britain: between 2001 to 2003 and 2021 to 2023, Office for National Statistics, 2024).
 - Ethnicity ([Life expectancy estimates for England and Wales by age, sex, and ethnic group, Office for National Statistics, 2021](#)).

In this article, we look at the big picture of men's health, considering the life expectancy gap, the leading causes of death for men and how we can begin to address this at a primary care level. We have focused on the UK so draw on sources including the Office for National Statistics, Public Health England, NHS Digital and the Department of Health and Social Care.

This article was updated in June 2025.

1.1. Life expectancy gap



Men have a lower life expectancy than women:

- Men in the UK die 4 years earlier than women, on average ([National life tables – life expectancy in the UK, Office for National Statistics, 2021](#)).
- Men in England also have a slightly lower 'healthy life expectancy' – a measure of life spent in good health, i.e. considering disability and morbidity ([Health state life expectancies, Office for National Statistics, 2022](#)).

1.2. Causes of death: health conditions

So, which health conditions are behind the life expectancy gap?

Men are more likely to die from three main groups of health conditions:

- Cardiovascular disease.
- Cancer.
- Unnatural deaths, i.e. suicide or accidents.

Cardiovascular and metabolic disease

Acute coronary syndrome (ACS)	Male sex is a risk factor for ACS (Cardiovascular Research 2022;118:2267).
Cerebrovascular accident	Strokes are more common in men and occur at an earlier age than in women (Briefing document: First incidence of stroke (2007 to 2016), Public Health England, 2018). • Median age of stroke in males is 70y vs. 76y in females.
Hypertension	Prevalence of hypertension in people <65y is higher in men (Health matters: combating high blood pressure, Public Health England, 2017). • BP control on treatment may be worse in males (BJGP 2023;73:e798).
Diabetes mellitus (type 1 and 2)	Prevalence of total diabetes (type 1 or 2) is higher in men (12%) than women (8%) (Health Survey for England 2022 Part 2 , NHS Digital, 2024).

Cancer

Prostate cancer	Prostate cancer is the most common cancer in men. It has a higher incidence rate and mortality rate than breast cancer, which is the most common cancer in women (Cancer registration statistics, England Statistical bulletins, Office for National Statistics, 2019). There is currently no national screening programme for prostate cancer due to insufficient evidence of screening efficacy (UK National Screening Committee, 2020).
Non-sex-specific cancers	Men have a higher risk of being diagnosed with and dying from the following cancers (Cancer registration statistics, England Statistical bulletins, Office for National Statistics, 2019): • Lung. • Bowel. • Bladder. • Oesophageal. • Head and neck. In addition, cancers of the liver and stomach are more common in men. Incidence of skin cancer is similar in men and women, but mortality from skin cancer is higher in men.

Suicide or accidents

Suicide	Around three-quarters of suicides are in men, and men aged 45–54y have the highest risk (Office for National Statistics 2022).
Accidents	• 75% of road fatalities are men (Department for Transport, 2023). • 95% of fatal injuries at work are in men (Health and Safety Executive, 2024). • Globally, twice as many males die from injuries and violence (WHO, Preventing injuries and violence: an overview, 2022).

1.3. Causes of death: biology and behaviour

The recorded cause of death on each death certificate only provides a snapshot at the end of a human story. For the full picture, we need to think about the factors and experiences that shape the trajectory towards death. This often boils down to a complex interplay between biology and behaviour.

Biology influences the risk of disease and determines an individual's potential behaviour. However, actual behaviour is more responsive to environmental factors. In addition, behaviour itself can shape human biology; for example, brain plasticity means that lived experiences can alter the structure and function of the brain.

Biology

To what extent is the gap in life expectancy conditioned by biological factors

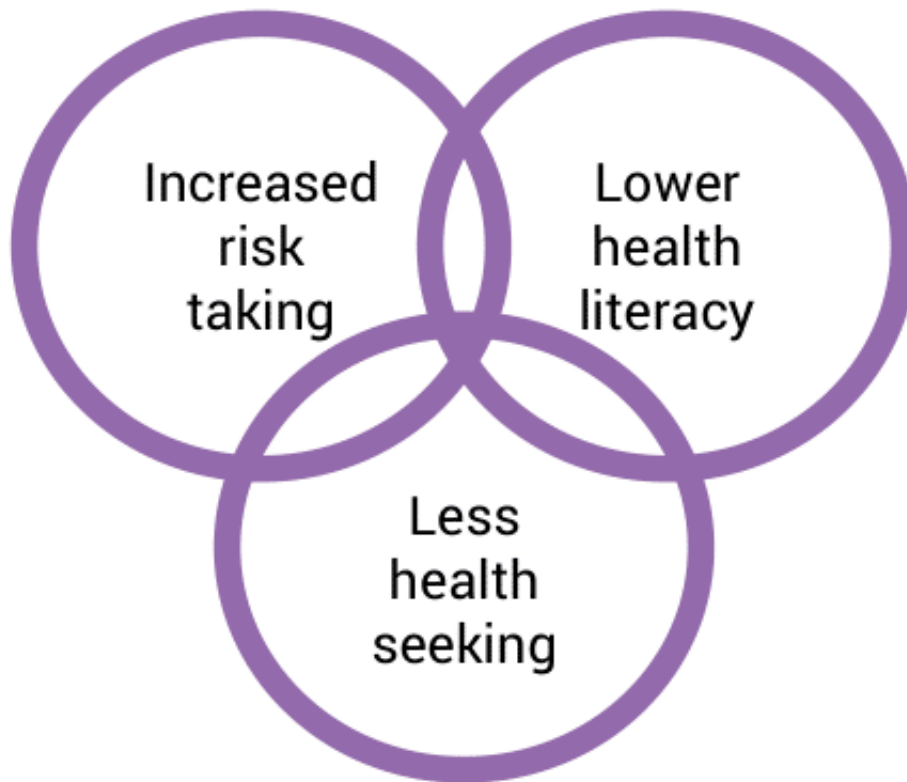
such as genetics and epigenetics? There is limited research into the biological gap in mortality between genders, but observational studies of populations with very similar adult lifestyles show around 1–2 years' difference in life expectancy between men and women, which is approximately one-third of the current life expectancy gap observed in most of the world ([Human Reproduction 2016;31:1631](#)).

The evidence for the role of biology is strongest when looking at death rates in young children. The gap in life expectancy starts from day 1 because males are more likely to be born prematurely; are more susceptible to certain genetic disorders (i.e. X-linked conditions); and are more vulnerable to infectious diseases due to a less developed immune system ([Hum Genomics 2019;13:2](#)).

Behaviour

Life expectancy is influenced by social and cultural factors, which contribute to differences in behaviour between men and women. The sociocultural environment explicitly or implicitly sets different expectations and boundaries of behaviour based on the gender, or perceived gender, of individuals ([Int J Environ Res Public Health 2021;18:661](#)). Individuals are therefore influenced to behave in a way that conforms to what is considered socially desirable or acceptable for their gender.

A common theme in literature points to sociocultural conceptions of masculinity that place value on self-sufficiency, resilience and risk taking. In contrast, less value is placed on risk aversion, health literacy and health-seeking behaviour ([American Journal of Men's Health 2017;12:229](#)).



1.4. Holistic primary care for men

"Sorry if I'm wasting your time, but my partner said I had better come in." By the end of our consultation, we were both glad he had overcome his reluctance.

The good news is that primary care can play a powerful role in addressing many of these men's health challenges. The mantra of health promotion is 'make every contact count', but what does this mean in practice?

- Preventative healthcare.
- Proactively improving men's access to, or experience of, healthcare.

Preventative healthcare

We can support men by increasing their awareness of what is 'healthy' and

the opportunities for healthcare, including preventative care when appropriate. Conversations with a healthcare professional might also challenge misconceptions. For example:

- Men are more likely to be overweight than women (67% vs. 61%), but are less likely to perceive that they are overweight, and are less likely to try to lose weight ([Health Survey for England 2022 Part 2, NHS Digital, 2024](#)).
- Men are less knowledgeable about potential cancer symptoms ([British Journal of Cancer 2015;113:533](#)) and are less likely to report such symptoms to their GP ([PLOS ONE 2020;15\(1\):e0228033](#)), which may contribute to delayed diagnoses of cancer.

The table below highlights some ways in which men are known to take more risks. Non-judgemental lifestyle counselling is key, alongside intervention or signposting as appropriate for further management.

Lifestyle factor	% prevalence (men vs. women)
Smoking	Men 13.7% vs. 10.1% women (Official National Statistics, 2023)
Alcohol consumption (>14 units/week)	Men 32% vs. 15% women (Health Survey for England 2022 Part 1, NHS Digital, 2024)
Substance misuse	Men 12.6% vs. 6.3% women (Statistics on Drug Misuse, England, NHS Digital, 2019)
Problem gambling (problem gambling severity index score of 8 or above)	Men 3.3% vs. 1.8% women (Gambling Survey for Great Britain – Annual report (2023), Gambling Commission, 2024)

Healthcare access and experience

Men of working age are less likely to consult in primary care than women, and this difference in attendance is only partly explained by consultations relating to reproductive issues ([BMJ Open 2013;3:e003320](#)).

So, why do we consult with fewer men? The reasons for this gender-based difference in health-seeking behaviour are likely to be varied, and include men having a ([J Adv Nurs 2022;78:1938](#)):

- Belief that healthcare is inconvenient, unwelcoming or not male-friendly. This may relate to appointment availability, appointment times and waiting times. Privacy concerns such as the need to disclose the reason for the consultation to reception staff may also deter men, along with the perception that it might be queried. A barrier for some men may be their perception that there is limited availability of male GPs.
- Sociocultural conception of masculinity that is rooted in self-sufficiency and tolerance of adversity, which means that health issues are managed through self-monitoring or denial. Even the prospect of seeking help may lead to embarrassment, shame or fear, especially about sexual health or emotional issues.
- Lower health literacy around the role of health services in health promotion and disease prevention, e.g. viewing healthcare as a service for treating acute illness. Men may also feel that primary care is geared towards the needs of children and women.

What does reluctance to consult look like in practice?

- Despite having a higher risk of dying by suicide, men are less likely to

report mental illness or psychological disturbance ([Health Survey for England 2022 Part 2, NHS Digital, 2024](#)). They are also less likely to access NHS Talking Therapies for psychological support ([NHS Digital, Annual report on the use of IAPT services, 2014](#)).

- The prospect of a digital rectal exam may deter some men from seeking advice about prostate or urinary concerns ([BJGP 2024;74:137](#)).
- Males are more likely to have undiagnosed hypertension ([Office for National Statistics, 2021](#)).

A lower rate of attendance by men has also been recorded for screening programmes:

- The NHS Health Check has been shown to increase the detection rate of diabetes mellitus, hypertension, raised cholesterol and chronic kidney disease ([BMJ Open 2022;12:e052832](#)). However, the patient groups that are less likely to attend their invitation for an NHS Health Check include men, younger people and individuals from socioeconomically-disadvantaged backgrounds.
- Bowel cancer screening has a lower uptake in men than women, yet the incidence of colorectal cancer is higher in men and it tends to present earlier ([BMC Cancer 2018;18:906](#)).
- The UK screening programme for abdominal aortic aneurysm (AAA) has been shown to be effective, halving the death rate from ruptured AAAs and the number of men requiring hospital treatment for ruptured AAAs ([UK National Screening Committee, 2025](#)). However, the uptake of screening is lowest among the most deprived socioeconomic group, who paradoxically also have the highest prevalence of AAA.

These statistics highlight the intersection between gender and other health inequalities. It's helpful to consider which specific subgroups of men to prioritise for disease prevention and healthcare access, and this will vary according to the

condition being targeted.

When men do present, it's vital to make the contact count – to nurture rapport, and be attentive to what the man is telling us and curious about what they might not be telling us! So, how can we do that?

How can we improve men's healthcare access and experience?

Healthcare professionals can proactively improve men's experience of healthcare, and address barriers to men seeking healthcare or disclosing health needs with some practical steps ([Trends Urology & Men Health 2024;15:2](#)):

- Enhanced invitation for screening, e.g. directly calling male patients who have repeatedly declined the NHS Health Check.
- Health promotion literature within the practice (and on the website) that is targeted at men.
- Male-specific clinics.
- Ensuring appointment times and availability are appropriate for the population served, e.g. provision outside typical working hours.
- Outreach to specific venues, e.g. sports venues or faith-based locations.
- Improving clinician confidence in responding to men's health issues.

	Men's health: a holistic approach • Think beyond urogenital issues: consider risk of cardiometabolic disease, cancer and mental illness. • Focus on preventative healthcare to make every contact count. • Address risk taking, health literacy and barriers to men seeking or accessing healthcare.
	How many of your male patients eligible for bowel or abdominal aortic aneurysm screening have missed it? How might you encourage them to be screened? Do you have a representative selection of male patients providing feedback to your organisation about the service you are providing?
	Useful resources: <u>Websites</u> (all resources are hyperlinked for ease of use in Red Whale Knowledge) • Men's Health Forum – for professionals

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