**Objectives**

- Describe male patients attending general practice in 2006-07
- Report the morbidities managed at encounters with male patients
- Examine risk behaviours of male patients
- Identify specific men’s health issues

**BEACH methods**

- Paper based data collection
- National GP random sample (drawn by DoHA)
- 1,000 GPs per year
- 20 per week x 50 weeks a year - ever changing
- 100 consecutive encounters per GP
- All types of encounters included
- National data 100,000 encounter records p.a.

**Sample**

- Encounter data
  - collected: April 2006 - March 2007
  - 44% encounters male patients (n=39,757)
- Substudies
  - sample size of approx. 3,000 patients per substudy
  - data collected at different times with different patients

Many thanks to the GPs
**Age-sex distribution 2006-07**

- **Male patients (c.f. females)**
  - ↑ new to the practice (9.6% of male encounters compared with 7.9% of female)
  - ↓ reasons for encounter
  - ↓ problems managed per encounter
  - ↑ work-related problems (4.0 per 100 male encounters c.f. 2.0)

**Changes in morbidity managed**

**Specific issues**

- **Data collected in SAND substudies**
- **Topics covered include:**
  - risk behaviours (daily smoking, at-risk alcohol consumption, overweight/obesity)
  - attempts to lose weight
  - perception of overweight
  - osteoporosis
  - premature ejaculation
  - erectile dysfunction

**Questions are asked of the patient in a section at the bottom of the data collection form**

- In each set of 100 forms –
  - 40 ask about patient risk behaviours
  - 30 ask about nominated Subject 1
  - 30 ask about nominated Subject 2
- Ten x 5 week blocks per year = 20 Subjects
- Sample size for each Subject = about 3,000
- Range: prevalence, management, effectiveness; can be semi-longitudinal

**Daily smoking (2006-07)**

- **Self-reported data (patients aged 18+ years)**
  - (male n=12,257, female n=18,718)
Alcohol consumption (2006-07)

- ‘At risk’ alcohol consumption
- WHO AUDIT questions, with scoring for the Aust setting (male n=12,005, female n=18,342)

Overweight/obese (2006-07)

- Patients with BMI >=25 (WHO cut-offs) (male n=12,715, female n=19,410)

Attempts to lose weight

- Sample n=2,164, data collected Oct-Nov 2006
- SAND study in collaboration with Abbott Australasia

Perception of weight

- Sample n=1,973 adults (May 2004)
- SAND study in collaboration with Roche
- Proportion of overweight and obese patients and perception of weight by sex

Osteoporosis

- Sample n=2,585, July-Aug 2007
- SAND study in collaboration with National Prescribing Service
- Risk factor for osteoporosis
  - 16% of male patients
  - 29% female patients
- Males at risk are less likely to be tested further (31% of those at risk c.f. 69%)
- No difference in proportion diagnosed after testing (50%)
**Premature ejaculation**

- Sample n=2,186 patients, Jan-Feb 2006
- SAND study in collaboration with Janssen-Cilag
- 1,439 sexually active adults of whom
  - 18.4% they/their partner had PE
  - 13.0% of female patients reported PE in a partner
  - 24.0% of male patients reported it in themselves

**Erectile dysfunction**

- Sample n=1,930 patients, Feb-Mar 2007
- SAND study in collaboration with Pfizer
- 1,674 currently/previous sexually active adults of whom
  - 20.3% reported ED in themselves/partner
  - 16.2% of female patients reported ED in a partner
  - 27.5% of male patients reported it in themselves
  - 47.6% of patients had sought help

**Conclusion**

- Complexity of men’s health
- Management rate ≠ prevalence
- Health risk behaviour
- Perception of health states/risks e.g. overweight/obesity

Available through [http://www.fmrc.org.au](http://www.fmrc.org.au) (go to ‘BEACH’ and select ‘publications’)


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