

researchers interested in men's and women's health, and the role of gender in society.

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## The international men's health movement

*Has grown to the stage that it can start to influence international bodies*

Men's health is emerging as an important issue in an increasing number of countries around the world, notably the United Kingdom, Austria, Switzerland, Australia, and the United States. There is also increasing interest in working with men on sexual and reproductive health issues in parts of Central and South America, Africa, and Asia. However, progress towards international contact and collaboration between men's health advocates with an interest that extends beyond traditional clinical concerns such as erectile dysfunction or prostate cancer has so far been extremely slow.

In many ways this is not surprising. The idea that men have specific health needs, experiences, and concerns related to their gender as well as their biological sex is relatively new—certainly much newer than the concept of “women's health.”<sup>1</sup> The psychosocial aspects of male health are still not accepted, or even understood, by many health practitioners and policy-makers. Moreover, even in those countries where greater attention has been paid to men's health issues, initiatives have generally remained small scale. The focus of men's health advocates has, understandably, so far been intranational rather than international.

But there are now signs that men's health work has reached a sufficient level of maturity in enough countries to create a new interest in developing international links. The most important event in this process, the First World Congress on Men's Health, takes place in Vienna this month. This aims to increase awareness of men's health among the medical community, to facilitate networking, and to address current men's health issues (including erectile dysfunction, depression, and cardiovascular disease). The International Society for Men's Health will be established at the world congress, an organisation that is expected to have an advocacy as well as a networking role. The European Men's Health Initiative will also be launched at the Congress. This seeks to encourage the development of men's health policy and practice at a Europe wide level as well as within individual countries. The first step will be the establishment of a European Men's Health Forum.

International research and debate will be further encouraged by the publication from this month of the US based *International Journal of Men's Health*.

At a time when men's health work is relatively new and underresourced in every country, it might seem premature for its advocates to devote effort and resources to establishing international networks. Arguably this will be at the expense of developing practical local projects that could begin to make a difference to male morbidity and mortality.

The potential advantages of international collaboration are almost certainly greater than the risks, however. One major benefit will be that the proponents of men's health, particularly in those countries where the arguments for improving men's health are not yet accepted, will gain encouragement from work going on elsewhere. International collaboration will also create important new opportunities for sharing information and examples of good practice.

There is now an increasing body of men's health work for health professionals to refer to. In England and Wales, for example, the Men's Health Forum has helped develop policies to tackle the growing problem of young men and suicide.<sup>2</sup> The forum was also instrumental in establishing the All Party Parliamentary Group on Men's Health in March 2001. The city of Vienna has published a report on men's health,<sup>3</sup> introduced a cardiovascular disease prevention programme targeting men and women in different ways, and organised two men's health days in 2000 and 2001. The Swiss Foundation for Health Promotion is supporting a wide ranging men's health initiative which aims to facilitate the work of professionals and fund pilot projects ([www.radix.ch/d/html/maennergesundheit.html](http://www.radix.ch/d/html/maennergesundheit.html)).

In the United States Congress established an annual national men's health week in 1994 (the week ending on Fathers' Day in June). This provides an opportunity for hospitals, clinics, military bases, churches, and voluntary organisations to hold local men's health education events ([www.menshealthweek.org](http://www.menshealthweek.org)). Earlier this year a bill was introduced in Congress

to create a federal Office of Men's Health to promote research and education about diseases affecting men. Since the late 1990s the Office of Population Affairs/Office of Family Planning has funded programmes that address family planning and reproductive health information and services for men and boys ([www.hhs.gov/opa/titlex/ofp.html](http://www.hhs.gov/opa/titlex/ofp.html)).

In Australia, a country that has probably done more than any other to develop men's health as a mainstream issue, the federal government supported a national men's health conference in Melbourne in 1995, and a range of government funded initiatives has followed. These include a draft national policy, a second national conference, a parliamentary investigation, and policy initiatives in several states.<sup>4</sup>

Finally, the development of international discussion and collaboration on men's health will enable these new societies and forums to take the next step of

putting men's health on the agenda of mainstream international bodies such as the European Commission and the World Health Organization. This will, in turn, strengthen the case within individual countries for establishing men's health initiatives.

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## Body dysmorphic disorder in men

*Psychiatric treatments are usually effective*

**B**ody image isn't just a women's problem. Many studies reveal that a surprisingly high proportion of men are dissatisfied with, preoccupied with, and even impaired by concerns about their appearance.<sup>1</sup> One American study, for example, found that the percentage of men dissatisfied with their overall appearance (43%) has nearly tripled in the past 25 years and that nearly as many men as women are unhappy with how they look.<sup>1</sup>

A more severe form of body image disturbance—body dysmorphic disorder or dysmorphophobia—is an underrecognised yet relatively common and severe psychiatric disorder.<sup>2</sup> Body dysmorphic disorder affects as many men as women<sup>3,4</sup> and consists of a preoccupation with an imagined or slight defect in appearance that causes clinically significant distress or impairment in functioning. Patients with body dysmorphic disorder often present to non-psychiatric physicians, with reported rates of 12% in dermatology settings and 7-15% in cosmetic surgery settings.<sup>5</sup> Although the symptoms of body dysmorphic disorder might sound trivial, high proportions of patients require admission to hospital, become housebound, and attempt suicide.<sup>3</sup> In a study of dermatology patients who committed suicide most had acne or body dysmorphic disorder.<sup>6</sup>

Men with body dysmorphic disorder are most commonly preoccupied with their skin (for example, with acne or scarring), hair (thinning), nose (size or shape), or genitals.<sup>3,4</sup> The preoccupations are difficult to resist or control and can consume many hours each day.<sup>3</sup> Nearly all men with body dysmorphic disorder perform repetitive and time-consuming behaviours in an attempt to examine, fix, or hide the "defect." The most common are mirror checking, comparing themselves with others, camouflaging (for example, with a hat), reassurance seeking, and excessive grooming.<sup>3</sup>

A recently recognised form of body dysmorphic disorder that occurs almost exclusively in men is muscle dysmorphia, a preoccupation that one's body is too small, "puny," and inadequately muscular.<sup>1</sup> In reality,

many of these men are unusually muscular and large. Compulsive working out at the gym is common, as is painstaking attention to diet and dietary supplements. Of particular concern, muscle dysmorphia may lead to potentially dangerous abuse of anabolic steroids, and studies indicate that 6-7% of high school boys have used these drugs.<sup>1</sup> While the cause of body dysmorphic disorder is unknown and probably multifactorial, involving genetic-neurobiological, evolutionary, and psychological factors, recent social pressures for boys and men to be large and muscular almost certainly contribute to the development of muscle dysmorphia.

Body dysmorphic disorder interferes with functioning<sup>2,4-7</sup> and may lead to social isolation, difficulty with job performance, and unemployment. In a study that used the SF-36 to measure health related quality of life, outpatients with body dysmorphic disorder scored notably worse in all mental health domains than the general US population and patients with depression, diabetes, or a recent myocardial infarction.<sup>7</sup>

Patients with body dysmorphic disorder can be challenging to treat.<sup>8</sup> However, recent research findings are encouraging, with clinical series, open label studies, and controlled trials indicating that serotonin reuptake inhibitors are effective for most patients.<sup>9</sup> Higher doses and longer trials than those usually used for depression are often needed.<sup>9</sup> Clinical series and studies using untreated controls waiting for treatment suggest that cognitive behavioural therapy is also effective.<sup>10</sup> This treatment helps patients develop more realistic views of their appearance, resist repetitive behaviours, and face avoided social situations. Other types of psychotherapy or counselling, in contrast, do not appear effective.<sup>2</sup>

Most men with body dysmorphic disorder, however, receive dermatological, surgical, or other non-psychiatric treatment.<sup>11</sup> Although rigorous studies are lacking, the data suggest that these treatments are usually ineffective.<sup>11</sup> Some patients are so disappointed with the outcome that they become severely depressed, suicidal, litigious, or even violent towards the treating