

HEALTH

Real Men Don't Have To Die Young

WASHINGTON - American men on average die seven years younger than women, partly because of smoking, drinking and recklessness that causes fatal accidents, according to a survey of 1,500 doctors released Tuesday.

Some men have a "bulletproof mentality" that

means they hate going to the doctor and when they do go they are reluctant to talk or ask questions about what ails them, the survey showed.

"How many men do you know who take as good care of their bodies as they do of their cars — or their computers?" asked Dr. Ken Goldberg, a Dallas urologist

and adviser to the Men's Health Network, a nonprofit group that sponsored the survey.

The group cited government statistics that show men make 150 million fewer visits to the doctor a year than women. And the doctors surveyed found that their male patients were more likely to wait until a problem that

could have been prevented or easily treated is severe or life-threatening.

"In their 20s, they're too strong to need a doctor, in their 30s, they're too busy, and in their 40s, too scared," author Andy Kimbrell told a news conference releasing the survey results.

Early in this century, American men and women had the same life expectancy. "We're trying to help men gain those same extra years," Ron Henry, a lawyer who helped found the men's network in 1991, said. "We need to change the habits of men."

Women, for instance, are more likely to check themselves for breast cancer than men are to recognize warning signs of prostate cancer. The survey found doctors believe that women are more likely to talk

about personal matters, including sexual and reproductive health, than men are.

In addition to encouraging men to change their own attitudes, the group called on insurance companies to cover more preventive care and urged employers to add workplace wellness and screening.

"The workplace is the primary habitat of the male," said Kimbrell. "If men won't go to the doctors, bring the doctors to them."

HEALTHWIRE NEWSBRIEFS

Health Care Reform Not An Answer for People of All Cultures

Health policy analyst Emily Friedman, writing in the May 17th Journal of the American Medical Association states that universal health coverage, as proposed by the Clinton health plan, is an admirable goal, but will not improve or insure care for all Americans unless barriers to care, such as race, culture and age are eliminated.

Friedman reviewed existing research assessing the health care currently received by medicare patients, people with private insurance, the homeless and immigrants and concluded there is "extremely convincing evidence that race and culture, particularly for African Americans and Latinos, can compromise access to appropriate health care services — regardless of the person's insurance status." Treatments as varied as kidney transplants, cardiac care and pain control are less available to African Americans and Latinos regardless of their ability to pay for services. "Even within egalitarian payment systems," says Friedman "like the Veterans Administration or medicare, there is evidence that institutional and individual providers consciously or unconsciously avoid treating minority patients."

Friedman is somewhat optimistic, however, and feels that these barriers could be partially removed through more careful collection of data about discrimination in treatment and more careful legal oversight on discrimination claims. FOR MORE INFORMATION OR A COPY OF THE ARTICLE CONTACT Emily Friedman at 312-784-5050.

Weight Gain: A Breast Cancer Factor For Women of All Races

A study conducted at the H. Lee Moffit Cancer Center and Research Institute in Tampa, Florida suggests that a weight gain of no more than 10 or 20 pounds around age 30 can significantly increase the risk of breast cancer for all women. Woman who carry an extra 10

pounds at age 30 increase their risk by 23%, 15 pounds ups the risk to 37% and over 20 pounds, the risk increased by 52%. The study also indicated that the thirties was the most important decade in which to keep weight under control.

In recent years, health experts have begun to question the validity of applying data that connects weight with disease across cultural and ethnic lines, because the ideal "normal" weight for white women (which is often used as a base used in research) might not be normal for a Native American or African American woman. Dr. Nagi Kumar, Director of the Moffit Center's Nutrition Program and principal investigator for the breast cancer study avoided that pitfall by accepting a wider range of base weights as normal among her study participants. The "idea here," says Dr. Kumar, "is that the 10 or 20 pound weight gain is a factor, regardless of a woman's base weight. The study included representative numbers of white, African American, Asian and Latino women.

FOR FURTHER INFORMATION CONTACT: Dr. Ravi Kumar at The H. Lee Moffit Cancer Center, 813-972-8429.

SIDS UPDATE

Sudden Infant Death Syndrome (SIDS) which takes the lives of disproportionate numbers of African American and Native American babies each year, can be prevented by simply having children sleep on their backs, says The American Academy of Pediatrics and the National Institute of Child Health and Human Development.

A recent survey of SIDS rates around the world found that the rate of SIDS fell by about 50% in nations in which parents agreed to adopt this one habit.

For free prevention information about SIDS, designed to be of help to parents, call the SIDS Alliance at 1-800-221-SIDS. FOR JOURNALISTS SEEKING MORE INFORMATION ABOUT THE STUDY, CALL: Jerry Bowman, The Academy of Pediatrics press office, 708-228-5005.

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