

# Different trigger points for seeking healthcare may explain gender divide

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Men might not be more reluctant to see a doctor than women are, as is popularly believed, but may simply have different trigger points for seeking healthcare, suggests research published online in the *Journal of Epidemiology & Community Health*.

The threshold for making an appointment with a family doctor seems to be lower among women, while [older women](#) also tend to live longer with disabling conditions than men do, so more of them will be accessing [primary care](#), the findings indicate.

Women tend to live longer than men after a serious illness, with their greater use of primary healthcare, and therefore greater likelihood of timely diagnosis, often suggested as the explanation for this particular advantage.

To explore this further, the researchers looked at the patterns of primary healthcare use among 65, 622 Danish men and women aged 60 and above, before and after admission to [hospital](#) for serious illness between 1999 and 2011.

Serious illness included: stroke; [heart attack](#); [chronic obstructive pulmonary disease](#) (COPD); and cancers of the digestive tract, which are among the leading causes of admission to hospital in Denmark.

Every primary care consultation was recorded for each person in five 6-month periods in the 30 months before and the 30 months after first

admission to hospital for one of the four conditions.

The average age at which women were admitted to hospital was significantly older than that of men: 77 vs 75.

Once engaged with primary healthcare, patterns of use didn't differ significantly between men and women.

But before hospital admission, while a substantial proportion of women didn't access primary healthcare, men were still significantly less likely than women to do so for all four conditions.

And after hospital admission, with the exception of stroke, the gap had narrowed considerably as both sexes were more likely to access primary healthcare.

For example, before hospital admission, one in four (25%) of all men in their 60s admitted with a heart attack hadn't used primary healthcare services compared with around one in seven (15%) of all women of the same age.

But afterwards, only 2% of all men and only 1% of all women who had been admitted for a heart attack didn't visit their family doctor.

Absolute gender differences in primary healthcare use were greatest for stroke and heart attack, the symptoms of which often come on suddenly or if already present, might be overlooked, say the researchers.

At the other end of the spectrum, the gender gap in primary healthcare use was generally smallest for COPD, the symptoms of which tend to be present long before admission.

This suggests that men and women may be just as likely to put off seeing

a doctor when they don't consider symptoms to require urgent attention or when they ignore them, say the researchers.

Similarly, fear of the implications of a diagnosis of a serious illness may also deter both sexes from seeking [medical help](#).

This is an observational study, and as such, can't establish cause, added to which the researchers weren't able to assess whether a visit to a doctor was directly related to the reason for hospital [admission](#), or whether it concerned prevention or ongoing treatment.

And the findings may not be more widely applicable to healthcare systems beyond Denmark, where primary healthcare services are free for all citizens, they point out.

Nevertheless, they suggest: "The stronger post-hospitalisation changes among men may indicate that men might have been more reluctant to engage with primary healthcare before experiencing a health shock."

And they conclude: "Our findings indicate a lower threshold for treatment-seeking among women. In addition, higher levels of primary [healthcare](#) use among women may be underpinned by the fact that women are more likely to survive with disabling conditions following hospitalisation."

Both men and [women](#) should be encouraged to see their [family doctor](#) to ensure that health issues get picked up early before they become more serious, they suggest.

**More information:** Andreas Höhn et al, Do men avoid seeking medical advice? A register-based analysis of gender-specific changes in primary healthcare use after first hospitalisation at ages 60+ in Denmark, *Journal of Epidemiology and Community Health* (2020). [DOI](#):

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