

Men's life expectancy is catching up with women's

Madeleine Brettingham *London*

The historic gap between men and women's life expectancy could vanish as more and more women accustom themselves to the work hard-play hard culture of modern Britain, new figures from the Office of Health Economics show.

The rise of women in the workplace and the increasing prevalence of heavy drinking among women are leaving more women than ever vulnerable to illnesses traditionally experienced by men, the office's Compendium of Health Statistics says.

Although traditionally lower, male life expectancy is rising at a faster rate than women's, says the report. A male born in 2002 could expect to live to about 76, while his sister would live until 81, but it is likely that by 2010 life expectancy for both men and women will start to converge at about 81, estimates show.

Heavy drinking in young women has more than tripled in the past 17 years, and the proportion of young women aged 16-24 drinking more than the recom-

mended weekly limit is now almost the same as men—10% for women in 2002 compared with 12% for men.

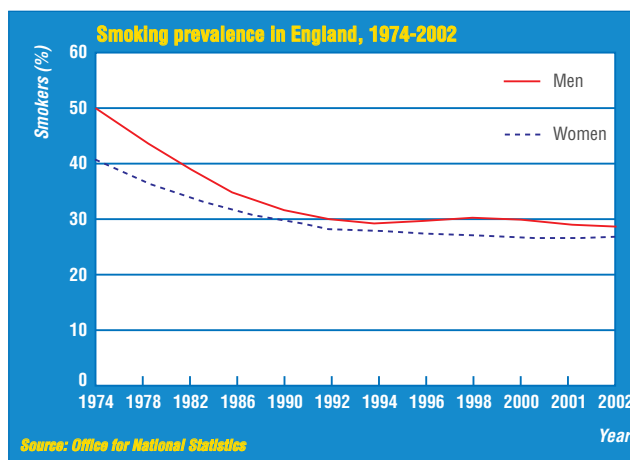
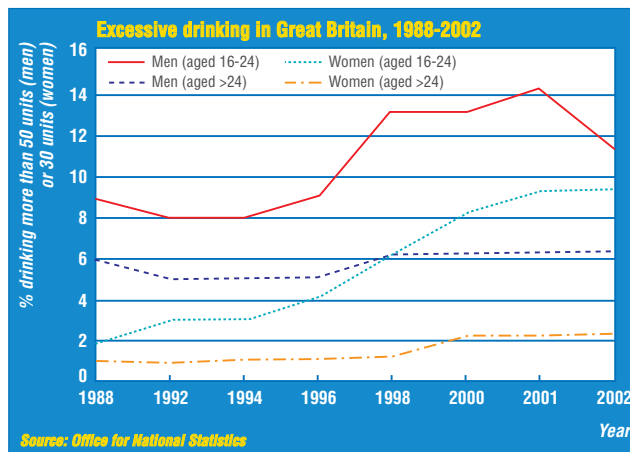
Also, government antismoking drives do not seem to have been as successful in cutting the number of female smokers as in cutting the number of male smokers. Although the proportion of male smokers decreased from 51% in 1974 to 28% in 2002, the rate of decline in women has been slower—from 41% to 26%.

These lifestyle changes have affected death rates. Deaths from lung cancer in men have halved since 1973; deaths from lung cancer in women have increased by 45%.

Obesity is one area in which women's health can claim at least to be deteriorating at a slower rate than men's. In 1994, 15% of adult men had a body mass index of more than 30 compared with 18% of women. But, by 2002, this had risen to 21% compared with 22% of women, representing a levelling of the differences between men's and women's lifestyles. "It is a result of affluence," Mr Sussex said, "and a more sedentary way of life."

But Peter Yuen, a statistician at the Office of Health Economics, said that body mass index was a controversial method for measuring obesity that tended to discriminate against men.

"It tends to work against taller and more muscular people," he



said. "Which means that someone with a physique like rugby player Jonny Wilkinson would be told he was obese, when in fact he is

healthy. Waist and hip measurements are a much more effective way of telling if someone is obese." □

Quarter of people with diabetes in England are undiagnosed

Susan Mayor *London*

Nearly one in every four people with diabetes are undiagnosed or do not have the condition noted in their medical records, a clinical audit of all healthcare sectors in England published this week has found.

The first year of the National Diabetes Audit collected information on more than 250 000 people in England for 2003-4, with data given by 20% of primary care trusts, including more than 1700 general practices, 47 hospital trusts, and 58 specialist paediatric units. It compared the number of people diagnosed and registered with diabetes with a prevalence model developed by the Yorkshire and Humber Public

Health Observatory, which predicted that 4.26% of the population in the areas taking part in the audit would have diabetes.

Results showed that 3.25% of the audit population were registered with diabetes, only 77% of the number predicted. There was considerable regional variation in different practices, ranging from 50% to more than 90% of the predicted number being recorded. Women were less likely to be diagnosed with diabetes than men.

The audit report warned, "Ensuring people with diabetes are correctly diagnosed and on a register is the starting point for establishing an effective pro-

gramme of systematic care. People who do not have their diagnosis recorded on practice registers will be unlikely to receive the routine care and monitoring required to minimise long term complications." It recommended that diabetes networks, primary care trusts, and GPs' practices should aim to register more than 90% of the number of people predicted to have diabetes and should collaborate with secondary care providers to ensure diabetes registers are complete.

The audit also assessed whether patients achieved treatment targets. Just over half (56%) of patients registered in the audit achieved an HbA_{1c} of less than 7.5%, the primary target concentration for glucose control recommended in NICE's clinical guidelines, and 23% achieved the secondary target of less than 6.5%. In the audit of specialist

paediatric units, only 15% of children with diabetes achieved the primary target HbA_{1c} of less than 7.5%, and 65% achieved a minimum of 9.5%.

Fewer than half of diagnosed people were receiving eye tests, and just more than one in every five patients with diabetes (21%) achieved the blood pressure target recommended in UK guidelines of at most 135/75 mm Hg. Eighty four per cent achieved the target of less than 160/100 mm Hg. For total cholesterol, 61% of people achieved the target of less than 5 mmol/l—11% more men than women achieved the cholesterol target. The audit recommended that service providers should aim to achieve upper quartile rates for each of the treatment targets. □

National Diabetes Audit is available at www.icsservices.nhs.uk/ncasp/pages/audit_topics/diabetes