

## Acknowledgements

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We would like to acknowledge the men who participated and their willingness to share details of their lives with us, both through the focus groups and the questionnaires. We would like to acknowledge the two employers (the local authority and the post office) who were without exception very helpful and accommodating in allowing us to carry out the study in their organisations.

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## Summary of the project

This summary describes a project that was commissioned by the Men's Health Forum and carried out by the Institute of Health and Community Studies at Bournemouth University. It focused on providing men with information about indigestion and contributory lifestyle factors, with the aim of increasing awareness of symptoms and sources of help. Indigestion affects up to 40% of the adult population in the UK each year (Logan & Delaney, 2001; NICE, 2000) but it is estimated that only 22-25% of those who suffer symptoms will consult their GP (NICE, 2000).

The project was based in the workplace because men are less likely than women to access traditional health services such as GP surgeries and well men clinics (Davidson & Lloyd, 2001). The workplace is a good setting for engaging with men who might not otherwise access information about health, and has successfully been used for health promotion activities around prostate health (MHF, 2003) and skin cancer prevention (Twardzicki & Roche, 2001).

### The project focus

The project offered an excellent opportunity to investigate which services are more likely to be used by men and why. Choosing the topic of indigestion gave the opportunity to consider a variety of different services within the project, and also enabled insights into how best to encourage changes to possible contributory lifestyle factors such as smoking, diet, alcohol intake and lack of physical activity. These risk factors are the same as those for ischaemic heart disease, and also increase the risk of contracting many forms of cancer.

### Overall project aim

To explore how best to encourage the uptake of services and treatments for indigestion by men.

### Objectives

To assess factors involved in men's help-seeking behaviour around indigestion.

To develop suitable intervention materials to increase awareness, encourage help-seeking behaviour and encourage lifestyle change through consultation with local men.

To explore how local health practitioners offer advice to men suffering with indigestion.

### Project management

The project was managed by the Men's Health Forum (MHF) and funded by four pharmaceutical companies (Roche, Glaxosmithkline, Reckitt Benckiser and Johnson & Johnson MSD) through the Proprietary Association of Great Britain (PAGB). The project steering group, comprised the following representatives Peter Baker Director Men's Health Forum (Chairman), Robbie Porter MHF, Gopa Mitra Director of Health Policy and Public Affairs PAGB, Guy Howland Consultant NACP, Sara Richards Vice-Chair RCN - Practice Nurse Association, Debra Leeves Medical Information Manager Wyeth Consumer Healthcare, Rob Elliott Roche Consumer Healthcare, Dr Steve Mann Vice-President Research and Development Europe, Johnson & Johnson MSD, Steve Huckfield Head of NHS Sales Reckitt Benckiser, Alison Ewart Brand Manager Glaxosmithkline Consumer Healthcare, John Parton Commercial Marketing Manager Glaxosmithkline Consumer Healthcare and Ann Hemingway Practice Development Fellow (Public Health) Bournemouth University.

### Research Methodology

For the purpose of this study two local employers in Bournemouth, the local authority and the post office, were selected on the basis of having large numbers of male employees and we are very grateful for their help and co-operation in setting up and carrying out this project.

A pre- and post-intervention questionnaire was used. Questionnaire 1 assessed frequency of indigestion, general health behaviour, intention to seek help and information, and sources of help and information. Questionnaire 2 was sent out after the intervention, which consisted of a leaflet giving information and advice about lifestyle and what to do when you suffer with indigestion. Posters were also placed in the workplace, and health advice stalls were offered to employees at the local town hall.

The second questionnaire followed the same design as the pre-intervention questionnaire with the addition of questions about the intervention and intervention materials. Employees were encouraged to complete both questionnaires by the inclusion of pre-paid reply envelopes. The organisation of a prize draw for all those who completed both questionnaires aimed to enhance returns. Each respondent was allocated a unique identifier, which enabled us to track individual participants in the study. This facilitated the evaluation of the impact of interventions and any changes in knowledge, attitudes and health behaviours 4-6 weeks after participants received the leaflet. The men who stated that they changed their health behaviour after receipt of the leaflet were then followed up through telephone interviews six months later to gain insights into whether they had maintained this lifestyle change.

### The focus groups

Focus groups were convened at the beginning and the end of the study to help in the design of the leaflet to be distributed in the workplaces and again at the end of the study to comment further on the leaflet and preliminary findings. On each occasion, participants were given written information about the aims of the study, the focus group and the areas to be covered, each focus group lasted for 40 minutes. Details about confidentiality, anonymity and reporting were also provided.

For the focus group at the beginning of the study men from a local 'wellness' group which meets in a local sports centre were recruited. This group had been established through running local men's health MOTs. Ten men (aged between 20 and 65) attended the focus group.

Materials were designed following this, participants were asked about:

Their experience of indigestion;

Who they would seek help and information from;

What approaches/messages/materials would be appealing and what would be unappealing in terms of

taking notice of and following advice.

The posters and the leaflet (see appendix A) used in this project were designed using this information and the NICE (National Institute for Clinical Excellence) guidance on the management of dyspepsia (2000). The leaflet aimed to give information about what course of action to follow should individuals experience symptoms of indigestion. This included highlighting 'red light' symptoms for which men should seek advice from a pharmacist or doctor. It also suggested lifestyle changes and the use of generic over-the-counter indigestion remedies. To make the leaflet accessible and look eye-catching, the slogan 'Quit Bellyaching' was chosen, with a cartoon man on the cover clutching his stomach. Bright colours and a light-hearted quiz on lifestyle factors such as drinking and smoking were also included.

Focus groups were then conducted towards the end of the study in June 2004 at the post office. Ten men (aged between 20 and 60) participated in the focus groups. Areas covered in this focus group were opinions of the 'Quit Bellyaching' leaflet and preferences for seeking information about health and workplace interventions.

Analysis and profile of the sample of men

The study and questionnaire design allowed the results to be analysed and presented in three different sections:

Lifestyle results (n=491);

Pre- and post-intervention results (n=200);

Comments on the leaflet (n=225).

The majority of the men who participated lived with a wife/partner and were aged between 30 and 60, 30% of the men were younger than 40. The number of men recruited for the study from the local authority and the royal mail were broadly comparable and the ethnic origin of the sample was predominantly white.

Interviews with health care professionals

Following the focus groups and the intervention section of the study, a small scale exploratory series of qualitative interviews were undertaken in the same locality with health professionals. These interviews were intended to provide insights into when men ask for advice and what types of advice men may be given currently when they are suffering with the symptoms of indigestion.

Sixteen health care professionals were interviewed who regularly offer advice to individuals suffering with indigestion. They included community pharmacists (n=6), lifestyle practitioners (n=2 working for the local primary care trust), a practitioner working in a local 'health advice shop', practice nurses (n=2) and general practitioners (n=5).

Key Findings

The majority of men sampled for this study stated that when they suffered with indigestion they used over-the-counter medications and did not consider changing their lifestyle.

The majority stated that they only sometimes followed a healthy diet, and a third were worried about being overweight.

Although the men stated that their overall health was good, the vast majority of those who participated in this study had suffered from indigestion, with ten percent suffering from indigestion most days.

The majority of the men sampled for this study in both workplaces felt that health issues should be discussed at work, and that issues such as shift work and quality of food available at work and the potential impact on health and well being needed consideration.

The overwhelming majority of men who participated in this study had suffered with indigestion at some time in their lives (over 80%), and the majority of the men who participated were aged over 40 (60%). The majority of the men who chose to participate in this study had some educational qualifications, ranging from GCSEs to a degree, and their occupations ranged from professional/clerical to postal delivery. However, on analysing the results no significant differences were found between these groups and their health behaviour, although this could have been due to sample size. The men who worked for the post office did feel that they were more active than those working for the local authority who participated. The most common symptoms of indigestion that the men suffered with were burping/belching, heartburn and bloating.

It is interesting that in previous survey-based research 51% of men agreed that they were conscious of the effects of their own behaviour on their health (Cox et al., in Wilson 1998). In this study, the majority of men (almost 80%) clearly stated that they did not think behaviour change was an effective option for treating persistent indigestion. Instead, they stated they would prefer to seek advice from a doctor, but what they did most commonly was use over-the-counter medications. It is unclear from these research findings whether the men purchased these remedies themselves or their partners/family member did this, although this area could benefit from further study. This lack of awareness of the potential benefits of lifestyle change, and tendency to buy over-the-counter medications, may mean that pharmacies, and possibly pharmacists, could provide an opportunity to offer lifestyle advice and support. Indeed, pharmacists are now being acknowledged as having the potential to tackle public health issues (Department of Health 2004). A consortium of agencies including Pharmacy Healthlink, the Royal Pharmaceutical Society of Great Britain, the Faculty of Public Health and the UK Public Health Association have been awarded a contract through the Department of Health to explore how pharmacists can enhance their contribution to public health when providing health advice.

The results from this study suggest that, although men said they would prefer to see their doctor if symptoms persisted, their stated behaviour was to use over-the-counter medicines and not to change their health behaviour. This national initiative may therefore prove to be an opportunity

to explore how pharmacists could support initiatives to improve men's health and health behaviour in the future. The small sample of pharmacists interviewed to inform this study however, did not currently see themselves as able to tackle giving lifestyle advice, and they felt awkward tackling as they saw it 'sensitive issues' such as weight. They also felt that the public did not always see them as appropriate people to discuss lifestyle issues with. This would imply therefore, that there will be training and development implications for effective development of this 'public health' role. Sixty percent of the men sampled for this study stated that they only sometimes ate a healthy diet, and over 30% had concerns about being overweight. Consequently, a timely opportunity to offer lifestyle advice may present itself when men seek a remedy for their indigestion. The NICE (2000) guidance on the management of dyspepsia makes it clear that indigestion is a common and normal problem across the population and that as such it can be discussed without embarrassment by both sufferer and health care professional.

Overall, nearly 70% of the men sampled felt that health issues should be discussed at work, and the qualitative comments gained from this study have offered suggestions as to how this may be done. As other research involving men has shown, 'going to where men are' may be useful (Carey 2002, MHF 2003) in terms of improving their health and offering screening. This insight into a potential method will be shared with the workplaces used within this study. Both the local authority and the post office expressed an interest in the results of this study to inform their future health improvement initiatives for their workforce.

Results from the leaflet based intervention

The men stated that their knowledge relating to indigestion was increased through reading the leaflet, and the data analysis supports this.

Changes in stated health behaviour were found in 21% of the men's responses post intervention, 14% then continued this change over six months after receiving the leaflet and the majority of these linked the changes to receiving the leaflet.

More men felt that indigestion was not just an every day nuisance after reading the leaflet.

The majority of the men found the leaflet easy to understand, and that it contained enough information.

The majority of the men liked the informal approach that the leaflet took to giving them information.

The men sampled for this study did not state a clear preference for health advice aimed at men specifically.

The leaflet designed for this study and distributed to the men sampled took a relaxed approach and aimed to raise awareness of the causes of indigestion, as well as offer advice on where to go for help and potential remedies. The results showed that the men's awareness of the causes of indigestion was significantly increased through reading the leaflet, particularly relating to eating fatty foods, eating late at night, being overweight and smoking. Interestingly, three of these four areas are risk factors for coronary heart disease, while smoking is also a risk factor for both cancer and many respiratory disorders. In addition, the men were less likely to see indigestion as just an everyday nuisance after reading the leaflet.

Twenty-one percent of the men sampled felt that the leaflet helped them to change their lifestyle, and fourteen percent reported maintaining those changes six months later. It may be that as the individuals who participated in this study were suffering with symptoms of indigestion they were more ready to follow advice to seek relief from them. Indeed, that 14% of the men who received a leaflet used in this study had changed their lifestyle and maintained that over six months indicated that supporting lifestyle change at this point may enhance the likelihood of change, although this area warrants further study. In a Health Development Agency briefing (2004) effective interventions to enable lifestyle change are targeted both in terms of gender and on individuals ready to adopt moderately intense physical activity. Potentially if an individual is suffering with indigestion they may be more likely to see the need for change, as happened with the small number of men in this study. It is relevant to mention that current evidence suggests that awareness of a health related activity as a risk factor may not be sufficient on its own to enable behaviour change (National Heart Forum 2003).

The men who commented on the leaflet for the benefit of this study found it easy to understand and that it contained enough information. The majority liked the informal approach, although the qualitative results suggest that this area requires further study, particularly in relation to different age groups of men. This was suggested within the focus groups and qualitative comments, and it appeared that older men might like this approach less.

55% of the men involved in this study welcomed being provided with material aimed at men, although this result may have been negatively affected by the design of the material itself, and the age of the sample of men as commented on previously here. The leaflet was designed specifically for men, as was indicated in the title and on the front cover, but this in itself did not draw negative, or positive qualitative comment.

Limitations of the study

The majority of the men who participated in this study were white and therefore the relevance of these findings to men from other ethnic origins may be reduced. In addition the majority of men who chose to participate in this study had some educational qualifications ranging from GCSEs to a degree, and fell within the 30-60 age group. This may mean that the findings from this study have less relevance for individuals with no recorded educational qualifications or who fall outside these age groups. The findings from the intervention section of the study have been expanded by contacting the men again around six months later in addition to the 4-6 weeks contact undertaken to further explore whether the leaflet had impacted on their lifestyles over that period. However, the numbers recruited to the study have enabled only limited insights. Recruiting men to be

involved in this study was difficult and required telephone follow-up to enable the number of pre- and post-intervention questionnaires included in the data to be achieved.

It is likely that using a general population sample to focus on a specific health problem reduced the response rate considerably. However, more limited insights would have been gained from only sampling men who attended their GP with this problem, as this would evidently have been a small minority of men who suffer with indigestion, and actively seek help from their GP (Davidson & Lloyd 2001).

#### Key Recommendations

Pharmacists may be key to offering health and lifestyle advice to men when they are seeking over-the-counter remedies for indigestion. This may not be an opportunity which pharmacists would currently exploit, as they may see their focus as product advice rather than lifestyle advice, although this area needs further study.

Changing their behaviour in order to seek relief from indigestion is not something that men will automatically consider when suffering symptoms. Opportunities for lifestyle advice may need to be offered therefore through pharmacists or NHS direct, or linked for instance with internet sites which men may access such as sports or news sites.

Men appear to be positive about work-based and flexible locally based health and lifestyle initiatives. These issues could be further explored through employers and local health promoters, particularly in relation to evaluating what food and exercise opportunities are made available in work places.

Designing interventions for men that take an informal approach may help when offering information and advice, although this area does require further study particularly for different age groups.

#### Conclusion

This study has provided useful insights into the lifestyles of the men who participated and information on the types of indigestion symptoms the men suffered from. The frequency of these symptoms and the remedies the men sought for these symptoms has also been highlighted by the findings.

It would appear that further research and development work is needed before the existing and potential public health workforce can provide effective support to enable men to change to a healthier lifestyle if they need to. Some potential areas for development have emerged from these findings which may be useful to both health professionals, and to employers in terms of supporting healthier lifestyles for men in the future.

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