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RESEARCH FUNDING BY THE NATIONAL INSTITUTES OF HEALTH: DOES GENDER MATTER?

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Background: In the United States, National Institutes of Health (NIH) is the largest non-commercial funder of biomedical research. Funding of specific disease categories is partly dependent on burden of disease. We examined current gender-specific research funding by the NIH with common measures of burdens of disease.
Methods: In a cross sectional study, we compared estimates of disease-specific and gender-specific research funding by the NIH in 2006 with data on 4 measures of the burden of disease. The measures were incidence rate, prevalence, mortality rate, and disability-adjusted life-years (DALY). Using mortality rate and DALY as explanatory variables in a regression analysis, predicted funding was calculated and compared with actual funding. In addition, funding to mortality ratios for gender-specific diseases were compared.
Results: Mortality was weakly associated ($r = 0.47$, $p = 0.001$), whereas disability-adjusted life-years was strongly associated ($r = 0.77$, $p < 0.001$) with NIH research funding. For gender-specific funding, NIH breast cancer research funding continues to rise and it is twice as much as prostate cancer research funding. Mean funding to mortality ratio for breast cancer research (30.6:1) is significantly higher than prostate cancer research (14.1:1) ($p < 0.001$). Funding to mortality ratio is the highest for cervical cancer research (40.1:1) and the lowest for uterine cancer research (6.8:1). When disability-adjusted life-years and mortality were used to predict expected funding, both prostate cancer and breast cancer are over funded as compared to the respective measures of burden of disease. However, over funding for breast cancer is 3.6 times greater than that for prostate cancer.
Conclusions: Gender-specific research funding shows a pattern of underfunding for men's health research relative to women's health research. Addressing this gender disparity objectively may provide equal dispersal of funding. Considering the cross-gender effects of burden of disease, correcting the gender disparity and providing a more equitable distribution of research funding will benefit everyone.

doi:10.1016/j.jomh.2010.09.183

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MALE GENDER ROLE STRAIN AS A BARRIER TO AFRICAN AMERICAN MEN'S PHYSICAL ACTIVITY

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Background: Despite the potential health consequences, African American men tend to treat their roles as providers, fathers, spouses, and community members as more important than engaging in health behaviors such as physical activity.
Methods: We conducted thematic content analysis of data derived from 14 focus groups with 110 urban, middle aged African American men from the Midwest, U.S.A.
Results: The findings revealed three interrelated barriers to physical activity: (a) work, family, and community commitments and priorities limited time and motivation for engaging in physical activity; (b) physical activity was not a normative individual or social activity and contributed to men prioritizing work and family responsibilities over physical activity; and (c) the effort men exerted in seeking to fulfill the provider role limited their motivation and energy to engage in physical activity.
Conclusion: These findings highlight the need for physical activity interventions that consider how health fits in the context of men's overall lives.

doi:10.1016/j.jomh.2010.09.184

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GENDERING LATE-LIFE DEPRESSION? THE COPING PROCESS IN A GROUP OF ELDERLY MEN

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Background: The increase in suicide rates in older men poses a serious challenge in terms of better detection and diagnosis of depression, as the increase could suggest that there are a number of aging, depressive men who are not diagnosed and therefore remain untreated for their depression.
Methods: This study is an interview study with 8 elderly men (between 66 and 85 years of age) diagnosed with depression in late-life. It examines how the men discuss, perceive and act in relation to stressful situations in late life, and how their perception may influence the coping process and the presentation of depressive symptoms.
Results: It was found that the men only used two types of coping strategies: Restoration strategies and Palliative strategies. The coping strategies used were mainly aimed at continuing life as it was before (or trying hard and working hard to maintain that illusion) and to avoid, divert or distract from the stress, but not to solve the underlying problems. The men did not use any active resignation strategies, which are strategies for normalizing the situation after a stressful situation, and bring in an acceptance of limitations or changes in life circumstances.
Conclusion: The exclusive use of restorative and palliative strategies in the stressful situations leads to poorer psychological adjustment than when active resignation strategies are included in the repertoire. These findings suggest that focusing on the male coping process to stressful situations in late life may offer new perspectives with regard to early detection of depression and offer a new understanding of the complex symptoms representation and incongruent depressive behaviours in elderly males.

doi:10.1016/j.jomh.2010.09.185

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DIFFERENCES IN LEFT VENTRICLE SIZE BETWEEN MEN AND WOMEN SUFFERING FROM HYPERTENSIVE HEART REMODELING

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Background: Man are known to have bigger heart size than women. To compare echocardiographic left ventricle dimension between both groups left ventricle mass index [LVMI] and relative wall thickness [RWT] are widely used. Hypertension may lead to cardiac failure, witch may be connected with increase BNP serum level. Our aim was to study relation between echocardiographic parameters and BNP serum level in group of hypertensive man and women suffering from left ventricle remodeling.
METHODS: The study group included 223 patients treated for arterial hypertension and suffering from one type of left ventricle remodeling: concentric remodeling, concentric hypertrophy or eccentric hypertrophy. There were 87 man (39%) and 136 women (61%). The average age in population was 61. For all patients clinical examinations, transthoracic echocardiogram, resting ECG and venous blood sampling for measuring BNP level, was performed
Results: In our group mean wall thickness, left atrium dimension [LA], aortic valve ring dimension [AO], AO/LA ratio, left ventricular end diastolic diameter, left ventricular mass and LVMI were significantly higher ($p < 0{,}01$)in man than in women. But we found tendency towards higher RWT value in women ($p = 0{,}06$). We also observed considerable difference in A wave velocity ($p = 0{,}02$). Differentiations between other left ventricular diastolic function parameters: E wave velocity, E/A ratio, E' velocity and left ventricular filling pressure (E/E'),were statistically insignificant. More-