



Accelerating research towards a cure for multiple sclerosis

What is it like being a man with MS?

Men differ from women in how they experience MS, both physically and psychologically. Men tend to have a more progressive disease course and a more rapid accumulation of disability than women do. Men with MS typically have fewer relapses, but the relapses they do have are more likely to affect motor function and less likely to be sensory in nature. In addition, men generally have a poorer recovery after their first disease relapse than women. This could be due to the fact that men are slower to report symptoms or get evaluated for MS, and often slower to start treatment. They are more likely to wait until they are in crisis to seek help for issues. There doesn't appear to be a difference in treatment effect between men and women. Men have a greater tolerance for risk and are more likely to opt for more aggressive treatments, however they tend to be less compliant to a treatment regimen.

The emotional needs of men are different from those of women, whether they have MS or not. Recognizing there are exceptions, they generally see themselves as doers, fixers, and believe they should manage challenges on their own. As such, men with MS tend to want to fix the disease themselves. Many men approach MS analytically rather than emotionally.

They tend to be more comfortable asking for information (with the exception of directions) and less comfortable asking for help or support. Men generally don't talk about emotions and



problems. Some men with MS may experience certain symptoms they find too embarrassing to talk about, or that challenge their masculinity (for example, sexual difficulties).

Traditional gender roles typically place the man in charge of taking care of his family, being the breadwinner of the house, and protecting his loved ones from danger. Many men with MS find there are things they are not physically able to do anymore. The feeling of being helpless or being unable to do something on their own may be very difficult in the mindset of a man, of what he feels he should be able to do. The conflict begins when a man's accumulated disability level reaches a point where his expected roles become challenging or even impossible, requiring someone else (often his partner or spouse) to take the lead. For example, in later stages of MS, many people can no longer work (or at least not as much or as hard as they could before) putting the financial responsibility on their significant other. For a man who is used to being the primary or at least equal breadwinner, no longer being able to work may result in him feeling like a failure or inadequate. Even in today's changing world, these traditional stereotypes still [ring true](#) for many men.

[Research](#) shows that men tend to use the healthcare system less frequently than women and engage in fewer preventive health behaviors (younger men, in particular). Many believe this is the result of men's long-established socialization to appear tough, stoic, independent and resilient.

Gender differences exist in the self-efficacy of those living with MS. This is the belief in one's ability to succeed in specific situations, or accomplish a task. [One study](#) showed that women have a significantly greater belief in their ability to function with MS than men. The findings also indicated that men with progressive forms have less faith in their ability to control their MS and function with it than those with relapsing-remitting MS (RRMS).



[Other studies](#) have demonstrated divergence in the impact of MS on health related quality of life (HRQOL) between men and women. The impact of disability on all aspects of HRQOL (physical and social functioning, as well as emotional wellbeing) was higher for men than women. This research indicates that, despite physical impairment, women with MS appear to maintain psychological and mental wellbeing to a greater extent than men.

A [large-scale study](#) found that anxiety and depression are common in people with MS.

According to this study, women struggle with higher levels of anxiety than men and men are



more likely to be depressed than women, especially men with RRMS. Group therapy aims to improve the psychological wellbeing of those wrestling with these issues. Participants often find their emotional and mental health is improved through contact with others in a similar situation. Men may

benefit from support groups, however they are less likely to express a need for and seek support than women. There are also various [online forums](#) for men with MS. However, many men stop participating because they don't like to talk about certain aspects of their lives they would consider private and/or embarrassing to talk about.

Traditional stereotypes prove to be all too true for men living with MS. These preconceived notions tend to get in the way of many getting the support they need. There is a need for health care professionals to take the male perspective into consideration so they might tailor their support programs to better meet men's needs. Any intervention or program must take into account the type of support that is offered to men and consider that for some, retaining a sense of masculinity may be more important than seeking assistance. There is also a need to educate men about support groups and de-stigmatize the decision to seek support. Further research is required to better understand what program strategies would be most effective to provide support for men with MS.