

# Awareness can reduce the risk of prostate cancer

STAR HEALTH DESK

As men age, the prostate may become a source of problems. The three most common problems are inflammation (prostatitis), prostate enlargement (benign prostatic hyperplasia), and prostate cancer. Prostate cancer is the most common type of cancer among men. Men aged 50 and older, and those over the age of 45 who are in high-risk groups, such as men with a family history of prostate cancer, should have a prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) once every year.

## What is the prostate?

The prostate is a gland of the male reproductive system. The prostate produces some of the fluid for semen, which transports sperm during the male orgasm.

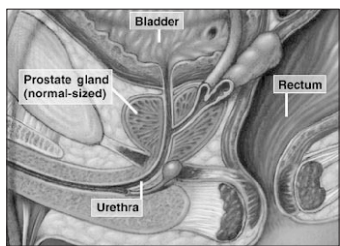
Normally, the prostate is quite small it is nearly the same size and shape as a chestnut. It is located in front of the rectum, just below the bladder, and wraps around the urethra, the tube that carries urine from the bladder out through the tip of the penis. The prostate is made up of approximately 30 per cent muscular tissue, and the rest is glandular tissue.

## Aging and the prostate

As a man gets older, his prostate

may increase in size. This condition is called benign prostatic hyperplasia (BPH). By age 70, more than 40 per cent of men will have enlargement of the prostate that can be felt during a physical examination. If the prostate grows large enough, it may press against the urethra and make the flow of urine weaker or slower.

An increase in the size of the prostate and a change in urine flow do not necessarily mean you have cancer; you may have BPH, an infection or another urologic condition.



It is important to note that BPH is not cancer, nor has it been shown to increase the risk of prostate cancer. However, a man can have both BPH and prostate cancer.

Three common diseases of the prostate are:

- Benign prostatic hyperplasia (BPH)
- Prostatitis
- Prostate cancer

Each of these conditions affects the prostate differently.

## Understanding prostate cancer

Prostate cancer is a group of cancerous cells (a malignant tumor) that begins most often in the outer part of the prostate. It is the most common type of cancer.

Early prostate cancer usually does not cause any symptoms. However, as the tumor grows, it may spread from the prostate to surrounding areas. Change in urination, including increased frequency, hesitancy or dribbling of urine may be experienced.

Prostate cancer can spread from the prostate to nearby lymph nodes, bones or other organs. This spread is called metastasis. For example, as a result of metastasis to the spine, some men experience back pain.

## The value of early detection

The overall prognosis for prostate cancer patients has dramatically improved compared with years ago. Over the past 20 years, the overall survival rates for all stages of prostate cancer combined have increased from 67 per cent to 97 per cent. This means more men are living longer after diagnosis.

Some of the possible reasons for this increase in survival rates include public awareness and early detection.

## PROSTATE CANCER AWARENESS WEEK

Prostate cancer ranks third among cancers in worldwide incidence and sixth in cancer mortality among men. In Bangladesh it is increasing at an alarming rate.

In order to create a general awareness on prostate cancer, during 3rd week of September (Prostate cancer awareness week) Oncology club, Ahsania Mission Cancer Hospital and Health and Environmental Journalist Forum, Bangladesh organised a press conference on 8th September.

Prostate cancer is nearly 100 per cent survivable if detected early. But there are

often no early sign or symptoms, Chairman, Oncology club, Prof ABMF Karim expressed.

Dr M A Salam, Professor of Urology of BSMMU said that the only way to detect the disease in its early stage is through a simple blood test (PSA) and a single digital rectal examination (DRE).

Speakers on the conference mentioned that regular exercise and early detection may prevent prostate cancer.

Engr Kabir Ahmed Bhuiyan, Chairman, Comfort Diagnostic Centre Limited announced

that they will give 50 per cent discount on PSA test and other logistic for screening programme during the Prostate cancer awareness week. This year 'Prostate cancer awareness week' is planned to be observed 15-21 September, 2004. In order to detect prostate cancer early free DRE test, medical consultation by an urologist and low-cost PSA test will be available for all men at Comfort Diagnostic Centre Limited, 167/B, Green Road, Dhaka 1205 from September 15-21, 2004 (from 9 am-4pm).

**Press conference on 'Prostate Cancer Awareness Week'. From left Dr Dabir Uddin Ahmed, Manager, Aventis oncology; Prof M A Salam, Urology, BSMMU, Prof; A B M F Karim, Chairman, Oncology Club; Prof M A Hai, Engr Kabir Ahmed Bhuiyan, Chairman, Comfort Diagnostic Centre**



# Things that might surprise you about being pregnant

Pregnancy is a joyful and surprising episode in a woman's life. Several changes come in the period of pregnancy that may make you worried. You should have a sound knowledge about the facts to handle them tactfully.

Any concerns you have about your or your baby's emotional or physical health, regardless of how unrelated or trivial they may seem, should be discussed with your doctor. He or she has seen many expectant parents, some less worried and some more worried than you, and can reassure you when there is no problem or give you more information when there is one. And if your doctor does not take the time to listen to your concerns or does not seem to take them seriously, you should feel free to get a second opinion. Pregnancy does not just change your body - it affects the rest of you, too.

## The nesting instinct

Many pregnant women experience the nesting instinct, a powerful urge to prepare their home for the baby by cleaning and decorating. Or perhaps you will want to tackle projects you have not had time to do, like organising your garage or closets.

As your due date draws closer, you may find yourself cleaning cupboards or washing walls - things you never would have imagined doing in your ninth month of pregnancy! This desire to prepare your home can be useful because it will give you more time to recover and nurture your baby after the birth, but be careful not to overdo it.

## Inability to concentrate

In the first trimester, fatigue and morning sickness can make many women feel worn out and mentally fuzzy. But even well-rested pregnant women may experience an inability to concentrate and periods of forgetfulness. A preoccupation with the baby is partially the cause, as are hormonal changes. Everything - including work, bills and doctor appointments - may seem less important than the baby and the impending birth. You can combat this forgetfulness by making lists to help you remember dates and appointments.

## Mood swings

Premenstrual syndrome and pregnancy are alike in many ways. Your breasts swell and become tender, your hormones fluctuate and you may feel moody. If you suffer from premenstrual syndrome, you are likely to have more severe mood swings during pregnancy. Mood swings can make you go from feeling happy one minute to feeling like crying the next. You may be irrationally angry with your partner one day, then a coworker may inexplicably irritate you the next.

Mood swings are incredibly common during pregnancy, although they tend to occur more frequently in the first trimester and toward the end of the third trimester.

About 10 per cent of pregnant women experience depression during pregnancy. If you have symptoms such as sleep disturbances, changes in eating habits (a complete lack of appetite or an inability to stop eating), and exaggerated mood swings for longer than 2 weeks, you should talk to your doctor.

## Increasing chest size

An increase in breast size is one of the first signs of pregnancy. Breasts usually become swollen and enlarged in the first trimester because of increased levels of the hormones estrogen and progesterone. That growth in the first trimester is not necessarily the end, either - your breasts can continue to grow all throughout your pregnancy!

When you are pregnant, your lung capacity increases so you can take in extra oxygen for yourself and the baby, which may result in a bigger chest size.

## Skin

Are your friends saying you have that pregnancy glow? It is only one of many skin changes you may experience during pregnancy due to hormonal changes and the stretching of your skin to accommodate a larger body. Pregnant women experience an increase in blood volume to provide extra blood flow to the uterus and to meet the metabolic needs of the fetus. They also have increased blood flow to their other organs, especially the

kidneys. The greater volume brings more blood to the vessels and increases oil gland secretion.

Some women develop brownish or yellowish patches called chloasma, or the "mask of pregnancy," on their faces. And some will notice a dark line on the midline of the lower abdomen, known as the linea nigra, as well as hyperpigmentation (darkening of the skin) of the nipples, external genitalia and anal region. These are the result of pregnancy hormones, which cause the body to produce more pigment. The body may not produce this increased pigment evenly, however, so the darkened skin may appear as splotches of color. Unfortunately, chloasma cannot be prevented, but wearing sunscreen and avoiding UV light can minimise its effects.

Acne is common during pregnancy because the skin's sebaceous glands increase their oil production. And newly formed pimples might not be the only evolving spots on your face or body - moles or freckles that you had prior to pregnancy may become bigger and darker. Even the areola, the area around the nipples, becomes darker. Except for the darkening of the areola, which is usually permanent, these skin changes will likely disappear after you give birth. Many women also experience heat rash, caused by dampness and perspiration, during pregnancy.

In general, pregnancy can be an itchy time for a woman. Skin stretching over the abdomen may cause itchiness and flaking. Your doctor can recommend creams to soothe dry or itchy skin.

## Hair and nails

Nails, like hair, can change noticeably during pregnancy. Extra hormones can make them grow faster and become stronger. Some women, however, find that their nails tend to split and break more easily during pregnancy. Like the changes in hair, nail changes are not permanent. If your nails split and tear more easily when you are pregnant, keep them trimmed and avoid the chemicals in nail polish and nail polish remover.

## Shoe size

Even though you cannot fit into any of your prepregnancy

clothes, you still have your shoes, right? Maybe - but maybe not. Because of the extra fluid in their pregnant bodies, many women experience swelling in their feet and may even have to start wearing a larger shoe size. Wearing slip-on shoes in a larger size will be more comfortable for many pregnant women, especially in the summer months.

## Joint mobility

During pregnancy, your body produces a hormone known as relaxin, which is believed to help prepare the pubic area and the cervix for the birth. The relaxin loosens the ligaments in your body, making you less stable and more prone to injury. It is easy to overstretch or strain yourself, especially the joints in your pelvis, lower back, and knees. When exercising or lifting objects, go slowly and avoid sudden, jerky movements.

## Varicose veins, hemorrhoids, and constipation

Varicose veins, which are usually found in the legs and genital area, occur when blood pools in veins enlarged by the hormones of pregnancy. Varicose veins often disappear after pregnancy, but you can lessen them by avoiding standing or sitting for long periods of time, wearing loose-fitting clothing, wearing support hose, elevating your feet when you sit.

Hemorrhoids (varicose veins in the rectum) frequently occur during pregnancy as well. Because your blood volume has increased and your uterus puts pressure on your pelvis, the veins in your rectum may enlarge into grape-like clusters. Hemorrhoids (often known as piles) can be extremely painful and they may bleed, itch or sting, especially during or after a bowel movement. Coupled with constipation, another common pregnancy woe, hemorrhoids can make going to the bathroom unpleasant.

Constipation is common throughout pregnancy because pregnancy hormones slow the rate of food passing through the gastrointestinal tract. During the later stages of pregnancy, your uterus may push against your



large intestine, making it difficult for waste to be eliminated. Constipation can contribute to hemorrhoids because straining may enlarge the veins of the rectum. And chronic constipation may lead to a severe painful condition called anal fissure. You should notice your physician as early as the symptoms appear.

The best way to combat constipation and hemorrhoids is to prevent them. Eating a fiber-rich diet and drinking plenty of fluids daily will help you eliminate more easily. Stool softeners (like ispaghula husk, not laxatives) may also help. Regular exercise can help keep bowel movements regular as well. If you do have hemorrhoids, see your doctor for a cream or ointment that can shrink them.

## Birth Day Surprises -- things that will come out of your body

So you have survived the mood swings and the hemorrhoids, and you think your surprises are over. Guess again - the day you give birth will probably hold the biggest surprises of all.

Only one in 10 mothers experience their waters' breaking before labor contractions begin. Some women never experience it - a doctor may need to rupture the amniotic sac (if the cervix is already dilated) when they arrive at the hospital. Some women may feel an intense urge to urinate that leads to a gush of fluid when their waters break. Others may have only a trickling sensa-

tion down their leg because the baby's head acts like a stopper to prevent most of the fluid from leaking out. In any case, amniotic fluid is generally sweet-smelling and pale or colorless and is replaced by your body every three hours, so don't be surprised if you continue to leak fluid, about a cup an hour, until delivery.

Other unexpected things may come out of your body during labor in addition to your baby, blood, and amniotic fluid. Some women experience nausea and vomiting. Others have diarrhea before or during labor and flatulence (passing gas) is also common. During the pushing phase or labor, you may lose control of your bladder or bowels. Because of this, some hospitals encourage enemas upon admission. You may not be able to control vomiting or peeing during labor, but if you are giving birth in a hospital and would rather not have an enema, tell your doctor beforehand. A birth plan can be especially helpful in communicating your wishes to your health care providers.

There are lots of surprises in store for you once you become pregnant - but none sweeter than the way you will feel once your newborn is in your arms!

Source: <http://www.kidshhealth.org>

## HEALTH AND SCIENCE BULLETIN

### Mortality due to suicide in rural Bangladesh

Population-based surveillance in a rural community in southwest Bangladesh revealed that suicide is a major cause of mortality, especially in young females. Mortality from suicide occurred at a rate of 39.6 per 100,000 population per year from 1983-2002. Among young people, 10-19 years old, suicide accounted for 42% of deaths; 89% of suicide-associated deaths in this age group were in females. Suicide-associated death rates from this surveillance area are substantially higher than rates reported elsewhere in Asia, warranting further studies aimed at identifying risk factors for suicide and strategies for prevention.

Source: ICDDR,B

## Suicide huge but preventable public health problem

### World Suicide Prevention Day - 10 September



WHO photo

Suicide is a huge but largely preventable public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities every year, as well as economic costs, says the World Health Organisation (WHO). Estimates suggest fatalities could rise to 1.5 million by 2020. Following its successful launch last year, World Suicide Prevention Day, a collaboration between WHO and the International Association for Suicide Prevention (IASP), was held on 10 September to focus attention and call for global action.

"For every suicide death there are scores of family and friends whose lives are devastated emotionally, socially and economically," says Dr Catherine Le Galé s-Camus, WHO Assistant Director General, Noncommunicable Diseases and Mental Health. "Suicide is a tragic global public health problem. Worldwide, more people die from suicide than from all homicides and wars combined. There is an urgent need for coordinated and intensified global action to prevent this needless toll."

Globally, suicides represent 1.4 per cent of the Global Burden of Disease, but the losses extend much further. In the Western Pacific Region they account for 2.5 per cent of all economic losses due to diseases. In most European countries, the number of suicides is larger than annual traffic fatalities. In 2001 the yearly global toll from suicide exceeded the number of deaths by homicide (500 000) and war (230 000).

Among countries reporting suicide, the highest rates are found in Eastern Europe and the lowest are found mostly in Latin America, in Muslim countries and in a few of the Asian countries. There is little information on suicide from African countries. There are estimated to be 10-20 times the number of deaths in failed suicide attempts, resulting in injury, hospitalisation, emotional and mental trauma, although no reliable data is available on its full extent. Rates tend to increase with age, but there has recently been an alarming increase in suicidal behaviours amongst young people aged 15 to 25 years, worldwide. With the exception of rural China, more men than women commit suicide, although in most places more women than men attempt suicide.

Suicidal behaviour has a large number of complex underlying causes, including poverty, unemployment, loss of loved ones, arguments, breakdown in relationships and legal or work-related problems. A family history of suicide, as well as alcohol and drug abuse, and childhood abuse, social isolation and some mental disorders including depression and schizophrenia, also play a central role in a large number of suicides. Physical illness and disabling pain can also increase suicide risks.

"It's important to realise that

suicide is preventable," says Professor Mehlum, "And that having access to the means of suicide is both an important risk factor and determinant of suicide."

The most common methods are pesticides, firearms and medication, such as painkillers, which can be toxic when consumed in excessive amounts. One recent breakthrough was the move by many pharmaceutical companies to market painkillers in blister packs rather than more easily accessible bottles, which had a significant impact on their use as a suicide method.

Currently attention is focused on encouraging a reduction in access to pesticides and encouraging enhanced surveillance, training and community action on their use, for example, safer storage, and proper dilutions. Pesticides are an especially common cause of suicide deaths in rural regions. Restrictions on access to firearms have been associated with a decrease in their use for suicide in some countries.

Protective factors include high self-esteem and social "connectedness", especially with family and friends, having social support, being in a stable relationship, and religious or spiritual commitment. Early identification and appropriate treatment of mental disorders is an important preventive strategy. There is also evidence that educating primary health care personnel in the identification and treatment of people with mood disorders may result in a reduction of suicides amongst those at-risk, as it has been documented in countries such as Finland and in the United Kingdom. Interventions based on the principle of connectedness and easy access to help such as Samaritan-type help lines, and telephone check-up programmes on the elderly, have provided encouraging results. In addition, psychosocial interventions, suicide prevention centres and school-based preventions, are all promising strategies.

WHO has produced, with the assistance of experts from around the world, a series of guidelines for different audiences that have a critical role in suicide prevention, including health workers, teachers, prison officers, media professionals and survivors of suicide. These resources are now available in more than a dozen languages.

"Evidence also suggests that media reporting can encourage imitation suicides and we would urge that the media show sensitivity in its reporting on these tragic and frequently avoidable deaths," says Dr Saraceno. "The media can also play a major role in reducing stigma and discrimination associated with suicidal behaviours and mental disorders."

Source: <http://www.who.int>