



## Prostate cancer dangers

One in 10 men will develop prostate cancer in their lifetime and more than 30,000 American men will lose their lives to prostate cancer this year!

This risk of prostate cancer is 60 percent higher in African-American men as compared with whites. Among the 10 leading causes of cancer death in African-American men, prostate cancer is second only to lung cancer. In his lifetime, an African-American male has a 1 in 6 chance of being diagnosed with prostate cancer and a 1 in 20 chance of dying from it!

What exactly is the prostate?

The prostate is a gland about the size of a walnut located below the bladder and in front of the rectum. It surrounds part of the urethra, the duct that empties the bladder. The prostate's main

function is to make fluid for semen.

What causes prostate cancer?

No one knows the exact cause of prostate cancer; however, research shows that men with certain risk factors are more likely to develop prostate cancer. These risk factors include: age (the chance of developing prostate cancer increases after age 50); family history (having a father or brother with prostate cancer more than doubles a man's risk); high fat diet (a diet with an abundance of meat, high-fat foods and limited fruits and vegetables appears to confer a slightly higher risk); and race (prostate cancer occurs more often in African-American men).

How do I check for prostate cancer?

Many men with prostate cancer experience no symptoms initially. Symptoms, if they do occur, may include urinating frequently at night, having blood in the urine, difficulty urinating, or experiencing sexual dysfunction.

Standard screening tools for prostate cancer detection include the DRE (digital rectal examination) and PSA (prostate specific antigen) blood test.

For the DRE, the doctor places a gloved, lubricated finger in the rectum and feels a portion of the prostate for abnormalities in size or shape. As uncomfortable as it sounds, it lasts only a few seconds and is very necessary.

The PSA is a simple blood test detecting the level of

antigens or proteins released by the prostate. If the PSA level is high, further evaluation is warranted. There are factors other than prostate cancer that can raise PSA levels, including increasing age, trauma, infection (prostatitis), or an enlarged prostate (benign prostatic hyperplasia). Neither the PSA test nor DRE is 100 percent accurate.

Based upon your individual risk assessment, screening decisions are best made in consultations with a physician. Your physician should openly discuss options for testing, potential benefits and side effects. According to the American Cancer Society, healthcare providers should offer both PSA and DRE tests, annually, to all men over age 50. For those at high risk (including African-American men) testing may be recommended as early as age 40 - 45 years.

Is prostate cancer curable?

A man's prognosis is dependent upon several factors, including the stage of the cancer at time of diagnosis. Screening is so important because it allows for early detection, thereby improving your chance of survival. Depending on the size and nature of the cancer, you and your doctor may decide upon a number of treatment options, including: surgery, external or internal radiation therapy, hormone therapy, cryotherapy, or chemotherapy.

Can I prevent prostate cancer?

Definitive methods of cancer prevention have yet to be

determined. However, current research behooves us to get informed, eat a diet rich in fruits and vegetables, exercise regularly, and GET SCREENED!

Remember, knowledge is power, but it is what you do with it that makes all the difference!

Contribution by Granada Neil M.D.

For more information about the Maya Angelou Research Center on Minority Health, visit our website at <http://www.yfubmc.edu/minority-health>. Or, for health information call (336) 713.7578.



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## The Charlotte Post

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## Mental illness in the black community

By Glenn Ellis  
 NATIONAL NEWSPAPER  
 PUBLISHERS ASSOCIATION

One of the greatest, and most undertreated, threats affecting Americans today is mental illness. Four-Hundred-Fifty million people worldwide are affected by mental, neurological or behavioral problems at any time.

In keeping with the prevalence of health disparities in practically every other area of health, the African-American community suffers disproportionately from both mental health and mental health treatment.

One in four patients visiting a health service has at least one mental, neurological or behavioral disorder, but most of these disorders are neither diagnosed nor treated.

African-Americans account for only 2 percent of psychiatrists, 2 percent of psychologists, and 4 percent of social workers in the United States.

Mental illnesses affect, and are affected by, chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behavior, non-compliance with prescribed medical regimens, diminished immune functioning, and poor prognosis.

Compounding this disparity in mental health is the existence of a pervasive stigma that is held widely in the African-American community. "They might think I'm crazy!"

The stigma that engulfs African-Americans on the issue of mental illness has its origins deep in the annals of slave history in America.

One scientific report went so far as to deliberately falsify the Black insanity rates from the 1840 U.S. census to show that the further North blacks lived, the higher their rates of lunacy strong evidence, of course, that freedom drove blacks crazy.

One Hundred-Fifty years after the 1840 census, there are still important gaps and paradoxes in our knowledge of the mental health status of

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