



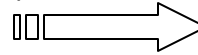
Prostate Cancer and Behavioral Health

A quick guide for behavioral health professionals

What You Should Know About Prostate Cancer:

Prostate cancer is caused by abnormal cellular growth in the prostate – a male sex gland that sits behind the penis, under the bladder, surrounding the urethra. It is normal for the prostate to enlarge as men age, sometimes causing Benign Prostatic Hyperplasia (BPH), which is not cancerous but has similar symptoms as prostate cancer.

The most common symptoms include difficult, painful or bloody urination and ejaculation. It is common for symptoms not to develop for months – or even years! It's important to encourage routine prostate screenings for early detection after the age of 50, or earlier if any of these **risk factors** are present.



Behaviors that can be modified to prevent Prostate Cancer:

Diet – Researchers suspect a Western diet plays a role in the high rate of prostate cancer occurring in America. Advise a diet rich in fruits and vegetables (lycopene from tomatoes, selenium from mushrooms, vitamin D from green leafy veggies, and anti-oxidants from pomegranates, berries, and green tea), rich in healthy fats (Omega-3s from fish), and low in animal products (dairy and red meats).

Alcohol – A study on more than 10,000 men demonstrates heavy alcohol consumption (at least 50g per day) and regular heavy drinking (at least 4 drinks/day 5 days a week) doubles one's likelihood of being diagnosed with high-grade prostate cancer.

STDs – The more sexual partners a man has had, the greater the chance for developing prostate cancer, particularly if exposed to an STD theorized to trigger an inflammatory response leading to the cancer. An NIH meta-analysis found a higher rate of prostate cancer in men with a history of exposure to gonorrhea, HPV, and any STD. Furthermore, Trichomoniasis, a common non-viral STD, has been linked to increasing one's chances of developing higher-grade prostate cancer by 2-3 times!

Risk Factors:

- Every man is at some risk!
- Men of African American descent, men with a history of prostate cancer in the family, and men 50 years or older are at highest risk.
- Men with a history of STD(s), men who are overweight or obese, men with poor diets, and men who heavily consume alcohol are at higher risk.

Stats:

- Prostate cancer is the most common cancer in American men, after skin cancer.
- It affects 1 in 6 men, and nearly 75 men in America die from prostate cancer every day.
- 70% of cases are diagnosed in men 65 or older, but studies show some men may develop it in their 30s!
- Men with early-detected prostate cancer have nearly a 100% chance of being free from the disease after 5 years with proper treatment.

Screening:

The following tests are easy to obtain from a PCP, local hospital or clinic:

Prostate-Specific Antigen (PSA) blood test – tells about existence of tumors or other prostate problems.

Digital Rectal Exam (DRE) – assesses the size and texture of the prostate.

When Discussing Prostate Cancer Prevention with Your Patients:

- Remind men over the age of 50 to get screened annually.
- Understand that some men may have fatalistic beliefs about prostate cancer and may therefore be less likely to undergo screening. (i.e. African-American men have been found to be more nihilistic in their cancer beliefs, less likely to exhibit religious coping skills, and more likely to suffer disproportionately from aggressive prostate cancer.)
- Offer a positive, calm outlook and approach when talking with clients.
- Focus on proactive health measures, encouraging self-monitoring and education on signs/symptoms.
- Encourage beneficial behavior changes such as increased exercise, a healthier diet, tobacco cessation, reduced alcohol consumption, etc.

Working with clients diagnosed with Prostate Cancer:

Be familiar with common terms used in cancer prognosis:

- **Tumor Staging System (TMN)** -- stands for Tumor, Nodes, and Metastases. If PSA or DRE screening tests indicate possible prostate cancer, biopsies are typically taken to definitively make a diagnosis and the TMN system is used to “stage” the cancer.
 - **Tumor (T Stage)** – refers to the extent of the primary tumor; T1= microscopic tumor, tumor cannot be felt; T2= can be felt with a DRE, but disease is confined to prostate; T3= spread to adjacent tissues; T4= spread to other parts of the body.
 - **Lymph Nodes (N Stage)** – classifies the amount of regional lymph node involvement; N0= cancer has not spread; N1= cancer spread to lymph system.
 - **Metastasis (M Stage)** – tells if cancer has traveled to additional organs of the body; M0= not traveled; M1= cancer has traveled.

Know of common behaviors that may be exhibited:

- **Anxiety/Stress** – Frequently reported as the most common psychological reaction after diagnosis, intense and highly focused anxiety needs to be recognized early even if the patient denies any psychological distress. A large Journal of Urology study reports it can encourage patients to request premature or unnecessary therapies.
- **Depression** – Feelings of anger, sadness, insomnia, helplessness, fear, loss of self-esteem, or denial are commonly associated with patients diagnosed with prostate cancer. Depression is becoming more and more common, making it imperative healthcare providers screen for it, intervene, and provide open opportunities to discuss the patient’s mental health. It has been evidenced that African Americans and Latinos respond and comply better with counseling therapy rather than medication, whereas a combination therapy approach has highest success rate in general.
- **Suicide** – A study of more than 340,000 prostate cancer patients shows a diagnosis roughly doubles one’s risk of suicide,(mentioning heart attack is out of context here, so recommend removing it) suggesting more men need counseling and support after diagnosis. The incidence of suicide among older men with prostate cancer has been found higher than previously recognized, strongly correlated with depression, pain, recent diagnosis, and being foreign-born.

When Working with Patients who have Prostate Cancer:

- Stress that prostate cancer is not an end to masculinity and encourage clients to voice their concerns/fears.
- Encourage participation in a stress management program and know local prostate cancer support groups you can refer.
- Feelings like depression and fatigue are normal and are often felt by the spouse/partner too; advise that spouse/partner is included in counseling or support services during and after treatment.
- Advise clients to be calm when making treatment decisions.
- For more information, refer them to the Southwest Prostate Cancer foundation (www.sw-prostatecancer.com), or national groups like the American Urological Association Foundation (www.auafoundation.org), the American Cancer Society (www.cancer.org), and Project Zero (www.zerocancer.org).



Division of
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Billing for health education: to bill for services and time associated with Prostate Cancer education please use code **H00025** “Health education/health promotion”