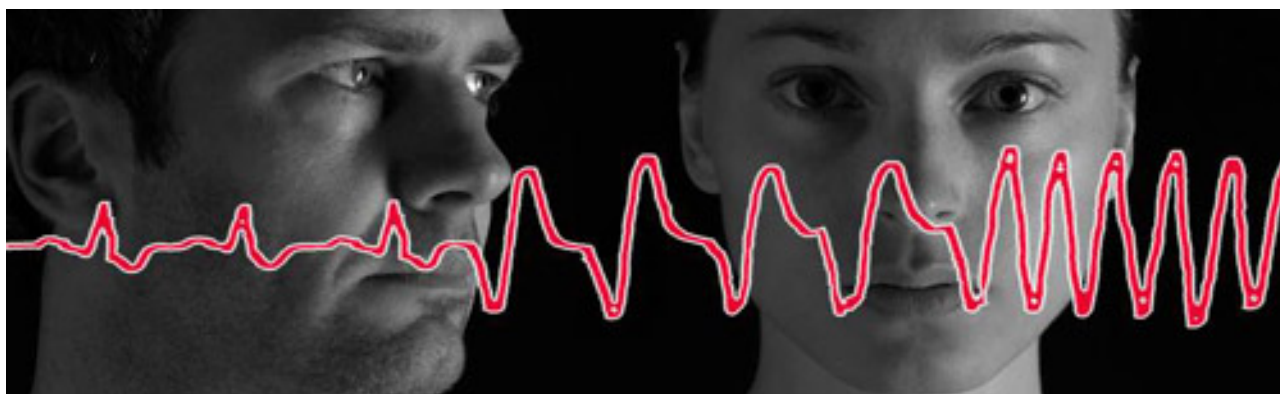




“Men's Health – Challenging Family Medicine and Urology”

Be up to date and check in on www.wcmh.info

to get all necessary information about the 4th biennial World Congress on Men's Health and Gender **WCMH 2005**, taking place at the Kursalon Hübner in Vienna, Austria from September 30th to October 1st 2005.



4th Biennial

WCMH

30.09. - 01.10.2005

WORLD CONGRESS ON
MEN'S HEALTH AND GENDER

Forthcoming events in Men's Health and Gender medicine

Gender and Health Conference in Berlin

On 20-21 May 2005, the Forum Männer in Theorie und Praxis der Geschlechterverhältnisse (Forum of Men in the Theory and Practice of Gender Conditions) will organize one of its two annual conferences. Hosted by the Heinrich Boell Foundation, the conference will discuss the different aspects of theory, research, practice and politics of men and health. It will also be an

opportunity to share experiences.

The programme of the conference will be available in April.

For more information go to: www.boell.de/calendar/viewevt.aspx?evtid=945

Feature Article:

Fear and distrust in America: barriers to prostate cancer screening in black men

Cultural communication issues are largely to blame for the low level of prostate cancer screening of African-American men in the USA, researchers have suggested.

In a new paper published in the journal *Cancer Control*, public health researchers from Loma Linda University, California, conclude: "Lack of discussion about the decision to screen for prostate cancer and general lack of culturally appropriate communication with healthcare providers has engendered distrust, created fear, fostered disconnect, and increased the likelihood of non-participation in prostate cancer screening among black men."

Since 2003 the American Cancer Society has recommended annual serum PSA testing from the age of 45 years onwards for African-American men, and from the age of 50 years onwards for other men.

The 5-year difference reflects the fact that African-American men are a particularly high-risk group. Compared with white men, African-American men have a 60% higher incidence of prostate cancer and a 140% higher mortality from the disease (which tends to be diagnosed at a later stage).

This later diagnosis and higher mortality have been attributed to observed lower rates of screening for prostate cancer, compared with other racial groups. In the new study, the researchers set out to investigate factors affecting participation in screening. They interviewed 277 African-American men from southern California, of whom half were recruited from healthcare settings and half from the community. The men were all at least 40 years of age, and had no history of prostate cancer or symptoms.

Overall, the men described five themes affecting participation in screening: knowledge of the disease, communication with healthcare providers, social support, quality of care, and sexuality issues (such as a concern about losing sexual function if prostate cancer was detected and treated).

Culturally inappropriate?

The researchers suggest that cultural issues are critical in determining men's responses to each of these themes, and therefore have a major role in affecting participation in screening. For example, in the survey many men attributed a lack of knowledge to not having culturally appropriate health information and messages (a typical quote being that there are "no media campaigns with black men talking about this prostate problem").

Most men said they assumed that if prostate cancer was a potential problem, their healthcare providers would explain the seriousness of it to them. Few providers, however, had done so. The researchers write: "A lack of overt communicated health messages tailored toward black men sent the message that they did not need to be concerned about prostate cancer prevention." They also report that the men "equated poor provider-patient communication with a lack of understanding and respect of their culture."

The survey findings also indicated that male physicians were often not responsive to the men's inquiries about prostate cancer, a communication problem that the researchers suggest may be due to stereotypical negative perceptions of African-American men.

In their conclusion, the researchers point out that African-American men's engagement with the healthcare system generally, and with prostate cancer screening specifically, occurs within a larger societal context: "Disconnectedness of black men from society has persisted for a long time, and healthcare is no exception.

"To more effectively reach black men, we recommend a combination of culturally attractive materials, cultural sensitivity (including an acknowledgment of past negative experiences of this group with healthcare), and competent, person-oriented quality service delivery."

The researchers stress the importance of a 'personal touch' between provider and patient, to build up trust. They acknowledge that this may be time-consuming, but argue that it is necessary in order to help close the health disparity gap relating to prostate cancer.

For more information:

- Diane Woods V et al. Culture, black men, and prostate cancer: what is reality? *Cancer Control* 2004; 11:388-96 (available from [the journal website](#)).
- American Cancer Society report [Cancer Facts & Figures for African Americans 2005-2006](#).

- National Prostate Cancer Coalition factsheet [10 Things African Americans Should Know About Prostate Cancer](#).

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The Journal of Men's Health & Gender

Call for Reviewers

As Editor-in-Chief of The Journal of Men's Health and Gender, I would like to invite you to become a reviewer for the journal.

If you would like to become a reviewer for The Journal of Men's Health and Gender, please Register yourself (i.e. provide your name and affiliation) on

<http://www.ees.elsevier.com/jmhg/>, which is the web-site for the journal's online review and submission system; The Elsevier Editorial System.

Yours sincerely,

Siegfried Meryn, M.D.

Professor of Medicine

President International Society for Men's Health & Gender



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The first issue of 2005 features diagnosing and new strategies in erectile dysfunction. The question who is the man's doctor is also asked in this issue. Could he or she be an andrologist or family doctor? The risks and benefits of a practice common in the US, Islamic and Jewish societies on the one hand and uncommon in Europe on the other, are discussed in a comprehensive review on male circumcision. Male attitudes to domestic violence are reported in an original study from Pakistan and in the practicing medicine series we cover communicating with depressed men and the genetics of nicotine and tobacco dependency but there's still more to read in jmhg.

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Wolfgang Pekny

MOST RECENT ISSUES IN MEN'S HEALTH

Pain during prostate biopsy

Prostate cancer is a major health issue in the western world, and prostate biopsy guided by transrectal ultrasound (TRUS) is critical for its detection. This diagnostic procedure is invasive and painful, and can often need to be repeated. Up to a quarter of patients find the procedure moderately painful or worse, without analgesia, and nearly a fifth have significant complications, such as voiding difficulties, haematuria, haemospermia and infection.

[Read more about at scienceDirect.com ->](#)

Impact of Parental Age on the Occurrence of Chromosomal Abnormalities

Maternal age has long been recognized as the primary risk factor for nondisjunction during meiosis, [1] which leads to the occurrence of such trisomies as trisomy 21 (Down syndrome), trisomy 18, and trisomy 13. Down syndrome occurs in about 1 in 800 births. [2] Approximately 95% of Down syndrome occurs as a result of meiotic nondisjunction; thus, the incidence of trisomy 21 has been well established in relation to maternal age.

[Read more about at medscape.com ->](#)

A Randomized Trial of Low-Dose Aspirin in the Primary Prevention of Cardiovascular Disease in Women

Randomized trials have shown that low-dose aspirin decreases the risk of a first myocardial infarction in men, with little effect on the risk of ischemic stroke. There are few similar data in women. In this study randomly assigned 39,876 initially healthy women 45 years of age or older to receive 100 mg of aspirin on alternate days or placebo and then monitored them for 10 years for a first major cardiovascular event (i.e., nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes).

[Read more about at nejm.org ->](#)

Adiponectin and Future Coronary Heart Disease Events Among Men With Type 2 Diabetes

Adiponectin, predominantly synthesized in the adipose tissue, seems to have substantial anti-inflammatory properties and to be a major modulator of insulin resistance and dyslipidemia, mechanisms that are associated with an increased atherosclerotic risk in diabetic patients. However, it is unknown

whether higher levels of adiponectin are associated with a reduced risk for coronary heart disease (CHD) among diabetic individuals. The study investigated the association between plasma adiponectin levels and incidence of CHD among 745 men with confirmed type 2 diabetes in the Health Professionals Follow-up Study.

[Read more about at **diabetes.diabetesjournals.org** ->](#)

Sex Differences in the Effect of Diabetes Duration on Coronary Heart Disease Mortality

It is not known whether the coronary heart disease (CHD) mortality risk associated with recent (RDM; < 10 years) or long-standing diabetes mellitus (LDM; 10 years) varies by sex.

[Read more about at **archinte.ama-assn.org** ->](#)

AHA Updates Guidelines for Cardiovascular Disease Prevention in Women

The American Heart Association (AHA) has updated guidelines for cardiovascular disease (CVD) prevention in women. The last guidelines were issued in 1999, and this update, published in the Feb. 10 issue of Circulation, emphasizes an individualized approach based on cardiovascular risk.

[Read more about at **medscape.com** ->](#)

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