



The Oscar J. Cooper, MD 5th District Surgeon General Newsletter

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Let's Strive to Live Longer!!!!

This is the second newsletter concerning health awareness and health promotion for the brothers of the 5th District of Omega Psi Phi Fraternity, Inc. It's time to think about living longer, not only for ourselves but for our future generations. This includes keeping our **cholesterol** low therefore decreasing the risk for heart disease and stroke. Lastly **prostate cancer** is the number one leading cancer in African-American men. This is a disease that can be detected early and treated effectively. We just need to **MAN UP** and go get our rectal exam. As strong as we are as black men, we shouldn't feel like we're homosexual by getting this **MEDICAL** procedure done!!

Especially since Manhood is our first Cardinal principle. In closing, I hope this newsletter enlightens the brotherhood.



Yours in Omega,

Bro. Derek Johnson, MD

Imhotep's Corner (Research the Facts)

The Ebers Papyrus is a 110 page scroll dating 1500 BC that was discovered in Africa that shows the Egyptians were knowledgeable about medical conditions and their treatments, like contraception, eye surgery, burns, and

High Cholesterol Leads to Strokes and Heart Attacks

The World Health Organization estimates that almost 20% of all strokes and over 50% of all heart attacks can be linked to high cholesterol.

But if you've been diagnosed with high cholesterol, don't despair. The good news is that high cholesterol is one risk factor for strokes and heart attacks that you can change. You just need to take action now, before your high cholesterol results in more serious disease.

All About High-Risk Cholesterol Numbers

When it comes to high cholesterol risks, it's tough to keep the details straight. We might have a vague idea of whether our cholesterol is "good" or "bad," but we forget the actual numbers by the time we get to the parking lot outside our doctor's office. So it may be worth reviewing the basics.

Cholesterol is a fat-like substance circulating in your blood. Some of your cholesterol comes from the foods you eat. But the bulk of it is actually made in your own body, specifically in the liver. Cholesterol does have some good uses. It is needed to make some hormones and it is important for the function of our cells. But an excess of it in the bloodstream can lead to trouble.

Realizing the Risks: How Harmful Is High Cholesterol?

Everyone has cholesterol in their blood. But if your levels of LDL (bad cholesterol) are too high, the excess can accumulate on the walls of your arteries. This build-up of cholesterol and other substances -- called plaque -- can narrow the artery like a clogged drain. It can also lead to arteriosclerosis, or hardening of the arteries, which turns the normally flexible tissue into brittle tissue. Blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

Plaques can form anywhere. If they form in the carotid artery in the neck, it's **carotid** artery disease. When they form in the coronary arteries -- which supply the heart muscle with blood -- it's called **coronary** artery disease. Like any organ, the heart needs a good supply of blood to work. If it doesn't get that blood, you could get angina (a squeezing pain in the chest) and other symptoms.

There are other high cholesterol risks. If these plaques break open, they can form a clot. If a clot lodges in an artery and completely chokes off the blood supply, the cells don't get the nutrients and oxygen they need and die.

If a clot gets to the brain and blocks blood flow, it can cause a stroke. If a clot lodges in the coronary arteries, it can cause a heart attack.

High Cholesterol

Do We Underestimate High Cholesterol Risks?

(cont. from page 1)

The risks of high cholesterol are quite clear. "If you look at populations of people," says Laurence S. Sperling, MD, director of preventive cardiology at the Emory University School of Medicine, Atlanta, Ga., "the higher the cholesterol, the higher the level of heart and blood vessel disease." It's that simple.

Cholesterol comes in several different forms, but doctors focus mostly on two: LDL cholesterol and HDL cholesterol.

LDL is also called "bad cholesterol" -- Sperling suggests that you think of the "L" as standing for lousy. LDL cholesterol can clog your arteries, increasing the risk of heart attack and stroke. Most people should aim for a level of less than 100 mg/dL. However, people who already have heart disease may need to aim for under 70 mg/dL.

HDL is "good cholesterol." Imagine the "H" stands for healthy, Sperling suggests. This type of cholesterol attaches to bad cholesterol and brings it to the liver, where it's filtered out of the body. So HDL cholesterol reduces the amount of bad cholesterol in your system. You should aim for 60 mg/dL or higher.

Triglycerides are not cholesterol but another type of fat floating in your blood. Just as with bad cholesterol, having a high level of triglycerides increases your risk of cardiovascular problems. Aim for a fasting level of less than 150 mg/dL.

So although we all talk about high cholesterol risks, the term is a little misleading. What we really mean is high levels of bad LDL cholesterol and triglycerides and a low level of good HDL cholesterol.

What about total cholesterol? Although anything under 200 mg/dL is still considered the target, most experts don't focus on the number. It doesn't mean all that much. Someone can have a total cholesterol of under 200 -- which is lower than average for Americans -- but still have unhealthy levels of HDL or LDL, Sperling says. The average level for American adults is 200 mg/dL.

Everyone age 20 and older should have their cholesterol measured at least once every 5 years. It is best to have a blood test called a "lipoprotein profile" to find out your cholesterol numbers. This blood test is done after a 9- to 12-hour fast and gives information about your cholesterol levels.

Total Cholesterol Level	Category	LDL Cholesterol Level	LDL Cholesterol Category
Less than 200 mg/dL	Desirable	Less than 100 mg/dL	Optimal
200-239 mg/dL	Borderline	100-129 mg/dL	Near Optimal
240 mg/dL and above	High	130-159 mg/dL	Borderline High
		160-189 mg/dL	High
		190 mg/dL and Above	Very High

*Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

What Affects Cholesterol Levels?

A variety of things can affect cholesterol levels. These are things you can do something about:

- **Diet.** Saturated fat and cholesterol in the food you eat make your blood cholesterol level go up. Saturated fat is the main culprit, but cholesterol in foods also matters. Reducing the amount of saturated fat and cholesterol in your diet helps lower your blood cholesterol level.
- **Weight.** Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol. Losing weight can help lower your LDL and total cholesterol levels, as well as raise your HDL and lower your triglyceride levels.
- **Physical Activity.** Not being physically active is a risk factor for heart disease. Regular physical activity can help lower LDL (bad) cholesterol and raise HDL (good) cholesterol levels. It also helps you lose weight. You should try to be physically active for 30 minutes on most, if not all, days.

Things you cannot do anything about also can affect cholesterol levels. These include:

- **Age and Gender.** As women and men get older, their cholesterol levels rise. Before the age of menopause, women have lower total cholesterol levels than men of the same age. After the age of menopause, women's LDL levels tend to rise.
- **Heredity.** Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.

What Is Your Risk of Developing Heart Disease or Having a Heart Attack?

In general, the higher your LDL level and the more risk factors you have (other than LDL), the greater your chances of developing heart disease or having a heart attack. Some people are at high risk for a heart attack because they already have heart disease. Other people are at high risk for developing heart disease because they have diabetes (which is a strong risk factor) or a combination of risk factors for heart disease.

Major Risk Factors That Affect Your LDL Goal

- Cigarette smoking
- High blood pressure (140/90 mmHg or higher or on blood pressure medication)
- Low HDL cholesterol (less than 40 mg/dL)*
- Family history of early heart disease (heart disease in father or brother before age 55; heart disease in mother or sister before age 65)
- Age (men 45 years or older; women 55 years or older)

Even though obesity and physical inactivity are not counted in this list, they are conditions that need to be corrected.

Lowering Your Cholesterol With Therapeutic Lifestyle Changes (TLC)

The main parts of TLC are:

- **The TLC Diet.** This is a low- saturated-fat, low-cholesterol eating plan that calls for less than 7 percent of calories from saturated fat and less than 200 mg of dietary cholesterol per day. The TLC diet recommends only enough calories to maintain a desirable weight and avoid weight gain. If your LDL is not lowered enough by reducing saturated fat and cholesterol intakes, the amount of soluble fiber in your diet can be increased. Certain food products that contain plant stanols or plant sterols (for example, cholesterol-lowering margarines) can also be added to the TLC diet to boost its LDL-lowering power.
- **Weight Management.** Losing weight if you are overweight can help lower LDL and is especially important for those with a cluster of risk factors that includes high triglyceride and/or low HDL levels and being overweight with a large waist measurement (more than 40 inches for men and more than 35 inches for women).
- **Physical Activity.** Regular physical activity (30 minutes on most, if not all, days) is recommended for everyone. It can help raise HDL and lower LDL and is especially important for those with high triglyceride and/or low HDL levels who are overweight with a large waist measurement.

Drug Treatment

Even if you begin drug treatment to lower your cholesterol, you will need to continue your treatment with lifestyle changes. This will keep the dose of medicine as low as possible, and lower your risk in other ways as well. There are several types of drugs available for cholesterol lowering including statins, bile acid sequestrants, nicotinic acid, fibric acids, and cholesterol absorption inhibitors. Your doctor can help decide which type of drug is best for you. The statin drugs are very effective in lowering LDL levels and are safe for most people. Bile acid sequestrants also lower LDL and can be used alone or in combination with statin drugs. Nicotinic acid lowers LDL and triglycerides and raises HDL. Fibric acids lower LDL somewhat but are used mainly to treat high triglyceride and low HDL levels. Cholesterol absorption inhibitors lower LDL and can be used alone or in combination with statin drugs. Once your LDL goal has been reached, your doctor may prescribe treatment for high triglycerides and/or a low HDL level, if present. The treatment includes losing weight if needed, increasing physical activity, quitting smoking, and possibly taking a drug. Foods low in saturated fat include fat-free or 1 percent dairy products, lean meats, fish, skinless poultry, whole grain foods, and fruits and vegetables. Look for soft margarines (liquid or tub varieties) that are low in saturated fat and contain little or no trans fat (another type of dietary fat that can raise your cholesterol level). Limit foods high in cholesterol such as liver and other organ meats, egg yolks, and full-fat dairy products. Good sources of soluble fiber include oats, certain fruits (such as oranges and pears) and vegetables (such as brussels sprouts and carrots), and dried peas and beans.

PROSTATE CANCER

The latest American Cancer Society estimates for prostate cancer in the United States are for 2011:

About 240,890 new cases of prostate cancer will be diagnosed. About 33,720 men will die of prostate cancer. About 1 man in 6 will be diagnosed with prostate cancer during his lifetime. More than 2 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today. Prostate cancer is the second leading cause of cancer death in American men, behind only lung cancer. About 1 man in 36 will die of prostate cancer. About 168,900 new cancer cases are expected to be diagnosed among African Americans in 2011. The most commonly diagnosed cancers among African American men are prostate (about 40% or 35,110 cases).

The Prostate

The prostate is part of a man's reproductive system. It's an organ located in front of the rectum and under the bladder. The prostate surrounds the urethra, the tube through which urine flows. A healthy prostate is about the size of a walnut. If the prostate grows too large, it squeezes the urethra. This may slow or stop the flow of urine from the bladder to the penis. The prostate is a gland. It makes part of the seminal fluid. During ejaculation the seminal fluid helps carry sperm out of the man's body as part of semen. Male hormones (androgens) make the prostate grow. The testicles are the main source of male hormones, including testosterone. The adrenal gland also makes testosterone, but in small amounts.

Risk Factors

Benign Prostatic Hyperplasia (BPH) is a benign growth of prostate cells. It is not cancer. The prostate grows larger and squeezes the urethra. This prevents the normal flow of urine. BPH is a very common problem. In the United States, most men over the age of 50 have symptoms of BPH. For some men, the symptoms may be severe enough to need treatment.

Studies have found the following risk factors for prostate cancer:

Age over 65: Age is the main risk factor for prostate cancer. The chance of getting prostate cancer increases as you get older. In the United States, most men with prostate cancer are over 65. This disease is rare in men under 45.

Family history: Your risk is higher if your father, brother, or son had prostate cancer.

Race: Prostate cancer is more common among black men than white or Hispanic/Latino men. It's less common among Asian/Pacific Islander and American Indian/Alaska Native men.

Certain prostate changes: Men with cells called high-grade prostatic intraepithelial neoplasia (PIN) may be at increased risk of prostate cancer. These prostate cells look abnormal under a microscope.

Certain genome changes: Researchers have found specific regions on certain chromosomes that are linked to the risk of prostate cancer. According to recent studies, if a man has a genetic change in one or more of these regions, the risk of prostate cancer may be increased. The risk increases with the number of genetic changes that are found.

Having a risk factor doesn't mean that a man will develop prostate cancer. Most men who have risk factors never develop the disease. Many other possible risk factors are under study. For example, researchers have studied whether vasectomy may pose a risk, but most studies have found no increased risk. Also, most studies have shown that the chance of getting prostate cancer is not increased by tobacco or alcohol use, BPH, a sexually transmitted disease, obesity, a lack of exercise, or a diet high in animal fat or meat. Researchers are also studying how prostate cancer may be prevented. For example, they are studying the possible benefits of certain drugs, vitamin E, selenium, green tea extract and other substances.

Symptoms

A man with prostate cancer may not have any symptoms. For men who do have symptoms, the common symptoms include:

1. Urinary problems like a. Not being able to pass urine, b. Having a hard time starting or stopping the urine flow, c. Needing to urinate often, especially at night, d. Weak flow of urine, e. Urine flow that starts and stops, f. Pain or burning during urination
2. Difficulty having an erection, 3. Blood in the urine or semen, 4. Frequent pain in the lower back, hips, or upper thighs.

Diagnosis

After age 45, your doctor can check for prostate cancer before you have any symptoms. During an office visit, your doctor will ask about your personal and family medical history. You'll have a physical exam. You may also have one or both of the following tests:

Digital rectal exam: Your doctor inserts a lubricated, gloved finger into the rectum and feels your prostate through the rectal wall. Your prostate is checked for hard or lumpy areas.

Blood test for prostate-specific antigen (PSA): A lab checks the level of PSA in your blood sample. The prostate makes PSA. A high PSA level is commonly caused by BPH or prostatitis (inflammation of the prostate). Prostate cancer may also cause a high PSA level. The digital rectal exam and PSA test can detect a problem in the prostate. However, they can't show whether the problem is cancer or a less serious condition. If you have abnormal test results, your doctor may suggest other tests to make a diagnosis. For example, your visit may include other lab tests, such as a urine test to check for blood or infection. Your doctor may order other procedures:

Transrectal Ultrasound: The doctor inserts a probe into the rectum to check your prostate for abnormal areas.

Transrectal Biopsy: A biopsy is the removal of tissue to look for cancer cells. It's the only sure way to diagnose prostate cancer. The doctor inserts needles through the rectum into the prostate. The doctor removes small tissue samples (called cores) from many areas of the prostate. Transrectal ultrasound is usually used to guide the insertion of the needles. A pathologist checks the tissue samples for cancer cells.

Treatment

Men with prostate cancer have many treatment options. The treatment that's best for one man may not be best for another. The options include active surveillance (also called watchful waiting), surgery, radiation therapy, hormone therapy, and chemotherapy. You may have a combination of treatments.

The treatment that's right for you depends mainly on your age, the grade of the tumor (the Gleason score), the number of biopsy tissue samples that contain cancer cells, the stage of the cancer, your symptoms, and your general health. Your doctor can describe your treatment choices, the expected results of each, and the possible side effects. You and your doctor can work together to develop a treatment plan that meets your medical and personal needs.