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Study Refutes Saw Palmetto's Effectiveness in Benign Prostatic Hyperplasia

George Dawson, MD

A recent report in the *New England Journal of Medicine* refuted the effectiveness of the herbal remedy saw palmetto's usefulness in the treatment of prostate enlargement. The herb was compared to a placebo in a double-blind randomized trial and was found to be no more effective than the placebo itself in ameliorating irritative urinary symptoms in the 225 men studied.

The study was funded by both the NIH and National Center for Complementary and Alternative Medicine.

The condition of BPH largely afflicts older men. There are more effective proven drug treatments now available for this affliction.

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Fear Factor in Prostate Exams

Andrew M. Porterfield

Rates of prostate cancer screening vary greatly among ethnic groups and can prevent certain at-risk men, including African Americans, from receiving care. One key factor behind these discrepancies is fear, a study at Columbia University found.

Nathan Consedine, PhD, professor of psychology, found that Haitian men had fewer digital rectal exams and PSA tests than U.S.-born European and Dominican men. U.S.-born African Americans had fewer rectal exams but the same PSA screenings as U.S.-born

Europeans. The psychologists found that fear of either the exam or its results was a significant factor explaining the screening discrepancies.

"The relations between patterns of emotional experience, emotion inhibition and physical health have been little studied in older adults or ethnically diverse samples," said Consedine. "Fear would be useful in models designed to increase male screening."

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Young Men Helped by the BRAVE Program

Nicolette M. Dumke, BS, MT(ASCP)

Schools in Clarkston, GA have implemented the new Building Resiliency and Vocational Excellence (BRAVE) program among African-American, middle-school and high-school males. Their goals are to instill characteristics of resiliency (autonomy, problem-solving skills, ability to cope with challenging life events, and social competence) in young men and to encourage drug-, alcohol- and violence-free lifestyles. Because these young men often have few positive male role models, they are paired with adult male mentors who have "made it"—mostly skilled tradesmen and professionals. The mentor spends at least one hour per week with the student, and may expose the student to his workplace or pursue recreational activities. Career planning and instruction on the dangers of drugs and alcohol are also included in the program.

Patrick Dowling, MD, chair-

man of the UCLA Department of Family Medicine and *JNMA* reviewer, says, "The BRAVE program will undoubtedly build these men's self-esteem and have an enormous impact on their health. Alcohol and drug abuse are entry points into violence, gangs, unprotected sex and using contaminated needles, which lead to the higher rate of HIV in African-American males. Long-term benefits might be a reduction in hepatitis (with cirrhosis and liver cancer as sequelae) and reduction in hypertension caused by alcohol abuse."

REFERENCE

Griffin JP Jr. The Building Resiliency and Vocational Excellence (BRAVE) Program: a violence-prevention and role model program for young, African American males. *J Health Care Poor Underserved.* 2005;16(4 Suppl B):78-88.

Detroit Men Dying before Their Time

Nicolette M. Dumke, BS, MT(ASCP)

Detroit men ages 60–74 have mortality rates 54% higher than men in the rest of Michigan. Deaths from heart disease and prostate cancer occur at twice the rate, and deaths due to hypertension occur at three times the rate as the rest of the state. They are more likely to be hospitalized for diabetes or renal failure than those in other parts of Michigan. Three studies attribute their increased mortality to problems with access to healthcare and delay in seeking care. Their poverty rate varies from 28–41% depending on where they live. Approximately two-thirds are African-American.

Patrick Dowling, MD, chairman of the UCLA Department of Family Medicine and *JNMA* reviewer, says, "Causes of premature mortality (death at age less than 75) include genetics (30% contribution), socioeconomic status (20%),

lifestyle choices (40%) and medical care (10%). Medical care plays a larger role with increasing age. A recent study of 185,000 Medicare patients showed that African Americans saw doctors who were less likely to be residency-trained and board-certified, were often from other countries, and had language and cultural barriers with their patients. The patients' inability to connect with and trust their doctors leads to less compliance with treatment. Studies show that just increasing the number of primary care physicians per capita leads to dramatic declines in mortality from hypertension."

REFERENCES

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Viagra and the Risk of STDs, Including HIV

Roxana Diba, MD

Viagra® (sildenafil) is used by over 16 million men worldwide—not only in patients that have erectile dysfunction, but in individuals without medical indication. Viagra increases the size of the penis and often extends the time to ejaculation. The President's Council on Bioethics has identified that Viagra is "increasingly used by the nonimpotent to enhance sexual performance."

Viagra is also associated with increased sexual risk behavior as well as sexually transmitted diseases (STDs) and human immunodeficiency syndrome (HIV). Health officials found that men who have sex with men, especially those that are HIV positive, tend to receive the

drug outside the care of the health-care provider. Moreover, these men are 2–6 times as likely to have unprotected anal sex with a partner of unknown or serodiscordant HIV status. Furthermore, the rate of STDs (i.e., chlamydia and syphilis) is two times greater among male sildenafil users who have sex with men. Although little data is available regarding the use of sildenafil among heterosexual males, that is not to say that heterosexual men may also be at risk of this public health problem. Primary care physicians and internists who commonly write prescriptions for Viagra not only need to exercise caution in patients with congestive heart failure and active myocardial ischemia but need to warn their patients about risky sexual behavior.

REFERENCE

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Black Gay Men, HIV and Crystal Meth

George Dawson, MD

In a disturbing turn of events, black gay men in New York City are becoming increasingly victimized by the much publicized methamphetamine epidemic, according to a report in *The New York Times*.

Heretofore, as many must know, meth or crank abuse has been largely a problem for whites, inclusive of white gays but, as the article noted, it seems black and Latino men are increasingly being captured by its dangerous allure.

As AIDS has become a disease whereby new infections are occurring predominantly in blacks, it so follows that meth use and abuse has accompanied this unwanted chemical scourge expectantly. It seems, according to the report, that use of meth is widespread at private sex parties in the New York City area—be they black, white or Latino participants.

Meth is notorious because of its short-lasting aphrodisiac effect, which lowers its users inhibitions. And that is the danger for HIV spread, among other issues.

REFERENCE

Jacobs A. Battling HIV Where Sex Meets Crystal Meth. *The New York Times.* February 21, 2006 Page B1.

CDC Reveals Trends in HIV/AIDS among Men

Nicolette M. Dumke, BS, MT(ASCP)

The CDC has released new HIV surveillance data revealing trends in diagnoses of HIV over the last four years. Although the overall diagnosis rate of HIV decreased slightly, some of the data trends were alarming, reports Ronald Valdiserri, MD, MPH, director of the CDC's HIV center. African Americans were severely and disproportionately affected by HIV/AIDS, with a diagnosis rate 8.4 times that of whites. Twenty-five percent of African-American men but only 6% of white men contracted HIV through heterosexual encounters. Among HIV-positive, African-American men, 67% were unaware that they were HIV positive. Among men who have sex with men, the number of cases was stable from 2001–2003 but rose between 2003–2004. Valdiserri hopes that this is a reflection of better testing rather than an actual increased incidence of infection.

Although advances in treatment now mean that HIV does not necessarily progress to AIDS, over 40,000 Americans get AIDS and over 18,000 die of it each year. By increasing acceptance of testing among African Americans, the CDC hopes to increase early detection and treatment, which may facilitate prevention of spread of HIV. CDC goals include sustained partnerships with community leaders and culturally sensitive education of communities at risk.

REFERENCES

"CDC to Announce New HIV Data for 33 U.S. States—Findings Provide More Representative

Picture of Magnitude of U.S. Epidemic," CDC Teleconference, November 17, 2005, presented by Ronald O. Valdiserri, MD, MPH, acting director of CDC's National Center for HIV, STD and TB Prevention, and Lisa M. Lee, PhD, senior epidemiologist in CDC's Division of HIV/AIDS Prevention. CDC, www.cdc.gov/hiv.

Drop Adamantine against Flu

Andrew Porterfield

The U.S. Centers for Disease Control (CDC) has found adamantane-resistant strains of influenza-A viruses during this year's flu season and is warning physicians to discontinue the drug's use. The CDC recommends the neuraminidase inhibitors—oseltamivir or zanamivir—for treatment or chemoprophylaxis during the 2005–2006 flu season.

Resistance to adamantane can emerge during treatments or can be spontaneous, the CDC warns. Previous reports that noted global increases in adamantane-resistant influenza strains, from 1.8% during the 2001–2002 flu season to 12.3%

during the 2003–2004 season.

Losing the effective use of an entire class of drugs against a disease that affects 20% of the world's population should be a "clarion call for action from the medical community," said David Weinstock, MD, of the Memorial Sloan Kettering Cancer Center in New York. "If antiviral use is curtailed, susceptible strains could emerge, and adamantane could regain their utility."

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Relief for Painful Knees Gained by Nutritional Supplements

George Dawson, MD

A new report testing the efficacy of glucosamine and chon-

droitin sulfate in a randomized, double-blind study of 1,583 patients revealed that only a combination of the two supplements mentioned above, in patients with moderate to severe arthritis, provided some measure of relief that proved to be statistically significant.

The report compared a placebo with the supplements used either alone or in combination in patients with varying degrees of knee pain. Patients were then in groups of mild and moderate-to-severe knee pain categories. They were then queried 24 weeks later for pain treatment response, compared to the baseline pain level.

REFERENCE

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