

Health

BLACK SUICIDES PEAK BETWEEN 25 AND 40

Suicide rates among blacks peak between the ages of 25 and 44 and decline thereafter, according to a study, "Black Youth Suicide: Literature Review with a Focus on Prevention", in the July issue of the Journal of the National Medical Association.

The author, F.M. Baker, M.D., M.P.H., from the Department of Psychiatry, University of Texas Health Science Center at San Antonio, examined the data on completed suicides in the black population between 1950 and 1981.

Over the 31-year period (1950-1981), the rates of completed suicide by black Americans increased 214 percent for black males aged 15 to 24 and 133 percent for black females of the same age group. For black males between the ages of 24 to 34, the increase in completed suicides was 206 percent and for black females of that age group, 219 percent.

"When age-adjusted suicide rates were completed for all of New York City for the 1960-1961 period, black males had a higher rate - 20.7 per 100,000 for persons aged 15 and over - compared with whites - 17.1 percent per 100,000 for persons aged 15 and over. Similar figures for the period 1967-1968 showed a black age-adjusted rate of 16.8 and white age-adjusted rate of 18.5. Monk and Warshauer suggested that part of the difference in white and black suicide rates reported elsewhere could reflect differential reporting in classification of deaths for the two groups."

Completed suicides for young white males increased at even higher rates in the period under study: 15-24-year olds, 320 percent, 25-34 years, 193

percent. Across all ages, white males continued to have a steady increase in completed suicides.

In each decade, white male completed suicides exceed those of females, black and white. At all ages, females had the lowest rate of completed suicides of the four groups and, beginning at age 45, their rate is significantly lower than in earlier years.

Dr. Baker points out that

NEW COLON CANCER TREATMENT OF INTEREST TO MINORITY PATIENTS

A nationwide study reported in the February 8 New England Journal of Medicine shows that a drug combination following surgery reduces the death rate for patients with Dukes' C colon cancer by more than one-third.

These patients, whose cancers had spread to nearby lymph nodes, were followed from two to five and one-half years.

"These findings are of real interest to Black and Hispanic patients with colon cancer, who run special risks because of higher death rates from their disease than whites," said Michael Friedman, M.D., chief of NCI's Cancer Therapy Evaluation Program. "Taking advantage of this therapy is one way to help reduce the excess deaths."

Colon cancer occurs at about the same rate in Blacks and Hispanics, but the survival experience is lower than in whites. Scientists do not understand all the reasons for the disparities for this and certain other cancers, but some believe that less than adequate access to cancer-related services due to poverty or other disadvantages plays a role.

To address the disproportionate cancer experience in minorities and other underserved groups,

suicide rates for blacks and whites reported in various articles differ at times: "Rates of completed suicide in specific years have shown rates among black males exceeding rates among white males and white females in contrast to overall national statistics.

"Primary preventive strategies involving black suicidal youth should focus on conflict resolution in the family and clar-

ification of expectations in various relationships. Helping black adolescents and youth understand the factors that they can control and the factors that are controlled by society may aid in clarifying the sources of frustration in the 1990's."

Dr. Baker concludes with suggestions for future research on black youth suicide.

"Although studies of black suicide attempters and com-

pleted suicide by blacks have been conducted in many metropolitan areas, they have been completed in different years, assessed different populations of suicide attempters, and have emphasized the collection of different data."

The 95-year-old National Medical Association, headquartered in Washington, D.C., speaks for more than 16,000 minority physicians and Black America on health issues.

by the North Central Cancer Treatment Group and the Mayo Clinic, was published in the October 1989 Journal of Clinical Oncology.

Availability of New Drug Combination

Exactly why the 5-FU/levamisole combination is effective is not yet understood. The drug 5-FU has been used for many years to treat cancers and is

available commercially. For the past 20 years, levamisole has been used to treat intestinal worms in domestic animals and in humans but is commercially available in the United States only for veterinary use.

Since May 1989, physicians have been able to get levamisole from the NCI by registering eligible colon cancer patients on

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NCI is supporting a wide variety of programs in cancer prevention and treatment.

New Drug Combination After Surgery

The drug combination, 5-fluorouracil (5-FU) plus levamisole reduced the recurrence rate by 41 percent in the patients with stage Dukes' C cancer.

It is still too early to assess the effectiveness of 5-FU/levamisole in an earlier form of colon cancer, stage Dukes' B. This form of the disease invades the wall of the colon but has not spread to nearby lymph nodes.

For cancer more advanced than stage Dukes' C, the new drug combination has shown no advantage over 5-FU alone.

Of approximately 110,000 people diagnosed this year with colon cancer, about 22,000 will have stage Dukes' C and will be candidates for surgery and subsequent therapy. Because many of these patients cannot be cured by surgery alone, anti-cancer drugs are given after surgery to attempt to treat undetectable, residual disease.



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