

HELP FOR THE DISEASE MEN FEAR MOST

Prostate cancer is to men what breast cancer is to women, says the December 1992 *Reader's Digest*. This year, according to the American Cancer Society, 132,000 U.S. males will learn they have a malignancy in this walnut-size gland. Some 34,000 will die, placing the disease second to lung malignancies as a cancer killer of men. At some time in their lives, approximately one in 10 American males will be struck by prostate cancer.

It is critical to diagnose prostate cancer early. When malignancy is diagnosed and treated while still contained within the gland, cure is likely. If the cancer is not detected before it spreads to bones, lymph nodes, brain, lungs or other organs—as happens 60 percent of the time—it is usually not curable. That's why every man 50 or older (40 and over if prostate cancer runs in the family) should get two tests annually.

The first is a digital rectal examination. The second is a PSA blood test, involving a simple needle prick. The PSA detects 32 percent of tumors that digital examination misses. The digital exam catches 21 percent of the malignancies missed by the PSA.

These are the things you ought to know:

1. Learn how the prostate

acts up. Except for occasional urinary-tract infections and prostatitis—both treatable with antibiotics—the gland typically functions without mishap during youth. But as men approach middle age, it begins to grow larger.

This occurs in nearly 20 percent of men by age 50 and nearly all men, in varying degrees, beyond that age.

Pressing against the urethra, the enlarged prostate can slow urination to dribbles, cause burning and infection, and leave a man feeling he has not quite emptied his bladder. Most frequently these symptoms denote a non-cancerous condition called benign prostatic hypertrophy (BPH).

2. Watch for cancer symptoms. Urinary irregularities that flag BPH are also symptoms of prostate cancer. So are blood in the urine, pain on urination or ejaculation, and lower back pain. But often, the disease gives no warning.

3. Know your treatment options. When symptoms or tests raise suspicions, see a urologist. The surest, traditional cure for prostate cancers caught before it has spread—is prostatectomy, the surgical removal of the prostate gland, followed by radiation therapy. Although only two of 100 patients fail to survive prostatectomy, the others risk

impotence and incontinence.

A new technique makes it possible, in 60 to 75 percent of cases, to save penile nerves, reducing the chance of incontinence and preserving potency.

External beam radiation achieves 10- to 14-year cure rates. Seattle's Northwest Tumor Institute also reports

SOUTHERN NEVADA COMMEMORATES WORLD AIDS DAY

The fifth annual observance of World AIDS Day was commemorated on December 1, 1992. Locally, The Clark County Chapter of the American Red Cross participated in World AIDS Day. Numerous other community groups such as the Clark County HIV/AIDS Coalition of Services Providers and the University of Nevada Las Vegas (UNLV) Student Health Center planned event as well.

Approximately 180 countries around the world have designated this day to draw public attention to the AIDS pandemic. On the National level, the American Association for World Health, in cooperation with the World Health Organization (WHO), its western regional affiliate the Pan American Health Organization (PAHO), and the U.S. Department of Health and Human

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"excellent" early results after implanting tiny radioactive pellets.

Make your own decisions. The "right" choice can vary with age, the importance of sex in your life and the feelings of your

partner.

For additional information about prostate cancer, call the National Cancer Institute, 1-800-4-Cancer, the American Cancer Society, 1-800-ACS-2345 or the American Foundation for Urol-

ogic Disease, 1-800-242-2383.

For a free reprint of "Help for the Disease Men Fear Most," send a self-addressed, stamped envelope to Reprint Manager, Reader's Digest, Dept. G1292, Pleasantville, N.Y. 10570-7000.

Services coordinated activities across the country for World AIDS Day.

For the first time, World AIDS Day linked communities throughout the U.S. in a unified, national observance. The White House joined communities across the country, in dimming lights as a visual demonstration of the commitment to the fight against the AIDS pandemic and in tribute to those living with and those who have died from AIDS. The Southern Nevada stood in partnership with communities across the country by replicating the theme of light. On December 1, Southern Nevada dimmed lights as a visual observance to commemorate World AIDS Day and National AIDS Awareness Day.

All communities are being affected by the continuing spread of the AIDS pandemic. As of

mid-1992, WHO estimates that 10 to 12 million men, women, and children worldwide have been infected with HIV and that over 2 million of them have gone on to develop AIDS. In the U.S., as of July 1992, 230,179 people in the U.S. had been diagnosed with AIDS; of these, 150,114 have died. In Clark County, according to the Clark County Health District, as of September

1992, 1,034 people have been diagnosed with AIDS, 521 of which have died.

The ultimate goal was to have as many people as possible within U.S. communities and around the world communicating about AIDS to heighten awareness of AIDS as a global challenge and to create the unity essential to the world effort against AIDS.

VIEW FROM HHS

by
Louis W. Sullivan, M.D.



Dramatic progress is being made toward better curbing or eliminating pain after surgery or an accident. That's good news for everyone.

To bring about change in the way we treat pain, it will be necessary to end some myths that influenced the way doctors, nurses and patients themselves have viewed pain.

Those myths include:
—Intense pain after surgery is inevitable. It isn't.

—Pain builds character. It doesn't.
—Morphine and codeine given to suppress pain cause addiction. In fact, the risk of surgical patients becoming addicted is minimal.

—Babies don't feel pain like adults. Babies do feel pain. Their pain often is under-treated because doctors are concerned about possible respiratory depression and sometimes are unsure of how to manage pain in infants. New studies are helpful in this area.

—The elderly withstand pain better than younger people. They don't. Older people do tend to be stoic, in part because they hesitate to question their doctors and some have difficulty describing how they feel.

My department's Agency for Health Care Policy and Research is leading the way in bringing about a "peaceful revolution" in medicine.

AHCPR-sponsored clinical practice guidelines, developed by panels of private-sector experts, including consumers, recommend ways of preventing and treating different medical disorders.

Last March the AHCPR issued its guideline on acute pain management. It called for aggressive management to suppress, and where possible to eliminate, pain after surgery and accidents. We know that severe, unre-

lieved pain can cause physical as well as psychological problems. Such pain can keep patients in the hospital longer.

Americans undergo an estimated 23 million operations every year. Our panel found that nearly half of them suffer needlessly because of too little or inappropriate medication.

We must fix that. We have the medical know-how to increase their comfort and speed their recovery.

The more patients know about pain management, the better.

A key recommendation of the AHCPR panel is that patients be involved in planning their pain management as early as possible and that they be told beforehand what to expect and how to report the degree of pain they feel and where they feel it.

Other recommendations include:
—Around the clock dosing (rather than as needed), with careful monitoring every hour for the first 24 hours after surgery, use of patient self-reports, and behavioral and psychological evaluations of the patient.

—Use of patient-controlled analgesia infusion pumps for self-medicating pain or epidural drug delivery when appropriate and available.

—Education, relaxation, distraction, imagery, massage, application of heat or cold packs, use of electroanalgesia or TENS, and other means that reduce the need for drugs when the patient has mild pain.

To get your free copy of "Pain Control After Surgery: A Patient's Guide," write the AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, Md. 20907, or call 1-800-358-9295 between 9 a.m. and 5 p.m.

(Dr. Sullivan is U.S. secretary of health and human services.)



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1992-93 FLU SEASON ARRIVES

HOUSTON — Both influenza A and influenza B could circulate during what is predicted to be a mild to moderate 1992-93 flu season. People in high-risk groups should get vaccinated early. The flu strains expected this season are A/Texas (H1N1), B/Panama and B/Qingdao.

A/Texas and B/Panama are covered by the 1992-93 vaccine, said Dr. W. Paul Glezen of the Influenza Research Center at Baylor College of Medicine in Houston. B/Qingdao is not included in the vaccine, but it is closely related to B/Panama. The similarity will provide vaccine protection.

The A/Texas strain was isolated at Baylor's Flu Center.

"People in high risk groups should get vaccinated soon," Glezen said, "in case this season's outbreak occurs early, as happened in 1991-92."

People at high risk of flu complications are the elderly as well as those with heart disease; lung disease, including asthma and chronic bronchitis; diabetes; chronic kidney disease; chronic anemia, including cell disease; and immune-system disorders.

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