

Review

An evaluation of the factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship

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Accepted 1st February, 2014

To examine the factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship. To examine the literature in violation to the factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship and also looking at the health service and provision in Ghana with the use of Herbal remedies. The physical and psychological impact of definitive treatment, important of sexuality and support available. The factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship appears higher as Ghanaian men belongs to African decent and in the black community. According to the prostate cancer UK 1 in 4 black men will be diagnosed with prostate cancer in his lifetime. Prostate cancer in Ghanaian men appears increasing with disparities in prostate cancer outcomes. From the research, I hypothesize that the quality of treatment received and the health related quality of life of prostate cancer patients will differ according to race and access to healthcare, even after accounting for patient and disease characteristics, type of primary treatment and other factors. Wrong treatments option being provided and over reliance on herbal remedies and herbal centers not manned by expert in men's Health and claiming of finding treatment for Pca also affecting the QOL of Ghanaian men. Conflict of interest in the Ghana health sector between Herbal practitioners and medical practitioners is also a factor contributing to increased mortality amongst patient. The factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship appears higher among black community .Prostate cancer (Pca) mortality rates for black men are the highest among racial and ethnic groups in the world. This disparity is even more pronounced in Ghanaian men, as the Ghana news Agency has stated that Ghana has exceeded global prostate limits as the country records 200 cases out of every 100,000 men as against 170 world-wide, a survey by the Korle-Bu Teaching Hospital revealed. Racial differences in healthcare access, care seeking, patient characteristics, and prostate cancer aggressiveness have been proposed as underlying causes of disparities in prostate cancer outcomes, but previous studies have been based on selected patient populations, small numbers of African Americans or limited data, and very little is known about racial differences in the quality of treatment or the health related quality of life (HRQOL) of prostate cancer patients. Baseline data from the North Carolina – Louisiana Prostate Cancer Project (PcaP), a multidisciplinary population-based study of prostate cancer aggressiveness at diagnosis (DAMD 17-03-2-0052), demonstrate racial differences among North Carolina patients with regard to health insurance (15% of AA vs. 2% of CA with no insurance or Medicaid only, 39% vs. 13% with Medicare/VA insurance only), income (39% vs. 11% at or below 200% of the poverty level), usual source of care (68% vs. 90% at a private doctor's uoffice), and primary treatment (63% vs. 72% radical prostatectomy (RP), 2% vs. 5% robotic RP). These preliminary findings suggest that differences in access and treatment may at least partly explain disparities in prostate cancer outcomes. This literature highlights the potentially significant factors that might influence the mortality and QOL of Ghanaian men; including the impact of cultural issues and a healthy relationship.

Keywords: Prostate cancer, Healthy Relationship, Quality of Life, Health Service and Provision in Ghana, Ghanaian Men.

INTRODUCTION

Prostate cancer is the most common cancer in men after hepatocellular carcinoma in Africa (Parkin et al 2003), but in the United States and Northwestern Europe, it is the most common cancer and the second common cause of cancer deaths (Jemal et al 2002). Very often you find elderly male patients in Ghana above 40 years complaining of a feeble urinary stream, hesitancy, dribbling, having to urinate frequently and urgently, feeling that they can't empty their bladder completely and loss of libido.

These observations are usually on the increase whilst little or no effort is made to raise awareness for early detection and treatment. Klufio conducted a retrospective analysis of the frequency and pattern of genitourinary (GU) cancers seen at the Korle-Bu Teaching Hospital, in Accra, between 1980 and 1990. According to this study, Pca accounted for 349/479 GU cancers in males (81.4 percent). Wiredu and Armah conducted a similar analysis for all cancers at the same institution between 1991 and 2000. In this study, Pca accounted for 17.35 percent of all cancers identified (635/3,659) in males and females and about 31.8 percent of all cancers in males.

The GLOBOCAN 2002 database (compiled by Ferlay et al. for the International Agency for Research on Cancer) provides the following data for prostate cancer in Ghana: Estimated number of new cases per year: 921; Estimated age-standardized rate of new cases per year: 19.3/100,000, Estimated number of deaths per year: 758; Estimated age-standardized number of deaths per year: 16.0/100,000, Estimated 1-year prevalence: 734; Estimated 5-year prevalence: 2,451. The WHO Impact of Cancer in Your Country data tables provides the following data for prostate cancer in Ghana: Estimated age-standardized incidence (in 2002): 71/100,000, Estimated age-standardized death rate (in 2005): 55/100,000, Zeigler-Johnson et al. have demonstrated clear ethnic differences in genotypes for genes associated with androgen metabolism, including the SRD5A2 and CYP3A4 alleles. They showed that Ghanaian, Senegalese, and African-American males have the highest frequency of alleles previously associated with increased prostate cancer risk.

A publication by myjoyonline on August 03-2012 stated that almost 1,000 Ghanaian men are diagnosed with prostate cancer each year, and yet many are unaware that they have this form of cancer.

Also on Aug 7 2007, GNA - Ghana has exceeded global prostate limits as the country records 200 cases out of every 100,000 men as against 170 world-wide, a survey by the Korle-Bu Teaching Hospital revealed. Recent population-based data in Ghana show that the prevalence of obesity, a potential effect of westernization, increased from 5% in 1998 to 9% in 2004-2006, and the prevalence of overweight increased from 17% to 32%. US non-Hispanic black men had a

prevalence of obesity and overweight of 34.0% and 69.1% respectively, in 2003-2004.

Recent findings from Genome-Wide Association Studies (GWAS) showing that genetics are more important factor in prostate cancer. Recent GWAS have linked over 30 independent loci to higher risks of prostate cancer in populations of European descent, including multiple loci in chromosomes 8q24. Notably some of the known risk alleles in 8q24 are more common in African Americans than non-African populations suggesting that genetic variation may contribute to racial disparities between African American and some other populations.

A recent GWAS specific to men of Africa descent also found similar results for previously identified variants in 8q24 but discovered an additional susceptibility locus at 17q21. It is noteworthy that the frequency of the 17q21 risk variation(rs7210100) is 4 to 7 in men of African ancestry, including Ghanaian men(7%), but is less than 1% in non-African populations (based on data from the 1000 Genomes Project).

The most significant risk factor elicited, an increased exposure to a western diet is also noted for migrant populations in transition as with Japanese migrant(Kolonel et al .1998: Severson et al 1989). Investigations on dietary and other evaluations of men at different risk to Pca have been reported by Ross et al (1990) and Pusateri et al 1990. In fact, advanced disease accounted for 75% of cases in Ghana. Pca is mostly presently at the hospital when the disease is advanced and metastasized to other vital organs, a stage which then becomes difficult, if not impossible to treat and may be fatal. This is mainly due to ignorance of the disease and dependent on herbal remedies.

Health Service and Provision in Ghana

A survey of Oncologists and Urologists in the UK demonstrated variation in practices regarding the responsibility for treatment decisions (Payne et al 2011b). Ghana currently boost of three Cancer treatment centers which also serves other African countries. The centers also lack a lot of medical equipment, medical professionals and logistics.

For most of Africa, Medical care access is limited, with only 4% of Ghanaian men in 2004-2006, for instance, having health insurance in contrast, about 80% non-Hispanic blacks in the US had some types of health insurance coverage in 2008. Under diagnosis of prostate cancer incidence in Ghana is likely in population with health care access. Quality of the medical care systems and registries also may have substantial impact on the completeness and accuracy of the reported incidence in Ghana. Availability of pathology services reflected by percent of cases microscopically verified;

likely compromises the quality of cancer diagnosis. Thus the true Pca incidence in Ghanaian men is likely higher than what is reported. Whereas in the advanced countries, screening for PSA has led to early detection and management of the disease, screening has been low in Ghana, thus leading to low detection rate, poor management and increased mortality. Lack of screening facilities is also a major challenge in Ghana.

Alternative remedies

Herbal remedies have received a major patronage in Ghana due to media advertisement. Reasons why patients seek therapies is fundamental in evaluating their use— that is, distinguishing where possible the factors ‘pushing’ patients away from Orthodox medicine and those factors ‘pulling’ patients towards herbal remedies.

Orthodox medicine, Ghana – ‘push’ factors

Failure to produce curative treatments, adverse effect of orthodox medicine, e.g. chemotherapy side-effects; lack of time with practitioner; loss of bedside skills, dissatisfaction with the technical approach and fragmentation of care due to specialization.

Herbal Remedies Ghana—‘pull’ factors

Media reports of dramatic improvements produced by herbal remedies and Massive advertisement coupled with display of awards. Belief that these therapies are natural and do not affect sex life. Herbal hospital ends up confusing these people with treatment for BPH, Prostatitis and Pca. Hence eventually these people later present with advanced Pca to the hospitals when eventually they realized that their symptoms is getting worse.

Active Surveillance vs Definitive Treatment for early stage prostate cancer

For those that are diagnosed early it is inappropriate to use AS for this group of men as they belong to high risk group. As it appears to be a calculated gamble to manage a very-low-risk prostate cancer more for black men, that is because black men with very-low-risk disease are more likely than their white counterparts to actually have more aggressive disease that goes undetected with current diagnostic approaches, the study authors report.

They retrospectively looked at 256 black and 1473 white very-low-risk patients who nonetheless underwent

radical prostatectomy at Johns Hopkins University in Baltimore, Maryland. It is the largest cohort to date of black men who qualify for active surveillance, according to senior author Edward Schaeffer, MD, and colleagues from Hopkins.

They found that the black men had significantly higher rates of upgrading at surgery than their white counterparts (27.3% vs 14.4%; $P < .001$), and more adverse pathology (i.e., high-risk disease) (14.1% vs 7.7%; $P = .001$). “This study offers the most conclusive evidence to date that broad application of active surveillance recommendations may not be suitable for African-Americans,” says urologist Edward and Schaeffer, a co-author of the study. “This is critical information because if African-American men do have more aggressive cancers, as statistics would suggest, then simply monitoring even small cancers that are very low risk would not be a good idea because aggressive cancers are less likely to be cured,” he says: “We think we are following a small, nonaggressive cancer, but in reality, this study highlights that in black men, these tumors are sometimes more aggressive than previously thought. It turns out that black men have a much higher chance of having a more aggressive tumor developing in a location that is not easily sampled by a standard prostate biopsy.”

Physical and Psychological impact of definitive treatment

Early treatment decisions are fraught with the sense of having to choose between QOL and longevity, even though it is unclear what the outcome will be on either side of the balance. Many men entertain multiple second opinions regarding their primary therapy, though this for some men adds to more confusion and distress because of the lack of agreement among practitioners.

They often take in information from reasonable and reliable sources and any number of unverified sources on the internet. This amount of information can lead to significant anxiety while trying to make a reasonable treatment decision. The side effects of the treatments and the medications used for Pca, such as hormonal therapy, steroids, and pain medications, can cause distress as well. The side effects of hormonal therapies can be particularly distressing for

otherwise asymptomatic men. These side effects include: hot flashes, osteoporosis, anemia, fatigue, sarcopenia, gynecomastia, loss of libido, erectile dysfunction, risk of diabetes, risk of cardiovascular disease and fatal cardiac events as well as possible emotional distress. Recently, review articles discussing the side effects of androgen ablation therapy have stated that this treatment also impacts cognitive functioning. Psychiatrically, anxiety tends to be the most often

experienced symptom for men with Pca. Many men may also report irritability or depression, and the leading predictor of depressive symptoms has been found to be a previous history of depression.

In a recent review, Dubbelman et al. concluded that the ED rate after radical prostatectomy in the general urologic population is 81%. The ED rates following a nerve sparing procedure also vary considerably due to the same reasons stated above; however more studies report a positive association between the number of intact neurovascular bundles and erectile function. The rates of recovery of erections in men who had bilateral nerve-sparing surgery range from 31 to 86%. While those who had unilateral nerve-sparing surgery report recovery of erections in 13 to 56% of the cases.

The decline in potency rates can be seen in data presented by Mantz et al. These authors noted the potency rates of 96%, 75%, 59% and 53% at 1, 20, 40 and 60 months after external beam radiation therapy. As a result, when you examine the data from 3 to 5 years post treatment the rates of ED are similar between the radiation and surgery groups. Brachytherapy, or seed implants, also impact sexual function.

Although there is some data suggesting the brachytherapy may have less of an impact in impotence rates, this data is still relatively limited. Brandeis et al., noted that there was no difference at 3 to 17 months follow-up between brachytherapy and surgery. However, reports presented from the CaPSURE database suggest that brachytherapy reported better sexual functioning as compared to surgery or external beam radiation at 3 to 4 years past treatment.

Importance of sexuality and support available

Sex issues appear very important for men especially black men in Pca treatment. Some treatments for Pca can have an impact on your sex life. But there are solutions and things that can help. Some men have common worries like having sex will not affect their cancer or the success of treatment. Fear of catheter insertion also scare Ghanaian men of going to the hospital leading to advanced Pca with increased mortality rates in Ghana. Sexuality is a key role since the men don't want to sleep on duty! Men must be told that erections are safe even if they have their catheter in.

Men can speak to their GP or doctor or nurse at the hospital to find out more about treatments for sexual problems. In Ghana specialist service such as an erectile dysfunction (ED) clinic is not available. After treatment for Pca you may have difficulty getting or keeping an erection. This is also known as erectile dysfunction (ED) or impotence.

Many men get problems with their erections and this is more likely to happen as men get older. Causes of

erection problems include one or a combination of the following: treatment for Pca other health problems, certain medicines and depression or anxiety. Treatments include: Tablets, pellets, vacuum pump, surgical implant and sex therapy.

Because getting an erection also relies on your thoughts and feelings, tackling any worries or relationship issues as well as having medical treatment for erection problems, often works well. Keeping a healthy weight, being physically active, stopping smoking and trying pelvic floor muscle exercises may also help improve your erections. If you are on hormone therapy then you may have lost your desire for sex. So treatments that only work when you have desire, such as PDE5 inhibitor tablets like sildenafil (Viagra[®]), are unlikely to work. However injections, pellets, vacuum pumps and surgical implants should be able to give you an erection as you don't need to have sexual desire for them to work.

Other things that affect your sex drive include: feeling depressed or anxious feeling tired and dealing with other physical side effects such as urinary, bowel problems and physical changes after hormone therapy, such as putting on weight, or breast swelling.

Some men find that their penis is shorter after surgery (radical prostatectomy). Men may be less likely to experience these changes if the surgeon has been able to save the nerves that control erections during surgery (nerve sparing surgery).

Other types of Pca treatment such as radiotherapy and hormone therapy may also cause changes to the size of your penis. Encouraging blood flow to the penis after surgery may improve erections and prevent your penis becoming smaller. In particular using a vacuum pump after surgery may stretch the tissue and help maintain your penis

size. Transurethral resection of the prostate may also cause retrograde ejaculation. It is not harmful and should not affect your enjoyment of sex but it may feel quite different to the orgasms you are used to. Pca treatment can affect your ability to produce sperm or ejaculate and can lead to infertility. If you've had surgery then the prostate gland and

seminal vesicles, which produce some of the fluid in semen, are removed during surgery. The cells that make semen can also be damaged during other treatments such as radiotherapy. Brachytherapy may have less of an

effect on fertility than other treatments for prostate cancer but we still need more research into this. You may notice that you produce less fluid when you ejaculate but it is possible that you are still fertile. If you are planning to have children you may be able to store some sperm before treatment so that they can be used later in fertility treatment. Sperm banking is usually available on the NHS, but this varies. Changes to your

sperm during radiotherapy, brachytherapy and chemotherapy could affect any children you may conceive during this time but the risk of this happening is very low. You may wish to avoid fathering a child during treatment and for a while after having treatment.

Impact of a healthy relationship

Men sex life is unlikely to be the same as it was before cancer - but they don't have to give up on having pleasure, closeness or fun together. Keeping some kind of physical closeness alive, in whatever ways possible can protect or even improve your relationship. Marital status is an independent predictor of disease-related mortality and overall mortality in men with prostate cancer, according to data released at the American Urological Association 2012 Annual Scientific Meeting held May 19-23 in Atlanta, Georgia. Mark D. Tyson, MD, a urology resident at the Mayo Clinic in Phoenix, Arizona, and colleagues examined the impact of marriage on survival outcome in 115,922 men whose prostate cancer had been reported to the Surveillance, Epidemiology, and End Results (SEER) registry between 1988 and 2003. The SEER database covers 17 representative geographic regions within the United States, which encompass approximately 25% of the general population. While prior research using SEER data from 1973 to 1990, as well as a study in a Norwegian birth cohort from 1960 to 1991, had shown similar favorable effects of marriage on prostate cancer, there have been no data exploring the impact of marriage in a contemporary cohort of patients with prostate cancer. Overall, 78% of men included in the analysis were married and 22% were unmarried. The unmarried category included men who were single, separated, divorced, or widowed.

After controlling for age, American Joint Committee on Cancer stage, tumor grade, and race, unmarried men had a 40% increase in the relative risk of Pca specific mortality (hazard ratio [HR] = 1.40; 95% CI, 1.35-1.44; $P < .0001$) and a 51% increase in overall mortality (HR = 1.50; 95% CI, 1.48-1.54; $P < .0001$).

Furthermore, the 5-year disease-specific survival rates were 89.1% and 80.5% for married men and unmarried men, respectively ($P < .0001$). Tyson suggested that the lower mortality rate in married men may be secondary to stronger social support. "Marriage is one of the most important types of social support and has been linked to favorable biologic profiles with beneficial changes in cardiovascular, neuroendocrine, and immune function," he said.

Impact of spiritual and cultural issues

Braithwaite discusses the concept of "stoicism" as a possible explanation of why black men are disconnected

from the American healthcare system and are reluctant to participate in health-related activities. The theory of stoicism suggest that black men become "indifferent to pain or discomfort and do not seek healthcare services until absolutely necessary, and then most often in the emergency room." Historically, researchers have studied the impact of culture on health-seeking behaviors among many ethnic groups such as Asian, Native Americans, and Latinos to better understand the role of culture in health-related behavior. In contrast, little is known about the effect of culture in health-seeking behaviors and disconnectedness among black men. Experiments conducted at Tuskegee, Alabama, have left a legacy of distrust and profound fear among blacks for research participation. Distrust and fear are strong deterrents for black men to engage the healthcare system.

A goal of Healthy People 2010 is to eliminate racial health disparities. Black men suffer a disproportionately higher burden of disease than any other ethnic and racial group. Black men in particular have been labeled an "endangered species" due to health, sociopolitical, and psychological issues affecting this group. To achieve the Healthy People 2010 goals of decreasing health disparities, innovative strategies must be used to overcome this barrier of distrust and create mechanisms to engage, support, and reinforce black men to make healthy choices.

This study explores how culture and communication with healthcare providers influence black men's knowledge, health beliefs, and practices regarding Pca screening. They utilized a mixed-method research approach to investigate these issues in a cohort of 277 black men and 94 primary care providers. In this article, they present the qualitative results of the black participants in the study.

CONCLUSION

Pca is affecting a larger proportion of Ghanaian male population with low awareness of the disease and poor treatments option information. Lack of screening centers and support groups is also a contributing factors leading to

increased mortality. Conflict of interest in the health sector must be solved with collaboration between herbal practitioners and medical practitioners needed in the fight to save lives. The illness and treatments affect patients'

QOL in multiple spheres. Issues such as sexual dysfunction, urinary incontinence, bowel changes, fatigue, pain, hot flashes, body image changes, and forced lifestyle changes lead to psychological distress. Avoidance of these issues leads to increased suffering, significant psychological distress and feelings of despair, isolation, hopelessness, and passive thoughts of wanting to die.

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