

## Review

# Investigating the Impact of a Healthy Relationship on Ghanaian Men diagnosed with Prostate Cancer and Cultural Issues In Ghana-A discussion paper on the Physical and psychosocial effects of the disease and its treatment

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**This assignment examines the impact of a healthy relationship on stage at diagnosis, use of definite therapy, and prostate cancer mortality among Ghanaian Men. To examine the literature in violation to the physical and psychosocial effects of healthy relationship on prostate cancer survival rates among men and its treatment, looking at quality of life, the conflict of interest regarding treatment options between indigenous Herbal Practitioners and the medical practitioners and service delivery implications in Ghana. A healthy relationship shows a significant improvement on patient's survival rate when diagnosed with Prostate cancer. Married patients were less likely to present with metastatic disease and more likely to receive definitive therapy and less likely to die as a result of their cancer after adjusting for demographics, stage, and treatment. These associations remained significant when each individual cancer was analyzed. The benefits associated with a healthy relationship such as marriage was greater in males than females for all outcome measures analyzed. For prostate, breast, colorectal, esophageal and head/neck cancers, the survival benefit associated with marriage was larger than the published survival benefit of chemotherapy. The physical and psychosocial effect of a healthy relationship on cancer survival rates appears high and more effective than chemotherapy. Even after adjusting for known-confounders, unmarried patients are significantly higher risk of presentation with metastatic cancer, under treatment, and death resulting from the cancer. This literature highlights the potentially significant impact that social support can have on cancer detection, treatment, and survival. With view of this women have no option but to stand by their Men in these challenging times like this.**

**Keywords:** Prostate cancer, healthy relationship, quality of life, psychosocial, Ghanaian men

## INTRODUCTION

The worldwide incidence of prostate cancer is higher among black men than any other male group. The latest research of such risk factors in blacks was conducted by the prostate cancer charity involving black men. They worked out that 1 in 4 Black men will be diagnosed with prostate cancer at some point in their lives. The 1 in 4 lifetime risk statistic was worked out using information about men recorded as 'Black African', 'Black Caribbean' and 'Black other'. This latest research proves reliability for black men and especially "Black African" as it also involves Black African.

In Ghana, statistic from the Ghana Health service posted on myjoyonline August 03-2012 stated that close to 1,000 men diagnosed with Pca each year whilst In the

UK 40,000 diagnosed yearly

### **Stage at diagnosis and the impact of a healthy relationship**

Stage at diagnosis is one of the most important prognostic factors for most cancers. For many cancers, early stage disease can be effectively treated with good chance for cure, where as late stage disease is generally incurable. Therefore, understanding the determinants of cancer stage at diagnosis is an important objective to improve cancer outcomes.

Stage at diagnosis is associated with a number of

Factors, including race and ethnicity. Several studies have suggested that the presence and type of health insurance may be important determinants.

### **Pca and the Africa Community**

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% of non-Hispanic blacks in the US had some type of health insurance coverage in 2008. In the more developed country of South Africa, diagnostic and screening facilities may be more accessible to the general public, but the racial disparity seen in the prostate cancer incidence between blacks and whites suggest that blacks may still have poorer access to medical care.

### **Prostate cancer and the elderly**

A study by the Defense Center for Prostate Disease Research indicated that the percentage of men older than 65 years diagnosed with prostate cancer decreased from 53% in 1990 to 27.8% in 1996 and remained stable thereafter. The number of patients diagnosed with prostate cancer who are younger than 60 years old increased from 18.6% in 1991 to 40.7% in 2000. From the pre-PSA era (1980–1985) until the PSA-era (1990–1995), the median age of men diagnosed with prostatic cancer in the United States decreased by 1 year, and the median age at death increased by 1 year.

### **Impact of age on treatment**

Study by Albertsen and colleagues investigated long-term outcomes of 767 men diagnosed with localized prostate cancer between 1971 and 1984. The aim of the study was to estimate survival based on a competing risk analysis. Men between 55 and 74 years of age were treated with either immediate or delayed hormonal therapy and followed for 10 to 20 years after diagnosis. This study demonstrated that men with prostate biopsy specimens showing Gleason score 2 to 4 disease faced a minimal risk of death from prostate cancer within 15 years from diagnosis. Most elderly

men showing Gleason grade 2 to 4 died from competing medical hazards other than prostate cancer during the observation time. In the group of patients between 70 and 74 years of age, only 7% and 11% of those with Gleason scores of 2 to 4 and 5, respectively, died of prostate cancer.

### **Quality of Life with Advanced Stage Prostate Cancer**

Since Huggins and Hodges won a Nobel Prize in 1966

for their work describing the relationship between testosterone and prostate cancer, androgen deprivation has continued to be an important component in the treatment of advanced prostate cancer. It is associated, however, with significant cost in terms of morbidity as well as economics. Side effects of androgen deprivation therapy include hot flashes, osteoporosis, loss of libido or impotence, and psychological effects such as depression, memory difficulties, or emotional lability. Recently Harle and colleagues reported insulin resistance, hyperglycemia, metabolic syndrome, and metabolic complications being associated with castration and thus being responsible for increased cardiovascular mortality in this population.

### **Use of definite therapy and impact of a healthy relationship**

Quality-of-life considerations and patients' values have been gaining significance in determining treatment choices and evaluating the outcomes of care for early, non metastatic prostate cancer. Patients now find themselves presented with several distinct primary therapy options (e.g., radical prostatectomy, radical external beam radiotherapy, brachytherapy, cryosurgery, and hormonal ablation therapy). However, choices may be difficult.

While most patients survive five years, cancer treatment carries significant uncertainty. Each option that a patient might choose is associated with long-term side effects, including urinary incontinence, bowel problems, and sexual dysfunction, which, in turn, may cause further psychosocial distress.

### **Active Surveillance and the black community**

A study looking 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%;  $P = .001$ ) "African American men with very-low-risk prostate cancer should be counseled about increased oncologic risk when deciding among their disease management options," write Dr. Schaeffer and his coauthors.

The study was published online June 17 in the Journal of Clinical Oncology. But notwithstanding the no reliability of active surveillance especially Blacks, African-American. Active surveillance would have been

the best treatment options since it has no adverse effect. The challenged has been to identify those men who do not need immediate treatment. Active Surveillance appears as a calculated gamble for black Men. Active surveillance might also be a good choice for older men with limited life expectancy.

### Sexual intimacy

Whereas erectile function is often assessed in mechanical terms of firmness for penetration, men highlighted the significance of erections for accomplishing an intimate experience that was satisfying for both themselves and their partners. Further, as the following quote indicates, diminished confidence in one's sexual ability was associated with fear of embarrassment, should one attempt sexual activity and fail to receive or provide satisfaction.

*"I know within me I have been sleeping on duty"*

*"I sometimes fight with my wife and pretend to be sick. Sometimes I just*

*have to sleep early "A patient quote.*

Hence, turning and turning in the widening gyre. The falcon cannot hear the falconer; the men are sleeping on duty in Ghana! Mere anarchy is loosed upon the health of Ghanaian Men. Things are really falling apart in the health of Men and Ghanaian Men needs their women to stand by them.

### Relationships with women

Men also described changes in the ways in which they related to women outside of their intimate relationships. They were aware of the absence of a subtle element of sexuality that had once characterized many of their interactions with women.

This was especially true for men who were not married or in a monogamous relationship. They said that before they had prostate cancer they would have been aware of and perhaps attentive to the potential for sexual intimacy with women they met. Now they experienced social interactions with women in a new way.

### Service implications

A survey of oncologist and urologists in the UK demonstrated variation in Practices regarding the responsibility for treatment decisions (Payne et al 2011b). It is clear that a full MDT approach, incorporating urologists, oncologists, specialist nurses, palliative care teams, supported by radiologists and pathologists is required. Individual decision-making, incorporating the patient's preferences treatment and his individual circumstances should be the standard of care.

Ghana currently boost of three cancer treatment centers. It cost about 9,000euros for brachytherapy in Ghana.

### The Conflict of interest in Ghana

Many patients cannot afford the cost of prostate cancer treatment in Ghana coupled with the side effect of these treatments. Many people sought help from the herbal hospitals and as a result most of them dying out of ignorance of the disease.

The need for new, effective, relatively safe and affordable remedies for cancer is still paramount. Research into plants as a source of bioactive compounds has increased in recent years. Croton membranaceus is among plants used as herbal remedies in Ghana for the treatment of cancers generally called "kokram" (Twi). Marcel Bayor work sought to establish a scientific basis for the justification and validation of the use of these species especially C. membranaceus for cancers.

The investigations established a comprehensive bioactivity profile for the plant. However he said the justification of this pant is ill-defined and current Treatments option still stands. Herbal hospital ends up confusing these people with treatment for BPH, Prostatitis and Pca.

Hence eventually these people latter present with advance Pca to the medical hospitals when eventually they realized that their symptoms is getting worse. Herbal practitioners claimed of finding solutions for Pca using local herbs is creating a whole lot of conflict of interest in Ghana with wrong treatment options to the patients. But however, realistically this plant is a powerful treatment option for BPH in Ghana. The challenged with indigenous herbal practitioners is how to differentiate patients with Pca and BPH and refer those with Pca to specialist for right treatment options.

### Prostate cancer specific mortality and the impact of a healthy relationship

Increasing evidence suggested obesity, measured by body mass index (BMI), was associated .In a study by Ying Cao and Jing Ma, random-effects meta-analysis to assess the relative risks (RR) of prostate cancer-specific mortality and biochemical recurrence associated with a 5 kg/m<sup>2</sup> increase in BMI.

### Racial differences and surviving prostate cancer

Black men with prostate cancer have poorer disease-

specific and overall survival rates than do their US White counterparts. Blacks not only tend to present with more advanced disease but also experience a survival disadvantage within stages.

Attempts to elucidate the factors responsible for this disparity have focused on hypotheses ranging from genetic factors to health care system failure.

### **Age as a risk factor**

A study by the Defense Center for Prostate Disease Research indicated that the percentage of men older than 65 years diagnosed with prostate cancer decreased from 53% in 1990 to 27.8% in 1996 and remained stable thereafter.

The number of patients diagnosed with prostate cancer who are younger than 60 years old increased from 18.6% in 1991 to 40.7% in 2000.

### **Impact of Age on Treatment**

Chodak and associates evaluated 828 men who were managed expectantly in a series of nonrandomized trials. Median follow-up was approximately 6.5 years. Patients with poorly differentiated cancers had a 10-fold increased risk of death from prostate cancer as compared with men showing highly differentiated prostate cancer. A 5-year disease-specific survival of only 34% was found in men with poorly differentiated prostate cancer. In contrast a 5-year disease-specific survival of 87% was described in men with well-or moderately differentiated cancers.

### **The psychosocial impact of the disease and the impact of a healthy relationship**

Four domains of QOL related to men's sexuality were identified: 1) the qualities of sexual intimacy; 2) everyday interactions with women; 3) sexual imagining and fantasy life; and 4) men's perceptions of their masculinity.

Erectile problems were found to affect men in both their intimate and non intimate lives, including how they saw themselves as sexual beings. Erectile dysfunction, the most common side effect of treatment for early prostate cancer, has far-reaching effects upon men's lives.

### **Prostate cancer and the Man you love.**

The meaning of the illness can have a significant impact

on the communication of the couple. Studies have shown that the partners of men with prostate cancer are often more distressed than the men themselves. Cancer changes everything – how confident we are in the future, our notions of certainty in the world – and prostate cancer has the added stressor of affecting masculinity and the sex life of the couple. Death and sex are two difficult topics to talk about – and prostate cancer brings both to the forefront.

### **Psychological Treatments**

Psychological interventions fall into three basic domains: interpersonal psychotherapy, psycho-education, and cognitive behavioral therapy. No particular therapy is designed to stand alone, and aspects of each therapeutic entity can and should be integrated into the treatment plan as the man and his partner's needs dictate.

#### **Interpersonal therapy:**

is employed to help the individual and the couple adequately deals with the change in functional status. Emotion-focused coping to manage sexual issues appears to result in poor psychological adjustment.

#### **Psycho-education:**

is used to educate the survivor about his personal response to the disease and treatment and to help him comprehend the impact of this threat and to respond to it. Psycho-educational interventions tend to be the most effective in the first four months after treatment, when the treatment effects are at their greatest.

#### **Cognitive behavioral therapy:**

is an evidence-based therapy that is effective in helping people make emotional and behavioral changes. Once the link between emotions and behavior is acknowledged, the opportunity exists to develop and implement new behaviors and coping strategies. CBT is often effectively integrated within the first two categories of psychological interventions mentioned. Issues of incontinence and erectile dysfunction may be present in the majority of men receiving standard treatment for prostate cancer. This requires the survivor and his partner to address issues of sexuality and intimacy.

## Sexuality and Pca

Some treatments for prostate cancer can have an impact on your sex life. But there are solutions and things that can help how you feel about yourself sexually.

Your desire to have sex (libido). Individual ability to get an erection (erectile function). Individual ability to ejaculate and have an orgasm. Individual sexual satisfaction, fertility and the appearance of your body and individual relationship.

## Survivorship

Survivorship care requires provisions of support for treatment decisions, management of side effects, psychological support, and support for the social and emotional effects of both disease and treatment (Mumford and Deery 2011).

Black men and their partners require practical advice, services and emotional support to cope with their illness burden for a prolonged period.

## Spirituality among Ghanaian men cancer survivors: having a personal relationship with God.

Ghanaian breast and prostate cancer survivors' disease believe their Personal relationship with God as very real, close, and intimate. During their cancer trajectory, God was there with them, healing, protecting, and in control of their lives.

Ghanaians believed that God provided types of support not available from family members or friends. They dedicated their lives to God through services in the local churches or through helping others. Hence, most of them believe that even if they have been diagnosed with cancers or other medical conditions, they end up in the prayer camps.

Despite the difficulty and in clearly defining and measuring spirituality, a growing literature describes its importance in oncology and survivorship. Religion /spiritual beliefs influence patient's decision-making with respect to both complementary therapies and aggressive care at the end of life.

## Spirituality & adjustment to cancer

Research has correlated measures of spirituality and of spiritual well-being with better QOL and/or psychosocial functioning in the context of prostate cancer, breast cancer, oncology-related anxiety and depression, radiation therapy and gynecologic cancer.

In a study of 100 patients with advanced cancer in an outpatient palliative care clinic in Texas, most of whom

considered themselves both spiritual and religious, spiritual pain was both common and associated with lower self-perceived religiosity and QOL.

## Spiritual care

Many Ghanaians with medical concerns first sought help from their pastors and spiritual warlords. A majority of patients who have been asked the question say that they consider attention to spiritual concerns to be an important part of cancer care by physicians and nurses.

Defining spiritual care as a support for specific spiritual needs, Pearce et al., found that 150 patients with advanced cancer surveyed during their inpatient stay at a Southeastern US medical centre both desired and received spiritual care from their healthcare providers (67% and 68% respectively), religious community (78% and 73%) respectively, and a hospital chaplain.

## Hope

Cancer is most frightening when it endangers hope. Not only does a diagnosis of cancer force the question of what is a realistic object of hope. Eg (cure, more time, QOL, or a good death), but it also raises the questions of what are one's deepest hopes and ultimate basis for hope. Patients wonder, can I trust God to be there for me in this life and the next?

## Spirituality in the experience of medical decision

Religion and spirituality can also influence the medical decisions of patients with cancer. In a study of 100 patients with lung cancer patients and their caregivers cited religious faith as the second most important factor influencing treatment decisions, after oncologist recommendations.

Spirituality in patients with cancer has been associated with a greater use of complementary and alternative approaches but very or moderately religious cancer survivors were less likely to use non complementary and alternative medicine.

In Ghana, indigenous herbal practitioners and Psychic use this as a form of advertisement in their herbal centers.

## The impact of marriage and surviving Pca

Married men with prostate cancer are 40% less likely to die than their single counterparts according to research findings.

In 2011, an international study involving 163,000 volunteers found unmarried men with prostate cancer were 30 percent more likely to die from their disease than their married counterparts.

A 2010 study at Johns Hopkins University in Baltimore, USA, also found being happily married helped to ward off agony of arthritis.

### **Effective marriage and chemotherapy**

Study by Harvard University looked at 75,000 patients found married sufferers had 20 percent better chance of surviving benefit for breast and colon cancer. Cancer patients outweighed benefit of chemotherapy. In half the

Cancers studied, having a spouse brought even greater benefits than chemotherapy.

Married men are most likely to benefit when it comes to cancer survival. The researchers said a watchful husband or wife made it easier to catch the disease early and help to beat it.

### **Society and culture**

In Ghana, there is also perception that promiscuous men get this dreaded cancer. In 2001, the Guardian noted that Britain had 3,000 nurses specializing in Breast Cancer, compared to only one for prostate cancer.

It also discovered that the waiting between referral and diagnosis was two weeks for breast cancer but three months for prostate cancer. A 2007 report by US-based National Prostate Cancer Coalition stated that for every prostate cancer drug on the market, there were seven used to treat breast cancer.

The Times also noted anti-male bias in cancer funding" with a four to one discrepancy in the UK by both the government and by cancer charities such as Cancer Research UK. Equality campaigners such as author Warren Farrell cite such stark spending inequalities as a clear example of government unfairly

favouring women's health over men's health. Disparities also extend into areas such as detection, with governments

failing to fund or mandate prostate cancer screening while fully supporting breast cancer programs.

For example, a 2007 report found 49 US states mandate insurance coverage for routine breast cancer screening, compared to 28 for prostate cancer.

Prostate cancer also experiences significantly less media coverage than other, equally prevalent cancers, with a study by prostate cancer coalition showing 2.6 breast cancer stories for each one covering cancer

of prostate. It is also very difficult for charities in Africa fighting for prostate cancer to get grants for their work.

Prostate cancer Awareness month takes place in September in a number of countries using a light blue ribbon to promote the cause but neither celebrated in Ghana. It is a taboo to talk about homosexuality or bisexual. Hence no information can be offered to these people because they cannot even come out to say that they are homosexuals or bisexual.

### **CONCLUSION**

A healthy relationship proves to have a significant impact on individual chances of survival cancers. Spirituality is central to the experience of many patients with cancer and their families, and most indicate a decisive for help with their spiritual needs. While the challenges persist creative models for helping oncology providers learn how to address the spiritual dimension of their work have begun to emerge.

Cancer treatment in Ghana must be taken seriously to save lives. Many of these deaths can be avoided with increased government support and funding for prevention, detection and treatment strategies.

Until there is a clear policy on the patient pathway in Ghana like the PCRMP in the UK the Patients will still receive wrong treatment options. More medical professionals must be sponsored to train in oncology care.

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