

Spring 2005

Today's Health

and Wellness MagazineSM

Detecting **Breast Cancer**

page 4

Take Control of Diabetes Complications

page 2

Screening for Men's Health Problems

page 6

PSRST STD
AUTO
US POSTAGE PAID
LONG PRAIRIE, MN
PERMIT NO. 4



**BlueCross
BlueShield**
of Georgia

We hope you enjoy this Spring 2005 issue of *Today's Health and Wellness*, produced especially for you by Blue Cross Blue Shield of Georgia.

This biannual magazine was created to help you, our valued member, take the necessary steps toward a healthier lifestyle. *Today's Health and Wellness* will continuously focus on wellness tips and information that you can incorporate into your everyday life.

To your health,
Blue Cross Blue Shield of Georgia

Take Control of Diabetes Complications

By Erica Stacy

According to the American Diabetes Association (ADA), more than 18 million Americans are diabetic. Unfortunately, an estimated 5.2 million (almost one-third) are unaware that they have the disease.

Diabetes impairs the body's ability to produce or properly use insulin, a hormone needed to convert sugar, starches and other food into energy. Insulin "unlocks" the body's cells, allowing glucose ("blood sugar") to enter them and provide energy for our daily lives.

Left uncontrolled, glucose builds up in the blood, leaving your cells starved for energy. Eventually, high glucose levels may hurt your eyes, kidneys, nerves or heart. This article explains some of the ways you can avoid or minimize diabetes-related damage to your eyes and kidneys.

Knowledge Is Power

Understanding the signs, symptoms and complications of diabetes is an essential part of staying healthy.

"The first step in preventing complications is finding out if you have the disease," says Jose Pulido, a professor of ophthalmology at the University of Illinois at Chicago and a spokesperson for the American Academy of Ophthalmology (AAO). "To screen for diabetes, it's important for all adults [even if you're in good health] over the age of 45 to have a blood sugar test once every three years."

Diabetes often goes undetected because its symptoms may seem harmless. If you have one or more of these diabetes symptoms, see your doctor right away:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss

- Increased fatigue
- Irritability
- Blurry vision

Focus on Eye Complications

Diabetes can cause vision problems that may lead to blindness. Diabetic retinopathy refers to the abnormalities of the small blood vessels of the retina caused by diabetes. According to the National Eye Institute (NEI), retinopathy is a leading cause of blindness in American adults. Each year, 12,000 to 24,000 people lose their sight because of diabetes.

In addition, people with diabetes are more susceptible to glaucoma, cataracts and corneal disease. Any of these conditions can contribute to vision loss and blindness.

Glaucoma. People with diabetes are 40 percent more likely to suffer from glaucoma, the ADA reports. Glaucoma occurs when pressure builds up in the eye, pinching the blood vessels carrying blood to the retina and optic nerve. Due to the resulting damage, vision is gradually lost.

Cataracts. While it is true that many people without diabetes experience cataracts, those with the disease are 60 percent more likely to develop the condition. With cataracts, the clear lens of the eye becomes cloudy, blocking light and obstructing vision. In mild cases, sunglasses or glasses with glare control lenses are helpful. More serious cases may be corrected with surgery.

Keep an Eye on Potential Trouble

The best ways to steer clear of vision problems are to manage your glucose levels, eat healthy foods and see your eye doctor regularly. Early detection and treatment are essential to successfully avoiding eye disease. Experts associated with

NEI advise diabetic patients to have an eye examination at least once a year. Using special eye drops to dilate (or enlarge) the pupils enables an eye care professional to see the inside of the eye to check for potential problems.

Once a problem has been detected, treatments are available to minimize vision loss. Laser surgery and drug therapies may be used to slow deterioration or repair the eye.

In addition to the annual dilated-eye exam, the American Academy of Family Physicians recommends seeking medical attention immediately for the following symptoms:

- Blurred vision lasting more than two days
- Sudden loss of vision in one or both eyes
- Black spots, “cobwebs” or flashing lights in your vision
- Redness in one or both eyes
- Pain or pressure in an eye

Diabetes and the Kidneys

The kidneys are designed to act as filters to clean the blood. They eliminate waste and extra fluid. When they are healthy, the kidneys keep protein inside the body. However, when high blood glucose damages the filters, the kidneys do a poor job of cleaning out the waste and fluids. Rather than being eliminated as urine, the waste accumulates in the blood.

The National Institutes of Health indicates that diabetes is the most common cause of kidney failure, accounting for more than 40 percent of all new cases. Kidney failure from diabetes happens so slowly that patients may not feel sick for many years. Typically, there are no symptoms until the organs have nearly stopped working. However, once the kidneys fail, individuals may experience nausea and chronic fatigue. The skin may turn yellow, and the hands and feet may swell from fluid retention.

To avoid kidney disease, patients with diabetes should visit their doctors regularly. Urine tests can determine how well the kidneys are functioning.

Patients should see a doctor immediately if they suspect bladder or kidney infections. The National Kidney and Urologic Diseases Information Clearinghouse lists warning signs such as:

- Pain or burning during urination
- Frequent urge to urinate
- Urine that looks cloudy or reddish
- Fever or a shaky feeling
- Pain in the back or on the side (just below the ribs)

In addition, people with diabetes should:

- Eat a variety of healthy foods, avoiding those high in fat and sugar
- Maintain a healthy weight
- Get regular eye exams and foot exams
- Control blood pressure and cholesterol levels
- Be physically active
- Quit smoking



A scene as it might be viewed by a person with glaucoma.



A scene as it might be viewed by a person with cataracts.

- See a doctor regularly, even if they feel fine
- Call a doctor right away if they experience any of the warning signs for complications ❄️

Resources

- American Academy of Family Physicians
www.aafp.org
- American Academy of Ophthalmology
www.aao.org
- American Diabetes Association
www.diabetes.org
- National Institutes of Health
www.nih.gov
- National Kidney and Urologic Diseases Information Clearinghouse
www.kidney.niddk.nih.gov

Detecting Breast Cancer

A three-part program with all parts required

By Alston Russell

Everyone knows about doing a breast self-exam (BSE) to detect lumps. So why is it that active, conscientious women, who keep up with their jobs, their families, school or a multitude of other important daily tasks, so often fail to monitor their own breast health?

Time is one element, according to Robert A. Smith, Ph.D., director of Cancer Screening in the Cancer Control Department of the American Cancer Society. Many women may not do breast exams because of the busy pace of their lives and the difficulty in keeping track of a regular routine. For others, their lack of knowledge may play a part.

“Some women may not do breast self-exams because they don’t feel that they completely know how to do it, or they may feel uncomfortable about their ability to determine what is an important sign or a normal sign,” Dr. Smith says. Beyond that, some women may simply be averse to “looking for a problem,” he adds.

It’s important for women to overcome their hesitation at performing routine breast exams. “Periodic breast self-exams are one part of a three-part program for early breast cancer detection and can provide women with an extra degree of confidence that they are taking steps to detect breast cancer early,” says Dr. Smith.

This three-part program—monthly breast self-exams, regular clinical breast exams and regular mammograms—can form a woman’s strongest defense against breast cancer.

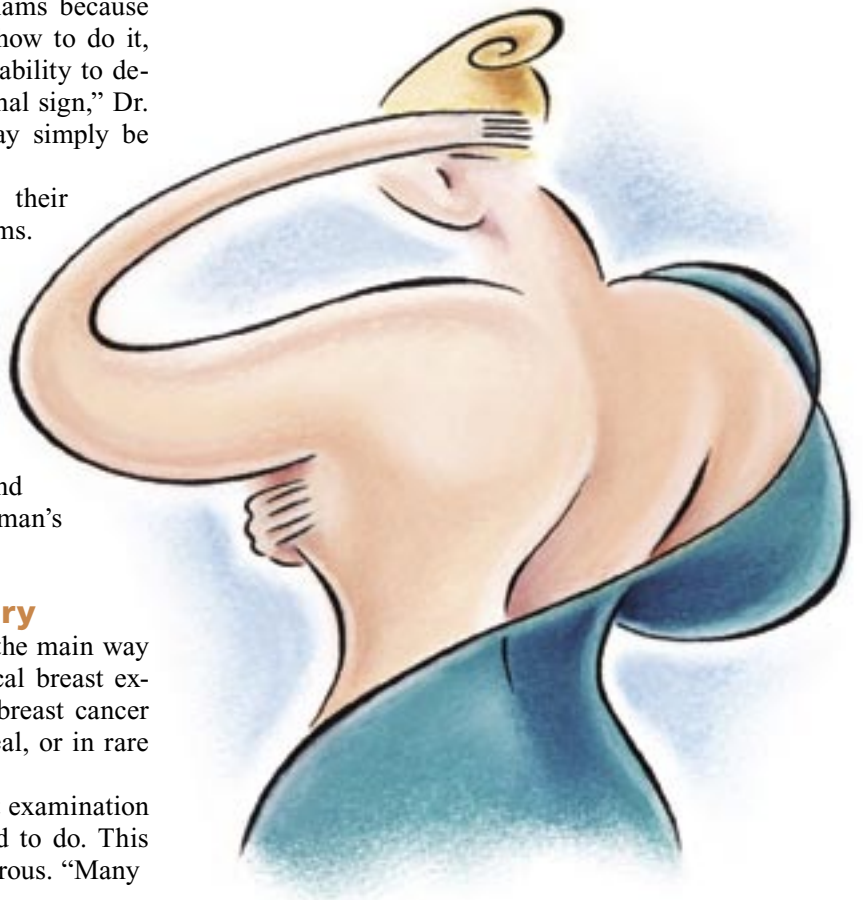
Part 1: Self-Exams Are Necessary

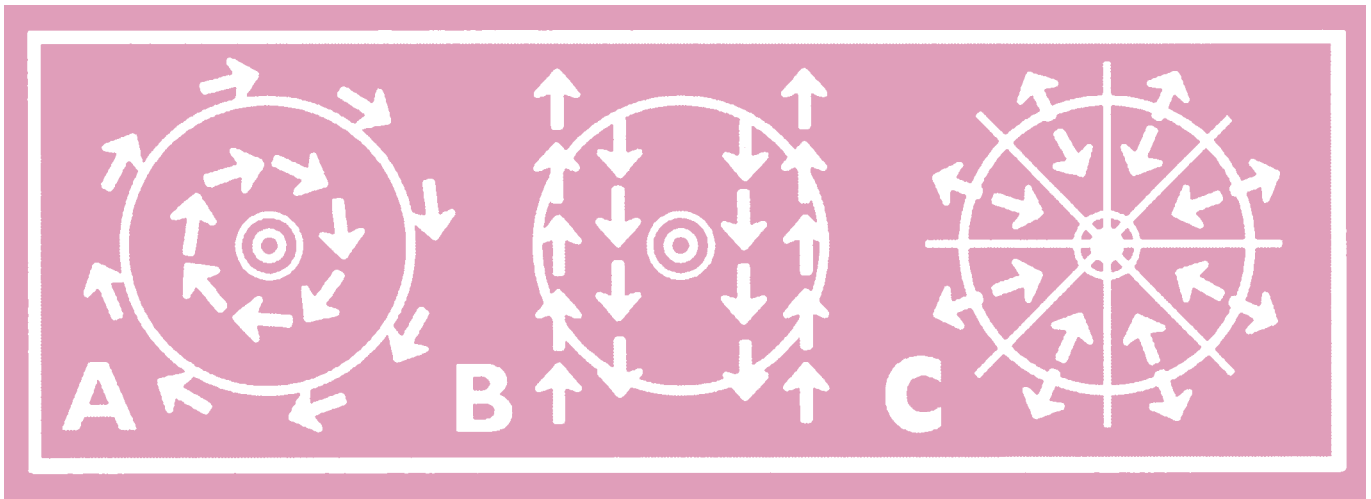
Before the age of 40, physical exams are the main way to detect breast cancer. After age 40, clinical breast exams and breast self-exams serve to detect breast cancer that mammography may not be able to reveal, or in rare instances, may miss.

Many women believe that a clinical breast examination during their yearly checkup is all they need to do. This is a laissez-faire approach that can be dangerous. “Many

women don’t get annual checkups, and increasingly, there is very little time to conduct a careful clinical exam,” says Dr. Smith.

Even though doctors take notes during clinical exams, none of the subtle changes occurring over time can be acknowledged. A mass tiny enough to go undetected during a clinical visit may grow significantly during the 12 months between visits. As the mass grows, the number of treatment options and the odds for being cured can be reduced.





Simple Steps for Self-Exam

Self-exams are cost-effective (because they're free) and easy to perform. To conduct self-exams, follow these simple steps:

- Lie down and place a pillow underneath your right shoulder. Place your right arm behind your head.
- Use the finger pads (the top third of your fingers) of the three middle fingers on your left hand to feel for lumps or thickenings in your right breast.
- Press firmly enough to know how your breast feels (ask your doctor if you do not know how hard to press). It is normal to feel a firm ridge in the lower curve of each breast.
- Move around the breast in a pattern to ensure that you feel all areas of your breasts. You can use one of the three patterns shown in the chart above. The arrows show you how to move your finger pads on each breast.
- Now examine your left breast using the finger pads on your right hand.
- Check your breasts again while standing up, with one arm behind your head. (You might want to do this part of the BSE while you are in the shower. It may be easier to feel for changes when your skin is wet and soapy.)

Recognizing subtle changes in your breasts is the key to early detection. Although it may be difficult to incorporate into your routine, or it might feel strange or intimidating at first, conducting breast self-exams plays a critical role in detecting breast cancer early enough so that it is treatable and, in many cases, curable.

It's critical that a woman take responsibility for her own health by conducting her own exams. A woman's partner can help, but the partner doesn't know her breasts as well as she does. "A woman herself is in the best position to know what is normal for her," Dr. Smith says.

Part 2: The Doctor's Examination

A clinical breast exam is the exam a woman's doctor performs in his or her office. The doctor will check for lumps or changes. The way the doctor checks a woman's breasts in the office is basically the same way a woman should check her breasts at home every month.

Some women have breasts that already feel lumpy, so trying to decide what's normal or not can become a daunting challenge. Women who face this dilemma should ask

their doctors to point out to them exactly how to determine the difference between a normal breast lump and a lump that may need further treatment. Over time, once the distinction has been clearly pointed out, making such a determination between what is and is not normal breast tissue should start to get easier.

"If women don't feel confident in the way they do BSE, they should ask a health professional to evaluate their technique and help them understand the composition of their breasts," says Dr. Smith.

Part 3: The Mammogram

A mammogram is essentially an X-ray of a woman's breast, and the actual procedure itself takes just 15 minutes. Mammograms play an important role in protecting against breast cancer because they can find lumps that might be too small to feel with your fingers.

When having a mammogram, a woman removes her clothes from the waist up and wears a short gown. She

(continued on page 8)

Screening for Men's Health Problems

Although you might not want to take the time to see your doctor if you're feeling fine, regular checkups and screenings can help you find out about any potential health problems you may have. Early detection is crucial in treating the following conditions affecting men.

Enlarged Prostate

The prostate gland surrounds the urethra, the tube that carries urine from your bladder out of the body. While the prostate becomes enlarged in nearly all men over age 50, in one of every 10 men this enlargement constricts the urethra, making urination difficult or, in extreme cases, blocking the flow of urine altogether. African-American men are especially prone to this condition.

Look for these symptoms of prostate enlargement:

- Frequent urination
- Difficulty in starting flow of urine
- Decreased force and thickness of urine stream
- Sleeplessness due to need to urinate at night
- Dribbling after the end of urination

Report these symptoms to your physician, who will conduct appropriate testing.

Prostate Cancer

Except for skin cancer, prostate cancer is the most common type of cancer among American men. The following are considered at-risk groups: all men over 50 (especially African-Americans), men with a family history of prostate cancer and those with a high-fat diet.

All men should consult their personal doctor to assess their potential risk and discuss an appropriate screening strategy. Periodic screenings using a digital rectal exam or a prostate specific antigen test may detect prostate cancer in its early stages.

If prostate cancer is confirmed, surgical removal of the organ is not always necessary. Doctors will determine if the disease is limited to the prostate and recommend further treatment as needed.

Testicular Cancer

Although cancer of the testicle is most common in Caucasian males ages 15 to 35, any man who had an undescended testicle at birth or who has a family history of testicular cancer is also at risk.



Other Important Screenings and Preventive Measures

Twice a Year

- Dental Exam

Once a Year

- Blood Pressure Check
- Cholesterol Screening
- Flu Shot

Every One to Three Years

- Glaucoma Screening
- Glucose Screening

Some people may need some screenings more often or less often than suggested. Your doctor will recommend a screening schedule that is appropriate for you based on your particular health needs.

Monthly self-examinations for lumps are crucial, as often there are no other symptoms in the early stages. If cancer is confirmed by a physician, the affected testicle usually is surgically removed.

Colon and Rectal Problems

Cancer of the colon or rectum is the third most common form of cancer among American men. Several tests are used to screen for colorectal cancer. They include a digital rectal exam, a fecal occult blood test (to look for blood in the stool), sigmoidoscopy (examination of the lower colon with a thin and flexible scope), barium enema with air contrast and colonoscopy (examination of the entire colon).

The American Cancer Society recommends that men 50 and older have a yearly fecal occult blood test and a sigmoidoscopy every five years.

Skin Cancer

There are three types of skin cancer: basal cell, squamous cell and malignant melanoma. The most deadly of the three is melanoma—and it's on the rise. In fact, melanoma is the fastest rising cancer in men. According to the American Academy of Dermatology (AAD), more than 44 percent of the individuals diagnosed with melanoma are men over the age of 50.

Men are at particularly high risk for melanoma because their hobbies and occupations often keep them out in the sun for long periods of time. In addition, many men wait too long to have skin abnormalities checked. In doing so, they may be allowing melanoma to progress to an advanced stage. In its advanced stages, melanoma spreads to the lymph nodes, then to other organs, such as the liver, lungs or brain. If caught at an early stage, melanoma is curable.

Although melanoma is most common in fair-skinned Caucasians, anyone can develop it. The Skin Cancer Foundation recommends annual head-to-toe skin checks by a physician, and monthly self-examinations at home. If you find anything suspicious during your self-examination, schedule an appointment with your doctor immediately. ✨



What Should You Ask Your Doctor about Prostate Cancer?

It is important for you to have honest, open discussions with your cancer care team. They want to answer all of your questions, no matter how trivial you might think they are. For instance, consider these questions:

- What is the likelihood that the cancer has spread beyond my prostate? If so, is it still curable?
- What additional tests do you recommend, and why?
- What is the clinical stage and grade of my cancer? What do those mean in my case?
- What is my expected survival rate based on clinical stage, grade and various treatment options?
- Do you recommend a radical prostatectomy or radiation? Why or why not?
- If you recommend radical prostatectomy, will it be nerve sparing?
- What other treatments) might be appropriate for me? Why?

- Among those treatments, what are the risks or side effects that I should expect?
- What are the chances that I will have problems with incontinence or impotence?
- What are the chances that I will have other urinary or rectal problems?
- What are the chances of recurrence of my cancer with the treatment programs we have discussed?
- Should I follow a special diet?

In addition to these sample questions, be sure to write down some of your own. For instance, you might want to ask about recovery time so you can plan your work schedule. If you are younger, you may want to discuss your plans for children if there is a possibility you could become impotent or sterile. You also may want to ask about second opinions or about clinical trials for which you may qualify.


Source: American Cancer Society, www.cancer.org

(continued from page 5)

stands beside the X-ray machine while a technician helps place her breast on a plastic plate. Another piece of plastic is placed on top of the breast. Some pressure will be felt as the breast is flattened for a clear X-ray picture, and this pressure can result in some discomfort. The technician takes two X-rays of each breast.

The advantage of the mammogram is that it detects tumors that would take years to become large enough to feel in an exam. That's why it's so important to have the test done.

"Mammograms will not detect all breast cancers, although they will detect most," Dr. Smith explains. But having a mammogram doesn't get you off the hook for self-exam. "Breast self-exams provide a backup."

For more information, contact the American Cancer Society's Cancer Resource Center at 800-ACS-2345 or visit the association's Web site at www.cancer.org. 

American Cancer Society Recommendations for Early Breast Cancer Detection

Mammograms: Women age 40 and older should have a mammogram every year.

Clinical Breast Exams: Women between the ages of 20 and 39 should have a clinical breast examination by their doctor every three years. Women age 40 or older should have a clinical breast exam every year.

Breast Self-Exams (BSE): Women age 20 or older should do a breast self-examination (BSE) every month, about two to three days after their period ends. Women who no longer have their period should choose the same day each month to do a BSE (e.g., the 15th).

Are You at Risk? Yes!

Breast cancer can occur in any woman, regardless of her medical history, family history, age or anything else. Certain factors can place you at a higher risk for developing the disease, but having one—or several—risk factors does *not* mean you absolutely will develop cancer in your lifetime. Many women develop cancer without having any risk factors.

According to the American Cancer Society, these are just some of the risk factors:

- Aging—the risk of breast cancer increases with age
- Having a personal history of breast cancer (if you have already had cancer in one breast), or a history of some kinds of benign breast disease
- Having a mother and/or sisters who have or had breast cancer, especially if they had cancer in both breasts and if they had cancer before menopause
- Never giving birth, or giving birth after the age of 30
- Having a long menstrual history (if your periods started early and ended late in life)
- Using hormone replacement therapy longer than five years
- Gaining weight after menopause

Warning Signals

Even if you don't have risk factors for breast cancer, be aware of the following warning signals. Detecting these signs early could be the key to successful cancer treatment.

- A lump or thickening in your breast (especially a lump that does not go away or change)
- Swelling
- Puckering or dimpling of the skin
- Soreness
- Redness

Managing Editor
Mike Mills

Art Director
Traci Shelton

Production Director
Traci Marsh

Health Plan Editor
Hadiya Reynolds

Today's Health
and Wellness Magazine™

Today's Health and Wellness Magazine
is published quarterly by
Vitality Communications
407 Norwalk St.
Greensboro, NC 27407
(336) 547-8970

President William G. Moore
Controller Pat Blake
Creative Director Jan McLean
Administrative Assistant Pat Schrader

© Copyright 2005 by Vitality Communications, an operating company of StayWell/MediMedia USA, and Blue Cross Blue Shield of Georgia. No part of this publication may be reproduced or transmitted in any form or by any means without written permission. Articles in this publication are written by medical experts and professional journalists who strive to present reliable, up-to-date health information. However, personal decisions regarding health, finance, exercise and other matters should be made only after consultation with the reader's physician or professional adviser. All editorial rights reserved. Opinions expressed herein are not necessarily those of Vitality Communications or Blue Cross Blue Shield of Georgia.

Models are used for illustrative purposes only.

Blue Cross Blue Shield of Georgia, an Independent Licensee of the Blue Cross Blue Shield Association.