

Service, Support and Success

# The Direct Support Workers Newsletter

## Movember and Men's Health: What You Should Know!



By: Jordan Rivera & Yona Lunsky

With Movember here, some of you will be growing out your moustaches to raise awareness about men's health issues including prostate cancer, testicular cancer, and depression. The Movember Foundation challenges men to abstain from shaving and to grow out their beards and moustaches for the month of November in order to raise funds and to spark conversation about the difficult health challenges that men face which often go ignored. What is also often ignored within these discussions is the health of men with developmental disabilities. While men in general can have health problems that they often ignore because they don't like to talk about their health and how they are feeling, having a disability makes it even harder. Any meaningful discussion about the health of men must not exclude men with disabilities and thus the clients that you support. So this Movember, we want to highlight some of the important men's health issues you should know about and share with the men you work with and support.

### Why Movember Matters

Sam, a 35 year old man with Down Syndrome, lives with 2 roommates in a supportive living setting. Many staff voiced concern that he was often seen drinking beer in his room and on the street. Sam's father was in the military and believed that crying or showing emotions was not something that men were supposed to do so Sam learned quite young that being a man meant acting tough. Two years ago Sam's roommate became very sick and died and Sam had very little opportunity to talk with anyone about how he felt about losing his friend. He did not think others were interested, and he didn't like talking about things that got him upset. Eventually, Sam's staff made an appointment for him to see a psychologist who asked about how he was feeling and about his drinking, though Sam insisted he felt fine and that drinking just made him feel good. When Sam was asked about his roommate, he became tearful and left the session abruptly. At the next session, Sam was accompanied by a male support staff he invited to sit with him. When the topic of his old roommate came up, Sam became tearful again but the male support staff encouraged him to share his thoughts and emotions and said that sharing these emotions was healthy and okay. Over the course of Sam's sessions, he learned to come to terms with the loss in his life and to normalize his negative emotions. He learned that drinking to cope with intense negative feelings only made them worse, and that having difficult emotional experiences does not need to threaten his self-esteem or sense of manliness.

## Prostate Cancer

Prostate cancer is the most common cancer in Canadian men and involves a tumorous growth in the prostate, a gland which forms a part of the male reproductive system and is located immediately below the bladder. The number of men with developmental disabilities who have prostate cancer is unknown because this group is less likely to undergo routine cancer screening. In Canada, prostate cancer affects 1 in 7 men and 1 in 28 will die from the disease. This means that prostate cancer will likely affect some of the male clients that you support, especially if they fall into certain risk groups (discussed below). So here's what you need to know:

The majority of prostate cancers show no signs and symptoms and only advanced cancers that have spread throughout the prostate can cause urinary symptoms such as slow flow, frequent urination, or blood in the urine or semen (you can find a full list of symptoms on Movember.com).

For this reason, the most important thing your client can do is talk with their doctor about prostate cancer screening. Detecting prostate cancer in its earliest stages significantly increases the likelihood it can be cured since locally detected prostate cancers have shown a 5 year survival rate close to 100%. Early detection saves lives!

So what are the Canadian guidelines for prostate cancer screening? Prostate Cancer Canada offers 3 recommendations:

1. Men should get a Prostate Specific Antigen (PSA) blood test in their 40s to establish their baseline (read the info box for information about the PSA).
2. Men at high risk for prostate cancer should talk to their doctor before age 40 about prostate cancer. High risk individuals include men of black African or black Caribbean descent as well as men with a first degree relative with prostate cancer (father, brother, son).
3. At or over age 70, the decision about when to stop doing PSA testing should be discussed between a man and his doctor.

In the event that a person is diagnosed with prostate cancer, treatment general involves surgery, careful monitoring of the client's health, and possibly chemotherapy or radiation. The earlier that prostate cancer is detected, the greater the chances are that it can be successfully treated.

Knowing whether PSA is tested for the older men you support is important and it is also important that they know why they are being tested. Getting your client to have this discussion with their doctor is important and you can help by taking the time to explain to them the importance of getting a PSA test, as well as by speaking with their family and caregivers. Finally, prostate cancer risk is increased by unhealthy lifestyle behaviours such as a poor diet and lack of exercise. So get your clients moving and eating right!

### PSA Info Box:

The PSA blood test looks for a protein in the blood that is made by prostate cells called Prostate Specific Antigen (PSA). The presence of an elevated PSA does not necessarily mean that your client has prostate cancer as other medical conditions can lead to a PSA result outside the normal range.

## **Testicular Cancer**

Unlike prostate cancer which mostly affects older men, testicular cancer is the second most common cancer in young men aged 15-29 years. It involves a tumorous growth in one or both testicles. Fortunately, it is highly curable if found and treated early.

Risk factors for developing testicular cancer include a family history of the disease, as well as having Down Syndrome or having a severe developmental disability. Treatment for testicular cancer usually involves surgery followed by careful monitoring of the cancer, chemotherapy, or radiation. In men with Down Syndrome or very severe disability, these procedures are complicated because these men often have additional health problems such as heart disease or lung disease. Hence, early detection is crucially important to prevent complications from arising. So how can we improve our clients' chances of early detection?

The first and easiest step a person can take is to routinely perform a Testicular Self-Examination (TSE). We must encourage our clients to become familiar with the size, shape, and usual level of lumpiness in their testicles. A TSE takes less than a minute and can be done after a shower or bath when the skin of the scrotum is relaxed (go to [TesticularCancerCanada.ca](http://TesticularCancerCanada.ca) for a detailed TSE description). A TSE is an extremely simple but powerful preventive care practice that can significantly increase the chances of detecting testicular cancer before it spreads. Talking with your clients about a TSE can of course be a sensitive and difficult conversation to have, so try to include this information in general health education sessions, allow them to ask questions, keep the information simple and practical, and tap the client's family and caregivers for tips and as a resource. Secondly, encourage your clients to talk with their doctor about testing for testicular cancer. Their doctor can do a physical exam during one of their routine checkups but it's important that your client understands why it's important.

### **Other male cancers:**

November has traditionally focussed on prostate and testicular cancer, but men with developmental disabilities are at risk of developing other types of cancer. One type of cancer we know these men are less likely to be screened for is colorectal cancer (for more information on this, go to [www.HCARDD.ca](http://www.HCARDD.ca)). Colorectal cancer is the third most common cancer diagnosed in Canada and the second leading cause of cancer deaths among Canadian men. There are 2 types of screening methods for colorectal cancer, both of which should be discussed between the client and his doctor: fecal occult blood test (FOBT) and colonoscopy. It is important that your client talks with their doctor about which screening test is most appropriate and how it is to be performed. So get your clients to have this discussion with their doctor!

## **Mental Health**

There are many misconceptions about men and mental health which create unique challenges for men to staying mentally healthy. Social norms about masculinity are seldom discussed in relation to health, but they can profoundly shape people's beliefs, their health, and their access to care. In general, we know that men are less likely to seek out mental health services and are more likely to hide their emotional difficulties, similar to what Sam was doing. In men with developmental disabilities, this problem becomes more challenging as these men are even less likely to seek out the help that they need.

Research shows that mental health problems are more common in both men and women with developmental disabilities than other adults (See [www.hcardd.ca](http://www.hcardd.ca) for more details). Depression and anxiety are the most common mental health disorders, but in men they can look like irritability or aggression while sadness or anxiousness can be less obvious. Men in general can sometimes try to medicate themselves to dull their painful emotions by drinking or using drugs. This can also apply to men with disabilities who may feel embarrassed or ashamed to experience painful emotions. Painful emotional experiences are of course a normal part of life and regardless of your gender, it is healthy and natural to have sad feelings and okay to show them. Recognizing that social norms about masculinity also apply to men with disabilities is necessary to seeing the full picture regarding your client's health and how you can help them.

### **So what can you do to help support your male clients?**

1. Advocate for your clients! This means helping them to ask for and seek out the health services that they need such as screening for prostate cancer, testicular cancer, and colorectal cancer.
2. Role model for your clients! One of the most important things you can do for your clients is to show them how to live a healthy and balanced life. It will be much easier to motivate your clients to exercise regularly and to eat a balanced diet if you do these things yourself. Start with some simple activities such as going for walks or drinking water instead of pop. You can also role model how to properly manage and express emotions. Show your clients that talking with someone when you experience difficult emotions is okay and that men can feel sad too.
3. Help them to become a better health detective! This means getting to know your body better, knowing what the different parts of your body are supposed to look and feel like, and how to tell when something is wrong.
4. And finally, help them to keep up with and adequately prepare for doctor's appointments. Before every appointment, help them to write down any questions they need to ask their doctor, and after every appointment, help them to write down everything that was discussed as well as the date of their next appointment. It is important to track as much of their health information as possible. You can find staff and patient tools to help prepare for visits on the [www.hcardd.ca](http://www.hcardd.ca) website, and on the Surrey Place primary care website ([url](http://url)).

### **Conclusion:**

When you grow your moustache this Movember, be sure to encourage the men you support to do so as well! Let's all be more aware of men's health so we can lead longer and healthier lives!

### **About the authors:**

Jordan will be growing his moustache this November at the University of Toronto Faculty of Nursing, where he is a first year nursing student. Yona will grow her moustache in spirit only, at the Centre for Addiction and Mental Health, as director of the H-CARDD program.

## Resources:

Health Care Access Research and Developmental Disabilities:

[www.hcardd.ca](http://www.hcardd.ca)

(our website has summaries about our research as well as resources for patients and caregivers)  
Surrey place primary care resources for caregivers...

<http://www.surreyplace.on.ca>

Information on colonoscopy:

<http://www.cancerscreening.nhs.uk/bowel/publications/nhsbcsp-colonoscopy-learning-disabilities-leaflet.pdf>

Books Beyond Words is a series of picture books that has been developed to make communicating easier for people with developmental disabilities, and to enable discussion about difficult topics. The following books focus on men's health issues and are available online for free:

<http://www.rcpsych.ac.uk/publications/booksbeyondwords/bbwonlineversions.aspx>

(Bob tells All, and Peter's new home)

<http://www.booksbeyondwords.co.uk/bookshop/ebooks?page=1>

(there are multiple books available here for purchase including Going to the Doctor, Going to the Hospital and Looking after my Balls)

November Men's Health Resources:

<http://ca.movember.com/mens-health/resources/>

Prostate Cancer Canada:

<http://prostatecancer.ca/>

Testicular Cancer Canada:

<http://www.testicularcancercanada.ca/>

**Editors:** Dave Hingsburger, Vita Community Living Services and Angie Nethercott, North Community Network of Specialized Care, Hands TheFamilyHelpNetwork.ca

## Answers to FAQ's about the Newsletter

- 1) The newsletter is intended to be widely distributed; you do not need permission to forward. You do need permission to publish in a newsletter or magazine.
- 2) You may subscribe by sending an email to [dhingsburger@vitacls.org](mailto:dhingsburger@vitacls.org).
- 3) We are accepting submissions. Please email article ideas to either Dave at [dhingsburger@vitacls.org](mailto:dhingsburger@vitacls.org) or Angie at [anethercott@handstfhn.ca](mailto:anethercott@handstfhn.ca)
- 4) We welcome feedback on any of the articles that appear here.

