

MAIN CHALLENGES IN THE PREVENTION OF PROSTATE CANCER IN PRIMARY HEALTH CARE

ABSTRACT

Objective: to report the experience of a health education action carried out by nursing students. **Methodology:** This is a descriptive study of the type experience report, carried out in November 2022, in a Family Health Strategy in the Municipality of Ananindeua, alluding to the Blue November, where a group of Nursing students addressed about men's health, elucidating about prostate cancer. **Results:** In the action in men's health, the active search was essential to relocate the individuals to the health unit, where the approach on the basic concepts of cancer, introduction to the disease, later correlating to the prostate **AC**, where the male audience showed interest in the lecture, including interacting with the group, seeking to solve doubts about the disease, was highlighted. **Conclusion:** The approach in spite of cancer, therefore, is essential to the population, such as the male population, where information, debates and explanations about the subject generates knowledge and positive changes in health, in addition to the experience of nursing students was essential to share information in public health, especially about men's health.

Keywords: Prostate; Primary Health Care; Early Detection of Cancer; Public Health Surveillance, nursing students

1. INTRODUCTION

Cancer is considered a public health problem. In males, prostate cancer is the one with the greatest impact worldwide [1]. According to the National Cancer Institute (INCA), it will be the most incident malignant neoplasm in males, in each year of the triennium from 2023 to 2025, in Brazil, 71,730 new cases are expected, which corresponds to an estimated risk of 67.86 per 100 thousand men [2].

In the northern region of the country, the estimate for 2023 of prostate cancer is 2,760 new cases, referring to 28.40 cases per 100,000 men and in the State of Pará 1,050 new cases. This type of cancer is considered elderly, considering that it has an increased risk from the age of 50, and about 75% of the new cases in the world happen from 65 years of age, consisting of various morphological subtypes, varying according to age, ethnicity, diagnosis, PSA level and staging [3].

From the high rates of morbidity and mortality in men between 20 and 59 years of age, it is possible to observe a fragility in the prevention and health promotion services, although in 2009 the National Policy of Integral Attention to Men's Health (PNAISH) was instituted, which aims to stimulate the promotion of health actions aimed at men, there is still a need to consolidate it [3].

Comment [ك1]:

A short historical review before the goal

Comment [ك2]:

State the term in full and then the abbreviation

Comment [ك3]:

State the term in full and then the abbreviation

In PNAISH, prostate cancer screening is performed through PSA dosing and digital examination of the prostate. Although the provision of these screening methods by the Unified Health System (SUS), the male population faces difficulties in preventing the disease for several reasons, major obstacles in the fight against cancer and performing the tests, such as lack of information and various forms of prejudice, especially digital rectal examination, which can be understood as a violation [4].

In addition to these factors, it is cultural that the male population has a low demand for preventive health services, which infers in care only in situations of great discomfort and/or extreme pain [4]. The resistance of men in the use of health services promotes an increase in the financial burden of society and generates emotional and physical suffering in the user and in the family context for the search for quality of life and health conservation [5].

In this sense, among the main instruments to stimulate self-management in health and to carry out self-care, health education actions stand out, since they have the potential to sensitize users in the development of critical thinking, for the recognition of their health needs, making them able to perform essential actions to preserve them. In addition, educational actions stand out for being a tool that consolidates the principles of the SUS, contributing to the improvement of the quality of life of users [6].

Therefore, it is necessary to take a holistic look at the health needs of the male population, with attention to factors such as age, race, socioeconomic conditions, housing, gender identity, physical and mental disabilities, among others, since the effects of illness and treatment of prostate cancer, linked to hegemonic masculinity, cause economic, biopsychosocial, cultural and spiritual repercussions to men and family extension, in addition to representing a challenge to health professionals [7].

Based on this, planned and effective actions are necessary to ensure the comprehensiveness and continuity of care, which can be achieved through multiprofessional care and preventive, promotional, and recovery health actions. In this context, the nurse plays a crucial role in the health-disease process due to their closer interaction with the user, allowing them to understand the sociodemographic characteristics and utilize them to develop more accurate and individualized actions, necessary for the formulation of policies for men's health [8].

Thus, the present study aims to report the experience of a health education action carried out by nursing students with a view to improving the quality of life of the male population.

2. MATERIAL AND METHODS

This is a descriptive study with a qualitative approach, specifically a case report of a health intervention carried out by nursing students. The aim of the intervention was to provide knowledge about men's health. The study took place in November 2022 in the city of Ananindeua, located in the state of Pará, in the Amazon region of Brazil. The intervention was implemented within a Family Health Strategy (FHS) setting.

The experience of the project was guided by the methodology of Problematization with the Manguerez Arc [9], obeying the following steps:

- 1) Welcoming the students and meeting with the team of professionals involved in the action. The first moment was dedicated to the approximation of reality and considering the previous knowledge of the students, both of the curricular activities already attended and as users of the SUS, with emphasis on health promotion and educational practices.

2) Survey of the problems, together with the nurse and the community health agents (CHA) of the FHS, carried out from the perception of the students based on critical observation, dialogues with health professionals, in order to decide the issues to be addressed with the users: prevention of prostate cancer, how to care, where to do the routine and diagnostic exams and where to treat in the local network;

3) Theorization of the problem, with the search for scientific evidence Latin American and Caribbean Literature in Health Sciences - LILACS, Nursing Database - BDENF and Medical Literature Analysis and Retrieval System Online - MEDLINE, [10] based on the guiding question defined through the PICo strategy (P: Patient (Target population of the study); I: Intervention (Nursing actions and care) and Co: Context or outcome (Reassessment of interventions in the client's life): How does health orientation positively interfere in changes in conduct in the male population? To this end, the following health descriptors were used: prostate cancer, disease prevention, health promotion and nursing care. Full articles, published during the period from 2018 to 2023, in the languages in Portuguese and English, were included.

4) Establishment of the hypothesis of solutions, opting for the active search of clients (men over 45 years of age) in the micro-area of interest of the FHS, to increase adherence to the activities, alluding to the Blue November, which included the use of brochures and informative posters on the theme.

5) Preparation of the work plan by shift and schedule. The activities were previously scheduled and executed in the FHS reception area, in the morning or afternoon, when possible, from Monday to Friday.

6) Dissemination of the action to the community, with the objective of integrating with the other services to carry out activities.

7) Establishment of a day of the week for the realization of integration dynamics among the participants. The remaining days were dedicated to the application of the agreed intervention, especially regarding health promotion, prevention and treatment of prostate cancer.

8) Evaluation of the actions developed was carried out through the application of instruments to determine the achievement of the objectives. The students also carried out self-assessment in order to verify the gaps and learning needs.

Due to the nature of the study, an experience report with a succinct presentation on a given subject, where there was no research and manipulation with human beings, did not require the submission of the work to the Research Ethics Committee-National Research Ethics Committee – CEP/CONEP

3. RESULTS

Among the results analyzed and obtained, it was evidenced the need to work with the theme, aiming to present and elucidate the importance of the Blue November, a worldwide campaign that seeks to bring information about care, prevention, promotion and quality in health and share about the characteristics of the disease, importance of early diagnosis, types of treatments and nursing care from the humanized welcoming, planning, care plan and reassessment of the client, also describing Primary Health Care as the gateway to the Unified Health System (SUS), where the performance of examinations, consultations and referral for the performance of examinations are fundamental pillars to improve the quality of life and health of men, where according to the Ministry of Health (MS), Prostate CA is a public health problem, ranking second among the male population, behind only non-melanoma cancer [2].

In the action, the nursing students were received by the FHS nurse, who presented the unit and the team of Community Health Agents (CHA), explaining the role and performance of the professionals, elucidated the description about the area and later microareas and how was the organization and planning of the CHA directly in the community, offering health services, such as, registration and monitoring of families, identification of health problems, monitoring of risk groups, for example, people living with diabetes and hypertension, among other services. In addition, with the presentation of the professionals and unit, there was the idea of giving a lecture in allusion to the Blue November, talking about the Ca of prostate, where the university students supported and organized themselves to plan the event.

Subsequently, the nurse and the students made the active search with the help of the CHA, seeking to perform the monitoring, location of the male population, making invitations to men, mainly over 45 years, explained about the allusive event, lecture and health actions that would take place in the FHS, in total a total of approximately 35 men were invited. Another important point, in addition to the accompaniment and invitations, the professionals and students were able to follow the lifestyle, socioeconomic environment, cultural, time planning and general way of life and highlighting the male audience.

On November 1, the students were organized, aiming to make the planning about the orientation of the nurse of the unit, in this program was assembled and addressed the theme "Information, orientations and characteristics about the disease", where the following subtopics were set up in order to explain to the guests for the lecture:

1. Why Blue November?
2. How important is it?
3. What is prostate cancer?
4. Prevention of AC
5. The performance and role of nursing
6. The importance of health care (Conclusion).

On day 2 the action and the lecture took place, where there was an attendance of 21 men in the unit, where the academics explained about the theme and the subtopics assembled, as shown in Figure 1:

Figure 1: Lecture on Prostate Cancer

Comment [14]: Where are the numbers of the information from which the conclusion was made? Tables must be made that contain numbers that represent the information collected from the patients, what questions were taken from the patients, and their geographical distribution, on which the research was based on the conclusions and . DISCUSSION.



Source: ANJOS, TA et al (2023)

Following this, questions, debates, testimonials, and participants' opinions regarding prostate cancer were conducted. In these testimonials, it was found that one of the main problems in undergoing the examination is prejudice against the testing method. After the explanations and debates, vital signs were checked, including measurement of Systemic Arterial Pressure (SAP), glucose levels, and testing for Sexually Transmitted Infections (STIs), with the contribution of all Community Health Agents (CHAs) in the verification of vital signs. However, the referral for consultations with the doctor and testing for STIs were still carried out by the nurse from the Family Health Strategy (FHS).

Thus, it was found that the results obtained from the active search to the realization of the lecture were positive, where a significant number of men were reached in the lecture and later in the action, who attended, debated and reported the opinion and experience about the prostate CA.

4. DISCUSSION

The follow-up of people with prostate cancer by health professionals is fundamental in the practice of comprehensive care, that is, not only in the physical, but also in the psychoemotional, cultural and social, given that all these dimensions are affected by the disease. Thus, men with prostate cancer have the need for a singular and person-centered care, using the same logic already employed in health policies for other population groups, but casting glances at a segment of the population previously seen as less susceptible to diseases and with an ideal of invulnerability [11].

Even though prostate cancer is the most common among men in all regions of Brazil, except for non-melanoma skin cancer, the resistance related to self-care causes men to start treating the disease late. Such a scenario is due to the fear of compromising masculinity, which negatively interferes in the man's decision to perform necessary care with prostate cancer [12].

In addition, the main risk factors are age, family history and ethnicity. The age range of men diagnosed with prostate cancer is 65 years. Nowadays periodic screening is indicated among men aged 55 to 65 years, according to medical guidelines, in which risk factors should be taken into account [13-3].

Primary Health Care (PHC) is fundamental for carrying out prevention and promotion measures related to men's health. Since, the professionals through lectures can address guidelines on the prevention of prostate cancer, as well as mention the main signs and symptoms, such as: difficulty urinating, hematuria and decreased urine. In addition, it is important to emphasize the performance of the tests, which can detect early diagnosis, and this contributes to the greater chance of cure [14].

In this perspective, the perception of the male public about the prevention practices of prostate AC are still centered on the performance of the digital rectal examination, which appears feelings in relation to their sexuality, being considered, by a large part of the public, an invasive examination. There is fear of sexual arousal at the time of its realization, and aversion to penetration because they associate the procedure with homosexual practice. However, the non-performance of the exam and the taboos about it, harm male health, contributing to the perpetuation of mistaken impressions and prejudices about its execution [8-15].

Regarding the digital rectal examination, for example, the prejudice with this procedure is still strong, favoring space for the other symbolic stigmas and causing the examination to be seen as a violation of masculinity and, thus, most men seek to perform only the PSA blood test, which is not considered invasive by this public [16].

In addition to the sexual connotation associated with the digital rectal examination, there is also the fear of performing preventive examinations of prostate CA due to a possible diagnosis of malignant neoplasm, not only because cancer is a disease that, in the social body, is seen in an extremely negative way, but also due to the repercussions on sexual life, reproductive and in the work that it can cause in the lives of these men, because these three items are culturally and socially associated with masculinity [17].

The care provided to men diagnosed with AC should be done carefully, as well as it is important for the professional to know the doubts that the patient has about the pathology and treatment, and it is essential to have a clear explanation about such uncertainty. As well, it is relevant to clarify about the main physical and psychological symptoms and the side effects that occur in each phase of treatment. Thus, the professional provides adequate care that contributes to quality of life for the patient [18].

Thus, the training of nurses regarding the orientation of the male public and the general population about prostate AC, its risk factors, symptoms and diagnostic tests is of paramount importance for the early detection of this malignant neoplasm. Health education is a key tool for the dissemination and perpetuation of important information for the promotion and prevention of this disease [19].

4. CONCLUSION

Social action in men's health, therefore, was essential, as it elucidated the need to address and share safe and accurate information about prostate cancer, as well as to help demystify certain doubts and uncertainties about men's health, such as the taboo that still persists about the

method of examination. In addition, the active search is a fundamental health surveillance strategy for the search and monitoring of the male public in their territories, where knowing the way and lifestyle evidences planning aiming at the needs of this public, so the health action brought experiences and experiences of the way of life of the male population, performance of the academics and health professionals of the Family Health Strategy, who together contributed to men's health.

REFERENCES

1. Almeida ES, Santos ME, Souza SR. Prevention of prostate cancer, masculinity and care: possible joints from a literature review. *Journal of APS*. 2020 Jan./Mar.; 23;23(1). Available in: <https://doi.org/10.34019/1809-8363.2020.v23.26062>
2. Brazil M of the S. National Cancer Institute. 2023 Estimate: Cancer Incidence in Brazil. Ministry of Health, Rio de Janeiro, 2022.
3. Carvalho PMB, Therrier S, Marcelo SAC, Sawaka ON, Nascimento SM, Dázio RME, et al. Sociodemographic and clinical characterization of men with prostate cancer: subsidies for nursing care. *Science, Care and Health*. 2021 Dec 6;20. Available from: <http://dx.doi.org/10.4025/ciencucuidsaude.v20i0.56324>
4. Neto MJA, Granado CL, Salles JR. The comprehension of attitudes towards the diagnosis of prostate cancer in the interventional psychodiagnostic process. *Journal of the Brazilian Society of Hospital Psychology*. 2020 Jun 1;23(1):66–80. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582020000100007
5. Menezes R, Menezes M, Teston EF, Matumoto S, Faller WJ. Knowledge, Behavior and Practices in Men's Health in Relation to Prostate Cancer. *Rev Fund Care Online*. 2019. Oct./Dec.; 11(5):1173-1179. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i5.1173-1179>
6. Falkenberg M, De T, Mendes P, Pedrozo de Moraes E, Maria De Souza E. Health education and health education: concepts and implications for collective health. 2014, 19. n. 3 Available from: <https://www.scielo.br/pdf/csc/v19n3/1413-8123-csc-19-03-00847.pdf>
7. Garcia LHC; Cardoso ON, Bernardi, NCMC. Self-care and illness of men: a national integrative review. *Journal of Psychology and Health*. 2019, v. 11, n. 3, p. 19-33. Available from: <http://dx.doi.org/10.20435/pssa.v11i3.933>
8. Matos ASM, Gama LI, Gobbo FFA, Tribioli AR, Ferreira AG, Munaretto et al. Prevention of Prostate Cancer and the Performance of Nurses in Primary Health Care. *Native-Journal of Social Sciences of the North of Mato Grosso*. 2022, v. 10, n. 1. Available from: <https://www.revistanativa.com.br/index.php/nativa/article/view/461>
9. Berbel NAN. Active methodologies and the promotion of student autonomy. *Semina: Social Sciences and Humanities [Internet]*. 2011;32(1):25–40. Available from: <http://www.uel.br/revistas/uel/index.php/seminasoc/article/view/10326>
10. Santos CMC; Pimenta CAM; Nobre MRC. The PICO strategy for the construction of the research question and search for evidence. *Latin American Journal of Nursing*. 2007, v. 15, pp. 508-511. Available from: <https://doi.org/10.1590/S0104-11692007000300023>
11. Santos, MOR, Abreu MM, Migowski A, Engstrom ME. Decision aid for prostate cancer screening in Brazil. *Revista de Saúde Pública*. 2022, v. 56, p. 19. Available from: <https://doi.org/10.11606/s1518-8787.2022056003467>
12. Pereira KG, Cristo PMS, Barbosa OJF, Silva NLP, Galvão CFPA, Alves RC. Factors associated with masculinity in the early diagnosis of prostate cancer: narrative review. *Nursing (São Paulo)*. 2021, v. 24, n. 277, p. 5803-5818. Available from: <https://doi.org/10.36489/nursing.2021v24i277p5803-5818>

13. Demuner BB, Carrijo-Carvalho LC. Evaluation of risk factors and prostate-specific antigen in prostate cancer screening. *Journal of Medical and Biological Sciences*. 2021 Sep 29;20(2):235–9. Available from: DOI: <https://doi.org/10.9771/cmbio.v20i2.44049>
14. Biondo CS, Santos J, Ribeiro SB, Passos SR, Meira NBPA, Soares JC. Early detection of prostate cancer: performance of the family health team. *Actual Magazine in Costa Rica*. 2020, n.38 San José Jan./Jun. Available from: <http://dx.doi.org/10.15517/revenf.v0i38.38285>
15. Morais LGLR, Tosta SM, Santos J, Oliveira SJ. Men's knowledge about prostate cancer: the virility and stigma of the disease. *Rev. Saúde.Com* 2020; 16(2): 1832 – 1838. Available from: DOI 10.22481/rsc.v16i2.6336
16. Turri, SSG, Faro A. Health beliefs about digital rectal examination. *Brazilian Archives of Psychology*. 2018, vol.70 no.2 Rio de Janeiro may/ago. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1809-52672018000200005&lng=pt&nrm=iso
17. Rodrigues GI, Cavalcanti A, Costa C, Costa L, Jesus T, Pacheco ML et al. Prostate Cancer: possible obstacles to perform the detection test. *Master Teaching, Research and Extension Journal*. 2021, v. 6, n. 12, p. 11-17. Available from: <https://doi.org/10.47224/revistamaster.v6i12.219>
18. SILVA, GFJ, Silva SK, Barbosa RFD, Filho NNE, Almeida MD, Nascimento TJ et al. Prostate cancer with an emphasis on preventive health of men. *Brazilian Journal of Development*. 2020, v. 6, n. 10, p. 74532-74548. Available from: DOI:10.34117/bjdv6n10-034
19. Oliveira DSP, Miranda CVS, Barbosa HA, Rocha BMR, Rodrigues BA, SILVA MV. Prostate cancer: knowledge and interferences in the promotion and prevention of the disease. *Global Nurse*. 2019 Feb 19;18(2):250–84. Available from: https://scielo.isciii.es/pdf/eg/v18n54/pt_1695-6141-eg-18-54-250.pdf