Prostate cancer prevention

Risk, progression and recurrence

Prostate cancer is a common type of cancer in men in the United States, as well as a leading cause of cancer death among U.S. men.

When it comes to risk of developing prostate cancer — or having prostate cancer recur — there are several major risk factors that you can’t do anything about, such as being male, your age, family history and ethnicity.

Is there anything you can do? There probably is, and practicing healthy lifestyle habits is the leading candidate. Studies conflict on whether there’s a cause and effect between lifestyle factors and prostate cancer risk. However, most experts agree that healthy lifestyle habits make a difference. These lifestyle factors are important to help your body fight the tumor and also to tolerate any treatments.

The link between a healthy lifestyle and reduced prostate cancer risk is often strong. Moreover, it’s well-established that the leading cause of death among men with prostate cancer isn’t the cancer itself, which is often slow-growing. Rather, other health problems, such as a heart attack or other forms of cardiovascular disease, are more likely to result in death.

Fortunately, many lifestyle habits that may reduce your risk of prostate

Most experts agree that a healthy lifestyle makes a difference in reducing prostate cancer risk. In addition, lifestyle habits that may reduce the risk of prostate cancer are also proven to help reduce your risk of other serious health problems.
cancer are also proven to help reduce your risk of other serious health problems such as cardiovascular disease.

Basic preventive factors

If you’re looking for ways to prevent or avoid dying of prostate cancer, the greatest effect can likely be had by eating a healthy diet, maintaining a healthy weight, avoiding tobacco products and exercising regularly.

Eating a healthy diet with an emphasis on calorie control is generally associated with reduced prostate cancer risk — and more strongly associated with reduced risk of advanced disease. One study found that men who ate less than 14 servings of vegetables weekly were 50 percent more likely to develop prostate cancer than were men who consumed 28 or more servings.

Furthermore, heavy smoking appears to increase the risk of prostate cancer. This is particularly true among black men who have more than double the risk of prostate cancer if they're heavy smokers. Heavy smoking can also lead to additional complications from prostate cancer treatment. Finally, smoking appears to significantly increase risk of dying from prostate cancer if it develops.

Exercise is only modestly associated with a reduced risk of prostate cancer development. However, exercise — particularly vigorous exercise — is associated with a reduced risk of advanced prostate cancer and of dying of prostate cancer. In one study, men 65 or older who exercised vigorously for about 3 hours a week cut their risk of developing advanced cancer by a third and cut their risk of dying of prostate cancer by a quarter.

A healthy diet and staying physically fit are the primary ways to combat additional risk factors, including:

- **Being overweight or obese** — There appears to be an association between being overweight or obese and the risk of developing prostate cancer as well as how aggressive the tumors behave. One study found that the risk of dying of prostate cancer was increased 25 percent in those with a body mass index (BMI) of 25 to 29, 46 percent in those with a BMI of 30 to 34, and more than double in those with a BMI of 35 or more.

- **Having high blood insulin levels** — Researchers believe higher levels of insulin and related hormones — such as insulin-like growth factor-1 (IGF-I) — circulating in your blood fuel the growth of prostate cancer cells. Being overweight or obese — particularly with fat around the belly (central obesity) — contributes to increased insulin and IGF-I in the blood. So does being inactive and consuming too many refined carbohydrates — such as soda, refined grains, processed snacks and baked goods. In one study, men with the highest levels of circulating IGF-I had a 38 percent increased risk of developing prostate cancer.

- **Improving cholesterol** — Saturated fat intake, high levels of low-density lipoprotein (LDL), or “bad” cholesterol, and low levels of high-density lipoprotein (HDL), or “good” cholesterol have been associated with increased prostate cancer risk in some studies.

Dietary detail

A healthy diet emphasizes fruits, vegetables, whole grains, beans, nuts, legumes and healthy fats — such as those found in fish, avocados and healthier oils such as olive oil — and keeping intake of animal foods such as meat and dairy to a moderate or minimal level. In addition, specific categories of food may have an added benefit in terms of prostate cancer risk, including:

- **Cruciferous vegetables** — These include bok choy, broccoli, Brussels sprouts, cabbage, cauliflower, collard greens, kale, rutabagas and turnips. A recent review of research found that higher intake levels of cruciferous vegetables were associated with a 10 percent reduction in prostate cancer risk.

- **Flaxseed** — Lignans and omega-3 fatty acids in flaxseed may play a role in reducing the spread of prostate cancer. In one study, men with prostate cancer who took 30 grams of ground flaxseed daily had about half the proliferation of cancer cells than did men who didn’t take the daily flaxseed.

- **Soy** — Research indicates a modest preventive benefit with regular intake of soy products such as tofu or soy milk. However, research hasn’t shown if soy can slow prostate cancer progression.

- **Coffee and green tea** — Small studies have shown that green tea or green tea extracts may lower prostate cancer risk and slow progression. Research suggests a reduced risk of prostate cancer with increased consumption of regular coffee or decaffeinated coffee, with around a 50 percent reduction in risk with consumption of up to 6 cups daily.

- **Tomatoes** — Some studies have found that lycopene — an antioxidant that’s abundant in tomatoes, especially cooked tomatoes — is associated with reduced risk of prostate cancer.

Consider avoiding or minimizing:

- **Meat consumption** — A high intake

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Health tips

Using your blood pressure monitor

Get more accurate and consistent blood pressure readings from your home blood pressure monitor with these steps:

■ **Be consistent** — Try to measure your blood pressure at consistent times such as the morning and evening. Use the same arm.

■ **Take your blood pressure between 5 a.m. and 9 a.m. and before taking blood pressure medication** — For most people, this is when blood pressure is the highest. If your blood pressure is well-controlled then, it likely will be well-controlled at other times.

■ **Plan around eating** — Take a blood pressure reading before you eat, smoke, or use caffeine or alcohol, or wait at least a half-hour after you do so.

■ **Go to the bathroom** — A full bladder slightly increases your blood pressure.

■ **Take your blood pressure before exercise** — Blood pressure may be significantly different than usual after exercise.

■ **Sit correctly** — Sit with both feet flat on the floor. Stretch out your arm with palm upward on a table or arm of a chair so that your arm is even with your heart.

■ **Attach the cuff properly** — Place the cuff on your bare arm. Don’t roll up a sleeve so that it constricts the upper arm.

■ **Calm yourself** — Sit quietly for three to five minutes before taking a reading. Then rest quietly for about one minute and take a second reading — or even repeat the process for a third reading. The first reading will often be higher than subsequent readings.

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of animal products is associated with an increased risk of prostate cancer. In particular, avoid processed meats and meats that were cooked on high heat or over charcoal.

- **Excess dairy and calcium** — Excessive amounts of dairy and calcium appear to increase the risk of prostate cancer, but the research is inconclusive. It may be that there’s something about dairy that’s more likely to increase prostate cancer risk than is calcium from nondairy sources. Keep dairy intake to low or moderate levels. Calcium intake from other sources should be no more than the recommended daily amounts of 1,000 milligrams (mg) for men ages 51 to 70 and 1,200 mg for men age 71 and older.

- **Supplements** — In general, get your nutrients from food, not supplements, unless directed by your doctor and with the possible exceptions of calcium and vitamin D. Several vitamins and minerals have been studied for their effects on prostate cancer risk, including multivitamins, zinc, selenium, vitamin E and folic acid. Taken in supplement form, none has shown a benefit in preventing prostate cancer, and some appear to increase the risk of prostate cancer, particularly selenium and vitamin E.

**Progression and recurrence**

Less is known about preventing progression of prostate cancer or recurrence. It’s generally assumed that steps taken that may prevent prostate cancer may also slow progression or help prevent recurrence. In particular, obesity, lack of exercise, smoking, and a diet high in animal foods and refined carbohydrates appear to be associated with cancer progression and aggressive cancer.

Psychological effects are an additional concern for men diagnosed with prostate cancer — or treated for it. They may experience anxiety about disease progression or recurrence, fatigue, or depression related to treatment or treatment side effects such as altered sexual function. Partners also commonly experience psychological effects related to the disease.

Address your concerns with your prostate cancer care team, a doctor, a counselor or other sources of support. On your own, you can decrease your anxiety about cancer by getting good sleep, cultivating social connections, addressing anger and cynicism, laughing, meditating and finding activities that give you purpose.

Reduced stress and worry is not only good for quality of life, it can also improve your motivation to make healthy lifestyle changes to reduce the risk of disease progression or recurrence. It may also keep you motivated to seek follow-up care with your doctor for tests that can catch progression or recurrence of cancer at an early and likely more treatable stage.

Obesity, lack of exercise, smoking, and a diet high in animal foods and refined carbohydrates appear to be particularly associated with cancer progression and aggressive cancer, as depicted above.
News and our views

Beware of heartburn during naps

You’ve just finished lunch and you relax on the couch to read a book. It won’t take long for you to doze off for a refreshing afternoon nap. But if you have gastroesophageal reflux disease (GERD) and its associated heartburn, you may want to reconsider how you go about napping.

For many people, GERD symptoms are problematic during the night. Added to that, a recently published article in Clinical Gastroenterology and Hepatology suggests that daytime naps may cause even more-frequent, longer lasting episodes of GERD than those that occur while sleeping at night. The study was small, with 15 participants, and data was only collected over a 24-hour period. Still, the participants’ acid reflux was measured quite accurately with a temporarily implanted sensor placed in the lower esophagus. Sleep was accurately measured by a motion-sensing device.

The study found greater exposure to reflux acid in the lower esophagus during the nap than during nighttime sleep. Participants also reported more GERD symptoms with napping than with sleeping.

Study authors didn’t discover exactly why GERD seemed more prominent with naps than sleep. In addition, an accompanying editorial questioned whether GERD only seems more prominent in naps simply because naps are shorter and most reflux occurs during the first few hours of nighttime sleep.

Regardless, Mayo Clinic doctors say an important takeaway is that GERD can clearly happen during naps. If you have GERD, taking appropriate steps to minimize reflux before naps is just as important as taking steps to do so before bedtime. In addition to working with your doctor to explore whether a stomach acid-reducing medication may be appropriate, try the following:

- Eating only a small amount — or nothing at all — before a nap.
- Waiting at least three hours after eating before taking a nap so that food has a chance to move from the stomach into the small intestine.
- Loosening your belt or any other form of tightness that puts pressure on your abdomen, forcing up reflux.
- Using gravity to help keep reflux down by raising the head of your bed about 6 inches by placing bricks or wooden blocks under the pillow-end legs. Napping in a reclining chair works, too. Raising your head with extra pillows isn’t effective and can actually make the problem worse because it causes food from the stomach to be pushed into the esophagus.
- Giving up tobacco — which can increase stomach acid — and maintaining a healthy weight so that added pounds don’t crowd the stomach.

Low testosterone

Deciding what to do

Testosterone therapy is often portrayed as an anti-aging formula for men. It’s touted to increase muscle mass, sharpen memory and concentration, boost mood, and improve sex life. Yet the role of testosterone in men’s health, and the benefits of testosterone therapy for age-related decline in testosterone, aren’t as clear as they might seem. In fact, testosterone is a lot more complex than you might think.

Role of testosterone

Testosterone is a hormone produced primarily in the testicles. It helps maintain male sex drive and sperm production, and also contributes to red blood cell production, muscle strength and mass, bone density, and fat distribution. As you get older, your testosterone level gradually declines — typically about 1 percent a year after age 30. About 20 percent of men older than 60 and about half the men older than 80 have what’s considered low testosterone.

Testosterone can be measured using a simple blood test. A diagnosis of low testosterone means you have a level of testosterone below what’s considered normal for young men. In addition to normal aging, low testosterone can be caused by testicular problems or problems with the pituitary gland.

With age, the amount of testosterone that’s freely available for the cells to use also tends to decrease relative to the total amount of testosterone in the body. An age-related decline in testosterone may produce symptoms that are similar to those of low testosterone. These might include reduced sexual desire, erection problems, insomnia, trouble concentrating, decreased motivation or sadness, increased body fat, reduced muscle bulk and strength, and decreased bone density. However, these
symptoms can also be caused by other problems, such as medication side effects, thyroid problems, stress, lack of physical activity or alcohol abuse.

**Not so simple**

On the surface, the solution seems easy. If a lack of testosterone is causing problems, why not just replace it? For men with low testosterone, testosterone therapy is generally safe and beneficial. But for age-related testosterone decline, the risk-benefit analysis gets trickier. Testosterone levels vary greatly among men and the effects are unique. Some men have a lower than normal testosterone level without any signs or symptoms. Others may have symptoms but a normal level of testosterone.

At the tissue level, things get even more complex. Scientists are finding that different tissues and organs interact with testosterone in different ways. For example, a recent study analyzed the effects of varying levels of testosterone suppression on healthy young men. The investigators found that the level of testosterone required to avoid fat gain and loss of sexual desire is higher than what’s needed to preserve muscle mass and strength. In other words, the type of symptom may vary according to the level of testosterone available.

In addition, the way testosterone is metabolized is important. A type of enzyme called an aromatase acts on testosterone to produce small quantities of estrogen. Just as women need a bit of testosterone to balance and complement estrogen production and function, men need a small amount of estrogen to balance out their testosterone.

To distinguish the effects of estrogen from testosterone, the investigators suppressed the conversion of testosterone into estrogen in one group but not in the other. The group lacking estrogen experienced a significant increase in body fat. In addition, libido and erectile function appear to be directly dependent on both estrogen and testosterone.

Nuances such as these can have implications for treating low testosterone. For example, doctors now understand that certain signs and symptoms, such as fat gain or lack of arousal, are more likely with mild testosterone deficiency.

**Testosterone replacement**

Whether older men would benefit from testosterone therapy remains unclear. Although some men believe that taking testosterone medications may help them feel younger and more vigorous as they age, few rigorous studies have examined testosterone therapy in men who have healthy testosterone levels — and studies to date have had mixed results.

In one such study, healthy men who took testosterone medications increased muscle mass but didn’t gain strength and showed no benefits to bone density or mental skills. It’s possible that the body reacts differently to testosterone that’s produced within the body versus testosterone that comes from outside the body.

It’s also important to consider possible risks associated with testosterone therapy. Growth of the prostate — both noncancerous (benign prostatic hyperplasia) and cancerous — is partially dependent on testosterone. Theoretically, supplements of testosterone might increase the risk of these prostate diseases. However, not enough long-term studies have been conducted to find out for sure.

Some evidence suggests that testosterone therapy may increase the risk of serious heart problems, including heart attack. Research on the potential heart risks of testosterone therapy is ongoing.

The Food and Drug Administration (FDA) emphasizes that testosterone therapy isn’t approved for symptoms associated with normal aging and warns against overuse of testosterone. The FDA also has issued a warning based on postmarket reports that testosterone therapy may increase the risk of a blood clot in a deep vein (deep vein thrombosis), which could break loose, travel through the bloodstream to the lungs and block blood flow (pulmonary embolism).

Other effects of testosterone therapy might include an increase in red blood cells, acne or skin reactions, reduced sperm production, and less commonly, breast enlargement or testicle shrinkage.

In addition, oral testosterone, taken as a pill or tablet, isn’t recommended for testosterone replacement. It can damage the liver, harm cholesterol levels and heart health. These effects can be avoided with a testosterone injection.

**When to talk to your doctor**

If you’re experiencing signs and symptoms that might be the result of low testosterone, talk to your doctor, who can evaluate possible causes and explain possible treatment options.

If you’re found to have low testosterone, your doctor likely will do further testing to determine the cause. If you’re advised to take testosterone, you’ll likely be started on a low dose and be monitored for any problems as well as any improvement. Symptoms that don’t improve with therapy aren’t due to testosterone deficiency, and treatment will need to be reconsidered.

Testosterone plays an important role in male reproductive functions, but also in maintaining bone density, muscle mass and red blood cell production.
Blood pressure

Tracking it at home

Most medical tests require a visit to a health clinic. But after your initial diagnosis of high blood pressure, you were pleased to learn that monitoring your blood pressure is something you could do at home. In fact, the American Heart Association and other organizations recommend home monitoring for anyone who has high blood pressure.

Home blood pressure monitoring has advantages that complement your scheduled doctor’s visits, including:

- **Identifying your usual blood pressure** — A visit to a doctor’s office can cause blood pressure to rise or fall, resulting in a blood pressure reading that isn’t representative of a typical reading.
- **Better tracking of treatment progress** — Since high blood pressure has no symptoms, the only way to know if treatment is working is to check blood pressure regularly. Your at-home blood pressure records can provide vital information to your doctor.
- **Promoting better control** — Taking responsibility for your blood pressure readings may motivate you to follow-through with steps to improve blood pressure, such as eating a healthier diet, getting regular exercise and activity, and taking medication properly.
- **Cutting health care costs** — Although there’s the initial investment of purchasing a home monitoring device — which can range from $50 to $100 — you’ll likely be able to cut down on the number of doctor’s visits you’ll make for blood pressure care.

Monitor types

Although there are many brands of blood pressure monitors with a wide variety of features, the main categories of monitor include:

- **Traditional aneroid monitors** — These include an arm cuff with an attached dial and a stethoscope. They’re similar to what’s used in a doctor’s office.

They’re low-cost and accurate, but more difficult to use than other options and will likely require some training. They’re not commonly recommended for home use due to their difficulty.

- **Automatic arm cuff monitors** — These devices are the most popular and most accurate automatic monitors. They consist of an arm cuff attached to a digital readout device. Once the cuff is in place, it inflates at the touch of a button, takes your blood pressure reading, and then deflates automatically.

Getting the appropriate cuff size for your arm is critical to accuracy. Have your doctor measure your upper arm to determine proper cuff size, particularly if you have a large upper arm. Ideally, the inflatable bladder in the cuff covers 80 percent of your upper arm.

- **Automatic wrist cuff monitors** — These devices feature a cuff that goes around the wrist. To get an accurate reading, it’s very important that your hand and wrist be at heart level. These aren’t as accurate as monitors with an upper arm cuff, but they can be a good option for people who can’t have their upper arm compressed, such as those who have had a bilateral mastectomy or are getting kidney dialysis through their arm. In addition, people with very large upper arms may find the wrist cuffs more practical to use than the very large cuffs required by upper arm devices.

- **Automatic finger monitors** — Monitors that measure blood pressure at the fingertip aren’t accurate and therefore aren’t recommended.

If you have an irregular heartbeat, check with your doctor before you purchase any blood pressure monitor, as it may not give you an accurate reading. Some newer automatic devices can sense an irregular pulse accurately. This feature, if present, is generally listed on the product packaging.

Doing it right

After you purchase a blood pressure monitor, take it with you to your next doctor’s visit. In addition to making sure the device works properly, your doctor or nurse can teach you how to use it properly. Proper technique is as important as an accurate device.

Your doctor can also help you determine blood pressure goals and how frequently to take measurements. For people with well-controlled blood pressure, readings can be taken less frequently — perhaps only a few days each month. Your doctor may recommend more frequent testing in some circumstances, such as if you’re just starting with home monitoring or making changes in medications or other treatments.

Future steps?

Taking self-monitoring of blood pressure a step further, recent research indicates that allowing people to make adjustments to blood pressure medications on their own — within clear guidelines provided by their doctor — can be safe and effective. This practice has been implemented in England and other countries, and is just beginning in the United States.

But it may become much more common soon, in part due to the potential for cost savings and in part due to results. In two studies, people in the self-adjustment group achieved blood pressure reductions that were about 5 to 9 millimeters of mercury (mm Hg) below the reductions achieved by study participants receiving their usual doctor’s care.
Retinal detachment

Know the warning signs

Many vision changes associated with aging are simply annoying. However, some serious eye disorders can lead to vision loss and permanent blindness if left untreated.

In particular, a sudden new onset of or increase in the number of flashes or floaters can be a sign of a retinal tear or retinal detachment, a medical emergency that requires prompt attention.

Sags and tears

The large internal cavity of your eye (vitreous cavity) is filled with a clear substance called the vitreous. Eye floaters are caused by small bits of debris floating in the vitreous. They may appear as spots, hairs or bits of string that dart into your field of vision.

With age, the vitreous changes in consistency and partially liquefies. This causes it to shrink and pull away from the interior surface of the eyeball (posterior vitreous detachment or separation). This causes the vitreous to become more fibrous and stringy and to develop the bits of debris. You may see flashes of sparkling lights that may become more obvious when your eyes are closed, when you’re in a darkened room or when you shift your eyes from side to side.

Posterior vitreous detachment is common in older adults and by itself doesn’t require treatment. It occurs in nearly a quarter of adults between the ages of 50 and 59, increasing to almost 90 percent in those older than 80.

However, when the pull of a sagging vitreous becomes strong enough, the retina may tear, forming a small, jagged flap on its surface. Small retinal holes also may develop where the retina has simply become thin.

These small holes generally seal themselves and require no treatment. But when there’s a retinal tear caused by tugging or traction by the vitreous, fluid from the vitreous cavity can seep through the tear, causing the retina to float away from underlying layers. As liquid collects under the retina from continued leakage, the detachment expands, like wallpaper blistering off a wall. Areas where the retina is detached can no longer be nourished well, function deteriorates, and vision begins to blur and progressively deteriorate.

Causes of a retinal detachment — other than the cause related to a spontaneous posterior vitreous detachment — include trauma or injury to the eye, advanced diabetes, or an inflammatory eye disorder. A personal or family history of retinal detachment, extreme nearsightedness, or previous surgery, injury or a disorder involving the eye may increase your risk.

When to see your eye doctor

Retinal detachment is painless. But events leading up to it — such as posterior vitreous detachment or vitreous separation and the development of a retinal tear — frequently produce warning signs such as:

- Sudden appearance of many floaters
- Sudden flashes of light
- Sudden blurring in your peripheral vision
- A shadow or a curtain falling over a portion of your visual field as the detachment progresses

If you experience any of these signs or symptoms, see your eye doctor. The sudden onset of flashes and floaters usually indicates an acute vitreous separation. It’s vital that the eye be urgently examined to look for one or more retinal tears. Prompt treatment of a retinal tear or early detachment is critical to saving your vision.

Your eye doctor (ophthalmologist) can determine if you have a retinal tear or detachment by carefully examining the retina with an ophthalmoscope, a tool that gives your doctor a detailed view of the inside of your eye. Even if a tear is not identified at this visit, your doctor may ask you to return within a few weeks to confirm that your eye hasn’t developed a delayed tear. If you experience new symptoms, return to your doctor right away.

Treatment

Surgery is the only effective therapy for a retinal tear, hole or detachment. Time is critical in determining the prognosis and how to proceed. Surgery is usually performed on an outpatient basis under local anesthesia.

If a tear or hole can be treated before detachment begins, much or all of your vision can be preserved and detachment prevented. Treatment involves sealing the retina with a laser (photocoagulation) or freezing (cryopexy) the retinal tissue around the tear to create a delicate scar, which will bind the retina to the underlying tissue.

If your retina has detached, your eye surgeon may use photocoagulation or cryopexy along with another procedure to help repair the detachment.

After surgery, it may take several weeks for your eye to heal. Unfortunately, treatment doesn’t guarantee full vision recovery nor does it guarantee that another tear or retinal detachment won’t occur. Your eye doctor will likely want to follow up with you at regular intervals to check for problems.

Retinal detachment occurs when the retina pulls away from the wall of the eye. In this case, the retinal detachment has been caused by a retinal tear. Retinal detachment is a medical emergency. It’s often accompanied by flashes and floaters in your vision.
Second opinion

Q I’ve developed waxy, brown spots on my skin. Are they potentially dangerous? What’s the best way to get rid of them?

A What you describe may be seborrheic keratoses (seb-o-REE-ik ker-uh-TOE-sees) — commonly referred to as aging spots. Seborrheic keratoses are some of the most common, noncancerous skin growths in older adults. They’re not cancerous or precancerous.

Seborrheic keratoses usually appear as brown, black or light tan growths on the face, chest, shoulders or back. The growths have a waxy, scaly, “stuck on” appearance. Occasionally, they appear singly, but multiple growths are more common. Their cause is unclear.

Although they may sometimes be itchy, these growths are typically painless and don’t require treatment. But if they become bothersome or irritated by clothing or you just don’t like the way they look or feel, there are several ways a dermatologist can remove them.

One common method, especially if several growths are being removed, is to freeze the growths with liquid nitrogen (cryotherapy). A few days after treatment, the seborrheic keratoses fall off. Blisters or scabs may develop afterward but this will heal within a few days.

Another option is to apply heat (cauterity) to the growth after the area’s been numbed. The heat, which comes from an electric charge, softens the growth so that it can be removed with a cotton swab or a scoop-shaped instrument (curet).

Laser therapy is another option, but it’s generally more expensive and no more effective than other methods.

Cauterization generally results in darker pigmentation of the treated skin area, whereas cryotherapy usually leads to lighter pigmentation. Talk to your dermatologist about which method may be best for your skin tone.

Q As an older adult male, I have regular episodes of very high sex drive that I’d like relief from. This seems abnormal, but I’m reluctant to talk to my doctor about it.

A In one sense, a robust sex drive could be a sign of health in an older adult. However, it’s possible that an elevated sex drive could be a sign of a medical problem. Potential causes of a high sex drive could be just about anything that affects the brain chemicals or hormones responsible for sexual interest, including dopamine, serotonin or testosterone. This can include conditions that affect the brain such as Parkinson’s disease, multiple sclerosis, a brain tumor or forms of dementia such as Alzheimer’s disease. Medications also can have an effect.

Dopamine-stimulating drugs for Parkinson’s disease are the most common culprit. These drugs include bromocriptine (Parlodel), pramipexole (Mirapex), ropinirole (Requip) and rotigotine (Neupro). Pramipexole, ropinirole and rotigotine may also be prescribed for the sleep disorder restless legs syndrome.

Your doctor is the best person to help look at your health situation and identify possible contributing causes to your increased sex drive.

One consideration is how much the condition impacts your life. This can help guide you and your doctor in the lengths you go to address the unwanted sex drive. It’s possible that better management of a disease or medication adjustments could provide satisfactory relief. Counseling with a certified sex therapist to better learn how to manage behaviors and thinking could provide the tools to make the problem less distressing. A listing of certified sex therapists can be found at www.aasect.org. Certain antidepressant drugs are another option.

Have a question or comment?
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