ASK THE DOCTOR: Prostate drugs made me pile on the pounds

By **Martin Scurr For The Daily Mail**, www.dailymail.co.uk
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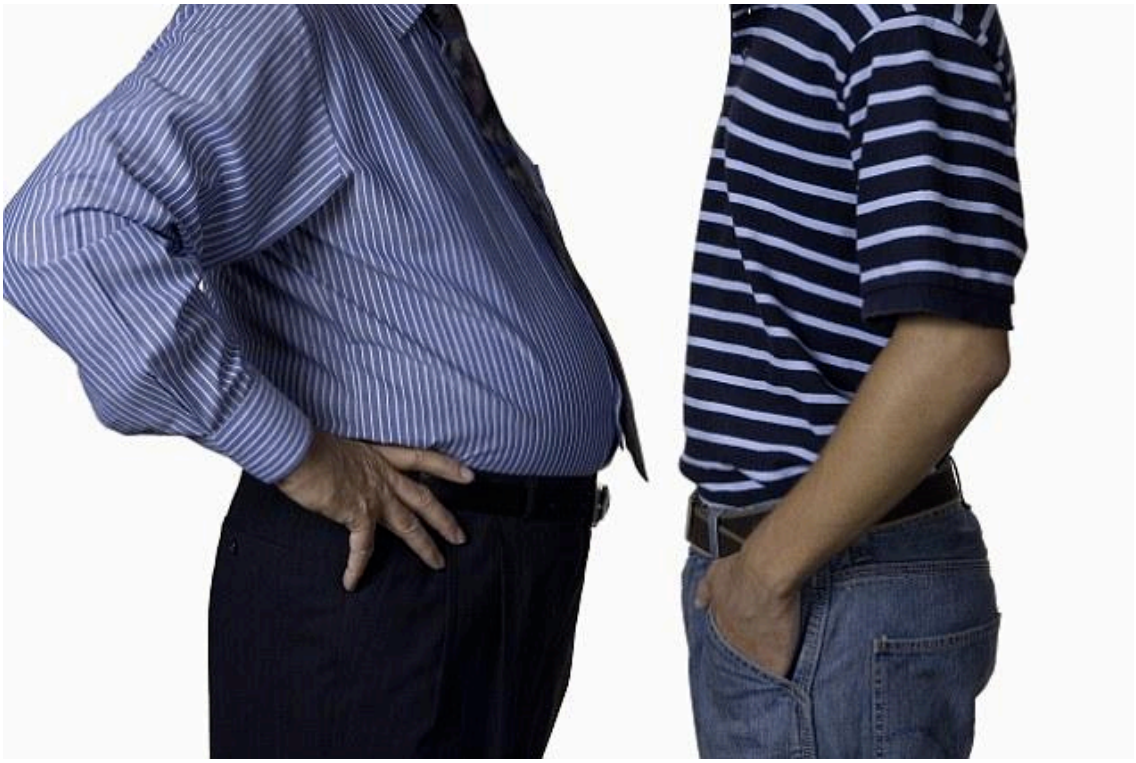
Following hormone therapy for prostate cancer in 2011 and radiotherapy in 2012, my waistline has ballooned to 38 in. Despite being very fit - I lift weights and go power-walking - I cannot shift the extra four or five inches even with sensible eating. Are there any procedures I can try? I hate it and my clothes don't fit.
Jon Cole, Portsmouth.
The aim of hormone therapy in prostate cancer is to deprive the prostate tissue - and specifically the cancerous cells - of the male hormone testosterone.



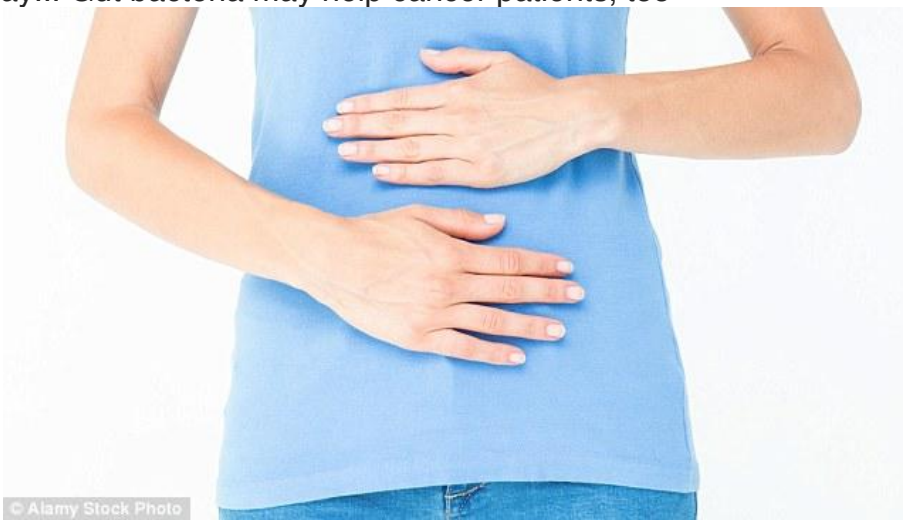
Hormone therapy in prostate cancer has a knock-on effect on metabolism and this encourages weight gain

That is because testosterone in effect feeds the cancer cells and encourages them to grow. In turn, reducing the supply of this hormone shrinks the cells that have turned cancerous.
The hormone therapy itself normally takes the form of injections or implants, using drugs such as goserelin or leuprorelin, or tablets such as bicalutamide or cyproterone - these either suppress the production of testosterone in the body or

block its action.
However, despite the potential life-saving benefits, there are a number of side-effects that may affect the quality of life.
One of the main drawbacks is that testosterone plays a role in building and maintaining muscle strength.
Blocking its impact can therefore cause a loss of muscle - muscle is important for burning up calories. So with less muscle, you put on weight more easily.

At the same time, the hormonal changes the treatment brings have a knock-on effect on metabolism and this encourages weight gain, especially around the middle.
This is what has happened in your case.
There may also be weight gain elsewhere. A resulting change in the ratio of male hormones to female hormones in their system means many men also experience gynaecomastia, which leads to an increase in breast tissue - what some refer to as 'moobs' - and breast tenderness.
The changes in the body chemistry also cause a rise in cholesterol levels and increase the body's resistance to insulin - so raising the risk of type 2 diabetes.
Unfortunately, there is no easy answer for you.
You are already committed to a sensible regular exercise regimen, a combination of aerobic activity and weight training, so do adhere to this diligently.
There are no procedures or drugs to help shed the added fat that has caused the increase in your girth, but I would recommend that you consider a major change to your diet.
One of the best descriptions of the diet I suggest you adhere to is set out in the book Whole, by T. Colin Campbell, which details a move towards a mainly plant-based diet while reducing carbohydrate and animal fat intake.
This improves your microbiome - the collection of bacteria in the large intestine, which has a profound influence on many aspects of our metabolism - and also considerably reduces calorie intake. The eating regimen is not exclusively vegetarian, but it is nutritious and may prove to be a revelation to you.
FOR most of my life I have had abdominal issues and undergone many tests.
Eight weeks ago, I started suffering from abdominal discomfort - as well as stomach pain and cramping, I had constipation, bloating and excessive wind.
The GP, a locum, prescribed heartburn medication, lansoprazole, at a dose of 30mg, once a day.
Two weeks later, I was much improved, so he cut the dose to 15mg a day with another follow-up in a fortnight.
This time I saw one of the regular GPs who has referred me for an inspection of the bowel. What confuses me is that my symptoms sound like IBS, but my GP disputes it because of my age. Can one get IBS later in life? I am 76 with a healthy lifestyle.
George Gilbert, Preston.
Your confusion is understandable.

You must find it especially perplexing given the fact you appear to have shown an improvement with lansoprazole, a medication which suppresses the stomach's acid production.
However, I should add that none of the symptoms you list are typical of those that occur in response to acid damage, such as heartburn or ulcer-type pain.
I do agree that your symptoms are typical of those seen in a patient with irritable bowel syndrome (IBS).
However, the key point, and your usual GP is adhering to this, is that IBS is a diagnosis of exclusion. What I mean is there is no test or investigation that proves conclusively that someone has IBS.
This conclusion can only be made when other possibilities have been ruled out. Medical students are told to be properly cautious and to always question a diagnosis, and your GP is showing proper caution.
Despite the fact that you have had a lifetime of abdominal symptoms, the cramping abdominal pain in conjunction with constipation and an alteration of bowel habits mean that a colonoscopy, an inspection of the large bowel using a thin flexible tube, is mandatory.
A blood test will also offer, in part, a check for anaemia, which could be due to loss of microscopic amounts of blood in the stools that could indicate a structural problem within the bowel.
A colonoscopy will check for stricture (narrowing) of the large intestine, which could occur from a number of causes.
Only if these investigations are negative will your GP agree with the IBS diagnosis, and possibly revert to the treatment that, somehow, proved to be of value earlier - even though lansoprazole is not typically prescribed to treat IBS.
In answer to your question, it is possible to develop IBS later in life, but the conclusion can only be drawn after full and proper investigation. Your GP is being diligent and I urge you to proceed with the tests suggested.
By the way... Gut bacteria may help cancer patients, too



'Adding certain friendly bacteria to the intestine greatly improves the success rate of immunotherapy'

Sewage has long been of great interest to me. As a schoolboy 50 years ago I had to give a lecture to the Waterton Society, our biology club.

I chose the subject of the biology of sewage disposal, only to find posters around the school advertising the talk as 'Scurr on Sch… you know what.' (In that era there was an advertising campaign for Schweppes Indian tonic water, which used the slogan: 'Sch… you know who.')

Now, five decades later, those friendly microbes in the last few feet of the intestine - previously only viewed as sewage, a waste substance and the source of much crude humour - are now known to be a health boon, and my own enthusiasm for what we are learning about the microbiome continues unabated.

Some recent research underlines a vital role that the billions of bacteria in our intestines play - a study has shown that these bugs have an ability to influence our immune responses to cancer - and specifically, how the body responds to cancer treatment.

Write to Dr Scurr

To contact Dr Scurr with a health query, write to him at Good Health Daily Mail, 2 Derry Street, London W8 5TT or email drmartin@dailymail.co.uk - including contact details.

Dr Scurr cannot enter into personal correspondence. His replies cannot apply to individual cases and should be taken in a general context. Always consult your own GP with any health worries.

Increasingly, the immune system is being harnessed to obliterate cancer cells in a technology known as immunotherapy. Normally, cancerous cells trigger a response by T-cells - important components of the immune system - which kill them off.

However, sometimes the cancer causes these T-cells to produce molecules that act as a brake on their own destructive function.

Now scientists have been able to derive antibodies that block these molecules, so the T-cells can do their job properly.

Unfortunately this dramatic turnaround does not work in all cases, and this is where the microbiome comes in.

Animal research has shown that adding certain friendly bacteria to the intestine greatly improves the success rate of immunotherapy - the enhanced microbiome turbo-charges the killer cells.

These studies pave the way for some very important advances in cancer treatment. They also potentially open avenues of cancer prevention through encouraging dietary changes that rejig and preserve the quality of the microbiome.

There is a whole new world ahead in healthcare - and it's all about sewage, it seems.