

Prevention and control of diseases and health conditions

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Prevention and Control of Diseases Q1. Screening refers to that appliance of a medical process to those people who have no signs of a particular disease. The main aim of screening is determining the probability of having a disease. Therefore, a screening program that will find diseases that affect people less often in the community could benefit few people, thus why the most important aspect to consider before carrying out a massive community screening, considering relative costs and resources is a program that will screen for diseases that are common. The common diseases should be given the priority since it will help more people (McKenzie, Pinger, & Kotecki, 2012).

Q2.

In the time of menopause, women experiences declining level of progesterone and estrogen thus having symptomatic changes for women. However, HRT can be an efficient treatment for the typical menopause symptoms. According to studies on HRT, they should that the risk: benefit ratio can rise significantly for those women with ages 60 years and above. The risk involved such as stroke, breast cancer, endometrial cancer, ovarian cancer among others complications might have been the main thing that went wrong in the clinical studies (OConnor-Fleming, & Parker, 2008).

Q3.

HPV is said to be the most common American's sexually transmitted disease. Merck Pharmaceuticals having introduced a vaccine that protects against the sexually transmitted virus raises many concerns, not on the issue of risks but on the issue of ethics. In my opinion, I think the vaccine will make things worse rather than good. On the issue of ethics, the vaccine will lead to some

women letting their guard down when it concerns annual gynecological exams and safe sex (McKenzie, Pinger, & Kotecki, 2012).

Q4.

On the issue of breast cancer, the age bracket is not relevant considering the past statistics on the range of women who have died of breast cancer.

According to the Canadian National Breast Screening Study, 5% of the screenings are positive or suspicious, but the 80-93 % is false positives that cause anxiety to many, however, on public perspective, this shows that the hospitals undertaking the screening might be using tests have questionable accuracy. I believe the 5% is worth saving, considering the limited resources and screening in any age group is not justifiable (OConnor-Fleming, & Parker, 2008).

References

McKenzie, J. F., Pinger, R. R., & Kotecki, J. E. (2012). An introduction to community health. Sudbury, MA: Jones & Bartlett Learning.

OConnor-Fleming, M. L., & Parker, E. A. (2008). Introduction to public health. Sydney, N. S. W: Elsevier Churchill Livingstone.