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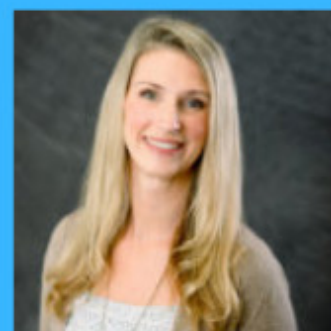
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Health screenings men should discuss with their physicians

Routine doctor visits are a vital component of a healthy lifestyle. As noted by the U.S. National Library of Medicine, even men who feel healthy and live active lifestyles must make routine visits to their healthcare providers. Such visits can assess risk for future medical problems and offer men the opportunity to update vaccinations. Routine health checkups also give doctors a chance to screen for medical issues.

Doctors consider a man's age and other risk factors to determine when and how frequently he will need certain medical screenings. For example, while men between the ages of 40 and 64 are often advised to get blood pressure screenings at least once per year, those with diabetes, heart disease, kidney problems, and other conditions may need more frequent screenings.

No two men have the same medical histories, which only highlights the need for men of all ages to schedule annual physical exams with their physicians. Such exams can reveal potential problems and also make for great opportunities to discuss more specific medical screenings with their physicians. The following are some general screening tests and guidelines recommended for all men between the ages of 40 and 64, courtesy of the USNLM.

Prostate cancer

The USNLM notes that most men age 50 or older should discuss screening for prostate cancer with their physicians. Ethnicity and family history are some of the recognized



risk factors for prostate cancer. As a result, African American men and men with a family history of prostate cancer in a first degree relative younger than 65 should discuss screenings beginning at age 45. There are pros and cons to prostate cancer screenings, and these should be part of men's discussions with their physicians.

Colorectal cancer

All men between the ages of 50 and 75 should be screened for colorectal cancer. Physicians may recommend colorectal screening for men under age 50 with a family

history of colon cancer or polyps. In addition, physicians may consider screenings for men under 50 who have a history of inflammatory bowel disease.

Cholesterol

The USNLM advises men to have their cholesterol levels checked every five years. Men with certain conditions, such as diabetes and heart disease, may need to be checked more often.

Diabetes

Diabetes screenings are recommended every three years for men age 45 and older. Men who are overweight and younger than 45 should ask their physicians if they should be screened before they reach 45.

Osteoporosis

Women are more likely to develop osteoporosis than men, but that doesn't mean men are immune to this condition marked by a weakening of the bones due to tissue loss. Fractures after age 50, heavy alcohol use, smoking, and low body weight are some risk factors that can make men vulnerable to osteoporosis.

Health screenings can catch diseases and other conditions in their early stages when they're most treatable. Such screenings should be a vital part of men's health routines.

Strategies that can help build strong immune systems

A strong immune system can go a long way toward ensuring one's overall health. But bolstering one's immune system is no small task, as even medical researchers admit there is still much to learn about the links between lifestyle and immune function.

The Harvard Medical School notes that a strongly functioning immune system requires balance and harmony. So it stands to reason that a highly unhealthy lifestyle will compromise the immune system, but it's also worth noting that pushing the body too hard in the other direction also can adversely affect immune function.

Researchers continue to study the potential links between immune response and variables such as diet, exercise, age, and psychological stress. Though studies are ongoing, the Harvard Medical School notes that the immune system is bolstered by various strategies associated with healthy living.

- **Don't smoke.** Smoking is linked to a host of diseases and ailments, so it's no surprise that it also compromises the immune system. The National Cancer Institute notes that cigarette smoke contains high levels of tar and other chemicals, which compromise the immune system's ability to effectively combat infections. The effects of smoking on the immune system are both immediate and long-term. Smokers' immune systems may not be able to fend off common infections like the common cold as effectively as the immune systems of nonsmokers. And over time, as smokers keep smoking, their immune systems will continue to weaken, which the NCI says makes them more vulnerable to autoimmune diseases such as rheumatoid arthritis and multiple sclerosis.

- **Eat a healthy diet.** There is no magical food or foods that can strengthen the immune system to a point where infection is impossible. However, the Cleveland Clinic notes that a balanced, healthy diet that includes a mix of vitamins and minerals plays a role in strengthening the immune system. Fresh fruits

and vegetables contain a bevy of vitamins and antioxidants that help the immune system fight off potential infections. Many people bemoan the absence of fresh fruits and vegetables at their local grocery stores during certain times of the year. But the Cleveland Clinic notes that manufacturers typically freeze fruits and vegetables at peak ripeness. That means frozen fruits and vegetables provide similar nutrition to fresh fruits and vegetables during those times of year when foods are not in-season.

- **Exercise regularly.** Like a healthy diet, routine exercise provides a host of benefits, and one such benefit is its impact on the immune systems. The U.S. National Library of Medicine notes that the precise relationship between exercise and immune system function remains a mystery. Some researchers suspect that physical activity may flush bacteria out of the lungs and airways, reducing one's risk of getting a cold, flu or other illness. Another theory suggests that exercise causes changes in white blood cells, which the immune system uses to fight disease. These exercise-related changes may make it possible for the cells to detect illnesses earlier than they would if the body was not exercised regularly. While it's important to note that these are just theories, the Harvard Medical School suggests that it's reasonable to consider moderate regular exercise an important component of a healthy, immune-boosting lifestyle.

- **Don't buy the hype.** Men and women interested in boosting their immune systems will no doubt find many products claiming to do just that. The Harvard Medical School urges consumers to be skeptical of such products, many of which make dubious claims that are not rooted in recognized scientific research.

The immune system remains a mystery in many ways. But several healthy strategies may help people bolster their immune systems and potentially reduce their risk of infection.



Talk to your loved ones about organ, tissue donation

The conversation with your family about being an organ, eye and tissue donor can be uncomfortable to think about. Yet when a loved one passes suddenly, family members can find themselves facing a hard decision that may be riddled with doubt; a situation that is made easier if you are a registered donor and they know about your decision. According to Mid-America Transplant, 98 percent of organ recovery and 91 percent of tissue recovery was possible because individuals were registered. People want to honor their loved ones' decisions. So, make it easier for them. Research organ, eye and tissue donation, determine what is best for you, register as a donor at www.MissouriOrganDonor.com, and then talk to those you love. If you choose not to be a donor, let your loved ones know that too.

How do you have that heartfelt conversation?

Prepare. Think about the questions your loved ones might ask. Seek the answers. Prepare in advance for the conversation; preparing will make it more relaxing for you and your loved ones.

Talk/Discuss. Start the conversation. Discuss your decision at a time and place where you and your loved ones are already comfortable talking about tough issues. Inform any others who may need to know. Include in your conversation:

- Your decision and why their support is important to you.
- Listen openly to their concerns and talk about those concerns. You may need to give your loved ones some time to think more about what you shared.
- If there is a question or concern raised that you are not familiar with, consider finding the answer together.
- Explain how your decision can help people waiting for a life-saving transplant.

Encourage. If loved ones want to learn more about organ, eye and tissue donation, share what you have learned and encourage them to learn more and register to be an organ, eye and tissue donor at www.MissouriOrganDonor.com.

How to keep back pain at bay

Back pain is a part of life for many people. The American Chiropractic Association says 31 million Americans experience low back pain at any given time, and experts estimate that up to 80 percent of the population will experience back pain at some point in their lives. WebMD says back pain is the second most common reason people visit the doctor.

Back pain can take on various forms, ranging from a dull ache to a sharp pain. Some may experience intermittent back pain, while others may have chronic back pain. The causes can be considerable, from injury to underlying medical conditions. Alleviating back pain — or preventing it in the first place — involves understanding the common causes and taking appropriate actions.

- Try exercise. Routine exercise is not guaranteed to eliminate back pain, but it can make it less frequent, advises doctors at Harvard Medical School. Low back pain due to muscle strain or muscle spasm can be tamed by exercise. Yoga, or a similar stretch-based exercise, can be very effective at alleviating back pain. Yoga relaxes muscle tension and expands range of motion in the joints. It also can build muscle strength.

- Maintain proper posture. Slouching

over computers or looking down at phones while texting may be doing damage to the back. Work ergonomically and take breaks to stretch. Sit up straight in chairs and try to keep a straight back while walking as well.

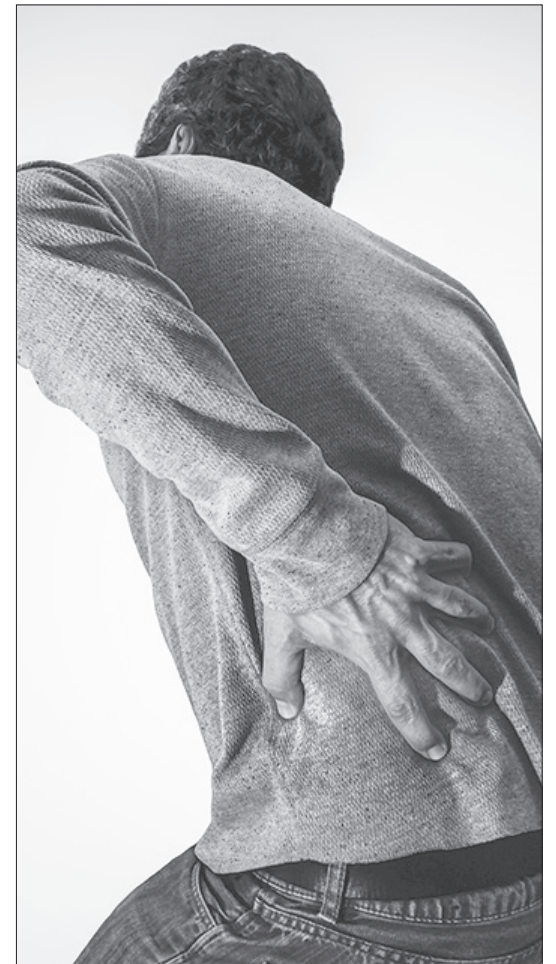
- Shed some pounds. Extra pounds at the midsection can shift the center of gravity and put strain on the lower back, advises WebMD. Try to stay within a range of 5-10 pounds of your ideal weight.

- Don't smoke. The Arthritis Foundation says research shows a high prevalence of spinal stenosis and back pain among smokers. It is believed that smoking can damage blood vessels that supply blood to the back. Smoking is also bad for the bones and is a risk factor for osteoporosis.

- Try a different sleeping position. Talk with a doctor about the best position for sleeping to ease up back pain. It may include being on your side with knees pulled up, or placing a pillow under your knees if you're a back-sleeper.

- Lift cautiously. Always bend at the knees and use the legs to lift items. This can help you avoid straining your back.

Back pain can be overwhelming, but with some strategies a person can reduce his or her propensity for pain.



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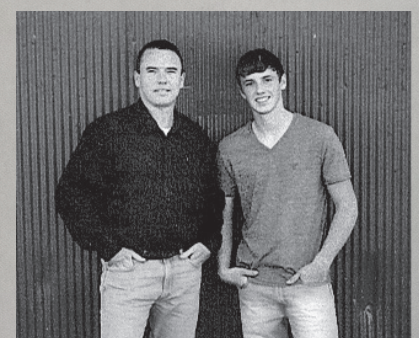
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The myth of 'no place like home' when it comes to end of life

MU researcher finds that home deaths present multiple challenges for caregivers

COLUMBIA, Mo. – She died at home, but it wasn't the romantic scene found in movies, where the family held her hand and she simply closed her eyes. In reality, there was a night when she had diarrhea 12 times. In reality, every time she had to be moved she was in pain. This was how a caregiver described caring for her mother as she died at home to social scientists studying end-of-life decision-making.

In a new study, Jacquelyn Benson, assistant professor of human development and family science at the University of Missouri, found that home deaths can be physically and emotionally challenging, especially for caregivers.

"The realities of a home death experience present challenges for family members, especially those with limited resources and social support," Benson said. "It is important that people understand that home death does not automatically equate a good death."

In recent decades, there has been a groundswell of social movements championing the ideal of dying at home. According to the Centers for Disease Control and Prevention, home deaths in the U.S. increased nearly 30 percent from 2000 to 2014, while deaths in hospitals, nursing homes and long-term care communities dropped.

To study how home deaths might impact caregivers, Benson along with fellow MU researchers Benjamin Schwarz, Ruth Brent Tofle and Debra Parker Oliver, captured stories from caregivers to identify common themes surrounding the experiences of home deaths. Through the in-depth interviews, the researchers uncovered several themes that exposed the challenges that are often not included in conversations about dying at home. In some cases, challenges arose because there was uncertainty for the decision maker, and some caregivers were not prepared for making decisions regarding the end of a loved one's life.

The researchers also found that financial resources and strong relationships can help in differentiating good deaths from bad ones. Researchers found that the "good" death experiences involved high levels of emotional support for the dying individuals and the caregivers, and that the place of death played less of a role.

"A few well-known sayings about home are relevant to our findings," Benson said. "For instance, many people believe there is 'no place like home,' which suggests the physical space we call home is paramount when it comes to our comfort. However, another saying, 'home is where the heart

is' suggests that the essence of home can be replicated in less familiar spaces. When making end-of-life decisions it is important to remember that death can be quite gruesome and that it might be easier on both the dying individual and the caregiver to make a plan that carries the concept of 'home' to wherever they might be."

"The motivations and consequences of dying at home: family caregiver perspectives," was published in a special issue of the Journal of Housing for the Elderly on Environments of Dying, Death, and Caregiving at End-of-Life. Benson served as guest editor for this special issue.

The Department of Human Development and Family Science is in the MU College of Human Environmental Sciences.

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Managing cholesterol starts with what you eat

High cholesterol, particularly high levels of “bad” cholesterol, is a risk for heart disease. The Mayo Clinic says that high cholesterol also can increase risk for heart attack. Understanding cholesterol and how to control it can help people live longer, healthier lives.

Cholesterol is a waxy substance that comes from two main sources. It is produced naturally by the liver and is obtained by eating certain foods, primarily animal products like meat, dairy and eggs. When these foods are consumed, the liver makes more cholesterol than it normally would, says the American Heart Association.

Harvard Medical School says that making certain food choices can help lower cholesterol levels. Some foods help prevent cholesterol from forming, while others lower low-density lipoprotein, also referred to as “LDL” or “bad” cholesterol. Some foods increase the amount of high-density lipoprotein, also known as “HDL” or “good” cholesterol. Still other foods block the body from absorbing cholesterol.

Because food and cholesterol are so closely linked, dietary changes can have a profound impact on people diagnosed with high levels of bad cholesterol. The follow-

ing are some changes such individuals can implement.

- **Increase soluble fiber.** Soluble fiber is found in oatmeal and other whole grains, flax, apples, legumes, and beans. Because soluble fiber can’t be broken down, it goes through the body and bloodstream like a giant mop, collecting bile generated to digest fats. The fiber and the fat-soaked bile are then excreted in the stool. According to Healthline, bile is made from cholesterol, and when the liver needs to make more of it to digest fat, it does so by pulling cholesterol out of the bloodstream, naturally reducing cholesterol levels as a result.

- **Eliminate trans fats.** Trans fats, or those foods listed on labels primarily as hydrogenated oils, can raise overall cholesterol levels. The Food and Drug Administration has banned the use of partially hydrogenated vegetable oils by Jan. 1, 2021.

- **Eat more fatty fish.** Harvard Medical School says that eating fish two or three times a week can lower LDL by replacing meat and by delivering LDL-lowering omega-3 fats to the body. Omega-3s reduce triglycerides in the bloodstream and also protect the heart by helping to prevent the onset of abnormal heart rhythms.



- **Use vegetable oils.** Liquid vegetable oils, like canola or soybean, can be used in place of solid fats like butter or lard when cooking.
- **Choose low-fat dairy.** Substitute the

low- or no-fat varieties of milk and cheeses instead of high-fat versions.

Dietary changes can make a big difference when it comes to reducing cholesterol.

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CRMC opens Breast Center of Excellence

Capital Region Goldschmidt Cancer Center's newest endeavor, the Breast Center of Excellence (BCE) provides patients a multidisciplinary team equipped with the latest technology to reduce sleepless nights and advance the treatment process.

The guiding principles of the BCE are simple: to decrease sleepless nights, to provide support to the patients at every step, maintain a multidisciplinary team approach to the care plan and consistently use evidence-based care and best practices.

"The program's concept is not complicated; however, it does require consistent collaboration from many different disciplines," says Raonak Ekram, M.D., oncologist and program director at the Goldschmidt Cancer Center.

"We are extremely fortunate to have a team of physicians and nurses who are incredibly dedicated to this program and our patients," Ekram continues. "As a team we are able to develop individualized treatment plans to treat the whole patient not just the disease."

At the core of the program are specialized

nurses dedicated to guiding their patients through treatment protocols and onto survivorship. Navigation and Survivorship Nurse Specialists, Julie Phelps and Kara Thrash, are experienced oncology nurses who work closely with patients to help them understand



the treatment process and provide them with resources and support throughout the journey. The navigators are also a resource for the patients support team, offering education and resources to help them as they embrace their role as a caregiver.

Advancements in diagnostic technology have significantly improved over the years with the addition of 3D mammography and breast MRI's. While these have made detecting breast abnormalities easier, it was the process that needed to be changed to

reduce anxiety for patients.

"When a patient hears their screening came back abnormal or inconclusive, the mind automatically leaps to the worst case scenario," says Julie Phelps, Navigation and Survivorship Specialist at Goldschmidt Cancer Center. "We have worked very hard to streamline our process to reduce the number of days from the time of screening to receiving results to contacting the patient

and deciding on the next steps. Our goal is no sleepless nights"

"Finding out you or someone you love has cancer often leads to more questions than answers," comments Kara Thrash, Navigation and Survivorship Specialist at Goldschmidt Cancer Center. "Our commitment to our patients and our community is to find the answers and to be there every step of the way. As a team, we rally for our patients."

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How to prevent injury when exercising

Exercise is an essential component of a healthy lifestyle. The World Health Organization recommends that healthy adults between the ages of 18 and 64 perform at least 150 minutes of moderate-intensity aerobic activity each week or do at least 75 minutes of vigorous-intensity aerobic activity each week.

Many adults cite hectic schedules as their reason for not getting enough exercise, but even those who do find time to exercise could find themselves sidelined if they do not take certain preventive measures to reduce their risk for injury. Though injuries can happen to even the most seasoned and knowledgeable athletes, there are certain measures adults can take to reduce their injury risk.

- Recognize your limitations. Once you

have established a regular exercise routine and your body has grown accustomed to daily exercise, it can be tempting to overdo it or even unknowingly push your body to points that put you at a greater risk of injury.



But recognizing your limitations is an essential part of avoiding injury. As you exercise more, you may notice certain areas of your body respond better to exercise than others. For example, if your wrists ache

after strength training sessions, reduce the amount of weight you are lifting or look for strength-building exercises that don't require lifting weights.

- Warm up before each session. No matter how accustomed your body is to regular exercise, warming up before each workout is still necessary to avoid injury. Warming up before each workout elevates your heart

See **Exercising** page 9B

SHOTS ARE NOT JUST FOR KIDS!

The flooding in Osage County has exposed a lot of people of all ages to various vaccine-preventable diseases such as tetanus and Hepatitis A. You may not realize that you need vaccines throughout your life. Adults need to keep their vaccinations up to date because immunity from childhood vaccines can wear off over time. You are also at risk for different diseases as an adult. Vaccination is one of the most convenient and safest preventive care measures available. Check with the health department and your doctor's office to see if you are due for any vaccines. Most vaccines are covered by insurance, but the health department offers free vaccines for those without insurance.

All adults need: Influenza (flu) vaccine every year as well as Td or Tdap vaccine every 5 to 10 years.

Table 1 Recommended Adult Immunization Schedule by Age Group
 United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)	2 doses or 1 dose				
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

For more information, please contact the

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Public Health
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Take a stand against too much sitting

A common refrain these days is that “sitting is the new smoking.” And while that’s a bit of an exaggeration, it’s a catchy phrase that does actually bear some weight.

Sitting increases the risk of many serious conditions, including heart disease, diabetes, obesity and some cancers. It’s even been found to take years off of a person’s life, with one study showing that six percent of all premature deaths could be linked to too much sitting.

As if that’s not bad enough, studies have also reported that prolonged sitting has unique health risks that can’t be fully exercised away, no matter how much time we spend at the gym or local running track. “Even among people who do moderate-to-vigorous activities for seven or more hours per week, those who sit too much have an increased risk of death,” says Dr. Yikyung Park, a nutritional epidemiologist and associate professor in the Division of Public Health Sciences at Washington University School of Medicine in St. Louis.

And, unfortunately, sitting for long stretches of time is something many of us do. One national survey completed before the explosion of smartphones and social media found that we spend more than half of our waking hours being sedentary. Another showed that if we work at a desk or office job, we may spend as much as 80 to 90 percent of our work days being sedentary.



by Dr. Graham Colditz
Siteman Cancer Center

With numbers like that, it’s important for many of us to look after our health by taking steps to cut down on the amount of time we spend sitting. Luckily, compared to some other healthy behaviors, it’s pretty easy to do. We just need to stand up more throughout the day. Of course, figuring out how to make that a part of our regular routines can take a little bit of planning.

Work is a great place to start on that front, since it’s where many of us spend much of our week and log much of our sitting time. One international scientific panel recommends workers stand for at least two hours each work day, building up to four hours a day. “Use a standing desk. Organize stand-up meetings. While on the phone, stand up. If you have a short message for a colleague, deliver it in person instead of calling or writing an email,” suggests Park.

When you’re at home, try doing some things standing that you’d normally do sitting. Have your cereal and catch up on the morning’s news while standing in the kitchen. When going out for coffee with friends, pick a place at a counter so you can stand comfortably. And when relaxing with a favorite TV show, stand through an episode or get up during commercials or between shows.

“Break up a long period of sitting as often as possible,” says Dr. Park. And just like with exercising, it’s also important to build up slowly to longer periods of standing so your body has a chance to adjust to the change.

Whether we are at work or home, our surroundings can feel like one big invitation to sit down, and for hours on end. For our health and well-being, it’s important to take a stand against that — and stand.

It’s your health. Take control.

Dr. Graham A. Colditz, associate director of prevention and control at Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, is an internationally recognized leader in cancer prevention. As an epidemiologist and public health expert, he has a long-standing interest in the preventable causes of chronic disease. Colditz has a medical degree from The University of Queensland and a master’s and doctoral degrees in public health from Harvard University’s T.H. Chan School of Public Health.

Create your own healthcare “system”

BY MARILYN M. SINGLETON, MD, JD

Kudos to the folks in D.C. who are advancing alternatives to the Affordable Care Act’s over-regulated and expensive health insurance policies. Small business association health plans and expanding health savings accounts (HSAs) are among several tools to increase health care choices. However, one element in the medical care cost analysis that is rarely addressed is personal responsibility for one’s health. Politicians are reluctant to “blame the victim” (patients) so they criticize the health care “system.” That misses the point: It is not the government’s job to keep us healthy.

Estimates of 2016 U.S. health care spending averages \$10,345-per-person. Purchasing insurance makes up the bulk of the spending: \$3,852 annual insurance premium, \$4,358 to meet the deductible, for a total of \$8,210. But most of the actual spending on medical care is for 5 percent of the population, mainly for chronic conditions. Eighty-six percent of the nation’s \$2.7 trillion annual health care expenditures (2010) were for people with chronic and mental health conditions.

It takes more than good luck to maintain good health. Up to 40 percent of lost years of life from each of five leading U.S. causes (heart disease, cancer, chronic lower respiratory diseases, stroke, and unintentional injuries) are preventable according to the Centers for Disease Control and Prevention (CDC). Sadly, opiate use disorder jumped from 52nd on the list in 1990 to 15th in 2016.

Research suggests that behaviors, such as smoking, poor diet and over-eating, and lack of exercise are the most important determinants of premature death. Over the last 25 years the percentage of Americans with healthy lifestyles (exercise,

good diet, “normal” body fat, non-smoking) has dropped from 6.8 percent to 3 percent. More than two-thirds of all adults and nearly one-third of all children and youth in the United States are either overweight or obese. The CDC reports that 9.3 percent of Americans have diabetes. Will this problem be solved by expanding government “healthcare” programs? No. In 1965 when Medicare and Medicaid were established, 1.2 percent of Americans had diabetes. This number had doubled by 1975, even with more sources for medical care, and continued to rise at the same rate despite the implementation of the ACA.

The American Diabetes Association estimates that in 2017, diabetes and its related complications accounted for \$237 billion in direct medical costs — a 26 percent increase from 2012. The price of poor lifestyle choices is staggering. For the years 2009–2012, the costs for direct medical care due to smoking was at least \$170 billion. Medical costs linked to obesity were estimated to be from \$147 billion to nearly \$210 billion per year.

Let’s face it. Many Americans have been duped into ignoring responsibility for their own health. With the drug companies’ relentless ads, prescription drugs have become the equivalent of “As Seen on TV” products. These ads send the unstated message that the latest diabetes or lung disease medication will take care of you so you do not have to take care of yourself and possibly avoid these diseases in the first place. It’s no surprise that 70 percent of Americans take at least one prescription medication.

And the same government geniuses that permit food stamps to be used at fast food outlets mandates over-priced insurance products that include “free” preventive care. But, of course the high-priced cholesterol medication will cancel that

out, right?

No sane person would wish a chronic condition on anyone, or deny treatment for such patients. But preventive health begins at home. Changing behaviors requires someone who connects with patients, will take time to listen and help identify personal motivators for change. This requires a physician who will spend time with you—not a storefront doc-in-the-box. Direct pay practices (DPC) offer quality time, service, and chronic disease management. These physicians are not constrained by insurance companies’ and the government’s paint-by-the-numbers treatments.

Health insurance is necessary for big ticket items like hospitalizations. But there is no need to pay thousands for services that will never be used. Pre-ObamaCare high-deductible plans and their out-of-pocket costs were generally offset by lower premiums and employer contributions to health savings accounts.

Shifting all our personal responsibilities to the government has not improved our nation’s health. Imagine if the \$1,000 spent on designer coffee or manicures were spent on foods and a non-sedentary activities that improved health.

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Did you know?

Working out close to bedtime may not be as detrimental to sleep as previously thought. In fact, some sleep experts are now saying that workout sessions - including those that occur late in the day - can be mutually beneficial for improving sleep duration and quality. In the past, researchers believed that exercise in the evening could in-

crease heart rate, raise core body temperature and send stimulating hormones, such as cortisol and adrenaline, through the body, which could adversely affect sleep.

However, recent findings say it’s not all that troublesome. A study in the Journal of Sleep Research found that people who exercised vigorously for 35 minutes before

bed slept as well as they did on nights when they did not exercise. It’s notable to point out that adrenaline and cortisol only take an hour to regulate and return to normal levels after vigorous activity. So slipping under the sheets an hour or two after a workout may be the best advice for nocturnal fitness fans.

Clean out the medicine cabinet

Cleaning takes on an entirely new meaning when getting ride of expired or unsafe medicines. Even though people may be quick to toss out expired foods or even clean closets of ill-fitting clothing, few individuals exercise such diligence with their medicine cabinets.

The U.S. Food and Drug Administration says the medicine expiration date is critical when determining if a product is safe to use and will work as intended. Medications past their expiration date may not be as strong as intended, and even their chemical composition may change, making them risky to keep around. Furthermore, keeping too many medications in a home — particularly pain prescriptions — can lead to misuse and abuse, as the U.S. Drug Enforcement Administration says that rates of prescription drug abuse in the United States have risen considerably in recent years.

Some old medications, such as children's cough and cold products, may no longer be recommended for certain ages. Having such medications in the house could prove harmful.

Taking inventory and cleaning out medicine cabinets frees up space and creates a

safe home environment.

- Toss away any expired products, whether they are prescription or over-the-counter medicines. The best way to do so is to bring the medication to a pharmacy for disposal rather than throwing it in the garbage or flushing medicines down the toilet.

- Discard any unmarked containers or pill foils that are not in their original packaging.

- Test any medical devices, such as a nebulizer, blood pressure monitor and glucose testing equipment to ensure they are in working order.

- Replenish commonly used items, such as fever reducers or headache medicines. Make sure there is a supply of bandages and first aid equipment on hand at all times.

- Relocate medical supplies to an area that isn't high in humidity, as steam from showers can speed up the expiration of medication. Storing medicines in the refrigerator won't help, as that is a high-humidity area, too.

Checking medications and removing expired products from the house can prevent accidents related to medications and ensure that all medicines in the house are as effective as possible.



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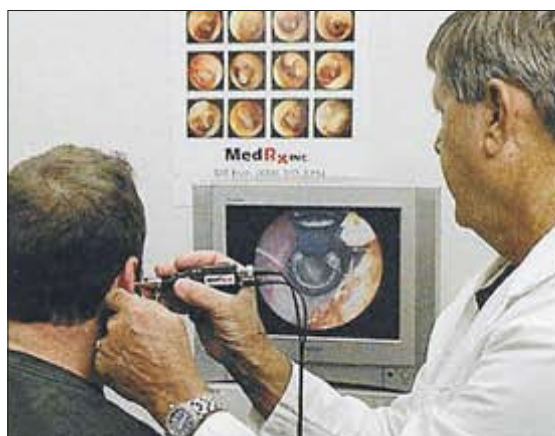


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