Knowing Your Health Numbers Can Save Your Life

Know your numbers? Learn why they’re important and how they may help predict future problems.

Do you know your numbers? Not your phone password, your lotto picks or your ATM code. We’re talking about the numbers that can tell a lot about your overall health.

We’re talking cholesterol, blood pressure, blood sugar and body mass index (BMI). These numbers can tell you if you are at a high risk for some serious diseases, including heart disease and diabetes. If you know your numbers, you can take steps to lower your risk.

What do these numbers mean and where should they be?

Each one of these numbers is very important:

**Blood pressure: less than 120/80 mmHg**

Blood pressure measures the force of blood that travels through your arteries. If it’s too high, it’s a risk factor for heart disease and stroke. The top number (120) measures the systolic pressure. This is the pressure in your arteries when your heart beats. The bottom number (80) measures the diastolic pressure. This is the pressure between heartbeats.
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Total cholesterol: below 200 mg/dL

There are two main kinds of cholesterol:

- High-density lipoprotein (HDL), also known as your good cholesterol. HDL should be 40 mg/dL or above for men and 50 mg/dL or higher for women. An HDL of 60 or greater puts you at a LOWER risk of having heart disease. An HDL of less than 40 increases your risk for heart disease.

- Low-density lipoprotein (LDL), also known as your bad cholesterol. The lower this number is, the better. Ideally, your LDL level is below 100 mg/dL. Too much bad cholesterol raises your risk for having a heart attack or stroke.

Your total cholesterol is a combination of your HDL, LDL and other fats in your blood. Triglycerides are another type of fat in your blood. Your triglycerides should be below 150 mg/dL.

Fasting blood sugar/glucose: less than 100 mg/dL

Fasting blood sugar should be less than 100 mg/dL. Higher blood sugar levels may indicate diabetes.

Body mass index (BMI): less than 25

BMI is a height-to-weight ratio and is used as an estimate for body fat. Your BMI tells you if you are at a healthy weight for your height. A BMI of 25 to 29.9 means you are overweight. A BMI of 30 or higher means you are obese. Being overweight or obese puts you at a higher risk for heart disease, diabetes and other conditions.

How can I improve these numbers?

If your numbers aren’t on target, you can make changes to your lifestyle to lower them and lower your risk for heart disease, diabetes and other diseases.

- Don’t smoke. If you do, quit.

- Lose weight if you are overweight. Even a few pounds can improve your health risks.

- Exercise regularly. Aim for at least 150 minutes of moderate-intensity aerobic activity each week and muscle-strengthening activities at least two days a week. Check with your doctor before starting an exercise routine or increasing your activity level.

  - Eat a healthy diet rich in fruits, vegetables, whole grains, lean meats and low-fat or fat-free dairy. Limit saturated fat, trans fat, cholesterol, added sugar and sodium.

  - Reduce stress.

Sometimes lifestyle changes are not enough to lower your numbers. Your doctor may prescribe a medication to help lower your blood pressure or cholesterol. Take the first step. Learn your numbers.

SOURCES:


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Anger Management: Keeping Your Cool

It’s normal to feel angry at times. But if your anger is out of control, you can learn better ways to handle it.

Let’s say you’re driving, and a car pulls in front of you and stops suddenly. You have to slam on the brakes to keep from hitting the other car. You get mad. Who wouldn’t?

It’s not whether you get angry but how you deal with it that’s important.

• If you’re a calm person, you might feel irritated and curse under your breath, but you would focus mostly on avoiding an accident.

• If you have an anger problem, the other driver’s actions may seem like a direct insult. You might scream curse words, lay on the car horn, or even jump out and threaten the other driver.

Which one are you?

Feeling angry at times is normal. Reacting to everyday stressors by yelling, hitting, or throwing things is not. If your anger is out of control, it’s time to learn better ways to handle it.

When anger is a problem

Some people are more “hot-headed” than others. Compared to most people, they are quicker to anger, they get angry more often, and their anger is more intense and longer-lasting. When in the grip of anger, they often do or say things they later regret. This can cause problems in personal relationships and on the job.

Research has shown that anger can also have serious health effects. Anger can pump up your heart rate and blood pressure and raise the levels of hormones in your blood. Over time, this may even lead to heart problems.

Many people with anger issues seem to have been born this way. Others act out because that’s the way the people around them behaved. They may not have learned positive ways to handle their emotions.
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Anger Management: Keeping Your Cool (continued)

Anger strategies
There are 3 basic ways people process anger:

• **Expressing.** Expressing anger can be healthy if you do it the right way. Being assertive is not the same as being demanding. It’s a way of saying what you want that leaves the other person’s dignity intact.

• **Suppressing.** Suppressing anger can be positive or negative. Trying to pretend you don’t feel anger is not healthy. Anger that’s denied can pop up in other ways, such as in depression, increased blood pressure, or headaches. A better approach is to take time before you react, then try to find a positive outlet for your feelings.

• **Calming.** When you calm yourself, you take control of both the way you act and the way you feel inside. You slow your breathing and bring down your heart rate. You recognize the anger for what it is and let go of it.

The key to managing anger is not to deny or suppress it. Instead, learn ways to calm yourself so anger doesn’t hurt you or others.

How to chill your anger
The next time something happens that could make your blood boil, try these tips:

• **Give yourself a time-out.** Walk away if you can, or slowly count to 10.

• **Take several deep, slow breaths.** Focus on pulling the air down into your belly. This can help relax you.

• **Repeat a calming word or phrase to yourself,** such as “relax” or “take it easy.” Do this while breathing deeply.

• **Picture a soothing scene in your mind.** This could be something like a beach at sunset or a cool forest path. Let your mind linger in this quiet place for a few minutes.

• **Channel the energy into exercise.** Instead of blowing up, go for a brisk walk, shoot some hoops, or do some calming yoga stretches.

• **Think before you speak.** Shouting, swearing, or name-calling won’t fix the problem. Abusive language is hurtful and you may be embarrassed by it later.

• **Be logical.** Instead of getting swept up in your anger, try to step back and look at the facts. The person you’re angry at may have done something stupid, but he or she is probably not out to get you.

• **Use “I” statements.** Instead of saying “You always do that,” try saying, “I get upset when you do that.” Aim for clear, respectful language. This can help calm things down.

Over time, you will learn which of these ideas help you stay in control. With consistent practice, they can become habits. Taking a calm, assertive approach to anger can improve your relationships and also help you feel better about yourself.

If your anger is out of control and these tips don’t work, you may need counseling. Look for a psychologist or other mental health professional who does cognitive-behavioral therapy. This type of therapy can help you learn to handle your emotions in a more positive way.

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Don’t Wait, Just Start

Little victories—joining a gym, running your first race, making better food choices—add up to big results.

Marcus Winbush knew his road-warrior lifestyle was taking a toll on his health. The Midwestern financial advisor was logging up to 50,000 airline miles and 100 hotel nights a year. It added up to lots of eating out at restaurants, little time or consistency for an exercise routine, and a personal conviction that he’d take care of his neglected health—later.

His advice today after sticking to a workout routine and smarter eating habits for several years: Don’t wait. “Start small, and get started with something.”

Winbush was hardly unique as a procrastinator. Men are more likely than women to make unhealthy choices, such as smoking and binge drinking, and they’re less likely to visit a doctor for check-ups and recommended tests. As a result, more men than women are hospitalized—for congestive heart failure, for complications of diabetes, even for pneumonia that might have been avoided through routine immunization.

In short, many men don’t pay attention to their health until it suffers a blow and they’re forced to deal with it. That moment inevitably comes.

For Winbush, it was his father’s kidney failure a few years ago that prompted him to take action. His father survived thanks to a transplant (Winbush’s mother was the kidney donor), but he’d been overweight and had high blood pressure and high cholesterol. “I really saw myself going down the same path,” Winbush says.

So he joined the YMCA, started working with a personal trainer, took up running and began making better choices about what he ate. He didn’t change everything at once, but he eventually brought his weight down from 287 to 225 pounds, a much easier load for his six-foot-one-inch frame. He ran two 5ks, then a 10k, then some 10-mile races, and was recently training for a half-marathon and a Tough Mudder race.

“It’s amazing how little, little victories build on each other,” Winbush says, “and all of a sudden you get the momentum to want to really keep with it. It’s just about getting started.”

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Answering Some Questions About Prostate Cancer

Learn about symptoms and possible treatment for this disease in men

The prostate is a small gland in men that makes fluid to carry sperm. It is located under the bladder and wraps around the urethra, the tube that carries urine out of the body. Prostate cancer is the most common type of non-skin cancer found in American men.

Most prostate cancer is slow growing. So, while a man’s chance of getting prostate cancer sometime in his life is about one in six, his risk of death from it is much lower.
Changes to the screening recommendations for prostate cancer as well as changes to the approach to treatment have led to some misunderstandings. Here are some common questions and answers surrounding prostate cancer.

**Q. I’ve heard, “Men die with prostate cancer, not because of it.” What does this mean?**

A. Many forms of prostate cancer may grow slowly and many men with localized prostate cancer live with the disease for years without symptoms. These men, who tend to be in older age groups, may die from other medical conditions and not their prostate cancer.

**Q. Why doesn’t my doctor think screening is necessary?**

A. Screening tests, which are performed to find disease in people without symptoms, may have certain risks. It is important that the benefit for screening outweighs the risks. When screening for prostate cancer was evaluated, it was found that only a small number of men would benefit from the screening and decrease the number of deaths from the disease. Most prostate cancer is so slow growing that often the treatment can cause more side effects than does the disease. In many cases, finding prostate cancer may not improve your health or help you live longer. For that reason, most of the nation’s top health experts do not recommend screening in symptom-free men of any age.

**Q. Do major medical groups all agree on prostate cancer screening?**

A. There are some differences of opinion among medical groups. The U.S. Preventive Services Task Force, the American Urological Association (AUA), the American Cancer Society, the American College of Physicians and the National Comprehensive Cancer Network have all concluded that the potential harms of prostate cancer screening outweigh the potential benefits in most cases. Still, especially at certain ages, the decision is highly influenced by personal preferences.

While the USPSTF recommends against prostate screening, many medical organizations support a practice of shared decision-making between you and your doctor. The differences in these groups’ recommendations are generally about the age at which screening should be discussed, or about instances or ages when it might be beneficial.

Other differences of opinion involve benefits of screening at various ages in high-risk men such as those with a family history of prostate cancer or those of African American descent. And one group has come out in favor of more rigorous monitoring in some men after prostate cancer has been detected.

**Q. What is shared decision-making?**

A. Screening for prostate cancer requires balanced information about the pros and cons of screening. It is important that you and your doctor are both open and active participants in any decision-making regarding screening and any possible treatment. So talk with your doctor about the risks and benefits for you.

**Q. What do the terms “watchful waiting” and “active surveillance” mean?**

A. If you have been diagnosed with prostate cancer, your doctor may recommend one of these two approaches depending on your individual circumstances. When either of these approaches is recommended, it doesn’t mean you’re doing nothing about the cancer. It means you are having regular checkups to monitor any growth or spreading of the cancer or a change in any symptoms.

“Watchful waiting” means your doctor is carefully observing the status of your tumor. “Active surveillance” is a more intensive approach. It involves more frequent checkups and possibly more tests by your doctor. If the cancer spreads to other tissues, your doctor will discuss options for treatment.

These approaches might be recommended when the tumor is believed to be very slow-growing or when the risk of treatment outweighs the benefits. Both types of observation can go on for years, with the cancer never growing to a stage where treatment is necessary.

It should be noted that some doctors use “watchful waiting” and “active surveillance” interchangeably. Be sure to ask your doctor exactly what he or she means if one of these approaches is recommended.
Q. **What are some possible symptoms to be aware of?**

A. If you have any of the following symptoms, it’s a good idea to check with your doctor:

- Difficulty starting or stopping the flow of urine
- Increased or more frequent urination at night
- Interrupted flow or decreased force in the urine stream
- Burning or pain when urinating
- Blood in the urine or semen
- Pain in the back, pelvis or upper thighs
- Weakness or numbness in the legs or feet

Most of these signs can be caused by conditions other than cancer. You and your doctor can discuss possible causes and whether the symptoms need to be treated.

Q. **What is involved in prostate cancer screenings?**

A. There are three common types of prostate screening tests:

- **PSA blood test.** PSA is a protein made by the prostate gland. Many men with prostate cancer have an increased level of PSA.
- **Digital rectal exam.** Your doctor or nurse will feel your prostate gland with their finger through the wall of your rectum.
- **Biopsy.** If the PSA or digital rectal exam is not normal, your doctor may recommend a biopsy.

The PSA blood test is not as accurate as it could be, with a high percentage of false positive results. These false results can lead to men having additional tests or surgery, which could have some long-term side effects. It’s important to talk to your doctor about all your options so you know the risks and benefits.

Q. **Will I be able to have an erection after prostate surgery?**

A. Surgery to remove a cancerous prostate growth can damage nerves that control erections. After surgery, most men will have some erectile dysfunction (ED). This will vary based on your age, how large your tumor was, the type of surgery you had, and whether you experienced ED before surgery. ED may be helped with medications, injections and certain devices.

You also may experience an unwanted leakage of urine, called urinary incontinence or UI, and other unpleasant side effects, which could significantly affect quality of life.

You and your doctor should decide together whether or not prostate cancer screening is right for you and, if so, when to begin and how frequently to have the screening done.

**SOURCES:**


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