

Health Connection

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**Heartburn
sufferers rejoice!**

Men and cancer
Health gaps
between genders
are due to habits

**Head off high
blood pressure**

**Bye, bye,
sleepless nights**



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Keep your PROSTATE HEALTHY

Sens. Bob Dole and John Kerry, baseball team manager Joe Torre—what do all these men have in common? They're all prostate cancer survivors.

Cancer of the prostate—a walnut-shaped gland located below the bladder—is one of the most common cancers found in men. It may be slow growing and require little or no treatment, or it may be aggressive and spread quickly to other parts of the body.

THE PREVENTIVE APPROACH

While prostate cancer isn't completely avoidable, certain measures may help reduce your risk:

- **Stay active.** Daily exercise improves your overall health and helps keep your weight in check. Some research has shown that men who exercise regularly have a lower incidence of prostate cancer compared to men who don't.
- **Watch your weight.** A sobering fact: Men who are obese when diagnosed with prostate cancer are more likely to have advanced cases, which are more difficult to treat. But eating right and exercising can help you keep off excess pounds.
- **Talk with your physician.** Discuss any risk factors you have—being older than age 65, African-American or

obese, or having a family history of prostate cancer. Also, learn about the pros and cons of screening tests. A digital rectal exam and the prostate-specific antigen (PSA) test are two ways to identify cancer cases, but they can't tell a physician about the aggressiveness of the cancer. And prostate cancer treatments can have unpleasant side effects such as impotence and incontinence.

The American Cancer Society (ACS) recently revised its prostate cancer screening guidelines, encouraging more patient involvement in decisions about screenings:

- The ACS recommends that men at high risk of prostate cancer, including men with a family history of the disease, talk with their physicians sooner—as early as age 40.
- Men who do not have prostate cancer symptoms (trouble urinating, problems with urine stream, blood in urine or semen, leg swelling, pelvic discomfort, bone pain) and who are in relatively good health and are expected to live at least 10 more years should have the screening conversation with their physicians beginning at age 50.
- Men without symptoms who aren't expected to live 10 more years because of age or poor health shouldn't be offered the screening because the risks likely outweigh the benefits.

“
Daily exercise improves your overall health and helps keep your weight in check.
”



What to ask your physician about prostate health

Be prepared to ask some key questions at your next appointment:

- What is my risk of developing prostate cancer?
- Do you recommend I be tested?
- What is my PSA level (if you've had the test)?
- Will I need more tests? If so, which ones will I need?
- What do the test results mean?
- If I have cancer, what are my treatment options, and what are the pros and cons of each?

Kick heartburn to the curb

New incisionless surgery at Cottage Hospital



Sherwin Parungao, M.D.
General Surgeon



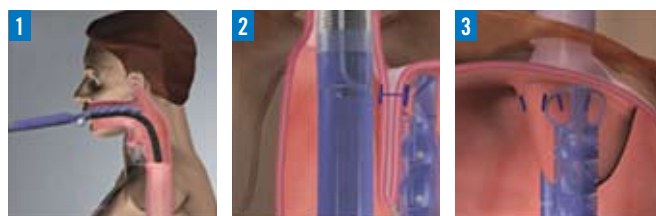
Mark Davis, M.D., FACS
Board-Certified
General Surgeon

Hearthburn sufferers in the Galesburg area have a new option in the treatment of chronic heartburn. Galesburg Cottage Hospital general surgeons Sherwin Parungao, M.D., and Mark Davis, M.D., FACS, are offering the new transoral incisionless fundoplication (TIF) procedure, which can significantly improve the quality of life for patients previously plagued by gastric acid reflux.

Reflux medications like proton-pump inhibitors (PPIs) can help relieve heartburn symptoms but don't solve the underlying anatomical problems or prevent further disease progression. Even while taking PPIs, many patients are still unable to eat the foods they want or have to sleep sitting up to reduce nighttime reflux. Recent studies have also shown that long-term PPI use can lead to inadequate absorption of minerals such as calcium, and result in bone fractures. After the TIF procedure, clinical trials show that most patients can eat and drink foods they avoided for many years, with 79 percent of patients remaining off their daily acid reflux medications after two years.

ADVANCED TECHNIQUE

The TIF procedure is based on established principles of surgical repair of the anti-reflux barrier, except that it's "surgery from within" performed transorally (through the mouth). The procedure reduces a hiatal hernia (when part of the stomach protrudes through the diaphragm) and creates a valve between the stomach and esophagus, restoring one's natural anatomy to prevent gastroesophageal reflux. Because the procedure is incisionless, patients have reduced pain and recovery time and no visible scar.



1) During the TIF procedure, the EsophyX device is inserted into the esophagus through the mouth. 2) The device pulls and fastens a tissue fold. 3) This action is repeated to construct a valve to prevent reflux of stomach fluids.

Laparoscopy reduces the skin incisions typical of open surgery to a minimally invasive three to five port holes. However, laparoscopy still involves the same internal incisions and organ dissection as open surgery. TIF doesn't require incisions or dissection, lowering the hurdle for restoring the anti-reflux barrier and allowing for earlier surgical intervention.

! Be heartburn free!

To learn more about TIF or heartburn, call (309) 343-7773 or visit www.cottagehospital.com and click on "Health Resources."

Mammogram confusion

Information on new screening guidelines

We've all heard that early detection of breast cancer with mammograms saves lives. So it was surprising when in 2009, the U.S. Preventive Services Task Force (USPSTF)—an independent panel that makes recommendations about which preventive services should routinely be offered and to whom—recommended against routine mammograms for women ages 40 to 49 who weren't at increased risk for breast cancer. Traditionally, all women ages 40 and older were encouraged to get the screening.

THE FLIP SIDE

In disagreement with the USPSTF's recommendations were major professional health care organizations including the American Cancer Society. "I have tremendous difficulty in not recommending an intervention [mammography]," says Otis Brawley, M.D., chief medical officer of the American Cancer Society. "Women ages 40 and older should have a mammogram every year."

NOW WHAT DO I DO?

Amid the confusion, you may be wondering about how to approach your own mammogram. Some words of advice: Talk with your physician.

The USPSTF's recommendations were just that—recommendations, not rules. Discuss your personal and family health history and how frequently you should get mammograms with your physician. And, if you're at high risk—see *Are you at risk?* at right—a yearly screening starting earlier than age 40 may be one of the most crucial weapons in early detection of breast cancer.



Mammogram comfort

Try these tips for a more comfortable mammogram, courtesy of the Centers for Disease Control and Prevention:

- Don't schedule your mammogram for the week before or during your period, which is when your breasts are likely to be tender or swollen, making mammograms less comfortable.
- Skip the deodorant, perfume and powder on the day of your mammogram. These may show up as white spots on the X-ray.
- For ease of undressing from the waist up, wear a blouse with a skirt or pants, instead of a dress.

Are you at risk?

According to the National Institutes of Health, breast cancer will affect one in eight women in their lifetime. Why breast cancer affects some women and not others isn't known; however, several known risk factors for the disease include:

- increasing age
- having the BRCA1 or BRCA2 genes; if your family members have had breast or ovarian cancer, talk with your physician about getting tested
- starting your period before age 12 or going through menopause after age 55
- being overweight
- using menopausal hormone therapy
- taking birth control pills
- drinking alcohol
- not having children or having your first child after age 35
- having dense breasts



HEALTHWISE QUIZ

How much do you know about **high blood pressure**?

Take this quiz to find out.

- 1 **How many American adults have high blood pressure?**
 - a. one in three
 - b. one in five
 - c. one in 10
 - d. one in 20
- 2 **Most people with high blood pressure experience:**
 - a. nausea
 - b. weakness
 - c. trouble concentrating
 - d. no symptoms
- 3 **Healthy adults with no history of high blood pressure should have their blood pressure checked every:**
 - a. six months
 - b. year
 - c. two years
 - d. 10 years
- 4 **High blood pressure can increase your risk for:**
 - a. dementia
 - b. eye damage
 - c. bone loss
 - d. all of the above
- 5 **Which of the following statements is true?**
 - a. After age 65, more women than men have high blood pressure.
 - b. After age 65, more men than women have high blood pressure.
 - c. After age 65, an equal number of men and women have high blood pressure.
 - d. After age 65, the number of men and women suffering from high blood pressure is unknown.

ANSWERS: 1. (a) 2. (b) 3. (d) 4. (d) 5. (a)

Show your heart a little love

Your heart works hard for you, pumping day in and day out to supply your body with the oxygen-rich blood you need for survival. So what are you doing to nurture it? Try these five tips to ensure better heart health:

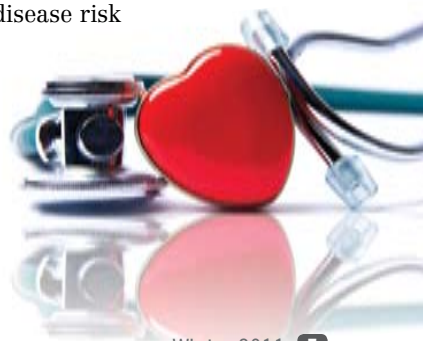
➔ **Choose good-for-you foods.** Follow a diet such as Dietary Approaches to Stop Hypertension (DASH). This eating plan is centered on foods low in fat, cholesterol and salt; and rich in fruits and vegetables (aim for five to 10 servings a day), whole grains and low-fat dairy products. Foods that are good for the heart also include those with high levels of omega-3 fatty acids, a type of polyunsaturated fat, found in fish such as salmon, mackerel and sardines.

➔ **Give your heart a workout.** You don't need a gym membership to keep your heart in tip-top shape. Get the recommended 30 to 60 minutes of physical activity daily by walking, jogging or biking—and remember that everyday tasks such as gardening, vacuuming and taking the stairs count toward your activity goals. Activity, along with eating healthy foods, can help you maintain a healthy weight, which is another way that you can boost heart health.

➔ **Consider aspirin therapy.** A daily aspirin can benefit many people, but not everyone, so talk with your physician first about the risks and benefits. For example, aspirin can help prevent first and second heart attacks in older women and men of all ages, but only second heart attacks in women younger than age 65. Aspirin also may prevent certain types of strokes.

➔ **Quit smoking.** Tobacco smoke contains thousands of chemicals that damage the heart and blood vessels, including nicotine, which narrows blood vessels and makes your heart work harder. Within one year of quitting, you can expect to see your heart-disease risk drop dramatically.

➔ **Get checked.** Have your blood pressure and cholesterol checked regularly. Ask your physician how frequently you should be tested based on your health history.



Top cancer risks for men

Health disparities between genders due to habits, not genetics



By John W. McClean, M.D.
**Board Certified in Hematology/
Oncology and Internal Medicine**

For all the wives, daughters and girlfriends who have wrung their hands over the health habits of the men in their lives, science is backing up their argument for health care. In a recent study, men were more likely to develop and die from cancer than women—even cancers affecting both sexes. And the difference isn't biological but behavioral, based on 2009 research by the National Cancer Intelligence Network: Men are less health conscious, more reluctant to visit a physician when symptoms arise and less likely to make lifestyle changes.

At least one-third of all cancers can be prevented through lifestyle changes: avoiding tobacco, eating healthy, staying active and losing weight. Regular screenings and self-exams for certain cancers are part of the prescription for good health, as they increase the chance of discovering cancer early, when it's most treatable.

A PREVENTIVE CHECKLIST

A man's preventive health regimen should include initial cancer screenings and repeat checks:

✓ Prostate cancer. Beginning at age 50, men should undergo an annual digital rectal exam (DRE) and discuss the prostate-specific antigen blood test with their physician. Men with risk factors, such as a first-degree relative or multiple relatives with prostate cancer or who are African-American, should consider beginning screenings between ages 40 and 45.

✓ Lung cancer. Currently, routine lung cancer screening isn't recommended. However, people at high risk, such as smokers or those who have been exposed to hazardous substances, may affect a physician's decision about whether screening is appropriate. Some lung cancers are found because of testing for other conditions.

✓ Testicular cancer. Perform monthly self-exams, and report any changes in the appearance or feel of the testes to your physician. Testicular cancer has no known avoidable risk factors and is most common among Caucasian men ages 20 to 54. It can develop in one or both testicles. Testicular cancer is highly treatable and can usually be cured.

✓ Colorectal cancer. Beginning at age 50, men should be screened using a fecal occult blood test or fecal immunochemical test annually, or a stool DNA test, as recommended by their physicians. Other tests include a flexible sigmoidoscopy every five years, a colonoscopy every



About the author

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10 years and a double contrast barium enema every five years. Recent data suggests that virtual colonoscopy isn't as sensitive as a colonoscopy at detecting colon cancer.


Higher-risk patients (with a parent diagnosed before age 50 or who have a condition like inflammatory bowel disease) should get their first test 10 years before the family member was first diagnosed, and repeat testing at least every five years.


 **Bladder cancer.** Screening tests include examining the urine for blood, cells or other substances. Regular screenings aren't recommended unless risk factors are present.


Risk factors that have been linked to bladder cancer include smoking, age, race, being male and working in industries with frequent exposure to chemicals. Symptoms include blood in the urine or changes in bladder habits, which should be checked by a physician.


 **Skin cancer.** An annual skin cancer screening—a head-to-toe visual check of the skin and moles, freckles or abnormal patches—is a simple way to prevent or detect skin cancer. Get a first full-body screening by age 30, and annually thereafter—or more frequently if you're at high risk: You have fair skin, repeat sunburns, many moles or a personal or family history of skin cancer.


Skin cancer is the most common form of cancer in the United States, and men's risk is more than double that of women. Twice as many men die of melanoma, the most serious form of the disease, because they get more ultraviolet exposure, use sunscreen less and have higher rates of sunburn and later detection.

 **Non-Hodgkin's lymphoma.** There are no screening tests currently available for this form of cancer. Symptoms such as fever, night sweats, fatigue, weight loss, abdominal pain or swelling and swollen, painless lymph nodes in the neck, armpit or groin should prompt a visit to your physician. Risk factors include being older than age 60 or having had an organ transplant or different infections.

 **Kidney cancer.** Screening, using imaging tests, is only recommended for people at high risk. Symptoms include blood in the urine, persistent back pain just below the ribs, weight loss and fatigue. Risk factors include smoking; being older than age 60, male or obese; or having a family history, high blood pressure or prolonged exposure to chemicals.

 **Mouth/throat cancer.** Annually, during your dental cleaning, your dentist checks your mouth for white or red patches and nonhealing sores, which are signs of oral cancer. Tobacco and alcohol use increase your risk.

 **Leukemia.** There are currently no screening tests for leukemia, so it's important to see your physician early when you have symptoms. These include a fever, persistent feelings of tiredness, frequent infections, appetite or weight loss, swollen lymph nodes, easy bleeding or bruising, shortness of breath during physical activity, tiny red spots on the skin, excessive sweating (especially at night) and bone pain.

 **Pancreatic cancer.** This cancer typically occurs in adults in their 70s and 80s. Risk factors include smoking, diabetes and being overweight. Signs often don't occur until the cancer is advanced and less treatable, but include upper abdominal pain, jaundice and loss of appetite.



CLEAN UP your health

It's easy to focus on all the bad things we breathe in the air outside, such as pollen and pollutants. But what about what's lurking inside our houses? Household dust, mold and various chemicals can make breathing difficult. Here's what might be stirring up trouble at home:

Dust mites. In dust around the home lie dust mites—microscopic insects that are the most common cause of dust allergies. They can also trigger asthma and flu-like symptoms.

Combat them: Wipe dusty surfaces with a damp cloth, and vacuum once a week. Wash bedding once a week in hot water, and cover mattresses, box springs and pillows in mite-proof covers.

Mold. Mold spores thrive in damp areas such as basements and bathrooms. Along with dust mites, mold is considered a biological pollutant and can also trigger allergies and asthma.

Combat it: Use ventilation fans and dehumidifiers to keep humidity at 30 percent to 50 percent. Treat moldy bathrooms, basement walls and furniture with diluted bleach or other disinfectants.

Volatile organic compounds (VOCs): These gases are emitted from products such as paints and cleaning supplies. Health effects range from ear, nose and throat irritation to central nervous system damage.

Combat them: Use chemicals only in well-ventilated areas. Consider purchasing low-VOC paint.

Don't let the bedbugs bite!



Bedbugs are one souvenir you don't want to take home with you from vacation. But these flat, little reddish-brown pests, which are more common in places such as hotels, may find a way into your home by hitching a ride in your suitcase. Waiting to strike, they hide out in beds, box springs, headboards and bed frames. When they do bite, they can cause red, itchy, clustered bite marks on the face, neck, arms and hands. The best way to eliminate them is with a professional exterminator.

DOUBTING diet soda

Diet soda: It's sugar and calorie free, so it must not be bad for you, right? Some recent research suggests otherwise. While most of these health concerns need further investigation, now might be a good time to either limit your diet-soda intake to the occasional indulgence, or switch to water, skim milk or diluted 100-percent fruit juice. Here's why:

Tough on teeth. Diet soda is just as acidic as regular soda, which can damage tooth enamel and promote decay.

Wicked to waistlines. Some studies have found that drinking diet soda regularly may be connected to obesity and type 2 diabetes. Researchers are unsure if diet soda actually causes obesity, but one study found that those who drank three or more of the beverages daily were more likely to gain weight than those who didn't.

Unkind to kidneys. One major study found that women who consumed two or more artificially sweetened sodas a day doubled their risk for kidney function decline. Drinking regular soda or only one diet soda daily did not decrease kidney function more than normal. However, for those prone to kidney stones, a separate study discovered that citrus-flavored diet sodas contain high levels of a compound that may inhibit stone formation.

Bad to the bones. According to the National Institutes of Health, people may be replacing bone-friendly, calcium-rich milk with soda, which may lead to decreased bone mass and an increased risk of fracture.



The truth behind autism

According to the Centers for Disease Control and Prevention's (CDC) latest estimates, an average of one in 110 children has autism. And as the prevalence of the disorder has risen over the years, so too have the circulating myths and misinformation. Here's the truth behind some of the most common:

MYTH

Vaccines cause autism.

FACT: Some parents are afraid that the mercury found in thimerosal, a preservative used in small amounts in some multidose vaccines, could trigger autism. However, studies haven't shown this to be the case. In fact, according to the CDC, the rate of autism has actually risen since most childhood vaccines went thimerosal-free.

MYTH

Children with autism will always be socially awkward.

FACT: While it's true that children with autism have trouble interacting with others, individualized attention and special therapy, such as Applied Behavioral Analysis, can teach them how to react better in social situations and communicate with others.



There's no cure for autism, but some children seem to respond to a gluten- or casein-free diet.



MYTH

Dietary changes can cure a child of autism.

FACT: There's no cure for autism, but some children seem to respond to a gluten- or casein-free diet, according to the National Institutes of Health. Gluten is found in foods made with wheat, rye and barley, while casein is found in milk, cheese and other dairy products. Still, experts and studies have been divided on whether these dietary changes actually make a difference. Before changing your child's diet, consult his or her physician to ensure that your child is getting the right amount of nutrients.

MYTH

There are always alternative treatments.

FACT: Many parents of children with autism want to do everything possible for their child, which can mean trying alternative treatments such as holding therapy (hugging the child for long periods of time to bond) and chelation therapy (removing heavy metals like mercury from the body). Unfortunately, there's no proof that these methods work and, as is the case with chelation therapy, some can be downright dangerous. Always talk with your child's physician before trying any new therapy.

Prehypertension

A low number doesn't necessarily mean good health



By Joseph Maslak, M.D., FACP
Board Certified in Internal Medicine

About 74 million U.S. adults ages 20 and older have high blood pressure, reports the American Heart Association. And because there are no symptoms, one-quarter of these individuals don't

know they have it. For this reason, high blood pressure is known as the “silent killer.”

High blood pressure, or hypertension, is a reading above 140/90 mm Hg. But if your blood pressure doesn't fall into this category, don't assume you have a clean bill of health.

Prehypertension—blood pressure level between 120/80 mm Hg and 139/89 mm Hg—increases your odds of developing high blood pressure and the diseases that come with it: heart attack, stroke and kidney disease. The National Heart, Lung, and Blood Institute established the category of prehypertension to warn people whose blood pressure readings put them at risk for serious health problems.

The only way to know if you're at risk is to get your blood pressure checked. The two numbers in your blood pressure reading show how hard your heart is working. The higher (systolic) number represents the pressure when the heart is beating, and the lower (diastolic) number represents the pressure when the heart is resting between beats.

The good news is that high blood pressure is one of the most preventable conditions related to heart disease. Although risk factors like age, heredity and race are beyond your control, a few simple lifestyle modifications or medication can control your risk. Surprising factors are lack of sleep, low potassium intake or taking birth control pills. Some medications, such as antidepressants and cold medicines, can also trigger a temporary rise in blood pressure.

Did you know?

- High blood pressure tends to occur more often in adults older than age 35, and the odds increase with age.
- As many as two-thirds of people ages 45 to 64 and 80 percent of people ages 65 to 74 have prehypertension.
- African-Americans are more likely to have high blood pressure.

HEAD OFF HIGH BLOOD PRESSURE

Regulating your stress levels, maintaining a healthy weight and exercising regularly are key. Being overweight is a major contributor to high blood pressure. Losing just 10 pounds can significantly reduce your blood pressure. Men are considered at increased risk if their waist circumference is greater than 40 inches, and for women, it's if their waist measures more than 35 inches.

Make sure your sodium intake is within 1,500 to 2,400 milligrams a day by avoiding processed meats and frozen foods, and eating plenty of fresh fruits and vegetables. Also, limit your alcohol consumption and don't smoke.

See your physician regularly to keep a close check on your blood pressure.

! About the author

Joseph Maslak, M.D., FACP, board certified in internal medicine, is a member of the medical staff at Galesburg Cottage Hospital and an exercise enthusiast and triathlete. Dr. Maslak is accepting new patients. Call (309) 342-9183 for an appointment. His office is located at 834 N. Seminary St., Suite 301, in Galesburg.

What's behind that belly pain?

Does your stomach ever feel like it's twisted in knots? Most stomach pain isn't serious and requires only waiting it out and home remedies. Still, you may need to get checked by your physician because the level of pain doesn't always tell you the condition's severity. For example, severe pain may be just gas, while mild discomfort could be the beginnings of appendicitis.

THE CULPRITS

Pain can be caused by a number of conditions, including:

➔ **Gas.** Gas can lead to sharp, jabbing pains.

➔ **Ulcers.** Peptic ulcers, or sores in the lining of the stomach or upper small intestine, cause intermittent burning pain that often feels worse when the stomach is empty and gets better after you eat. A condition called ulcerative colitis, which causes ulcers in the lining of the colon and rectum, can also trigger severe abdominal cramps in some people.

➔ **Irritable bowel syndrome (IBS).** IBS pain may be accompanied by bloating, constipation, diarrhea or a change in frequency and appearance of stool, and may be relieved by having a bowel movement.

➔ **Celiac disease.** Here, the immune system responds to gluten (a protein found in wheat, rye and barley) by damaging the intestine's lining, causing abdominal pain.

➔ **Gallstones.** Stones that get lodged in the passageway between your gallbladder and your intestine cause sudden, severe pain in the right upper part of your abdomen that lasts for several hours. Pain may also occur in the upper back and your skin may become jaundiced (have a yellowish hue).

➔ **Appendicitis.** An infection or a blockage can cause the appendix to become inflamed and filled with pus. Pain usually begins around the navel before shifting to the lower right abdomen. Pain worsens over the course of time.

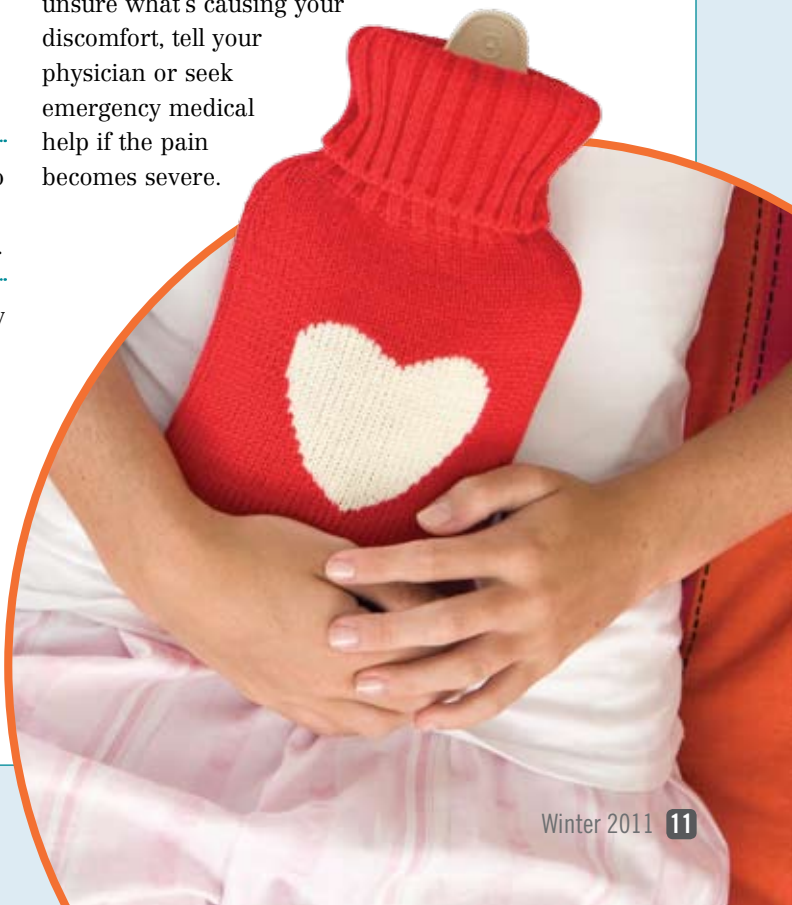
GETTING RID OF THE PAIN

Treatment depends on the cause of your pain. Surgery is usually recommended for problematic gallstones and appendicitis. Medications are helpful for people who suffer from ulcers or IBS. Adjusting your diet can help relieve gas pain.

These tips, courtesy of the National Institutes of Health, can also help ease mild abdominal pain:

- Sip water or other clear fluids.
- Forgo solid food for a few hours, and then stick with mild foods such as rice, applesauce or crackers. Don't eat dairy.
- Try an antacid if pain occurs in the upper abdomen after meals. Skip citrus fruits and high-fat, fried or greasy foods, as well as tomato products, caffeine, alcohol and carbonated beverages. H2 blockers (medicines which reduce the amount of acid the stomach produces), available over the counter, may also help.
- Avoid aspirin, narcotic pain medications, ibuprofen or other anti-inflammatory medications unless your physician tells you to take them.

If these measures don't ease the pain, or if you're unsure what's causing your discomfort, tell your physician or seek emergency medical help if the pain becomes severe.



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Put sleep woes to rest

Sleep deprivation can lead to many chronic diseases



By Marc S. Katchen, M.D.
Board Certified in Neurology
and Sleep Medicine

Lack of sleep is a chronic problem among American adults and children. Failure to get a good night's sleep not only detracts from your ability to work or learn in your best mindset but has now been shown to affect your health in other ways. Recent research points to a lack of restorative sleep as a common denominator in chronic health conditions that are becoming more common, such as obesity, heart disease, diabetes and stroke.

Metabolic syndrome—a group of risk factors for heart disease and diabetes—is increasingly linked to lack of sleep. The syndrome is diagnosed when a person has three or more of these conditions: belly fat, high triglyceride or low HDL (good) cholesterol levels, high blood pressure or high fasting blood sugar, an early warning sign of diabetes.

! About the author

Marc S. Katchen, M.D., board certified in sleep medicine and neurology, oversees the Cottage Sleep Clinic. He's a member of the medical staff at Galesburg Cottage Hospital and is accepting new patients. Call (309) 342-7002 for an appointment.

Shuteye schedule

The National Sleep Foundation recommends the following sleep guidelines for your family:

Newborns/infants

0–2 months: 12–18 hours

3–11 months: 14–15 hours

Toddlers/school-age children

1–3 years: 12–14 hours

3–5 years: 11–13 hours

5–10 years: 10–11 hours

Preteens/teens

10–17: 8.5–9.25 hours

Adults

18 and older: 7–9 hours



Sleep is our body's way of repairing and recharging. While we sleep, important hormones are secreted, blood pressure lowers, kidney functions change and memory consolidates.

According to Harvard Medical School, the link between poor sleep and heart failure may be inflammation, which is the body's response to injury, infection, irritation or disease. Poor sleep increases the levels of certain proteins and other substances that contribute to inflammation—and it affects the body's sympathetic nervous system, which is activated by fright or stress.

You may be at risk of a sleep disorder if you're not refreshed from sleep in the morning, have to nap during the day or find yourself falling asleep at the wheel or at meetings at work.