Trade bad habits for good ones

Understanding the three Rs—reminder, routine, and reward—can help you create healthful habits.

Everyone has bad habits they want to break, but instead of scorning yourself for being helpless to break them, use the fundamentals of forming habits to your advantage.

Habits, good or bad, follow a typical three-step pattern. One way to describe this is as three Rs: reminder, routine, and reward. By breaking down the cycle of a bad habit, you can identify what triggers the routine and begin to address what really needs to change. This way you can establish a pattern for new and healthier habits.

Engaging in habit changes for self-improvement is key to vitality and well-being at all ages, according to Margaret Moore, co-director of the Institute of Coaching at Harvard-affiliated McLean Hospital. “Summoning motivation for long-term goals gets harder when we move beyond the family-and career-building stages of life,” she says.

“It is normal and natural for men to feel like relaxing and letting go of the self-monitoring discipline of healthy habits, such as regular exercise and a healthy diet. But feeling good and energetic requires a daily investment in self-improvement, which begins with letting go of unhealthy habits and engaging in healthy ones.”

Motivation and confidence

One common reason people do not succeed in making lasting change is that they don’t first create a solid foundation. “You need to make sure the habit change is important and you have confidence that you can achieve it,” says Moore. This might sound simple, but often people take on changes that are important to others but not to themselves, or they feel down deep that the task is too daunting. “Before you can focus on changing a bad habit, you need to measure both motivation and confidence,” says Moore.

How do you know when you are ready to try changing a habit? Using the “Readiness to Change” chart on page 7, rate your motivation on a 1-to-10 scale. Then do the same for your confidence level (how confident you are that you can make it happen). You want a score of at least 6 for each. “This is the foundation you need to be successful,” says Moore.

If you don’t have that score or higher, choose another habit to change—one you may feel more passionate about—or scale back the habit change to raise your confidence. For instance, if you lack confidence to quit smoking, begin with cutting back to five cigarettes a day. “Once you build more confidence from changing a lesser habit, you can revisit a more ambitious one,” says Moore.

The three Rs

Once you have chosen your habit and measured your readiness, identify the three Rs:

- **reminder**: a trigger initiating the behavior
- **routine**: the behavior or action you take
- **reward**: the benefit from the behavior or action.

Changing habits for self-improvement can stimulate personal growth as you age.
Best protein: animals or plants?

Q Does it matter if I get my protein from animal or plant sources? Also, how much do I really need per day?

A Older men need adequate protein to help build and maintain muscle, but not as much as you think. The U.S. Dietary Guidelines suggest a minimum of 10% of daily calories should come from protein. That’s about 0.36 grams of protein per pound of body weight, so a 175-pound man needs only 63 grams of protein a day.

Your body breaks down all protein into muscle-building amino acids. The food source does not matter. Still, where you get your protein can have an impact on other aspects of your health. Animal products contain some of the highest amounts of protein per serving. For instance, a 3.5-ounce serving of chicken has 31 grams of protein, a 3-ounce serving of 85% lean beef has 22 grams, and two eggs have about 12 grams.

But some animal sources, especially processed meat, also include high levels of saturated fat, cholesterol, and sodium. Plant proteins might be healthier choices. Foods like beans and nuts can have from 4 to 17 grams per serving and also include many essential vitamins, minerals, and other micronutrients.

Plant protein also may offer some long-term health benefits. A recent study from Harvard-affiliated Massachusetts General Hospital looked at 170,000 people over 30 years and found that high intake of protein from animal sources was associated with a higher mortality rate, while a high intake of plant-based protein was linked with a lower risk of death during the study period.

Herbal supplements to treat erectile dysfunction?

Q I have used prescription medication for my erectile dysfunction (ED), but have seen herbal products advertised to help with ED. Do they work?

A Despite the heavy advertising of pills to “improve your sex life,” there is no proof that most dietary supplements—which include vitamins, nutritional additives, and herbal products—are effective.

The mechanism to improve erectile function is to increase blood flow to the penis. Prescription medications like sildenafil (Viagra), vardenafil (Levitra, Staxyn), tadapalfil (Cialis), and avanafil (Stendra) do this by blocking an enzyme, which enables the penis to fill with blood and stay erect long enough for intercourse.

Herbal supplements may improve blood flow in the body, but their ability to specifically treat ED is less certain. For example, ginkgo biloba, an herb commonly touted for its ability to increase blood flow, has not been effective in treating ED. Then there is the possibility of dangerous side effects. Yohimbine, derived from the bark of the yohimbe tree, has been shown to be helpful for ED, but it may damage heart function. Finally, herbal supplements for ED lack regulation. Analysis has revealed that many products do not contain the active ingredients they claim. It is best to avoid herbal supplements for ED because of their uncertain benefits and risks.
HDL cholesterol: How much is enough?

Research suggests that raising good cholesterol beyond a certain point doesn’t offer any extra benefit for the heart.

When it comes to cholesterol, it’s mostly about the numbers. You want less of the “bad” low-density lipoprotein (LDL) cholesterol and more of the “good” high-density lipoprotein (HDL) kind. This combination is often associated with a lower risk of cardiovascular disease. Sounds simple—and it is, for the most part. But while most attention is spent on driving down bad LDL, you still have to keep your eyes on the good HDL, as some research suggests that after a certain threshold, higher levels don’t offer extra protection.

The role of cholesterol

Cholesterol gets a bad rap, but it plays an essential role in your health. Cholesterol is a fatty substance found in the body that helps produce hormones, build tissues, and assist with bile production in the liver, which aids digestion.

Your body makes all the cholesterol you need and circulates it through the blood. “Yet, excess cholesterol can form plaque between layers of artery walls, which makes it harder for the heart to circulate blood,” says Dr. Eric Rimm, professor of epidemiology and nutrition at the Harvard T.H. Chan School of Public Health. “Plaque also can break open and cause clots, which may block an artery that feeds the brain or heart and trigger a stroke or heart attack.”

HDL is considered good because it takes the bad LDL out of your blood and keeps it from building up in the arteries. The standard recommendation has been to keep HDL levels high (40 to 60 milligrams per deciliter [mg/dL]) and LDL low (less than 100 mg/dL). (See “Lipid levels in adults.”)

If HDL is good, it would make sense that the higher the HDL, the better. And that is true—at least to a point. A 2014 study in the *Journal of the American Heart Association* found that benefits from raising HDL extended until the level reached 90 mg/dL in men, but then leveled off, which suggests no further benefits even with higher levels.

Balancing act

One reason higher HDL may not always be effective is that it needs help to do its job. Another study found that HDL’s protective role depends in part on the levels of both LDL and triglycerides (another type of blood fat that helps make up your total cholesterol).

The research, published online May 10, 2016, by *Circulation: Cardiovascular Quality and Outcomes*, analyzed data over 25 years on about 3,500 people. Researchers looked at people with both low and high HDL levels and those with normal and high levels of LDL and triglycerides.

They found that for optimal protection against cardiovascular disease, there needs to be a balance among all three. Higher HDL (40 mg/dL or higher) helped to reduce cardiovascular disease only when LDL and triglycerides were low (100 mg/dL or less). When LDL and triglycerides rose above 100 mg/dL or 150 mg/dL, respectively, higher HDL had no effect.

The ideal numbers

What does all this mean? Do you need to worry about high HDL? Another way to look at high HDL levels is to consider how they got that way.

For many men, genes determine higher HDL levels. However, moderate-intensity exercise, three to four times a week, also can raise HDL, as can moderate alcohol intake. In this way, high HDL levels might be a reflection of heart-healthy habits.

The bottom line is that cholesterol numbers are complex, but they can tell men about their risk for future heart disease. The best approach may be not to fixate on just one cholesterol number, but to look at all of them. “Men should get their cholesterol level checked, and if you need to lower it, keep your eyes on all the numbers: HDL, LDL, and triglycerides,” says Dr. Rimm.

Lipid levels in adults

These values provide a guide for people without heart disease.

<table>
<thead>
<tr>
<th>Total cholesterol level</th>
<th>Total cholesterol category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 200 mg/dL</td>
<td>Desirable</td>
</tr>
<tr>
<td>200–239 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>240 mg/dL and above</td>
<td>High</td>
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</table>

<table>
<thead>
<tr>
<th>LDL cholesterol level</th>
<th>LDL cholesterol category</th>
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</thead>
<tbody>
<tr>
<td>Less than 100 mg/dL</td>
<td>Optimal</td>
</tr>
<tr>
<td>100–129 mg/dL</td>
<td>Near optimal/above optimal</td>
</tr>
<tr>
<td>130–159 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>160–189 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>190 mg/dL and above</td>
<td>Very high</td>
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<table>
<thead>
<tr>
<th>HDL cholesterol level</th>
<th>HDL cholesterol category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 40 mg/dL</td>
<td>Low (representing increased risk)</td>
</tr>
<tr>
<td>60 mg/dL and above</td>
<td>High (heart-protective)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Triglyceride level</th>
<th>Triglyceride category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 150 mg/dL</td>
<td>Normal</td>
</tr>
<tr>
<td>150–199 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>200–499 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>500 mg/dL and above</td>
<td>Very high</td>
</tr>
</tbody>
</table>

Source: 2004 National Cholesterol Education Program.
*For people at higher risk, like those who have already had a heart attack, many experts recommend an LDL of 70 or lower.
Give grip strength a hand

Your ability to grab, hold, twist, and squeeze is essential for many everyday functions.

Think how much you rely on a strong grip every day. It helps you open cans, grip a golf club, hold a steering wheel, brush your teeth, and pick up a grandchild. “The ability to stay active and independent often begins with our hands,” says Maria Cole, a physical therapist with Harvard-affiliated Spaulding Outpatient Center. “Weak grip strength can limit your enjoyment of many life pleasures, so you need to ensure your hand and grip strength always are up to the task.”

A measure of health
For most men, grip strength begins to decline around age 55. The change may be associated with sarcopenia—the natural age-related decline in muscle mass. “When you lose strength in your upper and lower body, odds are your grip strength will suffer too,” says Cole. In addition to normal aging, possible causes include diseases like osteoarthritis or rheumatoid arthritis and medical conditions such as nerve damage or tendinitis in the hands or wrists.

A weak grip may be a reflection of other aspects of your health, too, such as your potential risk of a heart attack or stroke. A study published July 18, 2015, in The Lancet followed almost 140,000 adults ages 35 to 70. Grip strength was assessed using a hand dynamometer—an instrument that measures the maximum force with which a person can squeeze two handles together.

The findings showed that a 5-kilogram (kg) decline in grip strength was associated with a 17% increased risk of dying from a heart attack, and a 7% and 9% chance of having a heart attack or stroke, respectively, over a four-year period. The link? The researchers speculated that a stronger grip indicated more muscle mass, which in turn results from increased activity and overall health. And healthier people in general have lower risks for heart disease and stroke.

A grip on mobility
Grip strength also may predict your future loss of mobility. A May 2014 study in The Journal of Gerontology Series A: Biological Sciences and Medical Sciences analyzed data from more than 20,000 adults ages 65 and older to evaluate the link between weak grip strength and lack of mobility, in this case slow walking speed.

Among the men in the group, those with a weak grip—less than 26 kg using a dynamometer—were seven times more likely to be facing mobility issues compared with men who had normal grip strength.

You can take steps to improve grip strength and possibly avoid problems down the road. “You need to exercise your hands and wrists just like every other part of your body to keep them strong and supple,” says Cole.

Exercise your hands
The following exercises work on strengthening your fingers and thumb, improving hand strength, and increasing wrist flexibility and range of motion. They can be performed in just a few minutes. Do them two to three times a week with at least a day or two of rest in between.

“However, if you experience ongoing weakness, speak with your doctor about seeing an occupational therapist or physical therapist,” says Cole. “He or she can do an in-depth evaluation and prescribe specifically targeted exercises based on your needs.”

- **Squeezers**
  Squeeze a soft stress ball between the fingers and thumb of one hand. Hold for 30 to 60 seconds. Repeat with the other hand.

- **Cloth wringing**
  Wet a small towel or cloth. Then use both hands to wring out the water. Repeat several times.

- **Play with clay**
  Squish clay into a ball. Use your palms to roll long “snakes.”

  (For more exercises, see “Exercises to improve grip strength” on the bottom of page 5.)

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How’s your grip?

You can determine grip strength by how easily you perform daily tasks, like opening a jar, turning a doorknob, opening and closing self-sealing plastic bags, using a screwdriver, or lifting a pot from the stove. Another way is with a hand dynamometer. Squeeze it with your dominant hand as hard as you can for 10 to 15 seconds and note the highest number reached. Rest for 30 seconds and repeat three times. The highest number you hit is your score. A normal range for men ages 60 to 64 is 30 to 48 kilograms (kg). For those ages 65 to 69, it is 22 to 44 kg, and for men ages 70 and older, it is 21 to 35 kg. Some home models also are available online. Your doctor or physical therapist also can perform the test.

Grip strength is a sign of overall health and may predict your risk of a heart attack or stroke.
The A list of B_{12} foods

B_{12} works alone and with other B vitamins to support many vital functions. Here’s how to make sure you get enough.

Most healthy adults get sufficient B_{12} from their regular diet. However, it’s common for older people to have some level of B_{12} deficiency. This might stem not only from a poor diet, but also from age-related reduction in stomach acid, which the body needs in order to absorb B_{12} from food.

Certain conditions (such as Crohn’s disease, pancreatic disease, and diabetes) and drugs (such as heartburn medication, which reduces stomach acid) also can interfere with absorption and increase your risk of deficiency. Vegans and vegetarians sometimes have trouble consuming enough B_{12}, since many food sources are animal products.

Vitamin B_{12}, like all B vitamins, is water-soluble, which means the body expels what it does not use. Its main job is to maintain healthy nerve cells, support proper brain function, and assist in the production of DNA and RNA.

B_{12} also works with other B vitamins to improve certain functions. For instance, B_{12} and folate (B_{9}) together help to make red blood cells. B_{12}, B_{6}, and folate team up to control blood levels of the amino acid homocysteine, high levels of which have been associated with heart disease.

Low levels of B_{12} can cause fatigue, nervousness, dizziness, numbness, and tingling in the fingers and toes. Severe, long-term deficiency may lead to loss of mobility, problems walking, or memory loss. A blood test from your doctor can measure B_{12} levels, and a serious deficiency can be corrected with B_{12} shots or high-dose supplements.

Yet, your diet is the best way to get B_{12}. The average adult should consume 2.4 micrograms (mcg) of vitamin B_{12} a day, according to the National Institutes of Health. The table above shows some of the best food sources.

<table>
<thead>
<tr>
<th>Dietary sources of vitamin B_{12}</th>
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<tbody>
<tr>
<td><strong>Food</strong></td>
</tr>
<tr>
<td>Clams</td>
</tr>
<tr>
<td>Liver</td>
</tr>
<tr>
<td>Fortified cereal</td>
</tr>
<tr>
<td>Trout</td>
</tr>
<tr>
<td>Salmon</td>
</tr>
<tr>
<td>Tuna, canned</td>
</tr>
<tr>
<td>Beef</td>
</tr>
<tr>
<td>Nonfat plain Greek yogurt</td>
</tr>
<tr>
<td>Low-fat milk</td>
</tr>
<tr>
<td>Ham</td>
</tr>
<tr>
<td>Egg</td>
</tr>
<tr>
<td>Chicken breast</td>
</tr>
</tbody>
</table>

Source: National Institutes of Health.

Exercises to improve grip strength

**Wrist flexor stretches**
Begin with a bent elbow. Grasp the fingers of that hand with the other. Pull the hand back gently until you feel the stretch. Repeat the same exercise with a straight arm.

**Wrist extensor stretches**
Begin with a bent elbow. With the other hand, grasp the thumb side of the hand and bend your wrist downward. Repeat the same exercise with a straight arm.

**Thumb flexion/extension**
Begin with your thumb positioned outward. Move the thumb across the palm and then back to the starting position. Repeat the movement several times.

**Wrist ulnar/radial deviation**
Support your forearm on its side (on a table on a rolled-up towel), thumb upward. Move the hand straight up and down in small motions.
Don’t fall for hip fractures

Take every precaution to avoid falls—the leading cause of hip fractures.

Here is an alarming reality: if you ever suffer from a hip fracture, the odds of returning to your previous active life are greatly reduced.

A study published online Sept. 7, 2016, by the Journal of General Internal Medicine suggests that half of all people older than 65 who fracture a hip will never be as physically active and independent as before the injury, and most will have trouble with everyday tasks like bathing, dressing, eating, and going to the bathroom.

“Hip fractures in men have received less attention in part because these fractures are more common in women,” says Dr. Adam Tenforde, a sports medicine physician at the Harvard-affiliated Spaulding Rehabilitation Hospital. “However, men should be aware of the risks and health concerns from a hip fracture, as it can have lasting negative impacts on quality of life and function.”

The bone break itself is not as much of a problem as the recovery, which is often slow going. Complications—such as pneumonia, bedsores, and blood clots—can arise from the surgery needed to correct the fracture or from lack of mobility during recovery and rehabilitation, which lasts from two to three months or longer.

“A hip fracture requires prolonged time to recover, even if the surgery to repair the hip is successful,” says Dr. Tenforde. “The road to recovery is long, so prevention is key.” The best way to prevent these injuries is to avoid falls, which account for 95% of hip fractures, according to the CDC. Here are steps you can take to keep yourself safe.

Moderate-intensity exercise. Staying active reduces your fall risk, as it helps increase lower-body muscle strength and coordination. The intensity does not need to be that high, according to a Feb. 3, 2016, report published online by The BMJ.

Swimming. A 2014 study in the American Journal of Epidemiology found that older men who regularly swam were 33% less likely to experience a fall and swayed less when standing still for 30 seconds.

Yoga and tai chi. Both practices emphasize standing, slow walking, and balancing poses that help with coordination and lower-body range of motion. Much research has shown a link between both disciplines and fall prevention among older adults, especially those who suffer from conditions that affect balance, such as Parkinson’s disease.

Medications. Impaired balance can be a common side effect of medications for sleep, anxiety, blood pressure, and prostate enlargement. Consult with your doctor about your current medications and whether you should change any drugs or dosages to lower your fall risk.

Vision. Declining vision makes it difficult to navigate around

Strong bones? A DEXA scanner can measure density

Strong bones can help prevent hip fractures. How well would your bones hold up? A dual energy x-ray absorptiometry (DEXA) scan measures your bone mineral density to help determine whether you need bone-strengthening treatments. A DEXA scanner produces two x-ray beams of different energy levels, high and low. The test measures the amount of each beam that passes through the bone, which varies depending on the bone’s thickness. The difference between the two beams determines your bone density. The painless and noninvasive process takes about 10 to 20 minutes. Routine measurement of bone density in men is not recommended by most medical organizations, but it may be helpful in certain situations. Knowing your bone density is important if you have a history of fracture, have medical conditions (such as diabetes) or take medications (such as steroids) that could impair bone health, or have a family member with low bone density or osteoporosis.
Changing habits ... from p. 1

Each one is linked to the others in a continuous loop. Here’s how it works: Say you have a habit of eating junk food when you watch TV at night.

This is the loop: Your 8 p.m. TV show begins (reminder), you go to the kitchen to gather your snacks (routine), and you eat them while you watch your program (reward).

When the reward is achieved—in this case the pleasure of comforting junk food—you have a desire to repeat the action with the next reminder, and the cycle begins again.

Review reminder and routine

To break the bad habit, the simple solution would be to just stop eating the junk food. But, of course, this is never easy, because the real issue is the habit, not the food itself.

Understand the reminder and routine. Your first step is to shine a light on what happens with the current reminder and routine. In this example, at 8 p.m. you visit the kitchen for snack foods and then get comfortable on the couch.

Now ask yourself, why do you go to the kitchen? Make a list of short words or phrases that describe your feelings before you begin the routine. Hunger? Boredom? The desire for pleasure of eating while you watch?

Find your triggers. Research has found that habit triggers typically fit into five categories: location, time, emotional state, other people, and immediately preceding action. In the TV-watching scenario, the set of triggers might look like this:

- location: living room
- time: 8 p.m.
- emotional state: bored
- other people: none
- immediately preceding action: favorite TV show comes on.

Write down notes about your own situation using these categories for three to five days, as some may vary (for instance, mood or time). Afterward, review the information and look for patterns.

For instance, maybe you snack only when you are alone, or when you watch TV later at night, or when you are in a certain mood. Or you follow the routine of snacking only when you watch certain shows, like a comedy or drama. Do you tend to favor certain foods, like cookies, over other choices? “These are the clues to what needs to change so that you can shift to a new habit,” says Moore.

Boost your motivation. Next, make a list of different types of rewards you also enjoy. “The goal is not to ‘punish’ yourself for seeking pleasure, but to choose rewards that make you feel good while investing in your new healthier habit,” says Moore. These may include taking a walk, meditating, or calling a friend, or snacks that are good for your brain and body like whole fruit, low-fat plain yogurt, or a cup of hot tea.

Make a plan

Once you have examined your routine, the reminder that triggers your behavior, and the reward for your habit, you can figure out which factors you can shift and thus break the cycle.

For example, instead of watching TV at the same time every night, use that time slot for other habits with better rewards, like exercise, reading, or participating in a hobby.

If you find your snacking is triggered only when you watch TV later at night, try watching earlier the next day. If you discover that it’s not the snack food you crave, but rather the act of eating, prepare healthier snacks to satisfy that urge.

It may take some time, and you may have to experiment with different rewards or triggers to find the right ones, but soon you can shift your bad habit into a good one.

“Once you know how to choose the habit you want to change, and break down the cycle of how habits work, you are empowered to make lasting change,” says Moore.
Study links busy schedules to better cognitive function

Staying busy may improve your memory, suggests a study published May 17, 2016, in *Frontiers in Aging Neuroscience*.

Researchers examined 330 adults ages 50 to 89 from the Dallas Lifespan Brain Study. Participants rated their daily busyness with a questionnaire. Sample questions included, “How often do you have too many things to do each day to actually get them all done?” and “How often do you have so many things to do that you go to bed later than your regular bedtime?”

Each question was answered on a 5-point scale, with higher scores indicating greater busyness. The participants also underwent tests to gauge memory, information processing speed, reasoning, and vocabulary. Those with average busyness scores of 4 to 5 had better cognitive function scores than those with busyness numbers closer to 1 or 2. The greatest effect from busyness was with episodic memory, which is the memory of past events like times and places.

While the study did not explore the underlying mechanisms at play between busyness and cognitive function, and the results were limited by self-reporting, the researchers noted the two appear to be linked. “It is possible that people with higher mental function lead busier lives, but staying busy and active may be a proxy for mental stimulation, which leads to intellectual growth,” says lead researcher Dr. Sara Festini of the University of Texas, Dallas.

Beware of low diastolic readings when treated for high blood pressure

Researchers have found evidence that links heart tissue damage to blood pressure treatments that drive diastolic pressure (the bottom number in a reading) too low.

Last year’s SPRINT trial showed cardiovascular benefits when high blood pressure was reduced to 120/80 millimeters of mercury (mm Hg). In the new study, published Aug. 30, 2016, in the *Journal of the American College of Cardiology*, researchers followed 11,565 people for 21 years. The participants had blood tests and blood pressure measurements five times during this period. From the blood samples, scientists performed high-sensitivity cardiac troponin testing, a way to measure a protein involved in heart muscle contraction. The protein rises when there is heart damage from reduced blood flow caused by narrowed coronary arteries. The results found that people with diastolic blood pressure below 60 mm Hg were twice as likely to have troponin-induced heart damage compared with those in the recommended range of 80 to 89 mm Hg. Those with a diastolic blood pressure of 60 to 69 mm Hg were 52% more likely to have heart damage.

The scientists cautioned the findings only show an association between low diastolic blood pressure and an increase in heart damage, but that the emphasis on pushing the top number down to a target of 120 mm Hg might lower the bottom number too much in the process. “Men with coronary artery disease need to pay attention to the bottom number when working to reduce the top number,” says lead researcher Dr. William McEvoy of Johns Hopkins Medicine.

Men: talk with your doctor about resuming sex after a heart attack

Most men are able to resume their sex life after a heart attack, but a majority do not talk with their doctor about it, says a study published online Aug. 31, 2016, by *JAMA Cardiology*.

Researchers from the University of Chicago found that if physicians talk to their male patients about sexual health, function, and expectations after a heart attack, the men tend to resume sex sooner. However, without this communication, men are more likely to have sexual problems like lack of interest and erectile difficulty, which may delay returning to their normal sex lives.

Lead researcher Dr. Stacy Lindau says prior studies suggest men avoid talking with their physician about sex because they’re embarrassed, and they assume that if their doctor doesn’t raise the topic, it’s not an issue. Before being discharged from the hospital, men should expect to have a conversation with their physician about when it’s okay to resume all regular activities, including sex, says Dr. Lindau.

If the topic does not come up, she suggests men take the initiative. “They should ask not only when they can have sex, but whether there are any symptoms or warning signs to look for during sex that may require medical attention.”

IN FUTURE ISSUES:
- Should you join a clinical trial?
- Solutions for panic attacks
- Facts about hearing aids