Sam and Kate have a happy marriage, but you wouldn’t know it by their sleeping arrangements. Because of his snoring, Sam often migrates to the couch or the guest room so that his wife can get a good night’s sleep.

Six out of 10 of adults say they snore. Most of them are men. While it’s often the subject of jokes, snoring is no laughing matter for the couples it affects. The noise can impair the sleep quality of everyone in earshot – including the person snoring.

Not getting a good night’s rest leads to daytime sleepiness. That can impair your thinking and concentration, which may affect your job performance and driving ability.

Snoring can keep you – and your partner – from getting a good night’s sleep. Following these tips can help.
WHAT CAUSES SNORING?
Anything that affects your air flow can cause snoring. The sound comes from the vibration of soft tissue in the back of the throat. When air tries to pass through a narrowed airway, the vibration is heard as snoring.

Snoring could be triggered by:

» Eating too much before bed
» Smoking
» Your sleeping position
» Alcohol, drugs and/or sedatives
» Age – older people often snore because of weaker muscles
» Obesity
» Enlarged tonsils or adenoids
» Nasal congestion

IS IT SLEEP APNEA?
For some, snoring can be a sign of sleep apnea. With this disorder, the airways in your nose, mouth or throat can close completely. Breathing typically stops for 10 to 30 seconds. This can happen 30 to 300 times a night. Large tonsils, the tongue or the uvula (the fleshy appendage in the back of your throat) may be the cause.

Sleep apnea can be dangerous. It increases your risk for heart attack, high blood pressure and stroke. You’re more likely to have it if you’re male, overweight or over age 40, but it can affect anyone.

Your doctor can help determine if your snoring is related to apnea. Or he or she may refer you to a sleep specialist for diagnosis and treatment.

TIPS FOR A PEACEFUL SLUMBER
Mild or moderate snoring that is not caused by an underlying chronic condition can often be relieved with some of the tips below. For more-serious cases, a doctor may suggest other treatments. These range from wearing a device to regulate breathing at night to surgery.

» Lose excess weight. Extra body weight, especially around the neck, puts more pressure on breathing passages. Even a modest weight loss can help ease snoring.
» Avoid cigarette smoke. Kick the habit if you do smoke and avoid secondhand smoke if you don’t. It may reduce nasal and lung congestion that may be causing snoring.
» Avoid sleep aids, alcohol and cold medicines. They can cause the throat muscles to relax, which can lead to snoring.
» Avoid large meals before bed. A full stomach puts pressure on the diaphragm. This limits breathing passages.
» Run a humidifier. This may help stop snoring for some.
» Elevate your head. Sleeping with your head slightly raised takes some pressure off the airway. Try putting blocks under the bedposts at the head of the bed, or prop yourself up with pillows.
» Sleep on your side. Snoring is more likely if you are lying on your back. Try tying a tennis ball or other soft object to your back to keep you sleeping on your side.
» Try nasal strips. Over-the-counter nasal strips may give you relief if you’re congested.

If you snore heavily, it’s best to see your doctor for a thorough exam. Snoring can signal underlying health problems, such as sleep apnea, metabolic syndrome, diabetes and heart disease.

Snoring can be managed in most cases. With proper care, you (or your mate) will no longer have to retreat to the couch at night and you’ll both be back in bed.
Most men put more thought into how they fuel their car than how they fuel their body. It’s no wonder that obesity is on the rise, and that the number of obese men in the U.S. has doubled over the past 25 years. Sedentary habits and overeating have contributed to this epidemic. But the question remains: how to motivate men in a dieting world that is dominated by women?

READY FOR A TUNE-UP?

For starters, forget the word “diet.” Begin to manage your food intake – just like you manage your finances, your relationships and your job.

Next, think about your health and quality of life. Though your wedding tux may be out of reach, dropping a few pounds and exercising more will improve your fitness, strength and energy. Just check with your doctor before you increase your activity level.

Other benefits of losing weight may include:

- Decreased risk of diabetes, heart attack, some types of cancer, hypertension and sleep apnea.
- Better performance in sports.
- Longer lifespan (your spouse and kids will appreciate this).
- Enhanced sex life. Weight loss may even help with erectile dysfunction.

THE GAME PLAN

Here’s how to get the ball rolling:

Don’t skip breakfast. A morning meal gets your metabolic fire started. Ditch your muffin or donut, and have some instant oatmeal with walnuts, eggs and low-fat cheese on an English muffin, peanut butter on whole-wheat toast or a bowl of whole-grain cereal with nuts and fruit.

Cut portions in half. Men like volume. But overeating is probably what got you here in the first place. So cut back on portions, especially when dining out. When cooking at home, add more veggies to your meal so you feel like you’re eating more. For instance, add zucchini, mushrooms and onions to your pasta sauce. Use more sauce, and less pasta.

Don’t overdo protein. Strength training, along with moderate protein and carbs, is the key to muscle building – not excess protein. Most men get more than enough protein in their diets. Forget protein powders, and stick with lean chicken, turkey, fish, eggs and beans. Even veggies and grains have protein.

Focus on good carbs. Carbs are essential for energy and building muscle. Stick with wholesome choices and go for fruits and veggies; whole-grain breads, cereals and pastas; brown rice; and baked and sweet potatoes. Limit cookies, donuts, cakes, large bagels and white flour rolls.

Pay attention to real hunger. Eat when you are hungry, and stop when you are full. This includes pushing away from the table when there is still food left. It’s more manly to refuse extra food than to clean the plate.

Snack smart. Endless bowls of chips, ice cream and salted nuts are just some of the snacking downfalls of men. Instead of candy at the vending machine, go for a piece of fruit, a half a turkey sandwich or some low-fat cheese and whole-grain crackers. Keep healthy snacks stocked at the office.

Exercise regularly. There is no better one-two punch for weight loss than regular exercise and good nutrition. Work in some type of aerobic exercise most days of the week. Strength train two to three times a week to build muscle. This will help increase your metabolism. Check with your doctor before you increase your activity level.

Travel light. Traveling for business adds an extra challenge. Try to skip heavy meals and keep to a meal schedule.

- For breakfast, go for scrambled eggs with toast, oatmeal with low-fat milk and fresh fruit. Limit refined carbs, such as bagels, pancakes and waffles.
- For lunch, opt for salads or sandwiches/wraps with grilled chicken, shrimp or salmon. Ask to skip or go light on the mayo.
- Watch dinner portions. Don’t hesitate to leave leftovers on your plate. Opt for more fish and chicken versus beef, and avoid fried foods.

Limit alcohol. Spoiler alert: alcohol has calories. If you care to drink, limiting yourself to two drinks a day will cut the amount of calories you consume. It will also help you avoid gaining belly fat and will enhance your overall health.

Finally, don’t rush it. A goal of one half to one pound a week is the most sensible for the long term. When it comes to permanent weight loss, slow and steady wins the race.
Suggested Checkups and Tests for Men

Screening tests can help men stay healthy. Find out which tests you need based on age, health and risks for other health problems.

This checklist is meant only as a general guideline. The tests and screenings you need depend on your individual risks, medical and genetic histories, and age. Talk with your doctor to know what you need to do to keep up your health. Your doctor can also tell you how often you should have these tests and screenings.

Many doctors follow the guidelines put forth by the U.S. Preventive Services Task Force (USPSTF). The USPSTF is the nation’s leading source of recommendations and guidelines for screening tests. Doctors also follow other recommendations, like those made by the American Cancer Society or other professional organizations.

Regular checkups. Regular checkups are a good way to keep track of your health. Your doctor can take your blood pressure, listen to your heart, weigh you and take other assessments. Sometimes, conditions that do not have noticeable symptoms, like high blood pressure, are found at a routine checkup. This is also a good time to get advice from your doctor about your diet, exercise and other steps to take. There is no consensus as to when or how often a man should go for a routine physical. Talk to your doctor about suggestions for what is right for you.

Testicular exams. The American Cancer Society (ACS) recommends a testicular exam as part of a routine cancer-related office visit. But checking yourself for testicular cancer (testicular self-exams) has not been shown to help men live longer. The ACS does not recommend testicular self-exams for all men. They do advise men who have cancer risk factors to consider a monthly testicular self-exam and to discuss this with their doctors. The USPSTF does not advise screening teens or adult men for testicular cancer if they do not...
have symptoms. Talk to your doctor about what is best for you.

**Cholesterol testing.** The National Cholesterol Education Program currently recommends a fasting lipoprotein profile for all adults age 20 and older every five years. This test measures total cholesterol, HDL, LDL and triglycerides. Depending on your risk factors for heart disease, your doctor may suggest more frequent testing.

**Prostate cancer screening.** Doctors disagree about whether routine prostate cancer screening should be done. The reason is that very small slow-growing prostate cancers may not cause a man any health problems, while treating those cancers with surgery or radiation could. Here are two different guidelines. Talk to your doctor about them and what is best for you.

The USPSTF does not advise for or against routine screening in men younger than age 75. The USPSTF concludes that there is currently not enough information to make a recommendation regarding screening. However, they do advise against screening men who are aged 75 and older.

The American Cancer Society recommends that doctors discuss the risks and benefits of prostate cancer screening with their patients. They also suggest prostate cancer screening for most men starting at age 50 and then yearly for men who do not have major medical problems and have a life expectancy of at least 10 years. Prostate screening includes both a PSA test and digital rectal exam (DRE). Yearly screening should start at age 45 for men who have a high risk for prostate cancer, including African Americans or men who have two or more first-degree relatives with prostate cancer. The ACS also suggests that doctors talk about screening and offer screening to certain men who are at very high risk at age 40.

**Colon cancer exams.** The USPSTF recommends that everyone be screened for colon cancer starting at age 50 and continuing until age 75 with one of the following screening tests:

- Home fecal occult blood testing
- Flexible sigmoidoscopy
- Colonoscopy

The American Cancer Society guidelines also include several other tests that may be used to screen for colon cancer in some cases. These include:

- A double contrast barium enema
- CT colonography (virtual colonoscopy)
- Stool DNA test

If any of these tests are positive, your doctor may advise further testing with a colonoscopy.

If you have risk factors for colon cancer, such as a family history, you may need earlier or more frequent screenings. Other risk factors include a personal history of inflammatory bowel disease, the presence of certain polyps, certain cancers or radiation therapy.

Talk to your doctor to see which screening test is right for you.

**Blood pressure.** Experts do not agree on how often blood pressure should be checked. But it’s probably a good idea to have your blood pressure checked at least once every two years. Talk to your doctor if your blood pressure is 120/80 or higher. If you have prehypertension or high blood pressure, your doctor may suggest more frequent screenings, periodic office visits and perhaps regular blood pressure monitoring at home as well.

**Aortic aneurysm.** The USPSTF recommends screening for aortic aneurysm if you have ever smoked. This is a one-time test done by ultrasound between the ages of 65 to 75.

**HIV testing.** The CDC recommends that men get tested for the human immunodeficiency virus (HIV), the virus that causes AIDS, if:

- You are a man who has had sex with another man (after 1975).
- Get tested at least once a year.
- You inject illegal drugs. Get tested once a year.

Even if you think you have low risk for HIV infection, talk to your doctor about HIV screening.

**Diabetes testing.** The USPSTF recommends that adults with no symptoms but who have BP readings (either treated or untreated) of greater than 135/80 be tested for diabetes. The American Diabetes Association’s recommended testing intervals vary slightly. They suggest testing for all people who are overweight or obese and who have any other risk factors for diabetes. Testing in people who do not have these risk factors should start at age 45.

Risk factors for type 2 diabetes include being overweight, being inactive and having a family history of diabetes. Also, if you have high blood pressure or high cholesterol, it is important to be tested for diabetes, because diabetes significantly raises your already higher risk of heart attack.

**Obesity.** You should be screened for obesity by measuring body mass index (BMI), waist circumference or both.

Dental checkups. Regular checkups with your dentist are important for dental health and even your overall health. Ask your dentist how often you should have checkups. Two visits per year for cleaning are typically advised.

**Eye exam.** The American Academy of Ophthalmology recommends that after an initial comprehensive eye exam, you have your eyes checked every one to four years after age 40. Of course, this depends on your age and whether you have any health problems that could affect your eyesight. People with diabetes, diagnosed eye disorders and other medical conditions may need more frequent testing.

**Skin exams.** Skin cancer is the most common type of cancer in the U.S. But most kinds of skin cancer can be cured if found and treated early. If you notice any new or changing moles or other marks on your skin or have a sore that does not heal, see your doctor right away.
Your doctor mentions a prostate exam. You tense up at the thought. You know where the prostate is and you fear the exam won’t be comfortable and could be embarrassing.

The prostate exam is also called digital rectal exam (DRE) or rectal exam. It’s one of those tests that most men will face at some point in their lives. This may be part of a routine exam or done because of trouble with urination or for other symptoms. Knowing what to expect can help you prepare.

**THE DRILL**

You’ll take off your pants and underwear and wear a paper gown or wrap around your waist, with the opening to the back.

The prostate lies in front of the rectum. Access to it requires you to bend over. You can stand up and bend over with your arms resting on the table. Or you may lie on the table on your side with your knees pulled up to your chest.

Your doctor will probably explain what he or she is doing as it’s happening to let you know what to expect and put you at ease.

Your doctor may put his or her hand on your lower abdomen to help steady you. The doctor will separate your buttocks and examine the anal area.

Next, your doctor will slowly insert a gloved, lubricated finger into the rectum, pausing to allow your sphincter muscle to fully relax before inserting it further.

It’s natural to want to tense up during the exam, but if you can relax, you’ll be more comfortable. To help relax the sphincter muscle at the entrance to the rectum, your doctor may ask you to “bear down” like you are straining to have a bowel movement. Breathe out slowly through your mouth.

Next, the doctor will feel the rectal wall for any abnormalities and press on the prostate gland to check its size and for lumps or areas of hardness. You’ll probably feel pressure and an urge to urinate when your prostate gland is pressed. Some men get nauseous or feel faint during a rectal exam. This is a normal reaction, so don’t feel embarrassed. If you start to feel lightheaded, tell your doctor right away.

The exam usually takes only a minute or so. When the exam is over, the doctor may run a test to check for blood on any stool that remains on the glove. This can be a sign of hemorrhoids, polyps or colon cancer.

While it can be uncomfortable, a rectal exam shouldn’t hurt. If it does hurt, say so. If you have tenderness, it could indicate a problem, such as prostatitis (inflammation of the prostate).

**FOUR TIPS TO SURVIVE YOUR PROSTATE EXAM**

› Tell your doctor if you have hemorrhoids.
› Breathe slowly in and out through your mouth. Don’t hold your breath.
› Detach and try to relax. Think about your favorite vacation spot or something else pleasant.
› Tell your doctor if it hurts.

After the exam, you’ll get some tissue to clean up with and some privacy to get dressed before the doctor tells you the results.