

Katie Johnson: Good morning, and welcome to Apple a Day, Lake Region Health Care's Health and Wellness Segment. Katie Johnson, and along with me, my guest this morning is Dr. Josh Overgaard, Internal Medicine physician and Hospitalist at Lake Region Healthcare here to talk with me about men's health this morning. Good morning, Dr. Overgaard.

Josh Overgaard: Good morning. It's nice to be here.

Katie Johnson: It's Men's Health Month in June, so I thought it would be fun to get your perspective on what are some of those things that men shouldn't ignore or that go unrecognized in men's health. You didn't even share with me what your top five are, so it's going to be a surprise to me, too. Should we start with number five and count down?

Josh Overgaard: Yeah.

Katie Johnson: All right.

Josh Overgaard: They're sort of in random order-

Katie Johnson: In random order.

Josh Overgaard: -I haven't ranked them so-

Katie Johnson: Okay. Not ranked, but first on the list for today?

Josh Overgaard: Yeah. First off, I think that it's important to recognize that men I think from an early age, culturally, were discouraged necessarily from having problems. Life's supposed to be okay. And that works a lot of times and in some situations that's beneficial because it allows us to get our work done when we need to get our work done and to take care of our families when we need to do that.

But sometimes, we have time to go to the doctor and if we're able to address issues before they get to be a really big problem, it's less disruptive to our life, it actually allows us to function better and take care of our families better and do our jobs better. So there shouldn't be any shame in talking about things that we have concerns about. But anyway, that said, so the thing at the top of my list, I think it's obvious to most, to a lot of people, but I think we should bring it up and that's mental health. And it just goes along with what I was talking about right there. I think we're conditioned not to talk about not feeling okay be being down, and I think too that oftentimes that gets chalked up to us thinking that's circumstantial or a part of our life, that if we're down it's because something's not going well. But that's not always the case.

And I think we can all think of people that we've known that from the outside seemed to have a really great life. They have loving families and good careers and

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they're always unhappy. And we've also seen people that are in awful situations that are always smiling.

Katie Johnson: Right.

Josh Overgaard: And I think that the takeaway from that is that our mood is often independent of our circumstance and to be always unhappy and feeling down about ourselves is not normal. And I think the other thing is that I think a lot of people think that there's just nothing we can do about it, and that's not true at all. Mental illness, especially depression, any kind of mental illness, but I guess I was talking more about depression there, is treatable. And sometimes that's with medications, but sometimes, therapy has dramatic effects for people and as soon as we can start recognizing the brain and the mind as a part of the body that can function well and can have dysfunction and that that's not a character weakness, that's going to be an amazing time in our culture.

Katie Johnson: I couldn't agree more. Number two on your list.

Josh Overgaard: Well, we can move away from the mind. One thing that I actually see a lot of that, that people have trouble with and aren't even aware it's a problem, is their sleep. People who are sleepy during the day, if you wake up tired, or if you feel a need to take naps, or every time you sit down to watch TV, you wake up a half an hour later, and you missed the show, or if you snore a lot, that's worth bringing up. And the reason that's important is that those are signs of a sleep problem and for us with the rate of obesity we have, the most common reason for that is obstructive sleep apnea. And what happens in sleep apnea is the excess tissue in the neck causes your throat to close while you're sleeping. And it changes the way your lungs work and you're pulling air that can't get in. And that causes a lot of stress on the lungs and it causes a lot of stress on the heart.

And one reason we want to treat sleep apnea if people have it, is that they'll sleep better and they'll feel better during the day, and they won't be falling asleep at the wheel of their car and they'll enjoy their life more, but also, if that goes on for a long time, it can cause chronic lung disease that doesn't get better, it's not reversible and it can cause heart failure. And both of those are very uncomfortable things to slowly die from. And I think that's very much under recognized and so if sleepiness and snoring are something that you notice in yourself or your partner, that's definitely worth bringing up to your doctor.

Katie Johnson: All right, so moving on from sleep, next on your list.

Josh Overgaard: Moving on from sleep, maybe staying in the chest, shortness of breath. There are a lot of kind of chronic slowly developing health problems that will lead to shortness of breath. And I do see sometimes people that come in who have had heart problems for a long time or lung problems for a long time and never knew it, but when I talk to them, they'll come in when they're very short of breath, and when I talk to them about it, they'll say, "Well, yeah, you know for the last year, I get a little more winded when I pull out the garbage, or when I'm walking down the

street or when I'm shoveling my sidewalk", and it never came up, and then by the time we see them, be it their heart disease or their lung disease or whatever it is, has progressed and perhaps if we'd seen that a year ago, we could have made some changes that would have been helpful. But even if it's a little bit, and it doesn't necessarily mean you have to stop and rest, but especially if you have to stop and rest, shortness of breath is always something to take seriously and not something that we should be ignoring.

Katie Johnson: All right, next on our list.

Josh Overgaard: Next on the list. What I call the other ED, which is exercise deficiency. I think we have developed a tolerance to condition culturally also that is not normal. And that is that we're not reactive. There's not a single tissue in our bodies that doesn't benefit from exercise and that isn't built for exercise. Our brains, our skin, our heart, our lungs, everything in your body is designed for you to be exercising. And when we don't exercise, our body doesn't function well, and it starts to deteriorate. And it's not just about having a good heart, it is about heart health, but it's about all kinds of other health, even including our mental health, and when I think about my clinical practice, and the people that I see in the hospital and the clinic, there's a huge burden of disease that we have that people suffer from that if there had been more activity throughout their life, probably wouldn't be there.

Walk around the block, walk fast, make sure you walk up the hill, keep your heart rate up, sweat a little bit, get so where you're breathing a little heavier-

Katie Johnson: Yeah.

Josh Overgaard: Shortness of breath is a normal consequence of exercise-

Katie Johnson: Yes.

Josh Overgaard: -as long as it's not excessive or without too much exercise. But it's good to try to get some cardiovascular exercise every day, if you can do more than a half hour or 45 minutes, that's ideal. And then I think some component of resistance training is important to. Something that, not necessarily just walking, but if you could build your muscle that's good too, because you're body's also set up to have muscles.

Katie Johnson: So we have one left?

Josh Overgaard: One left. And of course we saved the best for last. And this one is the first ED. Not the second-

Katie Johnson: Reverse order.

Josh Overgaard: -we talked about the exercise deficiency, but I think also important is sexual health. And this is important for a few big reasons. And this is something that people very rarely bring up in clinic visits and it's something that I think it's important that doctor's try to ask about, because it's unfortunately a taboo sort of subject for us

because we spend a lot of our young life being trained that sex is bad, and that we shouldn't talk about it.

Katie Johnson: Right.

Josh Overgaard: And we shouldn't think about it, and that's not true, sex is not bad, sex is good. And people should have sex. And if sex isn't working, then something's wrong. So first off, I'm an internal medicine doctor, so I think about things like arteries and veins and blood and all that, so one of the ways that sexual function is important for health is that in the case of erectile dysfunction, that can be an early sign of vascular disease. And vascular disease includes any vessel in your body, so we're talking about things like heart disease and strokes and claudication where the vessels in your legs aren't working.

And oftentimes erectile dysfunction is an early sign that a person has vascular disease. So when people show up to me in clinic and are having a problem with that, that's one thing that I look for, and it might be helpful in staving off future problems with heart disease and strokes, if we can identify that early. And then the other reason is that sex is important for relationships and for the way that we feel. And if things aren't going well sexually for us, that impacts the quality of our life, and it impacts the quality of our partners life, and it might be a part of one of, the first thing we talked about was mental health, you know it might be part of that. Sometimes there's anxieties or issues with depression that are keeping us from enjoying our life and this is a part of that. I think we should less often discount this as a sort of extraneous unimportant part of life, because it is part of our normal function.

Katie Johnson: Absolutely. I think all five that you chose just really illustrates how amazingly complex the human body is and how all things are so closely intertwined and interdependent on one another and none of these should be ignored by men, or by their partners.

Josh Overgaard: Exactly. Exactly. Well, I mean most of this list speaks to women too, I mean nobody should-

Katie Johnson: Right.

Josh Overgaard: -this stuff, but I think it's things that I see anyway that guys maybe put less importance on.

Katie Johnson: And hopefully, the guys out there and the women who love them will take these messages to heart, have those crucial conversations, and bring these items up for better quality of life, for better health, for longer life, and I thank you for taking time share the top five on your list with us this morning.

Josh Overgaard: It was my pleasure. Thanks.

Katie Johnson: Dr. Josh Overgaard, Internal Medicine physician here at Lake Region Health Care

joining me to talk about men's health during June Men's Health Month on Apple A Day. Katie Johnson, along with Dr. Josh Overgaard, reminding you that there is so much to do here, stay healthy for it. Have a great day.