



# LISTEN UP!

## PREVENTING & TREATING NOISE-INDUCED HEARING LOSS

Every day, we experience sound in our environment, such as the sounds from television and radio, household appliances, and traffic. Normally, these sounds are at safe levels that don't damage our hearing. But sounds can be harmful when they are too loud, even for a brief time, or when they are both loud and long-lasting. These sounds can damage sensitive structures in the inner ear and cause noise-induced hearing loss (NIHL).

NIHL can be immediate or it can take a long time to be noticeable. It can be temporary or permanent, and it can affect one ear or both ears. Even if you can't tell that you are damaging your hearing, you could have trouble hearing in the future, such as not being able to understand other people when they talk, especially on the phone or in

a noisy room. Regardless of how it might affect you, one thing is certain: noise-induced hearing loss is something you can prevent.

### **WHO IS AFFECTED BY NIHL?**

Exposure to harmful noise can happen at any age. People of all ages, including children, teens, young adults, and older people, can develop NIHL. Approximately 15 percent of Americans between the ages of 20 and 69—or 26 million Americans—have hearing loss that may have been caused by exposure to noise at work or in leisure activities.

### **WHAT CAUSES NIHL?**

NIHL can be caused by a one-time exposure to an intense "impulse" sound, such as an explosion, or by continuous exposure to loud

sounds over an extended period of time, such as noise generated in a woodworking shop.

Recreational activities that can put you at risk for NIHL include target shooting and hunting, snowmobile riding, listening to MP3 players at high volume through earbuds or headphones, playing in a band, and attending loud concerts. Harmful noises at home may come from sources including lawnmowers, leaf blowers, and woodworking tools.

Sound is measured in units called decibels. Sounds of less than 75 decibels, even after long exposure, are unlikely to cause hearing loss. However, long or repeated exposure to sounds at or above 85 decibels can cause hearing loss. The louder the sound, the shorter the amount of time it takes for NIHL to happen.

Here are the average decibel ratings of some familiar sounds:

- ✓ The humming of a refrigerator, 45 decibels
- ✓ Normal conversation, 60 decibels
- ✓ Noise from heavy city traffic, 85 decibels
- ✓ Motorcycles, 95 decibels
- ✓ An MP3 player at maximum volume, 105 decibels
- ✓ Sirens, 120 decibels
- ✓ Firecrackers and firearms, 150 decibels

Your distance from the source of the sound and the length of time you are exposed to the sound are also important factors in protecting your hearing. A good rule of thumb is to avoid noises that are too loud, too close, or last too long.

### WHAT ARE THE EFFECTS AND SIGNS OF NIHL?

When you are exposed to loud noise over a long period of time, you may slowly start to lose your hearing. Because the damage from noise exposure is usually gradual, you might not notice it, or you might ignore the signs of hearing loss until they become more pronounced. Over time, sounds may become distorted or muffled, and you might find it difficult to understand other people when they talk or have to turn up the volume on the television. The damage from NIHL, combined with aging,

can lead to hearing loss severe enough that you need hearing aids to magnify the sounds around you to help you hear, communicate, and participate more fully in daily activities.

### CAN NIHL BE PREVENTED?

NIHL is the only type of hearing loss that is completely preventable. If you understand the hazards of noise and how to practice good hearing health, you can protect your hearing for life. Here's how:

- ✓ Know which noises can cause damage (those at or above 85 decibels).
- ✓ Wear earplugs or other protective devices when involved in a loud activity (activity-specific earplugs and earmuffs are available at hardware and sporting goods stores).
- ✓ If you can't reduce the noise or protect yourself from it, move away from it.
- ✓ Be alert to hazardous noises in the environment.
- ✓ Protect the ears of children who are too young to protect their own.
- ✓ Make family, friends, and colleagues aware of the hazards of noise.
- ✓ Have your hearing tested if you think you might have hearing loss.





# CANCER...

## AFTER THE DIAGNOSIS

There are millions of people in the United States who are cancer survivors. Many say that they felt they had lots of support during their treatment, but once it ended, it was hard to make a transition to a new way of life. It was like entering a whole new world where they had to adjust to new feelings, new problems and different ways of looking at the world.

### THE NEW NORMAL

The end of cancer treatment is often a time to rejoice. Most likely you're relieved to be finished with the demands of treatment. You may be ready to put the experience behind you and have life return to the way it used to be. Yet at the same time, you may feel sad and worried. It can take time to recover. And it's very

common to be thinking about whether the cancer will come back and what happens now. Often this time is called adjusting to a "new normal." You will have many different feelings during this time.

One of the hardest things after treatment is not knowing what happens next. Those who have gone through cancer treatment describe the first few months as a time of change. It's not so much "getting back to normal" as it is finding out what's normal for you now. People often say that life has new meaning or that they look at things differently.

### YOUR NEW NORMAL MAY INCLUDE:

- Making changes in the way you eat and the things you do

- New or different sources of support
- Permanent scars on your body
- Not be able to do some things you used to do more easily
- Emotional scars from going through so much

You may see yourself in a different way, or find that others think of you differently now. Whatever your new normal may be, give yourself time to adapt to the changes. Take it one day at a time.

### COPING WITH FEAR OF RECURRENCE

It's normal to worry that your cancer will come back. Almost all cancer survivors have this fear, so

you are not alone. It's common for people to feel a lack of control over their lives or have trouble trusting their bodies. Every ache or pain brings up the fear that the cancer is back. Some tips on how to cope with this are:

- **Be informed.** Understand what you can do for your health now, and find out about the services available to you. Doing this can give you a greater sense of control. Some studies even suggest that people who are well-informed about their cancer are more likely to recover more quickly than those who are not.

- **Be open and talk to your health care team about your fears.** They can assure you that they're looking out for you and help you feel less worried.
- **Express your feelings of fear, anger, or sadness.** People have found that when they express strong feelings like anger or sadness, they're more able to let go of them.
- **Look for the positive.** Sometimes this means looking for the good even in a bad time or trying to be hopeful

instead of thinking the worst. Try to use your energy to focus on wellness and what you can do now to stay as healthy as possible.

- **Find ways to help yourself relax.** Relaxation exercises have been proven to help others and may help you relax when you feel worried.
- **Be as active as you can.** Getting out of the house can help you focus on other things besides cancer and the worries it brings.
- **Focus on what you can control.** Being involved in your health care, keeping your appointments, and making changes in your lifestyle are some of the things you can control. Even setting a daily schedule can help. And while no one can control every thought, some say that they try not to dwell on the fearful ones.

For some it can be hard to let go of the fear and lack of trust your body. If your fears of recurrence seem overwhelming, talk to a counselor. He or she may be able to help you reduce your anxiety and calm your fears.





**80%**

OF ADULTS  
EXPERIENCE LOW  
BACK PAIN AT SOME  
POINT IN THEIR  
LIFETIMES.



## DEALING WITH LOWER BACK PAIN

If you have lower back pain, you are not alone. About 80 percent of adults experience low back pain at some point in their lifetimes. It is the most common cause of job-related disability and a leading contributor to missed work days.

Men and women are equally affected by low back pain, which can range in intensity from a dull, constant ache to a sudden, sharp sensation that leaves the person incapacitated. Pain can begin abruptly as a result of an accident or by lifting something heavy, or it can develop over time due to age-related changes of the spine. Sedentary lifestyles also can set the stage for low back pain, especially when a weekday routine of getting too little exercise is punctuated by strenuous weekend workout.

Most low back pain is acute, or short term, and lasts a few days to a few weeks. It tends to resolve on its own with self-care and there is no residual loss of function. The majority of acute low back pain is mechanical in nature, meaning that there is a disruption in the way the components of the back (the spine, muscle, intervertebral discs, and nerves) fit together and move.

Subacute low back pain is defined as pain that lasts between 4 and 12 weeks.

Chronic back pain is defined as pain that persists for 12 weeks or longer, even after an initial injury or underlying cause of acute low back pain has been treated.

### HOW IS BACK PAIN TREATED?

Treatment for low back pain generally depends on whether the pain is acute or chronic. In general, surgery is recommended only if there is evidence of worsening nerve damage and when diagnostic tests indicate structural changes for which corrective surgical procedures have been developed.



Conventionally used treatments and their level of supportive evidence include:

**HOT OR COLD PACKS** | While they have never been proven to quickly resolve low back injury, they may help ease pain and reduce inflammation for people with acute, subacute, or chronic pain, allowing for greater mobility among some individuals.

**ACTIVITY** | Individuals should begin stretching exercises and resume normal daily activities as soon as possible, while avoiding movements that aggravate pain. Strong evidence shows that persons who continue their activities without bed rest following onset of low back pain appeared to have better back flexibility than those who rested in bed for a week.

**STRENGTHENING EXERCISES** | Beyond general daily activities, strengthening exercises are not advised for acute low back pain, but may be an effective way to speed recovery from chronic or subacute low back pain.

**PHYSICAL THERAPY PROGRAMS** | Physical therapy can help strengthen core muscle groups that support the low back, improve mobility and flexibility, and promote proper positioning and posture are often used in combinations with other interventions.

**MEDICATIONS** | A wide range of medications are used to treat acute and chronic low back pain. Some are available over the counter (OTC); others require a physician's prescription.

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## RECOMMENDATIONS FOR KEEPING ONE'S BACK HEALTHY

Following any period of prolonged inactivity, a regimen of low-impact exercises is advised. Speed walking, swimming, or stationary bike riding 30 minutes daily can increase muscle strength and flexibility. Yoga also can help stretch and strengthen muscles and improve posture. Consult a physician for a list of low-impact, age-appropriate exercises that are specifically targeted to strengthening lower back and abdominal muscles. Here are some additional tips:

- Always stretch before exercise or other strenuous physical activity.
- Don't slouch when standing or sitting. The lower back can support a person's weight most easily when the curvature is reduced. When standing, keep your weight balanced on your feet.
- At home or work, make sure work surfaces are at a comfortable height.
- Wear comfortable, low-heeled shoes.
- Sleeping on one's side with the knees drawn up in a fetal position can help open up the joints in the spine and relieve pressure by reducing the curvature of the spine. Always sleep on a firm surface.
- Maintain proper nutrition and diet to reduce and prevent excessive weight gain, especially weight around the waistline that taxes lower back muscles. A diet with sufficient daily intake of calcium, phosphorus, and vitamin D helps to promote new bone growth.



## A LOOK AT COLORECTAL CANCER & PREVENTION

Colorectal cancer is a disease in which malignant (cancer) cells form in the tissues of the colon or the rectum.

The colon and the rectum are parts of the large intestine, which is the lower part of the body's digestive system. During digestion, food moves through the stomach and small intestine into the colon. The colon absorbs water and nutrients from the food and stores waste matter (stool). Stool moves from the colon into the rectum before it leaves the body. Most colorectal cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids). Colorectal cancer often begins as a growth called a polyp, which may form on the inner wall of the colon or rectum. Some polyps become cancer over time. Finding and removing polyps can prevent colorectal cancer.

### What is prevention?

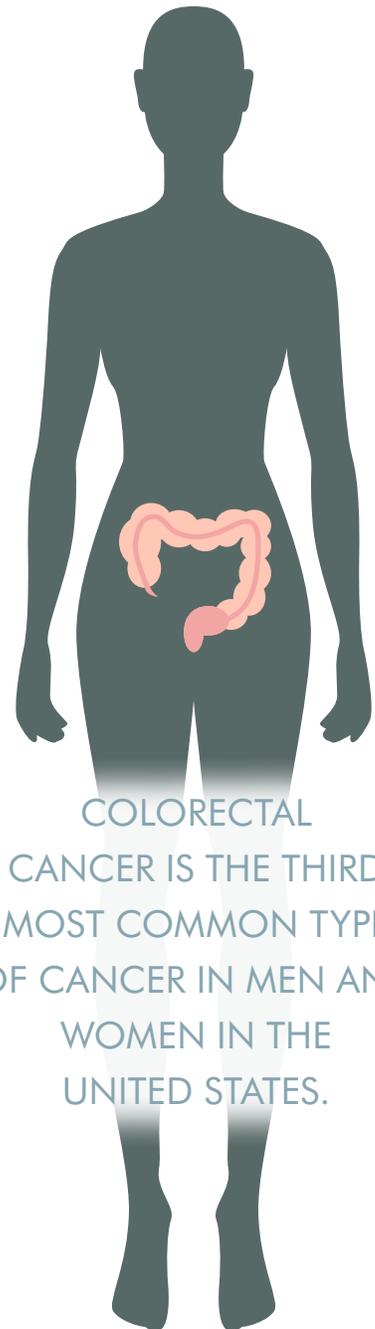
Colorectal cancer is the third most common type of cancer in men and women in the United States. Deaths from colorectal cancer

have decreased with the use of colonoscopies and fecal occult blood tests, which check for blood in the stool.

Cancer prevention is action taken to lower the chance of getting cancer. By preventing cancer, the number of new cases of cancer in a group or population is lowered. Hopefully, this will lower the number of deaths caused by cancer.

To prevent new cancers from starting, scientists look at risk factors and protective factors. Anything that increases your chance of developing cancer is called a cancer risk factor; anything that decreases your chance of developing cancer is called a cancer protective factor.

Some risk factors for cancer can be avoided, but many cannot. For example, both smoking and inheriting certain genes are risk factors for some types of cancer, but only smoking can be avoided. Regular exercise and a healthy diet may be protective factors for some types of cancer. Avoiding risk factors and increasing protective factors may lower your risk, but it does not mean that you will not get cancer.



COLORECTAL  
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The following **risk factors increase** the risk of colorectal cancer:

**AGE** | The risk of colorectal cancer increases after age 50. Most cases of colorectal cancer are diagnosed after age 50.

**FAMILY HISTORY OF COLORECTAL CANCER** | Having a parent, brother, sister, or child with colorectal cancer doubles a person's risk of colorectal cancer.

**PERSONAL HISTORY** | Having a personal history of the following condition increases the risk of colorectal cancer:

- › Previous colorectal cancer.
- › High-risk adenomas (colorectal polyps that are 1 centimeter or larger in size).

- › Ovarian cancer
- › Inflammatory bowel disease.

**ALCOHOL** | Drinking 3 or more alcoholic beverages per day increases the risk of colorectal cancer.

**CIGARETTE SMOKING** | Cigarette smoking is linked to an increased risk of colorectal cancer and death from colorectal cancer.

Smoking cigarettes is also linked to an increased risk of forming colorectal adenomas. Cigarette smokers who have had surgery to remove colorectal adenomas are at an increased risk for the adenomas to come back.

**OBESITY** | Obesity is linked to an increased risk of colorectal cancer and death from colorectal cancer.

The following **protective factors decrease** the risk of colorectal cancer:

**PHYSICAL ACTIVITY** | A lifestyle that includes regular physical activity is linked to a decreased risk of colorectal cancer.

**ASPIRIN** | Taking aspirin every day for at least 5 years decreases the risk of colorectal cancer and the risk of death from colorectal cancer. In a study of women, taking aspirin every other day for 10 years decreased the risk of colorectal cancer.



## KEY POINTS

■ Avoiding risk factors and increasing protective factors may help prevent cancer.

■ The following risk factors **increase** the risk of colorectal cancer:

- › Age
- › Family history of colorectal cancer
- › Personal history
- › Inherited risk
- › Alcohol
- › Cigarette smoking
- › Obesity

■ The following protective factors **decrease** the risk of colorectal cancer:

- › Physical activity
- › Aspirin
- › Combination
- › hormone replacement therapy
- › Polyp removal

■ The effect of the following factors on the risk of colorectal cancer **is not known**:

- › Nonsteroidal anti-inflammatory drugs (NSAIDs) other than aspirin
- › Diet
- › Vitamins
- › Calcium

■ Taking medicine to reduce cholesterol levels does not affect the risk of colorectal cancer.

■ Cancer prevention clinical trials are used to study ways to prevent cancer.

■ New ways to prevent colorectal cancer are being studied in clinical trials.