

BREATHE EASY...

Your Lungs and COPD

(Chronic Obstructive Pulmonary Disease)

By Armin Brott with Janet Matope and
the Men's Health Network Advisory Board

With forewords by:

Jean J. E. Bonhomme, MD, MPH and
Demetrius J. Porche, DNS, PhD, APRN, FAANP, FAAN



MHN Men's Health Network™
www.menshealthnetwork.org

*(A part of the **Blueprint for Men's Health** series of publications.)*



BREATHE EASY...

Your Lungs and COPD

(Chronic Obstructive Pulmonary Disease)

By Armin Brott with Janet Matope and
the Men's Health Network Advisory Board

With forewords by:

Jean J. E. Bonhomme, MD, MPH and
Demetrius J. Porche, DNS, PhD, APRN, FAANP, FAAN



*(A part of the **Blueprint for Men's Health** series of publications.)*

Please Note: Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your physician. Check with your healthcare provider about your need for specific health screenings.



TABLE OF CONTENTS

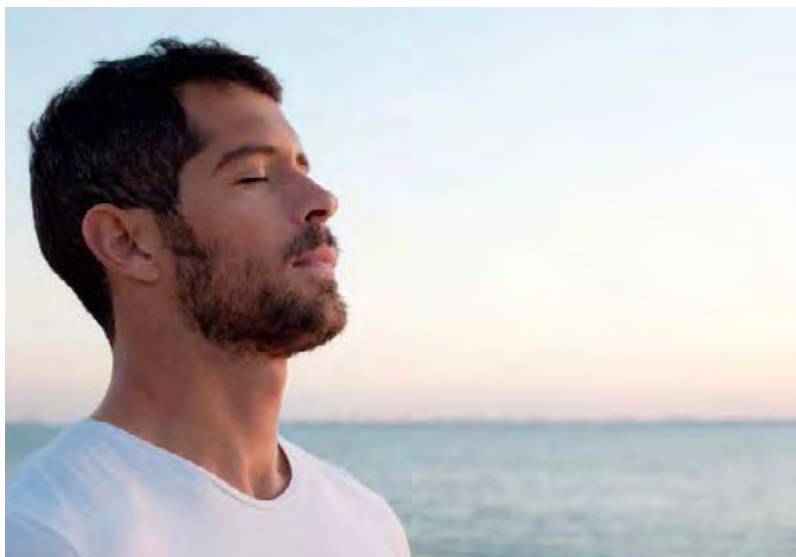
Forewords	iv
COPD Overview.....	1
COPD Symptoms.....	4
Risk Factors.....	7
How is COPD Diagnosed	9
Treatment	10
Taking Action: Lifestyle Changes	12
You and Your Doctor: A Critical Partnership.....	13
Caring for Someone with COPD.....	15
Your Partner: Women and COPD.....	17
COPD and Children	18
Resource List.....	20
About The Authors.....	21



FOREWORDS

Jean J. E. Bonhomme, MD, MPH

My main field of clinical practice is addiction medicine. Most people don't think of Chronic Obstructive Pulmonary Disease (COPD for short) as a disease related to addiction. Talk about cirrhosis of the liver and people immediately think of alcoholism, and they'd be right. A great many cases of cirrhosis are related to addiction to alcohol, either as the primary cause or a contributory cause. Talk about HIV infection, and images of drug addicts using unclean needles to inject drugs may well come to mind. However, most cases of COPD are related to addiction to nicotine through cigarette smoking. Many experts in addiction medicine now regard nicotine as the most addictive substance known to science. While it always pays to quit smoking (or better yet, never start), the increased risk of COPD related to smoking may persist for years, even after the person has wisely stopped using tobacco. In drug treatment centers, tobacco related disease is a major cause of death for persons who have stopped all use of other substances.



FOREWORDS

One of the main reasons men have high rates of death from COPD is never having received much information on the subject. Lung cancer is not the only thing smokers have to be concerned about. Types of COPD such as bronchitis and emphysema are not only frequent causes of death, but can limit quality of life, often severely. When breathing becomes difficult even at rest, many of the simplest tasks of everyday living fall out of reach. However, the simple fact is that most cases of COPD can be prevented, and many of the existing cases can be treated. Once again, Men's Health Network has taken the lead in providing potentially lifesaving information on this important subject to men and those who care about them. You can take full control of this threat to your health and vitality, and you now hold in your hands the book that will show you how.

Jean J. E. Bonhomme, MD, MPH

Assistant Professor, Morehouse School of Medicine

Men's Health Network

National Black Men's Health Network

Demetrius J. Porche, DNS, PhD, APRN, FAANP, FAAN

Men's health encompasses the physical, mental, psychological, social, or spiritual impact of an actual or potential health alteration or disease state. Men's health also integrates the health determinants or risk factors that impact a male's health state. These health states may be of an episodic or chronic nature. Episodic health alterations are of a general acute nature or an alteration that occurs only occasionally or at recurring intervals. In contrast, a chronic health alteration is a consistent and continuous condition that requires long term monitoring and/or management to control symptoms and impact the course of the condition. In "Breathe Easy . . . Your Lungs and COPD," the authors provide guidance on chronic obstructive pulmonary diseases that are a chronic condition that also has exacerbations

of an episodic nature. This guide reiterates the statement, “You should not take breathing for granted.”

COPD is the third leading cause of death in the United States, with 12 million Americans diagnosed with COPD and another 12 million who suffer from the disease without knowing they have the disease. Once again, a major contributing factor with the development, progression, and response of COPD, is cigarette smoking. A preventable and modifiable risk factor.

The extent of the direct impact and indirect impact of COPD on significant others, family members, and caregivers is phenomenal. For some individuals, COPD is a life-long challenge that includes medical management, life-style changes, and alterations in daily activities and function.

Men’s Health Network has made another significant contribution to positively impacting men’s health by publishing this guide, “Breathe Easy . . . Your Lungs and COPD.” Using this guide may be a first step or just another positive move to positively impacting your health. This guide serves as a concise guide on COPD lung conditions, symptoms, risk factors, diagnosis, treatment, action steps for life-style changes, and caring for someone with COPD. By reading this guide and acting on the information provided, you are one step closer to Breathing Easy!

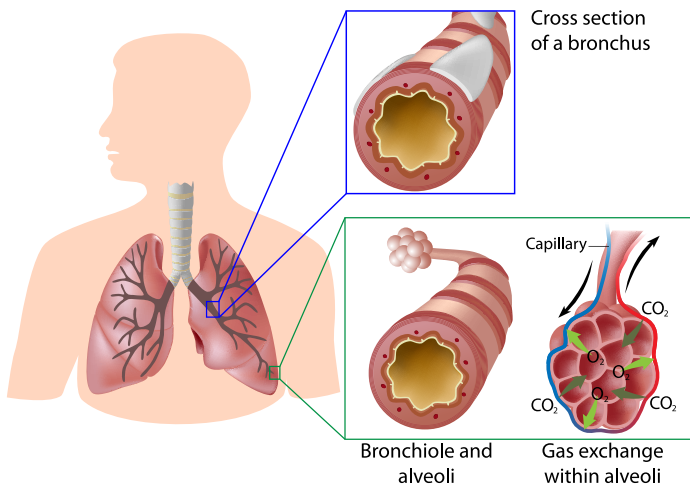
Demetrius J. Porche, DNS, PhD, APRN, FAANP, FAAN
*Dean and Professor, Louisiana State University Health Sciences
Center School of Nursing*
Editor-in-Chief, American Journal of Men’s Health

COPD OVERVIEW

Chronic Obstructive Pulmonary Disease (COPD) is a group of lung diseases that interfere with your ability to breathe by partially blocking your airways (*obstructive* means block and *pulmonary* means lung). COPD is progressive (meaning that the symptoms get worse and worse over time) and irreversible. The longer you have COPD, the harder it is for you to breathe. COPD is also a major cause of disability and decreased quality of life, and may keep you from going to work, spending time with family and friends, playing with your children (or grandkids), and even enjoying life's simple pleasures such as exercising and spending quality time with loved ones.

How a Normal Lung Works

The *airways* are the tubes that carry air in and out of the lungs through the nose and mouth. When your lungs are healthy, your airways are open and elastic, which allows small sacs (called alveoli) to fill up with air.



What Happens When You Have COPD?

When you have COPD, the airways are swollen or thicker than normal, which may close off small airways and narrow larger ones. In addition, the airways can become clogged with mucus, making breathing even more difficult. When you inhale, air gets into your lungs, but the narrow or blocked airways make it very hard for air to get back out when you exhale.

There are two main forms of COPD. You can have just one of them, but most people develop both at the same time.

Chronic Bronchitis (bron-KY-tus):

Chronic bronchitis is when you have a cough that occurs every day for at least three months, two years in a row. This happens when your bronchial tubes (the tubes that let air in and out of the lungs so you can breathe) are inflamed, which means that less air is able to flow through to your lungs causing you to cough up mucus or phlegm.

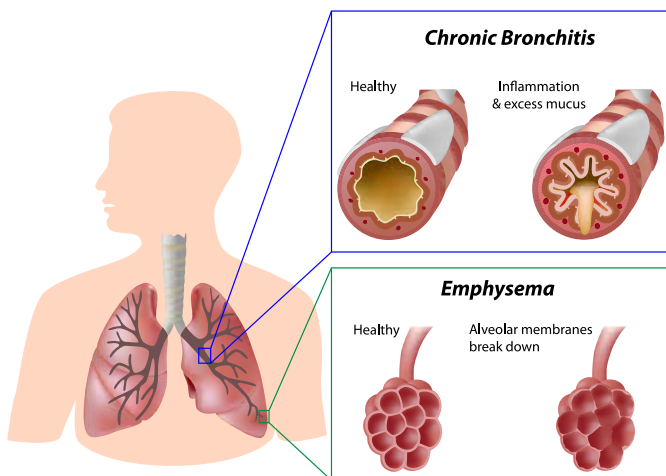
Emphysema (em-fuh-ZEE-muh):

This is when the walls of the air sacs (alveoli) in your lungs break down, which causes the air spaces to get larger, and air gets trapped. As emphysema gets worse it turns the air sacs — which normally look like a bunch of grapes — into large, irregular pockets with gaping holes in their inner walls. This reduces the amount of oxygen that reaches your bloodstream. Although COPD is a lung- and breathing disease, it can also make it harder for your heart to efficiently pump blood throughout your body, which can lead to high blood pressure and in some extreme cases, to heart failure.



“The heart is physically very close to the lungs and is connected to them by blood vessels. COPD can lead to damage to the heart resulting in heart failure. This adds to the symptoms that patients experience and it can complicate treatment.”

— Richard Allen Williams, MD, FACC, *Founder, Association of Black Cardiologists, Inc.*



Did you know?

- COPD is the third leading cause of death in the U.S. (heart disease and cancer are numbers 1 and 2).
- COPD kills approximately 120,000 men and women each year.
- About 12 million Americans have been diagnosed with COPD and as many as 12 million more may be suffering from the disease but don't know they have it.
- Approximately 85 to 90 percent of COPD deaths are caused by smoking.
- Every four minutes an individual dies of COPD.



COPD SYMPTOMS

In the early stages, the symptoms of COPD can be so mild that you may not notice them. Or if you did notice them, you might have brushed them off as “no big deal” or “it’s just part of getting older.” Some people even develop workarounds to make the symptoms less of an inconvenience. For example, some people who find themselves breathing hard after going up a flight or two of stairs may start taking the elevator more often. Although that might make the symptoms go away, the underlying problem is still there. As with any health issue, it’s important to pay attention to your body.

Here are the symptoms to look out for:

Shortness of breath. (called dyspnea). You may feel like breathing is hard work and that you can’t seem to get enough air. This happens especially when you exercise, but it can even happen when you’re doing something as simple as taking groceries out of the car or going for a walk around the neighborhood.

Chronic cough. This is when you have a constant cough that produces a lot of mucus (often called “smoker’s cough”). This means that your body is trying to get rid of excess mucus, debris (such as dust), or irritants (such as cigarette smoke).

Wheezing. Making a whistling sound when you inhale or exhale is usually a sign that your airways are so blocked that air is hardly getting through.

Chest Tightness. Feeling like you can’t breathe or take a deep breath.

Not every person who has these symptoms has COPD and not every person with COPD has these symptoms. However, if you think you have any of the symptoms we have discussed here, the safe thing to do is to see your healthcare provider and let him or her make a diagnosis.



“If you do develop any of these symptoms, you must seek immediate medical attention. If you smoke, stop immediately. Don’t hesitate!”

— Richard Allen Williams, MD, FACC, *Founder, Association of Black Cardiologists, Inc.*

If you don’t take steps to treat your COPD (see Treatment chapter for how to do that), your symptoms will get worse and you may have a COPD flare-up also known as *exacerbation*. During a flare-up, you may:

- Cough or wheeze more often and for longer periods.
- Find it so hard to breathe that you can’t walk or talk without gasping.
- Purse your lips when you breathe. That’s another sign that you’re having to work really hard to get air in and out.
- Notice that your fingernails, lips, and sometimes even your skin are turning blue. This is the result of not getting enough oxygen to your body.
- Cough up more mucus than usual or the mucus you cough up might become darker and thicker.
- Cough up blood. This is never a good sign. If you haven’t done so already, you need to call your doctor right now.
- Lose weight. For some people with COPD, breathing is so difficult that they actually burn off more calories inhaling and exhaling than they take in through their food.
- Have swelling in the ankles, feet, and legs.
- Have a fever.

If you experience any of the above, seek emergency care ASAP!

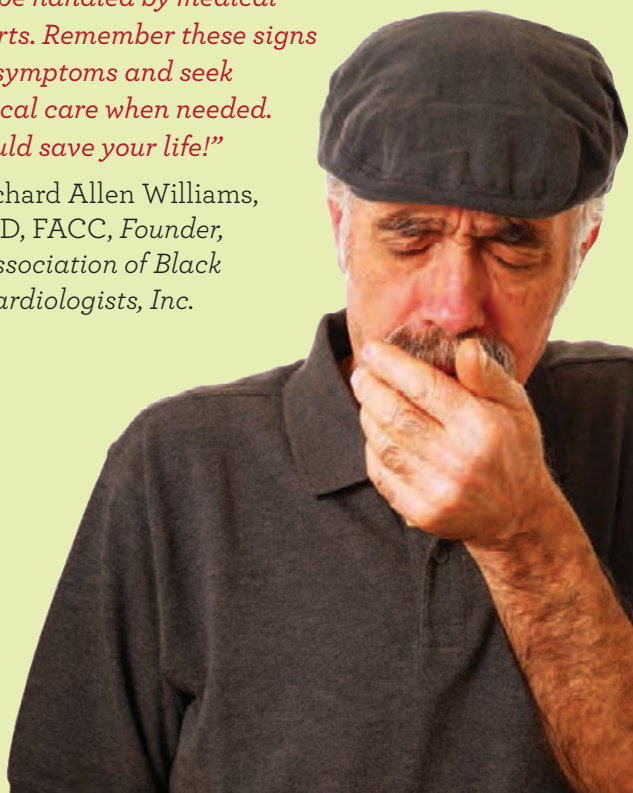
What is an exacerbation? (ig-zas-er-BAY-shun)

This means that your symptoms get worse and worse and last for a few days. This can happen suddenly. Most of the time, exacerbations are caused by bronchitis, pneumonia, or some other infection, virus, or bacteria in the lungs. This is definitely one of those “you-know-it-when-you-see-it” kinds of things.



“If you experience any of the above, seek emergency care ASAP! Many people with COPD die during an exacerbation. It is a true emergency and can only be handled by medical experts. Remember these signs and symptoms and seek medical care when needed. It could save your life!”

— Richard Allen Williams,
MD, FACC, *Founder,*
Association of Black
Cardiologists, Inc.



RISK FACTORS

There are three major risk factors and several smaller ones. Let's go through them in order of importance:

- **Smoking.** This is by far the most significant risk factor. Between 80 and 90 percent of people diagnosed with COPD are over 40 years old and either smoke now or used to smoke. In addition, 90 percent of COPD-related deaths occur to current or former smokers. The more cigarettes you smoked and the longer you smoked, the worse your symptoms will be. Keep in mind that while cigarettes cause most cases of COPD, many people with the disease also smoke (or smoked) pipes, cigars, and/or marijuana, or had long-term exposure to second-hand smoke.



- **Air quality.** If you've worked in a place where you've had long-term exposure to things that can irritate your lungs, such as chemicals, strong fumes, or dust, you're more likely to develop COPD. If you are or were a smoker, your risk is even higher. But even if you never smoked, this kind of occupational exposure significantly increases your risk, as does long-term exposure to very high levels of air pollution.

- **Genetics.** People with a deficiency of *alpha-1-antitrypsin* (AAT)—which is a protein produced by the liver—are more likely to develop emphysema. Smoking increases the risk even more, but AAT deficiency also increases COPD risk in people who have never smoked or been exposed to toxic chemicals, dust, fumes, or polluted air—regardless of their age. About 100,000 Americans have an AAT deficiency; most are of Northern European descent. There is also some evidence that having a sibling or other close relative with COPD may increase your risk.
- **Asthma.** Some research shows that people with asthma may have a much higher risk of developing COPD—even if they don’t smoke.
- **Childhood lung infections.** If you had a severe lung infection when you were a child, your lungs may not be functioning quite as well as those of someone who didn’t. Decreased lung function may make you more susceptible to COPD.



“The most important message here is, DON’T SMOKE. IF YOU DO SMOKE, STOP IMMEDIATELY. It may be possible to reverse some of the damage to your lungs.”

— Richard Allen Williams, MD, FACC, *Founder, Association of Black Cardiologists, Inc..*

HOW IS COPD DIAGNOSED?

Depending on your symptoms, there are several ways your healthcare provider may diagnose COPD.

- **Spirometry.** This simple, non-invasive, painless test is given to all patients who show symptoms of COPD. During the test, your healthcare provider will ask you to take in a deep breath. Then, you will blow out as hard as you can into a tube that's connected to a small machine. The machine will measure how much air you can blow out of your lungs and how quickly you can do it. Based on the results of the test, your provider will be able to tell whether or not you have COPD and if so, how severe it is.

Other tests include:

- **Bronchodilator reversibility.** During this test, you'll be given a type of lung medication called a *bronchodilator*, which will help relax your breathing muscles so you can breathe more easily. The amount of improvement in your breathing after taking the bronchodilator will help your healthcare provider diagnose lung problems or monitor the status of an existing lung condition.
- **Chest X-ray.** This will provide a picture of your heart and lungs. This test alone will not diagnose COPD but it will enable your healthcare provider to assess how far your COPD has advanced. It will also help your healthcare provider rule out other conditions that might be causing your breathing problems, such as lung cancer, heart failure, pneumonia, or tuberculosis.
- **Arterial blood gas analysis.** This blood test measures how well your lungs are sending oxygen throughout your body. The blood is usually drawn from an artery in your wrist. This will let your healthcare provider assess whether or not you need oxygen therapy.

TREATMENT

Unfortunately, there is no cure for COPD. The goal is to keep your symptoms from getting any worse and to improve the quality, even the length, of your life. This may include one or more of the following:

- **Medication.** There are a variety of prescription drugs that are very successful in treating coughing and wheezing. Some medications work by relaxing the muscles around your airways, which makes it easier to breathe. Others work by helping keep the airways from getting inflamed in the first place. Not all medications are appropriate for everyone, so make sure to take only the ones your doctor prescribes, and that you take them as directed.
- **Pulmonary rehabilitation.** During this program, healthcare specialists will teach you specific exercises and disease management techniques to help you manage your symptoms, increase overall strength, and improve your lung function. This is especially important if you are having trouble completing your daily activities and chores.
- **Oxygen.** If your COPD is severe, your healthcare provider may prescribe supplemental oxygen. Depending on your symptoms, you may need oxygen all the time or you may be able to get by with occasional boosts. Getting this extra oxygen will slow down the progression of the disease and will most likely allow you to do activities that you hadn't been able to do for a while because breathing was so hard.
- **Surgery.** Patients with the most severe COPD who do not respond to prescribed medications may require surgery to improve their lung function. In some extreme cases, as a last resort, a lung transplant may be required.

Tips to Prevent Flare-Ups

- Make sure your employer provides adequate ventilation as well as masks, air filters, and other personal protective equipment.
- Stay away from backyard barbecues and indoor fireplace fires or wood-burning stoves.
- Stay away from places where there's likely to be dust, cigarette smoke, or any other irritants.
- Watch for mold. Mold occurs when your home has too much moisture, and it draws into the general ventilation system, worsening air quality. To prevent mold, install an air filter, try running an air conditioner or keeping a dehumidifier, especially in the basement.
- When cleaning, try to use natural products that are less likely to irritate your lungs than bleach and other harsh chemicals.
- Finally, pay close attention to radio and TV public service announcements about air quality and stay inside when the air outside is especially polluted. If you cannot avoid air pollution, wear an air pollution mask to minimize your exposure.



TAKE ACTION: LIFESTYLE CHANGES

Whether you need medical intervention or not, we recommend that you make the following lifestyle changes. This will make you feel better in the long run.

Quit smoking. If you're a smoker, quitting is by far the best thing you can do. If you're having trouble quitting on your own, talk to your healthcare provider about prescription options, which may include patches, gum, or prescription medication.



Stay active. Regular exercise will help improve your COPD symptoms. Talk to your healthcare provider about how much physical activity and what kinds of activities are best for you. These might include stretching exercises, aerobic exercise like walking, or exercises aimed at strengthening your muscles.

Stay healthy. The flu is never a good thing but for people with COPD it could be deadly. The same goes for pneumonia, so speak to your healthcare provider about getting a flu shot and/or a pneumonia vaccine. In addition, take other steps to stay healthy such as washing your hands frequently to remove germs, and if possible, staying away from crowds and sick people.

Watch out for air quality. When you have COPD, the key is to prevent flare-ups. Stay away from indoor and outdoor air pollution, cold dry air, hot humid air, and high altitudes.

Eat healthy. When you have COPD, you may feel too tired to eat properly and this can lead to muscle weakness and weight loss. It's important that you eat healthy, well-balanced meals as this will give you much-needed energy and strengthen your immune system.

YOU AND YOUR DOCTOR: A CRITICAL PARTNERSHIP

- If you have two or more of the symptoms on page 4, you may have COPD. So make an appointment to see your healthcare provider right away.
- Unfortunately, men don't see their providers as often as women do. And if they do make a visit, they tend not to ask the questions they need to be asking. So once you've made your appointment to see your provider, be sure to take a list of your symptoms, including any activities you can't do anymore because you're too short of breath.

- In addition, be sure to answer your healthcare provider's questions honestly and completely. This is no time to be shy or to be keeping secrets. Even the smallest details could make the difference between life and death or between a healthy life and an unhealthy one.



Ask Your Healthcare Provider the Following:

- What is causing my COPD?
- Does my condition involve emphysema, chronic bronchitis, or a combination of these conditions?
- What will make my COPD worse?
- What treatment options are best for me? Will I need oxygen?
- What are the benefits/side effects of the medications you prescribe?
- Are there any alternative or complementary therapies that will help me feel better?
- Are there dietary changes I should make? How do I go about it?
- Will I still be able to work and participate in activities?
- What lifestyle changes can I make at home to help reduce my symptoms?
- What are some signs that my breathing is getting worse and that I should call the doctor? What should I do when I feel I'm not breathing well enough?
- How often do I need to come in for check-ups?



CARING FOR SOMEONE WITH COPD

If a loved one has COPD, talk to their healthcare provider about how you can prepare yourself and your home to make it more habitable for them. You will have responsibilities which may include keeping track of medications, attending medical appointments, and helping your loved one manage symptoms.

- If you have stairs, your loved one may be unable to climb them, so set up a place to sleep on the first floor. Add safety bars around the house, especially in the bath tub and near the toilet.
- Prepare a journal so you can track medications, their doses, and administration times.
- Beware of infections. People living with COPD are at risk of catching colds and flu. For a person with COPD, a chest infection can lead to hospitalization.
- People living with COPD often have flare-ups, which can lead to hospitalization. See pages 5 and 11 for more information on flare-ups, their symptoms and steps you can take to prevent them from occurring.
- Take a course in cardiopulmonary resuscitation (CPR). It could come in handy.
- Speak to your doctor about enrolling the patient in a pulmonary rehabilitation program.
- COPD can make people feel very anxious and depressed. They may become irritable, afraid of being left alone, and frustrated that they can't do things like they used to. It's important that you give them lots of reassurance, show plenty of support, and keep an eye out for signs of depression.
- Provide a healthy diet that's low in saturated fats and high in whole grains, fruits, and vegetables. A healthy diet is essential.
- If you or anyone in your home smokes, it's time to quit now!

When to Call 9-1-1

Trying to figure out whether your loved one is sick enough to need emergency medical attention can be very stressful and overwhelming. If your loved one with COPD is complaining of more symptoms than usual, or if you notice any of the following symptoms, pick up the phone and call 9-1-1.

Call 9-1-1 if your loved one:

- Stops breathing.
- Is gasping, having difficulty speaking, or is much more short of breath than usual.
- Experiences severe chest pain, or chest pain is quickly getting worse.
- Develops a high fever (over 101°F (38.3°C)).
- Shows any flu-like symptoms.

Here are some other important steps you can take to help yourself as you manage your loved one's condition:

- Educate yourself. The more you know about the illness, the more effective you will be in caring for your loved one.
- Provide your loved one with encouragement, celebrate improvements, and let them do as much as possible independently.
- Stay organized. Unexpected bills can pile up quickly, whether or not you have health insurance, Medicare, or are on Medicaid. Communicate with your insurance company or healthcare provider immediately and take appropriate action. Speak to the patient services department at your hospital to determine your options.
- Join a caregiver support group. Sharing your feelings and experiences with others in the same situation can help you manage stress and reduce feelings of frustration and/or isolation.
- Don't forget to take care of yourself too. Make sure you eat regular healthy meals and get plenty of rest.

YOUR PARTNER: WOMEN AND COPD

When most people think of COPD, they think of it as a man's disease but that's not the case. COPD rates in women have been increasing over the last few years and today, more women die from COPD than men.

The major risk factor for developing COPD is smoking, and female smokers are much more more likely to die from COPD than women who have never smoked. Research has also shown that the effects of smoking actually have a greater impact on women's lung health than men's and they tend to report worse symptoms than men for similar severity of COPD. This is mainly due to the fact that women have smaller lungs and airways and therefore tend to develop COPD at lower smoking levels than men.



Compared to men, women with COPD experience:

- More severe shortness of breath
- Higher rates of depression
- More anxiety
- More frequent exacerbations (flare-ups)
- Lower quality of life

Because of the misconceptions about COPD, women are also less likely to be correctly diagnosed or offered appropriate diagnostic tests for COPD by healthcare providers. If your partner has difficulty breathing, whether she's a smoker or not, encourage her to go see her healthcare provider.

COPD AND CHILDREN

Even though it's rare for someone to have COPD as a child, there are a number of factors that increase a child's risk of developing COPD in adulthood.

These include

- **Asthma.** Children who have severe or persistent childhood asthma are more susceptible to COPD when they grow older. This is because as they grow up their lungs will not be functioning as well as a healthy individual's.
- **Second-hand smoke.** Children who are exposed to passive smoke have almost double the risk of developing COPD in adulthood compared with non-exposed children. Children who have been exposed to tobacco smoke while still in the womb have an even higher risk of developing the condition.
- **Environmental factors.** Constant exposure to dust, chemicals, strong fumes, or other indoor and outdoor pollutants can irritate your children's lungs, making them more likely to develop COPD.
- **Respiratory infections.** A history of severe respiratory infection during childhood is associated with reduced lung function in adulthood.



It usually takes many years for lung damage to start causing COPD as most people develop it after the age of 60. *But we encourage you to take the following steps to help reduce your child's risk of developing COPD later in life:*

If you are a smoker, stop smoking.

- Quitting is the single most important thing you can do to help your kids grow up healthy. And remember, kids pick up habits from their parents, so if you smoke, your children are far more likely to take up the habit. And that increases the risk that they will develop COPD later on in life. It's also very important that you ensure that your partner doesn't smoke while pregnant as this also increases your child's COPD risk.

Make sure that the air quality in your house is good by doing the following:

- Keep your house clean and free from excess dust.
- Keep your bathrooms and sinks free from mold or mildew.
- Make sure that your cooking vent is working properly so cooking fumes will be drawn up and out of the house.

If possible, encourage your partner to breastfeed your child exclusively for the first 4 to 6 months.

- Breastfeeding strengthens your baby's immune system and can protect against asthma, which is a major risk factor for developing COPD later in life.

Take these steps to minimize upper respiratory infections in your children:

- Practice good hygiene. Teach your children and everyone in the household to wash their hands frequently.
- Make sure your children are up to date on their vaccinations and speak to your healthcare provider about giving them a flu shot each winter season.
- Look for a child care setting with good hygiene practices and clear policies about keeping sick children at home.

RESOURCE LIST

To learn more about COPD, visit

American Lung Association

www.lung.org/lung-disease/copd

Association of Black Cardiologists – 7 Steps

<http://abc-patient.com/7Steps>

Blueprint for Men's Health

www.blueprintformenshealth.com

Centers for Disease Control

www.cdc.gov/copd

COPD Foundation

www.copdfoundation.org

The Global Initiative for Chronic Obstructive Lung Disease (GOLD)

www.goldcopd.org

You can get more information on many other health topics that affect men from the following sources:

Men's Health Network

www.menshealthnetwork.org

Men's Health Alliance

www.menshealthalliance.org

Men's Health Library

www.menshealthlibrary.org

Men's Health Month

www.menshealthmonth.org

National Men's Health Week

www.menshealthweek.org

American Heart Association (AHA)

www.heart.org

Mr. Dad

www.mrdad.com

Veterans Health Council

www.veteranshealth.org

ABOUT THE AUTHORS

Armin Brott, Mr. Dad, MBA



Hailed by *Time* Magazine as “the superdad’s superdad,” Armin Brott has been building better fathers for more than a decade. As the author of eight bestselling books on fatherhood, he’s helped millions of men around the world become the fathers they want to be—and that their children need them to be. His most recent book is *The Military Father*, which gives deployed dads and their families the tools they need to maintain strong relationships before, during, and after deployment.

He has written for *The New York Times Magazine*, *Newsweek*, *American Baby*, *Parenting*, *Child*, *Men’s Health*, *The Washington Post*, and dozens of other major publications and websites.

Armin has been a guest on hundreds of radio and television shows, including *Today*, *CBS Overnight*, *Fox News*, and *Politically Incorrect*, and his work on fatherhood has been featured in such places as *Glamour*, *Time*, *The New York Times*, *The Chicago Tribune*, *Newsday*, and many others.

A Marine Corps veteran, Armin is the host of “Positive Parenting,” a weekly radio program which airs on the American Forces Network and reaches more than 2 million service members worldwide. He also writes the nationally syndicated newspaper column, “Ask Mr. Dad” and also edits the popular *Talking About Men’s Health* blog. As a trusted spokesperson, Armin speaks on fatherhood around the country and teaches classes for expectant and new dads. He lives with his family in Oakland, California.

ABOUT THE AUTHORS

Janet Hakunavanhu Matope, MS, CCT



Janet Hakunavanhu Matope, MS, CCT, is a Program Manager at Men's Health Network with responsibility for research and development, as well health promotion and education. She was a contributing author to the paper *The Economic Burden Shouldered by Public and Private Entities as a Consequence of Health Disparities Between Men and Women*, which was published in

the American Journal of Men's Health and presented at the American Public Health Association Conference 2011. She has also published health articles in the Family Times: For You and Your Crew magazine.

Janet has served as the Co-chair for the Programs Committee for the Young Health Professionals of Washington DC and as a volunteer Grant Reviewer for United Way. She holds a Bachelors of Science in Human Nutrition degree from West Virginia University and a Master of Science degree in Applied Health Physiology with a specialization in Cardiovascular/Pulmonary Health from Salisbury University. As a graduate student she was selected as an off campus student representative for the Salisbury University Wellness Committee where she helped to implement health and wellness initiatives to over 7,000 students. She is a native of Harare, Zimbabwe and enjoys spending quality time with her family.

Men's Health Network (MHN) is a non-profit organization whose mission is to reach men and their families where they live, work, play, and pray with health prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation. MHN partners with both private and public entities to achieve these goals. MHN also sponsors conferences and promotes awareness periods such as Men's Health Month and National Men's Health Week. With a network of chapters, affiliates, and health partners, MHN has a presence in every state and over 30 countries.



(A part of the **Blueprint for Men's Health** series of publications.)

Please Note: Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your physician. Check with your healthcare provider about your need for specific health screenings.



 **Forest Laboratories, Inc.**



MHN **Men's Health Network™**
www.menshealthnetwork.org

P.O. Box 75972, Washington, DC 20013
202-543-MHN-1

info@menshealthnetwork.org
www.menshealthnetwork.org