

# Chronic Pancreatitis

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Medically reviewed by  
[Judith Marcin, M.D.](#) —  
Written by Helen Colledge  
— Updated on September  
29, 2018

## What Is Chronic Pancreatitis?

Chronic pancreatitis is an inflammation of your pancreas that doesn't improve over time.

The pancreas is an organ located behind your stomach. It makes enzymes, which are special proteins that help digest your food. It also makes hormones that control the level of sugar in your bloodstream.

Pancreatitis occurs when your pancreas becomes inflamed. Pancreatitis is considered acute when the inflammation comes on suddenly and only lasts for a short period of time. It's considered chronic when it keeps coming back or when the inflammation doesn't heal for months or years.

Chronic pancreatitis can lead to permanent scarring and damage. Calcium stones and cysts may develop in your pancreas, which can block the duct, or tube, that carries digestive enzymes and juices to your stomach. The blockage may lower the levels of pancreatic enzymes and hormones, which will make it harder for your body to digest food and regulate your blood sugar. This can cause serious health problems, including malnutrition and [diabetes](#).

## What Causes Chronic Pancreatitis?

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There are numerous different causes of chronic pancreatitis. The most common cause is long-term alcohol abuse. Approximately **70 percent** of cases are linked to alcohol consumption.

Autoimmune disease occurs when your body mistakenly attacks your healthy cells and tissues. Inflammatory bowel syndrome, which is inflammation of the digestive tract, and primary biliary cholangitis, which is a chronic liver disease associated with chronic pancreatitis.

Other causes include:

- autoimmune disease, which occurs when your body mistakenly attacks your healthy cells and tissues
- a narrow pancreatic duct, which is the tube that carries enzymes from the pancreas to the small intestine
- a blockage of the pancreatic duct by either gallstones or pancreatic stones
- **cystic fibrosis**, which is a hereditary disease that causes mucus to build up in your lungs
- genetics
- high blood levels of calcium, which is called hypercalcemia
- a high level of triglyceride fats in your blood, which is called hypertriglyceridemia



## Who Is at Risk for Getting Chronic Pancreatitis?

Abusing alcohol increases your risk of developing chronic pancreatitis. Smoking is believed to increase the risk of pancreatitis among alcoholics. In some cases, a family history of chronic pancreatitis can increase your risk.

Chronic pancreatitis most frequently develops in people between the ages of 30 and 40. The condition is also more common among men than women.

Children living in tropical regions of Asia and Africa may be at risk for developing tropical pancreatitis, which is another type of chronic pancreatitis. The exact cause of tropical pancreatitis is unknown, but it may

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be related to malnutrition.

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## What Are the Symptoms of Chronic Pancreatitis?

At first, you may not notice any symptoms. Changes in your pancreas can become quite advanced before you begin to feel unwell. When symptoms occur, they may include:

- pain in your upper abdomen
- diarrhea
- fatty stools, which are loose, pale, and don't flush away easily
- nausea and vomiting
- shortness of breath
- unexplained weight loss
- excessive thirst and fatigue

You may experience more severe symptoms as the disease progresses, such as:

- pancreatic fluids in your abdomen
- jaundice, which is characterized by a yellowish discoloration in your eyes and skin
- internal bleeding
- intestinal blockage

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Painful episodes can last for hours or even days. Some people find that eating or drinking can make their pain worse. As the disease progresses, the pain may become constant.

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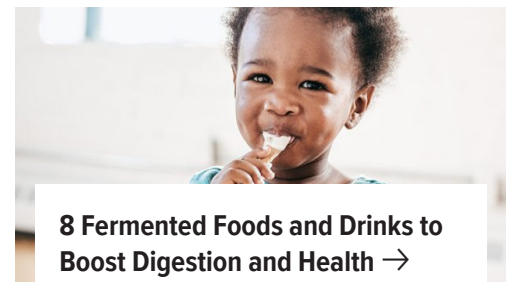
## How Is Chronic Pancreatitis Diagnosed?

During the early stages of chronic pancreatitis, changes in your pancreas are difficult to see in blood tests. For this reason, blood tests typically aren't used to diagnose the disease. However, they may be used to determine the amount of pancreatic enzymes in your blood. Blood tests may also be used to check blood cell counts along with kidney and liver function. Your doctor might ask you for a stool sample to test for levels of fat. Fatty stools could be a sign that your body isn't absorbing nutrients correctly.

Imaging tests are the most reliable way for your doctor to make a diagnosis. Your doctor might request that the following studies be done on your abdomen to look for signs of inflammation:

- X-rays
- ultrasounds
- CT scans
- MRI scans

Your doctor may also recommend an endoscopic ultrasound. During an endoscopic ultrasound, your doctor inserts a long, flexible tube into your mouth and down through the stomach and small intestine. The tube contains an ultrasound probe, which emits sound waves that create detailed images of your pancreas.



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## How Is Chronic Pancreatitis Treated?

Treatment for chronic pancreatitis focuses on reducing your pain and improving your digestive function. The damage to your pancreas can't be undone, but with the proper care, you should be able to manage many of your symptoms. Treatment for pancreatitis can include medication,

endoscopic therapies, or surgery.

## Medications

Possible medications that your doctor may prescribe for chronic pancreatitis include:

- pain medication
- artificial digestive enzymes if your enzyme levels are too low to digest food normally
- insulin if you have diabetes
- steroids if you have autoimmune pancreatitis, which occurs when your body's immune system attacks your pancreas

## Endoscopy

Some treatments use an endoscope to reduce pain and get rid of blockages. An endoscope is a long, flexible tube that your doctor inserts through your mouth. It allows your doctor to remove pancreatic stones, place small tubes called stents to improve flow, and close leaks.

## Surgery

Surgery is not necessary for most people. However, if you have severe pain that isn't responding to medication, removing part of your pancreas can sometimes provide relief. Surgery may also be used to unblock your pancreatic duct, drain cysts, or to widen it if it's too narrow.

It's important to avoid alcohol after you've been diagnosed with chronic pancreatitis, even if alcohol wasn't the cause of your illness. You should also avoid smoking because it can increase your risk of developing pancreatic cancer. You may need to limit the amount of fat in your diet and take vitamins.

# What Are the Possible Complications of Chronic Pancreatitis?



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Chronic pancreatitis has the potential to cause numerous complications. You're at greater risk of developing complications if you continue to drink alcohol after you've been diagnosed.

Nutrient **malabsorption** is one of the most common complications. Since your pancreas isn't producing enough digestive enzymes, your body isn't absorbing nutrients properly. This can lead to malnutrition.

The development of **diabetes** is another possible complication. Pancreatitis damages the cells that produce insulin and glucagon, which are the hormones that control the amount of sugar in your blood. This can lead to an increase in blood sugar levels. About **45 percent** of people with chronic pancreatitis will get diabetes.

Some people will also develop pseudocysts, which are fluid-filled growths that can form inside or outside of your pancreas. Pseudocysts are dangerous because they can block important ducts and blood vessels. They may become infected in some cases.

## Long-Term Outlook

The outlook depends on the severity and underlying cause of the disease. Other factors can affect your chances of recovery, including your age at diagnosis and whether you continue to drink alcohol or smoke cigarettes.

Prompt diagnosis and treatment can improve the outlook. Call your doctor right away if you notice any symptoms of pancreatitis.

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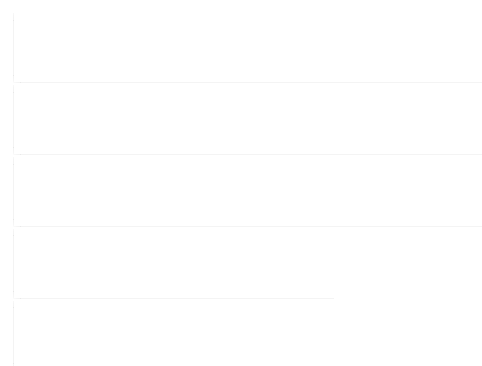
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# Pancreatitis Diet

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Medically reviewed by  
[Natalie Olsen, R.D., L.D.,  
ACSM EP-C](#) — Written by  
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on March 7, 2019

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## What is Pancreatitis?

Your pancreas helps you regulate the way that your body processes sugar. It also serves an important function in releasing enzymes and helping you digest food.

When your pancreas becomes swollen or inflamed, it cannot perform its function. This condition is called [pancreatitis](#).

Because the pancreas is so closely tied to your digestive process, it's affected by what you choose to eat. In cases of acute pancreatitis, pancreas inflammation is often triggered by [gallstones](#).

But in cases of chronic pancreatitis, in which flare-ups recur over time, your

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diet might have a lot to do with the problem. Researchers are finding out more about foods you can eat to protect and even help to heal your pancreas.

## What to eat if you have pancreatitis

To get your pancreas healthy, focus on foods that are rich in protein, low in animal fats, and contain antioxidants. Try lean meats, beans and lentils, clear soups, and dairy alternatives (such as flax milk and almond milk). Your pancreas won't have to work as hard to process these.

Research suggests that some people with pancreatitis can tolerate up to 30 to 40% of calories from fat when it's from whole-food plant sources or medium-chain triglycerides (MCTs). Others do better with much lower fat intake, such as 50 grams or less per day.

Spinach, blueberries, cherries, and whole grains can work to protect your digestion and fight the free radicals that damage your organs.

If you're craving something sweet, reach for fruit instead of added sugars since those with pancreatitis are at high risk for diabetes.

Consider cherry tomatoes, cucumbers and hummus, and fruit as your go-to snacks. Your pancreas will thank you.

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## What not to eat if you have



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# pancreatitis

Foods to limit include:

- red meat
- organ meats
- fried foods
- fries and potato chips
- mayonnaise
- margarine and butter
- full-fat dairy
- pastries and desserts with added sugars
- beverages with added sugars

If you're trying to combat pancreatitis, avoid trans-fatty acids in your diet.

Fried or heavily processed foods, like french fries and fast-food hamburgers, are some of the worst offenders. Organ meats, full-fat dairy, potato chips, and mayonnaise also top the list of foods to limit.

Cooked or deep-fried foods might trigger a flare-up of pancreatitis. You'll also want to cut back on the refined flour found in cakes, pastries, and cookies. These foods can tax the digestive system by causing your insulin levels to spike.

## Pancreatitis recovery diet

If you're recovering from acute or chronic pancreatitis, avoid drinking alcohol. If you smoke, you'll also need to quit. Focus on eating a low-fat diet that won't tax or inflame your pancreas.

You should also stay hydrated. Keep an electrolyte beverage or a bottle of water with you at all times.

If you've been hospitalized due to a pancreatitis flare-up, your doctor will probably refer you to a dietitian to help you learn how to change your eating habits permanently.

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People with chronic pancreatitis often experience malnutrition due to their decreased pancreas function. Vitamins A, D, E, and K are most commonly found to be lacking as a result of pancreatitis.

## Diet tips

Always check with your doctor or dietician before changing your eating habits when you have pancreatitis. Here are some tips they might suggest:

- Eat between six and eight small meals throughout the day to help recover from pancreatitis. This is easier on your digestive system than eating two or three large meals.
- Use MCTs as your primary fat since this type of fat does not require pancreatic enzymes to be digested. MCTs can be found in [coconut oil](#) and palm kernel oil and is available at most health food stores.
- Avoid eating too much fiber at once, as this can slow digestion and result in less-than-ideal absorption of nutrients from food. Fiber may also make your limited amount of enzymes less effective.
- Take a multivitamin supplement to ensure that you're getting the nutrition you need. You can find a great selection of multivitamins [here](#).

## Causes of pancreatitis

The most common cause of chronic pancreatitis is drinking too much alcohol, according to the U.S. Department of Health and Human Services.

Pancreatitis can also be genetic, or the symptom of an autoimmune reaction. In many cases of acute pancreatitis, the condition is triggered by a blocked bile duct or gallstones.

## Other treatments for pancreatitis

If your pancreas has been damaged by pancreatitis, a change in your diet will help you feel better. But it might not be enough to restore the function of the pancreas completely.

Your doctor may prescribe supplemental or synthetic pancreatic enzymes for you to take with every meal.

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If you're still experiencing pain from chronic pancreatitis, consider alternative therapy such as yoga or acupuncture to supplement your doctor's prescribed pancreatitis treatment.

An endoscopic ultrasound or a surgery might be recommended as the next course of action if your pain continues.

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# Understanding Gallstones: Types, Pain, and More



Medically reviewed by Graham Rogers, M.D. —  
Written by Brindles Lee Macon — Updated on March 22, 2019

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## What are gallstones?

Your [gallbladder](#) is a small organ below the liver in the upper right abdomen. It's a pouch that stores bile, a green-yellow liquid that helps with digestion. Most gallstones form when there's too much [cholesterol](#) in the bile.

## Pictures of gallstones



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## Causes

According to [Harvard Health Publications](#), 80 percent of gallstones are made of cholesterol. The other 20 percent of gallstones are made of calcium salts and bilirubin.

It's not known exactly what causes gallstones to form, though there are some theories.

## Too much cholesterol in your bile

Having too much cholesterol in your bile can lead to yellow cholesterol stones. These hard stones may develop if your liver makes more cholesterol than your bile can dissolve.

## Too much bilirubin in your bile

Bilirubin is a chemical produced when your liver destroys old red blood cells. Some conditions, such as liver damage and certain blood disorders, cause your liver to produce more bilirubin than it should. Pigment gallstones form when your gallbladder can't break down the excess bilirubin. These hard stones are often dark brown or black.

## Concentrated bile due to a full gallbladder

Your gallbladder needs to empty its bile to be healthy and to function properly. If it fails to empty its bile content, the bile becomes overly concentrated, which causes stones to form.

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## Symptoms

Gallstones can lead to pain in the upper right abdomen. You may start to have gallbladder pain from time to time when you eat foods that are high in fat, such as fried foods. The pain doesn't usually last more than a few hours.

You may also experience:

- [nausea](#)
- [vomiting](#)
- [dark urine](#)
- [clay-colored stools](#)
- [stomach pain](#)
- [burping](#)

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These symptoms are also known as [biliary colic](#).

## Asymptomatic gallstones

Gallstones themselves don't cause pain. Rather, pain occurs when the gallstones block the movement of bile from the gallbladder.

According to the [American College of Gastroenterology](#), 80 percent of people have "silent gallstones." This means they don't experience pain or have symptoms. In these cases, your doctor may discover the gallstones from X-rays or during abdomen surgery.

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## Complications and long-term risk

### Acute cholecystitis

When a gallstone blocks the duct where bile moves from the gallbladder, it can cause inflammation and infection in the gallbladder. This is known as acute cholecystitis. It is a medical emergency.

The risk of developing acute cholecystitis from symptomatic gallstones is [1 to 3 percent](#).

Symptoms associated with [acute cholecystitis](#) include:

- intense pain in the upper stomach or mid-right back
- [fever](#)
- [chills](#)
- appetite loss
- [nausea and vomiting](#)

See a doctor immediately if these symptoms last more than 1 to 2 hours or

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if you have a fever.

## Other complications

Untreated gallstones may cause complications such as:

- [jaundice](#), a yellowish tint to your skin or eyes
- [cholecystitis](#), a gallbladder infection
- cholangitis, a bile duct infection
- [sepsis](#), a blood infection
- pancreas inflammation
- gallbladder cancer

## Risk factors for gallstones

Many risk factors for gallstones are related to diet, while some factors are uncontrollable. Uncontrollable risk factors are things like age, race, gender, and family history, which can't be changed.

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Lifestyle risk factors	Uncontrollable risk factors	Medical risk factors
being overweight or obese	being female	having cirrhosis
eating a diet that's high in fat or cholesterol or low in fiber	being of Native American or Mexican-American descent	being <a href="#">pregnant</a>
having rapid weight loss in a short period of time	having a family history of gallstones	taking certain medications for lowering cholesterol
having diabetes mellitus	being 60 years or older	taking medications that have a high estrogen content

While medications can increase your risk of gallstones, don't stop taking them unless you have discussed it with your doctor and have their approval.

## How they're diagnosed

Your doctor will perform a physical examination that includes checking your eyes and skin for visible changes in color. A yellowish tint may be a sign of jaundice, the result of too much bilirubin in your body.

The exam may involve using diagnostic tests that help your doctor see inside your body. These tests include:

**Ultrasound:** An ultrasound produces images of your abdomen. It's the preferred imaging method to confirm that you have gallstone disease. It can also show abnormalities associated with acute cholecystitis.

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**Abdominal CT scan:** This imaging test takes pictures of your liver and abdominal region.

**Gallbladder radionuclide scan:** This important scan takes about one hour to complete. A specialist injects a radioactive substance into your veins. The substance travels through your blood to the liver and gallbladder. On a scan, it can reveal evidence to suggest infection or blockage of the bile ducts from stones.

**Blood tests:** Your doctor may order blood tests that measure the amount of bilirubin in your blood. The tests also help determine how well your liver is functioning.

**Endoscopic retrograde cholangiopancreatography (ERCP):** ERCP is a procedure that uses a camera and X-rays to look at problems in the bile and pancreatic ducts. It helps your doctor look for gallstones stuck in your bile duct.

## Finding a doctor for gallstones

If you're looking for doctors with the most experience treating gallstones, use the doctor search tool below, powered by our partner Amino. You can find the most experienced doctors and filter by your insurance, location, and other preferences. Amino can also help book your appointment for free.

## How are gallstones treated?

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Most of the time, you won't need treatment for gallstones unless they cause you pain. Sometimes you can pass gallstones without even noticing.

If you're in pain, your doctor will likely recommend surgery. In rare cases, medication may be used.

If you're at high risk for surgery complications, a drainage tube may be placed into the gallbladder through the skin. Your surgery may be postponed until your risk is lowered by treating your other medical conditions.

## Natural treatment and home remedies

If you have gallstones and no symptoms, you can make certain lifestyle changes.

### ✓ Tips for gallbladder health

- Maintain a healthy weight.
- Avoid rapid weight loss.
- Eat an anti-inflammatory diet.
- Get regular exercise.
- Take supplements as approved by your doctor.

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Some nutritional supplements you can take include vitamin C, iron, and lecithin. One [review](#) found that vitamin C and lecithin can decrease the risk of gallstones. Talk to your doctor about the appropriate dosage of these supplements.

Some people recommend a gallbladder flush, which involves fasting and then taking olive oil and lemon juice to help pass gallstones. There is no evidence that this works, and it may even cause gallstones to become trapped in the bile duct.

## Surgery

Your doctor may need to perform a [laparoscopic gallbladder removal](#). This is a common surgery that requires general anesthesia. The surgeon will usually make 3 or 4 incisions in your abdomen. They'll then insert a small, lighted device into one of the incisions and carefully remove your

gallbladder.

You usually go home on the day of the procedure or the day after if you have no complications.

You may experience loose or watery stools after gallbladder removal. Removing a gallbladder involves rerouting the bile from the liver to the small intestine. Bile no longer goes through the gallbladder and it becomes less concentrated. The result is a laxative effect that causes diarrhea. To treat this, eat a diet lower in fats so that you release less bile.

## Nonsurgical treatments

Medication is not commonly used anymore because laparoscopic and robotic techniques make surgery much less risky than it used to be.

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However, if you can't have surgery, you can take ursodiol (Actigall, Urso) to dissolve gallstones caused by cholesterol. You'll need to take this drug 2 to 4 times per day. Medications may take several years to eliminate the gallstones, and the gallstones may form again if you stop treatment.

[Shock wave lithotripsy](#) is another option. A lithotripter is a machine that generates shock waves that pass through a person. These shock waves can break gallstones into smaller pieces.

## Foods to avoid

To help improve your condition and reduce your risk of gallstones, try these tips:

- Reduce your intake of fats and choose low-fat foods whenever possible. Avoid high-fat, greasy, and fried foods.
- Add [fiber](#) to your diet to make your bowel movements more solid. Try to add only a serving of fiber at a time to prevent gas that can occur from eating excess fiber.
- Avoid foods and drinks known to cause diarrhea, including caffeinated drinks, high-fat dairy products, and very sweet foods.
- Eat several small meals per day. Smaller meals are easier for the body to digest.
- Drink a sufficient amount of water. This is about 6 to 8 glasses per

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day.

If you plan to lose weight, do it slowly. Aim to lose no more than two pounds per week. Rapid weight loss may increase your risk of gallstones and other health problems.

## What can I expect in the long term?

If you need surgery to remove your gallbladder or any stones in your gallbladder, the outlook is often positive. In most cases of stone removal, stones don't return.

But if you don't have surgery, the gallstones can return. This is true even when you've taken medication to dissolve the gallstones.

You won't need treatment if your gallstones don't cause symptoms. Still, you may want to make lifestyle changes to prevent them from getting bigger and causing problems.

Last medically reviewed on June 1, 2017

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