

Information and Hotline Numbers

The 800, 877 and 888 numbers are free of charge and will not show up on your phone bill.

Remember to dial 1 and then the number. Other numbers are local to the Houston area.

AID's/STD's		Health Information Clearinghouse	800-358-9295
Center for Disease Control - STD/AIDS Hotline	800-342-2437	Heart	
Houston Dept. of Health STD info	713-794-9020	American Heart Association	800-242-8721
Houston Dept. of Health STD program	713-794-9251	American Heart Association – Houston	713-610-5000
Montrose Clinic	713-529-0037	Texas Heart Institute	800-292-2221
Alzheimer's Disease		Houston Department of Health	
Alzheimer's Association	800-272-3900	Clinic Locations	713-794-9365
Alzheimer's Association – Houston	713-266-6400	Immunizations	713-794-9266
Alcohol & Drugs		Nutrition	713-794-9292
Alcoholics Anonymous – Houston	713-686-6300	Spanish Hotline	713-247-2412
Al-Anon Meeting Line	888-425-2666	TB Control	713-278-6600
Al-Anon – Houston	713-683-7227	Kidney	
Cocaine Anonymous	713-668-6822	National Kidney Foundation – Houston	800-961-5683
Council on Alcohol & Drugs Houston	713-942-4100	Lung	
Substance Abuse Hotline (U.S. Dept. Health)	800-662-4357	American Lung Association	800-586-4872
Arthritis		American Cancer Society	877-724-1090
Houston Arthritis Foundation	800-364-8000	Smoking Quitline	
Cancer		Lupus	
American Cancer Society	800-227-2345	Lupus Foundation	713-529-0126
National Breast Cancer Coalition	800-622-2838	Mental Health	
NCI– Cancer Information Service	800-422-6237	Mental Health Association	713-522-5161
Susan G. Komen Helpline	800-462-9273	Mental Health Mental Retardation	713-970-7070
Diabetes		United Way Crisis Hotline	713-228-1505
American Diabetes Association	800-342-2383	Osteoporosis	
American Diabetes Association – Houston	713-977-7706	NIH – National Resource Center	800-624-2663
Domestic Violence and Referral		Rape	
Houston Area Women's Center	713-528-2121	Houston Area Women's Center	713-528-7273
Eating Disorders		Rape Crisis Hotline	
Eating Disorders Awareness & Prevention	800-931-2237	Suicide	
Endometriosis	800-992-3636	Crisis Intervention of Houston, Inc.	713-468-5463
Epilepsy		Thyroid	
Epilepsy Foundation	800-332-1000	The Thyroid Society	800-849-7643
Houston Epilepsy	713-789-6295	United Way Helpline	211

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The Women's Fund

For Health Education and Research

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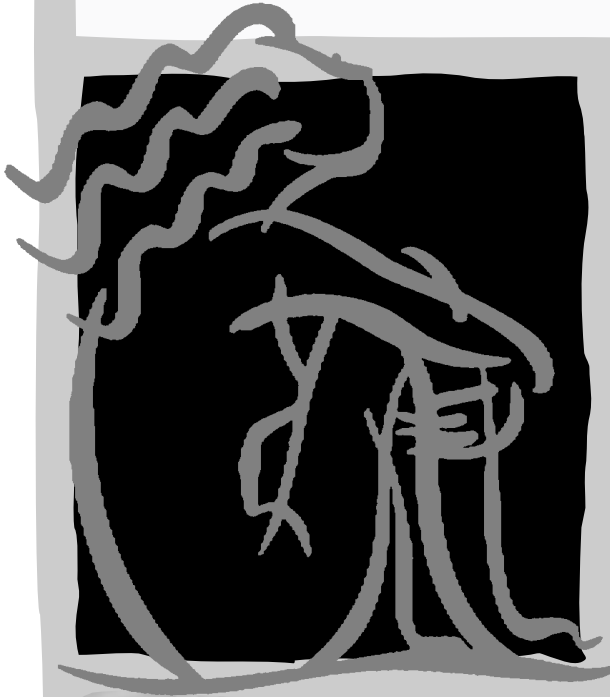
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TAKING CONTROL

WOMEN AND HEALTH

A PRIMER ON WOMEN'S HEALTH



PUBLISHED BY: THE WOMEN'S FUND FOR HEALTH EDUCATION AND RESEARCH

Founded in 1979, The Women's Fund for Health Education and Research provides leadership in funding medical research for women's health and provides health education for women of all ages. *Women and Health – A Primer on Women's Health* was first published in 1985 with the conviction that current information will motivate women to seek healthier lifestyles and help them share the responsibility of making health care decisions with their physicians. Since that time, revisions have been made every two years to update the medical information, and thousands of women in Houston and surrounding areas have benefited from the preventive health information contained in the publication.

Healthcare today must be a team effort. You must be an active partner with your doctor, pharmacist and even your insurance company in monitoring and managing your health.

The Women's Fund is grateful to Wendy Haskell Meyer, co-author of the original *Primer*, to whose memory this is dedicated. We gratefully acknowledge the following individuals and organizations for reviewing this version of *Women and Health – A Primer of Women's Health* for medical accuracy: David J. Braden, MD, private practice, internal medicine; Roberta Diddel, PhD, Psychology Works; Stanley Gertzbein, MD, Institute for Spinal Disorders; Raymond Kaufman, MD, Baylor College of Medicine; Mary Kenan, PhD, Baylor College of Medicine; Catherine Kruppa, MS, RD, LD, The Houstonian; Shahla Nader, MD, University of Texas Health Science Center; Nancy Nussmeier, MD, Texas Heart Institute/ St. Luke's Episcopal Health System; Catherine O'Brian, PhD, MD Anderson Cancer Center; John Sargent, MD, Professor of Psychiatry and Pediatrics, Baylor College of Medicine; Karen Schneider, MD, University of Texas Health Science Center; Houston Area Women's Center; Montrose Clinic.

It is vital that women remain aware of the ongoing changes occurring in women's health. We hope readers find *Women and Health – A Primer* to be a source of timely information and an inspiration for healthier lifestyles. It is made available at no cost by The Women's Fund as a resource to aid women in learning more about their health.

This publication was made possible through the generosity of the following to which The Women's Fund would like to express its appreciation:

Donne di Domani;
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The Women's Fund
For Health Education and Research

Table

Part 1. The Healthy Woman

- 1. *Basics of Good Health for Women* 1
- 2. *Nutrition and Exercise* 4
- 3. *Health Monitoring* 15

Part 2. Health Issues of Special Interest to Women

- 4. *Heart and Artery Diseases* 18
- 5. *Cancer* 24
- 6. *Diabetes* 35
- 7. *Osteoporosis* 37
- 8. *Alzheimer's Disease* 41
- 9. *Fibromyalgia and Diseases of the Immune System* 43
- 10. *Common Causes of Pain in Women* 51
- 11. *Bladder Control* 57

Part 3. Coping

- 12. *Stress* 59
- 13. *Mood Disorders* 65
- 14. *Addictions* 68
- 15. *Obesity and Eating Disorders* 76

16. *Violence* 83

Part 4. Your Reproductive System

17. *Female Sex Organs and the Menstrual Cycle* . 88

18. *Pregnancy and Childbirth* 94

19. *Birth Control* 100

20. *Vaginal Irritations* 106

21. *Sexually Transmitted Diseases* 108

22. *Menopause* 117

General Resources on Women’s Health Issues

PART 1. The Healthy Woman

Good Health

Basics of Good Health for Women

Chapter 1

Now, more than ever before, women need to be involved in their own health care. From prevention, to proper screening, to appropriate treatment—the responsibility starts with you!

Hardly a day goes by without the announcement of another medical breakthrough. In spite of great strides made by medical research, the health status of women has been sadly neglected until very recently. Prior to 1994, when the government established the Office of Women's Health, few clinical trials dealt with women's health issues. After 1994 the National Institutes of Health finally began to enforce its long-ignored policy that a trial or study that inappropriately excluded women would not be funded.

Women currently represent more than half of the total U. S. population, almost 60% of Americans 65 years of age and over, and almost 70% of Americans 85 years and older. Women's average life expectancy has increased by almost 30 years since the beginning of the 20th century. In 1940 the average life expectancy at birth in the United States was about 65 years for women and 61

years for men. Life expectancy is now 79.5 years for women and 74.1 years for men.

10 Leading Causes of Death for U.S. Women

- | | |
|--|---|
| 1. <i>Heart disease</i> | 6. <i>Diabetes</i> |
| 2. <i>Cancer</i> | 7. <i>Motor vehicle and other accidents</i> |
| 3. <i>Cerebrovascular diseases, such as stroke</i> | 8. <i>Alzheimer's disease</i> |
| 4. <i>Lung diseases</i> | 9. <i>Kidney diseases</i> |
| 5. <i>Pneumonia and influenza</i> | 10. <i>Blood poisoning</i> |

Longer does not always mean better, however. Older women have a higher incidence of osteoporosis, depression and Alzheimer's disease than do men of the same age.

There are a number of factors that greatly affect your health—either improving or harming it. Basics of good health are positive habits that you can incorporate into your everyday life. Healthy women—

- ✓ Are physically and mentally active.
- ✓ Don't smoke.
- ✓ Don't abuse alcohol or prescription drugs, or use so-called recreational drugs.
- ✓ Maintain a desirable body weight.
- ✓ Eat a varied diet, containing generous amounts of fruits, vegetables, whole-grain foods, peas, and beans.
- ✓ Get plenty of rest.
- ✓ Maintain a positive attitude.
- ✓ Are realistic and honest with themselves.

Healthy women also follow other common-sense recommendations. For example they use sunscreen to protect their skin

against sun damage throughout out their lives. Preventing wrinkles is much better than trying to erase them later. They also wear sunglasses to protect their eyes in bright sunlight.

You need to take more responsibility than ever before for your own health and healthcare. Question your doctor about your symptoms or treatment. Ask your pharmacist to explain the side effects and possible interactions of any medications you are taking.

Does this sound like a lot of work? Actually, once you have positive, healthy habits in place, you will feel so much better, and it won't seem like any effort at all.

There is no substitute for having the habit of good health!

Good Nutrition

Chapter 2

Nutrition and Exercise

Good nutrition and regular moderate physical activity are essential to the healthy woman. Nutrition experts—registered dietitians—can help you develop your own personalized eating plan. You can usually find a dietitian at your local hospital, or look in the yellow pages under “diet” or “nutrition.” If you have a computer, check the American Dietetic Association website (www.eatright.org) to locate a registered dietitian in your area.

What You Eat...

Carbohydrates (sugars and starches), protein, and fat provide the calories (fuel energy) in your diet. Carbohydrates are the body’s

Welcome to the Dietary Guidelines for Americans

*The USDA developed the following statements—
the Dietary Guidelines for Americans*

Aim for Fitness

1. *Aim for a healthy weight.*
2. *Be physically active each day.*

Build a Healthy Base

1. *Let the USDA Food Pyramid (see page 9) guide your food choices.*
2. *Choose a variety of grains daily, especially whole grains.*
3. *Choose a variety of fruits and vegetables daily..*
4. *Keep food safe to eat.*

Choose Sensibly

1. *Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.*
2. *Choose beverages and food that limit your intake of sugars.*
3. *Choose and prepare foods with less salt.*
4. *If you drink alcoholic beverages, do so in moderation.*

favorite fuel—they provide about 4 calories of heat energy per gram. Protein, which your body uses primarily for building and repairing tissue, also yields about 4 calories per gram when burned as fuel. Fat, on the other hand, is a much more concentrated source of calories—providing 9 calories per gram. Eating healthy is sort of like being on a budget. You want to choose your foods so you get the most nutrition—vitamins, minerals, protein—for the calories you “spend.” And be sure to drink 6 to 8 glasses of water each day. The United States Department of Agriculture (USDA) has devised guidelines to help you choose a healthier diet.

Fortunately, food labels now have detailed information on the fat, sodium, and sugar content of the food. Some of these recommendations will be easier to understand with a little additional explanation.

Choose a variety of Grain Products, Fruits, and Vegetables. A healthy diet contains generous amounts of fruits, vegetables, and grain products. Be sure to include whole-grain foods, such as whole wheat bread, brown rice, oatmeal, or bran cereal each day. Look for the term “whole grain” on the label. These foods provide essential vitamins, minerals, and fiber and contain little or no fat. They also contain substances called phytochemicals (plant chemicals), which have recently been found to have important health benefits.

Dietary Fat. Consuming a moderate amount of fat helps you control your caloric intake (decreasing the risk of obesity [see page 76]) and helps decrease your intake of saturated fat. Fat either occurs naturally in food, such as in fatty meats and whole milk, or is added during cooking or at the table, such as frying foods or smothering them in butter, margarine, or a high-fat sauce. Choose lean meats, skin your poultry, and select low-fat or nonfat dairy products. Use little or no fat in cooking. When you do use fat, try to choose olive, canola, corn, safflower, sunflower, or soybean oils for cooking and on salads. Take advantage of the growing

Dietary

number of reduced-fat and nonfat food products on the market.

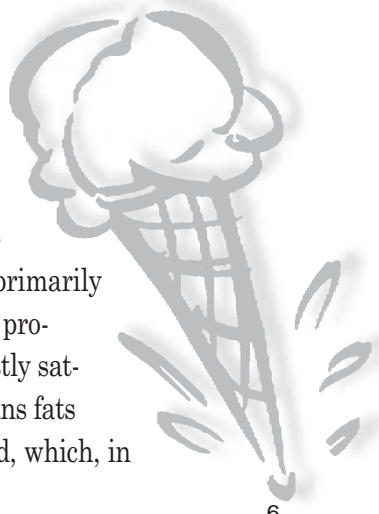
Most health authorities recommend that you limit your fat intake to 30% or less of your calories. How can you tell? Keep a list of what you eat for a couple of days. Total up the calories and grams of fat you ate; this information is listed on most food labels. Each gram of fat provides 9 calories, so multiply the grams of fat by 9 to get the calories from fat in your diet. Divide this number by the total calories and multiply by 100 to get the percent of calories from fat. Totally confused? Here's a sample to help you.

Susan consumed 2742 calories and 84 grams of fat on Monday and 2297 calories and 80 grams of fat on Tuesday.

Monday—84 grams of fat \times 9 = 756 calories from fat
 $756 \text{ fat calories} \div 2742 \text{ total calories} =$
 $.276 \times 100 = 27.6\%$ of her calories were from fat

Tuesday—80 grams of fat \times 9 = 720 calories from fat
 $720 \text{ calories from fat} \div 2297 \text{ total calories} =$
 $.313 \times 100 = 31.3\%$

Dietary Saturated Fat and Cholesterol. The recommendation to eat less saturated fat and cholesterol is aimed at decreasing your risk of heart disease—the biggest killer of women (see page 18). All fats are made up of three types of fatty acids—saturated, monounsaturated, and polyunsaturated. There are also trans fats, which are primarily produced from polyunsaturated fats during processing. A diet high in fats that contain mostly saturated fatty acids or that provides a lot of trans fats increases the level of cholesterol in your blood, which, in



turn, increases your risk of heart disease. The recommended intake of saturated fat is less than 7% of calories. Fats high in saturated fatty acids include—

- ✓ Meat fat and poultry skin
- ✓ Dairy fat, such as is present in whole milk, butter, cream, and other high-fat dairy products
- ✓ Egg yolk
- ✓ Tropical oils, including palm kernel oil, coconut oil, and palm oil
- ✓ Hydrogenated (or hardened) fats such as shortening and margarine (may also contain trans fats)

Dietary cholesterol refers to cholesterol actually found in animal-based foods, including meat, fish, poultry, egg yolk, and dairy products. Cholesterol is never found in plant foods. It is recommended that you limit your cholesterol intake to less than 200 milligrams per day, on average. The yolk of a large egg contains 213 mg of cholesterol. Skinless chicken or lean beef or pork range from about 60 to 90 mg of cholesterol per ounce. Organ meats, such as liver, are much higher in cholesterol. Food labels list milligrams of cholesterol in packaged foods.

Sugar consumption. An excess of sugar in the diet may help increase the level of a fat called triglyceride in the blood of some people. Consuming too much sugar may also contribute to cavities in your teeth and to being overweight, which raises your risk of many health problems, including Type 2 diabetes (see page 35) and high blood triglyceride levels (see page 22).

Salt consumption. The recommendation to consume less salt is to reduce your intake of the mineral sodium. In addition to being found in salt, sodium is added to some foods during processing and is naturally present in drinking water. Sodium is of concern because it helps raise blood pressure in some

people with high blood pressure (see page 22). Since most people don't know whether they are sensitive to sodium, a number of health authorities have recommended that all people limit their intake of sodium. The American Heart Association (AHA), for example, recommends that sodium intake be less than 2,400 milligrams per day, the same level recommended by the U.S. Food and Drug Administration (FDA) in food labeling. Milligrams of sodium are listed on food labels.

Although the body requires some sodium, Americans tend to consume much more sodium than they need. For many people, it is enough to stop salting food during its preparation or at the table. However, it is not wise to cut too far back on your sodium intake unless you are being monitored by your doctor.

Alcohol consumption. As for alcohol consumption, the first question that may come to mind is, "What is moderation?" Moderate alcohol intake is usually defined as no more than one drink per day for women and two drinks per day for men. There does seem to be some benefit to moderate alcohol use, such as reducing your risk of heart disease. However, don't start drinking alcohol in an effort to prevent heart disease. An inherited tendency toward alcohol abuse could result in damaging your health and in taking a terrible toll on your personal life and your job.

What Is a Healthy Diet?

Still confused about how to plan a healthy diet? The USDA again has come to the rescue with its Food Guide Pyramid. A lot of emphasis in the Food Guide Pyramid is placed on eating foods such as bread, cereals, rice, pasta, fruits, and vegetables that contain complex carbohydrates (starches and fiber) and naturally occurring sugars. You need fewer servings each day of the high protein foods, such as dairy products and the "meat" group, which also includes dried beans, nuts, and eggs in addition to meat, fish, and poultry. You are advised to use very little fat, oil, and concentrated sweets,

such as candy and soda. Here are the food groups in the Food Guide Pyramid with the suggested servings per day.

Fats, oils, and sweets

Use sparingly



Meat, poultry, fish,
dry beans, eggs,
and nuts



2 to 3 suggested servings/day,
2-3 oz. cooked meat, fish, or
poultry; 1/2 cup dried beans,
1 egg

Dairy products:
milk, yogurt,
cheese, etc.



2 to 3 suggested servings/day,
1 cup of milk or yogurt,
1-1/2 oz. natural cheese,
2 oz. process cheese

Fruits

2 to 4 suggested
servings/day,
1 medium raw or
1/2 cup canned
fruit



Vegetables

3 to 5 suggested servings/day,
1 cup raw leafy
vegetables or 1/2 cup
cooked or chopped
vegetables



Bread, cereal, rice, pasta, crackers, etc.

6 to 11 suggested servings/day,

1 slice of bread, 1 oz. ready-to-eat cereal, 1/2 cup cooked cereal or pasta

Remember, a serving as listed in the Food Guide Pyramid may not be the same size as the serving you typically eat. If you love pasta and usually pile two cups of it on your plate, this is actually equal to 4 servings from the breads and cereals group.

Some nutrition experts favor what is called the Mediterranean Diet Pyramid. It is similar to the USDA Food Guide Pyramid in many ways. However, it emphasizes using fish and poultry in place of red meat and making olive oil the primary added fat.

Weight-loss Diets.

New (or recycled) diet programs are being promoted every day. The truth about these programs is that almost any diet plan will help you lose weight in the short term. For example, popular low-carbohydrate, high-fat diets have had some successes. The problem is that most people can't stick to diets that are too different from their normal eating patterns. Nutrition experts still recommend a balanced diet that contains limited calories, most of which come from complex carbohydrates, lean sources of protein, and a moderate amount of fat—primarily monounsaturated and polyunsaturated fats, with very limited amounts of saturated and trans fats.

Exercise.

If there is one lifestyle factor that has been described as a potential fountain of youth, it is regularly taking part in moderate exercise. Did you know that performing regular moderate exercise can—

- ✓ Help you control your weight, build lean muscle, and reduce body fat.
- ✓ Help you maintain healthy bones, muscles, and joints.
- ✓ Reduce your risk of dying from coronary heart disease and of developing high blood pressure, some cancers, and diabetes.
- ✓ Help reduce blood pressure (in some women with high blood pressure).
- ✓ Help control joint swelling and pain associated with arthritis.

Exercise

- ✓ Reduce symptoms of anxiety and depression and improve mood and feelings of well-being.

More than 60% of U.S. women do not engage in the recommended amount of physical activity. And more than 25% of U.S. women are not active at all.

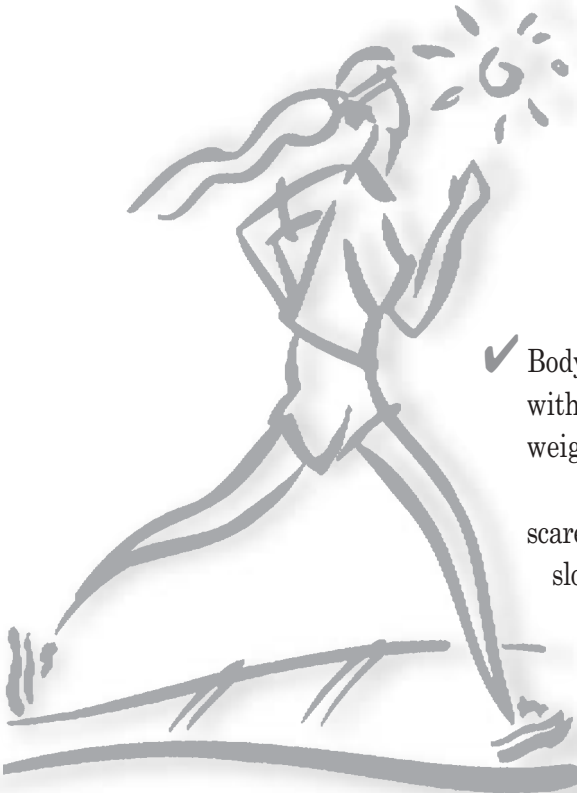
You don't have to be as physically active as an athlete in order to improve your fitness. Physical fitness refers to your ability to carry out daily tasks without being overly tired.

The Way to Fitness.

There are four components to fitness.

- ✓ Cardiorespiratory fitness means fitness of your heart and lungs. It is your heart's ability to pump blood and deliver oxygen throughout your body.
- ✓ Muscular fitness refers to the strength and endurance of your muscles.
- ✓ Flexibility is your ability to move your joints freely and without pain through a wide range of motion.
- ✓ Body composition is concerned with the percent of your body weight that is fat.

You may have been scared away from exercising by slogans such as “no pain, no gain.” The truth is that physical activity does not have to be strenuous to provide health benefits. At any age,



women can benefit from moderate physical activity performed for at least 30 minutes, on five or more days each week. This doesn't just refer to taking part in sports or performing exercises but can include activities such as gardening or yard work. Or, you can take part in more vigorous activity for at least 20 minutes on three or more days each week.

Of course, 30 minutes is the recommended *minimum* time for moderate activity—the more physically active you are, the more benefit you will enjoy. If you haven't been physically active for a while (or ever), be sure to begin gradually. Start with 5 to 10 minutes of regular physical activity and gradually build up to the level you want.

But, it is possible to get too much of a good thing. Don't fall for another false saying—"if a little is good, a lot must be better."

Excessive, strenuous activity can actually increase your risk of injury and may disturb normal menstrual cycles and/or weaken your bones. Be sure to drink plenty of water when you are exercising.

Aerobic exercise. Although *aerobic* exercise has many health benefits, it is best known for strengthening your heart. Physical activities are described as being aerobic when they cause your heart and lungs to increase the supply of oxygen to your cells. Aerobic exercises include activities such as walking, jogging, swimming, and biking. If you do these exercises so strenuously that you have trouble catching your breath, the activity is no longer aerobic. If you are breathing deeply but comfortably and can speak in short bursts before needing to catch a breath, you are exercising at a good aerobic pace.

Strength training. Strength training is also called resistance or weight training. It consists of working specific muscles hard for a short period of time, typically by using the muscle to lift a weight or to push against some type of resistance. Strength training is *anaerobic*, which means the activities don't require your body to increase its supply of oxygen to the cells. These activities build muscle mass and help keep your body strong and flexible.

Strength training also increases your bone density and helps

prevent bone loss. Don't be afraid your muscles will become too bulky—it won't happen!

It is a good idea to get some expert advice about the proper use of resistance machines, free weights, or resistance bands so that you get the most benefit from your workout and decrease your risk of injury.

Flexibility exercises. Flexibility exercises help your joints move more easily. It is possible to be both aerobically fit and physically strong while still not being flexible. Stretching and yoga are two examples of flexibility activities.

Percent body fat. Physical activities that build muscle and burn excess fat help you decrease your percent body fat and improve your body composition. Combine regular exercise with wise eating to reach a desirable percent of body fat, which, in turn, will improve your overall health and feeling of well-being.

Getting a Plan.

Not sure how to start? Choose something that is easy to do and that you enjoy. Many people find walking to be the ideal aerobic exercise. You don't have to buy a lot of expensive equipment—all you need is a good pair of walking shoes (no, they don't have to be expensive designer shoes). You may want to walk with a friend—it is more difficult to find an excuse not to exercise when you have a “walk date” with someone else. Consistency is very important—make being physically active as routine as brushing your teeth. Don't think about it—just do it!

Bulletin! Bulletin! Be sure to check with your doctor before starting any exercise program if you have any chronic health problems, such as heart disease, diabetes, or obesity (or are at high risk for these diseases). It's a good idea to check with your doctor if you haven't been physically active and/or are over age 50. A walking program doesn't usually present any risk—however, be sure to check before you start doing vigorous exercise.

Additional resources include—

The American Dietetic Association's Complete Food & Nutrition Guide, 2nd edition, by Roberta Larson Duyff. John Wiley & Sons, Inc., 2002.

Strong Women Eat Well by Miriam Nelson and Judy Knipe. Putnam Publishing Group, 2001.

Nutrition for Women, 2nd edition, by Elizabeth Somer. Owl Books, 2003.

Female Fitness on Foot: Walking, Jogging, Running, Orienteering, edited by Bob O'Conner, Eystein Enoksen, Christine Wells, and Eldin Onsgard. Wish Publishing, 2002.

Healthy

Chapter 3

Women

Health Monitoring

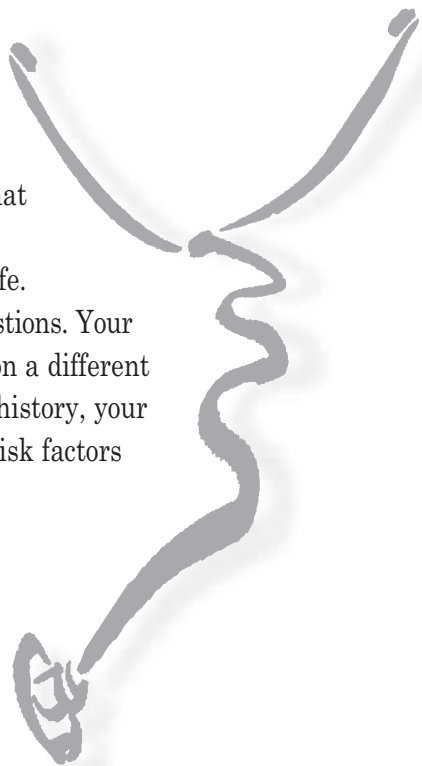
The *healthy woman* also needs to monitor her health status in order to identify any potentially harmful conditions as early as possible. Although yearly checkups may no longer be recommended for everyone, you will still want to have a periodic health examination.

Your primary care physician is your partner in keeping track of your overall health picture. However, sometimes specialists do routine screening. For example, a gynecologist often screens for potential problems in the reproductive system and an ophthalmologist or optometrist checks for vision problems.

Periodic Health Examinations.

Here are some suggestions about what should be done in a health exam for women at different stages of adult life.

Remember that these are only suggestions. Your doctor may choose to do these tests on a different schedule, depending on your family history, your personal medical history, and your risk factors for certain diseases or conditions.



Recommended Routine Procedures, Tests, and Immunizations for Women

Procedure, Test, Immunization	Age 13-19	Age 19-39	Age 40-49	Age 50-64	Age 64 or Older
<i>Height and Weight</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>
<i>Blood Pressure</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>	<i>At every exam</i>
Tests—					
<i>Pap test and pelvic exam</i>	<i>Yearly when sexually active or by age 18</i>	<i>Yearly; doctor may suggest less often if low risk</i>	<i>Yearly; doctor may suggest less often if low risk</i>	<i>Yearly; doctor may suggest less often if low risk</i>	<i>Yearly; doctor may suggest less often if low risk</i>
<i>Mammogram</i>	<i>NRR</i>	<i>NRR</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>
<i>Breast exam by doctor</i>	<i>NRR</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>
<i>Rectal exam</i>	<i>NRR</i>	<i>NRR</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>
<i>Fecal occult blood</i>	<i>NRR</i>	<i>NRR</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>
<i>Screening colonoscopy</i>	<i>NRR</i>	<i>NRR</i>	<i>NRR</i>	<i>Every 3-5 years</i>	<i>Every 3-5 years</i>
<i>Cholesterol test</i>	<i>NRR</i>	<i>Every 5 years</i>	<i>Every 5 years</i>	<i>Every 5 years</i>	<i>Every 3-5 years</i>
<i>TSH test</i>	<i>NRR</i>	<i>NRR</i>	<i>Every 1-5 years</i>	<i>Every 1-5 years</i>	<i>Every 3-5 years</i>
<i>Urinalysis</i>	<i>NRR</i>	<i>NRR</i>	<i>Every 1-3 years</i>	<i>Every 1-3 years</i>	<i>Yearly</i>
<i>Vision test</i>	<i>NRR</i>	<i>Every 2-3 years</i>	<i>Every 2 years</i>	<i>Every 2 years; begin yearly at 60</i>	<i>Yearly</i>
<i>Blood glucose</i>	<i>NRR (unless risk factors present)</i>	<i>NRR (unless risk factors present)</i>	<i>Every 3 years; begin at 45</i>	<i>Every 3 years</i>	<i>Every 3 years</i>
Immunizations—					
<i>Tetanus-diphtheria booster</i>	<i>Once between 14-16 years</i>	<i>Every 10 years</i>	<i>Every 10 years</i>	<i>Every 10 years</i>	<i>Every 10 years</i>
<i>Influenza vaccine</i>	<i>NRR</i>	<i>Depends on chronic diseases and occupational exposure</i>		<i>Recommended</i>	<i>Recommended</i>
<i>Pneumonia</i>	<i>Depends on chronic diseases and occupational exposure; ask your doctor</i>				<i>Recommended</i>
<i>Hepatitis B vaccine</i>	<i>Routinely given to newborns; if not given at this time, it should be given at adolescence.</i>				

NRR = not routinely recommended; women at increased risk of some conditions and diseases may be advised to have these tests. Pelvic exam is done to check for masses, cancer, and infections. Pap test is to check for signs of cervical cancer. Fecal occult blood test checks for blood in bowel movements. Screening Colonoscopy is the examination of the inner surface of the sigmoid section of the colon. TSH is thyroid stimulating hormone; test measures thyroid activity. **Note: These are only general recommendations – check with your doctor.**

Simple Screening Exams You Can Do.

Here are some simple screening exams you can do at home.

- ✓ Do a monthly breast self-examination starting at age 20 (see pages 25-28).
- ✓ Check for blood in stool. Since small amounts of blood are often invisible, you may want to use a test kit. (Although some over-the-counter fecal occult blood test kits are available, they typically are not as accurate or as well standardized as those administered by your doctor [see the table of Recommended Routine Procedures, Tests, and Immunizations for women.]
- ✓ Examine the lymph nodes under your arms and in your groin and neck for lumps.
- ✓ Examine your mouth for sores that might indicate oral cancer.
- ✓ Examine your skin for any unusual changes. Any sore that does not heal or new lump needs to be checked by a doctor. (see page 32-33)

Periodic Dental Examinations.

You will also want to visit your dentist regularly throughout your life. How often you go to the dentist as an adult will depend on a number of factors, including your amount of tooth decay, your oral hygiene, and your lifestyle habits, such as whether you smoke and/or drink alcohol. Most people should visit the dentist at least twice a year.



Heart Chapter 4

Heart and Artery Diseases

Attack

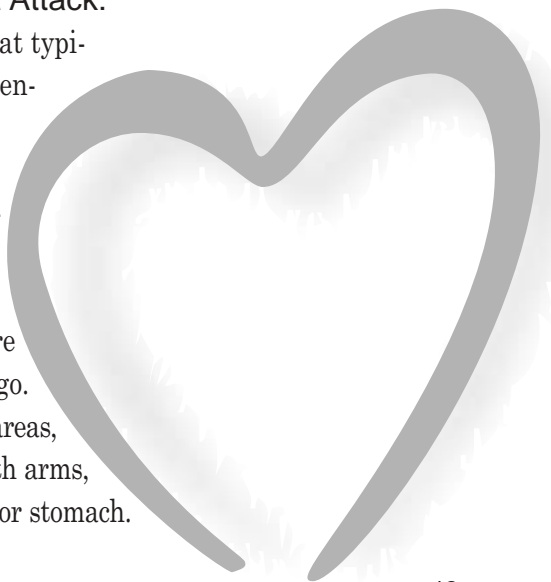
You may not know that diseases of the heart and arteries (primarily heart attack, heart disease, high blood pressure, and stroke) are just as dangerous for women as for men. Diseases of the heart and arteries—cardiovascular disease—are the biggest killer of women, accounting for the deaths of more than half a million American women each year.

Warning Signs and What to Do:

You need to be familiar with the warning signs of heart attack and stroke. It is also important to know what to do if you believe you are having a heart attack or stroke.

Warning Signs of Heart Attack:

- ♥ Chest discomfort that typically occurs in the center of the chest and can feel like an uncomfortable pressure, squeezing, fullness, or pain. It may be mild or severe and may come and go.
- ♥ Discomfort in other areas, such as in one or both arms, the back, neck, jaw, or stomach.



- ♥ Shortness of breath, either before or during chest discomfort.
- ♥ Other signs, such as nausea, light-headedness, or breaking out in a cold sweat.

Warning Signs of Stroke:

- ♥ Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.
- ♥ Sudden confusion, trouble speaking or understanding.
- ♥ Sudden trouble seeing in one or both eyes.
- ♥ Sudden trouble walking, dizziness, loss of balance or coordination.
- ♥ Sudden severe headache with no known cause.

What To Do...

If you experience any of these symptoms that last up to five minutes, call 911 or the emergency medical services (EMS) immediately. Make note of what time your symptoms started. If your symptoms last less than five minutes, you should still call your doctor. If you can't get help from EMS, have someone drive you to the nearest emergency room. Do not drive yourself unless you have no other choice.

What Happens In Heart and Artery Diseases?

Atherosclerosis is the underlying process in most heart attacks and strokes. It is the gradual clogging of an artery, the type of blood vessel that carries oxygen-containing blood away from the heart and throughout the body. When the inside of the artery wall is damaged, a series of changes takes place. These changes result in the buildup of material, called *plaque*, on and in the artery's inner wall, narrowing the artery and reducing blood flow. The complete blockage of a narrowed artery is often caused by a blood clot, which acts like a cork in a narrow-neck bottle.

When cells that depend on the atherosclerotic artery for blood—the source of oxygen and nutrients—are left totally without blood flow, they can become damaged and even die. A blocked artery in the heart causes the most common type of heart attack. A blockage

in an artery in the neck or the brain results in the most common kind of stroke.

Risk Factors for Heart and Artery Disease.

There are two types of risk factors for heart disease—those you can change and those you can't. Many of the major risk factors for heart and artery disease are changeable—you can do something about them. Since both heart disease and stroke are often the result of atherosclerosis, they have many of the same risk factors.

- ♥ High blood level of cholesterol—especially a high level of low-density-lipoprotein cholesterol (LDL-cholesterol).
- ♥ High blood pressure.
- ♥ Smoking (see page 68).
- ♥ Inactive lifestyle.
- ♥ Overweight and obesity (see page 76), especially excess weight carried around the waist (The American Heart Association added obesity to the list of major risk factors for heart disease in 1998.)

Other changeable risk factors are—

- ♥ Low blood level of high-density-lipoprotein cholesterol (HDL-cholesterol).
- ♥ High blood level of triglycerides.
- ♥ Diabetes (see page 35).

You have an increased risk of stroke when you have heart disease, artery disease, atrial fibrillation (upper chamber of the heart quivers instead of contracting), transient ischemic attacks (TIAs) or “mini-strokes,” and/or certain blood disorders.

Unchangeable risk factors for heart disease and stroke include age, sex, race, and family history.



- ♥ The older you are, the greater your risk of developing heart disease or having a stroke.
- ♥ Until women reach menopause, they are at lower risk than men for heart disease. More men than women have strokes, but more women die of stroke.
- ♥ More men than women have strokes, but more women die of stroke.
- ♥ Compared with white women, African-American women have twice the risk of heart attack and a one-third higher death rate from heart disease and a much higher risk of dying from a stroke.
- ♥ You are at increased risk if you have close relatives who developed heart disease, especially at an early age or who had a stroke.

Cholesterol

Cholesterol is a fatty substance naturally present in your body. In order for your blood to carry it throughout your body, cholesterol is combined with protein to form a particle called a lipoprotein.

Cholesterol combined in LDL is deposited in your artery wall, making plaque larger. However, HDL actually removes cholesterol from plaque, making it smaller. This is why LDL is often called *bad cholesterol* and HDL is referred to as *good cholesterol*.

As a rule, you want your blood level of total cholesterol to be less than 200 mg/dl, your LDL less than 130 mg/dl, and your HDL 35 mg/dl or above (the higher the better!).

(Remember, you want the LDL level to be low and the HDL level to be high!)

To lower your blood level of LDL and raise your HDL, you should—

- ♥ Eat a diet with no more than 25-30% of calories from fat and less than 7% of calories from saturated fat (see page 6).
- ♥ Limit your average intake of dietary cholesterol to less than 200 milligrams per day.
- ♥ Consume 20-30 grams of fiber each day.

- ♥ Increase your physical activity, taking part in regular moderate exercise.
- ♥ Balance the calories you consume with your physical activity to reach a desirable weight.

Triglycerides

Triglycerides are the most common type of fat in food and in your body. High levels of triglycerides in the blood increase the risk of heart disease, especially in women. (A normal triglyceride level is less than 150 mg/dl.) You may be able to reduce your triglyceride level by losing excess weight, increasing your exercise, stopping smoking, and limiting your intake of sugar, sugar-containing foods, and alcohol (which can cause large increases in triglyceride). In addition to reducing your intake of saturated fat to less than 7% of calories and your cholesterol to no more than 200 mg per day, you might want to include oily fish in your diet (contain omega-3 fatty acids, which help lower triglyceride levels).

High blood pressure

High blood pressure, or hypertension, is one of the major risk factors for heart disease and the greatest risk factor for stroke. Blood pressure is a measurement of the pressure that blood exerts on the inside of an artery wall. The first number in a blood pressure reading—systolic blood pressure—is taken while your heart is pumping. The second number—diastolic blood pressure—measures pressure when the heart is relaxed. There have been changes in the guidelines determining when blood pressure is normal and when it is high. Blood pressure is now considered normal when the systolic pressure is below 120 and the diastolic pressure is below 80. An example of a typical healthy blood pressure might be 118/78. You have high blood pressure or hypertension if your systolic pressure is 140 or higher and your diastolic pressure is 90 or higher. Health experts have added a condition called “prehypertension,” which is a systolic pressure between 120 and 139 and a diastolic pressure is from 80 to 89. These new guidelines reflect the

importance of controlling your blood pressure.

You may be able to lower your high blood pressure by—

- ♥ Quitting smoking (see page 68).
- ♥ Reaching and maintaining a desirable weight (see page 77-78).
- ♥ Taking part in regular physical activity (see page 10).
- ♥ Avoiding excessive alcohol intake (see page 8).
- ♥ Cutting down on your sodium intake if you are one of the people in whom sodium increases blood pressure (see page 7).
- ♥ Consuming adequate amounts of potassium, calcium, and magnesium.

Early diagnosis and treatment is an important part of preventing the negative side effects of high blood pressure. Be sure that your blood pressure is checked every time you visit your doctor or clinic. If you do have high blood pressure, it is very important that you take your prescribed medication as directed by your doctor.

Additional resources include—

Women Are Not Small Men: Life-Saving Strategies for Preventing and Healing Heart Disease in Women by Nieca Goldberg. Ballantyne Books, 2003.

The Women's Heart Book by Fredric J. Pashkow and Charlotte Libov. Hyperion, 2001.

50 Ways Women Can Prevent Heart Disease by M. Sara Rosenthal. Lowell House, 2000.

The Female Heart: The Truth About Women And Heart Disease by Marianne J. Legato and Carol Colman. Quill, 2000.

The Healthy Heart Handbook for Women by Marian Sandmaier, 2003. You may print this book without cost from the US Department of Health and Human Services website at www.nhlbi.nih.gov/health/public/heart/other/hhw/hdbk_wmn.pdf. (You will need the Adobe Acrobat reader, which is free, to access this 108-page handbook.)

2nd Chapter 5

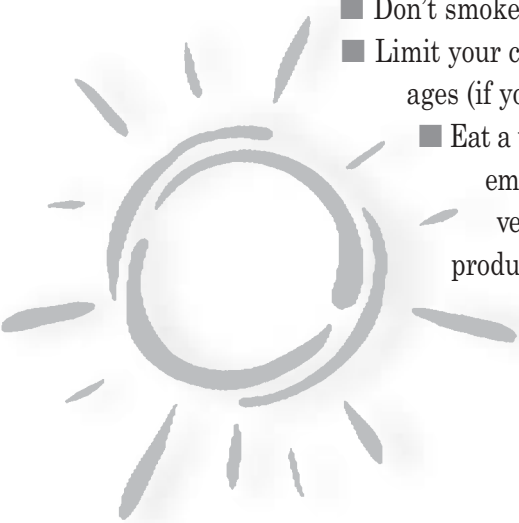
Cancer

Largest Killer

Cancer is the second leading killer of American women. It is estimated that a woman has a one in three chance of developing some type of cancer during her lifetime. Cancer is a disease in which the genetic material in a cell is damaged, making the cell abnormal. The damage to the cell is done by cancer-causing agents, or *carcinogens*, which include chemicals, viruses, radiation, and sunlight. If abnormal cells begin to grow and multiply uncontrollably, they may develop into a tumor. The development of cancer may also be influenced by diet and exercise, making these lifestyle factors important in cancer prevention. In some cases, a person may inherit genetic material that has been changed, which increases the likelihood that exposure to carcinogens will cause cancer.

The American Cancer Society has published guidelines for diet and other lifestyle factors to help prevent cancer.

- Don't smoke!
- Limit your consumption of alcoholic beverages (if you drink at all).
- Eat a variety of healthful foods, with an emphasis on plant sources—fruits, vegetables, beans and peas, and grain products, such as breads and cereals.
- Limit your intake of high-fat foods, especially those from animal sources, such as high-fat meats and dairy products.



- Be at least moderately physically active for 30 minutes or more on most days each week.
- Achieve and maintain a healthy weight throughout life.

Breast Cancer

Breast cancer is the most common type of cancer in American women, but is the second biggest killer (after lung cancer).

During the course of a lifetime, one out of every eight women will develop breast cancer.

Known risk factors for breast cancer include—

- Family history of breast cancer, especially in a mother, sister, or daughter.
- Older age—risk increases as you get older.
- Obesity after menopause.
- No pregnancies or pregnancy after age 30.
- Starting menstrual periods at a young age (under age 10).
- Late menopause (over age 52).
- Consumption of alcoholic beverages.
- Use of combination hormone therapy (estrogen plus progestin) following menopause.

Your risk **MAY** also be slightly increased if you have recently taken oral contraceptives (for 5 to 10 years or more).

Early detection is key in beating breast cancer. Your two best weapons against breast cancer are monthly breast self-examinations and regular mammograms. You can also lower your risk by taking part in vigorous physical activity or exercise and maintaining a healthy weight.

Breast self-examination.

If you are menstruating, do your regular breast self-examination a few days after your period ends. If you use oral contra-

ceptives, do it on the day you begin a new pill pack. After menopause, examine your breasts on the first day of each month.

Undress to the waist for your breast self-examination. You may find it easier to do part of the examination in the shower, with your breasts lathered with soap.

► **Sitting or standing...**

Raising your right arm, use the pads of the index and middle fingers of your left hand to touch every part of the right breast, gently feeling for a lump or thickening.

Repeat the process, using the fingers of the right hand to examine the left breast. It doesn't matter which breast you examine first.

► **Sitting or standing before a mirror...**

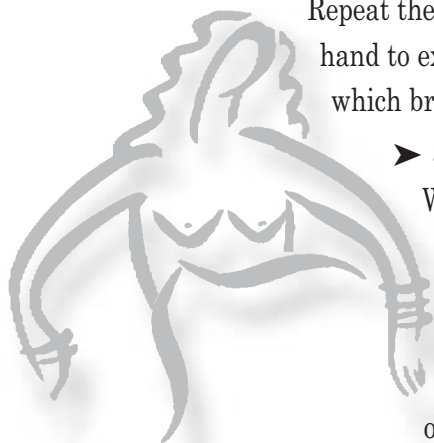
With your arms at your sides, look carefully for changes in the size and shape of each breast. Look for any irregularities—puckering, dimpling, reddening, changes in skin texture, or pushed-in or misshapen nipples. Check for these

same changes while resting your hands on your hips and again with your hands behind your head. Gently squeeze both nipples and look for a discharge.

► **Standing or sitting with your arm out to the side and resting on a firm surface.**

Use the same small circular motion you used on your breasts to examine the underarm area. This is also breast tissue. Don't worry if you feel a small, free-moving lump. Your underarm contains lymph glands. Check the lump daily and contact your doctor if it does not go away or gets bigger.

See your doctor immediately if you find—



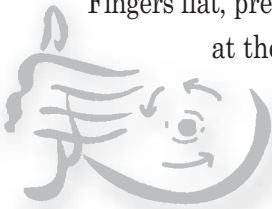
- Any new lumps.
- Any lump or thickening that doesn't shrink or become less noticeable after your next period.
- Any change in the shape or size of your breast.
- Discharge from your nipple(s), especially if it is bloody or dark or it appears without your squeezing your nipple.
- Your nipple drawing inward or pointing in a new direction.

► **Lying down (on your back)...**

Put a towel or pillow under your right shoulder and place your right hand behind your head. Examine your right breast with your left hand.



Fingers flat, press gently in small (dime-sized) circles, starting at the outermost top edge of your breast and spiraling in toward the nipple. Examine every part of the breast. Repeat with the left breast.



(Note: Your gynecologist will do a clinical examination of your breasts during your regular visit and/or when you have your Pap smear.)

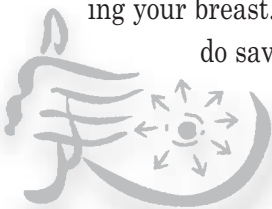
Mammogram.

A mammogram is a low-intensity X-ray that is capable of detecting breast cancer before the growth is large enough to be felt. The earlier breast cancer is diagnosed, of course, the better your chance of saving your breast. Although mammograms are not foolproof, they do save lives. Women should get regular mammograms, beginning at age 40.



A Note on Fibrocystic Breasts.

Fibrocystic—lumpy or fibrous—breasts are not a disease. However, the presence of these noncancer-



ous lumps can make it more difficult to identify new cysts or to find potentially cancerous lumps. If you have fibrocystic breasts, it is especially important for you to do a monthly self-examination so you can become familiar with the shape, size, and location of lumps and can detect any changes. You may want to do your breast self-examination about a week after your period since the lumps may become slightly larger and feel tender just before your period. Limiting your caffeine intake may reduce tenderness in fibrocystic breasts.

Lung Cancer.

Did you know that more women in the United States die each year from lung cancer than from breast cancer? It is estimated that almost 69,000 women now die each year of this disease. Although the number of new cases of lung cancer has been declining in men, it has been increasing in women, primarily because of smoking.

Cigarette smoking is the most important risk factor in lung cancer. There is no question about it—if you don't smoke, don't start! If you do smoke, stop! (See page 68.) Other risk factors for lung cancer include exposure to certain industrial substances, some organic chemicals, radon, asbestos (particularly dangerous for smokers), radiation exposure, air pollution, tuberculosis, and second-hand smoke breathed by nonsmokers.

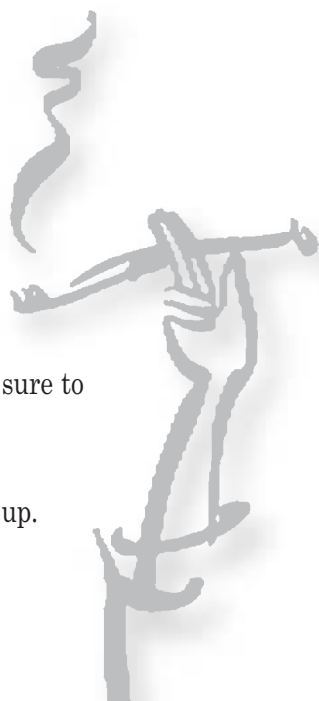
It is difficult to diagnose lung cancer in its early stages because the symptoms often don't occur until the disease is advanced.

Take steps to lower your risk factors and be sure to see your doctor if you have—

- A persistent cough.
- Streaks of blood in material coughed up.
- Chest pain.
- Recurring pneumonia or bronchitis.

Uterine/Endometrial Cancer.

The uterus and endometrium are described on



Exposure

page 88-89. Endometrial cancer is the most common cancer of the female reproductive tract and causes about 6,800 deaths in the United States each year.

Exposure to the hormone estrogen is the main risk factor for endometrial cancer. Estrogen is the major sex hormone in women and is primarily produced by the ovaries. Factors that increase your exposure to estrogen include—

- Use of estrogen replacement therapy (that is, estrogen without progesterone-like drugs).
- Use of the drug tamoxifen.
- Early menarche (beginning of menstrual periods).
- Late menopause.
- Never having had children.
- Failure to ovulate or irregular cycles.
- Being obese (very overweight).
- Diabetes.

Risk of endometrial cancer is also increased in women who have diabetes, gallbladder disease, high blood pressure, and/or obesity, or who are infertile.

Bulletin! Bulletin! The addition of progesterone/progestin to estrogen therapy offsets the increased risk of endometrial cancer associated with the use of estrogen alone.

The early signs and symptoms of endometrial cancer are abnormal uterine bleeding or spotting, often occurring after menopause. You should have a yearly pelvic examination by a health professional—preferably your gynecologist—when you become sexually active or, if you are not sexually active, beginning at age 18.

Cervical Cancer.

The cervix is illustrated on page 89. Although the death rate for cervical cancer is declining in the United States, it still causes an

estimated 4,100 deaths per year. Thanks primarily to wider use of the Pap test, cervical cancer is now often caught before it spreads, particularly in women under age 50. The Pap test detects changes in cervical cells that are not themselves cancerous but may be a warning that cancer could develop. Many authorities believe a routine Pap test can lead to the prevention of almost all cases of cervical cancer.

Risk factors for cervical cancer include—

- Infection with human papillomavirus (HPV), which is spread through sexual contact.

You increase your risk of getting HPV if you—

- Have sex at an early age.
- Have sex with multiple partners or partners who have had multiple sex partners.
- Smoke (see page 68).
- Are infected with the human immunodeficiency virus (HIV).
- A poor diet, without enough fruits and vegetables.
- A family history of cervical cancer.

There are almost no symptoms during the earliest stage of cervical cancer, which makes a routine Pap test doubly important. When there are symptoms, they most often include abnormal vaginal bleeding or spotting, bleeding or spotting after intercourse, and an abnormal vaginal discharge. You may want to ask your doctor about the new approaches available for Pap test screening.

Ovarian Cancer.

The ovaries are illustrated on page 89. Ovarian cancer is the foremost cause of death from cancer of the female reproductive system in the United States, killing more than 14,000 women each year.

Major risk factors for ovarian cancer include—

- Increasing age.

- Never having had children or having them late in life.
- A family history of ovarian cancer or other cancers, including breast or colon cancer.

Pregnancy and the use of oral contraceptives, on the other hand, appear to reduce the risk of ovarian cancer.

If ovarian cancer shows any warning signs in its early stages, they are vague—gas, nausea, indigestion, frequent urination, a change in bowel habits, a feeling of bloating, or pelvic discomfort. As the tumor grows, some women attribute their enlarged abdomen to getting fat and don't mention it to their doctor. Therefore, ovarian cancer often isn't diagnosed until late in the disease. If you are a woman over age 40 with vague disturbances of the digestive tract (stomach discomfort, gas, and/or bloating) that don't go away and can't be explained by any other cause, you may need a careful evaluation for ovarian cancer. A thorough pelvic exam performed periodically is your best chance for early detection.

Colorectal Cancer.

Colorectal cancer refers to cancers of the colon and rectum. Even though the death rates for colorectal cancer have fallen in the last 20 years, almost 29,000 American women die of this disease each year.

Possible risk factors for colorectal cancers include—

- Age—more than 90% of cases are in people over age 50.
- Family or personal history of colorectal cancer, polyps (noncancerous growths protruding from the intestinal lining), or inflammatory bowel disease.
- Physical inactivity.
- High-fat and/or low-fiber diet and a low intake of fruits and vegetables.
- Smoking.
- Obesity (being very overweight).
- Use of alcohol.

Signs and symptoms of colorectal cancer include a change in bowel habits, blood in the stool, and bleeding from the rectum.

Screening

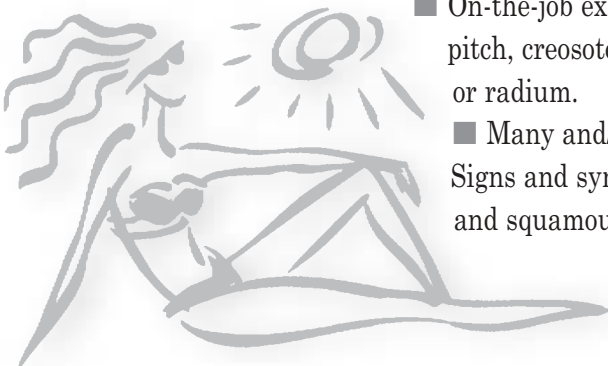
Recent research suggests that estrogen replacement therapy, nonsteroidal antiinflammatory drugs (including aspirin), and calcium may reduce the risk of colorectal cancer.

Skin Cancer.

Not only is skin cancer the most common cancer in the United States, it is the most rapidly increasing form of cancer. More than one million cases of basal cell or squamous cell skin cancers occur each year. Basal cell cancer is the most common type of skin cancer; squamous cell cancer is found mainly on the head, face, and hands—areas exposed to the sun. Although both of these types of skin cancer have a cure rate of more than 95%, they can cause considerable damage and disfigurement if left untreated. Melanoma is the most serious and potentially deadly type of skin cancer. Although only 5% of all new cases of skin cancer are melanoma, it accounts for almost 80% of skin cancer deaths—a total of 7,600 deaths per year. Melanoma has a high risk of spreading to other organs of the body, especially the lungs and liver.

Risk factors for skin cancer include—

- Frequent, long-term exposure to the ultraviolet rays of the sun or tanning lamps.
 - Having fair skin, freckles, and/or light-colored hair.
 - Family history and/or personal history of skin cancer.
 - History of severe sunburns early in life (increase risk of basal cell cancer and melanoma).
 - On-the-job exposure to coal tar, pitch, creosote, arsenic compounds, or radium.
 - Many and/or unusual moles
- Signs and symptoms of basal cell and squamous cell skin cancers include a—



- Pale, waxlike, pearly, lump.
- Red, scaly, sharply outlined patch.

Melanomas often start as small, mole-like growths that increase in size and change color. The warning signs of melanoma are as simple as your ABCDs.

- A** = Asymmetry. One half of the mole doesn't match the other half.
- B** = Border irregularity. The edges of the mole are ragged, notched, or blurred.
- C** = Color. The mole has variations of shades of tan, brown or, especially, blue-black.
- D** = Diameter. The mole is greater than about one-fourth inch in diameter.

Here are a few tips on preventing skin cancer.

- ✓ Avoid or limit your exposure to the sun when its ultraviolet rays are the strongest—between 10 a.m. and 4 p.m.
- ✓ When you have to be outdoors, wear sunglasses and cover as much of your skin as possible with a hat that shades your face, neck, and ears, and with a long-sleeved shirt and long pants.
- ✓ Always use sunscreen when you are outdoors and reapply it at regular intervals. The strength of a sunscreen is listed as its SPF (solar protection factor). Use a sunscreen with a SPF of 15 or higher. It is especially important to protect children from sunburn; being sunburned in early childhood can greatly increase the risk of adult melanoma.

Early diagnosis is critical in skin cancer. You should do a regular self-exam of your skin (perhaps at the same time you do your monthly breast examination). Watch for changes in skin growths or the appearance of new growths. If you see any scali-

ness, oozing, bleeding, changes in the color or size of a mole, lump, or nodule, or changes in itchiness, tenderness, or pain, report it to your doctor.

Additional resources include—

Dr. Susan Love's Breast Book, 3rd edition, by Susan M. Love and Karen Lindsey. Perseus Publishing, 2000.

The Breast Cancer Survival Manual: A Step-by-Step Guide for the Woman with Newly Diagnosed Breast Cancer, 2nd edition, by John Link. Owl Books, 2000.

A Breast Cancer Journey: Your Personal Guidebook by the American Cancer Society. American Cancer Society, 2001.

Women at Risk: The HPV Epidemic and Your Cervical Health by Gregory Henderson, Allan Warshowsky, and Batya Swift Yasgur. Avery Penguin Putnam, 2002.

Breast Cancer: Strategies for Living—A Special Report by the editors of the Harvard Health Letter in consultation with Carolyn Mary Kaelin. Harvard Health Publications, 2000. [order at www.health.harvard.edu/hhp/publication/view.do?name=BC]



Chronic Chapter 6 *Disease*

Diabetes

Diabetes is a chronic disease affecting about 17 million Americans. It is estimated that 9.1 million American women—or almost 9% of all US women—have diabetes.

Diabetes occurs when the process by which your body uses food to produce energy isn't working properly. The problem lies in the hormone insulin, which functions to lower the level of sugar (the body's preferred fuel) in blood and to enable sugar to pass into the body's cells. Diabetes is typically described as either Type I or Type II. Type I diabetes occurs when the pancreas is unable to make insulin. It accounts for 5% to 10% of all diagnosed cases. Type II diabetes, which accounts for 90% to 95% of all cases, occurs when the body is insulin resistant, that is, insulin is produced but it isn't able to lower blood sugar. A recent study in women showed that sugar intake does not directly affect the development of Type 2 diabetes. Two other types of diabetes are 1) gestational diabetes, which develops during a pregnancy and disappears when the baby is born, and 2) diabetes that is secondary to other conditions, such as surgery, certain drugs, infections, and other illnesses.

Type 1 diabetes is considered a disease of the immune system, in which antibodies made by the body destroy the insulin-producing cells in the pancreas. Although the exact cause of Type 2 diabetes isn't known, a number of risk factors have been identified. They include—

- Being overweight.
- Having a family history of diabetes.

- Having had high levels of blood sugar during pregnancy.
- Having had a baby weighing nine pounds or more at birth.
- Being over 45 years of age.
- Having high blood pressure.
- Not exercising regularly.
- Having low HDL-cholesterol or high triglyceride levels.
- Being African-American, Hispanic, or Native American.

Symptoms of Diabetes		
Symptoms	Type 1	Type 2*
<i>Increased Thirst</i>	✓	✓
<i>Frequent Urination</i>	✓	✓
<i>Increased Hunger</i>	✓	✓
<i>Unusual Weight Loss</i>	✓	✓
<i>Extreme Fatigue</i>	✓	✓
<i>Blurred Vision</i>	✓	✓
<i>Slow Healing of Cuts/ Sores/Bruises</i>		✓
<i>Numbness, Tingling in Hands or Feet</i>		✓
<i>Frequent Infections (Gums, Skin, Bladder)</i>		✓
<i>Nausea</i>		✓
<i>Irritability</i>	✓	

*People with Type 2 diabetes often have no symptoms.

Additional resources include—

Women & Diabetes: Life Planning for Health and Wellness, 2nd edition, by Laurinda Poirier and Katherine Coburn. McGraw-Hill/Contemporary Distributed Products, 2000.

The Type 2 Diabetic Woman by M. Sara Rosenthal. Lowell House, 1999.

Weak Bones

Osteoporosis

Chapter 7

Osteoporosis is an abnormal loss of bone mass, which can lead to weak bones that break easily or collapse. The most noticeable physical effect of osteoporosis is “dowager’s hump,” the forward curving of the spine in the upper back that may occur in older women. A bone density test can determine if you are losing bone mass or have osteoporosis.

Osteoporosis is the primary cause of hip fracture, which can lead to permanent disability, loss of independence, and even death. This disease is the underlying cause of 1.5 million fractures per year, mainly in the hip, spine, and wrist. More than 34 million Americans have low bone mass, putting them at risk of developing osteoporosis, and 10 million already have osteoporosis—80% of them are women. Half of all women past age 50 will suffer a fracture related to osteoporosis in their lifetime.

Osteoporosis can be prevented in most people. In addition, new medications have been developed that can slow bone loss and even increase bone formation. There is no cure for osteoporosis, and there is no guaranteed way to prevent it. However, it can be delayed and may be less serious if you take preventive measures throughout your lifetime. New medications have been developed that can slow down or prevent further bone loss.

Risk Factors for Osteoporosis.

Risk factors influencing the development of osteoporosis include gender, race, bone structure and body weight, family history, and certain health-related factors.

- ◆ Women are at higher risk than men.

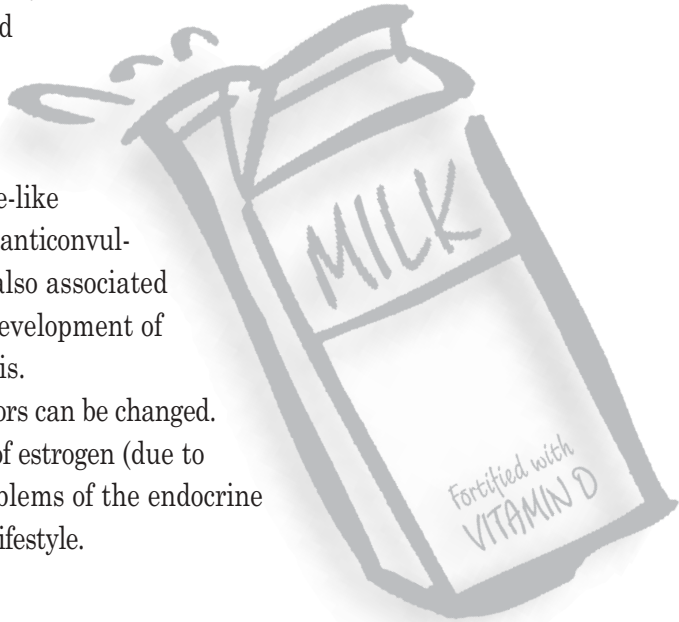
- ◆ Caucasian and Asian women are at higher risk than African-American or Hispanic women.
- ◆ Short, small-boned, and thin women are at greater risk.
- ◆ To some extent, the tendency to have fractures may be inherited.
- ◆ Osteoporosis is a recognized complication of having an overactive thyroid or rheumatoid arthritis.
- ◆ Long-term use of cortisone-like drugs and anticonvulsants are also associated with the development of osteoporosis.

Some risk factors can be changed.

They include lack of estrogen (due to menopause or problems of the endocrine glands), diet, and lifestyle.

Estrogen Level.

The hormone estrogen protects you against losing excessive amounts of calcium from your bones. Your risk of osteoporosis increases when estrogen levels decrease, either at normal menopause or at early or surgical menopause. Some women use estrogen or hormone therapy (see page 118) to decrease their risk of developing osteoporosis. However, if a woman does not wish to take estrogen, a number of other medications, such as bisphosphonates, calcitonin, parathyroid hormone, and selective estrogen receptor modulators (SERMs), are now available to prevent or treat osteoporosis. Bone loss also increases when menstruation stops as a result of excessive exercise or the eating disorders anorexia and bulimia (see page 79). It is extremely important to



prevent such bone loss.

Dietary Factors.

The amount of calcium you consume throughout your life influences your bone mass (weight and density of your bones).

Women with a higher bone mass, which gradually begins to decrease in their 30s, are at lower risk of osteoporosis.

Recommendations for calcium intake for adult women are—

- ◆ 1,000 milligrams per day for all women aged 19 – 50.
- ◆ 1,200 milligrams per day for women aged 51 and older.

Some experts recommend slightly different calcium intakes to help prevent osteoporosis—

- ◆ 1,000 milligrams per day for all women aged 25 to 50 and for women aged 50 to 65 who are on estrogen therapy.
- ◆ 1,500 milligrams per day for women aged 50 to 65 who aren't on estrogen replacement therapy and for all women over age 65.

In order for calcium to be used by your body, you must have a sufficient supply of vitamin D. Your body produces vitamin D when you are exposed to sunlight. On average, you only need from 20 to 40 minutes of sunlight on your hands, arms, and face (without sunscreen) three times per week. Dark-skinned people need more exposure, and light-skinned people need less. Most people get only a small amount of vitamin D naturally occurring in foods; however, most milk is fortified with vitamin D. If you use a calcium supplement, choose one that also contains vitamin D.

Your risk of osteoporosis may be increased by consuming excessive amounts of alcohol or caffeine or by eating disorders such as anorexia or bulimia (see page 79).

Lifestyle Factors.

There are several lifestyle factors that increase your risk of osteoporosis.

- ✓ Smoking increases your risk of osteoporosis. If you smoke, STOP!
- ✓ Being inactive is associated with a higher risk of osteoporosis. Don't be a couch potato, GET MOVING!
- ✓ Regular weight-bearing exercise, such as walking, decreases your risk of osteoporosis. If you don't take part in regular exercise, START!

Additional resources include—

The Osteoporosis Handbook: Every Woman's Guide to Prevention and Treatment, 3rd edition, by Sydney Lou Bonnick. Taylor Publishing, 2000.

Strong Women, Strong Bones by Miriam E. Nelson. G.P. Putnam's Sons, 2000.

Mayo Clinic on Osteoporosis: Keeping Bones Healthy and Strong and Reducing the Risk of Fractures, edited by Stephen Hodgson. Mayo Foundation for Medical, 2003.

Exercises for Osteoporosis by Dianne Daniels. Hatherleigh Press, 2000.

Troubling Behavior

Chapter 8

Alzheimer's Disease

Alzheimer's disease (AD) is a progressive disease of the brain and is not a normal part of aging. AD affects a person's memory and thinking as well as the ability to carry out day-to-day activities. Although AD most often occurs after age 65, it can begin as early as age 40. AD affects an estimated 4.5 million Americans, and is the eighth leading cause of death. While the risk of Alzheimer's disease increases with age, the majority of older people do not develop this disease.

Problems in the following areas *may* indicate Alzheimer's disease.

- ❓ *Learning and remembering new information.* Do you repeat things you say or do? Do you forget conversations or appointments? Do you forget where you put things?
- ❓ *Handling complex tasks.* Do you have trouble performing tasks with several steps, such as cooking a meal or balancing your checkbook?
- ❓ *Reasoning ability.* Do you have trouble solving everyday problems at work or home, such as knowing what to do if a plumbing leak floods your kitchen floor?
- ❓ *Ability to judge space and position.* Do you have trouble driving your car or finding your way around familiar places?



- ? *Language.* Do you have trouble finding the right words to express what you want to say?
- ? *Behavior.* Do you have trouble paying attention? Are you more irritable or less trusting than usual?

Of course, the fact that you sometimes mislay your keys or experience some of these other signs doesn't necessarily mean that you are developing Alzheimer's disease. If you or someone close to you notices problems, you should probably have your memory checked. Tell your doctor immediately, or ask for a referral to a specialist because getting a good work-up and accurate diagnosis is very important.

There is currently no cure for AD. However, a diagnosis of AD can be made early, and the FDA has approved several medications for the treatment of AD.

Additional resources include—

Alzheimer's Early Stages: First Steps in Caring and Treatment by Daniel Kuhn and David A. Bennett. Hunter House, 1999.

Alzheimer's Early Stages: First Steps for Family, Friends, and Caregivers, 2nd edition, by Daniel Kuhn and David A. Bennett. Hunter House, 2003.

Mayo Clinic on Alzheimer's Disease by Ronald C. Peterson. Kensington Publishing Corporation, 2002.

The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life by Nancy L. Mace and Peter V. Rabins. Warner Books, 2001.

Alzheimer's Activities: Hundreds of Activities for Men and Women with Alzheimer's Disease and Related Disorders by B. J. Fitzray. Rayve Productions, 2001.

In addition, you can contact the following organizations:

Alzheimer's Disease Education and Referral Center (ADEAR), a service of the National Institute on Aging. 1-800-438-4380 or www.alzheimers.org/adear
Alzheimer's Association. 1-800-272-3900 or www.alz.org

Foreign Chapter 9

Fibromyalgia and Diseases of the Immune System

Invaders

In recent years physicians and scientists have become more aware of certain conditions that were once treated as figments of the sufferer's imagination.

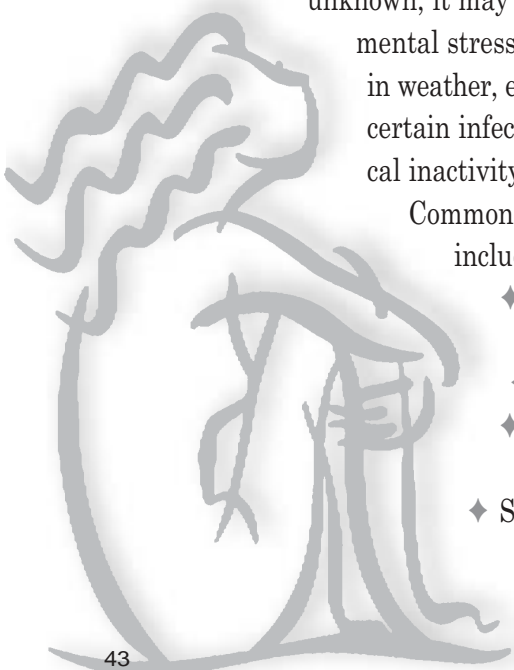
Fibromyalgia.

Symptoms of fibromyalgia syndrome (FS) occur in three to six million Americans, about 90% of whom are women. FS usually first appears in young and middle-aged women; however, it typically is diagnosed after age 50. Obviously, many women have symptoms for a number of years before they are diagnosed. FS is often diagnosed by a process of elimination—first ruling out all the other possible causes of the symptoms. Although the cause of FS is

unknown, it may be triggered by physical or mental stress, poor sleep, an injury, changes in weather, exposure to cold or dampness, certain infections, and long periods of physical inactivity.

Common symptoms of fibromyalgia include—

- ◆ Widespread aches and pains, that may vary with the weather.
- ◆ Morning stiffness.
- ◆ Excessive general fatigue and lack of energy.
- ◆ Sleep that leaves the person feeling unrested.



- ◆ “Tender” points located in the upper back, tops of the shoulders, upper central chest below the collarbone, back of the neck, and near the elbows, knees, buttocks, and hip bones.
- ◆ Skin sensations such as burning, prickling, itching, or tingling.
- ◆ Anxiety.

Diseases of the Immune System

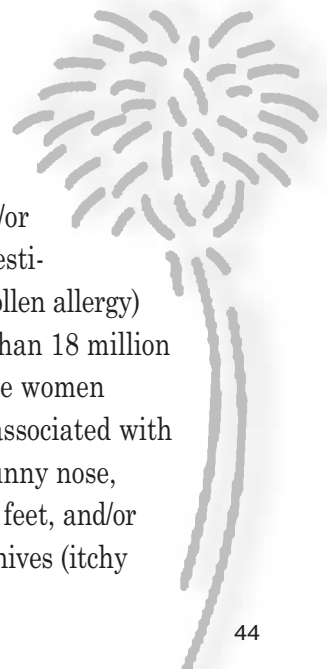
Your immune system consists of special cells and organs that keep your body healthy by protecting it from *foreign invaders*, such as bacteria and viruses. It is the job of your immune system to recognize these foreign invaders, called *antigens*, and to form antibodies that can destroy or neutralize them.

NOTE: AIDS (acquired immune deficiency syndrome) is an infectious disease in which a virus called HIV (human immunodeficiency virus) attacks the immune system. It is typically considered a sexually transmitted disease (see page 114)

Allergy

Allergies occur when your immune system mistakes one or more harmless substances (allergens) for harmful antigens. You may be allergic to animals, dust, mold, foods, and/or drugs—almost anything. Allergies affect an estimated 40–50 million Americans. Hay fever (pollen allergy) is the most common allergy, affecting more than 18 million Americans, of which more than 10 million are women

There are a variety of possible symptoms associated with different types of allergies. They include a runny nose, sneezing, swelling of the face, throat, hands, feet, and/or genitals; watery or swollen, inflamed eyes; or hives (itchy



bumps) on the chest, arms, and/or trunk. And it is now thought that asthma has an allergic component.

Allergic reactions that are more likely to have very serious symptoms include those to bee, wasp, hornet, and fire ant stings, and to peanuts, tree nuts, shellfish, and fish. Anaphylaxis is a severe allergic reaction that can be fatal. Its symptoms include fainting or loss of consciousness, swelling of the throat (a smothering feeling), and asthmatic spasms (coughing, shortness of breath, and/or wheezing).

Autoimmune Diseases

In autoimmune diseases, your immune system attacks your body's own normal cells and tissues. Scientists haven't yet learned why most of these diseases tend to be more common in women than in men.

➤ **Systemic Lupus Erythematosus.** Systemic lupus erythematosus, or lupus, often occurs between ages 15–45. About 1.4 million Americans have some form of lupus, 90% of whom are women. Lupus is a chronic inflammatory disease in which the body's immune system harms its own connective tissues and various organ systems. This leads to inflammation and damage to various parts of the body, which may include the heart, lungs, skin, joints, kidneys, blood vessels, and brain.

Since symptoms of lupus are often vague and differ from one person to the next, they could indicate any number of different diseases and conditions, making lupus hard to diagnose. See your doctor if you have any of the following symptoms—

- ◆ A red, butterfly-shaped rash over your cheek and nose.
- ◆ Extreme fatigue, even after sufficient sleep.
- ◆ Painful, achy, or swollen joints, for more than three days.

Antigens

Healthy

- ◆ Unexplained fever of more than 100 degrees for more than a few days.
- ◆ Sensitivity to sunlight that triggers a rash (scaly, disk-shaped sores) in areas exposed to the sun, including your face, arms, upper back, scalp, and ears.
- ◆ Sores in your mouth that lasted for more than two weeks.
- ◆ Chest pain when you breathe deeply or cough.
- ◆ Seizures, convulsions.
- ◆ Fingers and/or toes that become white and/or blue, numb or uncomfortable in the cold.

➤ **Multiple Sclerosis.** In multiple sclerosis (MS), part of the coating that protects the nerve cells in your brain or spinal cord is destroyed, reducing the brain's ability to send messages to the rest of the body. MS has been diagnosed in about 400,000 Americans, occurring two to three times more often in women than in men, and usually appearing between the ages of 20 – 50.

MS is different in each person. Some people continue to have mild symptoms, while in others their symptoms become progressively worse. MS ebbs and flows—severe attacks may be separated by periods in which the symptoms lessen or go away.

Symptoms of MS include—

- ◆ Severe fatigue.
- ◆ Weakness or paralysis of one or more limbs.
- ◆ Blurred or double vision, pain when you move one eye, and/or rapid, involuntary eye movements.
- ◆ Problems with bladder and/or bowel control.
- ◆ Lack of coordination and difficulty with balance—an unsteady walk, dizziness.
- ◆ Trembling in a hand, arm, or leg.

- ◆ Tingling, numbness, or other unusual feelings in the arms, legs face, or trunk of the body.
- ◆ Decreased sensation during sex.

Symptoms tend to become worse when the body heats up as the result of fever, exercise, a hot bath, or very warm weather.

- **Autoimmune Thyroid Disorders.** Your thyroid gland plays an important role in how your body functions. This little butterfly-shaped gland, which is located in your neck, produces hormones that tell every part of the body how fast to work and use energy. Two of the most common thyroid disorders—Graves’ disease and Hashimoto’s thyroiditis—are autoimmune diseases.

Graves’ disease is the most common cause of an overactive thyroid gland, or hyperthyroidism. People with Graves’ disease produce antibodies that cause their thyroid to produce too much thyroid hormone, which has an important effect on their metabolism. Graves’ disease is 3-4 times more common in women than in men and usually begins between ages 20–40. If not treated, Graves’ disease can cause heart damage, abnormal heart rhythms, and a loss of calcium from bones.

Common symptoms of Graves’ disease may include—

- ◆ Muscle weakness.
- ◆ Nervousness.
- ◆ Fast heartbeat and “palpitations”.
- ◆ Shakiness or trembling hands.
- ◆ Weight loss, even though food intake remains the same.
- ◆ Feeling warmer than usual, increased sweating.

Habits

- ◆ Bulging eyes, giving a “pop-eyed” appearance.

Other symptoms may include light or irregular menstrual periods, frequent stools, hair loss, skin changes, and/or a goiter (enlarged thyroid gland that looks like a swelling in the neck).

Hypothyroidism is the opposite of hyperthyroidism. People with hypothyroidism have an underactive thyroid gland that produces too little thyroid hormone. An estimated 5 million Americans have hypothyroidism, most of whom don't know they have the disorder. About 10% of women will have thyroid failure by age 50, and 17% of women will have hypothyroidism by age 60. The most common cause of hypothyroidism is an autoimmune disease named Hashimoto's thyroiditis, which is a chronic inflammation of the thyroid.

Common symptoms of hypothyroidism may include—

- ◆ Feeling slow or tired.
- ◆ Feeling cold.
- ◆ Being sleepy during the day, even after sleeping all night.
- ◆ Slow heart rate.
- ◆ Poor memory.
- ◆ Difficulty concentrating.
- ◆ Muscle cramps.
- ◆ Weight gain.
- ◆ Husky voice.
- ◆ Thinning hair.
- ◆ Dry and coarse skin.
- ◆ Feeling depressed.
- ◆ Heavy menstrual flow.
- ◆ Milky discharge from the breast.
- ◆ Infertility.
- ◆ Goiter.

Don't automatically assume that you are suffering from hypothyroidism if you have one or two of the symptoms listed

above. However, if any of your symptoms concern you, be sure to report them to your doctor.

► **Chronic Fatigue Syndrome.**

The cause of chronic fatigue syndrome (CFS) isn't known, but it is thought to involve the nervous system (brain and spinal cord) and the immune system. It is estimated that more than half a million Americans have CFS or a similar condition. CFS is most common in women under age 45.

CFS symptoms usually appear suddenly, often following an episode that resembles a viral infection. There are two criteria for diagnosing CFS.

- (1) An unexplained, persistent, debilitating fatigue and weakness with even moderate exertion that lasts at least six months and interferes with your life.
- (2) At least four of the following symptoms must also be present and last (or recur) for six months:
 - ◆ Difficulty remembering what you did a few minutes ago.
 - ◆ Sore throat.
 - ◆ Tender lymph nodes in the neck and under your arms.
 - ◆ Muscle pain.
 - ◆ Pain in several joints (without redness or swelling).
 - ◆ Headaches of a new type, pattern, or severity.
 - ◆ Unrefreshing sleep.
 - ◆ Lack of energy after exercise, lasting for more than 24 hours.

Although many people with CFS improve with time, most of them have some loss of normal functioning for several years. However, the symptoms usually do not appear to become worse with time. It is important for people with CFS to maintain healthy lifestyle habits—eating a balanced diet, getting enough rest, and exercising regularly.

Additional resources include—

Chronic Fatigue Syndrome, Fibromyalgia, and Other Invisible Illnesses by Katrina Berne. Publishers Group West, 2001.

The Lupus Book: A Guide for Patients and Their Families by Daniel J. Wallace. Oxford University Press, 2000.

Multiple Sclerosis: The Questions You Have—the Answers You Need, 2nd edition, edited by Rosalind Kalb. Demos Medical Publishing, 2000.

American College of Physicians Home Medical Guide: Thyroid Problems, edited by David R. Goldmann and David A. Horowitz. DK Publishing, 2000.

Damaging

Chapter 10

Changes

Common Causes of Pain in Women

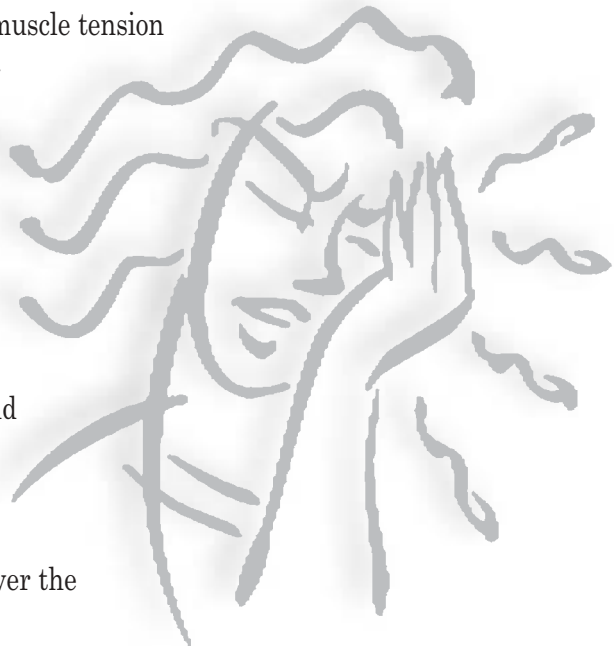
Pain occurs when your pain receptors sense damaging changes in the body, which are translated to the brain as pain.

Headaches

More than 45 million Americans have headaches, and 28 million Americans have migraines each year. Migraines are three times more common in women than in men. Most headaches fall into three main categories—muscle tension headaches, migraine headaches, and drug-rebound headaches.

Muscle tension headaches are caused by tension in the muscles of the neck, shoulders, and/or head. They may be the result of an uncomfortable position, fatigue, or social or psychological stress. They often begin in the morning or early afternoon. If you have a muscle tension headache, you may feel—

- Steady, moderately severe pain above the eyes or at the back of your head.
- Tight pressure, like a band around your head, in addition to the pain.
- Pain spreading over the



entire head, sometimes extending into the back of your neck and your shoulders.

Migraine headaches are two to three times more common in women than in men. In women, migraines often begin between the ages of 10 and 30 and tend to run in families.

Migraines consist of recurring, throbbing, moderate-to-intense pain that usually, but not always, affects one side of the head. They are caused when arteries in the brain first constrict and then enlarge, putting pressure on surrounding pain receptors. Migraines usually appear suddenly, but some people experience symptoms about 10 to 30 minutes before the actual migraine begins. These warning symptoms commonly can include depression, irritability, or restlessness; nausea or loss of appetite; loss of vision in a particular area, or jagged, shimmering, or flashing lights.

Substances that have been found to cause or trigger migraines in some people include—

- Foods such as chocolate, nuts, aged cheese, citrus fruits, bananas, dairy products, pickles, and cured meats, alcoholic drinks (particularly red wine), and foods containing sulfites.
- Monosodium glutamate, a flavor enhancer often used in Chinese and other foods.
- Birth control pills.
- Reserpine (drug for high blood pressure), indomethacin, nifedipine, and dipyridamole.



Some people get in the habit of taking medicine every day for headache pain. This may lead to drug-rebound headaches, which are chronic headaches that occur when you try to stop daily use of a pain medication.

Headaches that don't fall into the two previous categories can

have any number of causes, including—

- High blood pressure.
- Eye problems.
- Sinus problems.
- Problems in the brain, such as a brain tumor, an infection in the brain or its surrounding tissues, or a build-up of blood around the brain.
- Other conditions, such as syphilis or tuberculosis.

Over-the-counter pain medications are effective for most common headaches. However, don't ignore frequent headaches because you think they aren't important. Mention the problem to your doctor.

TMJ.

Temporomandibular joint disorder (TMJ or TMD) refers to a group of painful conditions affecting the jaw joint and the muscles you use to chew. Approximately 7 million Americans have pain associated with chewing, TMJ, or both. TMJ is three times more common in women than in men.

The causes of TMJ aren't clear. A severe injury to the jaw or jaw joint can cause TMJ or arthritis of the jaw. Some authorities think that physical and/or mental stress can cause or aggravate TMJ symptoms.

Signs and symptoms of TMJ include—

- Pain in the jaw joint and/or pain or spasm in chewing muscles (most common symptom of TMJ).
- Limited movement of the jaw joint and/or locking of the jaw.
- Radiating pain in the face, neck, or shoulders.
- Painful clicking, grating, or popping of the jaw joint when the mouth is opened and shut.

- A sudden change in your *bite* (the way the upper and lower teeth fit together).

Other symptoms that may be related to TMJ include headaches, earaches, dizziness, and hearing problems.

TMJ typically is treated by a dentist and/or a physician. As a rule, treatment for TMJ should be simple and reversible, that is, not consisting of permanent changes in the joint or face.

Urinary Tract Infections.

Urinary tract infections (UTI) affect 20% of women at some point in their lifetime. They most often affect the bladder but may spread to the kidneys. UTIs are commonly caused by bacteria from the skin around the anus entering the tube that empties urine from your bladder (urethra). Since UTIs are bacterial infections, they can be treated by antibiotics. Prompt treatment is important to prevent the infection from spreading to your kidneys.

Warning signs for UTIs include—

- Pain or burning when you urinate.
- Frequent need to urinate, often passing only a little urine.
- Feeling tired, shaky, and washed out.
- Chills and fever.
- Soreness or pain in your lower abdomen, back, or sides (below your ribs); an uncomfortable pressure above the pubic bone.

You can help prevent UTIs by—

- Proper wiping techniques after using the toilet—always wipe from front to back.
- Washing your genital and anal areas (from front to back) daily and before and after intercourse.
- Drinking plenty of water and other fluids to help flush bacteria out of your urinary tract.
- Urinating frequently to help get rid of bacteria before they have a chance to multiply—don't resist the urge to urinate.
- Avoiding feminine hygiene sprays and scented douches.

- Practicing safer sex (see page 100).
- Taking showers instead of tub baths.

Endometriosis.

At least 5.5 million women in North America have endometriosis. Endometriosis occurs when some of the tissue that normally lines the uterus (endometrium) is found outside the uterus, usually in the abdomen (belly). This tissue may attach to or invade the ovaries, fallopian tubes, and other structures. Hormonal changes cause this tissue to release blood into the abdomen. The most common symptom of endometriosis is excessive menstrual cramping, which may occur in the abdomen or lower back at other times in the cycle.

Chronic Pain and Chronic Pelvic Pain.

Chronic pain is a general term for pain that lasts beyond the normal healing time after an injury or illness. An estimated 80–85% of Americans after age 65 have a significant health problem that can result in chronic pain. Younger women may have more head, abdominal, and chest pain; older women have more frequent joint pain. Many women with chronic pain have significant symptoms of depression and report a lower quality of life.

Chronic pelvic pain (CPP) affects 15% of American women and is the underlying cause for at least 10% of the hysterectomies performed in the United States. Although there is no generally accepted definition of CPP, it is usually considered to be pelvic pain that lasts longer than 3–6 months, is not associated with the menstrual cycle, and is not relieved by narcotic painkilling drugs. CPP can have a number of causes, including pelvic inflammatory disease, endometriosis, and adhesions in the pelvis, among others.

Additional resources include—

Taking Control of TMJ: Your Total Wellness Program for Recovering from Temporomandibular Joint Pain, Whiplash, Fibromyalgia, And Related Disorders by Robert O. Uppgaard. New Harbinger Publications, 1999.

The Headache Sourcebook by Joel Paulino and Ceabert J. Griffith. McGraw-Hill/Contemporary Books, 2001.

Conquering Your Migraine: The Essential Guide to Understanding and Treating Migraines for All Sufferers and Their Families by Seymour Diamond. Fireside, 2001.

Endometriosis: The Complete Reference for Taking Charge of Your Health by Mary Lou Ballweg. McGraw-Hill/Contemporary Books, 2003.

The Truth About Chronic Pain: Patients and Professionals on How to Face It, Understand It, Overcome It by Arthur Rosenfeld. Basic Books, 2003.

Urinary

Bladder Control

Incontinence

Chapter 11

Lack of bladder control (urinary incontinence, or UI) refers to an inability to hold your urine until you can get to a toilet. This condition affects more than 13 million Americans and is twice as common in women as in men.

The bladder stores urine, controlling its release by tightening special muscles (sphincters) around the area where urine is emptied into a tube (urethra) that carries it out of the body. When it is time to urinate, the bladder walls contract and sphincter muscles relax, allowing urine to be forced out of the bladder into the urethra and removed.

UI may be more common in women because of the structure of the female urinary tract and the body stresses involved in pregnancy and childbirth. UI is sometimes blamed on menopause, but this condition is not an unavoidable part of aging. Remember—UI can be treated.

There are several types of UI.

- ▶ *Stress incontinence* refers to leaking urine in response to any movement that puts pressure on the bladder, such as coughing, sneezing, or laughing. Stress incontinence is the most common type of UI in women and is treatable.
- ▶ *Urge incontinence* is a condition in which you lose urine for no apparent reason while suddenly feeling the need or urge to urinate. It is usually caused by inappropriate contractions of the bladder wall, which may be due to damage to the muscles or nerves of the bladder or to the nervous system itself. Women with urge incontinence may find that their bladder empties

after they drink a small amount of water, during sleep, or even when they touch water or hear it running.

- ▶ *Functional incontinence* occurs in people with problems thinking, moving, or communicating that prevent them from reaching a toilet. For example, a person with Alzheimer's disease may not be able to plan a timely trip to the bathroom.
- ▶ *Overflow incontinence* means your bladder is always full so that it continually leaks urine. This condition, which is not common in women, may result from weak bladder muscles or a blocked urethra.
- ▶ Other forms of incontinence include *mixed incontinence* (for example, having both stress and urge incontinence) and *transient* (temporary) incontinence, which may be triggered by medications, urinary tract infection, and reduced mental ability, among other causes.

Your doctor can usually treat UI. Treatments may include exercises or electrical stimulation to strengthen bladder muscles, biofeedback, bladder training, or medications, among others.

Additional resources include—

The Incontinence Solution: Answers for Women of All Ages by William Parker, Amy Rosenman, and Rachel Parker. Fireside, 2002.

PART 3. Coping

Extreme Chapter 12 Anxiety

Stress

Modern life is not simple. Your ability to recognize and cope with the variety of stresses in your life has a lot to do with your quality of life. Everybody talks about being *stressed*. What is stress, anyway?

It was a challenge for our ancestors to stay alive. When danger approached, they had to be able to turn and fight for survival or to escape—called the “fight-or-flight” response. When you feel you are in danger, certain chemical and physical changes automatically take place in your body. These changes are the same whether the danger is real—a car running a red light to hit you—or only seems to be real—footsteps behind you on a dark, deserted street. The fight-or-flight response causes a number of hormones to be produced and dumped into

your bloodstream where they bring about a variety of physical effects.

A certain amount of stress can be good for you; however in today’s world, you often have these stress responses in situations where they don’t help you—response. You probably don’t actually plan to sock your boss on

the jaw (fight) or get away by running for the stairs (flight). This means that for many hours each day your body may be experiencing the physical results of high levels of these hormones, such as tensed muscles, faster heart rate, and increased blood pressure. In fact, stress has been associated with a number of illnesses, including high blood pressure, heart disease, ulcers, allergies, asthma, and migraine headaches.

Are You Suffering from Stress?

It isn't always easy to decide if your stress level is normal or whether you are overstressed. The American Medical Women's Association developed some checklists to help you evaluate your stress level.

Psychological Signs of Being Overstressed

Take a minute to ask yourself the following questions.

- 1. Are you often nervous and/or anxious?*
- 2. Do you often feel depressed or sad?*
- 3. Are you frequently grouchy or moody?*
- 4. Do you often become frustrated?*
- 5. Do you forget things?*
- 6. Do you have trouble thinking clearly?*
- 7. Do you worry a lot about decisions?*
- 8. Do you have a hard time learning new information?*
- 9. Do you have trouble sleeping—insomnia?*
- 10. Are you constantly bothered by negative thoughts—always seeing the downside of things?*
- 11. Do you have trouble sitting still?*
- 12. Do you have a lot of accidents?*
- 13. Do you bite your fingernails or cuticles?*

If you answered many of these questions “yes,” you may well be overstressed. You should seek professional help if you:

- Are depressed, anxious, and/or irritable
- Notice changes in your appetite or sleep
- Have trouble with relationships
- Have a decreased ability to do your job

A psychiatrist, psychologist, or therapist can help you determine your need for treatment and develop a treatment plan with you.

Physical symptoms of stress.

If you suffer from the following symptoms most of the time, it may indicate extreme anxiety and stress. Since these symptoms may also indicate a physical disorder, be sure to see your doctor if they are sudden, severe, or persist.

- Back pain.
- Burning sensation in your chest.
- Burping.
- Feeling faint or dizzy.
- Muscle tension.
- Head cold that continues a long time.
- Headaches.
- Ringing in your ears.
- Shaking hands.
- Grinding your teeth.
- Diarrhea.
- Unexplained hives or skin rashes.
- Constipation.
- Loss of appetite.
- Pounding heart.
- Feeling of nausea, vomiting.
- Chest pain.
- Stomach pain.
- Sweaty, cold hands.
- Shortness of breath.
- Indigestion or gas pains.

Coping with Stress.

There is a two-step process for getting control of your life and reducing your stress. First, you need to change your behavior. Then, you need to learn how to turn off the physical symptoms of stress.

Change your behavior—

There are a number of behavioral changes you can make to help

Relax

To Exercise

you cope with stress. Changing a habit may sound simple, but it will take patience and practice.

- Allow yourself to have leisure time without having earned it.
- Set reasonable goals for yourself each day.
- Learn to share responsibility with others.
- Don't try to be perfect—no one is perfect!
- Don't try to do too many things at once—focus on one thing at a time.
- Learn to recognize your natural high and low energy times each day and plan your activities around them.
- Decide it is okay to ignore some requests or to wait before answering them.
- Learn to say “no.”
- Try to identify the source (or sources) of your stress.
- Ask for help.

Turn off the symptoms of stress—

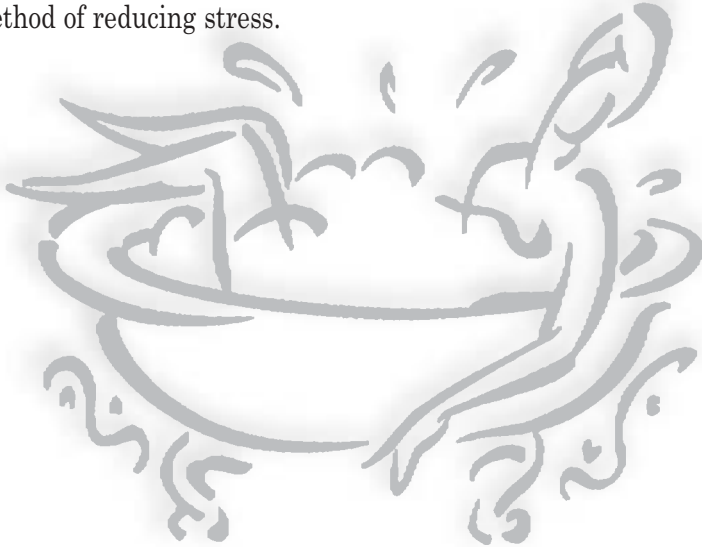
There are several fairly simple steps you can take to help reverse your body's fight-or-flight response.

Taking short, shallow breaths may indicate a very stressed state. Deep breathing, on the other hand, can carry needed oxygen to your muscles, helping them relax. Sit up straight and breathe in deeply through your nose (for a count of two) and exhale slowly through your mouth (for a count of four).

Practice relaxation techniques. In progressive relaxation, you tense and then relax the muscles in your body—working through your feet, legs, back, chest, head, and face. Then relax your whole body. Another method is to use visualization (vivid imagination) to picture yourself in a quiet, pleasant place. Be there! Hear the sounds— Smell the pleasant odors— Feel the breeze, the touch of grass, or the caress of warm water on your skin— Or you may prefer some other technique you find

in a book or tape on relaxation. Relaxation techniques should be practiced regularly. Before long, you will be able to slip into your relaxed mode whenever you are under stress. Yoga and meditation are also enjoyable and effective stress reducers.

Exercise those tight muscles. Go for a walk. Do some stretching exercises. Swing your arms. Shrug your shoulders to loosen up those tight shoulder and neck muscles. Exercise is a proven method of reducing stress.



You can't avoid having some stress.

The important thing is to recognize when you have chronic, harmful stress and to choose to do something about it.

Additional resources include—

The Hurried Woman Syndrome: Healing for the 50 Million Women Who Suffer by Brent W. Bost. Vantage Press, 2001.

Self-Nurture: Learning To Care For Yourself As Effectively As You Care For Everyone Else by Alice D. Domar and Henry Dreher. Penguin USA, 2001.

The Third Shift: Managing Hard Choices in Our Careers, Homes, and Lives as Women by Michele Kremen Bolton. Jossey-Bass, 2000.

The Female Stress Syndrome Survival Guide by Georgia Witkin. Newmarket Press, 2000.

Outsmarting Female Fatigue: The 8 Energized Strategies for Lifelong Vitality by Debra Waterhouse. Hyperion, 2002.

The Relaxation & Stress Reduction Workbook by Martha Davis, Elizabeth Robbins Eshelman, and Matthew McKay. New Harbinger Publications, 2000.

Common Shock: Witnessing Violence Every Day by Kaethe Weingarten. EP Dutton, 2003.

Sad

Mood Disorders

“Blues”

Most people have the “blues” at one time or another. For example, it is normal to feel depressed for a time in response to certain situations, such as the death of a loved one. However, if your “down” times last a long time and interfere with your ability to carry out routine tasks, leaving you unable to lead a normal life, you may be suffering from a depressive mood disorder. Depressive mood disorders involve your body, mood, and thoughts.

It is estimated that each year about 12 million American women experience some type of mood disorder. These disorders affect about twice as many women as men. There are three major types of mood disorders—major depression, mild recurring depressed moods (dysthymia), and manic-depression (bipolar disorder).

An individual with **major**

depression has symptoms for at least two weeks, but they can last for months or years. People with major depression have some or all of the following symptoms—

- ◆ Continuing sad, anxious, or *empty* mood.
- ◆ Loss of interest or pleasure in activities, including sex.



- ◆ Restlessness, irritability, or excessive crying.
- ◆ Feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism.
- ◆ Sleeping too much or too little; early-morning awakening.
- ◆ Loss of appetite and/or weight loss or overeating and weight gain.
- ◆ Decreased energy and fatigue—feeling *slowed down*.
- ◆ Thoughts of death or suicide or suicide attempts.
- ◆ Difficulty concentrating, remembering, or making decisions.
- ◆ Continuing physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

Although dysthymia is described as **mild depression**, it has a profound effect on the lives of the women suffering from it. A person with dysthymia may have some or all of the symptoms mentioned above but they are less severe than in major depression and are not totally disabling. However, the symptoms drag on for two years or more, preventing the person from functioning well or feeling good.

Individuals with **bipolar disorder**, or manic depressive disorder, have cycles of being depressed alternating with feelings of mania. Symptoms of mania include—

- ◆ An abnormally elevated mood.
- ◆ Irritability.
- ◆ Need for sleep.
- ◆ Delusions of grandeur (false feelings of importance).
- ◆ Increased talking.
- ◆ Racing thoughts.
- ◆ Increased activity, including sexual activity.
- ◆ Noticeably increased energy.
- ◆ Poor judgment that leads to risk-taking behavior.
- ◆ Inappropriate social behavior.

Bipolar disorder can cause serious life and relationship problems.

Early diagnosis and treatment is essential.

Certain factors in a woman's life may make her more likely to suffer from depression. Postpartum depression, for example, can range from a few days of the "blues" after the baby is born to depression that is severe enough to greatly affect quality of life. Many times, young mothers may become depressed in addition to experiencing the stress and demands of caring for an infant.

Seasonal affective disorder (SAD) is a kind of depression that follows the seasons of the year. It is four times more common in women than in men. The most common type of SAD is winter depression, which usually begins in late fall or early winter and goes away by summer. Summer depression begins in late spring or early summer. SAD may be related to changes in the amount of daylight you get. Winter SAD may be treated with a special type of light therapy.

Some researchers have shown an association between depression and pessimistic thinking, low self-esteem, and excessive worrying. Depressed individuals may also feel they have little control over life events. As a part of this, women who have been abused—physically or psychologically—are more likely to develop depression or bipolar disorder.

If you think you are suffering from depression, get help without delay! Treatment which may include both talk therapy and medication, can ease the symptoms in a majority of the people with depression or bipolar disorder.

Additional resources include—

A Half-Empty Heart: A Supportive Guide to Breaking Free from Chronic Discontent by Alan Downs. St. Martin's Press, 2003.

New Hope for People with Depression by Marian Broida. Prima Publishing, 2001.

New Hope for People with Bipolar Disorder Jan Fawcett, Bernard Golden, and Nancy Rosenfeld. Prima Publishing, 2000.

Substance Addictions

Chapter 14

Dependence

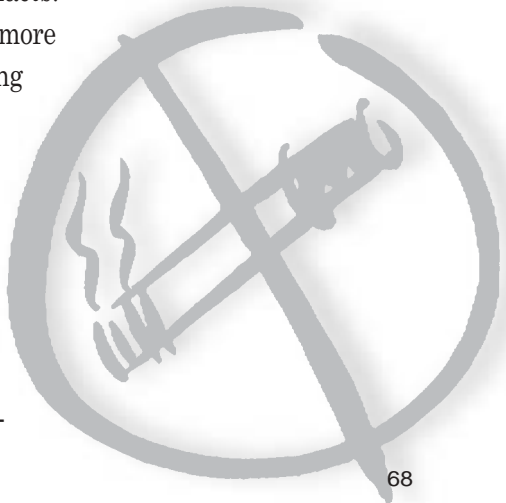
The dictionary describes an addiction as a physical or psychological dependence on a substance or behavior that is beyond voluntary control. This definition covers a wide variety of substances—tobacco, alcohol, and drugs (both prescription and illegal). Men are twice as likely as women to be dependent on or to abuse alcohol or illicit drugs.

Smoking.

Many women are now aware that smoking is linked to an increased risk of heart attack, stroke, various types of cancer, chronic lung disease, and reproductive problems. Women who smoke and use birth control pills are much more likely to have a heart attack or stroke than women who don't. However, growing numbers of women have been taking up this deadly habit. Current estimates indicate that almost 21% of women smoke.

Every woman who smokes or considers taking up this “killer” habit should know the following facts.

- ✓ Women who smoke have more than twice the risk of dying each year than nonsmoking women.
- ✓ Smoking is a major cause of lung cancer (and several other cancers), stroke, heart disease, and chronic lung disease, among other conditions.



- ✓ More than 178,000 women die prematurely from smoking-related diseases each year.
- ✓ Cigarette smoking contributes to nearly one-third of all cancer deaths in women.

Breaking the smoking habit...

It isn't easy to stop smoking—but you can do it!

- ✓ Set a target date to stop smoking and put it in writing. Pick a time when you won't be under too much stress.
- ✓ Throw out all your cigarettes, matches, lighters, and ashtrays the night before your target day. Tell your friends you are quitting smoking, and ask them not to smoke around you.
- ✓ Identify and avoid those situations that trigger you to want to smoke. Watch yourself when you are drinking coffee, talking on the phone, watching television... anything you associated with smoking in the past. Make new habits that aren't linked in your mind to smoking. For example, try starting your day with tea instead of coffee and a cigarette.
- ✓ Try deep breathing to calm down when you're feeling tense. Inhale a slow deep breath, count to five, and release it. Do this 10 times.
- ✓ Keep yourself busy. Exercise... be physically active. Keep low-calorie foods around for those times you feel an urge to put something in your mouth.
- ✓ Be prepared for the symptoms associated with stopping smoking. These may include headaches, irritability, tiredness, trouble concentrating, and/or constipation. Most symptoms end within two to four weeks.
- ✓ You may want to try nicotine chewing gum, patches, or inhalers. They aren't for everyone, however, so ask your doctor about aids for stopping smoking.
- ✓ Don't get discouraged and give up if you slip and have a cigarette. Most smokers slip three to five times before

they quit for good.

Substance Abuse.

The term *substance abuse* covers a variety of situations, including misuse of legal substances such as alcoholic beverages, prescription and over-the-counter drugs, and other substances (such as glue), and the illegal use of substances such as street drugs. Keep in mind that substance abuse can occur at any age. Substance abuse isn't only a problem of the young. Almost 5% of American women are dependent on or abuse alcohol or illicit drugs.

Alcohol Abuse.

It isn't as easy to make blanket statements about alcohol as it is about smoking. You might think of alcohol *use* as light to moderate drinking—one or two drinks consumed at different times. Alcohol *abuse*, on the other hand, is drinking in large amounts or in binges. The following questions may help you identify whether you have a drinking problem.



1. Have you ever felt you ought to cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning—an eye opener—to steady your nerves or get rid of a hangover?

If you answered “yes” to one or more of the first three questions, you may be developing a drinking problem. A “yes” answer to the fourth

question is a sign of a more serious problem that should be treated.

Additional signs of a drinking problem include—

- Missing work or being late to work because of a hangover.
- Not being able to perform housework or daily tasks.
- Having memory lapses or blackouts.
- Having sexual relations with someone to whom you wouldn't ordinarily be attracted.
- Fighting with your spouse or friends or hitting your children.
- Being preoccupied with drinking and organizing activities and social functions around alcohol.
- Having marriage or family problems in which drinking could be a factor.
- Having an auto accident after leaving a party in an intoxicated state.

Your honest answers to these tough questions should help you decide whether or not you need help. Some people benefit from joining Alcoholics Anonymous, Al-Anon, Al-teen, or the National Association of Children of Alcoholics. Psychiatrists, psychologists, and social workers provide professional treatment for alcohol abuse.

Prescription Drugs.

An alarming number of women take prescription drugs for non-medical reasons. Prescription drugs most likely to be misused are those that alter mental states, such as tranquilizers, sleeping pills, stimulants, and pain killers. These drugs are useful and appropriate under certain conditions. The problem of abuse arises when you—

- Increase the dosage of the drug.
- Use the drug for longer than was prescribed.

or

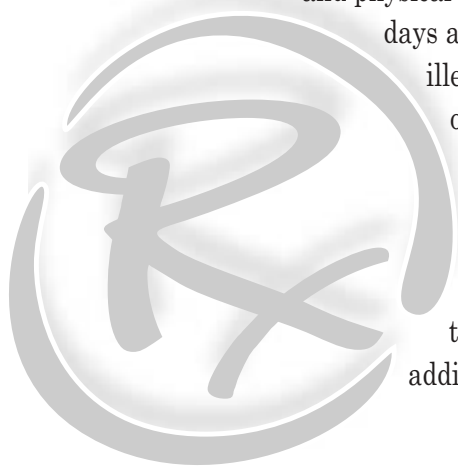
- Use the drug for a different purpose than the one for which it was prescribed, such as to become *high* or intoxicated.

Tranquilizers. Tranquilizers are meant for short-term treatment of stress and anxiety. Low doses of these drugs make a person feel cheerful and relaxed; higher doses cause a feeling of being intoxicated. People who use tranquilizers too long become dependent. When they stop the drug, they may experience severe anxiety, nervousness, insomnia, or more serious symptoms.

Sleeping pills. Barbiturates and other sedatives are typically prescribed as short-term treatment for long-term sleeplessness—insomnia. Long-term use may lead to dependency and to taking increasingly larger doses to obtain the same effect. Increased use may cause a “hangover” the next day—feelings of mental dullness, lack of concentration, and problems with memory—in addition to mood swings, depression, anxiety, and irritability. Stopping these drugs may result in withdrawal symptoms similar to those associated with stopping tranquilizers, except more severe.

Amphetamines. Stimulants, such as benzedrine and dexedrine, increase energy at the same time they decrease appetite. When used as diet pills, they lead to psychological and physical dependency—being hooked. These days amphetamines are more often used illegally to increase the effects of other drugs.

Painkillers. Prescription painkillers typically relax you and give you a sense of well-being in addition to decreasing your sensitivity to pain. Painkillers are highly addictive and can cause serious with-



drawal symptoms when you stop taking them.

Illegal Drugs.

Illegal drug use cuts across all boundaries of sex, age, race, and socioeconomic status. More than 70% of the AIDS cases among women are drug-related.

Here are some frightening facts. Female drug abusers—

- Have a higher incidence of sexually transmitted diseases.
- Have poor nutrition, making them at higher risk of other diseases.
- Who share needles are at increased risk of getting infections such as HIV (which causes AIDS) and hepatitis B (see page 112-115).

In addition, illegal drugs taken during pregnancy may lead to premature birth or death of the fetus. If the baby is born, it may already be addicted to the drug.

Narcotics. Narcotics dull the senses, relieve pain, and produce sleep. The most familiar of the illegal narcotics is heroin. Addiction to heroin develops quickly, and chronic use causes serious health problems. Withdrawal symptoms include anxiety, sweating, shaking, cramps, and an intense craving for heroin. Some individuals addicted to heroin are given methadone, a synthetic substitute for heroin, to help them function without the drug.

Cocaine. After ingestion, cocaine quickly produces a short-term but intense feeling of well-being, an increase in self-confidence, energy, and sensuality, and a decrease in appetite. Since this *high* is followed by a low, the user soon wants to take more, leading to addiction. The most popular form of cocaine—*crack*—is the most addictive. The physical effects of cocaine put a strain on the body that can lead to chest pain, heart attack, stroke, seizures, or convulsions.

Hallucinogens. Hallucinogenic drugs, such as marijuana, LSD,

and PCP (angel dust), affect the central nervous system, change a person's ability to understand, and alter body function. In addition to producing a relaxed and detached mood and an altered sense of time, marijuana also can impair memory, the ability to think logically, and coordination. Chronic heavy use results in a loss of energy and drive and may lead to psychological dependence. PCP and LSD, on the other hand, usually produce more vivid, unpredictable responses, which can lead to flashbacks, violence, and chronic mental disorders.

Addiction to prescription or illegal drugs may occur in people with depression. Both of these problems require treatment.

Codependency.

Codependency originally referred to a relationship between someone who is addicted (to alcohol, drugs, gambling, sex, etc.) and a codependent person who has an obsession with controlling the addict's behavior and/or curing his/her problems. The term has now been expanded to describe people who see themselves as rescuers of another person with any type of persistent destructive behavior. Codependents make excuses for and cover up another's destructive activities, thereby *enabling* the person to continue these activities without having to take the consequences.

Codependent individuals live through the other person's life.

Codependents are often angry, controlling, preachy, blaming, subtly manipulative—and generally miserable. It is good to be a caring person. However, there have to be boundaries that separate your life from that of another person. Here are a few questions to help you decide if you are in a codependent relationship. Some of them may make you feel uncomfortable—try to answer them honestly.



	YES	NO
1. <i>Do you hope that your help will change the behavior of a loved one who is addicted or acts compulsively?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Do you do more than your share of the work, allowing that person to get by with doing less than his/her share?</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Do you consistently give more than you receive in the relationship?</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Do you try to “fix” others’ feelings that make you uncomfortable?</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Do you make excuses for the other person’s behavior?</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Do you try to protect him/her from the consequences of his/her behavior?</i>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to one or more of these questions, you may need help from a counselor to learn how to detach yourself from the other person’s life.

Additional resources include—

A Woman’s Addiction Workbook: Your Guide to In-depth Healing by Lisa M. Najavits. New Harbinger Publications (Workbook edition), 2002.

Happy Hours: Alcohol in a Woman’s Life by Devon Jersild. Perennial Press, 2002.

Groups such as Al-Anon (support group for families of alcoholics) may also be of help.

Eating Chapter 15

Obesity and Eating Disorders

Smart

A number of disorders revolve around the misuse of food. “Overnutrition”—overweight and obesity—is the number one nutritional problem in the United States. Almost 62% of American women over age 20 are overweight and one-third are obese. Many people believe that the national preoccupation with trying to lose these extra pounds contributes to the development of eating disorders such as anorexia, bulimia, and binge eating disorder. The vast majority of the people with eating disorders are women, many of whom may be trying to achieve an unrealistic *ideal* figure.

Obesity.

Excess weight can have a number of bad effects on your health and how you feel about yourself. Here are some facts about excess weight that you may find “hard to swallow.” Obesity is associated with Type II diabetes (see page 35), cardiovascular disease (see page 18), and colon cancer cases (see page 31). Being obese greatly increases your chances of developing high blood pressure (see page 22) and gallstones.

What is obesity anyway?

Obesity is a **real** disease that results from an imbalance between the calories you consume and the calories



you burn each day. Many factors are involved in obesity, including genetics, your surroundings (environment), and psychological influences. Only rarely is obesity caused by an illness, such as an underactive thyroid, or from taking medications, such as steroids.

How can you decide if you are overweight? Many nutrition professionals now prefer using a measurement called the body-mass index, or BMI. Here is how to figure your BMI—

First, multiply your weight (in pounds) by 704.5.

Next, divide the answer by your height (in inches) twice.

Here's an example.

Teresa is 5 feet 9 inches (69 inches) tall and her weight is 175 lbs.

$$175 \times 704.5 = 123,288 \div 69 \div 69 = 25.9.$$

So, Teresa's BMI is 26.

- A BMI from 18.5–24.9 indicates a desirable weight.
- A BMI from 25–29.9 is considered overweight.
- Obesity has three levels—obesity I is a BMI of 30–34.9, obesity II is a BMI of 35–39.9, and obesity III (extreme obesity) is a BMI of 40 or above.

Losing Excess Weight.

There is no magic food, pill, or activity that can solve the problem of excess weight. Most nutrition professionals favor a combination of eating fewer calories and increasing the level of physical activity. The healthiest, most successful weight management program is likely to be one that helps you make a number of lifestyle changes—what and how much you eat, how you deal with food, and how much and how often you move.

Choosing wisely...

You plan a good weight reduction diet in much the same way as the healthy diet discussed on page 9. Keep a close eye on portion size and greatly reduce your snacking on foods that are high in calories while offering little or no nutritional benefit.

Eating “smart”...

For many people, how they eat influences what and how much they eat. Here are a few tips to help you control your food intake.

- ✓ Many people who overeat also eat quickly. Slow down—make it a point to be aware of every bite you eat.
- ✓ Try keeping food records.
- ✓ Eat in only one location in your home, preferably at the dining table.
- ✓ When it is time to eat, do only that. Don’t combine eating with other activities that distract you.
- ✓ Don’t overfill your plate.
- ✓ When you eat out, try asking for a “take-home” container for part of your food before you begin to eat.
- ✓ Many people who overeat often crave a particular food that has nothing to do with actually being hungry.
- ✓ Cravings often fade in less than 30 minutes—try to delay and the craving may pass.

Moving well...

The other major part of any successful weight control plan has to be increased activity. Not only does exercising help you lose weight, it helps tone your body so you look better as your body loses fat. One of the most discouraging things about losing weight is that most people regain the weight they lose (and usually gain a few

extra pounds). Research has shown that taking part in a regular exercise program is the most important thing you can do to keep off the weight you lose. (Exercise is discussed in more detail, starting on page 10.)



Getting help...

Many people find it difficult to lose weight on their own. You may find it helpful to join a weight-loss program. Look for a program with an established record, based on a combination of balanced diet and increased activity. Your weight loss should be gradual, and it may take months to achieve a realistic weight goal. Don't be fooled by so-called "miracle cures" and promises of "effortless weight loss."

If you have a considerable amount of weight to lose, you need to be sure your doctor is aware of the approach you are taking to your weight problem. Your doctor may refer you to a registered dietitian for help with a healthy eating program and/or an exercise professional to help you design a safe and effective program of regular physical activity.

Eating Disorders

The most common eating disorders are anorexia, bulimia, and binge eating disorder.

Anorexia—

- May occur in up to 3.7% of women at some time in their lives.
- Is intentional self-starvation, leading to a weight loss of at least 15% below normal body weight.
- Often includes compulsive exercise to help keep weight off.

Even when anorexic individuals are exceedingly thin, they continue to be convinced they are overweight.

Bulimia—

- May occur in up to 4.2% of women at some time in their lives.
- Consists of bingeing (consuming large amounts of food) followed by purging (getting rid of the food by vomiting and/or by misusing laxatives, diuretics [water pills], or enemas).
- May be difficult to identify because the bingeing and purging are done in secret, and bulimic individuals usually maintain a normal body weight.
- May also include excessive exercise.

Binge Eating Disorder—

- Affects about 2–5% of Americans, about 65% of whom are women.
- Consists of episodes of uncontrolled eating—binging—until the individual is uncomfortably full.

Common Symptoms of Eating Disorders			
Symptoms	Anorexia	Bulimia	BE Disorder
<i>Excessive weight loss in brief period of time</i>	✓		
<i>Continued dieting although excessively thin</i>	✓		
<i>Belief that body is fat even when very underweight</i>	✓		
<i>Loss of monthly menstrual periods</i>	✓	✓	
<i>Unusual interest in food and development of strange eating rituals</i>	✓	✓	
<i>Eating in secret</i>	✓	✓	✓
<i>Obsession with exercise</i>	✓	✓	
<i>Serious depression</i>	✓	✓	✓
<i>Bingeing (consuming large amounts of food)</i>		✓	✓
<i>Vomiting or use of drugs to stimulate vomiting, bowel movements, and urination</i>		✓	
<i>Bingeing but with no noticeable weight gain</i>		✓	
<i>Abuse of drugs or alcohol</i>		✓	✓

Note: Some people suffer from both anorexia and bulimia and have symptoms of both.

There are many factors that contribute to the development of an eating disorder.

- Eating disorders tend to run in families, with female relatives most often affected.

- Women in professions or activities that emphasize thinness (such as modeling, dancing, gymnastics, and long-distance running) are more susceptible to eating disorders.
- Most people with eating disorders share certain characteristics—low self-esteem, feelings of helplessness, and a fear of becoming fat.

Health Complications Associated with Eating Disorders.

Individuals with an eating disorder may develop serious health problems. Anorexia, for example, can damage the heart, brain, and other vital organs. Everything in the body slows down, including breathing, pulse, blood pressure, and thyroid function. A woman with anorexia undergoes a number of physical changes—her menstrual periods stop, her bones become brittle and can break easily, she feels cold and may feel lightheaded.

Women with bulimia who use drugs to bring about vomiting, bowel movements, or urination are at increased risk of heart failure. The stomach acid that is vomited up can damage teeth and actually scar the hands or fingers pushed down the throat to cause vomiting. Some people with bulimia have addictions, including alcohol or other substance abuse and compulsive stealing. Many women with bulimia or anorexia also have psychiatric illnesses and are at increased risk for suicidal behavior.

Binge eaters typically are overweight, putting them at higher risk of medical problems associated with obesity. Some research indicates that people with binge eating disorder have a high rate of psychiatric illnesses, especially depression.

What To Do...

As with most diseases, the earlier that eating disorders are treated, the better the chances of success. However, many people with eating disorders deny they have a problem. Some people can be treated as outpatients; others are in immediate danger and must be hospitalized. Treatment may consist of individual therapy with various health professionals and/or group therapy. Family support is essential in achieving recovery, and psychiatric medications may also be helpful.

Additional resources include—

Outsmarting the Midlife Fat Cell: the Foolproof Weight Control Program Designed Specifically for Menopause by Debra Waterhouse. Hyperion Books, 1998.

The Way to Eat: A Six-Step Path to Lifelong Weight Control by David L. Katz and Maura Gonzalez. Sourcebooks Trade, 2002.

The Volumetrics Weight-Control Plan by Barbara Rolls and Robert A. Barnett. HarperTorch, 2002.

The 9 Truths About Weight Loss: The No-Tricks, No-Nonsense Plan for Lifelong Weight Control by Daniel S. Kirchembaum. Owl Books, 2001.

Thin for Life: 10 Keys to Success from People Who Have Lost Weight and Kept It Off by Anne M. Fletcher. Houghton Mifflin Co, 2003.

The Eating Disorder Sourcebook: A Comprehensive Guide to The Causes, Treatments, and Prevention of Eating Disorders by Carolyn Costin. Lowell House McGraw-Hill/Contemporary Books, 1999.

Dying to be Thin: Understanding and Defeating Anorexia Nervosa and Bulimia—A Practical, Lifesaving Guide by Ira M. Sacker and Marc A. Zimmer. Warner Books, 2001.

Breaking the Food Seduction: The Hidden Reasons Behind Food Cravings—and 7 Steps to End them Naturally by Neal D. Bernard. St. Martin's Press, 2003

You may want to try the National Institute of Mental Health website at <http://www.nimh.nih.gov>

Women Chapter 16

Violence

Victims

It is a sad fact that the threat of violence is with every woman... every day... all of the time. Some of the danger comes from strangers—a surprising amount of it is from husbands or other people who are close. A national survey found that more than 19 out of every 1,000 women were assaulted and almost 2 women out of 1,000 were raped in 2000-2001.

The following tips point out that the best defense is prevention.

► Defense in your home.

- ✓ Be sure to lock your doors when you are at home—even during the day.
- ✓ If a stranger comes to your door asking to use your phone, don't let him come inside. Offer to make the call for him.
- ✓ Never hide your door key in an obvious place, such as over the door frame, in a flower pot, or under a doormat.
- ✓ Keep emergency phone numbers in a handy place. Use 911.

- **Defense while you are walking.**
 - ✓ Walk with a confident and assertive manner.
 - ✓ Walk near the curb. Avoid passing close to shrubbery, dark doorways, and other places someone might be hiding.
 - ✓ Have your keys in your hand so that you can open your car or front door quickly.
 - ✓ Don't stop to give directions or talk to strangers—even if they are well dressed.

- **Defense while you are driving.**
 - ✓ Keep your car windows and doors locked at all times. Don't leave valuables where they can be seen.
 - ✓ If a car follows you into your driveway at night, stay in your car with the doors locked until you identify the occupants of the other car.
 - ✓ When parking your car, choose a place that will be well lit if you return after dark. Check for people who seem to be standing around and doing nothing before you leave or enter your car. If you feel you are in danger, sound your horn to get the attention of anyone passing by.
 - ✓ Don't offer to help a stranded motorist. Use your car phone or stop at the next phone booth to call the police or highway patrol.

A Few Words about Rape

An estimated 683,000 American women are raped each year. One out of every six women has either been raped or has been the victim of an attempted rape in her lifetime. Always remember that rape is not a crime of sex, it is a crime of violence. Did you know—

- ◆ 65% of women who reported being raped in 2001 knew the rapist.

- ◆ Only 39% of rapes and sexual assaults were reported to the police in 2001, primarily because the woman thought that nothing could be done, it was a private matter, it was not important enough, or she was afraid of the police response.

Here are some **FALSE** statements about rape.

- ◆ “It could never happen to me.”
- ◆ “Women who are raped must have done something to ask for it, such as wearing sexy clothes.”
- ◆ “Any woman who really wanted to could prevent being raped.”

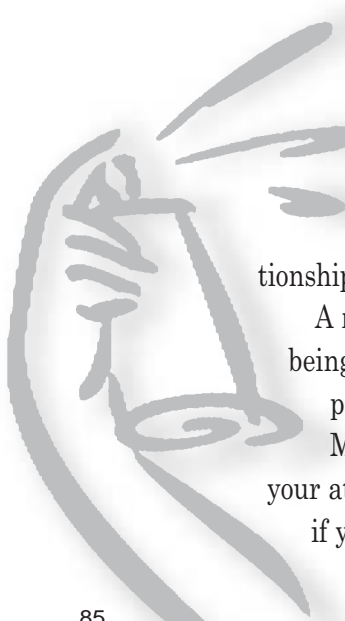
If you thought any of these statements were true, you are accepting false ideas that may increase the likelihood of your being raped. There is no sure way to identify a potential rapist. However, there are certain signs that should warn you that a person with whom you have a relationship might harm you.

- ◆ Does he try to control you? Does he tell you how to dress or whom you can have as a friend?
- ◆ Has he used physical violence with you or others? This includes grabbing and pushing.
- ◆ Does he get jealous for no reason?
- ◆ Does he ignore your opinion or insult you?
- ◆ Does he talk negatively about women in general?

A “yes” answer to any of these questions is a signal you need to get out of the relationship as soon as you can.

A man who sexually assaults a woman counts on being able to control her. Scream! Yell “Call the police!” or “Fire” as loudly as you can. Run!

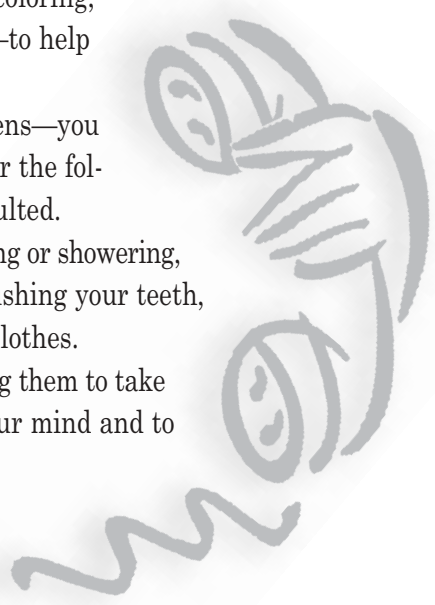
Make a scene! Act quickly to draw attention to your attacker. Carry pepper defense spray, but only if you know how to use it and are willing to do so



without hesitation. You don't want him to take it away and use it on you. It is a good idea to have some self-defense training—learn how to defend yourself. If he is armed with a weapon, still try to avoid going anywhere with him. He is less likely to use the weapon in a public place than when you are alone in a car with him. If you are in fear for your life, you may have to stop resisting. Remember, submitting in order to survive the attack is not the same as consenting to have sex. Notice everything you can about your attacker—height, weight, coloring, scars or birthmarks, accent, clothing—to help the police identify the man later.

Sometimes the unthinkable happens—you are raped. It is important to remember the following points if you are sexually assaulted.

- 1) **Don't** destroy the evidence by bathing or showering, douching, washing your hands, brushing your teeth, or by changing the sheets or your clothes.
- 2) Call the police immediately, enabling them to take a description while it is fresh in your mind and to collect evidence.
- 3) Get medical attention immediately.
This is important so you can—
 - ✓ Have tests for sexually transmitted diseases and pregnancy.
 - ✓ Get professional attention for physical or emotional injury.
 - ✓ Allow prompt, careful collection of specimens and physical evidence that will help the police catch your attacker.
- 4) Seek counseling—you are not alone. Discuss your feelings with your family, friends, or a counselor. You may be referred to a rape-survivor counseling program.



In Case of Family Violence.

If there is a history of family violence in your home, you must take steps to protect yourself.

- ◆ Be prepared to leave on a moment's notice. Plan ahead by—
 - ✓ Collecting originals or copies of your important papers—birth certificates, Social Security cards, driver's license, and immigration documents.
 - ✓ Making copies of your house and car keys.
 - ✓ Packing important papers, clothes, and medications for yourself and your children, and leaving them with a friend or in a safe place.

Get out when you sense you are in danger! If you change your mind later, you can always go back. Find a safe shelter with family, friends, or a facility that cares for abused women. If you need medical treatment, see your doctor or go to an emergency room. Seek counseling to discuss your choices. Remember that you have the right to file charges, to get a protective order, and to seek other legal help.

Additional resources include—

It's My Life Now: Starting Over After an Abusive Relationship or Domestic Violence by Meg Kennedy Dugan and Roger R. Hock. Routledge, 2000.

One Night: Realities of Rape by Cathy Winkler. Altamira Press, 2002.

The Date Rape Prevention Book: The Essential Guide for Girls and Women by Scott Lindquist. Sourcebooks Trade, 2000.

For more information on these topics, contact the Houston Area Women's Center at 713-528-2121.

PART 4. Your Reproductive System

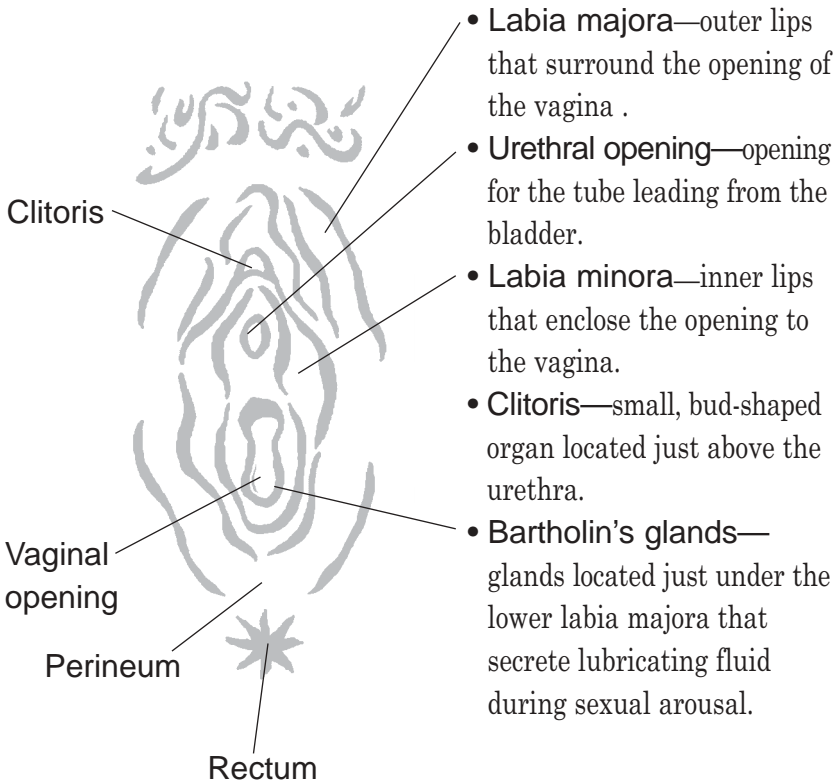
Reproductive System

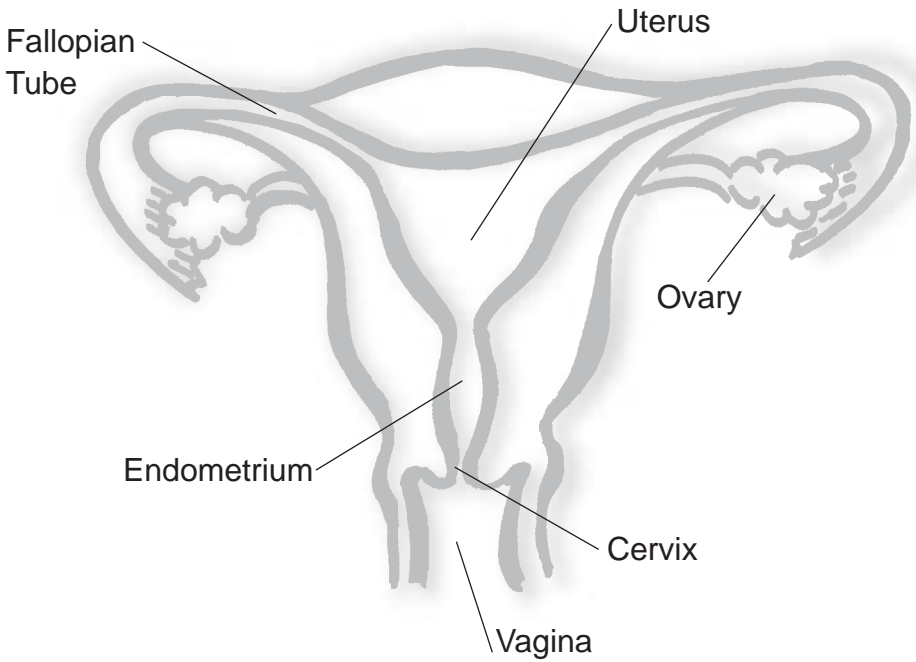
Chapter 17

Female Sex Organs and the Menstrual Cycle

The female reproductive system is a wonderful combination of external and internal organs and a number of interacting hormones.

The vulva, or woman's external genital area (see illustration), includes—





A woman's internal sex organs (see illustration) include—

- **Vagina**—muscular tube, three to five inches long, leading from the external genitals to the uterus.
- **Uterus**—hollow, muscular organ, about the size of a pear, which holds the growing fetus during pregnancy.
- **Cervix**—lower part of the uterus that projects into the upper end of the vagina.
- **Endometrium**—lining of the uterus, which changes in thickness during different stages of the menstrual cycle.
- **Fallopian tubes**—two structures, each about four or five inches long, that extend from either side of the upper end of the uterus toward the ovaries.
- **Ovaries**—two female sex organs, each located next to the opening of a fallopian tube, that produce eggs and female hormones.

The primary female hormones of interest include—

- **Estrogen**—hormone produced mostly by your ovaries that is responsible for endometrial growth and maintenance of vaginal thickness.

- Progesterone—hormone (produced by your ovaries after ovulation) that triggers the menstrual period and prepares the endometrium for the fertilized egg.
- Follicle-stimulating hormone (FSH) and luteinizing hormone (LH)—hormones (produced by your pituitary gland) that regulate the menstrual cycle by stimulating the ovaries to produce and release a mature egg in ovulation.

Although testosterone is primarily a male hormone, women produce small amounts of it. It is involved in bone and muscle growth, sexual development, and sex drive (libido).

The Menstrual Cycle.

In the United States, girls normally reach menarche (begin menstruating) after age 9 and before age 16—typically between the ages of 11 and 14. Each woman is born with about 2 million undeveloped eggs in her ovaries. Between 3 and 12 months after she reaches menarche, a girl will begin to ovulate each month—to produce and release mature eggs from her ovaries. At this point she can become pregnant.

Although the average menstrual cycle is 28 days, length can vary from 24 to 35 days, depending on the individual woman. A *text book* menstrual cycle might be starting to menstruate on day one, blood flow stopping about day five, ovulation on about day 14, and, if the egg is not fertilized, menstrual flow beginning again on about day 28. Although, the most likely time to become pregnant is around the time of ovulation, sexual intercourse a few days before ovulation can also result in pregnancy.

Complications of the Menstrual Cycle.

There are several conditions associated with the menstrual cycle that are of interest.

Menstrual Pain. Although some women have no pain directly before and during their periods, most women do experience mild to moderate pain. Women who experience severe pain may possibly

have another cause for pain, such as endometriosis. Other women may experience pain around the time of ovulation. Menstrual pain often consists of pain or cramps in the lower abdomen or lower back or a pulling sensation in the inner thighs. Pain may be accompanied by headache, nausea, vomiting, constipation, diarrhea, dizziness, or fainting.

In some cases, pain during menstruation may be due to another cause, such as endometriosis (see page 55), fibroids, or pelvic inflammatory disease (PID). Endometriosis occurs when part of the endometrium grows outside the uterus, typically on or near the ovaries or fallopian tubes or in other areas of the abdomen. Fibroids are noncancerous tumors located in or on the uterus. Pelvic inflammatory disease (PID) is an inflammation of the upper reproductive tract, usually the uterus, fallopian tubes, or ovaries. PID, which can result from some sexually transmitted diseases, can cause infertility.

Premenstrual Syndrome. Premenstrual syndrome (PMS) is a catch-all phrase used to describe a wide range of physical and emotional symptoms that typically occur 7 to 10 days before the start of a woman's period. It is estimated that up to 40% of women experience premenstrual symptoms that affect their daily lives, and 5% have severe symptoms. The nature and causes of PMS remain unknown, and treatment consists of treating the most bothersome symptoms. Several new medications are available that have been successful in treating PMS in many women. Although the symptoms of PMS differ from one woman to another, they often include—

- Breast swelling and tenderness.
- Weight gain and bloating.
- Emotional changes, such as depression, crying, anxiety, nervous tension, mood swings, and irritability.
- Insomnia.

of Symptoms

- Headaches.
- Food cravings, especially for sweets.
- Increased appetite.
- Fatigue.

Irregular Periods. Some women have menstrual cycles that are longer than the usual 28 days. A cycle that is longer than 35 days or is erratic may be due to hormonal problem. This does not usually present a problem unless a woman is trying to become pregnant.

The most common cause of amenorrhea—stopping menstrual periods—is pregnancy. However, excessive exercise, excessive dieting, eating disorders, severe stress, or hormone disorders, such as hypothyroidism (low thyroid activity), hormone imbalance (such as polycystic ovarian disease), or too low an estrogen level, can also stop periods. If you have missed three periods and aren't pregnant, see your doctor for an evaluation.

Heavy periods often occur in young girls who are not yet ovulating regularly and in women approaching menopause. Heavy and painful periods can also result from fibroids, pelvic infection, or, in rare cases, endometriosis. Use of an intrauterine birth-control device (see page 104) can also cause heavy bleeding.

Toxic Shock Syndrome. Toxic shock syndrome is a bacterial infection, typically caused by using some types of highly absorbent tampons. Since the most absorbent tampon was taken off the market, this condition is rare. To avoid possible problems, doctors recommend that tampons be left in place for no more than four to eight hours.

Additional resources include—

The V Book: A Doctor's Guide to Complete Vulvovaginal Health by Elizabeth G. Stewart and Paula Spencer. Bantam Doubleday Dell Publishers, 2002.

What's Happening to My Body? Book for Girls: A Growing Up Guide for Parents and Daughters by Linda Madaras and Area Madaras. Newmarket Press, 2000.

Period.: A Girl's Guide by JoAnn Loulan and Bonnie Worthen. Book Peddlers, 2001.

Taking Back the Month: A Personalized Solution for Managing PMS and Enhancing Your Health by Diana Taylor and Stacey Colino. Perigee, 2002.

Conception

Chapter 18

Pregnancy and Childbirth

Delivery

Pregnancy begins at conception—the point at which the sperm fertilizes the mature egg.

Pregnancy Checklist.

A normal, healthy pregnancy lasts an average of 40 weeks. It is divided into three stages—trimesters—each about 13 weeks long. It is very important to get off to a good start. If you haven't already adopted the following healthy behaviors, be sure to start immediately upon finding out you are pregnant!



- ✓ Eat a well-balanced nutritious diet.
- ✓ Take the prenatal vitamin/mineral product recommended by your doctor every day. It should contain folic acid, the B vitamin that has been shown to prevent certain types of birth defects. Pregnant women need 400 micrograms (0.4 milligrams or mg) of folic acid per day, which can be found in most enriched grain products such as bread, flour, cornmeal, macaroni, and noodles.
- ✓ Don't use tobacco, alcohol, or any illegal drug.
- ✓ Check with your doctor before you take any drug, both over-the-counter drugs, including aspirin, and prescription drugs.
- ✓ Avoid things in the environment that might be harmful. Examples include lead and mercury exposure that might occur at work, large doses

of ionizing radiation, such as might occur in medical X-rays and in many industries, and pesticides and solvents, which might be present on the job or in your home.

- ✓ Follow your doctor's recommendations about exercise during your pregnancy.

Prenatal Care.

It is wise to begin counseling prior to becoming pregnant. Then prenatal care should be started as soon as possible after you know you are pregnant. You will be counseled on a healthy weight gain during pregnancy, depending on your weight before pregnancy. Pregnant women should avoid drinking alcohol since it can damage the unborn baby—fetal alcohol syndrome is a major cause of mental retardation.

Prenatal Visits. During the first visit your doctor will take a medical history and do a physical examination. Some routine measurements (height, weight, blood pressure, and urine test) will be taken at every visit. Blood tests typically are done only at the first visit. They include blood tests to establish blood type and Rh factor, to find out if you have anemia and/or some sexually transmitted diseases, and to see if you are immune to German measles and hepatitis B. Urine tests can show if you have diabetes or a kidney infection and can identify a life-threatening condition in pregnancy called preeclampsia.

The remaining prenatal visits are typically scheduled once a month up to the 28th week of pregnancy, every two to three weeks up to the 36th week, then weekly until delivery.

Use
Sense

Prenatal Testing. Here are some prenatal tests your doctor may recommend.

- Fetal heart rate monitoring allows you to listen to the fetus's heartbeat. In high risk pregnancies, more extensive monitoring of heart rate may be done.
- Ultrasound is a painless and safe imaging procedure that creates a picture of the fetus on a video screen. It is used to determine the age, and perhaps the sex, of the fetus, its rate of growth, its position in the uterus, the presence of more than one fetus, and visible birth defects.
- The alpha-fetoprotein test is a blood test that can indicate whether the fetus may have a type of birth defect called a neural tube defect.
- Amniocentesis is the withdrawal of some of the amniotic fluid surrounding the fetus to analyze it for abnormalities such as Down syndrome, cystic fibrosis, sickle cell anemia, Tay-Sachs disease, or hemophilia.
- Chorionic villus sampling is an analysis of placental tissue to detect genetic abnormalities in the fetus.
- Percutaneous umbilical cord sampling is a test to detect genetic abnormalities, which is used only after other procedures haven't provided a definite diagnosis.
- A vaginal culture for group B streptococcus is done late in pregnancy to see if treatment of this infection is necessary during labor.

Ectopic Pregnancy.

In a normal pregnancy, the fertilized egg travels through the fallopian tube into the uterus and implants in the endometrium. An ectopic pregnancy occurs when the fertilized egg doesn't make it to the uterus but becomes implanted somewhere along the route—within the lining of the fallopian tube, on the surface of the ovary, or in the abdominal or pelvic cavity. This can occur when the passage to the uterus is blocked, such as when the

entrance to the fallopian tube is twisted or narrowed.

If you have a history of infections of your fallopian tubes or previous ectopic pregnancies, it is especially important for you to be carefully monitored by your doctor. Once pregnancy is confirmed by blood tests, an ultrasound can be performed to be sure the pregnancy is within the uterus. An ectopic pregnancy in the fallopian tube can lead to the rupture of the tube, with excessive bleeding, which can cause severe abdominal pain, shock, and collapse.

Cesarean Delivery.

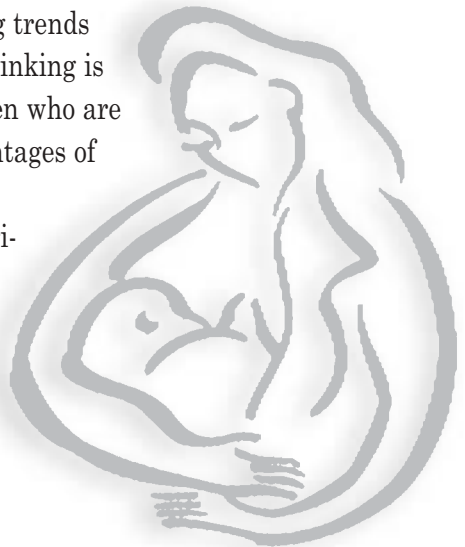
Cesarean delivery is the delivery of the baby through an incision in the mother's abdomen and uterus. There are several common causes for cesarean delivery.

- The baby is too large to pass safely through the mother's pelvis.
- The baby is having difficulty withstanding labor or pressure on the umbilical cord (fetal distress).
- There are problems with the placenta.
- The baby is not positioned properly for normal delivery, such as having its bottom or feet first in the mother's birth canal (a breech presentation).

The Question of Breast-Feeding.

Although there have been differing trends in past generations, the current thinking is in favor of breast-feeding for women who are able to do so. Here are some advantages of breast-feeding.

- Mother's milk is ideal nutrition for a growing infant.
- Mother's milk contains active enzymes to help the infant digest milk and absorb its nutrients.



- Infants fed mother's milk have fewer allergies, infections, and certain other diseases.
- Breast-feeding forms a special bond between mother and child.
- Women who breast-feed appear to have a lower incidence of breast and ovarian cancer, and are less likely to become obese.

What About Infertility?

Infertility is often defined as the inability to become pregnant after 12 months of regular unprotected sexual intercourse. A national survey found that more than 6 million American women have an impaired ability to bear children. It is estimated that more than 2 million couples seeking to have a child are infertile. Infertility may be due to the male partner, the female partner, or both.

Some important and common causes of infertility in women include—

- Blocked, scarred, or closed fallopian tubes, usually due to a sexually transmitted disease, such as gonorrhea or chlamydia that result in pelvic inflammatory.
- Lack of ovulation.
- Endometriosis.
- A defect or abnormality in the uterus or other parts of the reproductive system.

Infertility may also be due to a defect in her partner's sperm or his ability to produce sperm.

Pregnancy can sometimes occur in a previously infertile couple who use fertility treatments, such as, treatment of ovarian disorders, surgery for scarring and endometriosis, and assisted reproduction. Assisted reproduction is used in women with tubal disease and in cases of infertility due to male factor, such as a low sperm count. However, it is important to be aware of the time, expense, and emotional cost involved before undertaking these procedures.

Additional resources include—

Resolving Infertility, edited by Diane Aronson, Diane N. Clapp, Aand Margaret R. Hollister. Quill, 2001.

Six Steps to Increased Fertility: An Integrated Medical and Mind/Body Approach to Promote Conception, edited by Robert L. Barbieri, Alice D. Domar, and Kevin R. Loughlin. Simon & Schuster, 2000.

Making a Baby: Everything You Need to Know to Get Pregnant by Debra Fulghum Bruce and Samuel S. Thatcher. Ballantine Books, 2000.

Before Your Pregnancy: A 90 Day Guide for Couples on How to Prepare for a Healthy Conception by Amy Ogle and Lisa Mazzullo. Ballantine Books, 2002.

Prevention of Infertility and Complications in Women: A Comprehensive Guide to the Preservation of Female Reproductive Health by Godwin I. Meniru. Writers Advantage, 2003.

Contraception

Chapter 19

Birth Control

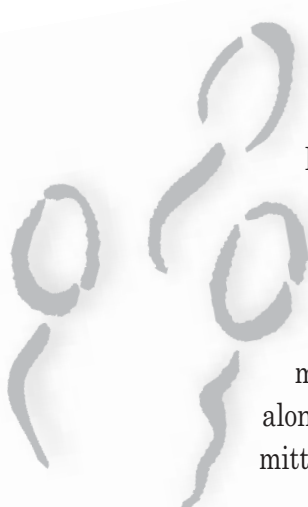
Options

When you are sexually active but don't want to become pregnant, you should use some form of contraception—birth control. Birth control methods can be divided into hormonal methods, barrier methods, intrauterine devices, the *rhythm method*, and sterilization. In order to choose the best method of birth control for you, you will want to ask your doctor the following questions.

- ◆ How reliable is this method? (Remember that “failure rates” are higher for many methods when they aren't used consistently and/or correctly.)
- ◆ Does it protect me against sexually transmitted diseases?
- ◆ Is it convenient?
- ◆ Is it easy to use?
- ◆ What is the cost?
- ◆ Is there any reason this method shouldn't be used by someone with my health history?
 - ◆ Is it reversible? Will I be able to become pregnant when I stop using it?

Hormonal Methods.

Hormonal methods include oral contraceptives (*the pill*), the morning-after pill, implants, and injections. Use of estrogen, progesterone, or a combination of the two hormones can create an environment in the uterus that makes pregnancy unlikely. Hormonal methods alone provide no protection against sexually transmitted diseases.



The Pill. Combination birth control pills contain both estrogen and a progestin (synthetic form of progesterone). Mini-pills contain only progestin. Both are considered more than 99% effective when used perfectly; however, in real use, 7.6% of women on the combination pill and 3% of women on the mini-pill become pregnant during the first year of use. Birth control pills must be taken regularly to be effective. Missing even one pill can increase your possibility of becoming pregnant. One advantage of the pill is that you don't have to stop and think about birth control at the time of sexual activity.

You have to weigh the benefits against the potential health risks in taking birth control pills. Birth control pills protect against cancer of the ovary and endometrium, noncancerous breast disease, and ectopic pregnancies. They also appear to increase your bone density, which will help offset bone loss during menopause.

Don't use oral contraceptives if you—

- ◆ Are over age 35 and smoke.
- ◆ Have a history of vascular disease, including stroke and blood clots.
- ◆ Have uncontrolled high blood pressure, diabetes with vascular disease, and/or high cholesterol.
- ◆ Have active liver disease.
- ◆ Have cancer of the breast or endometrium.

Morning After Pill. Morning after pills are a series of pills taken as soon as possible after intercourse without a contraceptive. They contain estrogen and progestin. They are considered highly effective but only if started within 72 hours of the unprotected intercourse. Morning after pills should never be used as a primary form of contraception.

Hormonal Implants Implants consist of inserting a small plastic tube containing a levonorgestrel or another progestin just under the skin of the arm. This allows a slow, gradual release of the hormone during a 5-year period. This method is considered more than 99% effective. Implants sometimes cause irregular bleeding and

spotting, weight gain, headaches, acne, depression, anxiety, abnormal hair growth, and ovarian cysts. The implant needs to be removed by a healthcare professional.

Hormonal injections This technique, which consists of injecting a long-acting type of progesterone every three months, is considered more than 99% effective when used consistently; typical experience is closer to 97% effectiveness. Possible side effects include abdominal discomfort, nervousness, dizziness, decreased sex drive, depression, acne, weight gain, disturbed menstrual cycles, and episodes of bleeding and spotting. A once-monthly injectable contraceptive containing both estrogen and progestin is now on the market.

Hormonal patches.

The hormonal patch is 99% effective when used as directed. The patch is applied on a four-week cycle, that is, a patch is applied on the same day each week for three weeks, followed by a patch-free week. Common side effects may include breast symptoms, headache, nausea, upper respiratory infections, menstrual cramps, abdominal pain, and a skin reaction at the application site.

Vaginal ring.

The vaginal ring is between 98% and 99% effective when used as directed. A woman inserts the vaginal ring into the vagina, where it remains in place for three weeks. It is then removed for a ring-free week before another ring is inserted. The most common side effects with the vaginal ring include vaginal irritation, vaginal discharge, headache, weight gain, and nausea.

Chemical and Barrier Methods

Chemical methods consist of using sperm-killing substances, called spermicides. Barrier methods physically block sperm from entering the uterus.

Spermicide. Spermicides prevent conception by killing sperm before they can get to the egg to fertilize it. Since spermicides are only about 74% effective when used alone, they are often used with

condoms or diaphragms to increase their effectiveness. Spermicides come in several forms—creams, gels, foams, suppositories, and contraceptive films.

Condoms. Actual success rates are 86% for the male condom and 79% for the female condom. When condoms fail, it is often because they are used incorrectly. When condoms are used properly and are not defective, they not only prevent pregnancy but also offer considerable (but not total) protection against sexually transmitted diseases, including the HIV infection that causes AIDS (see page 114).

The male condom is a sheath that fits over the erect penis and collects the sperm when a man ejaculates. The latex rubber condom also protects against disease. Some condoms contain a spermicide. Using a spermicide in addition to the condom increases its effectiveness.

The female condom consists of two flexible rings connected by a loose-fitting sheath. One of the rings is used to insert the condom and hold it inside the vagina; the other ring remains outside over the labia. The condom lines the vagina and fits over the cervix.

Sponge. Sponges are made of polyurethane and contain a spermicide. When inserted and positioned over the cervix, the sponge provides both a physical barrier and chemical protection against sperm. The sponge has an actual success rate of about 80% in women who haven't had a baby and 60% in women who have had a baby.

Diaphragm. The diaphragm is a reusable round rubber disk with a flexible ring in the rim; it fits inside the vagina to cover the cervix. It is meant to be used with a spermicide. A diaphragm must be fitted by a doctor or nurse and is available only on prescription. The typical success rate of a diaphragm used with spermicide is almost 88%. Most failures occur when diaphragms are incorrectly inserted, poorly fitted, or may have been used too long and have holes in them.

Cervical Cap. The cervical cap is like a mini-diaphragm that fits snugly over the cervix and is held in place by suction. Its suc-

cess rate is also about 80% in women who haven't had a baby and 60% in women who have had a baby. It can be difficult to insert and may not fit all women.

Intrauterine Devices.

An intrauterine device, (IUD) is a device that the doctor places into your uterus to prevent fertilization. IUDs that can be left in place for up to 10 years include the copper-covered IUD and the levonorgestrel IUD, both of which have a success rate of over 99%. The progesterone IUD must be replaced every year and has a success rate of 98%. IUDs are often chosen by women who have had at least one child or who do not plan to have children.

Rhythm Method.

The rhythm method, or natural family planning, consists of avoiding sexual intercourse during those days of a woman's cycle when she is most likely to conceive—typically seven days before and three days after ovulation. The success rate is only 91%, primarily due to the difficulty in calculating exactly when ovulation will occur.

Sterilization.

Sterilization may be the birth control method of choice for individuals who are certain they don't want to have children. Women can have surgery, called *tubal ligation*, to seal their fallopian tubes with an electric current, a ring, or a clip. This is usually accomplished through an incision near or through the navel. In some cases, it may be necessary to have a more extensive surgery, requiring a larger incision in the abdomen, in which a portion of the fallopian tube is surgically removed. Tubal ligation has a success rate of almost 100%.

A vasectomy is the sterilization procedure for men. It is a much simpler and less costly procedure than a tubal ligation. It consists of either cutting or clamping the two tubes (vas deferens) that carry sperm from the testicles to the penis so sperm is prevented from mixing with the fluid (semen) produced at ejaculation. A vasectomy can be done in a doctor's office using only local anesthesia. It also has a success rate of almost 100%.

Additional resources include—

A Personal Guide to Managing Contraception for Women & Men by Robert A. Hatcher, Erika I. Pluhar, Miriam Ziemann, and Others. Bridging The Gap Communications, 2000.

The Contraception Sourcebook by Elizabeth B. Connell and David A. Grimes. McGraw-Hill/Contemporary Books, 2001

Inflammation

Chapter 20

Vaginal Irritations

Infection

Some conditions of the vagina are caused by inflammations and/or infections. Vaginitis is a general term for inflammation of the vagina, and it may be accompanied by a discharge, odor, burning, or itching. Vaginitis is very common, being responsible for more than half of all visits by women to the doctor's office.

Bacterial Vaginosis.

Bacterial vaginosis (BV) is the most common type of vaginal infection. It is caused by an increase in the amount of certain bacteria in the vagina. It is not considered a sexually transmitted infection; however, it *is* more common in women who are sexually active.

Symptoms of BV include—

- Unpleasant or fishy odor.
- Increased amount of watery vaginal discharge.

Treatment may include applying an antibiotic gel or cream to the vagina, taking oral antibiotics, or both.

Yeast Infection.

The second most common cause of vaginal irritation is a yeast infection. The primary symptoms of yeast infection include—

- Itching, burning, and redness in the vaginal area.
- White discharge that looks somewhat like cottage cheese.
- Pain during intercourse.

The most common yeast infection is caused by a fungus, called *Candida*, that is normally present in the vagina. Factors that contribute to *Candida* infection include pregnancy, diabetes, obesity, or taking certain medications, such as antibiotics.

Once a yeast infection has been diagnosed, it can usually be treated with a gel, cream, suppository, or oral medication especially developed for yeast infections. Unfortunately, yeast infections often recur, even after treatment.

Trichomoniasis.

Trichomoniasis is the third most common vaginal irritation. This infection is caused by a one-celled organism and is usually transmitted during sexual intercourse. Both sexual partners must be treated with an oral medication.

Symptoms of trichomoniasis may include—

- Irritating, frothy, yellow-green discharge with an unpleasant odor.
- Burning, itching, and redness in the vaginal area.
- Irritation during urination.

Atrophic Vaginitis.

Atrophic vaginitis isn't caused by an organism but is the result of low estrogen levels. The tissues of the vagina become thin and dry which can cause irritation, burning, itching, or a feeling of uncomfortable pressure and may decrease a woman's enjoyment of sex. Treatment typically consists of oral hormone therapy, estrogen vaginal cream, lubricants, or moisturizers.

Additional resource—

Women's Bodies, Women's Wisdom by Christiane Northrup. Bantam Books, 1998.



Serious

Chapter 21

Sexually Transmitted Infections

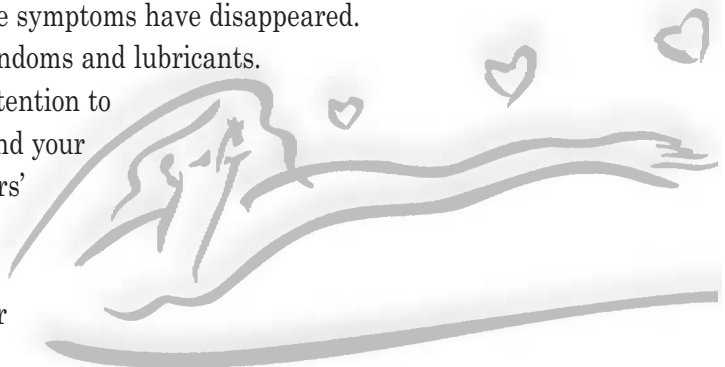
Consequences

More than 65 million people in the United States have an incurable sexually transmitted infection (STI), and there are 15 million new cases each year. Some STIs can lead to long-term, serious consequences for women. The only sure way to prevent STIs is to avoid sexual activities that can transmit the infection, including vaginal, anal, and oral sex. The next best preventive measure is the use of a latex or polyurethane male condom or female condom with the appropriate amount of lubricant every time you have sex. Using a dental dam for oral sex will also decrease the chances of transmission.

Bacterial infections can usually be treated with antibiotics. It is important that you take all of the medication prescribed, even if your symptoms have disappeared. If you stop too soon, the infection may recur. Viral infections, such as genital herpes, typically can't be cured, but can often be controlled.

Here are some tips to help you prevent reinfection.

- Know your sexual partner.
- Both partners with the STI must be treated often.
- Avoid intercourse until all the antibiotic has been taken and the symptoms have disappeared.
- Use condoms and lubricants.
- Pay attention to your and your partners' bodies, and look for



any unusual bumps, sores, discharge, and rashes.

If you have been diagnosed with one STI, it is a good idea to be tested for others. Chlamydia and gonorrhea, for example, often occur together. Ask your doctor to run tests for gonorrhea and chlamydia when you get your pap smear since some doctors do not routinely include these tests in a checkup.

See your doctor immediately if you have any possible warning signs of an STI, including—

- Any open sores, red or white bumps or rashes, or liquid-filled blisters—no matter how small—in your genital area.
- Redness or swelling in your genital area.
- Any unusual change in the amount, color, smell, or consistency of your vaginal discharge.
- Pain in your pelvis or abdomen, with or without nausea and/or vomiting.
- Pain, soreness, irritation, or other discomfort during intercourse or bleeding after intercourse.
- Fever, loss of appetite, fatigue, or swollen lymph nodes in your groin or neck.
- Unusually severe menstrual cramps.
- Recurring yeast infections or other infections.

HIV and hepatitis B and C infections can be transmitted sexually or spread by other means.

Chlamydia.

Chlamydia is one of the most common STIs in the United States. It is a bacterial infection that is commonly transmitted through

vaginal, anal, and, sometimes, oral sex.

More than three-fourths of infected women have no symptoms. In those women

with symptoms, they include an abnormal vaginal discharge, a burning sensation during urination, pain or pressure in the pelvic area, and/or pain during or bleeding after intercourse. Chlamydia is the primary cause of pelvic inflammatory disease, which can lead to infertility, tubal pregnancy, and chronic pelvic pain.

Gonorrhea.

Gonorrhea is a highly contagious bacterial infection, which can be transmitted through vaginal, anal, or oral sex. The majority of early gonorrhea infections in women have no symptoms which allow the infection to spread and often produce pelvic inflammatory disease. If symptoms do appear, early symptoms may include a green or yellow-green discharge from the vagina or rectum and burning or itching during urination, abdominal pain, and abnormal menstrual bleeding. Left untreated, gonorrhea can spread throughout your body, causing arthritis, heart disease, and/or brain damage. Gonorrhea also increases the transmission of HIV (see page 114).

Syphilis.

Syphilis is a bacterial STI that is potentially life threatening. In addition to being transmitted by vaginal, anal, or oral sex, syphilis is also transmitted through contact with syphilis sores on the body of an infected person. The number of new cases of syphilis dropped sharply when antibiotics were developed in the 1950s. However, there has been a dramatic nationwide increase in the numbers of reported cases in recent years. This has led doctors to return to regular screening of pregnant women to prevent transmission of the disease to the fetus.

In the initial stage of syphilis, there typically are small, raised, smooth, painless sores. Although they most often appear on the genitals, sores may also appear on the tongue, lips, breast, or rectum. There may also be swelling in nearby lymph nodes. The sores usually heal without treatment. The second stage begins 2 – 6 weeks after the sores heal. Signs may include fever, headache and aching joints, and a skin rash. Then the infected person may

go through another period during which there are no signs or symptoms. If syphilis isn't treated, it can spread throughout the body and into the blood system and brain. The third stage of syphilis occurs later and may cause nerve and brain damage, blindness, heart abnormalities, and death.

Genital Warts.

Genital warts are a very common, highly contagious STI caused by strains of the human papillomavirus (HPV), which are transmitted through vaginal, anal, or oral sex. The warts are flat or raised, pink, white, or brown areas on the genitals or anus. These painless warts may appear as a few tiny bumps or in clusters (described as resembling cauliflower). The strains of HPV that cause genital warts are not likely to be associated with cervical cancer (and, possibly, other types of cancer) as other high-risk types of HPV.

Genital warts can't be cured because they are caused by a virus. Freezing, surgical removal, injection of medication into the wart, or the application of various topical creams are used to destroy or remove them. In addition there are now prescription-medications available to treat HPV infections. As with many viral infections, genital warts can recur. Both partners should be treated, and a condom should be used during intercourse to reduce the risk of recurrence.

Genital Herpes.

The term herpes simply means an infection by the herpes simplex virus (HSV). Although HSV-1 usually causes cold sores and fever blisters around the mouth and HSV-2 usually causes genital

Use
Condo



herpes, both viruses can cause infections on the genitals or in the mouth. Genital herpes typically appears as painful sores, which resemble blisters, on the genitals; however, infection is often not associated with any signs or symptoms. Herpes is highly contagious and can be transmitted by direct (skin-to-skin) contact with the affected area, even when there are no visible signs of the infection. The disease is even more contagious when there are visible sores. Active genital herpes may increase your risk of cervical cancer and of becoming infected with HIV, the virus that causes AIDS.



Avoid kissing or sharing towels, eating utensils, or drinking glasses with anyone who has cold sores or fever blisters. Don't share towels with someone who has genital herpes. Completely avoid vaginal, anal, and oral sex when you or your partner has any

symptoms of herpes. However, since infection can still be transmitted, even when you have no symptoms, always be sure to use a latex or polyurethane condom and/or a dental dam during sex. Use of a condom during an outbreak may not protect you since it may not cover the area where the sores are

present. Genital herpes is never permanently cured, but it can be controlled with oral medication.

Hepatitis B and C.

Hepatitis B is a potentially deadly infection caused by the hepatitis B virus, which attacks the liver. Some people are carriers of the virus, that is, they have no symptoms but can transmit it to others. Hepatitis B can be spread through—

- Sexual contact.
- Contaminated needles used for injecting drugs.
- Contaminated medical or dental instruments that pierce

doms

the skin (rare).

- Any blood to blood contact with an infected person.

About one-third of the people with hepatitis B have no symptoms. Those people who have symptoms may experience mild or severe—

- Headaches and muscle aches.
- Fever.
- Fatigue.
- Loss of appetite.
- Vomiting.
- Diarrhea.

Symptoms in advanced stages of hepatitis B infection include abdominal pain, dark urine, and jaundice (yellowing of the skin and whites of the eyes).

Most hepatitis B infections clear up on their own within one to two months. Those that persist may lead to permanent liver damage. There is no cure or effective treatment of the infection, but medication can help ease some of the symptoms. There is a vaccine to prevent hepatitis B infection, which should be given to newborn infants and to any person who have not been immunized.

Hepatitis C is caused by the hepatitis C virus. It is not usually considered an STI because it is rarely spread through sexual contact. Hepatitis C is transmitted by injection of any drug, with a contaminated needle, or through contaminated blood. Screening of blood and blood products has greatly reduced the spread of hepatitis C through transfusions. Hepatitis C is like hepatitis B in that there is no effective cure or treatment once a person is infected. Hepatitis C is *unlike* hepatitis B in that there is no vaccine to protect you against hepatitis C at this time. However, there may be a hepatitis C vaccine available in the near future.

It is possible for you to be infected with the hepatitis C virus for many years without having any symptoms, but the virus will show up in a blood test. An estimated 80% of people with hepatitis C

have no symptoms. When symptoms do occur, they typically include—

- Jaundice.
- Fatigue.
- Loss of appetite.
- Nausea.
- Abdominal pain.
- Dark urine.

HIV/AIDS.

The human immunodeficiency virus (HIV) causes acquired immune deficiency syndrome (AIDS), which is now a treatable disease. In the United States, AIDS first appeared in homosexual men; however, women now represent one of the fastest growing groups of people with HIV. AIDS is now one of the leading causes of death in American women aged 25 to 49.

HIV can be transmitted through—

- Vaginal, and/or anal sexual contact (primary method of transmission).
- Sharing needles with an infected person, usually to inject drugs.
- Pregnancy and breast feeding.

Oral sex has a small risk of transmission.

NOTE: Donated blood is screened for HIV, making it almost impossible to become infected with HIV through a blood transfusion

HIV is **not** transmitted through—

- Nonsexual contact, such as hugging or shaking hands.
- Kissing.
- Sharing water fountains, toilets, or swimming pools with infected persons.
- Being bitten by an insect or animal.

- Donating blood or having a blood test.

HIV attacks the immune system, weakening your ability to fight infections and some cancers. An infected person may have no symptoms for many years, while the virus works to weaken the immune system. Someone with HIV may have a variety of symptoms and have recurring infections long before actually developing AIDS. Symptoms may include—

- Enlarged lymph nodes in the neck, armpits, or groin that last three months or longer.
- Weight loss.
- Fatigue.
- Frequent fever or sweats, especially at night.
- Ongoing yeast infections in the vagina, mouth, and throat.
- Frequent, severe recurrences of genital herpes.
- Series of infections or diseases that take advantage of the weakened immune system.

HIV is detected by a blood test for the antibodies the body produces to fight the infection. Testing is widely available; however, there is a time lag between the time of infection and the appearance of antibodies in the blood. Because of this lag time, it is a good idea to be retested in three months.

Any time you take part in any high-risk sexual behavior, you may contract HIV. Always use a male or female condom when you have sexual contact, even when you are intimate with only one person. Your sex partner may have other sexual partners or may be an intravenous drug user. Don't take chances! For women who may have a known exposure to HIV during a sexual contact or as the result of rape, the chance of getting an HIV infection is greatly decreased if your doctor starts you on medication within two hours of the exposure.

Although there is no cure for HIV infection or AIDS, there have been recent advances in developing medications that can

slow the disease in most people. Transmission from an infected mother to her fetus or unborn infant can be considerably reduced by appropriate treatment during pregnancy and labor and after delivery.

Additional resources include—

Sexually Transmitted Diseases: A Physician Tells You What You Need to Know by Lisa Marr. Johns Hopkins University Press, 1999.

Sexual Health Information for Teens: Health Tips about Sexual Development, Human Reproduction, and Sexually Transmitted Diseases by Deborah A. Stanley. Omnigraphics, Inc., 2003.

The First Year—HIV: An Essential Guide for the Newly Diagnosed by Brett Grodeck. Marlowe & Company, 2003.

End...

Chapter 22

Menopause

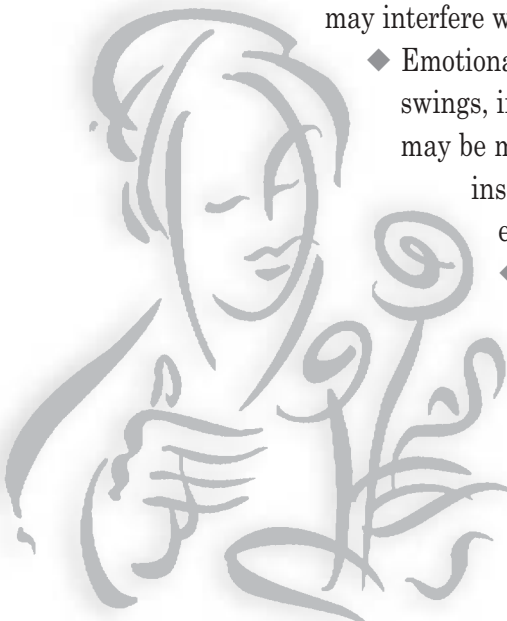
Beginning

Menopause occurs when a woman's body no longer produces estrogen and menstrual periods stop. Natural menopause occurs gradually, usually between the ages of 40 and 55—the average age of menopause is 51. A menopausal state can also result from removal of both ovaries.

Menopausal Symptoms.

Some women don't develop symptoms at menopause. Most of the following symptoms associated with menopause are linked to a lack of estrogen.

- ◆ Hot flashes, or hot flushes, are sudden feelings of heat that spread over the body, often accompanied by a flushed face and by sweating. They occur without warning and may interfere with sleep and cause insomnia.
- ◆ Emotional changes, such as mood swings, irritability, and depression may be more closely associated with insomnia than to the lowered estrogen level.
- ◆ Vaginal tissues become dryer, thinner, and less flexible around menopause. Osteoporosis becomes a greater risk at menopause because estrogen is no longer protecting you against bone loss, resulting



in bones that may become thinner and brittle. In addition, cardiovascular disease is a greater risk after menopause, and estrogen therapy (ET) does not appear to reduce this risk.

Hormone Therapy.

Doctors and health professionals may recommend hormone therapy (HT), which typically consists of estrogen and progestin (synthetic progesterone). In addition to reducing the menopausal symptoms listed above, ET and HT can reduce your risk of developing osteoporosis.

Recent research has changed some earlier beliefs about other benefits of HT. Newer opinions are that HT increases bone density and reduces fractures and reduces your risk for cancer of the colon and rectum. However, research now indicates that one particular HT product increases a woman's risk of breast cancer, blood clots in the veins, and coronary heart disease and may increase the risk of Alzheimer's disease. It is not known at this time if these findings apply to all HT. The American Heart Association now recommends that healthy women not take HT for the purpose of preventing heart disease and that women with heart disease should not start on HT.

Potential risks of ET include an increased risk of endometrial cancer, which is eliminated with the addition of progesterone in HT. In addition, there may be a slight increase in your risk of breast cancer.

Your choice of whether or not to use ERT or HRT will depend on your individual health history and risk factors. Since the results of research studies don't always agree, it is hard to weigh the benefits against the risks and to decide what is best for you. Some experts now believe that menopausal symptoms may be the only good reason for using HT but others disagree. You will need to talk to your doctor about whether or not ET or HT is a good choice for you.

A number of substances, including foods, vitamins, minerals, and herbs, have been promoted as cures for menopausal

symptoms. At this time, research has not supported the validity of these claims.

For those women who are afraid to take ET or HT because of a fear of developing breast cancer, a new group of modified estrogens is available. They are selective estrogen receptor modulators, or SERMS. These products have the same beneficial effects as estrogen on bone health but have no negative effects on tissues in the breast or uterus. It is not currently known whether SERMS protect against heart disease. Other agents for bone health include bisphosphonate, calcitonin, and parathyroid hormone (PTH).

Is Menopause the End... or the Beginning?

Menopause used to be the stage of life when many women considered their life to be over. But these days, when up to a third of a woman's life span may be lived after menopause, many women are recognizing that this can be an especially rewarding time of life. Some women meet their menopausal years head on—going back to school, getting their first job, changing their job or profession... the list is endless.

And yes, there is sex after menopause. For many women, the fact that they can no longer become pregnant makes sex even more relaxed and enjoyable. Some women who have experienced a reduction in sex drive at menopause may request that a small amount of testosterone be added to their HT to increase their libido.

Whatever you decide to do, remember that your life can be as full and enjoyable as ever. It's all in your attitude... Many women, to their surprise, find that this is the most fulfilling and fun time of their lives.

Additional resources include—

Could It Be...Perimenopause? by Steven R. Goldstein and Laurie Ashner. Little Brown & Company, 2000.

The Pause: Positive Approaches to Perimenopause and Menopause by Lonnie Garfield Barbach. Plume, 2000.

The Change Before the Change: Everything You Need to Know to Stay Healthy in the Decade Before Menopause by Laura E. Corio and Linda G. Kahn. Bantam Doubleday Dell Publishing, 2000.

The Wisdom of Menopause by Christiane Northrup. Bantam Doubleday Dell, 2003.

Menopause Guidebook by the North American Menopause Society. The North American Menopause Society, 2003.

The Menopause Survival Guide by Donna Rogers. Oakview Press, 2002.

Dr. Susan Love's Menopause and Hormone Book: Making Informed Choices by Susan Love and Karen Lindsey. Three Rivers Press, 2003.

Menopause: Managing the Change of Life—A Special Report by the editors of Harvard Health Publications in consultation with Martha K. Richardson. Harvard Health Publications, 2000. [order at www.health.harvard.edu/hhp/publication/view.do?name=MN]

ADDITIONAL GENERAL RESOURCES ON WOMEN'S HEALTH INCLUDE—

Healthy Women, Healthy Lives: A Guide to Preventing Disease (from the landmark Nurses' Health Study), edited by Susan E. Hankinson, Graham A Colditz, Joann E. Manson, and Frank E. Speizer. Simon & Schuster, 2001.

The New A to Z of Women's Health by Christine Ammer. Checkmark Books, 2000.

Women's Health Handbook: What Every Woman Needs to Know About Her Body by Miriam Stoppard. Dorling Kindersley, 2001.

The American Medical Women's Association The Women's Complete Wellness Book, by Debra R. Judelson and Diana L. Dell. Griffin Trade Paperback, 2000.

Bodylove: Learning to Like Our Looks and Ourselves: A Practical Guide for Women by Rita Freedman.

For additional books on the topics included in women's health, try browsing bookstores on the Internet, including:

www.amazon.com

www.borders.com

www.barnesandnoble.com

Websites that provide information on health and nutrition include:

American Cancer Society

www.cancer.org

American Dietetic Association

www.eatright.org

American Heart Association

www.americanheart.org

American Lung Association

www.lungusa.org

Centers for Disease Control and Prevention

www.cdc.gov

National Institutes of Health

www.nih.gov

U.S. Department of Agriculture

www.usda.gov

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