


James Hubbard's
My Family DoctorTM
The Magazine That Makes HousecallsTM

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**Strong,
Healthy,
Woman**

No more confusion!
What you really
need to know, p. 16

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Women Are ... *Different*

by Susan Warhus, M.D.

Years ago, medical research involved only men, in part because of concern for future or present fetuses.

Slowly but surely, though, the scientific community has been able to work women into its studies. And over and over, researchers have been coming to the conclusion that women are different—yes, different!—from men.

As findings specific to this other half of the human race continue to emerge, it may seem that recommendations are always changing. Many women aren't sure just what they're supposed to be doing—or why.

I was recently asked to speak to a group of nurses about "The Big Picture in Women's Health." Here's some of what I shared with them. Hopefully, it will shed some light on some oft-talked-about but sometimes little-understood issues.

Breast health

Breast cancer rates have been increasing, reports the National Cancer Institute. But the good news: Death rates have declined over the past 20 years. That's because people are more aware of risk factors and taking steps toward prevention and early detection.

Some risk factors are beyond our control, but it's still important to recognize them.

- **Age.** Eighteen percent of breast cancers are diagnosed in women in their 40s; 77 percent are among women 50 and older.



• **Menstrual and reproductive history.** The longer your exposure to female hormones, the higher your risk. This includes early menstruation (before 12), late menopause (after 55), no pregnancies to term, first pregnancy after 30 and never breastfeeding.

• **Family history.** One close relative (mother, daughter, sister) with breast cancer doubles your risk. Two gives you a five-fold increase. (Family history also makes you more likely to have **gene mutations** that increase your risk further; you can get a blood test for this.)

• **Previous abnormal breast biopsy.**

Lifestyle choices can influence other risk factors. Regular exercise and having no more than one drink daily lessen your risk, as do:

• **Healthy weight.** Excess fat produces estrogen, which (harmfully) stimulates your breasts.

• **Minimal menopausal hormone therapy.** Hormones increase breast cancer risk. The American College of Obstetricians and Gynecologists recommends the smallest effective dose for the shortest possible time.

It's important to perform monthly self breast-exams. Do them after your period when your breasts are less sensitive. Many women find the exam a bit daunting. But remember: Your main purpose is to know how your breasts normally feel and report any changes to your doctor.

Mammogram remains the gold standard to detect breast cancer. Women 40 and older should have a mammogram every one to two years, then annually starting at age 50. Those with increased risks may start earlier, have more frequent exams, or combine mammogram with additional tests such as ultrasound or MRI.

WHAT'S NEW IN BREAST HEALTH?

Digital mammograms provide sharper, clearer images. Most imaging centers have them or are getting

them soon.

Computer-added detection is also new. A computer marks the screen to highlight potential abnormalities, providing a second look over the human radiologist.

Ever longed for a softer, kinder mammogram? Then you'll welcome the **MammoPad**. It's a thin foam pillow (think computer mouse pad) that sits on the mammogram plate and cushions your breast. MammoPads are disposable (one per patient) and recycled into carpet pads!

Elastography is a promising ultrasound technique not yet available. It measures how easily a breast lump compresses and bounces back. It's thought that benign tumors are soft and yielding, whereas malignant tumors are stiff. We need more studies, but research is encouraging.

Bone health

Not long ago, I considered osteoporosis to be a little old lady disease—like Granny from *The Beverly Hillbillies*? Well, it's hit my generation—the baby boomers. Thirteen to 18 percent of U.S. women 50 and older have osteoporosis and another 37 to 50 percent have osteopenia (low bone mass).

Most women don't realize they have a problem until they break a bone. By then, their disease is advanced. It's important to know the risk factors and discuss them with your health-care provider. These

Web Extras!

- Previous articles on osteoporosis, vitamin D, participating in clinical trials (including women!) and how bone density testing works.
- Video on how to perform a self breast-exam.
- Blog posts from Dr. Warhus and Dr. Hubbard on whether women should still be doing self breast-exams. (Consensus: yes.)
- Link to Johns Hopkins Meatless Monday campaign—to reduce saturated fat.

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BONE TIPS

- Don't smoke or drink more than one alcoholic beverage daily.
- Eat a well-balanced diet that includes calcium and vitamin D.
- Exercise 20 to 30 minutes at least three times weekly. Two types of exercise are important for building bone mass: weight bearing (walking, jogging, stair climbing, tennis, aerobics, yoga) and resistance (weight lifting with free weights, bands or machines).
- Incorporate ways to prevent falls into your daily routine. (Wear sensible shoes; use handrails on stairs; install nightlights.)

include:

- **Genetics and family history,** the single most important factor.
- **Race.** Caucasians and Asians have the least-dense bones.
- **Female.** Women have smaller frames than men.
- **Small body size.**
- **Menopause.** Conditions with low estrogen contribute to bone loss since estrogen is protective towards bone.
- **Certain medications.** There's a whole list, but more common culprits include corticosteroids (like prednisone), long-term heparin (a blood thinner) and excessive thyroid hormones.
- **Certain diseases.** There are lots of them, most commonly eating or malabsorption problems and endocrine diseases like hyperthyroid, diabetes and Cushing's.

The gold standard to diagnose your bone mass is the bone-density test called DXA (dual-energy X-ray absorptiometry). It's a simple X-ray procedure. The American College of Obstetricians and Gynecologists recommends DXA for women 65 and older and also for postmenopausal women younger than 65 who have one or more risk factors.

WHAT'S NEW IN BONE HEALTH?

New biochemical-marker blood tests can determine how quickly your bones are breaking down or rebuilding. However, such technology is still evolving, expensive and not universally available.

Research is underway regarding isoflavones. These are plant estrogens (found in soy and red clover) and may have a favorable effect on bone health. We need more studies before recommending them.

Heart health

I had open-heart surgery a few years ago. It was a difficult ordeal. Fortunately, I saw it as a sign to slow down and smell the roses.

I count my blessings every day, but not every woman will be so fortunate. That's because heart disease is the leading cause of death for women in the United States, accounting for 38 percent of female deaths. The good news is that heart disease is largely preventable by making healthy lifestyle choices.

OK, there isn't anything you can do about increasing age (55 and over) or family history of heart disease. But there are plenty of other ways to reduce your risks.

For example, regular, moderate exercise (brisk walking intensity) improves your cardiovascular health. You don't have to be an Olympic athlete. If you've been inactive for a while, start with five or 10 minutes daily and work up.

You probably know some other risk factors for heart disease, but do you know why they're risk factors?

- **High blood pressure.** This makes your heart and arteries work harder, which makes them more prone to injury. It has no symptoms, so you must have it measured.
- **High total cholesterol or high LDL cholesterol.** Some confusion exists about cholesterol types. To simplify, LDL (remember "L" for "lousy") is the culprit because it increases plaque build-up. HDL (H: happy) is good because it carries excess cholesterol to the liver, where it's removed from the body. High cholesterol has no symptoms, either; get a blood test.
- **Obesity or overweight.** This is a triple whammy because it strains your heart, raises your blood pressure and increases your blood sugar.

WHAT'S NEW IN HEART HEALTH?

You may have heard about the cardiac CT (or CT angiogram) in the news. It offers incredibly detailed images of the heart, including blood flow, plaques and blockages. The image is made by rotating an X-ray beam several times around your chest. There's controversy about its benefits in people without symptoms, though, because it results in a lot of false positives and negatives.

While cardiac health is of paramount importance, it's also vital that you cherish your own nurturing heart. As

women, we often focus on the needs of our loved ones and forget to care for ourselves. Let this serve as a reminder to treat yourself well and fully appreciate the wonder of your body and spirit.

Board-certified ob-gyn SUSAN WARHUS, M.D., focuses her time on teaching and writing. Her most recent book is Fertility Demystified. She's also a member of the JHMFD editorial board (page 2).

HEALTHY HEART GOALS

- Blood pressure: 119/79 or lower.
- Total cholesterol less than 200, LDL less than 100 (less than 70 if at high risk), HDL 60 or above.
- Waist: less than 35 inches (40 for men).
- No smoking. (Just one year after quitting, your cardiovascular risk is cut in half.)
- At least 30 minutes of exercise most days of the week (or 60 to 90 minutes for weight loss).

The diet the American Heart Association recommends consists of mostly fruits and vegetables, whole-grain and high-fiber foods, oily fish at least twice a week, low-fat dairy, and minimal salt. Limit your alcohol to no more than one drink daily (two for men).

The AHA also recommends that women consider daily aspirin therapy: one baby aspirin for women 65 and older, or one regular-strength aspirin for women with increased cardiovascular risks. (Those with bleeding ulcers or other bleeding conditions shouldn't take aspirin.) Ask your health-care provider first.

The AHA also evaluated various supplements for heart-disease prevention. They concluded that taking omega-3 fatty acid (fish oil) daily may be helpful. However, folic acid, vitamins C and E, and beta-carotene are not beneficial.

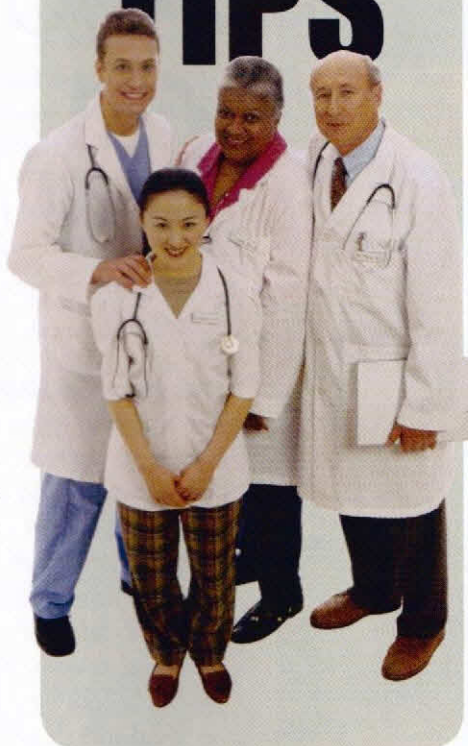
FEMALE HEART ATTACK SYMPTOMS

Women often report nausea as their primary symptom. Additionally, most describe an ache or growing discomfort, whereas men typically report a crushing, debilitating pain. In either case, the pain may be centered in the chest, high back, or abdomen. It can radiate to the arms, neck or jaw. Other potential symptoms include shortness of breath, sweating, dizziness, fatigue and unexplained anxiety.

If you think you're having a heart attack, follow these recommendations from the American Heart Association.

- Don't wait longer than five minutes before calling for help.
- Call 911 or have someone drive you to the hospital.
- While preparing to go to the hospital, take an aspirin, lie down, breathe slowly.

Our Best TIPS



“For getting eye drops or ointment into kids’ eyes:

Warm the medicine bottle or tube in your hand, bra or pocket for a few minutes. Have your child lie flat on his back and close his eyes. Drop one or two drops—or squirt a ribbon of the ointment—onto his lashes. Let your child open his eyes but keep him on his back for several seconds before letting him get up. Remind him not to rub his eyes—or distract both of his hands—and you’re done!”

—JENNIFER SHU, M.D., F.A.A.P.,
pediatrician; co-author, Food Fights

On Halloween, “Trade up: Set up a trading station with some of your kids’ favorite healthy treats,

like dried fruit, packaged fruit bowls, or good-quality dark chocolate squares—at least 60-percent cocoa. Encourage them to trade in their least-favorite candies for healthy treats they know they love.”

—GLORIA TSANG, R.D., *founder, nutrition community HealthCastle.com*

“Yard work can be considered another great form of exercise.

But, with any physical activity, it’s important to warm up and stretch your muscles. Just as you are susceptible to back injuries when lifting weights, you also can be prone to back sprains when weeding your garden, mowing your lawn or raking leaves.”

—STEPHEN RITTER, M.D., *orthopedic surgeon, Methodist Sports Medicine / The Orthopedic Specialists, Indiana*

For hot flashes at night, “Use sleepwear that wicks away sweat.

You’ll feel more comfortable and there are some lovely styles, which come in newer materials designed to draw moisture away from the skin. Also, try a cooling pillow that helps cool down your entire body in minutes.”

—MARY JANE MINKIN, M.D., *ob-gyn, author, A Woman’s Guide to Perimenopause and Menopause*

“Don’t force your kids to finish everything on their plates at mealtimes.

One of the healthiest practices you can teach a child is to eat when they’re truly hungry and to stop when they feel full. If you force them to finish what’s in front of them, they’ll lose the ability to listen to their body’s natural signals and may become overweight later in life.”

—SUSAN BIALI, B.Sc., M.D.,
family doctor, wellness expert, life coach

To support a loved one with a terminal condition,

“If you have an open relationship with your friend, you may ask them what the hardest things are about their experience with illness. Then just quietly listen. Try to avoid the temptation to make things better with platitudes like, ‘Don’t worry; you’ll feel fine soon.’ Such comments let your friend know you are not comfortable with his or her experience. This will cause your friend to shut down and resent your attempts to help them.”

—JOSEPH WEINER M.D., PH.D., *chief of consultation psychiatry, North Shore University Hospital/Manhasset, New York*

“If taking a medication on an ongoing basis, check with your pharmacy program for discounts

you might receive by getting your medications through their mail order service. Mail order may provide up to a three month supply of medication, which may carry a lower copay than ordering three one-month supplies at a local pharmacy.”

—PAUL REYES, R.Ph., *Medco pharmacist; co-host, Ask the Pharmacist radio program*