

WOMEN'S healthTODAY

**EASING THE
SNEEZING**

Relieving
fall allergies

**Arthritis pain:
Get a grip!**

**QUESTIONS
ABOUT SEX?**
We've got answers!

Up close and
personal with
Patricia Arquette

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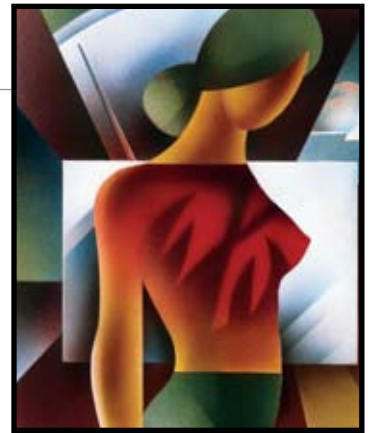
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AND THE WOMEN'S
HEALTH EXPERIENCE

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Keeping up ... It's a full-time job

As the Foundation for Female Health Awareness enters its fourth year in existence, we're proud of our flagship program, the Women's Health Experience. At a time when doctors are working harder than ever with increasing reimbursement cuts, it's exceedingly difficult to have detailed discussions with your health care provider. Obtaining easily used, bottom-line health information is a combination of asking the right questions and translating the answers into practical information. At the Foundation for Female Health Awareness, it's our passion to provide you with the most relevant and insightful information available. We're proud to accomplish this mission through *Women's Health Today*, numerous physician and consumer outreach programs and our live health events that are now in Cincinnati, Ohio; Jacksonville, Fla.; and Tacoma, Wash.

In this issue of *Women's Health Today*, learn how Patricia Arquette takes charge of her family breast cancer history and how you can follow her example to protect your health ("A happy medium," page 10). On page 14, you'll find a new feature, "Ask Dr. Levy," in which Barbara Levy, MD, medical director of the Women's Health & Breast Center at St. Francis in Federal Way, Wash., answers your questions about sex. Then turn to page 20 to find out the facts about a controversial condition called PFO ("Hole' hearted").

I'd love to hear your feedback about our publication and the topics you'd like to read about. Feel free to contact me at www.womenshealthexperience.com.

Sincerely,



MICKEY M. KARRAM, MD
PRESIDENT AND CO-FOUNDER
FOUNDATION FOR FEMALE HEALTH AWARENESS

Dr. Karram and his wife, Mona, are the founders of the Foundation for Female Health Awareness, a nonprofit organization dedicated to improving women's health by supporting unbiased medical research and educating women about their health.

THE MAGAZINE OF
THE FOUNDATION FOR FEMALE HEALTH AWARENESS

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The information contained herein is not a substitute for professional medical care or advice. If you have medical concerns, seek the guidance of a health care professional.

Women's Health Today magazine is part of Women's Health Experience, the flagship program of the Foundation for Female Health Awareness. Women's Health Experience is a unique initiative aimed at connecting women with health care experts, as well as their local hospitals, to learn about important issues that may affect their health. Through Women's Health Experience regional conferences, *Women's Health Today* magazine and www.womenshealthexperience.com, you'll get objective, timely information. You can also sign up for free e-newsletters containing health news and results of medical studies. Sign up now at www.womenshealthexperience.com.

What's your heart score?

A new test can predict what's in the cards



Take action!

Calcium scoring heart scans are only \$99 at The Christ Hospital. To schedule your screening test, call **(513) 585-2668**.

By Gregory B. Clarke, MD, FACC

Get heart-smart!

Want to learn more about heart and vascular services available at The Christ Hospital? Visit www.TheChristHospital.com/heartservices for valuable information to help you improve your heart health, including:

- *HeartAware*, a cardiovascular risk assessment that evaluates your risk of developing heart disease
- interactive animations that visually walk you through conditions or procedures
- informative content about heart conditions and procedures
- physician descriptions to help you find a doctor who best meets your needs
- preventive information to help you and your family and friends become more heart healthy

Heart attacks often happen without warning. So what if you knew you were going to have a heart attack before it happened? With the new calcium scoring heart scan at The Christ Hospital, it's possible to see into your heart future—no psychic powers necessary.

Heart disease is the leading cause of death for men and women in the United States. For many people, a heart attack is their first outward symptom of heart disease. Luckily, a state-of-the-art calcium scoring heart scan—when combined with your other health information—can help assess your risk for developing heart disease safely and affordably.

How it works

People who have heart disease build up plaque (which sometimes contains calcium) in their coronary arteries. When calcium accumulates in your coronary arteries, your risk of a heart attack increases. A calcium scoring heart scan uses a noninvasive (no IVs necessary!) 64-slice computed tomography scanner to produce detailed images of your heart and arteries to detect this buildup before symptoms—or worse, a heart attack—occur.

Knowledge is power

Knowing your heart score can help you and your doctor determine the best treatment for cardiac risk factors. Modifying your risk factors can help prevent heart disease's progression—and its symptoms. **WHT**



Gregory B. Clarke, MD, FACC, is the associate medical director of advanced imaging at The Christ Hospital and a cardiologist with Ohio Heart & Vascular Center, Inc.

The digital revolution reaches mammography



By M. Patricia Braeuning, MD

Mammography is a life-saving tool that can find cancers at a smaller size (and earlier stage) than if they were discovered by a physical exam. In fact, studies show that mortality rates can be reduced up to 35 percent with regular mammographic screening. Finding breast cancers early may also allow a woman to choose breast conservation (lumpectomy) instead of mastectomy and even avoid chemotherapy in some cases.

Traditional screening

Traditional mammography, which examines breast tissue with X-rays, is still the gold standard for breast cancer screening. No other exam has been shown to be as effective a screening tool for early

breast cancer diagnosis. But it does have limitations. First, a number of factors can affect the test's outcome, such as your breast density, age and estrogen status. Traditional X-ray procedures also require images to be captured, developed and stored. Old films may need to be transported for comparison to interpret new films.

A clearer view

The introduction of digital technology to mammography has been a great asset to patients and technologists alike. Since they're acquired digitally, images of the breast's dense areas (previously called blind spots) that may be hiding cancers can be digitally manipulated—much in the same way you can use Photoshop for photos taken by a digital camera—to produce the clearest picture possible for interpretation. When an image is taken, the technologist can immediately determine whether it has been taken appropriately, eliminating the need to wait until film is developed to find out if a “retake” is needed. With new images available via computer, old films are slowly becoming a thing of the past.

Better results

The best news? A recent study showed a significant increase in breast cancer detection using digital mammography versus traditional mammography in patients under age 50, pre- and perimenopausal patients and those with dense breast tissue. Although the study didn't show a significant difference between digital and traditional mammograms for women over 50 or those with fatty breast tissue, it's likely that outcomes in these categories will improve with advances in technology. **WHT**



The bottom line

Get your mammogram! To schedule yours, call The Christ Hospital at **(513) 585-2760**.



M. Patricia Braeuning, MD, is a radiologist with Professional Radiology, Inc., specializing in breast imaging. She proudly serves as medical director of The Christ Hospital Women's Imaging Center.



Hysterectomy made easier

By Marcia C. Bowling, MD

Experience that counts!

The Christ Hospital performs more robotic-assisted surgeries for gynecologic treatment than any other hospital in the region. For more information about robotic-assisted surgery at The Christ Hospital, visit www.ChristHospitalCincinnati.com/robotic.html.

Each year, about 600,000 women in the United States undergo a hysterectomy—the surgical removal of the uterus—making it the second most common surgical procedure for women. Hysterectomy is commonly used to treat conditions such as heavy menstrual bleeding, uterine fibroids, endometriosis and cervical and ovarian cancers.

For many women, the most difficult part of a hysterectomy is the long recovery time. With traditional hysterectomy, a complete recovery usually takes about four to eight weeks, which can make the constant demands of family life, children, work and other responsibilities even more challenging to juggle.

A new option

Many women may be candidates for a new type of minimally invasive hysterectomy that uses robotic-assisted surgical techniques. This tool enables surgeons to perform complex surgical procedures with the help of a surgical “robot,” called the da Vinci® Surgical System.

Surgery using the system doesn’t place a robot at the controls. The system can’t be programmed or make decisions on its own. Instead, the surgeon controls the surgery with the da Vinci system’s assistance.

How it works

Small 1- to 2-centimeter incisions are used to insert very small instruments and a high-definition 3-D camera into the body. A special console lets surgeons operate while seated comfortably, viewing a highly magnified 3-D image of the body’s interior. To operate, the surgeon uses master controls that work like forceps to introduce the instruments into the body with precision and control.

Compared with an abdominal hysterectomy, which is performed through a 6- to 12-inch abdominal incision, robotic-assisted hysterectomy is less invasive and offers the potential for:

- less pain
- lower infection risk
- less blood loss and fewer blood transfusions
- less scarring
- shorter hospital stays
- a faster return to normal activities
- better clinical outcomes

The da Vinci Surgical System has been successfully used in tens of thousands of minimally invasive procedures worldwide. If you’re considering a hysterectomy, ask your doctor whether robotic-assisted surgery is an appropriate treatment option for you. **WHT**



Marcia C. Bowling, MD, specializes in gynecologic oncology at Oncology/Hematology Care and practices at The Christ Hospital. To schedule an appointment, call (513) 751-4448.



health



Ovarian cancer: A not-so-silent killer

Recent medical studies show that despite having been called a silent killer, ovarian cancer does have symptoms, even in its early stages. The American Cancer Society, the Gynecologic Cancer Foundation and the Society of Gynecologic Oncologists, in a consensus statement, recommend that you see your doctor—preferably a gynecologist—when the following symptoms are present almost daily and last for more than a few weeks:

- bloating
- pelvic or abdominal pain
- trouble eating or feeling full quickly
- an urgent or frequent need to urinate

Although these symptoms are relatively common and may accompany a number of illnesses, the organizations hope increasing awareness will send more women to their doctors sooner, because successfully treating ovarian cancer is more likely with early diagnosis.

If your identity is stolen, your medical records could be in just as much jeopardy as your financial information. If your personal information has been used without your knowledge or consent to obtain or receive payment for medical treatment, goods or services, you're a victim of medical identity theft. You may find that your medical records are inaccurate, dangerously impacting your ability to receive proper medical care and insurance benefits. To protect yourself, the Federal Trade Commission suggests you:

- **Closely monitor Explanation of Benefits statements** you receive from your health insurance carrier. Contact the insurance company or your health care provider immediately if something looks inaccurate, even if you don't owe any money.
- **Request a complete listing of benefits paid in your name** from your health insurance carrier (or carriers) at least once a year or more often if you have a cause for concern.
- **Monitor your credit reports** with nationwide credit reporting companies to catch incidences of medical debt.



Robbed of your health

headlines

Gently head off migraine pain

An effective treatment for migraines headaches may not come from your pharmacy but from your yoga instructor. In a study reported in the journal *Headache*, researchers separated 72 adult migraine sufferers into two groups. One group received pain management education, avoided migraine triggers and made diet and lifestyle changes. The other group received an hour of yoga therapy—including gentle yoga postures, breathing practices, relaxation and meditation—five days a week, except on days they had a migraine or were recovering from one. After three months, the yoga group experienced an overall reduction in migraine frequency and intensity. The comparison group, however, showed either no change or worsened symptoms.



Put on a happy face

Most girls can't wait for the day they're allowed to wear makeup. After it becomes commonplace, though, using and storing makeup can become haphazard, which can carry unpleasant consequences like rashes and infections. To be safe rather than sorry, the U.S.

Food and Drug Administration (FDA) offers this advice:

- **Follow label directions** and read the fine print about cautions and warnings.
- **Keep makeup closed tightly** when not in use.
- **Wash your hands** before applying makeup.
- **Don't borrow or share makeup** with anyone else.
- **Don't add liquid to makeup**; toss it if the color changes or an odor develops.
 - **Keep makeup out of the sun.**
 - **Don't keep mascara too long.** The FDA doesn't give a hard-and-fast date for discarding products, though some manufacturers suggest keeping them for a maximum of three months.
 - **Don't use eye makeup if you have an eye infection**, and throw away the eye makeup you were using when you developed the infection.



Getting a grip on osteoarthritis

Known as the “wear-and-tear” variety of arthritis because it’s the result of years of use, osteoarthritis—the most common form of arthritis—can creep up so quietly that you might not suspect you have it until bending your knee, flicking your finger or taking a walk becomes a painful ordeal.

What is it?

Osteoarthritis is a progressive disease that begins when cartilage—the soft connective tissue that cushions joints—starts to break down. Without proper cushioning, joint movement becomes painful and bones compensate for cartilage loss by growing osteophytes (bony lumps or spurs) along the sides. Joints most susceptible to osteoarthritis are the knees, hips, neck, spine, thumb and big toe.

Seeing your doctor

In its earliest stages, osteoarthritis produces pain only when a joint is moved. Bony lumps that develop on the finger’s end and middle joints are another telltale sign of osteoarthritis. Osteoarthritis even has a sound all its own: Without the buffer that cartilage ordinarily provides, crepitus (a distinctive grating noise) can be heard whenever an affected joint moves.

Even if your doctor suspects that you have osteoarthritis—your medical history along with a physical exam will present pretty clear evidence—he or she may want further proof. A blood test can distinguish osteoarthritis from similar disorders like rheumatoid arthritis, bursitis or gout, and X-rays or magnetic resonance imaging (MRI) can give your physician a better look at the actual joints.

Banishing the pain

Unfortunately, while a broken bone can heal itself, cartilage can’t. Although there’s no cure for osteoarthritis, the disease doesn’t necessarily mean a lifetime of pain. Try these at-home remedies to ease discomfort:

- **Apply heat.** Heating pads, hot-water bottles and hot baths can help relieve pain.
- **Ask your health care provider about exercise.** Muscle-strengthening exercises can help restore range of motion.
- **Consider swimming and other water exercises.** These are especially helpful because they provide non-weight-bearing activity.
- **Lose weight.** Although it can’t reverse osteoarthritis, weight loss may delay the condition’s development in other joints.
- **Practice perfect posture.** Keep your shoulders back, your stomach and buttocks tucked in and your back straight to help relieve osteoarthritis of the spine.
- **Try anti-inflammatories.** Over-the-counter pain relievers can help alleviate discomfort.

Although osteoarthritis affects millions of people, don’t accept it as a natural consequence of aging. Remember, cartilage doesn’t ordinarily deteriorate as you get older, and staying slim and active can help lower your risk of developing the disease. **WHT**

Partnering for better health

The Christ Hospital is proud to be the official wellness partner of the Arthritis Foundation. Through this partnership, we’re working with the Arthritis Foundation to provide people who have arthritis access to the latest information, programs and services available to improve their quality of life. Several events featuring physicians and health professionals from The Christ Hospital will be held over the next year. Watch for more information about upcoming events online at www.TheChristHospital.com and www.arthritis.org.



SEX & GENDER MATTERS

The latest findings on women-specific health from the Society for Women's Health Research

By Jennifer Wider, MD

College eating 101

With the number of overweight women at an all-time high, young women's diet choices are a source of concern, especially for those fending for themselves at college this semester.

College is a time of tremendous lifestyle change, so it can be difficult for students to establish or maintain healthy eating habits. Tight time schedules, limited budgets and other influences can cause weight problems, which can lead to health problems well beyond the college years.

Risks for women

Obesity affects women—especially young women—more often than men, and overweight women are more likely to suffer other health problems or experience a lower quality of life than their male counterparts.

Obesity has also been linked to fertility problems, polycystic ovarian syndrome (a condition in which ovarian cysts interfere with normal ovulation and menstruation) and complicated pregnancies. Other threats include increased risks of type 2 diabetes, high blood pressure, high cholesterol and heart disease.

What you can do

Teach your daughter the immediate and long-term health risks of being overweight or obese. In addition to eating well, getting regular exercise helps reduce the chances of being overweight. **WHT**



Learn more!

The Society for Women's Health Research is a nonprofit research, education and advocacy organization that works to improve women's health through sex-specific research, education and advocacy. For more of the latest news and research on women's health, visit their Web site at www.womenshealthresearch.org.

Jennifer Wider, MD, is a medical advisor for the Society for Women's Health Research in Washington, DC.



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medium

For Patricia Arquette, breast cancer is a family affair. Here's how she maintains a happy, healthy lifestyle—and how you can, too

By Bonnie Siegler

On TV, Emmy winner Patricia Arquette plays Allison DuBois, the blond-haired, blue-eyed wife, mother and psychic on the hit drama “Medium.” Although she maintains two out of the three roles in her real life—as wife to actor Thomas Jane and mother to Enzo, 18, and Harlow Olivia, 4—she sometimes wishes she could maintain Allison’s psychic powers in her real life, especially when it comes to her health’s future.

“I asked Allison—the real medium our show is based on—how long I’m going to live because one of her skills is to tell you how old you’ll be when you die,” Arquette says. “It took a couple of years before I had the nerve to ask her, but she said I’m going to live so long that I’ll be asking, ‘Why am I still here?’”

Finding a balance

To help that premonition come true, the former indie film favorite keeps healthy by getting enough sleep, maintaining a healthy marriage and including alternative therapies such as meditation, yoga, acupuncture and massage in her routine. “The weird thing is that my personal life is the least stressful it’s ever been. I’m in a happy, harmonious marriage,” Arquette says. “Work was out of control last year [during filming for season 3] with 14-hour workdays. This season, they’re making it easier for me.”

During the hectic days, the 39-year-old actress relies on slow, methodical yoga to relieve stress. “Yoga helps me take the time to concentrate on my breathing. The more you get stressed out, the shallower your breath. When you’re oxygenating your whole body, you’re cutting down on stress.” She pauses and smiles. “I just need to take care of myself.”

Changing history

This holistic approach might also help Arquette overcome a family history of breast cancer, to which her mother succumbed 10 years ago. Since then, Arquette has worked to raise awareness about breast cancer and has run in the annual Susan G. Komen Race For The Cure. She’s also acted as a spokesperson for Lee National Denim Day®, an event that raises millions of dollars for breast cancer research and education. The outspoken actress also attends other various breast cancer fundraisers and events. “I’ll also go meet with breast cancer groups,” she says. “It all depends on my schedule and what people approach me with.”

In addition to speaking about breast cancer, Arquette is active in children’s charities such as Art of Elysium, a program that brings music and art to hospitalized kids. “We bring in artists and read to kids who are struggling with cancer and other diseases,” Arquette says. “We figure out a way to bring and create content for them.”

Making time for breast health

Despite her busy schedule, Arquette makes time for breast cancer precautions. “I’ve had a DNA analysis done, which is cutting-edge, but we still don’t know how it’s all going to pan out in

continued on page 12

A happy medium

continued from page 11



◀ Recently nominated for her second Emmy, Arquette poses with “Medium” co-star Jake Weber.

20 years,” she says of the genetic testing she recently underwent. The procedure, which tests for genetic alterations, can help identify women at higher risk for developing breast, ovarian and other cancers. According to the National Cancer Institute, about one in 10 cancer cases can be explained by inherited gene alterations. In Arquette’s case, the test showed no genetic flaws.

In addition to the screening, she gets regular mammograms and keeps an eye on her diet by eating healthy amounts of soy, olive oil and fish and taking supplements such as ginseng and other vitamins.

Happy and healthy

Arquette credits her outlook as an important tool in preventing cancer. “I’m thinking ‘happy’ as a good preventive measure against cancer. Loving my family and having harmony is really a positive aspect in my life now,” she says. “Family is very important to my overall health.” **WHT**

CURBING YOUR RISK

More than 178,000 American women develop breast cancer each year, and more than 40,000 succumb to the disease. Yet much can be done to detect breast cancer early, and mounting evidence suggests that certain lifestyle habits, such as regular physical activity and limited alcohol use, may help prevent the disease.

RISK FACTORS

- increasing age
- genetic mutations in the *BRCA1* and *BRCA2* genes
- a family history of breast cancer
- early onset of menstruation (before age 12)
- late menopause (after age 55)
- never having children or having a first child after age 30
- obesity after menopause

FACTORS THAT MAY CURTAIL YOUR RISK

- reaching and maintaining an ideal weight
- eating a low-fat, high-fiber diet
- limiting alcoholic beverages to one a day
- engaging in moderate physical activity on most days
- quitting tobacco use
- discussing the benefits and risks of the drug tamoxifen with your physician (if you’re at high risk for breast cancer)

SCREENING RECOMMENDATIONS

- Get a mammogram annually, beginning at age 40.
- Get an annual magnetic resonance imaging (MRI) scan along with a mammogram beginning at age 30 if you have the *BRCA1* or *BRCA2* gene mutations or other high-risk factors.
- Get a clinical breast exam every three years between ages 20 and 39, then every year after.
- Optional: Perform breast self-examinations monthly beginning at age 20.

Living with panic disorder

Imagine you're in an airplane that suddenly plunges toward the ground. Your heart races. You tremble uncontrollably. You're short of breath. The anxiety you feel is so overpowering that you're certain you're going to die.

Now, imagine feeling the same wave of panic while grocery shopping, driving to work or having lunch with a friend. It's unexplainable, yet it happens to the more than 6 million American adults who suffer from panic disorder.

Panic disorder develops without warning, usually during late adolescence or early adulthood. The cause is unknown, although it appears to run in families. Often it's triggered by a traumatic event, such as abuse or a serious illness. The condition is more than twice as common in women as in men.

Victims of panic disorder experience repeated episodes of sudden, traumatic, morbid fears. The symptoms are so intense that many victims, convinced that they're having a heart attack, rush to the emergency room only to be told they're "healthy."

In fact, panic disorder has been misdiagnosed as everything from asthma to thyroid disease. If left

HOW TO RECOGNIZE PANIC DISORDER

According to guidelines from the American Psychiatric Association, you may be suffering from panic disorder if you experience more than one unprovoked episode that includes at least four of the following symptoms:

- intense terror
- sweating
- numbness or tingling, especially in the hands or feet
- shortness of breath
- faintness
- heart palpitations
- trembling
- chest discomfort
- feelings of unreality
- nausea
- choking or smothering sensations
- fears of losing control, going crazy or dying

untreated, panic disorder can spark agoraphobia, a condition in which a person becomes so afraid of having a panic attack in public that he or she is unable to leave home.

How it's treated

Although there's no cure, most people with panic disorder can be treated successfully with medication and behavioral therapy. Once diagnosed, most patients are given a prescription for an antidepressant and/or anti-anxiety drug. Therapy is also important in helping patients reduce—and eventually eliminate—panic episodes.

Help from fellow sufferers

Those who suffer from panic disorder can benefit not only from individual therapy, which is tailored to their specific fears, but also from group therapy. Group therapy provides patients with a place to share ideas, set goals and find support. Most important, it provides them with reassurance that they're not going crazy. **WHT**



Everything you wanted to know about sex but were afraid to ask

Your questions answered by an expert

Q: My husband has Parkinson's disease and is now unable to make love, in part because of the disease and also his medications. Any suggestions?

A: Your husband may respond well to medication to help him achieve erection and sexual function if he is otherwise medically healthy. Sildenafil and other similar medications should overcome his medication's negative effects. More important, however, is your husband's psyche. Exploring his feelings about his illness and disability—if he's open to this—may help to address his sense of loss and powerlessness. I'd suggest you seek a trained therapist who's comfortable addressing both chronic disabling illness and sexual issues. You can find a certified therapist at www.AASECT.org.



Barbara Levy, MD, is the medical director of the Women's Health & Breast Center at St. Francis in Federal Way, Wash.

Q: I recently gained weight and my husband told me that my appearance turns him off. What can I do? He turns away from me.

A: Sexual attraction is a very personal issue and one that cannot be changed easily. I would suggest that you sit down with him, tell him how much you love him and that you want very much to remain attractive to him. I am quite sure that he's changed somewhat since you met and some things about his behavior or appearance are turn-offs to you as well. The bottom line is that we all change, get saggy, etc. In the context of a loving relationship, those changes needn't become a big issue. The brain is, indeed, the largest sex organ in the body. When we tell ourselves we're attracted to our mates, it becomes reality. I'm worried that he has other issues in the relationship and is using your weight gain as an excuse. I recommend a sexual therapist/marriage counselor to help you uncover these issues. You can find someone at www.AASECT.org. **WHT**



Take action!

Do you have a question about sex? Too embarrassed to ask your doctor? Ask Dr. Levy! Simply log on to www.womenshealthexperience.com and click on "Ask Dr. Levy" to submit a question or read other questions submitted by readers. We'll notify you when your confidential answer is posted on our Web site.

Nothing to sneeze at

Surviving fall allergy season

For more than 35 million Americans, autumn brings more than cooler temperatures and spectacular foliage: It marks the return of seasonal sneezing and itchy throats and eyes.

The culprits behind this allergy misery—also known as hay fever—are airborne mold spores or pollens, the tiny male seeds used in the pollination of flowering plants.

Weed pollens are the primary cause of fall allergies, and ragweed, found throughout the United States, is the most common offender. From August to October, each plant produces up to 1 billion pollen grains that can travel hundreds of miles. Other allergy-provoking weeds include cocklebur, lamb's quarters, plantain, pigweed, tumbleweed and sagebrush.

When you inhale those tiny pollen grains, your body releases histamines and other chemicals in response, triggering sneezing, itchy throat, coughing and watery eyes. Although such symptoms can be mistaken for colds, there are key differences. Fever, aches and pains can accompany colds, but not allergies. A cold's duration is usually only several days, while allergy symptoms can last months or more.

Still unsure? See your doctor. You may need a skin test (a procedure that exposes your skin to various allergens) to test your reaction.

Allergies away

Unfortunately, seasonal allergies can't be cured. Avoiding triggers is your best bet for relief. Try these defensive tactics:

- **Minimize outdoor activity** from 10 a.m. to 4 p.m., when pollen peaks.
- **Keep windows closed** to keep pollen out.
- **Use air conditioning** to clean and dry indoor air.
- **Vacation where there's less pollen**, like a beach location.
- **Avoid mowing lawns or raking leaves**, which stirs up pollens and molds.
- **Take a shower to wash pollen** from hair and skin after spending time outside.
- **Don't use an outdoor clothesline.** Pollen and mold spores can attach to your laundry.

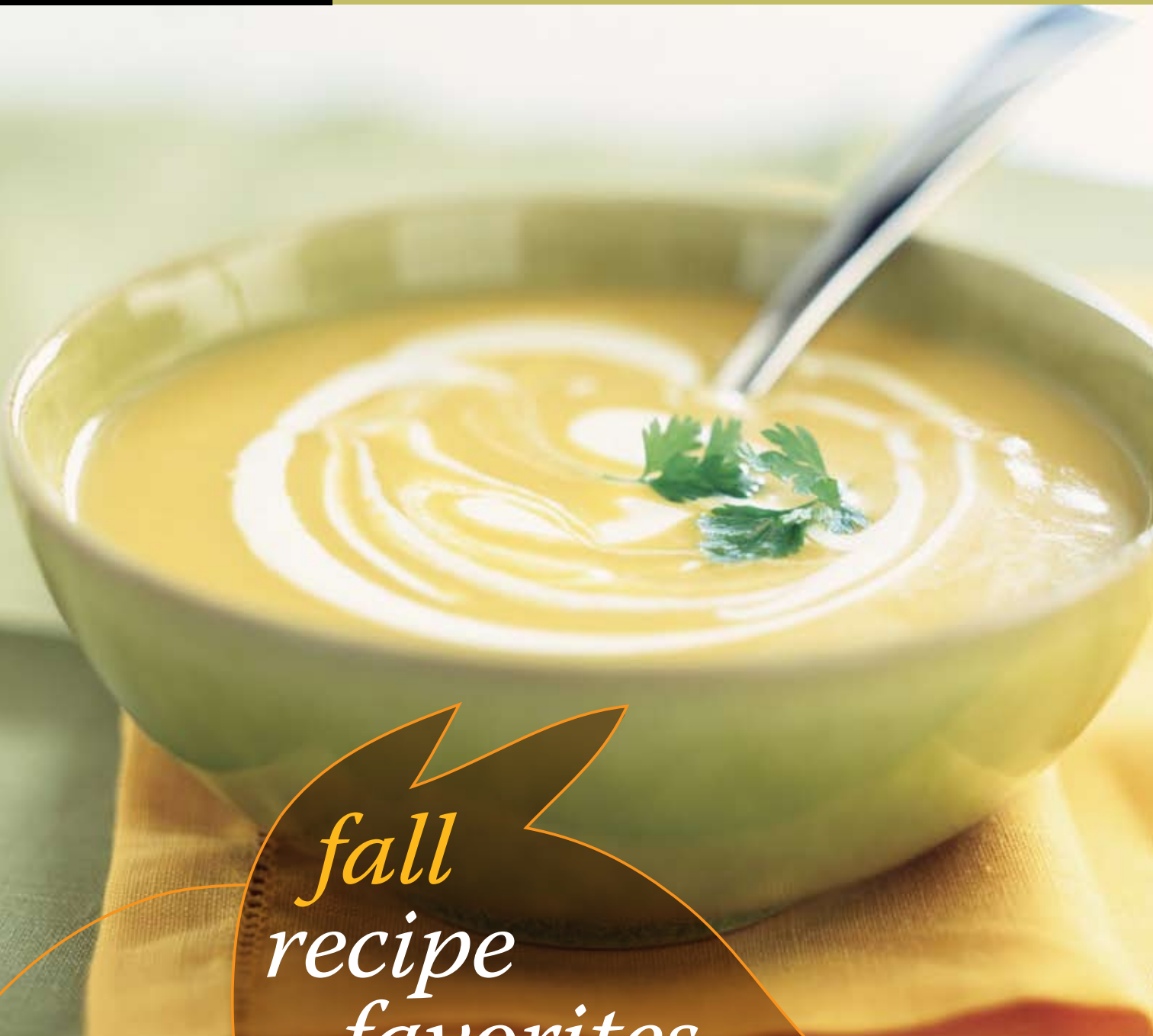


- **Keep indoor plants to a minimum and don't overwater.**

Wet soil promotes mold growth.

- **Reconsider moving.** No matter where you go, you're apt to develop allergies in your new locale within a few years.
- **Check the daily pollen count and plan your day accordingly.** Allergy symptoms are worse during warm, dry, breezy conditions—when pollen travels best—and minimal on rainy, cloudy or windless days.

When symptoms occur, try over-the-counter antihistamines to control them. If your allergies worsen, make an appointment with an allergist. He or she may recommend stronger medicines or a course of shots to boost your immune system's allergy resistance. **WHT**



*fall
recipe
favorites*

What's more synonymous with autumn than crisp air, changing leaves and the wonderful fruits and vegetables of the season—pumpkin, zucchini and apples? Here, some simple, healthy recipes celebrate fall's passions.

Pumpkin-cider soup

Serves 6

This delicious soup combines apple cider and pumpkin for a tasty treat. Bonus: Pumpkin contributes to heart health and has been proven to fight stomach, esophagus, bladder, lung and prostate cancers.

- 2 tbsp. nonfat chicken broth
 - 1 cup chopped onion
 - 1 15-oz. can pumpkin
 - 1 cup water
 - 2 cups apple cider
 - ¼ cup packed brown sugar
 - ¼ tsp. cinnamon
 - ⅛ tsp. nutmeg
 - 1 large apple, peeled and chopped
 - ¼ tsp. pepper
 - 6 tbsp. nonfat sour cream (optional)
 - chopped chives for garnish (optional)
- Spray large pot or Dutch oven with cooking spray.
 - Add broth and heat over medium-high heat; add onion and cook until softened and transparent. Add remaining ingredients except sour cream and chives, if using; cook over medium-high heat, stirring constantly, and bring to a boil.
 - Reduce heat to low, cover and simmer 1 hour, stirring occasionally. Remove from heat and cool slightly. Blend soup in several batches in blender until smooth and creamy.
 - Return to soup pot and heat 5 to 6 minutes over medium heat. Serve with nonfat sour cream and chopped chives, if desired.

Per serving: 129 calories, 2 g protein, 24 g carbohydrates, 0.4 g fat, 0 mg cholesterol, 2 g fiber, 33 mg sodium

Apple-nut zucchini bread

Serves 24

This mouth-watering sweet bread packs nutrition and flavor with a nutty crunch. Enjoy it with a meal or as a satisfying snack.

- 2 cups all-purpose flour
 - 2 cups whole-wheat flour
 - 2 tsp. baking soda
 - 1 tsp. baking powder
 - 2 tsp. ground cinnamon
 - ½ tsp. ground nutmeg
 - 1 cup egg substitute
 - 2 large egg whites
 - 1 14 oz. can crushed pineapple in juice, undrained
 - 1½ cups granulated sugar
 - 1½ cups packed brown sugar
 - 1 tbsp. vanilla extract
 - 2 cups shredded zucchini
 - 1 cup shredded apple
 - 1 cup chopped walnuts
- Preheat oven to 350° F. Spray three 8- x 4-inch loaf pans with cooking spray.
 - Combine flours, baking soda, baking powder, cinnamon and nutmeg in a large bowl; mix well. Combine egg substitute and egg whites in a medium bowl; beat with electric mixer until frothy. Pour egg mixture into flour mixture.
 - Add pineapple, sugars and vanilla extract; mix well. Fold in zucchini, apple and walnuts. Divide batter among loaf pans.
 - Bake 45 to 55 minutes or until toothpick inserted in centers of loaves comes out clean. Cool 10 minutes. Remove bread from loaf pans and cool completely before slicing.

Per serving: 210 calories, 5 g protein, 45 g carbohydrates, 2.2 g fat, 0 mg cholesterol, 2 g fiber, 106 mg sodium

Recipes adapted with permission from Jyl Steinback, author of *Cook Once, Eat for a Week* © 2003. Published by Putnam Publishing. Available at www.americashealthiestmom.com.

When cravings strike!

These filling recipes can help you keep hunger pangs at bay. But when a craving for a specific food—like chocolate—strikes, here are some other ways to control your cravings:

- **Don't fight it.** Sometimes it's better to indulge your cravings sensibly rather than fight them. Have a small portion of the food you crave, like a bite-sized piece of chocolate.

- **Try to substitute low-fat alternatives.** Instead of eating calorie-laden ice cream, try nonfat frozen yogurt.
- **Drink some water.** Sometimes a food craving is just a signal that your body needs H₂O.
- **Avoid emotional eating.** Stress, anger or boredom can cause a hankering for food. If that's the case, try to distract yourself with physical or mental activity.



5

fertility facts your mother never told you

From the time girls get their first periods, much of the health information they learn about their bodies focuses on how easy it is to become pregnant. As a result, when they're ready to have a baby, many women are surprised to find that fertility doesn't work exactly as they believed. Myths about fertility abound, some dating back to older generations. If you're planning to have a baby, here's what you need to know about your reproductive health.

FACT 1: Age matters.

As more women postpone childbearing, more couples are learning that age is a big player in the baby game. Women are born with more than a million eggs in their ovaries, but by puberty, only about 300,000 eggs remain. As time marches on, your eggs slowly degenerate.

"The decline in fertility is gradual in the early and mid-30s and more dramatic after 35, when

fertility declines 3 percent to 5 percent per year,” says Ruth Lathi, MD, an assistant professor at the Division of Reproductive Endocrinology and Infertility at Stanford University in Stanford, Calif. “Not only are the chances of conceiving less, but the risk of miscarriage is increased.”

Men don’t experience as pronounced a change in fertility as women do. However, advancing age does diminish sperm’s shape and motility.

FACT 2: You may have fewer fertile days than you think.

Your most fertile times are the days before and after ovulation. After ovulation, an unfertilized egg doesn’t survive for long—only 12 to 24 hours. “After ovulation—even one day after—fertility is significantly reduced,” Dr. Lathi says.

To achieve pregnancy, a couple should aim to have intercourse around ovulation. Try these measures to help you better pinpoint its occurrence:

- **Track your menstrual cycle** on a calendar for a few months to better estimate when you ovulate. Ovulation is different for every woman, but those with regular cycles ovulate about 14 days before their next period.
- **Pay attention to your cervical mucus.** You’re most fertile when it’s thinner and clearer than usual.
- **Try an at-home ovulation predictor test.** For most women, they’re reliable predictors of ovulation.

FACT 3: Infertility is a medical problem.

You and your partner may seem perfectly healthy, but many medical conditions can impair fertility. In women, fertility may be affected by an ovulation disorder, blocked fallopian tubes, endometriosis, uterine fibroids, polycystic ovarian disease or pelvic inflammatory disease. Other factors like smoking, alcohol use, weight, athletic training and eating disorders can affect conception, too.

In men, fertility problems can be traced to problems with the number,

shape or motility of sperm or problems with sexual function. Men can also have other health problems that impact fertility, such as diabetes, sexually transmitted diseases, effects of prostate surgery or injury to a testicle. In addition, alcohol and drug use can affect sperm quality, and researchers continue to study the effects of toxins such as pesticides and lead.

FACT 4: Difficulty getting pregnant can happen anytime.

For women who’ve already borne children, a delay in conceiving subsequent children often comes as a surprise. You may think, “What’s different now than two years ago?” The fact is, secondary infertility, or the inability to conceive after giving birth to one or more children, is usually caused by the same factors that cause primary infertility in couples who’ve never had a baby.

“At least half of patients seeking fertility treatments have had a prior pregnancy,” Dr. Lathi says.

FACT 5: How you feel about fertility problems matters, too.

Tension often runs high when fertility problems persist and may trigger negative feelings between you and your partner, which can interfere with seeking or staying with treatment.

“Couples struggling with infertility should also pay attention to their emotional health,” Dr. Lathi recommends. “Support groups and counseling are available. They’re not alone.”

When to see your doctor

Seeing your doctor before you begin trying to conceive is a good idea, especially if you’re aware of a potential problem, like advanced age, irregular periods or other gynecological conditions. Your doctor can treat any existing medical problems or help you quit smoking, plan a nutritious diet and start an exercise program. Remaining patient can be difficult when you’re trying to conceive. For couples without known medical issues, talk to your doctor about additional testing after:

- one year of trying to conceive if you’re younger than age 30
- six months of trying to conceive if you’re 30 or older

The bottom line

Pregnancy is the result of a long chain of events in which every step must go right. The more you know about your reproductive health, the better you can maximize your chances of starting or adding to your family when you wish. Also know that if problems do arise, effective treatment options are available for most couples. **WHT**

‘Hole’ hearted

What you need to know about PFO

You may not have heard of patent foramen ovale (PFO), but chances are you or one of your three closest friends has this little-known heart condition. What’s more, the disease may be associated with a number of other conditions, like stroke and migraine headaches.

What’s PFO?

During fetal development, an opening forms in the wall between the heart’s top two chambers, which allows oxygenated blood from the mother to flow from the right side of the heart to the left. After birth, an infant no longer needs right-to-left blood flow, and the opening closes naturally in most people. For 25 percent of the population, however, this flap-like opening doesn’t close properly and may open from time to time. In most cases, people don’t experience any symptoms and most people with PFO don’t know they have it. In fact, the condition is often discovered incidentally when a person undergoes imaging tests for another reason. In these cases, treatment isn’t usually necessary.

A controversial relationship

Some reports have linked PFO to conditions like stroke, migraine and decompression sickness in scuba divers. Of these, PFO’s links with stroke and migraine are among the most controversial. Although some stroke victims also have PFO, whether PFO causes stroke—and whether treating PFO is necessary in stroke victims—continues to be debated. In theory, because PFO could allow blood to move from the right atrium to the left atrium without being filtered by the lungs, the opening has the potential to allow small blood clots to move to the left side of the heart and then throughout the body. If a clot travels to the

Diagnosing PFO

Although chest X-rays and electrocardiograms can help screen for heart abnormalities, transesophageal echocardiography is considered the best test for detecting PFO, according to Mayo Clinic. This minimally invasive technique involves swallowing a flexible tube with a device that records ultrasound images. Alternatively, an intracardiac echocardiogram can be done by passing the tube through a blood vessel in your groin area.

Generally, screening is currently done in people who have had a TIA or stroke to determine whether PFO is present and could have contributed to the event when more common causes aren’t present.





brain, a stroke or transient ischemic attack (TIA, also called a “mini stroke”) could result.

If this theory is correct, stroke risk may increase in people who are prone to developing blood clots (because of medication, poor circulation or other medical conditions) or who have an atrial septal aneurysm (a condition in which the wall between the heart’s upper chambers is more movable than usual) in addition to PFO.

Some research also shows a higher prevalence of PFO among people who experience migraines. One theory about the connection between the two is that PFO causes unoxygenated blood to be circulated to the brain, triggering migraines.

To treat or not to treat

Some doctors recommend stroke patients who have PFO take blood thinners to lessen the danger of blood clots. Others, like Sherman Sorensen, MD, an interventional cardiologist who heads Sorensen Cardiovascular Group in Salt Lake City, Utah, believe that nonsurgically implanting a device to close the opening is the best solution.

Dr. Sorensen—a stroke survivor who has an implanted PFO closure device—estimates he’s performed more than 1,000 PFO closures over the past seven years. “It’s a low-risk procedure that has good results in lowering the stroke risk,” he says. “But it’s controversial among many physicians, insurers and the Food and Drug Administration [FDA].” In fact, the FDA allows a PFO closure to be performed only if a patient with PFO has suffered two strokes or has had one stroke and is at very high risk for another.

If PFO closure for stroke prevention is controversial, its use for migraine headache relief is even more so. Nevertheless, some people who undergo PFO closure for stroke prevention have found improvement or complete elimination of their migraines.

Laurie Raleigh, RN, a cardiovascular nurse consultant, is a firm believer in PFO closure for migraine treatment because of her son’s experience. “Brandon suffered from migraines four or five times a year since he was 4 years old,” she says. “They lasted for days, and his life was affected. When he was 16, he had a PFO closure. He hasn’t had a migraine since.”

The research continues

Clinical trials are underway to determine whether PFO closure devices can be made available to patients who don’t meet the FDA’s current criteria. Other trials to determine if PFO closure is an effective migraine treatment are also being completed. For now, the FDA restricts PFO closure for migraine treatment to those patients participating in trials. **WHT**



Learn more!

To find out more about ongoing clinical trials on PFO, visit www.clinicaltrials.gov.

Avoiding weekend warrior sports injuries



A basketball game on Saturday morning seemed like a great way to get some much-needed exercise and work off stress. But on Sunday morning you couldn't get out of bed: Pain had taken over your body.

If this scenario sounds familiar, you may be a “weekend warrior”—someone too busy working during the week to make time for exercise. But overexerting yourself during the weekend to compensate for lack of weekly exercise can cause injury and pain—enough to sideline you from everyday activities.

But it doesn't have to be this way. With the right preparation, weekend sporting events can be an enjoyable part of your life instead of one big pain.

A plan for all sports

Most injuries occur when you're out of shape or when you overexert yourself. Lack of conditioning and overexertion can also cause dehydration and even heart attacks. Sports medicine professionals suggest you try the following tips before tackling your activity of choice:

- **Follow a balanced fitness program year-round.** Get in shape to play your sport; don't play your sport to get in shape. You need to condition at least three months before beginning a sport to build muscle, burn fat and increase stability and endurance. Exercise at least three times a week for 30 to 45 minutes and include aerobic exercise, strength training and stretching.
- **Warm up, stretch, cool down and stretch again.** Cold muscles are more prone to injury. Warm up with jumping jacks, cycling or running in place for three to five minutes. Next, gently stretch the muscles in

your legs, arms, shoulders and back. Hold each stretch for 30 seconds without bouncing. Toward the end of your activity, slow your speed to cool down gradually. Finish by stretching again to avoid muscle cramps.

- **Invest in quality equipment.** Wear proper shoes, arch supports, pads and protective gear specific to your sport.
- **Follow the 10 percent rule.** Increase your activity level by 10 percent a week. If you're walking two miles a day this week, increase it to 2.2 miles next week—not five miles. The same rule applies for increasing weights.
- **Listen to your body.** Change your activity level to accommodate your body when it tells you it's had enough.
- **Don't forget water and sunscreen.** Drink at least one glass of water every 15 minutes and avoid alcohol. When outdoors, wear a sunscreen with an SPF of 15 or higher.

Sport by sport

Each sport puts stress on different parts of the body. Hiring a trainer for one session to teach you the correct conditioning exercises specific to your sport may be money well spent.

- **Tennis, soccer, handball, basketball and football.** Sudden twisting, turning, starting and stopping make these sports tough on your knees. Ask a trainer to show you exercises that stretch and strengthen the muscles in your legs and around your knees. Aside from soccer, these sports also place stress on your shoulders and forearms, so learn exercises to strengthen all arm, shoulder and neck muscles as well.
- **Running.** To prepare for running, ask a trainer to teach you appropriate leg-strengthening exercises. Also, replace running shoes for better shock absorption and stability every 500 miles. Avoid running on hard surfaces like asphalt and concrete. Run on flat surfaces, not uphill, which can aggravate your Achilles tendons.
- **Golf.** A perfect golf swing requires strength and flexibility in your legs, back, abdomen, hips, shoulders and arms. Be sure you have full range of motion that doesn't cause excessive stress on your muscles or joints before you pick up a golf club. And bend your knees when you lift that heavy bag of clubs.
- **Biking.** Helmets are a must for all ages and can reduce serious injury by 85 percent. Keep the rhythm of your pedaling between 80 and 100 revolutions per minute while using a lower gear to minimize pressure in your knees. When stopping, use the back brake first to avoid sailing over the handlebars.
- **Skiing.** Knee- and leg-strengthening exercises build stability to prevent the most dreaded skiing injury—a torn anterior cruciate ligament (ACL). Have a certified ski technician

check your skis, boots and bindings. Don't ski beyond your ability level and always go with a fall to minimize injury. To avoid skier's thumb (damage to the ligament between your thumb and index finger), don't wrap the poles to your hands, so you can drop the poles if you fall.

- **Softball and baseball.** Getting hit by the ball causes the most injuries, so always wear protective gear, including a batting helmet when waiting on deck, standing at the plate and running bases. Pitchers should also limit themselves to 80 to 100 pitches a game to avoid shoulder injuries. **WHI**



Do you have skin sense?

When it comes to a radiant complexion, it's hard to separate scientific fact from advertising fiction. Test your knowledge about skin care by answering true or false to the statements below. Then check the answers on this page to see how you did.

TRUE OR FALSE?

1. Botox can eliminate all your wrinkles for three to six months.
2. Wrinkles are primarily caused by age, sun exposure, smoking and repeated facial expressions.
3. Most women grow out of acne by their 20s.
4. To make your skin moist and supple, drink plenty of water.
5. Allergic reactions are usually caused by fragrances added to skin-care products.

ANSWERS

1. **FALSE.** Although it's true that Botox injections can last up to six months, the shots won't eliminate all your wrinkles, like those caused by sun damage. It's also less effective on lines around the mouth, because those muscles are needed for daily activities like eating and talking. Your skin type and thickness and wrinkle severity affect the treatment's effectiveness.
2. **TRUE.** As you age, your skin becomes thinner and loses elasticity. Smoking and UV exposure can speed up this process. In addition, expressions like smiling or squinting create grooves in the skin that become permanent over time.
3. **FALSE.** Although acne is often considered a teen's worst nightmare, it's common for adult women to experience breakouts, too. Mild to moderate acne can be caused by hormonal changes associated with pregnancy, your menstrual cycle and starting or stopping birth control pills.
4. **FALSE.** H₂O is essential for keeping your body hydrated, but it doesn't change your skin's appearance. The moisture in your skin is affected by humidity, sun exposure, how often you wash it and the types of soaps and detergents you use.
5. **TRUE.** Fragrances are the most likely culprit if you develop contact dermatitis, a skin reaction that can cause a red rash, bumps and sometimes blisters on your skin. To avoid a reaction, choose products with the words "fragrance-free" or "without perfume" on the label—products labeled "unscented" may still contain fragrances used to mask other ingredients' smells.

Test your health knowledge online

Take more health quizzes and assessments online at www.womenshealthexperience.com.

Plus, find out what other women are saying by participating in our online polls!