Stay sharp! 6 ways to exercise your mind See page 13

SUMMER 2007

Is LASER HAIR REMOVAL right for you?

ODAY

Find out inside!

STOP counting sheep

Treatments to help you sleep

Eva La Rue speaks from the heart

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GIVE CANCER THE KNOCKOUT PUNCH

The Christ Hospital 2139 Auburn Avenue Cincinnati OH 45219

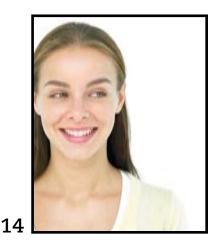
WOMEN'S

BROUGHT TO YOU BY The Christ Hospital AND THE WOMEN'S HEALTH EXPERIENCE

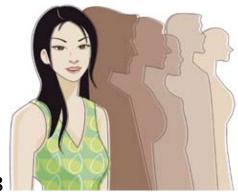
in this issue ...

- 2 LETTER FROM THE FOUNDER The more you know ...
- **3** At the core of fitness
- 4 Helping wounds heal
- **5** Vanish varicose veins
- **6** Fighting your biggest cancer threat
- 8 Living with herniated discs Treatment and relief options
- **9** SEX & GENDER MATTERS The skinny on weight loss
- **10** From the heart How a proactive approach helps Eva La Rue stay healthy
- **13** HEALTHY MIND Stay sharp! 6 ways to exercise your mind
- 14 Hair today, gone tomorrow
- **16 HEALTHY BITES** The fruits of summer
- **18** Diabetes: Are you at risk?
- 20 Put sleep problems to rest Help for common conditions
- 22 HEALTHY MOVES Ready, set, go! Keeping pace even if you weren't born to run
- 24 HEALTH SMARTS Osteoporosis pop quiz









The more you know ...

hen it comes to protecting your health, knowledge is power. The more you know about health risks and treatment options, the more prepared you'll be to take proactive steps toward a healthier future.

In this issue of *Women's Health Today*, read about how Eva La Rue from the hit show "CSI: Miami" takes control of her heart disease risk—and how you can, too! Find out more about lung cancer, the deadliest cancer for women ("Fighting your biggest cancer threat," page 6). Then turn to page 18 to determine your risk for developing diabetes ("Diabetes: Are you at risk?"). If you're at risk—and even if you're not!—take advantage of the healthy recipe on page 16 ("The fruits of summer").

Learning more about conditions that can affect your health and what to do to prevent or treat them—is the first step toward taking charge of your health. I hope you'll use the information in this issue and on our Web site, **www.womenshealthexperience.com**, to empower yourself with the knowledge you need to make important health decisions and continue on your journey toward a healthier lifestyle.

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.momenshealthexperience.com. ooking for a workout that's perfect for your age and activity level? Look to Pilates. An exercise system developed by Joseph and Clara Pilates in the 1920s, Pilates strengthens the body's core muscles—the muscles that control your trunk and spine—to improve your balance, agility and flexibility.

Pilates offers many health benefits, especially for women. Pilates' emphasis on proper pelvic and lower extremity alignment can help reduce or alleviate pain, improve quality of life and prevent lower back, hip and knee injuries, for which women are at increased risk.

For moms and moms-to-be

Pilates is an excellent way to stay in shape during pregnancy and can help the body recover more quickly after delivery. Because Pilates strengthens the lower abdominals, daily activities like lifting a growing baby become less strenuous. Pilates can also help prevent lower back injuries, such as herniated discs, which commonly occur one to two years after childbirth because of core instability and pregnancy's effects on pelvic floor muscles (both conditions can weaken the spine's support system over time).

Through life's changes

For peri- and postmenopausal women, Pilates offers improved posture and bone density (if performed as resistance training), which can often be compromised during menopause as a result of decreasing bone mass or osteopenia. An added bonus: As women begin to experience the common physical changes associated with menopause, improved fitness can help boost self-esteem.

At any age, toning and tightening the powerhouse muscles of the abdomen, hips and spine can help you stand taller, look trimmer and feel better so you can continue exercising regularly.

At the core of **fitness**

By Jill Vonderhaar, physical therapist and certified Pilates instructor, Spectrum Rehab at The Christ Hospital

Learn more!

To find out more about Pilates or to schedule a session with a certified Pilates instructor from Spectrum Rehab at The Christ Hospital, call **(513) 585-1069**.

Helping wounds heal

By Edward Lim, MD

ometimes, even minor cuts and scrapes can turn serious. If you're older or have certain health conditions like diabetes or kidney disease, it's easier for small injuries to turn into slow-healing chronic wounds.

Thankfully, if you develop such a wound, you have many new treatments to choose from. Between doctor visits,

you can help the healing process along with these tips:

• Avoid cleaning the wound with harsh products such as iodine, hydrogen peroxide or antiseptic solutions.

• Use dressing to cover the wound and keep it moist.

• **Protect sores on your feet from pressure** by using special shoes, crutches or other equipment your doctor may recommend.

• Help leg sores heal by propping up your legs or wearing special stockings that put pressure on them.

Preventive care

If you're at risk for stubborn wounds, you can help prevent them from popping up in the first place. Follow these steps to protect your skin:

• Keep clean by washing with a mild soap. Check bath or shower water with a thermometer to make sure it's not too hot (80° F to 95° F is safe) and dry your skin well afterward.

• Use an unscented, alcohol-free moisturizer if your skin is dry. Avoid putting lotion between your toes.

• Choose comfortable shoes that fit well. Walking sneakers are a good option.

• Each day, check your skin—especially your legs and feet—for cuts, blisters and other sores. If you find a new sore, call your doctor right away.

Heal faster!

The Wound Healing Center at The Christ Hospital is staffed with a unique team of doctors, nurses and therapists, all dedicated to healing chronic wounds. We're experts at caring for people whose open sores have resisted traditional treatment, with a success rate of 80 percent healed in 12 to 16 weeks. The center is located in The Christ Hospital Medical Office Building, suite 200. For more information or to schedule an appointment, call **(513) 585-4595**.



Edward Lim, MD, is the medical director of The Wound Healing Center at The Christ Hospital and is in private practice at Case Consultants of Ohio, Inc.

hey're not dangerous. But if you've got varicose veins, that's probably small consolation. Dangerous or not, the twisted blue bulges are not a pretty sight. Fortunately, varicose veins can be successfully treated.

How the veins form

Varicose veins develop from improperly working valves that impede normal upward blood flow (called venous reflux), resulting in increased pressure within the vein that causes it to bulge. Heredity, age, weight gain and hormones all contribute to their development. Prolonged standing throughout the day can worsen the condition, causing discomfort and swelling in the legs and pain in the varicose veins. What's more, these veins can lead to skin color changes and skin ulcers.

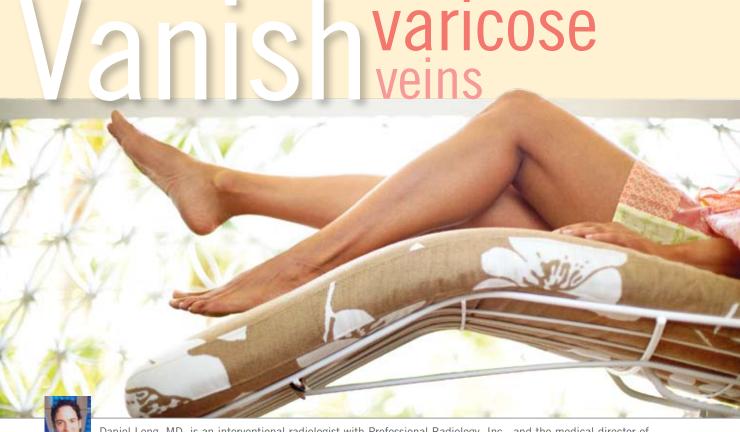
Getting a leg up

To help determine the best treatment, a Doppler ultrasound, which measures the veins' sizes and reflux severity, is important in the initial evaluation. For most people, conservative treatments, like resting, elevating the legs and wearing compression hose, work well. If these approaches fail, however, laser therapy can eliminate affected veins, relieving symptoms and improving appearance.

This treatment, called endovenous laser ablation, is a nonsurgical, outpatient procedure performed with local anesthetic. It's performed by inserting a small catheter below the affected portion of the vein and a tiny laser fiber within the vein. The laser applies light energy, causing the vein to break down and disappear. The procedure takes about an hour and discomfort is minimal. Following the procedure, compression hose are usually worn for at least two weeks.

"Laser ablation therapy is a safe, effective option when performed by someone who is experienced in treating small vessels," says Daniel Long, MD, medical director of interventional radiology at The Christ Hospital. "Patients often are thrilled with the dramatic results."

The minimally invasive procedure offers less risk and faster recovery than vein stripping and has been shown to be 97 percent effective in clinical trials. Sclerotherapy, the injection of a solution into smaller varicose veins, can be performed once larger veins are effectively treated.



Daniel Long, MD, is an interventional radiologist with Professional Radiology, Inc., and the medical director of interventional radiology at The Christ Hospital.

FIGHTING your biggest cancer threat

hink breast cancer is the deadliest cancer risk for women? Think again. Since 1987, more women have died each year of lung cancer than of breast cancer. What's more, the disease is responsible for more than a quarter of all cancer-related deaths in the United States each year.

The smoking stigma

Despite the number of deaths caused by lung cancer each year, women often perceive breast cancer as a bigger health risk, in part because of the stigma associated with lung cancer. "When a woman is diagnosed with breast cancer, people often react sympathetically," says Heather Wakelee, MD, an assistant professor of oncology at Stanford University in Stanford, Calif. "But when someone is diagnosed with lung cancer, many ask, 'Did you smoke?' There's an assumption they must have done this to themselves."

Although smoking accounts for about 80 percent of lung cancer cases in women, as many as half of those cases occur in former smokers who may have quit years ago.

"For those who do smoke, many women diagnosed with lung cancer didn't necessarily know smoking was harmful when they became addicted, and they've tried to stop or have stopped," Dr. Wakelee points out. "And about 20 percent of female lung cancer patients never smoked."

WANT TO QUIT? HERE'S HOW!

Medical experts have called lung cancer in women an epidemic and point to increased smoking among women as the chief culprit. One in five women in the United States still smokes—and teenage girls smoke even more. More than 46 million Americans have quit smoking for good, however—and you can, too! Kick the habit with a two-pronged approach:

- **1. Have a good support network** to help with the psychological addiction of the smoking habit.
- **2. Get medical assistance** to deal with the physical addiction of nicotine.

"Don't give up," Dr. Wakelee advises. "For most people, it takes more than one attempt."

You can get a tremendous amount of helpful advice from national groups, too. The American Cancer Society, for example, offers their *Guide to Quitting Smoking*, available at **www.cancer.org**, and the National Cancer Institute has a toll-free "Smoking Quitline" at **1-877-44U-QUIT**.

A deadly disease

A look at the statistics shows just how lethal the disease can be. "The chances of surviving lung cancer are just the opposite of those for breast cancer," Dr. Wakelee says. "The overall five-year survival rate for lung cancer is just 15 percent, compared to about 86 percent to 89 percent for breast cancer."

Most lung cancer cases are classified as non-smallcell cancers. These include squamous cell carcinoma, adenocarcinoma and large-cell undifferentiated carcinoma. About 20 percent are small cell cancers, which grow faster. A relatively small number are carcinoid tumors of the lung, which usually have a better prognosis than the two main types of cancer and may be cured with surgery.

The bottom line

So what's the best way to reduce your risk? Quit smoking. Although smokers maintain a greater cancer risk than nonsmokers, a recent report in the *British Medical Journal* found that quitting smoking—even late in life significantly reduced the chance of developing lung cancer. Researchers found being smoke-free for 10 years lowered lung cancer risk by a third; former smokers who had quit for more than 30 years cut their risk by 90 percent.

Is cancer in your genes?

Having a family history of cancer puts you at greater risk for the disease. Genetic counseling at The Christ Hospital can help you determine and manage your risk with assessments, screening recommendations, genetic testing and psychosocial support. Call **(513) 585-2323** for more information or to request an appointment. A physician's referral is required.

LUNG CANCER SYMPTOMS

Symptoms of lung cancer include:

- chronic cough
- hoarseness
- coughing up blood
- weight loss/loss of appetite
- shortness of breath
- fever
- wheezing
- · repeated bouts of bronchitis or pneumonia
- chest pain

However, lung cancer usually doesn't cause symptoms in the early stages, and these symptoms can result from other lung problems, so a person who has any of these symptoms should see a doctor to find out the cause.

Living with herniated discs

Treatment and relief options

erniated discs, ruptured discs, slipped discs ... by any name, they can make life difficult and painful. Although it may feel like the pain is causing long-term damage, it probably isn't. Except in rare instances, you won't damage your spine or worsen your injury by taking time to decide on the best treatment option.

Why it hurts

Discs are flexible cushions that fit in between vertebrae to absorb shock. When you move, each disc a tough shell filled with a jelly-like core—absorbs the pressure on your spine. As you age, these cushions' outer covering can wear thin, especially if you strain your back. Eventually, the center of one or more discs may start to exude, or herniate, and can press on nearby nerves, causing pain, numbness or weakness in the back, neck, legs or arms.

Before surgery

Conservative treatment relieves symptoms for nine out of 10 people who have herniated discs. Ask your doctor which of the following suggestions might help ease discomfort:

Pain management. You may benefit from overthe-counter or prescription pain relievers, muscle relaxants, corticosteroids (injections or pills), antidepressants, epidural blocks or electrical stimulation.
Heat and cold therapy. Initially, cold packs can be used to relieve pain and inflammation. After a few days, switch to heat for relief and comfort. Avoid using heat in the first 48 hours

Say bye-bye to back pain

For people with chronic back problems, something as simple as a night on the town can cause pain. With more specialists performing more surgeries and spinal procedures than any other hospital in the region, The Spine Institute at The Christ Hospital is dedicated to getting you off your back and onto your feet. Visit **www.christspineinstitute.com** or call **(513) 585-BACK** for more information.

of pain's onset, though—it can aggravate swelling. • Physical supports. A firm mattress, learning how to sleep and move most comfortably and wearing a back brace or neck collar may ease some of the disc's pressure on the nerves.

Decreased activity. A few days of bed rest may lessen severe pain, but you can lose strength if you stay inactive too long, which may complicate your recovery.
Exercise to restore function. Once the pain subsides, your doctor or physical therapist can give you guidelines on exercising without re-injuring your back or neck.

Is surgery right for you?

Because the portion of the disc that bulges out typically shrinks over time, most experts recommend putting off surgery for a few months. Surgery may be warranted, however, if you're in severe, debilitating pain, have compromised bowel or bladder function or if the pain hasn't lessened over time. If conservative measures fail after six to 12 weeks, ask your doctor about surgical options.

SEX & GENDER MATTERS



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

THE Skinny on weight loss

ooking to lose weight? For decades, we've been told that dieting combined with exercise brings the best results. Not so, says new research, which reveals that dieting alone is just as effective as dieting plus exercise. Calories are the key to weight loss and, according to the study, it doesn't matter if they're lost through dietary restrictions or exercise.

Researchers focused on two groups of overweight but otherwise healthy people. One group simply reduced their caloric intake, while the other reduced their caloric intake by a smaller amount than the first group and added exercise.

At the end of the six-month study, the two groups had similar results. Everyone who stuck to their regimen lost roughly 10 percent of their body weight, 24 percent of their fat mass and 27 percent of their abdominal visceral fat, the type of fat buried deep in the abdomen and linked to heart disease risk.

The value of exercise

Although the study says weight loss can be achieved equally through diet or working out, both are important for overall health. Regular exercise can lower your risk for many diseases including heart disease, type 2 diabetes and certain cancers. Many experts recommend that permanent weight loss should be achieved with consistent dietary restrictions, low-calorie and low-fat foods and regular exercise.

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**.





Are you an apple or a pear?

The shape of a woman's body can be an indicator of her risk for heart disease. Some studies have shown that people who have "appleshaped" bodies—more fat distributed at the waistline—may have a higher risk of heart disease than people who have "pear-shaped" bodies, who carry more fat on the thighs or hips.

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

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from the heart

How a proactive approach helps Eva La Rue stay healthy

By Bonnie Siegler

hen Eva La Rue moved from daytime to primetime for her role on "CSI: Miami" in 2005, she was filled with anxiety and excitement. But soon after, on top of juggling

her career and then-4-year-old daughter, Kaya, the actress found herself in the midst of a family crisis: Her father had suffered a heart attack.

"It was a crazy time," recalls La Rue of summer 2006, "but luckily my father didn't have a massive coronary." Since that health incident, however, La Rue has become acutely aware of the history of heart disease that plagues her family's paternal side. "My cousin on my dad's side had a major heart attack at age 40, which resulted in a quadruple bypass. His father had a major heart attack when he was in his 50s," she says, beginning to tick off the litany of her family's heart disease history. "And my grandmother, who's 90, has been on heart medication for a very long time. They all have very high cholesterol and high blood pressure."

Preventing the disease

Aware that heart disease is the leading cause of death in the United States, La Rue takes a proactive approach to fighting the disease's hereditary risks. But unlike her "CSI" role as forensic scientist Natalia Boa Vista, who takes great pains deciphering crime-scene clues every week, La Rue's approach to her health is much simpler and straightforward.

"I said to myself: 'Okay, I need to take care of myself now.' I got a physical and blood tests, which all came back normal. I signed myself up for Pilates and yoga classes," says La Rue, who also takes walks in the neighborhood with Kaya, now 5, and their dog, Bingo. "Aerobic activity is important for good heart health. I just started doing Zumba, which I totally love. It's like a salsa lesson and aerobic class all in one. I'm not a StairMaster kind of person or a big gym rat, but Zumba is something I enjoy because it doesn't feel like I'm working out."

The 5-foot-7-inch beauty, who maintains a healthy weight, also eats foods low in saturated fats and cholesterol. Her favorite heart-healthy food choices include fresh fruits, vegetables, chicken and fish. She limits beef, which she believes helps to lower her cholesterol and improve her overall health.

La Rue begins her day with a healthy breakfast, albeit a small one. "I don't really get hungry till midday, so for the morning, I'll have soy sausage patties with my fat-free mocha or coffee. Those patties taste like a real sausage patty with only 3 grams of fat compared to 9 grams in a regular patty; plus, they're packed with protein." Lunch is usually a big green salad—if she's in one place long enough to sit down and dine. But since she's often on the run, La Rue chooses healthy, portable food—like turkey, cheese and pepper roll-ups—to keep her energy up.

Still, La Rue does indulge every so often. "I love Mexican food—enchiladas with anything in them and chiles relleños. Those are my favorites, along with brownies. Life is simply not worth living without a brownie every now and then."

La Rue says that planning and preparing meals ahead of time not only helps free her from daily cooking but also makes it easier to cut down on poor food choices or overeating. Once a week, she'll buy fresh fish and vegetables to stir-fry. "I put them in a big Tupperware container and store in the fridge," she says. "When I get hungry, it's there just ready to heat up. I trade off between chicken and fish like salmon, tilapia, monk or halibut. It doesn't take a lot of time to make these. Actually, I'm the queen of fast."

continued on page 12

from the heart

continued from page 11

Finding a balance

Trying to juggle work, home and health takes some effort, but La Rue says finding happiness in little things is a blessing. "I find small things bring me happiness, like finding a great parking space or traveling on the freeway with no traffic. I get great pleasure in things like that. My philosophy in life is simple: I expect the worst and hope for the best. Taking a proactive approach and keeping a positive attitude about life makes me stronger, healthier and heart-happier."



EVA'S CHARITIES

Another family illness—ovarian cancer—inspired La Rue to use her celebrity to educate women. La Rue lost both her maternal grandmother and great-grandmother to ovarian cancer, putting her and her daughter, Kaya, at a higher genetic risk for the disease. In 2006, the actress became a national voice in bringing awareness to this disease as a spokesperson for the National Ovarian Cancer Coalition (NOCC).

"For personal reasons, I'm encouraging women to open up dialogs with their friends, sisters and doctors and talk about ovarian cancer," she says. "I get regular check-ups, which is extremely important, but you need to know the various signs of ovarian cancer." Symptoms of the disease include abdominal swelling and digestive problems.

La Rue's public awareness announcement, which airs nationwide as part of the NOCC's "Break the Silence" campaign, is coupled with a press tour for various women's magazines and TV appearances on the topic. "It's something I thought I needed to make the time for ... it's not only my health, but my daughter's."

Visit **www.ovarian.org** for more information about ovarian cancer and the "Break the Silence" campaign.

La Rue is also active in supporting the Centers for Disease Control and Prevention program "Learn the Signs. Act Early." The campaign, which is designed to educate parents about the early warning signs of autism and other developmental disabilities, teaches parents the importance of measuring their child's progress in the first few years of life. To learn more about this program, visit **www.cdc.gov/actearly**.

As forensic scientist Natalia Boa Vista on the hit show "CSI: Miami," La Rue combs through crime-scene evidence.

HEALTHY MIND

Stay Sharp!

6 ways to exercise your mind

our brain—if it only worked as well as it should, you'd always be able to find your keys, finish projects in half as much time and dole out those witty comebacks on

the spot.

The good news? Proper nutrition, lifestyle habits and the way you challenge your brain can enhance your mental capabilities. Read on to find out how.

Food for thought

Fatty foods sap brainpower because they take a long time to digest. When blood is diverted from your brain to facilitate digestion, mental alertness and concentration diminish. Maximize your mental prowess by minimizing fat. In addition, feed your brain a diet rich in vitamins and minerals to help sharpen your mental abilities.



2 Plan your meals

Not just *what* you eat but *when* you eat may greatly affect your mental abilities. Researchers have found that people who eat a protein-rich lunch—such as chicken or fish—are able to perform complicated mental tasks better than those who consume a carbohydrate-rich lunch, like spaghetti. The reason? Proteins elevate dopamine and norepinephrine levels, two brain chemicals that help you feel mentally energetic.

3 Banish bad habits

Smoking deprives the brain of the oxygen it needs for optimal functioning. Over time, smoking can damage brain cells and inhibit memory. To stay sharp, also steer clear of illegal drugs or excessive alcohol use—both can destroy brain cells.

Exercise your mind

When it comes to brainpower, if you don't use it, you can lose it. People who are continually mentally challenged appear less likely to develop dementia than others with less intellectual stimulation. To keep your mind razor-sharp, tackle word games or puzzles, give yourself a creative challenge like poetry or simply use a new word every day. For long-term brain improvement, consider learning a language or taking a class.

🗿 Work your body

A study published by the American College of Sports Medicine found that aerobic exercisers performed better on mental tests than those who were less active. Aerobic exercise for at least 20 minutes three times a week will increase blood and oxygen flow to the brain, protecting brain cells from aging.

逳 Give it a rest

Stress drains mental energy by keeping you on edge. To give your brain a chance to recharge, try relaxation or deep-breathing exercises to wind down.

Hair today, gone tomorrow

woman's hair may be her crowning glory—but only if it's on top of her head! For other areas, many women endure a ritual of tweezing, shaving or waxing to attain smooth, hair-free skin—even if it's only for a few days. Looking for a more permanent option? Consider laser hair removal.

Approved by the Food and Drug Administration for long-term hair removal, laser systems use an intense, pulsating beam of light to pass through the skin's surface and damage hair follicle growth. But despite claims to the contrary, the treatment isn't pain-free. The laser's pulse produces a stinging sensation, similar to a rubber band snapping against the skin. Some pain, swelling and redness may continue for a few days, but permanent skin-pigment change or scarring, although possible, is rare. Avoiding sun exposure to the treatment area four to six weeks before the procedure and for at least a week or two after treatment is usually advised.

According to David J. Goldberg, MD, a clinical professor and director of laser research in the department of dermatology at Mount Sinai School of Medicine in New York City, the most common treatment areas are the face, armpits and bikini line. The duration and number of treatments vary depending on the individual, but a typical initial treatment consists of four to eight 15- to 20-minute sessions four to eight weeks apart, as hair goes through varying growth cycles. Periodic "touch-up" visits may also be necessary.

Is it right for you?

Laser hair removal was the fourth most popular minimally invasive cosmetic procedure in 2006, according to the American Society of Plastic Surgeons—but it's not for everyone.

"The best candidates are light-skinned, dark-haired individuals," says Dr. Goldberg, who is also the director of Skin Laser & Surgery Specialists of New York and New Jersey. "However, with the appropriate laser and effective skin cooling, darker skin types also can be treated safely and effectively. Most centers don't treat white hair, and fine light hairs can't be treated at all." Effectiveness also depends on the treatment area, with thin-skinned areas (like bikini line and armpits) responding better than those with thicker skin.

Laser treatment's long-term effectiveness and ability to treat large areas quickly are its biggest advantages over other hair-removal techniques. Studies have shown that laser treatment can reduce hair counts up to 80 percent long term and that hairs that do regrow tend to be lighter and finer than before the procedure.

"After multiple treatments, laser hair removal can be permanent, but the main benefits are reduced hair density, thickness and darkness," Dr. Goldberg says.

But those benefits don't come cheap. Although cost varies widely by region of the country, the area of the body and whether treatment is performed by a physician or nonphysician, some prices exceed \$500 to \$1,000 a session. However, compared with lifelong use of other methods, laser hair removal may be a time- and costeffective option if you can afford its high up-front costs. In most cases, the procedure is considered cosmetic and isn't covered by insurance.

4 must-ask questions for your doctor

If you're considering laser hair removal, here are some questions you'll need to ask:

- 1. Who supervises the procedure? Although regulations vary from state to state, the American Academy of Dermatology recommends that laser hair reduction be performed under the direct supervision of a dermatologist. If a nonphysician is doing the procedure, ask about the clinician's training and credentials.
- How many clients have you treated? As with most medical procedures, the more practiced the clinician is, the higher the likelihood of success and the lower the likelihood of complications.
- 3. Do you use one machine for everyone? Different types of lasers are available, and some are better than others for certain skin types.
- 4. What results can I expect? Potential patients should consult a dermatologist to evaluate realistic expectations based on an assessment of skin type; hair color, thickness and location; presence of a tan, tattoos or moles; previous removal methods; and medical history.

The fruits of summer

B ored by bananas? Up to your ears in apples? Rejoice! The fruits of summer have returned to produce aisles, adding luscious color and sweet aroma to your shopping experience. As you load your cart with baskets of berries and bagfuls of cherries, who can fault you for popping a few in your mouth before you hit the checkout line? (To be safe, though, take produce home and wash it first.)

An apple a day

A growing body of research shows that fruits and vegetables are critical to promoting good health. To get the amount that's recommended, most people need to increase their daily intake of fruits and vegetables. Nutritionists remind us that fruits are "good" carbohydrates, providing an assortment of disease-fighting vitamins, minerals and phytochemicals that may be more beneficial than those in pills. Fruits are low in calories, rich in fiber and, as part of a healthy diet, can help lower your blood pressure, slash your risk for stroke and heart disease and fight certain cancers.

Change it up

When including fruits in your diet, strive for variety. You may love peaches, but don't forget apricots, nectarines and plums. Different fruits offer different mixes of nutrients and fiber. Cantaloupe has betacarotene and watermelon boasts lycopene—both substances are plant pigments that fight cell damage. Cherries and berries—like blueberries, strawberries or raspberries—offer an array of powerful antioxidants and phytochemicals that studies suggest may benefit your heart, veins, eyes and joints. And two kiwis provide a generous shot of potassium and fiber and a wallop of vitamin C. Mix your colors regularly for the best overall health benefits. Enjoy summer's sweet bounty guilt-free, whether for dessert or as an on-the-go snack.

How big is a serving?

The CDC recommends 1½ to 2 cups of fruits a day for most moderately active women. Here's what that means in terms of food:

- 1 cup:
- 1 small apple
- 1 large orange
- ¹/₂ cup:
- 16 grapes
- 4 large strawberries

Key lime tart with tropical fruit

Serves 8

Serve this healthy, tropical treat after a spicy meal to cool down the heat.

- Vegetable oil spray
- 1¹/₄ cups low-fat graham cracker crumbs (about 20 squares)
- ¹/₄ cup unsweetened applesauce
- 14-oz. can fat-free sweetened condensed milk
- 3 oz. fat-free or light cream cheese, softened
- 1 tsp. grated lemon zest
- ½ cup fresh or bottled key lime juice or fresh lime juice
- 1/4 tsp. almond extract
- 2 cups fat-free or light frozen whipped topping, thawed
- 1 cup mango slices
- 1 medium banana, cut crosswise into thin slices
- ¹/₂ cup fresh or canned pineapple chunks, in their own juice if canned
- Preheat the oven to 350° F. Lightly spray a 9-inch pie pan with vegetable oil spray.
- In a medium bowl, stir together the graham cracker crumbs and applesauce. Transfer to the pie pan. Lay a piece of plastic wrap on top to keep the crumbs from sticking to your hands. Press the mixture onto the bottom and up the sides of the pie pan. Remove the plastic wrap.
- Bake for 8 minutes or until toasted. Let cool completely on a cooling rack.
- In a large bowl, whisk together the condensed milk, cream cheese, lemon zest, lime juice and almond extract until smooth. Using a rubber spatula, fold in the whipped topping until well blended. Spoon

into the crust; smooth with the spatula.
Cover and refrigerate for at least 1 hour, or until the filling is chilled and thickened.

• Arrange the mango, banana and pineapple in a decorative pattern on top.

Per serving: 188 calories, 1 g total fat (0.0 g saturated, 0.0 g polyunsaturated, 0.5 g monounsaturated), 2 mg cholesterol, 199 mg sodium, 38 g carbohydrates, 2 g fiber, 6 g protein.

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Diabetes: (Are you at risk?)

s the numbers of overweight and obese men and women swell, the rate of diabetes climbs, too. More than 20 million Americans have diabetes—yet nearly a third don't know it. Could you be one of them?

One condition, different forms

When you eat, much of your food is turned into a sugar called glucose. With the help of insulin, glucose moves out of the blood and into muscle and fat cells, where it's either burned for energy or stored away.

In people who have diabetes, the body doesn't make enough insulin or doesn't respond normally to the insulin it produces. Either way, glucose can't efficiently move out of the bloodstream, building up in the blood and eventually overflowing into the urine and passing out of the body. When blood sugar remains high over time, additional long-term problems can develop.

There are different types of diabetes, including: • Type 1 diabetes, which develops when the body makes little or no insulin. It occurs in 5 percent to 10 percent of Americans with diabetes, and although it's diagnosed most often in children and young adults, it can strike at any age. Because the body needs insulin to survive, the onset of type 1 diabetes tends to be dramatic, with symptoms that are clearly noticed.

• Type 2 diabetes, which occurs when the body doesn't use insulin effectively, even though it usually produces enough. Type 2 is the most common type of diabetes and occurs in more than 90 percent of people who have the condition. Although older age is a risk factor, it's increasingly found in children and adolescents. Symptoms are similar to those found in type 1 diabetes but develop more gradually. Some people may not experience any symptoms.

• Pre-diabetes, a condition in which blood sugar levels are higher than normal but not high enough to be diagnosed as diabetes. Most people with pre-diabetes develop type 2 diabetes within 10 years; however, this risk can be lowered through modest weight loss (5 percent to 10 percent of body weight) and regular exercise.

• Gestational diabetes, a temporary form of diabetes

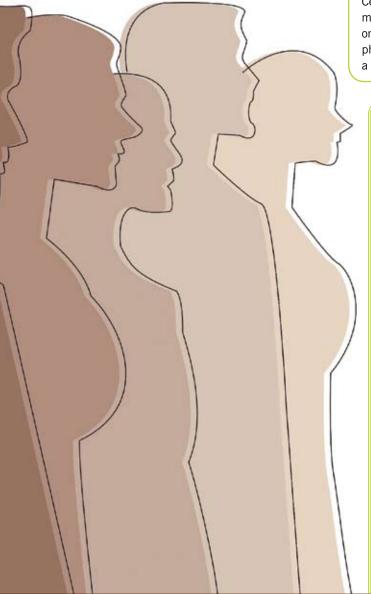


that some pregnant women develop. Although it usually disappears after the baby's birth, women with gestational diabetes may be at higher risk for type 2 diabetes later in life.

A silent disease

Diabetes, especially type 2, can affect your body for years before you're diagnosed. That's because some of its symptoms may not seem threatening and can develop so slowly that they're not noticed. But left untreated, diabetes can cause other complications, such as heart disease, stroke, blindness and kidney failure, which can even lead to death.

A person with diabetes may have none, one or more of these signs:



- unusual fatigue
- frequent urination
- blurry vision
- cuts or sores that won't heal
- extreme or frequent thirst or hunger
- numb or tingling hands or feet
- unexplained weight loss

If you experience any of these symptoms, speak with your doctor. He or she can tell you if you have normal blood glucose, pre-diabetes or diabetes with a simple blood test.

Diabetes? Don't sit still for it!

The Diabetes Outpatient Self-Management & Training Center at The Christ Hospital can help you and your family manage diabetes and live a healthy life. Through one-onone and group support, you can learn about nutrition, physical activity, goal setting and more. To speak with a registered diabetes educator, call **(513) 585-1218**.

What if I don't have any symptoms?

People with type 2 diabetes often have certain risk factors. Check each item that applies to you. The more items you check, the higher your risk.

I have/I am:

- a family history of diabetes
- inactive (exercise fewer than three times a week)
- □ excess body weight (especially around the waist)
- □ older than 45 years
- high blood pressure
- high blood levels of triglycerides (a type of fat molecule)
- □ an HDL cholesterol less than 35 mg/dL
- polycystic ovarian syndrome
- impaired glucose tolerance (identified by your doctor)
- had diabetes during a previous pregnancy, or a baby weighing more than 9 pounds
- an Alaska Native, American Indian, African American, Hispanic/Latino, Asian American or Pacific Islander

If you're 45 or older and overweight, a diabetes test is strongly recommended. If you're younger than 45 and overweight, your doctor may suggest testing if you have any other risk factors.

Revealed to the set of the set of

"A sleep disorder is not just about sleep quality," says Michael Thorpy, MD, director of the Sleep-Wake Disorders Center at Montefiore Medical Center in New York City. "It can impact your overall health."

According to Dr. Thorpy, as many as 100 million Americans have sleep disturbances like sleep apnea, insomnia or narcolepsy. Yet many remain unaware of the nature of their condition or that effective treatment is available.

What is a sleep disorder?

A sleep disorder is a condition that interferes with normal patterns of sleeping and waking. Sleep disruption can cause fatigue, anxiety, depression, inability to concentrate, memory loss and other serious health problems. Common disorders include:

• **Obstructive sleep apnea**. Characterized by loud snoring and gasping or choking for breath during sleep due to an obstructed airway, this disorder is commonly caused by weight gain or large tonsils and adenoids. If untreated, apnea can contribute to high blood pressure and increase the risk of heart attack and stroke.

Mild sleep apnea can often be treated with lifestyle changes such as losing weight, sleeping on your side and avoiding alcohol, smoking and medications that cause drowsiness. People with moderate or severe sleep apnea may also need assisted ventilation with a continuous positive airway pressure device. Occasionally, surgery may be required, particularly when large tonsils are to blame.

• Insomnia. Patients with insomnia have difficulty

falling asleep and getting back to sleep if awakened. "Some people experience transient or intermittent insomnia," Dr. Thorpy notes. "It's considered chronic if it lasts for four weeks or longer. Still, even a few days of poor-quality sleep can be disturbing and require treatment."

Most cases of insomnia are initially treated with behavioral modification. "People with insomnia should avoid caffeine, large meals and alcohol before bedtime," Dr. Thorpy says. "They need exposure to bright light and good exercise during the day." People with insomnia should also try to go to bed and get up at the same time each day.

Severe insomnia may require a combination of behavioral and medical therapy. Some newer sleep medications have fewer side effects and are appropriate for long-term use in people with chronic insomnia. • **Narcolepsy.** Sufferers of narcolepsy experience overwhelming urges that cause them to fall asleep for several seconds to several minutes at a time. Other symptoms include temporary muscle weakness, called cataplexy, which can produce an inability to move or talk. Many people with narcolepsy also experience vivid dreams when waking up or falling asleep.

It's believed that narcolepsy results from disease processes that affect the brain's ability to regulate rapid eye movement (REM) sleep. Narcolepsy cannot yet be cured, but drug therapy can help control daytime sleepiness and cataplexy. Common medications include stimulants, antidepressants and medications for muscle weakness.

• **Restless legs syndrome (RLS).** People who have RLS experience crawling or tingling sensations in the legs while awake and an impulse to move their legs while resting or sleeping.

"RLS affects up to 10 percent of the population

Put sleep problems to rest Help for common conditions

in the United States, grows more common with age and tends to run in families," Dr. Thorpy says. Some people with RLS have limb jerking or periodic limb movements that can cause frequent wakening.

Most RLS cases are diagnosed as primary RLS, which means that no cause can be found. Other cases, known as secondary RLS, result as a side effect of another condition, such as iron deficiency, kidney failure, diabetes or other diseases. Treatment typically includes medications that stimulate dopamine receptors. When dopamine agonists fail, anticonvulsants or painkillers are sometimes effective.

Get your zzzs

If you suspect you have a sleep disorder, consult your physician. He or she may refer you to a specialist for sleep diagnostic testing. "The first step in treating any type of sleep disorder is to analyze and understand the cause," Dr. Thorpy says. "Then an appropriate treatment plan can be developed."

Get your beauty sleep

Many people have difficulty falling asleep for one reason or another. Here are some tips for satisfying slumber:

- Establish a sleep schedule by going to bed and waking up at the same time every day, including weekends.
- Avoid caffeine, nicotine, alcohol and large meals in the evening.
 - Lessen fluid intake before bed.
 - Exercise regularly in the daytime.
 - Relax with a bath or soft music just before climbing into bed.

Learn more!

You can find more information about sleep disorders by visiting the National Sleep Foundation at www.sleepfoundation.org. Ready, Set, go

Keeping pace even if you weren't born to run

hinking about entering that charity fun run this year but worried about the distance? You can do it! The classic 5-kilometer distance, about 3.1 miles, may seem challenging. But it's attainable even for beginners, and reaching the finish line may motivate you to make running a regular part of your fitness regimen. Running doesn't require much time, expensive gear or a gym membership. Simply step outside and explore the neighborhood or head to a local park or track.

The plan

If you're a beginner, allow about eight to 10 weeks to work up to running

three miles without stopping. Follow these tips to help you make your way to the starting gate:

• Buy quality running shoes.

You'll need shoes with good support, not tennis shoes or sneakers made for fashion. You should be able to wiggle all your toes freely, and the shoes should feel well cushioned and comfortable right from the start. • Walk this way ... then run. For the first week, walk for

First aid on the run

The most common running injuries are caused by overuse or training mistakes—running too far, too fast, too soon. Expect general soreness initially, but if you feel pain, back off your

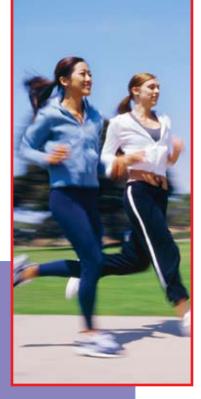
training. Injuries like shin splints, tendonitis, strains and hip or knee pain are signals that you're overdoing it.

For these conditions, apply ice to the area and rest two to three days. If the pain persists for a week, see your doctor. You may need to do specific exercises to help stretch and strengthen a particular area, run on a softer surface (like a track) or wear a different type of running shoe.

Walking 101

Walking is the first step in your running regimen. And even though you've been walking most of your life, you may benefit from a brush-up on technique and shoe buying. Walking the wrong way or in the wrong shoes can cause fatigue, muscle strain or injury.

- Keep your head straight (not tilted to either side) and chin parallel to the ground, shoulders level and loose, upper back erect, stomach in and hips level and directly under your shoulders.
- Don't overstride; take natural steps.
- Swing your arms freely from the shoulders and slightly across your body.
- **Buy your walking shoes in the afternoon.** Why? Your feet can swell by half a size over the course of a day.
- Make sure the shoe's soles bend easily at the ball of the foot.
- Look for a shoe with a rigid heel that doesn't bend when you press on it.



20 minutes on at least four days. During week two, increase your walks to 30 minutes. The next week, try jogging for two minutes and then walking for four minutes. Repeat this jog/walk combination five times to total 30 consecutive minutes. Expect to feel some soreness these first weeks as you use and strengthen different muscles, but don't push through actual pain.

• Increase your running time. Each week, add one minute to your running time and subtract one minute from your walking time, still totaling 30 minutes. Don't worry about your pace or intensity. Let comfort be your guide when increasing your running time and the number of days a week you run, but don't increase your mileage more than 10 percent each week. Soon, you'll reach the goal of running comfortably for 30 minutes, the approximate time it will take you to complete a 5K distance. Now you're ready for race day!

Whatever your reasons for entering—to improve your fitness, gain a sense of accomplishment or support a favorite charity—you'll find them all at the finish line. The community spirit and festive atmosphere surrounding these events are thrilling—and addictive. In addition to your souvenir T-shirt, chances are you'll pick up an entry or two for future fun runs.

Osteoporosis pop quiz

ow much do you know about bone health and osteoporosis? Test your knowledge 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.** Bone is living tissue that responds to exercise by becoming stronger.
- **2.** The only way to get enough calcium in your diet is with dairy foods.
- **3.** Osteoporosis is not a life-threatening condition.
- **4.** Certain people are more likely to develop osteoporosis than others.
- **5.** Once you have osteoporosis, there's nothing you can do about it.

ANSWERS

1. TRUE. Two types of exercises are important for building and maintaining bone density: weightbearing activities (such as walking, dancing or soccer) in which your bones and muscles work against gravity, and resistance exercises (like free weights and weight machines), which use muscular strength to strengthen bones.

2. FALSE. Although dairy foods are a good source of calcium, you can also get calcium from eating broc-coli, figs and almonds. Many foods also have calcium added to them. Look for calcium-fortified orange juice, cereals or breads.

3. FALSE. The consequences of osteoporosis can be devastating and painful. Hip fractures, for example, are especially serious. About 20 percent of people who have a hip fracture die within a year, usually from complications like pneumonia or blood clots in the lung.

4. TRUE. Women can lose up to 20 percent of their bone mass in the years following menopause. Other risk factors include a family history of osteoporosis, certain medications, an inactive lifestyle, smoking, excessive alcohol use or being thin. A doctor may recommend a bone mineral density test to measure bone density in various sites of the body.

5. FALSE. Consuming the recommended amounts of calcium and vitamin D, performing weight-bearing exercises and quitting smoking can help slow further bone loss. Several treatment options also are available to slow bone loss and even build new bone.

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 weekly online polls!