

FEMALE health

TODAY

SPRING 2014 EDITION

9 HEALTH TIPS
*WOMEN
SHOULD
KNOW*



**BRITNEY
RUBY
MILLER:**
HOW NUTRITION
BECAME HER MISSION

TEEN TALK
WASHING & WAXING

**BY THE
NUMBERS**
A GUIDE TO
EACH DECADE

BEYONCÉ

**ON WORK-LIFE BALANCE
AND BEING YOURSELF**



THE CHRIST HOSPITAL
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IN MINIMALLY INVASIVE WOMEN'S SURGERY



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THE CHRIST HOSPITAL WOMEN'S SURGERY CENTER

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It's not always the most comfortable conversation, but speaking with your healthcare provider about any gynecologic issues you may have is very important. While many women experience some monthly pelvic discomfort, women whose pain or menstrual flow changes, worsens, affects their daily lives or comes with new symptoms may want to see one of our specialists. We see patients for a variety of reasons, including:

- Abnormal uterine bleeding
- Chronic pelvic pain
- Endometriosis
- Uterine fibroids
- Ovarian cysts
- Infertility
- Pelvic floor disorders, such as urinary leakage

Often, the best treatment is a non-surgical solution, but when surgery is needed, you can turn to The Christ Hospital for help.

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BRITNEY RUBY MILLER:
“Before, I would just eat because I was hungry. Now I look at food as vitamins.”

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WHY FEMALE HEALTH?

» HERE ARE SOME FACTS YOU MAY NOT BE AWARE OF:

- Women make more than 80 percent of all health care decisions and control more than 60 percent of U.S. health care spending.
- 80 percent of the revenue of an average health care system is a direct result of decisions made by women.
- More than 21 million women turned 50 by the year 2013. By the year 2015, 64 percent of the U.S. female population will be women in non-reproductive years.
- One in 10 women care for a sick or aging relative.
- Similar to men, one in four women feel a lot of stress from career and financial concerns, and women are significantly more likely than men to be very stressed about managing their own health needs and those of their parents.

You may also not be aware that there are significant differences in the way a female body responds to illness compared to a male. The field of gender-specific medicine examines how normal human physiology differs between men and women and how the diagnosis and treatment of disease differ as a function of gender. Among the areas of greatest difference are cardiovascular disease, mood disorders, the immune system, lung cancer as a consequence of smoking, osteoporosis, diabetes, obesity, and infectious diseases.

The goal of the Foundation for Female Health Awareness is to help you make the best health care decisions for yourself and your family by providing you the most up-to-date information on issues relevant to your physical and mental health. In this issue, you'll be inspired by Beyoncé, who discusses work-life balance and how she stays grounded. Britney Ruby Miller shares nutritional tips and a popular salad recipe from the Jeff Ruby restaurants. You'll also find the most current information from recent medical publications ("9 Health Tips Women Should Know"), as well as articles on the risk of heart disease, new therapies for bladder control, information on facial plastic surgery, and much more. Also visit us online at femalehealthawareness.org.

Stay happy and healthy,



MICKEY AND MONA KARRAM
FOUNDERS OF THE FOUNDATION
FOR FEMALE HEALTH AWARENESS

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FEMALE health TODAY

Female Health Today is the magazine 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. With continued research and comprehensive education, the goals of disease prevention and improved quality of life can be achieved.

All health care content provided by the Foundation for Female Health Awareness is peer-reviewed. All revenue raised by the Foundation for Female Health Awareness is used to support unbiased research in gender specific medicine.

FOUNDERS

Mickey M. Karram, MD, and Mona Karram

Female Health Today magazine is published three times a year by the Foundation for Female Health Awareness, 7759 University Drive, Suite G, West Chester, OH 45069. © 2014. All rights reserved. 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.



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PUBLISHED BY:

[CincinnatiMagazine]

Custom Publications Division

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9 THINGS WOMEN SHOULD KNOW

By Mark D. Walters, MD, and Samantha J. Walters, MPH

1 Effective treatment is available for painful intercourse after menopause. Almost one half of menopausal women experience some unpleasant symptoms from vulvovaginal atrophy—or, the thinning of vulvar and vaginal skin due to lower estrogen. Symptoms include vaginal dryness and soreness, and discomfort during intercourse. First try over-the-counter therapies such as vaginal lubricants and long-acting vaginal moisturizers. If these are not successful, low-dose estrogen therapy helps to relieve symptoms in most eligible women, with few side effects.

2 Avoid secondhand smoke when pregnant, as it can raise your risk of miscarriage and complications during pregnancy. Smoke exposure also increases the risk of ectopic pregnancy, a dangerous condition that happens when the fertilized egg stays in the fallopian tube instead of descending to the uterus. We all know that it's dangerous to smoke during pregnancy, but we now know that it's also hazardous to be around others who are smoking.

3 It is important to be aware of all your options when it comes to protecting yourself against unwanted pregnancy. Emergency contraception—also known as Plan B—is now available without a prescription at most drugstores and pharmacies. There is no age limit to buy emergency contraception, and new generic forms of the pill are now available at lower cost. When used within 72 hours after sexual intercourse, emergency contraception can help prevent a pregnancy before it happens.

4 Research shows that delayed clamping of the umbilical cord of newborns is beneficial to the baby's health. In premature infants, waiting to clamp the umbilical cord until 30 to 60 seconds after birth decreases the need for blood transfusions and helps ease the baby's transition outside the womb. Delayed clamping may even help with brain development of the newborn and reduce the risk of iron deficiency. If you are pregnant, make sure to ask your doctor to delay cord clamping when possible.

5 If you are breastfeeding or planning to breast-feed in the future, remember that there are many resources available to help you achieve your breastfeeding goals. For optimal child health, the World Health Organization recommends initiating breastfeeding within an hour after birth, feeding your baby only breast milk until he or she is 6 months old, and continuing breastfeeding until the age of 2. Contact your local hospital, community center, or lactation group for more information and support resources.

6 The HPV vaccine remains a highly recommended way to protect the health of both men and women. Research shows that a series of three doses of the vaccine is the most effective, and that the vaccine should be given to boys and girls aged 11 or 12 as part of their regular vaccination series. Furthermore, a recent study shows that getting the vaccine does not increase risky sexual behavior of teens, but it does protect them against genital warts and some types of cancer.

7 Sexual intimacy with your spouse helps keep your marriage happy as you get older, even when your health is poor. Aging and illness are stressful experiences, but maintaining physical closeness with your spouse is one way to help reduce that stress. It's important to note that physical intimacy does not mean only orgasm or even intercourse. It doesn't necessarily matter how you stay sexually active with your spouse; the important thing is that the intimacy is there.

8 Hysterectomy is not the only treatment option for large symptomatic uterine fibroids. If uterine fibroids are causing you problems and require treatment, other options are available. The fibroids can be surgically removed from the uterus using small laparoscopic incisions (also called a myomectomy). Alternatively, catheters can be placed into the blood vessels that supply the fibroids in order to inject small particles that may help shrink the fibroids. At least a third of eligible women benefit from these treatments and can avoid other major surgery, such as hysterectomy.

9 Perform Kegel exercises daily, and make sure you are doing them correctly. Kegel exercises can speed pelvic muscle recovery after having a baby, and can improve symptoms of urinary incontinence. Many women, however, don't do the exercises correctly and therefore get no benefit. Ask your gynecologic caregiver or a physical therapist to show you the proper technique of doing Kegels. The rest is up to you! ■



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BEYONCÉ

On the heels of her new album, the superstar shares her thoughts on work-life balance, reaching her goals, and staying true to herself.

By
**Tarek Hijazi /
The Interview People**

» **SURPRISE, SURPRISE...BEYONCÉ HIT THE ITUNES RECORD** store with a new album recently, and nobody had a clue in advance, probably due to the fact that she did no press days and weeks before. In our interview she speaks about her career's most defining moment, her biggest goals, acting, and her dream to work with Barbra Streisand. Plus: The superstar reveals the person she would most love to meet—even though she'll never be able to.

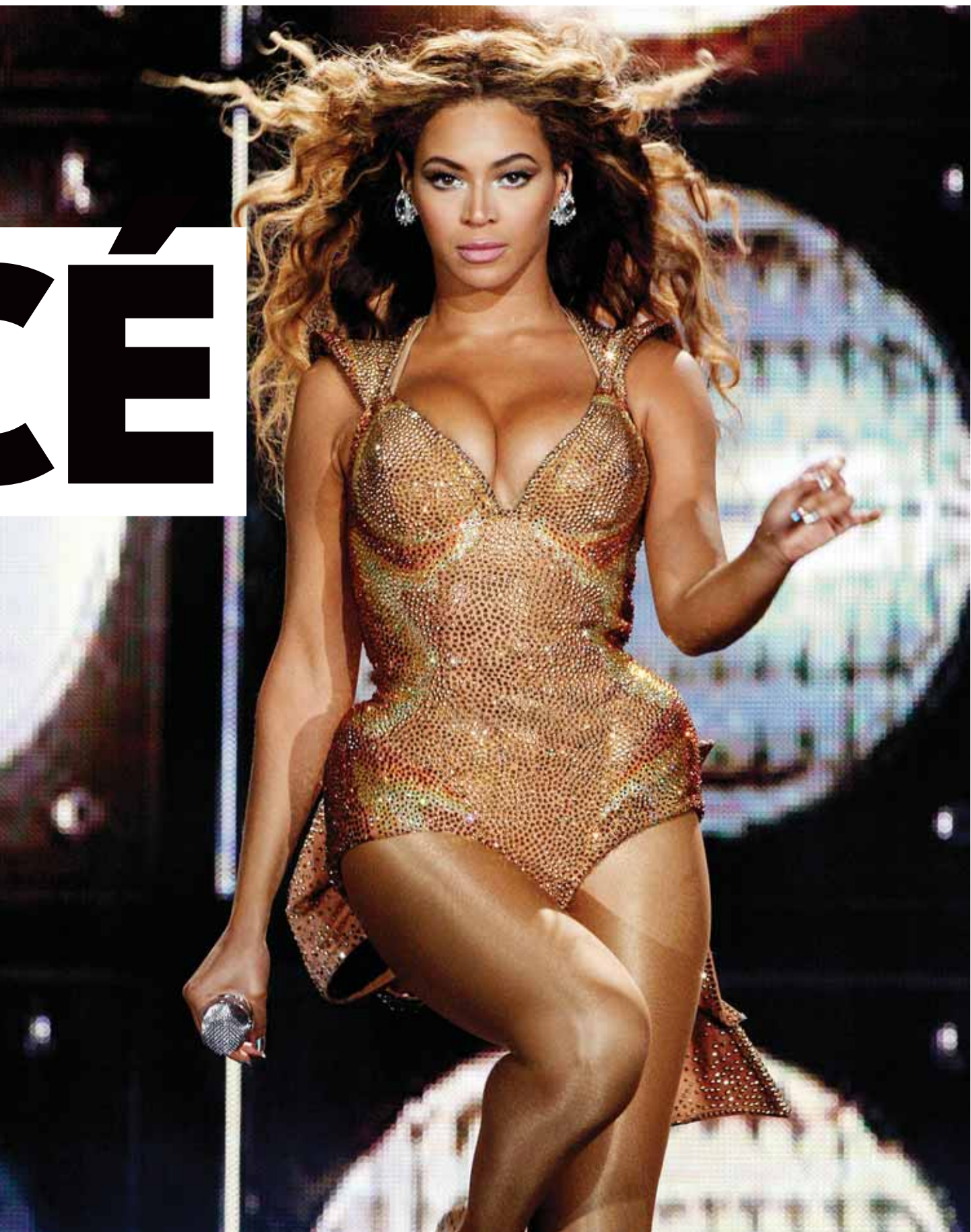
WHAT'S BEEN YOUR CAREER'S MOST DEFINING MOMENT? Performing "At Last" for President Barack Obama and the first lady at the Neighborhood Ball. I can't even describe how proud I felt. It was such an emotional moment. It was the biggest, most important day of my musical career. It inspired me to be better, smarter, and more involved. I'm very blessed. That moment is something I will never forget.

CAN YOU REVEAL HOW YOU MANAGE TO KEEP A BALANCE BETWEEN WORK AND YOUR PERSONAL LIFE? You have to remember to take time for yourself. I recently established a new rule. After five days of

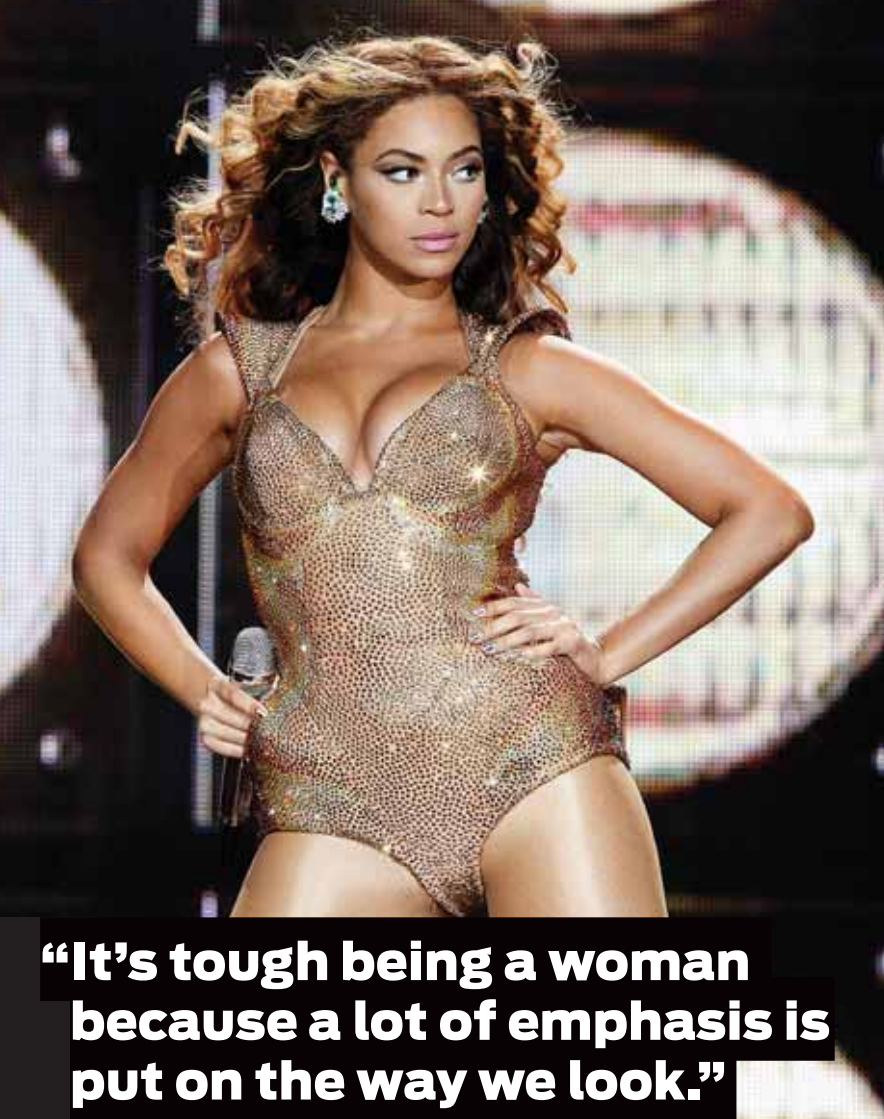
working, I take a day off. I also try to meditate every day to get my thoughts together. Balancing is hard but I've learned after many years, it's something you have to do.

YOU PROBABLY HAD SOME HELP WITH THAT FROM THE PEOPLE AROUND YOU. WHAT WAS THE BEST PIECE OF ADVICE YOU WERE GIVEN ON HOW TO COPE WITH BEING IN THE PUBLIC EYE? Be true to yourself and trust your instincts.

LOOKING BACK IN TIME: YOU'VE HAD QUITE A FEW HECTIC YEARS. WHAT HAS BEEN THE HARDEST PART OF IT? Nothing in life comes easy. Everything worth



Photograph courtesy iStock



“It’s tough being a woman because a lot of emphasis is put on the way we look.”

achieving means hard work and dedication. I love what I do. I love being able to perform and touch my fans through my music and films.

IT IS INCREDIBLY HARD IN THE ENTERTAINMENT WORLD TODAY TO KEEP A HEAD ON YOUR SHOULDERS. WHAT’S YOUR ADVICE FOR YOUNG ARTISTS OUT THERE TODAY? Develop a tough skin. Be confident and proud. Never give up. At a certain point you have to decide if you really want it. If you do, you have to work hard for it! It’s a personal sacrifice you have to make.

THE GOSSIP SITES ARE ALWAYS RUNNING SOMETHING ABOUT YOU. HOW DO YOU DEAL WITH THAT? I’ve made a conscious effort not to go onto those sites. Occasionally I go on the Internet and come across rumors that have no validity to them. I try not to read into them too much because people are vindictive. I’m human, so like everyone else, certain things bother me but I try to keep it in perspective.

GROWING UP, WHO WERE YOUR MOST IMPORTANT MUSICAL INFLUENCES? WHO DO YOU ADMIRE TODAY? Wow, I have so many. I look to well-rounded entertainers for inspiration. Diana Ross, Stevie Wonder, Anita Baker, Luther Vandross, Rachele Ferrell, Michael Jackson, and Tina Turner are a few...but I have so many more.

SOUND ADVICE
“Develop a tough skin. Be confident and proud. Never give up.”

WHO WOULD YOU MOST LIKE TO WORK WITH? I would love to work with Barbra Streisand. She’s a director, actor, singer, and producer. She’s an amazing woman. I had the honor of performing “The Way We Were” for her induction into the Kennedy Center Honors.

YOUR ALBUMS HAVE BEEN INCREDIBLY SUCCESSFUL OVER THE YEARS AND YOU’VE WON MANY AWARDS. IS THERE ANYTHING YOU HAVEN’T ACCOMPLISHED YET? Yes. I still look forward to doing Broadway. One of my biggest goals is to have a Grammy, a Tony, and an Oscar. I’m pretty ambitious, you see.

DO YOU THINK YOU’LL BE SWAYING MORE TOWARD MOVIES IN THE NEAR FUTURE, OR DO YOU REALLY WANT TO KEEP YOUR MUSIC GOING? Music is my passion. I will always record; it’s a way for me to express myself. Of course I would love to continue acting. I’m always looking to raise the bar and try new things.

DOES IT EVER GET EASY TO DANCE ON STAGE IN HIGH HEELS? The hardest part is dancing and singing at the same time. You have to be in shape and well hydrated. At this point in my career, dancing in heels is second nature.

HOW DO YOU FEEL ABOUT LISTS THAT RATE WOMEN BASED ON THEIR DESIRABILITY AND SEXINESS? It’s tough being a woman because a lot of emphasis is put on the way we look. I think every woman is different and unique, and if you feel confident that you are sexy, then you are.

IF YOU COULD MEET ANYONE IN THE WORLD, DEAD OR ALIVE, WHO WOULD IT BE AND WHAT WOULD YOU SAY TO THEM? My grandmother Agnes Deréon. She was a wonderful woman and I never had the chance to meet her because she passed before I was born. When my mom and I started our clothing line, we decided to name it after her. She was a seamstress and dressmaker who made beautiful custom clothing for wealthy clients in the south. ●

LADIES: TAKE THIS RISK TO HEART

» When it comes to heart disease, men and women are not created equal. For years, the term “heart disease” conjured thoughts of a middle-aged male. Yet the facts show more women than men die of the disease annually. But why the discrepancy?

THE ANSWER IS TWOFOLD,

according to Thomas Broderick, MD, interventional cardiologist with The Christ Hospital's Heart and Vascular Center. “After menopause, women lack estrogen, which is thought to be a protective hormone,” he says. “And because women often have more subtle signs of heart disease, it can go unnoticed and be more deadly, no matter their age.”

The female hormone estrogen may offer protection against heart disease by naturally increasing healthy HDL cholesterol, decreasing bad LDL cholesterol, and dilating the blood vessels so blood can flow

freely. Estrogen also has some antioxidant properties, which can help prevent damage to the blood vessels. Since these protective factors diminish after menopause (typically between the ages of 45 and 60), older women need to be even more diligent about paying attention to their heart health.

As few as 10 years ago, the medical community believed that hormone replacement therapy (HRT) would offer some protection against heart disease. But today's research shows HRT cannot achieve the same protection as natural estrogen. Instead, women should start with lifestyle modifications and keep their

physician abreast of any physical changes.

REDUCE YOUR RISK

In addition to aging, some risk factors are not treatable, such as a family history of heart disease. Many of the other risk factors, though, can be controlled. Here are simple recommendations on how women of all ages can protect their heart:

• Keep stress to a minimum.

A recent study shows that women with high job strain and other stress factors are 40 percent more likely to develop heart disease.

• Maintain your weight.

A heart-healthy diet and just

30 minutes of aerobic exercise daily can cut your heart disease risk in half.

• **Get screened.** Starting in your 20s, get your blood cholesterol levels tested every five years and check your blood pressure annually.

• Treat and manage any medical conditions.

Precursors to heart disease such as diabetes, high blood pressure, and high cholesterol should be properly managed.

• **Quit smoking.** Within two years of quitting, you can cut your heart disease risk by as much as one-third. ■

DEACTIVATING OVERACTIVE BLADDERS

» Nerve therapy can help restore normal bladder-control function.

By Mickey Karram, MD

MILLIONS OF WOMEN

around the world are suffering in silence with bladder-control problems. Four out of 10 women above the age of 60 have socially debilitating incontinence. Managing their condition by simply wearing pads and socially isolating themselves, over time many women become depressed, gain weight, and develop very low self-esteem, which obviously leads to more health care issues. Women consider the subject taboo because they're embarrassed and often misinformed that treatment isn't possible.

What causes bladder-control problems? The bladder, urethra, sacral nerves, and pelvic floor muscles work together to support the urinary tract. As women age, muscles weaken and can lead to two common types of incontinence:

- **Overactive Bladder** occurs when women feel a sudden urge to urinate followed by an involuntary loss of urine.
- **Stress incontinence** happens when added stress is suddenly placed on the bladder, such as when coughing, sneezing, or during exercise.

The first line of treatment includes some simple non-surgical approaches that often work well:

- **Retrain your bladder muscles through exercise.** Kegel exercises work to strengthen the pelvic floor muscles. To do a Kegel, squeeze the muscles you would use to stop urinating, hold for three seconds and repeat.
- **Change your diet.** Eliminate caffeine, spicy foods, or drinking liquids late in the evening.

- **Practice timed voiding.** Emptying the bladder based on the clock and not your urges can help you establish more control over your bladder.
- **Take medication.** Medications known as anticholinergics can treat overactive bladder by relaxing the bladder.

Conservative approaches don't always work, however, particularly to treat overactive bladder. In the case of overactive bladder, a minimally invasive nerve-stimulation procedure has yielded long-term improvement or even a cure.

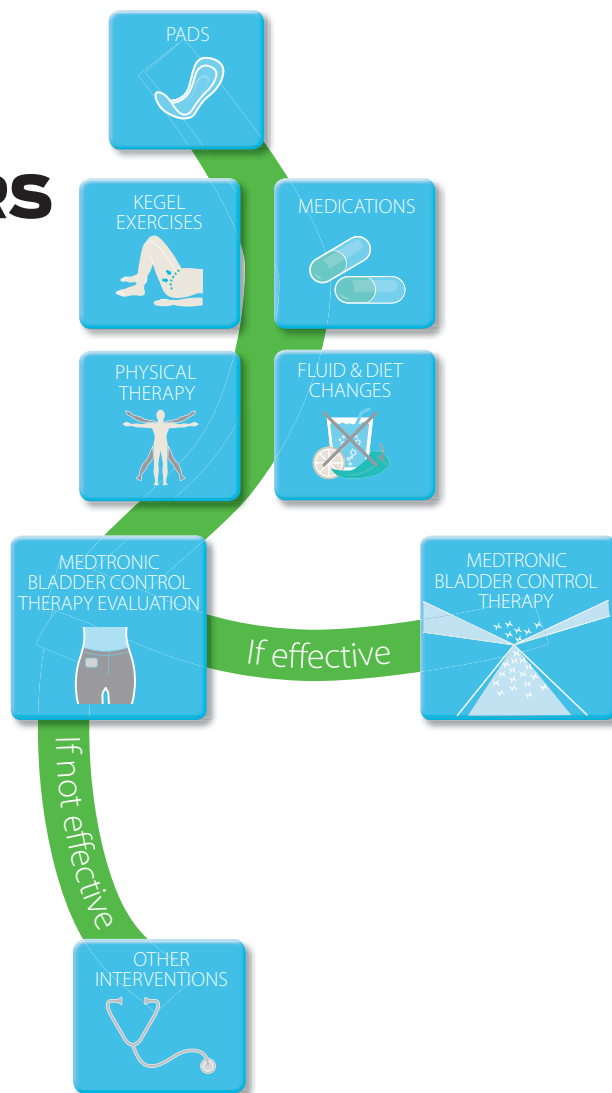
Sacral neuromodulation, or InterStim Therapy, has been used to treat more than 150,000 patients worldwide and has been available in the United States since 1997. It works by stimulating the sacral nerves located near the tailbone. These nerves control the muscles that are required for normal bladder function. If the brain and sacral nerves are miscommunicating, the nerves can't tell the bladder to function properly. InterStim Therapy modulates the sacral nerves with mild electrical pulses, which facilitate communication between the brain and the muscles. It is a reversible treatment that can be discontinued at any time by turning off or removing the device.

Another benefit of InterStim Therapy is that it can be tested prior to a full implantation of the modulating device. A two-step trial assessment allows you to evaluate whether the therapy will work for you before you make a long-term commitment. During the testing phase, which usually

lasts three to seven days, you and your doctor can decide whether the evaluation was successful. Most physicians define a successful evaluation as a greater than 50 percent reduction in your symptoms. However, ultimately you as the patient decide whether you feel your symptoms have improved enough to proceed with the full implantation of the device.

If you or a loved one suffers from symptoms of urinary

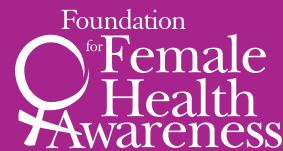
frequency, urgency, or urge incontinence (can't make it to the bathroom in time), you may be a candidate for InterStim Therapy. For more information about the technology, visit medtronic.com. If you'd like to discuss this with one of the providers at the Center for Pelvic Floor Disorders at The Christ Hospital, feel free to contact us at 513-463-2500 or visit thechristhospital.com/PelvicFloor. ■



Mickey Karram, MD, is Director of the Division of Urogynecology and The Center For Pelvic Floor Disorders at The Christ Hospital and a Clinical Professor of Obstetrics and Gynecology at the University of Cincinnati School of Medicine.

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It's all here—and it's all for you at **femalehealthawareness.org**



**BRITNEY
RUBY MILLER**

A Healthy Start

By
Marnie Hayutin
Photograph by
Annette Navarro

After several miscarriages, **Britney Ruby Miller** discovers that life truly begins with good nutrition.

» IT WOULDN'T SURPRISE ANYONE TO LEARN THAT THE DAUGHTER

of one of Cincinnati's foremost restaurateurs has a passion for high-quality food. Britney Ruby Miller grew up working in various Jeff Ruby restaurants, studied at the Midwest Culinary Institute at Cincinnati State, and she now serves as director of operations for Jeff Ruby Culinary Entertainment.

What's surprising, however, is the heartbreaking and inspirational path that led her to make good nutrition her mission. It's a story that took her all the way to the Philippines and back.



Britney Ruby Miller's first miscarriage occurred when she was five weeks pregnant. The pregnancy wasn't planned, but she and her husband, Caleb Miller, were nonetheless very excited. When it ended in a loss, doctors told them, "miscarriages just happen." They were disappointed, but not concerned.

The second miscarriage was more difficult. Miller breezed through her first trimester then went in for her 12-week ultrasound. The test revealed a severe neural tube defect; the fetus was not viable.

Miller's OB/GYN at the time again shrugged it off saying, "miscarriages just happen," but this time Miller was alarmed.

"A miscarriage, now a neural tube defect. Clearly something is wrong," she thought.

Miller's primary care physician, Dr. Douglas Magenheimer, sent the couple for genetic testing, which thankfully revealed no genetic basis for the failed pregnancies. Britney also knew that Caleb likely didn't have an issue—their family already included Caleb's son Caden. Then Miller suffered an ectopic pregnancy, a potentially dangerous condition in which the fertilized egg begins to grow inside the fallopian tube.

She began seeing fertility specialist Dr. NeeOo W. Chin, in conjunction with Dr. Stewart J. Friedman at Gynecologic and Obstetric Consultants of Greater Cincinnati (GOC). They conducted a series of tests that finally got to the bottom of Miller's

fertility issues: a folic acid deficiency.

"There are certain gene mutations that don't allow the body to process folic acid and break it down into the usable form," says Dr. Chin, director of the Fertility Wellness Institute of Ohio. "That in itself may lead to pregnancies with a neural tube defect and may possibly also lead to recurrent pregnancy losses."

The treatment for this condition is to increase the amount of folic acid to almost four times the recommended daily allowance. Instead of 1 mg a day, Miller needed at least 4 mg a day, combined with other prenatal vitamins and a healthy diet rich in fruits and vegetables.

"With this aggressive regimen of vitamins," Dr. Chin notes, "a majority of these patients who have had issues with pregnancy loss will subsequently have a successful pregnancy."

For Miller, however, it still was not that simple. First was the devastating realization that, had she been on folic acid, the second pregnancy may have been successful. She also needed supplemental progesterone.

When eight rounds of intrauterine insemination (IUI) subsequently failed—surprising since her difficulty had been in staying pregnant, not becoming pregnant—Britney and Caleb decided to take a break. Active members of the Eastgate Community Church, they made plans to participate in the annual mission trip to the Philippines.

"It was a very spiritual trip for me," says Miller, who also has a degree in Religious Studies from the University of Cincinnati. "Going through any kind of pregnancy loss like that, you're just heartbroken. By this time now I've lost three pregnancies."

Speaking in front of thousands of people in the Philippines, Miller channeled her emotions into a sermon about hope and miracles. After one sermon, a woman from the outreach program approached her and asked to pray for her.

"Grace looked at me and said, 'You're going to have a baby this year,' " Miller recalls. "I said, 'That's not possible because I know I'm not pregnant right now, and it's April.' Sure enough, I took a pregnancy test the next day. I was pregnant. Gracie was born December 16, 2010. I had absolutely no complications with her at all."

The healthy habits Miller established during pregnancy became a way of life for the whole Miller family. She prepares fresh meals every day with whole grains, dark leafy vegetables, and absolutely no

HEALTHY HABITS
Miller's folic acid deficiency was treated with supplements—and vegetables.



SUCCESS STORY
Gracie (3) and Hannah (1) were born after two perfect pregnancies.

processed foods. She bought a good juicer to juice vegetables that the family might not consume as a regular part of their diets. She buys organic and local groceries daily, and makes it a point to shop for the freshest foods at local farmers markets.

"It was a lifestyle change for me," Miller notes. "I always worked out, but I never ate nutrients. Before, I would just eat because I was hungry. Now I look at food as vitamins. Every decision that I make is thoughtful as to what this is going to do for my body."

She's also fortunate to have daily access to the finest quality foods every day at the restaurants. "I'm blessed because if I want to eat a nice meal, my office is right above the Steakhouse and I just go downstairs," Miller says. Lean meats, fresh fish and seafood, a house-made baked crab cake, and salads are all regular features on the menus at Jeff Ruby restaurants. Plus, they'll accommodate any

diner's dietary requests to make dishes lighter.

Two years later, Hannah arrived—another perfect pregnancy.

"Nutrition was extremely important for her in terms of her pregnancy," Dr. Chin notes. "Her situation in particular, it was very important getting the adequate amount of nutritional supplements, which ultimately helped her be successful with the pregnancies."

Now Miller is devoted to helping others adopt healthy lifestyles, before and after pregnancy. She's created dozens of healthful recipes for the Fresh Express salad company, and she shares her philosophy and her healthy living tips on her website, britneyrubymiller.com.

"There's a reason I went through all this," Miller says. "I'm just happy to share my story. People are afraid to talk about miscarriage and pregnancy loss. If it can help people get the help they need, I think the more information the better." ●

SMART STRATEGIES FOR EATING OUT

» WE ALL NEED TO SPLURGE SOMETIMES,

but not every restaurant meal has to be an exercise in overindulgence. Jason Rose, corporate chef for Jeff Ruby Culinary Entertainment, offers these suggestions for keeping it light when eating out.

- **Plan Ahead**—Before heading out the door, check out the restaurant's website and decide in advance what you'll order. That way the sights and smells in the dining room won't tempt you as you're perusing the menu.
- **Pick a Light Appetizer**—Don't believe the advice you hear to avoid appetizers entirely. Order light soup or salad with lots of vegetables. Get dressings on the side, and instead of pouring the dressing on the salad, dip your fork in the dressing before taking each bite. At Jeff Ruby's, the raw bar offers light appetizer selections that are high in protein and low in fat, including Alaskan king crab and jumbo tiger shrimp.
- **Customize**—Most restaurants will gladly accommodate special requests. Ask your server to help you create meals with less oil, butter, cream, and cheese.
- **Moderate**—There's no reason you can't enjoy mac-n-cheese or New England clam chowder...just make sure you're not splurging on every course. If the rest of the meal is light, go ahead and share a creamy side dish or chocolate dessert.

RECIPE ARONOFF SALAD

Enjoy this home-friendly version of the popular Jeff Ruby's Steakhouse salad.

Serves 2

FOR THE SALAD

- 6–8 oz of spinach and arugula
- 4 oz goat cheese, crumbled
- 1 small apple, sliced into long, thin strips
- 1 cup walnuts, toasted
- 3 hearts of palm, thinly sliced

FOR THE DRESSING

- ½ shallot, minced
- 3 Tbsp frozen apple concentrate, thawed
- 1 Tbsp champagne vinegar
- ½ tsp honey
- 2 Tbsp oil
- ¼ tsp Dijon mustard
- freshly ground pepper
- kosher salt

SALAD DIRECTIONS

1. Whisk all dressing ingredients together until smooth. Set aside.
2. Place the arugula, spinach, apple, hearts of palm, and walnuts into a salad bowl and toss with vinaigrette.
3. Finish the salad by topping with crumbled goat cheese.



Recipe and photo courtesy of Britney Ruby Miller and Jason Rose



A DECADE BY DECADE GUIDE for women

EACH DECADE OF A WOMAN'S LIFE BRINGS MANY MILESTONES:

college, a first child, eventually, retirement. The same is true of her health. Understanding and managing these health milestones can be challenging with today's hectic lifestyles.

"Women, in general, are good at taking care of their health, but sometimes we allow ourselves to put others' needs first," says Lana Lange, MD, a board-certified OB/GYN with The Christ Hospital Physicians – Obstetrics & Gynecology Associates.

Make your health a priority with this guide to good health through the decades.

YOUR 20s: BE CAREFREE, NOT CARELESS

- **Make friends with your doctors.** Establish a relationship with a gynecologist and a family practice doctor.
- **Protect your fertility.** Taking care of your fertility begins now. Start Pap tests when you become sexually active or turn 21. Talk to your mom about any female health problems in your family.
- **Safeguard your skin.** Tanning may seem like a good idea now, but you won't appreciate the long-term effects. Do your skin a favor and wear sunscreen.

YOUR 30s: A TIME TO THRIVE

- **Be ready for baby.** See your OB/GYN for a preconception visit to screen for any genetic abnormalities, prescribe prenatal vitamins and make sure any chronic conditions are under control.
- **Start screenings now.** Get your baseline cholesterol, blood sugar, and blood pressure levels checked.
- **Find work-life balance.** You can have a career, family, and social life. Find ways to prioritize what's best for your life and keep stress down.

YOUR 40s: HIT YOUR PEAK

- **Schedule your mammogram.** Women should begin to get a baseline mammogram at age 40.
- **Watch your weight.** With middle age comes an unwelcome metabolism-zapping friend. Strength and aerobic training exercises and a healthy diet can maintain your weight (and metabolism).
- **Avoid the mid-life crisis.** Too much stress or major life changes can cause depression. Get emotional support, focus on a new hobby, or join a support group if you think you're at risk.

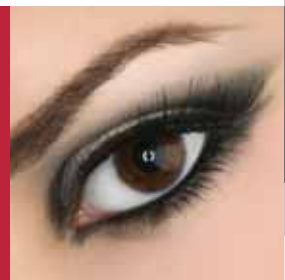
YOUR 50s: GET BETTER WITH AGE

- **Schedule your colonoscopy.** Every woman should have her first colonoscopy by age 50.
- **Discuss menopausal changes.** Hot flashes, low libido, and irritability don't have to be a part of life. Talk to your doctor about managing changing estrogen levels.
- **Keep up your screenings.** Schedule a baseline bone density test to check for osteoporosis and continue your routine screenings.

YOUR 60s AND BEYOND: ENJOY THE GOLDEN YEARS

- **Put on your thinking cap.** Mental fitness can ward off dementia and other chronic diseases.
- **Count on your social circle.** Make exercise, meaningful conversations, and social outings a part of each day.
- **Expose lurking health issues.** Get your hearing and vision tested.

BEAUTY IS IN THE “EYES” OF THE BEHOLDER



» How many of us have looked at ourselves in the mirror and said, “That doesn’t look like me”?

Have you described yourself as looking “tired,” “angry,” “stern” or “sad”? We all have. This is caused by age-related changes, such as progressive descent of the eyebrows, deepening of the lines of the forehead, hooding of the upper eyelid skin, deformities of the lower lid, fat bags in the lower lids and loose skin.

Improved technology and advancements in understanding surgical anatomy have resulted in an evolution of techniques in eyebrow and eyelid rejuvenation. Brow lifting and eyelid surgery are among the most commonly requested procedures in facial cosmetic surgery.

Achieving good aesthetic results begins with a careful preoperative assessment of the patient’s surface anatomy and detailed assessment of the patient’s desires. A youthful eye appearance has variation based on gender and ethnicity but most commonly includes a well-defined upper lid crease with partially visible distance between the crease and the eyelashes.

A hollow upper lid and hooding of excess skin are both associated with an aged appearance. In the lower eyelid, a youthful appearance can be defined as a gradual blending of the lower lid and the cheek, without fat herniation (bags), dark circles or excess skin.

Telltale signs of an eyebrow that is too low or upper eyelid skin that is too lax are deep lines of the forehead and deep crow’s feet lines on the sides of the eyes. It is also important to differentiate weakness of the upper eyelid muscle from excess skin, because malfunctioning upper eyelid muscles can mimic excess eyelid skin.

Involuntary or learned motions of the eyebrows can cause asymmetric visual changes within the forehead and the eyes, so it is important to differentiate whether a person has hyperactivity of one brow versus the other and if that affects the overall visual appearance of the patient’s face. Botox or Dysport injections can be very helpful tools in customizing a visual appearance around the eyes for movements that cannot be corrected by surgery alone.

Not sure of what you need to do to create a more rested, youthful, happy appearance around the eyes? Call The Plastic Surgery Group. Our five board-certified plastic surgeons have the experience of over 20,000 cosmetic operations. We will be glad to help you make the proper decision in your quest for facial improvement.

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SAVE MONEY, LIVE BETTER?

» What the health care system can learn from Walmart.

By James L. Whiteside, MD

EVERY WEEK, MORE THAN 130

million people in the United States shop at Walmart. With more than \$274 billion in annual U.S. retail sales in 2013, Walmart has devised a formula for commercial success. Their slogan, “Save Money, Live Better,” resonates with millions of Americans. Like it or not, this expression of value has, in some fashion, been adopted by the health care industry, and it can go a long way toward helping us understand the dramatic changes that are afoot in health care reform.

Recently, Walmart’s vice president of health and wellness payer relations said Walmart plans to have “full primary care services in five to seven years” in rural settings. Given that 96 percent of the U.S. population lives within 20 minutes of a Walmart store (as of 2012), their success in these rural settings could make Walmart a formidable competitor to traditional medicine.

But what makes Walmart so successful? Many attribute Walmart’s success to their remarkably efficient supply-chain management. What is a supply chain, and how does this relate to medicine? Let me explain.

A supply chain, per Wikipedia, is a “system of organizations, people, activities, information, and resources involved in moving a product or service from supplier to customer.” Health care is a product, and the traditional care systems can be sloppy (that’s being kind) in moving that product from suppliers (health systems, hospitals, or clinicians) to customers (patients). Thinking about medicine in this way, the implications are enormous and my space is limited, so I’m going to pick one specific example: The American Association of Medical Colleges predicts that by 2020 the U.S. will have a shortage of nearly 100,000 physicians across all specialties. Really? What if we could apply a little Walmart supply-chain magic to this problem?

Physicians are like a health care supply. If you were building a health system from scratch, how many physicians would you need? And more important, what specific skills would those physicians possess? You will need lots of primary care physicians, a few surgeons and OB/GYNs, fewer still pediatric neurosurgeons. In other words, you will need lots of “basic” clinicians and fewer “specialized” ones. Fair enough.

Having decided your cadre of medical specialties, now you would ask some harder questions. Two physicians, particularly surgeons, can deliver the same care for

vastly different costs. All things being equal (and that’s hard to estimate) you’d want the cheaper alternative. WWWWD? (What would Walmart do?) Responding to patients’ needs for best-quality care at the lowest cost would mean physicians are selected not only by their specialty but by their value equations—the quality of the skill sets they bring to the system compared to their relative costs. Furthermore, use of lower cost alternatives for those “basic” care services, like nurse practitioners or midwives, would be favored. Every member of the health team would be working at the fullest extent of their skill set, limiting those instances when more expensive members are doing tasks less expensive members could do. That system, incidentally, would be characterized not by individual high-performing clinicians—no famous Dr. “X” works at our hospital—but by an overall brand that is understood to ensure a better-than-average chance of finding value for your health care dollar.

Recall, I admitted that estimating care quality and cost is not an easy business. Neither was knowing how many dog chew toys should be delivered to Paducah, Ky. That’s why Walmart has the largest information technology (IT) infrastructure of any private business, according to the University of San Francisco. That’s why health systems are in a scramble not just to get an electronic medical record but to find definitive metrics that could best estimate how much care needs to be delivered in a given market and what would it cost. If Walmart was a health system, theoretically speaking, they would not only know that a diabetic’s blood sugars are out of control, but they could look over that diabetic’s spending in Walmart grocery markets and perhaps identify why those sugars are out of control.

To be sure, Walmart does not conjure up warm thoughts in every consumer’s mind. But to get bogged down in Walmart’s dirty laundry would be to miss the forest for the trees. Thinking about the health care supply chain is foreign territory for most in U.S. medicine. As I already said, the implications in thinking this way would be profound, touching every point along the long supply chain from medical school training to hospice care. These changes are coming, and they were coming even before the Affordable Care Act. The best news amid the turmoil is that, despite some experiences to the contrary, U.S. health care could finally be orienting itself to be patient-first, to “Save Money, Live Better.” ■



James L. Whiteside, MD, is board certified in Obstetrics & Gynecology and Female Pelvic Medicine and Reconstructive Surgery. Dr. Whiteside served as an associate professor of Obstetrics and Gynecology at the Geisel School of Medicine at Dartmouth where he remains adjunct faculty. He is also voluntary professor of Obstetrics and Gynecology and Surgery at The University of Cincinnati College of Medicine. He has received numerous accolades, and has been published nationally for his work and research in urogynecology, pelvic floor surgery, and bioethics.

WASHING and waxing

By Tamara Karram



SKIN CARE

Skin care is a constant hot topic among teens because it is an issue we can all relate to. Ask your parents, ask your grandparents—as teens, they all struggled with their skin.

Being a teenager myself, I can attest to the fact that finding a suitable skin care routine is pretty high on my list of priorities. I have found that the best way to do this is by trial and error. Personally, I have struggled to strike the perfect balance between dry and oily skin. My exfoliating scrub can be my best friend when it comes to scrubbing off the oil and dirt that one inevitably accumulates throughout the day. But if I use it too much, my skin can become dry and start to peel. This is especially problematic when putting on makeup.

To strike that balance, keeping my skin clean but not drying it out, I have found the following works well for me: Every other

night I use a natural scrub on my skin followed by a moisturizer. On my off-nights, I use a softer foaming face wash followed by a moisturizer. I recommend a simple and natural scrub such as St. Ives Blemish Control Apricot Scrub. This routine leaves my skin feeling refreshed after every wash, without stripping it down too much.

SHAVING VS. WAXING

We all wish there was a magical machine that would remove all our unwanted body hair pain-free, but unfortunately that doesn't exist. The truth is, beauty is pain.

Like most teenagers, I started out shaving. At 12, my mom gave me a razor and showed me how to shave my legs. But I noticed that as I shaved more, the hair would come back coarser and thicker every time. By the time I started shaving my bikini area, it was the same situation. I actually found it

extremely uncomfortable and would dread putting on a bathing suit because that meant I would have to shave "down there."

Eventually I decided to try waxing. Of course I was scared of the pain I would inflict on myself, but the minute I was done with my first wax (I got my bikini line and legs waxed) I knew I could never go back to shaving. There was no itchiness or irritation; the skin was smoother than a baby's bottom.

I always recommend waxing over shaving to my friends, and some listen and agree that it is the best decision they ever made. To those who are hesitant, let me tell you: The pain is worth it. After two years of waxing, I am now practically hairless. I could never go back to dealing with all the hassles of shaving. ●

QUESTIONS OR COMMENTS? Email Tamara at tkarram@femalehealthawareness.org

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*Mickey Karram, MD
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InterStim Therapy is not intended for patients with a urinary blockage. Safety and effectiveness have not been established for pregnancy and delivery; patients under the age of 16; or for patients with neurological diseases such as multiple sclerosis.

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