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TODAY

FALL 2014 EDITION

BREAST CANCER

*FACT vs.
FICTION*



*HEALTH
WATCH*

8 TIPS YOU
NEED TO KNOW

*SAVE
YOUR
SKIN*

SUN SAFETY
FOR TEENS

SOLUTIONS FOR
*FEMALE
HAIR LOSS*

ANGELINA JOLIE

*ACTOR, MOTHER,
HUMANITARIAN,
AND ROLE MODEL*

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STAR POWER:
Angelina Jolie returns to the Hollywood spotlight with the release of Disney's *Maleficent*.



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FIND CREDIBLE HEALTH CARE INFORMATION

» MILLIONS OF WOMEN GET HEALTH INFORMATION FROM

magazines, TV, or the Internet. Some of the information is reliable and up-to-date; some is not. How can you tell the good from the bad?

First, consider the source. If you use the web, look for an “About Us” page. Check to see who runs the site. Is it a branch of the government, a university, a health organization, a hospital, or a business? Focus on quality. Does the site have an editorial board? Is the information reviewed before it is posted? Always be skeptical of things that sound too good to be true, as they often are. You want current, unbiased information based on research.

Remember, also, that many things in medicine are very gray. Although it seems like there should be an objective answer to all questions, that unfortunately is not the case. Much about health care is either poorly understood or still very controversial. Sometimes perceived credible sources of information turn out to be unreliable, as we saw recently when Dr. Oz was criticized before a Senate subcommittee hearing for endorsing products that had not gone through any scientific scrutiny to verify their claims. Unfortunately, there remains very little regulation of information that is disseminated in the press or on the Internet regarding health care. Because many claims are made that are not scientifically validated, caution must always be taken when considering your various health care options.

The goal of the Foundation for Female Health Awareness is to consistently provide reliable, research-based information that has been verified by leading physicians in the field of women’s health. In this issue of *Female Health Today* you’ll learn facts about breast cancer, solutions for hair loss, and a method for controlling the very common problem of having an overactive bladder. For more health information, please visit our website at femalehealthawareness.org.

Stay happy and healthy,



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

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

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PLEASE RECYCLE THIS PUBLICATION

8 THINGS WOMEN SHOULD KNOW

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

The following health tips have been specifically chosen from the latest medical research as important suggestions for women to maintain health and well-being. When combined with an active lifestyle and proper nutrition, following these tips may help you stay healthy throughout all phases of your life.



1 Schedule your screening tests for colorectal cancer, based on your age and risk profile. Current guidelines recommend that most women start screening for colorectal cancer at age 50, and earlier for some women at higher risk for cancer. Screening tests include colonoscopy, fecal blood testing, or sigmoidoscopy and can be coordinated through your primary care doctor. Screening tests for colorectal cancer have been shown to be associated with a lower incidence of advanced cancer and a lesser chance of dying from colon and rectal cancer.

2 While Pap tests are still important, you may not need one as often as you think. Screening for cervical cancer is still very important, but guidelines have changed in recent years. First screening should start at age 21 and can be discontinued in most normal-risk women after age 65 if their most recent three consecutive Pap smears have been normal. Discuss with your GYN caregiver the proper interval of Pap smears for you.

3 It is now recommended that children and breastfeeding women add more fish to their diets, although it is important to choose fish that are low in mercury. Studies have shown that pregnant women and children in the United States are not eating enough fish, perhaps for fear of consuming toxins. People who do not eat fish, however, are missing out on the nutrients in fish that aid in growth and development of the brain and body. Increase your nutrient intake and avoid toxin exposure by choosing low-mercury fish options such as salmon, tilapia, and canned light tuna.

4 Hormonal contraceptives, like the Pill, have many uses besides preventing pregnancy. For teenagers and women who suffer from heavy menstrual periods, painful cramping during periods, or acne, hormonal contraceptives can bring relief. In addition, taking the Pill can reduce a woman's risk of endometrial and ovarian cancers by 40-70%, depending on the number of years the Pill is taken.

5 Intellectual and social activities may help prevent or delay the onset of Alzheimer's. Studies have shown that stimulating mental activity, such as reading or playing a musical instrument, may help delay the start of Alzheimer's for those who are genetically prone to the disease. Further, maintaining close relationships, receiving emotional support from family and friends, and participating in social activities such as volunteering or joining a club can help protect against dementia in later life. Keeping your brain active is a great way to keep your brain healthy.

6 Exercise can help prevent constipation by speeding up your digestive system. A regular exercise regimen, such as walking for 20 minutes a day or practicing yoga, can help keep your digestive system healthy. If you are already physically fit, consider adding aerobic exercise such as swimming or jogging to your daily routine. Exercise benefits digestion by speeding up the digestive process and improving circulation, especially when paired with proper nutrition and hydration.

7 Postpartum depression is more common than you may think, and it is important to be aware of the signs. Postpartum depression may affect up to 16% of mothers, although not all women are aware of the warning signs and some people may even think that depression is normal after the birth of a child. The reality is that postpartum depression can have serious emotional and physical consequences for both the mother and the baby. And, yes, postpartum depression can affect fathers too! Talk to your health care provider to educate yourself and your partner about signs of postpartum depression, and seek help if you or someone you know is feeling overwhelmed, anxious, or withdrawn after the birth of a child.

8 Consider taking a vitamin D supplement to improve your overall health, especially if you are pregnant, breastfeeding, or over the age of 50. Many women in the United States are deficient in vitamin D, an important nutrient that is absorbed by the body from sunlight and some foods. Vitamin D deficiency has been linked to decreased immunity, poor bone health, and chronic fatigue. Talk to your health care provider about the proper vitamin D dosage for you. ●



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Samantha J. Walters, MPH, received her Master of Public Health degree from Oregon State University. She currently works in Cleveland as a Health Educator and Postpartum Doula.



By Francesca Orsini /
The Interview People

ANGELINA JOLIE

Actor, mother,
humanitarian,
and role model.

» **IT HAD BEEN A WHILE SINCE ANGELINA JOLIE APPEARED IN** a movie—and, for that matter, in public. But when the 39-year-old faced the press before the release of her latest movie *Maleficent*, it became apparent right away that she had lost nothing of her beauty, warmth, and wit. At London's Corinthia Hotel, she elegantly fielded questions about her humanitarian efforts, her relationships with family, her daughter Vivienne's acting debut, and the day when her show business career might come to an end.

YOUTH IS A RECURRENT THEME IN DISNEY FILMS. WHAT IS YOUR ATTITUDE ABOUT AGING? DO YOU AS A MOTHER FEEL MORE COMFORTABLE IN YOUR SKIN THAN IN YOUR 20S? DO YOU AS A MOTHER FEEL MORE COMFORTABLE IN YOUR SKIN THAN IN YOUR 20S? Everybody that gets older feels more comfortable. I love getting older, I love being a mom, I feel more a woman the older I get, and then I learn more. So I feel more evolved.

DO YOU SOMETIMES GET TIRED OF THE WHOLE BRAD-ANGELINA THING? DO YOU SOMETIMES THINK, "PEOPLE, PLEASE, I AM A PERSON"? In my life and in my work I am a person. And when I am on set, especially when I am directing, I am Angie and I am working, and I am a mom and a friend. People in the press make it seem like I live in a certain kind of world and I walk certain ways. But that's not the life I have made for myself and the people I surround myself with. It's not a regular life, I understand that, it's an unusual life, but I know how regular I am.

YOU'RE ALL ABOUT PROMOTING PEACE AND UNDERSTANDING. HOW DO YOU FEEL ABOUT TAKING PART IN MASSIVE BATTLE SCENES IN THIS FILM? One, it's with imaginary fairy creatures. (chuckles) There is no blood, and everybody runs off the field, because it's a kids' movie. When you see the movie you realize they are really protecting their land.

We were actually on the right side of justice on that fight, me and my fairies.

DID YOUR CHILDREN GET JEALOUS WHEN YOU SPENT EXTRA TIME WITH VIVIENNE ON MALEFICENT? No, they were there. They think it's hysterical she is in the movie. They are the ones that will probably like it the most. They think it's so funny. Zahara and Pax are in the christening [scene]. My performance was better if they were in the room. Because whatever I did, if I knew it was making them laugh, it got me broader.

YOU HAVE SUCH AN IMPACT WITH YOUR HUMANITARIAN WORK. WILL THERE EVER BE A DAY WHEN YOU TURN YOUR BACK ON SHOW BUSINESS AND SAY, "THIS IS WHAT I AM GOING TO DO"? Yes.

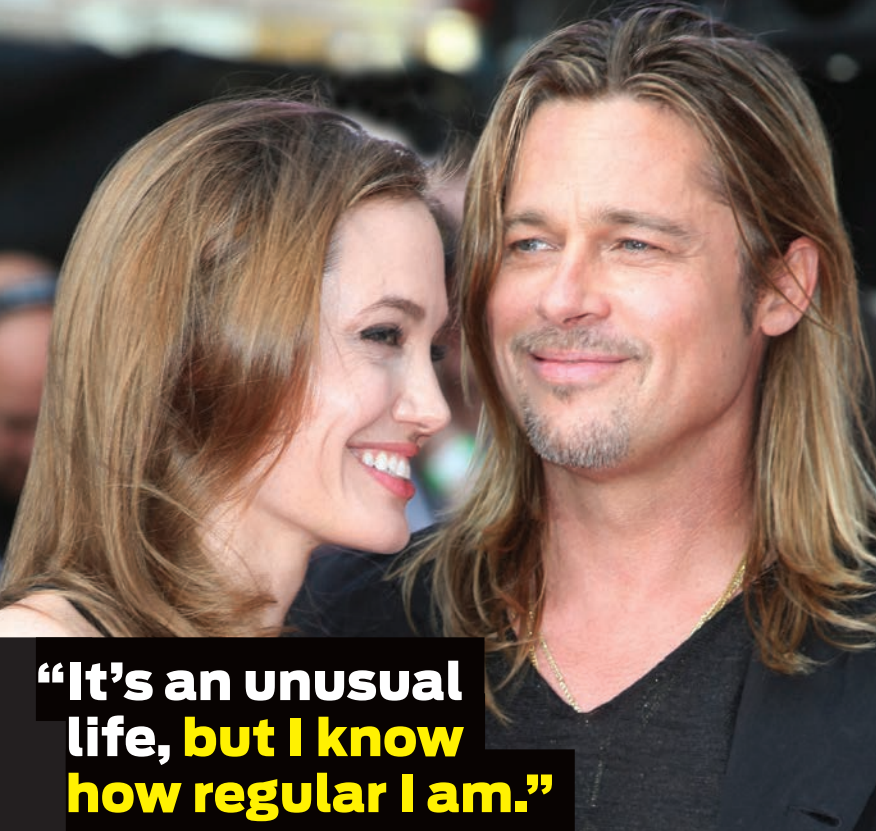
DO YOU HAVE THAT DAY IN MIND? (chuckles)

IT MUST BE DIFFICULT TO GO FROM ONE WORLD TO THE OTHER. It isn't, because I wake up as a mom, and I read the paper, and I get on the phone, and I learn about what is going in UNHCR [The UN Refugee Agency], that's my life and my interest, and I go to

IA



Photograph courtesy Shutterstock



“It’s an unusual life, but I know how regular I am.”

work, and most of my work deals with the issues I believe in. Sometimes it’s pure entertainment, but on *Maleficent* I got to spend time with my children.

I didn’t realize I hadn’t been in a film for four years until somebody told me. I didn’t notice. I would love to [focus on humanitarian work]. But I don’t have the confidence yet to believe I can make enough change. I will do more and more, naturally, but whether I will actually change professions and do something more substantial and official, I don’t know.

A LOT OF ORGANIZATIONS MUST BE ASKING FOR YOUR SUPPORT. HOW DO YOU PICK THE ONES YOU WORK WITH? I chose UNHCR because I believe refugees are the most vulnerable people in the world. I believe you have to give your voice to someone who has no voices, not just join voices where there are many.

WHAT HAS SHAPED YOUR MORAL COMPASS? I had a really wonderful mother who was very loving and kind. Kindness was her gift. She taught me a lot. She is part Native American, so I was very aware. I got sent to the principal’s office for arguing about Christopher Columbus. So I was aware of it, but it didn’t completely change me.

What changed, then, when I grew up and started traveling—I went to Cambodia and learned more about the war in Cambodia. And then I started to question how much I didn’t know, how much I wasn’t taught in school. The war in Sierra Leone was going on at the time. So I started to try to read more. I just had this moment of *What else don’t I know?* I got lots of books on all that was happening around the world and came across pictures from the Rwandan genocide and the refugee situation. Then I started traveling. I went to Sierra Leone, and then my life was completely changed.

YOU CHOSE A TOTALLY DIFFERENT SUBJECT MATTER FOR YOUR NEXT FILM, THE LOUIS ZAMPERINI STORY. WHY THIS CHOICE? There is so much that is happening in the world; there is so much we cannot control. There is so much,

ON YOUTH AND AGING: “I feel more a woman the older I get, and then I learn more.”

when you look around you, that makes you feel disheartened. Many young people today don’t have a sense of hope and strength in their life.

Louis’ story, and his book through Laura Hillenbrand, who is a brilliant writer and great lady, has been inspiring to so many people, and it has been inspiring to me, because this is a man who faced so many challenges. And he [faced] those challenges with strength of will, faith, and love of family, and he evolved. He was not perfect, he was actually a troubled kid, but he became a great man. There is a message in that for everybody, that we can grow and become better people. The human spirit is strong and we can rise up, and I wanted to do a film that not just reminds people of the horrors of the world but actually makes them feel that there is something that they can feel good about and something to be inspired by.

HOW DO YOU STAY SO GROUNDED? HOW DO YOU PREPARE YOUR CHILDREN GROWING UP IN NOT-SO-REGULAR SURROUNDINGS? They travel a lot with us. We don’t live in Hollywood. We travel to all different parts of the world. We spend a lot of time in Cambodia. We don’t just live in one world. We don’t keep them from the things we have been blessed to have, but we also make sure that they are very aware of the world around them and also can be equally comfortable without when we travel to other places.

HOW DO YOU FEEL BEING REGARDED AS A ROLE MODEL? I wake up and try to be the person I feel I should be. I am proud of the choices I have made and who I am at this stage in my life. And I know when I go to sleep at night that I have done things for the right reasons and I have been the best mother and person I could be. If that translates in some way to be a role model, I am happy, and I want to be a good role model, but I make choices first for what I generally believe is right. ●

BREAST CANCER

» FACT VS. FICTION

IT'S NEVER BEEN EASIER

to find information about breast cancer—but it's often hard to know what to believe. To help us make sense of it all, Dr. Jennifer Manders, breast surgeon with The Christ Hospital Physicians, uncovers the myths about risk factors, symptoms, and more.

MYTH: I don't have to think about breast cancer until I'm 40.

FACT: Only 5 percent of all breast cancer cases occur in women younger than age 40, but it can strike at any age. Because young women don't believe breast cancer can happen at a young age, it's often found when it's more advanced.

"Young women who are diagnosed with breast cancer also face unique challenges with respect to their fertility, sexuality, and caring for young children during and after treatment," Dr. Manders says. "Our program incorporates referrals to specialists to help address these issues, and we customize treatment plans accordingly."

MYTH: It's hard to detect breast cancer during a breast self-exam.

FACT: Most women find their own breast cancers starting with breast self-exams when they're performed correctly. If you perform them monthly, you'll have a better understanding of your breast tissue and what's normal. It's important to start early and stick to a monthly schedule:

- In your 20s, learn what changes to look for and start



perfecting the self-exam technique. Your doctor will also start clinical breast exams during your routine yearly physical.

- In your 30s, pay attention to how your breast tissue changes, especially during and after childbearing. Continue with monthly self-exams and talk to your doctor about your risk factors. It will help determine when to get a baseline mammogram.
- In your 40s, think of your annual mammogram as another milestone in taking care of yourself.
- In your 50s and beyond, be disciplined about your exams.

MYTH: Breast cancer doesn't run in my family, so I don't have to worry about it.

FACT: Family history is just one risk factor for breast cancer. Age, ethnicity and lifestyle may also play a role. About 75 percent of women who get breast cancer have no family history or known risk factors.

"When women are diagnosed with breast cancer, they often look for some specific

reason to blame. The bottom line is that we aren't able to pinpoint a specific reason for breast cancer in most patients," Dr. Manders says.

MYTH: I had a negative mammogram; I don't need another for a couple of years.

FACT: "Two years is a long time to wait to get screened," Dr. Manders says. "A lot can happen to your body over the course of a year. If you wait until you feel or see something abnormal, you might have a more advanced cancer if diagnosed."

MYTH: Ultrasounds are just as effective as mammograms, without the unnecessary radiation.

FACT: Ultrasounds use sound waves to emit images of the breast tissue, but can miss things deep within the tissue. "Ultrasounds are a good diagnostic tool and are being looked at as an aid to mammograms in patients with extremely dense breasts. However, if ultrasound is used alone, it may miss microcalcifications (tiny flecks of calcium) that can

indicate early forms of breast cancer," Dr. Manders says.

Mammograms are the only test proven to detect microscopic cancers in the earliest, most-treatable stages. Plus, if you're worried about radiation, you should know you probably receive more of it going through the airport today than during your screening.

MYTH: I have breast cancer. I'm going to die.

FACT: When found in its earliest stages, breast cancer is up to 100 percent treatable. Even if you're diagnosed in later stages, survival rates are as high as 80 percent. "If you're diagnosed, gather as much information as possible from trusted resources, like the American Cancer Society or the National Cancer Institute, and stay as clear-headed as you can," Dr. Manders recommends. "Find doctors you trust and listen to their opinions. It's okay to take some time to make decisions about treatment options."

Women can also find breast cancer support services and groups throughout Greater Cincinnati, including several at The Christ Hospital. ●

Ellen G. is a volunteer patient ambassador who can answer questions about life with Medtronic Bladder Control Therapy. Visit interstimambassadors.com or call 800.664.5111 to request that a patient ambassador contact you.



IS YOUR BLADDER CONTROLLING YOU?

» Medtronic Bladder Control Therapy offers help for women suffering from Overactive Bladder.

By Mickey Karram, MD

TERESA IS A 65-YEAR-OLD WOMAN WHO PRESENTED

to our practice with an advanced case of urinary incontinence. Over a period of two years, her bladder leakage had progressed to the point where it required up to six large protective pads (diapers) per day. In fact, a typical day for Teresa included waking up with a wet diaper, voiding approximately every 45 minutes throughout the day, and having numerous accidents in between.

By the time Teresa came to our practice, she had seen three other physicians and had been prescribed multiple medications, which not only failed to improve her problem but also created significant side effects. Because of this severe bladder problem, she had become depressed and had gained 20 pounds in just a year. Although she had once led a very active life playing golf and tennis and participating in many of her grandkids' activities, recently she had begun to socially isolate herself, never going anywhere where she was not familiar with the location of toilets. She also had stopped being intimate with her husband for fear of having an accident.

Teresa suffers from Overactive Bladder (OAB), a very common condition that affects more than 33 million adults in the US. It is more common than asthma, which affects 20 million people in the U.S., and diabetes, which affects 29 million people in the U.S. While OAB is not a life-threatening condition, it is clear from Teresa's story that OAB can significantly alter quality of life.

While the exact cause of OAB is not known, the condition alters normal bladder function resulting in the symptom of "urgency," which is defined as a sudden and compelling need to urinate. Other common symptoms include voiding very frequently during the day ("frequency") and at night ("nocturia"). In cases like Teresa's, the bladder muscle, with minimal to no warning, contracts (goes into a spasm) and basically pushes out urine involuntarily. This is known as "urge incontinence," and more than 50 percent of women with OAB also have this problem.

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

First-line treatments for OAB include behavioral therapy, such as timed voiding and controlling fluid intake, as well as increasing the strength and control of pelvic floor muscles (Kegel exercises). Also, most women will be prescribed a drug that is intended to prevent the bladder muscle from contracting involuntarily. The problem is that most of these drugs have significant side effects, such as dry mouth and constipation, so it is rare for a woman to remain on drug therapy for any length of time. As there are multiple drugs available to treat OAB, it is not uncommon for patients like Teresa to have tried more than one medication.

If the OAB symptoms persist in spite of these first-line therapies, patients should seek out a health care provider that manages more advanced cases of OAB (refractory OAB) to discuss other management options. Second-line therapies include sacral nerve stimulation (Medtronic Bladder Control Therapy), injection of Botox into the bladder and, in rare cases, urinary diversion.

A thorough evaluation of Teresa's bladder function confirmed that she suffered from refractory overactive bladder. After discussing all available options, she was offered a trial of Medtronic Bladder Control Therapy delivered by the InterStim System. This option has offered relief from symptoms in cases like Teresa's where other treatments have already failed, and results

have been proven to last five years.

To date, more than 150,000 people worldwide have been implanted with an InterStim device. Medtronic Bladder Control Therapy works by stimulating the sacral nerves (sacral neuromodulation), near the tailbone. The sacral nerves control the bladder and muscles related to urinary function. If the brain and sacral nerves are miscommunicating, the nerves cannot tell the bladder to function properly. Medtronic Bladder Control Therapy modulates the sacral nerves with mild electrical impulses, which help the brain and the nerves to communicate so the bladder and related muscles can function properly.

Medtronic Bladder Control Therapy is a reversible treatment that can be discontinued at any time by turning off or removing the device. Patients can also undergo a therapy evaluation, so they can confirm that the therapy will be successful before committing to a long-term implant. This test stimulation generally lasts several days, and the patient is asked to track her symptoms. If she experiences greater than 50 percent

improvement in symptoms, then it is reasonable to proceed with the full implant.

Teresa underwent a test stimulation in the office, which involved temporary placement of a small wire that stimulates the sacral nerves in the lower back. Within 48 hours she went from voiding 18 to 20 times per day to voiding eight to 10 times per day, and she was able to control her bladder utilizing only one protective pad all day. She subsequently underwent the placement of the implantable battery, which was a minor outpatient surgery. We recently saw her for her one-year follow-up, and she reported experiencing only rare leakage, has lost the 20 pounds she had gained, and has resumed the active lifestyle she enjoyed before developing incontinence.

For more information about sacral neuromodulation and Medtronic Bladder Control Therapy, visit everyday-freedom.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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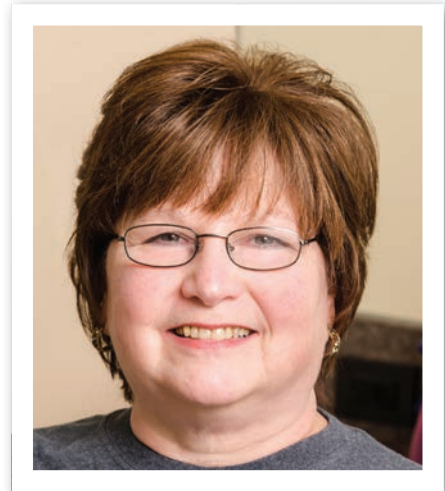
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Growing Confidence

Solutions for hair loss restore your appearance and your self-esteem.

By Marnie Hayutin

Photography by Gary Kessler

(Above) Mary Jo Phillips, a stylist at Allusions, cuts and colors Barbara Gray's natural hair, then attaches a custom hairpiece. The piece will stay attached until the next appointment in four to six weeks.

» IF BARBARA GRAY DIDN'T TELL YOU SHE WAS WEARING A HAIRPIECE, you'd never know it. The piece blends seamlessly with her natural hair, and because it's attached to her scalp, she can wash it, swim with it, and style it with the same products and tools that she'd use on her natural hair.

But Gray is more than happy to tell people about her piece.

"If you're not afraid to talk about it, you can be helping somebody else, and that's always a good thing," Gray says. "Some people don't know that there's something out there that you can do for [thinning hair]."

You're Not Alone

Gray wasn't always this confident. "I know how self-conscious you can be," she recalls. "You get kind of tired of seeing people's eyes wander up to your scalp. You're holding a conversation and you know they're trying not to look at your thinning hair."

Women, especially, tend to suffer in silence. Hair loss during cancer treatment has become commonly understood, but there are several other reasons why women lose their hair—and most women don't know that.

For starters, hereditary hair loss (also known as androgenetic alopecia) is nearly as common in women as it is in men.

"By the time women hit 50, 40 percent will have some type of thinning," notes Jeanne Sheldon, president of Allusions in Montgomery. "Fifty percent of men by the time they're 50 have thinning hair. But most women think something is wrong with them. They don't realize that sometimes it's normal. You could have a genetic predisposition."

Female pattern baldness presents a little differently from male pattern baldness. In particular, women's hair usually becomes thin all over the head, and the hairline typically does not recede. In both men and women, however, thinning results when large, active hair follicles are gradually replaced with each new growth cycle by smaller, less active follicles. The process is known as "miniaturizing."

In addition to heredity and chemotherapy, hair loss can be caused by various medical conditions, stress, poor nutrition, damage to the hair and scalp, and more (see sidebar: Common Causes of Hair Loss).

Treatment Options

Gray first sought help for her thinning hair about eight years ago. In the early stages, she started with products: a shampoo to stimulate hair regrowth and a pigmented powder that darkened the appearance of the scalp and cut down on the shine.

Hair and scalp products are a first-line therapy, and a variety of product lines are available at salons, hair-loss centers, and medical practices around town. Shampoos and creams are formulated for different hair and scalp issues, and they can help minimize loss, encourage regrowth, and give hair a fuller appearance. Products start at around \$15; an initial no-obligation consultation at Allusions is free.

We believe that healthy hair begins with a healthy scalp,” Sheldon notes. “So we want to make sure the scalp is in good condition, and then we want to treat it with products that will help stimulate some regrowth.”

Products are often used in tandem with laser therapy, a painless regimen that uses light energy to stimulate cells and encourage cell turnover. Sheldon says laser therapy can improve genetic thinning in up to 90 percent of cases when treated in the early stages. Laser treatments are generally done in the office, but there are also laser combs and laser caps that can be used at home.

Gray was treated at Allusions with NIOXIN, a shampoo that slowed down her hair loss for a while, but didn't stop it. After about three years, she moved onto a cosmetic approach and was fitted for her first hairpiece. She had the encouragement of her daughter, Pam, who also has thinning hair and had already experienced the transformative power of an enhancement.

Today's hair enhancements are not the old wigs of 30 years ago, Gray notes. In the old days, you'd take the wig off every night and clip it on again each morning. And one strong gust of wind could carry it off.

“If it gets really windy outside, I know my piece is not going to blow off,” Gray says. “There's no lack of confidence that it's going to stay put.”

Hairpieces come in all shapes and styles, from a full wig to various degrees of partial coverage. Hairpieces made of human hair are the most expensive, starting at around \$1,500. Synthetic runs from \$200 to about \$1,200, and it includes Cyberhair, which Sheldon says is currently the most natural-looking synthetic on the market. At Allusions, they're generally custom-ordered, then further customized onsite by one of the eight licensed cosmetologists on staff. Blending the cut and color of the hairpiece to the client's natural hair makes their work a bit more demanding than that of an average stylist.

“This work is more detailed than working in a regular salon,” says Mary Jo Phillips, a stylist for more than 33 years. “This needs to be more precise because the hair does not grow back in six weeks.”

Gray has a regular appointment with Phillips every four to six weeks because, as her natural hair grows, the piece loosens a bit. Phillips removes the piece, cuts and styles Gray's natural hair, reattaches and blends the piece, and Gray is good to go until next time.

The cosmetic approach to hair loss is quite a broad category, however. In addition to wigs and hair enhancements, there are several trademarked methods for hair extensions, as well as a wide selection of comfortable hats and scarves designed for temporary hair loss.

Finally, some women with hair loss can be treated surgically with hair transplants. The procedure involves transplanting hundreds or even thousands of hair follicles from the back of the head up to the top. Because the hair is transplanted in natural groupings of up to three hairs each, the grafts mimic the scalp's natural growth pattern.

It's Still You

Although everything about the hair replacement experience is designed to feel as natural as possible, there's no escaping the underlying emotions. Sure, bad hair days are a little stressful for everybody, but clients with thinning hair worry about avoiding overhead lighting at a party and take care not to stand near balconies where

friends can look down at them from above.

“When people start to lose their hair it tends to be a fairly emotional issue,” Sheldon says. “It's the one thing that's extremely noticeable, so we try to find as natural a solution for them as possible so that they don't look dramatically different.”

When Gray first got her piece, friends knew something about her appearance was different, but they had no idea what. “Something's different, but they couldn't really put their finger on what it was,” Gray recalls. “They never said, ‘Are you wearing a wig?’ because they couldn't tell.”

COMMON CAUSES OF HAIR LOSS

- **Heredity**—By age 50, 40 percent of women will experience some type of thinning. Female pattern baldness is nearly as common as male pattern baldness, which affects 50 percent of men by age 50. This type of hair loss is known as androgenetic alopecia.
- **Stress and Trauma**—A sudden or extreme weight loss, a high fever, surgery, or a death in the family are examples of physical and emotional shocks that can lead to hair loss. Stress can restrict the blood supply to the capillaries, which can prevent hair growth.
- **Chemotherapy**—This type of cancer treatment targets cells in the body that divide rapidly, so many chemotherapy drugs can cause hair loss.
- **Nutrition and Diet**—Diets high in fat and low in nutrients such as iron and protein can result in dull, thin hair.
- **Health and Medical Issues**—Thyroid problems, skin and scalp conditions, menopause, and antidepressants can all cause hair loss. Patchy hair loss may be caused by alopecia areata, an autoimmune disease that results when the body's immune system attacks hair follicles.
- **Damage**—Frequent coloring, over-styling with harsh tools, tight hairstyles, and even pollutants in the environment can cause hair loss. ●

DID YOU KNOW?
Forty percent of women will experience some hair thinning by age 50.



**LUMP
CRAB &
SHRIMP
SALAD**

**With Avocado,
Blood Orange,
and Honey-Dijon
Vinaigrette**

Serves 6

Recipe by Britney Ruby Miller, a spokesperson for the Fresh Express salad company. Photo by Patrick Tregenza Photography courtesy of Fresh Express.

INGREDIENTS

Dressing

- 3 Tbsps mayonnaise
- 1 Tbsp Dijon mustard
- 1 Tbsp honey
- 1 Tbsp lemon juice
- ¼ tsp cumin
- Kosher salt
- Freshly ground pepper

Salad

- 1 large bag of romaine lettuce, chopped into bite-sized pieces
- 1 lb medium-sized shrimp, peeled and deveined
- 1 Tbsp kosher salt
- 1 tsp freshly ground pepper
- 2 Tbsps extra virgin olive oil
- ½ lemon
- 1 (8 oz) can of lump crab meat
- 3 blood oranges, segmented
- 1 avocado, diced

PREPARATION

Dressing

In a bowl, combine all dressing ingredients together. Set aside.

Shrimp and crab cocktail

1. Season shrimp with salt and pepper
2. Over medium-high heat, add oil to pan.
3. Add shrimp and sauté until shrimp are fully cooked.
4. Remove from heat and squeeze the ½ lemon over the shrimp.
5. Refrigerate shrimp to cool.
6. When cooled, roughly chop shrimp into medium-sized pieces
7. In a bowl, toss the lump crab and shrimp with 1½ Tbsps of dressing.

Assemble the salad

1. Arrange the lettuce on a large serving platter. Place the blood orange segments and avocado throughout.
2. Drizzle the remaining dressing over the greens and top with the crab and shrimp cocktail.
3. Season with kosher salt and freshly ground pepper.

The Women's Health Division of The Lindner Research Center at The Christ Hospital is dedicated to providing the highest quality of medical care to women, **offering innovative treatment options** through participation in clinical research projects.

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BACK-TO-SCHOOL CHECKLIST

» Health assignments for you, your kids, and your family physician.

NEW CLOTHES? CHECK.

New shoes? Check.

New school supplies and the latest technological gadgets? Check, check!

Health assignments completed? If not, here's a refresher to help you and your child get ready for school.

By Jennifer White, MD

PARENTS: COVER THE BASICS

✓ Schedule annual wellness visits.

Annual wellness visits are the perfect opportunity for physicians and parents to discuss family health history, disease prevention and other developmental concerns.

While most wellness visits consist of a thorough health history review, height/weight check and muscular-skeletal exam, physicians can also screen for high blood pressure, high cholesterol and obesity, as well as for behavioral conditions such as attention deficit disorder if necessary.

And remember that annual wellness visits shouldn't end with graduation. Family physicians can help prepare graduates for college as well.

✓ Stick to the vaccination schedule.

Know what vaccinations are recommended for your child and schedule any

necessary vaccines during your child's annual wellness visit.

- ✓ **Contact your child's school.** Introduce yourself to your child's school principal, nurse, counselors and teachers, and share your contact information with them. If your child has allergies or any special health needs or concerns, make sure your school is made aware of those needs and has a plan in place to address any issues that may arise. Also, find out if the school has any specific health requirements and learn about its policies on attendance, discipline and clothing.

STUDENTS: START PREPARING FOR SCHOOL

- ✓ **Go to bed at a decent time.** Getting the right amount of sleep is vital for concentration, immune function and behavioral health. Start your "bedtime" routine a few weeks before school starts and stick to it.

Your body and brain will thank you.

- ✓ **Make time for breakfast.** It's the most important meal of the day.

- ✓ **Take on responsibilities.** Enjoy your summer, but don't get lazy. Having chores—such as washing the dishes, mowing the lawn, walking the dog or keeping your room clean—will help keep you busy and ready to get back into your school-year routine.

- ✓ **Manage your time wisely.** Before you sign up for after-school activities, ask yourself if you can truly balance them with schoolwork, family time and your duties at home. Figure out how much free time you have each week, discuss your interests and available time with your parents, and plan your time accordingly.

Jennifer White, MD, specializes in Family Medicine at The Christ Hospital Physicians—Primary Care in Madeira.

COOLSCULPTING

AT THE PLASTIC SURGERY GROUP



» CoolSculpting is now offered at The Plastic Surgery Group.

This state-of-the-art, FDA-approved technology, safely delivers precise control with cooling to target fat cells underneath the skin. This gentle and effective procedure works on the treated area to eliminate fat cells by freezing them through your body's own natural processes. They are eliminated over time.

In today's society there is a common misconception between weight loss and fat reduction. Let's clarify, they are not the same. When a person loses weight, the fat cells become smaller, however, the number of fat cells remain the same. So, conversely, when a person gains weight, those same fat cells will now become larger again. Frustrating, right? CoolSculpting can help with this problem. CoolSculpting will actually reduce the number of fat cells in the areas that are treated. So, when those stubborn fat cells are eliminated, the lasting results of CoolSculpting will be evident and, regardless of your weight, your clothes will fit and feel better.

Could you be a good candidate? The CoolSculpting procedure is best suited for those who suffer from unwanted or stubborn areas of fat that seem to be resistant to diet and exercise. This non-surgical option is an alternative to liposuction. Each treatment session is conducted in our comfortable office setting. There is no down time and you are welcome to carry on with your normal day-to-day activities. Together, we will develop the most effective treatment plan for you. We offer three convenient locations throughout the tri-state. We look forward to assisting each patient in attaining their personal goals.
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SURGERY AS AN Art



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READY, AIM... TREAT!

» **Communicating your health goals will help your physician tailor treatment.**

By James L. Whiteside, MD



THE LATE AUTHOR AND MOTIVATIONAL

speaker Zig Ziglar once said, "If you aim at nothing you will hit every time." This lesson has lots of applications in life, and health care is no exception.

Precisely what does it mean to be healthy? Having a broken leg doesn't seem healthy. Having an upper respiratory infection doesn't seem healthy, either. However, what about getting older and losing some bodily function? What about the popularity of cosmetic surgery? Does having a certain kind of nose or chin make you more or less healthy? These matters can be seriously debated, but amid this uncertainty is the opportunity to apply Zig's advice: Aim at something.

Goal-directed therapy has been applied in a variety of medical settings. In this context, goals are defined as individualized health priorities that should impact what treatment, if any, is best. Yes, it is true that health priorities are influenced by society, but lets not get too complicated... yet. Goals and personally defined "health" are sort of like two sides of the same coin. A question for the clinician is how will the therapies offered actually deliver on the patient's goals?

How about that broken leg example? Few would mistake a broken leg as being unhealthy, but what if my goal in repairing the broken leg was to become as good in basketball as LeBron James? A clinician can mend a bone but is unlikely to deliver on my therapy goal. Communicating what a therapy can and cannot do is part of informed consent disclosure, and a clinician would be wise to understand the goals for therapy to tailor that disclosure accurately.

On the other side of the examination bed, understanding your personal treatment goals so you can share them with your physician is an important component of your treatment. Truthfully, sometimes sharing this sort of information with a physician might feel a little strange. But one way to introduce my broken leg treatment goal would be to say, "How will these treatments improve my basketball game?" After a bit of joking around I should learn that casting a broken leg will, at best, allow me to play basketball, but it won't inch me any closer to an NBA contract.

Next time you think about going to the doctor's office remember, "Ready, aim.... treat!" Knowing what you're aiming for can go a long way toward making sure the testing and treatments applied actually get you where you want to go. ●



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.

Save your SKIN

By Tamara Karram



TEENAGE GIRLS ARE

constantly striving for that natural suntan glow they see on celebrities and fashion models. What many teens do not take into consideration, however, is the crippling short-term and long-term effects of sun damage. Being a teenager myself, I have learned first-hand how hard it can be to remember to protect our skin. But, we teens must take this opportunity to develop good skin habits early on so that we may prevent skin aging, sun damage, and even skin cancer. Here are some easy tips.

1. USE SUNSCREEN

The most important thing to remember is to apply proper amounts of sunscreen frequently. Some sources report that most teens use only half the amount actually needed to protect their

skin. I recommend Neutrogena's line of sunscreens because it moisturizes your skin but also feels light, minimizing that sticky sunscreen residue feeling we all hate.

It is recommended that sunscreen be applied on all exposed areas and that it be reapplied every two hours and after swimming or sweating. Also, remember that 80 percent of the sun's rays can penetrate through clouds and fog, so be mindful that even when you can't see or feel the sun, it is still there. Of course, drink plenty of water to keep your skin hydrated, and wear protective clothing when you can.

2. SKIP THE TANNING BED

For those of you who do not live in sunny places, tanning beds are never the answer. According to the

Skin Cancer Foundation, the U.S. Food and Drug Administration recently classified tanning beds as high-risk devices and issued a warning that they should not be used at all on teens under the age of 18.

Instead, I would recommend Jergens Natural Glow Daily Moisturizer. Basically, it is a tinted lotion that hydrates your skin while giving it the natural glow you'd get from the sun, without any of the damage.

3. CHECK FOR MOLES

It is also important that teens check their skin once a month for moles. Use a full-length mirror, starting at your head and working your way down, looking at all the areas of your body. Don't miss the "hidden" areas: between your fingers and toes, the groin, the soles of your feet, and the backs of your knees. Use a handheld mirror to check your scalp and neck, or ask a family member to help you look at those areas.

When you discover moles, follow the alphabet to identify the warning signs:

- **A**ssymetry, where one half of the mole is different from the other
- **B**order is ragged or irregular
- **C**olor is varied with multiple shades
- **D**iameter is larger than a pencil eraser
- **E**volving in size, shape, or color

If you notice a mole with any of these characteristics, you should see a doctor immediately to have it examined. In addition, a yearly check-up with your dermatologist is a must. ●

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

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