

# FEMALE health

TODAY

FALL 2015 EDITION

## THE FEM 5

GYN SYMPTOMS  
YOU SHOULD  
NOT IGNORE



WOMEN'S HEALTH

Q&A

DIGITAL  
HEALTH

ARE YOU READY FOR  
THE REVOLUTION?

IMPROVED  
INTIMACY

NEW THERAPY FOR  
POST-MENOPAUSE PAIN

# MERYL STREEP

REINVENTS HERSELF

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Oscar-winner Meryl Streep is enjoying a second life as a musical performer.



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# Offering Patients a Healthier Future

## » WELCOME TO THE FALL ISSUE OF FEMALE HEALTH TODAY!

One of the goals of our magazine is to bring you the latest information on innovative solutions and exciting advances in women's health. Staying informed and educated about your health is one of the best steps toward ensuring a healthy lifestyle.

Going through menopause can be difficult, and you may find yourself suffering from some of the issues that women experience during this change. Although you may be feeling helpless, we want you to know that help is available. For example, you'll learn in this issue about an exciting new laser therapy that is proving to be highly successful in treating painful intercourse due to menopause. Read the article on page 12, and talk to your doctor about whether this therapy may be beneficial for you.

As you've probably noticed, the next wave of the digital revolution is now hitting healthcare. The feature story on page 8 provides an overview of some of the latest innovations. From tracking health data on a wearable device, to consulting with doctors via telemedicine, we will soon be taking care of ourselves in completely new ways.

Our Teen Talk article is particularly timely at the start of a new school year. As the carefree, fun-filled summer draws to a close, the return of class schedules, rigorous homework loads and demanding activities promises to pile on stress for your teen. Check out page 16 to see how some good strategies can help your teen keep stress under control.

Finally, mothers-to-be won't want to miss the most current trends in birthing (page 11) or an explanation of the benefits of nursing addressed in the Women's Health Q&A on page 3.

These are just a few of the interesting and important health topics you'll discover in this issue of *Female Health Today*. We hope you'll find it to be smart, nurturing, inspiring and, most of all, relevant to your active lifestyle.

Stay happy and healthy,



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

## FEMALE health TODAY

*Female Health Today* is the magazine of the Foundation for Female Health Awareness, a nonprofit organization dedicated to improving women's pelvic 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 healthcare 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 pelvic health and gender-specific medicine.

### FOUNDERS

Mickey M. Karram, MD, and Mona Karram

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## WOMEN'S HEALTH Q&A

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

**Q:** There are so many different sunscreens out there. How do I know which one is right for me? Do you have any tips for using sunscreen?

Sunscreen should be a part of your daily regimen, but in order to get the full benefits it is important to make sure that you are buying a quality product and using it correctly. For the greatest skin protection, use sunscreen that says it protects against UVB and UVA rays and that also contains Mexoryl, a long-lasting and effective sunblock agent. Apply sunscreen 20 to 30 minutes before going outdoors, and make sure to reapply often if you are swimming or sweating. When possible, avoid significant sun



exposure between 10 a.m. and 3 p.m., as ultraviolet rays are strongest during this part of the day. Finally, don't forget to apply sunscreen to ears, lips, and even eyelids (in case you fall asleep poolside). These sensitive areas can get sunburned, too.

**Q:** What's the big deal about breastfeeding—Isn't formula just as good?

Breastfeeding is the biological norm for infant feeding; formula, or artificial baby milk, should be used only when medically necessary or when providing breast milk isn't an option. Breast milk is the perfect food for infants, providing all the nutrients and immune-boosting components they need. Did you know that it also benefits your health? Breastfeeding is one of the only things you can do to decrease your risk of breast cancer and it can help prevent the onset of postpartum depression, among other benefits. Supplemental feeding with formula when not medically necessary can also impact your milk supply and make it harder for you to reach your breastfeeding goals. If you are struggling with breastfeeding, contact a lactation consultant or a local peer counselor through WIC, Breastfeeding USA or La Leche League to get the support you need.

**Q:** I feel like I am always stressed and it's affecting my health. Any advice for how to deal with my stress?

One evidence-based way to reduce your stress level and improve your health is by practicing mindfulness. Mindfulness is a tool that, when practiced daily, can help decrease stress, promote positive emotions, and even benefit your relationships. Living with mindfulness



means maintaining a sense of nonjudgmental awareness, and treating yourself and others with compassion. Often, mindfulness is talked about as part of meditation, but it can be practiced anywhere and can be integrated into your daily activities. One way to incorporate mindfulness into your everyday life is to take a moment to assess the situation when you begin to feel a negative emotion. For example, when stuck in traffic, instead of thinking about the route you "should" have taken or how this traffic jam will affect the rest of your day, take a moment to reflect on the thoughts, feelings and sensations that you are experiencing in that moment. By taking a compassionate look at the situation you are in rather than rushing to judgments about yourself or others, you can help change your patterns of thinking and reduce stress in your life.

**Q:** I have high blood pressure. Besides taking medication, is there anything else I can do to take care of myself?

Some basic lifestyle changes can improve your overall health and wellness when living with high blood pressure, regardless of whether or not you are on medication. Controlling your stress and anger by practicing relaxation techniques (such as mindfulness, see above) is a good place to

start. For some people, dietary changes such as reduction of salt intake or eating more potassium-rich foods (such as bananas and dried fruits) might be the boost they need to keep themselves healthy, although it's important to work with a dietician or your healthcare provider to figure out what changes in diet could benefit your health. Finally, stopping smoking, exercising regularly, losing extra body weight (if overweight), and reducing your intake of alcohol are four steps that improve everyone's health and are especially important for individuals who are living with high blood pressure.

**Q:** My mother just had a stroke. How can I help her recover?

I'm sure your mother's healthcare provider will have some excellent suggestions for physical and occupational therapy. If yoga isn't mentioned as one option, it would be a good idea to ask about it. Studies now show that participating in basic yoga classes after a stroke can help improve physical health and increase quality of life. The benefits of yoga aren't limited to those people who have suffered a stroke; it has been shown to improve the health of people living with other chronic diseases as well, such as chronic pain and certain heart and lung diseases. ●



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By Fred Allen /  
The Interview People



# MERYL STREEP

**A Hollywood legend continues to reinvent herself.**

» **SHE'S BECOME A HOLLYWOOD LEGEND FOR PLAYING GREAT WOMEN,** mastering accents and generally making her mark as the greatest actress on earth. But now it seems that Meryl Streep is enjoying a second life as a musical performer. Having first sung in films such as *Postcards From the Edge* and *Ironweed*, Streep again wowed critics and audiences alike with her singing in the 2008 hit musical *Mamma Mia!*

Earlier this year, she displayed her vocal agility in *Into the Woods* where she pushed her voice “beyond all my expectations.” Now she’s playing a hard-rocking singer/guitarist in *Ricki and the Flash*, a feel-good comedy directed by Oscar-winning filmmaker Jonathan Demme.

Streep stars as Ricki, a gifted musician who neglected her family for her dream of rock-and-roll stardom and returns home to attempt a belated reconciliation with her family. Streep’s real-life daughter Mamie Gummer plays Ricki’s daughter Julie, while Kevin Kline plays Pete, Ricki’s long-suffering ex-husband. Real-life rocker Rick Springfield and former *Gossip Girl* player Sebastian Stan also co-star.

“This film was so much fun to make, and I was so happy to work again with my former screen husband Kevin Kline [who co-starred with Streep in *Sophie’s Choice*],” Streep says. “Ricki is an old-school rocker who sings in bars and belts out songs of famous bands. I spent six months working on my guitar technique, and I had such a great time doing covers of Bruce Springsteen and Tom Petty hits.”

Now 66, Meryl Streep is in the middle of a career renaissance that began with her Oscar-nominated performance in *The Devil Wears Prada* (2006) and continued with films such as *Julie and Julia* (2009), *The Iron Lady* (2011), which earned Streep her third Academy Award, and *August: Osage County* in 2013.

Streep and her sculptor husband, Donald Gummer, live in the Tribeca area of New York. Two of their four children are actively pursuing acting careers: daughter Mamie Gummer, 32, (*Side Effects*) and Grace Gummer, 29, (*Margin Call*, *Frances Ha*).

At the April Women in the World Summit in New York, Streep had the following observation about how women have been historically short-changed in litera-

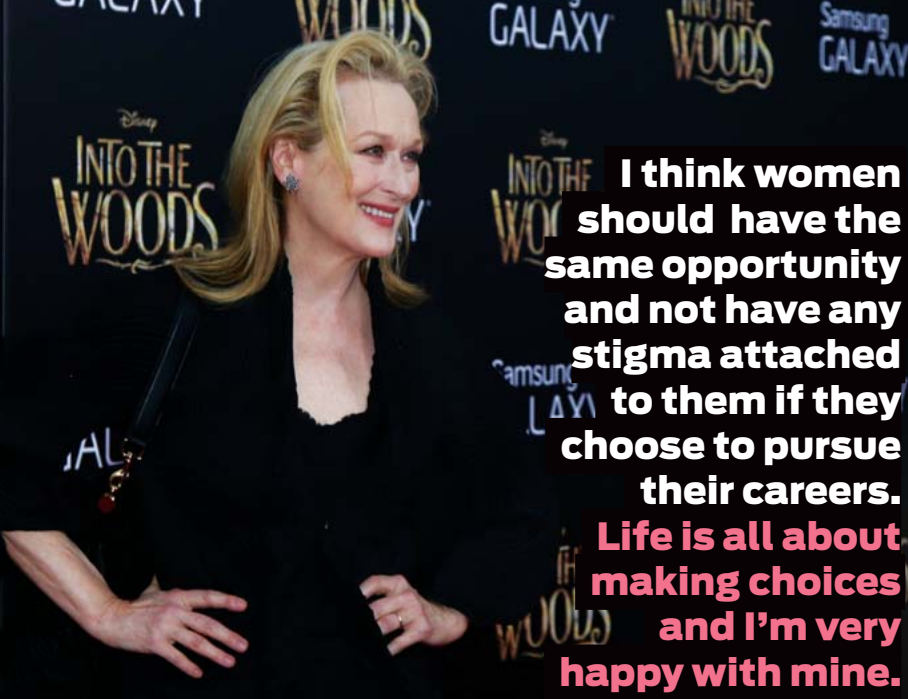
ture and film: “From the time we’re little girls, we read all of literature, you know, all of history. It’s really about boys, most of it. But I can feel more like Peter Pan than Tinkerbell.... I wanted to be Tom Sawyer, not Becky.”



**YOUR SINGING CAREER SEEMS ASSURED WITH FILMS LIKE *INTO THE WOODS* AND THE UPCOMING *RICKI AND THE FLASH*.**

[Laughs] I’m not so sure. But I’m trying hard to hold my own. It’s funny how things have worked out this way because my mother had ambitions of being a lounge singer and my father composed music and played the piano. I had a great singing teacher, Betsy Parrish, in graduate school [Yale School of Drama], and that’s where I understood a lot about how profoundly your emotions connect to your breathing and to music. She was a huge inspiration to me and enabled me to appreciate that singing and acting are very similar in that singing makes you reach into your deepest feelings. Singing is an extension of everything that you do when you’re acting.





**I think women should have the same opportunity and not have any stigma attached to them if they choose to pursue their careers.**

**Life is all about making choices and I'm very happy with mine.**

**YOU ALSO GET TO WORK WITH YOUR DAUGHTER MAMIE IN *RICKI AND THE FLASH*.**

That's such a delight for me. I'm so proud of Mamie and of Grace who were willing to follow in their mother's profession despite all the pressure and attention that comes with being Meryl Streep's daughters. They're very strong-willed and determined young women. I only want them to be happy in life, and I'm very supportive of their work because they made their decision knowing that they would always have to deal with that added burden.

**ALTHOUGH YOU'VE MADE YOUR MARK IN THE HISTORY OF CINEMA FOR PLAYING GREAT WOMEN AND HISTORICAL FIGURES, YOU CHANGED GEARS LATER IN YOUR CAREER AND STARTED DOING COMEDIES. AND LATELY YOU'VE BEEN DOING MORE MUSICAL AND LIGHTER ROLES.**

Doing serious drama was something that grew out of the fact that when I graduated from drama school, there were a lot of very good, very serious films being made and those were the best roles that were available or were being offered to me. I never did those kinds of serious roles in drama school, but after I played in *The Deer Hunter* and *Sophie's Choice* I was locked into playing very serious women and I never had a chance to do any comedies. I didn't have a choice. But later on, when I was raising my children, I became tired of only playing certain kinds of very dramatic roles and I wanted to play in lighter kinds of films. Now I'm simply amazed that I've been able to find so much work and play many different kinds of characters at an age when this industry tends to forget about women. I'm thrilled!

**YOU'VE EARNED EVERY HONOR AND ACCOLADE THAT ANY ACTOR COULD EVER HOPE TO WIN IN THE FILM BUSINESS. DO YOU EVER FEEL THAT YOU HAD TO SACRIFICE TOO MUCH OF YOUR FAMILY TIME FOR THE SAKE OF MAINTAINING SUCH A LEGENDARY CAREER?**

I think there's a bias against women when it comes to discussing the idea of making sacrifices. That question doesn't arise when it comes to men—a man has always been seen as someone who works hard and has a full-time occupation. I think women should have the same opportunity and not have any stigma attached to them if they choose to pursue their careers. Life is all about making choices and I'm very happy with mine. I have had a wonderful time raising four children, and I've also been lucky to have the support of a wonderful husband.

**YOU DID RELAX YOUR WORKLOAD WHEN YOUR CHILDREN WERE TEENAGERS, THOUGH?**

It started even before that. When my children were younger, I turned down any project that involved my having to be away from our home for long

periods of time. That was just out of the question for me. I wanted to enjoy my life at home, and I would only do a film that wouldn't last longer than two months and where I would still fly back on weekends to be with my children. Being with my husband and my children always brought me the greatest joy and happiness in life. I love acting, of course, but I had already achieved a lot of success by the time my children were growing up that I didn't have the urgency I had to prove myself. I was also very exhausted by the grind of studio meetings and the pressure to keep finding the best films. It left me feeling miserable at times. So I decided to cut back and do different kinds of films. Also when you reach 40, at least in my day, it was considered the beginning of the end of your career playing leads. So that was another factor.

**WHAT DO YOU ACCOUNT FOR YOUR CAREER RENAISSANCE OVER THE PAST DECADE OR SO?**

I don't really know, but I'm not complaining. I think that once my children were all grown up and didn't need Mommy to look after them anymore, it was the right moment to go back to work with as much passion and dedication as I ever had. Except maybe I don't stress myself as much before every film!

**WHAT'S THE SECRET TO HAVING A LONG AND HAPPY MARRIAGE AS IN YOUR CASE WITH DONALD GUMMER?**

We're kind of the perfect odd couple. Don is a man of few words—I'm the one who keeps up a constant stream of chatter in the house. He listens very patiently and then goes back to his work. He also loves me as I am, eager and overactive, even at my age. He's the definition of the introverted and introspective artist. I'm very expressive and more exuberant. We complement each other beautifully that way.

**DO YOU STILL GET A KICK OUT OF ACTING?**

Yes. The best thing about it is when you're playing a scene and you actually become your character and lose yourself in that moment. That's when you know you've succeeded at what you've worked very hard to accomplish in your profession. Those are the truly thrilling moments. ●



# Keeping Pace *with Women*

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## How to get the most from your doctor's visit

These tips can help you prepare for your next appointment – whether you are starting with a new doctor, or seeing the same doctor you have for years.

- Bring an **up-to-date list** of all your medications including name, dose, when you take it and why. Ask your doctor to review the list.
- Ask a **friend or family member to come with you** to be your advocate. Keep a pen and paper handy and have the person take notes for future reference.
- Ask **everyone who touches you** to wash their hands first.
- Bring a **written list of concerns** about what you'd like to discuss with your doctor. Let your doctor know about any life changes, such as loss of job or divorce, medical emergencies, surgeries or illnesses since your last visit.
- If **new medication is prescribed**, ask what it's for, how much you should take and for how long, if you should take it with food, and if there are any possible side effects.
- Follow up on your office visit.** Call for test results and request copies to keep for your personal records. Electronic health records may be available for you to view. Ask your doctor how to access them.



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It's all here—and it's all for you at [femalehealthawareness.org](http://femalehealthawareness.org)



# The Digital Health Revolution

**How technology is transforming the healthcare system.**

**By Marnie Hayutin**

» **THE INTERNET HAS CHANGED THE WAY WE SEARCH FOR INFORMATION,** purchase products and interact with our friends. Now it's about to change the way we take care of ourselves.

The next wave of the digital revolution is hitting healthcare. And just as it has completely altered the banking and communications landscapes, medicine will never be the same.

The intersection of healthcare and technology is now known as digital health, and it has grown exponentially just in the last couple of years. Nearly \$2 billion was poured into digital health ventures in 2013, according to healthcare venture capital

firm Rock Health, and that represents 100 percent growth just since 2011.

Many of those same technologies that have become part of our lives in other realms are now being harnessed to transform healthcare. The result is an unprecedented amount of data—available not only to our doctors but also to us. It's moving us, experts say, from a healthcare

system that treats us when we get sick to a system that's designed to keep us healthy.

What follows is a sampling of the innovation that's happening around the world and around the corner. Are you ready?

### WEARABLES

While Fitbit was the first mass-market personal tracking device to hit the scene, big players like Apple and Google are raising the stakes. Initially considered to be consumer-only devices to track fitness stats like heart rate and activity levels, wearables are now being evaluated to see if they could have real clinical benefits.

Physicians at the CS Mott Children's Hospital at the University of Michigan, for example, are using wearable devices as part of a program to help reduce childhood obesity. Uploads from devices will provide clinicians with vital stats such as blood pressure, blood glucose, exercise data and weight.

In London, doctors are testing an Apple Watch app that promises to streamline care for cancer patients. The new app incorporates medication reminders to improve compliance with treatment regimens, and it allows patients to submit data about symptoms so doctors can adjust medications immediately.

Although pilot programs are being launched around the world, doctors say it's still too early to know exactly how accurate the devices are and how well patients will stick to using them.

### TELEMEDICINE

Nearly every hospital system in the Greater Cincinnati area is exploring telemedicine options, which have tremendous potential to reach thousands of underserved patients. E-consults and virtual visits are allowing patients the benefit of medical care without having to travel to an office.

Certainly, illnesses like strep throat that require a lab test for definitive diagnosis may not be suitable options for telemedicine. However, doctors say there are lots of cases where a video consultation would suffice. A doctor may be able to look at your swollen wrist, for example, and tell you whether you should proceed to the emergency room for X-rays

or whether you just need to apply an ice pack.

For patients with chronic conditions, such as diabetes or high blood pressure, other types of telemedicine tools are serving as a bridge between the clinical setting and home. Using data that's uploaded to the office from wearables and other home devices, nurses can monitor patients' vital stats remotely and intervene with timely reminders and guidance. Doctors believe this kind of at-home contact will help reduce patient readmissions to the hospital.

Telemedicine may also have the potential to reign in our skyrocketing healthcare costs. To use the swollen wrist example above, imagine the cost savings if all the non-emergency cases never made it to the ER. Also, Venture Beat recently reported that 38 percent of employers in a Towers Watson survey are now offering telemedicine benefits to their employees in an effort to encourage lower-cost care options. That number is expected to hit 81 percent by 2018.

### EHRs AND INTEROPERABILITY

In order to maintain Medicare and Medicaid reimbursement levels and to qualify for certain financial incentives, healthcare providers are now required to have demonstrated "meaningful use" of electronic health records (EHRs).

The industry's vision is that patients will one day be able to be treated in any hospital in the country, and that every hospital will have online access to all patients' complete medical histories. It's an excellent idea in theory, and one that some estimates say if integrated fully could cut medical costs by as much as \$30 billion a year. In practice, however, this has not been easy.

Why? In large part because healthcare systems are all on different platforms, and those platforms often can't communicate with one another. To explain what that means for patient care, one doctor in Arizona described what happens when his office has to send records over to another healthcare system. Forget e-mail, he says; they actually have to print out a paper copy and fax it over.

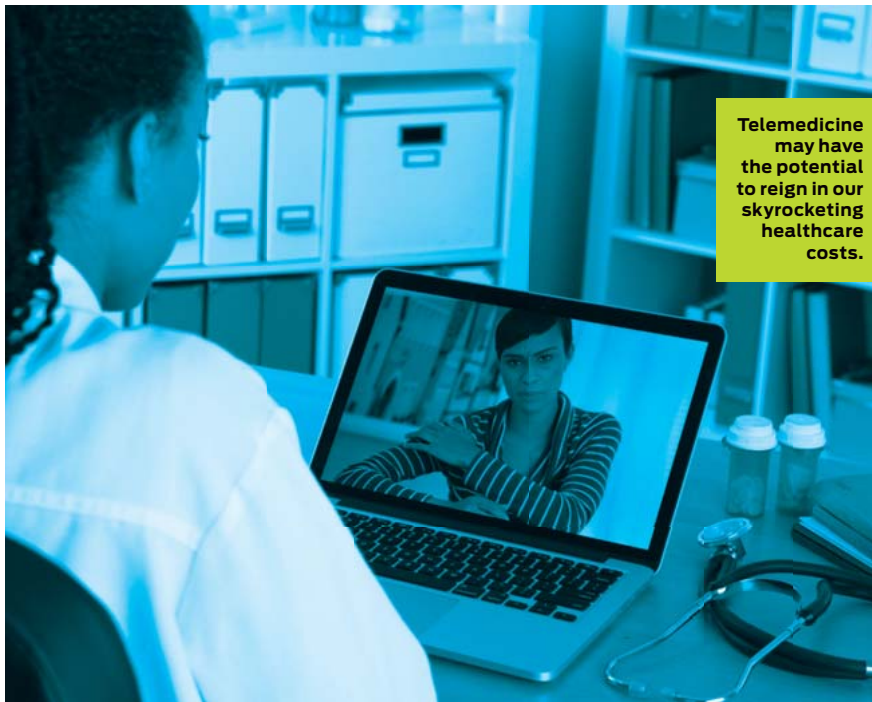
Now "interoperability" has become an industry buzzword as healthcare IT experts search for ways to solve the problem.

“

**Technology is moving us from a healthcare system that treats us when we get sick to a system that's designed to keep us healthy.**

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Telemedicine may have the potential to reign in our skyrocketing healthcare costs.

### HIPAA COMPLIANCE AND SECURE COMMUNICATION

You're already familiar with the HIPAA privacy rule that protects patient information—you've probably signed more HIPAA forms in recent years than you'd care to count. In the digital age, however, HIPAA compliance has gotten more complicated.

For one thing, mobile and electronic communication has made it a lot harder to lock down patient data. What happens when physicians send each other text messages to communicate about a patient? Several technology companies, including Doc Halo in Cincinnati, are designing secure mobile health platforms that allow providers to communicate with each other—and with patients—without putting personal health information at risk.

Recent highly publicized large-scale hacking incidents have revealed a bigger danger with electronic health information: the risk of identity theft when social security numbers and other personal information fall into the wrong hands. Hospital systems and healthcare IT experts are extremely focused now on designing technologies and processes that will prevent breaches from happening in the future.

### BIG DATA

Retailers have been harnessing big data as they've embraced customized sales

approaches. Using our search patterns and buying behavior, they can send us ads for products they already know we like to buy.

Now big data is coming to healthcare. Wearables, telemedicine devices and EHRs are giving us vast amounts of health statistics that can be used by researchers, hospitals and even patients themselves.

A global electronic heart study at UC San Francisco, recently featured in the KQED QUEST television documentary *Future of You*, illustrates how big data has the potential to transform research. As part of the study, researchers gave out 1,000 portable EKG trackers that attached like a case around the back of a smartphone. Within three weeks, more than 20,000 EKG results had been sent to the researchers via the Internet. The documentary noted that it could take years in a normal study to collect thousands of EKGs for review because each one would have required an office visit.

Hospitals can use big data to identify at-risk patients and flag them for timely interventions. They can also track patient and population health trends to discover patterns and improve well-care efforts. And, they can analyze in-hospital data to determine best practices for triage and critical care.

But perhaps the most interesting implication is what big data may mean for

us as patients. Just as we no longer need bank tellers to access our money, digital health insiders are wondering how much of our health data we'll someday be able to access without doctors. And when we do see our doctors, they'll have huge amounts of highly individualized information about us. We're moving in the direction of what's known as "personalized medicine." The vision is that someday treatment plans can be completely customized to the individual patient rather than to the disease.

### PROGRESS VS. PRIVACY

All this understandably raises some big questions about privacy. How much of our personal health data should we be sharing? And with whom?

In April, Cedars-Sinai Medical Center in Los Angeles enabled support for Apple's HealthKit in its patient records system. With a user's permission, HealthKit (the app that collects Apple Watch data such as heart rate and activity levels) can communicate with third-party systems like the one at Cedars-Sinai. These metrics can add a day-to-day perspective on a person's health. When paired with traditional medical tests, they can help provide doctors with a more comprehensive picture. In terms of privacy, users have the ability to control which third-party apps have access to their HealthKit data. But, with all such devices, users need to be educated about how to use privacy settings.

There are also social media considerations. Many fitness-tracking apps include a sharing component where activity levels and other stats can be uploaded to an online support group. Sharing adds an important level of accountability that helps people stay on track to achieve their goals. However, consumers wonder who else might be able to access all of this data. There are rumblings that insurance companies may someday use metrics like heart rate and stress data to set premiums.

In some ways, issues like these are nothing new. For decades, technology has remained a step ahead of both the law and our social systems. It's too soon to tell where all this will shake out, but industry experts agree that we're headed for a whole new world of healthcare. ●

# TRENDS IN BIRTHING

» New patient-centered options give moms more control during delivery.

By James Wendel, MD



## AS MOMS ASK FOR MORE

control and flexibility over their birthing experience, many hospitals are listening and responding. Today's moms have more options than ever in creating a customized birth plan. Here are a few of the trends we're now seeing.

### HOME BIRTHS

Many women these days are opting for home births. Giving birth at home allows the mom more control over her environment. She may feel more comfortable, and it may be easier to decline unwanted interventions such as constant fetal monitoring (which restricts mom's movement during labor) or prohibition of eating and drinking during labor. If a woman has a low-risk pregnancy, giving birth at home with a midwife may be an option.

### ABILITY TO EAT AND DRINK

For some time, women have been prohibited from eating or drinking during labor. This has been done to decrease risk of stomach contents being drawn into the lungs while under general anesthesia if the mom ends up needing a C-section. Today, C-sections

are done using regional anesthesia in most cases, so many hospitals are allowing moms fluids while they labor. The exception to the rule would be an emergency C-section when the mom must be put under without the time to administer regional anesthesia. As long as you have a low-risk pregnancy, you may be able to sip sports drinks during labor. Talk to your medical team to learn more.

### MOBILITY IN HOSPITALS

Tools such as birthing bars and stability balls can be found in many birthing suites today, and they encourage moms to move as they labor. However, if you receive an epidural, most hospitals will require you to labor on your back as you will have decreased strength and feeling in your legs. Some hospitals are now offering mobile epidurals that provide a lower dose of medicine and allow the mom to move as long as her leg strength, blood pressure and baby are stable.

### VBAC

For many years, if you had one C-section, you were not permitted to attempt a vag-

inal birth the next time around due to risk of uterine rupture or the tearing of previous scars. Today, more advanced surgical techniques have made it safer to attempt a vaginal birth after C-section or VBAC. If you are someone who has had fewer than two C-sections, have a low-risk pregnancy and your labor begins naturally before your due date, you may be a good candidate for VBAC.

### MORE FAMILY TIME

Traditionally, meals and a bed have only been provided for the mom after delivery, while dad and other family members were expected to go home after the main event. Today, however, many hospitals are providing meals and at least a reclining chair for family members staying with mom during her time in the hospital. ●

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*Dr. Wendel is an OB/GYN with Mt. Auburn Obstetrics & Gynecologic Associates. To learn more about maternity services offered at The Christ Hospital Birthing Center, visit [TheChristHospital.com/birthing-center](http://TheChristHospital.com/birthing-center).*

# IMPROVED INTIMACY

» A new therapy helps with post-menopause discomfort during intercourse.

By Mickey Karram, MD

## MOST WOMEN KNOW THAT

declining levels of estrogen during menopause can cause hot flashes. What most women do not know, however, is that vaginal tissue is also very dependent on estrogen. As the estrogen levels fall, the vagina and vulva (the skin around the vagina) become thinner, dry and even inflamed, which results in a condition known as vulvovaginal atrophy.

A very common and bothersome symptom of vulvovaginal atrophy is painful intercourse, which in medical terms is called dyspareunia (dis-puh-roo-nee-uh). Other symptoms include vaginal dryness and irritation, as well as urinary frequency and urgency. But because women don't necessarily associate these symptoms—most notably dyspareunia—with menopause, most women unfortunately do not seek treatment.

Historically dyspareunia has been treated with various lubricants and localized estrogen therapy, and recently a medication called Ospheña has come to market specifically for this condition. However, medical therapy has proven to be difficult to administer at times, especially higher up in the vagina, and it requires long-term use in order to obtain a desirable effect.

In 2008, a new therapy was developed in Italy that uses a CO<sub>2</sub> fractional laser to revitalize the vaginal skin, making it more elastic and more moist. The therapy is called the MonaLisa Touch treatment ([smilemonalisa.com](http://smilemonalisa.com)). After more than 300 patients were successfully treated in Italy under a variety of study protocols with excellent results, The Christ Hospital became one of only two medical centers to be chosen to do the initial United States study on the MonaLisa Touch treatment (the other is Stanford). At



The Christ Hospital we treated 15 patients with a variety of symptoms of vaginal atrophy and experienced overwhelmingly positive results. All 15 patients noted a significant improvement in their symptoms, and many were completely cured with no side effects or adverse reactions.

To understand how this therapy works it's important first to understand that the vaginal skin is multilayered and requires estrogen to proliferate and be viable. Within a few years after a woman goes through menopause the vagina dries and becomes very thin. The laser is able to release energy through a special pulse, and the laser energy heat penetrates to a depth that stimulates the synthesis of new collagen. This results in a thickening of the vaginal skin, increased moisture and better lubrication, which restores

the vagina to a state similar to before menopause.

This minimally invasive, painless procedure is performed in an office setting and requires no anesthesia. It's currently done in three treatments (which take less than five minutes each), six weeks apart. The data from Italy seems to indicate that the effects of the treatment last for at least one year before patients need a repeat treatment. This therapy is very well suited for breast cancer survivors who cannot receive estrogen therapy because of the risks estrogen poses for

cancer recurrence.

We have now treated an additional 70 patients with success rates very similar to what we saw in our initial study. We are also utilizing this technology to treat a variety of vulvar conditions. This game-changing technology offers an excellent alternative to hormone therapy for these very common conditions.

The MonaLisa Touch treatment is now available to patients through The Pelvic Floor Center at The Christ Hospital. If you are interested in finding out more about it, please call 513-463-2500. ●



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 and Urology at the University of Cincinnati School of Medicine.



# NOT MISSING A BEAT

» Heart screenings for high school athletes are helping save lives. **By Michael Schwebler**

## ALTHOUGH IT'S NOT

common, sudden cardiac death can happen in young athletes with no previous symptoms of heart problems. Did you know:

- One out of 100 children have some congenital cardiac abnormality. Most of these can be detected with Echocardiogram (Echo) in combination with Electrocardiogram (EKG).
- Routine pre-participation physical exam most likely will not pick up this condition.
- 1 in 500 have a condition known as hypertrophic cardiomyopathy, the most common cause of sudden cardiac death in young athletes.

In March of last year, The Christ Hospital Health Network and Beacon Orthopaedics & Sports Medicine announced a partnership to create a world-class sports medicine program in Greater Cincinnati. Offering a broad scope of outreach programs to the community, including comprehensive medical care and services to area high school and college teams, the group is making heart screenings for young athletes a top priority.

"Sudden cardiac death remains an uncommon but significant problem among

high school athletes," says Santosh Menon, MD, medical director of Outreach for the Carl and Edyth Lindner Heart Failure Treatment Center at The Christ Hospital and a leader in the field of cardiac screenings for high-level athletes. "A routine history and physical exam is not enough to uncover a potentially deadly problem in our young athletes. Electrocardiograms and Echocardiograms are easy and safe ways to look for potential problems and fix them before they manifest. These tests, performed and interpreted by experts at The Christ Hospital, are a life-saving resource that should be considered for all high school athletes."

Beacon and Christ's Sports Medicine Partnership is working together to make discounted screenings available for all student athletes in the Greater Cincinnati area. All results will be reviewed by a Christ Hospital board-certified heart specialist. The Screening Echo-cardiogram and EKG are available for \$99—a fraction of the cost of a complete diagnostic Echo/EKG. The tests will be available at The Christ Hospital Health Network testing centers, located throughout the Tristate.

"When we partnered with



The Christ Hospital Health Network to provide comprehensive care for our athletes, this is exactly what we had in mind," says Dr. Timothy Kremchek, who has served as medical director and team physician for area high schools, colleges and professional sports teams for more than 20 years. "Unfortunately, tragic events have happened in youth sports related to cardiac conditions that were undetected. While not every athlete necessarily needs this screening, there

is a real comfort knowing that an athlete with a family history of cardiac issues is clear to play."

To schedule your appointment, call 513-585-2668. Designated dates and times are available for teams and clubs. Contact [tjurgens@beaconortho.com](mailto:tjurgens@beaconortho.com) for more information. ●

*Michael Schwebler is executive director of heart & vascular services at The Christ Hospital.*

"In our continuing effort to provide our student athletes with the best healthcare available, the addition of the optional heart screening program is the next step to ensure families are better informed of their child's health. Much like our inclusion of concussion ImPACT testing for all our athletes many years ago, we see optional Echo/EKG Screening as another level of protection for our athletes and their families."

**—Jeff Zidron, Athletic Director,  
Indian Hill High School**

"Today's athletes are striving to compete at the highest levels possible. It is great to see preemptive programs like the Echo/EKG Screening. Unfortunately, several years ago I had a 14-year-old player pass away of a heart condition that was never diagnosed. This test can be extremely valuable for families looking for peace of mind. The screening can provide information and potential treatment plans."

**—Scott Rodgers, Executive Director,  
Cincinnati United Soccer Club**

# THE FEM 5

## » THE FIVE GYNECOLOGICAL SYMPTOMS WOMEN SHOULD NEVER IGNORE.

By Christine Kneer-Aronoff, MD



### IT CAN BE EASY TO BRUSH OFF

aches and pains when you're leading a busy life. However, some symptoms can point to more serious health conditions. Make your health a priority and never ignore these five symptoms:

#### 1 PAINFUL SEX

If sex hurts, your body may be trying to tell you something. Painful intercourse can be a sign of a variety of conditions including infection, fluctuating hormones or a more serious condition like endometriosis (when the lining of the uterus grows outside of the uterus).

#### 2 BREAST LUMPS

Although this isn't a gynecological issue, this is something your OB/GYN normally checks for you. If you notice a new or growing lump in your breast, contact your doctor immediately. It could be a harmless cyst or it could be a sign of something more serious like breast cancer.

#### 3 PAINFUL PERIODS

If your period is suddenly very heavy or painful this could be a sign of uterine fibroids. These non-can-

cerous growths mostly cause discomfort, but in some rare cases they can cause fertility problems.

#### 4 ABNORMAL BLEEDING

Bleeding between periods or vaginal bleeding after menopause can be your body's way of telling you that something abnormal may be going on. Cervical cancer, uterine cancer and endometrial hyperplasia can all cause abnormal vaginal bleeding.

#### 5 BLOATING

It is normal to feel bloated every once in a while after a burrito dinner, but feeling bloated on a daily basis is not. Although it is rare, consistent bloating can be a sign of ovarian cancer, so talk to your doctor. ●

*Dr. Aronoff is a gynecologist with The Christ Hospital Physicians. To learn more about women's services at The Christ Hospital Health Network, visit [TheChristHospital.com/womens-health](http://TheChristHospital.com/womens-health).*

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## » Are you afraid to laugh, jump or sneeze?

### YOU MAY BE ONE OF NEARLY 30

percent of women who have developed a pelvic floor disorder—and that's no laughing matter. These disorders can lead to embarrassing problems such as urine leakage, difficulty controlling the bowels and sexual dysfunction. This embarrassment may keep some women from seeking help. But these aren't problems that you need to suffer from in silence any longer.

### What is a Pelvic Floor Disorder?

The pelvic floor is a term used to describe the muscles, ligaments, connective tissues and nerves that support and control the organs of the pelvis—including the uterus, vagina, bladder and rectum. When damage to the pelvic floor occurs (due to childbirth, obesity, chronic coughing,

repeated heavy lifting or advancing age), the pelvic floor tissues can become weak, which can lead to a pelvic floor disorder.

### The most common pelvic floor disorders include:

- **Bladder dysfunction**—urinary incontinence or difficulty emptying the bladder
- **Bowel dysfunction**—fecal incontinence or difficulty emptying the bowels
- **Female sexual dysfunction**—including pain during intercourse
- **Pelvic organ prolapse**—when the organs of the pelvis fall out of place, which is often indicated by a pulling, aching or “bulging”

sensation in the lower abdomen or pelvis

### Other disorders of the pelvic floor include:

- **Recurrent bladder infections**
- **Bladder pain**
- **Neurogenic bladder dysfunction**—an inability to empty the bladder properly
- **Vulvar disorders, such as vulvar atrophy**

*Many of these problems, if not corrected, can also lead to depression, anxiety, relationship issues and isolation. To speak to a specialist about your symptoms or learn more about the services we offer, call 513-463-2500.*



## THE CHRIST HOSPITAL HEALTH NETWORK

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.

Currently, The Lindner Center is actively recruiting women who have problems with:

- Bladder control
- Bowel control
- Pelvic organ prolapse
- Vaginal atrophy
- Lichen sclerosis

Please contact Sharon at

**513-463-2507 or 513-585-2166**

or you can visit our website at

[lindnerresearch.com](http://lindnerresearch.com) and choose women's health.



The  
**Christ Hospital**<sup>™</sup>  
Lindner Research Center





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**ABNORMAL BLEEDING**  
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## Teen Talk



# Feeling Stressed? You're not alone.

By Tamara Karram

**STRESS IS A COMMON** problem at any age, but it can be especially prevalent among teens. In fact, according to a recent survey by the American Psychological Association, stress levels reported by teens during the school year are actually higher than the levels reported by adults.

Let's face it, teens unfortunately have a lot to be stressed about. Schoolwork and homework, extra-curricular activities, social pressure to fit in, worries about applying to college—there's much to be anxious about in your teen years.

### RECOGNIZING STRESS

Exactly what is stress? According to the Centers for Disease Control, stress is the body's physical and psychological response to a situation where a person feels threatened or anxious. Although it's normal to feel a little stressed once in a while (like right

before an exam or a championship game), stress can be dangerous if it continues for a prolonged period of time. At that point it becomes chronic stress, which can take a toll on your body. For teens whose bodies are still growing, added stress can create an unhealthy imbalance.

### HOW DOES IT AFFECT YOUR HEALTH?

Besides wearing you down to the point of exhaustion, stress that continues without relief can eventually lead to health problems like high blood pressure, insomnia and a weakened immune system. Warning signs that may indicate you need help with stress include: continuing upset stomach and indigestion; general aches and pains; headache; increase in or loss of appetite; muscle tension in the neck, face or shoulders; sleep problems; racing heart; and feeling sad, angry or nervous.

### STRATEGIES FOR SUCCESS

The key to success is to stop stress before it stops you, and there are several techniques that can help you do this. Stress management takes a little extra planning in your schedule, but it's well worth the effort.

• **Get Moving:** Physical activity is one of the best and most effective stress relievers. Make sure you're getting regular exercise, such as walking, running, yoga, biking or participating in anything else you enjoy.

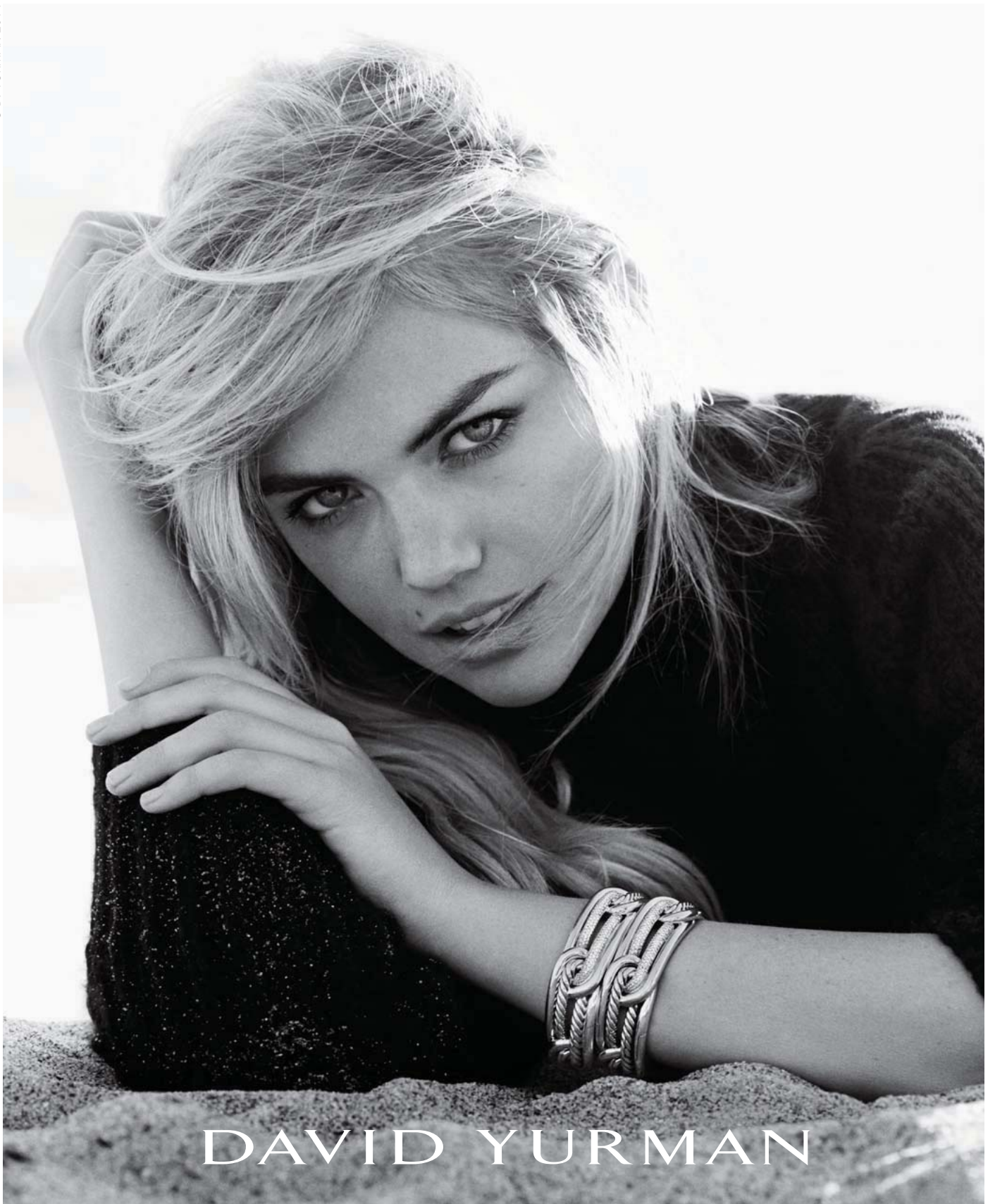
• **Get Plenty of Sleep:** Ideally teens should get nine hours a night, but between all your activities, friends and homework you're probably not getting that much. If stress is an issue, see if there's something you can cut back on that will allow you to get to bed earlier. You don't have to do everything; it's ok to say "no" sometimes.

• **Make Life More Balanced:** School is important, but try to schedule some time to have fun—develop a hobby, listen to music, enjoy a movie, whatever will make you happy. This will be time well spent.

• **Focus on Your Strengths:** What do you do really well? If you are artistic, take an art class. Or, maybe you like to dance. Make sure your schedule includes an activity that makes you feel good about yourself.

• **Talk About It:** When we get into a cycle of stress, we sometimes tend to close ourselves off from others. That only makes things worse. Seek advice from a parent, a teacher or a friend. They may help you find new ways to manage your stress, or they may put you in touch with a professional who is trained in this area. You may find that it helps just to talk about what's stressing you out. ●

**QUESTIONS OR COMMENTS?** E-mail Tamara at [tkarram@femalehealthawareness.org](mailto:tkarram@femalehealthawareness.org)



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LET'S HEAR IT FOR

# GOING ALL IN

The neighborhood is the one place where you can really be you. And we want to get to know the real you. That's why The Christ Hospital Physicians are in your area and currently scheduling appointments. You and your family deserve the best care—a doctor who knows you and your history and provides access to the best nurses, doctors and specialists. The Christ Hospital Health Network—we're for your pursuit.

Call 513-585-1000 or visit  
[TheChristHospital.com/PrimaryCare](http://TheChristHospital.com/PrimaryCare)  
to find a physician near you.



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