

New ways to fit veggies into your family's meals See page 16

SPRING 2008

WOMEN'S health TODAY

Are you
hip to health
screenings?

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QUIZ!

ON BALANCE
**Martina
McBride**
on career, family
and maintaining
a healthy lifestyle

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MISTAKES
EVEN
SMART
WOMEN
MAKE

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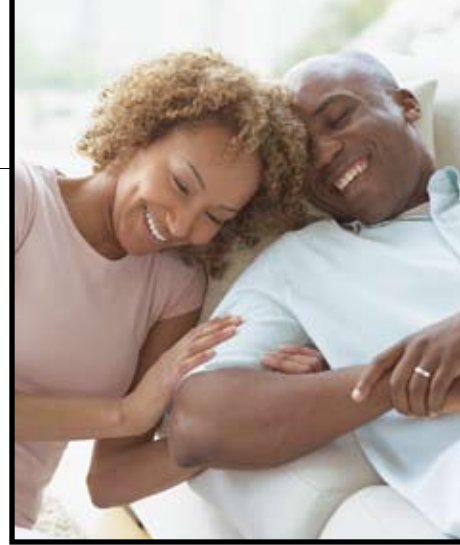
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in this issue . . .

- 2 **LETTER FROM THE FOUNDER**
Keeping balance
- 3 **Tipping the scale**
- 4 **8 tips to prepare for pregnancy**
- 5 **Survival strategies**
What you need to know about heart attacks
- 6 **HEALTH HEADLINES**
What's making news in women's health
- 8 **5 reasons you're not losing weight**
- 9 **SEX & GENDER MATTERS**
Is sex always painful?
It could be vulvodynia
- 10 **On balance**
How Martina McBride maintains a healthy lifestyle
- 13 **Polycystic ovary syndrome**
More than a reproductive problem
- 14 **Are you too old for asthma?**
- 16 **HEALTHY BITES**
Eat your vegetables!
How to fit veggies into your family's meals
- 20 **HEALTHY MIND**
Help for the 'baby blues'
- 21 **Your health: It's a family affair**
Knowing your health history could save your life
- 22 **HEALTHY MOVES**
You should be dancing!
- 24 **HEALTH SMARTS**
Are you hip to health screenings?



4



6



14



22

Keeping balance

If you're like many women, you've perfected the art of juggling the responsibilities of family, career and social activities. Or have you?

Always putting others ahead of yourself can take a heavy toll on your health, making it more difficult to keep all those plates spinning.

In this issue of *Women's Health Today*, country music star Martina McBride reveals her secrets for keeping the balance despite a hectic lifestyle ("On balance," page 10). With the stresses of touring and caring for her husband and three daughters, McBride knows that keeping herself healthy is key to a happy, healthy lifestyle.

Maintaining your health isn't always the easiest thing to do, but the right tools can help you achieve your goals. See "5 reasons you're not losing weight" (page 8) for tips on attaining a healthy weight. When it comes to your diet, "Eat your vegetables!" (page 16) provides easy, creative recipes to discreetly boost your veggie intake.

With the new year under way, take time for yourself and your health. Remember, prevention and early diagnosis are key, so stay current on all your necessary healthcare screenings. When you make your health a priority, keeping your life balanced is a more manageable task.



Sincerely,

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

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

THE MAGAZINE OF
THE FOUNDATION FOR FEMALE HEALTH AWARENESS

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

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

Weight control is a difficult task for most women because our weight changes as we age. From the start of menstruation to child bearing to menopause, plenty of events influence our waistline.

Controlling the scale

Basic weight control comes from watching calorie intake and exercising. Simply replacing regular soda with a diet alternative can make a difference. An endless variety of physical activities are available, from a stroll around the neighborhood to more intense activities like kickboxing classes at the local gym or organized sports like soccer or softball.

Surgery: A useful tool

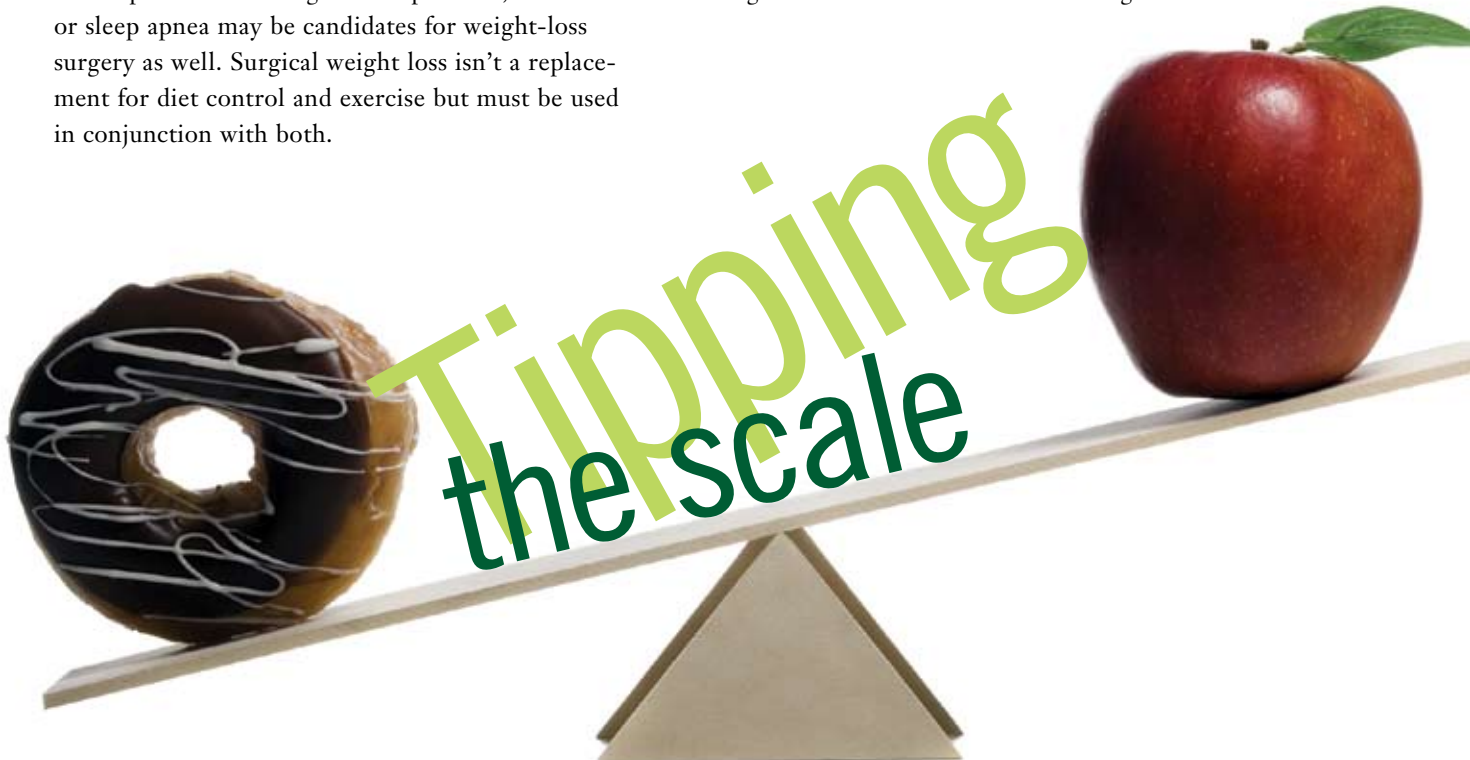
For morbidly obese people, surgical weight loss may be an option when all other attempts have failed. Bariatric surgery is approved by the U.S. Food and Drug Administration for people with at least a body mass index (BMI) of 40 or higher. People with a BMI from 35 to 39.9 who also have health problems like high blood pressure, diabetes or sleep apnea may be candidates for weight-loss surgery as well. Surgical weight loss isn't a replacement for diet control and exercise but must be used in conjunction with both.

Surgical options

One of the newer options is the gastric band procedure, in which a flexible band is placed around the junction of the esophagus and stomach to restrict the amount of food a person can eat. A tube attaches the band to a reservoir under the skin (the port), into which fluid is injected by needle to adjust the band's tightness.

Another commonly performed weight-loss surgery is gastric bypass. It can be planned with a larger incision or with a minimally invasive approach using multiple 1-centimeter or smaller incisions, depending on patient needs. Gastric bypass uses a two-pronged approach: First, a pouch the size of an egg is created to limit the amount of food the stomach can hold. Second, the intestines are rerouted so that food isn't absorbed as well as it was before surgery.

If you've attempted weight loss without success and would like to talk about weight-loss surgery, monthly interest group meetings are held at The Christ Hospital and University Pointe to discuss surgical weight-loss options. Call (513) 475-7770 to register for one of these free meetings. **WHT**



Lisa Martin Hawver, MD, is board certified in general surgery and completed a fellowship in advanced laparoscopic surgery including procedures for weight loss.

{8} tips to prepare for pregnancy

By Mable Roberts, MD



Thinking about having a baby? You can increase your chances of having a safe pregnancy and a healthy newborn by taking these precautions:

{1} GET REGULAR PHYSICAL ACTIVITY. If you're physically fit, your heart can more easily meet the increased demands of pregnancy and pump a steady flow of oxygen- and nutrient-rich blood to the fetus. Maintaining a healthy weight can help you avoid gestational diabetes and pregnancy-related high blood pressure, which can lead to complicated deliveries. What's more, strong, flexible muscles can support the additional weight of pregnancy and reduce the risk of injuries.

{2} EAT A NUTRITIOUS DIET. Include at least five daily servings of fruits and vegetables in your diet to provide folic acid, beta-carotene, vitamin C and other important nutrients. Eat lean beef and fortified cereals to boost your iron reserves, and include four nonfat dairy servings daily to meet increased protein and calcium needs.

{3} TAKE PRENATAL VITAMINS DAILY. The most critical time for nutrition is during the first eight weeks of gestation—that's also the period when many women aren't aware of their pregnancies. Research shows that folic acid may decrease the risk of fetal brain and nervous system abnormalities, while supplemental iron can prevent anemia.

{4} SCHEDULE A PREPREGNANCY EXAM. Health problems like diabetes, kidney disease, high blood pressure, infections, anemia and tumors could complicate your pregnancy. Once detected, these conditions can be treated or controlled before you conceive.

{5} GET YOUR BLOOD TYPE CHECKED. If you're Rh-negative and your growing baby is Rh-positive, your body will react by producing antibodies that can cause fetal anemia, organ damage or death. Fortunately, an injection of Rh immune globulin during your first pregnancy will prevent Rh antibody production.

{6} TEST FOR RUBELLA ANTIBODIES. If you haven't developed antibodies against rubella (German measles), you'll need to be vaccinated. In that case, wait at least three months after the vaccination before conceiving. Rubella can cause birth defects, including deafness and blindness.

{7} REVIEW YOUR MEDICATIONS WITH YOUR DOCTOR. Many drugs can cross the placenta and harm your growing fetus, including over-the-counter medicines and supplements. Your doctor can tell you if you need to change your medicine regimen.

{8} AVOID TOXINS. Smoking, drinking alcohol and using recreational drugs can all harm your fetus in a variety of ways. If you can't stop on your own, get help before you become pregnant. **WHT**

Mable Roberts, MD, practices at The Christ Hospital and is board certified in obstetrics and gynecology. Call Mt. Auburn Ob-Gyn Assoc., Inc., at (513) 241-4774 to make an appointment.

By Dean Kereiakes, MD

Survival strategies

What you need to know about heart attacks

In the absence of blood flow, the heart muscle begins to die within 20 minutes. To salvage heart muscle and improve survival during a heart attack, blood flow must be restored to the heart within six hours with clot-dissolving medication or angioplasty, a procedure that opens the artery and restores blood flow.

Timing is everything

The exact time of heart attack onset may be difficult to determine. That's why doctors measure another time interval that can be determined more reliably. Referred to as "door-to-balloon" (DTB) time, it begins when the heart attack patient registers in the hospital emergency room (ER) and ends when the blocked artery is opened. Anthem's Hospital Quality Program bestowed the annual Successful Practice award for 2007 to The Christ Hospital for having the shortest (best) DTB times in Ohio.

Shortening time delays to treatment requires earlier diagnosis, which is more likely to be achieved if emergency medical system (EMS) providers are part of the process. The best-performing hospitals in the United States have partnered with EMS teams, coordinating equipment that can transmit a patient's electrocardiogram results from the field to a physician in the ER. Then the physician can diagnose a heart attack and prepare the cardiac catheterization lab before the patient arrives at the hospital.

Know before you go

It's important to select a hospital before you have symptoms of a heart attack. Find out whether your hospital has a good reputation in heart care and whether it works with local EMS teams to provide care as quickly as possible. For more information about the Heart Attack Center at The Christ Hospital, visit www.TheChristHospital.com. **WHT**



The pressure of heart attack

If you're having a heart attack, you'll experience an unmistakable crushing pain in your chest, right? Not necessarily. What you feel might not resemble pain so much as pressure. It can be a sensation of heaviness that radiates to your lower jaw, shoulders, neck or arms. Keep in mind that not every warning sign occurs in every heart attack. Women, in particular, may suffer nausea, vomiting, tightness in the chest or shortness of breath during a heart attack rather than the classic symptoms. Get help fast if you feel any of these warning signs.

Dean Kereiakes, MD, is the medical director of The Christ Hospital Heart and Vascular Center.



health



No support for breast-implant rumors

Women with silicone breast implants don't have an increased risk of breast or other cancers, nor do they have lower survival rates if they're diagnosed with breast cancer, say researchers. After reviewing more than a dozen studies, investigators were also unable to find evidence that children born to women with implants are more likely to have birth defects or other health problems. In addition, authors of the study, published in *Annals of Plastic Surgery*, found no link between breast implants and diseases such as fibromyalgia, systemic lupus erythematosus or rheumatoid arthritis. But be safe—don't miss a routine mammogram. Be sure to let the facility know in advance that you have implants and remind staff when you arrive for your appointments.

It's a hoax, folks

Have you received the e-mail warning that bottled water left in the heat can transfer chemicals in the bottles' plastic to the water and cause breast cancer? If you didn't, not to worry: It's a hoax. The American Cancer Society says that diethylhexyl adipate (DEHA), the e-mail's cancer-causing culprit, isn't inherent in the plastic used to make the bottles. While the hoax likely came from the fact that DEHA was on the cancer-causing substances list, the U.S. Environmental Protection Agency now says that DEHA doesn't cause cancer as far as it can tell.



headlines

Just say 'no' to imported drugs

Many Americans continue to buy prescription medicines online, having them mailed from foreign countries. U.S. Food and Drug Administration (FDA) investigators, examining more than 2,000 drug packages, found that 88 percent contained medicines available in the United States. Dietary supplements, products with incomprehensible or illegible labels and medicine not available in the United States made up the balance. More than half the products had an FDA-approved generic version. Moreover, about half the sampled products are available in several national drug store chains for \$4, which is often less than shipping costs

for drugs purchased online. Experts believe consumers are attracted to online medications because they don't require a prescription—and, hence, don't require a doctor visit—instead of any monetary savings. People taking several drugs examined during the investigation—including antibiotics, antidepressants, blood thinners and thyroid hormone replacements—require special monitoring by a healthcare provider to prevent dangerous complications. The FDA warns consumers that Internet drug sellers are unregulated and many of their products contain the wrong ingredients or toxic substances.

The perception of ideal weight

Not many women are happy with their weight, say Cornell University researchers, who interviewed more than 300 college students and found that nearly 90 percent of normal-weight women wanted to be thinner. Most normal-weight women had goal weights within the normal range, but 10 percent had goals that experts consider underweight. Overweight women said they wanted to weigh less, too, but the goal of about half was still in the overweight range. On the flip side, half the underweight women wanted to drop additional pounds or stay the way they were; however, say study authors, these women are closer to our society's ideal—at a weight experts say is unhealthy.





5 > reasons you're not losing weight

Think you know how to diet? Then why haven't you reached your weight-loss goal? Here are some common dieting mistakes and their fixes to help you shed pounds.

1 > Skipping breakfast

Skipping meals—especially breakfast—may seem like an easy way to slash calories. But consider this: People who skip breakfast often overeat and make poorer food choices during the rest of the day.

FASTFIX > Try whole-grain muffins, crackers, toast or rolls; yogurt and fresh fruit; berries on whole-grain cereal; an egg wrapped in a whole-wheat tortilla; or a fruit smoothie.

2 > Cutting carbs

Low-carb dieters often eat too few fruits, vegetables and whole grains, missing out on important antioxidants, fiber and other nutrients. Following a low-carbohydrate plan can lead to kidney stones, constipation, diarrhea, dizziness, bad breath, fatigue and nausea.

FASTFIX > Include healthful carbs like fresh fruits, vegetables and whole grains in your diet, and skip the refined sugars like white breads, pastas and white rice.

3 > Drinking too many liquids

Staying well hydrated is one way to keep overeating in check—but watch those liquid calories. If you're downing a lot of juice, milk, soda or other beverages each day, you

may be consuming far more calories than you think.

FASTFIX > Water is the best option to meet your daily beverage quota. Try sparkling or flavored water or squeeze a wedge of lemon, lime or orange into your glass. When you need a change, opt for low-fat or non-fat milk, diet soft drinks and unsweetened teas.

4 > Shunning snacks

Eating healthy snacks can help your weight-loss efforts by keeping hunger and bingeing under control and providing much-needed nutrients and fiber.

FASTFIX > Think of your snacks as mini-meals and plan them with balance, variety and moderation in mind. Try fat-free pudding; popcorn; pretzels; a sliced apple with a tablespoon of peanut butter; or whole-grain crackers, breads or bagels with fresh fruit, hummus or low-fat cheese.

5 > Sticking with strictly cardio workouts

You may be watching your calories and running regularly, but you're missing some serious calorie burning if you're not weight training, too. By training your muscles to become stronger, you build and maintain muscle mass, which helps control body-fat composition and burns more calories—even while at rest.

FASTFIX > Do strengthening activities—like lifting weights, using resistance bands, doing push-ups and sit-ups or heavy gardening or house chores—two or three times a week. **WHT**



Is sex always painful?

It could be vulvodynia

Sex is supposed to be enjoyable, but for countless women suffering from vulvodynia, it's not. Characterized by pain or discomfort with sexual intercourse, rawness, stinging, itching and burning in the vagina or vulva, vulvodynia is a common condition, but it's often undiagnosed or misdiagnosed.

"The symptoms of vulvodynia mimic those of other, common vulvovaginal infections," explains Christin Veasley, associate executive director of the National Vulvodynia Association in Silver Spring, Md. "Women are routinely and incorrectly told that they have a yeast or bacterial infection over and over again."

A not-so-uncommon condition

Vulvodynia is more prevalent than most health practitioners realize. Roughly 16 percent of women ages 18 to 64 have experienced chronic vulvar pain for at least three months or more, according to a survey by Brigham and Women's Hospital in Boston, Mass.

Women who suffer from vulvodynia may experience intermittent or constant pain, which can persist for months to years. Making matters worse, vulvodynia is difficult to diagnose. The tissue of the vulva region may appear swollen or inflamed, but more often than not, it looks normal. A diagnosis often occurs only after other causes of vulvar pain, such as yeast or bacterial infections or skin diseases, are ruled out.

Treatment is possible

Although the cause of vulvodynia is unknown and there's no cure, the pain can be managed and treated.

"Treatment is directed at symptom relief and includes drug therapy to 'block' pain signals," Veasley says. "In women who have associated pelvic floor muscle spasm or weakness, physical therapy, biofeedback and/or Botox injections may be incorporated into the treatment plan." Because each case is different, treatment is tailored based on individual needs and responses. **WHT**



Help spread the word

To increase awareness and understanding of vulvodynia, the Office of Research on Women's Health at the National Institutes of Health, in partnership with other federal and nonfederal partners including the Society for Women's Health Research, has launched a national Vulvodynia Awareness Campaign.

Campaign materials are available at <http://orwh.od.nih.gov/health/vulvodynia.html>. Print materials can be obtained by calling **1-800-370-2943** or by visiting www.nichd.nih.gov/publications.

! Learn more!

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

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

on balance

HOW MARTINA MCBRIDE MAINTAINS A HEALTHY LIFESTYLE

By Bonnie Siegler

For country star Martina McBride, life is all about checks and balances. Like most of us, the 42-year-old singer is seasoned at juggling work and family. With a hectic 2007 that brought her Female Vocalist of the Year nominations from both the Academy of Country Music and the Country Music Association now past, McBride puts as much effort into her personal life as she does her professional one. This busy mother of three daughters—Delaney, Emma and Ava—works overtime to put her health and that of her family on center stage.

“Every day is different,” she says about juggling motherhood and her career. “It’s just thinking through what needs to be done and figuring out a way to get it done. Prioritizing. You don’t have to be a mom to juggle work and personal life, though. There are just so many hours in everyone’s day.”

Taking time for health

At McBride’s Nashville home she shares with her daughters and husband, John, the singer with the passionate voice is also passionate about cooking and finding some “me” time to unwind and relax, a key component of her general health. Just a simple 15 or 20 minutes can make a big difference in her day. “I like to sit down with a

cup of coffee in the morning and read a magazine or look at catalogs for gift buying. On Monday mornings, I have my coffee while I look at my cookbooks and plan the dinner menus for the week. Then I make out the grocery list for the week.” What’s on the menu this week? “White bean stew, lasagna with fresh green beans and salad, pot roast with mashed potatoes and peas, and grilled chicken with broccoli and lemon rice,” McBride says.

While the household’s nutritional staples run the gamut from whole-wheat bread, milk, bananas and other fresh fruits to homemade guacamole, McBride is quick to point out that she doesn’t try to be the food police. “As a family, we eat fresh, healthy food with hardly any processed foods. We eat mostly organic, and I like cooking with olive oil. Berries of all kinds are a great snack for us, as is guacamole with whole-grain crackers. My kids don’t even know of white bread,” she says. “But if I want that cheeseburger, I’m going to have it. I just don’t have it every day. My everyday consist of lots of fruits and vegetables.”

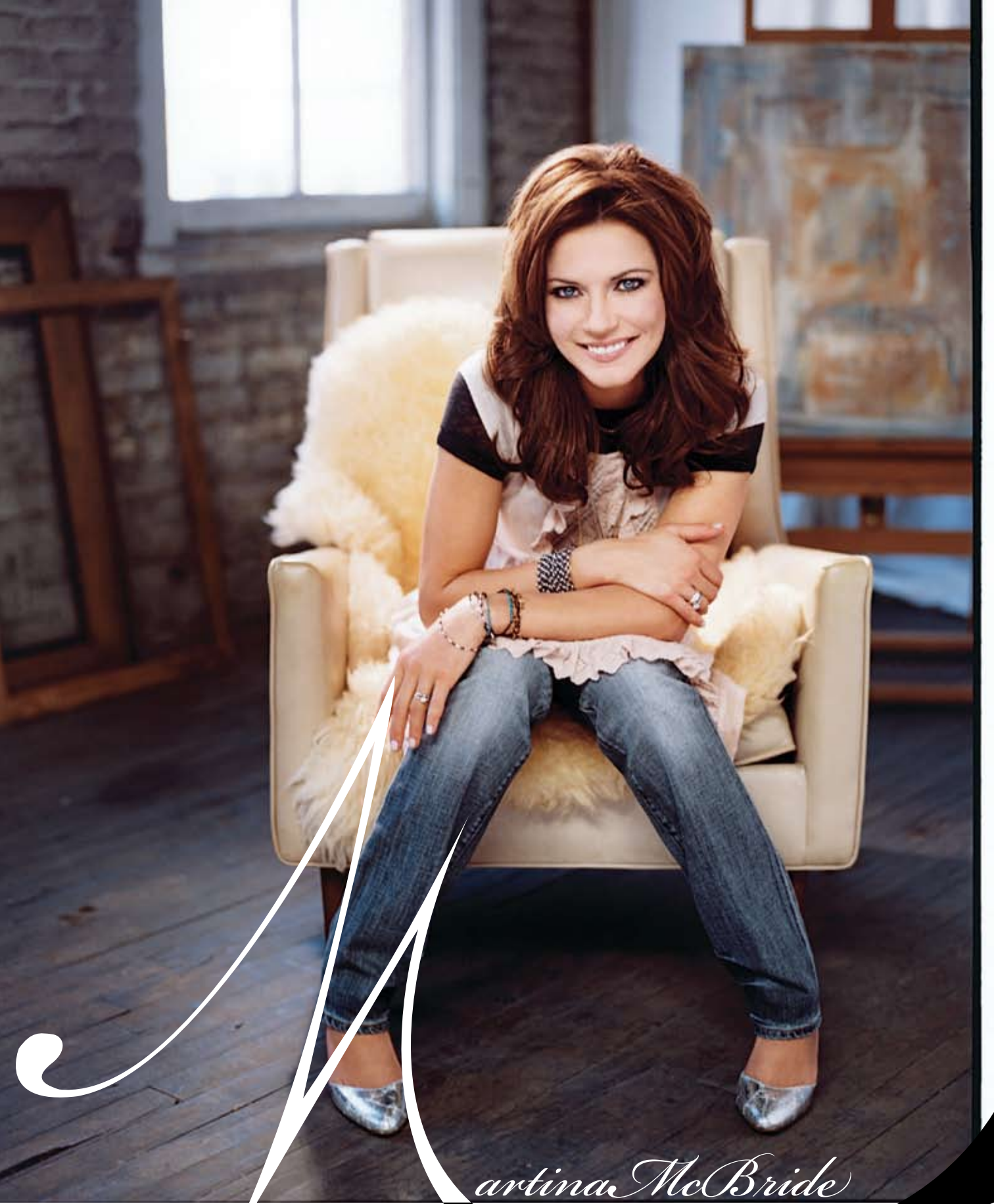
Maintaining perspective

In most ways, this petite, toned vocalist doesn’t obsess about her health, taking her diet and exercise routine all in stride. “I don’t really exercise regularly, but I am active, especially with three kids. I just don’t have a workout routine.”

The veteran performer admits that losing her pregnancy weight after Ava was a challenge. “Luckily, nobody sees me standing in front of the mirror like I see myself,” she says with a laugh. “It was definitely harder losing weight after the third one.”

When she does steal some time to exercise,

continued on page 12



artina McBride

continued from page 10

McBride lifts light weights for her upper body, tones her abdomen with sit-ups and burns calories with cardio. She also swims regularly for total body conditioning and counts household chores and taking her kids on tour as extra activity. "Taking the laundry from the dryer to the bedroom is a walk with weights," she says. "I play basketball with the kids at home, but when we're on the road, we take our bikes and go for a ride."

But life on the road is one filled with stress—a proven health-breaker. Luckily, McBride's 2007 world tour for her hit album, "Waking Up Laughing," helped her devise some stress-relieving tricks in addition to her morning "me" time. "I like taking a hot bath with lavender oils; it's a really soothing experience. Or even just taking the time to blow dry my hair is relaxing," she says. "Not only is this time important to me, but I think it's significant because I'm setting a good example for my girls, teaching them that you have to take care of yourself to take care of others. As a woman, my No. 1 health concern is about bone loss and osteoporosis. I don't drink a lot of milk, but I try to get calcium into my daily intake in other ways such as yogurt, calcium-fortified orange juice, broccoli ... I don't take a calcium supplement, but I guess that's something I should consider."

The producer, artist and writer is also fortunate to

have healthy genes, with the exception of her mother's macular degeneration, an eye condition that causes blurred vision or a blind spot. McBride takes precautions against the disease by maintaining a healthy diet, protecting her eyes with sunglasses and taking vitamins.

Throughout all of life's changes, the one constant has been McBride's commitment to singing, which has proven to be a stress-reliever on its own. "Music is a passion of mine, a creative outlet. I think it's important to have this outlet because it helps me focus and gives me drive. It's not a selfish thing or a selfless one, either. It's just something I do. My music is about hope, and I feel there's some sort of positive aspect to my songs that helps fill up my life with positive energy that I can spill over into my home life."

In fact, McBride says people are surprised to hear that she loves being home and wasting an entire day doing pretty much nothing but domestic duties. "I live like a normal person, and that brings me a lot of comfort and balance in my life. I cook dinner almost every night when we're home, go grocery shopping, do laundry and shuttle the kids around." So for now, the sensible singer lives life one day at a time. "The excitement is to take each day as it comes," she says with a smile. "I kind of just go with the flow." **WHT**

"I live like a normal person, and that brings me a lot of comfort and balance in my life.

I cook dinner almost every night when we're home, go grocery shopping, do laundry and shuttle the kids around."



Photo © 2008 FrontPage Publishing. Photographer: Rick Diamond



Polycystic ovary syndrome

More than a reproductive problem

Susan never imagined her irregular periods, weight gain, fertility problems and cosmetic issues like acne and excessive facial hair were all related to the same condition. But when she mentioned these problems to her doctor, she learned they could all add up to polycystic ovary syndrome (PCOS)—the most common hormonal disorder affecting childbearing-age women in the United States. It's also the leading cause of female infertility.

What's PCOS?

PCOS is a condition in which the ovaries become enlarged and form multiple cysts, disrupting the menstrual cycle. All women produce male sex hormones called androgens, but women with PCOS produce too much, which can stop ovulation and result in infertility, excessive hair growth and irregular bleeding. In PCOS, eggs in the ovaries don't

mature and aren't released. Instead, they remain in the ovary and form cysts. The condition is typically diagnosed when a woman is in her 20s or 30s.

Women with PCOS also have high levels of insulin in their blood, and their cells don't respond normally to this hormone. That can make it hard to lose weight and puts PCOS sufferers at greater risk of developing diabetes, high blood pressure and heart disease.

How is it treated?

If you're not ovulating and have signs of excess androgen, you're considered to have PCOS. Your healthcare provider makes this diagnosis based on your medical history, a physical exam, blood tests and possibly other tests such as a vaginal or abdominal ultrasound. Treatment for PCOS focuses on addressing individual symptoms and may include:

- **Weight loss and exercise** to help manage diabetes and blood pressure and reduce heart disease and stroke risk.
- **Smoking cessation** to reduce heart disease risk.
- **Medications** to treat high blood sugar when diet and exercise fail to control it adequately. The diabetes drug metformin decreases androgens and improves insulin resistance and ovulation.
- **Oral contraceptives** to regulate menstruation and suppress androgens.
- **Spironolactone (a diuretic)** to decrease androgens and treat acne and excessive hair growth.
- **Plucking, waxing, shaving or depilatory products** to get rid of unwanted hair.

Some women find PCOS symptoms can be embarrassing. If you have a difficult time dealing with the condition's emotional aspects, seek out a PCOS support group or ask your healthcare provider about ways to cope. **WHT**

Are you too old for asthma?



The asthma-hormone link

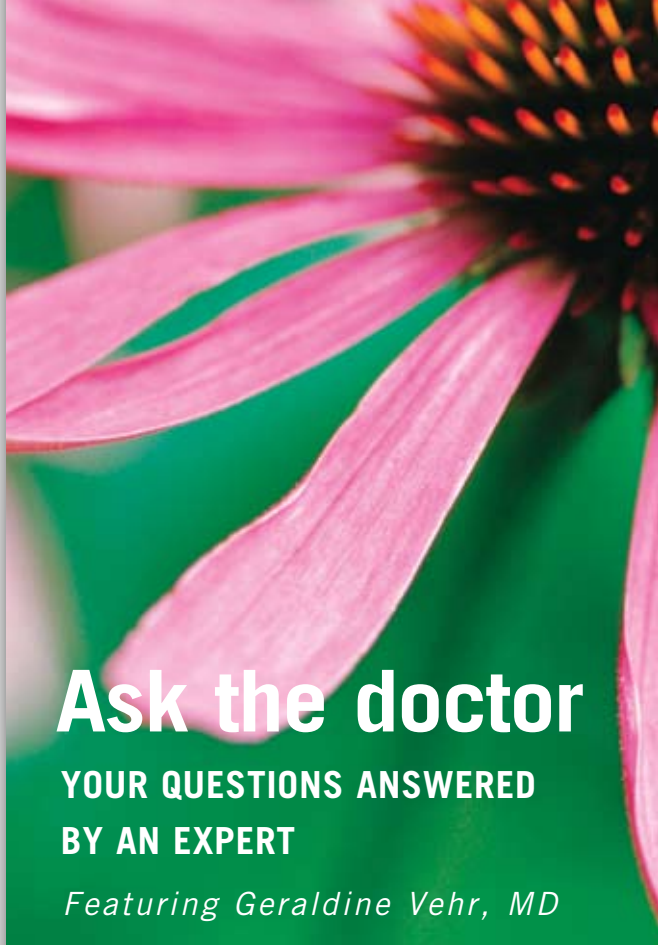
A Harvard Nurses Health Study discovered that women who took estrogen supplements for 10 years or longer after menopause were more likely to develop asthma than women who had never taken estrogen, suggesting female sex hormones may play a part in asthma risk.

If you answered “yes,” think again. Although this condition frequently develops in childhood, it can appear at any age. When diagnosed in adults over age 20, it’s called adult-onset asthma, which is more common in women than men and often related to allergies.

Unfortunately, some cases of adult-onset asthma go undiagnosed. Most adults experience a natural decrease in lung capacity after middle age that may lead healthcare providers to overlook asthma as a possible cause of breathing problems. Asthma can mimic the symptoms of other illnesses such as gastroesophageal reflux disease, rheumatoid arthritis, heart disease

or chronic obstructive pulmonary disease. A persistent cough may be the only symptom of adult asthma, but it can also be caused by lung disease, postnasal drip or medications such as ACE inhibitors, which are used to lower blood pressure.

Left untreated, asthma can cause an even greater loss of lung function and affect how you live. “Asthma can negatively impact your well-being—your daily activities and your ability to work,” says Geraldine Vehr, MD, an internal medicine physician with The Christ Hospital. “The airways narrow and become inflamed, making you feel short of breath and causing frequent coughing



Ask the doctor

YOUR QUESTIONS ANSWERED
BY AN EXPERT

Featuring Geraldine Vehr, MD

and wheezing or difficulty just breathing.”

Your best defense? Learn how to recognize the disease so you can seek help to manage it.

Why now?

Why asthma develops later in life isn't known, but factors such as heredity, allergies, certain illnesses and viruses, obesity, hormonal fluctuations in women and exposure to certain environmental irritants—such as smoke, mold, perfumes and household cleaners—have been linked to increased risks.

During an asthma attack, breathing is restricted by three physical changes occurring in the lungs, usually as a reaction to an allergen (a substance that causes an allergic reaction). Inflammation (swelling) of the lining of the lung's air passages is the most critical factor. In addition, the cells lining the passages produce more mucus than usual, and the muscles of the airways tighten. Together, these changes make it difficult to breathe.

Finding your asthma triggers aids effective treatment, Dr. Vehr says. Of course, you first have to read the signs. “Once you identify the triggers, you can take an active role in controlling your asthma. Allergies, food and food additives, exercise, smoking, sinusitis, upper-respiratory infections and certain medications are common triggers.” Asthma symptoms can be very subtle, so be on the lookout for:

- a wheezing sound when you breathe (sometimes only when you have a cold)
- a dry cough (which may also have mucus), especially at night or in response to allergic triggers
- shortness of breath
- chest tightness
- chest colds or colds that last for 10 days or longer

Unlike childhood asthma, adults who develop asthma often have persistent daily symptoms.

Make a plan and stick with it

If you have asthma, you need two written management plans:

- **A daily self-management plan** outlines the steps needed to control and monitor your asthma and includes a list of medications and how to take them.
- **An asthma action plan** tells you how to prevent and treat sudden asthma attacks and outlines when you should seek help.

Talk with your healthcare provider about drafting asthma plans. Share completed plans with someone who may be able to help during an emergency, and keep copies in your wallet or purse in case of an attack when you're away from home. **WHT**

Q: How can I tell whether it's asthma or something else?

A: While asthma symptoms can mimic other health problems, you have to look for the subtle differences. Coughing can accompany a cold, but a persistent dry cough that doesn't get better could be asthma. Look at when your symptoms are triggered, such as if your cough gets worse at night, or when you're in a certain environment. You may also get upper respiratory infections that just won't go away.

It's important to see your doctor for a complete workup to help eliminate other possible causes for your symptoms. To definitively diagnose asthma, you'll need to take a pulmonary function test, which measures how well your lungs work. During the test, you'll take medication that triggers symptoms only in people with asthma. Once you have a diagnosis, you're that much closer to getting your condition under control and your health back on track.

Eat your vegetables!

How to fit
veggies into
your family's
meals

OK, so maybe steamed broccoli or cooked carrots doesn't entice the taste buds like, say, a slice of chocolate cake or a bag of potato chips does. But with the help of a great recipe (or three!), vegetables can add a nutrient-packed kick to your family's daily diet.

In addition to being low in fat and calories, veggies provide nutrients like potassium, fiber and vitamins A, C and E. Eating a variety of vegetables, along with fruits, as part of a healthy diet may reduce your risk of heart disease, stroke, diabetes and cancer.

Most Americans don't come close to meeting the U.S. Department of Agriculture's goal of five to nine servings of fresh fruit and vegetables a day, the amount experts say meets most people's nutritional needs. In fact, a recent government report shows less than 30 percent of American adults eat vegetables three or more times a day.

So where do you get started? First, your plate doesn't need heaping piles of peas for dinner to be nutritious. And who says vegetables can only be served on the side? Try these creative recipes to discreetly add a veggie boost to your diet:



ZUCCHINI LASAGNA

Serves 6

- ½ pound lasagna noodles, cooked in unsalted water
- ¾ cup part-skim mozzarella cheese, grated
- 1½ cups fat-free cottage cheese*
- ¼ cup Parmesan cheese, grated
- 1½ cups raw zucchini, sliced
- 2½ cups no-salt-added tomato sauce
- 2 tsp. dried basil
- 2 tsp. dried oregano
- ¼ cup onion, chopped
- 1 garlic clove
- ⅛ tsp. black pepper

- Preheat the oven to 350° F.
- Lightly spray a 9- by 13-inch baking dish with vegetable oil spray.
- In a small bowl, combine ⅓ cup of mozzarella and 1 tbsp. of Parmesan cheese. Set aside.

- In a medium bowl, combine the remaining mozzarella and Parmesan cheese with all the cottage cheese. Mix well and set aside.
- Combine tomato sauce with remaining ingredients. Spread a thin layer of tomato sauce in the bottom of the baking dish. Add a third of the noodles in a single layer. Spread half of the cottage cheese mixture on top. Add a layer of zucchini. Repeat layering. Add a thin coating of sauce. Top with noodles, sauce and the reserved cheese mixture. Cover with aluminum foil.
- Bake for 30 to 40 minutes. Cool for 10 to 15 minutes.

Per serving: 276 calories, 5 g fat (2 g saturated), 11 mg cholesterol, 380 mg sodium, 41 g carbohydrates, 5 g fiber, 19 g protein

* Use unsalted cottage cheese to reduce the sodium content. New sodium content for each serving is 196 mg.



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CARROT-RAISIN BREAD

Makes two loaves

- 1½ cups all-purpose flour
 - ½ cup sugar
 - 1 tsp. baking powder
 - ¼ tsp. baking soda
 - ½ tsp. salt
 - 1½ tsp. ground cinnamon
 - ¼ tsp. ground allspice
 - 1 egg, beaten
 - ½ cup water
 - 2 tbsp. vegetable oil
 - ½ tsp. vanilla
 - 1½ cups carrots, finely shredded
 - ¼ cup pecans, chopped
 - ¼ cup golden raisins
-
- Preheat the oven to 350° F.
 - Lightly oil two 9- by 5-inch loaf pans.
 - Stir together dry ingredients in a large mixing bowl. Make a well in the center of the dry mixture.
 - In a separate bowl, mix together remaining ingredients. Add mixture all at once to dry ingredients. Stir just enough to moisten and evenly distribute carrots. Turn into the prepared pan.
 - Bake for 50 minutes or until a toothpick inserted in the center comes out clean.
 - Cool for five minutes in the pans. Remove from the pans and cool completely on a wire rack before slicing.

Per ½-inch slice: 99 calories, 3 g fat (less than 1 g saturated), 12 mg cholesterol, 97 mg sodium, 17 g carbohydrates, 1 g fiber, 2 g protein



SWEET POTATO CUSTARD

Serves 6

- 1 cup sweet potato, cooked, mashed
 - ½ cup (about two small) bananas, mashed
 - 1 cup evaporated skim milk
 - 2 tbsp. brown sugar, packed
 - 2 egg yolks, beaten
 - ½ tsp. salt
 - ¼ cup raisins
 - 1 tbsp. sugar
 - 1 tsp. ground cinnamon
 - Nonstick cooking spray, as needed
-
- Preheat the oven to 325° F.
 - In a medium bowl, stir together the sweet potato and banana. Add the milk, blending well. Add brown sugar, egg yolks and salt, mixing thoroughly.
 - Spray a one-quart casserole dish with nonstick cooking spray.
 - Transfer the sweet potato mixture to the casserole dish.
 - Combine raisins, sugar and cinnamon. Sprinkle over top of sweet potato mixture.
 - Bake for 40 to 45 minutes or until a knife inserted into the center comes out clean.

Per ½-cup serving: 160 calories, 2 g fat (1 g saturated), 72 mg cholesterol, 255 mg sodium, 32 g carbohydrates, 2 g fiber, 5 g protein

Recipes reprinted from *Keep the Beat: Heart Healthy Recipes from the National Heart, Lung and Blood Institute*. July 2003. Available for free download at www.nhlbi.nih.gov/health/public/heart/other/ktb_recipebk/index.htm, or in print by sending \$4, plus \$3.10 for shipping, to NHLBI Information Center at P.O. Box 30105, Bethesda, MD 20824-0105; or by calling (301) 592-8573.

HELP FOR THE ‘baby blues’

Most pregnant women have high expectations about their baby’s arrival. They can’t wait to hold the infant and usually imagine all sorts of peaceful bonding scenes. But what if, instead of feeling happy and proud, you feel anxious, sad or even angry after your baby’s birth?

Such feelings, often called baby blues or postpartum blues, affect many new mothers. Typically, the blues set in about three days after birth and last 48 hours to one week. Other signs include unexpected bouts of crying and trouble sleeping, eating and making decisions.

If you’re a new mother with a touch of the blues (or you know one), don’t worry. It’s really not surprising that you’re a bit down in the dumps. Most likely, you’re being awakened several times at night. During the day, too, you’re at the baby’s beck and call. Going out may be too much trouble. Hormones crash after pregnancy, which can trigger depression. Add it all up, and even second- or third-time mothers are likely to feel overwhelmed. So what can you do? Here are some ideas: **DON’T BE TOO HARD ON YOURSELF.** You can be profoundly grateful for your healthy baby and still be tired and in need of some “me” time.

SLEEP WHEN THE BABY SLEEPS. The laundry can wait; your sanity can’t. Lack of sleep can easily turn a challenging situation into an overwhelming one.

ACCEPT HELP. Take any reliable and willing person up on his or her offer. (Consider asking for help, too.) Ask helpers to do laundry, shop, cook a meal or watch the baby while you run an errand or take a bath (a proven spirit lifter).

TAKE A WALK. Exercise wards off depression, gets you out of the house and helps you get back into shape. Because you can take your baby with you, you won’t have to plan activity around someone else’s schedule.

EAT A BALANCED DIET. It will help you keep your strength up. Avoid sugar, which can act as a depressant. **GET TOGETHER WITH OTHER NEW MOTHERS.** More likely than not, they’ll have the same concerns and frustrations—and joyful feelings—that you do. Comparing notes is good therapy.

RELINQUISH CONTROL—temporarily, at least. If you’re used to having everything just so, you may be especially vulnerable to the blues. Accept that, for the next couple of months, structure and predictability will give way to delightful surprises, like hearing your baby giggle for the first time. **WHT**



YOUR HEALTH: It's a family affair

Knowing your health history could save your life



Did your grandfather ever have a heart attack? Do your brothers or sisters have high blood pressure? Did your Great Aunt Betty have diabetes? If you don't know the answers to questions like these, you're not doing all you can to guard against disease.

Most people understand that many medical conditions, including heart disease, high blood pressure, diabetes, stroke, cancer and peripheral artery disease, run in families. And according to a survey by the U.S. Department of Health and Human Services, 96 percent of Americans think it's important to know their own family health history.

But knowing and taking action are two different things. Only one-third of those surveyed have actually tried to compile their health history. For those who haven't, the U.S. Surgeon General's Family History Initiative can get you started.

High-tech history

The centerpiece of the initiative is a Web-based tool called My Family Health Portrait. It helps you compile and organize your family history, creating both a drawing of your family tree and a chart of your family health history. You can then edit or update your information at any time, save it to a disk, print it, share it with family members or present it to your healthcare providers. The tool is free and strictly confidential. The information you enter is stored only on your own computer and not on any government server.

Why the knowledge is important

Although you can't change your family or your genetic makeup, you can change your own behaviors that affect your health. People with a family history of heart disease, for example, may have the most to gain from quitting smoking, exercising more, maintaining a healthy weight and eating better. Knowing your personal health risks may also encourage you to get timely screenings for high blood pressure, high cholesterol, high blood sugar and other markers of heart health. You can also use it to develop prevention plans with your doctor. **WHT**



Dancing for fitness

Many forms of dance offer a terrific workout. Try some of these:

- salsa
- belly
- ballet
- flamenco
- jazz
- tap
- modern
- square
- swing
- country line

(line dancing can also be done to rock, pop or salsa music)

You should be dancing!

If you ever watch “Dancing with the Stars,” you may notice that partner dancing is making a comeback and that it seems rather ... *athletic*. Could a night on the dance floor pass for exercise? Absolutely!

Although Fred Astaire and Ginger Rogers made it look effortless, ballroom dancing—also called partner or social dancing—can be vigorous exercise that burns about 300 calories an hour. Physical benefits include improved cardiovascular conditioning and stamina, stronger muscles, a better sense of balance and more fluid and flexible body movements. In addition, dancing to music and its rhythms aids stress relief and sleep.

Your first step

Don't worry if you think you have two left feet and no rhythm. Anyone can learn to dance. First, find a class. Many dance studios, community centers or YMCAs offer group lessons for beginners. Look for a local chapter of USA Dance (www.usadance.org), which holds frequent social dances that begin with a one-hour dance lesson. For tips on how to choose a dance school, see “Dance school ABCs” at right.

Partner optional

Many beginner classes don't require a partner and welcome singles. Participants are paired up and switched

periodically. If you already have a partner, learning to dance together can add a new dimension to your relationship. Group classes may be less intimidating and offer an opportunity to meet and dance with other beginners. Or, you may opt to try a few private lessons before joining a group session.

Classes typically focus on steps and patterns, and you'll likely begin learning simple waltzes, fox trots and cha-chas. As you progress, you'll learn more complicated routines. Be sure to ask about proper attire. Most classes suggest wearing comfortable street clothes or exercise gear such as a T-shirt and leggings or yoga pants. Wear shoes with a flexible sole.

If you're looking for a physical activity that will get your heart rate up and be fun, learning to tango may be just your style. Get on your dancing shoes and give it a whirl.

In a class by yourself

If you're not keen on group lessons—or already know you have two left feet—how about doing your own thing? Close the curtains, turn on some music and dance your heart out. You can also find a variety of dance videos that offer a fun twist on a traditional video-based home workout. From “Sweating to the Oldies” to the latest pop-inspired sets, you're guaranteed to find tunes that suit your fancy feet. Once you start dancing, stopping might be the hard part. **WHT**

Dance school ABCs

The best school for you depends on your individual goals. Finding a school that fits your needs is easy if you follow these guidelines:

► Check the credits.

A reputable school should provide a list of their instructors along with their professional credits, teaching credentials and any professional society affiliations.

► Scope out the space.

Take a tour to make sure the classroom space is suitable for dance instruction. Look for proper floors, mirrors, a music system and barres and mats (if needed). These necessities help ensure a comfortable space that minimizes injury risks.

► Read the policies.

Before you sign on the dotted line, be sure you know how many classes you're getting, the tuition and refund policy and dress and conduct codes. Know what's expected of you and what the school offers in return.

► Find out the school's demographic.

Does the school cater to kids with just a spattering of adult classes? Or is it an adult-only facility? If you're interested in becoming a professional dancer, your needs might be different from someone just looking for a fun Friday night activity.



Are you hip to health screenings?

Preventive health screenings such as mammograms and colonoscopies can literally be lifesavers. But how much do you know about these and other crucial exams? Test your knowledge by answering true or false to the statements below. Then check the answers to see how you did.

TRUE OR FALSE?

- 1. If your lifetime risk for breast cancer is 10 percent, you should supplement a yearly mammogram with magnetic resonance imaging (MRI).**
- 2. Cervical cancer death rates are higher in world populations that don't have routine Pap tests.**
- 3. A woman's breast cancer risk decreases with age.**
- 4. The only sure way to determine bone density is to have a bone mineral density (BMD) test.**
- 5. Women should get a lipid test at least every five years.**

ANSWERS

1. FALSE. The American Cancer Society currently recommends that women with a high lifetime risk for breast cancer (greater than 20 percent)

get an MRI in addition to their mammogram. If your lifetime risk is 15 percent to 20 percent, talk with your healthcare provider about whether adding an MRI is right for you.

2. TRUE. Your best defense against cervical cancer is a Pap test, which can detect abnormal cell changes before symptoms appear. Pap tests are recommended at least every three years.

3. FALSE. Breast cancer risk rises as a woman gets older. Other risk factors include beginning periods before age 12 or going through menopause after age 55, having an inherited altered BRCA1 or BRCA2 gene, being overweight, using menopausal hormone therapy, taking birth control pills, drinking alcohol, not having children (or having your first child after age 30) and having dense breasts.

4. TRUE. Generally, the lower your bone density, the higher your fracture risk. You and your healthcare provider can decide the best course of action for your bone health based on your BMD test results.

5. TRUE. Everyone needs a lipid test, which measures fats in your blood. Also known as a lipid panel, this test includes total cholesterol, HDL (good) and LDL (bad) cholesterol and triglycerides.



! Test your health knowledge online

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

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