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SPRING 2006

WOMEN'S

health

TODAY

**Brooke
Shields**
HER HEALTH,
HER FAMILY
& what's next

**Weight-loss
surgery:**
Is it right
for you?

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**Dare
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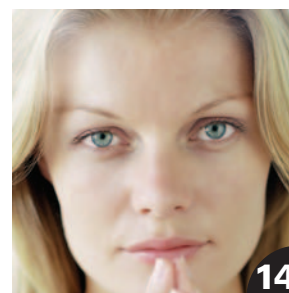
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LETTER FROM THE FOUNDER

Don't suffer in silence

Pelvic floor dysfunction is a relatively new term that physicians use to describe very common quality-of-life problems related to the female pelvic area. These include problems with bladder control, pelvic pain, loss of support of pelvic organs, sexual dysfunction and bowel dysfunction. The number of women who suffer from these problems is staggering. For instance, anywhere from 20 percent to 60 percent of all women have what they perceive to be a socially disabling problem with bladder or bowel control. Forty percent to 90 percent of all women have some form of female sexual dysfunction and approximately 12 million women in this country suffer from chronic pelvic pain. If a woman lives to be 80 years old, she has an 11 percent chance of needing an operation for loss of support of her pelvic organs or urinary incontinence.

My point is that it's rare for a woman to go through life and not have any problems with her pelvic floor. Unfortunately, most women perceive these as problems that are either a normal part of the aging process or have no solution and must be tolerated. What's more, the embarrassment women feel about these problems makes them unable and unwilling to discuss them with their family or health care provider. Over time, women may start to socially isolate themselves because they don't want to deal with potentially embarrassing issues in a public setting, and other conditions, such as obesity and depression, begin to set in.

Remember: If you experience any of these pelvic floor disorders, don't suffer in silence. Take the first step towards better health and a better quality of life and make an appointment with your health care provider. In many cases, minimally invasive or non-surgical treatments are available to tremendously improve—if not cure—the majority of women's health problems.

In this issue of *Women's Health Today*, you'll read about several conditions that pose a challenge to women's health, including endometriosis, a very common cause of pain and infertility. You'll learn about what causes these conditions and, most important, how to discuss your symptoms with your health care provider and find the most effective treatments for you.



Sincerely,

MICKEY M. KARRAM, MD

CO-FOUNDER, FOUNDATION FOR FEMALE HEALTH AWARENESS

Dr. Karram and his wife, Mona, are 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.

WOMEN'S health TODAY

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Women's Health Today magazine is part of Women's Health Experience, 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.

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COVER: BROOKE SHIELDS/EVERETT COLLECTION

**BACK PAIN AFFECTS
MILLIONS, BUT THE
RIGHT CARE CAN
GET YOU**

BACK on track

By William Tobler, MD

TAKE ACTION!

**Follow these guidelines
to keep your back in
good shape:**

- Maintain a proper weight and keep your back muscles toned. Focus on abdominal strengthening and a good stretching regimen to warm up before exercising.
- Don't be afraid to ask for help moving boxes or lifting heavy items. Avoid bending at the waist; instead, bend your knees to pick something up and keep the item close to your body as you stand.
- If you do have sudden back pain, see your doctor.

the facts are staggering. It's widely accepted that eight in 10 Americans—both women and men—will have severe back pain at some point in their lives. Up to 60 percent of adults suffer from chronic back pain every year, and more than one million spine surgery procedures are performed annually. Medical costs to treat back pain in the United States approach \$24 billion each year.

However, of the thousands who come to see me or my colleagues for spine-related issues, only 20 percent require surgery. The other 80 percent will resolve their issues by toning muscles that support the spine, or through physical therapy or other treatments that ease pressure on nerves and remove stress from overworked back and neck muscles. That's good news for women who want to get back on track as soon as possible.

Surgical solutions If surgery is required, there are many options. Traditional surgery is still often performed, but newer techniques are constantly emerging. Surgeries previously requiring a three- or four-day hospital stay are now being done with minimally invasive techniques requiring only an overnight visit, and soon we'll be able to do many of these surgeries on an outpatient basis.

A new fusion technique is being per-



formed at The Christ Hospital for the treatment of low back pain. Called AxiaLIF (Axial Lumbar Interbody Fusion), the procedure is currently the least invasive approach to surgically repair severe lumbar spine problems. This means less risk, cutting, recovery time and discomfort.

Jennifer Lawson was my first AxiaLIF patient. A 33-year-old mom with degenerative disc disease, Jennifer had no time to slow down. She balanced a stressful job with the duties of being a mom, coaching her daughter's soccer team and keeping herself in shape. Over time, her back wore down, and her lower back wouldn't tolerate therapy or other non-surgical treatments. She had the surgery in May 2005 with a two-day hospital stay, and is doing wonderfully. Since then, we've had other patients leave the hospital the day after having AxiaLIF surgery with equally positive results.

Be good to your back If you have back pain, it's reassuring to know that a number of new treatment options are available. Talk to your doctor to see which treatment solutions can work for you. Remember: Taking care of your back is one of the most important things you can do at every age and stage of life.

Get 'back' to good health

For more information, call
(513) 585-BACK or visit
www.ChristSpineInstitute.com.

Dr. Tobler is a neurosurgeon with the Mayfield Clinic and director of neurosurgery at The Christ Hospital. He is also a member of The Spine Institute at Christ.



mammograms matter

By Patricia
Braeuning, MD

DON'T LET FEAR STAND IN THE WAY OF GETTING THIS IMPORTANT SCREENING

Studies have shown that when breast cancer is detected early, the five-year survival rate is 98 percent. Research also suggests women whose cancers are detected by mammography have better outcomes than those detected by physical exams. Despite these facts, many women still don't get routine mammograms, often because of fear or misinformation.

Why do women avoid mammograms?

FEAR OF PAIN: A quality mammogram requires compression of the breast, which may be uncomfortable for a few seconds, but only in rare cases is it too painful for women to tolerate. By allowing yourself to relax and by letting the technologist position your body appropriately, you should be able to minimize any discomfort. If you have tender breasts, try to schedule your mammogram in the first week or two after your menstrual period. If pain remains an issue, try taking ibuprofen about 30 minutes prior to your exam.

FEAR OF CANCER: We all have this fear, but it's important to keep it in perspective. While statistically one in seven women will develop breast cancer at some point in her lifetime, it's important to remember most cancers are treatable. In fact,

many more women die of heart disease than of breast cancer. Of cancer deaths among women, lung cancer is a much bigger killer than breast cancer. Knowledge is the best defense. After all, you can't do anything to treat an early and potentially curable breast cancer unless you know about it.

How accurate is mammography? While mammography is not a perfect exam and may not detect all breast cancers, coupled with regular breast self-exams it is still the best-proven method available to detect breast cancer early. Women over age 40 should have a mammogram each year to assess subtle changes in their breasts. The first mammogram,

called a baseline exam, is less sensitive because no prior films are available to assess subtle changes. However, once routine annual screening mammograms have been established, the exam is very effective. In fact, early screening trials in the United States have shown that annual mammograms can reduce breast cancer deaths by 35 percent.



Dr. Braeuning is a radiologist with Professional Radiology Inc., specializing in breast imaging. She proudly serves as medical director of The Christ Hospital Women's Imaging Center.

TAKE ACTION!

Follow these guidelines to ensure you get a comfortable, effective mammogram:

- ▶ Choose a high quality mammography facility, such as The Christ Hospital Women's Imaging Center.
- ▶ Do not wear deodorant, powder or lotion.
- ▶ Schedule your exam in the first two weeks after your menstrual period.
- ▶ Be sure to tell the technologist before your exam if you feel a lump.
- ▶ Allow yourself to relax and let the technologist position you for an effective exam.
- ▶ Make sure your old mammograms are available for comparison.

Most people have experience with, or have heard of, hospice care and recognize it as a specialized form of medical care that addresses the unique needs of patients who are terminally ill. However, many people may not be familiar with one of the newer subspecialties of medicine: palliative care.

What is palliative care? The World Health Organization defines palliative care as “the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems, is paramount.

patients were in hospice care only three weeks before dying and only about 25 percent of all people who die in the United States are in a hospice program at the time of death. Studies have also shown that many patients die in pain and that their wishes about life support and use of CPR or other technology is not always honored at the end of life.

Palliative medicine grew out of these experiences. Pioneers in palliative medicine recognized that many patients and families facing life-threatening or terminal illness have

Palliative care

The other intensive care

By Elizabeth Rabkin, MD

The goal of palliative care is the achievement of the best quality of life for patients and their families.” This sounds similar to the definition of hospice care, and indeed, hospice is palliative care in its most basic form. That said, hospice care is designed for patients who have a disease that is not curable, who have a life expectancy of six months or less and who have chosen not to pursue any further life-prolonging or disease-modifying therapy.

Since the Medicare hospice benefit was enacted more than 20 years ago, hospice programs have grown and flourished. Many patients and families have been helped by the presence of hospice during the terminal phase of illness. But, early on, hospice professionals and other pioneering medical professionals realized hospice care was coming too late or not at all for many patients. On average,

concerns and symptoms while they’re still receiving potentially curative or life-prolonging therapy. They also found that by devising teams of various professional experts—physicians, nurses, chaplains, social workers, pharmacists and others—they could help patients ease into the terminal phase. In this way, palliative care providers can aggressively identify and treat suffering and maximize patients’ quality of life.

When people are facing a life-threatening illness, when they are dying, what do they fear? They fear they will suffer, that their families will suffer or grieve, that they will be abandoned or that they will die with unresolved issues. Palliative care providers and teams can help dispel these fears and make the transition at the end of life less difficult.

Dr. Rabkin is an internist with Alliance Primary Care and director of the palliative care service at The Christ Hospital. She is also an adjunct associate professor of medicine at the University of Cincinnati College of Medicine.

Learn more

For more information on palliative care and services at The Christ Hospital, call (513) 585-4157.

WEIGHING THE PROS AND CONS OF weight-loss surgery

THIS PROCEDURE CAN HELP YOU BEAT THE BATTLE OF THE BULGE, BUT IS IT THE RIGHT CHOICE FOR YOU? HERE'S WHAT TO CONSIDER FIRST

The 'before' and 'after' photos of patients paint a convincing picture. But if you're overweight and considering weight-loss surgery, your personal decision to undergo the procedure must be based on more than visual evidence. It requires intense discussions between you and your physician to determine if the surgery is right for you. And it demands a willingness on your part to dramatically—and permanently—change your eating and exercise behaviors.

Read on for some key points to consider about weight-loss surgery—then talk to your health care provider about whether the procedure is the best option for you.

Who's the right candidate for weight-loss surgery?

It's usually someone at least 100 pounds overweight for whom the standard methods of weight loss have repeatedly failed. Physicians use Body Mass Index (BMI) to help make the determination. BMI is a mathematical formula that uses a person's height and weight to gauge obesity. An individual with a BMI of 40 or greater is considered to be morbidly obese and a prime candidate for weight-loss surgery. So is an individual with a BMI of 35 or greater who has other serious health conditions, such as diabetes or high blood pressure.

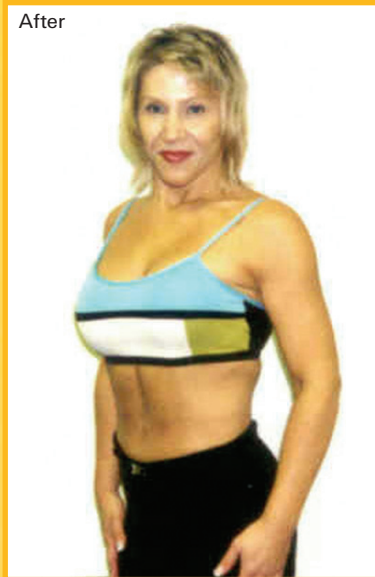
But the number on the scale and your BMI don't solely determine your candidacy for weight-loss surgery. "Candidates must also fully understand the magnitude of the procedure they're considering," advises Philip Schauer, MD, director of the Bariatric and Metabolic Institute at the Cleveland Clinic. "Weight-loss surgery is a life-altering experience, and prospective patients must be psychologically prepared for it."

The risks of having—and not having—surgery

Like any other major surgery, bariatric surgery carries certain risks that should be weighed carefully. While there is a very low



After



A LIGHTER LIFE: In addition to losing 162 pounds after having weight-loss surgery, Laura Smolenak shed other serious conditions that were caused by her obesity.



Before

True story

When weight loss is a matter of life and death

Seated in her dentist's office one day to have a tooth pulled, Laura Smolenak, now 52, first had her blood pressure taken. It was sky high: 218/110 mmHg. Instead of pulling the tooth, her dentist advised her to go to an emergency room.

A registered nurse, Laura knew one of the risks of high blood pressure was kidney damage. Since she had only one kidney (the other was donated to her father when she was 21), Laura knew she had to do something dramatic to control her lifelong weight problem—or suffer the possibly lethal consequences.

She opted for bariatric surgery. That was eight years ago, and within a year and a half of the procedure Laura had lost 162 pounds. Just as important, she rid herself of a host of other maladies that came with being obese, including sleep apnea, high cholesterol and joint pain. "Everything changes, including your mind, body and spirit," she wrote to her surgeon, Philip Schauer, MD, several months after the operation.

Today, Laura continues to keep the weight off through daily exercise and healthy eating. She's so health-conscious, in fact, that she's become a personal trainer and spinning instructor.

HELP IS HERE

Trying to lose weight but tired of no results? The Christ Hospital and UC Surgeons' Surgical Weight Loss Services may have the answers you've been looking for! Learn more at a free information session at Christ on one of the following dates:

Thursday, April 20, 7–8:30 p.m.

A-level, Classrooms 1 and 2

Tuesday, May 9, 7–8:30 p.m.

A-level, Classrooms 3 and 4

Thursday, June 15, 7–8:30 p.m.

A-level, Classrooms 1 and 2

Call **475-7770** to register or for more information!

THREE YEARS AGO,
BROOKE SHIELDS
DIDN'T WANT TO LIVE
ANYMORE. NOW SHE'S PUT
POSTPARTUM DEPRESSION
BEHIND HER

Coming OUT OF THE RAIN

By Bonnie Siegler

Brooke Shields/Danielle La Monaca/Reuters/Corbis

She was an obsessed soap opera fan who had lost her grip on the real world. And she was real funny. That's what saved Brooke Shields. It was her guest-starring spot on the NBC sitcom "Friends" as Joey's (Matt LeBlanc) stalker that proved to everyone there was more to Shields than what she packed into her designer jeans.

Over the years, Shields has shown the world her many talents and personalities—from her roles in "Pretty Baby" and "The Blue Lagoon" to her starring turn as TV's "Suddenly Susan" to singing and dancing in the Broadway musical "Chicago." Still, it came as a surprise when, in 2005, the 39-year-old revealed yet another side of herself—the woman who battled postpartum depression, as chronicled in her book "Down Came the Rain."

Beyond the baby blues Depression was the last thing on Shields' mind after the birth of her daughter, Rowan Francis (named for her late father, Francis Shields) in May of 2003. After all, the actress had suffered a miscarriage and had tried unsuccessfully for more than a year to conceive, joining the ranks of more than 6 million Americans dealing with infertility.

Finally, though, Shields seemed to have it all: a successful career, a happy marriage to screenwriter Chris Henchey and a beautiful new daughter. She even admits that, despite her preconception problems, her pregnancy with Rowan was quite easy, with no morning sickness or excessive weight gain.

But it was after the labor and birth of Rowan that Shields' real challenges began. She began a downward slide into postpartum depression (PPD), a crippling condition that she believes was due in part to her conception difficulties and in vitro fertilization (IVF) treatments. "The medication and hormone treatment I underwent helped throw my system off balance, and the failed attempts depressed me as well," she explained to iVillage. Shields added, however, that many non-IVF mothers suffer from the same symptoms.

Soon, there were no smiles or soothing lullabies from mother to daughter. In fact, Shields was contemplating suicide. "I really didn't want to live anymore," she admitted in her book. She wasn't aware of the classic signs of PPD—shame, helplessness and despair. "PPD causes one to feel so ashamed and desolate that it is very difficult to admit to," she said. "There is such a stigma around not being attached to your baby and happy with motherhood. The image has been ingrained in our minds and our culture, and any picture less than an ideal one seems to be cause for shame."

Sharing her story After consulting with physicians and receiving a combination of medication and therapy for PPD, Shields returned to her

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THE FACTS ON POSTPARTUM DEPRESSION

Having a baby should be one of the most joyous experiences in a woman's life. So why do many women experience the blues after giving birth? One reason is the rapid drop in estrogen and progesterone levels during the first 24 hours after childbirth. This change in hormone levels, researchers believe, can lead to mood swings, irritability, anxiety, crying and restlessness. These symptoms, dubbed the 'baby blues,' are considered common after birth (in fact, about 70 percent of new mothers experience them) and go away within a few days.

Postpartum depression (PPD), on the other hand, is more severe than the 'baby blues.' Women who have PPD often feel overwhelmed by their new role as a mother and may doubt their ability to be a good parent. These feelings may begin anytime within the first year after childbirth and last for more than two weeks.

About one in 10 new mothers experience PPD, which may include these symptoms:

- ▶ lack of interest in the baby
- ▶ fear of harming the baby or oneself
- ▶ sleep or appetite changes
- ▶ exhaustion or fatigue
- ▶ feelings of hopelessness
- ▶ uncontrollable crying

FOR MORE INFORMATION

The Women's Health Information Center offers information and resources on postpartum depression, infertility and other women's health issues. Visit www.womenshealth.gov.



Left: Brooke Shields signs copies of her book, "Down Came the Rain," in which she talks about her struggle with postpartum depression.

Below: Shields, husband Chris Henchey and daughter Rowan.



continued from page 9

normal self, laughing, smiling and cuddling Rowan. Women who experience PPD have such severe sadness and emptiness that Shields has urged them to seek medical help, just as she did. "There is help and it works," she said. "There is no shame in new moms having these feelings."

Shields' desire to help other women in her situation was the inspiration for "Down Came the Rain." "This subject became so unavoidable to me, after having experienced it so dramatically," she said. "I felt the need to share how I was altered and how those close to me were affected. It did not stem so much from a desire for catharsis as it did from an obligation to help others."

A happy, healthy future Today, Shields is cherishing the joys of motherhood—so much so that she and her husband are expecting their second daughter in the spring. When asked if she worries about having PPD with her second child, Shields told "Your Total Health," "I have to think about it, and now I know what the signs are. If anything goes askew, I will know."

Like many others who've experienced a health crisis, Shields has educated herself and is prepared for whatever the future holds. Best of all, she's come to terms with her PPD, and she hopes that sharing her personal battle has helped other women face PPD head on.

Shields' struggle has only added dimension to her life. She's got a loving husband, a successful career and a growing family. And she's looking more beautiful now than ever.

GETTING HELP

Most women who experience symptoms of PPD don't share their feelings because of embarrassment, shame or fear of being viewed as a bad parent. But it's vital for women to discuss these feelings with their spouse or doctor, who can help them decide on effective treatment options. Talk therapy with a therapist or psychologist, antidepressant medications or a combination of both are common strategies. PPD support groups also help new mothers share stories and support.

WEIGHING THE PROS AND CONS OF WEIGHT-LOSS SURGERY



continued from page 6

risk of dying, “patients who have this procedure often have a bad heart or lungs because of the weight they’ve carried on their bodies for 40 or 50 years, so they’re at a much higher risk to begin with,” says Dr. Schauer. Short-term complications (within 30 days of surgery) may include peritonitis (an inflammation of the membrane that covers the abdominal organs), bleeding, infections and blood clots, though Dr. Schauer notes that these risks, too, are low.

A more important consideration, however, may be the risk of *not* having the operation, Dr. Schauer points out. “For severely obese people, there is no other known therapy as effective as surgery,” he says. “If they don’t have the surgery, we can assume they will stay at least the same, or get even heavier. And that risk is enormous when you think of their health and expected longevity.”

A lifelong commitment Another consideration is the effort you’ll need to make after your surgery to stay healthy. It’s crucial for weight-loss surgery patients to remain dedicated to keeping the weight off by participating in programs that encourage healthy eating and physical activity. These programs typically include extensive nutritional counseling with a registered dietitian both before and after surgery. You’ll also be encouraged to get out of bed and start walking the day after surgery (the hospital stay for gastric bypass patients is usually two to four days, and one to two days for Lap-Band patients; most individuals return to work in two to three weeks). Walking or some other form of physical exercise should become embedded in your daily routine from that day forward.

You won’t be expected to bear this burden alone, though. Providing valuable assistance are support groups in clinics and hospitals that specialize in bariatric procedures. There, you’ll meet with group members who’ve had the procedure to hear firsthand about the surgery’s benefits and risks.

“These groups are a tremendous source of emotional strength and information,” emphasizes Dr. Schauer. “I always advise new patients to speak to them first to help ensure the best possible outcomes.”

An excellent track record If you decide to undergo weight-loss surgery, you can take comfort in knowing that the two most common types of bariatric surgery—Roux-en-Y gastric bypass and Lap-Band—have excellent long-term weight-loss and patient satisfaction rates. Gastric bypass is the most commonly performed. During this procedure, the surgeon reduces the size of the stomach by stapling it, leaving only a very small area for food. Lap-Band restricts the volume of food the body takes in by fastening a prosthetic ring around the upper part of the stomach. Both procedures are often performed through a series of tiny incisions, which significantly reduces scarring.

As for the results, the Cleveland Clinic—which performs about 300 bariatric surgeries a year—reports that their gastric bypass patients lose an average of 65 percent to 70 percent of their excess weight (the amount of excess weight lost in Lap-Band patients is 40 percent to 50 percent). Patient satisfaction rates are in the 95 percent range.

“Most patients lose a lot of weight, though they may not necessarily get down to their ideal weight range,” Dr. Schauer notes. “But even those who experience a modest amount of weight loss are very happy with the surgery—and much healthier than they were before.”

7 must-ask questions for your doctor

If you’re considering weight-loss surgery, these questions can fuel the dialogue between you and your health care provider:

- 1 **Am I a candidate for weight-loss surgery?**
- 2 **What type of procedure is best for me?**
- 3 **Are there other weight-loss methods I should consider before surgery?**
- 4 **Do you practice the traditional or minimally invasive (laparoscopic) approach?**
- 5 **Will the results of surgery last?**
- 6 **Will my insurance pay for the surgery?**
- 7 **What are your qualifications (and those of the bariatric center) for performing weight-loss surgery?**



CARE for the caregiver

**BURNED OUT?
HERE ARE
9 WAYS
TO COPE**

If you're caring for someone who depends on you, you need to be at your best—healthy and energetic. Yet the sheer amount of time and thought involved in providing care may mean you've put yourself at the bottom of your priority list.

When you consider what it takes to be a caregiver, it's a wonder—and a blessing—so many Americans make the sacrifice. In taking on this responsibility, caregivers often find themselves juggling several duties, including those of health care provider (administering medication or taking blood pressure), companion, decision maker, bill payer, house cleaner and health advocate. It's not surprising when caregivers find their own health suffering. Sacrificing emotional and physical health over too long a period can lead to illness and depression.

Take good care of yourself Studies show the average caregiver provides nearly 18 to 20 hours of care a week in addition to holding down a job and managing a family.

That's a recipe for stress and burnout—unless you take precautions to protect your health. Try following these nine steps to get you on the road to better wellness.

- 1. GET MEDICAL CHECKUPS.** Keep up with your health appointments—they're important. Tell your health care provider about your caregiving commitment. He or she may suggest resources that can make your life easier.
- 2. GET PLENTY OF REST.** Sleep deprivation contributes to feelings of depression. Get help with chores so you can get to bed at a reasonable hour. Ask for help if caring for someone causes you to scrimp on sleep or get up throughout the night. Have a family member pinch-hit (or hire a respite worker) while you sneak in a nap.
- 3. EAT A NUTRITIOUS DIET.** Fast food, junk food or no food can be tempting when you're short on time but may lead to malnourishment and fatigue. Regular, well-balanced meals boost your energy. Ask family members to help with shopping and meal preparation. Double up on favorite recipes and freeze half to save for a busy day.



Caregivers
often find
themselves
juggling
several
duties, so
it's not
surprising
when they
find their
own health
suffering.

DID YOU KNOW?

- About 75 percent of people caring for older family members or friends are female.
- The average caregiver is a 46-year-old married woman who also works outside the home, earning an annual income of \$35,000.
- The informal care provided by American female caregivers is valued between \$148 billion and \$188 billion a year.

4. GET REGULAR EXERCISE. Exercise strengthens your bones and muscles, improves your flexibility (extra important if caregiving involves frequent bending or lifting) and reduces your risk for diabetes, cancer, cardiovascular disease and other illnesses. Moderate exercise also combats stress, increases your energy and provides a mental-health break.

5. MANAGE YOUR STRESS. Prolonged stress can increase your risk for disease and easily lead to depression. Meditate or learn relaxation techniques such as visualization to unwind. Share your feelings with friends and family members. Ask your doctor for advice or a referral to a counselor.

6. ASK FOR HELP. Don't try to be a superhero! Let family members help. Assign tasks such as paying bills, picking up prescriptions, doing laundry or driving to doctors' appointments. Ask your doctor about local resources such as transportation to medical checkups, home-delivered meals, respite care or adult day-care services.

7. SCHEDULE TIME FOR YOURSELF. Schedule time to enjoy your hobbies or try new ones. Spend time with friends and family members. Try a change of scenery—take a short drive or see a play or concert.

8. BE REALISTIC AND FLEXIBLE. Accept that your loved one's illness may change from week to week. Try to be flexible as you make plans for the future. Acknowledge the many good things you've done and don't be hard on yourself for not being able to do everything on your own.

9. GIVE UP BAD HABITS. Smoking, drinking or resorting to drugs you don't need can ruin your health, impair your judgment and potentially hurt you, your loved ones or your friends. Get help if you need to quit.

Providing care to a loved one, though challenging, can be enormously rewarding—but first you have to take good care of *yourself*.

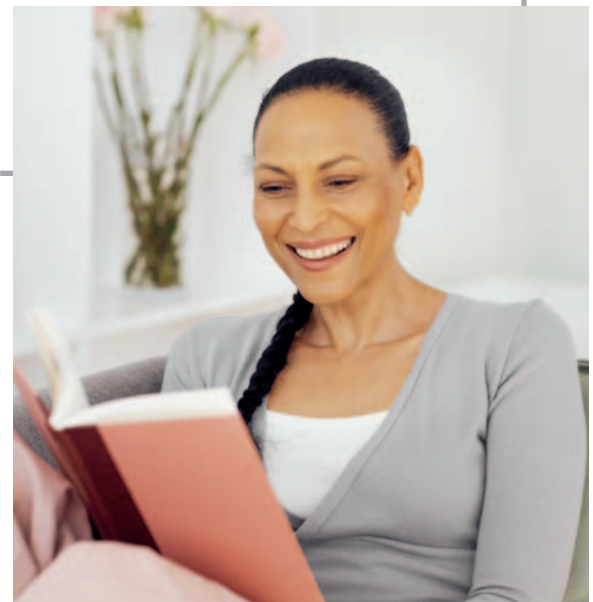
Quick assessment

Are you headed for caregiver burnout?

Is it time for you to shift priorities? Check off any question you can answer yes to:

- ☐ Have I put off my own medical check-ups, dental appointments or eye exams?
- ☐ Have I drifted away from friends and family members? Do I feel isolated?
- ☐ Do I often feel rundown or physically drained?
- ☐ Do I get colds or headaches easily?
- ☐ Am I sometimes teary, emotional, angry or stressed?
- ☐ Am I eating too much or too little? Do I eat too many unhealthy foods?
- ☐ Am I drinking alcohol more than I should or taking needless medications?
- ☐ Am I having problems sleeping?

If you checked off one or more questions, you may be putting your own health at risk. Schedule an appointment with your health care provider and talk to him or her about your concerns. He or she can help you find local resources that can help you be a happier—and healthier—caregiver.



When it's not "ALL IN YOUR HEAD"

HOW CAN YOU OVERCOME THE PAIN OF ENDOMETRIOSIS?

as a preteen growing up in rural Nebraska, Rachel,* now 28, believed that cyclical menstrual pain was just part of growing up. She began having diarrhea and sometimes couldn't eat. The pain was an almost constant companion.

Throughout college, Rachel went from doctor to doctor—and each gave her a different diagnosis, from rheumatoid arthritis to parasites. Meanwhile, “the pain got worse and worse,” Rachel recalls. “I had days when I couldn't get out of bed.” By the time Rachel was diagnosed with advanced endometriosis at age 21, she was “skin and bones” and suffered from depression fueled by nearly constant pain.

Rachel knew her condition wasn't “all in her head,” but her doctors couldn't provide an explanation for her symptoms. “No one put the pieces together,” Rachel says. “They thought I was too young to have gynecologic problems.”

On the contrary, Rachel is a textbook example of endometriosis, the progressively disabling pelvic disease suffered by 5.5 million American girls and women.

About endometriosis Endometriosis is an often painful disease in which tissue from the lining of the uterus migrates into the pelvic area during the menstrual cycle. Since this flow has no way of leaving the body, it lodges inside, causing inflammation or scar tissue. Up to 40 percent of women with endometriosis become infertile, and endometriosis is one of the leading reasons for hysterectomy.

Symptoms of endometriosis may include diarrhea, constipation, painful bowel movements or painful urination, especially during menstruation. Many women who have endometriosis also have immune disorders like allergies, asthma, eczema and autoimmune disease.

Left untreated, the pain of endometriosis can wreak havoc on a woman's physical and psychological well-being, causing or intensifying feelings of depression and anxiety, hopelessness, emotional stress and a sense of powerlessness.

A difficult diagnosis On average, it takes a woman nine years to receive a diagnosis of endometriosis. “The

** Patient's name has been changed*



average woman sees five physicians before she's properly diagnosed," notes Steven McCarus, MD, Director of The Center for Pelvic Health at Celebration Health Hospital in Orlando, Fla. "A thorough review of all the organ systems must be done to rule out all other possible causes before endometriosis is diagnosed."

Right now, there's no easy blood test to identify the condition, which shares symptoms with other diseases. While these symptoms vary, 100 percent of women with endometriosis say they experience pain one to two days before their period, while 71 percent report pain midcycle, according to a recent survey by the Endometriosis Association.

"The difficulty is that often, physicians will dismiss pelvic pain in women," says Mary Lou Ballweg, president of the association. "They won't ask about related symptoms like fatigue or gastrointestinal problems. They often won't ask about pain during sex—and women won't bring it up."

Getting to the root of the pain

If you suspect you have endometriosis, a thorough pelvic exam during your period is

Learn more about endometriosis by visiting these Web sites:

The National Women's Health Information Center
www.womenshealth.gov

The Endometriosis Association
www.endometriosisassn.org

5 must-ask questions for your doctor

If you've been diagnosed with endometriosis, it's important to discuss these questions with your health care provider:

- 1 **What are my options for treatment? How effective are they?**
- 2 **Do these treatments carry any risks or side effects?**
- 3 **Can my symptoms return after treatment?**
- 4 **Can I still get pregnant even though I have endometriosis?**
- 5 **Can you recommend educational resources or support groups for me?**

TALK ABOUT IT!

If you have chronic pelvic pain, be proactive. Make an appointment with your health care provider and remember these tips for explaining your pain:

- ▶ **Go armed with a written pattern of symptoms.** Don't rely on your ability to recall your symptoms, especially if you're feeling emotional and frustrated by the lack of a diagnosis.
- ▶ **Prepare monthly symptom calendars,** illness progression timelines and temperature charts like those used to track ovulation. Research shows physicians are better able to diagnose with the help of documented information.
- ▶ **Be honest about your symptoms,** including painful intercourse and problems with bowel movements or urination.

essential to an accurate diagnosis. Your health care provider may do an ultrasound to identify endometrial growths, cysts or masses. Next, a laparoscopy can obtain an internal view of your pelvic area to confirm the diagnosis. (This is especially important if you plan to have children, so you can begin to resolve the problem.) If any growths are found, they can be removed during the laparoscopy.

Most physicians begin treatment by prescribing hormonal medications that reduce inflammation and stop ovulation and menstruation, so there is a lower possibility that tissue and blood will shed into areas where they don't belong. Hysterectomy is considered a highly effective treatment for endometriosis, but it is a last resort.

Early detection is key Rachel had five surgeries in the seven years since she was diagnosed with endometriosis, including the removal of one ovary and a large fibroid that grew on her uterus. She admits there are days when the pain is still bad enough to make her consider hysterectomy. "I get so sick of the pain," Rachel says. "Sometimes I want to tell them to just take it all out." However, she's hopeful that children will be in her future.

For many women, especially those diagnosed in the early stages, endometriosis can be medically managed and controlled. With the help of your health care provider, you can develop a plan to slow down the disease and live a pain-free life.

**HOW 5 FACTORS
CONSPIRE
AGAINST YOUR
HEALTH—AND
WHAT YOU CAN
DO ABOUT IT**

Fighting metabolic SYNDROME

do you exercise regularly, eat a nutritious diet and maintain a healthy weight? If not, the price you pay may be greater than having to buy larger size clothes. You may have metabolic syndrome—a collection of disorders that together significantly increases your chances of developing diabetes, heart disease, stroke and peripheral vascular disease.

While a diagnosis of metabolic syndrome—also referred to as Syndrome X, Reaven's Syndrome or the Insulin Resistance Syndrome—is serious, it isn't all bad news. Learning you have the syndrome alerts you to problems you can control. And very often, lifestyle measures like exercising more and improving your diet will get you back on the path to better health.

Recognizing metabolic syndrome

As many as one in four American adults—and a whopping 40 percent of people ages 40 and older—have metabolic syndrome. Unfortunately, many of them don't even know they're at risk for the disease.

While you should never self-diagnose, if you know you have one of the five components of metabolic syndrome, visit your health care provider. The components include:

- **abdominal obesity** (a waist measurement greater than 35 inches in women)
- **high triglyceride levels** (150 mg/dL or higher)
- **low levels of HDL (good) cholesterol** (less than 50 mg/dL for women)
- **high blood pressure** (130/85 mm/Hg or higher)
- **high blood sugar levels** (110 mg/dL or higher)

Metabolic syndrome is diagnosed if you have three or more of the syndrome's five features. The more components you have, the more likely you are to develop cardiovascular disease or diabetes. Your health care provider also may decide to test you for two other conditions associated with metabolic syndrome—inflammation and too much blood clot formation.

Treating metabolic syndrome Experts believe that insulin resistance (a reduced sensitivity to insulin that leads to high blood sugar) probably causes metabolic syndrome, in addition to being one of its hallmarks. Some people inherit the tendency to be insulin resistant, but a poor diet, a sedentary lifestyle and excess body fat also can make you more likely to develop resistance.

Lifestyle measures can help you prevent or control



DID YOU KNOW?

- Metabolic syndrome may almost double your risk of stroke.
- A family history of type 2 diabetes or diabetes during pregnancy increases your chances of developing metabolic syndrome.
- Losing only 5 percent to 10 percent of your weight helps reduce insulin levels and high blood pressure.

metabolic syndrome and reduce your chances of developing cardiovascular disease or diabetes. Health experts urge you to:

- eat a fiber-rich, heart-healthy diet
- get regular exercise
- lose excess weight
- stop smoking (if you haven't already)

Also, have your health care provider monitor your health regularly by checking your weight, blood sugar, blood pressure and cholesterol levels.

Some people also benefit from medication. Depending on your needs, your health care provider may prescribe medications to control your weight, blood pressure, cholesterol or blood sugar.

Start now Don't wait to be diagnosed with metabolic syndrome to make changes. Start adopting healthier habits today to avoid life-threatening diseases in the years ahead. Every positive thing you do—eating more fruits and vegetables, squeezing in a daily half-hour walk—earns you immediate health rewards.

5 must-ask questions for your doctor

At your next checkup, ask your health care provider:

- 1 **Am I at risk for metabolic syndrome?**
- 2 **What are my cholesterol, blood pressure and blood sugar levels? Are they in the normal range?**
- 3 **Do I need to lose weight?**
- 4 **What can I do to lower my risk for metabolic syndrome and stay healthy?**
- 5 **If I have metabolic syndrome, what treatment measures do you recommend?**

HEALTH SMARTS

How much do you know about menopause?

TRUE OR FALSE?

1. Perimenopause is a three- to six-year transition that sets the stage for menopause.
2. Most women reach menopause by age 50.
3. Menopause affects your health in ways other than your ability to have children.
4. There's not much you can do to relieve menopausal symptoms.

ANSWERS

1. TRUE. During perimenopause, your body begins to go through physical changes brought about by declining levels of estrogen and progesterone. Irregular periods, hot flashes, mood swings, changes in sleep patterns, migraines, breast tenderness and vaginal dryness are just some of the symptoms you may experience during this transition.

2. FALSE. The age at which menopause occurs varies widely from woman to woman. While the average age is 51, some women may reach menopause before age 40; others may not reach it until their 60s. And younger women who have had both their uterus and ovaries removed as part of a total hysterectomy will enter into induced menopause.

3. TRUE. Declining levels of estrogen and progesterone during menopause put you at greater risk for conditions like heart disease, stroke and osteoporosis. Fluctuating hormone levels can also affect your mental and emotional health, possibly contributing to depression and mood swings. If you're going through menopause, talk to your health care provider to assess your personal risk for these and other conditions.

4. FALSE. If you choose not to take hormone therapy for menopausal symptoms, there's still much you can do naturally to relieve troublesome symptoms. Healthy lifestyle habits like exercising, eating well and not smoking can ease many symptoms, as well as lower your risk for osteoporosis and heart disease. In addition, remaining sexually active and using vaginal lubricants can help you counter vaginal dryness; exercising regularly and keeping a comfortable bedroom temperature can help you sleep well at night; and dressing in layers and avoiding hot or spicy foods can help with hot flashes.

Are you prepared
for menopause?
Test your knowledge
by answering true
or false to the
statements above.
Then check
the answers to see
how you did.

TEST YOUR HEALTH KNOWLEDGE ONLINE

Take more health quizzes and assessments online at www.womenshealthexperience.com. Plus, find out what other women are saying by participating in our weekly online polls!

Elizabeth Knox/Masterfile

ASK THE EXPERT

**GIVE YOUR
SPIDER
VEINS THE
VANISHING
ACT JUST
IN TIME
FOR SPRING**

Vein, vein go away

As soon as the weather warms up, most women shed their winter garb in favor of light sweaters, fresh, flirty skirts and cropped pants. But if you've got unsightly spider veins, odds are you're not at all eager to show a little leg this spring.

Fortunately, help is in sight in the form of sclerotherapy, a nonsurgical treatment that diminishes the appearance of spider veins and can leave you more confident just in time for bathing suit season.

Can sclerotherapy work for you? Read on for some common questions and answers about this procedure from **Dan E. Long, MD**, an interventional radiologist with Professional Radiology, Inc., at The Christ Hospital in Cincinnati, Ohio.

Q: I'D LIKE TO GET RID OF MY SPIDER VEINS AND I'VE HEARD SCLEROTHERAPY CAN HELP. HOW DOES IT WORK?

Sclerotherapy is a simple, safe and effective non-surgical procedure used to fade the appearance of spider veins and, in some cases, varicose veins. In addition to offering obvious cosmetic results without scarring, sclerotherapy

eliminates the burning, aching and discomfort often caused by varicose veins. With the availability of sclerotherapy, it's no longer necessary to strip veins—a technique resulting in multiple scars and a significant recurrence rate.

Q: WHO PERFORMS SCLEROTHERAPY PROCEDURES?

This procedure should be performed by experienced interventional radiologists, vascular surgeons or dermatologists—and even some nurse practitioners—who are highly trained in this procedure.

Q: WHO ARE THE BEST CANDIDATES FOR SCLEROTHERAPY?

Women of any age can benefit from sclerotherapy, but most patients fall between 30 and 60 years old. In some women, spider veins may become noticeable in the teen years. For others, the veins may not become obvious until later in life or after child bearing. These long-term visible varicosities may actually be a sign of greater venous insufficiency issues that, if left untreated, could lead to swelling, pain, pigment change or ulceration.

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Now you see them, now you don't: Before and after photos show a dramatic reduction in the appearance of spider veins after sclerotherapy.



Dr. Long is an interventional radiologist specializing in percutaneous non-surgical treatments of venous and peripheral arterial disease. He is the director of angiography, department of radiology, at The Christ Hospital in Cincinnati, Ohio and a member of Professional Radiology, Inc.



HEALTHY MIND

Break

THE WORRY HABIT!

*d*o you sweat the small stuff, the big stuff, old stuff, other people's stuff and stuff that may never happen ... and regularly lose sleep over it? Most of us occasionally feel anxious about something—health issues, money matters, relationships—but persistent, exaggerated worry that taxes your ability to make it through the day may be a sign of a generalized anxiety disorder (GAD).

What is GAD? "GAD is currently defined as a chronic anxiety disorder lasting at least six months, and features excessive, uncontrollable worry that's associated with fatigue, muscle tension, poor concentration and irritability," says Lesley M. Arnold, MD, a psychiatrist and director of the Women's Health Research Program at the University of Cincinnati College of Medicine.

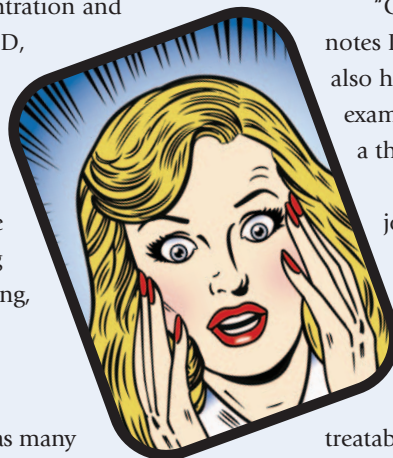
Additional signs of GAD include restlessness, trouble falling or staying asleep, headaches, trembling, twitching, sweating or nausea.

Who gets GAD—and how?

According to Dr. Arnold, about twice as many women as men have GAD, which usually develops before the age of 25. But the disorder can occur at any time. You have an increased risk for developing GAD if you have:

- a family history of anxiety disorders
- an increase in stressful life events
- a history of physical or emotional trauma

Since anxiety disorders can run in families, people who



**DOES ANXIETY
PLAGUE YOUR LIFE? HERE'S
HOW TO TAKE CONTROL**

are genetically predisposed to developing GAD may find that the disorder develops during a stressful period. Other studies point to a gene related to serotonin, a brain chemical involved in mood regulation, that may be instrumental in the development of GAD.

"GAD is commonly associated with major depression," notes Dr. Arnold. "About two-thirds of individuals with GAD also have major depression, other anxiety disorders (for example, panic disorder) or substance abuse. And about a third of people with GAD have alcoholism."

People who have untreated GAD may find that their job performance, school work or personal relationships suffer. What's more, anxiety disorders like GAD can co-exist with illnesses such as heart disease, high blood pressure, irritable bowel syndrome, diabetes or cancer.

Getting help The good news is that GAD is treatable. "If you have substantial stressors—for example, significant marital problems or a history of being abused—it's best to seek help as soon as possible," says Dr. Arnold. A physician can determine if you've developed an anxiety or mood disorder and recommend a course of treatment, which usually involves both psychotherapy and medications such as antidepressants or anti-anxiety drugs.

Unfortunately, a lot of people think they ought to be able



to “pull themselves together” on their own and never seek help. Some are afraid of what friends or family members might think. Others may be reluctant to discuss their feelings with their doctor.

“Anxiety disorders are serious medical conditions that warrant treatment,” Dr. Arnold says. “If you think you’re suffering from GAD, find a therapist who’s trained in cognitive-behavioral therapy.” This form of counseling teaches patients to understand and change their thinking patterns so they can react differently to anxiety-triggering situations. With the right medication, they can more readily use the strategies learned in therapy to head off anxious feelings.

Dr. Arnold strongly cautions against trying to treat yourself using herbal supplements or other remedies. These preparations aren’t regulated, often lack scientific evidence of effectiveness and can cause harmful side effects, especially when taken in combination with prescription medicine. Talk to your doctor about all supplements you’re taking.

Helping yourself In therapy, people with GAD learn to restructure their priorities and reduce their stress. Dr. Arnold suggests these additional self-help tips:

- **MAKE TIME FOR RECREATIONAL ACTIVITIES** each week.



TAKE ACTION!

- ▶ If you think you have anxiety, complete the checklist on this page and discuss the answers with your health care provider.
- ▶ Ask your health care provider for a referral to a counselor or other mental health professional who can give you an assessment and sound treatment options.
- ▶ Visit the National Institute of Mental Health, online at www.nimh.nih.gov, to learn more about generalized anxiety disorder and helpful resources in your area.

- **PLAN TIME AWAY FROM SOURCES OF STRESS.** Even an hour or two can help!
- **EXERCISE REGULARLY.** Shoot for 30 minutes of moderate intensity exercise on most days of the week.
- **IMPROVE YOUR DIET.** Eat plenty of vegetables, fruits and whole grains. Avoid alcohol, caffeine and tobacco.
- **SEEK SOCIAL SUPPORT.** Consider a gym class for support *and* exercise.
- **COMMUNICATE YOUR FEELINGS.** Talk with trusted friends and family members. Write your thoughts in a journal.
- **GET A PET (IF YOU LIKE ANIMALS).** There’s growing evidence that pets reduce stress.

Quick assessment

What’s your worry level?

Answer the following questions to assess your anxiety level. If you answer yes to one or more questions, see your health care provider and bring this list along to discuss.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been troubled by excessive worry on most days of the week for the past six months?
<input type="checkbox"/>	<input type="checkbox"/>	Do you almost always anticipate the worst will happen?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have trouble concentrating?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have trouble sleeping?
<input type="checkbox"/>	<input type="checkbox"/>	Do you calm yourself down with alcohol, food or medication?
<input type="checkbox"/>	<input type="checkbox"/>	Do you experience shortness of breath, palpitations or shaking while at rest?
<input type="checkbox"/>	<input type="checkbox"/>	Are you afraid of losing control?
<input type="checkbox"/>	<input type="checkbox"/>	Are you having problems in your career or social life?

As scientists learn more about how everyday behavior affects the body and its cells, it's becoming clear that cancer is often preventable. While factors like age and family history still affect your personal cancer risk, there's a lot you can do to protect yourself and stay healthy. The first step is recognizing the biggest cancer threats women face today.

Mitchell L. Gaynor, MD, a medical oncologist and internist and founder/president of Gaynor Integrative Oncology in New York City, takes us through the leading cancer risks and how to minimize or eliminate them. Dr. Gaynor points out that these steps may help prevent other diseases, too. "Many of these cancer-prevention strategies will also improve your chances of avoiding heart disease, diabetes and osteoporosis," he says.



1. SMOKING

CANCER ALERT: You probably know that smoking increases your risk of lung cancer, in part because of the irritation caused by the cigarette's toxins. But did you know that smoking changes your DNA on the molecular level, putting you at increased risk for breast and colorectal cancer, too? And children exposed to second-hand smoke at home are at greater risk for developing lung cancer later in life.

WHAT TO DO: Stop smoking. Ask your health care provider for advice on using medications, patches or gum. Inquire also about smoking cessation classes that offer tips and support.

YOU CAN ALSO:

- Avoid second-hand smoke and do not allow anyone to smoke in your home or presence.
- Increase the natural antioxidants in your diet to possibly neutralize the effects of smoking's poisons. "Studies show that although the incidence of smoking is higher in Japan, the incidence of lung cancer is lower there than in the United States," says Dr. Gaynor. The reason why may lie in their eating habits. "The Japanese diet is high in green tea, omega-3 fatty acids like flax seeds and salmon, the spices rosemary and turmeric, red grapes, soy and cruciferous vegetables like broccoli and cauliflower."

2. POOR DIET

CANCER ALERT: "We've known for decades that every 10 percent above your ideal weight increases your risk for breast cancer," Dr. Gaynor says. "You're also at risk for colorectal cancer and possibly other cancers, since the higher insulin levels associated with obesity have a negative



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HEALTHY BODY



YOUR TOP 5 CANCER



RISKS—AND HOW TO AVOID THEM

Rolf Bruderer/Masterfile

continued from page 24

effect on your immune system and are associated with tumor promoters called insulin-like growth factors, or IGFs."

WHAT TO DO: Attain and maintain a healthy weight for you. Ask your health care provider for advice on what your goal should be and on weight-loss programs for your lifestyle.

YOU CAN ALSO:

- Make sure your diet includes plenty of fresh fruits and vegetables and whole grains; adequate amounts of protein from lean poultry, fish, beans and soy; and low-fat or non-fat dairy sources.
- Choose organic foods as much as possible.
- Avoid charred food, which may carry carcinogens.

If you can't resist the occasional blackened treat, Dr. Gaynor recommends combining it with garlic, which may block the carcinogenic effect of the charring.



3. PHYSICAL INACTIVITY

CANCER ALERT: "Our immune system is our first line of defense against cancer cells in the body," says Dr. Gaynor. "Exercise markedly stimulates our immune system to protect against cancers of all kinds, particularly colorectal and breast cancer."

WHAT TO DO: Get moving! Exercise aerobically most days of the week for at least 30 minutes. Dr. Gaynor also recommends performing weight-bearing exercises, like walking or lifting weights, three days a week.

YOU CAN ALSO:

- Build more movement into your daily activities. Take the stairs instead of the elevator; park in the farthest space;

4 must-ask questions for your doctor

At your next checkup, ask your health care provider these questions about your cancer risk:

- 1 How does my family's history of cancer affect my personal risk?
- 2 What cancer screenings, like a Pap test or a mammogram, should I be regularly undergoing?
- 3 Am I a candidate for genetic screening for certain cancers and, if so, what are the pros and cons of such screening?
- 4 What advice can you give me and what resources can you recommend to help me make healthier lifestyle choices and lower my cancer risk?

TAKE ACTION!

- ▶ Schedule a checkup with your health care provider to discuss your personal and inherited cancer risks and what you can do to minimize them (see below for a list of questions to get you started).
- ▶ Learn more about healthy habits and cancer prevention. Visit:
 - The American Cancer Society www.cancer.org
 - The American Lung Association www.lungusa.org
 - The Skin Cancer Foundation www.skincancer.org
 - "How to Quit" from the Centers for Disease Control and Prevention www.cdc.gov/tobacco/how2quit.htm

and when you're waiting for the bus, walk up and down the block.

- Try wearing a pedometer (found at electronics stores for under \$20), a device that hooks to your waistband and counts the steps you take. Experts recommend that you walk 10,000 steps (about five miles) a day.

- Experiment with moderate to vigorous activities you enjoy—walking, dancing, biking or various sports. Increase the frequency and duration of your exercise until you reach your individual exercise goal.

4. SUN EXPOSURE

CANCER ALERT: Experts believe damage to our planet's ozone layer is allowing a higher percentage of ultraviolet (UV) rays into our atmosphere. UV rays irritate your skin and cause damage and permutations at the skin's cellular levels, increasing your risk of skin cancers.



WHAT TO DO: Avoid the sun and wear sunblock at all times and in all seasons.

YOU CAN ALSO:

- Realize that you're not safe just because you're not getting sunburned. "More people are wearing sunblock than ever before, yet rates of melanoma have increased over the last 30 years," says Dr. Gaynor. "Covering up is your best bet." He also recommends wearing long sleeves and wide-brimmed hats when you're outdoors.
- Pile your plate with sun-fighting superfoods. "Studies suggest green tea, tomatoes, yellow squash and cantaloupe may have a protective effect against sun damage," says Dr. Gaynor.

5. ALCOHOL CONSUMPTION

CANCER ALERT: Alcoholics are at significant risk of breast and pancreatic cancer. Some experts think even moderate drinkers are putting themselves at risk, too.

WHAT TO DO: Avoid alcohol. When you do reach for a glass, limit yourself to no more than one 12-ounce beer, one 5-ounce glass of wine or one 1.5-ounce shot of distilled spirits a day.

YOU CAN ALSO:

- Choose red wine, which contains antioxidants and may offer possible heart-healthy benefits.
- Abstain from alcohol completely if you're pregnant or have a personal or inherited risk of alcoholism.
- Limit your alcohol intake if you're trying to lose weight. Alcohol is high in empty calories and sugars.

HEALTHY BITES

It's springtime again, and that means it's time to shed your sweaters, get outdoors and enjoy fresh, flavorful foods bursting with color. To celebrate the season, we've gathered some of our favorite recipes that together make a delightful, refreshing springtime lunch. Invite over a few of your best friends for a patio party, or pack your lunch in a basket for a perfect picnic!

WHIP UP A
HEALTHY
SPRINGTIME
SOIREE

have a
spring fling!

Boston citrus salad

Serves 6

- 1 large head Boston, butter or Bibb lettuce
- 2 large navel oranges
- 2 medium grapefruit
- 1 ½ tablespoons fresh lemon juice
- 1 tablespoon honey
- ¼ teaspoon orange-flower water or orange liqueur (optional)
- 3 tablespoons slivered almonds, dry-roasted (about 1 ounce)

Tear the lettuce leaves into bite-size pieces. Set aside.

Remove the peel and pith from the oranges. Cut the oranges into ¼-inch slices. Cut the slices into quarters and set aside.

Peel and section the grapefruit, collecting the juice in a small bowl. Cut grapefruit into bite-size pieces.

Add the lemon juice, honey and orange-flower water to the reserved fruit juice. Pour the juice mixture over the lettuce. Stir to coat evenly.

Place the lettuce on salad plates. Top each serving with grapefruit and orange pieces and a sprinkling of almonds.

Per serving: 100 calories, 3 g total fat (0 g saturated fat, 1 g polyunsaturated fat, 2 g monounsaturated fat), 0 mg cholesterol, 3 mg sodium, 19 g carbohydrates, 2 g protein

Orange angel food cake

Serves 10

- 2 envelopes unflavored gelatin (2 tablespoons)
- ½ cup cold water
- 1 cup boiling water
- 1 cup sugar
- 6-ounce can frozen orange juice concentrate, thawed
- 10-inch prepared angel food cake
- 4 11-ounce cans mandarin oranges in water or light syrup, drained, divided use
- 8 ounces frozen fat-free or light whipped topping, thawed

In a small bowl, stir together the gelatin and cold water until dissolved. Stir in the boiling water, sugar and orange juice. Set aside to cool, but do not allow the mixture to set.

Meanwhile, cut the cake into 2-inch cubes.

Pack the cake cubes and 3 cans of drained oranges into a 13x9x2-inch baking pan.

Fold the whipped topping into the gelatin mixture. Pour over the cake and oranges, allowing the mixture to run down between the cubes. Top with the remaining 1 can of mandarin oranges.

Cover and refrigerate until set.

Per serving: 334 calories, 0 g total fat (0 g saturated fat, 0 g polyunsaturated fat, 0 g monounsaturated fat), 0 mg cholesterol, 325 mg sodium, 78 g carbohydrates, 1 g fiber, 6 g protein

Boston citrus salad and orange angel food cake reprinted with permission from The American Heart Association Low-Fat, Low-Cholesterol Cookbook, copyright © 2004. Published by Clarkson/Potter Publishers, a division of Random House, Inc. Available from booksellers everywhere.

Curried vegetable wrap

Serves 4

- 1 cup uncooked long-grain, medium-grain, basmati or brown rice
- 1 medium onion
- 3 medium zucchini (about 1 pound)
- 2 or 3 medium green bell peppers, to taste
- Vegetable oil spray
- 1 teaspoon acceptable vegetable oil
- 3 medium tomatoes, peeled and chopped, or 14.5-ounce can no-salt-added dried tomatoes, drained
- ¼ cup dried currants or raisins (optional)
- 2 teaspoons curry powder
- 1 teaspoon ground cumin
- ¾ teaspoon red hot-pepper sauce, or to taste
- 8 10-inch nonfat or low-fat flour tortillas

Prepare rice using package directions, omitting salt and margarine.

Meanwhile, cut onion in half lengthwise, then in thin half-moon slices; cut zucchini into ½-inch cubes; and cut bell peppers into ½-inch squares.

Spray a large nonstick skillet with vegetable oil spray. Add oil and heat over high heat, swirling to coat. Sauté onion for 2 to 3 minutes, or until it starts to soften, stirring occasionally.

Reduce heat to medium. Add zucchini and bell peppers. Cook for about 10 minutes, or until vegetables are soft.

Stir in remaining ingredients except tortillas.

Place ¼-cup rice and ½-cup vegetables in center of a tortilla, spreading them horizontally to about 2 inches from each side. Fold one side of tortilla over filling (fold to where filling stops). Fold bottom up and top down to form a package that's open on one end. Place seam side down on a serving plate. Repeat with remaining tortillas.

Per serving: 431 calories, 13 g protein, 19 g carbohydrates, 0 mg cholesterol, 3 g total fat (0 g saturated fat, 1 g polyunsaturated fat, 1 g monounsaturated fat), 9 g fiber, 481 mg sodium

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HEALTHY MOVES

yoga

Exercising your body, mind and spirit



Overdue bills, traffic jams, growing piles of laundry and demands from everyone from your spouse to your boss ... ever wish you could take a break from the real world? If you're looking to forget about the stresses of everyday life for a little while and enter a state of relaxation and peacefulness—all while improving your health—yoga may be the perfect exercise for you.

Yoga, the 5,000-year-old Hindu-based tradition, is consistently popular because it's a form of low-impact exercise that reduces stress and helps tone and strengthen muscles. The exercises are designed to unite physical, mental and spiritual well-being. In fact, literally translated, yoga means union.

The basics Yoga focuses on posture, breathing, meditation and relaxation. The series of postures, or *asanas*, help align your muscles and bones for a sense of unity and balance. While practicing a posture, you perform breathing exercises to help relax muscles and focus the mind.

You don't need to be in great shape to start—just remember to breathe and know your limits. If you have a bad back, don't attempt to bend into a pretzel shape on your first try. The longer you do yoga, the easier any given posture will be.

There are several traditional yoga types, but the most commonly practiced in America is Hatha yoga. All yoga schools and teachers use yoga's basic principles, but they differ in their approach and in the exercises they favor. (See "The yin and yang of yoga" for a list of some popular yoga methods.)

Health benefits and more Yoga's health benefits include flexibility, toning (especially of the stomach, back and chest) and stress reduction. Yoga also stimulates the circulation, increasing the supply of oxygen to all parts of the body. Because the exercises are practiced slowly, without pushing or jerking the body, there's little risk of strain or injury.

When combined with a balanced diet, yoga can improve your overall health. It can even help you get rid of minor aches and pains associated with stress and tension. Yoga strengthens and relaxes muscles, improving coordination and posture. Some studies have shown that yoga can help provide relief from headaches and insomnia.

A host of health benefits

In addition to promoting tranquility, boosting relaxation and relieving stress, practicing yoga:

- ▶ promotes flexibility, which can help you avoid injuries
- ▶ strengthens joints and muscles, which can aid in managing arthritis and carpal tunnel syndrome
- ▶ eases breathing in asthma patients
- ▶ helps lower blood pressure

THE yin AND yang OF YOGA

Yoga comes in many forms and intensity levels. Don't be afraid to try several methods until you find one that's right for you. Here are a few styles:

HATHA: The most common form of yoga, hatha yoga involves performing a series of poses with gentle breathing.

ASHTANGA: Also called power yoga, this form combines a series of movements meant to raise your heart rate and work your muscles.

IYENGAR: Another style that emphasizes mental focus while performing asanas, this form of yoga—created by Indian teacher B.K.S. Iyengar—uses props, such as blocks or chairs, to help you align your body properly.

KRIPALU: This style focuses on releasing tension by holding postures and ridding the mind of mental and emotional disturbances.

SVAROOPA: Svaroop is a Sanskrit word that means “bliss.” The form emphasizes achieving a higher level of consciousness while gently working the spine and hips.

KUDALINI: This style involves coordinating breath and movement to reach a higher consciousness while you achieve better flexibility. You focus on awakening your chakras, or energy force.

SIVANADA: Sivanada is one of the gentler forms of yoga and great for beginning exercisers.

BIKRAM: This style of yoga is not for the faint of heart. Practiced in a setting where the thermostat may be turned up to as high as 104° F to help increase flexibility, Bikram yoga is an intense endurance workout that involves a series of 26 asanas.

TAKE ACTION!

Ready to strike a pose? Before you sign up for a yoga class, here's what you should do:

- ▶ **Talk to your doctor before beginning an exercise program, especially if you have existing medical conditions or concerns.**
- ▶ **Look around for yoga classes in your area, such as those offered at gyms or yoga studios. Find out when classes are offered and how much they cost.**
- ▶ **Talk to a yoga instructor to find out which type of yoga you'll benefit from. If you've never tried yoga before, start with a beginner class before moving on to a more advanced level.**
- ▶ **If you have special health concerns—like a bad knee, for example—talk to the instructor to make sure he or she can work with you to find poses that are safe for you.**

Vein, vein go away

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Q: WHAT IS THE PROCEDURE LIKE?

Prior to the procedure, you'll have an initial consultation, which includes an ultrasound of the veins, to evaluate the full extent of the problem causing your spider veins. The doctor's goal is to find the largest vein, which is likely at the root of the problem. This larger vein must be treated before sclerotherapy is performed. If the vein causing the problem isn't treated first, other spider veins can appear after the sclerotherapy is complete.

During sclerotherapy, no sedation is required because patients don't experience a significant amount of discomfort. The doctor will inject an irritating solution into the vein, which causes the vein to close. The vein then disappears as it's absorbed by the body.

Q: HOW LONG DOES THE PROCEDURE TAKE?

This depends on the number of veins being treated. On average, the total procedure takes about 30 minutes to one hour. Each injection is extremely quick, lasting approximately five to 10 seconds.

Q: HOW SAFE IS SCLEROTHERAPY? ARE THERE ANY SIDE EFFECTS?

Complications from sclerotherapy are extremely rare; however, they can occur. Risks include the formation of blood clots in the veins, severe inflammation, adverse allergic reactions to the sclerosing solution and skin injury that could leave a small but permanent scar.

A common cosmetic complication is an irregular coloring on the skin—brownish

splotches that may take months to fade, sometimes up to a year. Fine, reddish blood vessels may also appear around the treated area, which would require further injections.

You can reduce these risks by choosing a doctor who has adequate training in sclerotherapy and is well versed in the different types of sclerosing solutions available.

Q: HOW LONG DO THE EFFECTS OF TREATMENT LAST? WILL I NEED REPEAT PROCEDURES TO MAINTAIN OR IMPROVE MY LOOK?

The effects of the treatment usually last six weeks for an average case of small vein disease and eight to nine weeks for larger varicose veins. Studies have shown as many as 50 percent to 80 percent of injected veins may be eliminated with each session of sclerotherapy.

After each sclerotherapy session, the veins will appear lighter. Two or more sessions are usually required to achieve optimal results. Patients should be aware, however, that the procedure treats only those veins that are currently visible; it does nothing to permanently alter the venous system or prevent new veins from surfacing in the future.

Q: ARE THERE OTHER PROCEDURES YOU CAN RECOMMEND FOR THE TREATMENT OF SPIDER VEINS?

Although sclerotherapy works for most patients, there are no guarantees for success. Less than 10 percent of people who have sclerotherapy don't respond to the injections at all. If this happens to you, ask your doctor about other options.

In some cases, a procedure called stab phlebectomy may be another option. This involves the use of a special local anesthetic that is injected into the area surrounding your vein. The doctor then removes the entire problem vein through a small incision.

Below: Before (left) and after photos of spider veins treated with sclerotherapy.

