

Women's Health:

Body Wisdom for Every Woman

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Introduction

When you're healthy, everything is better.

Living, loving, working and playing feel great when your body moves, breathes, pumps and rests the way it's meant to. Women are finding that whatever it takes — time, attention and commitment — good health is worth it. The payoff is greater energy to do the things we love, more vitality to be with people we care about, and increased strength and stamina, both emotionally and physically, to assume the responsibilities we choose.

Traditionally, women have been family caretakers and nurturers. Today, we are expanding these important roles. Women are now empowered to offer our feminine perspective to a world where families and communities need us in a variety of new and challenging ways.

With our unique ability comes unique health and wellness concerns. Women not only *look* different than men, we *are* different in how we respond to medicines, drugs and alcohol, age, and stress. Understanding these differences can help us enhance our good health and prepare for a long and rewarding life.

Our good health is important to our families, friends, and communities. Most of all, it is important to ourselves. It makes good sense to protect it.

Goals and Objectives

This module looks at how we, as women, can take charge of our own health. We explore when to seek professional care. We also provide suggestions on how to successfully interact with health providers so we can make informed decisions and receive appropriate care if, or when, it becomes necessary. In this curriculum guide, we discuss:

- Choosing a healthy lifestyle.
- That which is uniquely feminine.
- Making decisions about health.
- Preventing, detecting, and treating illness.
- Mental health.

While this information may seem daunting at first, remember to take it one piece at a time. Tailor your instruction to your students' needs and interests. We invite you to join women everywhere who are taking charge of their health!

Choosing a Healthy Lifestyle

Healthy bodies, healthy minds.

Building strong bodies 12 ways.

Eat this, it's good for your eyes.

*Don't eat that, it will stunt your growth
(or, grow hair on your chest, or give you bad dreams).*

We've all heard the conventional wisdom and myths about healthy living. Sometimes the advice is confusing, contradictory, or out of date. But, one adage rings true: All things — food, beverages, and exercise — should be in moderation. In choosing a healthy lifestyle, consider the following factors.

Healthy Eating:

Keep a Well-Balanced Diet

Eating a variety of foods, meats, vegetables, grains, and dairy products offers the best insurance of getting all the nutrients the body needs. Nutritionists suggest a diet with a greater proportion of vegetables and grains and less meat. The groupings below, taken from the Food Guide Pyramid, show a more clear picture of a well-balanced daily diet:

Guide to Daily Food Choices

Fats, Oils & Sweets

USE SPARINGLY

Milk, Yogurt & Cheese Group

2-3 SERVINGS

Meat, Poultry, Fish, Dry Beans, Eggs & Nuts Group

2-3 SERVINGS

Vegetable Group

3-5 SERVINGS

Fruit Group

2-4 SERVINGS

Bread, Cereal, Rice, & Pasta Group

6-11 SERVINGS

This may look like a lot of food, but keep two things in mind:

- (1) An appropriate portion for an individual depends on his or her sex, size frame, activity level, and nutritional goals.
- (2) Learn to recognize and estimate the correct portion of food for your needs. Often, we overestimate what a serving size is. For instance, **one serving equals:**

1 slice of bread
1/2 cup cooked vegetable
1 cup raw vegetable
1 small apple or other fresh fruit
9 grapes
1/2 cup fruit juice

Portion size is especially deceiving when eating meat. One serving of meat is three to four ounces of cooked meat or about the size of your hand made into a fist. Meat, once the mainstay of the American diet, is getting another look from nutritionists. Many are finding that eating too much meat raises blood **cholesterol**. They now recommend no more than six ounces of meat, poultry, or fish per day for women.

The good news in nutrition is the renewed focus on whole grains and breads, rice, beans, and pasta as healthy foods (when eaten in the proper proportion).

Avoid Fats and Cholesterol

Butter, margarine, oil, shortening, and other fats make food taste good. They are in almost everything we eat — especially sweets and prepared convenience foods. But, they are notorious for causing weight gain and contributing to **cholesterol**. Though the body does need some fat to function properly, most Americans eat much more than our bodies need. Nutritionists recommend that we:

- Use fats and oils sparingly.
- Make low or no fat choices (pretzels instead of potato chips, skim milk for whole, fish instead of red meat, etc.).
- Keep total fat intake to less than 30 percent of your daily intake.

What kind of fat you eat is almost as important as how much fat you eat. The total fat in your diet should be made up equally of polyunsaturated fat, mono-unsaturated fat, and saturated fat. Each serves a purpose in the body:

Healthiest choice: polyunsaturated fat

Polyunsaturated fat is liquid at room temperature. It lowers "bad" **cholesterol** (LDL) in blood. (For more information on "good" and "bad" **cholesterol**, see page 35.) Examples are safflower, sunflower, and corn oils.

Second choice: mono-unsaturated

Mono-unsaturated fat is also liquid at room temperature. It lowers LDL but has no effect on "good" **cholesterol** (HDL). Examples are canola and olive oils.

Last choice: saturated fat

Saturated fat should be used infrequently and in small amounts because it raises LDL in blood. It stays solid at room temperature. Examples are butter, tropical oils (e.g., coconut), meats, and hydrogenated oils.

Minimize Sugar and Salt

Sugars are empty calories with little or no nutritional value. The amount of sugar listed on a food product label is often disguised by labeling specific kinds of sugar separately. But, sugar by any name is still sugar. Corn syrup, molasses, honey, sucrose, fructose, and other ingredients ending in -ose are all forms of sugar.

Salt and **sodium** are in almost every packaged food we buy. Snack foods, cookies, soft drinks, cheeseburgers, and even canned vegetables have salt and **sodium**. All are known to cause high blood pressure. Even though dietary guidelines recommend no more than 1½ teaspoons of salt daily (3000 milligrams), less is always better. Reading package labels will help health conscious shoppers avoid high levels of these ingredients.

<p>Taking the salt shaker from the table is an easy way to cut back on salt consumption. Other ways are to try low-sodium snacks, use salt substitutes, and replace salt with herbs or citrus peels when cooking.</p>

Monitor Alcohol

Personal health and family history are important considerations in making choices about drinking alcohol. For many, the simplest and safest choice is abstaining. Others, without personal or family risk factors, may choose to drink alcohol in moderation.

Currently accepted guidelines for women suggest moderate alcohol consumption is no more than one drink on any day and never consuming to intoxication. The guidelines are specific to a woman because her **metabolism** has been shown to be less tolerant of alcohol than a man's. Thus, matching drink for drink with a man will cause more severe symptoms of intoxication. For more information, consult the module in this series, *Alcohol and Other Drugs: Realities for You and Your Family*.

Although some research indicates that moderate drinking may lower the risk of heart disease, health professionals consider many additional variables. They do **not** suggest increasing alcohol consumption as a health measure.

For people who drink, moderate drinking is advised. This is: 12 oz. of beer, 5 oz. of wine, or 1 1/2 oz. of liquor

Watch the Caffeine

A morning cup of coffee is a daily habit of more than 80 percent of Americans. **Caffeine**, the "pick me up, get me started" ingredient in coffee, is also in tea, cola, and chocolate. **Caffeine** is a **stimulant** that:

- affects the brain;
- speeds up the heart rate;;
- increases the production of stomach acid;
- acts as a **diuretic**, i.e., increases the production of urine; and
- may improve the performance of muscles (but too much **caffeine** can cause twitching)

The role of **caffeine** in ulcers, heart disease, fibrocystic breast condition, and cancer have been studied, but results are unclear. **Caffeine** does, however, contribute to bone loss in some women and can cause anxiety. Pregnant women and nursing mothers are advised to avoid **caffeine** because babies cannot eliminate it.

Caffeine, even as little as two cups a day, can be addictive. If you are a coffee drinker and have tried to give up **caffeine**, you may have experienced **withdrawal** symptoms including headaches, fatigue, **depression**, drowsiness, nausea, and reduced attention span. These will, eventually, pass or can be prevented by progressively reducing **caffeine** consumption over time. Again, refer to *Alcohol and Other Drugs: Realities for You and Your Family* for more information on **caffeine**.

Drink Water

Fortunately, water, whether it's tap water or an exotic bottled import, is the original healthy beverage. And, for most people, drinking about eight 8 oz. glasses of water (two quarts) every day is the best thing you can do to replenish this valuable work horse in your body. There are some instances, such as with kidney disease, when water consumption should be determined in consultation with health professionals.

Making up 60 percent of our body weight, water is vital to cell growth and activity. It helps rid our body of waste and replaces old tissue. We can lose up to a half gallon of water each day just through perspiration and urination, and more if we consume **sodium**, alcohol, or **caffeine**.

Try filling a one- or two-quart container with water and keeping it with you during the day. This will help you keep track of how much you drink. One quart in the morning and a second quart in the afternoon goes quickly.

For more information on healthy eating, consult the module in this series, *Nutrition: Eating for Better Health*.

Vitamins:

Vitamins build and repair cells, control **metabolism**, help digest food, and help the brain and memory function. Though it's best to get our nutrients from food, even the most health-conscious eater may miss something. Some women at risk for vitamin deficiencies are those who are pregnant or trying to conceive, nursing mothers, smokers, heavy drinkers, or women on weight-loss diets.

Are Vitamin Supplements Necessary?

Some health professionals say the average woman gets enough nutrients from her diet to maintain good health. Others argue that our soil has been so depleted we need to **supplement** our diets. Still others claim current U.S. Recommended Daily Allowances (RDA) of vitamins and minerals are too low and recommend megadoses of vitamins. If you are concerned about how many vitamins you need, or whether vitamins are missing in your diet, consult your health professional.

Women Have Different Nutritional Needs at Different Ages.

As women, we go through stages from adolescence through **menopause**. As our bodies change, we respond to different needs to maintain our health and vitality.

During the ages of 20 to 50, many women:

- eat a low-fat diet to reduce risk of heart disease and cancer.
- consider using **calcium supplements** to prevent **osteoporosis**.
- take B⁶ and B¹² to help lower the risk of heart attacks.
- take extra iron during pregnancy, **lactation**, and **menstruation** to prevent **anemia**.

After age 50, many women find that:

- metabolism** slows down;
- they need fewer calories, but the same amount of nutrients; and
- extra **calcium**, exercise, and estrogen can help prevent bone loss

Since some vitamins and minerals affect the absorption of other vitamins and minerals, make sure you consult with your health professional about your regimen.

About Antioxidants

Antioxidants are currently being looked at as the body's way to promote longer life and increased vitality. Eating foods rich in beta carotene, vitamins C, and E (carrots and other yellow and orange vegetables, for example) supplies the bodies with these **antioxidants**. There are additional benefits to eating such foods:

- Carotene converts to vitamin A in the body which can help lower the risk of heart disease and cancer.¹
- Vitamin C seems to help boost the **immune system** and prevent cancer.
- Vitamin E may help prevent heart disease, stroke and colon cancer in women under age 65.

¹ "More Evidence for Antioxidants," p.8.

Exercise:

Get up — get out — get moving!

Increased energy, vitality, and youthfulness are benefits that come from regular exercise. We can modify the changes our bodies go through due to environment, stress, or age by stretching and strengthening our muscles and exercising our heart and lungs. Exercise, along with diet, is an important factor in staying healthy, both physically and mentally.

Even though we know exercise is good for us, it is hard for us to do. It is estimated that of the adults in the United States:

- less than 20 percent get enough regular exercise to increase **cardiovascular** health;
- 40 percent exercise intermittently; and
- 40 percent are entirely **sedentary**.

Regular exercise, such as swimming, walking briskly, or jogging will:

- help our hearts and lungs work more efficiently;
- cut our risk for heart disease;
- lower blood pressure; and
- reduce stress.

Most importantly, we feel better when we exercise. With increased strength and fitness, we can accomplish our day-to-day tasks more easily and have energy left over to enjoy leisure activities. That's important, too. For more information on physical fitness, including getting started and sticking with an exercise program, see the module in this series, *Exercise: Benefits for Body and Mind*.

Personal Hygiene:

It has been said that the greatest improvement in public health came, not with any new drug or medical procedure, but with the discovery that disease was spread by bacteria and germs. Much of this could be avoided, if not eliminated, by frequent and thorough washing of our clothes and our bodies, especially our hands.

Years ago, and in many countries today, there was greater acceptance and tolerance of sweat, perspiration, and the natural odors of a healthy body. In today's workplace and the community at large, this is no longer true. Daily bathing with soap is encouraged in today's community to prevent disease and conform to the personal **hygiene** standards of the workplace.

A person's appearance reflects not only her personal standards, but those of her school, business, or personal group of family and friends. A neat, clean, fresh appearance demonstrates pride in yourself and respect for coworkers, customers, friends, and others with whom you interact.

Smoking:

For the first time, women smokers nearly equal men and the number continues to climb. Tobacco marketers often target women under age 25 by showing beautiful, slim, active women enjoying the benefits of a healthy life. The facts document a very different picture:

--Cigarette smoke, a primary cause of lung cancer, contains over 4000 chemicals, including some poisons like arsenic, formaldehyde, and the pesticide DDT. The lungs retain up to 90 percent of these chemicals and transfer them to the blood. ²

--Stroke occurs twice as often in women smokers than in other women.

--Heart disease is three time more likely to develop in women smokers than in non- smokers.

--Nicotine, the addictive ingredient in cigarettes, increases the heart rate and narrows blood vessels, raising blood pressure.

--If a woman takes birth control pills, the risks of stroke and heart disease climb even higher.

--Smokers have a higher incidence of colds and flu.

--Smoking may make other illnesses worse.

--Women smokers hit **menopause** earlier.

In spite of all we know about the real, detrimental effects of cigarette smoking, many women choose to smoke and have a difficult time quitting, both physically and psychologically. The good news is that in just one year after quitting, a woman cuts her risk of developing heart disease in half.³ Here are some strategies to help quit:

--Build a support team and involve them in your strategies. Make sure you choose people who really want you to be successful and will help remind you of your goals.

² Fisher, p.321

³ Ibid, p.322

--Keep your hands busy. Have carrot or celery sticks, gum, or candy on hand. Instead of reaching for a cigarette, replace it with one of these.

--Take deep breaths.

--Drink lots of water.

--Drink orange juice to help flush nicotine from your system faster.

--Keep track of your progress and reward yourself when you've done well.

--Be aware of what triggers your desire for a cigarette and plan beforehand to deal with it in another way.

--Increase the time between cigarettes. When you reach for a cigarette, try waiting five minutes, then gradually try ten minutes, 15 minutes, and so on.

*--Think of smoking addiction as an illness: the **withdrawal** symptoms will go away when you're cured.*

--Ask for help if you need it. Enlist friends, family, caregivers, and support groups.

--Keep trying, even if you don't succeed the first few times.

Nicotine patches, special gums, and **hypnosis** are all proven to be two to three times more effective than going "cold turkey."⁴ Be aware, though, a patch may cause itchiness and burning. The effectiveness of nicotine gum decreases if you eat or drink anything. There have been reports of adverse **cardiac** reactions, including deaths, if someone smokes while using patches or special gums, so they should not be combined.

Lots of help is available. Wanting to quit — to be a nonsmoker — can make it happen for you.

⁴ Ibid, p.323.

Uniquely Feminine

Understanding how our bodies work and the changes we go through helps us stay healthy. It also alerts us when it's necessary to seek professional care. Every woman benefits by being familiar with her female organs and reproductive system.

Breast Care:

Most women take healthy breasts for granted. However, the best method to ensure breast health is early detection of any abnormality in the breast. The self-exam is a simple procedure done every month throughout one's life. It familiarizes a woman with how a healthy breast feels and what is normal for her. The exam will give her the ability to detect any atypical conditions and know when, or if, further attention is necessary.

The Self-Exam

The monthly exam is most effective when it takes place five days after a woman's period every month. This will allow for natural changes that occur during a woman's menstrual cycle. If you find it difficult to remember to do a breast self-exam, pick a day of the month and do it each month on that date, e.g, the 15th. Doing the exam regularly is the important thing.

There are three steps in examining your breasts:

(1) ***In the shower***

Use the flat part of your fingers, not the tips, to feel around the breast, armpit, and breastbone. Use a firm touch. Imagine your breast as the face of a clock. Start at the outer edge of the clock and work around the face in a circle, moving in toward the nipple an inch at a time, gradually making smaller circles.

(2) ***In the mirror***

Raise your arms over your head to stretch the breast tissue. Look carefully at your breasts. Next, put your hands on your hips and push to contract your **pectoral** muscles. Your breasts probably won't look exactly the same, but you will know what looks normal for you. Look for changes in color, dimples, puckers, and pulling of skin. Watch for any changes in shape or outline.

(3) ***Lying down***

Put a pillow under your left shoulder and put your left arm under your head. Use your right hand to examine your left breast, following the same motion as in the shower. Do the other side.

It's also a good idea to have your health professional examine your breasts when you go for your regular pelvic exam.

Mammogram

A **mammogram** is an x-ray which can find breast tumors too small to detect by a self-examination. Many women have their first **mammogram** at the age of 35, especially if there is any history of breast cancer in the family. Many health professionals recommend a **baseline mammogram** at 40 and every one or two years after that. Yearly **mammograms** are generally recommended for women over 50.

When you have a **mammogram**, you will be asked to undress from the waist up and put on a hospital gown. As you stand very still facing the x-ray machine, the attendant will position your breast on the x-ray table. The machine will **compress** your breast, which may be uncomfortable but brief. To help ensure accurate results, follow these steps:

- Schedule the exam more than one week before, but less than two weeks after your period.
- Don't wear deodorant, perfume, or powder.
- Wear a two-piece outfit so you only need to remove your top.
- Avoid **caffeine** or foods containing **caffeine** prior to the exam. The **caffeine** may make your breasts feel more sensitive.

Breast Ailments

A woman may experience various breast ailments or conditions throughout her life. Knowing when to seek professional health care is an important step in maintaining good health.

At least half of all women experience **fibrocystic condition** which includes a variety of changes, thickening, or tenderness of the breast.⁵ This usually occurs before or during the menstrual period when hormone levels may cause breast cells to retain fluid and cause swelling, discomfort, or lumpiness.

During her monthly self-exam, a woman may find sore lumps in one or both breasts, especially near the armpits. Most of these disappear sometime during or after the period, but sometimes they become permanent. If this happens, a health professional should be consulted.

⁵ Boston Women's Health Book Collective, p.575

Fibrocystic condition can develop at any time, but usually disappears after **menopause**. If you find a new lump after **menopause**, see a health professional. Sometimes it is progressive, starting with soreness and moving to sharper pain and lumpiness.

There is no way to prevent **fibrocystic condition**, but some women believe that cutting down on fat, salt, **caffeine**, chocolate, and smoking reduces its incidence or discomfort. Taking vitamin E **supplements** and evening primrose oil (available at health food stores) may also help relieve symptoms.

The good news is that studies have shown fibrocystic condition is not related to a woman's risk of breast cancer.

Fibroadenomas, or noncancerous growths, may occur in women in their teens or twenties. These growths do not come and go with a woman's period and could become permanent. Occasionally, the growths become too large and create circulatory problems or distort breast shape. They can be removed by surgery, but may grow back smaller in size. Fibroadenomas may also shrink at **menopause**.

Fibroadenomas may feel like breast cancer, which can be scary. To rule this out, a health professional may perform a **biopsy** test. There is no known cause of fibroadenomas, but some health professionals believe their development is related to fat consumption.

The good news is there is also no known link between fibroadenomas and breast cancer.

Mastitis, or inflammation of the breast, affects seven-ten percent of mothers — usually first-timers.⁶ The infection can occur any time the breast is producing milk (**lactation**). It happens most often during the first month of nursing with first-time breast feeders — a time when new mothers are often tired, anxious, and vulnerable to infection.

Mastitis is caused by germs (often from the baby's mouth) entering the milk duct through a crack in the nipple or skin. Symptoms include:

- flu-like fever and chills
- severe soreness and/or redness
- hardness, heat, and swelling in the breast
- in minor cases, a woman may only feel fatigue and fever.

⁶ Eisenberg, Murkhoff, & Hathaway, p.394.

Mastitis pain can be relieved by placing ice packs or heat **compresses** on the breasts. A health care professional usually treats **mastitis** with antibiotics and suggests plenty of liquids and bed rest. Without treatment, **mastitis** can lead to further complications and/or a breast **abscess**.

Usually, women should continue to nurse during **mastitis**, even though it may be painful. This will keep milk flowing and avoid clogging. In fact, nursing on the **mastitis** side first will allow the baby to help unclog the ducts. The infection can't be passed to an infant, especially since the initial germs probably came from the baby.

The most important message about breast health is that most lumps are not cancerous and, if they are, the earlier they are found, the better. Thus, checking yourself and being examined by a health professional can help alleviate unwarranted anxiety.

Reproductive Care

Pelvic Exams

When a woman becomes sexually active, the American Cancer Society recommends she undergo regular, yearly, pelvic exams. The pelvic exam may be uncomfortable, but should not be painful. If it hurts, tell the health professional.

During a pelvic exam, the health professional:

- examines external **genitalia** for warts or sexually transmitted diseases;
- does a **Pap smear**. This can detect 90-95 percent occurrences of **cervical** cancer occurrences.⁷
- gives a manual exam.

To obtain a **Pap smear**, the health professional places a plastic or metal speculum in the vagina to hold it open. Then, a cotton swab is used to take cells from the cervix and vagina. These cells are wiped onto a slide to be examined under a microscope. Depending on the results, the health professional may want to retest or order more high-level testing.

To help ensure an accurate **Pap smear** result, your health professional may ask you to:

- avoid douching or having intercourse for 12 hours prior to the exam;
- not use tampons for at least 72 hours before the exam; and
- postpone your Pap test if you have a vaginal infection.

⁷ Community Health Plan, p.147

During a manual exam, the health professional inserts two gloved, lubricated fingers into the vagina and presses on the lower abdomen to feel the ovaries and uterus. The health professional should, also, examine your rectum.

Self-exams

A self-exam in the pelvic area also helps detect sexually transmitted diseases (STDs) and **vulvar** cancer. To do this:

--Hold a mirror between your knees.

--Part the outer (labia major) and inner lips (labia minor) of your genitals, which cover your urinary opening, vagina, and clitoris.

--Examine the area for sores, warts, red swollen areas, or **discharge**. Some white or yellow **discharge**, or clear slippery mucous with a vinegar odor, is normal, especially during ovulation.

If you see abnormalities or have **discharge** with an unpleasant odor, itching, or burning, see a health professional.

Vaginal Infections

Bacteria and yeast are normally present in the vagina. Occasionally, however, something can upset the balance and lead to vaginal infections. These include:

- stress
- lack of sleep
- bad diet
- too much douching
- birth control pills
- antibiotics
- pregnancy
- diabetes
- menstruation**
- cuts or irritation
- bacteria on the penis of a sex partner

Bacteria or yeast may grow, causing unusual **discharge** and possible itching, burning, or discomfort. Postmenopausal women are more susceptible to vaginal infections.

Yeast infection is a common vaginal infection characterized by itching and burning with a white, cottage-cheese like **discharge**. A yeast infection is usually treated with over-the-counter nystatin medications. Many of these combine a **suppository** to kill excess yeast and a cream to soothe itching.

The most common vaginal infection is Bacterial Vaginosis (BV). In this, the normal bacteria in the vagina grows out of control. BV is characterized by a fishy odor (stronger after intercourse) and a milky **discharge**. It is most commonly treated with a prescription from a health professional, although some people prefer to try alternative herb treatments in douching, **poultices**, or **sitz baths**. If left untreated, BV can cause:

- trouble with pregnancy;
- low birth-weight babies; and
- pelvic inflammatory disease (PID).

Bleeding Between Periods

Bleeding between periods isn't always a sign for alarm, especially if you use an **IUD** for birth control or if you stop taking birth control pills in mid-cycle. Call a health professional if you have:

- pain or unusual cramping;
- heavy bleeding;
- bleeding for more than three days in a row; or
- spotting for three consecutive months after **menopause**.

Urinary Tract Infections

Urinary tract infections (UTIs) are a common bladder problem for women in their thirties and forties. Women are 50 times more likely to get UTIs than men.⁸

A woman's urethra, the tube which takes urine from the bladder, is less than two inches long. The urinary opening is very close to the vagina and rectum. It can be infected by bacteria that live there. Intercourse may also drive bacteria up the urinary tract where it grows in the urethra, bladder, and kidneys.

UTIs may also be caused by waiting too long to urinate. If a full bladder is stretched, it becomes too weak to void itself. Urine left in the bladder may breed bacteria and cause infection.

⁸ Fisher, p.59.

Symptoms of a urinary tract infection are:

- burning or pain during urination;
- feeling a need to urinate again after just doing so;
- a small urine stream;
- urine that has a strong odor or blood; or
- back pain, fever and chills, nausea and vomiting (in severe infections).

UTIs are commonly treated with antibiotics. Before wonder drugs, women often drank cranberry juice to relieve their symptoms. Research now shows that elements in cranberry juice surround bacteria, preventing them from attaching to the urinary tract, and washing them away. If you are prone to UTIs, you may try preventing them by incorporating cranberry juice into your daily diet. If calories are a concern, a few tablespoons of juice with seltzer or water might cut the bitterness of the nonsweetened juice.

To help prevent vaginal and urinary tract infections:

--Wash the vulva and anus regularly. Avoid harsh soap that can be irritating. Use clean towels or washcloths. Shower, rather than taking a bath, to avoid irritating the urinary tract.

--Wear loose-fitting cotton underpants and pantyhose with a cotton crotch so moisture isn't trapped, which promotes bacterial growth. Avoid pants that are tight in the crotch or thighs.

--Urinate often — four to six times daily. Afterward, wipe from front to back and wash your hands. Urinate after sex to flush out bacteria that may have been driven up the bladder.

--Practice safer sex by using a **condom**. Use a sterile, water-soluble lubricant, such as K-Y™ jelly and avoid painful intercourse that may irritate the vagina.

--Consider changing birth control methods if you use a **diaphragm** and **spermicide** and have UTIs. Women who use a **diaphragm** and **spermicide** have more E-coli bacteria which often cause UTIs.

--Drink six to eight 8-oz. glasses of water or other noncaffeinated beverages a day. Cut down on coffee, alcohol, and sugar, which may change the pH of the vagina.

--Eat yogurt containing active cultures to replenish the "good" bacteria in the vagina.

--**Douche*** occasionally with plain water or a solution of one to two tablespoons of vinegar in a quart of warm water. Be careful — too much pressure can force air or fluid into the uterus or abdomen. Never **douche** if you are pregnant. If you feel pain after douching, see a health professional.

--Take good care of yourself: get enough rest and follow a well-balanced diet.

Family Planning

More than half of all babies born in the United States result from unplanned pregnancies. The percentage of unplanned pregnancies in women 40 and over is almost as high as for women in their teens.⁹ This may be due to a misconception about fertility during menopause. A woman may still become pregnant during perimenopause when symptoms of menopause begin. Perimenopause lasts six to eight years before a woman is considered postmenopausal.

The following charts outline the various birth-control methods available to women today.

*There is no need to douche except to alternatively treat or prevent infections.

⁹Zonis, p.257

Methods	Advantages	Disadvantages	Effectiveness
Birth Control Pills	<ul style="list-style-type: none"> --Continuous protection when taken at same time every day. --Reversible. --Helps to regulate menstrual period. --No mess. --Protects against cervical, ovarian, endometrial cancers. 	<ul style="list-style-type: none"> --No protection against disease. --Some increased risk of blood clots, heart attack, or stroke. --Side effects can include: nausea, acne, headaches, or weight gain. --Must be taken daily at same time. 	97-99.9%
Condom (female)	<ul style="list-style-type: none"> --Easy to obtain. --Insertion may be part of sex play. --Provides some protection against disease. --No doctor intervention necessary. 	<ul style="list-style-type: none"> --Can be messy. --Outer ring of pouch may slip into vagina during intercourse. --May have difficulty inserting or removing. 	72-95%
Condom (male)	<ul style="list-style-type: none"> --Easily obtained. --No need to remember daily. --No lasting side effects. --Best protection (other than abstinence) against disease. 	<ul style="list-style-type: none"> --Possible allergies. --May reduce sensation. --Less sexual spontaneity. --Possible breakage. --Animal skin condoms are not effective against disease. 	88-98%
Continuous Abstinence	<ul style="list-style-type: none"> --No medical or hormonal side effects. --Some religions endorse abstinence for unmarried people. --Best protection against pregnancy and disease. 	<ul style="list-style-type: none"> --May be difficult to abstain for long periods of time. --People may forget to protect against disease if they stop abstaining. 	100%
Depo-Provera™	<ul style="list-style-type: none"> --Protects against pregnancy for 12 weeks. --No daily pill. --No mess. --Can be used while breast feeding. --Protects against uterine cancer. 	<ul style="list-style-type: none"> --Doctor's visit necessary. --May delay return to normal fertility. --Side effects cannot be reversed until medication wears off. --May cause weight change, menstrual bleeding irregularities. --No effective against disease. 	99.96%

Methods	Advantages	Disadvantages	Effectiveness
Diaphragm	--Insertion up to 6 hours before intercourse. --No major health concerns. --Can last several years. --Offers some protection against disease.	--Can be messy. --Must leave in for 6 hours after intercourse. --Must reapply spermicide for repeated intercourse within 6 hours. --Must visit doctor to obtain.	82-94%
Intra-Uterine Device (IUD)	--May be effective for up to 10 years. --No mess. --IUDs with hormones may reduce menstrual cramps. --Nothing to put in place before intercourse.	--May cause increase in menstrual cramps. --May cause spotting. --May be expelled, perforate uterus. --No protection against disease.	97.4-99.3%
Norplant™ (male)	--Effective for up to 5 years. --Can be used while breast feeding. --Reversible. --No mess. --Nothing to put in place before intercourse. --No daily pill.	--Minor surgical procedure for insertion and removal. --No protection against disease. --Side effects may include irregular bleeding, headaches, depression, or weight gain.	99.8%
Fertility Awareness	--No medical or hormonal side effects. --Calendars, thermometers, charts are easy to get. --Most religions accept fertility awareness.	--Uncooperative partners. --Prohibits intercourse for 1 week of female's cycle. --May be difficult to maintain. --Stress, illness and diet can affect body temperature and cycle.	80-99%
Spermicide	--Easy to obtain. --Good results against diseases and pregnancy when used with barrier methods. --Insertion may be part of sex play.	--Can be messy. --Insertion necessary within half hour of intercourse. --Reapplication necessary for repeated intercourse. --Allergies may irritate penis or vagina.	75%
Tubal Ligation/ Vasectomy	--Permanent protection against pregnancy. --No effect on sexual pleasure. --No lasting side effects. --No mess. --Requires no other intervention.	--Surgical procedure. --Reversibility cannot be guaranteed. --No protection against disease. --Mild bleeding or infection may occur after operation.	99.6-99.8%
Withdrawal	--No supplies needed. --No major health concerns.	--High possibility of sperm leakage during preejaculation. --Interrupts flow of sexual pleasure --Requires great control. --No protection against disease.	Cannot be accurately determined.

If using condoms for birth control, some important points to remember are:

--Store **condoms** away from heat and sun. Throw them out after the expiration date or if they seem dried out.

--Put a **condom** on before any genital contact occurs. Some STDs can be spread through skin contact.

--Make sure there are no air bubbles in the tip of the **condom**. Roll it all the way down to the base of the penis.

--Use a lubricant to cut down on uncomfortable friction and the risk of breakage. Be sure to use a water-soluble lubricant like K-Y™ jelly. Oil-based lubricants such as Vaseline®, baby oil, or lotion can destroy latex.

--Remove the **condom** immediately after intercourse while the penis is still erect. Hold the **condom** in place while withdrawing the penis from the vagina to prevent it from slipping off or spilling semen.

Emergency contraception

In times of emergency when sexual intercourse has occurred without protection, such as in the case of rape, a health professional can prescribe two large doses of hormones that prevent a fertilized egg from attaching to the uterus. The treatment must occur within 72 hours of the unprotected intercourse. Mifepristone, more commonly known as RU-486, is another option for emergency contraception.

Sexually-transmitted Diseases

Sexually-transmitted diseases (STDs) are usually passed through unprotected sex (vaginal, anal, or oral) or genital fondling. Some STDs may also be passed from infected mothers to their infants during childbirth. It's important to examine yourself regularly and be screened for STDs if you have multiple partners or unprotected sex. Some STDs are:

Genital warts are caused by some strains of the human papillomavirus (HPV). It is very contagious and may be passed to a partner without actually having intercourse — by heavy petting for example. HPV is linked to genital cancer, so a yearly pelvic exam and genital self-examination is recommended prevention.

Herpes Simplex Virus (HSV) is marked by itchy, painful lesions on the genitals, anus, and mouth. An infected person may also have flu-like symptoms. Herpes stays in the body for life, going into remission and coming out four to seven times a year. Avoiding sex during outbreaks will prevent the infection from spreading to a partner. During pregnancy, weekly tests and preventative measures starting six weeks before delivery will prevent infecting a newborn during delivery.

Chlamydia is caused by a parasite. Symptoms may include abdominal pain, trouble urinating, vaginal **discharge**, and bleeding between periods. Up to 70 percent of women have no symptoms at all.¹⁰ If untreated, chlamydia can spread from the cervix to the uterus, fallopian tubes, and ovaries, leading to PID. This can cause **infertility** and increase the risk of **tubal pregnancy**.

Gonorrhea symptoms include painful urination and bowel movements, a thick cloudy **discharge**, and abdominal pain. More than half of infected women have no symptoms. If untreated, gonorrhea can affect the hearing and joints and can cause PID. Infants exposed to gonorrhea during delivery can become blind. This has prompted hospitals to require antibiotic eye drops for every newborn. Women delivering outside a hospital should make sure their baby receives antibiotic eye drops as soon as possible.

Pelvic Inflammatory Disease (PID) is inflammation of the uterus, fallopian tubes, and ovaries. Most of the time, it results from untreated chlamydia or gonorrhea. But, it can be caused by bacteria unassociated with sex; for example, bacteria resulting from prolonged tampon use. Symptoms include lower abdominal pain, trouble urinating, fever, nausea, vomiting, and unusual **discharge**.

Women who have intercourse before age 15 are three times more likely to develop PID.¹¹ Douching and **IUDs** may also be factors. Even if symptoms don't occur, untreated PID can increase a woman's risk of **infertility**, tubal pregnancies, and other complications.

Acquired Immune Deficiency Syndrome (AIDS) generally takes eight to 11 years to develop after the human immunodeficiency virus (HIV) is contracted. In most cases, HIV is apparent in tests six to eight weeks after infection. Women are at high risk of contracting AIDS if they:

- have sex with multiple partners;
- have sex with a bisexual man;
- have sex with an intravenous (IV) drug user; or
- use IV drugs.

¹⁰Eberlein, p.52

¹¹Ibid.

If a woman has had any other STD, she has a higher risk of getting HIV if exposed to it. Women with HIV can pass the virus to their babies during pregnancy or through breast feeding. Recent treatment regimens of newborns infected with HIV appear to be effective for some newborns. However, preventing infection and its spread is still a key part of both women's and prenatal health care.

Menopause

Menopause is the actual "pause" or end of **menstruation** in women when childbearing years come to a close. The average age for **menopause** in the U.S. is 51, but it may occur anywhere from age 45 to 55. Only about one percent of all women experience natural **menopause** before age 40.¹² A **hysterectomy** at any age will bring on **menopause** practically overnight.

Symptoms

As we age, our bodies produce hormones at a slower rate. Women in **perimenopause**, the early stages, will gradually experience slower, lighter periods before they stop totally. The perimenopausal state usually lasts six to eight years. During this time, a woman is still able to become pregnant. After **menopause**, many women experience a new freedom or "postmenopausal zest" that allows them to pursue new challenges, careers, hobbies, and interests.

Some common menopausal symptoms:

--Hot flashes are periods of heat lasting three to five minutes and can occur every hour. These affect 75-80 percent of all women.

--Vaginal dryness can be treated with a lubricant during intercourse.

--Mood swings, weight gain, lethargy, night sweats, insomnia, hair loss, and skin changes are all common symptoms.

Alternative health care providers often recommend herbal vinegars and herb infusions to alleviate symptoms of menopause.

Healthy lifestyle choices are believed to reduce the risk of heart disease, **osteoporosis**, and other diseases that may result from decreased estrogen after **menopause**. Many health professionals believe a healthy lifestyle can provide the same benefits as hormone replacement.

¹²Fisher, p.247

Hormone replacement therapy (**HRT**) is the most common regimen to help alleviate menopausal symptoms and provide substantial protection against heart disease and **osteoporosis**. Adding **progesterone** also reduces the risk of endometrial cancer, which is a risk of estrogen-only replacement.

How **HRT** affects breast cancer is still unclear. Medical studies in several countries including the U.S. may soon provide better information about the **cardiovascular** benefit of combined **HRT** and risks of breast cancer.

We have a right to be confused! One week, we hear taking hormones increases the risk of developing breast cancer. Later, we hear it doesn't. Lisa Seachrist, in her *Science News* article "What Risk Hormones?" says it's like betting all your money on a horse without knowing the odds for the race.

Ultimately, a woman must decide for herself. A knowledgeable and supportive health professional who is aware of both current research advances and your health history will help weigh the pros and cons of estrogen therapy. A woman can try a short-term prescription to see how it works, what the side effects are, and how she feels. Its effects will be clear within a few months. A recheck of **cholesterol** and other physical changes will help the health professional monitor the effects and fine tune the dosage of the prescription.

Making Decisions About Health Care

Types of Health Care

The best health care is a healthy lifestyle. Eating right, exercising, being aware of how your body works, and learning to protect it are the best ways to avoid illness and disease. This is preventative care. However, preventative care is not insurance from ever getting sick. If you do become ill and see a health professional, you are seeking acute care. Ideally, the health professional will be able to treat the condition and you will return to your normal lifestyle. If not, a condition that keeps cropping up or is incurable may need chronic care.

Alternative Care

Millions of Americans are looking outside traditional Western medicine to seek alternative care for prevention and treatment of health conditions. This brief list may help clarify some of the differences between all the new terms we are hearing about these days.

Acupuncture is a centuries-old technique from eastern medicine. Acupuncturists insert tiny, thread-like needles along major energy pathways to restore harmony to the body. Evidence shows it can be helpful in treating pain or nausea and quitting smoking, drugs, and alcohol.

Ayurvedics, founded in India, is based on the belief that health comes from a dynamic force within oneself. Treatments strive to put a person in harmony with her surroundings and restore balance.

Chiropractic is the manipulation or adjustment of spinal vertebrae. If bones are out of place, a chiropractor may put pressure on nerves or muscles to relieve back pain, headaches, and poor posture. Some evidence shows that chiropractic adjustments may stimulate increased **immunity** to illness.

Herbal medicines work similarly to mainstream medications, although they are usually more subtle. Some are proven to prevent illness, while others relieve specific conditions. It's best to educate yourself before trying herbal methods or unfamiliar product brands.

Homeopathy medications are small doses of natural substances in tablets or drops taken to help cure illness by boosting the **immune system**. The principles of homeopathy are based on the "law of similars." Homeopaths believe the power of a substance to cure disease comes from its ability to bring on symptoms similar to, but much less severe, than the illness. It stimulates the body's reactive process to remove toxic waste and bring the body back into balance.

Mind-Body Medicine is a new specialty. More formally known as psychoneuro-immunology, it looks for links among the brain, hormones, and **immune system**. The practice uses various powerful techniques, such as guided imagery and relaxation, to reach within oneself to be well.

Naturopathy is a medical practice involving good nutritional practices and the use of herbal and vitamin supplements to reinforce the body's immune system, consequently fighting off illnesses. Patients are taught to minimize things which are artificial or unnatural in diet or in the environment to maintain their health.

It should be noted that "natural" does not necessarily mean safe, or neutral. Herbal preparations or **supplements**, for instance, can be surprisingly potent and may have unexpected effects on other body systems than the area you hoped to address. Knowledge and skill in this area is as necessary as in other areas of health care. It is important to take a balanced and integrated approach to maximize health and minimize risks, with the guidance of a person trained in this area. See the list of resource groups in *Who Can I Turn To?* for information sources on alternative medicine.

What Should You Expect from Your Health Professional?

When you choose a health care provider, you need more than a person to write a prescription. A health care provider will come to know you, your family, your health history, your fears and how you react to physical and emotional crises. Ideally, they will use this information to support you in your pursuit of good health. In your search for a health care professional, consider these factors:

Personal characteristics

Think about what you need from a health care professional. Credentials and diplomas can intimidate even the most secure individual, but degrees and diplomas won't help if you are unable to communicate your concerns. You are paying the health care professional to answer your questions and treat you with sensitivity. Many health professionals do believe in educating patients and helping them make appropriate decisions. They can help you understand and proceed through the health care maze.

When looking for a primary care provider, ask for recommendations from your family, friends, coworkers, and other support people. Encourage them to be candid. Find out what they like or dislike about the health professional. Think about whether you can develop a comfortable, positive relationship with this person.

You can make a medical appointment with a physician, or simply request a short interview (most physicians won't charge for this). Keep interviewing until you find one with whom you are comfortable. Be clear you are not expecting medical advice in the interview — you're there to meet the physician.

Availability

It's best to find a health care provider before you really need one. Should a problem arise, you will want to know who to call. Many women use their **gynecologists** as their primary care physicians because they go there regularly for **Pap smears** and birth control. Others have both a **gynecologist** and a family practitioner. Either one is fine, as long as you get the right kind of help when you need it.

Confidentiality

Health professionals are bound by law to treat whatever you tell them confidentially. This means no one outside the health professional's office may know any information about you or see your health records without written consent from you.

Second Opinions

Sometimes, a primary care provider diagnoses a condition or procedure for which you want a second or third opinion. Don't be shy asking for a referral to another health professional. It is a responsible request when your body and quality of life are concerned. Insurance plans often require a second or third opinion, especially for certain procedures. Most health professionals appreciate your assertiveness in investigating other options and will gladly refer you to a colleague.

Low Cost Alternatives

If your health professional recommends medication to treat a condition, ask about its side effects, advantages and disadvantages, and other options. You may also ask for a generic, less expensive form of medication. If surgery is required, consider day surgery as a lower cost option. Studies show outpatient surgery is 25 to 40 percent less expensive than if you stay overnight in the hospital.¹³ Your insurance plan will probably require the least expensive option.

If you or someone you know needs someone to talk to about a specific health problem, see the section of this module, *Who Can I Turn To?*, for a list of medical support groups. Meeting people with similar health issues can provide a psychological boost as well as information about appropriate resources available in the area. Support groups, for a range of health and mental health issues, are becoming increasingly available with on-line services and the Internet.

¹³New (1994), p.58.

Give Your Health Professional a Checkup

How do you know you're choosing the best health care for you? Reading this module is a good start. Next, do some homework. Find out if your health professional is qualified to help you make decisions about your life. It is up to you — the patient and consumer — to read about health issues. Inquire about local options, interview caregivers, and choose the best qualified health care provider for your individual needs.

Rx for Physicians

For purposes of this section, we refer specifically to medical doctors or doctors of osteopathy rather than the broader category of health professionals.

Is your physician Board-certified?

Board-certified physicians are required to complete a residency training program in a specialty and pass exams given by the American Board of Medical Specialties (ABMS). In most states, physicians must take a recertification test every ten years. This requires them to be current with new developments in the health field. To be sure your health professionals are board-certified, call their offices and ask.

Has anyone ever filed a malpractice case against your health professionals or questioned their competence?

This may be hard to find out, but it is possible. In the case of physicians:

- (1) Ask if they have hospital privileges and where. Then ask the hospital if they are on staff. Every hospital must review its staff every two years and check with the *National Practitioner Data Bank* (not open to the public), which stores information on lawsuits filed against health professionals.
- (2) Call the *New York State Medical Licenses Board* in Albany and ask if any disciplinary actions have been filed against your physician. These are public record.
- (3) Get in touch with the *Public Citizen Health Research Group*, a consumer organization which publishes a list of "Questionable Doctors." It is available, for a modest fee, from Public Citizen, Publications Dept., 2000 P Street NW, Suite 600, Washington, DC 20036.

Coping With More Serious Illness

Although you can decrease your risk of developing serious illnesses through healthy living, occasionally, something goes wrong. This section describes symptoms, risks, prevention strategies, and treatment of certain serious illnesses.

Cancer:

Cells become cancerous when they change abnormally and do not function properly. For example, lung cancer occurs when cells no longer transfer oxygen to blood cells the way they should. Women and men alike are vulnerable to cancer. In fact, cancer is the:

- first cause of death in women age 35 to 54;
- second cause of death in women 55 to 74; and
- third cause of death in women 75 and older.

Women should be particularly aware of the following types of cancer:

Lung Cancer

More women die of lung cancer caused by smoking than any other form of cancer.¹⁴ In its early stages, lung cancer is difficult to detect. The only warning sign is a persistent cough. When it is diagnosed, it is usually very advanced. Only 13 percent of lung cancer patients live five or more years after diagnosis.¹⁵ The usual treatment is a combination of surgery, radiation, and **chemotherapy**.

Ovarian Cancer

This rare form of cancer is hard to detect until it is very advanced. The signs of ovarian cancer are:

- intestinal upset;
- enlarged lymph nodes;
- shoulder pain; or
- swollen ovaries (a health professional may notice this during a pelvic exam).

¹⁴Doress, Siegal, et al., p.339.

¹⁵Ibid.

A woman is at greater risk of ovarian cancer if she has had previous experience with breast cancer. Also, women who have never had children are at higher risk. The fewer children a woman has, the greater the risk. A woman can lessen her risk by:

--reducing fat in her diet;

--taking birth control pills. The longer a woman takes the pill, the lower her risk.

Ovarian cancer dramatically illustrates why preventive health care is so important. In addition to proper nutrition and exercise, family history is a factor in ovarian cancer. A first degree female relative (e.g., sister or mother) with ovarian cancer may signal a family tendency towards this illness. A physician should be informed and will look for early signs or symptoms. Treatment for ovarian cancer may consist of surgery, radiation, or **chemotherapy**.

Cervical Cancer

In its early stages, **cervical** cancer is 100% curable.¹⁶ It is detected by the **Pap smear**. If irregularities are detected in the **Pap smear**, the test will most likely be repeated two or three more times. The next step is to view the cervix through a **colposcope** and do a **punch biopsy** by removing a slice of cells for examination. If the cells are precancerous (meaning they are abnormal and could become cancerous), a health professional may suggest one of the following procedures to destroy small patches of **malignant** cells:

--cauterization (uses heat, electricity, or chemicals)

--cryosurgery (temporarily freezes the cervix)

--laser surgery or cone **biopsy** or conization (removes ring of cervix around opening to uterus).

These treatments can reduce the spread of **cervical** cancer and avoid hysterectomies.

Women who are pregnant or took DES (a synthetic form of estrogen) during pregnancy are at a slightly higher risk for **cervical** cancer.

¹⁶Boston Women's Health Book Collective, p.626.

Other risk factors include:

- smoking;
- STDs;
- use of synthetic hormones such as DES or birth control pills;
- beginning intercourse at an early age;
- working with **carcinogens**;
- contact with sperm (protein in sperm may cause cell changes);
- a partner who has cancer of the penis; and
- having multiple sex partners or having intercourse with someone who has multiple sex partners.

Endometrial Cancer

Cancer of the uterus (endometrium) is the most common form of pelvic cancer.¹⁷ It's most common in women in their 50s; only ten percent of women who have it are still menstruating.¹⁸ Women may be at increased risk if they:

- are overweight;
- have diabetes;
- have **hypertension**; or
- take estrogen

Endometrial cancer has a high cure rate if found early. The most common symptom of endometrial cancer is bleeding after **menopause**. In women past **menopause**, an endometrial **biopsy** may be prescribed, possibly followed by a dilation & curettage (D&C). This procedure dilates the cervix and scrapes the uterine lining to control irregular bleeding. The tissue is then tested for cancer.

If a woman is still menstruating, bleeding between periods and heavier menstrual flow may signal endometrial cancer. For women who are menstruating, a health professional may recommend a D&C.

Treatment for endometrial cancer may involve surgery, radiation, or **chemotherapy**. In the U.S., **hysterectomy** with a follow-up of radiation is very common. Outside the U.S., radiation has proven successful. Taking **progesterone** may help slow the cancer if it reoccurs.

¹⁷Ibid, 627

¹⁸Ibid.

Vulvar Cancer

Cancer in the external genital area is increasing in women under 40. Greater numbers of women smoking and more cases of genital warts may contribute to this disease. It is 90 percent curable when detected early through regular self-examinations.¹⁹ Look for lumpy patches of red, white, or black bumps and/or recurring itching, pain, or irritation.

Breast Cancer

Breast cancer, the number two cancer killer among women,²⁰ is a frightening prospect to most women. White women have been more likely than black women to get breast cancer, although younger black women are now catching up to white women. It is suspected that more black women die from breast cancer due to the lack of early intervention.

You are at risk for breast cancer if:

- you have already had breast cancer;
- your mother or sister had breast cancer before age 40, especially in both breasts;
- you took estrogen after age 50 or DES during pregnancy; or
- you have had frequent high-dose X-rays exposed to your breasts.

A lump in the breast is often the first sign of breast cancer, although sometimes a woman might feel pain or see **discharge** from her nipple. If you feel a lump, it does not automatically mean cancer (less than 25 percent are cancerous). It does mean further tests are prudent. A **biopsy** is the only way you can be sure if the lump is cancerous or not.

When a lump is large enough to be felt, the cancer is probably three to five years old — maybe even five to 15 years. This means regular **mammograms** are a necessary measure to detect and treat suspicious lumps before they are large enough to be felt. Since 80 percent of all breast cancer occurs in postmenopausal women,²¹ regular **mammograms** are especially recommended for women over 50.

¹⁹Heller, p.33.

²⁰Community Health Plan, p.143.

²¹Doress, Siegal, et al., p.342.

Remember, most lumps are not breast cancer. If you find a lump and it is diagnosed as cancer, your odds of being completely cured are best if the lump is found early. Continue regular breast self-exams and see your physician immediately if an abnormality occurs. (For more information on breast self-examinations and **mammograms**, see the section on Breast Care.)

If a lump is found, a health professional may do a needle **biopsy** or **lumpectomy**. This means removing the lump to determine whether it is cancerous. This will also allow the **immune system** to fight cancerous cells that may have spread in the body instead of fighting the lump.

The good news is that, when caught early, breast cancer can be cured 90 percent of the time,²² and 60 percent of women with breast cancer live as long as women who never have it.²³ The **prognosis** depends on how fast the cancer progresses and how well the **immune system** keeps it under control. Quick detection and treatment is essential for the best **prognosis**. The longer a lump stays in the body, the more damage it can do by spreading more cancer cells.

New treatments and drugs are always being discovered, tested, and made available to physicians. New drugs sometimes make older treatments unnecessary.

As women, our breast health, our self-image, and our sexual identities are deeply personal issues. They are worthy of consideration, thought, and discussion in a group of supportive, caring peers. A respectful attitude about ourselves is an essential step towards good health.

Heart Disease

Heart disease is often considered a "men's disease." Yet, it threatens men and women about equally. In fact, it is the number one cause of death in women over 60. When a woman suffers a heart attack, she is also more likely to die from it than a man is.²⁴

²²Community Health Plan, p.145.

²³Doress, Siegal, et al., p.342

²⁴Ibid., p.313.

Because heart disease is often considered a male health problem, health professionals may be less attuned to its warning signs in women, especially young women. Symptoms of heart disease in women seem to be more subtle than in men and may be mistakenly credited to something else, such as indigestion. Women need to be assertive in requesting tests for symptoms they may be experiencing.

Hypertension

Hypertension, or high blood pressure, increases the risk of heart attacks, strokes, and other illnesses. Half of all people over age 65 have it.²⁵ Often, there are no symptoms, although some people with **hypertension** may:

- get headaches or nosebleeds;
- experience dizziness and fainting spells; or
- have ringing in their ears.

It is important to see your health professional for regular checkups. Don't rely on coin-operated blood pressure machines in malls or retail outlets — they are often inaccurate. If you have a high reading, don't worry right away. Your health professional should check it again at different times of day, both sitting and standing, to determine if you're hypertensive.

Treatment may amount to a few lifestyle changes to lower blood pressure without medication. These include:

- eating well to manage weight
- exercising
- lowering **sodium** intake
- reducing stress.

Often, these changes help reduce blood pressure. If they don't, or if the **hypertension** is severe, medication may be prescribed in addition to healthy lifestyle habits.

²⁵Ibid., p.314.

Atherosclerosis

Atherosclerosis is also known as hardening of the arteries. A combination of fatty acids, or **plaque**, builds up on artery walls, narrowing and blocking them. **Plaque** deposits are more likely to form where damage to walls has occurred from high blood pressure.

--A partial blockage can cause pain or angina pectoris.

--Total blockage in the **coronary** artery can cause a heart attack.

--Total blockage in a brain artery can cause a stroke.

A high level of "bad" **cholesterol**, (low-density lipoprotein or, LDL), in the blood contributes to atherosclerosis. LDL helps fatty acids accumulate on artery walls. The "good" **cholesterol**, (high-density lipoprotein or, HDL) takes fat away from body cells and protects the artery walls from **plaque** buildup. Keep this in mind:

--Estrogen helps keep LDL levels down and HDL levels up. This puts middle-aged women, whose bodies are still producing estrogen, at less risk for heart disease than postmenopausal women.

--Every time blood **cholesterol** drops a percentage point, the risk of heart attack drops two points.²⁶

--Recent studies show that women benefit even more than men from a low-**cholesterol** diet. The American Heart Association recommends no more than 300 milligrams of **cholesterol** per day.²⁷

Silent Killer

Every year, without warning, 50,000 Americans die from heart attacks.²⁸ Health professionals used to think all people with heart disease would feel chest pain, or angina, as a warning sign. Now we know heart disease can quietly hide while fatty acids, or **plaque**, build up on artery walls and impair blood flow. This is called silent ischemia.

²⁶Ibid., p.316

²⁷Ibid., p.317.

²⁸Gallo (April 1995), p.40

Some people may actually have symptoms but don't recognize them because they aren't usually associated with heart attacks. These symptoms may include:

- fatigue
- discomfort
- a heavy feeling — not pain — in the chest

Are you at risk? Ask yourself these questions:

- Do you smoke?
- Are you a heavy drinker (more than one drink a day for women)?
- Do you binge drink (six or more drinks a day)?
- Do you have high blood pressure?
- Do you eat a diet high in **cholesterol** and saturated fats?
- Is your **cholesterol** level over 200?
- Are you inactive (exercise less than three times a week or not at all)?
- Are you under extreme stress?
- Do you take birth control pills?
- Do you have diabetes?
- Do you have a family history of heart disease?

If the answer is "Yes" to two or more questions, ask your health professional to evaluate your heart.

Heart disease is prevented in much the same way as reducing **hypertension:**

Quit smoking.

Smoke damages the linings of arteries and makes it easier for **plaque** to build up. Nicotine overstimulates the heart and hurts the lungs. Smokers who quit cut their risk back to the same level as nonsmokers within ten years.²⁹

²⁹Doress, Siegal, et al, p.317.

Exercise and control weight.

Exercise raises HDL levels and helps **cardiovascular** fitness and circulation. It's especially important for people with high **cholesterol**. Check with your health professional before beginning any exercise program.

Eat a healthy diet.

Lower intake of **cholesterol**, saturated fats, salt, coffee, eggs and red meat. Eat more baked, poached, or steamed (not fried) fish. Trim any visible fat from meat before cooking.

Decrease stress.

The Framingham study shows that women who work outside the home tend to have a lower number of heart attacks than women who don't. There are no easy conclusions to be made from these data, however, because women who work at stressful jobs, have children, and have unsupportive employers and partners are most often victims of heart disease.³⁰

Arrhythmia

Once in a while the heart may skip a beat. This is normal. For women, it can happen more often during **menstruation** and as we get older. Other factors such as **caffeine**, nicotine, alcohol, **decongestants**, cocaine, lack of sleep, or anxiety may set off **palpitations**. If you experience **arrhythmia**, try to figure out to which of these factors your body is reacting. Eliminate each, one at a time, to see if the **arrhythmia** stops. Write down what you find to relate to a physician, if necessary.

Tachycardia

Tachycardia or a racing heart, is also common, especially when we are experiencing anxiety, fever, dehydration, pregnancy, or overexertion. It's sometimes possible to slow the heart down by holding your breath, drinking a little water, splashing your face with it, or rubbing the pulse point in your neck.

³⁰Ibid, p.318.

Mitral valve prolapse (MVP)

MVP occurs when an irregular heart valve bulges whenever the heart contracts, commonly causing **palpitations** and heart rhythm disturbances. This affects five percent of the population, many of whom are women.³¹

Palpitations and tachycardia aren't necessarily serious by themselves, but if either one happens often, a health professional may want to prescribe an EKG. This test determines how well the heart is functioning.

WARNING SIGNS: If you experience any of the following, seek help immediately. Call 911 or go directly to the nearest emergency room.

- Uncomfortable pressure or severe aching in the center of the chest under the breast bone lasting more than two minutes.
- Pain spreading to entire chest, to left arms, to shoulders, to the neck, and to the jaw.
- Squeezing or fullness in the abdomen (frequently mistaken for indigestion).
- Dizziness, faintness, profuse sweating, nausea, and shortness of breath.
- Ashen color.
- Unconsciousness, impaired breathing, and an irregular pulse.
- Resting heart rate over 150 beats per minute.

Endometriosis:

Endometriosis is a chronic, sometimes debilitating disease. Often painful, it can cause cramping, bleeding, and discomfort. It is caused by endometrial tissue (which is similar to the tissue lining the uterus) growing outside the uterus. If it grows on the intestines, it can cause pain or pressures during urination or bowel movements. If it grows in the pelvic area, sex may be uncomfortable.

The disease may progress to the fallopian tubes, causing infertility. Often it's impossible to tell if endometriosis will cause infertility until you try to get pregnant. Many women who know they have the disease start their families early.

³¹Fisher, p.35.

There is, as yet, no prevention or cure for endometriosis, but there are treatments to reduce discomfort. Your health professional may suggest ways to relieve the pain of endometriosis. These remedies may also prove helpful:

- taking a warm, soothing bath
- exercising to release endorphins, the body's natural pain killers
- doing **yoga** to decrease stress and improve muscle tone and flexibility
- eating less sugar and less **caffeine** to keep you calmer
- using over-the-counter medications containing ibuprofen
- acupuncture
- trying different ways to be intimate with your partner if intercourse is too painful.

Diabetes:

People with diabetes have a shortage of insulin, a hormone that breaks down sugars and starches in the body.

In a healthy person, insulin takes glucose, or sugar, from the blood and gives it to cells which use it for energy. Diabetics produce a type of insulin that can't take the glucose to the cell tissues where it is needed. This is called "insulin resistance." This causes diabetics to retain high levels of unused glucose in the blood, which is why some people refer to diabetes as "having sugar."

Obesity increases the chances of the onset of diabetes. If a person is overweight, insulin resistance is more severe. The excess body fat absorbs the already inefficient insulin and keeps it farther from the cells. Then, the weak, insulin-producing cells think they need to produce more to make up. This weakens the cells further.

Some people on oral diabetes medication who are overweight have been able to reduce or eliminate the need for the medication by healthy weight reduction and regular exercise. Discuss this with your health professional to see if it seems appropriate for you or someone you care about.

Diabetes does not cause death, but complications associated with it, such as heart disease, can. Other complications include cataracts (possibly leading to blindness), loss of blood circulation, ulcers, and gangrene.

Healthy eating and exercise can help prevent diabetes. Remember to:

- Take in no more than 30 percent of your daily calories from fat.
- Use more mono- and polyunsaturated fats than saturated.
- Read labels. Remember, partially- hydrogenated oils, even "good" oils, contain saturated fat.

Thyroid Disorders:

Hypothyroidism, or an underactive thyroid gland, affects one in ten women by age 50. Hyperthyroidism, an overactive thyroid gland (also known as "goiter") is less common. When it does appear, it is three to eight times more likely to occur in women as in men.³²

The thyroid gland produces important hormones that help manage every tissue and organ in the body. The ovaries support the thyroid by producing estrogen. When a woman's body produces less estrogen after age 35, the thyroid may be working less effectively.

Sometimes, women mistake symptoms of thyroid disorder as part of **menopause**. These include puffy eyes, dry skin, and brittle hair. Other signs of a malfunctioning thyroid are:

- difficulty becoming pregnant;
- postpartum **depression**;
- no sex drive;
- irregular **menstruation** (late, lighter periods); and
- early menopausal symptoms.

Women at high risk for thyroid disorder should be tested every year. Some risks are:

- radiation treatment during childhood (common during the 1940s - 50s);
- family history of thyroid disease;
- using **lithium** to control mood swings;
- living in a "goiter belt," or an area which doesn't have iodine in the water or soil. In these areas (Great Lakes region, the Appalachians, the Rockies and the Adirondacks), iodized salt will lessen the chance of developing hyperthyroidism.

Osteoporosis:

Osteoporosis is a condition of thin, fragile bones that snap easily due to decreased **calcium**. Think of your bones as a bank account, where your body is always depositing and withdrawing **calcium**. When you're young, you deposit more than you withdraw, building up savings for "retirement." While there is great variance, bones reach their peak density in the late twenties and early thirties.

³²Eskin and Dumas, p.74.

When you're older and approaching **menopause** ("retirement"), you withdraw or lose more **calcium** than you keep. This is because your body produces less estrogen, which helps the bones retain **calcium**. Over time, the loss of **calcium** can send bones into "bankruptcy." They become brittle and break.

You can help prevent **osteoporosis** by:

*Increasing **calcium** intake while your body is still building its bones. The best time to do this is in your teens.*

Women age 25 to 50 need 1000 milligrams of **calcium** per day (contained in four cups of milk or yogurt). After age 50, or if pregnant or nursing, women can increase **calcium** intake to 1500 milligrams per day.

It's also important to have enough vitamin D, which helps the bones absorb **calcium**. It's possible to have plenty of **calcium** but not retain it if there is not enough vitamin D.

Stimulate bone growth by doing weight-bearing exercise.

Use your bones in activities like brisk walking, jogging, or **aerobic** dancing three to five times a week for 30 minutes or more. Activities that use the back and hips are best because those are the places strong bones are most necessary. We've all known an elderly person who broke a hip or have seen older women hunched over with a "dowager's hump." These are signs that back and hip bones are vulnerable to **osteoporosis**.

*Limit **sodium** intake to 3000 milligrams per day.*

--Eat no more than six to eight ounces of protein from red meat, fish, poultry, or eggs.

--Read labels on canned soups, frozen dinners, and salty snacks. There are high amounts of **sodium** found in almost all prepared or convenience foods and fast foods.

--If you can't cut down on **sodium**, be sure to eat more **calcium**-rich foods.

Answer these questions to determine your risk for **osteoporosis**:

- Do you have a small, thin frame?
- Are you Caucasian or Asian?
- Do you have relatives with **osteoporosis**?
- Have you reached **menopause**?
- Have you had an early or surgically-induced **menopause (hysterectomy)**?
- Do you avoid eating many dairy products and other sources of **calcium**?
- Do you rarely get regular weight-bearing exercise such as brisk walking?
- Do you smoke cigarettes or drink alcohol heavily?
- Do you take high doses of thyroid medication or cortisone-like drugs for asthma, arthritis, or cancer?

If you answered yes to two or more of these questions, your risk for developing **osteoporosis** is high. A health professional can recommend prevention measures.

Reproduced from Age Erasers for Women (Emmaus, PA: Rodale Press, 1994), pg. 271.

Mental Health

Many people survive horrible tragedies, overcome extreme obstacles, and conquer difficult and painful challenges. They often credit their success to a healthy, positive attitude and belief that they will persevere. A healthy mental attitude is important in a woman's daily life as we face increased demands of family, jobs, school, and community responsibilities.

Just as diet, exercise, and the occasional professional visit help us stay physically healthy, good mental habits will help keep our minds and spirit in top working order. Sometimes it takes work, sometimes it takes practice. But, happier, healthier, more fulfilling lives can be the result.

As in physical health, heredity and environment are factors in mental health. When we learn to recognize physical and emotional symptoms, we can make changes to help us accomplish our goals. Raising healthy children, doing well in school, or being successful in a job takes physical strength and stamina as well as mental agility and alertness. To maximize both, consider the following.

Stress:

Stress is a national syndrome. A recent national survey of 500 women showed that nearly half feel their jobs have become more stressful in the past five years.³³ Working moms are hit the hardest.

--Working mothers have twice the workload. Even unemployed partners help with less than 36 percent of housework.³⁴

--Working mothers often feel guilty for being away from their children. They compound their stress by being "super mom" at home.

The more stressed a person is, the less effective they become. Forgetting to eat or working long hours without a break brings on fatigue. This is more than just being tired (see below). By trying to do too much, they end up not being able to do anything at all.

Not only are the stressed persons hard on themselves, they are hard on those around them. Jobs can become overwhelming, tempers can flare, and abuse of alcohol or drugs can occur. **Depression**, anxiety, heart disease, and other mental or physical illnesses become a possibility.

³³Laurence, p.75

³⁴Hancock, et al, p.60

Reducing the stress of life is not easy. It may be necessary to compromise, to allow for imperfection, to say no, to do nothing once in a while. Other stress-reducing things to try:

- ▶Take guilt-free time every day to read a book, take a walk, or listen to music.
- ▶Learn and use relaxation techniques such as breathing exercises, meditation, and/or **visualization**.
- ▶Discover simple pleasures such as chamomile tea (which can help you relax or fall asleep and can ease an upset stomach, menstrual cramps, or indigestion) or a warm bath (which opens pores and blood vessels, helping you relax).
- ▶Recommit yourself to exercise. Swimming is a good stress reducer because the water supports the body during exercise.

Fatigue:

Fatigue is a physical condition, but mental pressures often contribute to our inability to get enough rest. More than 100 million Americans don't get enough sleep, and most are women. Women who work get an average of 20 minutes less sleep than men and if those women have children, they get about an hour less.³⁵ Women often juggle so many roles they become accustomed to fatigue. "Free" time is time to do one more errand, finish one more chore, or make one more phone call.

Sleep is the body's time to replenish itself, physically and emotionally. Sooner or later, sleep deprivation will catch up. Three or four nights without enough sleep can cause:

- slower reflexes;
- less clear thinking;
- shorter tempers;
- sleep disorders; and
- weaker **immune systems**.

³⁵Bennett, p.68.

You can help yourself get enough rest by:

- ▶letting go of tasks that aren't absolutely necessary,
- ▶doing most important tasks when your energy is at its highest,
- ▶letting other tasks slide or asking your partner or children to help,
- ▶going to bed and getting up at the same times every day,
- ▶exercising regularly,
- ▶avoiding **stimulants** like **caffeine** and nicotine before bed,
- ▶giving your mind a break, (forget about all you need to do when you do lie down)
- ▶taking a nap when you need one.

If you are increasingly fatigued, a health professional can check for an underlying health problem.

Eating Disorders:

In our "thin is in" world, women and girls are at risk for eating disorders like anorexia and bulimia. In our pursuit of the perfect slim body, we are bombarded by advertisements, fashions, and glamorous public figures who seem to live perfect, thin lives. The media often contributes to the impression that weight = self-worth.

With the focus on women's appearance so intense, it is not surprising we sometimes fall prey to the pressure of looking good rather than feeling good; of being thin rather than being healthy. We may become confused about the necessity and pleasure of food in our lives, using it instead as an emotional or psychological tool.

Adolescent girls, faced with maturing bodies, are most affected. But, more children — girls *and* boys — are becoming overly body conscious and beginning to diet, limit, or modify what they eat. Some evidence shows children are picking up on adults' obsession with weight:

--39 percent of third-grade girls and 29 percent of third-grade boys said they had dieted.

--60 percent of sixth-grade girls and 31 percent of sixth-grade boys had dieted.³⁶

Insecurity about our bodies and self-worth as children can put anyone at risk for eating disorders later in life. For anorexics and bulimics, eating is perceived as the cause of other problems such as loneliness, **depression**, low self-esteem, and lack of control in other areas of their lives.

Eating disorders may be caused by a complicated array of cultural and psychological factors. They may be a learned coping skill for people to feel in control of themselves, their lives, their families, or their environment. They may be an attempt to rechannel undesirable emotions. (Children exposed to abuse appear to have eating disorders more often than the general female population.) These disorders may even be the result of a chemical imbalance.

Eating disorders can continue long after adolescence. They are lifelong addictions that can lead to numerous health complications and can result in death. A woman with anorexia can have trouble getting pregnant, or a pregnancy may awaken a woman's anorexia that had been dormant. Any major life change can bring on a new episode of eating disorders.

Anorexia Nervosa

A woman with anorexia nervosa has an intense fear of being fat and so, literally starves herself. Ninety percent of the cases of anorexia are young women in their early to late teens.³⁷ The death rate from anorexia nervosa is as high as 20 percent.³⁸ An anorexic:

--is characterized by body weight 15 percent below normal;

--has an intense fear of gaining weight or becoming fat;

--may complain she feels "bloated" or nauseated even when eating a normal meal; and

--often has a distorted perception of her appearance — "feeling fat" even though she may be severely underweight or seeing herself or certain body parts as "fat."

³⁶Pomice, p.182.

³⁷St. Peter's Hospital Wellness Center, Eating Disorders Program.

³⁸Ibid.

Bulimia Nervosa

A bulimic regularly binges on large amounts of food within a small time period, usually two hours. She purges the food either by forcing herself to vomit or by using **laxatives, diuretics,** or excessive exercise to keep from gaining weight. She may use some or all of these techniques. She usually engages in at least two binges a week. A bulimic, often in her late teens to mid-30s, is usually of average weight or slightly overweight.

Warning signs of anorexia and bulimia are:

- obsession with weight, body image, food and calories;
- rigid, ritualistic behavior focused on food, i.e., only eating certain foods, seeing foods as "good" or "bad;"
- feeling "fat" all the time;
- feeling out of control;
- disappearing after a meal, especially to the bathroom;
- eating alone or skipping meals;
- often eating more than normal, especially when upset;
- fanatic exercising;
- withdrawing from family and friends;
- weighing self a lot, especially several times a day;
- acting defensive about weight, appearance, or eating habits; denying hunger;
- expressing guilt or shame over eating;
- rapid weight loss; and
- amenorrhea, or skipping menstrual periods.

Both anorexia and bulimia can cause health problems, including:

- heart damage
- ulcers
- proneness to infection
- constipation
- erosion of teeth and gums
- thinning hair and weak nails

- skin rashes or dry skin
- insomnia
- memory loss
- depression**
- ketosis (chemical imbalance)
- osteoporosis**
- kidney stones and failure
- an uneven heart rate which can cause sudden death

Compulsive Overeating

Some, but not all, health professionals include this condition as an eating disorder. A compulsive overeater is usually overweight and may be obese. She feels compelled to eat large amounts of food, even when she isn't hungry. She often suffers from shortness of breath, high blood pressure, and joint problems. Compulsive overeaters may, also, get osteoarthritis, heart or gall bladder disease, and diabetes.

People with eating disorders may try to "lose weight" by taking shortcuts, which can be harmful:

Laxatives

Laxatives move food through the system faster; they don't prevent weight gain. Using **laxatives** can hurt the intestines, especially the colon, and dehydrate the body. They also do the work of the bowels which can cause long term damage.

Diuretics

Diuretics take water from the system and possibly dehydrate it. With the water, many important nutrients are also lost. This is seen as weight loss. It is only temporary. There is no loss of body fat. **Diuretics** may also put the body in shock, so it retains more water and salt.

Diet Pills

Diet pills work for a short period of time but can be addictive. They inhibit appetite and a woman may lose weight by not eating as much. But, when appetite comes back, so does the weight.

Syrup of Ipecac

Syrup of ipecac, used to induce vomiting, is toxic. Its effects build up over a period of time and cause muscle or heart weakness. It has been linked to death in some cases.

Preventing Eating Disorders

Our physical and emotional health are closely aligned. Being careful to maintain the balance between them often takes a sharp eye to detect when commercial interests are contrary to our personal interests. Learning to be a critical consumer is one way to avoid harmful marketing messages. To overcome America's marketing "shoulds," Mary Baures, Psy.D. suggests:

"Change the [marketing] question from 'What's wrong with me?' to 'What's wrong with this ad?'"³⁹

It is equally important to think about why we, as women, are so vulnerable to the opinions others have about us and our bodies. The most important opinion is the one we have of ourselves. We need practice being gentle and forgiving of ourselves; the favor will be returned through a more confident, livelier, and enjoyable life.

If you are prone to excessive dieting:

- Learn a healthy weight for you.
- Determine how much and what kind of healthy foods you need to maintain that weight.
- Make daily meal plans and follow them.
- If you binge, buy smaller amounts of food so there's less around to binge on.
- Eat regular, healthy meals. Put a reasonable amount of food on your plate — don't put serving dishes on the table.
- Find out what situations pull your strings and find nonfood ways to deal with them.

For more information on eating disorders, see the list of resource groups in the section *Who Can I Turn To?*

³⁹Pomice, p.188

Depression:

Depression affects 15 percent of the population at any given time and two-thirds of those diagnosed are women.⁴⁰ There are different kinds of **depression**, which can range from mild to severe:

- Major depressive disorders are disabling. A person cannot function in daily life.
- Adjustment Disorders make responding to a new situation difficult.
- Dysthymic Disorders are characterized by always feeling "down."
- Bipolar Depression, also known as Manic-Depressive Disorder, causes a person to swing between euphoria and **depression** and can include suicidal tendencies.

Depression can be caused by disappointment, loss, or a lack of certain neurotransmitters in the brain. Health professionals don't know if **depression** is genetic or a result of growing up in a depressed environment. We do know some factors indicate a tendency towards developing **depression**. These are:

- losing a parent before age 11;
- having children under age three with little help; and
- having parents with major **depression**.⁴¹

Signs of **depression** include:

- dramatic weight loss or gain;
- trouble sleeping or wanting to sleep all the time;
- agitation or sluggishness;
- feeling worthless or hopeless or "hating" oneself;
- feeling empty or numb;
- not being able to concentrate or make decisions;
- withdrawing from family and friends;
- letting oneself "go" in terms of **hygiene** or work;
- fantasies about death or suicide. Fifteen percent of people with major **depression** have a lifetime risk of suicide.⁴²

⁴⁰"Depression," p.2.

⁴¹Ibid.

⁴²Drexler, p.109.

Take the following quiz used in the National Depression Screening Project to see if you might be depressed:

Are You Depressed?

Answer Yes or No to the following statements:

	YES	NO
1. I feel downhearted, blue, and sad	___	___
2. I don't enjoy the things I used to.	___	___
3. I have felt so low that I've thought about suicide.	___	___
4. I feel that I am not useful or needed.	___	___
5. I notice that I am losing weight.	___	___
6. I have trouble sleeping through the night.	___	___
7. I am restless and can't keep still.	___	___
8. My mind isn't as clear as it used to be.	___	___
9. I get tired for no reason.	___	___
10. I feel hopeless about the future.	___	___

If you answered "yes" to question 3, get help immediately. If you answered "yes" to either of the first two questions and at least four others, and if your symptoms have persisted for at least two weeks, consult your health professional.

Reproduced from *Harvard Women's Health Watch*, March 1995, p.3.

As many as half the people who have **depression** don't get treated for it.⁴³ But, if you need help, a mental health professional or a primary care professional can determine if physical problems may be contributing to your **depression**.

Treatment usually includes talking with a therapist to understand what may be triggering symptoms. Antidepressant drugs alleviate the worst symptoms and free patients to understand and manage other personal issues causing their **depression**. Drug therapy may also help people whose **depression** is related to a chemical imbalance.

⁴³"Depression," p.2.

Rape and Sexual Abuse

Sexual abuse is an unfortunate fact in our society. One of four girls will be sexually abused by the time she is 18. Studies show that people who suffer sexual trauma — whether it is harassment, fondling, rape, or something else — may be at risk for other disorders later in life, such as anorexia or bulimia, **depression**, alcohol or drug addiction, domestic violence, or sex addiction. For more information on rape and **sexual abuse**, see the module in this series, *Sexual Abuse: Facts for Discussion, Prevention, and Management*.

Staying Healthy and Safe

In this guide, our intent has been to emphasize the importance of preventive care. What we eat, how much we exercise, how careful we are about periodic examinations, and how we feel about ourselves all have an impact upon our health and safety. This information can be used to develop lessons for your students.

Upon occasion, something goes awry and we have to seek care from a health care professional. Choosing the right health care professional and being an active consumer will go a long way toward our recovery and restoration of good health. Our students need this information to be good students, workers, and family members.

Sample Lesson 1: Today's Healthy Woman

Goal: To familiarize the learner with the current views, opportunities, and pressures affecting women's health.

Outcome

Objective: The learner will be able to:

--Identify places where they can regularly read or learn about women's health issues.

--Describe changes in women's health in their lifetime so far.

--Identify and discuss realistic and unrealistic media images of healthy women.

Instructional

Materials &

Resources:

--Local newspapers.

--Magazines (recent and older versions from library or home sources).

--Possible use of the Internet.

Activities:

Activity 1 Ask learners to keep a brief journal of news they hear about women and health over the course of this module. Include the source of the news (TV talk show or news, newspaper article, workshop, pamphlet, etc.), what they heard or saw, and any reactions or questions they have. Take a few minutes to share highlights each class. Ask what makes news good or helpful, and what makes it feel like a new pressure on women learners.

Activity 2 Ask class to bring in magazines from three different time periods that include articles or ads or other images on healthy women, or women's health (may use textbooks, newsreels, etc. too). Divide the class into three groups to review the material from one time period. Each group can chart the key points, and pick a famous person who most represents the period's ideal (media) woman. Each group presents to the larger class. Facilitate discussion of similarities and differences over time. Also, highlight differences between media portrayals of that period and learners' firsthand (or family) knowledge of the period.

Activity 3 As a class, use the Internet to find discussion groups and resource centers on the World Wide Web. Explore what sites offer free materials on health topics, or question and answer options. Alternatively, learners can search for more information on a topic of interest to them.

Sample Lesson 2: Women's Health Resources

Goal: To familiarize learners with resources for women's health issues in their community.

Outcome Objective: The learner will be able to:

- Identify key community services available for use.
- Explain the steps to pursue for finding what is needed to address a specific problem.

Instructional Materials & Resources:

- Local telephone directories.
- Women's services listings.

Activities:

- Activity 1 Using local telephone directories (perhaps each learner or group can bring one in), learners look for specific resources — including professional and self-help, mutual support services — on women's health that are of interest to them.
- Activity 2 Ask learners to bring in copies of materials on women's health from the local area that the class can share. With these materials, class creates a resource book of women's health services. Each student or teams of students could select a specific topic or entire class could work on resource book as a whole. Class could incorporate use of computer (word processing programs, graphics, etc.) for layout of the handbook.
- Activity 3 Class distributes handbook to other agencies. This involves planning: identifying recipients, discussing distribution options, and implementing a process.
- Activity 4 Based on resources, poll class interest to collectively select and arrange for one or more speakers. Help learners identify the specific points the speaker should address.
- Activity 5 Facilitate a discussion to identify gaps in the resources (i.e., area(s) or problems unfound) that learners believe are important. As a class, brainstorm a plan to creatively track down resources (e.g., contact the County Health Department and interview a public health nurse to find out how she would handle the situation).

Sample Lesson 3: Self-Directed Learning in Women's Health

Goal: To model the process of taking charge of one's health in a supported learning context, as well as to build learner skill and confidence in actual health situations.

Outcome Objective: The learner will be able to:

- Identify specific health questions or problems for which assistance is desirable.
- Prioritize problem areas based on need or personal interest level.
- Find and utilize relevant resource materials to address the topic in question and expand personal body wisdom.

Instructional Materials & Resources:

- Women's Health: Body Wisdom for Every Woman* Student Workbook.
- Additional workbooks from the *Health Promotion for Adult Literacy Students: An Empowering Approach* series, as requested by learner.
- Possible use of Internet as a resource

Activities:

- Activity 1 Ask learners to review the main sections of the workbook, and list (for themselves, privately) any conditions that are of special interest to them, about which they'd like to learn more — perhaps because of a concern that "it runs in the family," or someone close has or had the condition, or simply curiosity.
- Activity 2 Ask learners to prioritize topics based on importance or interest level. Discuss how some topics can be naturally related, and what might be the sense of covering one first. Explain the wisdom of starting small, with a manageable task with which you can succeed, as a way of preventing getting overwhelmed.
- Activity 3 As a group, discuss the advantages and disadvantages of working alone or in pairs/groups. Explain how different learning styles and preferences naturally affect this process, and can be used to learners' advantage.
- Activity 4 Ask learners to write down their list of top three topics, and the steps they will take in the next week to start to address topic #1. Ask learners to report to the group. Consider actual presentations, depending on learner comfort.

Sample Lesson 4: Making Exercise FUN!

Goal: To encourage learners to move from content awareness of "shoulds" about health to real world application of healthy living.

Outcome

Objective: The learner will be able to:

- Identify the common obstacles to regular exercise.
- Identify the benefits they would like to receive from regular exercise.
- Design a personal exercise plan that is reasonable and supported.

Instructional

Materials &

Resources:

Women's Health: Body Wisdom for Every Woman Student Workbook.
Exercise: Benefits for Body and Mind Student Workbook.

Activities:

- Activity 1 In large group, learners identify what they feel are obstacles to starting or maintaining a regular exercise program.
- Activity 2 Again in large group, learners identify as many benefits of regular exercise of which they can think. Post benefits on sheets around the room.
- Activity 3 Using workbooks and personal experience, learners identify strategies that "outsmart" the obstacles.
- Activity 4 Ask learners to volunteer to share their goals for reasonable exercise plans, obstacles, and the sabotaging self-talk commonly encountered as a problem.
- Activity 5 Work as a team to design a custom fresh-start exercise plan that includes the volunteer's desired benefits and activity and specifically addresses the most likely obstacles with appropriate supports and rewards. Volunteer(s) is in charge of what's acceptable, sole judge of "fun" value, and shares progress with group.

WHO CAN I TURN TO? (RESOURCES)

The following resources are samples that focus on various aspects of women's health. The list is by no means exhaustive. In fact, please let us know about other materials you have found helpful.

KEY:

Ph = phone number

E = E-mail address

F = fax

www = World Wide Web Address

AIDS

Centers for Disease Control AIDS Hotline

Ph: 800-342-2437

ALTERNATIVE HEALTH CARE

Academy for Guided Imagery

P.O. Box 2070

Mill Valley, CA 94942

Ph: 800-726-2070

www: <http://www.healthy.net>

American Association of Acupuncture and Oriental Medicine

433 Front St.

Catasauqua, PA 18032

Ph: 610-433-2448

E: AAOM1@AOL.COM

www: <http://www.aaom.org>

American Botanical Council

P.O. Box 201660

Austin, TX 78720-1660

Ph: 800-373-7105 or 512-331-8868

E: AMEBOTCNCL@AOL.COM

www: <http://www.herbalgram.org>

National Council of Chiropractic Medicine

15427 Baybrook Drive

Houston, TX 77062

Ph: 713-280-8262

National Center for Homeopathy

801 North Fairfax, Suite 306

Alexandria, VA 22314

Ph: 703-548-7790

E: NCHINFO@IGC.APC.ORG

ALZHEIMER'S DISEASE

Alzheimer's Association

919 N. Michigan Ave., Suite 1000

Chicago, IL 60611-1676

Ph: 800-272-3900

www: <http://www.alz.org>

ARTHRITIS

The Arthritis Foundation

Ph: 800-283-7800 (for materials only)

ASTHMA

Asthma and Allergy Foundation of America

National Jewish Center for Immunology and Respiratory Medicine

1400 Jackson Street

Denver, CO 80206

Ph: 800-727-8462 or 800-222-LUNG

www: <http://www.njc.org>

CANCER, BREAST**The Komen Alliance**

Breast Cancer Foundation
5005 LBJ Freeway, Suite 370
Dallas, TX 75244
Ph: 800-IM-AWARE
www: <http://www.komen.com>

**National Alliance of Breast Cancer
Organization (NABCO)**

9 East 37 St., 10th floor
New York, NY 10016
Ph: 212-719-0154

Reach for Recovery

Contact your local American Cancer Society

Y-Me

212 West Van Buren Street, 5th Floor
Chicago, IL 60607-3908
Ph: 800-221-2141
www: <http://www.y-me.org>

CANCER, GENERAL**American Cancer Society**

1599 Clifton Road NE
Atlanta, GA 30329
Ph: 404-320-3333
www: <http://www.cancer.org>

National Cancer Institute

<http://www.nci.nih.gov>

**National Cancer Institute's
Cancer Information Service**

Ph: 800-4-CANCER
TTY for hearing impaired: 1-800-332-8615

The Wellness Community

2716 Ocean Park Blvd., Suite 1040
Santa Monica, CA 90405
Ph: 310-314-2555

CARDIAC HEALTH**American Heart Association**

7272 Greenville Avenue
Dallas TX 75231-4596
Ph: 800-553-6321
E: STROKAHA@AMHRT.ORG
www: <http://www.amhrt.org>

Mended Hearts

American Heart Association of NYS
P.O. Box 3049
Syracuse, NY 13220-3049
Ph: 800-242-8721
E: STROKAHA@AMHRT.ORG
www: <http://www.amhrt.org>

CHRONIC PAIN**American Chronic Pain Association**

P.O. Box 850
Rocklin, CA 95677
Ph: 916-632-0922
F: 916-632-3208
E: ACPA@PACBELL.NET

DEPRESSION**National Depressive & Manic-Depressive
Association**

720 N. Franklin, Suite 501
Chicago, IL 60647
Ph: 800-826-3632

DIABETES**American Diabetes Association**

1660 Duke Street
Alexandria, VA 22314
Ph: 800-342-2383

EATING DISORDERS**American Anorexia and Bulimia
Association**

293 Central Park West, Suite 1R
New York, NY 10024
Ph: 212-501-8351
E: AMANBU@AOL.COM

**National Association of Anorexia Nervosa
and Associated Disorders**

Box 7
Highland Park, IL 60035
Ph: 847-831-3438
F: 847-433-4632

National Eating Disorders Organization

6655 S. Yale Avenue
Tulsa, OK
Ph: 918-481-4044

ENDOMETRIOSIS

Endometriosis Association

8585 N. 76th Place
Milwaukee, WI 53223
Ph: 800-992-3636

EPILEPSY

Epilepsy Foundation of America

4351 Garden City Drive
Landover, MD 20785
Ph: 800-332-1000
E: POSTMASTER@EFA.ORG
www: <http://www.efa.org>

LUPUS

Lupus Foundation of America

Ph: 800-331-1802 or 805-339-0443

MENTAL HEALTH

National Alliance for the Mentally Ill

200 N. Glebe Road, Suite 1015
Arlington, VA 22203-3754
Ph: 800-950-6264
E: NAMI.OFC@AOL.COM
www: <http://www.nami.org>

National Institutes of Mental Health

56 Fishers Lane
Rockville, MD 20857
Ph: 800-64-PANIC or 301-443-4536
www: <http://www.nimh.nih.gov>

National Mental Health Association

Gurnee, IL
Ph: 800-433-5959

MULTIPLE SCLEROSIS

National Multiple Sclerosis Society

733 3rd Avenue
New York, NY 10017-3288
Ph: 800-344-4867
www: <http://www.nmss.org>

OSTEOPOROSIS

National Osteoporosis Foundation

P.O. Box 96616, Dept. ME
Washington, DC 20077-7456
Ph: 800-223-2732 or (202)223-2226

PARKINSON'S DISEASE

American Parkinson's Disease Association

1250 Hylan Blvd.
Staten Island, NY 10305-1946
Ph: 800-223-2732
E: APDA@ADMIN.CON2.COM

REPRODUCTIVE HEALTH

**American College of Obstetricians and
Gynecologists**

409 12th Street, SW
Washington, DC 20024-2188
Ph: 202-638-5577

**The Association of Reproductive Health
Professionals**

2401 Pennsylvania Ave. NW, Suite 350
Washington, DC 20037-1718
Ph: 202-723-7374 or 202-466-8724

Planned Parenthood

Ph: 800-230-PLAN (for transfer to nearest
chapter)

SEXUAL ABUSE

NY Coalition Against Sexual Assault
The Women's Building
79 Central Avenue
Albany, NY 12206
Ph: 518-434-1580

County Rape Crisis Center

Consult local directory or Hudson River
Center's *Sexual Abuse: Facts for Discussion,
Prevention, and Management*

SEXUALLY-TRANSMITTED DISEASE

American Social Health Association
HPV Support Program
P.O. Box 13827
Research Triangle Park, NC 27709
Ph: 919-361-8400
www: <http://sunsite.unc.edu/asha>

SMOKING

American Lung Association
1740 Broadway
New York City, NY 10019
Ph: 212-315-8700
F: 212-315-8872
www: <http://www.lungusa.org>

CLEARINGHOUSES

*To find out about support groups for
conditions not listed above, call or send a
self-addressed, stamped envelope to:*

American Self-Help Clearinghouse
St. Clares-Riverside Medical Center
Denville, NJ 07834
Ph: 201-625-7101
TDD for deaf: 201-625-9053
E: E-NJSH@BC.CYBERNEX.NET
www: <http://www.cmhc.com/selfhelp>

National Self-Help Clearinghouse
City University of NY Graduate Center
25 West 43 St., Room 620
New York, NY 10036
Ph: 212-354-8525
www: <http://www.selfhelpweb.org>

**National Mental Health Consumer's
Self-Help Clearinghouse**

1211 Chestnut Street, Suite 1000
Philadelphia, PA 19107
Ph: 800-553-4539
F: 215-636-6300
E: THEKEY@DELPHI.COM
www: <http://www.libertynet.org>

PRINT RESOURCES

**Alternative Medicine: The Definitive
Guide (Puyallup, WA: Future Medicine
Publishing)**

Available at bookstores or at 800-637-7524
E: ALTERNATIVEMEDICINE.COM

**Dr. Christiane Northrup's Health Wisdom
for Women** (monthly newsletter)

Phillips Publishing, Inc.
P.O. Box 60042
7811 Montrose Road
Potoman, MD 20859-0042
Ph: 800-211-8561
E: PHILLIPS.COM

Harvard Women's Health Watch (monthly
newsletter)

Harvard Medical School Health Publications
Group
P.O. Box 420434
Palm Coast, FL 32142-0234
Ph: 800-829-5921

Our Bodies, Ourselves

(700-page volume of women's health issues)
Boston Women's Health Book Collective
(New York: Simon & Schuster, Inc.)
Now available (for an annual fee) on-line at
<http://www.healthgate.com>.

**Woman's Health Advocate Newsletter, An
Independent Voice on Women's Wellness**

Aurora Publications, L.L.C.
3918 Prosperity Avenue
Fairfax, VA 22031

National Women's Health Network

1325 G Street NW (lower level)
Washington, DC 20077-2052
Ph: 202-347-1140

Yoga Journal

2054 University Avenue
Berkeley, CA 94704
Ph: 800-436-9642
www: <http://www.yogajournal.com>

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GLOSSARY

abscess	a collection of pus formed as a result of infection
aerobic	exercise which requires additional oxygen
anemia	when oxygen-carrying hemoglobin in the blood is below normal
antioxidant	a substance that slow down oxidation, thereby helping to check deterioration
arrhythmia	heart palpitations; when the heart "skips" a beat
baseline	erving as a base from which to compare
biopsy	when tissue or cells are removed from the body for closer examination under a microscope; used for diagnosis
caffeine	stimulant found in coffee, tea, cola, and chocolate
calcium	nutrient found mainly in dairy products which builds stronger bones and helps prevent osteoporosis
carcinogen	any agent capable of causing cancer
cardiac	of or pertaining to the heart
cardiovascular	of the heart and blood vessels
cervical	relating to the cervix, which separates the body and cavity of the uterus from the vagina
chemotherapy	treating infections or disease by drugs
cholesterol	waxy substance found in animal tissues; can contribute to heart disease
colposcope	a magnifying instrument used in examining the vagina and cervix, especially for detecting cancer
compress	to press together
compresses	pads or cloths pressed against the body to stop bleeding or to cool inflammation

condom	a thin protective sheath, usually made of latex
continuous abstinence	completely refraining from sexual relations
coronary	coronary arteries that encircle and supply the heart
decongestant	medicine that relieves nasal congestion
Depo-Provera™	brand name for contraceptives injected intramuscularly into a female by a health professional
depression	feelings of sadness, hopelessness, pessimism, and a general loss of interest in life, combined with a sense of reduced emotional well-being
diaphragm	barrier method of contraception used by females; a flexible dome of thin rubber with a coiled metal spring in the rim
discharge	something that is released (from the vagina or nipples)
diuretic	drug that removes excess water from the body by increasing the amount lost in urine
douche	introducing water or a cleansing agent into the vagina using a bag and tubing with a nozzle attached
endometriosis	chronic, debilitating condition caused by endometrial tissue growing outside the uterus
fertility awareness	a form of contraception in which couples abstain from sexual intercourse during the time when fertilization can take place
fibrocystic condition	condition in which the breasts retain fluid and cause swelling, discomfort, or lumpiness before or during the menstrual period
genitalia	the reproductive organs, especially the external ones
gynecologist	a health professional who specializes in treating problems of the female reproductive tract
HRT	hormone replacement therapy; using synthetic or natural hormones to treat a hormone deficiency

hygiene	practices and conditions for the promotion of health and prevention of disease
hypertension	high blood pressure
hypnosis	a temporary state of altered consciousness
hysterectomy	removal of the uterus
immune system	the body's method of protecting itself from bacteria, viruses, and fungi
immunity	resistance to disease and illness
infertility	inability to reproduce; inability to have children
infusion	the liquid extract that results from steeping a substance in water
IUD	intrauterine contraceptive device; a mechanical device inserted into the uterus for contraception
lactation	producing and secreting milk after childbirth
laxative	drug used to treat constipation
lithium	drug used in long-term treatment of mania and manic-depressive illness
lumpectomy	surgery in which a cancerous growth is removed
malignant	cancerous
mammogram	x-ray of the breast
mastitis	inflammation of the breast
menopause	stoppage of menstruation, usually around age 50 or after hysterectomy
menstruation	process in which blood and tissues are discharged from the uterus, approximately every 28 days, if a woman is not pregnant
metabolism	all the chemical processes that take place in the body
Norplant™	brand name for a form of contraception in which hormone-carrying capsules are implanted into the woman's arm
osteoporosis	a condition in which the density of bone decreases and brittleness

	increases
palpitation	awareness of the heart beat
Pap smear	a test used to detect abnormal changes in the cells of the cervix
pectoral	relating to the chest
perimenopause	the six to eight years before menopause in which a woman's periods become lighter before they stop completely
plaque	fatty acids which build up on artery walls, causing blockage; the same substance builds up on teeth, causing decay
poultice	a warm pack consisting of a soft, moist substance spread between layers of soft fabric
progesterone	a female sex hormone
prognosis	a medical assessment of a disease's probable course and outcome
punch biopsy	a biopsy in which minute fragments of the cervix are removed for examination
sedentary	inactive, not exercising
sexual abuse	unwanted sexual touching and other unwanted sexual behaviors
sitz bath	a bath in which only the hips and buttocks are immersed, usually for therapy
sodium	nutrient found in salt; can contribute to hypertension
spermicide	contraceptive foams, creams, or jellies that kill sperm
stimulant	drug that increases nerve activity in the brain
supplement	something added to make up for a deficiency
suppository	a cone- or bullet-shaped object placed in the vagina or rectum that melts at body temperature, releasing a drug
toxin	poisonous protein produced by disease-causing bacteria

tubal ligation	a surgical operation in which a woman's fallopian tubes are sealed or tied off
tubal pregnancy	a pregnancy that develops outside the uterus, most commonly in the fallopian tube; also known as ectopic pregnancy
vasectomy	a surgical operation in which a male's vas deferens are cut so that sperm cannot pass from testes to penis
visualization	forming a mental image of something
vulvar	pertaining to the vulva (the external, visible part of the female genitalia)
withdrawal	(pp.6, 10) the physiological and psychological reactions from stopping use of addictive substances such as alcohol, other drugs, or smoking; (p.20) contraceptive technique in which the male partner withdraws his penis from the vagina before ejaculation occurs; also known as coitus interruptus
yoga	means "union;" exercise based on the principle that the mind, spirit, and body are one; uses poses which help improve flexibility and increase strength and relaxation; uses meditation to help clear the mind, promoting inner peace

ACRONYM GLOSSARY

ABMS	American Board of Medical Specialties
AIDS	acquired immune deficiency syndrome
BV	bacterial vaginosis
D&C	dilation and curettage
DES	diethylstilbestrol
EKG	electrocardiogram
HDL	high-density lipoprotein
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRT	hormone replacement therapy
HSV	herpes simplex virus
IUD	intrauterine device
LDL	low-density lipoprotein
MVP	mitral valve prolapse
PID	pelvic inflammatory disease
STD	sexually transmitted disease
UTI	urinary tract infection