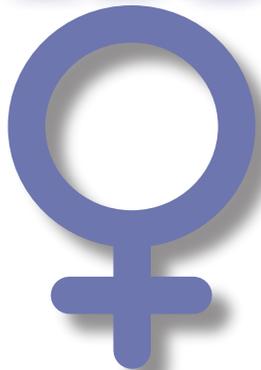


Women's Health

Update



Summer 2008

Bureau of Health Promotion and Risk Reduction, Office of Healthy Ohio, Ohio Department of Health



Update Focus: Women and Self-care

HEALTH FOR ME (AND YOU)

Reading through the first draft of *Women's Health Update~Summer 2008* was a very interactive experience for me – thinking, “Yes, I do that,” “Oops, I should do that,” “Wow, I didn’t know that!” for each new topic. As a survivor of breast cancer (four years ago and I am doing very well now), I am all too aware of the value of preventive care, as well as how easy it is to delay screenings. With our focus in this issue on women and self-care, we hope to reinforce not only what all women need, but also what each of you can do to the benefit of your own healthy life. As health care professionals, as well as in many cases caretakers for our loved ones, our focus is often outward. By turning that attention to ourselves, we also fulfill our other role in that we model the behavior we seek to reinforce in others. So for articles you read with an “Oops,” or a “Wow,” let’s all make an effort to follow through with the things we know we should do but often don’t and ask questions about the information that is new, so we can make informed decisions about our personal health.



It is time to acknowledge again the wonderful work of our staff. Joyce Hersh, our Ohio Department of Health (ODH) Women’s Health Program coordinator, is responsible for planning, researching and editing the *Update*. Once again she has done a wonderful job. Thanks also to Susan Williard-Gibler,

our program secretary, for her hard work in putting the articles together and moving the newsletter through our system and out the door to you. We also appreciate the contributions of ODH graphics specialist Kim Uscilowski.

We think this issue will be one you may want to share, so we have extra copies available. You can also order multiple copies of the insert,

“Preventive Health Screenings for Women.” Contact Williard-Gibler at (614) 466-2144 or Susan.WilliardGibler@odh.ohio.gov. We hope the newsletter and screenings chart are useful to you both at work and at home.

Debra Seltzer
MPA, Administrator, ODH Violence and Injury Prevention Program



WOMAN & HEALTH SCREENINGS

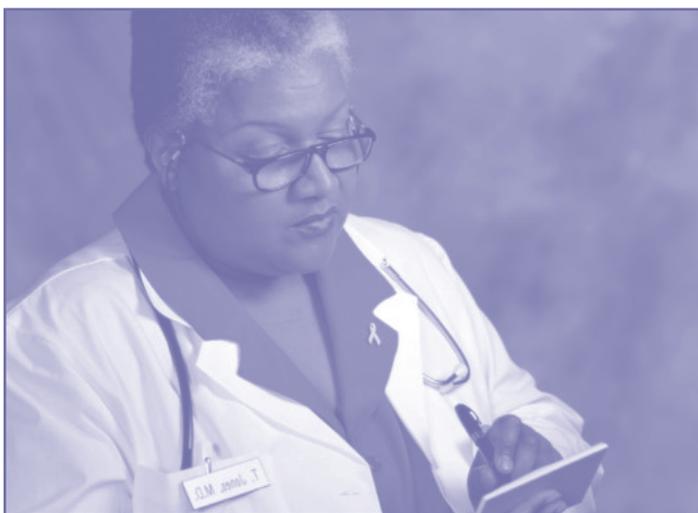
(Excerpted from *Women & Health Screenings*, National Women's Health Report, National Women's Health Resource Center, Volume 29 Number 5, December 2007, <http://www.healthywomen.org/healthreport/december2007/pg2.html>.)

Many women don't understand that getting recommended preventive health services can do more for their overall health and longevity than nearly any other health-related behavior.

Among the benefits:

- Screening mammograms are the primary reason for the significant drop in the death rate from breast cancer among women 40 and older in the past 20 years.
- Initial screening colonoscopies, in which polyps (precancerous growths) are removed, are responsible for a dramatic reduction in colon cancer deaths in recent years. When colon cancers are detected in their earliest stage, the five-year survival rate is 90 percent; however, the overall five-year survival rate for colon cancer in the United States is 39 percent, primarily because of a lack of screening.
- Cervical cancer rates have plummeted 70 percent since the Pap test was introduced in the 1950s.

But cancer screenings aren't the only recommended preventive tests. Today, answering a few questions as part of the Framingham Risk Assessment (<http://hp2010.nhlbihin.net/atpii/calculator.asp?usertype=prof>) can determine the risk of a heart attack in the next 10 years. That's important, but even more important is the fact that once people find their risk is high, they're much likelier to make lifestyle and other changes to reduce it. One study found that 90 percent of those with an elevated



risk made such changes. Five years later, those who had the cardiovascular risk screening and had a higher risk of heart attack reduced their average risk by half, compared to those who never got the screening.

Where to Go for Health Screenings

- Primary care/family practitioner, internist (vaccinations, high blood pressure/high cholesterol/glucose screenings, sometimes Pap tests, clinical breast exams and basic fecal occult tests for colon cancer symptoms).
- Obstetrician/gynecologist (Pap & Human Papillomavirus (HPV) screenings, clinical breast exam, pelvic exam).
- Mammography center (where mammograms are administered and a radiologist interprets them).
- Gastroenterologist (colonoscopy, sigmoidoscopy).
- See insert "Preventive Health Screenings for Women."

Track and Know Your Numbers

- It is important to track and record a personal health history.
- Tracking charts are found online; maintain a record on the computer or keep track the old-fashioned way—with pen and paper.
- Store a copy somewhere safe and accessible, and carry a copy in a purse or wallet.
- Update it after every medical visit and every new prescription.

DEPRESSION

(Excerpted from National Institute of Mental Health Web site at: <http://www.nimh.nih.gov>.)

Depression is a serious medical illness; it's not something "made up in your head." It's more than just feeling "down in the dumps" or "blue" for a few days—it's feeling "down" and "low" and "hopeless" for weeks at a time.

Symptoms

- Persistent sad, anxious or "empty" feelings.
- Feelings of hopelessness and/or pessimism.
- Feelings of guilt, worthlessness and/or helplessness.
- Irritability, restlessness.
- Loss of interest in activities or hobbies once pleasurable, including sex.
- Fatigue and decreased energy.
- Difficulty concentrating, remembering details and making decisions.
- Insomnia, early-morning wakefulness or excessive sleeping.
- Overeating or appetite loss.
- Thoughts of suicide, suicide attempts.
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

How Women Experience Depression

Depression is more common among women than among men. Biological, life cycle, hormonal and psychosocial factors unique to women may be linked to women's higher depression rate. Researchers have shown hormones directly affect brain chemistry that controls emotions and mood. For example, women are particularly vulnerable to depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming. Many new mothers experience a brief episode of the "baby blues," but some will develop postpartum depression, a much more serious condition that requires active professional treatment and emotional support for the new mother. Some studies suggest that women who experience postpartum depression often have had prior depressive episodes.

Some women may also be susceptible to a severe form of PMS (premenstrual syndrome), sometimes called PMDD (premenstrual dysphoric disorder), a condition resulting from the hormonal changes that typically occur around ovulation and before menstruation begins. During the transition into menopause, some women experience an increased risk for depression. Scientists are exploring how the cyclical rise and fall of estrogen and other hormones may affect the brain chemistry that is associated with depressive illness.

Finally, many women face the additional stresses of work and home responsibilities, caring for children and aging parents, abuse, poverty and relationship strains. It remains unclear why some women faced with enormous challenges develop depression, while others with similar challenges do not.

Why Screen for Depression?

- Clinical depression is a serious medical illness.
- Clinical depression can lead to suicide.
- Sometimes people with depression mistakenly believe the symptoms of depression are a normal part of life.
- Clinical depression affects men and women of all ages, races and socioeconomic groups.
- One in four women and one in 10 men will experience depression at some point during their lifetimes.
- Two-thirds of those suffering from the illness do not seek the necessary treatment.
- Depression can co-occur and complicate other medical conditions.
- More than 80 percent of all cases of clinical depression can be effectively treated with medication, psychotherapy or a combination of both.
- Screenings are often the first step in getting help.



National Depression Screening Day is held during Mental Illness Awareness Week each October. It is designed to call attention to the illness of depression on a national level, educate the public about its symptoms and effective treatments, offer individuals the opportunity to be screened for depression and connect those in need of treatment to the mental health care system.

National Depression Screening Day is Thursday, Oct. 9, 2008. For depression screenings in Ohio, see <http://www.mentalhealthscreening.org/locator/NDSmap2.aspx?prg=4&STATE=OH>.

HAND WASHING

(Excerpted from Why Is Handwashing Important, U.S. Centers for Disease Control and Prevention, Division of Media Relations, March 6, 2000, <http://www.cdc.gov/ed/oc/media/pressrel/r2k0306c.htm>. Hand Washing, reviewed by Kate Cronan, M.D., February 2006, http://www.kidshealth.org/teen/your_body/skin_stuff/handwashing.html, sponsored by Nemours Foundation.)

Health care specialists generally cite hand washing as the single most effective way to prevent the transmission of disease. "This is one health care infection control measure that has successfully spread throughout the community," said Julie Gerberding, M.D., director of the U.S. Centers for Disease Control and Prevention (CDC). "Good hygiene in general, and sterilization and disinfection in particular, are other standards that began largely in hospitals and have become widely used elsewhere. And we're always looking for others."

In the health care setting, hand washing can prevent potentially fatal infections from spreading from patient to patient and from patient to health care worker and vice versa. In the home, it can prevent infectious diseases such as diarrhea and



hepatitis A from spreading from family member to family member and, sometimes, throughout a community.

CDC Says “Prevent Contamination by Hand”

The CDC cites five common household scenarios in which disease-causing germs can be transmitted by contaminated hands. Hand washing can prevent the transfer of germs in all five of these scenarios:

- *Hands to food.* Germs are transmitted from unclean hands to food, usually by an infected food preparer who didn't hand wash after using the toilet. The germs are then passed to those who eat the food.
- *Infected infant to hands to other children.* During diaper changing, germs are passed from an infant with diarrhea to the hands of a parent. If the parent doesn't immediately wash his or her hands before handling another child, the germs that cause diarrhea are passed to the second child.
- *Food to hands to food.* Germs are transmitted from raw, uncooked foods, such as chicken, to hands. The germs are then transferred to other foods, such as salad. Cooking the raw food kills the initial germs, but the salad remains contaminated.
- *Nose, mouth or eyes to hands to others.* Germs that cause colds, eye infections and other illnesses can spread to hands by sneezing, coughing or rubbing eyes and then can be transferred to other family members or friends.
- *Food to hands to infants.* Germs from uncooked foods are transferred to hands and then to infants. If a parent handling raw chicken, for example, doesn't wash his or her hands before tending to an infant, they could transfer germs such as *Salmonella* from the food to the infant.

How to Wash Hands Correctly

- Use warm water (not cold or hot).
- Use any kind of soap. Antibacterial soaps are popular but regular soap works fine. (If hands come into contact with someone with an infection, think about using an alcohol-based hand sanitizer.)
- Rub hands together vigorously and scrub all surfaces. Lather both sides of hands, wrists, between fingers and around nails. Wash for 15 to 20 seconds—about how long it takes to sing “Happy Birthday.”
- Rinse well under warm, running water and pat dry with a clean towel.
- In public restrooms, consider using a paper towel to flush the toilet and open the door because toilet and door handles harbor germs. Throw the towel away immediately.

IMMUNIZATION

Many people think of vaccines as something only children need. Here's what the U.S. Centers for Disease Control and Prevention recommends in the way of preventive vaccinations for adults:

Shingles vaccine. The virus that caused chickenpox as a child is still hiding in the body. All it takes is stress, an illness or a compromised immune system to bring it roaring out again. Only this time it isn't itchy chickenpox but a painful nerve condition called shingles. The herpes zoster vaccine keeps sleeping viruses dormant and was recently recommended by the Advisory Committee on Immunization Practices (ACIP) for all adults 60 and older.

Influenza vaccine. Everyone should get an annual flu vaccine, particularly those who are 50 and older; have a chronic medical condition such as heart disease, asthma, anemia or other blood disorders or kidney disease; have a weakened immune system; live with young children; care for someone 65 or older; or live with someone who has a chronic medical condition.

DTaP vaccine. This vaccine protects against diphtheria, tetanus and pertussis (whooping cough). The vaccine is needed once every 10 years.

Pneumococcal vaccine. This vaccine protects against several forms of bacterial pneumonia. It is needed only once beginning at age 65. The vaccine is recommended prior to age 65 for individuals with serious, long-term health problems such as heart disease, sickle cell disease, alcoholism, cerebrospinal fluid leaks, lung disease (not including asthma), diabetes, liver cirrhosis or a compromised immune system.

The ACIP annually reviews the Recommended Adult Immunization Schedule to ensure it reflects current recommendations for licensed vaccines. In June 2007, ACIP approved the adult immunization schedule for October 2007 through September 2008. Additional information is available as follows:

- Schedule (in English and Spanish) at <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>.
- Adult vaccinations at <http://www.cdc.gov/vaccines/default.htm>.
- ACIP statements for specific vaccines at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- Reporting adverse events at <http://www.vaers.hhs.gov> or by telephone, (800) 822-7967.

U.S. Centers for Disease Control and Prevention

1000 Clifton Road

Atlanta, GA 30333

(404) 639-3311

CDC Contact Center at (800) CDC-INFO (232-4636)

STRESS MANAGEMENT

(Excerpted from *Stress Management: How to Reduce, Prevent and Cope with Stress*, http://www.helpguide.org/mental/stress_management_relief_coping.htm.)

Taking Charge of Stress

In today's frenetic, fast-paced world, many people deal with frequent or even constant stress. Operating on daily "red alert" comes at a high price to health, vitality and peace of mind. But while it may seem there's nothing to do about stress levels, people have more control than they might think. In fact, the simple realization that control is possible is the foundation of stress management.



Managing stress is all about taking charge: taking charge of thoughts, emotions, schedules, environments and ways to deal with problems. The ultimate goal is a balanced life, with time for work, relationships, relaxation and fun—and the resilience to hold up under pressure and meet challenges head on.

Stress management strategy 1: Avoid unnecessary stress

Not all stress can be avoided, and it's not healthy to avoid a situation that needs to be addressed. But the number of stressors that can be eliminated is surprising.

- Learn how to say no.
- Avoid people who contribute to stress.
- Take control of the environment.
- Avoid hot-button topics.
- Pare down the to-do list.

Stress management strategy 2: Alter the situation

If stressful situations can't be avoided, try to alter them. Figure out how to avoid the same problems in the future. Often this involves trying new ways of communicating and conducting daily life.

- Express feelings instead of bottling them up.
- Be willing to compromise.
- Be more assertive.
- Manage time better.

Stress management strategy 3: Accept things that can't be changed

Some sources of stress are unavoidable. Stressors such as the death of a loved one, a serious illness or a national recession can't be changed. In such cases, the best way to cope with stress is to accept things as they are. Acceptance may be difficult, but in the long run it's healthier than railing against situations that can't be changed.

- Don't try to control the uncontrollable.
- Look for the upside.
- Share feelings.
- Learn to forgive.

Stress management strategy 4: Adapt to the stressor

If a stressor can't be changed, look inward to create change. Adapt to stressful situations and regain a sense of control by changing expectations and attitude.

- Reframe problems.
- Look at the big picture.
- Adjust standards.
- Focus on the positive.

Stress Reduction Tips

- Set aside relaxation time.
- Connect with others.
- Do something enjoyable every day.
- Keep a sense of humor.
- Exercise regularly.
- Eat a healthy diet.
- Reduce caffeine and sugar.
- Avoid alcohol, cigarettes and drugs.
- Get enough sleep.

Healthy Stress Reducers

- Go for a walk.
- Spend time in nature.
- Talk to a supportive friend.
- Sweat out tension with a good workout.
- Do something for someone else.
- Write in a journal.
- Take a long bath.
- Play with a pet.
- Work in the garden.
- Get a massage.
- Curl up with a good book.
- Take a yoga class.
- Listen to music.
- Watch a comedy.



SUN PROTECTION

(Excerpted from Sun Basics—Skin Protection Made Simple, American Cancer Society, Inc., No. 201200-Rev.02/02, 2002, 1-800-ACS-2345 [1-800-227-2345], <http://www.cancer.org>.)

When spending time outside, protect skin from the sun's ultraviolet (UV) rays. UV rays may turn skin red (sunburn) or a darker brown. To be healthy, follow sun basics:

- Wear a shirt that protects skin.
- Use sunscreen with a sun protection factor of 15 or higher.
- Wear a hat with a wide brim to protect ears, neck and face.
- Look for shade in the middle of the day.
- Protect eyes—wear sunglasses.
- Even when wearing a baseball cap, be sure to put sunscreen on ears, neck and face.
- Swimming, perspiring or drying skin with a towel will cause sunscreen to come off. Be sure to apply more sunscreen.

Remember:

During the middle of the day, the sun's rays are very strong. Take the shadow test: when a person's shadow is shorter than they are, the sun is high in the sky and the UV rays are very strong. UV rays travel through clouds, so be sure to protect skin even when the sun isn't shining.

TALKING WITH YOUR DOCTOR

(Excerpted from Quick Tips—When Talking with Your Doctor, Agency for Healthcare Research and Quality, Rockville, MD, AHRQ Publication No. 01-0040a, May 2002, <http://www.ahrq.gov/consumer/quicktips/doctalk.htm>.)

The most important way you can stay healthy is to be an active member of your own health care team. One way to get high-quality health care is to find and use information and take an active role in all of the decisions made about your care. This information will help you when talking with your doctor.

Research has shown that patients who have good relationships with their doctors tend to be more satisfied with their care—and to have better results. Here are some tips to help you and your doctor become partners in improving your health care:



Give Information. Don't Wait to Be Asked!

- You are the one who knows about your symptoms and your health history. Tell your doctor what you think he or she needs to know.
- It is important to tell your doctor personal information—even if it makes you feel embarrassed or uncomfortable.
- Bring a “health history” list with you, and keep it up to date. You might want to make a copy of the form for each member of your family.
- Always bring a list of medicines you are taking (include when and how often you take them) and what strength. Talk about any allergies or reactions you have had to your medicines.
- Tell your doctor about any herbal products you use or alternative medicines or treatments you receive.
- Bring other medical information, such as X-ray films, test results and medical records that you may have from other medical sources.

Get Information.

- Write down your questions before your visit. List the most important ones first to make sure they get asked and answered.
- You might want to bring someone along to help you ask questions. This person can also help you understand and/or remember the answers.

- Ask your doctor to draw pictures if that might help to explain something.
- If you have questions, ask them. If you don't, your doctor may assume you understand everything that was said.
- Take notes.
- Some doctors do not mind if you bring a tape recorder to help you remember things. But always ask first.
- Let your doctor know if you need more time.
- Be sure your doctor has washed his or her hands before starting to examine you. Research shows that hand washing can prevent the spread of infections.

Take Information Home.

- Ask for written instructions.
- Your doctor also may have brochures and audio and/or video tapes that can help you. If not, ask how you can get such materials.

Once You Leave the Doctor's Office, Follow Up.

- If you have questions, call.
- If your symptoms get worse, or if you have problems with your medicine, call.
- If you had tests and do not hear from your doctor, call for your test results.
- If your doctor said you need to have certain tests, make appointments at the lab or other offices to get them done.
- If your doctor said you should see a specialist, make an appointment.

For more on health care quality and materials to help you make health care decisions, visit <http://www.ahrq.gov/sonsumer/pathqpack.htm>.

Also helpful (and not just for seniors): *Talking with Your Doctor: A Guide for Older People*, National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, NIH Publication No. 05-3452, August 2005, <http://www.nia.nih.gov/HealthInformation/Publications/TalkingWithYourDoctor/>.

ORGANIZATIONS AND ASSOCIATIONS

Mental Health America

2000 N. Beauregard St. 6th floor
Alexandria, VA 22311
Phone: (703) 684-7722
Toll-free: (800) 969-6642
TTY: (800) 433-5959
Fax: (703) 684-5968
Web site: <http://www.mentalhealthamerica.net>

Mental Health America (MHA), formerly known as the National Mental Health Association, is the country's leading nonprofit dedicated to helping people live mentally healthier lives. With its more than 320 affiliates nationwide, it represents a growing national movement to promote mental wellness for the health and well-being of the entire country.

MHA's message is simple: Good mental health is fundamental to the health and well-being of every person and of the nation as a whole.

MHA advances its mission by:

- Educating the public about ways to preserve and strengthen its mental health.
- Fighting for access to effective care and an end to discrimination against people with mental and addictive disorders.
- Fostering innovation in research, practice, services and policy.
- Providing support to the more than 60 million individuals and families living with mental health and substance use problems.

National Women's Health Resource Center

157 Broad St. Suite 106
Red Bank, NJ 07701
Toll-free: (877) 986-9472
Web site: <http://www.healthywomen.org>

The National Women's Health Resource Center (NWHRC) is an independent, not-for-profit health information source for women. The NWHRC develops and distributes up-to-date and objective women's health information based on the latest advances in medical research and practice.

NWHRC believes:

- All women should have access to the most trusted and reliable health information.
- Information empowers women to make the best decisions to maintain and improve their health and the health of their families.
- Informed women are healthier women.

In collaboration with the nation's leading health professionals, the NWHRC strives to ensure its health information is comprehensive, unbiased, thoughtful, engaging, understandable, timely and relevant, and that its information, consumer research and programs are independent of influence from external parties, thereby ensuring credibility. The NWHRC identifies cutting-edge and emerging women's health concerns and topics. It conducts national surveys of women to identify health needs, attitudes and behaviors and endeavors to be the first to disseminate the most up-to-date women's health information.

Ohio Department of Health, Violence and Injury Prevention Program - Debra Seltzer, Administrator

Sexual Assault and Domestic Violence Prevention Program:

Debra Seltzer, Administrator
(614) 728-2176 - Debra.Seltzer@odh.ohio.gov

Joyce Hersh, Women's Health Coordinator
(614) 728-4885 - Joyce.Hersh@odh.ohio.gov

Beth Malchus, Rape Prevention Coordinator
(614) 466-8960 - Beth.Malchus@odh.ohio.gov

Amanda Suttle, Rape Prevention Coordinator
(614) 644-7618 - Amanda.Suttle@odh.ohio.gov

Susan Williard-Gibler, Program Secretary
(614) 728-2707 - Susan.WilliardGibler@odh.ohio.gov

Injury Prevention Program:

Christy Beeghly, Administrator
(614) 728-4116 - Christy.Beeghly@odh.ohio.gov

Trina Dickerson, Customer Service Specialist
(614) 728-2958 - Trina.Dickerson@odh.ohio.gov

Kara Manchester, Researcher
(614) 466-8437 - Kara.Manchester@odh.ohio.gov

Ed Socie, Epidemiologist
(614) 466-0289 - Ed.Socie@odh.ohio.gov