

YOUR MENOPAUSE GUIDE

# pause<sup>®</sup>

SPRING/SUMMER 2012

From The American Congress of Obstetricians and Gynecologists

*Hot Flashes —  
Why Me???*

*Staying Sharp  
The Aging Mind*

*Bone Up*  
on Bone Health

*The Perfect Fit —  
Finding the Right Bra*

EVERYTHING  
YOU NEED TO  
KNOW ABOUT  
**MIDLIFE HEALTH**



features



6

*Bone Up*  
on Bone Health

24

*Staying Sharp*  
*The Aging Mind*



36

*Put Money Back*  
*in Your Pocket*





40

The Perfect Fit —  
Finding the  
Right Bra

in every issue

19

Tests You Need Now

23

News Flash

on the cover

**MODEL:** Yoshino Yanagihara of  
Betty's Model Group, Miami

**PHOTOGRAPHER:** Isak Tiner, Jumping  
House Studios, New York

**STYLIST:** Laura Taylor, Miami

**HAIR & MAKE-UP:** Colleen Stone, Miami



## departments

mind & body 12

Menopause Ahead

16

Hot Flashes —  
Why Me???

20

Keeping the LOVE  
Alive

food & fitness 32

Got 5 to Lose?

r & r 34

The Magic of  
Massage

beyond beauty 40

The Perfect Fit —  
Finding the Right Bra



# pause

SPRING / SUMMER 2012

Vol 16 • No 1

## ACOG Executive Vice President

Hal C. Lawrence, III, MD

## Medical Advisory Board

Isaac Schiff, MD, Chair  
Mark S. DeFrancesco, MD, MBA  
Andrew M. Kaunitz, MD  
Deborah M. Smith, MD, MPH

## Editor-in-Chief

Penelope Murphy, MS

## Deputy Editor-in-Chief

Gregory Phillips

## Associate Editor

Amanda Hall

## Contributors

Madonna Behen  
Karen Doss Bowmen  
Cathy Cassata  
Stacey Colino  
Jill Hindenach  
Meryl Davids Landau  
Winnie Yu

## Publication Design

Westbound Publications

# ACOG

THE AMERICAN CONGRESS OF  
OBSTETRICIANS AND GYNECOLOGISTS

*pause* is published by  
The American Congress of  
Obstetricians and Gynecologists,  
PO Box 70620, Washington,  
DC 20024. Copyright 2012  
by The American Congress of  
Obstetricians and Gynecologists.



## The Spring Issue Has Arrived!

In each issue of *pause*, we strive to give you the very best medical information on dealing with a variety of midlife health concerns. This includes updates that are both informative and practical. In *Bone Up on Bone Health* you'll learn why it's important to protect and preserve your bones. In *The Aging Mind—Staying Sharp* you'll discover new ways to help maintain brain power. And don't miss *Put Money in Your Pocket* for tips on saving money on health care costs.

We hope that you're visiting us regularly at [menopause.acog.org](http://menopause.acog.org). Please send us your ideas and comments and don't forget to like us on Facebook.

Isaac Schiff, MD  
Chair, Medical Advisory Board



## MEDICAL ADVISORY BOARD

---



**Isaac Schiff, MD, Chair** is chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital in Boston and the Joe Meigs Professor of Gynecology at Harvard Medical School. He is a reproductive endocrinologist and a former president of the North American Menopause Society (NAMS). Dr. Schiff served as chair of ACOG's Task Force on Hormone Therapy and serves on the editorial boards of several medical publications. He is the editor-in-chief of NAMS' professional journal, *Menopause*. He is also the author of the book, *Menopause, a Comprehensive Guide for Women*. Dr. Schiff is recognized internationally for his expertise in menopause and hormone therapy.



**Mark S. DeFrancesco, MD, MBA** has practiced obstetrics and gynecology for more than 25 years. He is a founder and the medical director of Physicians for Women's Health, LLC, which is among the nation's largest physician group practices dedicated to women's health. He is also an assistant clinical professor of obstetrics and gynecology at the University of Connecticut Health Center. Dr. DeFrancesco is a board member and past president of the Accreditation Association for Ambulatory Health Care (AAAHC) and a member of the Board of Trustees of AAAHC's Institute for Quality Improvement.



**Andrew M. Kaunitz, MD** is professor and associate chair in the obstetrics and gynecology department at the University of Florida College of Medicine and director of Menopause and Gynecologic Sonography Services at the University of Florida Southside Women's Specialists in Jacksonville. Dr. Kaunitz is a recognized authority on contraception and menopause and has published more than 300 articles and book chapters in the area of women's health. He is editor-in-chief of *Journal Watch: Women's Health* and is on the editorial boards of several additional professional publications.



**Deborah M. Smith, MD, MPH** is staff gynecologist in women's health at the Elizabeth Taylor Medical Center Whitman-Walker Clinic in Washington, DC. She is a past member of the ACOG Committee on Gynecologic Practice and a past member of the Committee on Health Care for Underserved Women.

### BROUGHT TO YOU BY

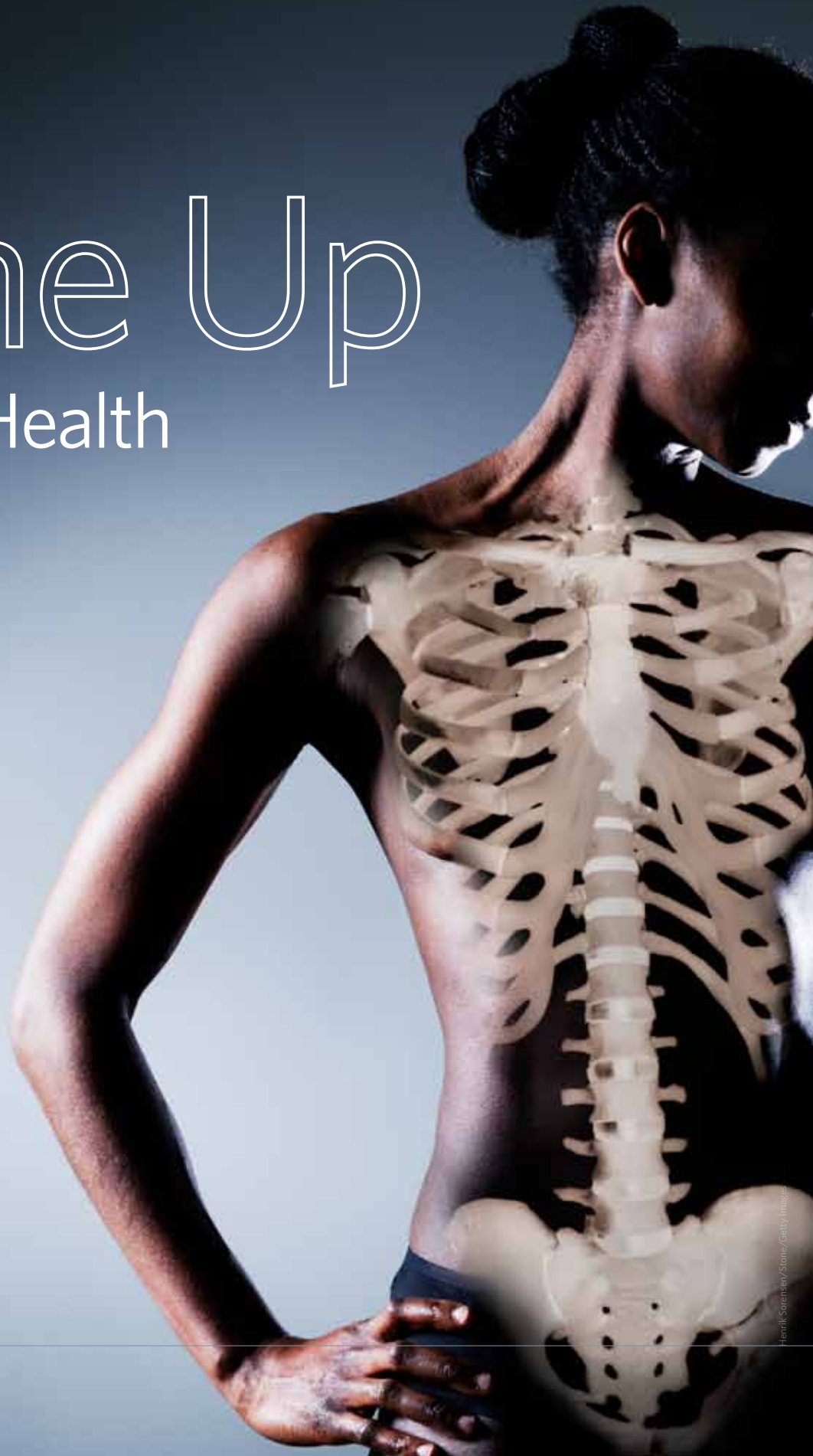
**The American Congress of Obstetricians and Gynecologists (ACOG)**—the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization, ACOG:

- Serves as a strong advocate for quality health care for women;
- Maintains the highest standards of clinical practice and continuing education of its members, who include nearly 90 percent of the nation's board-certified ob-gyns—more than 40,000 physicians;
- Promotes patient education;
- Increases awareness among its members and the public of the changing issues facing women's health care.

# Bone Up

## on Bone Health

By **Meryl Davids Landau**





**M**itzi Moore squeezed her recent bone density scan between a lunch date and a salon appointment, confident that she could accomplish everything with ease. Having done it twice in prior years, Moore knew the scan would be quick and painless. “It’s such an easy test; I barely notice I’m having it,” says Moore, an energetic dental assistant and retired flight attendant in Lighthouse Point, FL. In fact, it took only twenty minutes from the time she signed in to Boca Raton Regional Hospital, in South Florida, to when she left the building to style her hair.

Bone experts wish more women would follow Moore’s lead. Osteoporosis is a serious disease that is often overlooked by women at midlife, a time when it’s critical to pay attention. According to the US Preventive Services Task Force, as many as one in two postmenopausal women are at risk of fracturing a bone from osteoporosis. “Each year there are 2 million fractures in the US, and a lot of that is preventable,” says Ethel Siris, director of the Toni Stabile Osteoporosis Center at New York-Presbyterian Hospital in New York City. That’s because osteoporosis, the condition in which bone thins and bone density lessens, making breaks more likely, is akin to high blood pressure or even early cancer—a silent disease whose damage could be limited if caught and treated early. The best way to see what’s going on inside those bones is with a scan, known as dual-energy X-ray absorptiometry (DXA).

Women and their primary care doctors don’t focus on bone health the way they do heart health and cancer, Siris laments. “A conversation about osteoporosis is not typically brought up in a regular appointment, the way blood tests or mammograms are,” she says. The result: too few women who should regularly be tested are. Yet learning if you’re at increased risk and taking steps to minimize it can save your life: A major fracture in later life is serious enough that 24 percent of older people who break their hip die within a year, according to the National Osteoporosis Foundation.



# The Testing Tools

Who should be tested? The American Congress of Obstetricians and Gynecologists recommends bone mineral testing be offered to all postmenopausal women age 65 and older, as well as younger women who have one or more risk factors for osteoporosis. Moore, 55, falls into that second camp: She went through menopause at age 42 (estrogen keeps bones strong, so early menopause means lost protection), weighs just 127 pounds (the cutoff weight that indicates smaller bones, which are more fragile), and has broken a wrist and bone in her foot from falls in recent years (strong bones rarely break from regular, standing falls). There's no consensus on how often the scan should be repeated, but a recent study found that if your bones test healthy, you might not need another scan for more than a decade. (Women with—or close to—an osteoporosis diagnosis should test more frequently.)

Fortunately for Moore, her gynecologist, Xiao-Mei Zeng, MD, in Boca Raton, FL, makes it a practice to query all her patients about their osteoporosis risks and to order testing for appropriate patients. “No one wants to break a bone. When I tell women the test will show what’s happening they are eager to do it,” Zeng says.

DXA is a low-dose X-ray that measures the density of two distinct bones, typically the hip and lumbar spine. During her appointment, Moore laid on her back on the bed of the machine (similar to a tanning bed without the cover). The technician remotely slid the digital X-ray device—which was attached to a moving panel above Moore’s body—down the length of her lower torso capturing images of Moore’s lower lumbar and pelvic bones. Unlike with a mammogram, Moore remained fully dressed, and the machine didn’t touch or compress any part of her body. A computer monitor gathered the results, which were then sent to Dr. Zeng.

Moore’s exam also included the calculation of her “FRAX score,” an algorithm that determines a person’s 10-year probability of a major bone fracture. She was asked 11 questions that are known to affect risk, including height and weight and whether she smokes, drinks more than one glass of alcohol a day, has rheumatoid arthritis, or has ever broken a bone. (You can calculate your own FRAX score at [www.shef.ac.uk/FRAX/tool.jsp](http://www.shef.ac.uk/FRAX/tool.jsp). Choose your ethnicity under the “calculation tool” menu before beginning, because some ethnic groups, like Caucasians, face higher risks.) Combining Moore’s answers with the results of her DXA test make predictions of future fracture risk even more accurate.



Henrik Sorensen/Getty Images





Deciphering the results of a DXA test does take some finesse, experts say. Results are given in what's known as a "T-score," a measure of how bones fare compared with those of a healthy, younger woman. A T-score less than -2.5 is a clear indication of osteoporosis. But those between -1 and -2.5, a level classified as "osteopenia," must be interpreted based on the woman's age and other risk factors, Siris cautions. Inexperienced doctors may erroneously prescribe bone-building drugs to a patient whose risk level doesn't warrant it.

## Fighting Back

Moore's results (-1.3 and -1.5 for her left and right hips, respectively, and -1.5 for her spine) turned out to be in this osteopenia range. This was a slight decrease from her test two years earlier, when each bone was -1.1. Still, her FRAX score indicates that she has only a 1.4 percent chance of breaking her hip (the most serious fracture) within the next decade. That's why Zeng recommends that Moore not go on medication at this time, instead focusing on lifestyle factors known to affect bone health.

These factors include not smoking, limiting alcohol, exercising regularly, and taking appropriate calcium and vitamin D supplements. To be effective, exercise must involve gravity, so walking, running, and dancing are good for bones, but swimming is not, explains Silvina Levis, MD, director of the Osteoporosis Center at the University of Miami. Lifting weights is also beneficial, she says. "A bone density scan on the forearms of a tennis player would show greater density in her racquet-holding arm," Levis observes, because contracting a muscle puts pressure on and strengthens the bone attached to it.

The calcium recommendation for women age 51 and older is 1,200 mg per day. If you drink two glasses of milk daily (at 300 mg/calcium each), for instance, you need only one 600 mg supplement pill. (Too much calcium can cause kidney stones.) Postmenopausal women taking estrogen therapy need only 1,000 mg of calcium per day. You'll need 1,500 mg of calcium per day, however, if you're postmenopausal and not taking hormone therapy or you are over age 65. Recommendations for vitamin D are 600 to 800 IU daily, the level included in many calcium-plus-D supplements, although Siris says it's safe to take up to 2,000 IU. Seniors age 71 and older should get 800 IU daily.



Based on her prior bone density scans, Moore had already begun implementing these actions. She doesn't drink excessively or smoke, she practices yoga and Pilates several times a week, and she tries to be active whenever possible, such as by mowing her own lawn. But she admits that she hasn't always been diligent about taking her 600 mg daily calcium supplement (it also contains 400 IU of vitamin D). Upon learning the new test results, she is committing herself to be more vigilant. "The new results will motivate me to put the pills by my coffee pot and take them every single morning. I want to do as much as possible to avoid this disease," she says.

## When Medication Is Needed


Women with T-scores below -2.5 and those with better scores but who also have serious risk factors should be prescribed bone-strengthening medications, Siris says. Her own recent study found that in an eight-year period ending in 2008, oral medications alone prevented some 144,000 fractures in the US.

Common medications include bisphosphonates (such as Fosamax<sup>®</sup>, Boniva<sup>®</sup>, and Actonel<sup>®</sup>), as well as selective estrogen receptor modulators and the hormone calcitonin. There are osteoporosis medications available in pill form, intravenously, and intramuscular injections. Yet many women who could be preventing future fractures by taking medication are not doing so. Some shun these medicines because they worry about highly publicized side effects like jaw-bone problems or unusual fractures of the thigh bone, but Siris says that such events are extremely rare.

"The overwhelming majority of women who take these medications have no problems, and they get important benefits," she says.

Fear about these potential side effects she'd heard from media stories is what initially kept Miriam Fernandez, 62, from McAllen, TX, from taking the drugs. Although she had pain in her hip that both she and her doctor suspected was from osteoporosis, Fernandez resisted getting a DEXA scan because she feared it would lead to a pill prescription. But two years later she started hearing other stories—these from friends some twenty years her senior, who wished they'd taken medication sooner. "Several of my friends had broken a bone, while others had severe, and progressing, osteoporosis, and they encouraged me to take action to avoid this," Fernandez says. She also spoke with her doctor, who further allayed her fears. A subsequent bone scan revealed that she did, indeed, have osteoporosis.

Fernandez now takes Fosamax<sup>®</sup> (alendronate) one morning a week, along with twice-daily calcium pills and regular exercise. She has had no side effects (not even the more benign bloating or constipation or inflammation of the esophagus the medicine can sometimes cause), and her hip pain has markedly diminished. She has come to appreciate her medication, especially when she learned that her older sister, who also has osteoporosis but lives in Cuba, does not have access to these drugs.

Moore, who currently takes daily medication for her type 1 diabetes, is pleased that she doesn't yet need to add to her pillbox. But she remains open-minded. "I plan to do whatever it takes to remain active and healthy for many more decades," she says. For now, the road to that future means sticking with exercise and supplements. 



# Menopause Ahead

By Stacey Colino

You're not going to see a road sign anywhere welcoming you to menopause. But as every woman knows, all roads lead to menopause at some point. To be sure, you may encounter some bumps along the way. But in this case, knowledge is power—knowing what lies ahead and how to cope keeps you going and makes for a smoother ride.



Lucky for you that times have changed. Prior to the 1980s, menopause wasn't something to be talked about, understood, or prepared for so much as it was to be endured, often in grimacing, beet-faced silence.

"Until fairly recently, most women thought menopause was the end of the road," says Isaac Schiff, MD, chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital and the Joe Meigs Professor of Gynecology at Harvard Medical School in Boston. "There has been this transformation among women, especially the baby boomers, that menopause can be a fulfilling and positive experience. Women today are much more in the driver's seat—they're taking control of the experience. One of the reasons for

this new attitude is that we have much more information about the transition."

And as our understanding of menopause has expanded, so have our options for smoothing the way through the changes. "We have better treatments available to women and we know more about how those treatments work," adds Schiff.

Still, the sheer volume of information available to women today can be a bit overwhelming. What's more, a Google search on the Internet doesn't differentiate between the unsubstantiated claims of many menopause treatments and the information that you can trust.

To help you navigate through these sometimes trying times, here's a road map to guide you in the right direction.



## A Gradual Change

For most women, menopause—literally, the cessation of menstruation—isn't a single event that occurs all of a sudden. Rather, it's a gradual transition that takes place over several years' time in three distinctive phases.

Perimenopause, the first phase, generally occurs from two to four years before menopause. During this time, your menstrual periods will become more irregular as the number of eggs in your ovaries—and the amount of estrogen they produce—declines. Along with these physical changes come some of the tell-tale signs: hot flashes (yes, you can get them even though you're still menstruating), night sweats (the nighttime version of hot flashes), PMS-like mood swings, insomnia, and maybe even an "achy-all-over" feeling. Many women simply have a sense that something's "not quite right."

The actual onset of menopause—when your ovaries produce so little estrogen that your menstrual periods cease altogether—occurs next. On average, this happens around age 51, but it's perfectly normal for menopause to occur anywhere from the early 40s to mid-50s. If you smoke or have your uterus surgically removed, you may experience menopausal symptoms earlier than average. For many women, hot flashes kick in around this time and may last for a year or two—sometimes more—after your periods end.

And when your periods have stopped for a year or longer? After that, you've entered the postmenopausal years—and there are plenty of them to be had.

75 percent of women have hot flashes

45 percent of menopausal women have mood swings

## Irregular Periods, Declining Fertility

Even if you've been as regular as clockwork in the past, your menstrual cycles can be wildly unpredictable throughout perimenopause: light one month, heavy the next. You may even skip periods altogether, sometimes for months at a time. But as long as you're still menstruating, you can still get pregnant. Whatever you do, unless you're trying to get pregnant, be sure to use some form of contraception until your doctor tells you it's OK to stop.

## Hot Flashes, Night Sweats

If you're over age 45, you may be asking, "Is it hot in here, or is it me?" Chances are good it probably is you. Some 75 percent of women have hot flashes and night sweats at some point during this time.

Hot flashes and night sweats can be uncomfortable and inconvenient, but they are temporary and can be managed. In fact, many women find that they can cope just fine by making some fairly simple changes in their lifestyle. (See *Hot Flashes—Why Me???*, page 16.) If you need more help dousing the fire, hormone therapy and other medications are available from your doctor.

## Mood Swings

While rates of depression in postmenopausal women are generally lower than they are in younger women in their childbearing years, depressive symptoms, including irritability, crying jags, and the like (aka PMS-like mood swings), are not unheard of in perimenopausal women. "In fact, women are more prone to depression during perimenopause," says Schiff.

Up to 45 percent of women who see their doctors for menopausal symptoms complain of having irritating mood swings. It's no wonder: Hot flashes and night sweats can disrupt sleep, leading to irritability. Heart palpitations that sometimes accompany hot flashes can mimic anxiety.

If you've suffered an earlier bout of depression, you may be more vulnerable to slipping into depression again now. But for the vast majority of women, these emotional ups and downs are temporary and manageable.

## Changes in Your Sex Life

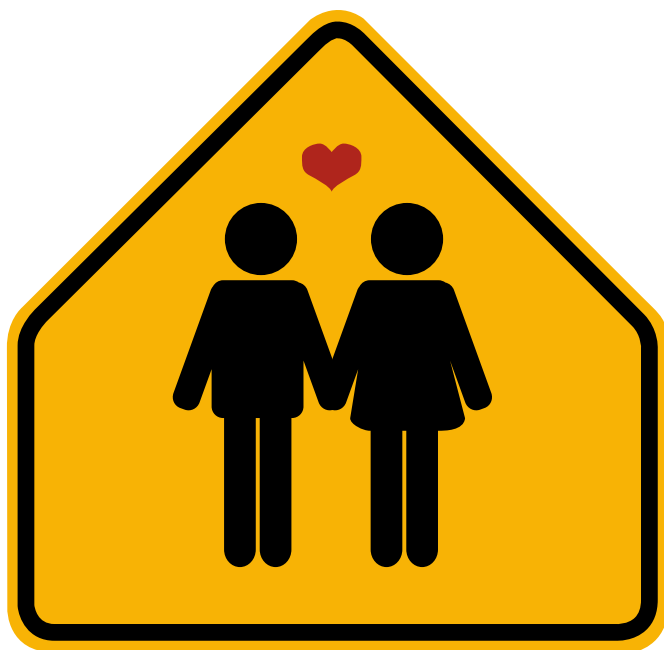
For the most part, if you've enjoyed sex in the past, you'll likely continue to find sex pleasurable now and in the years to come. There's no physiological reason a woman can't have an active and satisfying sex life in midlife and beyond. And surveys of men and women in midlife suggest that they do: A recent study in the journal *Menopause* found women older than age 50 are mostly satisfied with their current level of sexual activity and continue to be sexually active after menopause. In fact, 60 percent of women ages 50-59 are sexually active, as are 50 percent of women in their 60s, and more than 28 percent of those in their 70s.

One of the biggest menopause-related problems arises from low levels of estrogen, which can lead to vaginal dryness that sometimes causes discomfort during and right after intercourse. Talk to your doctor about solutions.

.....

**28** percent of women  
are sexually active  
in their 70s

.....



## Are You There Yet?

So, how will you know when you've reached menopause? You won't know until after the fact—12 months after, to be precise. There are no diagnostic short-cuts, no simple cut-and-dried tests that can tell you, "Congratulations! You've made it! You're now officially past menopause." (The sole exception: If you have both ovaries surgically removed before a natural menopause; then, it literally happens overnight.) A blood test that measures follicle-stimulating hormone (FSH) is sometimes used as a marker for menopause. However, levels of FSH (a hormone released by the brain's pituitary gland to help regulate menstrual cycles) can fluctuate wildly while you're still menstruating. For this reason, the test results can occasionally be misleading, suggesting that you are past menopause when in fact you are not. The same may be true of the home test kits for menopause, which detect levels of FSH in urine.

The most reliable marker is the tincture of time. You'll know you're past menopause only after you have gone 12 consecutive months without having had a period. And since 12 months is a long time, it's best to maintain a menstrual calendar to track your periods, noting the date of the start of your period each time you have one, along with the number of days it lasts, and the amount of flow you experience (light, moderate, or heavy).

## A Gradual Loss of Bone Mass

Because you can't feel bone loss, it's easy to overlook it. But you really can't afford to ignore the "silent" changes that are happening to your bones right now. Although bone loss begins as early as your mid- to late-30s, low estrogen levels after menopause tend to speed up the process. For some women, particularly those who had low bone mass to begin with, this accelerated rate of bone loss takes its toll in the later years. And the results can be—literally—crippling. Weak bones break easily, a condition known as osteoporosis, and can lead to pain and disability.

In addition to bone density, gender, and age, other factors that can increase the risk of fractures caused by osteoporosis include race, ethnicity, family history, and poor nutrition. Fortunately, you can take steps to slow bone loss and prevent osteoporosis. (See *Bone Up on Bone Health*, page 6.)

## An Increased Risk of Heart Disease

If you are like most women, you probably aren't too concerned about your heart health. But there is a reason you should give it the attention it deserves. Heart disease is the leading cause of death for women.

You don't have to accept this rather grim scenario. In many cases, premature deaths from heart disease are preventable. The first step is knowing how at risk you are. The next: making lifestyle changes and taking medications, if necessary, to protect your heart.

## A Lot to Look Forward to

Fortunately, the transition through menopause doesn't last forever—even if it sometimes feels that way. What comes next? These are known as the postmenopausal years, and for the majority of women, this time in your life can last for 25 years or more! That's a whole lot more living you've got to look forward to.

"Women today are living longer than in the past," says Schiff. And that's good, but it also means that women today need to be more diligent about keeping healthy for the next 25 years and longer. That's all the more reason to invest in behaviors that will keep you in optimal health now and in the future so that your quality of life will be excellent—drink your (skim) milk, eat your vegetables, get plenty of exercise, don't smoke, and if you drink alcohol, do so in moderation. 📞

*"Women are living longer and need to be more diligent about keeping healthy."*



### When to Call the Doctor

For the most part, fluctuating hormones are the culprits behind irregular periods. But abnormal bleeding can occasionally signal a more serious problem, such as endometrial hyperplasia and even cancer of the uterine lining. If you experience extremely heavy bleeding (in which you must use more than one pad or super absorbent tampon every two to three hours), or if you bleed more often than every three weeks, after intercourse, or between periods, see your ob-gyn for an evaluation.

mind & body

# Hot Flashes

## Why Me???

By Stacey Colino

Hot flashes may be the symptom most commonly associated with menopause but they're hardly a universal experience. Not every woman gets them. Some do; others don't. If you're one of the unlucky ones, you may be wondering, WHY ME???

And as you may already know from personal experience, the intensity and frequency of hot flashes can range from uncomfortable but bearable to miserable and downright disruptive. "There's great individual variation," says Isaac Schiff, MD, chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital and the Joe Meigs Professor of Gynecology at Harvard Medical School in Boston. "Hot flashes tend to be most intense in the perimenopausal years when women start skipping periods, and are very severe when the ovaries are removed premenopausally. While most women will experience them for six months to two years, some women have hot flashes for decades, and that's not abnormal."



Peter Hince/Photographer's Choice RF/Getty Images





In recent years, research has begun to tease out who's most likely to get them. The Study of Women's Health Across the Nation (the SWAN study), a multiethnic, longitudinal study of women in the US, found that African-American women are more likely than white and Hispanic women to have hot flashes; so are heavier women (defined as those who have a greater body mass index, or BMI). "The reason why overweight women are more likely to suffer hot flashes isn't known," says Schiff. "It may be that the extra body fat is acting as insulation

**Turn down the thermostat.**

Lower the temperature in your home and office, if possible, or use a fan to cool off when you need to. Drink a glass of cold water, splash cool water on your face, or run your wrists under cool water when you feel a flash coming on.

**Exercise regularly.** "Based on my patients, it seems that women who exercise have fewer hot flashes than do sedentary women," says Douglas H. Kirkpatrick, MD, an ob-gyn in private practice in Denver, CO, and a past president of The American Congress of Obstetricians and Gynecologists.

---

*Women who exercise have fewer hot flashes than do sedentary women.*

---

and keeping the heat in."

In addition, smokers have more hot flashes than non-smokers, though the mechanism isn't fully understood. Plus, they go through menopause earlier.

**Coping Cues**

The good news is you don't have to withstand the heat. You can take steps to adjust your body's internal thermostat and combat hot flashes with lifestyle changes. Approaches that may help include:

**Go for the layered look.** If you dress in layers of clothing, you can peel them off when your body starts heating up. Shawls, sweaters, and scarves give you stylish options that help.

"It may have something to do with the endorphins that are released."

**Lose weight.** While it's been known that women with a higher BMI tend to have worse hot flashes during menopause, it wasn't clear whether losing weight helps—until now. In a study at the University of California, San Francisco, women who were overweight or obese—half of whom were bothered by hot flashes—participated in a weight-loss intervention or a control group; those who lost weight or inches from their waist experienced an improvement in hot flashes over the six-month program.

**Practice yoga.** Researchers at the University of California found that when postmenopausal women

*To date, “the best treatment we have available for hot flashes is HT.”*



who were experiencing hot flashes took weekly yoga classes, the frequency and intensity of their hot flashes decreased by 31 percent. “At this stage of life, it’s important to take time for yourself to induce some relaxation on a daily basis,” Kirkpatrick adds. If yoga isn’t your cup of tea, try meditation or another activity that helps you decompress.

**Try acupuncture.** The results are mixed when it comes to whether acupuncture helps with hot flashes. But a multi-center study from South Korea found that when perimenopausal and postmenopausal women who were experiencing hot flashes received acupuncture treatments, their hot flashes improved significantly over a four-to-eight-week period. “While the science that supports acupuncture or yoga is constantly being studied,” says Schiff, “it is possible that both relieve stress and may also have a placebo effect.”


### Stronger Ways to Chill Out

If lifestyle measures don’t help and hot flashes are driving you around the bend, talk to your doctor about whether you’re a candidate for hormone therapy (HT). To date, “the best treatment we have available for hot flashes is HT,” says Schiff.

Use the lowest effective dose of hormones and discuss with your doctor at least once a year whether it is appropriate for you to continue. In healthy, nonsmoking, perimenopausal women, oral contraceptives

can be used to treat hot flashes. Keep in mind, though, that hot flashes may come back after a woman discontinues HT, in any form. They can also return while a woman is on HT, though this isn’t common. If your hot flashes persist or begin while you are on HT, let your doctor know so he or she can look for other causes and perhaps have your thyroid levels checked.

For those who have severe hot flashes and can’t or don’t want to use hormone therapy, certain antidepressants—particularly the selective serotonin reuptake inhibitors (SSRIs) like Prozac®, Paxil®, and Zoloft®, and Effexor® (a selective serotonin-norepinephrine reuptake inhibitor, or SNRI)—may reduce the intensity of hot flashes, though they’re not approved by the FDA for this purpose. “When they’re used for hot flashes, antidepressants usually work within three to four weeks, just like hormone therapy does,” says Schiff, who cautions that these drugs do have side effects such as reducing libido and they could also interfere with other drugs women may be taking, such as those for breast cancer treatment.

If you go the hormone therapy or other medication route, stay alert to side effects and unusual symptoms and stay in touch with your doctor about how and when to adjust (or stop) the treatment. That way, you can keep your cool without courting unnecessary risks. 

# Tests You Need Now

*Skin Cancer  
Screening*

You spent your youth poolside baking in the sun, believing that a nice, dark tan made you look healthy—sexy, even—only to discover later that it may have put your health in danger.

We now know that the more sun exposure you have, the higher your risk of skin cancer. And, as with many types of cancer, the chances of skin cancer increases with age.

Basal cell carcinoma and squamous cell carcinoma are the most common forms of skin cancer. These cancers appear as pale, wax-like, pearly bumps or red, scaly patches. The most serious type of skin cancer is melanoma, which usually starts as a small mole-like growth but gets bigger and/or changes color over time and may bleed easily.

Skin cancer can't be diagnosed merely by sight. If an area of your skin appears suspicious, your doctor may take a small sample of skin tissue (biopsy) to examine under a microscope or send to a lab for diagnosis. The good news is that, if found early and treated promptly, skin cancer is almost 100 percent curable.

## Skin Cancer Screening Tips

Check your skin annually. Although there is no standard recommendation for skin cancer screening intervals, most experts advise that you or a dermatologist check your entire body once a year. You may need more frequent skin checks if you have increased recreational or occupational exposure to the sun; a family or personal history of skin cancer or precancerous lesions; fair skin, freckles, or light-color hair; a suppressed immune system; or a condition known as xeroderma pigmentosum.

**Be familiar with your skin's appearance.** Knowing what's normal (and what's not) for your skin will make it easier to detect any changes in its appearance. Inspect your palms, feet, and fingernails—about half of skin cancers in darker-skinned people are found in these areas.

**Know when to call the doctor.** If you notice that a birthmark or mole changes in symmetry (one half starts to look different than the other); develops ragged or blurred borders; has different shades of browns and blacks; has patches of red, white, or blue or is not the same color all over; or grows larger than a pencil eraser, schedule an appointment with a dermatologist.

Although you may think the damage has been done, it's not too late to start protecting your skin. To help prevent further damage and premature aging, avoid the sun between 10 am and 4 pm and tanning beds altogether. Wear protective clothing, hats, and sunglasses to shield you from the sun's harmful rays. Experts recommend using a sunscreen of SPF 15 or higher every day, year round—even when it is not sunny.

## Did You Know?

- Skin cancer is the most common cancer reported in the US
- More than 2 million people are diagnosed annually
- Each year, there are more new cases of skin cancer than breast, prostate, lung, and colon cancers combined
- Anyone can develop skin cancer, regardless of race or skin tone
- Four percent of all cancers in women are melanomas



WEAR A SUNSCREEN  
OF SPF 15 OR HIGHER

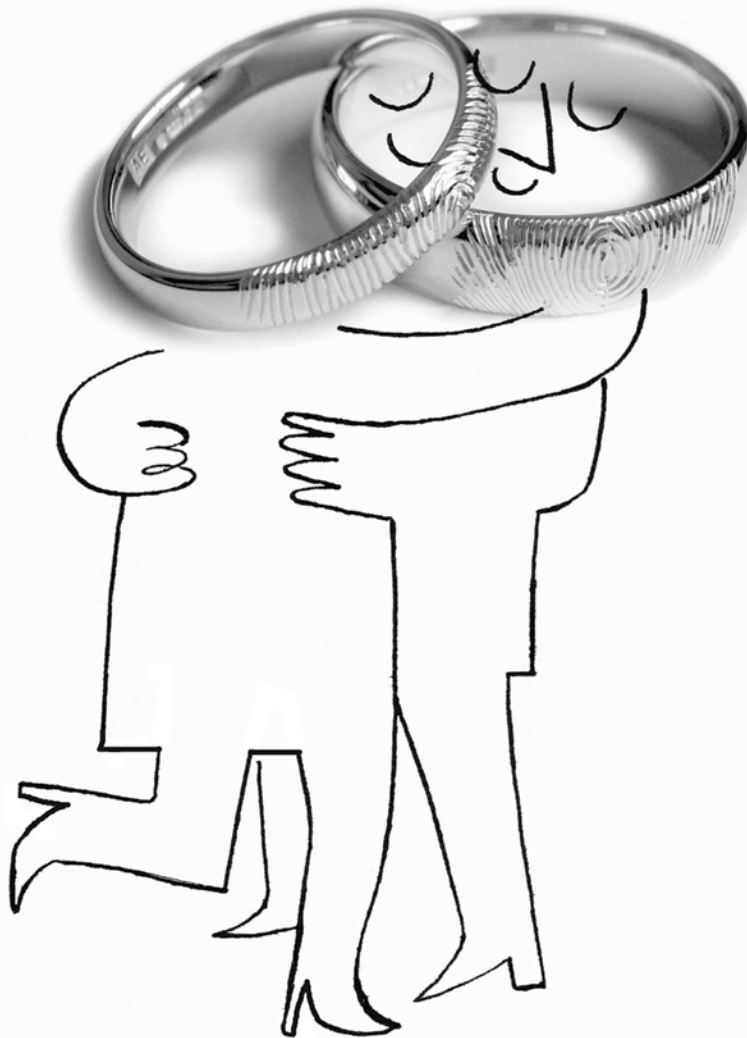
**4 percent**  
OF ALL CANCERS IN WOMEN  
ARE MELANOMAS.

More than  
**2 million**  
people diagnosed annually

# Keeping the Love Alive

Interviews by Madonna Behen

At a time when roughly 40 percent of marriages end in divorce, and some celebrity couples get hitched and break up so fast they've barely had time to open their wedding gifts, those couples who've been married for several decades can seem all the more remarkable. What are the secrets to having a happy, long-lasting marriage? Some words of wisdom from couples who have kept the love alive:




**Ellen Greene**  
Great Neck, NY

Married to George Greene  
since 1958

**Keep Your Marriage Reciprocal.**

"George and I do things for each other all the time without being asked. We are intuitively generous with each other. Money is never an issue. We've always understood what expenditures our incomes would support comfortably, and we've never had a balance due on our credit cards."

**Be Affectionate.** "We still observe the amenities and are as polite to each other now as we were when we first met. It's important never to withhold affection. George always kisses me goodnight, and I often go to George and hug or kiss him out of the blue."

**Be a Team.** "We both share the same values and raised our children without a difference of opinion between us. The children were never exposed to bitterness or hostility. Our son and daughter have both raised their children in calm and loving households, reflecting their parents' sense of justice." 





**Weesie and Richard (“Pete”) Hollis  
Amory, MO**

Married since 1952

**Weesie: Togetherness Matters.**

“For as long as we’ve been married, we’ve always done things together. When our kids were young, we’d make doing things as a family a priority, especially sitting down at the dinner table together to share stories about our day. Now, we do a lot of things together as a couple, like playing golf, going fishing, or just spending time together.”

**Pete: Little Things Mean a Lot.**

“It’s important to keep doing all those little things you said and did when you were dating, and never let your spouse forget how much you love them. It’s things like saying, ‘I love you’ and ‘thank you.’ Complimenting



**Michelle Braverman  
Houston, TX**

Married to Alan Braverman  
since 1968

**The Power of Laughter.** “I’m often asked (in my exalted position as unofficial den mother to a group of 20-somethings), “How do you know if he’s ‘the one’?” And I always ask back, “Does he make you laugh?” If he can make you laugh, especially in the middle of a fight, then he’s the one. A shared sense of humor—from puns to comic strips to just the way you see the world—is priceless.”

**It’s Okay to Spend Time Apart.**

“We do have ‘date nights’ but we don’t call them that. I feel like it’s a date whenever we go out. We may each go to a different movie at the multiplex that night, but it’s still a date. He’s my favorite traveling companion, but we can split up during the day—the pool and reading



your spouse often, kissing her, a bunch of wildflowers for no special reason . . . just because.”

**Maintain a United Front.**

“If you have differences when dealing with your children, always discuss them privately rather than in front of your kids. You always want to maintain a united front, even if you don’t necessarily agree. And if you do have differences, always meet your spouse much more than halfway.”

**Stay Physically Close.**

“When I would travel for business, I would joke that Weesie was like my American Express card. I wouldn’t leave home without her. Even something as where you sleep is important. You need to sleep together in the same bed, and not a king-sized one. A double or queen-sized bed is better because you need to feel your spouse next to you.”

a pile of newspapers for him, crawling through every boutique for me.

**Accept Your Differences.**

“It’s figuring out who the other person is and not pushing that person to become someone he isn’t. Most of us get married for the right reasons, but people change and grow continuously. If you’re lucky, you will grow and change in ways (big and small) that dovetail with and respect each other. Alan was really a ‘life of the party’ guy when we first met, and I was quite shy. Now I am more likely to be the social butterfly and he the observer in social situations. There is also a bit of accepting what you know won’t change and being grateful for this person who will actually put up with you. Football may always be ‘the other woman’ in our marriage, but he will never ever hint that maybe I just don’t need more clothes/shoes/books/nail polish.”

**Andrea Atkins**  
Rye, NY

Married to David Hessekiel  
since 1987

**Respect Each Other.** “We have a genuine respect for one another, and I think that extends to everything we do. He wants to hang with some friends? I respect his right to do so, as he does mine. I want to play tennis? He has not stood in my way because he respects my enthusiasm for the game. We always speak to one another with respect, and it underlies every decision we make.”



**Jamie Lee Curtis**

Married to Christopher Guest  
since 1984

**Support Each Other's Journeys.**

“Marriage is an evolution, and you only hope that you evolve with it—if not intertwined, then on parallel paths,” Jamie Lee told *More* magazine in 2006. “I can always reach out and there he is. And he can always reach out and there I am. And because we’ve untangled a lot of the knots, there’s also been some real appreciation on both our parts for who that other person is becoming, is daring to be.”

*“Marriage is an evolution, and you only hope that you evolve with it—if not intertwined, then on parallel paths.”*

# News Flash

• Click *READ MORE* for valuable in-depth information



## Most Women Can Delay Bone Density Retesting

If your bone density test result is normal at age 65, you can safely wait as long as 15 years before your next one, according to a study in *The New England Journal of Medicine*. The reason: bone loss and osteoporosis develop very slowly. [READ MORE.](#)

## Heart Attack Risk Increases after Loved One's Death

Grieving for a loved one may increase the risk of having a heart attack in the days following the death, according to a study in *Circulation: Journal of the American Heart Association*. The risk decreases with each passing day, but remains six times higher than normal within the first week and stays elevated for at least a month. Researchers say the reason may be a higher heart rate, increased blood pressure, and increased blood clotting caused by the stress. [READ MORE.](#)

## Aspirin Risk Outweighs Benefit for Heart Attack Prevention

Millions of middle-age people take a daily aspirin to prevent a heart attack. New research in the *Archives of Internal Medicine* shows the risk of daily aspirin use among those who haven't had a previous heart attack or stroke outweighs the benefit. Aspirin users were 10 percent less likely to have a heart event, but they were 30 percent

more likely to have a serious stomach bleeding issue from the aspirin. [READ MORE.](#)

## Eating Fish Helps Reduce Colon Polyps in Women

A study in *The American Journal of Clinical Nutrition* found that women who ate three or more servings of fish a week were a third less likely than other women to have adenomatous colon polyps, a polyp that is likely to become cancerous. The researchers say fish high in omega-3s may have an anti-inflammatory effect that helps reduce cancer risk. [READ MORE.](#)

## Soy Supplements: Thumbs Down on Preventing Breast Cancer

The theory that eating soy-based foods helps to reduce the risk of breast cancer was contested by a small study in *Cancer Prevention Research*. Researchers found that premenopausal women taking soy supplements had an increased level of a protein marker that indicates cancer cell growth. [READ MORE.](#)

## Breast Cancer Drug May Weaken Bones

Exemestane, a drug used to prevent breast cancer recurrence, appears to cause significant bone loss, according to a study in *The Lancet Oncology*. Researchers found that women taking exemestane had an average 6.1 percent decline in bone density compared with only a 1.8 percent decline among women taking a placebo. [READ MORE.](#)

## Longtime Statin Use Raises Diabetes Risk in Older Women

There is a nearly 50 percent increase in developing diabetes among longtime statin users, according to a study in *Archives of Internal Medicine*. The researchers say people taking statins should know the early warning signs of diabetes, which include fatigue and increased thirst and urination. [READ MORE.](#)

## Brain Power Linked to Certain Vitamins

Eating a diet rich in omega-3 fatty acids and vitamins B, C, D, and E is linked to cognitive functioning among the elderly. A study in *Neurology* found that elderly adults who had the highest blood levels of these five vitamins had better mental functioning than those who did not. Those with higher blood levels of trans fats, had significantly impaired mental abilities and a smaller brain volume. [READ MORE.](#)

## Too Few Americans Screened for Colon Cancer

Increased screening and prevention could cut deaths from colorectal cancer, but not enough people are utilizing either. Only 65 percent of adults who should be screened are getting the test. A study in the *American Journal of Preventive Medicine* found the top three reasons people aren't screened: doctor didn't suggest testing; patients unaware that they should be screened; and patients believing testing is too costly. [READ MORE.](#) ⓘ

# Staying Sharp

*The Aging Mind*

By **Stacey Colino**





# W

hen people claim that age is a state of mind, they're correct—but not necessarily in the way they mean. It turns out that many cognitive abilities do shift somewhat as we get older; yet, it's not always in a negative direction. Although your ability to concentrate, process new information, or have immediate total recall may decline somewhat after you reach the north side of 40, other cognitive functions (such as your general knowledge, vocabulary, and other well-defined aspects of intelligence) are likely to remain the same or even get better. Meanwhile, judgment, complex reasoning skills, executive function (a set of skills involved in abstract reasoning, planning abilities, and regulating emotions), and creativity may improve as the hands of time march forward.

The best news of all: There's a lot you can do to prevent many age-related cognitive changes that fall on the negative side of the ledger. "The brain is a plastic organ—it's malleable—and with training or exercise, it gets stronger, just like the body does with physical exercise," explains Gary Small, MD, director of the UCLA Longevity Center and author of *The Alzheimer's Prevention Program* (Workman, 2011). Before you start flexing and stretching your mental muscles, though, it's important to understand what's going on inside your brain as you get older.

It's no secret that some brain shrinkage (or atrophy) is normal with advancing age. In late adulthood, this is especially true of the hippocampus, a part of the brain that's involved in the consolidation of information from short-term memory to long-term storage and that helps you regulate emotion. In addition, there's some build-up of plaques that can disrupt the normal functioning of nerve cells in the brain. Small notes, and blood flow to the brain declines somewhat, especially if you have atherosclerosis. Indeed, mounting scientific evidence suggests that heart-disease risk factors such as cholesterol abnormalities, high blood pressure, obesity, diabetes, and cigarette smoking also "cause wear and tear to the brain," Small says. They may also play a substantial role in the development of age-related cognitive decline, including dementia.







*“The brain is a plastic organ—it’s malleable—and with training or exercise, it gets stronger, just like the body does with physical exercise.”*

Meanwhile, the concentration of certain neurotransmitters—brain chemicals that move impulses across synapses between nerves and affect everything from mood to memory—tends to decrease as people get older, which can alter brain function, notes Cathy McEvoy, PhD, professor and director of the School of Aging Studies at the University of South Florida in Tampa. Plus, “as you go through life, you have more and more assaults on the nerve cells—damage caused by stress, smoking, alcohol, poor diet, illnesses, as well as the simple process of oxidation within cells,” McEvoy explains.

These physiological changes can cause the brain to retrieve and transmit information more slowly as you get older, says McEvoy. This is why you might experience the tip-of-the-tongue phenomenon, in which you try to come up with the right word or name but struggle to locate it in your memory bank, which happens more often as the decades pass. It’s also why it might take you longer to learn new information, especially complex material. Or why you might walk into a room, only to draw a complete blank on what you’re looking for.

When it comes to age-related thinking changes, “probably the area that changes the most is immediate recall,” says George T. Grossberg, MD, director of the division of geriatric psychiatry at the Saint Louis University School of Medicine in Missouri. “The ability to recall instantly a previously learned piece of information, whether it’s a name or a date, on demand may not be quite as sharp as it was before. It isn’t gone; given a little time, it will come back.” Prospective memory—remembering to do something in the future (to pick up milk or broccoli on the way home from work, for example)—can also become less reliable, McEvoy says.





*“Regular aerobic exercise increases the size of the anterior hippocampus... leading to improvements in spatial memory.”*



## Keeping Your Mind Sharp

Even though many age-related cognitive complaints are normal, you can take steps to ward them off. Increasingly, scientists are gaining a greater appreciation for the brain's neuroplasticity—its ability to adapt continuously and rewire itself by creating new neurons and new connections (synapses) between neighboring neurons in response to stimulating or challenging experiences. “The more neurons and the greater diversity of connectivity you have between neurons, the more cognitive reserve (a set of cognitive skills that can protect you from the effects of brain injury, disease, or aging) you have,” notes dementia specialist Mark Mapstone, PhD, an associate professor of neurology at the University of Rochester in New York. “A healthy cognitive reserve and neural activation are what’s going to make the brain more resilient to aging and disease.”

By practicing good health habits and exercising your mind, you can protect your cognitive reserve and your brain in general and “probably delay the amount of decline or push it back farther into life,” McEvoy notes. Here’s how:

**Exercise consistently.** Getting regular aerobic exercise boosts the flow of blood and oxygen to the brain, which has a performance-enhancing effect, and triggers the release of endorphins, which can positively influence how your mind feels and functions, Small notes. Exercise can also help with weight control and lower your risk of developing medical conditions (such as hypertension and diabetes) that could compromise brain function. What’s more, exercise appears to have direct benefits for brain function: A recent study at the University of Pittsburgh found that regular aerobic exercise “increases the size of the anterior hippocampus, leading to improvements in spatial memory.”

**Strength-training can also be a boon.** Recently, researchers at the University of British Columbia in Vancouver found that after older women did strength-training workouts twice a week for a year they experienced functional improvements in two regions of their brains, which led to enhanced performance on mental tasks.


**Consume a brain-healthy diet.** When it comes to preventing age-related cognitive decline and dementia, fruits and vegetables are among the best foods for thought. They’re rich in antioxidants which several studies have shown help to protect your brain and body from the oxidative stress caused by unstable molecules called free radicals. “It’s not possible to over-stress the importance of antioxidants when it comes to brain health,”

McEvoy says. So drink green or white tea and load up your plate with berries, leafy greens, and other brightly hued fruits and vegetables. In a study involving 8,085 healthy adults over age 65, researchers in France found that those who consumed fruits and vegetables every day had a 28 percent lower risk of developing dementia. And research suggests that consuming moderate amounts of alcohol may help protect against age-related cognitive decline and dementia. Moderate amounts of alcohol are defined as one 5 oz glass of wine, one 12 oz beer, 1 ½ oz of spirits, or 4 oz of liqueur or sherry per day for women (two glasses are the limit for men).

Limit your intake of saturated fats and trans fats (in meats, full-fat dairy products, butter, baked goods, and the like). And try to consume regularly omega-3 fatty acids, found in fatty fish like wild salmon, lake trout, sardines, mackerel, and albacore tuna, as well as walnuts and flaxseeds. “Numerous studies have shown that people who consume large amounts of anti-inflammatory omega-3 fatty acids have a lower risk of developing Alzheimer’s disease,” says Small. Whole-grain and high-fiber foods are also good for your brain and can help you feel fuller for fewer calories.

**Cross-train your brain.** The more you can challenge your mind with stimulating activities (such as crossword puzzles, math games, and Sudoku), the better it is for your long-term brain function. Recently, researchers at the University of California, San Diego, found that regularly doing crossword puzzles delayed the onset of memory decline by nearly three years among older adults who developed dementia. Other challenges that can help: Playing mind-sharpening games (such as Scrabble, chess, or bridge), reading material that takes you out of your cognitive comfort zone, learning a new skill or language, and playing mind-bending computer games (or apps). The greater variety of mentally challenging activities you do, the better it is for your brain, Small says, because “it makes neural pathways (connections between nerve cells) more efficient.”

**Make good quality sleep a priority.** Getting sufficient good quality sleep is crucial for brain function because “it helps with encoding new information, allowing new facts to become part of your knowledge base, and it’s important for efficiency in retrieving information from memory,” McEvoy explains. Yet, “as we get older, people have a tendency not to sleep consecutive hours the way younger people do.” If that describes your pattern, don’t try to compensate with naps, Small cautions. Instead, create a regular sleep routine, with a consistent bedtime and




*Hanging out with friends  
protects your brain and  
can boost cognitive  
performance!*



awakening time you can stick to, he advises. Exercise during the day, but not close to bedtime, and engage in a relaxing activity (such as reading a good book or taking a warm bath) during the evening hours. Avoid caffeine from mid-afternoon on, to set yourself up for sounder sleep at night.

**Get a grip on stress.** “Chronic stress is not good for the brain. It can cause wear and tear on our neurons, worsening memory and possibly contributing to Alzheimer’s disease,” Small says. To prevent these detrimental effects, stop multitasking or taking on more than is reasonable for you to handle. Also, take breaks to engage in deep breathing or progressive muscle relaxation exercises a few times per day, and find a long-term relaxation technique, such as yoga, meditation, or tai chi, that works for you. In fact, research suggests that meditation can even rewire your brain, boosting your attention and relaxation and improving your performance on challenging memory tests.

**Stay socially involved.** Simply put, “hanging out with friends protects your brain,” Small says. It’s not just the social support or the sense of connection and meaning you get that helps. “Social interaction is very important for challenging the mind to think outside of ways you’re used to because it requires you to adapt and respond to other people’s thought processes,” Mapstone explains. Indeed, research from the University of Michigan found a positive link between frequent social contact and higher overall cognitive functioning; even a 10-minute social encounter can boost cognitive performance on a given task.

Ultimately, the more approaches you use to protect your brain—exercise, stress reduction, good nutrition, memory training, etc.—the better it is for your brain, Small says. “Combining these strategies creates a synergy that has a greater impact than just doing one or two of the strategies on their own,” he explains. 

## Memory Changes: *What’s Normal, What’s Not*

There’s no doubt about it: Being forgetful can be frustrating and sometimes truly worrisome. But not all memory snafus are ominous signs, Small says. Here’s how to distinguish what to be concerned about from what to shrug off:

**Shrug it off if:** You forget where you put your keys or cell phone.

**Be concerned if:** You forget how to use your keys or cell phone.

**Shrug it off if:** You notice friends are experiencing similar memory slip-ups to you.

**Be concerned if:** Others start commenting on your memory loss or it starts making you feel anxious.

**Shrug it off if:** You forget the name of a book you read recently.

**Be concerned if:** You read it again and have absolutely no recollection that you’ve read it before.

**Shrug it off if:** You have trouble navigating your way through a new area.

**Be concerned if:** You get lost in a familiar area—like driving home from work along your usual route.

Sudden changes in memory ability also “could be the result of small strokes in the brain, also known as mini-strokes,” Small says. “An MRI or CT scan can detect these mini-strokes, which can contribute to cognitive decline.” Once your doctor determines the underlying cause of the mini-strokes—perhaps high blood pressure or a heart arrhythmia—that condition can be treated to prevent future strokes.

If you experience potentially worrisome forgetfulness, if your memory gets worse quite abruptly, or if cognitive changes are accompanied by sudden alterations in mood or personality, see your doctor. “It’s a question of degree and concern,” Small says, “but it’s always better to err on the side of getting an assessment.”

# Got 5 to Lose?

Here's how to adjust your eating habits to shed those unwanted pounds

By Winnie Yu



## Change the Way You Eat

You already know what you're supposed to be eating—more fruits and veggies and less junk food. But the way you eat is as important as what you eat. Here's how to switch up your style of eating, so you'll have an easier time shedding those extra pounds.

### Slow it Down

Taking time to savor your food and really enjoy what you're eating isn't just good for your tastebuds, it's also healthy for your waistline. According to Marisa Moore, RD, a spokesperson for the American Dietetics Association, it takes the brain about 20 minutes to realize the stomach is full. "If you typically scarf down your meal in under 20 minutes, you may be eating too much," she says. "Some evidence indicates that taking more chews—as many as 40 with each bite—can help reduce the total calories taken in at a meal."

## Make an Event of Eating

Any time you eat, make a conscious decision about what and how you're eating, says Christine Gerbstadt, MD, RD, author of *Doctor's Detox Diet: The Ultimate Weight Loss Prescription* (Nutronics Health Publishing, 2011). "Eat conscious, discrete snacks and meals," she says. "Plan to sit down with a small plate of reasonable portions of food—preferably mostly vegetables, with some protein and a small whole grain side. The idea is to not nibble mindlessly or graze nearly continuously so that you cannot remember how much you actually eat."

## Be Selective About Dinnerware

We eat less when we eat from a plate instead of a bag, and we also consume less when we use smaller plates and drink from smaller glasses, Moore says. "If you sit down in front of the TV with a large bag of chips, you're likely to eat more from that bag than if you'd taken just one serving out of the bag and placed it on a plate or napkin," she says. "The empty plate or napkin is the cue to stop eating versus the bottom of the bag."

When it's time for a meal, use smaller servingware such as salad plates for your dinner and juice glasses for beverages. "All these tips and tricks can add up to significant calories saved," Moore says.

## Focus on the Food

Eating while you're in the car, watching TV, or doing work shifts your attention away from what you're eating to the task at hand, which can increase your total caloric intake. A 2011 study in the *American Journal of Clinical Nutrition* found that people who played solitaire on a computer while eating ate almost twice the amount of food as those who did not. So when it's time to eat, make sure to do nothing but enjoy the meal. You'll eat fewer calories—and have a more pleasurable experience.



## Eat In More Often

---

These days, most of us are eating more meals away from home than we ever have before. But eating out—whether it's in a restaurant or at a fast-food joint—can pile on the calories, Moore says. "Truth is, when you eat away from home you lose some control over the content of the food," she says. "Food in restaurants is usually served in very large portions with added fat, sugar, salt, and excess calories."

Do what you can to cook or prepare your own meals. Take time to pack a meal if you're going to be on the road. If you do it yourself, you'll have greater control.

## Nix the Grazing

---

It's tempting to grab a handful of candy at the office or enjoy a sampling of the foods you're cooking. But those thoughtless nibbles that seem so small can add up quickly. "It's not always just the big meals and heaping portions that get us into trouble," says Bonnie Taub-Dix, RD, a weight loss expert in New York City and author of *Read it Before You Eat It* (Plume, 2010). "It's also about the little things we eat that add up over time."

## Don't Load Up on Health Foods

---

Just because a food is healthy doesn't mean it's low in calories. In fact, some so-called healthy foods can be calorie-dense. "Even the healthy food we eat is too much if it's more than your body needs," Taub-Dix says. "For instance, when you look at that dinner, ask yourself, 'Can I eat a little less fish? Can I use less oil when I'm cooking those vegetables?'"

## Start Small

---

The eyes are often bigger than the stomach when you're hungry. So, Moore says, it's always best to start with a small plate of

food. Wait 20 minutes after you finish eating, then fill up on vegetables when you get a second helping.

## Eat Foods that Fill You Up

---

Try to eat snacks that incorporate all three major nutrients—carbs, proteins, and fat—which together, will help you feel full. Resist the urge to load up on sugary snacks or foods that won't keep you satiated. "You'll wind up with more calories without feeling satisfied," Taub-Dix says. One of her favorites: A slice of whole grain toast with almond butter and raspberry jam. "It's way more satisfying than cookies, which are not satiating and also come with guilt as a side dish."


## Drink Lots of Water

---

If you're loading up on fruits and veggies, you're probably getting lots of fiber, which is a good thing for many reasons. Fiber has been shown to lower cholesterol, sustain healthy bowels, and stabilize blood sugar levels. But fiber without fluid can clog you up instead of moving things along, causing you to feel bloated and the scale to go up, Taub-Dix says. So make sure to drink plenty of water throughout the day and along with snacks and meals.

## Eat to Live

---

Don't eat because it's time for a meal. Eat only what you need to fuel your activities. "When you wake up, have a small meal to energize your body for the day," Gerbstadt says. "Then, have a small meal before vigorous exercise and a small snack after any activity. The idea is to power your body for its actions, not to eat because the clock says it's a certain time that you call lunch or dinner." 



# The Magic of Massage

By Cathy Cassata

“Massages were my savior when I was going through menopause,” says Terry Guymon from Willow Springs, IL, who’s been receiving biweekly massages for more than 15 years. “They incredibly relaxed me and lowered my stress levels, which helped to reduce the amount of hot flashes I experienced.”

While not a panacea for all menopausal symptoms, some women tout massage therapy’s effectiveness in helping to relieve depression; anxiety; insomnia; memory loss; irritability; fatigue; headaches; sore backs, necks, and shoulders; and skin dryness and decreased elasticity. “Plus, one of the most beautiful things about massage therapy is that, through healthy touch, clients feel accepted exactly as they are,” notes Judy Stahl, MA, LMT, owner of Prescott Center for Massage Therapy in Prescott, AZ. “This creates a consoling feeling, especially for menopausal women who might be struggling with their body image.”

## Myriad of Methods

Most massage therapists use a combination of techniques based on a client’s needs, but the following are some of the most commonly used methods to help ameliorate symptoms of menopause.

- **Acupressure.** A traditional Chinese technique of applying finger pressure to special points that lie along acupuncture meridians. “By decreasing muscle tension and enhancing blood circulation, acupressure helps with neck pain, back pain, headaches, muscle aches, cramps from menstruation, anxiety, and sleep difficulties,” explains Deb Vierling, MA, RN, CMT, owner of Medicine Hands Massage Therapy in Milan, IN.
- **Cranio-Sacral.** A gentle touch method of evaluating and enhancing the functioning of the central nervous system by gently working with the spine, skull, and its cranial sutures, diaphragms, and fascia. “I’ve worked many women through headaches caused by menopause with this method,” says Kathleen Miller-Read, LMT, massage therapist at Green Lake Massage Health Center in Seattle, WA.
- **Deep Tissue.** Releases chronic

patterns of tension in the body through slow strokes and deep finger pressure on contracted areas, either following or going across the grains of muscles, tendons, and fascia. “As we age, our spines change, so deep tissue work helps alleviate pain caused by those changes,” notes Miller-Read.

- **Lymphatic Drainage Therapy.** A hands-on method for lymphatic drainage involving flat hands, utilizing all of the fingers to stimulate wave-like movements. This enables the practitioner to feel the rhythm of the body fluids to determine the exact pressure, direction, and rhythm needed. “By removing toxins and fluid buildup, this can have a powerfully cleansing effect on the body, and even help the skin to glow,” says Stahl.
- **Myofascial Release.** Uses long, stretching strokes to release muscular tension. “This can help with pain relief, increase

range of motion, and aid a menopausal woman in her natural ability to let thoughts, feelings, and emotions flow rather than keeping them bound up," states Stahl.

- **Reflexology.** Uses pressure on points in the feet, hands, and ears thought to correspond, or "reflex," to all areas of the body. "Reflexology can work specific points that deal with the ovaries, uterus, and adrenal glands and addresses points that might cause tension headaches, stress, constipation, and hot flashes," explains Stahl.
- **Swedish.** A system of long strokes, kneading, and friction techniques on the more superficial layers of the muscles, combined with active and passive movements of the joints. "If a woman's really stressed and anxious, this promotes a general sense of relaxation through light pressure," says Vierling.
- **Trigger Point Therapy.** Applies concentrated finger pressure to trigger points to break cycles of spasm and pain. "This is very effective in reducing neck, shoulder, lower back, and hip pain and enhancing muscle relaxation," Vierling notes.
- **Thai.** A technique in which the therapist uses his or her body to move you into a series of poses, and includes muscle compression, joint mobilization, and acupressure. "This is great for stretching tight muscles and improving flexibility," Miller-Read says.


## Find Healing Hands

Now that you're curious, keep in mind that massage therapists typically work in private practices, spas, health clubs, physicians' offices, rehab facilities, and hospitals, so first decide which atmosphere you prefer. Give

some thought as to whether the gender of the therapist matters to you. Then seek out referrals from a friend, physician, or chiropractor, or contact your local hair salon, women's center, or community center, where classes such as yoga are offered. You can also use the online tool offered by the American Massage Therapy Association ([www.findamassagetherapist.org](http://www.findamassagetherapist.org)), which provides a listing of nationally certified massage therapists by location and specialty. "While most therapists don't list menopause as a specialty area, they might list prenatal or pregnancy, which is a good indication that the therapist is in tune with menopausal women since we are cyclic," says Stahl.

Once you pick prospective therapists, consider interviewing them. Find out what techniques they use, what training they've taken, if they're certified or licensed, what

professional organizations they belong to, if they teach self-care techniques, if they're familiar with the symptoms of menopause, and if they can accommodate someone experiencing a hot flash during the session. If you prefer a male or a female therapist, no problem, just say so and ask for references. "Massage therapists working in non-clinical settings should be able to recommend at least one client to speak to you about her experience," notes Miller-Read.

If all this sounds wonderful, yet you think you could settle for an occasional shoulder rub from your significant other, Guymon advises otherwise. "Women give so much to everyone else that we feel guilty asking a loved one to massage us for an hour," she says. "Getting a professional massage removes that guilt and ensures that the hour's all about you!" 

## Does Insurance Cover it?

Massage therapy provided as part of a prescribed treatment by a physician, registered physical therapist, occupational therapist, chiropractor, or osteopath is often covered by insurance providers. "Many of my menopausal clients come in with prescriptions for massage, but the prescriptions are written for symptoms caused by menopause, such as headaches, not for menopause in general," says Kathleen Miller-Read, LMT, massage therapist at Green Lake Massage Health Center in Seattle, WA. Find out by calling your insurance provider before you schedule an appointment. Your provider may have a list of in-network therapists who are covered under your plan.

If insurance isn't an option, expect to pay at least \$60 or more for an hour of professional massage. Plus, factor in 15 to 20 percent for gratuity, though tipping is more common in spas and hotels than in clinical settings.

For less expensive options, check out local massage schools and health fairs.



# Put Money Back in Your Pocket

Tips for Saving Your Health Care Dollars

By **Karen Doss Bowman**

Luciano Lozano/Flickr/Getty Images



## Many Americans are feeling the pinch of high health care costs these days, especially those living with chronic diseases. For Cheryl Plank of Harrisonburg, VA, finding ways to cut health care costs has become a personal quest.

The 54-year-old has two chronic conditions—multiple sclerosis (MS) and postural orthostatic tachycardia syndrome (POTS)—that require her to make frequent doctor’s visits, undergo testing, and take numerous medications.

But Plank, who currently takes five prescription drugs daily, has found some simple ways to save money. Several years ago, for example, when her doctor prescribed expensive daily injections to slow down the progression of her MS, she did a little research and learned that the drug’s manufacturer offered discounts—even to insured patients.

“Part of my mission is to learn as I go—to educate myself and not rely on my physicians’ advice alone,” Plank says. “It’s a cooperative effort between my physicians and me. To know your body well, to be a partner with your doctor, and to be proactive, that really does give you a sense of empowerment and makes a difference in your life, not just physically and emotionally, but financially at times.”

Overall, Americans pay higher health care costs than people in other developed nations. In 2010, Americans spent nearly \$8,000 per person on health care, according to the Organisation for Economic Co-operation and Development. That’s about \$2,500 more than Norwegians, the next highest per capita health care spenders.

Though some expenses can’t be avoided, savvy consumers will find that even small savings add up.

### Understand Your Benefits.

Before choosing an insurance plan, it’s important to know your family’s health care needs. Take into account the cost of any ongoing prescriptions, scheduled primary care or specialist visits, upcoming medical tests, and monthly premiums.

“You can plan your projected costs based on any fixed costs in your life,” says Andrew Schrage, co-owner of the online personal finance site MoneyCrashers.com. “It can be a difficult task, but one strategy is to use your past health costs as a barometer for projecting future potential expenses.”

Select a cost-effective plan that will meet your needs. Your insurance provider’s online portal may offer valuable information about your benefits, such as what doctors are in your network and which prescription drugs are covered. Knowing your coverage options will help you avoid pricey mistakes. Seeing in-network doctors and staying in hospitals that your insurance carrier has contracted with also is important. Unless it’s an emergency, going out-of-network can leave you on the hook for the difference between what your insurer typically pays and what the out-of-network provider charges (often times higher fees). Always check first to make sure the doctor or hospital is in your insurance provider’s network.



## Consider an HSA.

Health savings accounts (HSA) are medical savings accounts available to people enrolled in high-deductible health insurance plans—at least \$1,200 for individuals and \$2,400 for families. They may be used to pay for qualified medical expenses, and any money left in the account at the end of the year can be used in the next year. These plans offer a variety of tax benefits, Schrage says, “including the fact that funds contributed are not subject to federal income tax, and the account has the ability to bear interest.”

Ankeny Minoux, president of the Foundation for Health Coverage Education, recommends starting the HSA with the same amount as your insurance plan’s deductible. As the account grows, you can raise your deductible to reduce monthly premiums. Though HSAs may not be a viable option for people with chronic conditions, they’re a great cost-saving option for healthy individuals.

“When people are able to sign up for an HSA or high-deductible plan, it’s a great way to maximize their monthly dollars,” Minoux says. “If you’re healthy, it’s a great way to save, and the fund can just keep growing and growing.”

## Set Up an FSA.

Flexible Savings Accounts (FSAs) are a great way to save on health-related expenses. These tax-free accounts can save you 25-40 percent on eligible out-of-pocket medical expenses such as prescription drug costs, prescribed over-the-counter medicine, medical, dental, and vision and hearing expenses (for you and/or other dependents).

When you incur a health care expense, such as a \$20 doctor visit co-pay or prescription eyeglasses, you simply submit a claim as instructed by your FSA administrator for reimbursement.

FSAs are worthwhile because the contributions made to your account are first deducted from your paycheck before they are taxed. This decreases the amount of taxes you pay from each check and can potentially increase your take-home pay. There is a downside to FSAs: Any money you haven’t used by the end of the year is forfeited and cannot be refunded. When signing up for this benefit, consider the expenses that you will incur in the upcoming year and contribute only what you know you can use.

## Go with Generic.

Whenever possible, ask your doctor to prescribe generic drugs over brand-name ones. According to *Consumer Reports*, the cost of most brand-name drugs is about three times higher than the generic version. Generics are usually equally effective and are safe, says Nancy Davis, RPh, pharmacy manager for Walgreen’s in Glencoe, IL.

“Each (generic) drug has to go through the same testing as the brand,” Davis says. “They have to be absorbed at the same rate, and they have to stay in the body for the same amount of time so that when you switch from one manufacturer to another, you’re going to get the same results.”

Everyone’s body responds differently to medication, however. If the brand-name version of the drug works best for you, go with it and find other areas where you can cut costs.

“You don’t want to be penny-wise and pound-foolish,” Davis says. “If it’s the right fit and you’re not having side effects, it might be more beneficial to get the more expensive brand product.”



## Buy in Bulk.

If you have an ongoing prescription for a chronic condition, such as high blood pressure or asthma, you can save significantly by ordering a 90-day supply. Your insurance company can provide a list of approved mail order companies.

A word of caution: Do not purchase drugs manufactured outside the US, recommends Nilam Gandhi, PharmD, MBA, pediatric pharmacy manager at the Children's Hospital at Montefiore in New York City. You can't be sure of their quality and safety.

"In the US, every drug is tested through the FDA (US Food and Drug Administration), but we don't control how other companies outside the US make their drugs," Gandhi says. "They are not regulated by other countries, and a lot of times those drugs aren't even tested. They may not even have an active ingredient. So check with your insurance company and order through a reputable company."

## Look for Discounts.

As Plank discovered, drug manufacturers typically offer prescription assistance programs for people who are uninsured or underinsured. Many pharmacies offer in-house savings programs. And in an effort to promote overall wellness, some health insurance plans offer discount weight-loss programs, tobacco cessation programs, or memberships to fitness centers.

"Sometimes with being a member of a health plan, you'll be able to go out and shop with discounts for these types of health care benefits," says Wendy Shanahan-Richards, MD, MBA, a national medical director for Aetna and co-author of *Navigating Your Health Benefits For Dummies* (Wiley, 2006).

## HOW THE ACA WILL SAVE YOU MONEY


When the Affordable Care Act (ACA) goes into full effect in 2014, many of its provisions will save money for individuals and women in particular. For instance, one provision of the ACA makes it illegal for insurers to deny or charge more for health coverage to those with preexisting conditions. The ACA already allows families to keep their adult children on their policies until age 26. While this may cost money in the short term, it will cut down on costs if that child needs medical care. The ACA also requires insurers to cover mammography, immunizations, FDA-approved contraceptives, and other women's health preventive services without co-pays or deductibles. Under the ACA, insurance plans will no longer be allowed to charge women higher premiums than men for the same insurance plans.



## Live Well.

Make healthy choices by eating a balanced diet, exercising every day, getting plenty of sleep, and reducing stress. And if you smoke, it's important to quit. Studies cited by Aetna found that "70 cents of every health care dollar is spent on problems that could have been prevented."

So be sure to have appropriate checkups and screenings, such as mammograms and colonoscopies. Most insurance plans cover 100 percent of these preventive care services.

"One of the biggest cost drivers in the US for medication costs are chronic conditions," says Shanahan-Richards. "If we can get preventive care early on, that might help us avoid costly care down the line." 



# The Perfect Fit — Finding the Right Bra

By Cathy Cassata

*A bra that's comfortable, practical, stylish and gets the job done does exist. Here's how to find one that's calling your name and frame.*



It's no mystery that breasts change with age, but what's really happening to them? Emily F. Pollard, MD, a Philadelphia-area plastic surgeon, says, "The breast is a sex organ that responds to all your hormones, so as those hormones fluctuate, decrease, or diminish over time, your breasts will respond."

In more technical terms, breasts are made up of skin, glandular tissue, fat, and connective tissue. Here's a look at what happens to each of these components over time.

**Skin:** Thins and loses elasticity. "Part of this has to do with genetics and pregnancy, but it can also do with sun exposure and major weight shifts," says Pollard.

**Glandular tissue:** Also called breast tissue, glandular tissue responds to hormones. "As we age, we experience a drop in hormones so the glandular tissue actually shrinks and shrivels," Pollard says.

**Fat:** In the perimenopausal years, the breasts start to shift from 90 percent breast tissue and 10 percent fat to 90 percent fat and 10 percent breast tissue, says Barry M. Weintraub, MD, a board-



certified plastic surgeon in New York City and spokesperson for the American Society of Plastic Surgeons. “The whole internal architecture of the breast is shrunken, and you lose volume, skin elasticity, and structural collagen so the breast takes on more of a hanging appearance,” he says.

**Connective tissue:** Suspension ligaments of the breast attach the breast skin and tissue onto the chest wall. “Since there’s no muscle in the breast tissue and nothing but these ligaments to hold up the breasts, over time those ligaments get stretched, thin out, and lose their elasticity, which can cause some sagging,” says ob-gyn Kathleen A. Kennedy, MD, director of the Benign Breast Clinic at the University of New Mexico in Albuquerque. She says this is where a bra can make a difference.

“Without a supportive bra, your breasts are constantly pulling on ligaments and stretching them, but a properly fit bra can support breasts so the ligaments aren’t going to get stretched as much, avoiding more sagging,” Kennedy explains.

## Bra No-Nos

Whether your breasts have undergone significant change or you haven’t spent the time to find the right bra size, it’s never too late. “Often women think they’re to blame when it comes to not finding a properly fit bra,” says Susan Nethero, owner of the specialty bra store Intimacy. “We hear comments like, ‘I lost weight,’ ‘I gained weight,’ or ‘I’m taking hormone therapy.’ All these lifestyle changes can cause women to have poor body image. As a consequence of that, women often feel like there aren’t solutions, but there are.”

Nethero says a woman’s breast shape, size, and distribution (perkiness or sagginess and whether her breasts spread wide or are more centered) can change about six times in her life. “It’s common for women to stay stuck in the wrong size because they don’t take the time to find a properly fit bra,” she says.

Sound familiar? Chances are the two most common problems might ring true for you.

## Too Big Around

Ninety percent of the support of a bra comes from it being firm and level around the body yet most women wear a width too large. “If something feels a little tighter, our first reaction is to go larger to make it more comfortable, but when a bra is too large around, that’s when it shifts up the back and every component of the bra that’s engineered to provide stability doesn’t work,” says Nethero. She says think of a bra like a seesaw. If the back is lower or level, then the front will come up, “which causes all the weight to push onto the lower part of the underwire, pulling it forward and causing it to dig into the chest wall.” As a result of the bra back riding up, the straps fall down.

By bringing the bra down the back and making it firmer around, the breasts get lifted up an inch to an inch-and-a-half. “This is dramatic because every inch we can give a woman on her torso makes her longer and leaner, makes her look more proportionate, and adds comfort since every part of the bra is now working properly,” says Nethero.

*“To get the right fit, most women have to go down in the back band size, but up in the cup because as the back of a bra gets bigger, the cup also gets deeper.”*



## Too Small of a Cup

Because most women tend to go too big with the bra back width, they also wear a cup size that's too small. This is especially true with large-breasted women. If you find that you are overflowing the cup or sagging into the cup, chances are you need a different size. “To get the right fit, most women have to go down in the back band size, but up in the cup because as the back of a bra gets bigger, the cup also gets deeper,” says Nethero. “For example, if you've been wearing a 36 D, chances are you will feel more comfortable in a 34 DD or E.”

## Underwire Wronged

Underwire pain is almost always due to a bra that's the wrong size, says Nethero. “The idea of an underwire sounds so harsh, but it is meant to encapsulate and go around the breast and lay gently against the chest wall,” she says. “The underwire gives support, lift, and the right positioning of a woman's breasts from the front of her body. It gives the breast that nice round shape as opposed to it flattening, spreading, or sagging into the bra.”

## Build a Bra Wardrobe

Because women typically wear a bra for 14 to 16 hours a day, Nethero says to find a bra that has enough parts to it. Look for a center piece in the middle that bridges the breasts together, padding around the underwire, and adjustable straps. While Lycra fabric provides good resilience in the bra band to retract and hold you all day, Nethero says bras with seams tend to be of stronger quality. “Most women want T-shirt bras because they are afraid a

lace or embroidered bra will show through their shirt, but these non-t-shirt bras are much stronger, and generally a cut-and-sewn bra provides better shape because it can create different breast effects,” she says.


Aim for a blend of T-shirt bras for casual wear and sewn bras with seams for creating lift and cleavage. “Every woman should also have a lace bra to make her feel sexy and beautiful,” adds Nethero.

Before buying a bra, Nethero recommends trying it on underneath your clothes. “The majority of women buy a bra off the shelf in the size they think they are. A lot of times even bra manufacturers will show bras on women that don't fit properly because that look is perceived as being sexy. It might be, but it doesn't look good under clothes or feel comfortable,” she says.

## Find Your Fit

If picking a bra off the shelf isn't working, getting sized might. Specialty bra stores will dedicate about 30 minutes to finding the best fit and style for your body for free.

“It's amazing to see a woman's confidence change when she looks at herself after getting sized. Whether she's small or large breasted she can see herself in a new light,” says Nethero.

Department stores like Nordstrom and Macy's also offer fitting services. If you're not up for visiting a store, access [www.myintimacy.com](http://www.myintimacy.com) and click on “What's my size?” Based on your cup size and problems you're experiencing, the module will formulate a suggested size to try. 



## Rethink Your Sports Bra

If there's ever a time to wear a properly fit bra, it's during exercise. "That's when there's a lot of motion and tension and stretch on breast ligaments, so this is one of the most important times to have a well-supported bra," says Kennedy.

Nethero says unsupported breasts move up and down 4 to 7 inches in a figure-eight pattern when exercising. "When a traditional sports bra is worn, breasts move as a solid block of tissue because they're compressed against the chest wall. This can cause more damaged ligaments," she adds.

A survey conducted by Intimacy of 350 women regarding sports bras found that a third of all women wear two traditional sports bras at the same time to get stability and support. "This should never be the case with a well-fit sports bra," says Nethero.

Rather than a traditional sports bra that doesn't have cups, Nethero says choose a sports bra with cups according to your size. "The cups can help keep breasts in place."



## Before and After



[Before]

**Cup is too small.** Her breasts are overflowing the cup, which is causing a pillowing effect on top of her breasts. This is uncomfortable and will show under clothes. This type of contour line T-shirt bra can have less depth than a bra with a seam in the cup.



[After]

**Seam up and down on outer edge of cup.** The seam is a point of strength, allowing the breast tissue to concentrate on the seam. This brings her breasts more to the center, making her look narrower. Her bust line is now completely within her body frame.