YOUR MENOPAUSE GUIDE

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FALL / WINTER 2011

From The American Congress of Obstetricians and Gynecologists

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

Real Men Open Up About *"The Change"*

24 Hours to a Healthier You

Barbra Streisand Speaks from the Heart

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FALL / WINTER 2011
Vol 15 • No 2

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THE AMERICAN CONGRESS
OF OBSTETRICIANS
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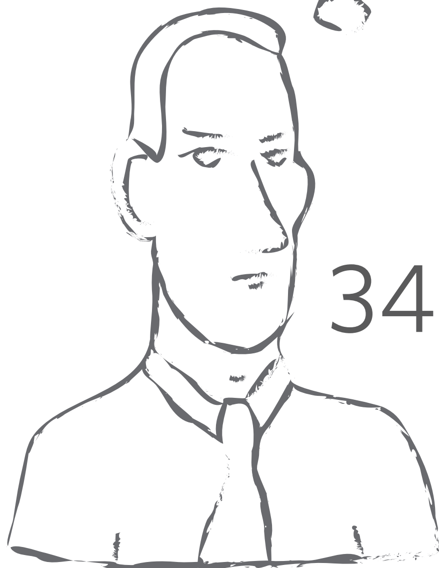

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Legendary Barbra Streisand's latest crusade—speaking out about women and heart disease. *See profile on page 6.*

COVER PHOTO by Firooz Zahedi
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A Star for Women's Health is Born

In 1964, I was lucky enough to see Barbra Streisand perform on Broadway in "Funny Girl," and I've been a fan ever since. Her star power was dazzling then, and it has only continued to shine brighter throughout her career.

As a singer, actress, producer, and director, her talent knows no bounds. This issue of *pause®* looks at her role as an advocate for women's health—specifically women and heart disease, which is the No. 1 cause of death in women in the US. Read how Streisand's efforts are positively affecting women nationally and internationally on page 6.

Also in this issue, you'll find more relevant, timely articles addressing important concerns and questions you might have about your midlife health and lifestyle. And don't forget to visit our website at **menopause.acog.org**. The site is updated regularly to best serve your needs.

Isaac Schiff, MD
Chair, Medical Advisory Board

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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.

Barbra Streisand *speaks from the heart*

Raising funds—and awareness—to fight women's No. 1 killer

By **Madonna Behen**

Fifty years after beginning a career that has earned her two Oscars, eight Grammys, five Emmys, one Tony, and countless other awards, Barbra Streisand is as busy as ever.

The top-selling female performer in total album sales in the US (more than 71 million) and the only recording artist to have No. 1 albums in five consecutive decades, Streisand recently released her newest album: "What Matters Most: Barbra Streisand Sings the Lyrics of Alan and Marilyn Bergman." In 2012, she'll star in "My Mother's Curse," with Seth Rogan, a road-trip comedy in which they will play mother and son. And she's also planning to star in a new film adaptation of the musical "Gypsy," as the legendary Mama Rose.

Streisand, who turns 70 in April and was recently honored with the L'Oréal Paris Legend Award at Elle magazine's "Women in Hollywood Celebration," is also reaching a new generation of fans through the hit TV series "Glee," which has featured several characters belting out her famous songs.

But as dedicated as she is to her art, Streisand is just as passionate about supporting causes that are near and dear to her heart. And her latest crusade is one that is quite literally so: Speaking out about women and heart disease.

Even though heart disease is the top cause of death in women in the US, "a lot of people still think it's mostly a 'man's disease,'" says Streisand. "Most women don't know that heart disease kills more women than all cancers combined. In fact, heart disease deaths among women are 12 times higher than those related to breast cancer."

Over the last decade, says Streisand, women have made great strides in raising awareness of women's cancers. Cancer-related deaths have declined, in large part because women have become more proactive about annual screenings such as mammograms. "It's time for women to apply that same dedication and determination to raising awareness about women's heart health," she says.

"Many women don't know that there are substantial differences between heart attack symptoms for men vs. women," explains Streisand. "For example, when a man has a heart attack he often suffers from the classic 'Hollywood heart attack' symptoms, including tingling in the left arm and extreme chest pain. But a woman is more likely to experience milder symptoms such as nausea, fatigue, or what may feel like indigestion."

Streisand's involvement in women's heart disease began three years ago when she gave $5 million to

Firooz Zahedi

Cedars-Sinai Medical Center in Los Angeles for the creation of The Barbra Streisand Women's Cardiovascular Research and Education Program. She later launched an online fundraising campaign with the goal of raising an additional $5 million (crowdrise.com/barbrastreisand).

"When I learned of Barbra's gift, I was really overwhelmed, knowing how much could be done with such a major endowment," says C. Noel Bairey Merz, MD, director of Cedars-Sinai's Women's Heart Center. "It's an amazingly powerful use of her icon status to do this good work for women across the nation and internationally."

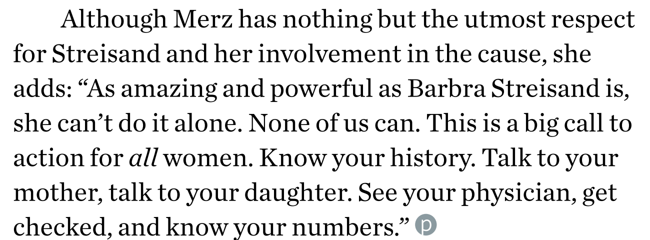
1 in 7 premenopausal women die of *heart disease.* For postmenopausal women, that number rises to 1 in 3.

Streisand says she's particularly committed to promoting research that will help erase the 50-year gender gap in our knowledge and understanding of heart disease. "Women need—and deserve—heart care specific to female hearts," she says. "Women with heart problems need cardiovascular screening, risk assessment, and diagnostic testing designed for women. Otherwise, they can be misdiagnosed, with disastrous consequences."

The studies being conducted at Cedars-Sinai Women's Heart Center earn high praise from the performer. "Few institutions in the country are so focused on how heart disease presents itself differently in women. The Center is changing how women are diagnosed, treated, and educated about heart disease. And their work is helping women *everywhere*," says Streisand.

However, cardiac researchers aren't the only ones with important work to do, she says. Women can do a lot to help their own hearts, but even she admits that a heart-healthy lifestyle isn't always easy to follow.

"Because I have been performing in front of the camera or in front of a live audience for all these years, I have always been conscious about what I put into my body," Streisand told fellow actress and activist Marlo Thomas in an interview published on Thomas's website in early 2011. "But food is a passion for me, so it's never been easy to say no to dessert or avoid the breadbasket sitting on the table." Streisand told Thomas she tries to do everything in moderation, and works out consistently. "The more I learn from Dr. Merz and talk to friends who have reversed their own heart disease, I realize nutrition and exercise are key factors to having and maintaining a healthy heart," Streisand said recently.



Although Merz has nothing but the utmost respect for Streisand and her involvement in the cause, she adds: "As amazing and powerful as Barbra Streisand is, she can't do it alone. None of us can. This is a big call to action for *all* women. Know your history. Talk to your mother, talk to your daughter. See your physician, get checked, and know your numbers."

What you need to know about menopause and heart health

Doctors at Cedars-Sinai's Women's Heart Center advise all women who are approaching or in menopause to keep these points in mind:

1. **Blood cholesterol levels can often change for the worse** within six months to a year from the onset of menopause, which on average is at age 51.
2. **The risk of high blood pressure triples with menopause;** after age 55, more women than men have elevated blood pressure.
3. **Before considering hormone therapy for menopausal symptoms, a woman should talk with her doctor** about any heart health risks she may have. (For more information on heart disease and hormone therapy, refer to *The Smart Woman's Guide to Hormone Therapy*, page 10.)

"Women need—and deserve—*heart care* specific to female hearts."

Streisand with Dr. C. Noel Bairey Merz, director of Cedars-Sinai's Women's Heart Center.

Tom Neerken

mind & body

The Smart Woman's Guide *to Hormone Therapy*

By Stacey Colino

When it comes to treating various health ailments, sometimes the pendulum swings one way...then the other...then back again.

For years, hormone therapy (HT)—either estrogen alone or combined with progestin—was seen as the panacea for pesky menopausal symptoms and possibly as a shield against diseases that often strike menopausal women. The tide turned when the initial findings of the Women's Health Initiative (WHI), linking combined HT with a slightly increased risk of heart attacks, strokes, and breast cancer, were released in 2002. The results and the media frenzy that followed sent many menopausal women to their doctors in a panic over whether they should quit HT right away.

In recent years, questions have been raised as to how HT affects women depending on their age and where they are in the menopausal transition. For example, further analysis of the WHI found that women between the ages of 50 and 59 who took estrogen alone (conjugated equine estrogens) or estrogen plus progestin actually had a 30 percent reduced risk of dying whereas women between 70 and 79 who took HT had a 14 percent increased risk of dying, although the results for women in their 70s weren't statistically significant. It appears that "hormones may be less risky and perhaps even good for you if you start taking them early in menopause, but harmful if started many years after menopause," says Nanette F. Santoro, MD, professor and E. Stewart Taylor chair of obstetrics and gynecology at the University of Colorado at Denver.

According to experts, these shifts in perspective are in part due to how the research was conducted and whom it was conducted on. A little background: "There were many observational studies from the 1980s, such as the Nurses' Health Study, that showed that women who took estrogen had less heart disease, but one of the major complaints about those studies is that the women who took estrogen might have been healthier to begin with," 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. "In the 1990s, the WHI was conducted using randomized, controlled, double-blind trials—the gold standard for research—in which women were given hormones or a placebo, to see what, if any, effect hormones had on heart disease and other conditions; neither the physicians nor the patients knew what the women were getting," Dr. Schiff continues. "When the WHI results came out in 2002, we were shocked to learn that combined HT did not prevent heart disease. In fact, it increased nonfatal heart attacks, strokes, and venous thromboembolic disease in the first few years of use, so the study was stopped. As it turned out, most of the heart events occurred in older women (the average age of women in the WHI trial was 63) so there was a trend for age.

"In 2004, the WHI research in women using estrogen alone came out," Schiff continues. "Women using estrogen were more likely than women not using hormones to have a stroke or blood clots but did not have an increased risk of heart attack. Now, we're trying to reconcile the observational studies, in which healthy women took hormones in their early 50s, with the randomized trials which studied older women, some of whom already had some heart disease."

Another complicating factor: The earlier observational studies used Premarin® (a form of

Gary S Chapman/Photographer's Choice RF/Getty Images

estrogen) all month long and added Provera® (a form of progestin) for two weeks; by contrast, the WHI used Prempro®, a combination of estrogen and progesterone, all through the month. So comparing the two protocols is a bit like comparing oranges and grapefruits: Sure, they have a lot in common but they have considerable differences that may be significant to the HT risk-benefit analysis. "The WHI is not the definitive answer because the study design should more exactly have mimicked the way the hormones were prescribed and it didn't," Schiff says.

Despite the "earlier is better" theory, more evidence is needed before HT can be used for cardiovascular protection in anyone. At this point, HT is recommended only for the treatment of moderate to severe hot flashes and vaginal dryness. Still, for many women, the findings about short-term use of HT being less risky in younger women than previously thought should come as a bit of relief in and of itself. After all, it is estimated that two-thirds of postmenopausal women will have vasomotor symptoms such as hot flashes, and up to 20 percent of those women are likely to find those symptoms virtually intolerable.

"Most women come into the office for hot flashes but have a whole laundry list of symptoms," says Douglas H. Kirkpatrick, MD, past president of The American Congress of Obstetricians and Gynecologists (ACOG), an ob-gyn in private practice in Denver, and an assistant clinical professor at the University of Colorado Health Sciences Center. "And the reality is: Hormones are still the most effective treatment for hot flashes, vaginal dryness, and other menopausal symptoms."

Weighing the Benefits and the Risks

Nearly every medication known to man- and womankind carries some benefits and some risks—and that's true of HT. Deciding whether the benefits outweigh the risks, or vice versa, is a highly individual decision, but if menopausal symptoms are making you miserable, this much is clear: HT can improve your quality of life.

"A substantial proportion of women are going to have symptoms when they reach menopause, and some of them are going to have them severe enough that they will want therapy," says Herbert B. Peterson, MD, professor and chair of the department of maternal and child health and professor in the department of obstetrics and gynecology at the University of North Carolina at Chapel Hill. "For women with moderate to severe symptoms, HT clearly improves quality of life."

When it comes to long-term health risks, the picture is slightly more complicated. At this point, the risk of developing cardiovascular disease seems to depend largely on a woman's age, her overall health risks, and which hormones are used. As far as matters of the heart go, "hormone therapy might be protective in younger women but harmful when started in older women," says Schiff. "One of the newer theories is that it has to do with the development of plaques and atherosclerosis in older women: Estrogen can lead to plaque rupture and heart events. Younger women don't have that plaque, and estrogen can prevent plaque formation."

WHI Updates

Just this past April 2011, the latest WHI study looking at women who have had hysterectomies found an overall lower risk of breast cancer and heart disease in women who started taking estrogen-only therapy beginning in their 50s. But among older women in their 70s who had their uteruses removed, the use of estrogen alone was associated with increased health risks. The results are reassuring for millions of middle-aged women who've had a hysterectomy and take estrogen to relieve hot flashes and other menopausal symptoms.

In October 2010, after a follow-up of 11 years, another study of WHI participants reported a slight elevation of the risk of breast cancer and slightly higher risk of dying from breast cancer among those women taking combined HT compared with non-users. "This is a very powerful study and I will share the results with my patients, but I don't think it makes the case for removing hormones from the market," says Schiff.

CHECKLIST Four Key Questions to Consider

Deciding whether to take HT isn't something you should treat lightly. Some careful reflection and a full assessment of your health status and your symptoms are in order so that you can decide what's right for you. Ask yourself:

1 **What benefits are you looking for?** Think about the symptoms that are bothering you most—whether it's hot flashes, insomnia, or mood changes, for example—then consider whether you can obtain relief from other, nonhormonal treatments or whether HT is likely to make the biggest difference.

2 **What are your specific risks of taking these hormones?** To engage in a comprehensive risk-benefit discussion with your doctor, come to your appointment armed with your personal and family medical history, especially when it comes to heart disease, breast cancer, and deep vein thrombosis. Also, "have an idea of your breast density," Santoro advises, "because if you have very dense breasts, your doctor might be reluctant to prescribe HT." Some women with dense breasts have a higher risk of breast cancer.

3 **How much relief are you looking for?** "If you're willing to tolerate partial relief from hot flashes or vaginal dryness, you may be able to take a lower dose of estrogen," Santoro says. "You really want to try to get this right as quickly as possible."

4 **What route of administration would be best for you?** If you decide to take HT, consider whether your symptoms are localized (as in vaginal dryness) or systemic (as in hot flashes), as well as how good you are at remembering to take pills (which may determine whether you're a candidate for pills or the patch).

While both combined HT and estrogen-only HT raise the risk of stroke, pulmonary embolism, and deep vein thrombosis, they both decrease the risk of developing osteoporosis, and combined HT also lowers the risk of colon cancer. The WHI study found that the risk of breast cancer was slightly elevated with the use of combined HT, but there was no increased risk found with estrogen-only HT. "There's also some suggestion that earlier initiation of hormone therapy—around the time of menopause (defined as one year after a woman's last period)—may be associated with some reduced risk for Alzheimer's," Peterson notes.

Despite these promising findings, right now, major health organizations, including ACOG, do not recommend HT for the prevention of cardiovascular or most other chronic diseases. For many chronic diseases, "there are alternative strategies—such as exercise, nutrition, and medications—to prevent heart disease or osteoporosis, which may be why medical organizations are not revisiting the issue of hormone therapy and disease prevention," says Peterson.

The Details

Combined hormone and estrogen-alone treatments are forms of drug therapy that are given to compensate for the lower levels of estrogen that are produced by your ovaries after menopause. If you still have an intact uterus—meaning, you haven't had a hysterectomy—you should be given a progesterone-like agent (synthetic forms are called progestins) to help lower your risk of uterine cancer; taking estrogen alone increases the risk of uterine cancer. Sometimes male hormones called androgens (such as testosterone) may be prescribed off-label for women who have experienced a serious downturn in sexual desire, although research is still being done to assess the safety and effectiveness of going this route.

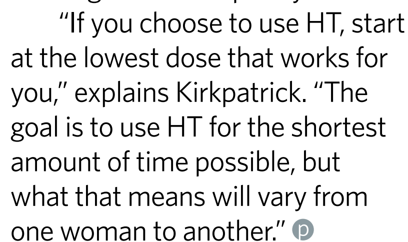
As far as HT goes, numerous formulations are available. Estrogen comes in the form of pills, patches, and gels, as well as vaginal creams, tablets, and a flexible vaginal ring for women who have vaginal dryness without other menopausal symptoms. Most forms of estrogen therapy come in a variety of strengths or dosages. For women who need to take progestin, too, there are progestin-only and combined estrogen-progestin pills and patches, a progesterone gel to be used vaginally, and an intrauterine device that includes progestin. About 10 percent of women who take HT experience side effects such as breast tenderness, fluid retention, and cramping, while those who take combined HT (progestin and estrogen) may also

have occasional bleeding similar to a period. Often, changing the form of HT or the dosage can reduce or eliminate such side effects. Talk to your doctor at least once a year to evaluate how you are doing.

The Final Analysis

Ultimately, deciding whether to use HT is a highly personal decision, one that depends on the severity of a woman's menopausal symptoms and her individual health risks. It's important to weigh the benefits of HT versus the risks so that you can make the best possible decision, for both the short term and the long run. If you're thinking about trying HT as treatment for menopausal symptoms, schedule a visit to your doctor so you can have a physical exam. Your doctor will also evaluate your personal and family history of cardiovascular disease, blood clots, and breast cancer so that you can make a truly informed decision about how the potential risks and benefits of using HT stack up for you.

"If you choose to use HT, start at the lowest dose that works for you," explains Kirkpatrick. "The goal is to use HT for the shortest amount of time possible, but what that means will vary from one woman to another."



What About Over-The-Counter Alternatives?

Although there's no shortage of soy-based products and other herbal remedies available on drugstore shelves for the treatment of menopausal symptoms these days, there is a shortage of scientific proof that any of them do much good.

Most studies have not shown them to be effective for hot flashes. Another drawback is that over-the-counter (OTC) herbal products, including soy, black cohosh, red clover, and progesterone creams derived from Mexican yams, are not strictly regulated by the US Food and Drug Administration (FDA), so potency may vary from product to product, or even from batch to batch of the same product.

Still, some women who use these products swear by them. If you decide to use soy or other alternative therapies, be sure to tell your doctor. Some could cause interactions with other medications you are using.

Remember: Just because alternative therapies are referred to as "natural" remedies doesn't mean they're without risks or side effects. You should use them with the same care you would when using any OTC or prescription medication.

What about bioidentical hormones? These substances, sometimes called "natural" hormones, are chemically similar or identical to hormones your body makes and are often custom-made by specialized pharmacies. Despite claims made by these pharmacies that bioidentical hormones are safer than the ones manufactured by pharmaceutical companies, and just as effective, there is no scientific evidence to support the claims. In fact, these drugs have not undergone rigorous scientific scrutiny for safety or efficacy, and you should assume they have the same risks as hormones approved by the FDA. To learn more, read the FDA's consumer article "Bioidenticals: Sorting Myths from Facts" at http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049311.htm.

Forget About HT If...

There are some women who definitely should not use HT because of their overall health status or their risk factors for various diseases. It's considered just too risky for them. These include women who:

- Have undiagnosed abnormal vaginal bleeding
- Have a known or suspected estrogen-dependent cancer (except in appropriately selected patients)
- Have active deep vein thrombosis, pulmonary embolism, or a history of these conditions
- Have active or recent arterial thromboembolic disease (stroke, heart attack)
- Have liver dysfunction or liver disease
- Are or may be pregnant
- Have hypersensitivity to estrogen therapy preparations

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."

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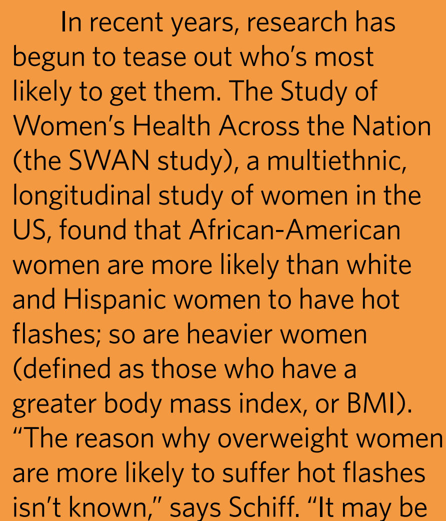

In recent years, research has begun to tease out who's most likely to get them. The Study of Women's Health Across the Nation (the SWAN study), a multiethnic, longitudinal study of women in the US, found that African-American women are more likely than white and Hispanic women to have hot flashes; so 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 and keeping the heat in."

"Women who excercise have fewer hot flashes than do sedentary women."

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.

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. "In my experience, 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. "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 recent 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.

To date, "the best treatment we have available for hot flashes is estrogen."

Practice yoga. Researchers at the University of California found that when postmenopausal women 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 not strong," says Schiff, "it is entirely possible that both relieve stress and may 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 estrogen," says Schiff. (See *The Smart Woman's Guide to Hormone Therapy*, page 10.)

Use the lowest effective dose of hormones for the shortest period of time possible. Talk to your doctor about whether you'd benefit from this approach. 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. (See *Could It Be My Thyroid?*, page 18.)

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 and could 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.

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Tests You Need Now

Bone Density Screening Tests

An estimated 20 percent of women over age 50 in the US have osteoporosis, a debilitating disease marked by porous, fragile bones. Another 37–50 percent of women over age 50 have osteopenia (low bone mass).

Both conditions put sufferers at risk for bone fractures, which can be especially dangerous for women as they age. Healing from a broken bone robs a woman of her independence and can interfere with health-sustaining daily activities such as preparing meals and getting regular exercise. Recent studies suggest that for women age 65 and older, breaking a hip increases the risk of dying within a year.

Your risk of osteoporosis may be increased if you: have a personal or family history of bone fractures; consume a diet low in calcium and high in sodium, caffeine, and non-dairy animal protein; do not exercise; have a low body weight; drink alcohol excessively; or smoke.

Calcium combats the bone loss that naturally increases with age. Postmenopausal women should aim to get 1,500 mg each day by eating calcium-rich foods—such as leafy green veggies, cheese, yogurt, and low-fat milk—or by taking a supplement. You can further strengthen bones by engaging in weight-bearing exercise such as walking, yoga, or tai chi. You should also take steps to avoid falls. Try wearing well-fitting, low-heeled shoes with non-skid soles, clearing walking paths of clutter in your home, and making sure your home is well-lit.

Bone Density Screening Tests

A bone density test is the only way to detect osteoporosis before a break occurs. The American Congress of Obstetricians and Gynecologists recommends that women age 65 and older, or younger women who have had a fracture, be tested for bone density. Postmenopausal women with one or more risk factors for osteoporosis should also be screened.

- **Central dual energy X-ray absorptiometry (DEXA)**—the National Osteoporosis Foundation recommends bone mineral density testing with a central DEXA scan of the hip and spine. Two X-ray beams (one high-intensity and one low-intensity) are pointed at the bone targets. The amount of X-ray that passes through each bone—which varies based on bone thickness—is used to measure bone density. The painless procedure takes about 10–20 minutes.
- **Quantitative computed tomography (QCT)**—uses a CT scan to assess bone density in the lower arm, finger, wrist, or heel. QCT is not as widely used because of higher radiation exposure and cost when compared to DEXA scanning.
- **Quantitative ultrasound**—a beam of ultrasound waves is directed at the area being measured. The absorption and scattering of the waves is used to assess bone density. This relatively new method is not as precise as DEXA scans, but the wide availability of ultrasound machines may make bone density testing more accessible to a larger population if the accuracy of the testing improves.

Did You Know?

- Many women are unaware that their bones are brittle until they break one
- 80 percent of osteoporosis sufferers are women
- Certain medications and nutritional supplements can impair your balance and increase the risk of falls
- Vitamin D helps your body absorb calcium. Ask your doctor if you're getting enough
- Roughly 50 percent of women over 50 will break a bone because of osteoporosis

50 PERCENT OF WOMEN OVER 50 WILL BREAK A BONE BECAUSE OF OSTEOPEROSIS

VITAMIN D HELPS WITH CALCIUM ABSORBTION

Postmenopausal women need 1,500mg of calcium per day

Could It Be My Thyroid?

You're gaining weight, losing hair, and feeling off kilter. A little gland in your neck might be to blame. Or, maybe not.

By Meryl Davids Landau

Carol Stevens knew something was wrong when she stood up at work one day and felt so weak she nearly fainted. Soon, the 58-year-old public relations executive from Rye Brook, NY, was chronically exhausted. Stevens went to her doctor, and a blood test revealed that her thyroid gland was underactive. She began taking a thyroid hormone replacement drug, and almost immediately felt better. "It was like a switch was flipped. Suddenly, I could run errands on Saturday morning and still have energy to have family or friends over later in the day," she says.

You could say that Stevens is one of the lucky ones. Although she'd rather not have a problem with her thyroid gland—one that will likely require her to remain on the medication for the rest of her life—she got a fast diagnosis, and the treatment worked well. For some women, results from their thyroid hormone tests are not so clear-cut; for others, the drug their doctor prescribes doesn't sufficiently take their misery away.

And nowhere is this problem more common than in midlife. While women over 50 are the most likely to develop low thyroid function (a condition known as hypothyroidism), according to the National Institutes of Health, this is also a time when levels of other hormones, especially estrogen, are in flux. "The symptoms associated with thyroid problems—especially mood changes, sleep issues, and cognitive functions—are the same as for perimenopause," says Jennifer S. Glueck, MD, an assistant professor of clinical medicine at the University of Miami Miller School of Medicine in FL. "It's not unusual for a woman to have trouble sorting out what's causing her to feel so bad."

A Critical Gland

The hormones produced by the thyroid, a butterfly-shaped gland at the base of the neck, are crucial for the normal functioning of the brain,

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heart, muscles, and body weight. Known as T3 (triiodothyronine) and T4 (thyroxine), these hormones are produced when the pituitary gland in the brain tells the thyroid, via the hormone TSH (thyroid stimulating hormone), how much to make. If the pituitary senses that levels of T3 or T4 are low, it gooses up production of TSH in the hope that the thyroid will get the message.

An estimated 20 million Americans are thought to have some form of thyroid disease—and up to 60 percent don't know it, according to the American Thyroid Association. A woman's lifetime risk of developing a thyroid disorder is the same as her lifetime risk of breast cancer: one in eight. Most sufferers make inadequate amounts of the hormones, typically because their immune system has mistakenly attacked the thyroid gland, damaging its cells—a condition known as Hashimoto's thyroiditis. The paradox is that blood tests show high TSH numbers. A much smaller number of people—from 1 to 2 percent of Americans—make too much of these hormones, typically from Graves' disease.

As Glueck observes, symptoms of hypothyroidism mimic those of perimenopause, or a number of other conditions. They commonly include fatigue, joint or muscle pain, depression, constipation, thinning hair, and weight gain. Those for hyperthyroidism include restlessness, heart palpitations, and weight loss. But not every woman follows the textbook. Robert W. Rebar, MD, executive director of the American Society for Reproductive Medicine based in Birmingham, AL, recalls one midlife woman with hyperthyroidism who found herself packing on pounds; her condition not uncommonly exacerbated her appetite, but because she owned a bakery she was able to indulge her craving all day long.

What's In a Number?

When a woman reports these symptoms, her doctor should order a blood test to evaluate the level of TSH. Most also test T4, or, alternatively, "free T4," which is the amount available to the cells. (Some doctors also test "free T3" and evaluate antibodies against the thyroid, but this is less common.)

The biggest challenge for women is that the medical community has not fully settled on what numbers warrant treatment. "There is great debate within the medical community about what is the level where treatment should begin," Rebar says, noting that some doctors treat when the TSH is 3, others 4 or 5, while others say a TSH up to 10 is fine so long as T4 levels are normal. Adding to the confusion, he says, is the fact that thyroid function changes over time, so what might be ideal in your 20s is probably not a realistic target at 50.

As part of your annual well woman exam, your ob-gyn manually examines your thyroid gland to detect any enlargement or problems. The American Congress of Obstetricians and Gynecologists recommends regular TSH screening for thyroid disease every five years beginning at age 50. If you have certain risk factors, such as a strong family history of thyroid disease, or you have diabetes or other autoimmune disease, you may need to be screened earlier or more often.

Caren Marshall, a stay-at-home mom in Midland, TX, got caught in the cross-hairs of the lack of diagnostic consensus. Over the years, the now 43-year-old had periodically queried her doctors about whether her obesity might be caused by a faulty thyroid, because Marshall worked out daily and severely restricted her calories but continued to gain weight. She was also exhausted, losing hair, and having trouble sleeping. After several doctors brushed off her request to test her thyroid, one finally acquiesced. Her TSH came back just under 4, and he declared she didn't warrant treatment. Two years ago she found another physician and showed him her lab results. "He said he would have treated me with those numbers. I was so angry when I heard that," she says. A new test revealed that her TSH had risen above 7. But despite a prescription for the T4 replacement drug Synthroid®, her symptoms didn't improve much. Another physician put her on the T3 drug Cytomel®; she is finally sleeping

"The symptoms associated with thyroid problems—especially mood changes, sleep issues, and cognitive functions—are the same as for perimenopause."

AGE 50

ACOG recommends regular TSH screening for thyroid disease every five years beginning at age 50

better and no longer shedding hair. But her exhaustion remains. "When I take my kids to the park, I have to come home and take a nap. I just want to feel normal," Marshall says.

Proper Dosage Requires Patience

Even when thyroid replacement does work, it can take a while to get the correct dosage. Doctors base their initial dosage on a woman's weight and lab results, then monitor her blood. "It can take a few months and several adjustments to get it right," says Tamara L. Wexler, MD, an endocrinologist at Massachusetts General Hospital in Boston. Rebar also notes that variations between drug manufacturers for the same drug can affect results, so once you find a drug and dosage that works, it's important to stick with it.

Eight years after her diagnosis of the hyperthyroid condition of Graves' disease, Robin Pels is still waiting for relief. Because her thyroid was overactive, Pels, 49, was first treated with radioactive iodine to stop the production of hormones. Ever since, she's been on various doses of Synthroid® and, more recently, a controversial pig-derived hormone known as Armour® Thyroid. Yet her exhaustion, hair loss, and mood swings remain—and her lab results continue to be abnormal. Her problem is likely exacerbated by the fact that she runs a hotel in the high altitude of South Lake Tahoe, CA. "Whenever I travel to see friends or family at sea level, I feel so much better," she says, noting her doctors agree that the changes in the blood brought on by altitude can affect medication.

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"A sympathetic doctor will move the dose within a safe range to see if a symptom goes away."

More Is Not Better

Although Pels has been heroically patient, doctors say some women who don't get relief clamor for extra medication. But Nanette F. Santoro, MD, professor and E. Stewart Taylor chair of obstetrics and gynecology at the University of Colorado at Denver, cautions that too much thyroid hormone can cause heart palpitations and, over the long term, weakens bones. "A sympathetic doctor will move the dose within a safe range to see if a symptom goes away. But there is a lot of bogus literature out there that suggests that all things can be treated with more thyroid hormone, and that is just not true," she says.

Or It Might Be Perimenopause

Doctors say that some women without thyroid problems also beg their doctor for the drug. When women are struggling with a host of symptoms that make them feel miserable, it's tempting to believe a little thyroid pill holds the answer, Glueck says. "A huge part of my practice is letting women know that I hear them: that I don't doubt that their hair is falling out, that they're not sleeping well, and that their mood is terrible," Glueck says. But if the thyroid test comes back normal, she works equally hard to ensure that the women hear her as well: the problem may be the result of perimenopause, and not their thyroid at all.

News Flash

- *Soy supplements no help for menopausal symptoms*
- *Vitamins may do more harm than good*
- *Older women want more sex, not less*

RESEARCHERS FOUND THAT SOY SUPPLEMENTS DON'T HELP MENOPAUSAL SYMPTOMS

5.9%

Folic acid intake increased the risk of death by 5.9 percent

Two-thirds of older women said they were content with their sex lives

Soy Supplements No Help for Menopausal Symptoms

Soy supplements don't appear to work any better than placebos when it comes to relieving menopausal symptoms, according to a recent study published in the *Archives of Internal Medicine*. The study followed 248 women ages 45 to 60 who took soy supplements or placebos over a two-year period.

Researchers found that soy supplements did not help with bone loss, night sweats, insomnia, loss of sex drive, or vaginal dryness in the women who were taking them. The supplements actually increased hot flashes, constipation, and bloating.

The natural loss of estrogen during menopause is the cause of most symptoms of menopause. Soy products are thought by some to be an alternative to hormone therapy because soy contains isoflavones—estrogen-like compounds that could provide some estrogen-like effects.

Though the study found soy supplements to be unsuccessful in treating menopausal symptoms, its results don't mean that a diet rich in soy-based foods, such as whole soy beans, soy flour, tofu, or soy milk, won't be beneficial. Just keep in mind that soy products may be unsafe for women with breast and other estrogen-dependent cancers.

Vitamins May Do More Harm than Good

It might be time to reconsider your daily vitamin regimen. A large study of older women (average age 62) published in the *Archives of Internal Medicine* found that women who took certain vitamins increased their risk of death due to heart disease and cancer.

The main culprits in the 19-year study were: folic acid (increased risk of death by 5.9 percent); vitamin B6 (4.1 percent); copper, iron, magnesium, and zinc (3 to 4 percent); and multivitamins (2.4 percent).

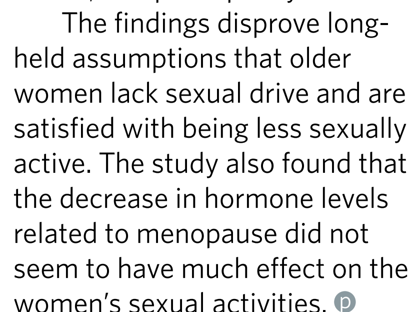
Other vitamins, such as vitamin D, were shown to have no effect on death risk, and calcium supplements actually appeared to decrease the risk. This is good news for older women taking calcium and vitamin D to improve their bone health.

Older Women Want More Sex, Not Less

Women older than age 50 are mostly satisfied with their current level of sexual activity and continue to be sexually active after menopause, according to a recent study published in the journal *Menopause*. The study collected information on more than 27,000 women ages 50 to 79 and found that more than 60 percent of women ages 50 to 59 were sexually active, as well as almost 50 percent of women in their 60s and more than 28 percent of those in their 70s.

Nearly two-thirds of the women in the study said they were content with their sex lives. Among those who were dissatisfied, 57 percent said they wanted to be having more sex, and only 8 percent said they would prefer less. The main reasons women said they stopped having sex were lack of a partner, poor health, and poor quality of life.

The findings disprove long-held assumptions that older women lack sexual drive and are satisfied with being less sexually active. The study also found that the decrease in hormone levels related to menopause did not seem to have much effect on the women's sexual activities.



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Why You Need Mammograms

By Lisa Collier Cool

I get a mammogram every year. My friend Paula hasn't had one for nearly a decade, even though she is in her 60s and has a family history of breast cancer. Why does she skip screening for a potentially fatal disease? "Mammograms have become a medical industry without much good evidence that they give women a survival advantage," contends the New York City resident, who is also concerned about the possibility of a false alarm. "If they find something, it's likely to turn out to be nothing after all sorts of emotional distress."

Caroline Calt, 43, also opted not to have mammograms. "I was afraid of the pain and what might happen. Sometimes women get a mammogram result that drives them crazy with fear for no good reason," says the New Jersey publicist. Instead, she performed regular self-exams. "I figured that if there was a problem I'd catch it myself. Recently, I found a lump—but not soon enough." She was diagnosed with breast cancer that had spread to a lymph node. "In hindsight, instead of trying to be my own doctor, I wish I'd faced my fears and gotten annual mammograms so the cancer would have been detected earlier."

Caroline's case isn't as rare as you might think. At age 40, a woman has a 1-in-69 risk of developing breast cancer in the next 10 years, compared with a 1-in-42 risk at age 50, 1-in-29 at age 60, and 1-in-27 at age 70. Because the threat of breast cancer continues to escalate with age, over the average woman's lifetime of 80.4 years, breast cancer risk ultimately increases to 1 in 8. In 2010, about 207,000 women in the US were diagnosed with breast cancer, and nearly 40,000 women died from the disease, which ranks as the second leading cancer killer of women, after lung cancer.

New Breast Cancer Screening Guidelines

In July 2011, The American Congress of Obstetricians and Gynecologists (ACOG) issued new breast cancer screening guidelines, recommending annual mammograms starting at age 40. ACOG previously advised mammograms every one to two years starting at age 40, and annually beginning at age 50. The organization continues to recommend annual clinical breast exams for women 40 and older and every one to three years for women ages 20 to 39. The traditional monthly breast self-exam has been replaced with a newer concept called "breast awareness"—knowing how your breasts normally look and feel.

What's behind the new mammogram recommendations for women in their 40s? Although rates of breast cancer are lower in this age group, it's not as rare as you might think. Every year, about 50,000 women under 50 develop the disease. "In younger women, breast cancer tends to grow faster," reports Jennifer Griffin, MD, MPH, co-author of the guidelines. "If women in their 40s have mammograms annually, there is a greater likelihood of finding breast cancer before it has time to spread than if women wait two years between mammograms."

Breast X-rays can find breast cancer before it causes any symptoms, adds Gerald F. Joseph, Jr, MD, ACOG's vice president for practice activities. "By the time a breast cancer tumor becomes palpable (big enough to feel)—even by the most experienced physician, doing the most careful exam—it's likely been there for at least two to three years and may have already spread to the lymph nodes or other parts of the body, which can be life-threatening. Mammograms

50,000 WOMEN UNDER 50 DEVELOP BREAST CANCER

By the time women feel a lump, it's most likely been there two or three years

MAMMOGRAMS CAN DETECT NEW CHANGES IN THE BREASTS AS SMALL AS A PINHEAD

can pick up breast cancer one to two years earlier, giving women a much better prognosis." Typically, breast cancer doesn't become palpable until it's about one inch in size, says Griffin. "Mammograms can detect new changes in the breast as small as a pinhead."

When breast cancer is caught when it's that small—long before it's palpable—and while the tumor is still confined to the breast, the five-year survival rate is 98 percent. And 90 percent of women who are treated at this early stage remain cancer-free for a decade or longer, studies show. The interval between when a breast cancer tumor can be detected by mammography and when it grows big enough to cause symptoms is called sojourn time. While sojourn time can vary, the greatest predictor is age, with women in their 40s having the shortest average sojourn time (2 to 2.4 years) and women in their 70s having the longest (4 to 4.1 years).

The benefits of routine mammograms diminish relative to the harms of overtreatment for women beyond age 75, according to ACOG. Older women should consult with their physician and decide whether to continue mammography screening.

Weighing the Risks and Benefits

What are the pros and cons of screening? There's compelling evidence that mammograms save lives. A recent analysis pooling results from eight previous mammography studies involving more than 600,000 women of various ages found that women in their 40s or 50s who were screened regularly were about 15 percent less likely to die from breast cancer, compared with women the same age who didn't get mammograms. Women in their 60s benefitted even more, with a 32 percent drop in fatal breast cancer if they had regular mammograms.

However, because fewer young women develop breast cancer, they don't benefit as much from mammograms as their older sisters do. To prevent one death from the disease, 1,904 women in their 40s need to be screened, compared with 1,339 women in their 50s and 377 in their 60s. Other advantages of catching cancer early include less invasive surgery (such as a lumpectomy versus a mastectomy and lymph node removal, if the cancer has spread) and less toxic treatments. Women with early stage breast cancer may not need chemotherapy, sparing them side effects such as nausea, diarrhea, and hair loss.

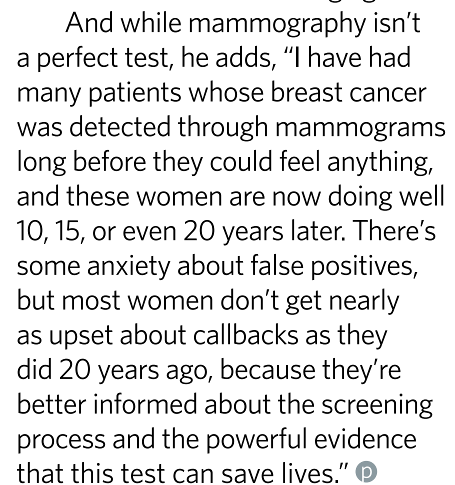
The downside of screening is the possibility of anxiety-inducing false alarms (results that look like cancer but aren't). "If women are screened every year with mammography, close to half of them will experience a callback for further imaging at least once during their lifetime because there's a finding that needs to be evaluated further to see if there is a problem," says Griffin. "While some women see this drawback as a reason not to be screened, it's important for physicians to educate patients that callbacks are common, and most of the time there's nothing to worry about. Out of 100 women who get callbacks, on average, three will turn out to have breast cancer."

Some women may be concerned about radiation exposure from mammograms, but improvements in screening equipment and techniques today result in very low exposure to radiation, even with repeated mammography.

Rating Your Breast Cancer Risk

Now that Calt has recovered from surgery, she's undergoing six weeks of radiation treatment. "My grandmother died from breast cancer, and if I'd thought this through, I wouldn't have put off having mammograms." A genetic test showed that she is a carrier of the BRCA1 gene, which greatly increases the risk for both breast cancer and ovarian cancer. To reduce the threat of a recurrence, Caroline's doctor has prescribed tamoxifen, an oral breast cancer medication, that she'll take for five years after she finishes radiation therapy. By sharing her story, she adds, "I hope I can help another woman face her fears and understand how crucial it is to her health to have mammograms done on a timely basis."

While my friend Paula continues to question the value of breast cancer screening, there is one scenario that would convince her that a mammogram was essential.



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WOMEN WITH EARLY STAGE BREAST CANCER MAY NOT NEED CHEMOTHERAPY

Catching cancer early results in less invasive surgery

MAMMOGRAMS TODAY RESULT IN VERY LOW EXPOSURE TO RADIATION

"I'd get the test if I found a lump." ACOG encourages women to promptly have their doctor check out any breast changes they notice, from lumps in the breast or underarm to swelling, dimpling, breast pain, redness or thickening of the nipple or breast skin, or anything else that looks or feels different. It's also crucial to realize that in the early stages, breast cancer may not cause any symptoms.

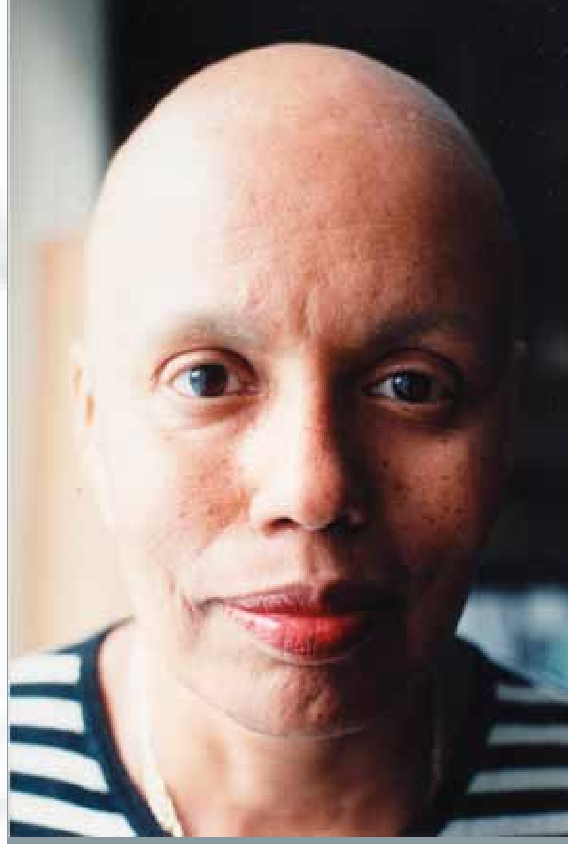
During your annual ob-gyn checkup, alert your doctor to any family history of breast cancer, ovarian cancer, and other types of cancer in close relatives, such as your siblings, parents, or grandparents. If your family history puts you at a significantly higher than usual risk for breast cancer, your doctor may advise enhanced breast cancer screening beyond standard mammography—such as the addition of MRI imaging or more frequent clinical breast exams—or may recommend that you be tested for BRCA gene mutations.

African American women have a higher rate of premenopausal breast cancer compared with other women, and it's typically more aggressive. For this reason, black women may want to be especially vigilant about breast cancer screening beginning at age 40.

Other factors that can boost the threat of breast cancer include dense breasts, obesity, a couch potato lifestyle, excessive alcohol consumption, going through puberty before age 12 or menopause after age 55, never having given birth or having your first child after age 35, never having breastfed, and use of some types of hormone therapy. And if you smoke, here's yet another reason to quit: A Harvard study of more than 110,000 women found that female smokers face an increased threat of breast cancer, especially if they started the habit at a young age. The longer and more heavily the women smoked, the more their breast cancer danger rose.

Even if you don't have any of these risk factors, it's still important to discuss the pros and cons of screening with your doctor so you can make the screening choice that's right for you. A common misconception is that breast cancer mainly strikes women with a family history of the disease. "Although hereditary factors predispose some women to develop breast cancer, 80 percent of women who get breast cancer have no family history of the disease," says Joseph. "The No. 1 risk factor is increasing age."

And while mammography isn't a perfect test, he adds, "I have had many patients whose breast cancer was detected through mammograms long before they could feel anything, and these women are now doing well 10, 15, or even 20 years later. There's some anxiety about false positives, but most women don't get nearly as upset about callbacks as they did 20 years ago, because they're better informed about the screening process and the powerful evidence that this test can save lives."



Bladder Cancer

The Cancer No One's Talking About

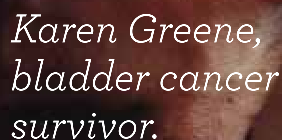
By **Lisa Collier Cool**

Jack Greene, Trinette Reed/Blend Images/Getty Images

hen Karen Greene, PhD, began noticing occasional drops of blood in the toilet, she didn't know enough to be worried. Then 52 and past menopause, the psychologist from New York City assumed that it was just a little spotting. When she finally consulted her physician nearly three months later, says Greene, "initially, my doctor assumed the same thing that I did: that the blood was coming from my uterus. After a biopsy showed that I didn't have cancer of the uterus, she suspected a kidney infection and prescribed antibiotics." By the time Greene was referred to a urologist several weeks later, her urine had turned bright red.

That's when she received a shocking diagnosis: Greene had bladder cancer. "If I hadn't been lying flat on my back on the exam table, I would have fainted," she says. "Of all the diseases I had ever feared, this wasn't even on the list. I kept thinking, 'Why me?' I'd never smoked, ate a healthy diet, and worked out at the gym five times a week. I wasn't around toxic chemicals and didn't even dye my hair. I'd always thought this was something an 80-year-old man would get."

Like Greene, many women underestimate their risk for bladder cancer, which strikes about 17,770 American women annually. "Although there's a perception that bladder cancer is an old man's disease, after age 50 it affects more women than cervical cancer does," says Dee E. Fenner, MD, director of gynecology and associate chair for surgical services in the department of gynecology at University of Michigan Health System in Ann Arbor. Although bladder cancer is nearly three times more common in men than women, it's more often fatal in women, who are up to twice as likely to die within a year of diagnosis than are men.



Karen Greene, bladder cancer survivor.

What to do:

Don't Smoke

If you smoke, here's yet another reason to quit, adds Fenner. "Fifty percent of bladder cancer cases are linked to smoking, which is the No. 1 risk factor." Secondhand smoke may have played a role in Greene's case, because she was exposed to it both in her home (her husband smoked cigars) and worked for several years at a psychiatric hospital where the patients were permitted to smoke during therapy sessions. Carcinogens from tobacco fumes travel through the lungs to the bloodstream, then are flushed into the urine through the kidneys. Occupational exposure to toxic chemicals, such as pesticides, arsenic, and certain types of dye, also increases risk, as does a family history of bladder cancer.

Don't Ignore Bleeding Symptoms

Why do women have lower survival rates? Often, they're diagnosed at a later stage of the disease, when it's harder to treat. In Greene's case, the cancer had already spread to her lymph nodes, meaning that she had stage IV cancer, the most advanced stage. "Unfortunately, her story is a scenario that's more common than it should be for women," says Fenner. "Seeing blood in the toilet or on toilet paper is the leading symptom of bladder cancer in both men and women, seen in 80 to 90 percent of patients. However, it can be more difficult to figure out where the bleeding is coming from in a woman because the source could be the uterus, cervix, vagina, bladder, or the rectum."

Dominique Ghossein

"*Fifty percent* of bladder cancer cases are linked to smoking, which is the No. 1 risk factor."

Not only can diagnosis take longer in women, but like Greene, they may delay going to the doctor in the first place because they don't consider their symptoms alarming. Any bleeding after menopause is abnormal and warrants seeing your ob-gyn right away, cautions Fenner. "To help your doctor find out where the blood is originating, insert a tampon and remove it a few hours later. If there's blood on the tip of the tampon, it's probably coming from the uterus through the cervix. If the blood is on the string, it's more likely that the blood has dripped down from the urine." While it's unusual for premenopausal women to get bladder cancer, which is more likely to occur after age 55, they should get prompt medical care if they see blood in the toilet between periods. Other warning signs include painful or frequent urination, abdominal or back pain, and changes in urine color.

Getting a Diagnosis

To find out what's sparking these symptoms—which can also stem from less serious disorders—ob-gyns typically start with urinalysis to check for blood and signs of urinary tract infections. Other common tests include urine cytology and an ultrasound or CT scan of the bladder to look for tumors or other causes of bleeding, such as kidney stones, says Fenner. "These tests are not always definitive, so we may need to look inside the bladder with cystoscopy," in which a thin, camera-tipped tube is snaked into the bladder to examine it for cancer that may not be visible with other tests. Cystoscopy can also be used for bladder biopsies.

Promising Prognosis

If cancer is found, adds Fenner, "the good news is that 75 percent of the time it's early stage and non-invasive, which is the easiest to cure." Along with surgical removal of the tumor, treatment may involve medications that are squirted into the bladder, such as Bacille Calmette Guerin (BCG), a modified form of the bacteria that causes tuberculosis in cattle. It works by revving up the immune system to block the growth and development of new cancer cells and has been shown to reduce recurrence. For more aggressive cancers, doctors typically prescribe chemotherapy.

In some cases, such as Greene's, it's also necessary to remove the bladder. Surgical advances mean that patients often don't need an external bag to collect urine, says Fenner. "Most of these operations involve taking a piece of the bowel and creating an internal pouch that acts like a bladder, which works quite nicely." After undergoing surgery of this type in January 2000, Greene had to learn how to insert a lubricated 16-inch tube into her stoma (a rosebud-shaped surgical opening in the right side of her belly) to drain urine from the internal pouch into the toilet. "A nurse showed me how to wiggle the tube around like a TV antenna to get the best 'reception,'" says Greene, who carries a wallet-sized catheterization kit in her purse when she goes out. Three months after surgery, she was well enough to return to work.

Good News

Today, more than a decade after her diagnosis, Greene, now 63, remains in remission and is writing a book about her cancer journey. "Although I had to lose my bladder to save my life, I continue to see patients in my psychology practice, work out at the gym, wear stylish clothing, and travel all over the world with my husband, Jack. At one point, I was told my chances of surviving another five years were only 20 percent, but I decided that I was going to beat the odds."

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8 Reasons to Get Moving—Now!

Here's why you should make exercise your top priority

By Winnie Yu

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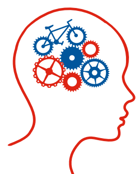
Walk. Run. Spin. Lift. We've all heard how important it is to exercise. After all, it's the key to maintaining a healthy weight, so you can look good and squeeze into those jeans, right? In reality, of course, exercise is so much more than that. It's an anti-aging remedy, a bone booster, and a sleep tonic, all rolled into one. "Everyone talks about getting Botox®, but exercise is the true fountain of youth," says Sharon Brangman, MD, president of the American Geriatrics Society. "Do something you enjoy, and it won't feel like torture. And if you have a buddy with you, you'll add a social component, so it won't be so onerous." Here are some of the big benefits you'll reap:

More Brain Power 01



A good workout can do wonders for your brain. For starters, regular exercise can improve memory and cognitive function. "Exercise turns on the genes that make a type of growth hormone for the brain, known as BDNF (brain-derived neurotrophic factor)," says David Perlmutter, MD, a neurologist in Naples, FL, and author of *Power Up Your Brain* (Hay House, 2011). "BDNF enhances the way brain cells connect to each other and the growth of new brain cells, and serves to protect existing brain cells from damage."

This benefit may also help reduce your risk for Alzheimer's. "Degeneration of the brain's memory center, the hippocampus, is a hallmark of Alzheimer's disease," Perlmutter says. "Regular aerobic exercise is associated with an annual growth of the hippocampus by an astounding two percent as opposed to the normal process of aging in which this area loses about one to two percent of its mass each year." According to the Alzheimer's Association, regular physical exercise may be a beneficial strategy to lower the risk of Alzheimer's. The association recommends a medically approved exercise program as a valuable part of any wellness plan.

Sounder Sleep 02

Recent research from Northwestern University in Chicago, IL, found that adults age 55 and older who had insomnia improved their sleep patterns by doing two 20-minute bouts of aerobic exercise four times a week, or one 30- to 40-minute workout four times a week.

"We don't know exactly why it helps us sleep better, but we have some ideas," says Phyllis Zee, MD, the lead author of the study and associate director of the Sleep Disorders Center at Northwestern. "Exercise spurs metabolism and our metabolic need for sleep. Physical fitness decreases inflammation and stress, and also lifts our mood, which can help us sleep."

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food & fitness

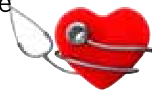
Enhanced Mood

Physical activity doesn't just make us happy—it can actually alleviate depression, says Mary Jane Johnson, PhD, a spokesperson for the American Council on Exercise. Researchers at Duke University in Durham, NC, have found that exercise had the same positive effects on depression as sertraline (Zoloft®). Though the exact mechanism isn't clear, exercise does increase levels of serotonin, a neurotransmitter that enhances mood as well as tryptophan, a precursor to serotonin, Johnson says.

Try exercising with others or outdoors for an extra boost, she adds. Repetitive workouts such as spinning, swimming, or dancing are particularly effective for triggering the release of serotonin, says Pamela Peeke, MD, assistant clinical professor of medicine at the University of Maryland, School of Medicine, in Baltimore, and author of *Fit to Live* (Rodale Books, 2007).

Heart Protection

Physical activity is the foundation of preventing heart disease, says Nieca Goldberg, MD, a cardiologist at New York University and author of *Dr. Nieca Goldberg's Complete Guide to Women's Health* (Ballantine Books, 2009). "A regular, moderately-paced walking program done every day at 3.8 miles per hour can lower your heart disease risk by 35 to 50 percent," she says.

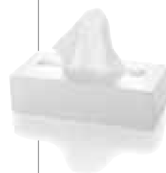


Exercise lowers blood pressure by making your blood vessels more flexible. "Relaxed blood vessels not only lower blood pressure but are also resistant to plaque build up," Goldberg says. In addition, exercise raises HDL cholesterol, the good kind that improves the transport of bad cholesterol (LDL) out of the blood. Moreover, physical activity lowers blood sugar levels, which helps you lose weight and prevent type 2 diabetes.

Less Belly Fat

Too much fat in the midsection means you'll have excess visceral fat, the kind that increases inflammation and ups your risk for cancer, diabetes, and heart disease. Exercise—both cardio and strength training—helps shrink belly fat, says Mary Jane Minkin, MD, a clinical professor of obstetrics and gynecology at Yale University in New Haven, CT, and co-author of *A Woman's Guide to Perimenopause and Menopause* (Yale University Press, 2005). "I started a weight training regimen six months ago, and along with improved muscle mass, my fasting blood sugar has dropped 10 points," Minkin says. High levels of fasting blood sugar mean you're at greater risk for developing diabetes.

Increased Immunity



Regular exercise is also the best defense against the common cold. A study in the *British Journal of Sports Medicine* found that people who exercised aerobically for 20 minutes or more at a time—five or more days a week for 12 weeks—had 43 percent fewer sick days due to the common cold compared with people who did no aerobic exercise.

"No pill or supplement comes close to the cold-prevention power of aerobic activity, but time and effort are requisite," says David C. Nieman, DrPH, lead author of the study and director of the Human Performance Lab at Appalachian State University in Kannapolis, NC.

Neiman says exercise can shorten the length of a cold as well. "Of all lifestyle factors, aerobic exercise done five or more days per week was the most powerful in lowering the number of days with an upper respiratory infection and symptom severity," he says.

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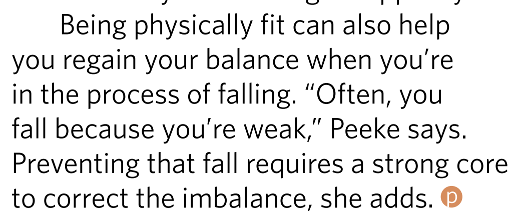
07 Stronger Bones

Bone is living tissue that is constantly in a state of turnover. As you age, the breakdown of bone accelerates while bone formation slows, which puts you at risk for osteoporosis. Exercise is essential to increasing the integrity of bone, particularly with weight-bearing exercises such as walking, dancing, hiking, elliptical machines, aerobics, and stair climbing.

Weight-bearing exercises use your own body for resistance, which forces your bones to work harder. "When you exercise, the bony matrix is stimulated to turn over at a more rapid rate, so the osteoblasts that make bone are stimulated to do even more and faster, while the osteoclasts that break down bone have to work harder," Peeke says. Resistance training using free weights, elastic bands, and weight machines is also important for strengthening bone, according to the National Osteoporosis Foundation.

08 Better Balance

Every year, one in three women over the age of 65 suffers a fall, according to the Centers for Disease Control and Prevention. One of the key ways to prevent a fall is to exercise regularly, Brangman says. Exercise strengthens muscles, which helps you become more balanced and steady on your feet. "Muscles support our body structure which enables us to maintain our posture and ability to walk and move around," Brangman says. "If you don't exercise, you'll lose muscle mass over time—they'll get so soft that they can no longer support you."



Being physically fit can also help you regain your balance when you're in the process of falling. "Often, you fall because you're weak," Peeke says. Preventing that fall requires a strong core to correct the imbalance, she adds.

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Getting Started

If it's been a while since you exercised, the hardest part can be making the decision to start. Begin by getting educated about the exercise programs available to you that suit your age, fitness level, goals, and limitations, says Mary Jayne Johnson, PhD, exercise physiologist and a spokesperson for the American Council on Exercise.

Start slowly. You might even want to do short 10-minute bouts of exercise at first instead of a lengthy workout. "The goal is to accumulate a certain amount of exercise during the day," Johnson says. "You want to make a conscious effort to move more."

If you have physical conditions such as osteoporosis, heart disease, or diabetes, talk to your health care provider about limitations. Then, zero in on an activity you think you'll enjoy. Walking is often a good start because it's easy to do and accessible. "The best exercise is the one that not only is safe and appropriate for your health and fitness level, but the one that you enjoy and can and will do," Johnson says.

Real Men Open Up About "The Change"

By Cathy Cassata

While hot flashes, vaginal dryness, and hormonal changes might be all you think about these days, they're probably the last thing you want to *talk* about—especially with your significant other. That's why we're letting the men do the talking this time. So take a deep breath, sit back, and listen to how these four men connect with their partners during menopause.

Be Honest

Barry Maher, Corona, CA

"My partner was always a very stable person and the more grounded one in our relationship, so when she started having hormonal changes, I was completely taken by surprise. The best thing that could have happened to us was her explaining to me that her moods were physiological, not just her acting out at me for no reason. Because I struggled with up-and-down blood sugar levels in my 30s, I understood exactly what she meant. The world can look one way one minute and completely different the next.

This didn't mean that I just had to think happy thoughts and everything would be fine. I tried to be tolerant during her mood swings. We came up with a plan that when she lashed out at me, I would wait for her to calm down and then point out that whatever she was upset with me about wasn't something she would have been upset about in the past. Most of the time, she was able to see how her reaction was out of the ordinary for her, and we could calmly talk through it."

Take It Slow

Gary Wilson, Ashland, OR

"My wife and I make sure we engage in daily affectionate touch, even during times when we don't feel totally up to it. This keeps us connected despite what's happening around us. We snuggle when we wake up and before we go to sleep. Most afternoons we also make love.

When she began experiencing vaginal dryness, we used food-grade, organic almond oil for lubrication. We make love often, but try not to be in a hurry. We take our time, and I focus on kissing and caressing before entry. This slower approach with less focus on the finish helps her feel at ease and more comfortable. If she feels interested and ready for intercourse, then the experience is meaningful and gratifying for both of us."

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In It Together

Donald Wood, Interlachen, FL

"Besides the common physical and hormonal changes my wife went through, I tried to be sensitive to that fact that other life-changing events were taking place, such as our kids moving out of the house and our becoming empty-nesters. The most surprising realization my wife came to was when she looked at a stranger's baby and said to me, 'Well, I guess that's not in the future for us anymore.' Even though more children were never in the plan because we had three grown kids already and I had a vasectomy after our third child, there was still a feeling of loss that if my wife wanted to, her body wouldn't allow another pregnancy. I looked at all these changes as something we could truly go through together because they affected us both. By letting my wife know I was as emotionally affected by them as she was, we were able to bond in a way I think we might have overlooked if we just focused on her menopause symptoms."

Humor Helps

Dave Balch, Twin Peaks, CA

"My wife was going through breast cancer treatment when her menopause symptoms kicked into full gear. Within a six-month period, she was dealing with chemotherapy, radiation, radiation burns, shingles, hot flashes, and hormonal changes. It was such a tough time in both our lives, and it was all out of our control. The best way to deal with everything was through humor. We laughed a lot. We're both kind of funny people anyway, so we made sure to tune into that. We made a point of watching comedy shows and funny, light-hearted movies. When times were really difficult, one of the best things we did was reminisce about funny things that happened in our lives. It always lightened up the mood. We even made a point to write down the events so we had a list to refer to when we needed a pick-me-up. While the circumstances weren't funny one bit, laughter seemed to take our minds off the hardships."

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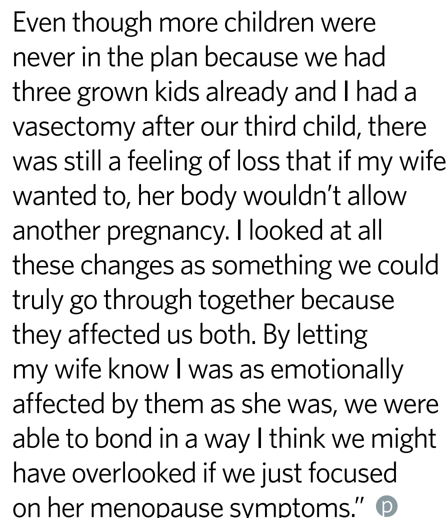
Give Your Partner a Clue



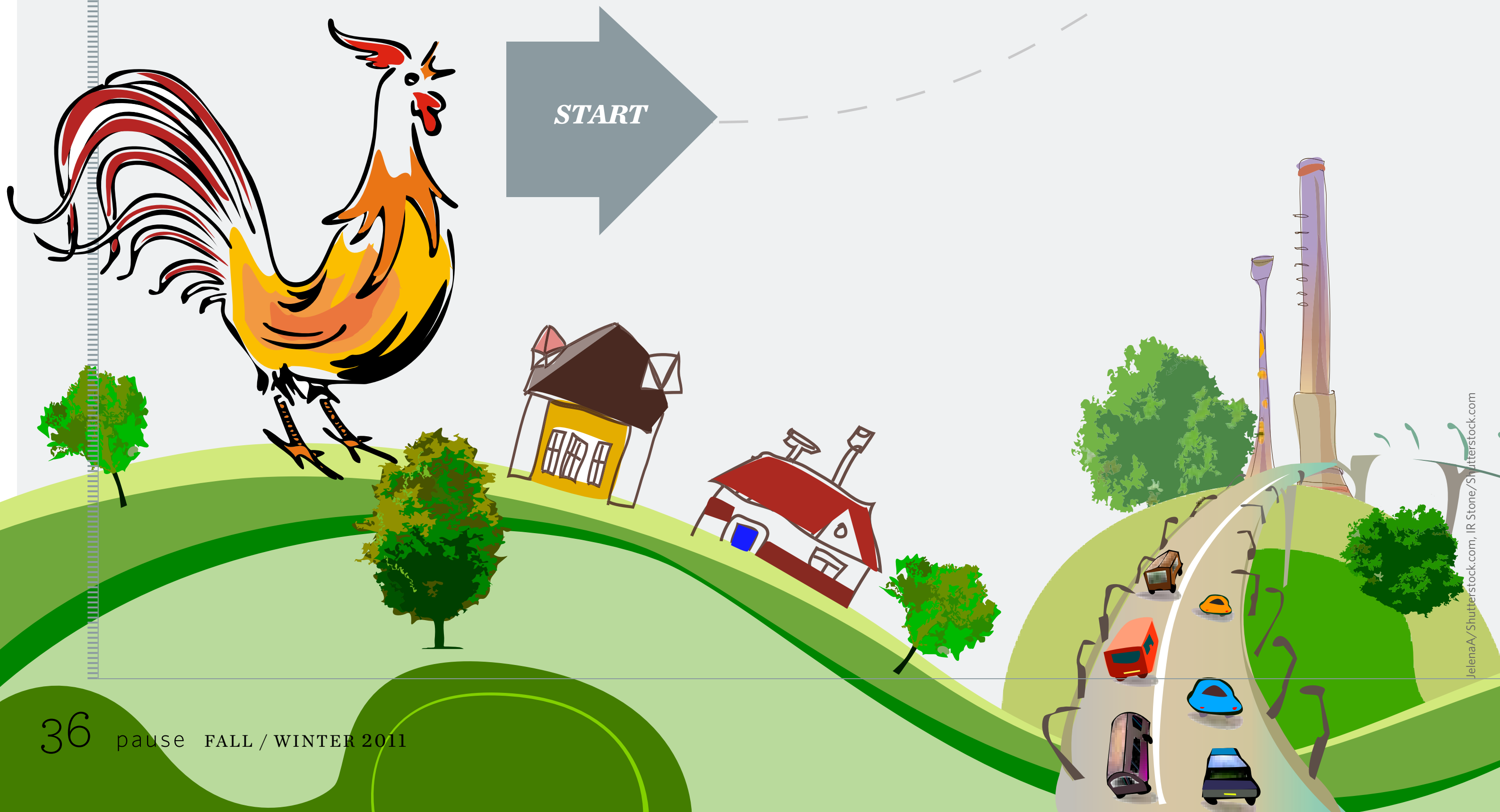
In an ideal world, all men would know exactly what to say and how to act to ease your menopausal symptoms, but unfortunately that's not reality. Help clue them in with the following tips from Melanie A. Greenberg, PhD, clinical psychologist in Marin County, CA.

- **Don't assume he can read your mind (or body).** Explain clearly how menopause is affecting your response to specific situations (eg, it's slower for you to get aroused; you're not sleeping well; you feel emotionally sensitive).
- **Reassure him that your love for him hasn't changed.** Tell him you are figuring out how to cope with the changes and ask for his help and/or patience.
- **Ask him if he notices you behaving differently**. Then be willing to listen to how he feels about your change in behavior.
- **Make a commitment to communicating honestly and openly about your needs and feelings.** Then ask him to do the same.
- **Ask for what you need directly and specifically.** For example, tell him you need more help with housework because you're tired or you need more transition time before sexual contact.
- **Remind yourself and him that you have weathered other storms as a couple.** Give encouragement that you will make it through this one, too.
- **Try to keep a sense of humor**. It's okay to make light of hot flashes once in a while to lighten up the mood.

24 Hours to a Healthier You

Wake up with a pledge to live
a truly healthy existence
for the next 24 hours.

By **Winnie Yu**



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Here's what your day might look like:

6:00 A.M.

>>> SAY OHM. Begin your day with a short meditation. Sit quietly in a relaxed position and breathe. Do your best to focus on your breath and let thoughts pass by without judgment. Twenty minutes of meditation can help you become more mindful of your thoughts and behaviors throughout the day. Studies show meditation can also lessen pain, depression, and stress.

6:15 A.M.

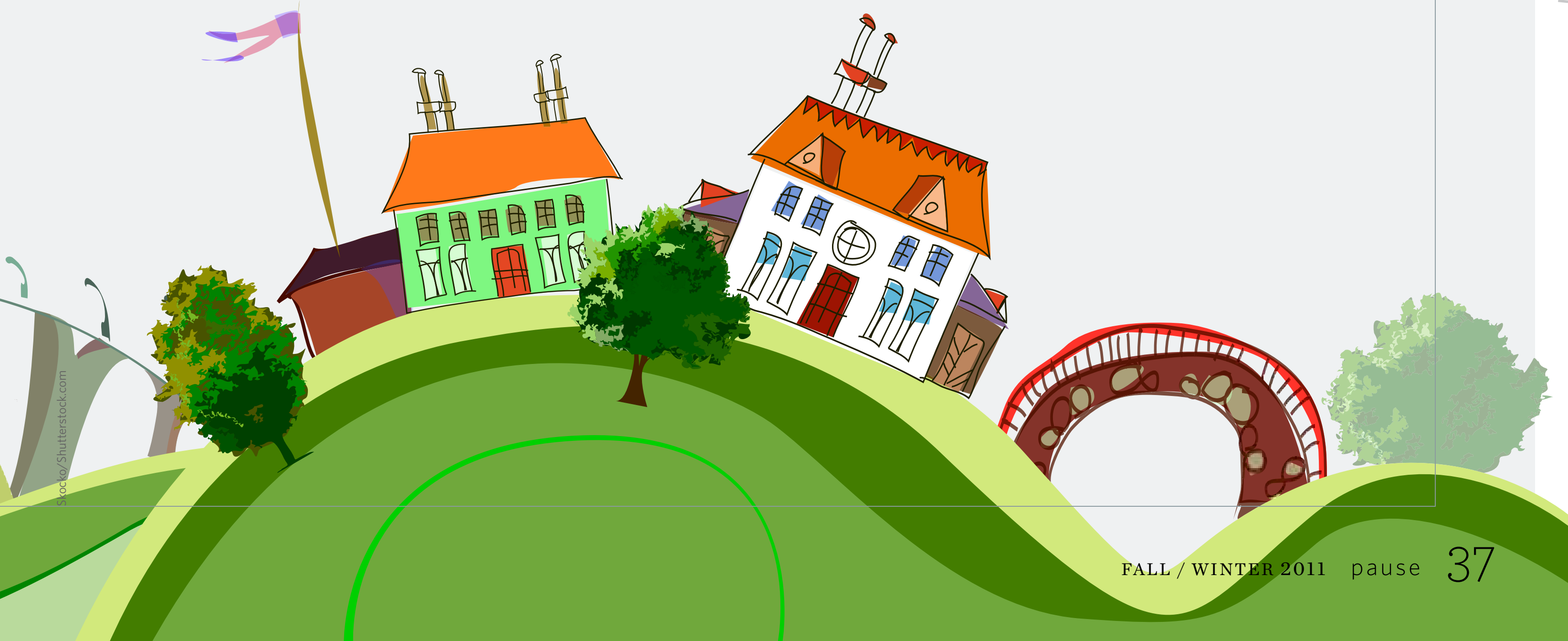
>>> GET MOVING. Go to the gym or head to the pool for a swim. Choose any form of exercise that's right for you and your body's limitations.

7:00 A.M.

>>> EAT BREAKFAST. "A healthy breakfast should include a combination of protein and carbohydrate to energize and satisfy hunger all morning," says Marisa Moore, RD, a spokesperson for the American Dietetic Association. Good options: a slice of whole grain toast with two tablespoons of peanut butter and a small banana; a whole grain English muffin with an egg, spinach, tomato, and a thin slice of cheese; or yogurt with whole grain granola.

7:30 A.M.

>>> SLATHER ON SOME SUNSCREEN AT LEAST 15 MINUTES BEFORE HEADING OUT THE DOOR. Apply it to all exposed skin, even if you're just going in your car. According to the American Academy of Dermatology, the sun's rays can penetrate windows.



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8:00 A.M.

>>> TAKE A CALCIUM AND VITAMIN D SUPPLEMENT. The two nutrients are essential for staving off osteoporosis. "Vitamin D is not only important for bone health, but it is also critical for strong muscles and is the only vitamin that has been shown to reduce the risk of falls in older adults." says Sharon Brangman, MD, professor of medicine at Upstate Medical Center in Syracuse, NY.

9:30 A.M.

>>> STAND UP AND MOVE AROUND. Whether you walk to the water cooler, do some stretches, or simply pace in your office, the key is to avoid long stretches of sitting. According to the American College of Sports Medicine (ACSM), too much time on your tush is unhealthy, even if you log 30 minutes of activity the rest of your day.

10:30 A.M.

>>> GRAB A SMALL SNACK. Eating a little something will stave off hunger and prevent an unhealthy binge at lunchtime. Good choices include fruit, low-fat yogurt, or a granola bar.

NOON

>>> EAT A LIGHT LUNCH. A recent study in the journal *Appetite* found that the midday meal is a good time to make small cutbacks in calorie intake, and does not result in eating more later in the day.

1:00 P.M.

>>> TAKE A SHORT STROLL. Walking burns calories, strengthens bone, and improves energy. It's especially beneficial for people with diabetes and prediabetes because it forces the body to use up glucose in the blood.

2:30 P.M.

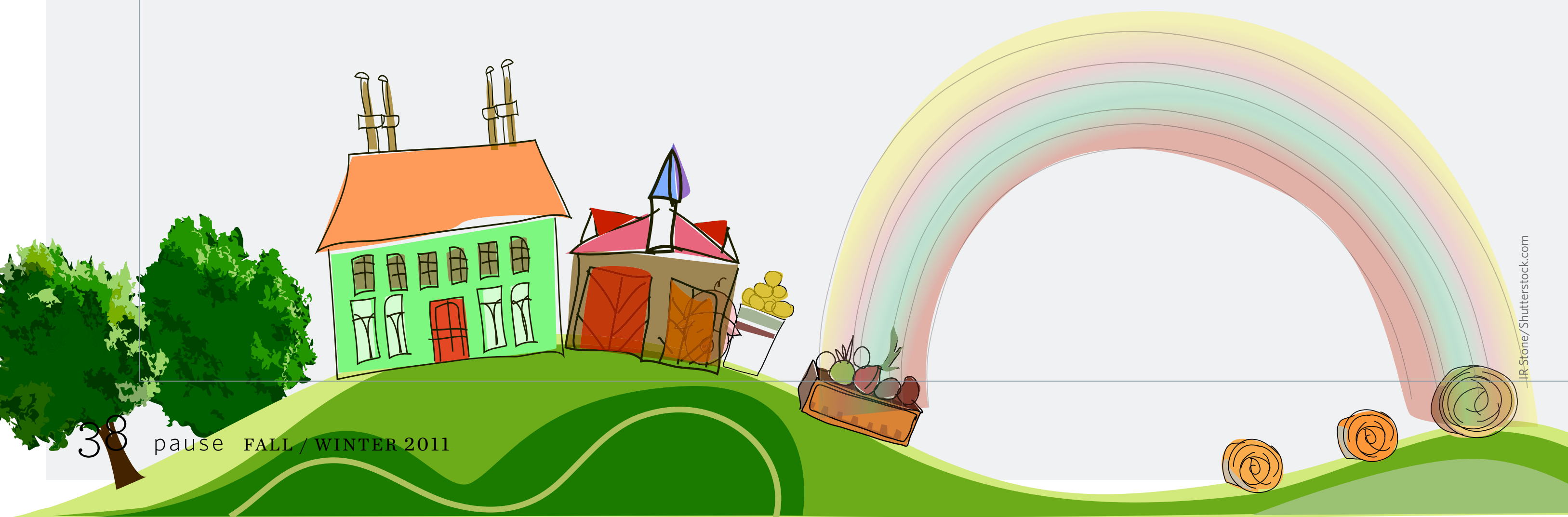
>>> CHAT WITH A FRIEND. A quick phone call, friendly visit, or brief email can brighten up your day—and your friend's. Among older adults, those who had a strong network were more likely to report being in better health. So take time to nurture your friendships.

3:00 P.M.

>>> DO A BALANCING ACT. New guidelines from the ACSM show that neuromotor exercises—those that work on balance, coordination, gait, and agility—also have a critical place in your fitness plan, says Barbara Bushman, PhD, an exercise physiologist and author of *Action Plan for Menopause* (American College of Sports Medicine, 2005). These exercises reduce your risk for falling. Exercises can be as simple as standing on one foot for 30 seconds or holding your favorite yoga pose for five breaths. If time permits, enroll in a tai chi or qi gong class.

6:00 P.M.

>>> CHECK YOUR PEDOMETER. If you haven't hit the recommended 10,000 steps, there's still time to take an evening walk.



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7:00 P.M.

>>> TAKE FIDO FOR A WALK. Research at the University of Michigan found that dog owners log more exercise than people who don't have a canine companion. But don't let the absence of a dog stop you. Go for a walk anyway, alone or with a companion.

7:30 P.M.

>>> PURSUE YOUR PASSION. Whether it's knitting, painting, or cooking, devote some time in the day to a beloved hobby. "When we take time for our interests, even 20 minutes worth, we fill ourselves up to have more to give to other commitments," says Ann Dunnewold, PhD, a psychologist in Dallas, TX. "And the hobby may instill a sense of accomplishment, whether improving a golf score or showing a product, as in quilting, painting walls, scrapbooking, and similar hobbies."

8:00 P.M.

>>> STRETCH IN FRONT OF THE TV. Don't just sit there—use the time to do gentle stretches. Flexibility is important for preventing stiffness and can also improve posture, mobility, and balance, Bushman says. Warm up with some arm swings and walking in place, then target each major muscle group.

9:00 P.M.

>>> START RELAXING. Getting a good night's rest requires setting the stage for sleep. "About one hour before bed, you should start a wind-down routine," says Shelby Harris-Freeman, PsyD, director of the Behavioral Sleep Medicine Program at Montefiore Medical Center in the Bronx, NY. "This can consist of whatever you want, but must include only things that are quiet, calm, relaxing, and ideally technology-free. By doing this all in dim lighting and refraining from work and activities that are high in mental activity, you're quieting and calming your mind as well."

9:45 P.M.

>>> BRUSH AND FLOSS. If you haven't already done so, devote some time to your pearly whites. Regular flossing and twice-a-day brushing protect your teeth, prevent gum disease, and can also shield your body from inflammation that can lead to other health problems such as heart disease and Alzheimer's.

10:00 P.M.

>>> LIGHTS OUT. Make sleep a priority, and do your best to get a full night's rest—about seven to nine hours. It'll be the perfect finish to a healthy day.

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Makeup for "The Change"

As we approach menopause, our skin care and makeup needs change. Here's some advice on what you need to try—and what you should leave behind.

By Colette Bouchez

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It all seems to happen so fast: One night you go to bed feeling pretty good about the way you look; the next morning you look in the mirror and scream! Lines, creases, wrinkles, and sags all seeming to appear out of nowhere—and putting on makeup only makes it all look worse.

While most of us are somewhat prepared for the hot flashes, mood swings, and night sweats that can define this time of life, often referred to as The Change, very few of us are expecting to see those changes reflected on our faces as well.

"In your 50s, more than ever, if you take care of yourself it shows; if you *don't* take care of yourself it *really shows*," says legendary makeup artist Bobbi Brown and author of *Bobbi Brown Beauty Evolution—A Guide to a Lifetime of Beauty* (Harper Collins, 2005).

So where do you begin? Experts say it starts with the three areas that will need your attention the most: dryness, dullness, and brown spots.

Begin With Your Skin

"The reality is that once you hit the perimenopause–menopause age range, skin can undergo what seem like some pretty sudden changes. It doesn't happen overnight, but it can sneak up on you," says Ellen Marmur, MD, chief of cosmetic and dermatologic surgery at the Mt. Sinai Medical Center in New York City and author of *Simple Skin Beauty* (Atria Books, 2010).

While most skin problems stem from hormonal changes—primarily a drop in estrogen—unfortunately, you can make them look worse when you don't update your skin care and makeup routine.

"When hormone levels begin to drop, the sebaceous glands don't get the usual message to pump out oil, so the skin gets rougher and drier," says Marmur. As this happens, even tiny lines and wrinkles can suddenly seem like craters, while brown spots—the end result of too much sun exposure—can suddenly spring into view.

To combat dryness problems, Marmur recommends a gentle moisturizer, such as StriVectin-SD for Sensitive Skin, that is high

"For beauty that is timeless and ageless, think soft focus lens."

in key ingredients good for midlife skin: glycerin, hyaluronic acid, phospholipids, and peptides. Another choice, she says, is a dual-duty product, such as Clinique Repairwear Laser Focus Wrinkle and Photo Damage Corrector, that moisturizes *and* lightens age spots simultaneously.

Additionally, lower hormone levels mean a slowdown in a process known as angiogenesis, which is the growth of new blood vessels. "This is why skin tends to look dull and lifeless," says Marmur. As we age, skin cells also shed at much slower rate—and that means a buildup of dead cells on the surface that creates more dull-looking skin.

To fight both problems, Marmur recommends an inexpensive "mechanical" exfoliation product, such as St. Ives Apricot Scrub or Neutrogena Fresh Foaming Scrub. Unlike chemical exfoliators, which sometimes rely on harsh compounds to slough off dead cells, mechanical exfoliation creams or gels contain microscopic abrasives (such as fruit seeds or sugar) that create a slight friction on the surface of the skin, removing dead cells in a more natural way.

Make Over Your Makeup

To complement your newly glowing skin, Hollywood beauty and style expert Michael Maron says to always start your makeup routine with a primer. "If you're not familiar with this type of product, it's a mostly colorless facial 'spackle' that invisibly fills in lines and creases. This creates a clean canvas that will keep foundation from seeping into lines and wrinkles and generally keep makeup on longer—even through a hot flash!" says Maron.

Marmur reminds us to also try primer on the neck and chest to help create a smoother, more youthful look there as well. Once your skin is primed, Brown says to opt for light, creamy foundations containing lots of moisturizers to soften your look and further diminish the appearance of lines and wrinkles. Don't try to cover imperfections with a heavy, cakey foundation or globs of concealer.

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When choosing a foundation color, Maron says you should stick to natural shades that match your current skin tone. "As you age, skin does lose color, so you almost always have to go up a few shades (lighter) from what you wore before," says Maron. "Trying to add some color back into a pale complexion by applying a darker foundation will only cause your skin to look drab and dull—which is extremely aging."

To get back that rosy glow of youth, Maron recommends using a cream (not powder) blush in a natural tone of pink, coral, or rose. "Skip bronzers because most have brown undertones that will age you," says Maron.

And while you likely have heard the old adage that calls for blush on the apples of the cheeks—once you hit 45, ditch this advice! When it comes to blush, start at the top of the cheekbone and, using the center of your eye as a guide point, sweep the blush upward and outward toward your hairline. This old Hollywood trick, experts say, can take 10 years off your appearance in an instant!

Another product to ditch after 40 is face powder. "No matter how finely milled it is, it's going to work its way into lines and wrinkles, make skin look dull and dry, and it's going to age you," says Marmur.

Timeless, Ageless Beauty

"When you hit your 50s, your skin begins to lose definition. Your lips get lighter, your eyebrows are fainter, and your eyes become less defined," says Brown. The remedy for all three problems: define these areas with color.

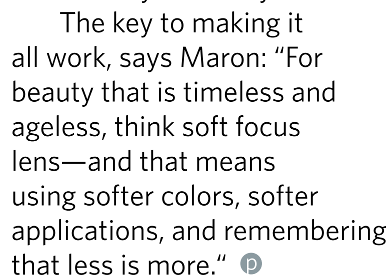
"If you haven't been doing it before now, learn to line your lips and your eyes," says Brown. Maron says the trick to making lips look fuller *and* younger is to match your lip liner to your lipstick color. If you're wearing a clear gloss, match the liner to the color of your lips.

"Switching out a dark lipstick for a pink or peach lip gloss with matching liner is another way to instantly look 10 years younger," says Maron. And, he says, never, ever pair a dark lip liner with a light lipstick.

To emphasize your eyes, Maron recommends using a soft color shadow blended well on the lid and then adding a pencil line rather than a hard liquid line to define the look. Mascara will help further define the eyes, especially if lashes have become sparse.

Brown says for the softest brow look, skip traditional brow makeup and instead use a powdered eye shadow to fill in the bare spots. When in doubt, go a few shades lighter than what you think you need.

The key to making it all work, says Maron: "For beauty that is timeless and ageless, think soft focus lens—and that means using softer colors, softer applications, and remembering that less is more."



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Ask the Doctor

Do you have a question you've been meaning to ask your doctor? Email it to us at **pause@acog.org**.

Q: I had gestational diabetes when I was pregnant with both of my children. Will I develop diabetes in middle-age?

A: Up to one half of women who had gestational diabetes during pregnancy will develop type 2 diabetes later in life. The American Congress of Obstetricians and Gynecologists recommends that women with gestational diabetes be rescreened for diabetes 6–12 weeks after delivery. Women with normal results should be rescreened at least once every three years, and those who are diabetic should be put on a management plan.

Be sure to tell your doctor and other health care providers that you have had gestational diabetes. There are other factors that can increase a woman's chances of developing type 2 diabetes including being overweight or obese, physical inactivity, high blood pressure, personal or family history of heart disease, or a family history of diabetes.

Even though you had gestational diabetes, making healthy lifestyle choices can help lower your risk of developing diabetes later in life. Try to reach and maintain a healthy weight, eat a diet of healthy and low-fat foods, and get regular exercise. For more information on diabetes, visit www.diabetes.org.

Q: I'm taking an antidepressant for my hot flashes. Will they get worse when I go off the antidepressant?

A: Certain types of antidepressants called selective serotonin reuptake inhibitors (SSRIs)—including Prozac®, Paxil®, Zoloft®, and Effexor® (a combination antidepressant that contains an SSRI)—may reduce the severity of hot flashes in some women. SSRIs affect your brain's use of a neurotransmitter chemical called serotonin, which is believed to play a role in regulating body heat.

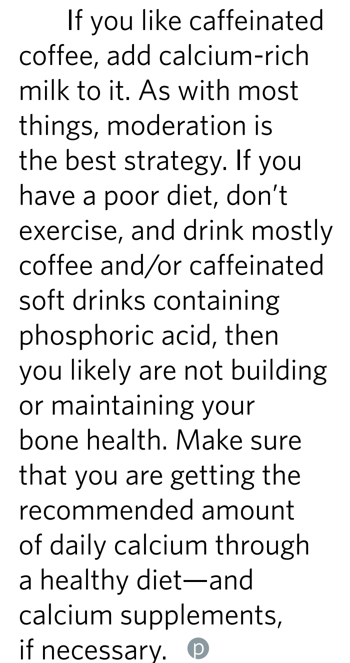
Although hormone therapy is the most effective treatment for hot flashes, SSRIs are sometimes used as an alternative for women who can't tolerate or who don't want to take hormones. SSRIs are not approved by the US Food and Drug Administration for use in reducing hot flashes. Of course, as with any medication, there are possible side effects with antidepressants to consider. Some women's hot flashes have no response at all to SSRIs.

It's possible that your hot flashes will get worse when you stop taking your antidepressant, but it's not certain. As with any therapy, you will need to discuss with your physician how to wean yourself off once you decide to discontinue it. If you have questions about the effects of any medicine you are taking, you should talk to your doctor.

Q: Is drinking soft drinks bad for my bones?

A: It may be, depending on how much you drink and your overall health and diet. According to the National Osteoporosis Foundation (NOF), there is some concern that soft drinks that contain phosphoric acid or caffeine, or both, may harm bone health. Some studies have suggested getting too much phosphate can reduce the amount of calcium that the body absorbs. Caffeine, in high amounts, can cause bone loss, according to NOF, because it interferes with calcium absorption. NOF recommends that women with osteoporosis drink no more than five soft drinks a week.

If you like caffeinated coffee, add calcium-rich milk to it. As with most things, moderation is the best strategy. If you have a poor diet, don't exercise, and drink mostly coffee and/or caffeinated soft drinks containing phosphoric acid, then you likely are not building or maintaining your bone health. Make sure that you are getting the recommended amount of daily calcium through a healthy diet—and calcium supplements, if necessary.



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