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How Sadness Affects Your Heart

Depression could increase your risk of heart disease—here's what you can do about it

Doctors have long wondered whether depression is a result of coronary heart disease (CHD) or a risk factor that contributes significantly to its development. Now new research confirms that major depressive disorder (MDD) is indeed as serious a risk factor for CHD as high blood pressure and cholesterol, obesity, smoking, diabetes, physical inactivity, and a positive family history. Even in healthy middle-aged women with no apparent signs of CHD, severe depression appears to dovetail with lifestyle habits that can sabotage heart health and promote the development of atherosclerosis (fatty plaques narrowing the insides of the arteries). Depression after a heart attack can make recovery more challenging and the risk of death greater.

The sad heart

"Studies suggest that depression often precedes a heart attack in up to 50 percent of cases, and is the single best predictor of cardiovascular events over the next year," says Barry Franklin, PhD,

director of the cardiac rehabilitation and exercise lab at William Beaumont Hospital in Royal Oak, Michigan. "In one study of about 4,500 elderly people who did not have heart disease, the risk of developing it and dying as a result was increased by 40 percent and 60 percent, respectively, for those who became depressed, compared to those who did not."

Depression is equally deadly after a heart attack. "According to two landmark studies conducted in the last decade, depressed individuals are three to five more times likely to die in the first year following a myocardial

infarction (MI) compared to those who aren't depressed," says Dr. Franklin.

The big question is why. "Clinically depressed people often have undiagnosed anxiety, don't take their medications properly or exercise regularly, and tend toward obesity because they eat comfort foods high in salt, sugar, and fat," notes cardiologist Erica C. Jones, MD, associate professor of clinical medicine at the Weill Medical College of Cornell University. "As a result, depression raises their risk for CHD, hinders recovery after a heart attack and increases risk for recurrent cardiac events. Factor in women's increased vulnerability to depression—according to the American Psychiatric Association, they have double the risk of major depression compared to men—and it's hardly surprising that heart disease kills more women than any other disease."

Depression and clogged arteries

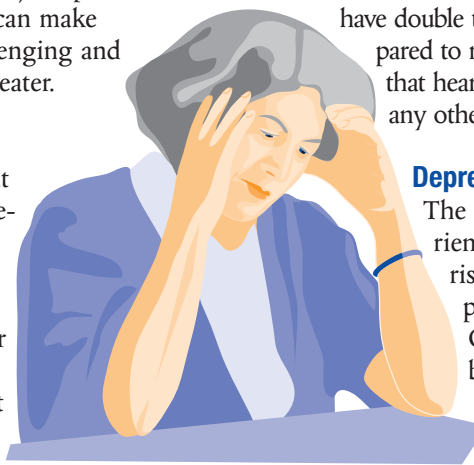
The more frequently a woman experiences depression, the greater her risk of developing arterial plaques (a known risk factor for CHD), even before heart disease becomes clinically evident.

According to a study in the February 2003 *Archives of General Psychiatry* involving 336 healthy women, those with repeated major depression had a two-fold greater risk of arterial plaque compared to women who were either mentally healthy or who had suffered just a single major depressive episode. Similar results were reported in the June 13 *Archives of Internal Medicine*.

Hostility hurts, too

A new study suggests that a hostile temperament may be hard on a woman's heart, too. The study was conducted among 506 women doctors who underwent tests for

Continued on page 7





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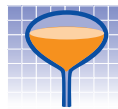
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FRONTLINE



Women with atrial fibrillation have greater risk for blood clots

Women with *atrial fibrillation (AF)* who are not taking the anticoagulant drug *warfarin* are more likely to form dangerous blood clots than men. However, when women do receive warfarin, they gain the same benefits as men, according to a study published in the August 14 issue of *Circulation*. In AF, the upper chambers of the heart (*atria*) quiver instead of pumping blood to the lower chambers (*ventricles*), allowing blood to stagnate and form clots. If a clot breaks away (*thromboembolism*) it can cause a stroke if it blocks an artery supplying the brain. Researchers at the University of California in San Francisco reviewed data from 13,559 adults with AF over a two-year period, and found women not taking warfarin had almost twice the rate of clots compared to men (3.5 percent versus 1.8 percent). Warfarin reduced the relative risk of stroke by 60 percent in women and 40 percent in men, and reduced the rate of thromboembolism by more than half. Women may have a higher risk for bleeding when taking warfarin, so some clinicians have been reluctant to use the drug in women. But the study found women and men had similar rates of bleeding. An estimated 2.2 million Americans have AF, leading to 15-20 percent of all strokes.



Acupuncture may calm an overactive bladder

Acupuncture may be effective therapy for women with overactive bladder. Results from a randomized study conducted at the Oregon Health and Sciences University among 85 women (half of whom received a sham treatment) found those who received acupuncture had a decrease in urinary frequency and fewer episodes of incontinence over a three-day period. The women underwent cystometric testing for bladder capacity before and after four weekly acupuncture treatments, completed a three-day voiding diary, as well as answered questions about urinary distress and incontinence. Of the 74 women who completed the study, 59 percent of those who received acupuncture had decreases in urinary leakage, compared to 40 percent of those who received a placebo treatment designed to promote relaxation. "In this study, acupuncture had a significant short-term effect on overactive bladder, similar in scope to the improvement offered by drug therapy and physical or behavioral therapy," concludes the study in the July issue of *Obstetrics & Gynecology*. The authors say further studies need to be done in larger groups to see whether the effects are sustained.



Heart surgery can be safe in old age

Women over age 80 can safely undergo cardiac surgery, and it may even help them live longer, according to British researchers. The study, reported August 18 in an online edition of the journal *Heart*, suggests that old age by itself should not be a barrier to cardiac surgery. The study looked at the outcomes among 12,461 patients who underwent cardiac surgery between 1996 and 2003, 706 of whom were mostly women older than 80. The five-year survival rate for these octogenarians was around 82 percent, in contrast to a 55.9 percent survival rate for their age- and sex-matched peers in the general population. However, compared with younger patients, people in their 80s were more likely to have impaired ventricular function (which affects pumping of the blood to the body), unstable angina, and a need for valve surgery. Older cardiac patients spent more time recovering in the intensive care unit, compared to those under age 80.



Aspirin may reduce the risk of colon cancer

Women who take two or more aspirin or other nonsteroidal antiinflammatory drugs (NSAIDs) per week for more than 10 years can significantly reduce their risk of colorectal cancer, according to an update from the Nurses' Health Study. Data from 82,911 women (who have provided information on medication use since 1980 and were followed through June of 2000), found those who regularly took two or more 325 mg aspirin each week had a 23 percent reduced relative risk for colorectal cancer, compared with women who did not use aspirin on a regular basis. However, risk was not significantly reduced until after 10 years and appeared related to the amount of aspirin used; the relative risk for colon cancer was 53 percent lower among women taking more than 14 aspirins each week for 10 years. A similar dose-response was found for nonaspirin NSAIDs, according to the August 24/31 issue of the *Journal of the American Medical Association*. However, the risk of gastrointestinal bleeding increased with aspirin use. The researchers note that recent randomized clinical trials found regular use of aspirin in people with a history of colon polyps or cancer reduced the risk of recurrent polyps within 1-3 years. But they caution that the risks of aspirin use must be weighed against its potential benefits. 🏠

Everyday Radiation Risks

Reduce exposure but don't avoid medically needed tests

We're all exposed to low levels of radiation from the environment we live in, the products we use, and the medical tests we have. This kind of radiation, which can't be seen or felt, is called ionizing radiation—and it has the power to harm human cells and increase the risk of cancer over a lifetime. According to a recent report from a committee of the prestigious National Research Council (NRC) in Washington, D.C., even small doses of low-level ionizing radiation have the potential to be harmful.

But the scientists who produced the report stress it's important to keep the risks from low-level radiation in perspective, and that consumers should continue to have medical tests and procedures that involve small doses of radiation. In the case of medical radiation, they say benefits clearly outweigh any increased risks.

Low-level radiation sources

Just by living on this planet, we're all exposed to constant, global low-level background radiation. According to the NRC report, 20 percent of this background radiation comes from the earth's rocks and soils, while 12 percent comes from "cosmic rays" that travel through the universe, and 7 percent comes from ingestion, such as radioisotopes present in the domestic water supply and foods. Radon, a colorless, odorless gas that emanates from the earth's surface, emits both high- and low-level radiation.

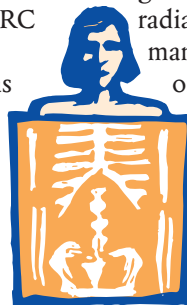
Natural background radiation accounts for fully 82 percent of the exposure of the U.S. population, while sources of human-made radiation account for a much smaller portion of exposure (around 18 percent). According to the NRC, medical X-rays account for more than half (58 percent) of the human-made radiation we encounter, nuclear medicine (such as thallium stress testing) accounts for 21 percent, and consumer products such

as cigarettes, building materials, smoke detectors, televisions, and computer screens account for 16 percent. Job-related and other exposures make up less than 5 percent of human-made radiation. For example, people who travel by jet frequently are exposed to more ionizing radiation than those who don't (because of cosmic rays), as are people who live near a coal-fired power plant or within 50 miles of a nuclear power plant. People who work near X-ray machines in hospitals or X-ray luggage inspection scanners are also exposed to more ionizing radiation.

Put risks in perspective

How alarmed should you be by this? Ionizing radiation can be calculated in units that measure radiation energy deposited in living tissue. The committee defined "low doses" of radiation as those ranging from 0-100 millisievert (mSv). The average American is exposed to about three mSv of natural background radiation yearly, the committee calculates. About one in 1,000 people might develop cancer from exposure to 10 mSv. Over a lifetime, perhaps 42 out of 100 people will be diagnosed with cancers from causes unrelated to radiation; about one cancer in 100 (a solid tumor or leukemia) could result from a single exposure to 100 mSv of low-dose ionizing radiation, the NRC calculates.

However, the committee was concerned that its report (the seventh in a series) not deter people from regular mammograms or other exposure to medically necessary radiation prescribed by a doctor. "We can reassure people that medical radiation as currently used is done for good reason," stresses NRC committee chairman Richard R. Monson, MD, ScD, associate dean for professional education and professor of epidemiology at the Harvard School of Public Health.



WHAT YOU CAN DO

To reduce radiation exposure:

- Undergo only those tests and treatments prescribed by your doctor; avoid full-body CT scans.
- Make sure you are given a lead apron to wear during dental x-rays.
- Don't smoke, and avoid smokers.
- Avoid setting up home offices or family rooms in your basement.
- Don't stand directly in front of a microwave oven when it's running.
- If you use a wireless phone for extended conversations every day, some experts advise using a headset and carrying the phone away from your body.
- Take frequent breaks from sitting in front of your computer screen.

Avoid whole-body CT

There is one major source of radiation risk you should avoid: whole body computed tomography (CT) scans. These scans, costing around \$600, are pitched as a way of detecting disease early. What the ads don't reveal is that CT scanning exams result in higher doses of radiation to the body's organs than conventional single-film X-rays. That's because CT scanners rotate around the body, taking a series of cross-sectional X-rays that produce a three-dimensional picture. According to the NRC committee's report, a single whole-body CT scan results in a radiation dose of 12 mSv. A typical mammogram has a radiation dose of only 0.13 mSv.

The U.S. Food and Drug Administration (FDA), the American College of Radiology, and the Conference of Radiation Control Program Directors all discourage self-referral for whole-body CT scans, saying there's no evidence to date the scans reduce disease or death. And, if the CT scan produces a "false positive," one whole-body scan could just lead to more scans. Dr. Monson's advice about whole body CT scans: Talk to your doctor first. 🌟

Exercise Helps You Age Gracefully

It's never too late to become fit to insure that you can be fully active and functional in your later years

An ounce of prevention takes on new meaning as you age. The newest research suggests that the quality of your later years is directly related to how physically active you are now.

"The first step is to develop a lifestyle in which physical activity becomes integral to your daily routine," says Sheila Dugan, MD, assistant professor of Physical Medicine and Rehabilitation at Rush University Medical Center in Chicago. "Climbing the stairs, parking at the far end of the lot, walking whenever possible, and doing stretches must become accepted activities of daily living rather than accessories to add or shed as desired." This approach to physical activity is termed "functional fitness."

Being active, living Well

Too many women are missing out on the health-promoting benefits that come from being active. Worse, some confuse being busy with being active, or mistakenly believe that it is too late to begin an exercise program after menopause.

"It only takes 30 minutes of moderate activity most days to reduce your

health risks, which is something everyone can manage," Dr. Dugan told the 13th annual Congress on Women's Health in Hilton Head, South Carolina in June. To manage your weight, walk for one hour a day. This is the most effective way to maintain a healthy weight, which will also promote bone health.

"Most women over 65 have some medical concern that would be improved with the right exercises," says Lisa R. Callahan, MD, director of the Women's Sports Medicine Program at the Weill Cornell-affiliated Hospital for Special Surgery. "However, there is no right fitness strategy that is right for everyone. In fact, there are countless ways to be physically fit. The trick is to choose an approach that is enjoyable and that you will comfortably stick with."

Beyond the basics

Two recently released studies provide an ironclad argument for the necessity of daily physical activity. After age 30, body function begins to decline at a rate of two percent a year. Regular

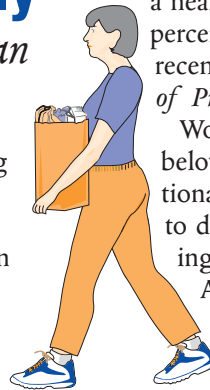
physical activity can bring this loss to a near halt, slowing it to a mere half percent annually, according to a recent report in the *American Journal of Preventive Medicine*.

Women whose exercise effort falls below 85 percent of their functional capacity are twice as likely to die within eight years, according to data published in the August 11 issue of the *New England Journal of Medicine*. The level of physical activity needed was determined by researchers from the Health, Aging and Body Composition Study Research Group who found that it requires women to be active for at least 30 continuous minutes to gain any real long-term benefit. This refutes past recommendations that suggested that an accumulation of 30 minutes was sufficient.

"Achieving an appropriate level of activity is necessary to preserve physical independence, something that everyone should strive for," says Dr. Callahan. "Women should find their comfort level by joining a gym, attending an arthritis pool class, taking a vigorous walk."

Which exercises and how much?

Since muscle weakness, or deconditioning, is common among sedentary older adults, experts are encouraging

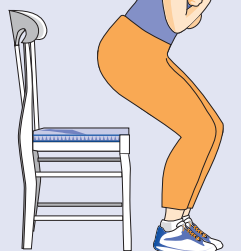


THREE TESTS OF FITNESS FOR OLDER ADULTS

The American College of Sports Medicine advises you not to take these tests if your doctor has told you not to exercise or if you have chest pain, joint pain, dizziness, or uncontrolled high blood pressure. Do these tests with a partner. Do your best on each test but do not overexert yourself. Before starting, warm up with 5-8 minutes of walking and swinging your arms.

The 30-second Chair Stand measures lower body strength.

Sit in a chair (seat height: 17") with feet flat on the floor. Cross your arms over your chest, and count the number of times in 30 seconds you can come to a full standing position.



The Two-Minute Step in Place measures endurance.

Let your partner find the point midway between your hip and knee. Mark that target height on a table leg or a wall.

March for two minutes, and count how often your right leg reaches the target height.



The Sit and Reach measures flexibility.

Brace a chair against the wall and sit on the edge. Place one foot flat and extend the other leg with your heel on floor. With arms outstretched, reach to your toes while your leg is extended. Have your partner note the position of your fingertips and measure inches short of (-) or beyond (+) your toes.



Normal Scores

Age	60-64	65-69	70-74	75-79	80-84	85-89
Stands	12-17	11-16	10-15	10-15	9-14	8-13
Steps	75-107	73-107	68-101	68-100	60-91	55-85
Reach	-5.+5.0"	-5.+4.5"	-1.0.+4.0"	1.5.+3.5"	-2.0.+3.0"	-2.5.+2.5"

Marina Terletsky Source: ACSM Tips for Active Aging; reprinted by permission

women to incorporate resistance-training into a fitness plan.

“Strength training may be as simple as learning to lift cans of fruit cocktail properly while you watch a favorite television show,” says Dr. Dugan. “Machines may offer better posture and safety provided they are adjustable for women. Too often these machines are calibrated for men and cannot accommodate a 5-foot-tall woman.”

For many women who have never done strength training before, Curves fitness clubs offer a modest 30-minute planned workout that may be the perfect introduction to this form of physical activity suggest both experts.

“The best lifestyle approach will combine resistance training and aerobic exercise to promote your physical health,” says Dr. Callahan.

Resistance-training studies indicate that the older individual should train at least two days per week, but no more than four

with at least 48 hours between training sessions. Some form of aerobic activity should be done on the alternating days.

The risks of exercise

For newcomers, pulled muscles and sprained ankles are the most common injuries, and people over age 50 have a higher risk for a heart attack or stroke during exercise. It’s always prudent to check with your physician before beginning a new exercise routine. That said, most chronic medical conditions are significantly improved with regular physical activity.

Proper exercise choices, the right equipment, and adequate warm-up, will markedly reduce the risk of injury, the expert agree.

Women who increase their physical activity after age 65 can lower their risk of death by nearly 50 percent, according to data from the Women’s

Health Study. Not only that, women who walk two or more hours per week reduce their risk of coronary heart disease by two-thirds. The risk of hip fracture in postmenopausal women declines six percent for every hour per week spent walking. Another benefit is lowered blood pressure and a reduced risk of type 2 diabetes.

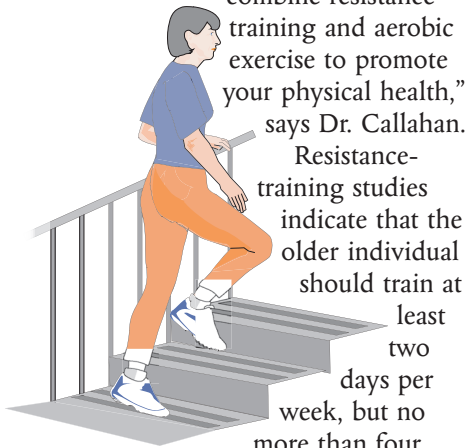
“While postmenopausal changes such as weight gain, a decline in lean muscle, and increased abdominal fat changes may be inevitable, the magnitude of these changes can be controlled,” says Dr. Dugan. Several studies have found that exercising regularly at menopause is critical to minimizing excess fat accumulation.

The experts agree that the specific exercise you choose is less important than doing some exercise daily. To be successful, find physical activities that you enjoy and that best suit your individual needs, so that you will stick to it. 🏃

WHAT YOU CAN DO

To start exercising safely

- Ask your doctor about exercise regimens appropriate for your age and medical condition; they should include balance and strength training.
- If you don’t like gyms, find adult exercise classes at senior centers, the Y, or try exercise classes given by the Arthritis Foundation.
- Schedule physical activity daily; take the dog for a walk or stroll the mall.
- Start out slowly and progress at a pace that is comfortable.
- Keep a fitness journal as a daily reminder of your commitment to be more active.
- Enlist a friend as an exercise buddy.
- Listen to your body; it will tell you if you need to slow down or stop. Pain is not productive.



ACHIEVE EVERYDAY FITNESS

Simple movements done throughout the day can improve your functional fitness. Find ways to increase or enrich the quality of your activity level by making every action an opportunity to move your body toward better health and fitness.

FLEXIBILITY: You can achieve an effortless full body flexibility program without breaking a sweat. Hold each position for 10-30 seconds.

- When turning off the alarm, reach across your body and hold that position, before pushing the snooze button.
- Upon waking up, sit up in bed and open your arms wide to greet the morning and stretch your chest.
- While brushing your hair, drop your arm behind the head for a triceps stretch.
- As you brush your teeth, put one foot behind you and stretch out the calf muscles.
- When you sit down to eat, rotate your upper body sideways, looking over each shoulder to complete a spinal rotation.
- As you put on your shoes, straighten your leg and reach for your toes for a hamstring stretch.
- Before putting the car into gear, turn to look over one shoulder and then the other.

BALANCE: Maintaining your balance is critical to help reduce the incidence of falls. Provide yourself with balance challenges such as these throughout the day:

- While waiting on line at the grocery store, hold onto the shopping cart and stand on one leg.
- As you wash dishes, rise up and down on your toes
- When you move from one room to the next, practice tandem walking by placing one foot directly in front of the other.



Source: The American College of Sports Medicine

The Puzzle of Chronic Genital Pain

Vulvodynia is hard to diagnose, but there are treatments

Vulvodynia is the name for a hidden pain suffered by untold thousands of women, many of whom never even tell their doctors. The burning, stinging, irritation, or rawness they feel around the opening of the vagina can make sitting in a chair excruciating, stop them from driving a car or exercising, interfere with social activities, and cause them to avoid intercourse. According to a survey by Brigham and Women's Hospital in Boston, 16 percent of women suffer from vulvodynia at some point in their lives, but 40 percent never sought treatment. Women who did seek treatment saw as many as five or more medical professionals before being diagnosed.

"It's a hidden epidemic," Christin Veasley, director of research and professional programs for the National Vulvodynia Association (NVA) told a recent congressional briefing in Washington, D.C., sponsored by the Society for Women's Health Research.

A mystifying disorder

The International Society for the Study of Vulvovaginal Disease Terminology and Classification defines vulvodynia as discomfort, most often pain, which occurs without an identifiable, clinically visible cause such as infection, inflammation, cancer, or a neurologic disease in the tissues surrounding the opening of the vagina.

While there may be a definition, no one talks about vulvodynia, remarks John M. Gibbons, Jr., MD, professor of obstetrics and gynecology at the University of Connecticut and past president of the American College of Obstetricians and Gynecologists (ACOG). Part of the problem, says Dr. Gibbons, is that doctors don't really know the cause or causes of the problem. "Gynecologists have limited knowledge of vulvodynia," says Dr. Gibbons. "Patients are left to do the research and find help. It can take years of trial and error to find an effective treatment."

"Patients do not feel comfortable discussing these disorders. It's very different from discussing migraine or back pain," Dr. Gibbons told the Capitol Hill briefing in May. Doctors need to validate women's symptoms, which can be devastating, he adds. In Veasley's case, she says, she was told to "have a little wine and relax." Veasley lived with chronic pain for eight years until surgery finally brought her relief.

Treatment options

According to the first comprehensive guidelines for diagnosing and treating vulvodynia, published in the January 2005 *Journal of Lower Genital Tract Disease*, doctors can best identify specific vulvar pain locations by gently touching the area with a cotton swab.

The guidelines note that there is no single treatment that is successful in all women with vulvodynia. Treatments for vulvodynia include antidepressant drugs; anticonvulsant drugs; topical creams that can be applied to the vulva, such as lidocaine ointment; surgical techniques; biofeedback; physical therapy; behavioral therapy and counseling; and acupuncture. The choices "can confuse patients and providers," concedes Dr. Gibbons. Finding an approach that works may take awhile and trials of several different treatments.

The antidepressant *Cymbalta (duloxetine hydrochloride)* was approved for vulvodynia by the FDA last year. It is a *selective serotonin and norepinephrine reuptake inhibitor (SSNRI)*, which blunts pain by masking more of these key neurotransmitters available in the brain.

Surgical treatments include shallow local excision of the painful area(s) of the vulva to remove hypersensitive nerve endings; *vestibulectomy* (to remove nerve endings in the vulvar vestibule); and *perineoplasty* (which includes vestibulectomy and removal of some tissue of the *perineum*, the area between the vagina and anus). In a study reported by Dr. Gibbons, after six months 88 percent of women who

WHAT YOU CAN DO

To learn more about vulvodynia

- See the web site of the National Vulvodynia Association: www.nva.org or www.vulvarpainfoundation.org, the web site of the Vulvar Pain Foundation.

had surgical treatment for vulvodynia reported that the pain had not returned at all or was minimal.

Self-treatment strategies include the following: Wear cotton underwear in the daytime and no underwear at night; avoiding anything that could irritate the vulva, such as perfumes, shampoos, detergents, douches, and soaps. The guidelines suggest cleaning the vulva gently with water and patting it dry. After cleansing, apply a preservative-free emollient (such as vegetable oil or plain petroleum jelly) to help hold moisture in the skin and reduce irritation. Cool gel packs may also be helpful.

Genetic clues

The ultimate key to treating vulvodynia successfully lies in new research, according to speakers at the briefing. Two scientists at the Weill Medical College of Cornell University discovered that a rare form of a gene that regulates inflammation is found in more than 50 percent of women with *vulvar vestibulitis syndrome (VVS)*, a subset of vulvodynia.

The pain of VVS appears to be caused by an inflammation of the four small *vestibular* glands (two on each side of the vagina) that secrete lubricating fluid, according to research by William J. Ledger, MD, professor emeritus of Ob/Gyn and a professor of immunology in Ob/Gyn at the Weill Medical College. This inflammation seems to be triggered by white blood cells producing a chemical (or *cytokine*) called *interleukin-1 (IL-1)*. The activity of IL-1 is inhibited by a second chemical, *interleukin-1 receptor antagonist*. According to the Cornell researchers, VVS symptoms in women who have a specific version of the IL-1 receptor agonist gene may be due to an immune dysregulation of localized inflammation. Finding ways to correct this imbalance could eventually lead to new therapies for VVS. 🌟

DEPRESSION *Continued from page 1*

blockages in coronary arteries after having symptoms such as chest pain. Six months later they completed a standard questionnaire on hostility, such as levels of cynicism and rudeness, and then were followed for 3-6 years. Over that period, those with higher hostility scores had a 50 percent greater risk of dying or suffering cardiovascular “events” such as a heart attack, stroke, or hospitalization for chest pain. Women with hostile temperaments also tended to have lower levels of “good” HDL cholesterol, higher blood pressures, and larger waistlines—all risk factors for heart disease, according to the study in the July issue of *Psychosomatic Medicine*. The findings were in line with past studies that have linked chronic hostility and anger to a higher risk of heart disease and poorer outcomes from CVD, but most of those studies have been done primarily among men.

A greater risk of dying

Significant depression after a heart attack can compromise recovery, upping the risk of death by a factor of 2-4, according to an August 16 report in the *Journal of the American College of Cardiology*.

ARE YOU AT RISK FOR DEPRESSION?

Answer the following questions from the American Psychiatric Association:

- Do you have a deep feeling of sadness or a marked loss of interest or pleasure in activities?
- Have there been changes in your appetite or weight losses or gains unrelated to dieting?
- Are you experiencing insomnia or oversleeping?
- Are you feeling a loss of energy or increased fatigue?
- Are you experiencing unusual restlessness or irritability?
- Are you suffering from feelings of worthlessness or inappropriate guilt?
- Are you having difficulty thinking, concentrating or making decisions?
- Are you having thoughts of death or suicide or have you attempted suicide?

If you answer yes to four or more of these questions, you may be at increased risk and should talk to a health professional.

To find out why, researchers studied 143 patients with a mean age of 63 who had CHD and evaluated them for depression using a questionnaire called the Beck Depression Inventory. Forty-seven patients (33 percent) were classified as significantly depressed and 21 were taking antidepressants. To assess how well the vascular endothelial system allowed blood flow through the arteries, the team used an inflatable cuff to measure the dilation of the brachial artery that runs from the shoulder to the arm. The depressed patients had significantly greater impairment in dilating the brachial artery compared to nondepressed patients. But those taking antidepressants did a lot better.

“To our knowledge, this is the first study showing that symptoms of depression are associated with impaired vascular endothelial function in patients with CHD,” says lead author Andrew Sherwood, PhD, of the Duke University Medical Center. “By gaining a better understanding of how depression may influence cardiovascular risk, we may be able to develop interventions better tailored to benefit individuals.” If you are diagnosed with depression and are prescribed antidepressants, take them faithfully. “Experts strongly suspect that medication reduces risk of dying from heart disease,” says Alexander H.

Glassman, MD, chief of clinical psychopharmacology at the New York State Psychiatric Institute. “More than a million Americans per year experience myocardial infarction or unstable angina, a combination referred to as acute coronary syndromes, and about 20 percent of patients with acute coronary syndromes will also have MDD,” he writes in an editorial in the July *Archives of General Psychiatry*. “If treating MDD reduced mortality by only half of what recent studies suggest, it would save thousands of lives every year.”

Educate yourself

Know what symptoms could indicate an imminent heart attack and how these may differ in comparison to men, warns Donna

WHAT YOU CAN DO

To manage depression and improve your heart health:

- Enlarge your social network by volunteering.
- Engage in regular aerobic exercise
- Work out your feelings of sadness and stress in a journal.
- Practice rhythmic deep breathing twice a day for five minutes.
- Learn stress management techniques.
- Take stock of your priorities, and put your insights into practice.
- Modify lifestyle habits to improve your diet and stop smoking.

Source: *Take A Load Off Your Heart*, by Joseph C. Piscatella and Barry Franklin, PhD, (Workman, 2003)

E. Stewart, MD, chair of Women’s Health and a professor of psychiatry and Ob/Gyn at the University of Toronto. “In addition to the classic symptoms— chest pain, sweating, shortness of breath, fatigue and weakness—women will also report more nausea, neck, jaw, shoulder, back and arm radiation of pain. Women who are depressed are also more likely to report that symptoms started during stress and to have had high blood pressure 30 days prior to a heart attack.”

Seek medical help quickly if you experience symptoms. According to Dr. Stewart, 42 percent of women delay seeking treatment for longer than three hours after the onset of symptoms, a delay that could be deadly.

“Depression is a painful disease that takes a serious toll on people’s lives, especially when it becomes chronic,” says Dr. Glassman. “Some people initially become depressed after life events like the break-up of a marriage, but are never entirely well between episodes. Acknowledging the impact that MDD and even mildly elevated depression have on the risk of cardiac death would validate depression as a systemic disease with implications for the entire body, and reduce the stigma of this diagnosis.” 🧠

I found your article on vitamins and minerals in the September issue very interesting. But I'm confused by the numerous ways supplement ingredients are listed on packages. For example, some supplements go by RDAs and others the Daily Value. How can we tell the difference between IU, mg, and mcg when we decide which supplement to take, and whether we're taking too much?

Figuring out what you need and whether you're overdoing it can seem complicated. The *Recommended Daily Allowance (RDA)* is the average amount of a nutrient (or micronutrient, which the body only needs in trace amounts) required by most healthy people at any age. More detailed guidelines are set by the Institute of Medicine (IOM) in the newer *Dietary Reference Intakes (DRIs)*, that include the RDAs and specify nutrient levels by age, gender, and reproductive status. The DRIs also encompass *Tolerable Upper Limits (ULs)*, the maximum safe level of a nutrient. The *Daily Value (DV)* is the percentage of a specific nutrient you need each day contained in a given food product. As for the differences in measurements, *International Units (IU)* are 1.5 times the amount stated in milligrams (mg) for certain vitamins. For example, the RDA for vitamin E is 22.5 IU or 15 mg; the UL is 1,500 IU or 1,000 mg. Micrograms (mcg) are a thousandth of a milligram. But don't sweat the math. Look for a multivitamin with 100 percent of the RDA, DRI, or DV of most vitamins and minerals. A good multivitamin as part of a balanced diet (even if some foods are vitamin-fortified) should not push you over the safe upper limit. Just make sure any individual supplement you take does not exceed the UL. For more detailed information, see the U.S. Food and Drug Administration web site at www.cfsan.fda.gov and the Office of Dietary Supplement site at <http://dietary-supplements.info.nih.gov>



Can you tell me anything about "burning mouth syndrome"?

Burning mouth syndrome affects more than one million Americans, many of them postmenopausal women. Symptoms include a burning sensation on the tongue, palate, and other tissues in the mouth. Theories as to the cause of burning mouth include the drop in estrogen at menopause, nerve damage to taste buds, and *Sjögren's syndrome*, an autoimmune disorder in which the body attacks moisture-producing glands and tissues, leading to dry eyes and dry mouth. Burning mouth may be a symptom of *Sjögren's*, and many women with burning mouth also complain of oral dryness. Some women with burning mouth syndrome may have oral yeast (*Candida*) infections. This is often treated with oral antiyeast suppositories slowly dissolved in the mouth four times a day for two weeks. If the condition improves, an additional six weeks to three months of treatment may be needed to fully eradicate the infection. Studies have also linked burning mouth to nutritional deficiencies (including vitamin B and folate) and to diabetes. In some cases, the condition resolves on its own. For the best evaluation and treatment, ask your doctor (or dentist) for a referral to an oral specialist familiar with burning mouth syndrome.

COMING SOON

- **Combat chronic pain**
- **Mind-Body medicine**
- **The silent threat of kidney disease**

FYI: NEWS FROM THE SOCIETY FOR WOMEN'S HEALTH RESEARCH

Melanoma accounts for six out of every seven deaths from skin cancer. It tends to run in families, but long-term exposure to the sun increases the risk. Melanoma begins in pigment-making cells called *melanocytes*, and if not found early can be deadly. "Melanoma is the deadliest skin cancer because it has the greatest potential to metastasize," remarks Norman Levine, MD, professor of dermatology at the University of Arizona College of Medicine in Tucson. In women, melanoma often develops in the extremities, most commonly the lower limbs. In men, melanoma is most often found on the trunk (between the shoulders and hips). In both sexes, melanoma can appear on the palms or soles and under the fingernails or toenails. The risk increases as people age, but women may have the edge when it comes to survival. A 2003 study published in the dermatology journal *SKINmed* found that women with melanoma had a better survival rate than men. The reasons are not fully clear. "There is one school of thought that women are more careful about their health issues and examine themselves more regularly and thus find tumors earlier in the course of the disease," Dr. Levine told the Society for Women's Health Research. But other studies show the size of melanomas seem to be similar in size at the time of the initial diagnosis. The so-called ABCDE warning signs are: An asymmetrical mole, with irregular borders, varying colors, and a diameter bigger than a pencil eraser, and may be evolving (or changing). Yearly skin exams are needed; caught and removed early, the cure rate is high.

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