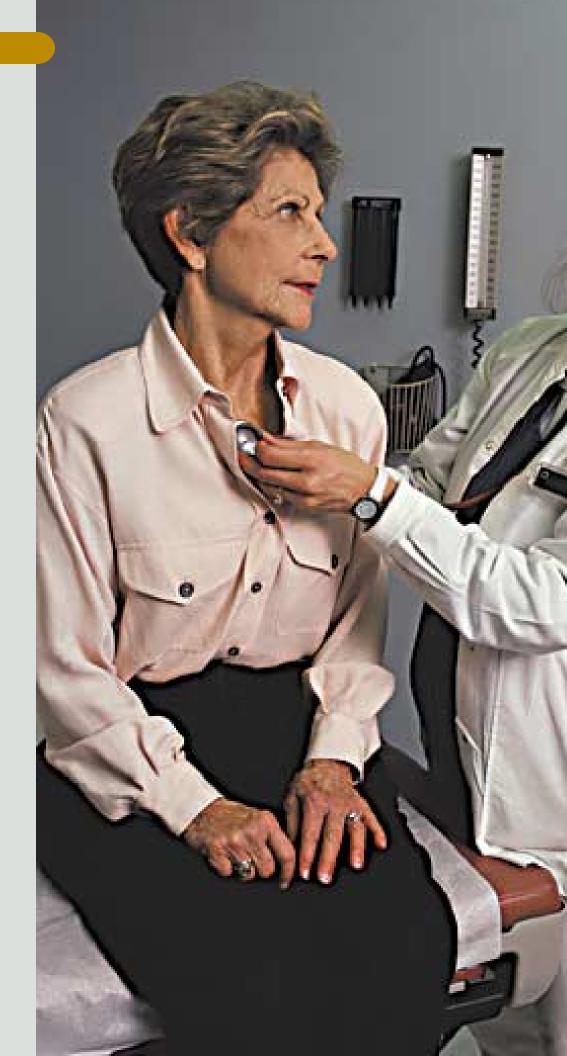
Warning Signs Women's Special Health Concerns

The number one health threat for American women is heart disease, with breast cancer and lung cancer not far behind.

Your lifestyle habits can decrease or increase your risks.

The following are synopses of some of the major health threats for women.





CARDIOVASCULAR DISEASE AND STROKE

Cardiovascular disease includes diseases of the heart and blood vessels. It is estimated that one in two women will eventually die of heart disease or stroke.

Heart disease tends to show signs later for women than men. Women are twice as likely to die from a heart attack as men are. Because a woman's symptoms preceding a heart attack may differ from a man's, they are often missed or misdiagnosed. For example, during stress or exertion a man might feel chest discomfort, but a woman may experience similar discomfort that comes and goes or shortness of breath.

The American Heart Association has drawn up a set of guidelines of heart disease:

SYMPTOMS

Tightness, pressure or squeezing in the chest, throat, upper abdomen or neck that can cause tingling or numbness in the left arm that lasts more than a few minutes, or goes away and comes back

Chest discomfort with lightheadedness, fainting, sweating, nausea, or shortness of breath

Atypical chest pain, stomach or abdominal pain

Nausea or dizziness, without chest pain

Palpitations, cold sweat or paleness

Difficulty breathing that occurs with or without exertion

Waking during the night out of breath

Unexplained and severe anxiety, fatigue and general weakness and/or lack of energy

PREVENTION TIPS

The good news is that you can substantially reduce many of your risk factors with a few simple life style changes. Here are some tips for prevention:

Don't smoke. Even one to four cigarettes a day can increase your risk of heart disease two to four times. If you quit smoking, your body quickly repairs itself. Remember, second-hand smoke can also increase your risk of heart disease.

Exercise regularly. Aerobic exercise for 30 minutes at least three times a week can significantly cut your risk.

Eat a low-fat diet high in fiber and vegetables. Get plenty of vitamins, especially B6, B12, and Folic acid.

Have regular physicals. Your blood pressure should be checked at least once a year. At your physical, have your total cholesterol and triglycerides also checked.

Consider hormone replacement therapy. Estrogen helps protect you from heart disease. During menopause when the ovaries stop producing estrogen, the risk of heart disease increases dramatically. Women who are post-menopausal and take estrogen replacement significantly reduce their chances of heart disease but may increase their risk of breast and other cancers. Discuss the benefits and risks of this treatment option with your health care provider.

FOR MORE INFORMATION, CONTACT:

American Heart Association, 888-MY-HEART or 800-AHA-USA1 < www.women.americanheart.org>

Stroke is the third leading cause of death for American women.

Sudden weakness or numbness of face, arm or leg, especially on one side of the body Sudden confusion, trouble speaking or understanding

Sudden trouble seeing in one or both eyes

Sudden trouble walking, dizziness, loss of balance or coordination

Sudden, severe headache with no known cause

PREVENTION TIPS

Have your blood pressure, cholesterol, and blood lipids checked at regular check ups. Don't smoke. Cigarette smoking is an important risk factor for stroke.

Moderate intake of alcohol. Binge drinking can raise blood pressure and lead to stroke. Maintain a healthy weight.

Do not use drugs. Intravenous drug abuse carries a high risk of stroke. Cocaine use has also been closely related to stroke and other cardiovascular complications.

FOR MORE INFORMATION, CONTACT:

American Heart Association's Stroke Connection, 800-553-6321, <www.strokeassociation.org>

CANCER

Breast cancer A woman's risk of getting breast cancer sometime in her life is one in eight. The risk for the disease increases if you have a history of breast cancer in the family, have never had children, had your first child after age 30, began your period before age 12 or completed menopause after age 50. Being obese or being a heavy drinker also seem to increase the risk of breast cancer.

Breast cancer, although more prevalent in white women, is more likely to lead to death when it affects African American women.

SYMPTOMS

A firm, immobile lump Skin over the breast that is thickened or dimpled Persistent breast pain A scaly or tender nipple Persistent clear or bloody discharge from the nipple

DETECTION

Insofar as preventive procedures for early detection, no one component of breast health is foolproof. Therefore, all are essential.

Perform a monthly self breast exam. Get a clinical breast exam yearly. Have regular mammograms, as recommended by your health care provider.

PREVENTION TIPS

Keep your fat intake low—below 30% of the total daily calories. Eat high-fiber foods, including lots of vegetables and fruits. Cut back on your intake of alcohol. Exercise regularly. Reduce stress.

Stay slim.

Breastfeeding your child may lower your risk of breast cancer.

TO LEARN MORE ABOUT MAMMOGRAMS, CONTACT:

National Cancer Institute Cancer Information Service, 800-4-CANCER, TTY 800-332-8615 <www.cancernet.nci.nih.gov>

Lung cancer is one of the leading cancers that kill Americans. Eighty percent of women with lung cancer are smokers; these lung cancers are considered completely preventable. Lung cancer deaths in women have increased by 450% over the past 30 years. Tragically, lung cancer is usually caught too late and often progresses for 10–15 years before symptoms appear.

SYMPTOMS

Persistent coughing Shortness of breath lasting for more than a couple of weeks Chest pain

Fever **Fatique**

Weight loss

PREVENTION TIPS

Don't smoke.

Avoid exposure to secondhand smoke from cigarettes, cigars and

FOR MORE INFORMATION, CONTACT:

American Lung Association 800-586-4872 <www.lungusa.org>

Skin cancer Make sure you point out any skin changes to your health care provider.

SYMPTOMS

Changes in the skin, such as a growth or sore that won't heal

A lump that appears smooth or shiny and waxy or can be red or reddish brown. May also appear as a flat red spot that is rough or scaly

Changes in moles

RISK FACTORS

Blistering sunburns as a child or teenager

Fair skin, hair and light eyes Personal or family history of skin cancer

Having certain diseases, such as lupus Taking certain medications, such as some acne medicines, antibiotics, and anti-inflammatory drugs

PREVENTION TIPS

Avoid the sun between 10 a.m. and 4 p.m.

Always wear sunscreen with SPF of at least 15.

Wear a hat and sunglasses.

Avoid artificial tanning.

Pay close attention to moles and watch for changes.

Have someone other than yourself look at parts of your skin that are hard to see, especially for women with visual impairments.

FOR MORE INFORMATION, CONTACT:

National Cancer Institute Cancer Information Service, 800-4-CANCER, TTY 800-332-8615 <www.cancernet.nci.nih.gov>

Colorectal cancer is the second leading cause of cancer deaths.

RISK FACTORS

A history of colitis Family history of colon cancer Over 50 years of age

SYMPTOMS

Although colon cancer often is not noticeable, symptoms may include:

Rectal bleeding

Change in bowel habits

Blood in the stool

Gas pain, bloating or cramps

Unexplained weight loss

Persistent fatigue

Vomiting

PREVENTION TIPS

Get screened, based on your personal and family risk factors.

Have a digital rectal exam annually.

Exercise regularly.

Eat high fiber foods, such as fruits and vegetables.

Limit red meat to no more than 3-4 times weekly.

Limit alcohol intake.

FOR MORE INFORMATION, CONTACT:

National Cancer Institute Cancer Information Service, 800-4-CANCER, TTY 800-332-8615 <www.cancernet.nci.nih.gov>

58 Orchid Summer 2001

REPRODUCTIVE SYSTEM CANCERS

OTHER REPRODUCTIVE CONCERNS

Ovarian cancer accounts for 4% of cancers among women; however, ovarian cancer is the most deadly female reproductive system cancer, because of its silent symptoms early on.

SYMPTOMS

Often by the time a person has symptoms of ovarian cancer, it's too late to treat the cancer successfully. Women may complain of abdominal bloating, weight change, fatigue, or poor appetite. It is difficult to screen for ovarian cancer, and current screening methods are not always effective.

PREVENTION

There are several ways you can reduce your risk of ovarian cancer. Talk to your doctor about prevention options if you are a woman with hereditary risk factors.

Avoid products that include talc, which is in most bath powders.

Eat a healthy diet.

Exercise regularly.

Avoid obesity.

Have regular checkups. Make sure the rectal part of the pelvic exam is done so that the size and shape of the ovaries can be felt.

If you are at increased risk, talk with your health care provider about taking birth control pills, which have been associated with a lower risk of ovarian cancer.

Breastfeed your children.
Breastfeeding may lower your risk
of ovarian cancer.

Vaginal infections The three most common vaginal infections are bacterial vaginosis, trichomoniasis, and vaginal yeast infections. Bacterial vaginosis and trichomoniasis can be passed from one person to another during sex, while a yeast infection is not a sexually transmitted disease.

Vaginal infections are often accompanied by vaginitis, which is an inflammation of the vagina characterized by discharge, irritation, and/ or itching.

Do not try to diagnose yourself; see your health care provider for proper treatment.

Uterine cancer is a very rare kind of cancer in women and usually occurs after menopause.

RISK FACTORS

Although the exact causes of uterine cancer have not been identified, women are at risk if they have:

Received pelvic radiation 5–25 years earlier for benign bleeding

Diabetes

Hypertension

Obesity

Abnormal estrogen levels

SYMPTOMS

Abnormal vaginal bleeding Painful urination Pain during intercourse Pelvic pain

PREVENTION TIPS

Have regular check-ups, including pelvic exam, blood and urine tests. Your doctor may request a pelvic ultrasound or uterine biopsy, if indicated.

Maintain a healthy weight.

Practice good nutrition and exercise regularly; these help prevent type II diabetes, which is a risk factor for uterine cancer.

Cervical cancer is a serious disease in which some cells in your cervix become abnormal, multiply, and can damage healthy parts of your body. Women have the best chance of getting cured when the disease is found early.

SYMPTOMS

There are no obvious signs of cervical cancer. It tends to grow slowly over time. That's why getting a Pap smear regularly is so important. Cervical cancer is relatively easy to detect and cure.

PREVENTION

Have routine annual pelvic exam, including a Pap smear, a quick and easy test that checks for cervical cancer. This screening will detect up to 90% of cases, most in their early, curable stages.

Limit your number of sex partners. Quit smoking.

FOR MORE CANCER INFORMATION, CONTACT:

National Cancer Institute Cancer Information Service, 800-4-CANCER, TTY 800-332-8615 <www.cancernet.nci.nih.gov>

SYMPTOMS

Abnormal vaginal discharge, with a fishy odor
Discomfort during intercourse
Painful urination
Itching/burning and irritation of the vagina

PREVENTION TIPS

Eat yogurt to reduce incidence of yeast infections, which may be common in wheelchair users.

Wear breathable cotton undergarments.

Use good hygiene. Wipe from front to back.

Avoid perfumes and bath powders in the genital area.

Avoid using hubble baths of

Avoid using bubble baths or spas.

Get tested for sexually transmitted diseases if you have had unprotected sex or don't know the health status of a partner.

Practice safe sex, always using a condom during intercourse.

Summer 2001 Orchid 59

OTHER REPRODUCTIVE CONCERNS

Premenstrual syndrome (PMS)

is characterized by physical and emotional symptoms that appear two weeks before your menstrual period. Four out of 10 menstruating women have PMS. There have been as many as 150 symptoms associated with PMS. Women may want to seek treatment when their symptoms are so severe that they interfere with their daily activities.

MOST COMMON SYMPTOMS

Irritability
Anxiety
Depression and crying
Breast swelling and tenderness
Headaches
Bloating
Fatigue
Appetite changes
Sleep disturbances

PREVENTION TIPS

Reduce salt.
Avoid/reduce caffeine.
Exercise regularly.
Reduce alcohol.
Eat spinach or take a
Vitamin B complex.
Do not go for long periods of time without
eating.

OTHER HEALTH CONCERNS

Osteoporosis is the most common bone-thinning disease in the U.S. that can lead to fragile weak bones and increased risk of fractures. Half of women over 50 will have an osteoporosis-related fracture.

RISK FACTORS

Prolonged immobility or low physical activity
Family history of osteoporosis
Thin body
Caucasian race
Being lactose intolerant
Having a low dietary intake of calcium
Early menopause
Hormone disorders
Malnutrition
Taking certain medications
Natural aging process after menopause

OTHER RISK FACTORS OF WOMEN WITH DISABILITIES

Amenorrhea (the absence of periods)
Earlier menopause
Use of certain medications
(anticonvulsants, excessive thyroid hormones, steroids)
Greater likelihood of being inactive or having more fre-

quent falls

PREVENTION

While there's no cure for osteoporosis, there are several things you can do to build up bone mass during the bone-forming years (up to age 35) and slow bone loss that comes with aging. Women should discuss with their health care provider about being tested for osteoporosis (bone densitometry test) during menopause or earlier if they have mobility limitations and other risk factors.

PREVENTION TIPS

Eat a diet rich in calcium and Vitamin D

Foods high in calcium include dairy products (including low fat and non-fat), dark-green leafy vegetables, broccoli, salmon, cheese, sardines and tofu. Women ages 19–50 should consume 1,000 mg calcium a day. Women aged 51 and up should get 1,200 mg of calcium daily. Women who are pregnant should consult with their health care provider, but general recommendations are to get 1,500 mg of calcium per day.

Exercise

Weight-bearing activities, such as walking, jogging, stair climbing and cross-country skiing, can help improve and maintain bone density. Many exercises can be modified for women who have physical limitations or use wheelchairs. For those who cannot do weight-bearing exercises, it is even more important to reduce or eliminate other risk factors for osteoporosis.

Consider hormone replacement therapy (HRT)

After menopause, taking estrogen as hormone replacement therapy, along with a diet rich in calcium and Vitamin D, can be an effective way to prevent bone loss for women. However, hormone replacement therapy is not for everyone because it increases the risk of certain cancers and other diseases. Talk with your health care provider about the benefits and risks of this.

Don't smoke, or quit if you do Smoking decreases the body's ability to process calcium. Smokers have double the risk of hip fractures than nonsmokers.

Avoid caffeine and excessive alcohol These substances interfere with the body's ability to absorb calcium.

Get enough Vitamin D

Take at least 400 IU per day. Fortified dairy products are good sources of Vitamin D. Consider a supplement if you don't get enough of these minerals in your diet.

60 Orchid Summer 2001

Arthritis encompasses more than 100 diseases and conditions that affect the joints, the surrounding tissues, and other connective tissues. Osteoarthritis is the most common affecting 16 million Americans. Rheumatoid arthritis causes the body's immune system to attack healthy joints, tissues, and organs. This affects about 2.5 million Americans. More than one woman in five has arthritis, the most common chronic disabling condition women experience after age 45.

RISK FACTORS

Overweight
Older age
Low income
Being of African American or
Native American heritage
Joint injury

SYMPTOMS

Swelling in one or more joints
Morning stiffness lasting more than
30 minutes
Joint paint or tenderness
Not being able to move a joint in
the normal way
Redness or warmth in a joint
Weight loss, fever, or weakness and
joint pain than can't be explained

TREATMENT INCLUDES

Medicines to relieve pain and swelling

Exercise, such as walking and swimming, keeps joints moving, reduces pain and strengthens muscles around the joints

Use of cold (ice cold packs) or heat (heated pools, hot pads)

Controlling or losing weight to reduce stress on joints

Using joints in ways that avoid excess stress

Using walkers or other assistive devices

Pacing activities by switching periods of activity with periods of rest Surgery to repair or replace damaged joints with artificial ones

FOR MORE INFORMATION, CONTACT:

Arthritis Foundation, 800-283-7800, <www.arthritis.org>

Diabetes is a special health concern for all women, especially for African American, Hispanic and Native American women. So far, there is no cure for diabetes; but the more it is controlled through diet, exercise, and weight control, the less the risk for complications associated with the disease.

SYMPTOMS

Fatigue
Thirst
Irritability
Frequent urination

PREVENTION TIPS

Have a fasting blood sugar test done by age 45 and then every three years or more if risk factors such as obesity and family history exist.

Exercise regularly.
Control your weight.

FOR MORE INFORMATION, CONTACT:

National Diabetes Information Clearinghouse, 301-654-3327, www.niddk.nih.gov/health/diabetes/ndic.htm

FOR MORE INFORMATION, CONTACT:

National Osteoporosis Foundation, 800-223-9994 or 202-223-2226 <www.nof.org>



HELPING YOUR DOCTOR UNDER-STAND DISABILITIES

Women with disabilities or chronic medical conditions face all the same health issues as other women, such as cancer, infections, and osteoporosis. Now there's a guide that you can share with your physician that discusses some of these issues and how your disability may affect your total health.

Dr. Sandra Welner, the clinical director of Primary Care Programs for Women with Special Needs in Washington, DC, has written A Provider's Guide for the Care of Women with Physical Disabilities & Chronic Medical Conditions. This has information about clinical treatment of women with disabilities as well as about removing barriers to better health care.

For a free copy, call the NC Office on Disability and Health at 919-966-2932 or email
bogues@mail.fpg. unc.edu>. The guide may also be downloaded in either PDF or HTML format or ordered from the NCODH web site at <www.fpg.unc.edu/~ncodh>

Summer 2001 Orchid 61



GUIDELINES FOR WOMEN'S PREVENTIVE HEALTH

Some women may need these services earlier or more frequently due to risk factors such as family history or chronic disease. Follow the recommendations of your primary health care provider.

Health Service	Age	Recommendation
Well-Visit Exam	18–49 years 50 and older	Every 1–3 years Every year
Blood Pressure Check	18 and older	At least every 2 years
Blood Cholesterol Test (Lipid Profile)	20 and older	First test at age 20, then every 5 years
Fasting Glucose (Test for Diabetes)	45 and older	Every three years
Urine Screening	18 and older	Every year
Clinical Breast Exam	18 and older	At each Well-Visit Exam
Mammography	35–39 years 40–49 years 50 and older	Baseline Every 1–2 years Every year
Skin Cancer Exam	18 and older	At each Well-Visit Exam
Pap Smear Screening	18 and older	Every 1–3 years.
Chlamydia & Other Sexually Transmitted Diseases (STDs)	Sexually active females	Annually or at exposure to an infected partner or questionable partner. Follow health care provider recommendation.
HIV Blood Test	18 and older, if at risk	Follow health care provider
		recommendation.
Sigmoidoscopy and/or Fecal Occult Blood Test (Test for Colon and Rectal Cancer)	50 and older	Every year
Osteoporosis Screening (Bone Densitometry)	Menopause, earlier for those at risk	Women with mobility limitations are at increased risk and may need screening earlier. Consult health care provider.

These guidelines are a compilation of the recommendations from a variety of health organizations including The Mayo Clinic Health Oasis, Agency for Health Care Research and Quality, U.S. Preventive Services Task Force, The National Women's Health Information Center.

62 Orchid Summer 2001

ADULT IMMUNIZATION SCHEDULE

The following recommendations are adapted from the Centers for Disease Control and Prevention (CDC) Prevention Guidelines. Before receiving immunizations, consult with your primary health care provider.

Immunization	Recommendation	
Measles, Mumps, Rubella (MMR)	Non-pregnant women of child-bearing age at their first clinic visit, without written documentation of immunization. Vaccine should not be administered to some women, such as those with immunosuppression; consult your physician.	
Tetanus-Diphtheria	18-65+ years. Every 10 years.	
Varicella	Once. Non-pregnant women of any age who have not had chicken pox or been vaccinated. Vaccine should not be administered to some women, such as those with immunosuppression; consult your physician.	
Pneumococcal (Pneumonia)	65+ years. Women vaccinated prior to age 65 should be vaccinated at age 65 if five or more years have passed since the first dose. Women with health problems at any age should talk with their primary health care provider first.	
Influenza (flu)	Women in their 2nd and 3rd trimester of pregnancy during the flu season. 50+ years. Yearly.	

THE NATIONAL WOMEN'S HEALTH INFORMATION CENTER (NWHIC)

is a service of the Office on Women's Health in the Department of Health and Human Services. This national resource center provides a vast array of Federal and other women's health information resources. You can obtain these resources by linking to the NWHIC web site, calling or writing NWHIC, whichever is most convenient for you.

The NWHIC web site includes a page for women with disabilities and can help you link to, read, and download a wide variety of women's health-related materials. Visit the web site at <www.4woman.gov>

Contact: NWHIC 8550 Arlington Blvd., Suite 300 Fairfax, VA 22031 Telephone 800-994-WOMAN (800-994-9662) or 888-220-5546 for the hearing impaired.

CDC FOCUS ON WOMEN WITH DISABILITIES

The Disability and Health Program at the Centers for Disease Control and Prevention (CDC) works to promote health and wellness for people with disabilities.

Since 1997, women have been a special area of emphasis for program activities. Women with disabilities are an under-served population who face the same health problems as other women, but have the extra responsibility of dealing with health concerns related to their disabilities.

For more information, contact:

JoAnn Thierry at <jxt4@cdc.gov> Telephone 770-488-7097 Web site: <www.cdc.gov/ncbddd/dh/>

Summer 2001 Orchid 63



There's increasing evidence that healthy teeth and gums could help keep your heart healthy.

One recent study suggests that serious gum disease may be a factor in heart disease. That's probably because the bacteria found in dental plaque that cause gum disease also seem to play a role in heart disease, said researchers.

Also, patients who saw their dentist at least once a year for routine cleaning had a risk for stroke four times smaller than patients who didn't see the dentist. The worse the condition of your mouth, including receding gums and number of teeth affected by diseased gums, the greater the risk for stroke.

Keeping teeth healthy

- Brush twice a day with a fluoride toothpaste. Use a soft bristle toothbrush. Take your time and brush carefully along the gum line. Also brush your tongue.
- Use dental floss, waxed or unwaxed daily. Curve it in a C-shape around each tooth.
- Your dentist may recommend an antibacterial mouth rinse daily.
- Eat a balanced diet.
- Get a dental checkup every six months.
- If you have diabetes, you may be at greater risk of gingivitis or periodontitis. Keeping your diabetes in check will help lower that risk.

FOR MORE INFORMATION

National Oral Health Information Clearinghouse 301-402-7364 www.aerie.com/nohicweb/

American Dental Association 800-402-7364 <www.ada.org>

By Sally McCormick, Woodward Communications

Grchid

A COLLABORATION

The NC Office on Disability and Health is a partnership between the Women's and Children's Health Section of the Division of Public Health and the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill. Through an integrated program of policy, practice, and research, the NC Office on Disability and Health promotes the health and wellness of persons with disabilities in North Carolina.

This publication was made possible by grants from the Centers for Disease Control & Prevention and the Federal Bureau of Maternal and Child Health. Contents of articles do not necessarily represent the positions of the Centers for Disease Control or the Bureau of Maternal and Child Health.

ADDITIONAL COPIES OF ORCHID

To order additional copies of *Orchid*, call the NC Office on Disability and Health at 919-966-2932 or email

dogues@mail.fpg.unc.edu>.

You may also write

NCODH,

CB# 8185, UNC-CH

Chapel Hill NC 27599-8185.

Articles from *Orchid* are also available in PDF and HTML formats on the NC Office on Disability and Health's web site at: <www.fpg.unc.edu/~ncodh>.

QUESTIONS

If you have a question about content, please call Pam Dickens at the NCODH office at 919-966-0871 or email her at <dickens@mail.fpg.unc.edu>.

10,000 copies of this publication were printed at a cost of \$14,808, or \$1.48 per copy.

64 Orchid Summer 2001