

Healthy Steps for Women's Health

To know where we're going sometimes it's necessary to know where we've been.....

In 1900, 30 percent of infants in America's major cities died before their first birthdays. The average life expectancy for an American woman was 48.3 years (48.7 years if she was white and 33.2 years if she was black). Infectious diseases, including pneumonia, influenza, tuberculosis, and syphilis, were the leading causes of death for men, women, and children. The maternal mortality rate was 6-9 deaths per 1,000 live births. Nearly all births (90 percent) took place at home. Some were unattended; others were attended by midwives or doctors who were often poorly trained. In 1900, only 10 percent of the nation's physicians attended college.

Many of the deaths that occurred early in the 20th century are now considered preventable. Crowded housing, poor hygiene and waste control, and contaminated food and water supplies were major contributors to the spread of infectious diseases and deaths from infections. An estimated 40 percent of maternal deaths were caused by birth-related infections. Thus, key preventive health practices in the early years of the 20th century involved such basic measures as hand washing, the sterilization of medical equipment, proper ventilation, safe food storage and preparation, and access to a safe water supply.

By the end of the 20th century, the average woman could look forward to a far longer and healthier life than her early-century counterpart. Her life expectancy at birth was about 80 years—a gain of more than 30 years compared to 1900, which was largely due to improved public health measures. She was far less likely than her 19th century counterpart to die at a young age from infections or infectious diseases. She was far more likely, however, to die from a chronic disease, particularly heart disease, stroke, cancer, or diabetes in spite of major advances in the diagnosis and treatment of these diseases. High blood pressure was recognized as a major risk factor for heart disease, the leading cause of death for all women.

The Papanicolaou (pap) smear was available to detect abnormalities in the cervix and uterus before they developed into cancer. This technology came into common usage after World War II and helped reduce cervical cancer deaths in the United States by 70 percent, making it one of the most effective cancer-screening tools known to medicine.

In the 1980s, AIDS emerged as another major health threat to women. In the 1990s, AIDS was a leading cause of death among women ages 15-35. Multi-drug therapies to treat AIDS reduced death rates and slowed the process by which HIV progressed to AIDS. However, the toll of this disease on women and their children remains a serious challenge for the next century since AIDS has reached epidemic status in many parts of the world.

As the population aged, osteoporosis, characterized by low bone mass and deterioration of bone tissue, became more prevalent. Four times as many women as men over age 50 were more likely to suffer an osteoporosis-related fracture.

As shown in the below table, the major causes of death for women at the beginning of the century were infectious diseases. By the end of the century, the major causes of death were chronic illnesses. *While much changed in women's health during the 20th century, one important factor did not: the major causes of death and disease remained largely preventable.* In the early 1990s, a landmark study by McGinnis and Foege demonstrated that fully 50 percent of the actual causes of death in the United States were attributed to behaviors such as smoking, poor diet, lack of exercise, alcohol abuse, illicit drug use, unsafe sex, criminal use of firearms, motor vehicle accidents, pollution, and infectious agents. It is these behavioral factors that distinguish women of the late 1990s from those of the late 1890s. It is also these factors that will continue to pose challenges for women's health in the 21st century.

Leading Causes of Death	
1900	1990
Tuberculosis	Cardiovascular Disease
Syphilis	Cancer
Pneumonia	Stroke
Influenza	Diabetes

Many women think heart disease is a man's problem, but heart disease is very much a woman's problem. Heart disease is the #1 killer of women, as well as men in America. Stroke is the 3rd leading cause of death for American women (cancer is #2). Heart disease affects women of all racial and ethnic groups, as well as women with other illnesses, such as diabetes. Black women are more likely to die of heart disease than white women are. Increasing age is also a factor in heart disease and with people age 65 and over being the fastest growing group in the U.S., heart disease is becoming a growing problem for women.

Almost twice as many women die from cardiovascular diseases than from all forms of cancer combined. Men have heart attacks and strokes more often than do women. But, the death rate for women from cardiovascular disease is higher. As women age, particularly after menopause, they become more at risk for cardiovascular disease. Lower levels of estrogen during and after menopause are thought to increase a woman's risk for cardiovascular disease. Early menopause, natural or surgical, can double a woman's risk for developing *coronary heart disease*. Younger women are also at risk for cardiovascular disease if they smoke or have high blood pressure, diabetes, high cholesterol levels, and a family history of cardiovascular disease at young ages. Women with *congenital heart disease* (born with a heart defect) have a higher risk of having a baby with a heart defect.

Some surprising facts:

- One in 2 women in the United States dies of heart disease or stroke, while 1 in 30 dies of breast cancer.
- Thirty-eight percent of women will die within 1 year after having a heart attack.
- Within 6 years of having a heart attack, about 46 percent of women become disabled with heart failure. Two-thirds of women who have a heart attack fail to make a full recovery.

The leading causes of death for American women in the year 2000* were:

- Heart Disease 366,000
- Cancer (all types) 255,000
- Lung 65,000
- Breast 42,000
- Colorectal 29,000
- Pancreatic 15,000
- Ovarian 14,000
- Uterine 7,000
- Cervical 4,000
- Others 79,000
- Stroke 103,000
- COPD 62,000
- Pneumonia/influenza 37,000

For women in midlife, taking action is particularly important. For once a woman reaches menopause, her risks of heart disease and heart attack jump dramatically. One in 8 women between the ages of 45 and 64 has some form of heart disease, and this increases to 1 in 3 women over 65.

Coronary heart disease is the main form of heart disease. It is a disorder of the blood vessels of the heart that can lead to heart attack. A heart attack happens when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. Often referred to simply as heart disease, it is one of several cardiovascular diseases, which are diseases of the heart and blood vessel system. Other cardiovascular diseases include stroke, high blood pressure, angina (chest pain), and rheumatic heart disease.

One reason some women aren't too concerned about heart disease is that they think it can be "cured" with surgery. This is a myth. Heart disease is a lifelong condition—once you get it, you'll always have it. True, procedures such as bypass surgery and angioplasty can help blood and oxygen flow to the heart more easily. But the arteries remain damaged, which means you are more likely to have a heart attack. What's more, the condition of your blood vessels will steadily worsen unless you make changes in your daily habits. Many women die of complications from heart disease, or become permanently disabled. That's why it is so vital to take action to prevent and control this disease.

Risk factors are conditions or habits that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Important risk factors for heart disease that you can do something about are cigarette smoking, high blood pressure, high blood cholesterol, overweight, physical inactivity, and diabetes.

Some risk factors, such as age and family history of early heart disease, can't be changed. For women, age becomes a risk factor at 55.

Studies have shown that physical inactivity adds to a person's risk for getting heart and cardiovascular disease. People who are not active are twice as likely to develop heart and cardiovascular disease compared to those who are more active. Excess body weight in women is linked with coronary heart disease, stroke, congestive heart failure, and death from heart-related causes. The more overweight you are, the higher your risk for heart disease.

Diabetes, sometimes referred to as high blood sugar, is a serious condition that raises a woman's risk for heart and cardiovascular disease. Women with diabetes have a greater risk of heart disease and stroke than do women without diabetes. Diabetes, high blood pressure, high cholesterol, and obesity often go hand-in-hand, raising a person's risk for heart disease. And, diabetes has been found to double the risk of a second heart attack in women but not in men.

Being around tobacco smoke for large amounts of time, or all the time, can increase a person's risk for cardiovascular disease, even if you do not smoke. Today's low-dose birth control pills carry a much lower risk of heart disease and stroke than the higher-dose earlier pills did. But this is not the case for women who smoke or who have high blood pressure.

Reduce your risk :

- Quit smoking - talk with your health care provider if you need help quitting.
- Cut back on foods high in saturated fat and cholesterol.
- Check blood pressure, cholesterol, and blood sugar levels and keep them under control.
- Exercise at least 30 minutes a day on most (if not all) days of the week.
- Lose weight if you are overweight and keep at a healthy weight.

Having a low saturated fat, low cholesterol diet and getting regular exercise are excellent health habits for all women to have. These good health habits will lower blood pressure and keep blood sugar and blood cholesterol levels healthy.

A stroke is sometimes called a "brain attack." A stroke can injure the brain like a heart attack can injure the heart.

There are two types of stroke:

- Ischemic stroke, the most common type of stroke. This type of stroke happens when there is a sudden lack of blood flow to some part of the brain, usually due to

a blood clot blocking an artery or blood vessel. Often the artery is already clogged with fatty deposits.

- Hemorrhagic stroke. Bleeding in the brain from a broken or leaking blood vessel causes this type of stroke. A hemorrhagic stroke may be due to an aneurysm—a thin or weak spot in an artery that balloons out and can burst.

Either type of stroke can cause brain cells to die. This brain damage may cause a person to lose control of certain functions, such as speech, movement, and memory. Like a heart attack, a stroke is an emergency and should be treated as quickly as possible.

A "mini-stroke" refers to a transient ischemic attack (TIA). In a TIA, there is a short-term reduction in blood flow to the brain. This causes temporary stroke symptoms (often just for a few minutes) such as weakness or tingling in an arm or leg. TIAs don't cause brain damage, but they are important warning signs that a person is at risk of having a stroke. If you have a TIA, you should seek medical care right away to prevent a full stroke.

Warning signs of stroke

Know that not everyone gets all of the following warning signs of stroke. And, sometimes these signs can go away and return. Treatments are most effective if given within one hour of when the attack begins. If you have any of these symptoms, call 911 right away!

- Sudden numbness or weakness of face, arm, or leg, especially on one side of the body.
- Sudden confusion or trouble speaking or understanding speech.
- Sudden trouble walking, dizziness, or loss of balance or coordination.
- Sudden severe headache with no known cause.
- Blurred or double vision, drowsiness, and nausea or vomiting.

A person who has a stroke may suffer little or no brain damage and disability, especially if the stroke is treated promptly. But stroke can lead to severe brain damage and disability, or even death. The type of disability caused by a stroke depends on the extent of brain damage and what part of the brain is damaged.

Stroke may cause paralysis or weakness of one side of the body, memory problems, mood changes, trouble speaking or understanding speech, problems with eating and swallowing, pain, depression, and other problems. Rehabilitation and medical treatment can help a person recover from the effects of stroke and prevent another stroke from occurring.

Stroke risks are higher in people who have a family or personal history of stroke and for African Americans. African American women have a higher risk of disability and death from stroke than Caucasian women do. This is partly because more African American women have high blood pressure, a major stroke risk factor. Age is also a factor: the chance of having a stroke more than doubles for each decade of life after age 55. Women who smoke or who have high blood pressure, heart disease, or diabetes are at greater risk

of having a stroke. Hormonal changes with pregnancy, childbirth, and menopause are also linked to an increased risk of stroke.

The more stroke risk factors you have, the greater the chance that you will have a stroke. You can't control some risk factors, such as aging, family health history, race and gender. But you can change or treat most other risk factors to lower your risk.

Here are some of the best ways to prevent stroke:

- Eat a healthy diet low in saturated fat and rich in fruits, vegetables, and whole grains. Don't overeat, and keep your weight under control.
- Get regular exercise (30 minutes a day, most days of the week, or more).
- Find ways to manage stress in your life.
- If you have high blood pressure, take your blood pressure medicine as prescribed by your health care provider.
- If your cholesterol level is too high, talk to your health care provider about ways to lower it.
- If you smoke, stop smoking. If it is hard to quit on your own, there are products like nicotine patches, support groups, and programs to help you stop smoking.
- If you have heart disease or diabetes, take good care of yourself. See your health care provider and take your medicine as prescribed.
- Get help if you have a TIA ("mini-stroke"). Talk to your health care provider to see if you need medicine or surgery.
- Aspirin therapy may be useful, but check with your health care provider before starting to take aspirin on a daily basis.

It's easy to believe cancer is a major threat to women's health, but the kinds of cancer women are dying of might surprise you. According to the American Cancer Society (ACS), the most common cause of cancer death in U.S. women is lung cancer. It's estimated that nearly 66,000 women in the United States died of lung cancer in 2002, with 90 percent of these deaths linked to cigarette smoking. Even though we know its effects are harmful, 1 out of every 5 women in the U.S. still smokes. We already know that the best way to prevent lung cancer is to quit (or never start) smoking. The sooner a person quits smoking the better. Even if you have been smoking for many years, it's never too late to benefit from quitting.

Breast cancer is the second-leading cause of cancer death in U.S. women, and it's estimated that more than 203,000 women were diagnosed with breast cancer in 2002. The ACS estimates that about 40,000 women die each year of breast cancer.

The third-leading cause of cancer death for women in the United States is colorectal cancer. Like heart disease, colorectal cancer is often mistakenly thought of as a man's disease, but more women than men die of colorectal cancer each year. Estimates suggest that it claims the lives of approximately 28,000 women in the United States annually.

At least one-third of all cancer deaths are related to nutrition and other controllable lifestyle factors. Do all you can to reduce your risks:

- Don't smoke or chew tobacco.
- Exercise regularly.
- Eat a healthy diet.
- Avoid excessive sun exposure.
- Limit alcohol.
- Have regular preventive health screenings.
- Know your family medical history and review it with your doctor.

Simply stated, diabetes means the body has lost its main source of fuel, and the body cannot survive without fuel. Diabetes is a condition in which the pancreas, a little organ near the stomach that produces insulin (a hormone), can't make enough insulin or the body can't use the insulin properly. Insulin is important because it helps get glucose (a sugar that comes from most of the foods we eat) into our cells for energy. With diabetes, glucose builds up in the blood instead of being used for energy. Diabetes is a serious and growing problem. An estimated 17 million Americans have diabetes, but only 11.1 million cases are diagnosed. About nine million women have diabetes, and about a third of these don't even know they have it! It is the 5th leading cause of death in women.

Diabetes can lead to serious, even life-threatening complications and serious damage to many parts of the body: the heart, eyes, kidneys, blood vessels, nerves, gums and teeth, feet and legs. Unfortunately, many people first become aware that they have diabetes when they develop one of these problems. Women with diabetes face special concerns, like an increased risk of vaginal infections and complications during pregnancy.

The three main types of diabetes are:

- Type 1 diabetes usually occurs in children and young adults and is considered an autoimmune disease. An autoimmune disease results when the body's system for fighting infection (the immune system) turns against a part of the body. In type 1 diabetes, the immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin, thereby preventing cells from taking up sugar from blood. Someone with type 1 diabetes needs daily injections of insulin to live. She also needs to follow a strict diet and monitor her blood sugar levels.

Symptoms include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme tiredness. If not diagnosed and treated with insulin, a person can lapse into a life-threatening coma.

- Type 2 diabetes is the most common form of diabetes. About 90 to 95 percent of people with diabetes have type 2 diabetes. This form of diabetes usually develops in adults over the age of 40 and is most common among adults over age 55. About 80 percent of people with type 2 diabetes are overweight. In type 2 diabetes, the pancreas usually produces insulin, but for some reason, the body cannot use the

insulin effectively. The end result is the same as for type 1 diabetes—an unhealthy buildup of glucose in the blood and an inability of the body to make efficient use of its main source of fuel.

The symptoms of type 2 diabetes develop gradually and are not as noticeable as in type 1 diabetes. Symptoms include feeling tired or ill, frequent urination (especially at night), unusual thirst, weight loss, blurred vision, frequent infections, and slow healing of sores.

- Gestational diabetes develops or is discovered during pregnancy. This type usually disappears when the pregnancy is over, but women who have had gestational diabetes have a greater risk of developing type 2 diabetes later in their lives. Gestational diabetes occurs in 2 to 5 percent of pregnancies and at higher rates among African Americans, Hispanic Americans/Latinos, and Native Americans/Alaska Natives.

Members of African American, Native American/Alaska Native, Asian American, Hispanic American/Latino, and Native Hawaiian/Pacific Islander ethnic groups are at increased risk for diabetes.

Other things that can put you at higher risk for developing diabetes include:

- Being more than 20 percent above your ideal body weight
- Having a mother, father, brother, or sister with diabetes
- Giving birth to a baby weighing more than 9 pounds or having diabetes during pregnancy
- Having high blood pressure (140/90 or higher)
- Having abnormal blood lipid levels, such as low HDL (good) cholesterol (less than 35 milligrams per deciliter (mg/dL)), or high triglycerides (greater than 250 mg/dL)
- Having abnormal glucose tolerance in an earlier diabetes test.

If you are 45 years old or older, you should be tested for diabetes. If your test result is normal, you should then be tested every three years. People under age 45 should be tested if they are at high risk for diabetes.

Diabetes treatment is focused on keeping blood sugar in a normal range every day. A recent major study showed that keeping blood glucose levels as close to normal as safely possible reduces the risk of developing major complications of type 1 diabetes. If you have diabetes, a good blood sugar range is from about 70 to 150 (before a meal) and less than 200 about two hours after your last meal.

The Diabetes Prevention Program (DPP) Clinical Trial conducted by the National Institutes of Health showed that the onset of type 2 diabetes could be prevented or delayed in people at high risk by losing 5 to 7 percent of body weight and getting 30 minutes of physical activity such as brisk walking on most days. The good news is that these lifestyle changes worked for men and women, for people of every ethnic or racial

group who participated in the study, and it was especially successful for people over age 60. To help you lose weight, eat a healthy diet that includes a balance of all the food groups, with less fatty foods, foods lower in cholesterol, and more foods rich in fiber. Too much fat or cholesterol and inactivity can make you overweight and prevent your body from functioning effectively. Not being able to regulate blood sugar correctly is one effect. Cut down on fat and cholesterol by choosing low-fat dairy products, lean cuts of meat, more fish and poultry without the skin, and margarine instead of butter. Also, limit foods high in salt and sugar.

Menopause

Menopause is a normal change in a woman's life when her period stops. That's why some people call menopause "the change of life" or "the change." During menopause a woman's body slowly produces less of the hormones estrogen and progesterone. This often happens between the ages of 45 and 55 years old. A woman has reached menopause when she has not had a period for 12 months in a row.

Hormone therapy for menopause has also been called hormone replacement therapy (HRT). Lower hormone levels in menopause may lead to hot flashes, vaginal dryness and thin bones. To help with these problems, women are often given estrogen or estrogen with progestin (another hormone). Like all medicines, hormone therapy has risks and benefits. Talk to your doctor, nurse, or pharmacist about hormones. If you decide to use hormones, use them at the lowest dose that helps. Also use them for the shortest time that you need them.

Every woman's period will stop at menopause. Some women may not have any other symptoms at all.

As you near menopause, you may have:

- Changes in your period-time between periods or flow may be different.
- Hot flashes ("hot flushes")-getting warm in the face, neck and chest.
- Night sweats and sleeping problems that lead to feeling tired, stressed or tense.
- Vaginal changes-the vagina may become dry and thin, and sex may be painful.
- Thinning of your bones, which may lead to loss of height and bone breaks (osteoporosis).

Treatment for symptoms of menopause

- For some women, many of these changes will go away over time without treatment.
- Some women will choose treatment for their symptoms and to prevent bone loss. If you choose treatment, estrogen alone or estrogen with progestin (for a woman who still has her uterus or womb) can be used.

Benefits from using hormones for menopause

- Hormone therapy is the most effective FDA approved medicine for relief of your hot flashes, night sweats or vaginal dryness.

- Hormones may reduce your chances of getting thin, weak bones (osteoporosis) which break easily.

Risks of using hormones

- For some women, hormone therapy may increase their chance of getting blood clots, heart attacks, strokes, breast cancer, and gall bladder disease. For a woman with a uterus, estrogen increases her chance of getting endometrial cancer (cancer of the uterine lining). Adding progesterin lowers this risk.

Women should not take hormone therapy for menopause if they:

- Think they are pregnant
 - Have problems with vaginal bleeding
 - Have had certain kinds of cancers
 - Have had a stroke or heart attack in the past year
 - Have had blood clots
 - Have liver disease
-
- Do not use hormone therapy to prevent heart attacks or strokes.
 - Do not use hormone therapy to prevent memory loss or Alzheimer's disease.
 - Studies have not shown that hormone therapy prevents aging and wrinkles.
 - You should talk to your doctor, nurse or pharmacist. Again, hormones should be used at the lowest dose that helps and for the shortest time that you need them.
 - The risks and benefits may be the same for all hormone products for menopause, such as pills, patches, vaginal creams, gels and rings.
 - At this time, it is not known if herbs or other "natural" products are helpful or safe. Studies are being done to learn about the benefits and risks.

Osteoporosis, which means "porous bones," is a condition of excessive skeletal fragility resulting in weakened bones that break easily. A combination of genetic, dietary, hormonal, age-related, and lifestyle factors all contribute to this condition. Osteoporosis usually progresses painlessly until a fracture occurs, which is usually in the hip, spine, or wrist.

Are women more affected by osteoporosis than men?

Overall, approximately eight million American women and 2 million men have osteoporosis. Women are four times more likely than men to develop osteoporosis because of the loss of estrogen at menopause. (Estrogen blocks or slows down bone loss.) Over half of all women over the age of 65 have osteoporosis. Even though osteoporosis is often thought of as a disease that only affects older people, it can strike at any age. Osteoporosis leads to 1.5 million fractures, or breaks, per year, mostly in the hip, spine and wrist, and costs \$14 billion annually. One in two women over the age of 50 will suffer an osteoporosis-related fracture.

What are the risk factors for osteoporosis?

Factors that can increase your chances of developing osteoporosis include:

- being female
- a small, thin body frame
- a family history of osteoporosis
- postmenopausal status or advanced age
- Caucasian or Asian race
- abnormal absence of menstrual periods
- anorexia nervosa or bulimia
- low testosterone levels in men
- diet low in dairy products or other sources of calcium and vitamin D
- inactive lifestyle
- long-term use of glucocorticoids (medications prescribed for many diseases, including arthritis, asthma, and lupus) anti-seizure medications; gonadotropin releasing hormone for treatment of endometriosis; aluminum-containing antacids; certain cancer treatments; and excessive thyroid hormone
- cigarette smoking
- excessive use of alcohol and high salt, protein, and caffeine intake.

Routine x-rays can't detect osteoporosis until it's quite advanced, but other radiological methods can. The Food and Drug Administration (FDA) has approved several kinds of devices to estimate bone density. Most require far less radiation than a chest x-ray.

Doctors consider a patient's medical history and risk factors in deciding who should have a bone density test. Readings are compared to a standard for the patient's age, sex and body size. Different parts of the skeleton may be measured, and low density at any site is worrisome. Bone density tests are useful for confirming a diagnosis of osteoporosis if a person has already had a suspicious fracture, or for detecting low bone density so that preventive steps can be taken.

Osteoporosis is usually preventable. Females need to take steps to protect the health of their bones while they are still children, and on through their teenage and young adult years. Building strong bones at a young age will lessen the effect of the natural bone loss that begins to occur around age 30.

Eat foods rich in calcium and vitamin D, such as low-fat milk, yogurt, cheese, fish with edible bones like salmon and sardines, and dark green, leafy vegetables, like kale and broccoli. Do weight-bearing exercise, such as walking, jogging, hiking, playing tennis, and stair climbing. Exercise builds bone and muscle strength and helps prevent bone loss and improves coordination to prevent falls. It also helps older people stay active and mobile. Weight-bearing exercises, done on a regular basis, are best for preventing osteoporosis. Always check with your doctor before starting an exercise program. Consider using calcium supplements, but discuss the choice of supplements with your doctor first. Don't smoke. Limit alcoholic beverages.

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