

WOMEN'S

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TODAY



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A brighter, healthier future

On TV, she's the smart psychiatrist who has all the answers for mob boss Tony Soprano. But in real life, the tables were turned: Actress Lorraine Bracco was the patient, getting professional help for her own depression. Learn how she survived this dark time in her life—and how she's now living with a renewed energy and lust for life—in “Stepping out of the darkness” on page 10.

In this issue of *Women's Health Today*, you'll also learn more about medical breakthroughs that are changing the way women take care of their pelvic organs. Extended-cycle contraceptives offer new ways for women to tailor their menstrual cycles to their lives, making them more convenient and comfortable (“The end of your period?” page 6). New treatment options for bladder control (“New ways to stay dry,” page 18) are helping women significantly improve their quality of life. And Gardasil®, the newly approved vaccine for cervical cancer, will protect future generations of women from this deadly women's cancer (“Cervical cancer breakthrough,” page 16).

Medical advances like these are helping more women take charge of their health and look forward to a healthier future. I hope you'll use the information in this issue of *Women's Health Today* and on our Web site, www.womenshealthexperience.com, to take charge of *your* health.



Sincerely,

MICKEY M. KARRAM, MD
CO-FOUNDER, FOUNDATION FOR
FEMALE HEALTH AWARENESS

Dr. Karram and his wife Mona are founders of the Women's Health Experience, the flagship program of the Foundation for Female Health Awareness. The Foundation is a nonprofit organization dedicated to educating women on all aspects of their health and funding unbiased, gender-specific research.

Correction:

Through an editing change, the “House Calls” article in the Summer 2006 issue of *Women's Health Today* featuring Elizabeth G. Stewart, MD, may give the misleading impression that Dr. Stewart endorses or recommends a particular product to test pH levels. We regret the error. The following is the original text:

If you think you have a yeast infection, it's important to rule out other forms of vaginitis before you self-treat. One way to find out is by taking a pH test, which measures the level of acidity or alkalinity in the vaginal fluid. Elevated pH levels can indicate bacterial vaginosis or trichomoniasis. You can get a pH test at your healthcare provider's office or purchase an easy-to-use over-the-counter test to check the pH level in your vaginal discharge. If the test shows an elevated pH, see your healthcare provider right away. If your pH level is normal, that helps to rule out a bacterial infection and you can feel more comfortable self-treating with yeast medication.

THE MAGAZINE OF THE WOMEN'S HEALTH EXPERIENCE
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The information contained herein is not a substitute for professional medical care or advice. If you have medical concerns, seek the guidance of a healthcare professional.

Women's Health Today magazine is part of Women's Health Experience, the flagship program of the Foundation for Female Health Awareness. Women's Health Experience is a unique initiative aimed at connecting women with healthcare experts, as well as their local hospitals, to learn about important issues that may affect their health. Through Women's Health Experience regional conferences, *Women's Health Today* magazine and www.womenshealthexperience.com, you'll get objective, timely information.

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COVER: LORRAINE BRACCO/
TIMOTHY GREENFIELD-SANDERS/CORBIS OUTLINE

Women are starting to talk. And doctors are listening.



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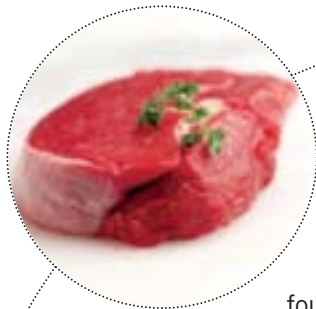
The accidents. The bulging. The discomfort. The shame. Maybe your mothers and grandmothers didn't talk about it – the “silent secrets” of women's pelvic health – but we are. We're helping women learn more about common problems like **stress urinary incontinence, pelvic organ prolapse, bowel incontinence and heavy menstrual bleeding**. And we're providing solutions that can help you regain your confidence, control and comfort. Simple surgical solutions – often outpatient procedures – that can truly restore your quality of life.

As with any surgery, there are risks associated with medical procedures for urinary incontinence and prolapse. Your doctor can explain the risks and benefits or visit www.AmericanMedicalSystems.com for additional information.

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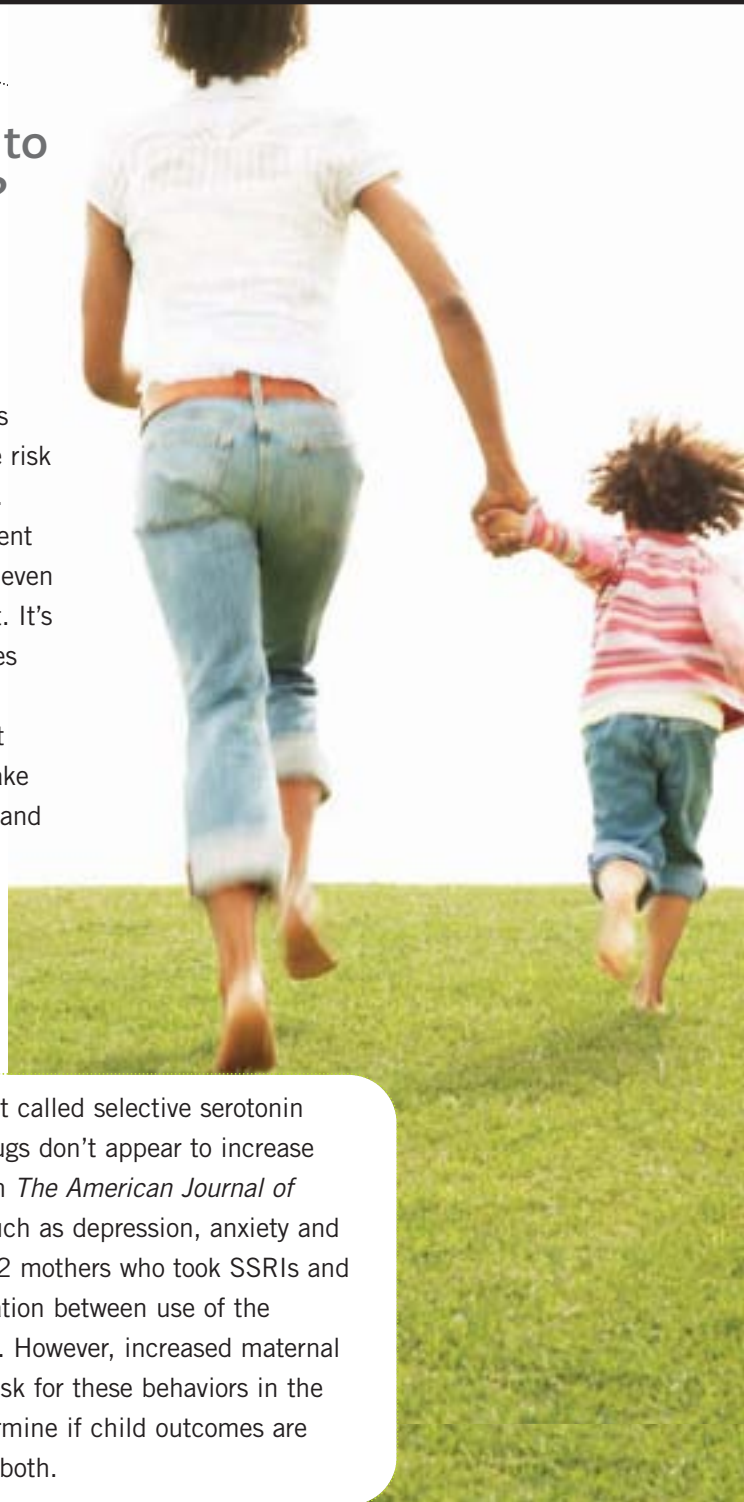


A new reason to skip the meat?

A high intake of heme iron, the type found in meat, may increase the risk for type 2 diabetes, according to a report in the journal *Diabetes Care*. Harvard researchers followed 85,000 women for 20 years and found that the risk for developing diabetes rose with heme iron consumption. Women who consumed the most heme iron had a 28 percent higher risk for diabetes than the women who ate the least, even after considering factors like body weight, exercise and diet. It's thought that too much heme iron may contribute to diabetes through long-term cell damage. Iron from plant foods and supplements (not as readily absorbed as heme iron) didn't appear to increase diabetes risk. Recommended iron intake is 18 milligrams (mg) a day for premenopausal women and 8 mg a day for women older than 50.

Prenatal antidepressant use doesn't affect kids

Good news for women who take a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs) during pregnancy—the drugs don't appear to increase the risk for depression in their kids, according to a study in *The American Journal of Psychiatry*. Researchers assessed internalizing behaviors such as depression, anxiety and withdrawal among a group of 4-year-old children born to 22 mothers who took SSRIs and 14 mothers who did not. They found no significant association between use of the antidepressants and internalizing behaviors in the children. However, increased maternal depression and anxiety was associated with an increased risk for these behaviors in the children. The authors say more research is needed to determine if child outcomes are affected by maternal psychiatric disorders, medications or both.



headlines

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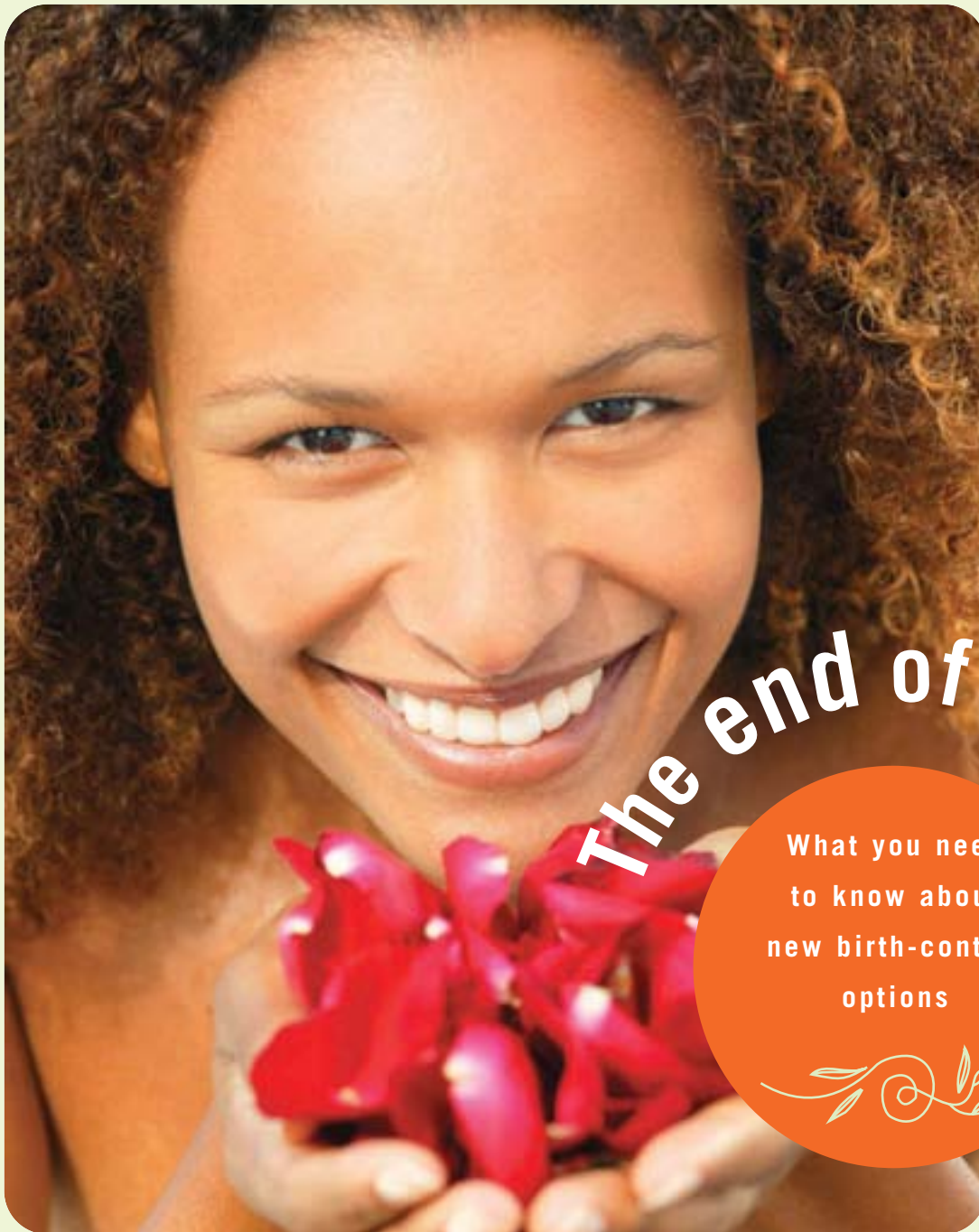
Extra pounds linked to ovarian cancer

Overweight women—especially those who've never had children—have an increased risk for ovarian cancer, say researchers from the University of Pittsburgh Medical Center. Investigators studied more than 2,000 women with and without ovarian cancer and found that women who were overweight either in recent years or at the age of 18 were more likely than thinner women to develop ovarian cancer. This association was strongest among women who had never given birth, whose cancer risk climbed in tandem with their recent body mass index. Excess body weight may play a role because too much body fat raises estrogen levels, which may promote tumor development. Pregnancy and childbirth are thought to have a protective effect by reducing ovulation and estrogen exposure.



Can't get your zzzs? Try therapy over pills

A recent study reported in *The Journal of the American Medical Association* found that cognitive behavioral therapy helped people with chronic insomnia better than a sleep drug. In therapy, patients learned how to perform relaxation techniques, restrict sleep hours (so it became easier to fall asleep at bedtime) and improve their sleeping environments. Researchers found therapy increased the patients' deep (slow-wave) sleep, making them more alert and better able to function the next day. In addition to not suffering sleep drugs' side effects like headaches and drowsiness, the patients who had therapy also woke up less during the night than those who took a sleep aid. Chronic insomnia is defined as too little or poor quality sleep that occurs at least three nights a week over a month or more. While sleep medication can be a temporary help, it's nice to know that non-drug help is not only available, it can work better.



The end of *your* period?

What you need
to know about
new birth-control
options



Every month it's the same: PMS. Menstrual cramps. Bloating. Bleeding. Headaches. Crankiness.

If that sounds like you and you're ready for a break, you may want to consider new options in oral contraceptives that extend the time between periods, resulting in fewer periods every year.

This practice is hardly new. Nearly half of the 16 million American women on the pill have manipulated the timing of their periods by skipping the placebos for vacations and other occasions. And for years, gynecologists have ordered the continuous use of oral contraceptives for women with menstrual-related medical conditions. But today, extended-cycle contraceptives are available for women seeking relief of menstrual symptoms or the convenience of fewer periods a year.

"The second revolution"

When you ask your healthcare provider if extended-cycle pills are right for you, you might be surprised to find she uses them herself. Many female gynecologists and obstetricians do.

“They’re at the vanguard of sophisticated knowledge about extended-use contraception,” notes Andrew M. Kaunitz, MD, professor and assistant chairman of obstetrics and gynecology at the University of Florida College of Medicine-Jacksonville. “They understand how the female body functions and that they can safely use extended hormones to reduce or eliminate bleeding.”

Dr. Kaunitz believes the latest advances in oral contraceptives represent a new era. “The introduction of birth control pills in the 1960s was revolutionary,” he says. “This is the second revolution because women not only have control over their fertility, but over their bleeding as well.”

New options in birth control

Traditional oral contraceptives are taken for 21 days followed by seven days of placebo, or fake, pills. The result is monthly bleeding that resembles a traditional menstrual cycle. Extended-cycle pills like Seasonale®—the first oral contraceptive of its kind approved by the Food and Drug Administration (FDA) in 2003—are taken for 84 days with seven days of placebo pills. Seasonique®, another extended-cycle pill, replaces the placebo pills with seven days of a low-dose hormone.

Earlier this year, the FDA approved Loestrin® 24 Fe and YAZ®, extended-cycle oral contraceptives that provide 24 days of active hormonal therapy followed by just four days of placebo pills, shortening the duration of monthly bleeding. And the FDA currently is considering Lybrel™, which would be the first pill to be taken year round—essentially eliminating periods altogether.

“It’s the wave of the future—there’s no doubt about that,” says Patricia Sulak, MD, professor of obstetrics and gynecology at Texas A&M College of Medicine. “The pill is being redesigned to meet the needs and desires of all women.

5 must-ask questions for your doctor

1. Does the use of extended-cycle oral contraceptives make sense for me?
2. What are the potential side effects?
3. Is it safe to have fewer periods per year?
4. Will I be able to have children after I stop taking the pill?
5. What do long-term studies conclude about extended-cycle oral contraceptives?

“The seven days off is slowly going to be discontinued,” Dr. Sulak adds. “Either it’s being reduced, eliminated or replaced with a low-dose hormone.”

Possible side effects

The thought of fewer periods—or no periods at all—may seem great, but it’s important to know the potential risks of extended-use oral contraceptives. While most women in clinical trials of Seasonale liked using the pill, for instance, spotting and breakthrough bleeding have been problematic. Most women in the trials decided the tradeoff for four periods instead of 13 was worth it, but about 8 percent discontinued its use, in part because of the irregular bleeding.

Breakthrough bleeding tapers off in the first year of use. During clinical trials, about 65 percent of participants experienced breakthrough bleeding in the first three months of the year. By the last three months, it dropped to about 40 percent, with 15 percent bleeding or spotting more than 20 days in the 84-day cycle.

Seasonique is designed to reduce breakthrough bleeding by replacing the seven days of placebos with low-dose hormonal pills, Dr. Sulak says. Still, 8.2 percent of women in the primary clinical trial discontinued its use in part due to bleeding or spotting.

What should you do?

Experts agree that extended-cycle pills aren’t for everyone. Some women prefer to have monthly bleeding. Others like the reassurance that they’re not pregnant. Some worry about future fertility. Others believe periods give their body a monthly cleansing.

While current medical data don’t support these concerns, “We need to understand and respect that some women are only comfortable if they’re menstruating every month,” says Dr. Kaunitz.

Ultimately, you and your healthcare provider should decide whether extended-use oral contraceptives are right for you.

Did you know?

An estimated 16 million U.S. women, or about 30 percent of those in childbearing years, currently take oral contraceptives.

How's it going down there?

Those recurring symptoms of what you think is a yeast infection could actually be something more serious.

Bacterial vaginosis is an infection that requires a doctor's care, not over-the-counter medications. **Fem-V**,™ a new, easy-to-use, at-home pantiliner test, can help ensure that you choose the correct treatment for your infection.

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Exposed!

Secrets of weight-loss winners

It's tough to lose weight—and just as difficult to keep it off. Nine out of 10 people regain lost weight, but that means 10 percent successfully keep it off. How do they do it? These 10 habits may be the key.

1 They don't go it alone. They build networks of friends, neighbors and co-workers that sustain them for day-to-day living and for weight maintenance. For example, they form walking groups that help them stick to their exercise programs.

2 They eat smart. To slim down—and stay slim—weight-loss victors also remain vigilant about nutrition, counting calories in addition to fat grams. They practice variety, balance and moderation. They cook with little or no fat and eat plenty of fruits, vegetables, whole grains,

nonfat dairy products and lean entrees. They also know that too much—even too much of a good thing—isn't so good.

3 They're in tune with their emotions.

Weight-loss winners know how to distinguish true hunger from feelings of anger, loneliness and fatigue. When they're hungry, they eat, but to sort through emotions, they call friends, take naps, breathe deeply, read books or start projects. What's more, they differentiate between hunger and appetite—an honest-to-goodness rumble versus a wouldn't-a-doughnut-taste-good-about-now rumble.

4 They overcome weight-loss obstacles.

Family and personal issues can sabotage success. For example, well-meaning relatives may show love via fried chicken, biscuits and gravy. Or a spouse may feel threatened by his suddenly shapely wife. Counselors can help resolve such issues and develop effective, noncaloric coping strategies.

5 They confront problems directly. Weight-loss winners don't make excuses or blame others for overeating. Instead, they forgive a lapse and use it as incentive to take a walk or cut portions at the next meal.

6 They use behavioral strategies. They plan meals, shop with lists, put their forks down between bites, store foods out of sight and develop other strategies for changing their behavior. They may link exercise to other daily habits, like walking after breakfast or cycling during the news.

7 They know weight management lasts a lifetime. They know they need to continue exercising, eating nutritiously and thinking positively for the rest of their lives.

8 They live in the present. They go to the beach, wear shorts, exercise, dance and participate in other enjoyable activities right now. They don't wait for the perfect shape to do the things they want to do.

Stepping out of the



darkness

How Lorraine Bracco survived depression and embraced her new life

By Bonnie Siegler

Actress Lorraine Bracco just saw her daughter graduate from New York University. She was starring on HBO's smash mob series "The Sopranos" as psychiatrist Dr. Jennifer Melfi. And her very public divorce and custody battle with actor Harvey Keitel was finally over (eventually, Bracco was awarded sole custody of their daughter, Stella). Life was on a definite upswing, but suddenly it hit her like a ton of bricks—she wasn't happy. "I said to myself, 'Oh my God, I'm not really jumping for joy—and why is that?'" she recalls. "It had been about a year since I felt anything, even though I was in a good place in my life. I was just joyless."

That was in 1999, when Bracco suffered from clinical depression. Today, the 51-year-old actress, who chronicles her story in the candid bestseller "On the Couch" (Putnam Adult), feels alive and passionate. "I'm enjoying everything so much more," she reveals. "I've opened myself up to my children and my successes, and I've forged a life that's warm, comfortable, loving and caring of others."

Going through the motions

But, as Bracco admits, that wasn't always the case. For too long, she was doing nothing more than going through life's motions. "I felt isolated and very lonely in my depression. I didn't get any joy out of life. I equated my depression to a low-grade fever—I just wasn't functioning at full form."

Suddenly, the onscreen psychiatrist became the real-life patient. But once she realized she had a problem, Bracco was determined

to fix it. "I'd go to Barnes and Noble and hit the self-help and women's studies departments, go home and read," she says. "It wasn't about feeling sorry for myself. It was more of an attitude that I was going to make myself stronger, get out of this quicker—and more important, I was going to be the woman I wanted to be."

continued on page 12

WOMEN AND DEPRESSION

These factors make women more likely to develop depression:

- a family history of depression, particularly in first-degree relatives
- a parent who has committed suicide
- a personal or family history of substance abuse or eating disorders
- unresolved grief over a major life loss
- unresolved anger

If you experience five or more of the following symptoms for longer than two weeks, or if the symptoms are severe enough to interfere with your daily routine, see your healthcare provider.

- a persistent sad, anxious or empty mood
- sleeping too little, especially early-morning waking, or sleeping too much
- reduced appetite and weight loss, or increased appetite and weight gain
- loss of interest or pleasure in activities you once enjoyed
- restlessness or irritability
- persistent physical symptoms that don't respond to treatments (such as chronic pain or digestive disorders)
- difficulty concentrating, remembering or making decisions
- fatigue or loss of energy
- feeling guilty, hopeless or worthless
- thoughts of death or suicide

Stepping out of the darkness



Left: Bracco signs copies of her book, "On the Couch."
Below: Out and about with "Sopranos" co-stars James Gandolfini (center) and Edie Falco.



continued from page 11

The road to recovery

Eighteen months of the anti-depressant Zoloft®, a selective serotonin reuptake inhibitor (SSRI), and ongoing talk-therapy sessions helped Bracco out of her self-described "rabbit hole." "At first it was very scary; I was in denial," she admits. "But getting the treatment I needed really put me on the road to recovery and to finally being myself again."

After a few weeks on Zoloft, Bracco saw the light at the end of the tunnel. "It sounds so cliché, but it was a little bit of that cloud opening up. I didn't feel as heavy as I had felt. At about the five-week mark, I was cleaning up the house—every drawer, every closet, everything! I got rid of the old to let in the new. And I felt that was a result of the medication." Although she's since stopped taking Zoloft, she continues regular therapy sessions. "Sometimes, things happen in life that are difficult to handle. Being able to speak in a space where you're not being judged and it's for your own benefit to hear yourself, I always felt, was very good."

You can't help but compare these statements to the calm and reassuring tone of her TV alter ego. In fact, Bracco says it was her own personal depression that helped her develop her "Sopranos" character: "I read up on mental illness, and I think it gave some depth to Dr. Melfi." So truthful and convincing was her portrayal that in 2001, the American

Psychoanalytic Association gave her an award for such a realistic portrayal. That's when she revealed her own personal depression. "A lot of things Dr. Melfi says to Tony Soprano are very amusing to me because I'll say to myself, 'Oh God, this is so good,'" she says. "I get a kick out of it."

A revived passion for life

Bracco is once again getting a kick out of life. Just today, her friends and daughters Margaux and Stella came to her newly purchased home in the Hamptons, which she shares with her Jack Russell, Chandler, for a barbecue. The busy actress, who currently is filming the last season of "The Sopranos," also has a successful wine company, Bracco Wines, and she's even found love again. With her depression behind her, Bracco has a new focus and energy that guides her life. "You know, it's how we choose to deal with our pain and suffering in our lives that defines our essence," she says.

And how does Bracco describe her own essence? "I think I've aged, I've mellowed. I think my core is very strong. I'm a great friend, a very good mother. I'm a good companion. Things have been good. And I'm thankful for all of the good and bad experiences I've been through. I'm thankful that I'm healthy. One of my long-range personal goals is to stay healthy and strong."

Serenity now!

Don't let stress rule your life

If only you could banish stress, you think, you'd feel so much better. Well, think again. While no one enjoys that gut-churning, heart-pounding feeling, small doses of stress can act as a positive, motivating force and add excitement to our lives. So if you can't live with stress and you can't live without it, what's the answer? Simply put, it's learning how to manage stress—instead of letting it overwhelm you.

Getting a grip

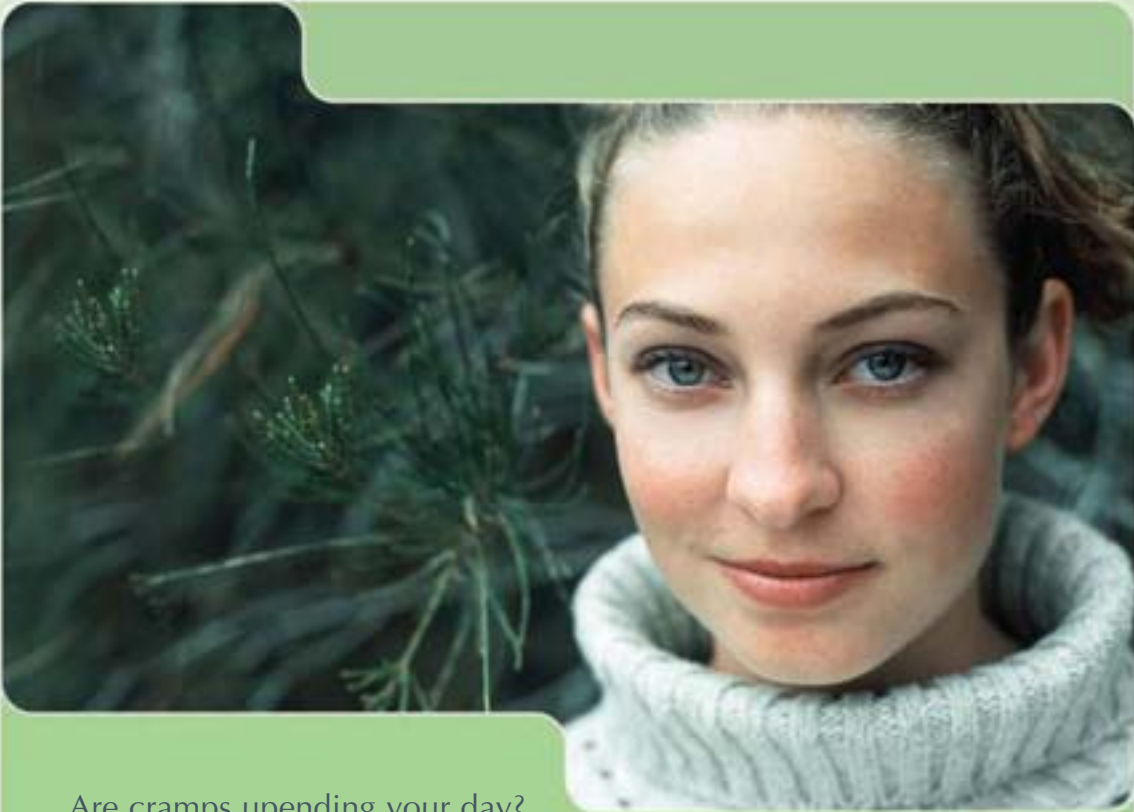
Obviously, it's impossible to rid the world of everything that causes tension and anxiety. But it is possible to change your reaction to stress.

These steps may help:

- 1 **Work out your troubles.** Exercise can do a lot for your body as well as your mind. The feeling of well-being it creates can override the stress response. First, list the physical activities you enjoy, from walking in the park to dancing. Promise to spend a minimum of 30 minutes a day practicing one or more of the activities you listed.
- 2 **Learn to relax.** The relaxation response is the opposite of the stress response, and when practiced 15 to 20 minutes a day, it can lower your overall stress level and improve your health.
 - Meditate by sitting quietly and concentrating on a word, phrase, image or mental suggestion.
 - Visualize a peaceful or relaxing scene. Keep your eyes closed and pay attention to every detail.
 - Breathe from your abdomen in a natural rhythmic pattern until it becomes a habit.
- 3 **Talk to a friend.** Pick up the phone or visit your friend to vent your problems. Don't expect immediate solutions, but do expect relief from knowing that someone cares.
- 4 **Pamper yourself.** Some stress balms are so obvious that many people forget about them. Take a warm bath. Linger over a cup of warm tea. Take a nap.

? Did you know?

- Even happy events cause stress. Job layoffs, family crises and urgent deadlines are obvious sources of stress. But if you've just started a new job, gotten married, had a baby or even won the lottery, you know happy times aren't stress free, either!
- Some stress can be good for you, because it helps you react quickly in threatening situations. Many times, stress also is necessary for a good performance. Stress can even add excitement and meaning to your life.
- Holding in anger may be more dangerous to you than letting it out. A better option is directing an assertive response to the proper person.



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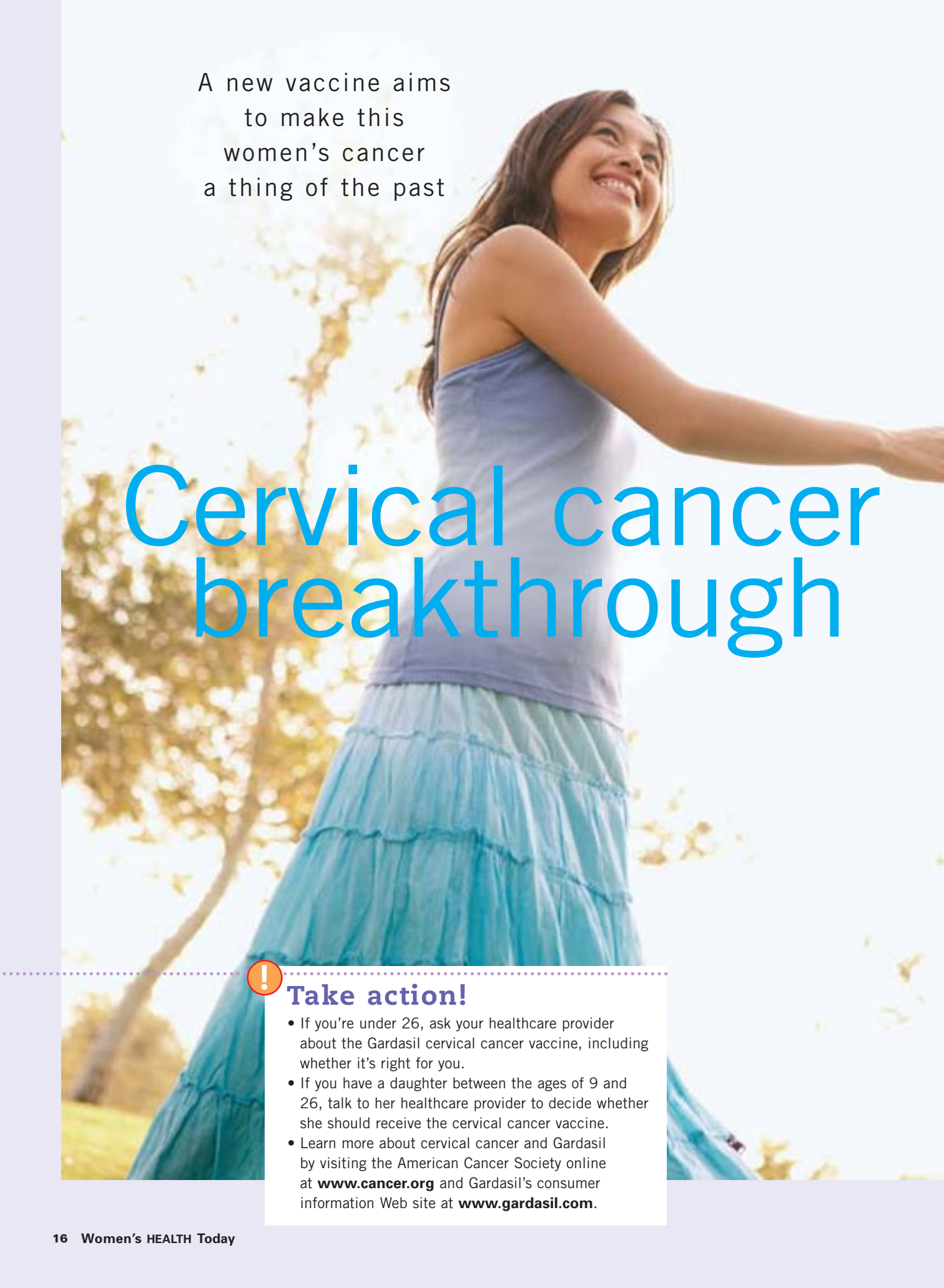
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a thing of the past

Cervical cancer breakthrough



Take action!

- If you're under 26, ask your healthcare provider about the Gardasil cervical cancer vaccine, including whether it's right for you.
- If you have a daughter between the ages of 9 and 26, talk to her healthcare provider to decide whether she should receive the cervical cancer vaccine.
- Learn more about cervical cancer and Gardasil by visiting the American Cancer Society online at www.cancer.org and Gardasil's consumer information Web site at www.gardasil.com.

This year, nearly 10,000 women in the United States will be diagnosed with invasive cervical cancer, and nearly 4,000 of them will die.

But girls growing up today may be much less likely to face this terrible disease. Why? They'll be protected by a remarkable new vaccine.

In June, the Food and Drug Administration approved the use of Gardasil®, a vaccine for girls and young women 9 to 26 years old. Three weeks later, the U.S. Centers for Disease Control and Prevention unanimously recommended the vaccination of all young women 11 to 26 years old.

The HPV blocker

Gardasil, manufactured by Merck & Co., Inc., protects against four common forms of the human papillomavirus (HPV), the most common sexually transmitted infection in the U.S. HPV causes about 70 percent of cervical cancers and 90 percent of genital warts. By age 50, up to 80 percent of women have had HPV.

Gardasil is expected to be widely available privately and through federal vaccination programs. Most state health authorities and private insurers also are expected to provide the vaccine. Women who receive the vaccine (which is administered by injection) will need three doses, each given a few months apart.

Because the vaccine is only effective prior to infection, young women should be vaccinated before becoming sexually active. All women who receive the vaccine must continue to have annual Pap tests, since the vaccine doesn't protect against all HPV types that cause cervical cancer.

Offering new hope

Thanks to Gardasil, within 30 years there should be a significant drop in the numbers of new cases of cervical cancer, says Thomas Herzog, MD, director of the division of gynecologic oncology at Columbia University Medical Center in New York.

"This is a new era in which we have an opportunity to eradicate a common cancer," Dr. Herzog says. "That's what's really exciting. Through the discoveries of what powers the immune system, we're able to prevent a cancer from ever occurring. That's remarkable."

PREVENTIVE STRATEGIES TO LIVE BY

Cervical cancer is a largely preventable disease. In addition to receiving the Gardasil cervical cancer vaccine (if you're eligible), you can reduce your risk of cervical cancer by taking these steps:

- Get regular Pap tests. According to the American Cancer Society, testing should begin three years after a woman has intercourse or by age 21. Talk to your healthcare provider about how often you should receive Pap tests.
- Refrain from sexual activity until after age 18.
- Quit smoking.
- Be monogamous with a partner who also is monogamous.
- Protect yourself from sexually transmitted diseases. (HPV, in particular, can lead to cervical cancer.)

GARDASIL AT A GLANCE

- **What is it?** Gardasil is a new vaccine that prevents the human papillomavirus (HPV), a sexually transmitted virus that causes about 70 percent of cervical cancers.
- **Who should receive it?** Girls and young women ages 11 to 26 are eligible for the vaccine. The vaccine doesn't work in women already infected with HPV.
- **Where can you get it?** Gardasil will be available privately and through federal vaccination programs. Ask your healthcare provider if he or she is offering the vaccine.

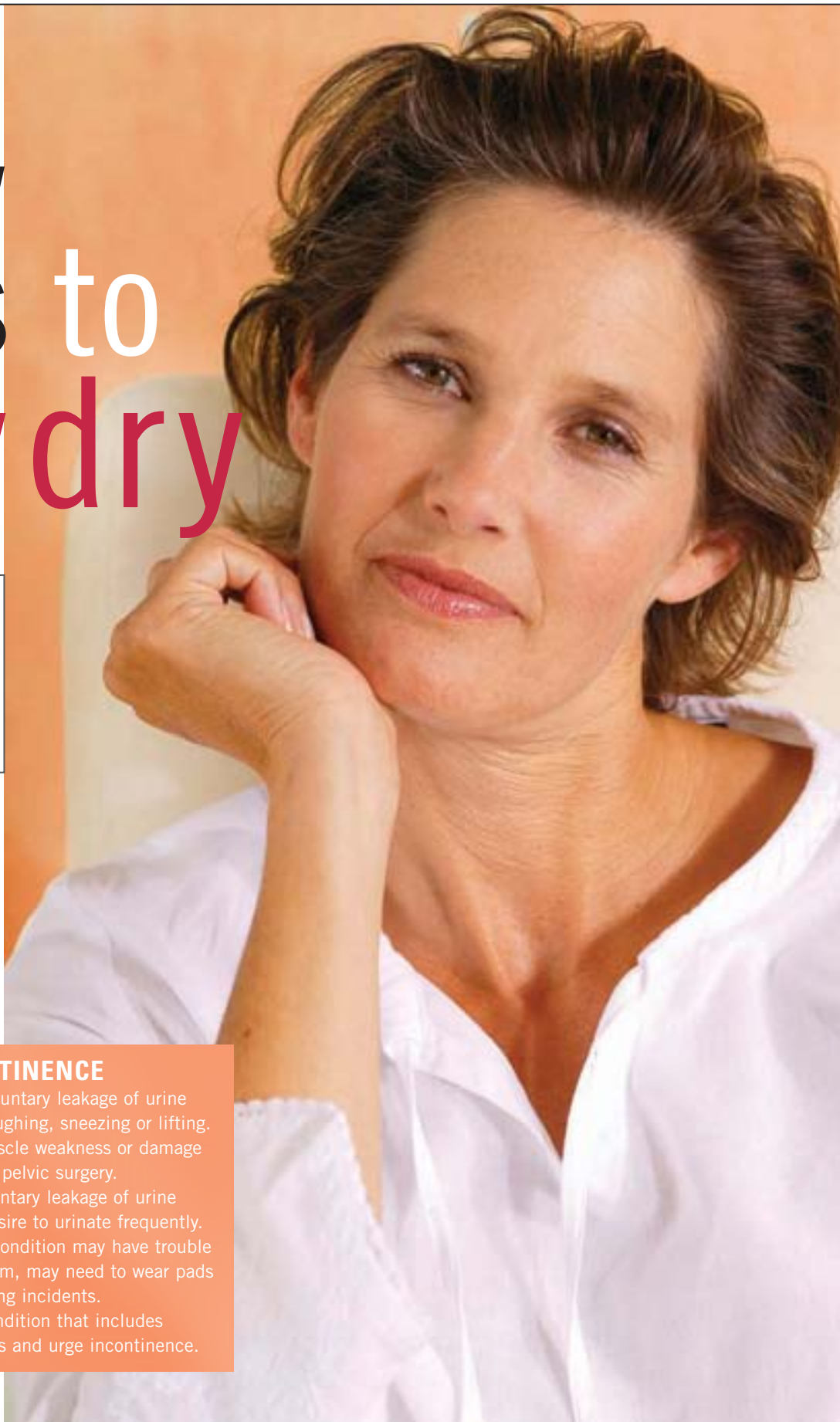


New ways to stay dry

Which treatment for incontinence is right for you?

TYPES OF INCONTINENCE

- **Stress incontinence**—Involuntary leakage of urine during activities like laughing, sneezing or lifting. This may be due to muscle weakness or damage caused by childbirth or pelvic surgery.
- **Urge incontinence**—Involuntary leakage of urine accompanied by the desire to urinate frequently. Women who have this condition may have trouble making it to the restroom, may need to wear pads and may have bedwetting incidents.
- **Mixed incontinence**—A condition that includes symptoms of both stress and urge incontinence.



At first, Jeanette used panty liners to catch small amounts of urine when she couldn't get to the bathroom in time. Then she started using adult diapers. Eventually, Jeanette put plastic covers on her bed and chairs and limited her activities because of her overactive bladder. Overcome by isolation and embarrassment, Jeanette finally called her healthcare provider to ask for help.

If Jeanette's case sounds a lot like yours, you're not alone. Millions of women suffer from socially disabling urinary incontinence. Because of embarrassment, however, most don't seek medical help. Instead, they limit their activities to accommodate the problem.

If you've leaked urine or have been frustrated by failed treatments, don't despair. Talk to your healthcare provider. There are many ways to reduce or eliminate incontinence, and recent treatment advances might help you regain the freedom to live your life to the fullest.

A faucet that won't shut off

"Overactive bladder can greatly inhibit a woman's ability to function as a person," says Steven Kleeman, MD, a urogynecologist at The Christ Hospital in Cincinnati, Ohio. "Some of my patients are using the bathroom seven times a day, the upper limit of normal. Some go up to 20 times a day. One patient couldn't travel without a porta potty in the car. She couldn't sleep well. She couldn't take an airplane. These women become captives in their own homes."

Incontinence can be caused by many things, including urinary tract infections, the inability to empty the bladder completely or weak pelvic muscles.

Drier days ahead

Before a treatment plan is developed, you may first be asked to keep a record of your symptoms and a diary of fluid intake. Your healthcare provider may conduct tests to determine the cause of the leakage and whether urine remains in your bladder after you go to the bathroom. He or she also will run tests and gather information to determine which treatment is right for you.

Usually, the first line of treatment is Kegel exercises, a series of pelvic muscle exercises to strengthen muscles around the bladder. If you have trouble telling which muscles to contract during Kegels, ask your healthcare provider about biofeedback training or physical therapy so you can make Kegels part of

your daily health routine.

Behavior modification often is used in conjunction with Kegels. You may be asked to go to the bathroom on a regular schedule, then gradually increase the length of time between urination. This trains your bladder and helps your body remember what normal voiding feels like.

Your healthcare provider also may suggest medication to help reduce the urge to urinate. Newer types of medications even have fewer side effects, such as dry mouth. Ask your healthcare provider if they're worth a try.

"You usually get a better response by combining approaches than by using any one separately," Dr. Kleeman notes. "You often can improve significantly by using behavioral training and performing Kegels. And adding medications can reduce accidents even more."

Another new treatment option is neuromodulation or InterStim Therapy, an implanted device that reduces or eliminates incontinence by sending mild electrical pulses to the nerves leading to the bladder, changing the neural messages between the bladder and spinal cord. "It's similar to pacemaker technology," says Dr. Kleeman. "The procedure takes about a half hour and can easily be reversed."

Jeanette chose InterStim Therapy and reports that her results were remarkable. She went from about 17 episodes of incontinence a day to just two a week. At her follow-up visit, she cried and hugged all the nurses, clinicians and physicians in the office. Then, Jeanette did something she hadn't done in years. She got into her car, drove to the mall and went shopping for new sheets and blankets.

4 must-ask questions for your doctor

If you're struggling with incontinence, ask your healthcare provider these questions about treatment options:

1. Do Kegel exercises really work?
2. What can you tell me about medications for incontinence?
3. What lifestyle changes do you recommend for better bladder control?
4. What are my options if medications don't work?

A better

Minimally invasive surgeries benefit millions of patients. Could they help you?

You've just been told you need surgery, and a flood of questions enter your mind. Will it be painful? How long will I have to remain in the hospital? Will I have a big scar?

But what if you were told that your surgery wouldn't require an overnight hospital stay, would cause only mild discomfort and would get you back to doing the things you love within days, not weeks? Today, all of those things are possible thanks to advances in minimally invasive surgery. Also known as laparoscopy or endoscopy, minimally invasive procedures are fast becoming the treatment of choice for millions of women.

Small incisions make a big difference

Minimally invasive procedures allow surgeons to operate through three or four openings in the body about the size of buttonholes, instead of the large

WHEN IS MINIMALLY INVASIVE SURGERY USED?

Your surgeon can decide whether a minimally invasive procedure is right for you. Some common procedures that increasingly are being treated through minimally invasive techniques include:

- hysterectomy
- removal of ovaries and tubes
- bariatric (weight-loss) surgery
- appendectomy
- gallbladder surgery
- treatment for bowel tumors
- hernia repair
- coronary bypass
- heart valve procedures
- resection of brain tumors
- tumor biopsies
- carotid angioplasty
- hip replacement
- kidney stone surgery

kind of surgery

incisions that come with traditional surgery. A tiny camera is inserted through one of the incisions, enabling the surgeon to view the patient's organs on a high-definition video monitor. This picture helps guide the physician through the procedure, which involves manipulating long, thin instruments that are inserted through the openings.

These less-invasive procedures are performed by specially trained surgeons. "Laparoscopy takes experience and involves a steep learning curve for surgeons who must become familiar with the technology and techniques," says Susan Cera, MD, a colorectal surgeon at the Cleveland Clinic in Naples, Fla.

Because it allows surgeons to perform a growing number of operations without the trauma and pain of large incisions, laparoscopic techniques are being used for procedures ranging from gallbladder surgeries, appendectomies and tumor biopsies to coronary bypass surgeries, removal of brain tumors and hip replacements.

Benefits—and risks

Compared to traditional, or "open" surgery, less-invasive procedures can mean:

- less postoperative pain
- a lower risk of wound infections
- a shorter hospital stay
- faster recovery time
- a faster return to work and activities

- smaller scars
- lower cost of care

However, minimally invasive procedures are not without risks. In addition to the usual dangers of surgery, risks of minimally invasive surgery include unintentional injury to organs and adjacent structures at the incision sites. Laparoscopies also can be more challenging for surgeons to perform since, as Dr. Cera explains, "you don't have the tactile sensation, especially if you're removing a tumor or polyp," that comes with open surgery.

More progress to come

Still, minimally invasive procedures continue to make steady gains. For example, they've become standard procedure for gallbladder surgery, accounting for 95 percent of the 600,000 operations each year in the United States. Instead of the usual five- to eight-day hospital stay and four to six weeks of sometimes painful recovery, most gallbladder patients now leave the hospital in a day or two and return to normal activities within a week.

That encouraging success is prompting the medical community to reassess how surgery is performed in nearly every other field. "I feel very comfortable performing laparoscopy," says Dr. Cera. "When I see my patients doing better, it's a very rewarding feeling."

6 must-ask questions for your doctor

If you need surgery, talk to your doctor about how your surgery will be performed. Remember to ask these questions:

1. What will my procedure be like?
2. Will you be using minimally invasive techniques to perform my procedure?
3. Are there any potential risks of surgery that I should be aware of?
4. How long will I have to stay in the hospital?
5. What can I expect during my recovery?
6. How soon after surgery can I return to my job and/or everyday activities?



The latest findings on biological health differences between women and men from the Society for Women's Health Research

Smoking and bladder cancer

What's the connection?

By Jennifer Wider, MD

More bad news for female smokers: A study from the University of Southern California says women's bladders may be more susceptible to cancer-causing agents in tobacco.

Researchers found when women and men smoke at comparably high levels, the woman's bladder cancer risk is 30 percent to 50 percent higher than the man's.

How the smoke stacks up

"Smoke contributes to bladder cancer because carcinogens in cigarette smoke are absorbed from the lungs into the bloodstream," says Viviana Simon, PhD, director of scientific programs for the Society for Women's Health Research. "The carcinogens are then filtered by the kidneys, concentrated in the urine and can damage the cells that line the bladder."

The incidence of bladder cancer has been steadily increasing, according to the American Urological Association. Cigarettes top the list of risk factors. Risk increases with the duration of smoking and decreases when smokers quit. Increasing age also is a risk factor.

Extinguish your habit

Because smoking is the largest known risk factor for bladder cancer, it's crucial for smokers—both female and male—to be aware of their risk and find ways to kick the habit. Relatives and people who spend time with smokers also are at risk, given the established dangers of second-hand smoke.

If you're a smoker, many strategies are available—including the patch, nicotine gum or spray, medications or support groups—to help you quit. Ask your healthcare provider which methods are right for you.



Did you know?

The influence of tobacco on bladder cancer risk isn't the only way the disease differs between women and men. For example, while bladder cancer is more common in men, women are more likely to die from the disease. That's because women are more likely to suffer from rarer types of bladder cancer. Many women also are diagnosed later, which contributes to higher mortality rates. Women with bladder cancer are diagnosed six to nine months later than men, when their cancers are at a more advanced stage.

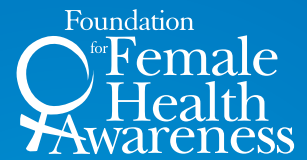


Learn more!

The Society for Women's Health Research is a nonprofit organization that works to improve women's health through education, advocacy and research that examines biological health differences between the sexes. For more of the latest news and research on women's health, visit their Web site at www.womenshealthresearch.org.

Dr. Wider is a medical advisor for the Society for Women's Health Research, which is based in Washington, DC.

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Women's
Health Experience

A photograph of a couple embracing in a room with a window. The woman is wearing a brown long-sleeved top and light-colored striped pants. The man is wearing a white t-shirt and light-colored striped pants. They are both barefoot. The background is a light blue wall and a window with white trim.

Sexual revolution

By overcoming obstacles and embracing their sexuality, older women are enjoying satisfying sexual relationships well into their golden years. Here's how you can, too

Marguerite is in her early 70s and has sex with her husband regularly, sometimes twice a day. Her healthcare provider's response? "You go, girl!"

Marguerite may not be typical, but older women are more sexually active than ever, debunking the myth that menopause automatically leads to sexual decline. Today's women are embracing physical changes and extending sexuality well into retirement.

"Some women do experience a decline in sexuality as they go through menopause," acknowledges Rachel Pauls, MD, a urogynecologist and director of the Center for Female Sexual Health in Cincinnati, Ohio. "However, others experience a liberation and improvement of sexual function as they get older. It depends on

how they view their sexuality in the context of their life and their health.”

Those who stay sexually active might experience a few bumps in the road. About four in 10 women ages 40 to 80 report some sexual dysfunction, including lack of desire or problems with arousal, lubrication or achieving orgasm.

So, how can you overcome these barriers to sexual satisfaction? One way is through frank discussions with your healthcare provider, says Dr. Pauls. “Many women are afraid of embarrassing their physician by discussing their sex lives,” she says. “But there are several solutions available by prescription, over-the-counter or through lifestyle changes. If your healthcare provider isn’t providing you with the answers you need, you may want to see a specialist.”

Natural changes

Older women need to know what to expect from their aging bodies, particularly during menopause. “The ovaries stop making estrogen and the lining in the vagina becomes thinner,” Dr. Pauls explains. “And there’s less blood flow, less lubrication and more dryness, which can cause irritation, burning and other discomfort.”

Other changes may include a smaller, less sensitive clitoris. It may take longer to reach orgasm, orgasms may be less intense and there may be an overall lessening of desire.

Medical conditions associated with age also may affect sexual function. Prescriptions for diabetes, high blood pressure, high cholesterol, cancer and depression can all impact sexuality.

And when women lose their sexual partner through death or divorce, they tend to become inactive as well. “For older women, it may be more difficult to find a new partner than it is for men,” Dr. Pauls notes.

Sensible solutions

One of the best antidotes to aging is to continue having sex—this keeps the vaginal tissues supple and in shape, says Dr. Pauls. “Masturbation or frequent intercourse can keep symptoms at bay and

tissues healthier by regularly increasing blood flow,” she adds.

A variety of hormone therapies, new medications and experimental treatments have shown promising results in sexual desire and function. Ask your healthcare provider for new ideas.

To combat vaginal dryness—a big complaint from older women, Dr. Pauls says—vaginal estrogen creams, tablets or rings and silicone-based lubricants are effective. Massage oils, including the herbal oil Zestra, can increase arousal. And an FDA-approved suction device called Eros Therapy increases blood flow to the vagina and vulva.

Older women should do Kegel exercises to keep pelvic muscles in shape. Some women also like to use cone-shaped weights that are held inside the vagina. “It’s like resistance training—you train your pelvic muscles just like you would your biceps,”

Dr. Pauls explains.

Healthy living also goes a long way toward keeping you sexually active in your later years.

Losing weight, quitting smoking, exercising, getting plenty of sleep and not drinking too much are sound suggestions for your general and sexual health.

Finally, be honest with your partner. “Keep those lines of communication open,” urges Dr. Pauls.

“If it takes longer to have an orgasm, allow for that. Don’t be embarrassed.”

Embracing your sexuality

Despite the sexual challenges that can develop after menopause, many older women actually reach the height of their sexual functioning during this stage of their lives. Why? For starters, menopause provides sexual freedom with no worries of pregnancy. Empty nesters suddenly find they can have sex whenever and wherever they like without fear of interruption. Retired partners often are rested, free of work and financial stress and more ready for a romp than they’ve been in years.

“Society is changing,” Dr. Pauls says. “Attitudes are shifting. Baby boomers are in their 60s and they want to continue being sexual, and they’re not afraid to talk about it.”

4 must-ask questions for your doctor

1. I’m just not interested in sex the way I used to be. What can I do?
2. Sometimes I have pain during intercourse. What could be the cause?
3. I feel dry. What products could help?
4. What can I do to improve my sex life?

Fighting cancer



Can what you eat really make a difference in whether you get cancer? Many experts agree that making better choices about what you put on your plate is one way to thwart the cell changes, or mutations, that can lead to cancer.

The facts

Each year, doctors diagnose more than 1 million new cases of cancer in this country. These cancers don't just one day "appear." It can take years before normal cells become cancerous. Scientists think that during this time we have many chances to put a halt to cancer's progression. One way may be by eating a healthier diet.

5 steps to healthier eating

1 Eat to stay lean. If you're overweight, you'll cut your risk of cancer by trimming excess pounds. Fill up on vegetables, salads and lower-calorie soups and stews with vegetables and legumes. Cut back on foods high in fat, sugar and calories—downsizing your portions can help. Avoid alcohol (which also may increase your risk of certain cancers). Trade apple fritters for apples and learn the calorie content of foods you regularly eat. Your nightly bowl of ice cream can contribute more than 300 calories of sugar and fat. Making that a Saturday-night-only treat can save you 2,000 empty calories each week.

2 Pick produce. Eat a diet high in fruits and vegetables (at least five or more a day). They're packed with vitamins, minerals and antioxidants that help strengthen your immune system and fight free-radical damage in your body that may lead to cancer. Vitamins A, C and E and the mineral selenium are potent cancer-fighters. Some chemicals in plants also may suppress cancer, such as:

- indoles and isothiocyanates in cruciferous

with your fork

vegetables like broccoli, cabbage, brussel sprouts, cauliflower, bok choy and kale

- carotenoids, which give plant foods their pigment, including lycopene found in tomato products, watermelon, red peppers and pink grapefruit; beta-carotene found in yams, carrots, cantaloupe and pumpkin; and lutein found in leafy greens like spinach and collard greens

- organic allyl sulfur compounds in garlic and onions (including chives, scallions, leeks and shallots)

- resveratrol in red grapes and some berries

- anthocyanins and ellagic acid in cranberries, blueberries, raspberries, blackberries and strawberries

3 Factor in fiber. Countries whose populations eat high-fiber diets report lower cancer rates. Most experts recommend increasing your intake of fibrous foods, including fruits and vegetables, legumes, nuts, seeds and whole grains such as oats and barley. In addition to fiber, these foods contain other substances that can help reduce your cancer risk.

4 Watch the fat. Government guidelines suggest you get no more than 35 percent of your calories from fat. Cut back on saturated fat found in animal sources and trans fatty acids found in processed foods (listed as “partially hydrogenated oil” on nutrition labels). Increase omega-3 fats, which may suppress tumors; these fats are found in cold-water fish like salmon and sardines, plus walnuts and flaxseed. Select low-fat sources of protein such as lean fish,

skinless poultry breasts and legumes. Add extra virgin olive oil in moderation to your salads and cooking—some say its healthy mix of vitamin E, phytochemicals and antioxidants may prevent certain cancers—but watch total calories.

5 Be adventurous. Don’t fall into the trap of eating broccoli every day. Instead, focus on flavor and variety. And beware of unbalanced diet plans that claim to “cure” cancer. No single food can protect you from cancer, but a varied, plant-based diet may, according to the American Institute for Cancer Research. Compounds in foods may work together to fight cancer most effectively. Many other substances exist in foods that may fight cancer’s formation, and scientists predict that many more have yet to be identified. What’s more, a nutrient found ineffective at preventing one type of cancer may still be useful in blocking another. So explore the produce aisle and try something new when you go out to eat.

YOUR BEST ANTICANCER MENU

- Flavor your food with herbs and spices, such as turmeric and oregano. These seasonings also contain cancer-fighting phytochemicals; if nothing else, they can make your low-fat diet more pleasing.
- Brew up some green tea, which boasts antioxidants called catechins that may inhibit cancer. (Black tea has some, too, but not as much.)
- Sprinkle flaxseed into cereal, salad or shakes—lab studies show it may inhibit tumors.
- Add soy to your diet. The active ingredients in whole soy foods such as tofu, soybeans or tempeh may fight cancer, some say.

HOW FOOD FIGHTS CANCER

Nutrients in foods fight cancer by:

- destroying free radicals that damage DNA, which can lead to cancer
- helping to eliminate carcinogens (cancer-causing substances)
- blocking the activation of carcinogens
- inhibiting carcinogenesis, the disease process that leads to cancer



Menopause got you down?

7 ways to smooth menopausal moods

“I thought I was going crazy,” says Rosemary about her transition through menopause at age 52. Normally a warm and good-natured woman, Rosemary suddenly found herself on a roller coaster of emotions. She felt sad, irritable and short-tempered. She ranted at drivers and was suddenly unhappy with her job. She felt as if she had a permanent case of PMS.

Troubling symptoms

Although menopausal mood swings are common, they often take women by surprise. Rapidly declining estrogen levels can trigger depression, anxiety, night sweats and sleep disturbances. Hot flashes can be uncomfortable and embarrassing. Intimacy with your partner can be less fulfilling, and maintaining a healthy weight can be downright frustrating. Is it any wonder that a woman might get irritable?

The good news is that menopause is no longer a forbidden topic. Books, articles and experts on the subject abound, so you can get information and support more easily than your mother or grandmother could.

Check your moods

Rosemary learned to relax and control her moods with regular walks, a better diet and charity work. You can help keep your menopausal moods in check, too, by following these seven steps:

- 1 **Exercise.** Exercise can ease stress and help you maintain your weight.
- 2 **Eat well.** Small, balanced meals can keep your energy levels on an even keel.

3 MUST-ASK QUESTIONS FOR YOUR DOCTOR

Bothered by menopausal symptoms? At your next checkup, ask your health-care provider:

1. What natural menopausal remedies or lifestyle changes can you suggest?
2. Should I consider making changes to my diet and physical activity?
3. Based on my age and overall health, would you recommend a short-term regimen of hormone therapy to help me manage my symptoms?



! Learn more!

For more menopause resources, visit www.menopauserx.com or the North American Menopause Society at www.menopause.org.

- 3 **Practice yoga.** Or try deep breathing or meditation. Even meditative walking can help.
- 4 **Avoid tranquilizers and alcohol.** These can make depression worse.
- 5 **Find a creative outlet.** The sense of achievement will brighten your spirits.
- 6 **Stay connected.** Keep in touch with friends, family and community. Get emotional support where you can.
- 7 **Make lifestyle changes.** Try keeping your bedroom cool, for example, to prevent night sweats.

house calls

Your health questions, answered by experts



Q I've suffered from chronic pelvic pain and was recently diagnosed with endometriosis. I don't have any children yet, but want to start a family. Can I still get pregnant?

A Glen Schattman, MD, responds:

While endometriosis can cause infertility—about 30 percent of women who are infertile have the condition—many women with the disease have no problems getting pregnant. The more complicated part is deciding when to try to get pregnant.

I wouldn't advise you to immediately get pregnant just because there's a chance of infertility in your future. Fertility rates rapidly decline after age 35 regardless of whether you have endometriosis or not. But you may want to put pregnancy higher on your list of priorities if you have endometriosis.

Endometriosis is a disease in which tissue that lines the uterus migrates into the pelvis. There, the tissue responds to hormonal changes—swelling and shedding tissue and blood during your period—as if the endometrial tissue were still inside your uterus. The difference is there's no escape route, so the shed tissue creates lesions or growths inside your pelvis, sometimes blocking the fallopian tubes—which prevents the eggs from being fertilized.

Most treatments for endometriosis, like anti-inflammatory drugs and hormones, aren't designed to enhance fertility. However, procedures to clear fallopian tubes and remove lesions can improve the odds of pregnancy.

Since endometriosis can progress rapidly, you should talk with your healthcare provider about your condition. Hormonal medications belonging to a class of drugs called gonadotropin-releasing hormone (GnRH) agonists are effective in reducing pain and endometrial growths, and may be used in combination with surgery. Oral contraceptives can relieve symptoms and possibly slow the progression of the disease; however, they don't appear to enhance future fertility. If you haven't gotten pregnant after six months to a year of trying, you may want to consider an evaluation by a fertility specialist.

Researchers continue to explore the link between endometriosis and fertility. One study identified a protein the embryo needs to attach to the uterus, which is missing in many women with endometriosis. Suppression of endometriosis has been associated with a reappearance of this protein and has resulted in an increase in fertility in some studies.

Remember, everyone has a biological clock ticking, not just women who have endometriosis. So, while women with endometriosis should prioritize pregnancy, they shouldn't radically alter their life plans because of it.



Dr. Schattman is an associate professor of obstetrics and gynecology at New York Presbyterian Hospital–Weill Medical College, Cornell University.

Jane knew her doctor really meant it this time. The 45-year-old was battling high cholesterol, high blood pressure and about 20 extra pounds, and during her last checkup her doctor warned her to get serious about eating right and exercising.

Taking her physician's advice to heart, Jane started cutting the fat in her diet, eating more fruits and vegetables and watching her portions. But when it came to exercise, that was a problem. Health clubs weren't really Jane's style. She felt uncomfortable working out in a crowd. The expense was another turnoff. Besides, where would she find an hour a day, or even every other day, to spend at the gym?

What Jane didn't realize was that fitness isn't something that has to happen in one-hour blocks. It doesn't have to cost a lot of money. And better yet, it can be done anywhere, any time.

When it comes to fitting fitness into your life, all you need is a little creativity and the desire to do your mind and body some good. Here are some ideas to get you started:

Around the house

- 1 **Put some muscle into your housework.** Scrub, vacuum and wash windows with vigor for an energy expenditure that gets your home sparkling and your heart pumping.
- 2 **Tend your garden.** Try your hand at gardening and landscaping. Plant tomatoes, mow the lawn, pull up shrubs that have seen better days and replace with new ones.
- 3 **Go ahead, watch TV!** Just keep moving while you watch. Walk or march in place. Jump rope or climb stairs during a commercial break.
- 4 **Do a home-beautification project.** Scrape away old paint and add a fresh coat. Sand and revarnish tired-looking furniture. Try hanging wallpaper yourself.

In the car

- 5 **Take a traffic break.** Don't let a jam—or a red light—get you down. Instead, do some muscle-strengthening exercises:
 - Tone your tummy by pressing your lower back into the seat and tightening abdominal muscles.
 - Squeeze your buttocks together to work your bottom.
 - Firm your forearms by squeezing the steering wheel. Place hands at the 9 and 3 o'clock positions,

Anytime, anywhere fitness

Forget the gym—here are a dozen ways to sneak exercise into your daily routine





FEELING BETTER?

If you've been making an effort to inject more activity into your daily routine, you may have begun noticing a few changes. To strengthen your incentive to make exercise a permanent habit, focus on how it makes you feel throughout the day.

- Are you going to sleep more easily and sleeping more soundly?
- Do you feel more energetic?
- Do you feel better about yourself in general? Happier, more confident and more in control?
- Are you more relaxed? Feeling less overwhelmed and better able to adjust to life's ups and downs?



Take action!

- Get your doctor's OK before exercising, especially if you have a pre-existing health condition that may limit your activity level.
- Visit www.womenshealthexperience.com for more information and resources on staying fit and healthy.

and press arms inward.

- Do Kegels. Tighten the muscles you use to control urination. Hold for five seconds and repeat 20 times. The exercise strengthens the muscles of the pelvic floor.

At work

- 6 Head for the halls.** Get up once or twice a day and take a five-minute walk, longer if possible. Vary your routine by climbing stairs.
- 7 Stretch it out.** Are you sore from sitting at your desk or slumping over your workstation? Turn your head from side to side and rotate it in a clockwise and counterclockwise motion. One arm at a time, reach over your head and try to touch your back between the shoulder blades. Stand up, hold your arms above your head, interlace your fingers and stretch toward the ceiling.
- 8 Stop short.** If you take public transportation to work, leave home 10 minutes earlier and get off the bus a stop or two farther away than usual.

Around town

- 9 It's off to school you go.** If you have young kids, accompany them to school by foot. And the next time you have to pick up milk and the paper, bike to the convenience store instead of driving.
- 10 Act like a kid.** If it makes you feel better, grab your child and head to the park or playground. Ride on the seesaw, try your hand at the monkey bars or swing as high as you can.

At the mall

- 11 Take the pain out of parking.** Just grab the spot farthest away from the mall entrance (it definitely will be available!) and sneak in a brisk, healthy walk.
- 12 Be a browser.** Don't make a beeline for your favorite boutique. Instead, take 10 minutes to walk around the entire mall, upper and lower levels if possible. Pretend escalators and elevators don't exist and take the stairs. (Yes, there are stairwells in malls and department stores!)

Nutrition pop quiz

WE ALL KNOW an apple a day keeps the doctor away—but how sharp are your other nutrition smarts? Test them by answering true or false to the statements below. Then read on for the answers to see how well you did.

TRUE OR FALSE?

1. Doctors recommend women take a multi-vitamin plus vitamin and mineral supplements every day for optimal health.
2. Vegetarians are at risk of developing a vitamin B-12 deficiency two years after they stop eating meat.
3. Adding almonds to your diet can help keep your heart healthy.
4. Water, juice and sodas all help prevent dehydration.
5. For every 2,000 calories you cut from your diet, you lose 1 pound of fat.

ANSWERS

1. **FALSE.** A daily multivitamin plus a balanced, healthy diet is more than enough because all the vitamins and minerals you need can be found in the food you eat. Talk to your healthcare provider before adding a supplement to your everyday regimen.
2. **TRUE.** Vitamin B-12 is an important vitamin found in meat and dairy products. Two years after eliminating these products from their diet, vegetarians—even if they aren't strict vegetarians—are at risk of having a low level of this vitamin, which can increase their risks for anemia, depression, dementia or heart disease and stroke.
3. **TRUE.** Almonds contain monounsaturated fat, plant protein and dietary fiber, all of which increases HDL, or “good” cholesterol and decreases LDL, or “bad” cholesterol levels. They're also a great source of vitamin E—an antioxidant that helps protect cells from everyday damage.
4. **FALSE.** Sugar found in soft drinks and fruit juices slows down the rate water is absorbed by your body. If you're bored of drinking plain water, jazz it up by adding lime or lemon. Fruits like grapes and oranges and foods like yogurt, tomatoes and pasta also are a great source of water.
5. **FALSE.** Actually, 3,500 calories are equal to 1 pound of fat. By cutting or burning 500 calories from your diet a day, you lose a pound of fat in a week. You shouldn't, however, lose more than 2 pounds a week—instead of losing body fat, you'll be losing water weight and breaking down muscle mass.



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