

HOW HEART-SMART ARE YOU? FIND OUT INSIDE!

SUMMER 2006

WOMEN'S

health

TODAY

Crunching numbers:
LOWERING YOUR
CHOLESTEROL

Outsmart skin cancer
and still
get that
summer
glow

GET GRILLING!
Recipes for
healthy
summer fare

Jane Seymour
ON LOVING LIFE,
FEELING YOUNG AND
STAYING HEALTHY

The health
secret
millions
of women
keep



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BONNIE BLAIR, OLYMPIC SPEED SKATING CHAMPION

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love, laughter and healthy lessons

at 54, Jane Seymour has a happy home life, good health and beauty most women half her age would kill for. What's her secret to staying healthy, active and vibrant? Find out in "Love and laughter" on page 10. An outspoken advocate for women's heart health, Seymour discusses her mission to educate women about heart disease prevention, as well as her own blueprint for staying heart-healthy.

Also in this issue of *Women's Health Today*, you'll read about pelvic organ prolapse, a very common condition most women don't talk about ("The secret millions of women keep," page 18). Like many other conditions, women don't have to live with this problem. If you suffer from significant pressure or a feeling like your pelvic organs have dropped, use the questions on page 19 to fuel a discussion with your healthcare provider.

We'll also tell you about the different treatments for uterine fibroids, a very common condition that can be present in up to 30 percent of women. With so many options, which treatment is best for you? Turn to "The fix for fibroids" on page 24 to find out.

And since summer is here, don't miss our article on shielding your skin from the sun and protecting yourself from skin cancer—plus tips on getting a healthier summer glow ("Here comes the sun," page 6).

Remember—staying informed and talking to your healthcare provider are the first steps toward achieving a healthy lifestyle. I hope you'll use the information in this magazine and on our Web site, www.womenshealthexperience.com, to continue a dialogue with your physician and find more ways to live your healthiest life.

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.

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SUBSCRIPTION SERVICES: To inquire about a subscription, to change an address or to request a back issue, write to *Women's Health Today*, Circulation, 3922 Coconut Palm Drive, Tampa, FL 33619; telephone 813-627-6769; or visit www.womenshealthexperience.com

ADVERTISING AND SPONSORSHIP INQUIRIES: Please contact Elizabeth Ulrich at 610-454-0233 or elizabeth.ulrich@dowdenhealth.com.

Women's Health Today is published four times a year by Dowden Health Media, 110 Summit Avenue, Montvale, NJ 07645, a subsidiary of Lebbhar-Friedman, Inc., in conjunction with the Foundation for Female Health Awareness, PO Box 43028, Cincinnati, OH 45243. This is Volume 2, Issue 2. © 2006 by Foundation for Female Health Awareness and Dowden Health Media, Inc. All rights reserved. Subscriptions in U.S.: \$9.95 per year. Single copies: \$3.95.

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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 health care 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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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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HEALTH



Fibroids may complicate pregnancy

Although uterine fibroids are a common condition, they don't cause symptoms for most women. But a new study from the University of California, San Diego found that women with fibroids had significantly higher rates of pregnancy complications. After looking at the pregnancies of more than 15,000 women, researchers learned that women with fibroids had a 64 percent increased risk for Cesarean delivery, a 59 percent increased risk for a malpositioned baby (such as breech), a 45 percent increased risk for delivering preterm and a 157 percent increased risk for severe post-birth bleeding.

If you know you have fibroids, ask your doctor about what you can do to have the healthiest pregnancy possible.

Turn to page 24 for more information on treatment options for uterine fibroids.

Wine drinkers choose healthier foods

How does drinking wine help your health? Usually the benefit of wine has something to do with antioxidants called flavonoids, but a new study reported in the *British Medical Journal* sheds a different light on the subject—wine drinkers tend to choose healthier foods than people who prefer beer. Danish researchers looked at what people bought in supermarkets and found that wine drinkers tend to select more fruits, vegetables, olives, low-fat cheese and cooking oil. Beer drinkers preferred ready meals, soft drinks, sugar, sausages, lamb, butter and margarine. Maybe it's because pork rinds just don't go with Merlot?



headlines

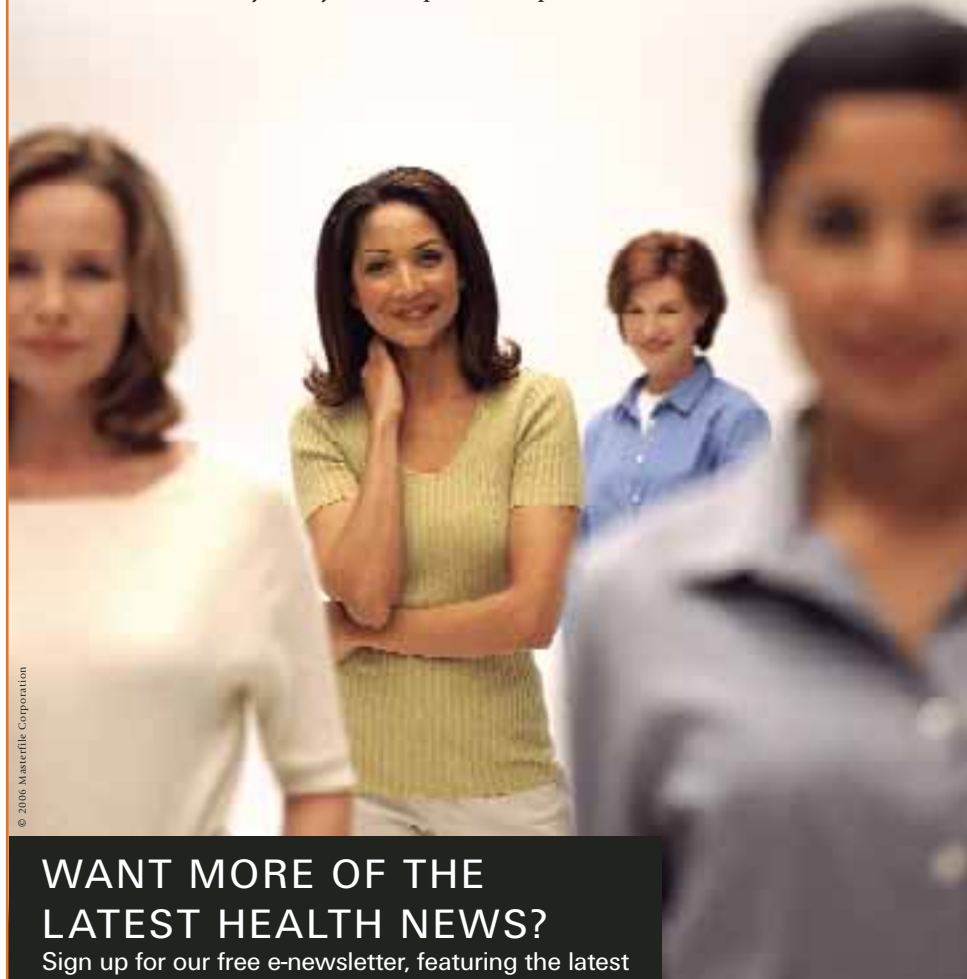


Bladder cancer risk rises after menopause

Researchers from Brigham and Women's Hospital and Harvard Medical School looked at more than 300 women who took part in the Nurses' Health Study and found that women past menopause were nearly twice as likely to develop bladder cancer as premenopausal women—most likely due to a menopausal drop in estrogen levels that's linked with bladder dysfunction, frequent urinary tract infections (UTIs) and inflammation. Women who go through menopause at an earlier age (45 or younger) and women who smoke also face a higher bladder cancer risk, the researchers say. Talk to your doctor about how to prevent UTIs and decrease inflammation in your body.

Too few at-risk women getting bone density checks

The women who would benefit the most from an osteoporosis screening test are least likely to get it, according to a study of nearly 44,000 women ages 66 and older. Reporting in the *Journal of the American Geriatrics Society*, researchers found only 23 percent of the women had a bone density scan and the older a woman was, the less likely she was to be screened. As many as 40 percent of white women ages 50 and older will fracture their hips, wrists or spines due to osteoporosis, and the risk rises with age. Screening is important because treatment with drugs or hormones can restore bone strength and reduce fractures. Current guidelines recommend bone density testing for all women ages 65 and older; Medicare covers the test every two years for postmenopausal women.



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WANT MORE OF THE LATEST HEALTH NEWS?

Sign up for our free e-newsletter, featuring the latest in women's health news and wellness tips for every woman, at www.womenshealthexperience.com.

Here comes the sun

Can't wait to hit the beach this summer? Well, keep your shirt on—and your hat, sunglasses and sunscreen—because ultraviolet (UV) rays are responsible for more than 90 percent of all skin cancers.

Basal cell carcinoma, the most common type by far, accounts for 80 percent of all skin cancers and most often occurs on parts of the body exposed to the sun. It can appear as a sore that doesn't heal; a red, irritated patch that crusts or itches; a smooth growth with a rolled border; a shiny bump that's either pink, brown, red, white or pearly; or a waxy, scarlike area. Luckily, basal cell carcinoma is slow growing, and the cure rate is greater than 95 percent when caught early.

What's your risk? Although anyone can get skin cancer, certain people are more likely to develop it than others. The risk is greatest for individuals with light hair, blue eyes and fair skin that burns easily and for those frequently exposed to the sun, such as construction workers and landscapers. Anyone with a previous skin cancer or a family history of skin cancer faces extra risk. A history of painful or blistering sunburns in childhood also increases an adult's risk of developing the disease.

Strike back at the sun Skin cancer is one of the most preventable forms of cancer. To reduce your risk, follow these strategies:

- Cover up with a wide-brimmed hat, a scarf for your neck, long-sleeved shirts, pants and sunglasses—even at the beach!
 - Apply sunscreen in the morning as part of your normal routine. Choose a water-resistant sunscreen with a sun-protection factor (SPF) of 15 or higher that filters UV light and apply it to all exposed areas of your body 15 to 30 minutes before going into the sun.
 - Avoid going outdoors between 10 a.m. and 3 p.m., when the sun's rays are strongest.
 - At the beach, reapply sunscreen at least every two hours as well as after swimming and perspiring.
 - Don't use a sun lamp or frequent a tanning salon.
 - Give yourself a head-to-toe skin examination at least once every six months. Familiarity with your own skin—its bumps, blotches, birthmarks and so on—enables you to detect even slight changes. If you notice any, see your healthcare provider.
 - Have a professional skin examination once a year.
- These tips apply to everyone—from blondes with blue eyes to brunettes with brown eyes—so make a commitment to play it safe this summer ... and all year long.

**DON'T LET
HARMFUL
RAYS SCORCH
YOUR SKIN
THIS SUMMER**

TAKE ACTION!

- Talk to your healthcare provider about your personal risk for skin cancer and schedule a yearly skin examination.
- Give yourself a skin check every six months.
- Arm yourself with sunscreen, sunglasses and a hat for protection every time you step out into the sun.
- Learn more about healthy skin care and cancer prevention by visiting the American Cancer Society online at www.cancer.org.



WHEN YOUR GOLDEN GLOW TURNS DANGEROUS

If you think going to a tanning salon is a safe way to get that summer glow, think again. Exposure to ultraviolet (UV) radiation, whether from natural sunlight, tanning beds or artificial lamps, poses some not-so-healthy consequences. What's more, researchers are finding that artificial sources of UV may be more dangerous than those that come from the sun.

Like sunlight, the UV sources in tanning beds and sunlamps emit both ultraviolet A (UVA) and ultraviolet B (UVB) radiation. But the artificial sources emit higher doses of UVA radiation—up to three times more than natural sunlight. Because UVA rays penetrate more deeply into the skin, they're less likely to cause your skin to burn. But they do more harm than UVB rays by damaging your skin's immune system. Since your skin can no longer protect itself, you may run a higher risk of developing melanoma—the most dangerous and deadly form of skin cancer.

If you must have a tan, forgo the tanning beds or sunlamps altogether and try a sunless tanning lotion instead. Many of these lotions lack sunscreen, so you'll still need to use extra protection when you go outside. Some tanning salons offer sunless, spray-on tanning. While it's a safer alternative to UV lamps, you must take measures to prevent exposure to your eyes, lips and any mucous membranes and avoid inhaling or ingesting any of the product.



YOU'VE GOT AN AMAZING BODY.

Life giving and life sustaining, every woman's body is a work of wonder. But common problems can begin to affect us as we age. Problems like leaking. Or the uncomfortable feeling of fullness in the pelvic area that can make sexual intimacy painful.

Ask your doctor today about the minimally-invasive procedures available that can help restore your body—and your confidence—to its naturally amazing state. Or visit www.bardurological.com for open, informative answers to your most pressing questions.

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Not your mother's hysterectomy

NEW SURGICAL TECHNIQUES ARE MAKING THIS PROCEDURE EASIER ON PATIENTS

Choosing to have a hysterectomy can be one of the more difficult decisions of your life. Apart from the emotional factors, you're probably concerned about having major surgery followed by a lengthy recovery.

"A typical patient is against hysterectomy at first," says Andrew I. Brill, MD, director of gynecologic endoscopy at the University of Illinois in Chicago. "But when she says hysterectomy and I

say hysterectomy, we're not necessarily talking about the same thing." That's because many aren't aware of newer procedures that result in less pain and scarring and a faster recovery. These less invasive surgeries are a better choice, Dr. Brill says, with more women choosing to keep their ovaries, fallopian tubes and cervix than in the past.

6 MUST-ASK QUESTIONS FOR YOUR DOCTOR

If you're considering having a hysterectomy, remember to ask your healthcare provider:

- 1 Given my symptoms, what kind of hysterectomy is best for me?
- 2 What are the benefits and risks of the three types of hysterectomy?
- 3 If the vaginal approach isn't feasible, can it be performed by laparoscopy?
- 4 How do recovery times differ for the three procedures?
- 5 What are the pros and cons of keeping my ovaries, cervix or fallopian tubes?
- 6 How do I find the best surgeon for the procedure I pick?

DID YOU KNOW?

One-third of women in the United States have had a hysterectomy by age 60, according to the National Women's Health Center.

If you and your healthcare provider decide a hysterectomy is necessary, make sure you're well informed about the types of surgeries available—the one you choose can impact your post-op comfort and recovery. Here's what you can expect from each technique.

Abdominal hysterectomy

Abdominal hysterectomy—in which the uterus, cervix, fallopian tubes and ovaries are removed through a large abdominal incision—is the most common and traditional hysterectomy surgery; up to 75 percent of hysterectomies are performed this way. Patients often spend a few days in the hospital, are left with a large abdominal scar and may take as long as two months to fully recover.

Vaginal hysterectomy

During a vaginal hysterectomy, which Dr. Brill recommends as the safest alternative, the uterus is removed through the vagina. If the ovaries are removed at the same time, a laparoscope (lighted telescope) may be inserted through the navel to give the surgeon a better view inside.

"This approach has fewer complications, takes less time and costs less than traditional abdominal surgery," Dr. Brill says. "Plus, there's no external scarring and the recovery time is much shorter than in the abdominal approach."

Laparoscopic hysterectomy

Hysterectomies also can be performed entirely by laparoscopy, using very small incisions in the lower abdomen. About one in 10 women opt for some type of laparoscopic hysterectomy because of the significant reduction in pain, accelerated recovery and minimal scarring. However, "it's more difficult to perform this procedure than an abdominal or vaginal hysterectomy," notes Dr. Brill. "Ask your healthcare provider for a referral to the most experienced surgeon in your area.

"The ultimate benefits of minimally invasive procedures are immeasurable," Dr. Brill continues. "To be able to quickly return to work, home and your normal activities again without pain—these benefits cannot be valued in dollars and cents."



Jane Seymour/Dan Mitronean/WireImage.com
Paintings © Jane Seymour

love & laughter

THAT'S 54-YEAR-OLD ACTRESS **JANE SEYMOUR'S** PRESCRIPTION FOR GOOD HEALTH. HERE'S HOW SHE GOT THAT HEALTHY GLOW AND AN EVEN BRIGHTER OUTLOOK—AND HOW YOU CAN GET THEM, TOO By Bonnie Siegler



Jane Seymour radiates the kind of vibrancy and good health one would expect from a mother returning to her beachside home after an afternoon of playing in the surf with her twin sons, John and Kris. “While they were digging in the sand, I was running and walking—my fast walk, I call it,” explains the 54-year-old actress. “I regularly do the elliptical machine, isometrics, some light weights and stretching. Today, though, I was with the kids. Being with them and doing some movement is just for my health.”

And that commitment to her health shows. She is happily married to her fourth husband, James Keach, and enjoys her real-life role as mother to a family that includes the twins and children from her previous marriage. Best known as TV’s “Dr. Quinn, Medicine Woman,” the actress, author, painter and motivational speaker says her love of her kids and the love of a man helps keep her healthy. “Absolutely,” confirms the former ballet student. “Love and laughter are definite health boosters. And dance, too, because it’s so joyous and brings something into your spirit.”

The picture of heart health It’s the creative combination of dance and art that inspired Seymour to create her latest series of paintings, “The Red Dress,” originally commissioned by the California Pistachio Commission (Seymour is their spokesperson) with proceeds going to women’s health initiatives. “It’s a series of women dancing in red dresses ... the red connotes women’s heart health. There’s nothing shrinking violet about a woman in a red dress. Red is such a life-asserting and passion-asserting color that says ‘I’m here and definitely part of life.’ I’m trying to alert women to the risks of heart disease and to the fact that

Seymour’s desire to educate women about heart disease was the inspiration for her “Red Dress” series of paintings, including “Joyous Heart” (opposite page) and “Heart Beat” (above).



we’ve been so brilliantly trained to check ourselves for breast cancer, but you’re actually nine times more likely to die of heart disease than breast cancer in this country. The

fact is that it’s a silent killer, and you need to get regular checkups and start living a heart-healthy life.”

Taking charge of her health With her health and heart blooming and her speaking career soaring, does Seymour worry about her own heart health? Well, of course, she says. There’s stress from travel and speaking, plus the challenges we all face with motherhood. Seymour also has a family history of heart disease, as well as problems she faced during her most recent pregnancy. “My mother is 91 and has heart disease, but she’s doing pretty well. I always had perfect everything when it came to my health, but having twins at 45 really did stress my body,” she says. “I developed pre-eclampsia—elevated blood pressure—that could have killed me. I felt no symptoms but had an emergency C-section because of it.”

A low dose of Benicar maintains Seymour’s blood pressure, and she takes a daily multi-vitamin plus Actinol once a week to prevent bone loss and osteoporosis. She also recently returned to hormone replacement therapy in the form of a very low dose of estrogen/progesterone cream. “I had stopped for a while, but my doctor said, ‘Your joy, your experience of life, you need to have energy and well-being.’ So I’m finding the cream to be terrific,” Seymour reports. “I obviously monitor my risk for breast cancer and other diseases, but I’ve decided it’s the right thing for me now. I’m certainly perkier and happier than some other women my age.”

Seymour’s healthy diet is another key to her good health and vitality. “I love to taste life,” she says, noting that she keeps her kitchen stocked with healthy snacks like pistachios,

continued on page 12



Far left: Striking a pose with daughter Katie.

Left: Having fun with sons John and Kris.

Below: Indulging her passion for painting at home.



love & laughter

continued from page 11

chicken, fish and organic fruits and vegetables found in her extensive organic garden. "I love our dark greens, such as spinach, basil and arugula. We grow tomatoes, which are full of potassium, and we have lots of citrus, avocados and artichokes." She stays away from salt as much as possible, but finds that more difficult than avoiding sugary foods. "My father was a doctor and he didn't want us addicted to sugar, so he'd give us salt when we were babies," she says. "Needless to say, if I see potato chips, I'm in trouble," she adds with a laugh.

Spreading the word Seymour is eager to share her advice with other women her age and has seized the opportunity to spread the word about heart disease awareness. Just what does she tell them? "I advise women to have their cholesterol and blood pressure checked regularly, avoid salt, keep laughter and love in your life and try to get some exercise in regularly," she says. "Even if it's a walk around the neighbor-

hood with the dog or a friend, anything that gets the heart moving is great. Or dance! Our culture has stopped dancing. I chose dance for my paintings to encourage movement for women."

Embracing a healthy life Seymour's successes and health are a testament to her beliefs, considerable drive, energy and commitment to good health. She's also proof of the rewards of embracing life's challenges gracefully. "It's about acceptance. It's about accepting where you are in life, what you can do and trying to maintain as much as you can in terms of flexibility and good physical and emotional health," she says. Her secret? "Everything in moderation, I think, and wanting to live. I think it's wanting wellness rather than fearing and allowing yourself to go into a downward spiral of illness. My life isn't perfect, but I'm incredibly blessed. I don't take a minute of my life or a moment of my health for granted. I'm enjoying life while I have it and doing everything I can to make it better."

Jane Seymour with daughter: Eric Robert/CORBIS SYGMA; Jane Seymour painting and with kids: Cesare Bonazza/ContourPhotos

Crunching the NUMBERS

THE LOWDOWN ON CONTROLLING HIGH CHOLESTEROL



the bad news: High cholesterol plays a key role in whether you develop heart disease or suffer a stroke or heart attack. The good news: You can do something about it.

Excess cholesterol—a waxy, fatlike substance in your blood—builds up on artery walls, restricting oxygen-rich blood flow to the heart, which can lead to heart attack or stroke. Many factors contribute to high cholesterol. While you can't change your genes, age or gender—which all affect cholesterol—you can take the following steps to improve your cholesterol levels and your health.

Learn where you stand First, you'll need a lipoprotein profile, a blood test that measures your:

- total cholesterol
- LDL (low-density lipoprotein) cholesterol, the "bad" cholesterol that builds up in your arteries
- HDL (high-density lipoprotein) cholesterol, the "good" cholesterol that helps carry away LDL cholesterol to prevent buildup
- triglycerides, another blood fat that increases your risk of heart disease if levels are high

To improve your cholesterol profile and reduce your health risk, you'll need to lower your LDL cholesterol and raise your HDL cholesterol to desired levels by:

EATING SMART. Certain types of fats—saturated fat, trans fats and dietary cholesterol—raise blood cholesterol. Limit saturated fat to less than 7 percent of daily calories, avoid trans fats (found in many baked goods) and keep dietary cholesterol at less than 200 milligrams a day. Use polyunsaturated or monounsaturated fats like safflower,

sesame, sunflower, corn, soybean, canola, olive and peanut oils. Switch to fat-free or low-fat dairy products and increase your intake of soluble fiber, found in foods like oats, beans and citrus fruits.

ADOPTING HEALTHIER LIFESTYLE HABITS. Regular exercise can help raise good cholesterol and lower bad cholesterol. Get 30 to 60 minutes of physical activity a day. Smoking lowers good levels and increases the blood's tendency to clot, so if you smoke, enroll in a program to quit.

CONSIDERING MEDICATION. If lifestyle changes haven't improved your cholesterol enough, your healthcare provider may prescribe cholesterol-lowering drugs.

Once you've lowered your cholesterol, it's important to keep it low to reduce your overall risk of heart disease. This also means keeping your blood pressure below 120/80 mm Hg.

LEVELING OFF YOUR NUMBERS

Aim for these desired cholesterol levels. If you already have heart disease or other risk factors, your doctor may set different goals for you.

Total cholesterol	less than 200 mg/dL
HDL cholesterol	greater than 50 mg/dL
LDL cholesterol	less than 100 mg/dL
Triglycerides	less than 150 mg/dL

TAKE ACTION!

- Find out what your cholesterol levels are by talking to your healthcare provider about getting a lipoprotein profile.
- Once you've reviewed the results of your profile, discuss different ways you can lower or control your cholesterol levels with your healthcare provider.
- Check out our health library—online at www.womenshealthexperience.com—to learn more about ways to live healthy and heart-smart.

How's it going

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.

Test before you treat.



down there?



Go to www.fem-v.com for more information and to find a retailer near you.

HOUSE calls

Your health questions, answered by the experts

Featuring **Elizabeth G. Stewart, MD**, assistant professor of obstetrics and gynecology at Harvard Medical School and the director of vulvovaginal services at Harvard Vanguard Medical Associates in Boston, Mass.

“IF I THINK I HAVE A YEAST INFECTION, IS IT ALRIGHT TO TREAT MYSELF WITH OVER-THE-COUNTER PRODUCTS?”

In today's busy world, many women use over-the-counter yeast infection treatments because it may seem faster and easier to self-treat than to go to a healthcare provider. There's good evidence, however, that self-diagnosis isn't very accurate. In one study of women using over-the-counter yeast infection treatments, for example, only one-third of the women actually had a yeast infection.

The trouble is that symptoms of yeast infections may mimic those of other conditions, like bacterial vaginosis or trichomoniasis. All three conditions are forms of vaginitis, but each requires a unique treatment. Mistaking vaginosis or trichomoniasis for yeast infections and then self-treating can be dangerous. For instance, bacterial vaginosis, if left untreated, can lead to more serious conditions like pelvic inflammatory disease or chronic pelvic pain.

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. A newer pantiliner pH test also checks the dilution (wateriness) of the discharge, which is another common symptom. 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.

If you get more than three or four yeast infections a year, you may want to ask your healthcare provider about long-term yeast suppressant therapy in pill form. Some types of yeast don't respond to over-the-counter medications. And remember, if you try yeast medications and don't get immediate relief, see your healthcare provider.



Featuring **Corinne Huston, MD**, acting director of the Office on Smoking and Health at the Centers for Disease Control and Prevention.

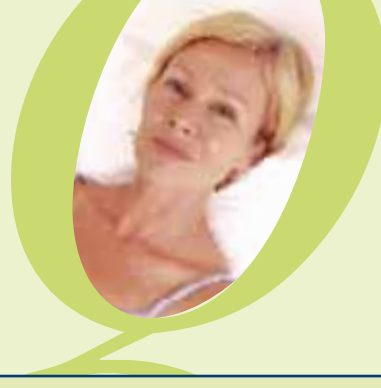
I WANT TO QUIT SMOKING, BUT GOING COLD TURKEY AND USING THE PATCH HAVEN'T WORKED FOR ME. WHAT CAN I DO?

It takes an average of nine to 11 attempts to quit smoking, but a number of strategies can improve your chances for success. See your health-care provider, who can help you develop a quit plan, refer you to counseling and advise you on cessation aids. Set a quit date about a week or two from now. In the meantime, you should:

- **SEEK COUNSELING/COACHING.** It may be individual, group or by telephone, whichever you prefer. Your quit coach can help you identify situations that make you want to smoke—like driving to work or having a drink with friends—and plan coping strategies.

- **CHOOSE A CESSATION MEDICATION.** Five of the six current medication cessation aids are various forms of nicotine replacement therapy, such as the patch, gum, inhaler, nasal spray and lozenge. The sixth, an antidepressant called bupropion SR, blunts cravings and withdrawal symptoms by blocking nicotine receptors. Varenicline is another drug recently approved by the Food and Drug Administration as a quit-smoking aid.

Counseling and medication use each doubles your chance for success, so I recommend people do both. As your quit date approaches, make the necessary changes at home, like cleaning out ashtrays and throwing away cigarettes. Although quitting can be difficult, people are successful every day. Get assistance and support and keep trying.



Featuring **Rachel Pauls, MD**, a urogynecologist with the division of urogynecology and reconstructive pelvic surgery, Center for Female Sexual Health, at Good Samaritan Hospital in Cincinnati, Ohio.

EVER SINCE I REACHED MENOPAUSE, I'M FEELING LESS INTERESTED IN SEXUAL INTIMACY WITH MY PARTNER. IS THIS NORMAL?

Women can experience changes in sexual function associated with menopause. Many of these changes—lower libido, vaginal dryness and atrophy and impaired lubrication that can make sex difficult—can be attributed to lower estrogen levels. The decline in androgen levels with normal aging also can contribute to low libido.

Other factors that can impact your sexual function include medications used to treat blood pressure, high cholesterol or depression and sexual performance problems your partner may be experiencing, such as erectile dysfunction.

If your problem is related to vaginal dryness or atrophy, using hormone therapy in ring, tablet or cream form can provide localized treatment. In these forms, less HRT is absorbed in the bloodstream—that's good news for women who are concerned about the risks of HRT. (Keep in mind, however, that these forms of HRT won't treat other menopausal symptoms, like hot flashes.) If you're having problems with arousal and orgasm, certain herbal topical agents and vaginal lubricants may help. And it may surprise you to learn that simply having sex more can help increase lubrication, making sex more comfortable. Most important, open communication with your partner can help you sort out any intimacy issues and regain healthy sexual function.

The secret millions of women keep



TOO MANY WOMEN AVOID GETTING TREATED FOR PELVIC PROLAPSE, BELIEVING IT'S A NORMAL PART OF GETTING OLDER. BUT WITH THE RIGHT CARE, YOU CAN PUT THIS COMMON PROBLEM BEHIND YOU

Suzanne is a busy wife and mother of three. At 46, she has adjusted to what she thought were the natural results of aging. When she started leaking urine during her weekly tennis matches, she decided she should just switch to less intensive activities like gardening. But then came pelvic pressure, a feeling almost like wearing a tampon. This, she finally decided, was not normal and prompted her to see her gynecologist.

Like many women her age, Suzanne discovered she has pelvic prolapse, a condition in which the muscles of the pelvic floor become too weak to hold the pelvic organs securely in place. As a result, the organs slip or fall from their normal position. In a worst-case scenario, the uterus protrudes outside the vaginal opening. Sometimes, the bladder or intestines drop, causing symptoms like difficulty urinating or having a bowel movement. In Suzanne's case, her first clue was stress incontinence, which causes leaking when coughing, sneezing or during physical exertion.

Prolapse is easy to diagnose, so tell your physician about symptoms like pressure or protrusions in the vagina. Other symptoms might include pain during intercourse, lower back pain or a pulling sensation inside like something is falling down. Prolapse can interfere with a couple's sex life; you may feel like the vagina has loosened or that something is in the way.

the weakened and sagging pelvic muscles and eventually begin to slip out of place.

Help is available Unlike incontinence, most women aren't embarrassed by prolapse. In fact, many suspect something is wrong but just live with it. Fortunately there are solutions, starting with Kegel exercises to strengthen pelvic muscles. Some women use support devices, called pessaries, normally inserted into the vagina in the morning and removed at night.

Surgery is another option. It can be done vaginally or abdominally, and a hysterectomy is frequently done at the same time. Often a sling is inserted to help support organs like the bladder. While abdominal surgery is slightly more effective, it is more invasive and carries a greater risk for complications. Vaginal surgery, with a much faster recovery time, may be more appropriate for older patients. If you're ready for a surgical solution, your physician can help you sort through the options that are best for you.

Suzanne decided surgery was the best solution to enable her to keep up with her three children, ages 10, 13 and 16. Since she's fairly young, she opted for abdominal surgery. Her physician recommended that she have a hysterectomy and mesh supports, including a sling supporting the bladder, to prevent future stress incontinence.

"Women want to keep playing tennis and walking with their friends. They don't want to put up with prolapse."

Common causes Prolapse may be caused by a genetic predisposition triggered by childbirth and aging, says Mark Douglas Walters, MD, with the department of obstetrics and gynecology at The Cleveland Clinic in Cleveland, Ohio. "If a woman's mother or sister has prolapse, that's a risk factor," Dr. Walters says. "Then, if damage occurs to pelvic muscles and nerves during a vaginal delivery, prolapse is more likely. We used to think menopause was a factor, but now we think it's just wear and tear."

Two childbirth-related risk factors are large babies and the use of forceps. Another may be episiotomy. In the past, episiotomies were done to minimize damage, but current thinking is the procedure actually makes it worse. The first baby causes most of the damage. In families with a history of prolapse, a Cesarean-section might be a good idea. "This is controversial, but women should know that it may prevent prolapse," Dr. Walters says.

Over time, aging and gravity take their toll on an already weakened pelvic support system. During normal activities such as lifting or standing, the organs gradually push against

More women are living longer and opting for prolapse surgery to extend their active lifestyle well into their later years. "Getting older shouldn't scare women off. Prolapse surgery is very effective, even in older women," Dr. Walters says. "We have women coming into our office in their 70s and 80s who want to keep playing tennis and walking with their friends. They don't want to put up with prolapse."

4 MUST-ASK QUESTIONS FOR YOUR DOCTOR

- 1 I feel a tugging in my abdomen like something pulling. Could I have prolapse?
- 2 If I have prolapse, is it OK to do nothing and monitor my condition?
- 3 My mother, my grandmother and my sister all had pelvic prolapse. Should I get a C-section with my first baby?
- 4 I've already had children. What can I do to prevent prolapse?

more and more women are finding that the impulsiveness and short attention spans they've experienced since childhood are more than simple side effects of juggling careers, family and personal interests. They're discovering that they have attention deficit hyperactivity disorder (ADHD), a largely genetic condition that afflicts 4.4 percent of U.S. adults, or more than 8 million people. Sadly, three-quarters of all people with ADHD are untreated, according to recent studies.

"ADHD was previously thought of as just a childhood or adolescent disorder," says Lenard Adler, MD, director of the Adult ADHD Program at New York University Medical Center and author of *Scattered Minds* (G.P. Putnam's Sons), which explores the behavioral condition. "We now know that isn't the case. About two out of three children with ADHD go on to be adults with ADHD and, if left untreated, the disorder can significantly affect all aspects of their work and home life."

While ADHD is much more common in boys than in girls, almost as many adult women as men have the disorder, according to Dr. Adler. The reason? "Their symptoms were often missed or overlooked when they were younger," he explains. "But the inattentiveness they had as children comes to the fore in adulthood, and magnifies their condition."

How do you know if you have adult ADHD?



A failure to focus

**MILLIONS OF WOMEN HAVE
TROUBLE CONCENTRATING.
ARE WE JUST TOO BUSY—
OR IS IT SOMETHING MORE?**



DON'T LET ADHD CONTROL YOU

If left untreated, adult ADHD can result in:

- lower educational and occupational achievement
- a higher rate of driving accidents
- depression and anxiety
- substance abuse disorders
- impaired relationships with spouse, family and friends

LEARN MORE!

For more information on adult ADHD and its treatment, visit the Attention Deficit Disorder Association online at www.ADD.org, or Children and Adults with Attention Deficit Hyperactivity Disorder at www.CHADD.org.

Here are some common symptoms:

- **INATTENTION**—Trouble focusing on tasks or details, following instructions and listening when spoken to.
- **HYPERACTIVITY**—Fidgeting with hands or feet, squirming in seat, feeling restless, talking excessively, always being “on the go.”
- **IMPULSIVITY**—Blurted out answers before questions are finished, interrupting others, inability to wait your turn.

Extra pressure for women ADHD is particularly troubling for women because they are often juggling several different roles. “Not only do they have their careers, but they have to keep track of what’s going on with their kids and their households,” points out Mary Solanto, PhD, associate professor and director of the ADHD Center at Mount Sinai Medical Center. “It’s also very stressful on marriages because what one spouse isn’t doing, the other needs to pick up.”

Studies also have shown that 50 percent to 70 percent of adults with ADHD have additional mental health disorders, including depression, anxiety and bipolar and antisocial behavior—conditions that often mask an ADHD diagnosis by a healthcare professional. In addition, these adults are much more likely to abuse alcohol and drugs.

The good news for people with ADHD is that treatment with medicines is effective about 80 percent of the time. “The gold standard for treatment is long-acting stimulant medications like Adderall XR and Focalin XR, and non-stimulant medications like Strattera,” says Dr. Adler. “All of these have a long history of safety and efficacy in both children and adults.” Behavioral therapy and lifestyle changes like exercising and changing your diet also can help with ADHD symptoms when combined with medication under a doctor’s orders.

If you suspect you might have ADHD, the most important thing is to get evaluated by a healthcare professional, such as a psychiatrist or psychologist with experience in the ADHD field. After all, “if you had something wrong with another part of your body, like your thyroid or heart, you would seek treatment,” notes Dr. Solanto. “The brain can malfunction, too, and medications can help by stimulating the part of the brain that controls attention, organization and self-regulation.”

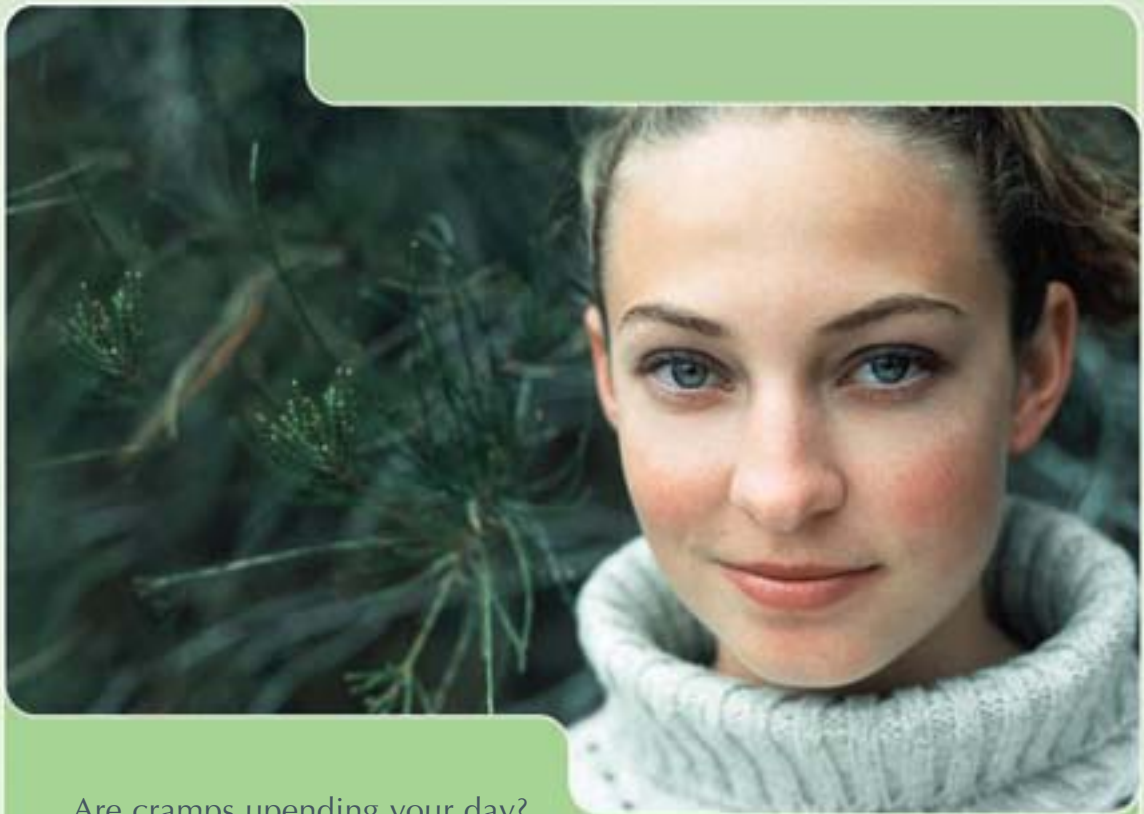
GETTING HELP CAN MAKE A WORLD OF DIFFERENCE

Mary is a 38-year-old ad agency executive whose 7-year-old son was recently diagnosed with ADHD. Throughout her son’s evaluation, Mary noticed she had the same symptoms of inattentiveness and restlessness, both now and as a child. Considered at work to be a “big picture” person, she left details to others, often resulting in miscalculations and strained relationships with clients.

Mary always had lots of energy and used tennis and jogging as release valves. Recently, her inability to exercise due to a shoulder injury, coupled with a promotion and increased responsibilities at work, seemed to make it even more difficult to concentrate.

Like her son, Mary was diagnosed with ADHD and placed on a sustained-release stimulant drug by her mental health professional. Even with a significant improvement in symptoms, she reported ongoing issues with anxiety and worry. These were treated with a selective serotonin reuptake inhibitor (SSRI).

After just three months of treatment and follow-up, Mary’s life has changed dramatically. She now enjoys a more fulfilling relationship with her husband and children, and has improved her productivity and client interactions at work.



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- Receive tailored E-mail communications to help you better understand endometriosis, its symptoms and treatment options
- Use the interactive pain diary to help you record your symptoms



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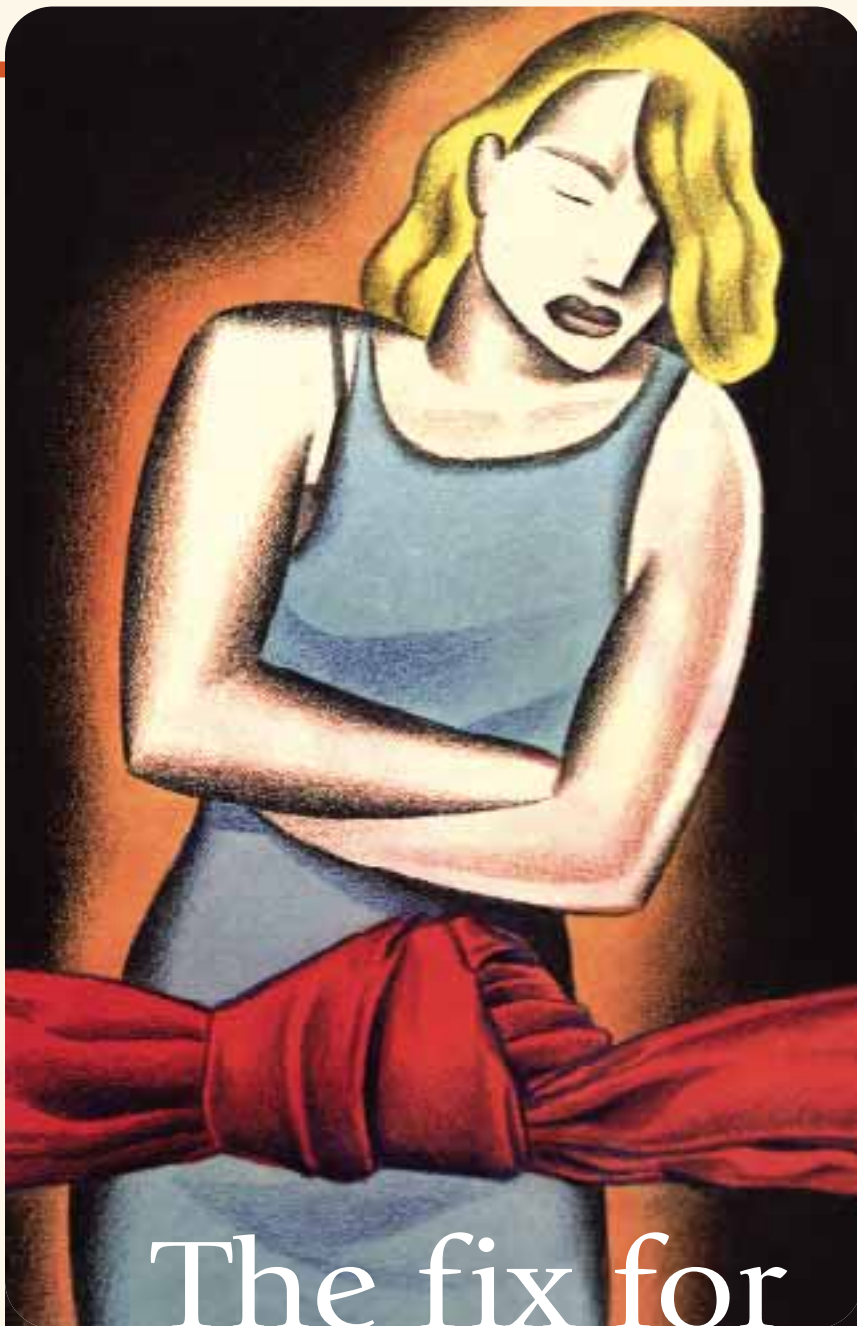
- Improve your understanding of endometriosis
- Find out about treatment options



Talking to your doctor effectively is the first step toward outsmarting the pain of endometriosis, so enroll at EndoKnow.com/101 today!



**OUTSMART
THE PAIN**



Mark Andreen ©images.com/Veer

The fix for FIBROIDS

NOT SURE WHICH TREATMENT IS RIGHT FOR YOU? HERE'S A PRIMER ON WHAT YOUR DOCTOR MAY RECOMMEND

maria is a 53-year-old business owner with one large fibroid on the outside of her uterus. She has an enlarged belly but doesn't want a hysterectomy.

Amy, 33, has no children and is sick of the pain and heavy bleeding from dozens of fibroids. She wants them removed right away.

Grace is a 44-year-old massage therapist who is dead set against traditional medicine of any kind. But her fibroids are causing pain and she's not sure where to turn.

Do any of these women sound like you? If you've been diagnosed with uterine fibroids, you're not alone. As many as three in four women have fibroids, non-cancerous growths that develop on or within the uterus. Uterine fibroids can grow up to 8 inches in diameter but usually stop growing after menopause.

Fibroids don't always cause symptoms, but for some women they can be debilitating. Those that press against the bladder, for example, may cause frequent trips to the bathroom; fibroids that press against the fallopian tubes may lead to trouble getting pregnant or miscarriage.

One treatment doesn't fit all When symptoms worsen, many women choose hysterectomy (removal of the uterus) to get rid of their fibroids. In fact, fibroids and the bleeding caused by them are the No.1 reason for the 600,000 hysterectomies performed in the United States every year. "Some women walk in the door and say

they don't want to see another drop of blood again," says Barbara Levy, MD, medical director of the Women's Health Center at Franciscan Health System in Federal Way, Wash. "They've got pelvic pain, incontinence and a bad sex life. They think hysterectomy will fix it all."

Unfortunately, while hysterectomy is considered the only cure for uterine fibroids and the bleeding and pelvic pain they cause, it isn't right for everyone. Not only is hysterectomy major surgery, it permanently hinders your ability to have children—not the best choice for younger women who still hope to become pregnant.

Other options Many women take a wait-and-see position, a choice some healthcare providers recommend since fibroids shrink naturally with the onset of menopause. For those who have painful symptoms, though, other treatments may be worth exploring. Talk to your healthcare provider about these options:

- **MEDICATIONS**—Considered a first-line approach, over-the-counter pain relievers or anti-inflammatory drugs can treat mild symptoms. Hormonal options are used presurgically to shrink fibroids—often by as much as 30 percent—and thin the endometrium for better surgical outcomes.
- **MYOMECTOMY**—This procedure, which removes the fibroids while leaving the uterus in place, is the only approved option for women who want to have children. This surgery can be done through a large abdominal incision or laparoscopically through a small incision. Dr. Levy notes that women who have a myomectomy should wait four to six months after surgery before trying to conceive.
- **MRI-GUIDED ULTRASOUND SURGERY**—This noninvasive technique uses high-temperature sound beams to break up and destroy fibroids. While early

TAKE ACTION!

- If you have uterine fibroids, make an appointment with your healthcare provider to discuss different treatment options.
- Learn more about uterine fibroids by visiting the National Women's Health Resource Center online at www.healthy-women.org.

results show less bleeding and pain among patients, it's still a high-risk procedure that isn't covered by insurance.

- **MYOLYSIS**—In this procedure, surgeons destroy fibroids using a probe inserted through a small incision in the uterus.
- **ENDOMETRIAL ABLATION**—This treatment uses a variety of techniques to

destroy the interior lining of the uterus. This stops the heavy bleeding that accompanies fibroids, but also scars the lining of the uterus, making future pregnancies risky.

- **UTERINE FIBROID EMBOLIZATION (UFE)**—This minimally invasive procedure blocks blood supply to the fibroids, causing them to shrink. Many consider UFE to be a better alternative to hysterectomy and myomectomy, but it isn't yet recommended for women who still want to have children. "We also don't know whether the results will last," adds Dr. Levy.

Which treatment is best for you? That's a question only you and your healthcare provider can answer. To arrive at a decision, your healthcare provider will take into account your age and stage of life, your symptoms, the size and location of the fibroids, whether you still want to become pregnant and other factors.

As for Maria, she took a wait-and-see position, began menopause and was told her fibroid began shrinking. Amy looked at data on young women who regretted not having children and opted for a myomectomy instead. Grace, on the other hand, chose a minimally invasive hysterectomy and was back at work within two weeks of her surgery.

5 MUST-ASK QUESTIONS FOR YOUR DOCTOR

If you've been diagnosed with uterine fibroids, ask your healthcare provider:

- 1 How large are my fibroids?
- 2 What's the latest research on treatment options?
- 3 What happens if I choose not to treat them?
- 4 Should I have a hysterectomy, or are other alternatives appropriate for me?
- 5 How will my quality of life be affected by my choice of treatment(s)?





HEALTHY BITES

All

nothing says summer like the sight, smell and sound of dinner sizzling on the barbeque. Not only is the distinctive taste of grilled food delicious, but grilling is a great way to enjoy healthy fare that's low in fat and calories. Plus, when you grill, fat drips away, leaving fresh, flavorful food.

Some suggestions: Choose leaner meats such as skinless chicken breasts and beef round, sirloin and loin cuts. Enjoy grilled fish steaks like tuna and salmon. Grill vegetables, too. Marinate foods in salsa, fat-free salad dressing, wine and fruit juices. Just lightly spray the cooking rack with a nonstick cooking spray and you're good to grill!

Asian-grilled chicken

SERVES 6

Marinade

1/4 cup honey

3 tablespoons red wine vinegar

1/4 cup low-salt soy sauce

1 medium garlic clove, minced

2 tablespoons finely snipped fresh parsley

2 teaspoons grated peeled ginger-root or 1 tsp ground ginger

1/2 teaspoon pepper

6 skinless chicken breast halves with bone (about 6 ounces each), all visible fat discarded

Vegetable oil spray

In a large bowl, mix the marinade ingredients.

Add the chicken to the marinade, turning to coat thoroughly. Cover and refrigerate for at least 2 hours, turning occasionally.

Prepare the grill on high. Lightly spray the grill rack with vegetable oil spray.

Grill the chicken for 30 to 45 minutes or until no longer pink in the center, brushing the pieces with marinade and turning them frequently.

Per serving: 120 calories, 1.5 g total fat (0.5 g saturated, 0.5 g polyunsaturated, 0.5 g monounsaturated), 63 mg cholesterol, 331 mg sodium, 0 g carbohydrates, 0 g fiber, 25 g protein

Sirloin and vegetable skewers

SERVES 4

1/3 cup strong tea

2 tablespoons brown sugar

2 tablespoons fresh lemon juice

1/4 teaspoon salt

1/4 teaspoon red hot-pepper sauce

16 small cremini (brown) mushrooms, stems discarded

1 pound sirloin steak, all visible fat discarded, cut into 1-inch cubes

1 large red bell pepper, cut into 1-inch squares

16 medium brussels sprouts, trimmed

2 medium ears of fresh corn, husks and silk discarded, cut in half crosswise

Vegetable oil spray (if using metal skewers)

In a large bowl, stir together the tea, brown sugar, lemon juice, salt and hot-pepper sauce. Stir in remaining ingredients except the vegetable oil spray.

Cover and let marinate for 1 to 3 hours in the refrigerator. If using bamboo skewers, soak six skewers in cold water for 10 minutes to keep them from charring. For metal skewers, lightly spray with vegetable oil spray. (Food will cook a little faster with metal skewers.)

Heat a grill pan over medium-high heat, or preheat the grill on medium-high.

Alternating ingredients, thread the mushrooms, steak and bell pepper on four skewers. Thread the brussels sprouts on two skewers, leaving about 1/8 inch between the sprouts. Put the corn and the skewers in the pan or on the grill. Cook the corn and the brussels sprouts for about 3 minutes on each side, or until a few kernels of corn on each side turn golden and the sprouts give when squeezed and have some grill marks, turning occasionally. Brown the steak skewers for about 2 minutes on each side for medium-rare to medium. For medium, add an extra minute on each side, and an extra 1 1/2 minutes on each side for medium-well.

To serve, slide all the ingredients from one mixed skewer and half the brussels sprouts from a sprouts skewer onto each plate.

Per serving: 234 calories, 6 g total fat (2 g saturated, 0.5 g polyunsaturated, 2.5 g monounsaturated), 64 mg cholesterol, 224 mg sodium, 20 g carbohydrates, 5 g fiber, 6 g sugar, 28 g protein

fired up!

GET GRILLING FOR A HEALTHY
FEAST THIS SUMMER



Mesquite-grilled red snapper with gingered black bean salsa

SERVES 4

Vegetable oil spray

1/4 cup chopped onion

1/4 cup chopped carrot

1 to 2 jalapeno peppers, seeded and ribs discarded, chopped

2 tablespoons finely chopped peeled gingerroot

2 to 3 medium garlic cloves, minced

15-ounce can no-salt-added black beans, rinsed if desired and drained,
3 tablespoons liquid reserved

1/4 tsp salt

1 medium tomato, seeds discarded, chopped

1 pound. red snapper fillets (about 1/2-inch thick)

At least one hour before cooking, soak four to six mesquite wood chunks in enough water to cover. Lightly spray the grill rack with vegetable oil spray and prepare the grill for heating.

For the salsa, heat a medium saucepan over medium-low heat. Remove from heat and spray lightly with vegetable oil spray (being careful not to spray near a gas flame). Return the pan to the heat and cook the onion, carrot, jalapenos, gingerroot and garlic for 5 minutes or until the onion is tender.

Stir the black beans, reserved bean liquid and salt into the onion mixture. Cook for 1 to 2 minutes, or until heated through. Remove from heat.

Stir in the tomatoes. Drain the wood chunks and put them directly on the medium-hot coals.

Rinse the fish and pat dry with paper towels. Put the fish on the prepared rack.

Grill the fish, uncovered, directly over medium-hot coals for 5 minutes. Turn and grill for 5 to 7 more minutes or until the fish flakes easily when tested with a fork.

Serve the fish with the salsa.

Per serving: 229 calories, 1.5 g total fat (0.5 g saturated, 0.5 g polyunsaturated, 0.5 g monounsaturated), 42 mg cholesterol, 225 mg sodium, 22 g carbohydrates, 5 g fiber, 30 g protein

Grilled vegetable sandwiches with goat cheese

SERVES 4

Vegetable oil spray or olive oil spray
4 large Portobello mushrooms,
trimmed

4 small (4-inch) or 2 large Japanese
eggplants (about 12 ounces)

2 large red or yellow bell peppers

1/3 cup fat-free or light Italian salad
dressing

8 slices Italian or sourdough bread,
1/4-inch thick

3 ounces crumbled soft goat cheese

1 cup packed arugula or mixed salad
greens

Spray the grill rack with vegetable oil spray. Preheat the grill on medium-high.

If desired, scrape out and discard the gills on the undersides of the mushroom caps. If the eggplants are long, cut crosswise in half. Trim the ends and cut the eggplants lengthwise into 1/4- to 1/3-inch slices. Cut the bell peppers lengthwise in half; discard the stems and seeds. Lightly brush the dressing over both sides of the vegetables and bread.

Grill the vegetables, covered, for 5 minutes. Turn the vegetables over. Arrange the bread around the edges. Grill, covered, for 2 minutes. Turn the bread over. Grill, covered, for 2 to 3 minutes more, or until the vegetables are tender and the bread is golden brown.

To assemble the sandwiches, place vegetables, goat cheese and arugula on 4 slices of bread. Top with the remaining bread.

Per serving: 226 calories, 6.5 g total fat (3.5 g saturated, 1 g polyunsaturated, 1.5 g monounsaturated), 10 mg cholesterol, 559 mg sodium, 34 g carbohydrates, 5 g fiber, 8 g sugar, 10 g protein

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Your diabetes WAKE-UP CALL

**CONTROLLING PRE-DIABETES
NOW CAN STOP THE DISEASE
IN ITS TRACKS**



(see “Testing those at risk” for details). If you’re overweight but younger than 45, your doctor may advise testing if you have any of these diabetes risk factors:

- high blood pressure
- low HDL, or “good” cholesterol, and high triglycerides
- a family history of diabetes
- a history of gestational diabetes or of giving birth to a baby weighing more than 9 pounds
- being of African-American, Hispanic/Latino, Native American or Asian/Pacific Islander descent

Changing course No drugs have been approved specifically for treating pre-diabetes; however, lifestyle changes such as losing weight and exercising can reduce your risk for diabetes by 58 percent. Even modest health improvements—losing as little as 5 percent to 7 percent of your body weight and getting 30 minutes of daily physical activity—may be enough to thwart the disease. Experts also recommend limiting the fat in your diet to no more than 30 percent of your total calories.

The incentive should be obvious. Diabetes is a leading factor in heart disease, stroke, blindness, amputations and kidney failure. Diabetes can’t be cured, and management to ward off complications involves lifelong daily vigilance of diet and medication. Experts hope that sounding the alarm on pre-diabetes will prompt the millions at risk to take control of their blood sugar, their weight and their health.

You’ve no doubt heard about the dangers of type 2 diabetes—a condition caused in part by too little physical activity and too much body weight. Now comes another warning: the risk of pre-diabetes, the condition that often precedes full-blown type 2 diabetes, usually within 10 years.

Still, pre-diabetes can be a lifesaving wake-up call. By motivating you to act now with the right intervention, you can lower your glucose levels, turn back the clock and prevent diabetes altogether.

Are you at risk? According to the American Diabetes Association, an estimated 41 million people have pre-diabetes, though many others are unaware they have the condition since it usually shows no symptoms. If you’re overweight and over age 45, you may be at risk and should ask your healthcare provider about a pre-diabetes screening

4 MUST-ASK QUESTIONS FOR YOUR DOCTOR

Make sure you know how to prevent diabetes and stay healthy. Ask your healthcare provider:

- 1 Do I have any risk factors for diabetes?
- 2 Could I have pre-diabetes?
- 3 Do you recommend pre-diabetes testing?
- 4 Should I focus on making any changes to my diet, exercise level or weight?

TESTING THOSE AT RISK

Your healthcare provider can use one of two blood tests to diagnose pre-diabetes:

- **A fasting glucose test** measures your blood glucose after you’ve gone overnight without eating. Blood glucose levels between 100 and 125 milligrams per deciliter (mg/dL) indicate impaired fasting glucose or pre-diabetes. A level of 126 mg/dL or higher indicates diabetes.
- **A glucose tolerance test** measures your blood glucose after an overnight fast and two hours after drinking a sweet solution provided by the doctor. A level between 140 and 199 mg/dL means you have impaired glucose tolerance or pre-diabetes. A level of 200 mg/dL or higher indicates diabetes.

Eating after exercise

HELP YOUR BODY RECOVER BY

REFUELING AFTER A WORKOUT

You've just had a great workout and you're feeling fit. Maybe you did a long power-walk through the park or an intense full-body weight session at the gym. What's on your mind?

- "Oh, boy, now I can eat! Super-size it, please!"
- "No food for me. I don't want to replace the calories I just lost!"
- "Food? I couldn't eat a thing."

Fact is, you've taxed your muscles, so you need to refuel—that's true even if your goal is to shed some body fat. But you don't need to overindulge. So what do you eat? A bagel? A banana?

Sports nutritionists say your best bet is to have a small meal or snack that combines carbohydrates and protein within a half-hour of exercising. Carbohydrates, found in foods like fruit, bread or cereal, help replace glycogen (a stored carbohydrate that's used for energy during your workout) in your muscles and liver so the next time you exercise you won't feel drained. (Very-low-carbohydrate diets, experts advise, impair your body's ability to replace glycogen.) Protein provides amino acids that help repair and build your muscles. If you perform regular, intense exercise, your protein needs may be higher than someone who is sedentary.

Skip the junk food—it doesn't provide the nutrients that benefit your body. If you exercise away from home, pack portable snacks in your gym bag or stash them in your car to enjoy soon after your workout. If you're normally not hungry after exercising, select something light that will appeal to your tastebuds. Top it off later with a healthy meal. Try sipping on juices, smoothies or shakes if you're hot and sweaty, or if you're outdoors and it's cold, soup may be more pleasing.

For each pound you sweat off during exercise, nutritionists recommend drinking two-and-a-half cups of water. And remember to pay attention to your energy levels throughout the day and adjust your daily food intake if necessary. Even the healthiest post-workout meal can't make up for inadequate nutrition during the rest of the day.

HEALTHY OPTIONS

These easy refueling options offer quality nutrition to help your body recover after a workout and keep your immune system strong:

- yogurt and fruit, separately or blended into a smoothie
- a sandwich with lean meat or tuna, plus milk
- a bagel with cheese or lean meat
- cereal with milk
- soup and crackers
- an energy or cereal bar
- a meal replacement product (add fruit if you like) or milk shake



Tone your bones!

6 MOVES THAT
WILL KEEP
THEM STRONG



Preventing osteoporosis—a loss of bone density that results in fragile bones—is about more than avoiding fractures later in life. Osteoporosis is a condition that can cripple and even kill.

So how can you prevent this destructive disease? In addition to making sure your diet includes enough calcium and vitamin D, experts recommend sticking to a regular program of weight-bearing exercise, since bone-building cells are stimulated by exercise.

What's a weight-bearing exercise? One that puts stress on your bones. Examples include walking, stair climbing, jogging, aerobics and weight training.

WALK THIS WAY

Walking offers the greatest health benefit with the lowest risk. That makes it suitable for almost everyone—including first-time exercisers. All you need is some loose, comfortable clothing and a pair of athletic shoes that gives you adequate support and cushioning. The latter is especially important if you'll be walking on sidewalks, roads or other hard surfaces (see "How to select a suitable shoe").

BECOME UPWARDLY MOBILE

If you're looking for a workout that's a little more challenging than walking, try stair climbing. Almost any stairs will do, including those in your office or apartment building. An alternative: Many gyms have equipment that allows you to mimic the act of climbing stairs—and you can read or watch television while you work out.

RUN FOR YOUR BONES

Running isn't for everyone—the stress it puts on feet and knees make it a poor exercise choice for many. But those who enjoy it can be assured of a bone-building workout.

JUMP FOR JOY

Aerobics classes led by an instructor are a fun way to build bone strength. If you have a recurring injury that makes it difficult or inadvisable for you to participate, try a "low-impact" aerobics class. In this variation, one foot is always kept on the ground.

PICK UP SOME WEIGHT

Weight training is an excellent way to give your bones the workout they need. Try low-weight/high-repetition exercises, which cause fewer injuries than exercises that use heavier weights. Start with 1/2-pound or 1-pound weights. As you grow stronger over the weeks and months, gradually increase the weight, adding a little extra only when your routine begins to feel easy.

PEDAL FOR POSTURE

Although not considered a weight-bearing exercise, riding a bicycle has been shown to increase bone density. The key to bone building with a bike is to make sure that the cycling you do is regular and vigorous. The amount of stress on your muscles is more important than how fast you pedal. So, for a more effective workout, tighten the tension on your stationary bike or use a more demanding gear on an outdoor bike.

HOW MUCH IS ENOUGH?

If exercise is going to benefit your bones, it needs to be frequent and increasingly challenging. When your routine becomes easy, it's time to work longer or harder. Experts encourage 60 minutes of moderate- to vigorous-intensity activity most days of the week. Talk to your doctor before beginning an exercise program.

HOW TO SELECT A SUITABLE SHOE

Walking in the wrong shoes can cause fatigue, muscle strain or injury. Here are some hints to help you select a pair that will help rather than hinder your exercise efforts:

- Buy athletic shoes in the afternoon. Why? Your feet can swell by half a size over the course of a day.
- Look for a shoe with moderate cushioning.
- Make sure the sole of the shoe bends easily at the ball of the foot.
- Look for a shoe with a rigid heel that doesn't bend when you press on it.

TAKE ACTION!

- Before starting an exercise program, get your healthcare provider's OK, especially if you have a pre-existing medical condition that may limit your fitness level.
- Learn more about how exercise can fight osteoporosis—plus other ways you can avoid this bone-robbing disease—by visiting the National Osteoporosis Foundation online at www.nof.org.

What's your heart IQ?

DO YOU KNOW the way to a healthier heart? Test your knowledge by answering true or false to the statements below. Then check the answers on this page to find out how heart-smart you really are!



TRUE OR FALSE?

1. You're destined to develop diabetes if you already have some risk factors, such as family history or excess weight.
2. Eating bananas can help control or manage high blood pressure.
3. It's dangerous to engage in sexual intimacy if you have heart disease.
4. It's a more dangerous health risk to have fat in the tummy area than elsewhere.
5. Dark chocolate is a heart-friendly food.

ANSWERS

1. FALSE. You can take many steps to head off diabetes, even if you already have pre-diabetes. A healthy diet and moderate exercise program that results in a mere 5 percent to 7 percent weight loss may delay or prevent type 2 diabetes.

2. TRUE. Bananas contain potassium, a mineral that helps balance the amount of sodium in your cells. If your potassium intake is too low, you can accumulate too much sodium, leading to fluid retention and higher blood pressure. Ask your healthcare provider about the amount of potassium you should consume.

3. FALSE. Most patients with heart disease—even those who have experienced a heart attack—can resume a normal sex life. Talk with your healthcare provider if you have questions or feel anxious about the safety of intimacy.

4. TRUE. Apparently, not all fat is created equal. While being overweight is a health risk in general, doctors are more concerned if you carry those pounds primarily in your abdomen. Excess abdominal fat appears to raise the amount of inflammatory substances in the bloodstream, which can lead to clogged arteries.

5. TRUE. Dark chocolate contains antioxidants and other ingredients that can provide heart benefits. This doesn't give you license to gorge, though—putting on weight is never a heart-smart move. However, if you're indulging in something sweet as part of a healthy eating plan, consider making dessert a small piece of dark chocolate!

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