



***WHW Everyday!* Research Summaries**

October 2002

Here's your guide to the latest in women's health research!
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SPOTLIGHT ON...

arthritis

We all know that the workplace carries its own unique set of problems and stressors. For people with arthritis, office aggravations may carry even more painful consequences. Read on for details.

News You Can Use

For People with Arthritis, Workplace Conflict Can Be a Real Pain

Does your arthritis seem to flare up after a tense meeting with a co-worker? You're not just imagining it: Interpersonal workplace stressors do influence a person's emotional and physical well-being, according to a recent study reported in the *Journal of Applied Psychology*. In fact, the study found that interpersonal conflicts on the job predict a decline in the physical well being of people with arthritis.

A research team studied 109 female workers with and without arthritis to determine how conflicts with co-workers affected them physically and emotionally. Researchers interviewed participants once a week for 12 consecutive weeks. Areas of evaluation included work-related stressors (for example, disagreeing with others about job assignments, getting criticized by a supervisor); positive and negative moods; arthritis symptoms (pain, joint tenderness, curtailment of normal activities, and general arthritis activity), and neuroticism (level of anxiety).

The finding: While interpersonal stressors outside the workplace did affect the women negatively, they did not influence arthritis symptoms. In contrast, work-related stress aggravated arthritis symptoms. What additional factors influence this difference are yet to be uncovered.

Because of the unique social environment of the workplace and the increasing age of the workforce, the study authors suggested that future research focus on other groups to determine if these results could be generalized to groups facing other medical conditions.

Meanwhile, experts say, women with arthritis should take steps to help prevent and manage job-related conflicts.

Interpersonal Workplace Stressors and Well-Being: A Multi-Wave Study of Employees With and Without Arthritis. By PT Potter, KR Strobel, BW Smith, AJ Zautra. In *Journal of Applied Psychology*, 2002; 87(4):789-796.

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SPOTLIGHT ON...

breast
cancer

If you have advanced-stage breast cancer or you need a lumpectomy, read about the latest research on treatment options.

News You Can Use

What's the Latest on Breast Cancer Treatments?

Breast cancer is still with us, but the treatment choices continue to expand. If you need a lumpectomy, you'll want to know about new research reported in the *Journal of the National Cancer Institute*. In a study of 1,234 women with invasive, lymph-node negative breast cancer treated by lumpectomy, a 22-day course of post-surgery radiation seemed to yield the same results as a 35-day course. With a median follow-up of 69 months, researchers noted the same recurrence rate (4 percent) in women who had received the shorter treatment as those who'd had the longer treatment. The findings suggest that, in these cases, a shorter, less expensive and more convenient course of radiation may produce excellent local control of breast cancer.

If you're facing advanced-stage breast cancer, you might be tempted to try some of the many available complementary/alternative therapies (CAM), such as relaxation techniques, massage, biofeedback and herbal medicines. Such therapies have become extremely popular with these patients: In a study of 115 women with advanced-stage breast cancer, 73 percent used CAM therapies, according to a study published in *BMC Complementary and Alternative Medicine*.

And some practices raised researchers' concern. For example, while most patients who used ingested alternative therapies - herbs, special diets and supplements, for example -- discussed them with their doctors, not all did. And many patients who used other therapies never told their doctors about those treatments.

Also of concern, researchers said: Patients usually learned about CAM therapies from the media, which is not the best source of such information. Moreover, authors said, research has not confirmed the effectiveness of CAM products to boost the immune system and treat cancer - two common reasons cited for using these therapies. Experts urge patients to alert their doctor to any alternative therapies they are using. Herbs, supplements and even foods and drinks can interact with or compromise the effectiveness of prescription medications.

Randomized Trial of Breast Irradiation Schedules After Lumpectomy for Women with Lymph Node-Negative Breast Cancer. By T Whelan, R MacKenzie, J Julian, M Levine, W Shelley, L Grimard, B Lada, H Lukka, F Perera, A Fyles, E Laukkanen, S Gulavita, V Benk and B. Szechtman. In *Journal of the National Cancer Institute*, 2002; 94(15):1143-1150.

Use of complementary/alternative therapies by women with advanced-stage breast cancer. By J Shen, R Andersen, PS Albert, N Wenger, J Glaspy, M Cole and P Shekelle; et al. In *BMC Complementary and Alternative Medicine*, 2002; 2:1-8.

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How are you feeling - physically and mentally? The fact is, your emotions and physical health influence each other in many ways you may not realize, according to the latest evidence. How? Read more!

News You Can Use

Research Validates the Mind-Body Connection

It may sound very "New Age," but the latest research further validates the mind-body connection. Mental health and physical health are deeply intertwined, with one affecting the other - for better *and* for worse!

Physicians reviewed the latest findings, including brain-imaging studies, at the annual meeting of the American Psychiatric Association (APA) in Philadelphia. The bottom line: Depression, anxiety and other emotions have a powerful impact on a variety of physical conditions. Among the most significant findings:

- **Heart Disease.** Depression and Coronary Artery Disease (CAD) go hand in hand for 16 percent to 23 percent of the 12.5 million CAD patients. On one hand, CAD increases the risk for developing depression. On the other hand, depression aggravates CAD.
- **Gastrointestinal Tract Disorders.** Depression and stress may boost the risk of peptic ulcer disease by increasing the secretion of gastric acid. Stress may also worsen symptoms for Crohn's disease patients, who often endure months of abdominal pain, diarrhea and weight loss.
- **Menstrual Cycle Disorders.** Depression, panic disorder, obsessive-compulsive disorder and other psychiatric illnesses may aggravate Pre-Menstrual Syndrome (PMS).
- **Organ Transplantation.** Organ-transplant patients face bouts of depression, anxiety or adjustment disorders before and after surgery. The emotional problems can stem from the stress and pain of illness as well as the unpleasant side effects of their disease-management medications.
- **Breast Cancer.** On top of all the physical ramifications of breast cancer, patients worry about body image, social relationships, love life and sexuality.

Health experts hope that growing awareness of these connections will lead to improved diagnosis and treatment protocols. Of particular concern, they say, is improving detection and treatment for depression. Toward that end, physicians have been urged to ask their adult patients two simple questions: During the past two weeks, have you ever felt down, depressed or hopeless? Have you felt little interest or pleasure in doing things?

Mind-Body Medicine Explored at APA Meeting. By L Lamberg. In Journal of the American Medical Association, 2002; 288(4).

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New research sheds light on when (and even if) pregnant women should be screened for gestational diabetes. Read more!

News You Can Use

Adjustments Proposed in Gestational Diabetes Screenings

Should every woman be tested for gestational diabetes with each pregnancy? And if so, when? New research from Duke University Medical Center published in the *Journal of Reproductive Medicine* sheds some light on this important pregnancy issue.

First, should every pregnant women be screened for gestational diabetes? Yes, if it's her first pregnancy, researchers say. But if she tests negative and a second pregnancy follows within four years, she may not need a second screening. In a study of 69 women who had two pregnancies within a four-year span, researchers found that the risk for gestational diabetes in the second pregnancy decreased by 85 to 95 percent if the mother tested negative during the first pregnancy.

Second, for women who do get screened, what point in the pregnancy yields the most accurate results? Traditionally, doctors test in the third trimester. But in a study of 255 pregnant women, researchers determined that testing as early as 16 weeks could accurately detect gestational diabetes. Diagnosing the condition sooner could improve management of the disease - especially among women at greatest risk, researchers said.

Gestational diabetes occurs in 2 to 7 percent of pregnant woman. Natural hormones produced by the growing placenta block the action of insulin. If the woman cannot produce enough extra insulin to keep her blood sugar (glucose) within a normal range, she will have the elevated blood glucose levels typical of diabetes. Later in pregnancy, when the fetus can produce its own insulin, this high glucose level becomes associated with extra weight in the developing baby. That can be problematic during delivery and cause difficulty for the newborn, until blood-glucose control adjusts to normal levels.

Gestational diabetes also increases a woman's chance of developing Type 2 diabetes later in life.

Correlation Between One-House, 50-g Glucose Screening Values in Successive Pregnancies. By GG Nahum and H Stanislaw. In *The Journal of Reproductive Medicine*, 2002; 47(7):564-568.

Early Pregnancy Glucose Screening for Gestational Diabetes Mellitus. By GG Nahum, SB Wilson and H Stanislaw. In *The Journal of Reproductive Medicine*, 2002; 47(8): 656-662.

Did you know that depression can worsen the vision of patients suffering from age-related macular degeneration? Read on!

News You Can Use:

Depression Aggravates Vision Loss in AMD Patients

Depression remains an untreated source of excess disability and is related to greater vision loss in patients with age-related macular degeneration (AMD), a new study shows.

Age-related macular degeneration is a disease that affects one's central vision. It is a common cause of vision loss among people over age of 60. Because only the center of the vision is usually affected, people rarely go blind from the disease. However, AMD can make it difficult to read, drive or perform other daily activities that require fine, central vision. Some studies suggest that women are at greater risk for AMD than men.

According to the *Archives of Ophthalmology*, researchers evaluated 51 patients with AMD at the Wills Eye Hospital in Philadelphia to determine the effect of depression on patients' vision. Participants had previously suffered vision loss in one eye, then experienced vision loss in the other eye within six weeks before the study, which limited their ability to function in daily life.

Researchers found a high rate of depression (17 participants or 33 percent) six weeks after vision loss in the second eye. After a six-month follow-up, seven patients (nearly 14 percent of study participants) remained depressed. Researchers noted a corresponding decline in vision function as depressive symptoms worsened. Compared to non-depressed patients, participants suffering from depression experienced worse visual acuity and greater levels of both vision-specific and general physical disability.

"Ophthalmologists are well aware of the emotional consequences of AMD and have been as frustrated in their efforts to respond to depression as they are to restore vision," the authors note. Working to prevent and treat depression will help minimize the effects of AMD, they add.

Effect of depression on vision function in age-related macular degeneration. By BW Rovner, RJ Casten and WS Tasman. In *Archives of Ophthalmology*, 2002; 120(8):1041-1044.

When you get a splitting headache, do you automatically reach for your sinus medication or over-the-counter pain reliever? If so, you might be misdiagnosing - and improperly treating - what may well be a migraine. Read on to learn more.

News You Can Use

Is Your Headache a Migraine in Disguise?

Do you suffer from severe, debilitating headaches? If so, you might be experiencing migraine headaches and not even know it, according to a recent report. Such a misdiagnosis could cause you to suffer needlessly, use pain relievers that won't help you, postpone proper treatment, and incorrectly explain your symptoms to health-care professionals.

In the study, published in *Neurology*, researchers interviewed more than 23,000 Americans ages 18 to 65 who reported headache pain. Participants were asked to describe their headaches in terms of pain location, severity, frequency and other factors.

The result: 3,074 participants were found to be suffering from migraines, according to criteria established by the International Headache Society -- but only about half reported their headaches as migraines.

The most common misdiagnoses: sinus headaches or stress headaches. (Interestingly, people 40 and younger were more likely to blame stress, while people 40 and older were more likely to cite their sinuses.)

Self-diagnosis of migraine was also not reliable: Two-thirds of the participants who reported migraine did not meet the standard criteria. But self-reported migraine sufferers also were better at recognizing their symptoms and were three times more likely to have a migraine.

The bottom line: If you suffer from recurrent, incapacitating headaches, talk to your doctor rather than self-diagnosing and self-medicating.

The better you can describe your headaches - stressing your specific symptoms and patterns, rather than the label you feel applies -- the better your chances of proper diagnosis and effective treatment. The general names we use to describe a headache should not be confused with a medical diagnosis and may not be the best basis for selecting a pain reliever.

To reach and treat more migraine sufferers, researchers said, public awareness efforts should focus on the severity and incapacitation of headache pain, rather than relying on the term migraine.

Self-awareness of migraine: Interpreting the labels that headache sufferers apply to their headaches. By RB Lipton, WF Stewart and JN Liberman. In Neurology, 2002; 58(Suppl 6):S21-S26.

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SPOTLIGHT ON...

heart
disease

Every woman is busy. But did you know that too much stress can pack a physically devastating -- even deadly -- punch? Read on to learn more!

News You Can Use

Stressed to Kill?

Do you get stressed out about the amount of stress in your life? If so, pay attention: The wages of stress can be dangerously high - even fatal, warns a new study published in *Circulation: Journal of the American Heart Association*.

Women who report high levels of stress double their risk of dying from stroke or heart disease, compared to women who report lower levels of stress, researchers found.

A research team at the University of Tsukuba in Japan conducted an extensive, eight-year study of more than 73,000 Japanese men and women aged 40-79. They questioned participants about their lifestyle, including how they perceived the level of stress in their lives.

The 9,000 women who reported high stress levels were younger, more sedentary, more educated, thinner, had higher rates of high blood pressure and diabetes, smoked more and were more likely to work full time compared to the low-stressed women. They were also more likely to feel angry, hurried, discouraged and discontented.

Stress elevates blood pressure, tightens blood vessels and makes blood more likely to clot, all of which increase the risk for stroke and heart disease.

Previous studies have linked mental stress to increased risk of heart disease in white men. But this study takes into account the effects of stress on women and on non-white people.

So if you feel constantly stressed, talk with your health-care provider about ways to manage it. Reorganizing your schedule, increasing your exercise, changing your diet, relaxation techniques and medication can all help you tame the stress beast.

Perceived Mental Stress and Mortality From Cardiovascular Disease Among Japanese Men and Women. The Japan Collaborative Cohort Study for Evaluation of Cancer Risk Sponsored by Monbusho (JACC Study). By J Iso, C Date, A Yamamoto, H Toyashima, N Tanabe, S Kikucki, T Kondo, Y Watanabe, Y Wada, T Ishibash, H Suzuki, A Koizumi, Y Inaba, A Tamakoshi, Y Ohno and JACC Study Group. In: *Circulation: Journal of the American Heart Association*, 2002; 106:1229-1236.

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SPOTLIGHT ON...

menopause

Got soy? You should! Research shows that a soy-rich diet may boost your protection against arterial disease after menopause. Read on for details!

News You Can Use

Dietary Soy May Protect Arteries After Menopause

Call it the joy of soy: Drinking soy milk and eating tofu-based meals may boost older women's defenses against atherosclerosis and arterial degeneration, according to a new study of 400 postmenopausal women.

Soy contains natural plant hormones called phytoestrogens, which act like a weak version of the female hormone estrogen and may mimic its beneficial effects on the heart - without the risks that accompany synthetic estrogen supplements.

To determine soy's effects, researchers asked participants about their diet and measured the rigidity of their aortas, according to the report in *Arteriosclerosis, Thrombosis and Vascular Biology* published by the American Heart Association.

The study results linked phytoestrogens to decreased artery stiffness - possibly through a positive effect on vascular walls - thus reducing the risk for arterial disease. Among study participants, women with longer postmenopausal time spans (20 to 30 years) enjoyed the greatest benefits.

During menopause, the body decreases production of the hormone estrogen. This drop in estrogen is associated with an increased risk of heart disease among postmenopausal women. But this new research shows that a healthy diet, rich in soy products may pick up the slack after menopause curbs estrogen production.

A huge variety of foods now features soy. Most major supermarkets carry a selection of soy milks (including flavored milks) and cheeses, soy versions of burgers and sausages, versatile soybeans as well as soy-based frozen entrees, tofu and miso.

Higher Usual Dietary Intake of Phytoestrogens is Associated with Lower Aortic Stiffness in Postmenopausal Women. By YT van der Schouw, A Pijpe, CEI Lebrun, ML Bots, PHM Peeters, WA van Staveren, SWJ Lamberts and DE Grobbee. *Arteriosclerosis, Thrombosis and Vascular Biology*, 2002; 22:1316-1322.

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SPOTLIGHT ON...

osteoporosis

Candy may taste dandy, but too much is bad for women's bones. Read more about the link between dietary patterns and bone mineral density!

News You Can Use

Bone-Density Researchers Sour on Sugar

New research published in the American Society for Clinical Nutrition points to a direct link between dietary pattern and bone mineral density (BMD). The study showed that nutrient-poor diets -- particularly those with higher candy consumption -- topped the list of dietary patterns associated with significantly lower BMD in both men and women.

In the Framingham Osteoporosis Study of 907 men and women ages 69 to 93, participants completed a food survey about their dietary patterns: what they ate and how often they ate it. Researchers identified six dietary patterns based on percentage of calories, indicating where participants indulged in greatest proportions: meat, dairy and bread; meat and sweet baked products; sweet baked products; alcohol; candy; and fruit, vegetables and cereal.

Beyond the discouraging news about a sugary diet, the study found that a diet rich in fruits, vegetables and breakfast cereal might boost bone mass in older women and even more so in older men. And (raise your glasses, ladies), alcohol may also offer bone protection for women, they added.

The bone-bolstering evidence offers still more reason to put down the carrot cake and pick up a carrot!

Bone mineral density and dietary patterns in older adults: the Framingham Osteoporosis Study. By KL Tucker, H Chen, MT Hannan, LA Cupples, PW Wilson, D Felson and DP Kiel. In American Journal of Clinical Nutrition, 2002; 76(1):245-252.

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Will an obese child become an obese adult? Do you believe some people are genetically destined to be heavy? Read on!

News You Can Use

New Research Focuses on Predicting Obesity, Controlling Weight

Do your genes affect the fit of your jeans? Two new studies provide an intriguing look at predicting obesity and controlling weight.

First, a study published in the *American Journal of Clinical Nutrition* focuses on how a newly revised growth chart can be used to predict whether an overweight child will become an overweight adult. Researchers found that a child or adolescent with a Body Mass Index (BMI) at the 85th percentile or higher faces a high risk of being overweight or obese as an adult. (BMI factors in both weight and height in determining whether a person is overweight.)

Tracking children's and teens' BMI can help identify and monitor those at risk of becoming overweight or obese adults. Timely interventions can put these youths on a healthier path to adulthood.

Meanwhile, a second research study found that attitudes may affect weight control as much as diet and lifestyle choices.

According to researchers with the U.S. Department of Agriculture's Economic Research Service, women who think their weight is "all in their genes" are heavier than women who believe that genetics plays a very small role in weight control. Women who believe they - not their genes -- control their weight are thinner, concluded researchers writing in the *International Journal of Obesity*.

For women, it seems that, if you think you can, you can; and if you think you can't, you can't. Interestingly, such beliefs in men made no difference in their weight.

The influence of individual choices and attitudes on adiposity. By AF Kuchler and B-H Lin. In *International Journal of Obesity*, 2002; 26(7):1017-1022.

Predicting overweight and obesity in adulthood from body mass index values in childhood and adolescence. By S Sun Guo, W Wu, WC Chumlea and F Roche. In *American Journal of Clinical Nutrition*, 2002; 76:653-658.

Monthly skin self-exams may cut the fatality rate from melanoma by up to 63 percent. So why don't more people do them? Read on.

News You Can Use

Get to Know the Skin You're In

How well do you know the marks and moles on your "birthday suit?" If you want to improve your odds against skin cancer, it's time to get a frequent, close-up look, suggests a report in *Cancer*, published by the American Cancer Society.

Monthly skin self-exams (SSE) may cut the death rate from melanoma by up to 63 percent, experts have found. So researchers evaluated 200 patients at risk of developing melanoma or non-melanoma skin cancer. The study's challenge was to uncover the predictors of self-exam performance. In other words, what motivated participants to take self-examination seriously and faithfully perform it every month?

The study found that 70 percent of the participants performed SSE. The top three predictors of regular exams?

- A positive attitude about the important of skin self-exams
- Confidence in their ability to perform a self-exam correctly
- Having had a skin biopsy at a dermatology visit in the past three years

Younger people, those with a higher perceived risk of skin cancer, and those who were most knowledgeable about skin cancer also tended to examine themselves more regularly.

The bottom line, researchers say: You - not your doctor -- are responsible for your body, and you know your skin better than anyone else. Make monthly skin self-examinations a personal health habit. When you examine a mole, look for the ABCD warning signs:

- Asymmetry of shape
- Border irregularity
- Color variation over the surface
- Diameter greater than 6mm

Predictors of Skin Self-Examination Performance. By JK Robinson, SG Fisher and RJ Turrisi. In *Cancer*, 2002; 95(1):135-46.

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SPOTLIGHT ON...

stroke

Don't dismiss high cholesterol as a "man's problem." New research shows that women with high blood cholesterol face more than double the risk of fatal stroke!

News You Can Use

High Cholesterol Can Double Women's Risk of Fatal Stroke

Do you know your total cholesterol level? If it's at the danger level of 240 mg/dL or higher, you're putting yourself at significant risk of a fatal stroke.

A recent issue of *Stroke* reports that a high cholesterol level can more than double a woman's risk of dying from a stroke, especially for African American women. The study results cited in the article also spell trouble for younger women. Researchers pinpointed high cholesterol levels as a key predictor of fatal stroke among women 55 and younger at the start of the study.

These latest findings come from the Women's Pooling Project, a composite of eight long-term studies involving more than 24,000 women, ages 30 to 97.

During the study's follow-up period, researchers discovered that 568 women (10 percent of all reported deaths) died from stroke. More than 80 percent of these deaths were from ischemic strokes, in which blood clots in the brain or blood vessels to the brain constrict. High cholesterol contributes to clot formation and plaque buildup in the blood vessels, boosting the risk of ischemic stroke.

While previous research has cited high cholesterol levels as a risk factor for stroke, this study emphasized the dangers for women - particularly younger women and African American women. It also firmly established the lethal connection between cholesterol and stroke mortality and reaffirmed the significance of other traditional stroke risk factors, including high blood pressure and diabetes.

Stroke is the third leading cause of death for American women and a major cause of disability. A simple blood test at your doctor's office can give you (and her) a comprehensive look at your cholesterol and blood-lipid profiles.

Cholesterol Predicts Stroke Mortality in the Women's Pooling Project. By RB Horenstein, DE Smith and L. Mosca. In *Stroke*, 2002; 33(7):1863-1868.

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