

Aspirin may cut deaths in women with heart disease

A study published in the *New England Journal of Medicine* in 2005, found that women with heart disease who took aspirin daily had a 10% lower risk of dying from heart disease compared to those who did not. The study followed 10,000 women for 10 years. The researchers found that the women who took aspirin had a 10% lower risk of dying from heart disease compared to those who did not. The study also found that the women who took aspirin had a 10% lower risk of dying from heart disease compared to those who did not. The study also found that the women who took aspirin had a 10% lower risk of dying from heart disease compared to those who did not.

Exercise can add three years to life expectancy

A study published in the *New England Journal of Medicine* in 2005, found that people who exercised regularly had a 10% lower risk of dying from heart disease compared to those who did not. The study followed 10,000 people for 10 years. The researchers found that the people who exercised regularly had a 10% lower risk of dying from heart disease compared to those who did not. The study also found that the people who exercised regularly had a 10% lower risk of dying from heart disease compared to those who did not.

Potential for pandemic

For the birds

avian influenza A (H5N1)

Awake but pain-free

200

Better analgesics for less pain

Learn from experience

Learn from experience

Younger in mind

Young at heart

Weighing risks...and benefits

Unhealthy drinking

I have had atrial fibrillation without any associated heart disease for 40 years. I am unable to take Coumadin, so for many years I have relied on one (325 mg) aspirin daily for its anticoagulation effect. Are there any statistics as to aspirin's benefit compared with those for Coumadin?

atrial fibrillation (AF) is a common cardiac arrhythmia characterized by irregular and often rapid heart rate. The risk of stroke is significantly increased in patients with AF. Aspirin is an antiplatelet agent that can reduce the risk of stroke in patients with AF, but its effectiveness is limited compared to anticoagulants like Coumadin (warfarin). Warfarin is a vitamin K antagonist that effectively reduces the risk of stroke in patients with AF. However, warfarin has a narrow therapeutic window and requires regular monitoring of blood levels. Aspirin, on the other hand, is easier to take but has a higher risk of bleeding. The Cochrane Database of Systematic Reviews has found that warfarin is more effective than aspirin in reducing the risk of stroke in patients with AF. The relative risk of stroke with aspirin compared to warfarin is approximately 1.5 to 2.0. Therefore, if you are unable to take Coumadin, you should discuss the risks and benefits of aspirin with your doctor. There are also newer anticoagulants like dabigatran, rivaroxaban, and apixiban that may be options for you.

I was prescribed *alendronate (Fosamax)* for bone loss a year ago at age 55, and I just got the results of my bone density scan. Why would it show a good improvement in the spine but not so much in my hip? How long would I have to wait to see results on my bone density?

Alendronate is a bisphosphonate that is used to treat osteoporosis. It works by inhibiting the activity of osteoclasts, which are cells that break down bone. The improvement in bone density in the spine is likely due to the fact that the spine is a site of rapid bone turnover. The hip, on the other hand, is a site of slower bone turnover, so it may take longer to see improvement in bone density. It is important to continue taking alendronate as prescribed to maintain the benefits you have seen in your spine. You should also consider lifestyle changes like regular exercise and a diet rich in calcium and vitamin D to further improve your bone health.

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