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Doctors have long wondered whether depression is a result of coronary heart disease (CHD) or a risk factor that contributes significantly to its development. Now new research confirms that major depressive disorder (MDD) is indeed as serious a risk factor for CHD as high blood pressure and cholesterol, obesity, smoking, diabetes, physical inactivity, and a positive family history. Even in healthy middle-aged women with no apparent signs of CHD, severe depression appears to dovetail with lifestyle habits that can sabotage heart health and promote the development of atherosclerosis (fatty plaques narrowing the insides of the arteries). Depression after a heart attack can make recovery more challenging and the risk of death greater.

The sad heart

"Studies suggest that depression often precedes a heart attack in up to 50 percent of cases, and is the single best predictor of cardiovascular events over the next year," says Barry Franklin, PhD,

director of the cardiac rehabilitation and exercise lab at William Beaumont Hospital in Royal Oak, Michigan. "In one study of about 4,500 elderly people who did not have heart disease, the risk of developing it and dying as a result was increased by 40 percent and 60 percent, respectively, for those who became depressed, compared to those who did not."

Depression is equally deadly after a heart attack. "According to two landmark studies conducted in the last decade, depressed individuals are three to five more times likely to die in the first year following a myocardial

infarction (MI) compared to those who aren't depressed," says Dr. Franklin.

The big question is why. "Clinically depressed people often have undiagnosed anxiety, don't take their medications properly or exercise regularly, and tend toward obesity because they eat comfort foods high in salt, sugar, and fat," notes cardiologist Erica C. Jones, MD, associate professor of clinical medicine at the Weill Medical College of Cornell University. "As a result, depression raises their risk for CHD, hinders recovery after a heart attack and increases risk for recurrent cardiac events. Factor in women's increased vulnerability to depression—according to the American Psychiatric Association, they have double the risk of major depression compared to men—and it's hardly surprising that heart disease kills more women than any other disease."

Depression and clogged arteries

The more frequently a woman experiences depression, the greater her risk of developing arterial plaques (a known risk factor for CHD), even before heart disease becomes clinically evident.

According to a study in the February 2003 *A* *P* involving

We're all exposed to low levels of radiation from the environment we live in, the products we use, and the medical tests we have. This kind of radiation, which can't be seen or felt, is

Exercise Helps You Age Gracefully

An ounce of prevention takes on new meaning as you age. The newest research suggests that the quality of your later years is directly related to how physically active you are now.

“The first step is to develop a lifestyle in which physical activity becomes integral to your daily routine,” says Sheila Dugan, MD, assistant professor of Physical Medicine and Rehabilitation at Rush University Medical Center in Chicago. “Climbing the stairs, parking at the far end of the lot, walking whenever possible, and doing stretches must become accepted activities of daily living rather than accessories to add or shed as desired.” This approach to physical activity is termed “functional fitness.”

Being active, living Well

Too many women are missing out on the health-promoting benefits that come from being active. Worse, some confuse being busy with being active, or mistakenly believe that it is too late to begin an exercise program after menopause.

“It only takes 30 minutes of moderate activity most days to reduce your

health risks, which is something everyone can manage,” Dr. Dugan told the 13th annual Congress on Women’s Health in Hilton Head, South Carolina in June. To manage your weight, walk for one hour a day. This is the most effective way to maintain a healthy weight, which will also promote bone health.

“Most women over 65 have some medical concern that would be improved with the right exercises,” says Lisa R. Callahan, MD, director of the Women’s Sports Medicine Program at the Weill Cornell-affiliated Hospital for Special Surgery. “However, there is no right fitness strategy that is right for everyone. In fact, there are countless ways to be physically fit. The trick is to choose an approach that is enjoyable and that you will comfortably stick with.”

Beyond the basics

Two recently released studies provide an ironclad argument for the necessity of daily physical activity. After age 30, body function begins to decline at a rate of two percent a year. Regular

physical activity can bring this loss to a near halt, slowing it to a mere half percent annually, according to a recent report in the *A J P*

Women whose exercise effort falls below 85 percent of their functional capacity are twice as likely to die within eight years, according to data published in the August 11 issue of the *J*

The level of physical activity needed was determined by researchers from the Health, Aging and Body Composition Study Research Group who found that it requires women to be active for at least 30 continuous minutes to gain any real long-term benefit. This refutes past recommendations that suggested that an accumulation of 30 minutes was sufficient.

“Achieving an appropriate level of activity is necessary to preserve physical independence, something that everyone should strive for,” says Dr. Callahan. “Women should find their comfort level by joining a gym, attending an arthritis pool class, taking a vigorous walk.”

Which exercises and how much?

Since muscle weakness, or deconditioning, is common among sedentary older adults, experts are encouraging

THREE TESTS OF FITNESS FOR OLDER ADULTS

The American College of Sports Medicine advises you not to take these tests if your doctor has told you not to exercise or if you have chest pain, joint pain, dizziness, or uncontrolled high blood pressure. Do these tests with a partner. Do your best on each test but do not overexert yourself. Before starting, warm up with 5-8 minutes of walking and swinging your arms.

The 30-second Chair Stand measures lower body strength.

Sit in a chair (seat height: 17") with feet flat on the floor. Cross your arms over your chest, and count the number of times in 30 seconds you can come to a full standing position.

women to incorporate resistance-training into a fitness plan.

“Strength training may be as simple as learning to lift cans of fruit cocktail properly while you watch a favorite television show,” says Dr. Dugan.

“Machines may offer better posture and safety provided they are adjustable

Vulvodinia is the name for a hidden

blockages in coronary arteries after having symptoms such as chest pain. Six months later they completed a standard questionnaire on hostility, such as levels of cynicism and rudeness, and then were followed for 3-6 years. Over that period, those with higher hostility scores had a 50 percent greater risk of dying or suffering cardiovascular "events" such as a heart attack, stroke, or hospitalization for chest pain. Women with hostile temperaments also tended to have lower levels of "good" HDL cholesterol, higher blood pressures, and larger waistlines—all risk factors for heart disease, according to the study in the July issue of *P*

The findings were in line with past studies that have linked chronic hostility and anger to a higher risk of heart disease and poorer outcomes from CVD, but most of those studies have been done primarily among men.

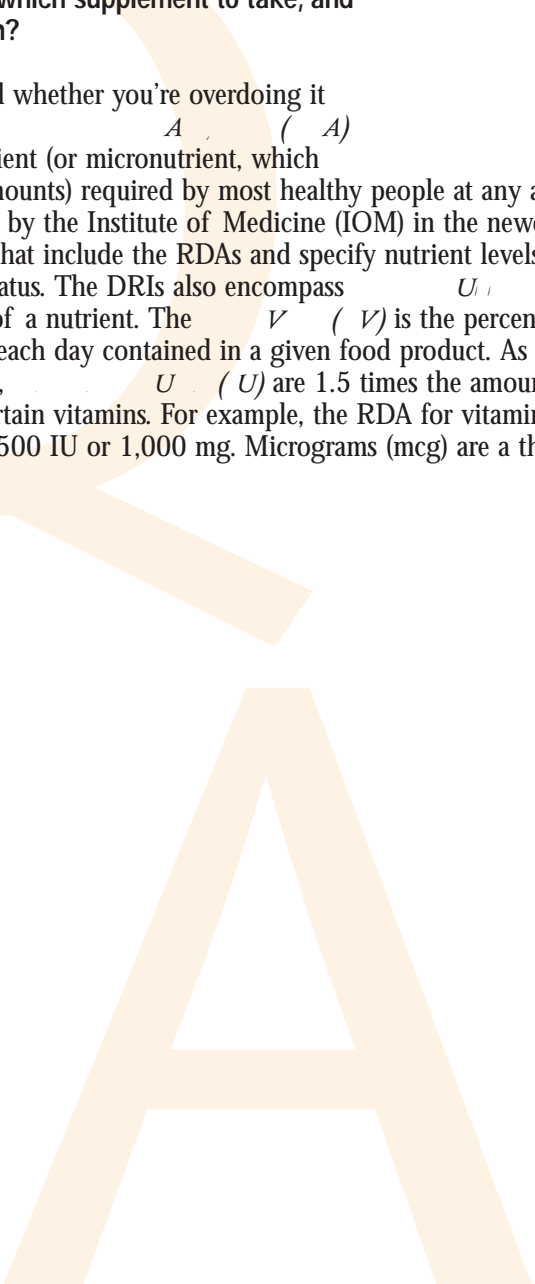
A greater risk of dying

Significant depression after a heart attack can compromise recovery, upping the risk of death by a factor of 2-4, according to an August 16 report in the *J* *A*

To find out why, researchers studied 143 patients with a mean age of 63 who had CHD and evaluated them for depression using a questionnaire called the Beck Depression In(k, str)24(0)TJ1[(1(..9(eF9("g)38rtystil-)]TJT sar "ev)24.(143 pa)12.9 percy aarilpercdepr

I found your article on vitamins and minerals in the September issue very interesting. But I'm confused by the numerous ways supplement ingredients are listed on packages. For example, some supplements go by RDAs and others the Daily Value. How can we tell the difference between IU, mg, and mcg when we decide which supplement to take, and whether we're taking too much?

Figuring out what you need and whether you're overdoing it can seem complicated. The A (A) is the average amount of a nutrient (or micronutrient, which the body only needs in trace amounts) required by most healthy people at any age. More detailed guidelines are set by the Institute of Medicine (IOM) in the newer (), that include the RDAs and specify nutrient levels by age, gender, and reproductive status. The DRIs also encompass (U), the maximum safe level of a nutrient. The V (V) is the percentage of a specific nutrient you need each day contained in a given food product. As for the differences in measurements, U (U) are 1.5 times the amount stated in milligrams (mg) for certain vitamins. For example, the RDA for vitamin E is 22.5 IU or 15 mg; the UL is 1,500 IU or 1,000 mg. Micrograms (mcg) are a thou-



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