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## When Alcohol Becomes Troublesome

*Alcohol abuse in later life is an unrecognized problem—some women may not even realize they are drinking at unhealthy levels*

For some women, older age is a happy, fulfilling period—for others, it's a lonely experience. The loss of a spouse or friends may leave women feeling isolated and depressed. These feelings can intensify if there are physical limitations and family members are scattered across the country. Some women may try to medicate depression or isolation with an accessible and inexpensive drug: alcohol.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that around one-third of American women consume alcohol regularly. Around 2.3 percent (upwards of 2.5 million women) meet the criteria for alcohol abuse, according to the NIAAA. Figures are hard to come by for women aged 65 and older. Because alcohol problems are often unrecognized among older women, they go untreated.

More women are staying healthy and living longer than ever before (see page 6). For those who choose to drink alcohol, the NIAAA says the pattern of consumption and amount consumed influence whether alcohol has a helpful or harmful effect on conditions that increase with age, including heart disease, breast cancer, osteoporosis, and dementia.

### Drinking alone

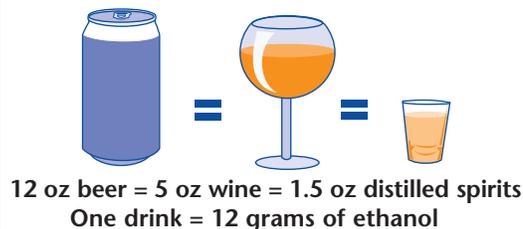
Because of the stigma for women associated with heavy alcohol use, women often drink at home and drink alone, observes Robert Millman, MD, director of the alcohol and drug abuse service at the Weill Cornell Medical Center. "Most older women drink privately. Even though they may start later, they may escalate their alcohol use, putting

them at risk for illnesses and accidents, especially falls," says Dr. Millman. "For older people who are at home and lonely, drinking allays those feelings of loneliness; it passes the time."

"Women may be separated, divorced, or widowed. Women who are alone at home may have a tendency to drink too much due to lack of social constraints. Or, they have a partner who drinks, and it becomes a shared unhealthy behavior, which may lead to violence," notes Denise Russo, PhD, program director in the NIAAA's Division of Metabolism and Health Effects. "Sleep problems become more common in older age, and some women may use alcohol as a sleep aid. Depression can also lead to unhealthy behav-

iors, and one of them is drinking. And we know that alcohol impacts women harder than men at lower levels of consumption," says Russo. For women, light drinking is defined as having one drink or less per day.

### LIGHT DRINKING IS <1 "DRINK" PER DAY:



(Source: National Institute on Alcohol Abuse and Alcoholism)

### Bigger impact

Alcohol becomes more concentrated in a woman's body due to smaller body size, lower weight, and higher percentage of body fat; women also produce less of a stomach enzyme called *alcohol dehydrogenase (ADH)* that breaks down alcohol, so more gets into the bloodstream. "Evidence is now accumulating that women develop problems such as fatty liver, hypertension, gastric bleeding, and peptic ulcers, and cirrhosis at a faster rate than men at lower levels of consumption," notes Dr. Millman.

Alcohol is processed and eliminated more slowly in older age, elderly people are often

*Continued on page 7*



# Women's Health Advisor®

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## FRONTLINE



### Aspirin may cut deaths in women with heart disease

A long-term study shows that aspirin may significantly reduce death rates in postmenopausal women with heart disease. The study, presented at the American Heart Association scientific sessions in November 2005 in Dallas, was conducted among 8,928 women with heart disease aged 50-79; 46 percent of the women were taking daily doses of either 81 mg or 325 mg of aspirin. During six and a half years of follow-up observation, all women taking aspirin had a 25 percent lower death rate from heart disease and a 17 percent reduction in death from all causes. However, the study was not a randomized trial, so the results do not definitively prove aspirin was responsible for the cuts in death rates, and because the reduction in deaths was the same for both doses of aspirin, there's no way to determine what the optimal dose is. Experts say randomized clinical trials are needed. Higher doses of aspirin are associated with gastric bleeding and other side effects.



### Exercise can add three years to life expectancy

If you engage in regular exercise, even just 30 minutes of brisk walking a day, you can add as much as three years to your life expectancy free of heart disease, according to two studies in the November 14, 2005 *Archives of Internal Medicine*. One study, from the Netherlands, analyzed more than 40 years worth of data from 4,121 people taking part in the landmark Framingham Heart Study. Participants were grouped according to whether they had low, medium, or high activity levels. Compared to those who engaged in low levels of activity, life expectancy for the medium activity group was 1.5 years longer and 3.5 years longer for those with high activity levels—years spent mostly free from heart disease. A second, smaller study from the University of Florida of 492 sedentary men and women examined the type of walking program that would produce the biggest improvements in heart health. The results: Walking moderately or briskly for 30 minutes five or more days a week, or walking briskly 3-4 days a week, improved cardiorespiratory fitness the most. Walking at a fast pace five or more days a week improved cholesterol levels.



### Fish with omega-3 fats reduce dry eye risk

If you eat plenty of cold-water fish rich in omega-3 fats, you may be able to reduce your risk of dry eye syndrome. Women with dry eye syndrome do not produce tears in sufficient quantities to lubricate the eye. The most common remedy, artificial tears, provides only temporary relief. Researchers from Brigham and Women's Hospital in Boston note that inflammation is thought to play a role in dry eye, and omega-3 fats appear to have antiinflammatory properties. The researchers looked at data from 32,470 women taking part in the Women's Health Study, and found that those who had the greatest intake of omega-3 fats were at 17 percent lower risk of dry eye syndrome than women with the lowest intake. Tuna especially seemed to protect against dry eye, with women eating more than five 4-oz servings a week reducing their risk of dry eye by 68 percent, compared to women who ate one or fewer servings of tuna per week. No other types of fish or seafood were associated with lower dry eye risk in the study in the October 2005 *American Journal of Clinical Nutrition*. The study did not address the issue of mercury in tuna.



### Glucosamine, chondroitin ease knee osteoarthritis

Results from two major clinical trials, one conducted in the U.S. and the other in Europe, show the supplements glucosamine and chondroitin can reduce pain in people with knee osteoarthritis (OA). The U.S. study, the Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT), funded by the National Institutes of Health, involved almost 1,600 people over age 40 with moderate to severe knee OA pain. The GAIT trial found that patients with severe knee pain randomized to take 1,500 mg *glucosamine hydrochloride* had a more than 65 percent reduction in pain, but those taking a combination of glucosamine and 800 mg of *chondroitin sulfate* had an almost 80 percent reduction in pain. Patients assigned to take 200 mg of *celecoxib (Celebrex)* had an almost 70 percent reduction in knee pain, compared to a 54 percent response among those taking placebo. The European trial, involving 318 patients given 1,500 mg a day of powdered *glucosamine sulfate*, found it may be more effective for knee OA pain than acetaminophen or placebo. Both trials were reported at the American College of Rheumatology annual meeting in San Diego, California in November 2005. Researchers also reported that a combination of exercise and weight loss can improve knee function among elderly people with OA. 🏃

## How Big a Threat is Bird Flu?

*The prospect of a pandemic of avian influenza is frightening, but seasonal flu is a bigger danger right now*

You may have seen some scary headlines about the potential for a pandemic of avian influenza. But experts say the bird flu poses no immediate threat. It's seasonal influenza that kills an estimated 36,000 Americans in a typical year, and sends more than 200,000 into the hospital. "People should still focus on the seasonal flu, and it's not too late to get a flu shot," stresses Anne Moscona, MD, professor of pediatrics, microbiology, and immunology, at the Weill Medical College of Cornell University. Still, the prospect of a worldwide flu epidemic has health officials concerned. Here's what you should know about the bird flu and this year's human flu bug.

### For the birds

Avian influenza viruses have actually been around for centuries. Wild birds carry avian flu viruses in their intestines and shed the virus in their saliva, nasal secretions, and droppings, according to the Centers for Disease Control and Prevention (CDC). Bird flu viruses can be very contagious and infect domesticated birds (including chickens, ducks, and turkeys) by contact with excretions or droppings from wild birds. These viruses do not usually spread easily from poultry to humans.

The strain making headlines is the *avian influenza A (H5N1)* virus, a subtype of an influenza A virus that occurs mainly in birds. Outbreaks of H5N1 have occurred among poultry in eight Asian countries and in Europe, affecting tens of millions of birds since 2003. There have been more than 120 cases of H5N1 among humans, presumably spread by close contact with infected poultry or contaminated surfaces; the virus has killed more than 60 people in Asia. Two cases of suspected H5N1 transmission

from infected humans have been reported. However, there have been no cases of H5N1 reported among birds or humans in the U.S.

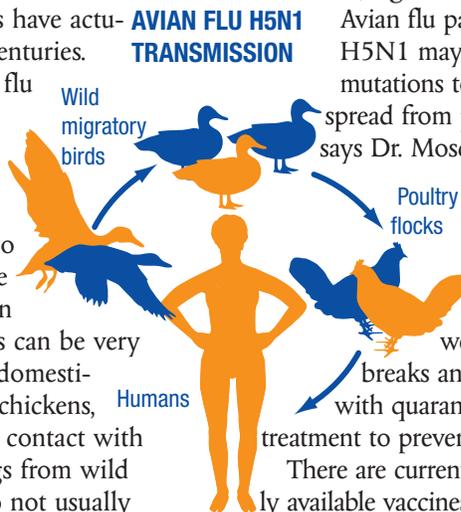
### Potential for pandemic

What has health experts worried is the potential for H5N1 to mutate into a form that can easily be spread among humans, increasing the potential for a pandemic, a worldwide outbreak of disease, explains Dr. Moscona. As infected birds continue to migrate, public health officials worry that the virus could become more adept at spreading between humans. A recent study noted that the influenza virus that killed millions of people around the globe in 1918 originated in birds.

"However, right now, there is no Avian flu pandemic. And H5N1 may not acquire the mutations to allow it to spread from person to person," says Dr. Moscona. "There are worldwide efforts to monitor H5N1. If the virus does mutate, we have to spot outbreaks and contain them with quarantines and drug treatment to prevent any spread."

There are currently no commercially available vaccines that could protect humans against H5N1. Vaccines are being tested by the National Institutes of Health and other agencies, but producing a vaccine in sufficient quantities for Americans could take 3-5 years.

The H5N1 virus is resistant to the antiviral medications *amantadine* and *rimantadine*. Two newer antivirals, *oseltamivir* (*Tamiflu*) and *zanamivir* (*Relenza*), would likely work against H5N1 virus, Dr. Moscona noted in a recent review in the *New England Journal of Medicine*. These drugs, called *neuraminidase inhibitors*, prevent the release of the flu virus from infected



## WHAT YOU CAN DO

To avoid catching or spreading flu and other respiratory viruses:

- If you haven't already done so, get a flu shot.
- Cover your mouth when you cough or sneeze.
- Wash your hands frequently; soap and water kill most viruses.
- Discard used tissues immediately
- When possible, avoid crowded indoor spaces.
- If a bad cough or other respiratory symptoms linger, see your doctor.

cells to healthy ones, not only reducing flu severity but also protecting people exposed to the virus from getting sick. Worldwide efforts are being undertaken to produce enough medication to treat large numbers of people. "There have been some cases of resistance to Tamiflu, but not yet to Relenza. However, the bulk of the flu strains are still sensitive to these drugs," Dr. Moscona comments.

### The human flu

This year's seasonal flu vaccine would not protect against bird flu; it is formulated to defend against three other strains of influenza A: *H1N1*, *H3N2*, and a strain of *influenza B*. These are variations of strains that originate every year in pigs in China.

"The flu vaccine is 80-90 percent effective, somewhat less so in older people whose immune systems may be weaker. If you do get the flu, it's likely to be mild," says Dr. Moscona. "Older people get a lot of secondary infections, including bacterial pneumonia. The flu can also damage the lungs, causing difficulty breathing. This can be deadly for people who are already affected by a heart or lung problem." She urges older people to be alert for symptoms. The flu comes on suddenly, with high fever and muscle aches; a cold comes on more gradually with a runny nose and scratchy throat.

Anxiety about the spread of H5N1 has led to hoarding of Tamiflu in this

*Continued on page 4*

**BIRD FLU** *Continued from page 3*

country; the drug's manufacturer had halted shipments of the drug to insure adequate supplies for the current flu season. But there are concerns that people may find it difficult to get Tamiflu. "Tamiflu and Relenza are only effective if you take them right away, within 48 hours of your first symptoms. Taken as early as six hours, they significantly shorten the illness. After two days, they're not effective," explains Dr. Moscona.

**What's being done about H5N1?**

Unfortunately, people can carry and spread any flu virus before symptoms appear, notes Dr. Moscona. While human-to-human H5N1 transmission is not a threat yet, with jet travel the virus could literally fly from one country to another, increasing the chance for a pandemic. The CDC has opened quarantine stations at major ports of entry to the U.S. The CDC has not yet recommended travel restrictions to countries affected by H5N1, but advises people who travel to those areas to avoid poultry farms and live food markets.

Last May, the U.S. created a National Pandemic Influenza Preparedness and Response Task Force, and the government is working with the World Health Organization and Asian countries to investigate and control H5N1 outbreaks. President George W. Bush has asked Congress for \$7.1 billion in emergency funds to help prepare for a pandemic. Efforts to produce and stockpile antiviral drugs in the U.S. are also underway.

In the meantime, health experts are urging people to be vaccinated against this year's flu bug; the season usually peaks in February and March. "More than 180 million people should get the (flu) vaccine and we have never gotten anywhere near close to that," CDC director Julie Gerberding, MD, told a briefing in November. "The specter of pandemic influenza is very frightening to people...and it does remind people of the importance of influenza as an illness. In the long run, it may result in people being motivated" to get vaccinated. 🦷

## Preparing for Hospitalization

*Knowing what to expect and planning for surgery and the postop period can make recovery easier*

Anticipating surgery? Not knowing what to expect may well be the toughest part of the experience. But working with your anesthesiologist beforehand to manage pain afterwards and with your doctor to plan for rehabilitation challenges will up the odds of a speedy recovery.

The old practice of having your initial meeting with your anesthesiologist right at the door to the operating theatre is changing. Today's anesthesiologists are on the front line of controlling preop anxiety and postop pain before the surgeon ever picks up a scalpel. To calm surgical jitters, anesthesiologists will frequently prescribe a mild oral antianxiety drug or administer one intravenously, according to Sudhir A. Diwan, MD, director, division of pain medication, Weill Medical College of Cornell University.

To establish good preop pain control, they'll also set up an analgesic base prior to surgery. "That way, you don't have rip-roaring pain when you wake up," says John Dombrowski, MD, spokesperson for the American Society of Anesthesiologists. "So we might ask you to take some medication even if you're not in pain. This approach has become increasingly common in cardiac, gynecology, and orthopedic surgery."

According to a large, six-month study presented at the 2004 annual meeting of the American Society of Anesthesiologists, seeing an anesthesiologist well before a surgical procedure significantly improved patient satisfaction and safety, and kept hospitalization costs down.

**Learn from experience**

"The experience of past surgery is educational to the patient and provides valuable information to the anesthesiologist," says Dr. Diwan. If you've had surgery before, make some notes about how the anesthesia affected you. And discuss it with your new anesthesiolo-

gist." Did it cause nausea, vomiting, headache, or oversedation? Was the level of pain control adequate? To select the best pain medication, your anesthesiologist needs a good understanding of any drug allergies you may have. Don't forget to ask close relatives about their own experience with anesthesia, as some drug reactions might run in families.

**Awake but pain-free**

To preserve cognitive function, better control pain, preserve blood loss, and speed recovery, some anesthesiologists favor a regional anesthetic block like an epidural or a spinal instead of anesthetizing the entire body, especially for orthopedic procedures like total hip or knee replacements, shoulder and hand surgery. "This is an extremely safe procedure that gives the patient the option to remain awake and feel no pain during surgery," says Diwan. "But if being awake without having any feeling below the waist makes you apprehensive, your doctor can administer intravenous sedation. Another bonus of the regional blocks is the long lasting postoperative pain control it offers." Cleveland Clinic orthopedic surgeon Jonathan Schaffer, MD is convinced that "regional blocks are the way to go in orthopedic surgery. Some patients even find it fascinating to watch their own surgery on a TV monitor and ask questions as it progresses. One patient said it was like watching the Discovery channel with surround sound!"

**Better analgesics for less pain**

Thanks to advances in formulation of analgesics, pain from even major surgery is likely to be less than you imagined, according to Diwan. "Morphine and morphine-like drugs (such as *Dilaudid*) are the gold standard for acute postoperative pain control but their side effects (sedation, slow breathing, even hallucinations, and the

stigma of becoming addicted) limits their use. Epidural and peripheral nerve blocks allow the anesthesiologist to use local anesthetics only or in combination with a low-dose opioids, thereby minimizing the side effects and maximizing pain relief so you're comfortable when you wake up."

When you do experience pain, you'll be able to control it yourself. If you are an inpatient on an IV, you should be able to give yourself small amounts of pain medication simply by pressing a button connected to a computer. Called patient-controlled analgesia (PCA), it offers immediate relief without delay, says Dombrowski. "In the old days, a patient who wanted something for pain first had to call the nurse, who in turn might need a doctor's authorization." With PCA, patients are less likely to develop pneumonia or an inactive bowel as a result of being overly sedated and unable to exercise sufficiently in the hospital.

Soon self-medication may be easier with IONSYSTM, a needle-free stream-lined device that adheres to your arm or chest and is no bigger than a credit card. Without a cumbersome IV to lug around, the new system will make it easier for patients to be mobile. In a 2004 study published in the *Journal of the American Medical Association (JAMA)*, about 300 women who had gynecologic surgery were randomized to receive either IONSYS, which delivers 40 micrograms of fentanyl on demand up to six times an hour, or one gram of morphine on demand up to 10 times an hour via IV PCA. Eighty-five percent of the women receiving IONSYS said their pain management was excellent or good during the first treatment day. Researchers concluded both systems provided similar pain-control relief, and that a similar percentage needed supplemental pain medication. Twice as many women (12) in the IONSYS opted out of the study citing inadequate pain relief compared to six patients in the IV PCA group. IONSYS is awaiting final FDA approval.

"During the meeting to discuss your discharge plan, make sure you understand how to take your medications and what side effects to look for," says Diwan. "Some sedatives or alcohol should not be taken along with pain medications, and it's vital you understand this."

Finally, don't be reluctant to call your doctor if you're experiencing more pain than expected. "You're having pain for a reason, and the doctor needs to find out why," says Dombrowski. "Something may have gone wrong with the surgery or with your rehab. A simple phone call can put your mind at rest."

### After orthopedic surgery

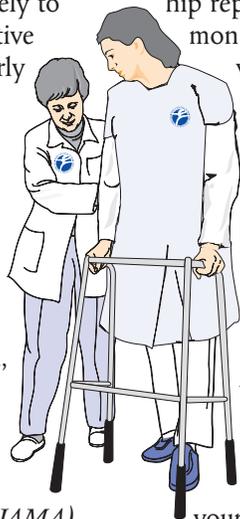
If you're scheduled for a total knee or hip replacement, the two most common orthopedic procedures for women over 50, having a good recovery is a factor of good planning. That includes everything from building up your aerobic health to modifying your home environment to accommodate the temporary use of a walker or crutches.

"When surgery is more than a few months ahead, embarking on an exercise program to boost your aerobic capacity will improve your stamina, control your

weight, and improve your mood so that you come into surgery with a running start," advises Dr. Schaffer. "The more active you are before, the easier your recovery." For very sedentary patients, Schaffer recommends pool therapy and upper extremity exercises.

Expect to spend about four to six weeks in physical therapy working on range of motion, stretching, and strengthening exercises, gait, bending, and straightening. To speed healing, your physical therapist may massage tender points and scars. Don't even think about driving again for at least three to four weeks if you've had your left knee replaced, six for the right knee or a hip replacement.

"Because they no longer are in pain, most people find they can exercise at a



## WHAT YOU CAN DO

To make hospitalization easier, ask these questions beforehand:

- Can I meet my anesthesiologist in advance of surgery to discuss preop pain control?
- What is my anesthesiologist's philosophy about regional anesthesia?
- Am I a good candidate for a regional block?
- What types of accommodations should I make for home care once I'm discharged?

higher level than before," Schaffer says. That includes activities such as doubles tennis and golf. However, getting your golf swing back can be difficult because of the twisting involved. Once patients no longer need a cane, Schaffer has them putt from all distances for three weeks, take short iron shots for two weeks, longer shots for another 14 days, and then move onto drivers for the last two weeks.

### Laparoscopy reduces recovery time

"Today, most abdominal operations are done laparoscopically, reducing the size of the incision, pain, and the time to recovery," says Mark Malangoni, MD, surgeon-in-chief and chair of surgery at MetroHealth Medical Center in Cleveland, Ohio. "As a result, patients are able to move about sooner and get back to normal quicker than patients who have a traditional incision."

Driving comes sooner too, normally five to seven days if you've had laparoscopic surgery, another week for open surgery. You'll be back at the gym quicker too, but steer clear of exercises that strain the abdominal wall for six weeks (for gallbladder surgery) and three months for a hysterectomy. After abdominal surgery, Dr. Malangoni says many women feel they've lost muscle tone in the abdominal wall. That's normal, he says, and easily corrected with a walking program. Women who were more physically active can slowly increase their exercise to pre-op levels with brisk walking at three weeks 🏃

# It's Not Your Grandmother's Aging

*Staying active mentally, physically, and socially can help your brain and body stay younger as the years go by*

Experts are now saying that “60 is the new 40” and “80 is the new 60.” In other words, getting older isn't what it used to be. Women today are “younger” in every way than the women of the same age in the previous generation.

Chief among the steps to staying younger in older age is reducing risk factors or gaining control of chronic diseases that often accompany aging, such as coronary heart disease, type 2 diabetes, and high blood pressure. “These are things that are easily addressed that can keep your mind functioning longer and stronger,” says Norman R. Relkin, MD, PhD, director of the Cornell Memory Disorders Program. “You also need to address things like stress, sleep problems, use or misuse of medications, depression, and anxiety. Exercise your body and mind, and keep a positive outlook,” Dr. Relkin told the 23rd annual Cornell Women's Health Symposium in October 2005.

Of course, being born with good genes—having a long-lived family, with no heart disease or cancer—helps. But genetics is only part of biological aging. “Most researchers now agree that genetics, even including mutant genes, is only 30 percent of healthy aging and the rest depends on your environment,” says Lila Nachtigall, MD, professor of Ob/Gyn at the NYU School of Medicine. Environmental factors that affect how you age include “social support, exposure to stress, exercise, diet, and of course smoking, to name a few.”

A 75-year-old woman can expect to live 13 additional years. “If you want to age well, you need to start making changes at least by menopause,” Dr. Nachtigall said in her keynote address to the 2004 annual meeting of the North American Menopause Society in San Diego in October. Recent scientific evidence supports these stay-young strategies.

## Younger in body

To help avoid frailty, fractures, and fatigue, you need regular exercise (along with calcium and vitamin D).

Your exercise capacity and aerobic fitness will decline as you get older, but that does not mean you should avoid exercise, according to a study published in the July 25, 2005 issue of *Circulation*. The study by the National Heart, Lung, and Blood Institute (NHLBI) measured the rates of aerobic decline among more than 800 people, aged 21-87, and found that if you remain active you'll have a higher level of fitness than someone who's stayed sedentary. You'll also be “younger” in terms of your capacity to do everyday activities without becoming winded or fatigued, and retain your independence, says lead author Jerome L. Fleg, MD, a medical officer at the NHLBI. “By taking part in an exercise training program, you can raise aerobic fitness by 10-15 percent which, in our study, would be equivalent to being 10-20 years younger.”

A recent study from Sweden found that people who exercise 2-3 times a week have around a 50 percent less chance of losing their memory as they get older, Dr. Relkin notes. Exercise has another benefit: It reduces the risk of obesity; researchers recently reported that obesity in midlife may double the risk of dementia later on. Not to mention that exercise could extend your life expectancy (see page 2).

## Younger in mind

For many people, the biggest fear of aging is developing Alzheimer's disease. And it's true that as we move past retirement age, we may lose a little mental sharpness. But in many ways, the brain is a muscle that also needs exercise. You need to exercise the mind to keep it strong, says Dr. Relkin. “We tend to focus on the relatively small percentage of people who suffer from Alzheimer's and other memory-robbing diseases. But there

## WHAT YOU CAN DO

To stay “younger” as you get older:

- Stay active mentally and physically.
- Get regular exercise; try indoor mall walking in the cold weather.
- Keep up your social networks.
- Take a class, learn a new skill, volunteer; helping others is a terrific tonic for the spirit.
- Keep your mind sharp with crossword puzzles, card games, and reading.
- If you find yourself feeling depressed, seek help.

are a number of studies now that appear to indicate that if you stay mentally active it has an ‘exercising’ effect on thinking and memory functions in the brain.”

Age-related mental decline affects some people more (or less) than others, but most people actually have the ability to reverse a decline, note researchers from the University of Alberta in Canada in the September 2005 issue of

*Educational Gerontology*.

They and other experts recommend that you read, take classes, learn a new skill, take up a new hobby, play card games, do crossword puzzles, even learn how to play a musical instrument.

“With a little effort, even people in their 70s and 80s can see dramatic improvements in their cognitive skills,” study co-author Dennis Foth, PhD, said in a statement.



## A stay-young diet

You also need a healthy diet packed with plenty of antioxidant- and folate-rich fruits and vegetables, whole grains, and fatty fish. In particular, recent research has shown that the omega-3 fatty acids in cold water fish

like salmon and tuna seem to boost brain functioning, reduce the inflammation associated with risk factors for heart disease, stroke, and cognitive decline, and lower the risk of stroke. A recent study (just one of several) found eating fish at least once a week may actually slow the effects of aging on the brain. The six-year population study of Chicago residents found that the rate of cognitive decline was reduced by 10-13 percent among people who ate one or more fish meals a week, even after taking into account fruit and vegetable consumption. "The rate reduction is the equivalent of being three to four years younger in age," said the report in the October 2005 *Archives of Neurology*.

### Young at heart

It's a cliché but true: To stay young as you age, you have to remain young at heart. That means keeping a positive attitude, keeping up with activities you find enjoyable, and maintaining social contacts, whether they're at a church, synagogue, or through volunteering.

"My best advice is to do the things you find most interesting and most engaging. Socializing is an excellent mental stimulation, because it involves the use of memory, logical thinking, and a variety of other mental processes," says Dr. Relkin. Also important: reducing stress and treating depression. "Keeping things under control as far as anxiety and stress are concerned can go a long way to keep memory strong," he adds.

Keep a positive outlook, stresses Dr. Nachtigall. She points to a study done years ago among nuns who were given tests to gauge mental outlook when they entered the convent in their 20s. "They were tested again in their 50s. The ones who had a very positive outlook—the half full glass rather than the half empty glass—they had much fewer diseases and a much better survival rate," remarks Dr. Nachtigall. "Let's help women embrace the aging process. Let's help them by helping them lift their arms, helping them lift their spirits, adding life to their years." 🍷

### ALCOHOL *Continued from page 1*

more dehydrated, says Russo. "Some people become more sensitive to the effects of alcohol and can't drink as they age." Older women are also more sensitive to the effects of medications; there are more than 150 prescription and over-the-counter (OTC) drugs that interact negatively with alcohol, according to the NIAAA. "Older women often take multiple medications and may be seeing several doctors, who may be unaware of these drugs and unaware of any alcohol use. Symptoms, such as dizziness, sleepiness, withdrawal, cognitive problems, may all be signs of cross-reactivities with drugs," says Russo. "Alcohol can also affect levels of hormones in the body that can impact on diseases such as thyroid disease or breast cancer."

### Weighing risks...and benefits

Alcohol seems to raise levels of estrogen in the body; estrogen is known to fuel the growth of breast cancer cells. A study of almost 52,000 postmenopausal Swedish women, reported in the November 2, 2005 *Journal of the National Cancer Institute*, found those with the highest alcohol intake (more than 10 grams of alcohol per day), had around a 35 percent increased risk for hormone receptor-positive tumors, compared to nondrinkers.

A 2005 review of the Women's Health Initiative Memory Study (WHIMS), involving more than 4,400 women aged 65-79 followed for four years, found that moderate alcohol consumption may be associated with improved cognitive function and a reduced risk of cognitive decline and dementia. Researchers speculate the antioxidant and anticlotting effects of alcohol that protect the heart may keep blood vessels in the brain healthier. On the other hand, studies show that heavy alcohol use harms the brain.

As for bones, epidemiologic studies find that light-to-moderate drinking is associated with increased bone mineral density and a decreased fracture rate among postmenopausal women. However, heavy alcohol use weakens bones, says the NIAAA.

## WHAT YOU CAN DO

### To avoid risky drinking:

- Do not drink alcohol every day.
- If you drink socially, limit yourself to one or two drinks and alternate with nonalcoholic beverages.
- Never consume more than three alcoholic drinks on one occasion.
- If you are worried about your alcohol consumption, or have ever tried to cut back and can't seem to, seek counseling.

### Unhealthy drinking

Three in 10 people are drinking at what may be considered "risky" or unhealthy levels, observes Richard Saitz, MD, MPH, associate director of the Clinical Addiction Research and Education (CARE) Unit at Boston University Medical Center. "We define 'risky drinking' as more than seven drinks per week, or three drinks per occasion, for women and adults over 65. These are amounts that over time place people at risk for health consequences," says Dr. Saitz. More than half of the health consequences of alcohol occur at the level of risky or problem use, notes Dr. Saitz. For example, the risks of hypertension can increase at just three drinks a day, and breast cancer risk may rise at two drinks per day.

In a 2004 review of the current scientific knowledge of health risks and potential benefits of moderate alcohol consumption, the NIAAA concluded that except for women at specific risk having one alcoholic drink per day is unlikely to cause problems.

However, if you've been a teetotaler all your life don't start drinking alcohol in older age because you think it will protect your heart or brain. Daily alcohol use can quickly become a habit, says Dr. Millman.

A quick self-test: Have you occasionally had more than four drinks in one day? "A positive answer does not necessarily mean that you are abusing alcohol, but you may be at risk for problems and should seek some advice," says Dr. Saitz. 🍷

**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?**

Drugs to prevent clotting are needed to prevent strokes in people with *atrial fibrillation (AF)*, a condition where the upper chambers of the heart quiver instead of beating effectively. This allows blood to stagnate and form clots that could break away and block blood flow to (or in) the brain. The usual treatment to prevent strokes is the blood-thinner *warfarin (Coumadin)*. Most studies comparing aspirin (which prevents platelets from forming clots) and warfarin have found warfarin more effective. Warfarin reduces the risk of stroke by more than 60 percent, although it does pose a slightly higher risk of bleeding. A comparison of warfarin and a newer blood-thinner, *clopidogrel (Plavix)*, reported at the 2005 Scientific Sessions of the American Heart Association (AHA) in November in Dallas found the newer drug was also less effective than warfarin. In addition, the study was halted early after a high incidence of stroke and other heart risks was seen among the Plavix group. How well does aspirin work? A 2005 review by the *Cochrane Database of Systematic Reviews* found that daily aspirin, in doses ranging from 75-325 mg, helped reduce strokes and other major vascular events by around 25 percent in patients with nonvalvular AF. In general, the AHA recommends that people with AF at high risk for stroke should be given warfarin. However, the AHA says people at low risk for stroke, or who are under age 75, can safely be given aspirin.



**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?**

On average, bisphosphonate therapy increases bone mineral density (BMD) by 3-4 percent in the first year. In your case, there was a discernible effect in the spine after a year of antiresorptive treatment with Fosamax. As to why your spine would improve more than your hip, this can be due to a number of factors. It may have to do with how much bone loss was detected in each area, and differences in the nature of bone in the spinal vertebrae (*axial bone*) and in the hip area. The bone at the top of the thigh (*femur*), is different in structure than in the long part of the femur. The *cortical* bone in the middle of the femur (and other long bones) is made of stronger, channel-like structures, but at the top and bottom it is more like a honeycomb and is more vulnerable to fractures. There is also more turnover in this type of bone (called *metaphysis*). You may have isolated areas of higher BMD or may have started out with more BMD in your hip. So it's hard to determine how long you'd need to have drug therapy in order to see any improvement in your hip. A repeat bone density scan in early postmenopausal women is generally done every 2-3 years.

COMING SOON

- How strong are your bones?
- Heading off strokes
- New chemotherapies for breast cancer

FYI: NEWS FROM THE SOCIETY FOR WOMEN'S HEALTH RESEARCH

Pain seems to affect women and men differently. Studies have shown that women report pain more often than men. Certain studies even suggest that women can handle and cope with pain better than their male counterparts. Differences start early; males and females exhibit different responses to pain only hours after birth. Past studies even suggest that men and women use different pathways in the brain when it comes to pain. "Men and women both have pain and both can inhibit pain, but may do so by the activation of neural mechanisms that are different in each sex," Jeffrey Mogil, PhD, professor of pain studies at McGill University in Montreal told the Society for Women's Health Research. It has also been shown that a woman's pain threshold varies during the menstrual cycle, suggesting a role for estrogen and progesterone. Chronic pain conditions, including osteoarthritis, fibromyalgia and migraines affect women more frequently than men. Research by Mogil and others have found that certain pain medications actually work better in women than in men. Researchers at the University of California in San Francisco discovered that female patients achieved better pain control than male patients from a class of pain relievers called *kappa opioids* after surgery to remove wisdom teeth. On the other hand, Australian researchers at the University of New South Wales showed in a randomized controlled trial in 2000 that ibuprofen works better in men. Mogil says more research is needed to further understand the role gender plays in pain.

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