

WELCOME TO THE *Women's Health eNewsletter*

This newsletter is a monthly resource created especially for women. Each issue will bring you valuable information on various topics - news you can use to live a healthier, happier, and more fulfilling life. We hope you enjoy each issue.

April 2008

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IBS – A Misunderstood Condition

Irritable Bowel Syndrome, or IBS, is a common disorder of the intestines that causes painful cramps, abdominal pain, intestinal gas, bloating, and changes in bowel habits. IBS is more common than many people realize. According to the National Digestive Diseases Information Clearinghouse (NDDIC), as many as 20 percent of the adult population, or one in five Americans, have symptoms of IBS. It is one of the most common disorders diagnosed by doctors.

Since April is Irritable Bowel Syndrome Awareness Month, let's begin with the common signs and symptoms. Abdominal pain, bloating, and discomfort are the main symptoms of IBS; however, symptoms may vary from person to person. Others include:

- Constipation (hard, difficult-to-pass, or infrequent bowel movements)
- Diarrhea (frequent loose, watery stools, often with an urgent need to move the bowels; there may also be mucus in the stool)
- Combination of constipation and diarrhea (some alternate between the two)
- Cramps and an urge to move the bowels, but unable to do so

The cause of IBS is not known, and there is no cure. IBS can be a mild annoyance for some people, but for others, it can be disabling. They may be unable to go to social events, work away from the house, or travel short distances. Most people with IBS, however, are able to work with their doctors to control their symptoms with diet, stress management, and medications.

IBS and Women

According to the National Women's Health Information Center, IBS often begins before the age of 35, but it can start at any age. IBS seems to run in families, as people with IBS often report having a family member with the disorder. Most people diagnosed with IBS (up to 75 percent) are women. But, it is not known for sure that IBS affects more women than men. The Society for Women's Health Research reports that symptom-related and physiological differences have also been noted concerning IBS in women versus men, for example:

- Women tend to report IBS symptoms to doctors more readily than men.
- Hormonal differences between men and women may affect the function of the bowel and the perception of pain. Women report that symptoms of IBS often worsen during the first few days of the menstrual cycle.



Preventing IBS Symptoms

Identifying specific strategies to prevent the onset of IBS is difficult because there is no definite cause. Because the bowel is sensitive to stimuli, one or more triggers may cause symptoms. Some of the symptoms of IBS may be prevented by following these guidelines for good digestion:

- Eat at regular hours.
- Chew food slowly and thoroughly. Eating too quickly can lead to swallowing air, which also leads to gas.
- Avoid large, high-fat meals, as they may cause cramping and diarrhea. Try eating small, frequent meals.
- Limit caffeine use.
- Drink six to eight cups of plain water daily. Avoid carbonated beverages, as they may result in gas and cause discomfort.
- Get regular physical activity. Exercise helps to decrease stress and also promotes healthy bowel function.
- Do not ignore the urge to have a bowel movement.
- Avoid straining during a bowel movement - try to relax and take your time.
- Do not consume gas-producing foods such as beans, onions, broccoli, cabbage, or other foods that aggravate your IBS symptoms.
- Avoid dairy products if you are lactose-intolerant.

For many, careful planning when it comes to diet may help reduce IBS symptoms. Before changing your diet completely, keep a food log or journal, noting the foods that seem to cause distress. Discuss your findings with your doctor and a registered dietitian.

Emotional or environmental stress may also exacerbate, or trigger symptoms of IBS. Because the colon is partially controlled by the nervous system, stress reduction (relaxation) training or counseling and support, may help prevent or relieve IBS symptoms.

Diagnosis and Treatment

If you suffer from symptoms such as abdominal discomfort or pain, bloating and constipation, *Speak to your doctor*. It is important that you tell your doctor about all of your symptoms, and how your symptoms are affecting your daily life. NDDIC reports that up to 70 percent of people suffering from IBS are not receiving medical care for the symptoms. While there is no known cure, there are many options available to treat the symptoms.

Currently, there is no specific test for IBS, although diagnostic tests may be performed to rule out other conditions. Those tests may include stool sample testing, blood tests, x-rays, sigmoidoscopy, and/or a colonoscopy.

Some medications used to treat IBS symptoms include fiber supplements or laxatives, drugs that control colon muscle spasms or slow the movement of food through the digestive system, and antidepressants. With any medication, even over-the-counter supplements, it is important to follow your doctor and pharmacist's instructions. No one medication or combination of medications will work for everyone. Remember to be patient and work with your doctor to develop a management program, including diet, counseling, medication, and support, that will work best for you.

Sexually Transmitted Diseases – Know the Facts

According to a recent study from the Centers for Disease Control (CDC), at least one in four teenage girls nationwide has a sexually transmitted disease, or more than 3 million teens. Also, the CDC revealed that the virus that causes cervical cancer (human papillomavirus, or HPV) is the most common sexually transmitted infection in teen girls aged 14-19, with the highest overall prevalence among African American girls.

The CDC study reminds all women, teens to adults, of the importance of routine screening and other prevention strategies. Sexually transmitted diseases (STDs) refer to a variety of bacterial, viral and parasitic infections that are acquired through sexual activity. Some have been around for centuries, while others have only been identified in the past few decades, such as HIV. Here are the basic facts about treatment:



- There is a cure for bacterial STDs, such as gonorrhea and chlamydia. Early treatment helps to reduce the chance of spreading the disease, as well as serious medical complications, such as pelvic inflammatory disease (PID) which have shown to cause tubal pregnancies and infertility in women.
- While there is no current cure for viral STDs, such as herpes, hepatitis B, and HIV, they may be treated effectively.

Women are at Higher Risk

The American Social Health Association (ASHA) states that STDs are more easily passed from men to women than vice versa, which results in higher female rates of infection. Also, many STDs affecting women display no early signs or symptoms, resulting in delayed treatment until complications arise. These consequences are often more serious in women. They include:

- Infertility
- Tubal pregnancy
- Chronic pain
- Cervical cancer
- Greater risk of miscarriage and premature delivery
- Possibly transmission of the infection to their baby

Signs & Symptoms

STD symptoms can occur regardless of what type of sex (vaginal, oral or anal) you're having, or whether you use condoms. Below is a list of some common STDs and the signs and symptoms associated with each:

Chlamydia – a bacterial infection that may be difficult to detect because early-stage infections often cause few or no signs and symptoms.

- Painful urination
- Lower abdominal pain
- Vaginal discharge in women
- Discharge from the penis in men

- Painful sexual intercourse in women
- Testicular pain in men

Genital Herpes – a highly contagious disease caused by the herpes simplex virus (HSV), which enters your body through small breaks in your skin or mucous membranes. Most people with HSV never know they have it, because the signs and symptoms are so mild and may go unnoticed. When symptoms do appear, the following may occur:

- Pain or itching around your genital area, buttocks, or inner thighs
- Small, red bumps, blisters or open sores in the genital, anal, or nearby areas

Genital Warts (HPV Infection) – caused by the human papillomavirus, may be as small as 1 millimeter in diameter or may multiply into large clusters.

- Small, flesh-colored or gray swellings in your genital area
- Several warts close together that take on a cauliflower shape
- Itching or discomfort in your genital area
- Bleeding with intercourse

Gonorrhea – a bacterial infection of the genital tract. Some people may be infected for months before signs and symptoms occur.

- Thick, cloudy, or bloody discharge from the vagina or penis
- Pain or burning sensation when urinating
- Frequent urination
- Pain during sexual intercourse

Hepatitis – A, B, and C are all contagious viral infections that affect your liver, with hepatitis B and C being the most serious of the three. Some people never develop symptoms, but for those that do, the signs and symptoms may occur after several weeks.

- Fatigue
- Nausea and vomiting
- Abdominal pain or discomfort, especially in the area of your liver (on your right side, beneath your lower ribs)
- Loss of appetite
- Fever
- Dark urine
- Yellowing of your skin and the whites of your eyes (jaundice)

HIV – a viral infection that interferes with your body's ability to effectively fight off viruses, bacteria, and fungi that may cause disease. HIV may also lead to AIDS, a chronic, life-threatening disease. Symptoms change as the virus progresses, but here are the early symptoms:

- Fever
- Headache
- Fatigue
- Swollen lymph glands
- Rash

Syphilis – a bacterial infection that affects your genitals, skin, and mucous membranes. It may also involve many other parts of your body, including your brain and your heart. The signs and symptoms may occur in four stages (primary, secondary, latent, and tertiary).

- Primary – a small, painless sore; enlarged lymph nodes
- Secondary – rash; fever; fatigue; soreness and aching
- Latent – no symptoms present
- Tertiary – neurological problems (stroke, poor muscle coordination, paralysis); cardiovascular problems (bulging and inflammation of the aorta and other blood vessels)

Prevention is Key

Most people underestimate their risk for getting a sexually transmitted disease. ASHA states that more than half of all people will be infected with an STD at some point in their life – which is why prevention is key!

While some STDs have no cure and remain chronic infections, many can be treated. And, remember, all STDs can be prevented. Although only abstinence provides 100% protection, consistent condom use and maintaining a mutually monogamous sexual relationship with one's partner are also effective, provided both are free of STDs. Take precautions to avoid exposure to STDs and be aware of the warning signs.

Screening programs are a cost-effective way to detect STDs. Speak with your health care provider to determine your screening options, as well as new vaccines to prevent the diseases, such as Gardasil (used to prevent HPV).

Recognizing Substance Abuse and Addiction

Dependence on alcohol and drugs is a serious national public health problem. It is prevalent among rich and poor, in all regions of the country, and all ethnic and social groups. According to the Center for Substance Abuse Treatment, millions of Americans misuse or are dependent on alcohol or drugs. Most of them have families who suffer the consequences, often serious, of living with this illness. If there is alcohol or drug dependence in your family, remember you are not alone.

Substance Abuse vs. Addiction

Substance Abuse

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders states that substance abuse is a pattern of use (over a twelve month period) that may lead to clinically significant social and/or physical problems, as evidenced by one or more of the following situations:

- Recurrent substance use resulting in a failure to fulfill obligations at work, school, or home
- Recurrent substance use during conditions that are potentially hazardous (i.e. driving under the influence)
- Recurrent substance-related legal problems
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or worsened by the effects of the substance



Addiction (also called Substance Dependence)

The Diagnostic and Statistical Manual of Mental Disorders defines addiction as a pattern of substance use (over a twelve month period) leading to clinically significant mental and/or physical problems as evidenced by three or more of the following characteristics:

- Tolerance - a need for increased amounts of the substance to achieve intoxication, or a diminished effect with continued use of the same amount of the substance
- Withdrawal – experiencing specific withdrawal symptoms, or the substance is taken to avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended
- Efforts to cut down or control substance use are unsuccessful
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowing that the substance is causing or is exacerbating physical or psychological problems

What Causes Addiction?

According to the National Alliance for the Mentally Ill (NAMI), there is no known specific cause of addiction. Some theories claim that there is a genetic predisposition. Others believe that it is a coping mechanism to prevent depression or pain. The NAMI notes that as many as 50% of the mentally ill population has a substance abuse problem. Many people who suffer from depression or anxiety disorders use alcohol or drugs to reduce their symptoms, or “self-medicate.”

Recognizing the Signs of a Substance Abuse Problem

If you are concerned that you or someone you know may have a problem with alcohol or drugs, the American Academy of Family Physicians suggests using the mnemonic device “**CAGE**:”

1. Have there been unsuccessful attempts to **C**ut back or stop using drugs or alcohol?
2. Do you (or does the person you think has a problem) feel **A**nnoyed when others criticize the drug/alcohol use?
3. Do you (or does the person you think has a problem) feel **G**uilty about using drugs or alcohol?
4. Do you (or does the person you think has a problem) use alcohol as an **E**ye opener?

Two additional questions to discuss when considering the possibility of problems with alcohol or drug abuse:

1. Do you (or does the person you think has a problem) use the behavior as a way to cope?
2. Have there been negative consequences, personally and/or professionally as a result of the behavior?

Although “**CAGE**” does not diagnose alcoholism or problem drinking/drug abuse, any “yes” answers should prompt you to seek assistance from your doctor or a behavioral health specialist.

Children and Substance Abuse

The American Academy of Child and Adolescent Psychiatry (AACAP) explains that adolescence is a time for trying new things. Teens use alcohol and other drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up, or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems. According to the AACAP, teenagers at risk for developing serious alcohol and drug problems include those who:

- Have a family history of substance abuse
- Are depressed
- Have low self-esteem
- Feel like they don't fit in or are out of the mainstream

The American Academy of Pediatrics (AAP) lists certain behaviors in children that may indicate warning signs of possible substance abuse:

- Obvious intoxication, dizziness, or bizarre behavior
- Your child's breath or clothing smells of alcohol, smoke, or other chemicals
- Change in dress, appearance, and grooming
- Change in choice of friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Change in eating and sleeping patterns
- Skipping school
- Failing grades
- Runaway and delinquent behavior
- Suicide attempts

Talking to Your Child about Using Drugs and Alcohol

If you suspect that your child is using drugs or alcohol, talk to your family doctor about the best ways to help your child. The AAP offers some suggestions of what to say, and what *not* to say to your child:

- Avoid making critical statements. These types of statements can put your child on the defensive and shut down the lines of communication. Avoid getting angry and using negative statements such as “How could you be so stupid? How could you do this to our family? Where did I go wrong?”
- Use statements that express your love and your concern to your child. They can be vital in keeping the lines of communication open, but at the same time clearly stating your family's position on the issue. As you discuss your concerns, be sure to use positive messages such as these:
 - “I love you too much to let you hurt yourself.”
 - “I know other people your age use drugs, but I can't let you continue to behave this way.”
 - “We'll do anything we can to help you. If alcohol or drugs are part of the problem, we must talk about it right away.”
 - “If you are sad, upset, or mad, we want to help you. But our family will not permit any use of alcohol or drugs.”

The AAP believes that effective communication is critical to resolving the problem and helping your child get back on the road to health and well-being.

Treatment is Available

With the growing statistics of drug and alcohol abuse and addiction and their negative consequences on both children and adults, it is important to know that there are many effective treatment options available, including self-help groups, outpatient care, day treatment, and/or inpatient care. The U.S. Substance Abuse and Mental Health Services

Administration revealed in its 2006 National Survey on Drug Use and Health that 2.5 million people received substance abuse treatment at specialty facilities in 2006. In addition, the AACAP recommends that treatment include all family members whenever possible. Help is also available to non-addicts even if the addict refuses to participate in treatment. For more information, talk to your doctor or a behavioral health specialist. For additional help, Alcoholics Anonymous is a good resource (local telephone numbers can be found in your telephone book or go to www.alcoholics-anonymous.org).

Smoking Facts

Did you know..... You only smoke cigarettes when you are out with your friends on the weekends so there are no health risks, right? Wrong. Smoking occasionally, such as only on the weekends, is identified as social smoking or binge smoking and it can lead to negative health consequences. Although it may seem harmless to just smoke on occasion, there are a variety of reasons to stop.

- Research shows there is no “safe” amount of cigarettes or tobacco products. The social smoker, similar to anyone that smokes, is susceptible to a number of cancers, respiratory diseases, and cardiovascular diseases.
- Smoking cigarettes only occasionally may lead to more regular smoking patterns and nicotine addiction. This is particularly common among adolescents and young adults that start smoking sporadically because they often think they can start smoking without getting addicted.
- Social smokers also tend to drink more alcohol than non-smokers and often drink alcohol and smoke at the same time. Limited research shows that drinking alcohol while using tobacco products may increase the risk for certain oral cancers since alcohol may facilitate the absorption of carcinogens found in tobacco.



Social smokers often deny being addicted and believe they can quit at anytime. Limiting social situations where you smoke and seeking the help of smoking cessation programs may help. Even light smokers need to remember that it is never too early to quit.

Source: WebMD

New England Journal of Medicine

American Lung Association

For information to help you quit smoking, please visit the following website: www.smokefree.gov, or call the National Network of Tobacco Cessation Quitlines at 1-800-QUITNOW (1-800-784-8669) TTY 1-800-332-8615.

Pregnancy Pointers: Drinking Alcohol While Pregnant and Breastfeeding

April is Alcohol Awareness Month and thus a timely opportunity to clear up any misconceptions about drinking alcohol during pregnancy or while breastfeeding. Women often mistakenly follow the habits of older generations of women who may have drank alcohol during their pregnancies and thought nothing of it. According to recent studies conducted by the Centers for Disease Control and Prevention, 13 percent of women drink during pregnancy. While women are often aware that heavy drinking during pregnancy can cause birth defects, many do not realize that moderate or even light drinking may still harm the fetus.

The March of Dimes recommends that women who are pregnant or thinking of becoming pregnant abstain from alcohol of all varieties throughout the duration of their pregnancy. Drinking alcohol during pregnancy may cause a number of birth defects including mental retardation, behavioral problems, and major organ defects. "Fetal alcohol spectrum disorder" is a term used to illustrate the numerous issues associated with exposure to alcohol before birth, the most severe of which is called fetal alcohol syndrome.

Women should also be cautious about drinking alcohol while breastfeeding. Small amounts of alcohol do get into breast milk and are passed to the baby. Alcohol is not however stored in breast milk. The American Academy of Pediatrics recommends that mothers who are breastfeeding avoid regular use of alcohol, however do point out that an occasional alcoholic drink will likely not hurt the baby. If mothers do opt to have an occasional alcoholic drink they should wait at least two hours per beverage before breastfeeding their babies.



Source: American Academy of Pediatrics

March of Dimes

Centers for Disease Control and Prevention



Important News!

Blue Cross and Blue Shield of Georgia announces Future Moms, a prenatal education program designed to help you have a healthy pregnancy and a healthy baby.

Please call 800-814-1508 or contact your customer service representative for more information.

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Women's Health e-Newsletter

Managing Editor

Melissa Buczek, MS, RD, CDN

Design Coordinator

Rhonda Wolberd

Contributors

Melissa Buczek, MS, RD, CDN

June Levine, RD, CDN, CDE

Marketing Coordinator

Jason Kinzy

Physician Reviewer

Lora Abell, MD

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