

SIGN UP, CONTINUED FROM PAGE 4

With help from the Division of Women's Physical and Mental Health, Kentucky women can make more informed decisions about their health. And, with the help of the Kentucky Women's Health Registry, the Division of Women's Physical and Mental Health will have better information to give women in Kentucky about their health.

"The Women's Health Registry is a great beginning in efforts to track health trends across generations of Kentucky women," said Joyce Jennings, director of the cabinet's women's health division. "The registry will help us better understand the impact of geographic, cultural, socioeconomic and other factors on the health of women in the Commonwealth."

Research has shown that women and men respond differently to some medical

treatments, present with different symptoms for the same diseases and generally experience health issues in dissimilar ways. Women also encounter stressors and other health influences that may affect their health differently than men.

One of the objectives of the registry is to generate long-term health research data to improve the design and delivery of treatment and prevention options based on Kentucky women's needs. The registry may also help increase women's participation in UK HealthCare medical research.

Registry participants receive health information and periodic status reports. Clinical trials offered through the registry program offer women access to new drugs, alternative therapies, specialty

physicians, support systems and, in some cases, monetary compensation.

All personal information is safeguarded and confidential. Medical researchers must meet rigorous approval and screening criteria to qualify for access to registry information. Participation in both the registry and associated clinical trials is voluntary.

"We strongly encourage women to sign up for this historic and important health research project," Jennings said. "The possibilities are endless for positive outcomes from this comprehensive study of women's health issues in our state. But, the success of the registry depends on women's willingness to participate." Visit www.kywomensregistry.com or call 1-800-929-2320 for a copy of the survey.



Advancing WOMEN'S HEALTH

Center for the Advancement of Women's Health newsletter

LETTER FROM THE DIRECTOR

Leslie J. Crofford, MD, Gloria W. Singletary Chair
Chief, Division of Rheumatology, Department of Internal Medicine
Director, Center for the Advancement of Women's Health



It has been an exciting summer for the Center for the Advancement of Women's Health and the Kentucky Women's Health Registry.

1-800-929-2320. We will publish the questions and answers that will be of widest interest to our participants.

In this issue, we will update you on some new research projects funded by the center. We will tell you about a most promising partnership with the Division of Women's Physical and Mental Health in the Kentucky Cabinet for Health and Family Services that will help state government and researchers work together so that everything we do can be targeted to the health issues of greatest concern to you. We are particularly excited about our plan to target programs to specific regions of the state and to be able to evaluate which programs are most useful.

We are working to partner with existing networks and innovative researchers across Kentucky to extend our women's health efforts statewide. Important questions about women's health in Kentucky can be better answered when all women around the Commonwealth are represented. Please continue to help us help future generations of Kentucky women by encouraging your friends and family to participate in the Kentucky Women's Health Registry. Thank you for your support. ☺

We appreciate your interest in the center and especially your participation in the registry. We started the registry project March 1, 2006, and even though we are only halfway through the first year, we have more than 1,900 participants! In this second issue of the newsletter, we look forward to providing you with information that you, your friends, and your family will find helpful. Good health is something we all strive for—learning about your health and the health issues that affect women in Kentucky is a wonderful starting place, and we want to help.

Our mission is to keep you informed about the latest in advances that will impact your health, programs around the state that may help you with your health needs, and research studies that may be of interest to you. We also want you to let us know if you have questions about your health that we can answer—in our third issue we will start a Q&A section of the newsletter. Please contact us with questions at cadyblackey@uky.edu or

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FEMALE SEXUAL DYSFUNCTION:

A VERY COMMON BUT OVERLOOKED PROBLEM IN WOMEN'S HEALTH



Deidra Beshear, MD

We are all familiar with the phrase “Not tonight, dear, I have a headache.”

Having too little sexual desire is the most common sexual issue among women. In fact, approximately 40 percent of women have experienced sexual dysfunction during their lifetimes. Female sexual dysfunction is just now being recognized as a major issue in women's health. This may be in part a reaction to the recent public attention and advertising given to male erectile dysfunction.

What is female sexual dysfunction?

Female sexual dysfunction is defined as any problem related to sexual response that causes personal distress, and it can be divided into four major disorders. The first and most common is hypoactive sexual desire disorder, otherwise known as low libido. Sexual arousal disorder is another form of sexual dysfunction that is characterized by the inability to attain sufficient sexual excitement. A third disorder, which appears to be more common in the early years of sexual activity, is orgasmic disorder, in which a woman is unable to achieve orgasm. The last category of female sexual dysfunction encompasses sexual pain disorders that are associated with pelvic disorders such as endometriosis.

It was once assumed that after women experienced menopause some sexual dysfunction was to be expected. We now know this is far from the truth, and that most postmenopausal women are capable of a fulfilling sexual experience. However, some postmenopausal women may suffer from estrogen deficiency that can lead to vaginal dryness, which may result in painful intercourse. There are several treatment options for women experiencing vaginal dryness, and if this is a problem you experience you should speak with your care provider for further information.

What are the causes?

Stress, illness and certain medications can affect a woman's sexual health. Psychosocial issues such as stress at home or at work, poor partner relationship, or a partner's illness can contribute to sexual difficulties. Also, certain disease states such as depression, diabetes mellitus, osteoarthritis, multiple sclerosis and cancer may affect sexual function. In addition to certain medical illnesses, some medications may be related to female sexual dysfunction.

One very commonly prescribed class of medications linked to sexual dysfunction is antidepressants. A recent study revealed that 22-58 percent of women on antidepressants experience sexual dysfunction.

If you feel that a certain disease or medication has affected your sexual health, please speak with your physician. Keep in mind though, that these medications are very important in treating the underlying illness and should never be discontinued without the assistance of your care provider. Sometimes the problem can be solved simply by trying a different medication.

How can I get my condition treated?

To date, there is no FDA-approved medication for female sexual dysfunction. Several studies are looking at the possibility of a testosterone patch for women with low libido. We do know, however, that in many cases of female sexual dysfunction, behavioral counseling and sex therapy can be beneficial.

Sexual health is a vital part of a woman's general state of well-being. Please discuss any issues regarding sexual dysfunction with your care provider. Remember, growing older is no excuse for a diminished sexual response. Many women report that sexual function is like a good wine—it should only get better with age! 🍷



HONORING GRANT RECIPIENTS



Lisbeth Selby, MD



Karen Lommel, DO

Two research grants were awarded to UK HealthCare physicians Lisbeth Selby, MD, and Karen Lommel, DO, to further the mission of creating new knowledge toward the understanding and improvement of women's health.

Lisbeth Selby, MD, is a gastroenterologist with a special interest in women's health and various bowel disorders, including inflammatory bowel disease and functional bowel disorders, also called irritable bowel syndrome and gastroesophageal reflux disease (GERD).

There is emerging evidence that many patients with bowel disorders have significant abnormalities throughout their entire bodies. There is also evidence that family members of patients with bowel disorders are afflicted with various bodily symptoms more than the average population. Dr. Selby believes these two phenomena deserve further study and may help us understand why some bowel disorders seem to run in families and affect females more often than males.

Dr. Selby's research project involves a simple health survey that can be mailed back to UK. She is collaborating with Dr. Tad Dryden of the University of Louisville and Dr. Laurie Haas of the Gastroenterology Care Center in Lexington.

Karen Lommel, DO, will be examining the prevalence of Juvenile Primary Fibromyalgia Syndrome (JPFS) in adolescent females admitted to a psychiatric hospital. Young women with psychiatric problems also have complaints of body pain and fatigue that cause as many problems with health as their mental health issues. If these problems are not understood and addressed, these young women may face lifelong health issues.

The most common admission diagnoses for young women in a psychiatric hospital are mood disorders such as depression, anxiety and bipolar disorder. Women admitted with these diagnoses will be asked about physical symptoms to determine whether they also have fibromyalgia. Participants between ages 12 and 18 will be evaluated to determine the effects of an intervention consisting of an educational seminar on fibromyalgia and how to improve the condition through a healthy diet, exercise and relaxation.

Completion of the study is expected within 12 to 18 months. Dr. Lommel hopes that by reaching women of Kentucky in their formative adolescent years, they can be taught effective ways to manage chronic pain, anxiety and depression. 🍷

SIGN UP TO ADVANCE WOMEN'S HEALTH ACROSS THE STATE

The Kentucky Women's Health Registry has recently partnered with the Division of Women's Physical and Mental Health in the Kentucky Cabinet for Health and Family Services to learn more about the health of Kentucky women. The goal of the Division of Women's Physical and Mental Health is identical to that

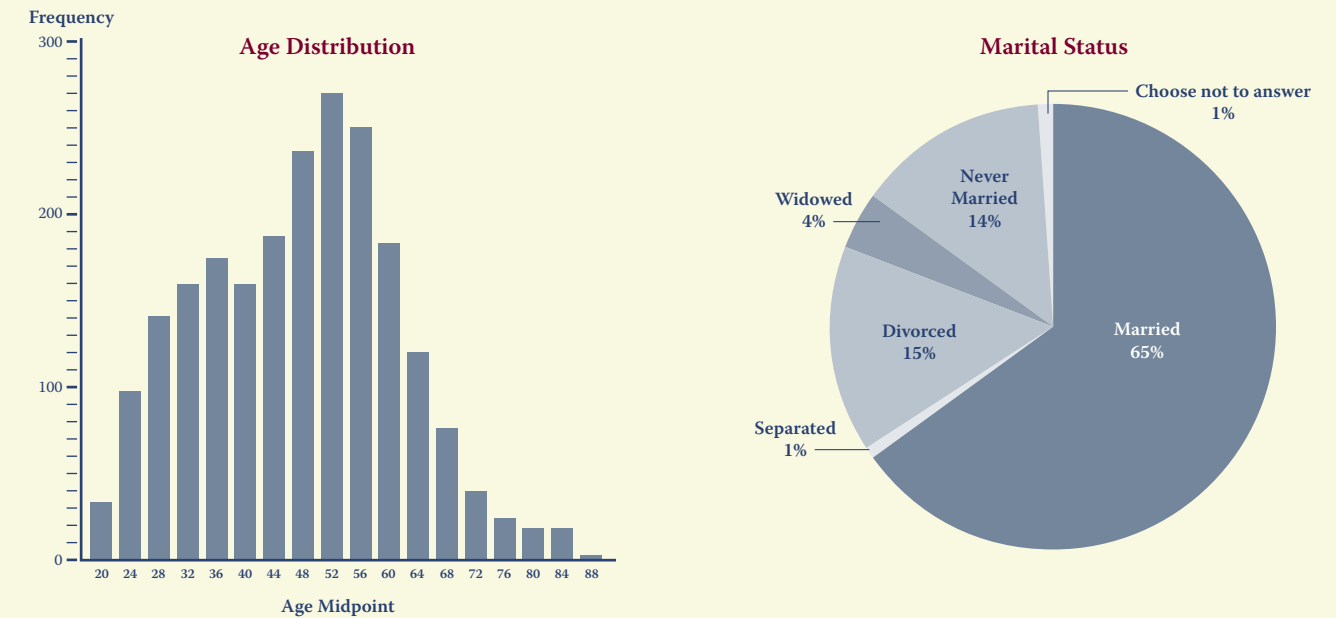
of the registry: to improve the health of Kentucky women.

The Division of Women's Physical and Mental Health was created in 1998 to serve the women of the Commonwealth by providing them with information about health issues and health services. The division

administers a Women's Health Resource Center that you can access from their Web site: <http://chfs.ky.gov/dhss/wpmh>. The division also serves as a liaison between Kentucky women and government offices. To contact the Women's Health division, call their office at **502-564-9358**.

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KENTUCKY WOMEN'S HEALTH REGISTRY UPDATE



Since its creation on March 1 of this year, the Kentucky Women's Health Registry has grown to include 1,950 participants. With this many women in the registry, we can begin to learn about the health of women in the state of Kentucky. The graphs included above show a bit of background information about what kind of women make up the registry. Additionally, we thought we would share with our readers some interesting health information about the registry population.

Of the women in the registry, a striking 66 percent have chronic sleeping problems and 77 percent reported frequent headaches. Unfortunately, almost 60 percent of registry participants have some sort of chronic health problem and 31 percent reported being affected by some type of arthritis. Perhaps unsurprisingly, three-quarters of registry participants told us that they feel the stress level they live with is either moderate or overwhelming. Just one quarter of women reported feeling only a small amount of stress. Maybe part of this stress can be accounted for by the fact that 8.5 percent of women in the registry work more than one job for pay.

Certainly it is exciting to have enough registry participants to start using the database as a means to learn more about the health of Kentucky women, but we still need your help. The more women we have in the survey, the more we can learn about Kentucky women's health. Women who are already a part of the registry should take the time to tell their friends and family about this project. If every woman in the registry now were to convince just one other woman to join, we would be well within reach of our goal of 5,000 participants. We want the registry to be a true representation of women in the entire state of Kentucky, so we need registry participants from all across the state to help spread the word! Also, do not forget that we need all current registry participants to continue to update their information annually so that we can look at changes in women's health over time.

Having almost 2,000 women in the registry is a great start, but hardly a good representation of the 2.1 million women that live in our state. So please help us get the real picture by encouraging other women to join the registry. 🍷

THE THREE HEAVY HITTERS: LUNG, BREAST AND COLON CANCER IN WOMEN

Contrary to popular belief, breast cancer is not the most detrimental cancer among the female population in the United States. Although breast cancer does kill 40,000-50,000 women in the U.S. each year, lung cancer takes an even greater toll. This year alone, lung cancer will be the cause of death for an estimated 72,130 American women.

The third most deadly cancer among women is colorectal cancer (commonly known as colon cancer). Together these three cancers account for the suffering and death of hundreds of thousands of women in our country annually. Out of every 100,000 women in the U.S., 84 women will die from one of these three types of cancer each year: 18 will die from colon cancer, 25 from breast cancer, and 41 from lung cancer.

There are a number of risk factors that affect one's chances of acquiring any of these diseases, and fortunately, there are also a number of known lifestyle changes that will help lower the chances of contracting them. There are also methods of early detection for each type of cancer, which helps make treatment more effective.

1 Lung cancer

Lung cancer should be of particular interest to women here in Kentucky because we have the highest annual lung cancer death rate in the nation and prevention of lung cancer is for the most part in your control. Cigarette smoking accounts for 87 percent of all lung cancer, so it is not surprising that Kentucky also has the highest rate of adult smokers in the U.S. The two statistics go hand in hand.

The best way to prevent lung cancer is obvious: Do not use tobacco products. Certainly this is more easily said than done, but if you need help quitting, you can get free smoking cessation help from the state. To learn more about these programs, call the smoking cessation hotline at 1-800-QuitNow (800-784-8669). Remember, you are not only endangering your own life by smoking, you are also putting those around you at risk because second-hand smoke is also a substantial risk for developing lung cancer.

In addition to tobacco use, studies have shown that frequent use of alcohol increases one's chances of developing lung cancer. On the other hand, increasing your vegetable and fruit consumption as well as the amount of physical activity you do can decrease your chances of contracting lung cancer.

Treatments for lung cancer include radiation and surgery, which show early success. Unfortunately, this success is overshadowed by the potential for long-term development of additional tumors.

2 Breast cancer

It may surprise you that lung cancer is not the only cancer caused by smoking. Smoking also increases the risk of developing breast and colon cancer. Other risk factors for breast cancer include age, genetic disposition, obesity after menopause, alcohol exposure and hormone replacement therapy. Like lung cancer, it has been shown that increased physical activity can decrease the risk of developing breast cancer.

Since age is such a significant risk factor, all women over 40 should get a mammogram (X-ray of the breast) every one to two years. Most insurance companies cover the cost of an annual mammogram, and Medicare pays for the majority of the cost of this screening. Women should also conduct a breast self-exam each month and may ask their physician to conduct a clinical breast exam each year. Getting an annual mammogram and doing self-exams are extremely important because early detection of breast cancer greatly increases the chance of successful treatment.

Women who have a mother, sister or daughter who has had breast cancer should be particularly aware of the other risk factors involved in developing this disease. However, even healthy women should be aware of how real the chances of contracting this disease are. By the age of 40, 1 out of 257 women is diagnosed with breast cancer. By age 60, 1 of 36 women is diagnosed with the disease. For those over 80, the chance of being diagnosed with breast cancer increases to 1 in 8.

3 Colon cancer

Similarly to breast cancer, age and family history are key risk factors in the development of colon cancer. In addition to having a first-degree relative who has had colon cancer, having had inflammatory bowel disease for an extended period also correlates to higher chances of developing colon cancer.

What you can do

In addition to taking the lives of many women each year, all three of these cancers have a few other commonalities. The chances of developing any of them are based on a number of risk factors. Those risk factors can be divided into two categories, those that are modifiable (that you can change) and those that are not modifiable (that you are unable to change them).

Family history of a given disease and age are predispositions that you cannot change. Risk factors such as smoking, being obese and eating an unhealthy diet, however, are within your control. Reduce your risk of developing cancer by taking control of those modifiable risk factors. Try your best to exercise more, eat more fruits and vegetables, and stop smoking. And be sure to talk with your physician about receiving appropriate screening tests as often as is recommended. Early detection hugely increases the chance of successful treatment!

Other risk factors include diets high in fat and low in fiber, obesity, smoking, and consumption of alcohol and red meat (more than seven servings per week).

Like the other cancers, studies have shown that increased physical activity and increased consumption of fruits and vegetables decrease your risk of developing colon cancer. Early detection of colon cancer is also important and for this there are seven different screening options.

All women over 50 should be screened for colon cancer. How often one should be screened depends on the screening method. Check with your physician to see what screening method is best for you and to find out how often you should be screened. For more information about the different colon cancer screening options, you can visit the National Cancer Institute's Web site at www.cancer.gov/colon.

Early detection is important. Do not make the mistake of thinking that because you are a female you are not at risk. Remember, colon cancer kills only slightly fewer women each year than breast cancer. So, next time your husband mentions he is due to have a colonoscopy, schedule an appointment for yourself as well.

