

Advancing WOMEN'S HEALTH

Center for the Advancement of Women's Health newsletter

Depression in Women A treatable health problem

Depression is a common treatable health problem for women. Research shows that more than 12 percent of women in the United States have a depressive illness. Further, women are more likely than men to experience symptoms of depression, which can negatively affect a woman's ability to accomplish the tasks of daily life, including caring for self and family and performing at work and school. In fact, according to the World Health Organization, depression is the leading cause of disability worldwide.

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Letter from the Director



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These last months have been difficult for many, if not most, Kentucky women. In addition to the devastating ice storm of this past winter, concerns about the economy and jobs have contributed greatly to a sense of general anxiety that we feel all around us. Stressful times can lead to increased mental and physical health problems. The article in this newsletter from our colleague Dr. Leigh Ann Simmons offers some insights and suggestions for seeking help. I also draw your attention to the Registry Facts, compiled by Mary Johnson, that demonstrate how mental health, physical health and healthy (or unhealthy) behaviors are intertwined.

One of the most powerful ways to blunt the effects of stress and to combat anxiety and depression is to seek the support of friends and family. Together, you and your friends and family can find outlets that add richness and diversity to your activities. Two of the students working with the center, Yasmin Parrish and Nicole Burpo, are doing a study to understand how stress impacts physical and mental health. We hope that by understanding the types of stress in women's lives and the coping

mechanisms used, we can determine the best ways to combat stress for healthy living.

At this time, I would like to recognize one of our registry supporters, Woody Miller, as an outstanding contributor to those in our state who are most in need of our help in these difficult and stressful times. Woody is the administrator of the Greater Cane Run Neighborhood Place in Louisville which serves as a model for streamlining education, human and health services for children and families. Eight neighborhood places serve as a one-stop-shop for services customized for the clients in their own area of Louisville. Woody oversees key activities of the Department of Housing and Family Services: financial assistance and family intervention services. He feels their biggest challenges may be ahead as more people find themselves in economic hardship and agencies face shortfalls. Increasing demands for more services with less money will pose a formidable challenge. Close to Woody's heart is a support group for the growing number of grandparents raising their grandchildren called G.L.U.E (Giving Love, Understanding and Encouragement) program. Thanks to Woody for all that he does and for being an advocate for the registry.

I want to add a special thanks to Mary Johnson and Ashley McCorkle. They continue to work tirelessly as the full-time staff for the center and the registry. Their hard work and your support have allowed us to dramatically increase participation in the registry in the last year. There is strength in numbers and your willingness to take part in the registry allows Kentucky women to be involved in the research that will help us understand and promote good health for ourselves, our friends and our family.

We wanted you to know

We want to **thank everyone** for their help! In January, we sent out an e-mail, asking everyone to help recruit new people for the registry. We want you to know that since that time, over **three thousand** new women joined the



registry, bringing our total enrollment to more than 8,900 women! But please, don't stop – each year we hope to add at least 2,500 women to the registry.

◀ To watch our numbers grow, go to www.mc.uky.edu/kyhealthregistry/ and look for this live online count.

Depression in Women

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Symptoms of depression

Women of all ages and backgrounds experience depression, which affects physical, emotional, psychological and social well-being. Physical symptoms can include fatigue or weakness, disturbances in sleep, increased or decreased appetite, and unexplained physical problems

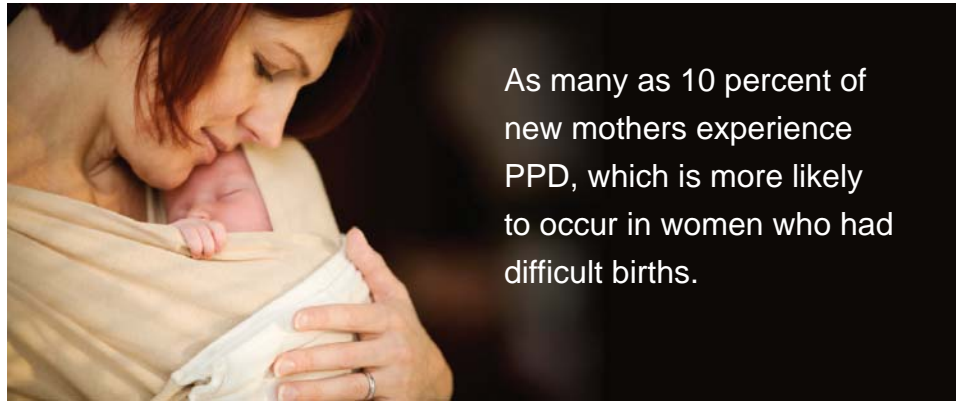
including back pain, headaches, heart palpitations, breathing difficulties, digestive or stomach disorders, and chronic pain.



Women of all ages and backgrounds can experience depression.

Emotional symptoms can include feelings of sadness, anger, frustration, irritability, restlessness and low self-esteem. Other symptoms can include loss of interest or pleasure in daily activities, alcohol or substance use and abuse, loss of interest in sex, and isolation from family and friends. At its most severe, depression can result in suicide. To diagnose depression, symptoms must be present for at least two weeks.

While some symptoms of depression, such as feelings of sadness and loss of interest or pleasure in things are similar for most women, other symptoms may



As many as 10 percent of new mothers experience PPD, which is more likely to occur in women who had difficult births.

be experienced at different stages of life. Postpartum depression (PPD), or depression that occurs up to one year after birth, often includes symptoms related to motherhood, such as excessive concern over the baby's well-being, disinterest in the baby, inability to care for the baby, belief that the mother is a failure as a parent, and difficulties making decisions about the baby's care. As many as 10 percent of new mothers experience PPD, which is more likely to occur in women who had difficult births. PPD is different from the "baby blues," or the mild depression experienced by the majority of new mothers during the first two weeks after childbirth. PPD is more severe, lasting two weeks or more, and can develop up to one year after birth. It is thought to be caused by a combination of factors, including hormonal changes during and after pregnancy, lack of rest, lack of social support, worry about motherhood, difficulties with the pregnancy or birth, stress from changes in routine, feelings of loss of one's former identity, and having less time for self care.

Older adulthood is another life stage where

women may show signs of depression other than those usually associated with depressive illness. These signs include memory problems, concern about being a burden to family and caregivers, slowed movement, and lack of interest in personal care. Depression in older women often occurs in combination with physical problems commonly experienced by older adults, including arthritis, heart disease, stroke, diabetes and cancer. Consequently, depression is not always diagnosed, because family and friends assume it is a "normal" part of aging. Not taking care of depression in older women can worsen common health conditions and delay recovery. It also increases the risk of suicide. According to the Surgeon General

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One way seniors can avoid depression is to stay active.

Depression in Women

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adults aged 65 and older have the highest suicide rates of any age group.

Causes and treatment

Research shows depression is a disease of the brain. Those parts of the brain that regulate mood, thoughts, sleep and behavior appear to work differently in people with depression. However, there is no single known cause of these differences in brain functioning. Rather, studies suggest that depression results from a combination of inherited, environmental and psychological factors. Women with a family history of depression are more likely to experience depression themselves. However, difficult life events, such as the death of a loved one or a romantic break-up, and a woman's response to them, also can contribute to depressive illness.

Because there is no single known cause of depression, treatment comes in three main forms: medication, talk therapy or a combination of both. Medication, typically antidepressants known as SSRIs (selective serotonin reuptake inhibitors), can be prescribed by a family doctor or other primary care provider to address the biological causes of depression. Talk therapy with a counselor, psychologist, social worker or other therapist can address the psychological and social causes of

depression. A combination of medication and talk therapy, which has been shown to be the most effective treatment, can address both the biological and the psychosocial causes of depression.



Help is available and treatment does work.

The University of Kentucky has created a new program to address the problem of depression in the Commonwealth. Developed for the Health Education through Extension Leadership (HEEL) program, **Blue to You** provides educational materials and family and consumer sciences (FCS) extension programming to raise awareness about depression and its treatment and reduce the stigma associated with having a depressive illness. In addition to information, you can take an online assessment to determine your current level of risk for depression.



If you think you may have depression, there are steps you can take to ease your symptoms. The following list offers some helpful suggestions.

Get help – See your family doctor or other primary care provider.

Keep active – Take a walk. Participate in a group exercise class. Ride a bike. Swim. Find an activity you enjoy so you stick to it.

Eat healthfully – Eat a balanced diet with lots of fruits and vegetables. Avoid sugar and junk food. Increase protein. Take a multivitamin.

Avoid alcohol and drugs – They may offer temporary relief, but they will worsen depression over time.

Try not to get upset if you can't sleep – Do something restful you enjoy, such as knitting, reading or watching television.

Relax – Use relaxation techniques, including deep breathing, meditation and aromatherapy. Try yoga. Get a massage.

Do something you enjoy – Set aside time each week for a favorite activity.

Take a break – Try to get away from your usual routine a few hours a week.

Reach out – Ask friends and family for support. Talk to someone you trust about your feelings. Join an online support group.

Get information – Read about depression in books and on trusted Web sites.

Review your lifestyle – Set realistic goals. Reduce your workload. Don't push yourself too hard.

Left untreated, depression can negatively affect your well-being. However, help is available and treatment does work. To learn more, visit www.bluetoyou.org.

This article was adapted from Blue to You: A Mental Health Awareness Campaign.

By Leigh Ann Simmons, PhD, Family and Consumer Sciences



Gastrointestinal Diseases

Heartburn

Heartburn is a common symptom, affecting the vast majority of Americans at some point in their lives. Although it can be a major health problem for some, most people have it infrequently and never have serious complications.

Here is a list of some common questions you may have about heartburn:



1. What is heartburn?

Heartburn is a burning sensation in the chest and/or upper abdomen. The term “heartburn” is not the same as “acid reflux” since there are many causes of heartburn besides acid arising out of the stomach into the esophagus. However, heartburn is often due to acid reflux from the stomach.

2. When do I need to see a doctor for heartburn?

You need to see a doctor when heartburn is either troublesome or associated with other alarming symptoms (see below).

3. What do doctors do first for heartburn?

If no alarming symptoms are present, the doctor will first try some medications to lower the amount of acid in the stomach. It is important to take these daily and exactly as directed. Many patients do not experience the full effect of the medications for 6-8 weeks.

4. How long do I stay on the medications?

The treatment usually is given for one to two months to start. Although many patients do not require constant use of antacid medications, some people notice their symptoms become troublesome if they do not use them daily. For such people, indefinite daily usage of antacid medications is recommended and safe.



5. What will my doctor do if I do not get better with the antacid medication?

Usually at this point, an upper endoscopy is recommended. This test involves sedating the patient and placing a small lighted camera through the mouth into the esophagus and stomach.

If the endoscopy does not give the answer, your doctor may recommend specialized testing to determine:

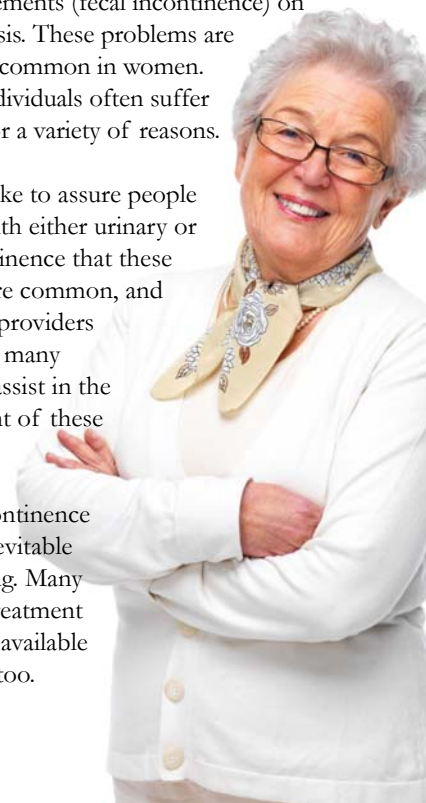
- 1) the motility or movement capability of the esophagus and
- 2) the amount of acid arising into the esophagus. These tests help determine if acid is the root of the symptoms or whether it is something else.

Incontinence

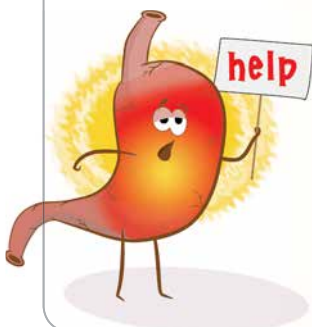
Many persons experience accidental loss of either urine (urinary incontinence) or bowel movements (fecal incontinence) on a regular basis. These problems are particularly common in women. Affected individuals often suffer in silence for a variety of reasons.

We would like to assure people suffering with either urinary or fecal incontinence that these problems are common, and health care providers can suggest many options to assist in the management of these conditions.

Finally, incontinence is not an inevitable part of aging. Many beneficial treatment options are available for seniors too.



See a doctor when you have troublesome and alarming heartburn symptoms



TROUBLESOME SYMPTOMS:

“Troublesome” in this case means that heartburn is decreasing your quality of life.

ALARMING SYMPTOMS:

Examples of alarming symptoms: weight loss, trouble swallowing, anemia, vomiting blood, passing blood in the stool, shortness of breath, and/or pain that radiates to the arm or face.



Kentucky women are UP to the challenge!

The CHALLENGE: In order to achieve our goal of enrolling 2,500 women each year into the Registry, we would like to ask each of you to help us enroll three or more of your friends, family or co-workers. In order for the Registry to get an accurate account of the state of women's health in Kentucky, we need women of all ages, all states of health, smokers and nonsmokers, sick and well, young and old, from all across the Commonwealth to be a part of your Kentucky Women's Health Registry. All you do is simply complete a 20-minute survey once a year.

Visit the Web site:
www.kywomensregistry.com
or call 1-800-929-2320
for more information.

Don't forget to renew your own survey each year!

What the registry is telling us:

As the article about depression in this newsletter explains, mental health problems, including depression can cause many problems in the lives it affects. Women in the registry who have had depression or other mental health issues often have other social problems that may complicate their lives and their ability to deal with their depression/mental health issues. For example:

- 1** Women who have experienced mental health problems report their exposure to violence (61 percent) is much more common than women that have not had mental health problems (38 percent).
- 2** Women with mental health problems are much more likely to have been arrested during their lives (12 percent) than women without such problems (5 percent).
- 3** Women who have had a DWI or DUI are two times more likely to have mental health issues.

- 4** Women with mental health problems have higher chances of having problems with illegal drug use (56 percent) than women with no mental health problems.
- 5** Mental health affects the ability of women to successfully quit smoking. Forty-eight percent of woman who can't quit smoking have some mental health concerns.
- 6** Women who have not been able to stop drinking are three times more likely to have mental health issues than women who do not have such problems.

This information tells us we should try to better understand those with such problems and have empathy. Mental health problems can strike at any point in a person's life and can affect every part of the person's being, making it much harder for her to see the need for help. Don't be afraid to ask if you think someone you know may be suffering. We need to support one another.

Clinical Trials

Clinical research studies are scientific investigations in which people participate as volunteers to test drugs, devices or medical procedures. Controlled, scientific studies are necessary to help answer specific health questions and to develop safe and effective therapies. Please consider taking part in any clinical trial that relates to you.

Periodontal Disease Study

Dr. Dolph Dawson of the College of Dentistry. This study is evaluating if a daily supplement of fish oil (n-3 polyunsaturated fatty acid or PUFA) has any effect on the inflammation found in gum disease. Fish oil has been shown to reduce inflammation in other studies. At this time, Dr. Dawson is enrolling women from the registry who have 20 or more teeth and have or suspect they have gum disease (periodontal disease). Contact Gammi or Vanessa at **859-323-5349**.

SCOT Study

SCOT is a clinical research study designed for people with severe forms of scleroderma. SCOT stands for Scleroderma: Cyclophosphamide Or Transplantation. The SCOT study will compare the potential benefits of stem cell transplant and high-dose monthly cyclophosphamide (Cytoxan) in the treatment of scleroderma. More information about the SCOT trial can be found at www.sclerodermatrial.org. You may also contact **Mary Johnson** at **859-323-1377** or by e-mail at majohng@email.uky.edu.

Daily Life Study

Dr. Suzanne Segerstrom of the UK Department of Psychology/Behavioral Sciences is studying how women's daily lives may impact their mental and physical health. At this time, Dr. Segerstrom is enrolling women from the registry who are employed full time and are between the ages of 18 and 65. You can reach the study coordinator, **Dan Evans**, at **859-257-2207** or by e-mail at daniel.evans@uky.edu.

Fibromyalgia Study

Jaime Johnson, MS of the Department of Psychology. Ms. Johnson is conducting a research study online where participants answer questions about their daily goals, levels of fatigue and body pain. The study is called "The Goals and Fatigue in Women with Fibromyalgia Study." This study does not require you to go off of your current medications or to schedule visits at the University of Kentucky. At this time, Ms. Johnson is enrolling women with fibromyalgia from the registry. Contact Ms. Johnson at **859 257-2207** or by e-mail at jaime.johnson@uky.edu

Adverse Pregnancy Predicts Later-Life Events (APPLE)

Dr. Kristine Lain, perinatologist and assistant professor in the UK Department of Obstetrics and Gynecology, has a study, "Adverse Pregnancy Predicts Later-Life Events (APPLE)." This study examines how measures of cardiovascular risk are related to pregnancy history. Dr. Lain is enrolling women between 35-50 years of age who are premenopausal and have been pregnant. The study needs women who have been pregnant including women whose pregnancy was complicated by hypertension (high blood pressure) or gestational diabetes. The study is also looking for a control group of women who had no complications during their pregnancies. The APPLE study involves only one visit. The total amount of time you will be asked to volunteer for this study is approximately four hours. By doing this study, we hope to learn how pregnancy affects a woman's risk for cardiac and metabolic dysfunction later in life. **Lisa Kingsley**, the study coordinator, can be reached at **859-323-3737**.

Smoking Cessation Study

Dr. Catherine Martin of the University of Kentucky is enrolling female cigarette smokers from the registry who are between

18 and 55 years of age. This study looks at whether an FDA-approved medication called modafinil could aid in smoking cessation. Modafinil decreases appetite and this study is examining whether this decrease in appetite and weight gain occurs when women are trying to stop smoking. Contact Dr. Martin at **859-257-9341**.

Asthma and Oral Contraceptives

Dr. James Temprano is conducting a study of asthma among asthmatics using oral contraception ("the pill") and asthmatics who do not use oral contraception. Women should be between 18 and 45, asthmatic and using oral contraception. This study will be conducted in the UK Allergy & Immunology Clinic, now located at UK Good Samaritan in Lexington. For more information, please call study coordinator **Tonya Gardiner** at **859-257-9818** or by e-mail at tonya.gardner@uky.edu.

For any of the above studies, you can also call UK Health Connection toll free at **1-800-333-8874**

or call Mary Johnson at **859-323-1377** and toll free at **1-800-929-2320**.

Other research:

The following studies are being conducted through UK Clinical Research:

- Natural Immunity in Healthy Aging
- Female volunteers needed for Pain Study
- Experiencing Hot Flashes
- Breast Cancer Research Study
- Migraine Headaches and Heart Disease
- Heavy Drinkers of Alcohol for Drug Delivery Research

If you would like more information about these studies, contact Roxanne Poskin at **859-257-7856** or visit their Web site: www.ukclinicalresearch.com

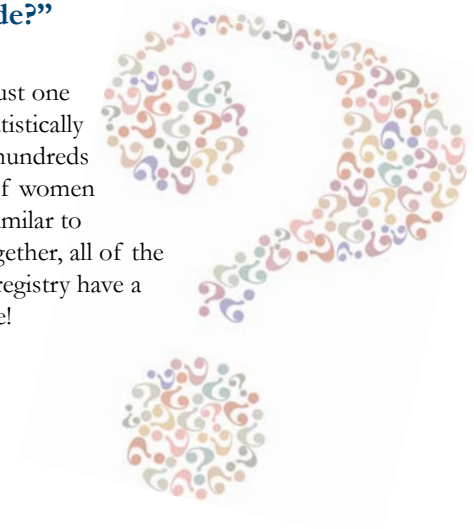
Questions often asked about the registry

Q “Why must I do a new survey each year?”

A Because you change slowly over time, the new survey will help take an accurate picture of you for this year. Added together, researchers can see over time what sorts of things predict future health problems, as well as the consequences of health issues we may have had in the past. That is why the survey changes only a little each year, allowing us to see the changes of everyone in the registry. That is what makes it important for everyone to do their renewal each year.

Q “I am just one person, what information can I provide?”

A True, you are just one person. But statistically you represent hundreds or thousands of women who are very similar to you. Added together, all of the women in the registry have a very large voice!



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