

# Advancing WOMEN'S HEALTH

*Center for the Advancement of Women's Health newsletter*

## Choose a healthy lifestyle Your path will influence hers

What would you say if you were offered a “treatment” that is proven to lower rates of heart disease, stroke, diabetes and cancer? How about if the same treatment also improves quality of life and health satisfaction, as well as decreases rates of anxiety, depression, perceived stress and cognitive decline? Are you interested yet? Well, there's more....

What if the same “treatment” improves your overall survival as well as your healthy living years? Most of us would say “Sign me up!”

However, what if this “treatment” didn't come in a bottle? Would you still be interested?

*Continued, page 2*

### ALSO IN THIS ISSUE

3 Letter from the director

3 Winter health awareness dates

5 Heart disease risk factors you can change

6 Take the challenge

7 Available clinical trials

8 Questions often asked about the registry

# Choose a healthy lifestyle

*Continued from page 1*

A healthy lifestyle can deliver all of these rewards but requires the investment of time and energy from you. What does “a healthy lifestyle” really mean? So much health information is available that we frequently become overwhelmed and/or confused when trying to determine what it means. Recently, the American Heart Association published a paper regarding “Ideal Cardiovascular Health” that clearly classified seven ideal health factors and behaviors that constitute an ideal lifestyle.

## Seven health factors and behaviors for an ideal lifestyle

1. Abstinence from smoking for at least one year
2. Body mass index (BMI) less than 25 kg/m<sup>2</sup>
3. Moderate physical activity of at least 150 minutes/week or vigorous activity of at least 75 minutes/week
4. Healthy dietary pattern (more details to follow)
5. Total cholesterol less than 200 mg/dL
6. Blood pressure less than 120/80 mmHg
7. Fasting plasma glucose less than 100 mg/dL

For persons who achieve these recommendations, there are huge benefits! The lifetime risk of many diseases is lowered substantially and people tend to live longer. For example, a woman who reaches age 50 with optimal health can expect to live another 40 years free of heart disease and stroke and experience a less than 8 percent chance of developing cardiovascular disease over her entire life. Compare this to a woman with two or more major risk factors; she would have a lifetime risk for developing cardiovascular



A woman who reaches age 50 with optimal health can expect to live another 40 years free of heart disease and stroke.

disease of about 50 percent and survival of around 30 more years. There’s not a single pill prescribed that gives you this benefit.

Each of these health behaviors and factors plays an important role in improving your overall health and, taken together, they are very predictive of your risk for chronic diseases and death. Let’s discuss each one in more detail with an emphasis on the positive changes lifestyle choices can make.

**1 TOBACCO USE.** Smoking is associated with increased rates of cancer, lung disease, heart disease, stroke, disability and death. The risk increases with minimal use, thus there is no “safe” amount, and the risk adds up over time. Smokers not only increase their own risk of disease but also that of those around them. Luckily, once you stop smoking, your risk decreases dramatically!

**2 WEIGHT.** There are many ways to calculate excess weight, and BMI is a tool that is frequently used. A BMI of 18.5-24.9 is considered optimal, 25-29.9 is overweight, and a

BMI of 30 or greater is obese. Increased BMI is associated with higher rates of high blood pressure, abnormal cholesterol levels, heart disease, stroke, diabetes and physical disability. Decreasing the number of calories you eat daily while improving the nutritional value of those calories and increasing physical activity are crucial to weight loss. Losing as little as 10 percent of your body weight can significantly lower your overall risk for disease, as well as improve your other risk factors.

**3 PHYSICAL ACTIVITY.** Physical activity is any activity that makes you move your body and burns calories. Aerobic exercises generally increase both your heart rate and breathing rate, and include things such as walking, jogging, swimming and biking. Resistance exercises generally increase your muscular strength and include things such as lifting weights or using resistance equipment like cable machines. Stretching exercises increase flexibility. All of these are important for overall health and should be combined to

*Continued, page 4*

## 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

Many thanks to Dr. Alison Bailey, a UK cardiologist focused on women's heart health, and Jennifer Fuller, our center's registered dietitian, for their contributions to *Advancing Women's Health*. I always find it useful to review the health benefits of lifestyle changes, but it never gets easier to find the time to implement those needed changes. With so many things on our plate, just finding that 30-45 minutes daily for exercising or cooking healthy foods often seems out of reach. So what do I do? Well, for exercise I tried getting up 30 minutes earlier to walk before work. That was fantastic in the summer, but with darkness extending so long in the morning I needed something different for the fall and winter. I have never been able to come home and exercise at the end of a busy day, so that was out. But all is not lost – I have begun riding my bicycle to work – a “forced” ride of 20 minutes each way that has turned into the highlight of my day. This won't last all winter, but I am committed to finding a way to spend 30-45 minutes daily (or at least five days a week) doing some kind of moderate physical activity.

Of course, riding a bicycle to work will not be feasible for most of you, but I hope this example will inspire you to find something that is possible for you with your individual schedules and weekly/daily rhythms. In fact, every little bit helps including parking a little further from your destination, using stairs if you are physically able, or taking advantage of days off or weekends for longer walks or exercise periods. Whatever you can do, the health benefits of small changes in activity levels are fantastic – and there is the added bonus of improved mental health, particularly if you can exercise with family or a friend.

What about a healthy diet? For me, cooking with whole foods (that is, the main ingredients don't come out of a box, package, can – or from pizza delivery) is impossible for every meal. I have concentrated on increasing the servings of fruits and vegetables – at least one serving every meal and four to five every day. Sometimes, I resort to orange juice from a carton and raisins from a box, but this I can do. I also cook at least twice weekly. This usually happens for me on the weekend, but that effort seems to make the weekend meals a little more special for me and my family. I hope you are more successful than me on the cooking front, but hopefully being thoughtful about meal planning will be the first step for all of us.

The last item for this column is to congratulate our Kentucky Women's Health Registry participants who have been involved for five years! It seems like yesterday that the registry project started, and we now have almost 1,000 women who have reached their five-year

milestone. Joining and staying in the registry provides our researchers the opportunity to examine the factors that predict the onset of diseases – the first step in prevention of critically important health problems. Thank you to all the registry participants and particularly to you who continue to fill out your surveys every year.

“ ... I have begun riding my bicycle to work – a “forced” ride of 20 minutes each way that has turned into the **highlight** of my day. ”

### FALL/WINTER HEALTH AWARENESS DAYS

November is National Family Caregivers Month

Wednesday, Dec. 1 is World AIDS Day

If you want more information on these observances, view them online at [www.cdc.gov/women/observances/index.htm](http://www.cdc.gov/women/observances/index.htm).

# Choose a healthy lifestyle



People who exercise regularly have more energy and optimism, are more productive, have less stress, anxiety and depression, and have a better quality of life.

obtain the maximum benefit. As little as 30 minutes daily of physical activity is enough to see substantial health benefits.

Increased physical activity helps to lower blood pressure; improve cholesterol; maintain a healthy weight; prevent, delay and treat diabetes; reduce stress; and improve survival. In fact, for every hour of regular exercise you obtain, you increase your life expectancy by about two hours! And people who exercise regularly have more energy and optimism; are more productive; have less stress, anxiety and depression; and have a better quality of life. That's a great return for your time investment.

**4 DIET.** There is much information available on dietary choices. So much, in fact, that it often becomes confusing and overwhelming when trying to decide exactly what to eat to be “healthy.” The American Heart Association has made recommendations for ideal cardiovascular health and what this type of eating plan should include.

The recommendation is to eat a diet that helps you obtain a BMI of less than 25 and contains the following: 4.5 or more cups of fruits and vegetables per day, three or more servings of fiber-rich whole grains per day, less than 1,500 mg of sodium (salt) per day, more than two servings per week of fish, and less than 36 ounces of sugar-sweetened beverages per week.

Fruits and vegetables contain many important vitamins, minerals and fiber and are low-calorie choices. Likewise, unrefined whole grains contain fiber, help you feel full longer, and are generally low in calories. Sodium in our diet increases the rates of high blood pressure, heart disease and stroke. Reducing the amount of sodium to 1,500 mg daily (about one-half to three-fourths teaspoon) can have many beneficial health effects. Emerging evidence suggests that oily fish (those containing omega-3 fatty acids such as salmon, trout and herring) may help lower your risk of heart disease and death. Additionally, reducing the amounts of trans fat and added sugar improve your overall health and can aid in weight loss.

**5 CHOLESTEROL.** Cholesterol is essential for life but when levels are abnormal, there is an increased risk of heart disease and stroke. Lifestyle strategies such as increasing physical activity; changing your diet to include more fruits, vegetables and whole grains; and avoiding smoking can impact your cholesterol levels greatly.

**6 BLOOD PRESSURE.** A healthy blood pressure is less than 120/80 mmHg and high blood pressure, or hypertension, is generally described as greater than 140/90 mmHg. High blood pressure is associated with increased risks of stroke, heart attack, heart failure, kidney failure, blindness and death. Lifestyle strategies such as increasing physical activity, decreasing your sodium intake to 1,500 mg daily and adding more fruits, vegetables and whole grains to your diet can make a difference. Achieving a healthy weight and avoiding tobacco smoke can lower blood pressure as much as some medications and is crucial in lowering your overall health risks.

**7 BLOOD SUGAR.** Most of the food we eat is eventually broken down into glucose or sugar. Our body produces insulin in response to the sugar, and the insulin allows our cells to take up that sugar and use it for energy. However, when we either don't produce enough insulin or don't use the insulin efficiently, our blood glucose levels rise and the cells in our body don't get enough energy. Normally, the fasting blood glucose should be less than 100 mg/dL. Impaired fasting glucose is present when the blood glucose is 100-126 mg/dL and is considered prediabetes. Diabetes is diagnosed when the fasting blood glucose is greater than 126 mg/dL.

*Continued, page 5*

# Choose a healthy lifestyle

*Continued from page 4*

Both impaired fasting glucose and diabetes increase the risk of heart disease, stroke, kidney disease and blindness. Lifestyle changes such as increasing physical activity and eating a more nutritious diet are very effective at lowering your risk of developing diabetes as well as controlling diabetes if you have already been diagnosed.

Hopefully, this has motivated you to take steps to improve your lifestyle. It can be challenging and seem overwhelming at first, but the benefits you obtain are well worth the effort!

## OH! FOCUSES ON LIFESTYLE CHANGES

The Gill Heart Institute Cardiopulmonary Rehabilitation Program offers help to make these lifestyle changes. Its Optimal Health (OH!) program provides assistance for people interested in improving their lifestyle and focuses on the topics discussed here. The program consists of a dietary evaluation and education, an individualized exercise program, risk factor assessment and education, and a stress management program.

## Choosing healthy foods can help prevent high blood pressure and high blood sugar levels.



The center is located at 135 East Maxwell Street. For more information, please call **859-323-5424** or visit our website at [ukhealthcare.uky.edu/Gillheart/cprehab.htm](http://ukhealthcare.uky.edu/Gillheart/cprehab.htm).

More information can also be obtained at the American Heart Association's My Life Check website: [mylifecheck.heart.org](http://mylifecheck.heart.org).

– Alison Bailey, MD, UK Gill Heart Institute

## Heart disease risk factors you can change



The American Heart Association (AHA) identifies many risk factors for heart disease. Some of these risk factors are ones that you cannot change, such as age, gender and heredity. But the AHA also identifies risk factors you can change. These risk factors include smoking, cholesterol, blood pressure, inactivity, diabetes and others. One way to become heart healthy is through our diets.

Omega-3 and omega-6 fatty acids are considered essential. This means that our bodies do not make them, so we have to get them through our diets. Omega-3 is very important to our heart health. It helps to reduce blood clotting in the arteries, which helps prevent heart attacks, as well as protecting our arteries from hardening. We can find omega-3s in fatty fish, such as albacore tuna, mackerel and salmon, and also in walnuts and flaxseed oils. Eating these a couple of times a week can help us become more heart healthy. We can also buy omega-3 in fish oil capsules, which have been found to help lower triglycerides. However, these should not replace a healthy diet.

Fiber is another important factor in heart health. There are two types of fiber: soluble, which dissolves or swells in water, and insoluble, which typically does not dissolve in water. Insoluble fiber is found in whole grain and wheat bran products. It helps to promote regularity and prevent constipation. Soluble fiber is found in foods such as apples, bananas, citrus fruits, carrots, oats, barley, beans and thickeners added to food. For example, pectin, which gives jelly its consistency, helps lower cholesterol. It binds to fatty substances and is then excreted. Soluble fiber binds to bile in the liver where it will be excreted instead of being reabsorbed.

One great way to increase your fiber intake is by eating more fruits and vegetables. We need a minimum of five fruits and vegetables every day. But how much of each do you really need? The CDC has a fruit and vegetable calculator available on its website: [www.fruitsandveggiesmatter.gov](http://www.fruitsandveggiesmatter.gov). Using this great resource, you will be able to see what your recommended amount of fruits and vegetables are per day. It is as simple as putting in your age, your sex and your physical activity level.

Making small changes in our diets can be a huge asset to our health. It can help to reduce some of the changeable risk factors for heart disease. So here's your challenge: Can you increase your fish intake to at least two times a week? And can you increase your fruit and vegetable intake to your recommended amount? Try it and see how much you heart loves it!

– Jenny Fuller, RD, Center for the Advancement of Women's Health

# Continue to challenge, Kentucky Women!

**The CHALLENGE:** In order to achieve our goal of enrolling 2,500 women each year into the Kentucky Women's Health 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 it. All you do is complete a 20-minute survey once a year.

Visit the website:  
[www.kywomensregistry.com](http://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:

Dr. Bailey's article on heart health gives us a lot of good suggestions on how we might help ourselves. But how do the women in the registry stack up?

**SMOKING RATE** – Of those who have smoked: 72 percent of women in the registry have quit smoking while 28 percent of smokers continue to smoke either every day or occasionally.

**ACTIVITY LEVEL** – Sixty-four percent report being moderately active, while 19 percent report a sedentary lifestyle. Only 16 percent report a “very active” activity level. Remember, you don't have to run a marathon to improve your health. Try and do a little more each day and build up from that.

**BODY MASS INDEX** – Dr. Bailey explains BMI and how to calculate it in her article. How do registry women stack up?

- 39 percent have a BMI of less than 25
- 29 percent have a BMI between 25 and 30
- 17 percent have a BMI between 30 and 35
- 15 percent have a BMI of 35 or more

**DIABETES** – Registry women seem to be doing well in the prevalence of diabetes. Of women in the registry, 10 percent

have some form of diabetes (type 1, type 2 or pre-diabetes). This is better than the national average, but many women and their families are undiagnosed. This number may suggest everyone should be screened for the disease.

**CHOLESTEROL LEVELS** – For women who knew their total cholesterol and were younger than age 50, 36 percent report a total cholesterol of less than 200, while 26 percent report a total cholesterol above 200.

For women 50 and over, 59 percent report a total cholesterol of less than 200, while 40 percent report a total cholesterol of above 200. This may indicate older women are either being treated for high cholesterol or they are more aware of the problem. This is an important number for everyone to know.

**BLOOD PRESSURE** – For women younger than 50 (who were aware of their blood pressure), 67 percent had a normal blood pressure, while 32 percent had an elevated blood pressure.

For women over 50 (who were aware of their blood pressure), 47 percent have a normal blood pressure, while 52 percent have an elevated blood pressure. These numbers do not represent those who are taking medication to control their blood pressure. This is another “must know” number.

# 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.

## Contribution of altered muscle hemodynamics to fatigability in women with and without fibromyalgia

Researchers at the University of Kentucky are examining how exercise may contribute to fatigue in some but not others, in a study titled: "Contribution of altered muscle hemodynamics to fatigability in women with and without fibromyalgia." You may be eligible for this research if you: are a woman between age 50 and 70; are diagnosed with fibromyalgia or have muscle weakness.

Subjects will be compensated for their time. For more information, please contact: **Douglas Long**, research coordinator by e-mail at [delong@uky.edu](mailto:delong@uky.edu) or by phone at **859-323-5438**.

## The Pregnancy Complications and Heart Disease Study

Dr. Alison Bailey is conducting a study titled The Pregnancy Complications and Heart Disease Study. There is an increased risk of developing high blood pressure or diabetes if you have had a pregnancy complication such as hypertension or diabetes. Researchers are enrolling controls - women who are older than 40 and have not had any abnormal heart rhythms (arrhythmias) including high blood pressure. The study involves the completion of a simple health questionnaire (mailed or online). Participants may or may not have a history of pregnancy or pregnancy complications.

If you are interested in participating, please contact **Dr. Bailey** at **859-323-8040** or by e-mail at [alcoll1@email.uky.edu](mailto:alcoll1@email.uky.edu).

## 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 study can be found at [www.sclerodermatrial.org](http://www.sclerodermatrial.org). You may also contact **Mary Johnson** at **859-323-1377** or by e-mail at [majohng@email.uky.edu](mailto:majohng@email.uky.edu).

## TMD and Fibromyalgia Study

Got temporomandibular mandibular joint disorder (TMD)? Got fibromyalgia? Both? Neither? Want to participate in a project exploring the similarities of these conditions? If you answer "yes" to any of these questions, you may be interested in a research study that looks into the relationships between the symptoms of TMD and fibromyalgia. The project will also study the impact of stress and perceived stress on these medical conditions.

You may volunteer to participate in Dr. Leslie Crofford's study if you are female, age 18 to 65, diagnosed with TMD and/or fibromyalgia or have neither of these conditions. Please contact **Jenny Fuller**, clinical research coordinator, at **859-323-3805** for further information.

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**.

## Studies at the UK Clinical Research Organization:

**Research study on postpartum depression.** Postpartum depression is a condition that affects 12-18 percent of all women who give birth in the United States. Social support has long been associated with the recovery process related to postpartum depression. To learn more, call: Research investigator Julia J. Hall, RN, at **859-323-6598**.

**Have you transitioned to parenthood while in graduate school?** Researchers at the UK Department of Family Studies are conducting a research study to learn about the experiences of having your first child while pursuing a graduate degree. The purpose of this study is to gain an understanding from women who are willing to share their experiences of transitioning to parenthood while in graduate school. You may be eligible to participate if you: Are between the age of 20 and 29; are enrolled full-time in a graduate program; had a first child while in this program; have completed at least two courses in the program; had your first child sometime between January 2008 and August 2009; and have only one child. For more information, contact Nicole D. Garrett at **334-462-4674** or e-mail at [ndga222@uky.edu](mailto:ndga222@uky.edu).

---

## Clinical trials website links:

Clinical trials at the University of Kentucky: [ccts.uky.edu/Participants/opportunities.aspx](http://ccts.uky.edu/Participants/opportunities.aspx)

Clinical trials at the University of Louisville: [www.clinicaltrials.gov/ct/search?term=University+of+Louisville](http://www.clinicaltrials.gov/ct/search?term=University+of+Louisville)

National listing of clinical trials: [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

---

## Question often asked about the registry

**Q** “Last time I filled out a paper survey, can I do the survey online?”

**A** Yes you can! You can fill out a survey either on paper or online. You can change the method you use filling out the survey each time you complete a survey. The Web survey takes less time because the skips that are on the paper survey are applied to your online survey. For instance if you don't smoke, you automatically skip the smoking questions.

**Q** “Why do you ask for such personal information?”

**A** Do you ever wonder, “do they really need to know that?” The answer is, “Yes, we do!” One of the many things that make this survey so unique is the range of topics that we ask – including topics that may be personal. The Kentucky Women's Health Registry is the FIRST statewide survey of its kind in the United States. The registry is one of the few surveys available to researchers and policy makers that collect an extensive amount of information over a number of years. We ask a wide range of questions because there are so many things that factor into your health – everything from education to the number of jobs you work, how many kids you have and any health problems you may have.



University of Kentucky  
Center for the Advancement of Women's Health  
Kentucky Clinic  
740 S. Limestone - J513  
Lexington KY 40536-0284



Non Profit Organization  
US Postage Paid  
Permit 51  
Lexington, KY