



WELCOME LETTER

Dear Patients, Supporters and Friends

As we move into the final stage of summer, it's a good time to take a step back and review your accomplishments and unfinished business. Don't panic...there's still time. Most important is taking steps to improve your health. In this issue, Women's Center specialists discuss just how you can do this, from controlling diabetes to decrease your risk of osteoporosis, to learning how tomosynthesis can improve detection of breast cancer, to treating sleep apnea to decrease cardiovascular risk. We also discuss the shortcomings of the Body Mass Index and how to best treat acne.

Our article about the complexity of pelvic pain and the need for a patient-centered care approach aligns with our new physical therapy services for women suffering from urinary and fecal incontinence, and pelvic and sexual pain due to weak pelvic floor muscles. Talk to your provider about our non-surgical treatment of pelvic floor disorders.

Finally, if you are a parent of a college-bound student, I encourage you and your son/daughter to attend our College Health 101 event on August 9 from 1-3:30 p.m. This free program aims to empower young adults to take responsibility for their health as they become independent for the first time and creates a safe space to talk about sensitive topics like sexual health, substance use, stress, and nutrition.

Sincerely,

Lisa Larkin, MD, FACP, NCMP

Director, UC Health Women's Center

Associate Professor and Division Director, Midlife Women's Health and Primary Care,
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UPCOMING EVENTS

Beauty of Botox Days

August 5, September 2 & 19

College Health 101

For College Bound Students & Parents

Saturday, August 9, 2014

1:00-3:30 p.m.

For more information or to make an appointment call **(513) 475-UC4U (8248)**.

SUPPORT THE CENTER

Our patients aren't just women. They're mothers, daughters and sisters. They're business women, teachers and caregivers. By advancing women's health care, we're not only helping women live longer, healthier lives, we're helping those who love and depend on them.

For more information, visit:
women.uchealth.com/about-us/support-the-center/

Women's Center

UC Health

WEST CHESTER

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West Chester, Ohio 45069
(513) 475-UC4U (8248)

CINCINNATI / EAST SIDE

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College Health 101

Preparing Students For A Healthy & Safe College Experience

August 9, 2014, 1:00-3:30 p.m.

College is a time of incredible change, growth, excitement and fun. It's also a time where first year college-bound young adults face newfound choices and independence. Join us for a free afternoon of education and empowerment.

Panel Discussion, Health Information & Resources

- Gynecology & Sexual Health
- Substance Use
- Nutrition
- Stress & School/Life Balance
- Skin Care

Becoming aware, educated, making good decisions and tackling tough situations will help you take control of this new chapter in your life.

Register today at UCHealth.com/events/college-health-101/ or call (513) 475-UC4U (8248).

Objective

- Provide vital information to educate young adults on health issues that specifically affect them
- Empower college-bound young adults to take control and responsibility of their health as they become independent for the first time
- Emphasize the interconnectivity of health and wellness
- Create a safe space to talk about sensitive topics

Gynecology & Sexual Health: What Every Girl NEEDS to Know

Topics Covered: HPV, STIs, Practicing Safe Sex, Information about Contraceptives, Date Rape, Assault, Consent

Myths to Dispel:

- "Everyone has sex in college."
- "I can't get STIs if I'm on birth control."
- "I don't need a gynecologist if I'm not sexually active."
- "If she didn't say no, it must mean yes."

Substance Use:

Those "Crazy" College Days

Topics Covered: Binge Drinking, Knowing Your Limit, Safe Drinking tips, Drug Usage, Abusing Prescription Drugs

Myths to Dispel:

- "I have to drink to have fun"; "College is my time to experiment, so I can go crazy!!";
- "If everyone else is doing this drug, it's fine, right?"
- "If it's a prescription, it's not dangerous or illegal."
- "If I don't eat dinner, I can save room for more beer!"

Nutrition: Avoiding the Scale Rollercoaster

Topics Covered: Nutrition & Healthy Food Choices, Exercise

Myths to Dispel:

- "I'm walking everywhere, so I can eat anything."
- "I shouldn't eat today, so I can binge tonight."

Stress & School/Life Balance: Health in Body and Mind

Topics Covered: Depression, Anxiety, Negative Body Image, Eating Disorders, Risk Factors & Warning Signs

Myths to Dispel:

- "Everyone at college seems so happy, I'm the only one who is unhappy."
- "My roommate isn't eating, but I don't think I should question her."
- "I can't spend time socializing; it will interfere with my academics."

Skin Care: Tone, Texture & Clarity

Topics Covered

Tips for taking good care of your skin, skin cancer risk factors, how nutrition affects skin

Myths to Dispel:

- "I don't need to wash my face today since I didn't wear make-up."
- "I don't need to wear sunscreen since it's not sunny today."



Acne? Seriously? Why Now?

Contributed by **Cathy Fricke, Skin Care Specialist**

Eighty percent of all people get acne at some point in their lives. While it's most common in adolescents and young adults, it can appear at later ages, especially in women. There's no way to prevent or cure acne but it can be treated effectively especially with recent advances in prescriptive medications.

Acne affects men and women differently. Acne in young women tends to be linked to hormone changes, such as the menstrual cycle. As women get older, acne often diminishes. But some women have it for years. Some even get it for the first time at age 30 or 40.

Many things can trigger acne in women:

- Hormone changes during puberty can cause the glands to get larger and produce more oil. The menstrual cycle can trigger acne lesions to form a few days before the cycle begins and go away after the cycle is completed. Other hormone changes associated with pregnancy and menopause improve acne in some women. Whereas in others, it worsens. Stopping use of birth control pills can also play a role.
- Certain medicines.
- Make-up.
- Pressure or friction on the skin.
- Family history. If other people in your family have acne, there is a greater chance you might have it.

Poor hygiene, stress and eating chocolate or greasy foods do not cause acne.

You can help prevent acne flare-ups and scars by:

- Cleaning your skin gently with a mild soap or cleanser twice a day — once in the morning, once at night and after heavy exercise.
- Avoid strong soaps and rough scrub pads. Scrubbing your skin may make acne worse.
- Do not squeeze or pick at acne. Doing so can cause scars.
- Avoid sunburns. Many medicines used to treat acne can make you more prone to sunburn. Many people think that the sun helps acne. But, too much sun can increase your risk of skin cancer and early aging of the skin. We recommend using an SPF 15 or higher sunscreen each day.
- Choose make-up and hair care products that are "non-comedogenic" or "non-acne-genic." These products have been made in a way that they don't cause acne. You may also want to use products that are oil-free.
- Avoid wearing things that rub the skin, such as backpacks and sports equipment.
- Talk with our skin specialists about what treatment methods can help improve the appearance of your acne.
- Take your medicines as prescribed. Let your prescribing physician know if you think the medicines you take are making your acne worse.
- Skin specialists and physicians at the Women's Center have the expertise and resources to offer medical grade skin care services and products to help improve skin tone, texture and overall skin health. Among the most widely successful treatments and services include chemical peels, microdermabrasion and laser technologies. Check out our specials on skincare products and services.



WALK-IN APPOINTMENTS

Did you know Women's Center offers walk-in appointments for those feeling under the weather? Patients, staff and visitors can stop by the front desk to make a same-day appointment.



How Useful is BMI?

Contributed by **Angela Fitch, MD, Associate Professor of Medicine**

Most social science research related to obesity uses body mass index (BMI), calculated using self-reported weight and height. This is despite agreement in the medical community that such measures are seriously flawed because they do not distinguish fat from muscle and bone mass, nor does it take into account age or gender. BMI has been used for many years by doctors, personal trainers, and other health care professionals, when deciding whether patients are overweight but it is only a rough guide to help people judge whether they have a healthy weight.

If you use only the BMI formula, most athletes are considered as fat or fatter than couch potatoes - which is obviously completely wrong. This is because athletes are much more muscular than couch potatoes - muscle weighs more than fat.

We would all love to be told clearly how much we should weigh and how to calculate this ourselves. Unfortunately, your ideal weight is not a black and white formula.

You cannot simply calculate your healthy weight from a general source - it depends on several factors, including your overall general health, height, muscle-fat-ratio, bone density, body type, sex, and age.

Determining one's BMI may give people a rough idea of how much they should weigh. BMI is useful when studying large populations, but not for individuals. It turns out the circumference around a person's waist may provide a more accurate reading of his or her abdominal fat and risk for disease than BMI. And wrapping a tape measure around your waist is no more expensive than hopping on a scale and standing in front of a ruler. That's why the American Society for Nutrition, the American Diabetes Association, and other prominent medical groups have lately promoted waist circumference measurements as a supplement to, or replacement for, BMI.

But few doctors have made the switch because waist measurements require slightly more time and training than it takes to record a BMI reading, and they don't come with any official cutoffs that can be used to make easy assessments. The BMI is inexpensive and easy, and it has been used for years. In short, BMI is here to stay—despite its flaws.

Our weight loss and nutrition experts are committed to building a better health profile for women based on body fat and the risk

of chronic disease and have included waist circumference measurements as a standard protocol in daily clinical practice. We also offer additional tools for success.

As an academic health system, UC Health hopes to someday obtain funding to further study and understand how different body weight and body fat profiles are related to risk for chronic disease in women. Studies similar to the one being conducted by Massey University are looking at whether a body mass index profile really can tell whether someone is healthy. Principal investigator for that study, Associate Professor Rozanne Kruger – from the Institute of Food, Nutrition and Human Health (IFNHH) – says it's a chance for women to get a benchmark of their current health, and help build more accurate profiles for future health guidance.

Experts in medical weight loss, nutrition and bariatric surgery work collaboratively in the Metabolic Health and Weight Management Program at UC Health Women's Center to see to it that patients achieve long-term success in taking control of their health. For more information about the program, please call (513) 475-UC4U or the Weight Loss Center (513) 939-2263.



UC Health Women's Center

Integrated • Multidisciplinary • Comprehensive

Primary Care & Multispecialty Services

Diagnostic, treatment and wellness services designed specifically for women—under one roof.

Vision

Our common vision is to create a comprehensive system — strengthening primary care by transforming basic practice operations and leveraging a multi-level provider care team. This medical home model delivers enhanced access, coordinated care, proactive chronic disease management, wellness and patient education resulting in maximized outcomes.

Digital Mammography Combined With Tomosynthesis: Improving Breast Cancer Detection

Contributed by **Amy Argus, MD, Assistant Professor of Radiology**

Mammography is key to detecting breast cancer early, and recent studies have shown that adding tomosynthesis to mammography increases cancer detection and reduces false positive results.

The tomosynthesis procedure is much like a routine mammogram, except that in mammography the machine is stationary, producing a flat 2-dimensional image, and in tomosynthesis the machine moves across the breast to produce multiple thin images, much like pages in a book, resulting in a final 3-D image of the breast tissue. In fact, tomosynthesis is also sometimes referred to as 3-D mammography.

Tomosynthesis was approved by the FDA in the United States in 2011. It was only approved to be used in addition to a routine mammogram for breast cancer screening, as studies have shown the best cancer detection occurs with the combination of the two tests. The advent of tomosynthesis is significant because it improves all the areas that have received criticism in the past regarding traditional mammography: the production of excessive false-positive results, limited sensitivity and the potential of over-diagnosis of insignificant lesions.

In a recent multicenter analysis, the performance of digital mammography plus tomosynthesis was compared with that of digital mammography alone across a number of radiology practices in the United States.

Adding tomosynthesis lowered recall rates, sparing some women the frightening experience of receiving a false-positive result. With digital mammography alone, for every 1000 women, 107 women were called back for more images. When tomosynthesis was added, the figure dropped to 91 in 1000, a 15% decrease.

Some criticize mammography for over-detection, meaning that some cancers found by mammograms will never become harmful, though the mammogram is limited in its ability to distinguish between dangerous and unthreatening lesions. In truth, most invasive breast cancers will progress and cause harm if left untreated, while a small percentage of non-invasive cancers, such as some instances of Ductal Carcinoma In-situ (DCIS), will not. In this

study, the addition of tomosynthesis improved the detection of invasive cancers by about 40%, while the number of DCIS lesions found remained the same. Thus, tomosynthesis only improved the detection of clinically important cancers.

Furthermore, the benefits of adding tomosynthesis to mammography do not come with any increased radiation risks for the patient. The total dose of the x-rays use in tomosynthesis equals that used to create the flat picture for a standard mammogram, resulting in a total radiation dose approximately twice the current digital mammography dose. Even this amount of radiation, thankfully, is still well below the limits defined as safe by the FDA.

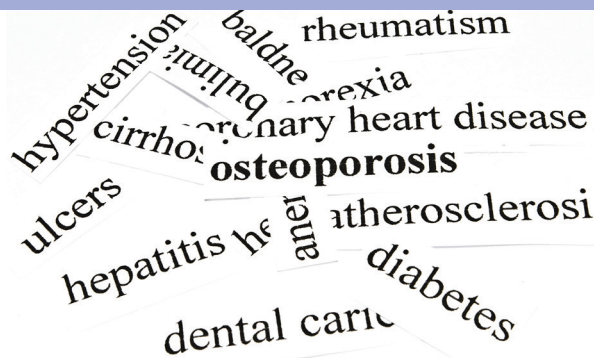
As results look more and more promising, mammography centers increasingly are purchasing tomosynthesis equipment, which is far more costly than the standard mammography unit. Unfortunately, many insurers do not cover the additional cost of testing, and some centers may require patients to pay an extra fee of about \$50 to add tomosynthesis to a mammogram. At UC Health, however, we do not want cost to affect any woman's ability to benefit from the addition of tomosynthesis to the traditional mammogram, and so we offer the advantage of this combined test at no additional charge to you.

Maintaining your breast health is important. Our comprehensive breast health program is staffed with specialists in breast radiology, surgery, oncology and genetics. We perform tomosynthesis, digital mammography, MRI, ultrasound, breast biopsy and localization and ductography/galactography. Integrative medicine services, including condition-focused classes for breast cancer survivors, are also available. If you would like to schedule an appointment with one of our providers, please call (513) 474-UC4U.

**To schedule an appointment with
any of our providers, please call
(513) 475-UC4U (8248).**

How Osteoporosis and Diabetes are Linked

Contributed by **Abid Yaquab, MD, FACP, FACE, Associate Professor of Medicine**



Osteoporosis is a major public health problem because of its associated risk of fractures. Patients face greater risks of having a permanent disability and often require long-term nursing home care. Although osteoporosis traditionally has not been listed as a complication of diabetes, patients with either type 1 or type 2 diabetes are among those at increased risk for this disease.

Diabetes

In people with diabetes, the body produces either no insulin or in insufficient amounts which results in high glucose levels in the body leading to increased morbidity and mortality.

More than 25 million Americans have diabetes. Of these, approximately 5 to 10 percent have type 1 diabetes and 90 to 95 percent have type 2 diabetes.

Type 1 diabetes typically appears in children and young adults, but it can develop at any age. It has been linked to low bone density, although researchers don't know exactly why. People with type 1 diabetes do not produce insulin, which may be needed for bone growth and strength. The onset of type 1 diabetes typically occurs at a young age when bone mass is still increasing. It is possible that people with type 1 diabetes achieve lower peak bone mass, the maximum strength and density that bones reach. Low peak bone mass increases risk of developing

osteoporosis later in life. Some people with type 1 diabetes also have celiac disease, which is associated with reduced bone mass. It is also possible that cytokines, substances produced by various cells in the body, play a role in the development of both type 1 diabetes and osteoporosis.

Recent research also suggests that women with type 1 diabetes may have an increased fracture risk, since vision problems and nerve damage associated with the disease have been linked to an increased risk of falls and related fractures. Hypoglycemia, or low blood sugar reactions, may also contribute to falls.

In **type 2 diabetes**, the body produces insulin but not enough, and the body does not respond properly to the insulin that is produced. This form of the disease is more common in people who are older, overweight, and inactive. The often sedentary lifestyle common in many people with type 2 diabetes also interferes with bone health. This is just one of many reasons why older women should stay active and eat a well-balanced, whole foods diet.

Strategies for Prevention and Treatment

With my patients, I apply similar strategies to prevent and treat osteoporosis in people with diabetes as for those without diabetes.

Exercise. Bones become stronger with weight-bearing exercise such as walking,

weight lifting, stair-climbing, and dancing. Regular exercise can also enhance balance and flexibility, and reduce the likelihood of falling and breaking a bone. A dual-energy x-ray absorptiometry (DXA) test, one of the most widely recognized bone mineral density tests measures various parts of the body's bones including the hip and spine. These tests can detect osteoporosis before a bone fracture occurs and predict one's chances of future fractures. People with diabetes should talk to their doctors about whether they might be candidates for a bone density test.

Avoid alcohol and cigarettes. Smoking is bad for bones as well as for the heart and lungs. Women who smoke tend to go through menopause earlier, triggering earlier bone loss. In addition, smokers may absorb less calcium from their diets. Alcohol can also negatively affect bone health. Heavy drinkers are more prone to bone loss and fracture because of poor nutrition as well as an increased risk of falling.

Calcium and Vitamin D. Calcium and vitamin D is important for healthy bones. Vitamin D plays an important role in calcium absorption and bone health. It can be obtained through exposure to sunlight. Older people are often deficient in Vitamin D. Good sources of calcium include low-fat dairy products and dark green, leafy vegetables.

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A Patient-Centered Approach to Pelvic Pain

Contributed by **Stacey Clarke, DPT, Pelvic Health Physical Therapist**



Research shows that those who suffer from pelvic pain are best treated by a patient-centered care approach. This means that patients who are managed at all levels by the coordinated involvement of multiple teams in various specialties benefit more than those managed by one targeted and specific discipline when it comes to pelvic pain.

Why so? The nature of pelvic pain is complex. It involves multiple organs and body systems. The pain can show up in numerous ways, including emotional distress. Treating pelvic pain with the patient at the center of her health care decision making empowers patients and

their health care providers to adequately explore concerns and interventions. It's essential that women experiencing pelvic pain undergo a full gynecologic evaluation with a general gynecologist, and if needed referred to a urogynecologist or pelvic floor physical therapist if pelvic floor issues are present.

The International Pelvic Pain Society looks at the importance of early identification of patients whose pain may be associated with multisystem dysfunction and the emotional, behavioral and sexual problems that may impact their quality of life, and it emphasizes effective pain management and access to support and information.

The Women's Center is equipped to handle patient's pelvic pain from a multidisciplinary, patient-centered approach. We collaborate between various specialties and encourage non-specialists to identify patients at greatest risk of major pain and disability. Pelvic Floor Physical Therapy can help with a variety of diagnoses including the treatment of bowel and bladder dysfunction, pelvic pain and sexual dysfunction, pregnancy and postpartum issues.

Call today if you are experiencing pelvic pain and would like to schedule an appointment with one of our experts, (513) 475-UC4U.

Beauty of Botox Days

August 5, September 2 & 19

Botox/Dysport \$199/1st Injection Site
Dermal Fillers BOGO 50% Off

UCHealth.com/BeautyOfBotox
(513) 475-UC4U (8248)

* Exclusions apply.

Continued from page 6

Medications. Like diabetes, there is no cure for osteoporosis. However, several medications are approved by the Food and Drug Administration for the prevention and treatment of osteoporosis in postmenopausal women men. Medications are also approved for use in both women and men with glucocorticoid-induced

osteoporosis.

Readers are referred to National Osteoporosis Foundation and National Institutes of Health Osteoporosis Resource Center websites which form the basis of above mentioned information.

Abid Yaqub MD, FACP, FACE, CCD, is the Medical Director of Endocrinology at West Chester Hospital and oversees the UC Health Women's Center Bone Health program.

Nadia Yaqub, MD, FACP, FACE, ECNU leads the endocrinology program at UC Health Women's Center.

UC Health Women's Center promotes industry-leading health care solutions, resources and education focusing on women's primary care and specialty services. The newsletter is published monthly by UC Health and offers health education, news and stories centered on academic based, discovery-driven health care. It is not a substitute for a consultation with a physician. UC Health Women's Center is located at 7675 Wellness Way, West Chester, Ohio 45069. For information, call (513) 475-UC4U (8248) or visit UCHealth.com/women. If you wish to be removed from our mailing list, please email WomensCenter@UCHealth.com.



UC Health Integrative Medicine Summer 2014

Mondays

7 - 7:50 a.m. Morning Stretch
5:30 - 6:20 p.m. Mixed Level Yoga

Tuesdays

9 - 9:50 a.m. Moving for Life (*Cancer Recovery*)
Noon - 12:50 p.m. Mixed Level Pilates

Wednesdays

7 - 7:50 a.m. Morning Stretch
5:30 - 6:20 p.m. Mixed Level Yoga

Thursdays

7 - 7:50 a.m. Moving for Life (*Wellness for All*)

Fridays

7 - 7:50 a.m. Mixed Level Yoga
Noon - 12:50 p.m. Mixed Level Pilates

Wellness Support Services

Mondays

Massage 9:30 a.m. - 5:30 p.m.

Tuesdays

Acupuncture 8 a.m. - 12 p.m.
Massage 9:30 - 11:30 a.m. / 3:30 - 5:30 p.m.

Wednesdays

Reflexology/Acupressure 8 a.m. - 1:30 p.m.
Massage 9:30 a.m. - 2:00 p.m.

Thursdays

Massage 8 a.m. - 12 p.m.
Acupuncture 8 a.m. - Noon

Please contact us at **(513) 475-UC4U (8248)** to schedule your appointment.

For more information, including a list of condition-focused classes, visit:
UCHealth.com/IntegrativeMedicine



Say Goodbye to the Signs of Aging

Does your skin appearance reflect your natural beauty? A chemical peel may be just what you need to revitalize your tone, texture and clarity.

50% off Chemical Peel

* Redeemable for new UC Health skin care patients. Exclusions apply.
Purchase before August 31, 2014. Present coupon on day of service.

(513) 475-UC4U (8248)

