



WELCOME LETTER

Just by virtue of being women, we're more vulnerable to certain health conditions. In fact, there's a whole host of health issues that are common to both men and women, but impact each in different ways. That's why it's so important to have a physician who understands the unique health needs of women.

In this month's newsletter, our specialists discuss female cancers and why it's important to be aware of them and what you can do to prevent them or detect them early and the common pain of headaches and what types of headaches you may often suffer with. We also discuss reviving the vaginal hysterectomy – why some surgeons prefer the vaginal approach versus the new laparoscopic techniques and how menopause may be the reason you can't sleep.

Finally, I thought it would be fun for you to get to know me a little better. Check out the full-page spread where I reveal some personal information about myself that you probably didn't know. And I encourage you and others to donate to support the Catherine Geering Community & Provider Educational Sexual Health Lectureship. My goal is to raise \$10,000 by Sept. 1, 2015. I will personally match any donation up to \$5,000. To donate, visit uchealth.kintera.org/Catherine-GeeringLecture2016.

Lisa Larkin, MD, FACP, NCMP

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Support the Catherine Geering Community & Provider Educational Sexual Health Lectureship Today!

Catherine became a nurse practitioner after 30 years as a labor and delivery nurse, with the goal of caring for women at midlife. Sadly, Catherine lost her battle with leukemia.

In her honor, UC Health Women's Center will hold a community and provider educational sexual health lectureship during the spring of 2016.

For more information visit page 3 or go to: uchealth.kintera.org/CatherineGeeringLecture2016

Women's Center

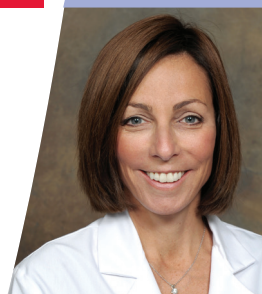
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The Pain of Headaches

Start feeling better!

Contributed by **Vincent Martin, MD, Professor of Medicine,**
Co-director, UC Headache and Facial Pain Program

It's safe to say that almost everyone has experienced a headache. It's one of the most common forms of pain and is also a major reason people miss days at work or school. For some, headaches can be common, quite painful and debilitating. I want to take a moment and share some general headache information for those of you suffering with either tension, migraine, cluster or sinus headaches.

Types of Headaches

Migraines. Women are three times more likely to suffer from this type of painful, debilitating headache. Migraines are distinguished from other headaches because of the symptoms other than pain that occur. Nausea and vomiting, lightheadedness, sensitivity to light and other visual symptoms can accompany the pain. Migraine attacks occur during the menstrual period in two-thirds of women.

Tension Headache. This is the most common type of headache that's often caused by stress and muscle tension. Symptoms can differ from person-to-person but most tension headache sufferers experience a slow onset of the headache, pain on both sides of the head, dull pain that feels like a vice around the head, pain that can involve the back part of the head or neck and pain is generally mild to moderate but not severe. These headaches tend to lack symptoms such as nausea and sensitivity to light and sound.

Cluster Headache. More common in men than women, this type of headache usually occurs for a discrete time period that may last weeks or months and these time periods of headache may return every year or two. Cluster headaches most commonly occur during the springtime due to the change in seasons. Cluster headaches only occur on one side of the head and have severe pain intensity. They are accompanied by other symptoms such as a runny nose, tearing of the eye, drooping of the eyelid and sweating of the forehead that occurs on the same side as the headache.

Sinus Headaches. These are associated with a deep and constant pain in the cheekbones, forehead, or bridge of the nose. The pain usually intensifies with sudden head movement or straining. The pain is usually accompanied by other sinus symptoms, such as nasal discharge, feeling of fullness in the ears, fever and facial swelling.

Easing Headache Pain

Our main goal delivering headache treatment at the Women's Center is to improve your quality of life by effectively diagnosing and managing your headache pain. As an internationally renowned headache specialist and co-director of the Headache and Facial Pain Program, at University of Cincinnati Neuroscience Institute, my colleagues and I offer a personalized approach for women and men suffering from headaches. We understand that women have different headache triggers than men and also react differently to medication. Give us a call so we can make sure you get the right treatment to help you cope with your pain.

Key Points about Headaches

- Headaches can be a stand-alone illnesses or the symptom of another condition.
- Depending on the headache, they can last between a few hours and several weeks.
- The most common form of primary headache is the tension-type headache.
- Health care providers will usually diagnose a headache from a history and description of its symptoms.
- It is estimated that 50% of people experiencing headaches self-treat rather than see a health care provider.

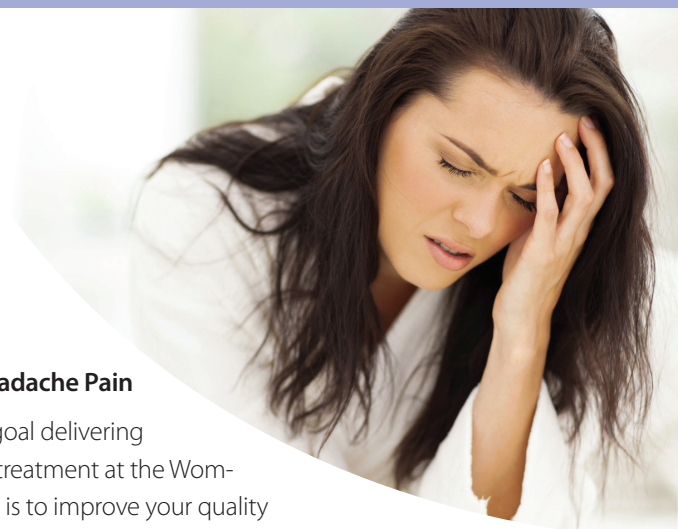
Treatment and Prevention

SELF-CARE

- Apply a heat pack or ice pack to your head or neck
- Avoid things that are stressful
- Eat regular meals
- Exercise regularly
- Get enough rest and regular sleep

COMPLEMENTARY THERAPIES

- Acupuncture
- Hypnosis
- Cognitive behavior therapy
- Meditation



Reviving the Vaginal Hysterectomy!

The Original Technique of Minimally Invasive Surgery

Contributed by **John Adler, MD, Assistant Professor of Obstetrics & Gynecology**

Fifty years ago, the ability to perform a vaginal hysterectomy distinguished the gynecologist from the general surgeon. Much professional pride was taken by surgeons who could remove a uterus through a small vaginal incision instead of a large abdominal incision called laparotomy.

Many of us who finished our OG/GYN training prior to the mid-1990s received a fabulous education in this technique by skilled and dedicated vaginal surgeons. We experienced firsthand the satisfaction the patients felt when they had no pain or scarring from abdominal incisions, rapid post-operative recoveries and less workplace difficulties due to their incisional pain. It was truly "minimally invasive!"

However, due to the development of new laparoscopic technologies, the vaginal hysterectomy approach was gradually replaced and nearly forgotten as the great mentors retired or died. It is now used only by those of us who have had the proper training and experience and feel passionate about its value to our patients.

I have had a gynecologic surgical practice in Cincinnati for 32 years. Vaginal hysterectomy has always been my first preference for patients who are the right candidates. My role at the Women's Center

is to offer this option to those patients who desire the vaginal approach and to counsel them as to other surgical options if they are not the right candidates. There are limitations to this procedure that should be addressed by the patient and an experienced gynecologic surgeon.

I also recognize the important options of the laparoscopic, robotic and laparotomy approaches. The surgical options should be individualized for each woman depending on the reason of her hysterectomy and her risk factors. Every patient considering a hysterectomy should ask their gynecologist if they are a candidate for the vaginal approach and seek a second opinion if their doctor is not skilled in this form of surgery.

At the Women's Center, we have several gynecologists who are well-trained and experienced in performing vaginal hysterectomy. We are devoting our efforts to reviving this option as a first choice in women's surgical care and to mentoring younger surgeons in the renaissance of this technique.



Support the Catherine Geering Community & Provider Educational Sexual Health Lectureship today!

Catherine became a nurse practitioner after 30 years as a labor and delivery nurse, with the goal of caring for women at midlife. *Her passion became sexual health and menopause management because it was apparent to her how many women suffered in silence.*

She brought humor as well as compassion and kindness to her role as a provider and patients adored her. Sadly, Catherine lost her battle with leukemia.

In her honor, UC Health Women's Center will hold a community and provider educational sexual health lectureship during the spring of 2016.

Join Lisa Larkin, MD, colleagues and community members dedicated to women's sexual health and menopause by helping fund this lectureship. With the goal to raise \$10,000 between now and September 1, 2015, a donation of any size is appreciated. In the hopes of reaching the goal, Dr. Larkin will personally match any donation between now and Sept 1 up to \$5,000.

To donate to the Catherine Geering Sexual Health Lectureship Fund please visit: uhealth.kintera.orgCatherineGeeringLecture2016





Women and Female Cancers

There are certain cancers that most often affect women. Amongst them is breast, endometrial, cervical and ovarian cancers. Knowing about these cancers and what you can do to prevent them or detect them early (when they are small and easier to treat) may help save your life.

Breast Cancer

Breast cancer can develop at any age in any woman and is the second most common cancer diagnosed among women. Only skin cancer is diagnosed more frequently. There are several types of breast cancers that occur almost entirely in women but men can also face a breast cancer diagnosis. Performing monthly breast self-exams is a first defense in detecting breast cancer. If an abnormality is found while performing a self-breast exam, schedule an appointment with your doctor.

What to do:

- Women age 40 and older should get a mammogram each year and continue to do so as long as they are in good health.
- Women in their 20s and 30s should have a clinical breast exam done as part of a regular check-up by a health professional, preferably every 3 years. Women 40 and older should have yearly breast exams.
- Women should know how their breasts normally look and feel and report any breast change to their physician.

Gynecologic Cancers

Gynecologic cancers occur in the female reproductive organs, including the cervix, ovaries, uterus, fallopian tubes, vagina and vulva. There are four main types of gynecological cancers women should discuss with their doctors: uterine, ovarian, cervical and vulvar.

Each of these gynecological cancers is unique and has their own signs and symptoms. Some are more easily treatable than others and affect different parts of the reproductive organs. Uterine cancer is the most common of the gynecological cancers and develops in the lining of the uterus. Ovarian cancer is often detected in the advanced stages of the disease and is often difficult to treat. Thanks to screenings and vaccines, cervical cancer is one of the least common cancers. Vulvar cancer is rare and the least recognized gynecological cancer.

What to do:

- Watch for symptoms, such as unusual spotting or bleeding not related to menstrual periods, and report these to a health professional.
- Cervical cancer testing should start at age 21.
- Women between the ages of 30 and 65 should have a Pap test plus an HPV test.
- A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

Regular screenings and self-exams can help detect certain types of gynecologic cancers and breast cancer in the early stages, when treatment is more likely to be successful. Diet, exercise and lifestyle choices play a significant role in the prevention of cancer. Knowing your family history and sharing that information with your doctor is extremely helpful in early detection as well.

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

Get to know *Dr. Lisa Larkin*

Lisa Larkin is Stylish

She Wears Heals, Dresses & Mountaineering Gear

She's a Versed Professional with a Knack

For Empowering Women

She is a Cancer Survivor

She is Passionate

She Practices What She Preaches

She Loves Her Dog

—She Nerds Out on Sexual Health Medicine—

She Has a Medical Degree

She Owns 4 Pairs of Hiking Boots

She Traveled to Africa to Help Other
Girls and Women —Along with Her Two Kids—

She Wakes up Early to Work Out

She Wakes up Early to Prep for the Day

She Drinks Way Too Much Coffee

She Loves Teaching

She Loves Teaching at University Of Cincinnati

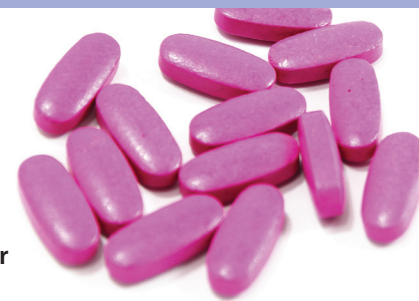
And Would Probably Turn Down a Teaching
Gig at Brigham and Women's Maybe Even for
a Million Dollars



It Takes a Movement

FDA Advisory Panel Recommends Approval of “Little Pink Pill”

Contributed by **Lisa Larkin, MD, FACP, NCMP, IF, Director, UC Health Women’s Center, Associate Professor Obstetrics and Gynecology; Director, Division Midlife Women’s Health and Primary Care**



As a practicing women’s sexual health internist, a teacher to medical students and residents, and a current breast cancer patient myself I have a profound dedication to providing women access to treatment options for their health needs.

During my training to become an internist, I had no idea I would specialize in female sexual health. My journey to sexual medicine came about because of my patients - women with unmet sexual health needs, most of them related to a loss of interest in sex. These were women whose relationships both in and out of the bedroom have suffered because a loss of sexual desire for their partner. I became dedicated to these patients, believing they deserve solutions and the right to a treatment option for their sexual dysfunction.

That was 25 years ago. Today, I serve as the Director of the UC Health Women’s Center and the UC Health Menopause and Sexual Health clinic. In my role as a busy clinician, I continue to see patients day after day with the same story and unmet sexual health needs. Twenty-five years later and nothing has changed. Until recently, the FDA gave us hope. A panel of medical experts voted to recommend approval of flibanserin, or ADDYI, which could become the first and only treatment for hypoactive sexual desire disorder (HSDD).

HSDD is real. It causes distress. There is a clear biologic basis. And we have tools to diagnose it in our office. I do it every single day.

I believe ADDYI should be approved. It should be approved because of the totality of the data – both efficacy and safety. Women who took ADDYI showed significant improvements at every point of measure for the conditions my patients ask me about every day – increase in sexual desire, decrease in distress from the loss of sexual desire and increase in the number of satisfying sexual events.

And what’s more is that the women who experienced positive change agreed with the science. They reported on what improvements were meaningful to them, and the majority said that ADDYI helped to amend the relationships they had been struggling with for years due to HSDD.

Regarding safety, I am passionately outspoken and frequently lecture about the potential dangers of the unregulated, untested and unproven compounded medications and supplements frequently used by my patients. Specific to ADDYI, as a breast cancer patient, I was particularly interested in the breast cancer rodent study data presented at the FDA meeting, and left feeling absolutely unconcerned with the suggestion that risk was increased in animals. ADDYI was studied in more than 11,000 patients. Eight thousand patients took active drug. And there were zero cases of breast cancer.

ADDYI has known potential side effects just like every other medication. No medication is 100% free from risks, but the data shows the potential side effects are largely mild to moderate, and are uncommon. Rare in fact. There are also side effects that are commonly seen with other medications I frequently prescribe – nausea, dizziness and sleepiness. A far cry from the potential side effects associated with FDA approved drugs for male sexual dysfunction, which include penile rupture or even death.

ADDYI will not be appropriate for all women, but for those who it would benefit, the risks are manageable with appropriate risk/benefit discussions – something I do with all my patients. It will be similar to how I talk to women about the risk/benefit of daily aspirin for stroke prevention, hormone therapy for treatment of postmenopausal vasomotor symptoms, Coumadin for Afib, Ditropan for overactive bladder, and even chemotherapy for early stage breast cancer.

Having an FDA approved medication for HSDD is critical for other reasons. It would allow me to accurately and completely discuss risks and benefits with my patients based on solid data. Right now, without any FDA approved options, women suffering with HSDD are using untested, unregulated and unstudied products. Products that are not effective and pose significant consumer safety risks. History was made with the FDA advisory committee’s positive vote, and it is my hope – for my patients, for all patients, for all women – that the FDA’s next step will be to approve the first treatment for HSDD. In my practice, I have been waiting for more than 25 years. Women have been waiting much longer, and it is time we provide them with the options they deserve.

Can't sleep?

Is Menopause the Culprit?

Contributed by **Lisa Larkin, MD, FACP, NCMP, IF, Director, UC Health Women's Center, Associate Professor Obstetrics and Gynecology; Director, Division Midlife Women's Health and Primary Care**

Sleep is something we all need but many of us don't get enough of especially as we age. For some women, getting seven to eight hours of sleep may come naturally but many women find as their hormones begin to change during their mid to late 30s and they enter perimenopause – usually in your late 40s - getting a good night's sleep isn't always a given!

According to a new study, published in the *Endocrine Society's Journal of Clinical Endocrinology & Metabolism*, women in perimenopause – usually three to five years before the beginning of menopause when the ovaries gradually begin to make less estrogen – get less deep sleep and wake more often in the week before menstruation.

During perimenopause, ovaries gradually decrease production of estrogen and progesterone, both sleep promoting hormones. The decline of hormones can be unsettling to a woman's body, sometimes contributing to the inability to get a good night's sleep. Researchers found that women who experience hot flashes during perimenopause are more likely to experience sleep disturbances due to the surge of adrenaline, awakening your brain from sleep.

"Menstrual cycle variation in hormones is one piece in the overall picture of sleep quality in midlife women," said a study author, Fiona C. Baker, PhD, of the Center for Health Sciences at SRI International in Menlo Park, California. "This research can lead to a better understanding of the mechanisms behind sleep disturbances during the approach to menopause and can inform

the development of better symptom management strategies."

Just as important as regular exercise and eating healthy foods, getting enough sleep is vital to your health! While I strongly encourage those suffering from sleep problems to see a specialist, there are a few things you can do at home to encourage better sleep:

- Establish a bedtime routine that you will follow every night.
- Go to bed and wake up at the same time, even on the weekends and days off work.
- Avoid naps, especially in the afternoon.
- Keep your bedroom dark or use a comfy eye-mask.
- Keep your bedroom cool.
- Reduce physical activity within three hours of bedtime.
- Don't eat a large meal or drink a lot of liquids within two to three hours before bedtime.
- Try relaxation breathing or take a warm bath.

If you've tried these tips and nothing is helping you catch more zzz's, please call us at (513) 475-UC4U to schedule a comprehensive sleep consultation.



Gift Certificates Available

Purchase a gift certificate for services like massage and acupuncture.

To purchase gift certificates or schedule an appointment, please call (513) 475-UC4U.



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Health Care Designed for Women

The region's preeminent leader in women's health care.

The journey to great health presents unique hills and valleys at every age. That's why UC Health created the Women's Center — to offer diagnostic, treatment and wellness services designed specifically for women. Whatever you may need along your individual path to health is under one roof, from primary care, sexual health and menopause to weight loss, skin care, cancer survivorship or behavioral health.

At UC Health we are passionate about helping you feel your best and improving women's health care. From researching and testing new treatments, to advancing the national dialogue, to implementing new standards of care — we're your partner in helping you get to where you want to be.

A Medical Home

The Women's Center—a place where more than 50 nationally-renowned primary care and multi-specialty providers work together to serve the health care needs of women. Our mission is to deliver care through a comprehensive system which leverages expertise across disciplines. Our medical home model delivers enhanced access, coordinated care, proactive chronic disease management and patient education—all to help you live healthier.

Evidence-Based Care, Specialized for Women

We turn breakthrough research into improved treatments and therapies. Evidence-based care drives our efforts and the academic strength of the University of Cincinnati College of Medicine makes us unique in the region.

Advancing Women's Health Care

We're educating and inspiring the next generation of health care professionals. Through the UC College of Medicine and our community outreach efforts we are committed to service learning, bidirectional education for health-care professionals and providing women a local resource for expert health and wellness advice, support and services that complement their needs. All under one roof:

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|---|------------------------------|-------------------------------|--------------------|
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