

Brown & Toland's HealthLink

A Wellness Magazine for the San Francisco Bay Area

SUMMER 2006

Stay Safe This Summer

Tips for Enjoying Your
Vacation at Home or Abroad

For Women

Conquer Heart Disease
and Menopause

The Right Shots

Vaccinations Lead to
Healthier Kids — and
Communities



Summer Vacations and Out-of-Country Travel: Play Safe, Stay Well

By Mark Finch, M.D.

HealthLink

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Many people cite summer as their favorite season. The days of rain and wind are gone and the flu bug is put to bed for another year. If you are making plans for summer vacation, remember that there are some health risks associated with fun in the sun and travel. Here are some tips on how to reduce or avoid injury and illness during this season.

Sunburn

Summer brings increased exposure to solar radiation, which can be damaging to the skin, and cause sunburn and skin cancers. This especially is true for light-skinned people (generally people of northern European ancestry), who are exposed to the sun during midday outdoor activities. Minimize your risk by taking these precautions:



- Use high-level sunblock (with an SPF of 15 or more), and wear wide-brimmed hats and sunglasses when outdoors on sunny days for more than an hour. Alternatively, wear long-sleeved shirts and pants, which will protect skin even more.
- See your physician right away should you notice any skin spots or discoloration associated with a change in skin texture that is like sandpaper.

Injuries

Injuries may occur with certain outdoor activities, such as swimming, hiking, camping, cycling, boating and automotive road trips. Children and adolescents may be particularly at risk for injuries associated with these activities. Here are some tips:

- Make sure everyone wears seat belts during road trips.
- Teach children and adolescents about safe practices associated with certain activities, such as swimming (life jackets, lifeguard services and adult supervision present), bicycling (helmets), and hiking and camping (buddy system).
- Make sure everyone is cleared by their family physician before undertaking strenuous activities such as backpacking or intense aerobic sports. Stay well hydrated with nonalcoholic drinks and foods containing salt during these activities.
- Be sure to bring any required medication with you on outdoor trips, such as asthma medication.
- Avoid alcohol when undertaking any intense or high-risk activity, such as boating and off-road cycling.

Food and waterborne illnesses

Food and waterborne illnesses occur more frequently in the summer and fall. Typically, this is a result of some contamination of food served outside the home, often at large gatherings. Affected persons may develop nausea, vomiting and perhaps diarrhea, otherwise known as gastroenteritis



and in U.S. travelers to developing countries, "traveler's diarrhea," Montezuma's revenge or "Bali Belly." Here are some tips to prevent food and waterborne illnesses, as well as traveler's diarrhea:

- Avoid eating undercooked meats and shellfish.
- Avoid eating food at outdoor picnics that has not been kept refrigerated or has been left at room temperature for several hours, particularly on hot days.
- Avoid drinking untreated water such as water from streams or wells.
- If you must drink untreated water, first add water-sterilizing agents used for drinking (chloride or iodide agents) or boil or filter water. Your local outdoor equipment store will usually sell these products.
- Avoid drinking raw milk.
- When preparing food for others, be sure to wash hands with soap and make sure cutting surfaces are vigorously cleaned if used after chopping or cutting raw meats.

If traveling in developing countries, in addition to the above recommendations:

- Drink bottled fluids or hot liquids.
- Avoid adding ice to your liquid drinks; it is likely the ice is made from tap water.



- ☒ Eat foods that have been cooked and are served hot.
- ☒ Eat fruits you peel yourself.

Additional prevention measures for traveler's diarrhea:

- ☒ Bismuth subsalicylate (Pepto-Bismol, Bismatrol or Bismed) may prevent or lessen the symptoms of traveler's diarrhea. Take 1 or 2 tablespoons (or two tablets) every 30 minutes beginning at the earliest indication of diarrhea up to eight doses or when symptoms subside, whichever comes first. Patients intolerant of aspirin, however, should not take this over-the-counter medication. Read the directions on the label for more information on side effects and usage.
- ☒ Antidiarrheal medications such as Imodium AD and Lomotil may reduce symptoms, but avoid using if you have blood or pus in stool and associated high fever. Consult the directions on the label or your physician for further information.
- ☒ Antibiotics may be taken to prevent traveler's diarrhea. However, these regimens only should be used per your physician's recommendations, and only when traveling to countries where access to medical care may be difficult.

Insect-borne illnesses

In the United States, summer increases exposure to mosquitoes and other biting insects, such as ticks. Lyme disease occurs in the Pacific Northwest, Northeast and North Central regions. It also occurs in temperate forested regions of Europe and Asia. Lyme disease does not occur in the tropics. Malaria and dengue fever can be transmitted by mosquito bites in certain tropical and subtropical countries. (Consult sources for information listed at the end of this article for specific countries.)

To prevent mosquito, tick and other insect bites, use DEET, a colorless, oily liquid that has a mild odor and is used as an insect repellent on clothes and exposed skin, but not eyelids, lips or mouth. Mosquito coils also will reduce mosquitoes in the immediate vicinity and, along with mosquito netting, is especially useful on campouts and other outdoor activities. Malaria medication prophylaxis also is recommended for certain countries. Consult with your primary care physician, or the sources listed at the end of this article, for information relevant to your travel itinerary.

What to do if you become seriously ill while out of country

If you develop a serious illness while in a foreign country, contact the U.S. Embassy or consulate for help. Also inform your primary care physician or Brown & Toland Medical Group should you require hospitalization. Coverage for emergency care out of country may or may not be covered by your health plan. Consult your Evidence of Coverage or call your health plan for more information. For a complete list of embassies and consulates, go to www.state.gov/travel/.

Vaccines for foreign travel

There are vaccines for a number of infectious diseases that may be prevalent in the country of your destination. Some examples include typhoid fever, yellow fever, hepatitis A and B, polio and Japanese encephalitis. For more information on which vaccines are recommended for your itinerary, please consult with your physician, your travel agent or this Web site: www.cdc.gov/travel.

Make sure everyone is cleared by their family physician before undertaking strenuous activities such as backpacking or intense aerobic sports.

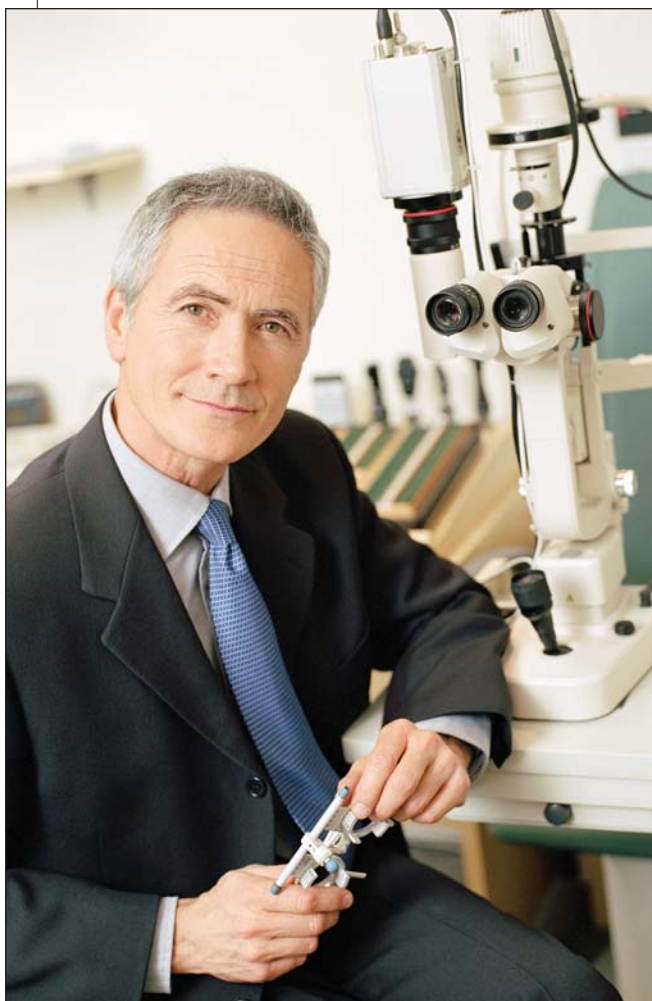
— **Mark Finch, M.D.**,
senior medical director,
Brown & Toland
Medical Group



Post-travel care

Contact your physician immediately if you become ill (fever, diarrhea, unexplained weight loss, rashes or other symptoms) after returning from foreign travel. Some illnesses, such as malaria or hepatitis, may not be apparent until weeks or months after your return, so be sure to inform your physician of any recent foreign travel or wilderness exposure. ■

Mark Finch, M.D., is a senior medical director at Brown & Toland Medical Group.



EDUCATION

Brown & Toland Physicians Educate Their Community on Vision Loss

Brown & Toland, Health Net Seniority Plus and St. Mary's Medical Center were proud sponsors of a March 25 community event designed to educate people on vision loss.

The standing-room-only event in Morrissey Hall drew nearly 300 spectators. Those who attended learned how to take care of their vision through the free seminar *Common Eye Diseases in the Senior Population*, which featured dynamic presentations from Brown & Toland physicians Bernd Kutzscher, M.D., Lee Schwartz, M.D., and Michael Hee, M.D., of Pacific Eye Specialists. Free glaucoma screenings were provided by the physicians throughout the day.

The physicians spoke on a variety of topics, including glaucoma prevention and treatment, macular degeneration and cataracts. Dr. Kutzscher noted that vision loss in the elderly is quite common, with one out of three seniors experiencing some type of loss by the age of 60.

He informed the audience that macular degeneration is the most common type of vision loss in the elderly. Risk factors include age, fair skin, family history of macular degeneration and smoking.

Glaucoma is the second most common cause of vision loss in the elderly. There are 2.5 million people with glaucoma, and of those, nearly 80,000 are blind. Early detection and treatment can prevent blindness.

FUNDRAISING

Brown & Toland Steps Up Support for AIDS Fund-raiser

This summer, Brown & Toland will demonstrate its commitment to stamping out the AIDS epidemic by sponsoring the 20th Annual AIDS Walk in San Francisco.

The event, which drew more than 25,000 walkers in 2005, is scheduled to take place on July 16 in Golden Gate Park. Participants form teams of friends or family members and register, raise money and walk together, logging 10 kilometers, or a total of 6.2 miles.

Over the years, the walk has generated \$55 million to help people with HIV and

AIDS; to educate the community about HIV and prevent its spread; and to lobby the government to increase its support of HIV care, prevention and the search for a cure.

"2006 marks the 20th Anniversary of AIDS Walk San Francisco," says Event Director Erika Zlatkoff. "That's certainly not something to celebrate. But, it is something to reinvigorate us — a good time to look at all that we have accomplished and to recommit to reaching the end of this monster."

Brown & Toland sponsored the 2005 event, which raised more than \$3.6 million in support of the San Francisco AIDS



Foundation and other Bay Area AIDS service organizations. Marketing Manager John Fisher is proud that the medical group will again be associated with this important event.

"We're excited to be a part of rallying against this disease," says Mr. Fisher.

The sponsorship underscores Brown

We're excited to be a part of rallying against this disease.

—John Fisher,
Brown & Toland
Marketing Manager

The third most common cause of vision loss in the elderly is cataracts. Correcting cataracts is not possible through glasses or medications, but cataract surgery can be done successfully on an outpatient basis.

The physicians advised those in attendance to get regular dilated eye exams, especially those suffering from diabetes. People with type 2 diabetes should be tested every year, while those with type 1 diabetes should schedule a visit to the eye doctor every year, starting five years after their diagnosis. In addition, women who become diabetic during pregnancy should have exams every three months while pregnant.

Macular degeneration is the most common type of vision loss in the elderly.

“Brown & Toland is committed to addressing the special needs of the senior population,” says Brown & Toland Marketing Manager John Fisher. “It is important for us to provide educational opportunities on some of the more universal health care concerns that affect seniors and their family members.” ■



& Toland's longstanding commitment to provide quality care for members living with HIV or AIDS. Patients have access to a free HIV Management Program that offers personalized HIV medication, nutritional counseling and case management from a licensed nurse practitioner and registered dietitian. ■



HEALTHY CHILDREN

Vaccines Can Save Children's Lives

When was the last time you saw a child with polio or measles? Vaccines have all but done away with these once-common ailments. Still, that doesn't mean they don't exist. It just means the vaccines are doing their jobs.

Immunizations have cut most vaccine-preventable diseases by more than 99 percent, according to the Centers for Disease Control and Prevention (CDC). Yet illnesses that are rare in this country thrive in parts of the world just a plane ride away. Each year, for instance, dozens of cases of measles slip into America from abroad, putting at risk those who haven't had their shots.

During a drop in immunization rates a decade ago, a measles outbreak of 55,000 cases across the United States hospitalized 11,000 and killed 125, according to Carden Johnston, M.D., former president of the American Academy of Pediatrics (AAP).

“There was a 25 percent mortality rate from pertussis [whooping cough] before there was a vaccine,” says Keith R. Powell, M.D., who serves on the AAP Infectious Disease Committee.

Vaccines protect your community, as well as your children. When more children get their shots, it's less likely that an outbreak can spread. This is sometimes referred to as “community immunity” or “herd immunity,” the point at which enough people are vaccinated to protect those who are not.

Severe side effects of vaccines are very rare, the CDC says. Many studies have tested whether vaccines cause autism or other childhood diseases, says Dr. Powell, and none have found a link.

“I was in grade school in the '50s, and every class had a kid with polio,” Dr. Powell recalls. “Now, you just don't see it, and that's because of the vaccine.” ■

Vaccines protect your community, as well as your children.

How to Properly Manage Your Medical Devices

Whether it's placing a thermometer under your tongue or standing on a scale to weigh yourself, chances are good you've used a personal medical device at one time or another.

Many people with chronic illnesses depend on more elaborate medical devices, such as cardiac pacemakers or blood glucose monitors, for their health and well-being. Countless others help their loved ones, young or old, deal with an oxygen machine, asthma medication inhaler or other device. No matter how sophisticated or simple the piece of medical equipment is, it's crucial to use and maintain it properly.

"A number of the rules for managing medical devices apply to just about any device you can use," says Penny Carey, R.R.T., director of durable medical equipment and respiratory services for Johns Hopkins Pharmaquip in Baltimore.

For example, you need to consult the manual, understand what the equipment does, get additional instruction if necessary and know whom to call if something seems out of order.

On your own

The following advice applies to nearly any medical device you might use.

Follow your doctor's prescription.

Always consult your physician before making a change.

Ask questions. "Don't let health care people rush through the how-tos for your medical device," advises Susan Martin, senior director of business development and marketing at Johns Hopkins Home Care Group in Baltimore. "If necessary, say, 'Wait, I don't understand that, please explain it again.'"

Do a return demonstration. After you've been instructed how to use the equipment, show the health care provider how it's done, to make sure you understand.

Teach a support person how to manage your equipment, in case

you're not well enough to do it yourself. Your support system is crucial; it may include a family member, friend or neighbor.

Post clear instructions — for example, whom to call if the equipment breaks down, you run out of supplies or your health worsens.

Address any barriers to proper equipment use. For example, ask the manufacturer if the owner's manual is available in your language of choice. Is the equipment's display big and bright enough for you to read?

Have backup supplies. You always should have enough medications, batteries and other necessary supplies for 72 hours of use. Also, keep on hand an emergency stash, such as a jar of orange juice for a diabetes insulin attack, which you won't touch for any other purpose. Make sure you never run out of important supplies.

Plan well ahead when traveling. For example, investigate the airline's policy for bringing your medical equipment on board. Anticipate everything you might need at your destination, where some necessities may not be available for purchase.

Take care with electrical devices. Ensure that wires or long oxygen hoses don't pose a tripping hazard. To avoid a fire hazard, use the appropriate power sources as described in the owner's manual.

Note unusual equipment readings. Bring your blood sugar monitor with you to office appointments. Your provider can make sure it is calibrated correctly and giving you the correct information.

Specific pointers

Ms. Carey and Ms. Martin offer these important suggestions for using medical devices:

Hypodermic needles. People who self-administer shots need instruction in how to dispose needles, or sharps. "You



can't just toss sharps in a trash can," notes Ms. Carey. "Use an approved sharps container, or place them in any sealable container, such as a 2-liter soda bottle."

Blood pressure monitors. Take these with you on your doctor's visit to ensure they're properly calibrated as often as the manufacturer recommends.

Nebulizers. Cleanliness is the rule with these devices, used to administer medications for asthma, emphysema and other lung diseases. Follow the manufacturer's guidelines for cleaning it and routinely change the filter. You can disinfect it with a solution of three parts hot water to one part white vinegar.

Asthma inhalers. When using prescribed meter-dosed inhalers, always include a spacer — so medication won't be lost to the atmosphere.

Oxygen machines.

- The nosepiece (nasal cannula) always should be pliable, not hard, and always should be free of any nasal secretions.
- Keep any bubble bottle filled with distilled water, and make sure all tubing is intact and clean.
- Always keep on hand a nonelectrical backup oxygen source, in case of power failure.
- Never allow anyone to smoke around an oxygen machine because the oxygen is highly flammable.
- Be sure to place signs on the front and back entrances to your house indicating oxygen is in use.
- When traveling with an oxygen tank, never place the tank in a car trunk. Always keep it in a well-ventilated place not exposed to extreme temperatures.

And no matter what device you use, call your doctor if you have questions. ■



Make sure your blood pressure monitor is properly calibrated as often as the manufacturer recommends.



DIABETES CARE

Activity Can Help Control Diabetes

Being active is a great way to help control diabetes.

How will exercise help?

Exercise helps lower your blood sugar. Active muscle can use glucose (blood sugar) without insulin being present. Inactive muscle must have insulin present to get glucose into its cells.

Exercise helps you lose weight. Being overweight makes it harder for your cells to use insulin, a condition called insulin resistance. Shedding extra pounds can help you control your glucose levels. Losing weight also helps you avoid other health problems, such as heart disease, osteoarthritis and hypertension. Activity helps lower cholesterol, another risk factor for heart disease.

A regular exercise program may help some people with type 2 diabetes decrease — or even stop — insulin or oral medication use.

Regular physical activity can relieve stress; strengthen your heart, muscles and bones; improve your blood circulation; and keep your joints flexible.

What kind of activity is best for me?

Find out from your health care provider what types of exercise will be safe for you. The best approach is to start at your own pace and be realistic. If you are inactive, start by taking a brisk walk for five or 10 minutes a day. You also can try to be

a little more active in the things you do every day. For instance, take the stairs when you can, get off the bus one stop earlier, do chores in the yard or house. Ideally, you should build up to 30 to 60 minutes of moderate activity most days of the week. Your activity should include exercises that build strength and increase flexibility (such as gentle stretching) as well as aerobic exercise (exercise that increases your heart rate and breathing).

Are there safety measures I should take?

Before and after exercising, measure your blood glucose level. Doing so will help you find out if it's safe for you to exercise. Do not exercise if your blood sugar level is high (greater than 300). That is a sign that your diabetes is out of control. If your blood sugar is low (less than 70), drink 4 ounces of fruit juice or take a few glucose tablets to bring your blood sugar up. It is a good idea to eat a small snack, such as a piece of fruit, before exercising. Also, drink plenty of water to prevent dehydration. If you notice signs of low blood sugar, such as shakiness, during exercise, check your blood sugar level to make sure it has not fallen too low.

There is no limit to the activities you can do. But to be safe, always talk with your doctor before you start an exercise plan. Then take one giant step into action. ■

Brown & Toland's Patient Bill of Rights

Patient Rights

The physicians of Brown & Toland Medical Group are dedicated to quality patient care. As a patient of a Brown & Toland Medical Group physician, you will receive:

- Courteous, considerate and respectful treatment at all times
- Candid discussions of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit options
- Access to preventive health care services
- Information about benefits, where and how to seek care, and the risks involved in treatment
- Timely response to requests for services, inquiries and complaints
- Second opinions when medically appropriate
- Titles and specialties of the health care professionals responsible for your care
- Privacy and confidentiality regarding your medical and health conditions
- Information regarding the medical group and health plan grievance procedures
- Recognition of your rights to make decisions regarding your medical care and to complete an advance directive, thereby extending your rights to any person who may make decisions on your behalf regarding your medical care
- The right to make recommendations to your patient rights and responsibilities

Patient Responsibilities

As your health care partner, we ask that you:

- Provide professional staff with all health care information needed to ensure the best possible outcome
- Communicate with your primary care physician when you have questions or concerns about your health care
- Adhere to instructions and guidelines given for health care services
- Cooperate with health care professionals providing service to you, except in those instances when you have exercised your right to refuse service
- Educate yourself on your health benefits and services and how to correctly obtain them

If you have questions about your benefits, call Brown & Toland Medical Group's Customer Service Department at 415.972.6002, or your health plan's member services division. ■

The California Department of Managed Health Care is responsible for regulating health care plans. The department has a toll-free number (888.HMO.2219) to receive complaints regarding health plans. If you have a grievance against a health plan, you should contact the health plan and use the plan's grievance process. You may call the California Department of Managed Health Care for assistance with an emergency grievance or a grievance that has not been satisfactorily resolved by the plan.

Why Real Men See the Doctor

It's easy to get most men to a ball game or a hardware store. But for a lot of guys, a trip to the doctor is not a high priority.

One reason is pride. In a culture that equates being male with being healthy and strong, a hint of vulnerability to illness might be seen as a sign of weakness.

This is dangerous thinking. Waiting until you are ill before you see your health care provider can put your health in jeopardy.

If you let shortness of breath or chest discomfort go unchecked, you might face a heart attack. A change in bowel habits could warn of diseases like colon cancer. Headache or dizziness might stem from high blood pressure, which can lead to kidney damage and stroke. Blood in the urine



can mean a kidney stone or prostate cancer, and it's always cause to visit a doctor.

But seeing the doctor also can aid your peace of mind. Symptoms that could signal a serious illness also can point to simple, easily treated problems. That blood in the urine, for instance, could come from an infection.

"I think men are getting better at seeing the doctor, but there's still hesitancy and denial," says Larry S. Fields, M.D.,

president of the American Academy of Family Physicians. "Many men still have to be pushed to the doctor by their wives or children."

It's not just better for a man's health if he visits a doctor. It's better for his son's health, too. Boys often model their fathers' behavior. If dad sees the doctor, there's a better chance his son will grow up to do the same.

"There's a rather good and simple reason for men to see their doctors,"

I think men are getting better at seeing the doctor, but there's still hesitancy and denial.

— Larry S. Fields, M.D.,
president of the
American Academy
of Family Physicians.

Getting the Most From Your Mammogram

There are lots of reasons for putting off a mammogram: You're nervous. You're shy. You're busy. Or you just don't like it.

There's also one great reason for not putting it off: Mammograms save lives.

"Regular mammograms are the best way we have right now of detecting breast cancer early, when tumors are smaller and treatments can be less invasive," says Elizabeth Woolfe, manager of education and special projects for the National Alliance of Breast Cancer Organizations in New York City. "Every woman should know how to make the most of this important tool."



Mammograms aren't fun, "but they're not something to be feared, either," says Ms. Woolfe. "If there's discomfort, it usually lasts no more than a few seconds, and that's a very small price to pay for peace of mind."

Instead of avoiding the test, Ms. Woolfe says, "take charge of the process. Learn how to make the experience of getting a mammogram a positive one, so you'll make the effort to do it regularly and do it right."

Dr. Fields says. “It gives the doctor and the patient the opportunity to catch a problem early, leading to a better quality of life — and a longer life, too.”

Tests you need

The U.S. Preventive Services Task Force recommends that men get regular screening for certain diseases and medical conditions. Talk to your health care provider if you have questions about which screenings are appropriate for you.

• **Cholesterol.** You should have your cholesterol checked at least every five years, starting at age 35. If you smoke, have diabetes or if you have a family history of heart disease, you should have your cholesterol checked beginning at age 20.

• **Blood pressure.** You should have your blood pressure checked every two years.

• **Colorectal cancer.** Screening for this cancer should begin when you are 50.

• **Diabetes.** You should be screened for diabetes if you have high blood pressure or high cholesterol.

• **Depression.** Talk to your doctor if you feel sad or hopeless, or if you have lost interest in normal activities for two weeks straight. You may have depression.

• **Sexually transmitted diseases (STDs).** Talk to your doctor to see if you should be screened for any STDs, such as HIV.

• **Prostate cancer.** Talk to your doctor about whether you should be screened for this type of cancer.

Staying healthy

Here are recommendations from the Agency for Healthcare Research and Quality:

• **Don't smoke.** If you do smoke, talk to your doctor about how to quit.

• **Follow a healthy diet.** Your diet should include a variety of foods, including fruits, vegetables, whole grains and protein. Watch how much saturated fat you eat.

• **Be active.** Pick an activity you enjoy and stick with it. Try for a total of 20 to 30 minutes of moderate activity most days of the week.

• **Maintain a healthy weight.** Balance the amount of calories you eat with the amount of activity you get.

• **Don't drink or drink in moderation.** If you drink alcohol, have no more than two drinks a day. A drink is 12 ounces of beer, 5 ounces of wine or 1.5 ounces of distilled spirits.

• **Keep your immunizations up to date.** Talk to your doctor about which immunizations you may need.

• **Consider taking aspirin.** Talk to your doctor about taking aspirin to prevent heart disease if you are older than 40. ■

Boys often model their fathers' behavior. If Dad sees the doctor, there's a better chance his son will grow up to do the same.



Give yourself an edge

All mammography equipment must be certified and inspected annually by the U.S. Food and Drug Administration (FDA).

But because a mammogram can give you only a picture of how your breasts appear at a certain point in time, you must provide the context so the radiologist and your doctor can note and track any changes that occur.

For the best results:

• **Get regular mammograms** as recommended by your health plan, your doctor or a national health organization. Regular clinical breast exams and self-exams also provide important information about any changes in your breasts.

• **Schedule for comfort.** Ask for an appointment the week after your period, when your breasts are less tender.

• **Dress for success.** Wear a two-piece outfit with a top you can slip out of easily.

• **Make sure the radiologist has your previous films.** If you change

facilities, have your old X-rays sent to you and bring them to your next mammogram.

• **Tell your doctor and the radiologist about any concerns you have** about your breast health — particularly if you have noticed something unusual.

Regular mammograms are the best way we have right now of detecting breast cancer early, when tumors are smaller and treatments can be less invasive.

— Elizabeth Woolfe, manager of education and special projects for the National Alliance of Breast Cancer Organizations

• **Make sure your doctor and radiologist know about any issues in your health history** that can aid in interpreting results.

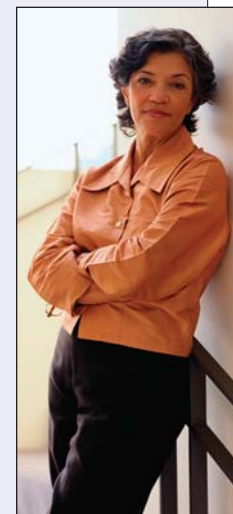
After your screening, it's also important you follow up, Ms. Woolfe says. The FDA requires results to be mailed to you, and many facilities also will phone you with them. If you don't hear within 10 days, call the facility yourself.

Sometimes, the radiologist will ask you to schedule another appointment so additional pictures can be taken. Usually, this is to clarify an indistinct image and shouldn't be cause for alarm. To keep delays and stress to a minimum, make the appointment promptly and keep it.

If the radiologist identifies something in your mammogram that needs additional evaluation, you'll be referred to a specialist. Your primary care physician or OB/GYN will make the referral, but, once again, it will be up to you to make and keep the appointment.

At any point, feel free to ask questions about what's happening and why.

“It's your life and your health. Empower yourself to feel in control,” says Ms. Woolfe. ■



Mammograms are a small price to pay for peace of mind.

A Woman's Guide to Beating Heart Disease

Surveys show fewer than one in 10 women perceive heart disease as their greatest health threat. But it's the nation's number one killer, and women are its prime target. One in 10 women ages 45 to 64 has some form of heart disease, and this increases to one in four women after age 65. Stroke is the number three killer of women.

Every year, more women die of heart disease and stroke than men. The overall lifetime risk of dying of breast cancer for women is 3 percent. For cardiovascular disease or stroke in women, it's nearly 50 percent.

The risk for heart attack and stroke increases with age, especially after menopause. But atherosclerosis, the condition in which plaque — thick, hard cholesterol deposits — forms in artery walls to constrict or block blood flow and cause chest pain or even a heart attack, starts in the teens and 20s. That's why it's important to start protecting yourself from heart disease early.



Studies link diets high in fruits and vegetables with a reduced risk for heart disease and high blood pressure.

Check your risk

First, you should get your blood cholesterol and blood pressure checked. The higher either of them is, the greater your risk for heart disease or a heart attack. A lipoprotein profile — a blood test done after a 9- to 12-hour fast — will measure the fats in your blood to indicate the levels of HDL ("good") and LDL ("bad")

cholesterol, as well as triglycerides, another form of fat in the blood.

In general, you're at low risk if your total cholesterol is less than 200 mg/dL; LDL, less than 100 mg/dL; HDL, greater than 40 mg/dL; and triglycerides, less than 150 mg/dL.

Normal blood pressure is 119/79 or lower. People with prehypertension, a condition that indicates high blood pressure could develop in the future, have blood pressure between 120/80 and 139/89. High blood pressure, or hypertension, is 140/90 and higher.

Your doctor may advise you to make diet and lifestyle changes before prescribing medication.

The following habits can prevent heart disease:

Lose weight

Being overweight affects blood pressure, blood cholesterol and triglyceride levels. It also increases your risk for type 2 diabetes, a condition in which your body can't use insulin to help convert food to energy.

By bringing your weight to its optimal level, you'll lower your cholesterol level and blood pressure and make your body more sensitive to the effects of insulin.

A body mass index (BMI) of 25 or higher is considered overweight. To calculate your BMI, multiply your weight in pounds by 703. Divide the result by your height in inches, then divide that result by your height in inches again.

Don't worry if you need to lose a lot of weight. Even losing 5 to 10 pounds can make a difference.

Quit smoking

Smokers have more than twice the risk for heart attack as nonsmokers.



The toxins in cigarette smoke can shrink coronary arteries, making it tough for blood to circulate.

Get active

At least 30 minutes of moderate physical activity most days of the week does more than help you burn calories. It can reduce your risk for heart disease by raising your HDL and reducing LDL.

Change your fats

Switch the fat in your diet from butter and other artery-clogging saturated fats to heart-healthy, cholesterol-busting fat — such as liquid margarine, tub margarine, olive oil and canola oil. But use them sparingly.

Also, limit full-fat dairy products, fatty meats, palm oil and partially hydrogenated vegetable oils.

Eat your fruits and veggies

Eat plenty of produce — at least 2½ cups of vegetables and 2 cups of fruits daily. Studies link diets high in fruits and vegetables with a reduced risk for heart disease and high blood pressure.

Fiber up

Oatmeal, whole-grain bread and other whole-grain foods are excellent sources of soluble fiber, which helps reduce LDL cholesterol. The USDA recommends for adults about 6- to 9-ounce-equivalents of grain per day, of which half should be whole grain.

Drink alcohol in moderation

For women, that means no more than one drink per day, the equivalent of 12 ounces of beer, 4–5 ounces of wine or 1½ ounces of 80-proof spirits. ■

All About Menopause

Menopause — when a woman's body stops menstruating, ovulating and producing estrogen and progesterone — is a natural part of a woman's life. The average age that women reach menopause is 51.

The years leading up to menopause, called perimenopause, usually occur between ages 45 and 55. During this time, estrogen production declines. Perimenopause differs from woman to woman. Some women menstruate regularly until their periods suddenly stop. Others may see changes in the amount of menstrual flow or the length of time between periods. Still others have missed periods or bleeding between periods.

Although irregular periods, heavy bleeding or bleeding longer than normal often is a normal part of the years leading up to menopause, any of these also can be a warning sign of cancer. If your periods become irregular, heavier or longer than usual, or if you have bleeding between periods, keep a menstrual diary and discuss it with your health care provider, who may decide to check for uterine cancer.

Symptoms of menopause

Up to 75 percent of women have hot flashes as they approach menopause. The flashes — a sudden flushed feeling that usually begins near the chest and spreads to the neck, face and arms — usually last three to four minutes and can occur as often as once per hour or as infre-

quently as a few times a month. They can happen any time of the day or night. They may wake you from sleep (called night sweats). They may continue to occur for as long as five years, as your body adjusts to the ovaries' lower production of estrogen and progesterone.

Perimenopausal women may have sleep problems because of night sweats or insomnia. Lack of sleep can affect moods, health and ability to function.

Vaginal and urinary tract changes can occur as estrogen levels fall. The vaginal lining gets thinner and drier. Sexual intercourse can be uncomfortable, but this can be relieved by using over-the-counter, water-soluble lubricants. The lining of the urinary tract also becomes thinner, and tissue supporting the bladder may weaken. These changes can cause urine to leak with sneezing, lifting or other exertion. This is called stress incontinence and can be helped by doing Kegel exercises.

Health risks

A woman's risk for heart disease and stroke increases after menopause. Natural estrogen may help to protect the heart and blood vessels by decreasing the LDL

("bad") cholesterol and increasing the HDL ("good") cholesterol in the blood and by having positive effects on blood vessels. Although hormonal therapy (HT) may help relieve menopausal symptoms, it does not appear to prevent heart disease and increases the risk for breast cancer. You can take other steps to reduce your risk for heart disease after menopause by eating a healthy diet, exercising regularly, maintaining a healthy weight, avoiding smoking and, if you have diabetes or high blood pressure, following your treatment plan.

Until a woman turns 30, her body builds bone; after age 30, bone is broken down faster than it is replaced. Mild bone loss will not cause problems, but when the loss becomes excessive, bones weaken and fractures occur. Eating a diet that provides 1,200 to 1,500 mg of calcium a day and 400 to 800 IU of vitamin D (or taking equivalent amounts in supplements), doing weight-bearing exercises and taking medications that help build bone can help prevent excessive bone loss and fractures.

Oral HT can relieve vaginal dryness, reduce or end hot flashes and help bladder symptoms. HT, however, increases other health risks. For vaginal dryness and urinary incontinence, a prescribed vaginal cream containing estrogen may be helpful. Water-based lubricants, such as K-Y Jelly, Astroglide, Replens or Surgilube, can make sexual intercourse less painful. Talk to your health care provider to find out what is best for you.

Nonhormonal measures also are available to help relieve menopausal symptoms. Herbal products containing estrogen-like substances are not recommended for control of symptoms because their quality cannot be assured and many of their effects have not been studied. ■



You can take steps to reduce your risk for heart disease after menopause by eating a healthy diet, maintaining a healthy weight and exercising regularly.

SELF-CARE STEPS FOR MENOPAUSE

- Dress in **layers** and wear loose clothing.
- Drink plenty of **water**.
- Do weight-bearing **exercise** for 30 to 60 minutes a day most days of the week.
- Avoid **caffeine** and **alcohol**, which can intensify hot flashes and cause insomnia.
- Eat a **balanced diet** including fruits and vegetables and 1,200 to 1,500 mg of calcium and 400 to 800 IU of vitamin D a day.
- Achieve and maintain a **healthy weight**.



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