

Women's Health News



Yoga soothes worst symptoms of menopause

NEW YORK - Yoga can reduce hot flashes and night sweats among women going through menopause, and also appears to sharpen their mental function, researchers from India report. To investigate whether yoga would help women with physical and cognitive symptoms of menopause, they randomly assigned 120 menopausal women, 40 to 55 years old, to yoga practice or simple stretching and strengthening exercises five days a week for eight weeks. The postures, breathing and meditation included in the yoga intervention were "aimed at one common effect, i.e. 'to develop mastery over modifications of the mind' ... through 'slowing down the rate of flow of thoughts in the mind,'" the researchers explain. Women in the yoga group also listened to lectures on using yoga to manage stress and other yoga-related topics, while those in the control group heard lectures on diet, exercise, the physiology of menopause, and stress. Fewer hot flashes, better concentration

After eight weeks, women in the yoga group showed a significant reduction in hot flashes, night sweats, and sleep

disturbances, while the women in the control group did not, Dr. R. Chattha, of the Swami Vivekananda Yoga

Anusandhana Samsthana in Bangalore, India, and colleagues found. Both groups showed improvements in a test of attention and concentration, although improvement in the yoga group was significantly greater. In a test of memory and intelligence with 10 components, the yoga group improved on eight, while the control group improved on six. Improvements were significantly greater in the yoga group than in the control group on seven of the subtests. "The present study shows the superiority of yoga over physical activity in improving the cognitive functions that could be attributed to emphasis on correctness in breathing, synchronizing breathing with body movements, relaxation and mindful rest," the researchers suggest.



History of Women in Medicine: Mary Putnam Jacobi



**M a r y
C o r i n n a
P u t n a m
P u t n a m**
(August 31, 1842 – June 10, 1906) was an American p h y s i c i a n ,

writer, and suffragist who was the first woman to become a member of the [Faculté de Médecine de](#)

[Paris](#). The daughter of George Palmer Putnam and Victorine Haven Putnam, she was born in London, UK where her father had been living since 1841 while establishing a branch office for his New York City publishing company, Wiley & Putnam. Mary Putnam's parents returned to the United States in 1848 and she spent her childhood and adolescence in New York city. She graduated from the New York College of Phar-

macy in 1863 and with her M.D. from the Female (later Women's) Medical College of Pennsylvania in 1864. She did further studies in Paris, France where she applied and was admitted to the "École de Médecine." After returning to the United States, she set up a medical practice in New York City. In 1872 she organized the Association for the Advancement of the Medical Education of Women, serving as its presi-

dent from 1874 to 1903. In 1873, Mary Putnam married Dr. Abraham Jacobi who is often referred to as the "father of American pediatrics." She died in New York city in 1906, considered the foremost female physician of her era.

Minority, Single Women, Teenagers in New Jersey Less Likely Than Others To Receive Prenatal Care, Report Finds

Teenagers, minorities and single women in New Jersey all have a higher risk of poor birth outcomes and also are less likely than others to receive early prenatal care, according to a report released on Wednesday by state Health Commissioner Heather Howard, the Newark [Star-Ledger](#) reports. In February, Howard appointed the Prenatal Care Task Force to recommend ways to improve access to early prenatal care and examine the racial and ethnic disparities in the state. The task force report, based on data from 1990 to 2004, found that across all racial and ethnic groups, uninsured women had the lowest rate of

trimester prenatal care at 73% and that women with private insurance had the highest rate at 96%. The overall average for prenatal care was 89%. The task force recommended increased preconception health awareness, promotion of equity in birth outcomes and assurance of availability of early prenatal services for women living in areas with hospital closures or reductions in obstetrical services. Howard will present the findings on Thursday at the University of Medicine and Dentistry of New Jersey's Ninth Annual Perinatal Health Disparities Conference (Stewart, Newark [Star-](#)

[Ledger](#), 9/3).

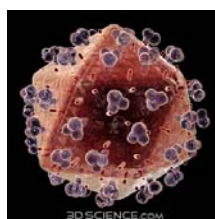
The report can be seen at this website: http://www.state.nj.us/health/fhs/documents/task_force_report.pdf



Sexual Activities Other Than Intercourse Carry Risk of HIV, Other STIs, Study Finds

Sexual activities other than intercourse carry some risk of HIV and other sexually transmitted infections, according to a report from the American College of Obstetricians and Gynecologists published recently in the journal *Obstetrics and Gynecology*, [Reuters](#) reports. An ACOG expert committee said that although many people engage in "noncoital" sexual activities -- such as oral sex, mutual masturbation and anal sex -- in an attempt to prevent pregnancy and reduce the risk of STIs, these sex acts still come with varying degrees of STI risk, and it is important for people to protect themselves. Richard Guido and colleagues wrote in the report that "[n]oncoital sexual activity is

not necessarily 'safe sex.'" Guido added, "Most people, including adolescents, are unlikely to use condoms during oral sex, which places them at risk for acquiring" an STI. He added, "This unlikelihood is partly because of a greater perceived safety compared with intercourse." In terms of HIV transmission, ACOG said that receptive anal sex carries the highest risk, followed by



receptive vaginal sex. There also have been HIV cases linked to oral sex, according to the report. In the report, the panel advises

physicians to ask both adult and teenage patients about all of their sexual activities and to counsel them on how to reduce the risk of STIs. Guido said that although this "is a sensitive issue to address for both patients and physicians, it's important to discuss frankly and without judgment so that we can help our patients fully protect themselves" against STIs. The panel also recommends "correct and consistent" condom use for all types of sexual activity, but particularly for vaginal and anal sex. Other ways to curb STI transmission include staying in a mutually monogamous relationship and getting tested for STIs before starting a new relationship, the panel said ([Reuters](#), 9/2).

The Healthy Body Break—Change up your usual routine for even better weight loss results



Kristina e-mailed to ask, "I heard that taking a week off every two weeks will 'shock my system' into losing weight faster. Is that true?" Unfortunately, no. Taking a day or two off each week is healthy and aids weight loss by allowing muscles to repair. But regular weeklong breaks will likely slow your weight loss and may even negate some of the many health benefits of your workout, such as lowering your risk of heart disease. Instead, challenge your body in new ways to work more muscles

and keep your routine fresh. These strategies can help shift your metabolism into high gear. **Try a new toy** Research shows that even traditional moves, like the bench press, are up to 62 percent more effective when done on a fitness ball. Or use a weighted medicine ball to add flowing movements that tone your body from head to toe while keeping joints healthy and injury free. **Do something different** To burn as many calories as you would by running—without the stress on your joints—try in-line skating. If you don't have a pair, find a local skating center with rentals at [seskate.com](#). Get more oomph from an everyday walking work-

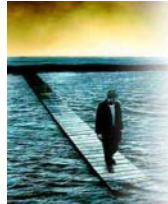
out by hiking on hilly terrain. Or, if you never touch the incline on your treadmill, bump it up to 5 percent, and you'll burn 50 percent more calories at the same pace. **Stand on one foot** That wobbling means you're recruiting more muscles in your legs and core for extra toning throughout your workout. Try it while doing any upper-body move: arm curls, side raises, or overhead presses (switch legs halfway through the set). Chris Freytag is a board member of the American Council on Exercise, the star of many Prevention Fitness Systems DVDs, and author of *Prevention's Shortcuts to Big Weight Loss*

CDC: 1 in 20 Americans Depressed -Work, Home, and Social Life Suffers as a Result of Untreated Depression

More than one in 20 Americans aged 12 and older are depressed, according to the latest statistics from the CDC. Of them, 80% report some level of functional impairment because of their illness, with 27% reporting that it is extremely difficult to work, get things done at home, or get along with others because of the symptoms of their depression. "Reflecting this high rate of functional impairment, almost two-thirds of the estimated \$83 million that depression cost the United States in the year 2000 resulted from lowered productivity and workplace absenteeism," say study authors Laura A. Pratt, PhD, and Debra J. Brody, MPH, both at the CDC. The authors culled data from the National Health and Nutrition Examination Survey from 2005-2006, which comprised a nine-item screening tool asking about depressive symptoms during the past two weeks. Rates of depression were higher in women and baby boomers aged 40-59 and non-Hispanic black people than other demo-

graphic groups, the study shows. And rates of depression were higher among poor people when compared to people with higher incomes. A treatment gap also exists. Only 29% of depressed individuals said that they contacted a mental health professional in the past year, and just 39% of people with severe depression contacted a mental health professional in the past year. Overall, "these numbers are a bit lower than what we've seen in the past, but about five or more percent of people are currently depressed -- that's one in 20 people who are impaired by an illness," says Donald Malone, MD, the section head of adult psychiatric services at the Cleveland Clinic in Ohio. "If any other medical illness affected this many people, it would be a national crisis; but the reality is that depression is looked at differently and we don't hear those outcries for better treatment." The stigma that is still at-

tached to depression may be partially to blame. "Many people still come in and say 'depression is not real. It's a character flaw and people in my family say snap out of it,'" he says. The bottom line? "People will not disclose something they feel stigmatized for." Exactly how to lift the stigma associated with depression is a work in progress, he says. "Continuing to get the word out that this is an illness and something that is treatable with psychotherapy and medications is helpful," he says. "Depression is something real, not a character flaw or just who you are. It's an illness and we can make a difference." Another tactic, he says, is to approach employers and let them know that one of 20 people working for them is not very productive because he or she is suffering from a treatable illness. This may encourage employers to develop programs that screen for and encourage treatment for depression.



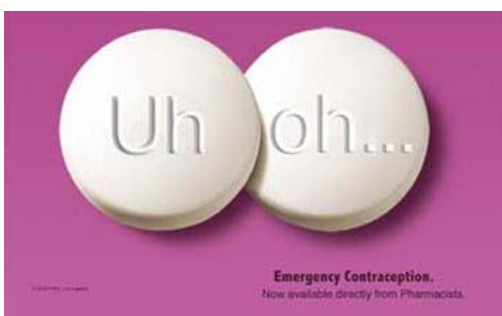
Urban teens misunderstand 'morning-after pill'

Minority girls don't know how emergency contraception works, study says

New York - Urban-living minority girls appear to lack general knowledge about emergency contraceptive pills — more commonly known as the "morning-after" pill, new research hints. Morning-after pills, which are taken after intercourse, consist of hormones that prevent a pregnancy from occurring. Since they can be taken immediately after intercourse (instead of waiting until the "morning after"), some doctors prefer the term "emergency contraception." The emergency contraceptive pill is a safe and effective means of preventing pregnancy for up to 5 days after unprotected intercourse or when other forms of contraception, such as birth control pills or condoms, have not been effective, Dr. Cynthia J. Mollen of Children's Hospital of Philadelphia in Pennsylvania told Reuters Health. Yet, "multiple misconceptions" about

emergency contraceptive pills exist, Mollen said. Mollen and colleagues assessed the knowledge of, and attitudes toward, emergency contraceptive pills among 30 English-speaking black girls between 15 and 19 years old who sought emergency department care. Sixteen of the girls said they were sexually active — 5 with a history of pregnancy — and 14 said they were not sexually active, the investigators report in the medical journal *Pediatrics*. In hour-long interviews with each girl, the researchers learned that 94 percent of the sexually active girls had at least heard of the morning-after pill, Mollen said. However, 40 percent of these young women were unable to answer follow-up questions on how the pills work. Among girls who were not sexually active, 50 percent had never heard of the morning-after pill, and just 4

girls who had heard of this form of contraception knew when to use it or how to obtain it. Mollen's group found only 7 girls (5 sexually active and 2 not sexually active) who knew of the Food and Drug Administration approval of non-prescription Plan B — a brand name emergency contraception pill for women age 18 and older. Many of the adolescents said emergency contraceptive pill users should feel embarrassed and thought healthcare providers would likely call users' parents or caregivers. The girls' also expressed concerns about side effects, including those not known to occur with the morning-after pill, Mollen said. By identifying specific barriers to the use of emergency contraception in this population, Mollen notes, "we provide a framework for future interventions aimed at increasing emergency contraception pill use."



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Women's Health Seminar Series

Held during the Evenings,

5:30PM-7:00PM

SACB,

Queen Lane Campus

and videoconferenced to the New
College Building, Microbiology
Conference Room

(refreshments are served
at both sites)

Open to anyone

interested in attending. A list of
dates and topics is available at the
WHEP website

For more information, please visit
our office, call, or email.

Begun in 1993 as a vanguard innovative educational center to address holistic, contextual comprehensive care to women and girls, the Women's Health Program of Drexel University College of Medicine is part of a nationally designated Center of Excellence in Women's Health. In addition to curricular efforts, community health outreach programming, and community participatory health services research, WHEP maintains an existing resource listing that includes articles, books, videotapes, and journals, that address sex and gender medicine.

If you're interested in more information, please see our resources on the WHEP website at <http://webcampus.drexelmed.edu/whep/index.html>

If you're looking for information about girls' or women's health topics; information about health fairs or community activities or health education research; or just information about our bulletin boards or how to get involved, please stop by and visit us at room 228 Queen Lane, or call/email us anytime for more information.

New Screening Catches More Breast Cancers

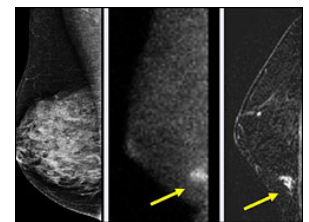
WEDNESDAY, Sept. 3 (HealthDay News) -While tremendous progress in screening and treatment for breast cancer has been made in recent years, some 184,000 new cases of breast cancer will be diagnosed in the United States in 2008, and about 41,000 women will die of the disease. Researchers are now focusing their efforts on reducing these numbers even further. Four studies being presented this week at the American Society of Clinical Oncology's 2008 Breast Cancer Symposium in Washington, D.C., highlight both areas of progress and areas that need extra emphasis. A screening technique known as molecular breast imaging (MBI) detected three times as many breast cancers in women who have dense breasts and who are at a higher risk of developing the disease. These findings suggest that MBI could one day be added to conventional mammography. Using an injected radiotracer (provided, for this study, by Bristol-Myers Squibb), MBI is able to detect differences in the behavior of cancer tissue as compared to normal tissue. In this study, MBI detected 10 of 13 cancers among 375 patients completing a 15-month follow-up period. Mammography, by contrast, detected three of 13 cancers. "If we had had a combination of both techniques, we would have detected 11 of 13 cancers," said study author Carrie B. Hruska, a research fellow in the department of radiology at the Mayo Clinic in Rochester,

Minn. "MBI detected more cancers than screening mammography but didn't produce more false positive results." Hruska spoke at a Wednesday teleconference with authors of the three other studies. Also, the number of biopsies that actually resulted in cancer was much higher with MBI (28 percent) than with mammography (18 percent). "Based on the results, MBI has shown great promise as a valuable adjunct to screening mammography in women with dense breasts and who are at an increased risk of developing cancer," Hruska said. But while relatively inexpensive and easy to use, MBI is not yet widely available. "This is an area that is very important, and where we really need to do further work," said Dr. Eric Winer, moderator of the teleconference and director of the breast oncology center at Dana-Farber Cancer Institute in Boston. A second study, conducted by researchers at Johns Hopkins University, debunks the long-held notion that women in rural areas are more likely to choose mastectomy over lumpectomy because of difficulty traveling to radiation facilities. Radiation is considered standard-of-care for women after they have received a breast-conserving lumpectomy, although not for women who undergo a mastectomy. There were no notable differences between radiation rates following lumpectomy for women in rural areas as compared with women in urban areas, although

the study did confirm that more women in rural areas (59.9 percent) opted for mastectomy, versus 44.9 percent of women in urban areas. "The disparity . . . is not necessarily due to the availability of radiation therapy but to other factors," said study author Dr. Lisa K. Jacobs, an assistant professor of surgery at Johns Hopkins University in Baltimore. "This would seem to suggest that if a woman in a rural area chooses to have a lumpectomy, she will most likely not fall through the cracks in terms of getting radiation, which is somewhat reassuring," Winer said. "But it would be interesting to look at this further."

More information

Visit the National Cancer Institute for more on breast cancer.



The image on the left is a traditional mammogram. The image on the right is an MRI, and the center image is MBI (molecular breast imaging).