

HealthyLife®

Women's

Self-Care Guide



Telephone Numbers & Information

Emergency Medical Service (EMS): _____
Fire: _____ Police: _____ Suicide Prevention Lifeline: 988
Poison Control Center: 800.222.1222 _____
(Veterans: Press "1" to be routed to the Veterans Hotline)

Health Care Providers

Name	Specialty	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospital: _____ Pharmacy: _____
Employee Assistance Program (EAP): _____ Nurse Call Line/Veteran Tele-Nurse: _____

Health Insurance Information

Company: _____ Phone Number: _____
Address: _____
Policyholder's Name: _____ Policy Number: _____

What to Tell Your Health Care Provider

(Make copies as needed.)

Use this summary when you call or visit a doctor or health care provider. See pages 76 to 78 for more information.

Symptoms

- | | |
|---|--|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Stomach problems | <input type="checkbox"/> Muscle/joint problems |

Other problems: _____
Specific questions I have now: _____
What I need to do: _____

Medications

	Name/Dose	Name/Dose
Medications I take now:	_____	_____
	_____	_____
Medications I'm allergic to:	_____	_____
	_____	_____

HealthyLife® Women's Self-Care Guide

by *Don R. Powell, Ph.D.*
and the American Institute for Preventive Medicine

Note: This book is not meant to substitute for expert medical advice or treatment. The information is given to help you make informed choices about your health. Follow your doctor's or health care provider's advice.

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This guide is one of many self-care books and programs offered by the American Institute for Preventive Medicine. The goal of all these is to help individuals reduce health care costs and improve the quality of their lives.

HealthyLife® Self-Care Guides – These booklets address Families; Men; Children; Adolescents; Pregnancy; Seniors; and Mental Health.

Health Books – Healthier at Home®, Health at Home®, Health at Home Lifetime®, A Year of Health Hints, and 101 Ways to Well-Being.

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Introduction

As a woman, you make a lot of decisions, in both your personal and work-related roles.

You have to make decisions when you get sick, too:

- Should I go to the emergency room?
- Should I call my doctor?
- Can I wait and see if I get better?
- Can I take care of the problem myself?
- What should I do?

This self-care guide can help you. This booklet covers 35 health problems that women get and what you can do about them. Sometimes you can treat these problems with self-care. Sometimes you need medical help. This self-care guide can help you ask the right questions and find the answers to take care of your health.

Each Health Problem Has 3 Parts

- Facts about the problem: What it is, what causes it, symptoms, and treatments
- Yes or No questions to help you decide if you should get medical care fast, see your doctor, call your doctor, or use self-care
- A list of self-care treatments for the problem

The appendices include birth control options, tips to plan a healthy pregnancy, and charts for when to have common health tests. Checklists for communicating with your doctor and how to get help for violence and abuse are also included.



To learn more about topics covered in this guide and other health issues, access the websites listed on the back cover of this book.

How to Use This Guide

Find the problem in the Table of Contents. The problems are in order from A to Z. Go to the page that the problem is on. Read about the problem. Ask yourself the “Questions to Ask.” Start at the top of the flow chart and answer YES or NO to each question. Follow the arrows until you get to one of these answers:



Get Medical Care Fast

If symptoms threaten life, go to a hospital emergency department, if you can do so quickly and safely. If not, **call 911**, your local rescue squad, or an ambulance. Symptoms that threaten life include:

- No breathing and/or pulse.
- Unconsciousness.
- A very hard time breathing.
- Severe bleeding.
- Head or neck injury.
- Suicidal or homicidal gestures.

Don't call 911 or use a hospital emergency department if symptoms do not threaten life. Call your doctor right away or go to an “urgent care” center. Some hospital emergency departments have a “Prompt Care” area to treat illnesses and injuries, such as a sprained ankle. Ask your doctor ahead of time where you should go for a sprained ankle or other problems that need prompt care, but not emergency care.

Find out, now, how your health insurance covers medical emergency costs. You may need to use a certain ambulance service or urgent care center for costs to be covered by your health insurance plan.

Write phone numbers for emergency medical help near your phone and on page 1 of this book.



See Doctor

The term “doctor” can be used for:

- Your primary doctor, obstetrician/gynecologist, other health care provider, or health care team.
- Walk-in clinic, Veteran outpatient clinic (if you are a Veteran). **{Note:** Each VA facility provides complete health care for women Veterans and a Women Veterans Program Manager, who ensures that your needs are met. Or call or text the Women Veterans Call Center: 1.855.829.6636.}
- Physician's assistants (P.A.s), nurse practitioners (N.P.s), or certified nurses (C.N.s), such as a certified-nurse midwife
- Nurse Call Line or Veteran Tele-Nurse



Managed care plans have many doctors to choose from.

If your symptoms direct you to “See Doctor,” you should contact your doctor for medical advice.



Call Doctor

Call your doctor and state the problem. He or she can decide what you should do and may:

- Tell you to make an appointment to be seen.
- Prescribe treatment over the phone.
- Tell you specific things to do to treat the problem.



Use Self-Care

You can probably take care of the problem yourself if you answered NO to all questions. Use the self-care tips that are listed. But call your health care provider if you don't feel better soon. You may have some other problem.

Anemia

Anemia means that red blood cells or the amount of hemoglobin in red blood cells is low. Hemoglobin is a protein that carries oxygen in red blood cells.

Signs, Symptoms and Causes

There are many types of anemia. Common ones are low amounts of iron, folic acid (a B vitamin), and vitamin B₁₂.

In general, symptoms include:

- Tiredness.
- Weakness.
- Paleness. This could be pale skin or paleness around the gums, nailbeds, or the linings of the lower eyelids.
- Shortness of breath.
- Heart palpitations or rapid heartbeat.

With anemia from low iron, extra symptoms can occur. These include:

- Tiny cracks at the corner of the mouth.
- A smooth, sore tongue.
- Brittle nails.
- A hard time concentrating.
- Unusual cravings for ice, starch, or dirt.

In the United States, up to 20% of all women of childbearing age have this form of anemia. Only 2% of adult men do. The main cause is blood lost during menstruation. Eating too few iron-rich foods or not absorbing enough iron can make the problem worse.



Feeling tired and weak can be signs of anemia.

Pregnancy, breastfeeding, and blood loss from peptic ulcers or other medical problems, can also deplete iron levels. Older women who have poor diets, especially when they live alone, often have low iron anemia.

When folic acid is very low, extra symptoms can occur. These include:

- A smooth and tender tongue.
- Appetite loss and weight loss.
- Nausea and diarrhea.
- Headache.

Folic acid is needed to make red blood cells. Folic acid levels are low from a lack of folic acid in the diet or faulty absorption. The need for this vitamin more than doubles during pregnancy. This is often not met by diets of pregnant women. A supplement of 400 micrograms (0.4 milligrams) of folic acid per day is advised.

Females who are planning a pregnancy, should take folic acid, too. Folic acid is important when a female conceives

and during the first months of pregnancy. Low folic acid levels at these times have been linked to low birth weight and major birth defects, such as neural tube defects (spina bifida) in babies. Folic-acid deficiency can also lead to infertility and an increased risk of infection. Low levels of this vitamin are often seen among elderly women, especially those who have poor diets.



Females of childbearing age should take a folic acid supplement or vitamin with folic acid.

When vitamin B₁₂ is low, extra symptoms can occur. These include:

- Chest pain on exertion.
- Swollen red tongue or bleeding gums.
- A hard time concentrating.
- Appetite loss and weight loss.
- Nausea and diarrhea.

When vitamin B₁₂ is very low, nervous system problems can occur, such as:

- Numbness and tingling in the hands and feet.
- Walking and balance problems.
- Memory loss, confusion, dementia or psychosis.

One form of vitamin B₁₂ deficiency anemia is pernicious anemia. This is usually caused when the body doesn't absorb vitamin B₁₂ from food. It can result from a lack of digestive acids and a substance called the intrinsic factor. Both are needed to absorb vitamin B₁₂. Other causes are surgery that removes part or all of the stomach and autoimmune problems that cause cells in the stomach's lining to shrink. Vitamin B₁₂ is found only in animal foods. It is not in plant foods unless the vitamin is added, such as in some cereals.

Other Types of Anemia

■ Sickle cell anemia.

This is an inherited disorder that affects the red blood cells' ability to carry oxygen to the body's tissues.

■ Aplastic anemia.

This is a serious disease of decreased bone marrow production.



Sickle cell anemia occurs mostly in African Americans, but can occur in other ethnic groups, too.

Treatment

Anemia shares symptoms with many health problems. It needs to be diagnosed by a doctor. Treatment for it depends on the type and what caused it. This includes:

- Treating the problem that caused it.
- Eating a proper diet and taking vitamin and/or mineral supplements, as prescribed. **{Note:** Don't take iron supplements on your own. Persons with a genetic illness called **hemochromatosis** (iron overload disease) can be harmed with iron supplements.}
- Getting vitamin B₁₂ shots, if needed.

Persons with severe anemia may need one or more blood transfusions.

Questions to Ask

Do you feel very weak and have any of these problems?

- Palpitations. Fast or irregular heartbeat.
- You feel faint and breathless.
- Chest pain occurs with exertion.
- Memory loss. Confusion.
- Dementia. Psychosis.

YES



NO

With blood in the stools or urine, black, tarlike stools, or heavy vaginal bleeding, do you feel lightheaded, weak, short of breath, and/or do you have severe abdominal pain?

YES



NO

Flowchart continued on next page

Also, alcohol, certain drugs, large amounts of aspirin, and some chronic diseases can cause anemia.

Flowchart continued

Do you feel weak and do you have any of these problems?

- You feel dizzy with exertion or when you stand up.
- Red dots of bleeding under the skin.
- Ulcers in the mouth, throat, or rectum.
- Bruising that occurs without reason.
- Ringing in the ears.

YES



NO

Do you feel tired and weak longer than 2 weeks after using self-care measures?

YES



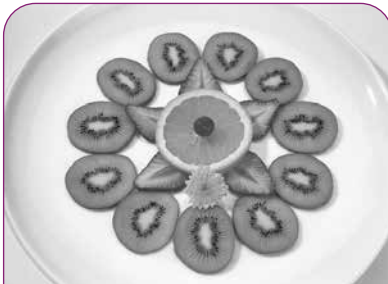
NO



Self-Care

To Get and Absorb Iron

- Eat foods that are good sources of iron: green leafy vegetables, lean red meat, beef liver, poultry, fish, wheat germ, oysters, dried fruit, and iron-fortified cereals.
- Eat foods high in vitamin C, such as citrus fruits, kiwi, tomatoes, strawberries, broccoli, and green or red bell peppers.



Vitamin C helps your body absorb iron from plant foods.

- If you drink tea, drink it between meals. Tannins in tea block iron absorption. Or add milk to tea. The calcium in milk binds with the tannins. (Herbal tea does not have tannins.)
- Take the supplements your doctor advises. *{Note: High levels of iron in the blood may increase the risk for heart attacks. This is especially a concern if you have gone through menopause.}*
- Avoid antacids, phosphates (which are found in soft drinks, beer, ice cream, candy bars, etc.), and the food additive EDTA. These block iron absorption.

To Get and Absorb Folic Acid

- Eat good food sources of folate every day. These include asparagus, Brussels sprouts, spinach, romaine lettuce, collard greens, and broccoli. Other good sources are black-eyed peas, cantaloupe, orange juice, oatmeal, and whole-grain or fortified cereals.
- Eat fresh, raw fruits and vegetables often. Don't overcook food. Heat destroys folic acid.
- Take the supplement your doctor advises.
- Don't smoke or drink alcohol.

Tips for Getting Vitamin B₁₂

- Eat animal sources of food. Good choices are lean meats, fish, poultry, nonfat or low-fat dairy products.
- Strict vegetarians (vegans) who eat no animal sources of food should get vitamin B₁₂ from a supplement or foods fortified with it, such as cereals or plant-based milks or nutritional yeast.

For Information, Contact:

National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov

Breast Lumps & Breast Cancer

Breast Lumps

Feeling a lump in a breast can be scary. For a lot of women, the first thought is cancer. The good news is that 80% to 90% of breast lumps are not cancer.



If you feel a lump in your breast, don't panic! Call your doctor.

Signs, Symptoms, and Causes

- **Solid tumors.** These include:
 - **Lipomas.** These are fatty tumors that can grow very large. They are usually benign.
 - **Fibroadenomas.** These lumps are round, solid, and movable and are usually benign.
 - **Cancerous lumps.** Often, these are firm to hard masses that do not move when felt. They are often an irregular shape.
- **Cysts.** (These can be very small and diffuse, as in fibrocystic breast disease). These cysts:
 - Are fluid filled sacs.
 - Are painful and feel lumpy or tender.
 - Can occur near the surface of the skin of the breast and/or be deep within the breast. This second type may need to be tested with a biopsy to make sure it is benign.

- **Nipple-duct tumors.** These tumors occur within the part of the nipple that milk flows through. They cause a discharge from the nipple. These tumors should be removed by surgery.

In rare cases, a bloody discharge from the nipple could be a sign of cancer.

Diagnosis

Tests can be done to help diagnose whether or not a breast lump is benign.

- **Mammogram.** This X-ray of the breast can detect breast problems before they can be felt.
- **Ultrasound.** This tells whether the lump is fluid-filled (usually harmless) or solid.
- **Needle aspiration.** With this, a needle is put into the lump to remove fluid or cells.
- **Biopsy.** There are many types. With these, a sample of the breast tissue is taken and examined.
- **Ductal lavage.** Fluid is sent through a catheter to the milk ducts. Cells inside the milk ducts are collected and checked for the risk of breast cancer.

Benign breast lumps may go away if you breastfeed for many months or take a low-dose birth control pill. Prescribed medicines can get rid of severe breast lumps. These have side effects, though.

Breast Cancer

Breast cancer is the most common form of cancer among women, except for skin cancers. It accounts for 30% of cancers women get. Each year, there are about 325,000 new cases of invasive and non-invasive breast cancer. About 42,000 women die from it. Only lung cancer causes more cancer deaths among women.

Signs and Symptoms

Breast cancer often develops without signs and symptoms. This is why screening for breast cancer is needed. See also “Signs, Symptoms, and Causes” under “Breast Lumps” on this page.

Causes and Risk Factors

Breast cancer results from malignant tumors that invade and destroy normal tissue. When these tumors break away and spread to other parts of the body, it is called metastasis. Breast cancer can spread to the lymph nodes, lungs, liver, bone and brain.

- Being a woman is the main risk factor. {*Note:* Men can get breast cancer, too. Yearly, about 520 men die from breast cancer. Men should look for and report a breast lump or other change to their doctors.}
- Increase in age. The American Cancer Society has given these figures for women’s chances of getting breast cancer:

Current Age	Chance of Breast Cancer in the Next 10 Years
20	1 in 1,479
30	1 in 209
40	1 in 65
50	1 in 42
60	1 in 28
70	1 in 25
Lifetime risk	1 in 8

Source: American Cancer Society Surveillance Research, 2019

- Changes in BRCA1, BRCA2, and other cancer genes.
- Personal history of breast cancer.
- A mother or sister has or had breast cancer.
- One or more breast biopsies were done, especially if they showed certain changes in breast tissue.
- Dense breast tissue (shown on mammograms).
- Radiation therapy to the chest before age 30.
- Never giving birth or having a first full-term pregnancy after age 30. Never breastfed a child.
- Menstruation started before age 12. Menopause occurred after age 55.

- Hormone therapy (estrogen plus progestin) after menopause and/or recent use of birth control pills may be factors.
- Being overweight or obese after menopause.
- Alcohol. The more consumed, the higher the risk.
- Race. Caucasian women have a slightly greater risk than African American, Asian, Hispanic, and Native American women.
- Eastern and Central European Jewish ancestry.
- Lack of physical activity throughout life.

Ask your doctor about your risk for breast cancer. Contact the National Cancer Institute for The Breast Cancer Risk Assessment Tool. Access www.cancer.gov/bcrisktool or call 800.4.CANCER (422.6237).

Detection

- Breast exams by a doctor or nurse and mammograms. (See “**Screening Tests & When to Have Them**” on page 75.) Have mammograms at facilities that are accredited by the American College of Radiology (ACR). Call The National Cancer Institute 800.4.CANCER (422.6237) to find ones in your area.
- Ultrasound exam.
- Magnetic resonance imaging (MRI).
- Noticing problems in your breasts. (See “**Breast Observance & Breast Self-Exam (BSE)**” on page 12.)



Get mammograms as advised by your doctor.

If you find a change in a breast or a lump, call your doctor. Additional tests can check for cancer. Most lumps that are found and tested are not cancerous.

Breast Lumps & Breast Cancer, continued

Treatment

Finding and treating the cancer early is vital. Treatment is based on the type, size and location of the tumor. It also depends on the stage of the disease and individual factors you may have.

One or More of These Treatment Methods are Used

- Surgery.
- Sentinal lymph node biopsy and surgery.
- Chemotherapy.
- Radiation therapy.
- Targeted therapy. This kills cancer cells but not normal cells.
- Hormone therapy.
- Immunotherapy.
- Stem cell or bone marrow transplant.
- Clinical trials.



Ask your doctor about the benefits and risks for each type of treatment and decide which options are best for you.

Do your nipples become drawn into the chest or inverted totally? Do they change shape or become crusty from a discharge? Or, is there any nonmilky discharge when you squeeze the nipple of one or both breasts?

YES



NO

Has a doctor diagnosed one or more lumps in your breasts as benign? If so, do you notice any new lumps? Have any lumps changed in size? Or, are you concerned about having benign lumps?

YES



NO

Do you have pain or a constant tenderness in the breast that lasts through your whole menstrual cycle?

YES



NO

Do you have a family history of breast cancer and are you concerned about breast cancer, even if you don't notice any problems? (Your doctor can counsel you about preventive and screening programs that best suit your needs.)

YES



NO



See Self-Care on next page

Questions to Ask

Do you see or feel any lumps, thickening, dimpling, or puckering in a breast or in the underarm area? Or, do you notice any changes in the shape or contour of the breast?

YES



NO

Does your breast look red and swollen and does it feel warm?

YES



NO

Flowchart continued in next column

Self-Care

For Fibrocystic Breasts

- Get to and stay at a healthy body weight.
- Follow a low saturated fat diet. Eat soy foods.
- Do regular exercise. This can promote blood flow to your breasts.
- Limit or have no caffeine.
- Limit salt and sodium intake. This helps prevent fluid buildup in the breasts.
- Don't smoke. Don't use nicotine gum or patches.
- Take an over-the-counter pain reliever.
- Take vitamin E, as advised by your doctor.
- Wear a bra that provides good support. You may want to wear it while you sleep, too.



Be aware of how your breasts normally feel. Notify your doctor or health care provider of changes.

For Breast Pain and/or Swelling without Lesions or Redness

- For pain due to trauma or surgery, apply cold packs for the first 48 hours. Do this every 2 to 4 hours for 10 to 15 minutes at a time. After 48 hours, apply heat, such as a hot water bottle. Do this 4 times a day for 10 to 15 minutes at a time.
- For pain not due to trauma or injury, apply warm heat. Use a heating pad set on low or a hot water bottle. Do this for 30 minutes. Then apply an ice pack for 10 minutes. Repeat as often as needed.
- Take vitamins, as advised by your doctor.
- Take an over-the-counter medicine for pain and swelling, as directed.

To Reduce the Risk for Breast Cancer

- If you are at a high risk for breast cancer, ask your doctor about taking prescribed medicine, like raloxifene.
- Avoid X-rays that are not needed. Wear a lead apron when you get dental and other X-rays not of the chest.
- Eat a healthy diet, with a focus on plant sources: vegetables, fruit, whole grains, beans and lentils.
- Get to and stay at a healthy body weight.
- Do 30 or more minutes of moderate activity most days of the week. Daily is better.
- Limit alcohol intake to 1 drink per day, if any.
- Breastfeed your babies.



Eat a variety of fruits and vegetables and whole-grain breads and cereals.

For Information, Contact:

National Cancer Institute
800.4.CANCER (422.6237)
www.cancer.gov
www.clinicaltrials.gov

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
800.CDC.INFO (232.4636)
www.cdc.gov/cancer/nbccedp

Breast Observance & Breast Self-Exam (BSE)

Breast observance is being aware of how your breasts normally look and feel and checking for changes. You can do this while you shower or get dressed. A breast self-exam (BSE) is a step-by-step method to examine your breasts. **Beginning at age 20, ask your health care provider about the pros and cons of doing a BSE.** If you choose to do a BSE, use the steps given on this page. At your next health exam, show your health care provider how you do a BSE.

BSE Steps

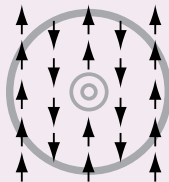
Examine your breasts during times of the month when they are not normally tender or swollen. For example, if you menstruate, the best time may be within 3 days after your period stops.

1. Lie down.

Place a pillow under your right shoulder and put your right hand behind your head.



2. Move the pads of your left hand's 3 middle fingers, held flat, in small, circular motions as you start to feel your right breast tissue.



3. Use this circular motion in an up and down pattern as you check the entire breast area.

This includes the area from as high up as your collarbone to as low as the ribs below your breast; and from your right side (imagine a line straight down from under your arm) across the breast to the middle of your chest bone.

Feel every part of the entire area you check with 3 different levels of pressure:

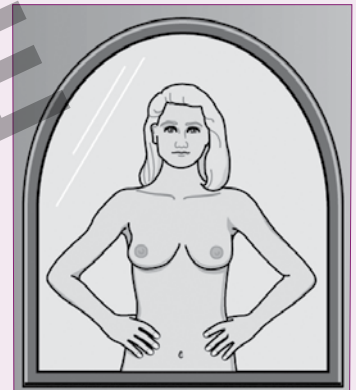
- Light – Feel the tissue closest to the skin.
- Medium – Feel a little deeper than the skin.
- Firm – Feel the tissue closest to your chest and ribs.

4. Squeeze the nipple gently. Check for a clear or bloody discharge.

5. Repeat steps 1 to 4 for the left breast using the finger pads of your right hand.

6. Stand in front of a mirror. Press your hands firmly on your hips. Look for:

- Any changes in the size, shape or contour of your breasts
- Puckering, scaling or redness of the skin
- Nipple changes or discharge



7. Sit or stand. Raise your arm slightly. Examine each underarm area for lumps or changes.

If you find a lump or any change in the way your breasts normally look or feel, let your health care provider know right away. Most lumps that are found and tested are not cancer.

Cervical Cancer

The cervix is the lower, narrow part of the uterus. Cancer of the cervix can occur at any age. It occurs most often in women who are over 30 years old. It is rare in women under the age of 20, but is also common in women in their 20s.

Signs and Symptoms

Screening tests, such as Pap tests and HPV (human papillomavirus) tests, are important because signs and symptoms are not often present in the early stages of the disease.

Late Stage Symptoms

- Vaginal bleeding or spotting blood between menstrual periods or after menopause.
- Vaginal bleeding after sex, douching, or a pelvic exam.
- Vaginal bleeding that is not normal for you.
- Increased vaginal discharge.
- Pain in the pelvic area.
- Pain during sex.
- Blood in the urine.
- Signs of anemia (fatigue and dizziness).
- Poor appetite and weight loss.

Causes & Risk Factors

- The main risk factor is being infected with human papillomavirus (HPV). This is passed from one person to another during sex. There are many types of HPV. Certain high risk types cause most cervical cancers. Other types increase the risk for genital warts or other conditions that are not cancer. Not all women who are infected with HPV get cervical cancer and HPV is not present in all women who have cervical cancer either.

The risk increases for persons who:

- Started having sex at an early age.
- Had or have sex with multiple sex partners. The more partners, the greater the risk.
- Had or have sex with a partner who: has HPV, began having sex at a young age, and/or has or had many sexual partners.
- Had unprotected sex.
- Not having routine Pap tests. These screen for abnormal cells that can turn into cancer. It can take several years for this to occur, but could happen in a short period of time, too. These changing cells can be treated so they don't turn into cancer.
- Having a current or past sexually transmitted infection (STI), such as chlamydia. Having one kind of STI increases the risk of having another kind.
- Smoking.
- Long-term use of oral contraceptives.
- Being the daughter of a mother who took a drug known as DES during her pregnancy. (This drug was used from 1940 to 1970 to prevent miscarriages.)
- Taking drugs or having HIV/AIDS or any other condition that lowers the immune system.



Prevention

Two or three doses of HPV vaccine can help prevent the most common types of HPV that can cause cervical cancer and genital warts. The vaccines are advised for girls ages 11 to 12 years old, but can be given from age 9 years to age 26 years. Find out more about HPV vaccine from www.cdc.gov/hpv.

Treatment

If found early, the cancer can be cured in most women. To find it early, have regular cervical cancer screenings. (See “**Screening Tests & When to Have Them**” on page 75). Get tested for human papillomavirus (HPV), chlamydia, and other sexually transmitted infections (STIs), as advised by your doctor.

Treatment depends on what is found. The precancerous form of cervical cancer is called dysplasia. Mild cases of this can be monitored with more frequent Pap tests. Medical treatment can also be given. This includes laser therapy and removing part of the cervix. Surgery, radiation therapy, targeted therapy, immunotherapy, and/or chemotherapy also treat cervical cancer.

If the cervical cancer has not spread and a woman wants to get pregnant in the future, just part of the cervix may be removed. If a woman does not want a future pregnancy, a hysterectomy may be chosen.

Questions to Ask

Are late stage symptoms of cervical cancer listed on page 13 present?

YES



NO

Are you age 21 to 65 and have you not had a Pap test for 3 or more years?
Or, are you age 30 to 65 and have you not had a Pap test and HPV testing for more than 5 years?

YES



NO



See Self-Care in next column

Self-Care

- Have Pap tests and pelvic exams as often as your doctor advises.
- Use “Safer Sex” to help prevent HPV and other STIs. (See pages 58 and 59.)
- Get tested for HPV, as your doctor advises. Tell your partner(s) to get tested, too.
- Ask your doctor about getting the HPV vaccine.
- Don’t douche. If you do, don’t do this more than once a month.
- Don’t smoke or use tobacco. If you do, quit!



If you have a low income, or do not have health insurance, you may be able to get a free or low-cost Pap test through the National Breast and Cervical Cancer Early Detection Program. To find out if you qualify, call 1-800-CDC-INFO (232-4636).

For Information, Contact:

National Cancer Institute
800.4.CANCER (422.6237)
www.cancer.gov
www.clinicaltrials.gov

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
www.cdc.gov/cancer/nbccedp

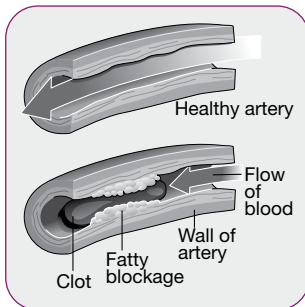
National Cervical Cancer Coalition
www.nccc-online.org

Chest Pain & Heart Disease

Chest pain can be a warning sign for many things. It is often linked to a heart attack, especially in men. Women should be just as concerned. Heart disease is the number one cause of death for women in the U.S.

Causes

Heart disease is caused by atherosclerosis. This is the buildup of plaque in the inner walls of the arteries. The plaque is made up of blood, platelets, cholesterol, fibrous tissue, and sometimes, calcium. Blood flow to the heart is slowed or blocked. Besides heart disease, chest pain can also be a symptom of:



- Mitral valve prolapse (MVP), a heart-valve problem.
- Bronchitis, pneumonia, lung injuries, etc.
- Heartburn or a hiatal hernia.
- Shingles.
- A pulled muscle or even swallowing too much air.

Signs & Symptoms of Heart Disease

- **For Angina.** With this, the heart does not get as much blood and oxygen as it needs for a given level of work. This causes pain, discomfort, or a squeezing pressure in the chest. Aching in a tooth, jaw or neck can also occur. Symptoms usually go away with rest and/or nitroglycerin. Angina attacks may occur with anger, excitement, or exertion, such as walking up a hill.

■ For a Heart Attack:

- Chest pressure or pain (may spread to the arm, neck, back, tooth or jaw).
- Feelings of chest tightness, squeezing, or heaviness that last more than a few minutes or go away and come back.
- Chest discomfort with: shortness of breath, nausea, sweating, fast or uneven pulse, or fainting.
- Unusual chest, abdominal or stomach pain.
- An uneasy feeling in the chest with: fluttering or rapid heartbeats, extreme fatigue or weakness, unexplained or extreme anxiety, or severe indigestion that doesn't go away with an antacid.
- Dizziness, nausea, trouble breathing, jaw or arm pain without chest pain.

{**Note:** For any of these signs, don't delay. **Call 911 right away!**} After your call:

- Chew 162-325 mg uncoated aspirin (up to 4 baby aspirins), unless you are allergic to aspirin.
- Be sure to tell the EMS driver that you are having chest pain.

- **For Heart Failure.** With this, the heart “fails” to supply the body with enough blood and oxygen for its needs. This develops slowly. It becomes chronic. Symptoms are: shortness of breath, feeling very tired or weak, swelling in the lower legs, ankles, and feet, dry cough or one with pink, frothy mucus, rapid weight gain, and a fast heartbeat.

Treatment

Heart disease needs medical treatment. It is not always easy to know whether or not to seek medical care for chest pain. When in doubt, check it out. Prompt medical treatment for a heart attack or severe lung injury could be life-saving.

Chest Pain & Heart Disease, continued

Questions to Ask

Do you have any “Signs & Symptoms–For a Heart Attack” listed on page 15?

YES



Call 911

NO

Does the chest pain occur in a person who has had a recent operation or illness that has kept her in bed?

YES



Call 911

NO

Does the chest pain occur in a person with a history of heart problems or in a person with angina and does it not respond to medicine?

YES



Call 911

NO

Do any of these problems occur?

- Chest pain with exertion and the pain goes away with rest.
- Shortness of breath or fatigue when doing normal activities or when lying down.
- Swelling in the legs or ankles. Shoes can feel too tight all of a sudden.

YES



Call 911

NO

Was the chest pain sudden after taking oral birth control pills or using a birth control patch?

YES



Call 911

NO

Does the chest pain worsen when you take a deep breath or touch your chest or ribs?

YES



Call 911

NO

With the chest pain, do you have a fever and/or a cough with green, yellow, or gray sputum?

YES



Call 911

NO

Does chest pain stop with antacids?

YES



Call 911

NO

Does belching and/or a burning feeling in the upper abdomen come with the chest pain? Does the chest pain come and go before, with, or after eating and does it worsen when bending over or lying down?

YES



Call 911

NO

Do all of these signs of shingles describe the chest pain?

- It's only on one side of the chest.
- It's unaffected by breathing.
- A burning feeling and a skin rash are at the pain site.

YES



Call 911

NO



Call 911

Self-Care

To Reduce the Risk of Heart Disease

- Have regular medical checkups. Get your blood pressure and blood cholesterol checked as often as advised by your doctor. Follow his or her treatment guidelines.
- Don't smoke or use tobacco. If you do, quit. Avoid secondhand smoke.
- Get to or stay at a healthy weight.

Flowchart continued in next column

- Take all medications, as prescribed.
- If you have diabetes, high blood pressure or high cholesterol, follow your treatment plan.
- Follow a diet low in saturated fats, *trans* fats, and cholesterol. Limit sodium to 1500 mg to 2,400 mg per day. Eat plenty of vegetables and fruit, fiber-rich whole grains, fatty fish, nuts, seeds, beans, lentils, and olive or canola oil. Limit processed meats and sugary foods and beverages.
- Do regular exercise.
- Avoid or limit alcohol to one drink per day.
- Manage stress. Practice relaxation techniques.



For a Pulled Muscle or Minor Injury to the Rib Cage

- Do not strain the muscle or ribs while pain is felt.
- Rest.
- Take an over-the-counter medicine for pain.

For Heartburn or a Diagnosed Hiatal Hernia

- Lose weight, if you are overweight.
- Eat 5 to 6 small meals a day and chew thoroughly.
- Avoid tobacco and alcohol. Avoid “trigger” foods, such as caffeine, spicy foods, citrus juices, chocolate, and carbonated drinks.
- Don’t bend over or lie down after eating.
- For heartburn, take antacids after meals and before going to sleep.
- Don’t have food 2 hours before bedtime.
- Do not wear tight clothes, tight belts or girdles.
- Sleep on a bed with the head raised about 6 inches.

For Anxiety and Hyperventilating

- When you hyperventilate: Open up a small paper bag. Loosely cover your nose and mouth with it. Breathe slowly into the bag. Rebreathe the air in the bag. Do this about 10 times. Set the bag aside. Breathe normally for a couple of minutes.
- Try to breathe slowly. Focus on taking one breath every 5 seconds.



Talk about your anxiety with someone you trust.

For Inflammation of the Cartilage Where the Ribs Attach to the Breastbone (Costochondritis)

- Take aspirin, ibuprofen or naproxen sodium for pain.

For Mitral Valve Prolapse (MVP)

- Follow your doctor’s guidelines for self-care.
- Eat healthy foods. Limit caffeine and alcohol. Don’t smoke.
- After checking with your doctor, exercise regularly to improve cardiovascular fitness.
- Deal with and control stress and anxiety.

For Information, Contact:

American Heart Association &
Go Red For Women
800.242.8721
www.heart.org
www.GoRedForWomen.org

National Heart, Lung, and Blood Institute
(NHLBI)
www.nhlbi.nih.gov

Depression

Depression is a state of sadness and despair. Like diabetes, depression is a real medical illness.

About one in ten women have a major bout of depression each year.



A person with depression may seek help for other problems, such as insomnia or extreme fatigue.

Signs and Symptoms

- Feeling sad, hopeless, helpless, and/or worthless.
- Fatigue. Loss of interest in life.
- Having a hard time concentrating or making decisions.
- Changes in eating and sleeping patterns.
- Feeling easily annoyed, anger, or anxious.
- Thoughts of suicide or death.

The number of symptoms and how severe they are vary from person to person.

Causes

Most likely, depression is caused by a mix of: A family history of the illness; brain chemical problems; emotional issues; and other factors, such as a medical illness or alcohol abuse.

Another cause is seasonal affective disorder (SAD). With this, depression occurs between late fall and early spring due to a lack of natural sunlight.

In some persons, extreme stress, trauma, grief, etc. may bring on depression. In others, depression occurs even when life is going well.

- In general, depression is noted twice as often in women than in men in part due to hormonal changes women undergo:
 - Premenstrually, during menopause, or when taking medicines with hormones.
 - During and especially after childbirth or when a woman stops breastfeeding.
 - After having a miscarriage.
 - With health conditions that affect a woman's hormones, such as some ovarian cysts, endometriosis, etc.
- Other life circumstances unique to women may increase risk of depression, such as cultural stressors and higher rates of sexual or physical abuse.

Treatment

Whatever the cause, depression can be treated. Treatment includes medication(s), counseling, and self-care measures. Exposure to bright lights similar to sunlight can treat depression caused by SAD.

A doctor should be seen for diagnosis and treatment.

Questions to Ask

Have you just attempted suicide or are you making plans for suicide? Do you have repeated thoughts of suicide or death?

YES



NO

Have you had a lot less interest or pleasure in almost all activities most of the day, nearly every day for at least 2 weeks?

YES



NO

Flowchart continued on next page

Flowchart continued

Have you been in a depressed mood most of the day, nearly every day, and had any of these problems for at least 2 weeks?

- Feeling hopeless, worthless, or guilty, slowed down, or restless.
- Changes in appetite or weight.
- Thoughts of death or suicide.
- Problems concentrating, thinking, remembering, or making decisions.
- Feeling tired all of the time. Trouble sleeping or sleeping too much.
- Stomach or sexual problems.
- Feeling anxious or worried.

YES



NO

Do you feel depressed and did you have depression in the past that was not treated or do you have a close relative with a history of depression? Were you treated for depression in the past and has it returned?

YES



NO

Has the depression occurred with any of the following?

- Recent delivery of a baby.
- A medical problem.
- Taking medicines. (This includes antidepressants.)
- Dark, cloudy weather or winter months.
- Abusing alcohol or drugs.
- The days between ovulation and menstruation (every month).

YES

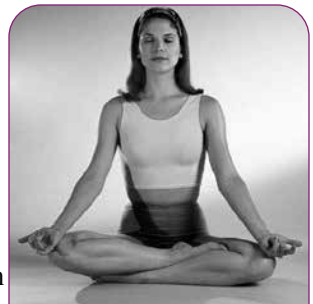


NO



Self-Care

- Take medications as prescribed. Get your doctor's advice before you take over-the-counter herbs, like St. John's Wort, especially if you take other medications.
- Don't use illegal drugs. Limit alcohol. These can cause or worsen depression. Drugs and alcohol can also make medicines for depression less effective. Harmful side effects can happen when alcohol and/or drugs are mixed with medicine.
- Eat healthy foods. Eat at regular times. Don't skip meals or binge on junk food. Limit caffeine and sugary foods.
- Exercise regularly.
- Try not to isolate yourself. Be with people you feel safe with even though you feel down.
- Do something you enjoy. Do things that let you express yourself. Write, paint, etc.
- Relax. Listen to soft music, take a warm bath or shower. Do relaxation exercises.
- Keep an emergency number handy (e.g., crisis hotline, trusted friend's number, etc.) in case you feel desperate.



Meditation can help you deal with depression.

For Information, Contact:

Mental Health America (MHA)
800.969.6642

www.mentalhealthamerica.net

www.mentalhealthamerica.net/mental-health-screening-tools

Eating Disorders

Common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. People who have these conditions are obsessed with food and/or body weight. Eating disorders are a way to cope. They are serious health problems and are more common in females than in males.

Signs and Symptoms

For Anorexia Nervosa

- Loss of a lot of weight in a short period of time.
- Intense, irrational fear of weight gain and/or of looking fat, obsession with fat, calories and weight.
- A need to be perfect or in control in one area of life.
- Distorted body image; the person feels and sees herself or himself as fat despite being a normal weight for height and age.
- Marked physical signs, such as loss of hair, slowed heart rate, and low blood pressure. The person feels cold due to decreased body temperature. In females, menstrual periods can stop.

For Bulimia Nervosa

- Repeated acts of binge eating and purging, which can be through vomiting, taking laxatives, water pills, and/or diet pills, fasting, and exercising a lot to “undo” the binge.
- Excessive concern about body weight.
- Being underweight, normal weight, or overweight.
- Dieting often.
- Dental problems, mouth sores, chronic sore throat.
- Spending a lot of time in bathrooms.
- Because of binge-purge cycles, severe health problems can occur, including an irregular heartbeat and damage to the stomach, kidneys and bones.

For Binge Eating Disorder

- Periods of nonstop eating that are not related to hunger.
- Impulsive bingeing on food without purging.
- Dieting and/or fasting over and over.
- Weight can range from normal weight to mild, moderate, or severe obesity.

Causes and Risk Factors

An exact cause has not been found. Persons from all backgrounds, ages and genders are affected. Risk factors include:

- A family history of eating disorders.
- Pressure from society to be thin.
- Personal and family pressures.
- Sexual, physical, or alcohol abuse in the past.
- Fear of starting puberty.
- Fear of having sex.
- Pressure for athletes to lose weight or to be thin for competitive sports.
- Chronic dieting.



Treatment

- Counseling, which can be individual, family, group, and/or behavioral therapy.
- Support groups.
- Medication.
- Nutrition therapy.
- Outpatient treatment.
- Hospitalization, if needed.



Eating disorders need professional treatment.

Treatment varies with the disorder and how severe it is. The earlier the condition is diagnosed and treated, the better the outcome.

Do you hoard food, force yourself to vomit, and/or spend a lot of time in the bathroom from taking laxatives and/or water pills?

YES



NO

Did you binge and purge, fast, diet, and/or exercise on purpose to lose more than 10 pounds **AND** do you have any of these problems?

- An intense fear of gaining weight or of getting fat.
- You see yourself as fat, but you are at normal weight or are underweight.
- You diet and exercise in excess after you have reached your goal weight.

YES



NO

Questions to Ask

Are you thinking about or making plans for suicide?

YES



NO

With abnormal eating, do you have any of these problems?

- Rapid tooth decay.
- Low body temperature. Cold hands and feet.
- Thin hair (or hair loss) on the head. Baby-like hair on the body.
- Problems with digestion. Bloating. Constipation.
- Three or more missed periods in a row.
- Times when you are depressed, euphoric and/or hyperactive.
- Tiredness or tremors.
- Lack of concentration.

YES



NO

Do you eat a large amount of food within 2 hours and can't control the amount of food you eat or can't stop eating? Do you also do at least three of these things?

- You eat very fast.
- You eat until you feel uncomfortable.
- You eat when you are not hungry.
- You eat alone, because you are embarrassed.
- You feel depressed, disgusted, and/or guilty after you overeat.

YES



NO



See Self-Care on next page

Flowchart continued in next column

Self-Care

Eating disorders need professional treatment.

To Help Prevent an Eating Disorder

- Learn to accept yourself and your body. You don't need to look like anyone else. Spend time with people who accept you as you are, not people who focus on "thinness."
- Know that self-esteem does not have to depend on body weight.
- Eat nutritious foods. Focus on whole grains, beans, fresh fruits and vegetables, low-fat dairy foods, and lean meats.
- Commit to a goal of normal eating. Realize that this will take time. It will also take courage to fight fears of gaining weight.
- Don't skip meals. If you do, you are more likely to binge when you eat.
- Limit white flour, sugar and foods high in sugar and fat, such as cakes, cookies and pastries. People who have bulimia tend to binge on junk food. The more they eat, the more they want.
- Get regular, moderate exercise at least 3 to 4 times a week. If you exercise more than your doctor advises, do more non-exercise activities with family and friends.
- Find success in things you do. Hobbies, work, school, etc. can promote self-esteem.
- Discuss with family and friends how TV, movie and social media can send the message that only a certain body type is acceptable.
- Learn as much as you can about eating disorders from reputable websites, books and organizations that deal with them.
- To help children avoid eating disorders, parents should promote a balance between their child's competing needs for independence and family involvement.

To Treat an Eating Disorder

- Follow your treatment plan provided by your health care provider. To be successful, you need to be actively involved in your treatment.
- Attend counseling sessions and/or support group meetings as scheduled.
- Set small goals that you can easily reach. Congratulate yourself for every success. This is a process. Accept set backs. Learn from them.
- Talk to someone instead of turning to food.
- Work toward the point where weight is no longer a way you rate your success. Think about your accomplishments, positive personal qualities, and valued relationships.
- Learn to express your rights. You have the right to say no and the right to express your feelings and your opinions. You have the right to ask that your needs are met.
- Keep a journal of your progress, feelings, thoughts, etc., but not about what you eat. The journal is just for you, not for others to read or judge. This is a safe place to be honest with yourself. The journal can also help you identify your "triggers" so that you can deal with them in the future.
- Don't let the scale run your life. Better yet, throw out the scale!



Keep a journal of your progress.

For Information, Contact:

National Eating Disorders Association (NEDA)
Information and Referral Helpline
800.931.2237
www.nationaleatingdisorders.org

Endometriosis

The lining inside of the uterus is called the endometrium. Sometimes cells from it grow outside of the uterus in the abdomen or in some other areas of the body. This is called endometriosis. It can cause scar tissue to build up around your organs.

Women in their 20s, 30s and 40s are most likely to notice problems. Teens and women past menopause can have them, too.

Signs and Symptoms

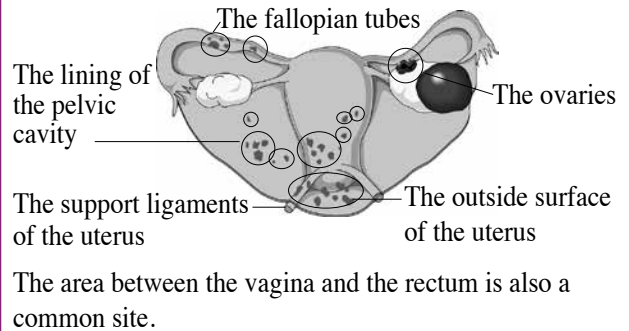
- Pain before and during menstrual periods. The pain is usually worse than normal menstrual cramps.
- Pain during or after sex.
- Pain when passing urine.
- Lower back pain. Painful bowel movements. Loose stools with menstrual periods.
- The pelvis feels sore or tender.
- Spotting of blood before a monthly period starts.
- Menstrual periods are longer or heavier than normal.
- Infertility.

(**Note:** Some females have no pain.)

Causes

The exact cause is not known. It could be that some of the lining of the uterus shed during menstruation moves backwards through the fallopian tubes into the abdominal cavity. It then attaches and grows in these places. It could also be due to problems with the immune system and/or hormones. The condition may also run in families.

Common Sites of Endometriosis



A gynecologist diagnoses endometriosis. He or she can examine the organs in the abdomen and pelvis to find out the extent of the problem. To do this, the doctor inserts a slim telescope through a very small opening made in the navel. This is done in an outpatient setting.

Treatment

Surgery Options

- One type uses a very small, lighted tube to remove or destroy areas of endometriosis. This reduces pain. It allows pregnancy to occur in some women.



Surgery may be needed to treat endometriosis in some women.

- Another type removes the ovaries. The fallopian tubes and uterus can also be removed. This gets rid of the pain. After this, a woman can't get pregnant.

Medication Therapy Options

- Pain medicines. These include over-the-counter medicines, such as ibuprofen and naproxen sodium.
- Birth control pills. These are given in a certain way to stop ovulation and menstruation for a set amount of time. They are used for very mild cases.
- Anti-estrogens. These cause a woman's body to make less estrogen.
- Progestin. This destroys endometrial cells.
- Drugs called GnRH agonists. These stop the body from making estrogen. This causes a temporary "menopause."

Questions to Ask

Do you have a lot of pain at any of these times?

- During sex.
- With monthly menstrual periods and this has gotten worse over time.
- When you pass urine.

YES



NO

Do you have any of these problems?

- Spotting of blood before your period starts.
- Menstrual periods are heavier or last longer than normal.

YES



NO



See Self-Care / Prevention in next column

Self-Care / Prevention

Endometriosis needs medical treatment. What can you do?

- Do regular exercise.
- Eat a healthy diet that has plenty of vegetables and fruit, lean proteins, low fat dairy, whole grains, beans, and healthy fats found in fatty fish, canola and olive oil, nuts and seeds. Also, limit saturated and trans fats, processed meats and sugary foods and drinks.
- Limit alcohol to no more than one drink per day.
- Limit caffeine.
- Take an over-the-counter medicine for pain. Ask your doctor which one(s) he or she prefers you take.



Do exercises you enjoy and look forward to doing.

For Information, Contact:

Endometriosis Association (EA)
800.992.3636
414.355.2200
www.endometriosisassn.org

Fainting

Fainting is a brief loss of consciousness. It can last from seconds to 30 minutes.

Signs and Symptoms

Just before fainting, a person may feel a sense of dread and feel dizzy. She may see spots and have nausea. Her face may turn pale, she could go into a cold sweat, and she could fall over.

If a person falls and can't remember the fall itself, she has fainted.

Causes and Risk Factors

Fainting is due to a sudden drop in blood flow or glucose supply to the brain. This causes a temporary drop in blood pressure and pulse rate. Medical reasons for this include:

- Low blood sugar (hypoglycemia). This is common in early pregnancy. It can also occur in diabetes, in persons on severe diets, etc.
- Anemia. (See page 5.)
- Any condition that causes a rapid loss of blood. This can be from internal bleeding, such as with a peptic ulcer, a tubal pregnancy, or a ruptured cyst.
- Heart and circulatory problems, such as abnormal heart rhythm, heart attack or stroke.
- Eating disorders. (See page 20.)
- Toxic shock syndrome (TSS). (See page 62.)
- Seizures. Dehydration.
- Irregular heartbeat or heart beating too fast or too slow.



Other Causes of Fainting

- Any procedure that stretches the cervix, such as having an IUD inserted.
- Extreme pain.
- A sudden change in body position, such as standing up too fast.
- Sudden emotional stress or fright.
- A side effect of some prescription drugs, such as some that lower blood pressure.
- Recreational drugs or excessive alcohol.
- Being in hot, humid weather or a stuffy room.

What to do when someone faints: Dos

- Catch the person before she falls.
- Make sure the person is breathing and has a pulse. If not, call 911 and start CPR.
- Lie the person down with her head below the level of the heart. Raise the legs 8 to 12 inches to promote blood flow to the brain. If the person can't lie down, have her sit down and put her head between her knees.
- Turn the person's head to the side so the tongue doesn't fall back into the throat and to prevent choking on vomit.
- Loosen any tight clothing, but keep the person warm, especially if it is chilly.
- Apply cool moist towels to the person's face and neck.

What to do when someone faints: Don'ts

- Don't slap or shake anyone who's just fainted.
- Don't try to give the person anything to eat or drink, not even water, until she is fully conscious.
- Don't allow the person who's fainted to get up until the sense of physical weakness passes. Then be watchful for a few minutes to be sure she doesn't faint again.

Questions to Ask

With fainting, are any “Signs & Symptoms—For a Heart Attack” listed on page 15 present?

YES



NO

With fainting, do **stroke signs** occur?

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache.

YES



NO

Is the person not breathing or did fainting occur after a head injury?

YES



NO

With fainting, do you have severe pain in the pelvis or abdomen, black stools, or blood in the stools or urine?

YES



NO

With fainting, does the person have diabetes or is pregnant?

YES



NO

Have you fainted more than once?

YES



NO

Are you taking high blood pressure drugs or have you taken a new or increased dose of a prescribed drug?

YES



NO



Self-Care

- When you feel faint, lie down and elevate both legs. Or, sit down, bend forward and put your head between your knees.
- Get up slowly from bed or from a sitting position.
- Follow your doctor’s advice to treat any condition which may lead to fainting. Take prescribed medicines, but tell your doctor about any side effects, so he or she can monitor your condition.
- Don’t wear tight clothing around your neck.
- Avoid turning your head suddenly.
- Stay out of stuffy rooms and hot, humid places. If you can’t, use a fan.
- If you have fainting spells often, avoid activities that can put lives in danger, such as driving a car.
- Drink a lot of fluids, but drink alcoholic ones in moderation, if at all. Eat small, frequent meals.

When Pregnant

- Get out of bed slowly.
- Keep crackers at your bedside and eat a few before getting out of bed.
- Eat small, frequent meals instead of a few large ones. With each meal, have a good source of protein, such as lean meat, low-fat cheese, milk, etc. Avoid sweets. Don’t skip meals or go for a long time without eating. Drink plenty of fluids.
- Don’t sit for long periods of time. Elevate your legs when you sit.
- When you stand, as in a line, move your legs to pump blood up to your heart.
- Take vitamin and mineral supplements, as your doctor prescribes.
- Don’t lay on your back during the 2nd and 3rd trimesters of your pregnancy. Lie on your left side. When you can’t, lie on your right side.

See Self-Care in next column

Fatigue & Autoimmune Diseases

Fatigue is being very tired, weary, and lacking energy. Often, it is a symptom of other health problems.

Signs and Symptoms

- Feeling drained of energy.
- Feeling exhausted.
- Having a very hard time doing normal activities.
- Having low motivation.
- Feeling inadequate.
- Having low sex drive.



Fatigue keeps you from doing normal daily activities.

Causes

Causes that need medical care include anemia, depression, heart disease, and chronic fatigue syndrome (the fatigue lasts at least 6 months). Fatigue is also a common symptom of **autoimmune diseases**. These include diabetes, low thyroid, multiple sclerosis and lupus (the systemic type).

Other physical causes include lack of leisure activities or lack of sleep, poor diet, side effects from allergies, chemical sensitivities or drug or alcohol addiction, being in hot, humid conditions, and prolonged effects of the flu or a bad cold. The after-effects of having COVID-19 should also be considered.

Possible emotional causes are burnout, boredom and a major life change (e.g., divorce, retirement, etc.).

Treatment

Treatment for fatigue depends on the cause(s). Keep track of any other symptoms that occur with the fatigue. This helps find out both physical and emotional causes.

Questions to Ask

With fatigue, are any “**Signs & Symptoms–For a Heart Attack**” listed on page 15 or any of the **stroke signs** listed on page 26 present?

YES



NO

With fatigue, are you lightheaded or do you feel like you are going to faint?

YES



NO

With fatigue, do you also have these **signs of hepatitis**?

- The whites of your eyes and/or your skin looks yellow (jaundice).
- Dark urine.
- Vomiting and nausea.
- Loss of appetite and/or weight loss.
- Pain in the abdomen.
- Fever.
- Stools are pale and clay-colored.

YES



NO

With fatigue, do you have other **signs of multiple sclerosis**?

- Blurred vision, double vision, or the loss of vision in one eye.
- Bladder problems (infections, incontinence, urinating often).
- Feelings of pins and needles in the limbs.
- Muscle spasms; poor coordination.
- Emotional mood swings, irritability, depression, anxiety, euphoria.

YES



NO

Flowchart continued on next page

Flowchart continued

With fatigue and weakness, do any of these **signs of diabetes** occur?

- Passing urine often.
- Abnormally increased thirst and hunger.
- Rapid weight loss or excessive weight gain.
- Extreme irritability or drowsiness.
- Nausea and vomiting.
- Itching and/or skin infections that don't clear up easily.
- Tingling, numbness, or pain in the arms and legs.
- Blurred vision.

YES



NO

With severe fatigue, do you have **signs of mononucleosis**?

- Fever.
- Sore throat.
- Swollen lymph glands in the neck area.
- Loss of appetite.
- Pain in the upper left abdomen.

YES



NO

With fatigue, do you have **signs of hypothyroidism**?

- Hair loss and dry, thick, flaky skin.
- Decreased tolerance to cold temperatures and numbness or tingling in the hands.
- Unexplained weight gain.
- Constipation.
- Sleepiness; feeling mentally sluggish
- Longer and heavier menstrual periods.

YES



NO

With fatigue, do you have any of these **signs and symptoms of lupus**?

- Joint pain lasts more than 3 months.
- Fingers get pale, numb, or uncomfortable in the cold.
- Mouth sores last more than 2 weeks.
- Blood tests show low blood count, low white-cell count, or low platelet count.
- A “butterfly-shaped” rash on your cheeks lasts more than 1 month.
- Skin rash (raised patches with scaling) after being in the sun.
- Pain lasts more than 2 days when taking deep breaths.

YES



NO

With fatigue and weakness, do you have **signs and symptoms of anemia** listed on pages 5 and 6?

YES



NO

With fatigue, do you have other **signs and symptoms of depression** listed on page 18?

YES



NO

Has the fatigue lasted 6 or more months in a row?

YES



NO

With daytime fatigue, has someone else told you that you snore loudly and have episodes where your breathing has stopped 10 or more seconds at a time when you sleep?

YES



NO

Flowchart continued on next page

Flowchart continued in next column

Flowchart continued

With extreme fatigue, do you have signs of fibromyalgia?

- Tender points on the body.
- Trouble sleeping.
- Morning stiffness.
- Headaches.
- Painful menstrual periods.
- Tingling or numbness in hands and feet.
- Problems with thinking and memory

YES



NO

Do any of these conditions describe the fatigue?

- It occurred for no apparent reason, lasted for more than 2 weeks, and has kept you from doing your usual activities.
- It started after taking medicine.
- It hits hard right before or after each menstrual period.
- Pregnancy is possible.

YES



NO

Did the fatigue come with the onset of menopause or follow menopause?

YES



NO



Self-Care

If fatigue is due to a medical condition, follow your doctor's or health care provider's guidelines for rest, diet, medication, etc.

- **Get regular physical activity.** Exercise can give you more energy, especially if you sit all day at work. Exercise can calm you, too.

- **Cool off.** Working or playing in hot weather can drag you down. Rest in a cool, dry place as often as you can. Drink plenty of water.

- **Rest and relax.** Get a good night's sleep. Relax during the day if you can, too. Practice deep breathing or meditation.



Plan relaxation into your schedule.

- **Eat well.** Eating too much and "crash dieting" are both hard on your body. Don't skip breakfast. Limit high-fat and/or rich, sugary foods. Eat whole-grain breads and cereals, and fruits and vegetables every day. Have 5 to 6 light meals a day, instead of 3 large ones. Take vitamin and mineral supplements, as advised by your doctor.
- **Change your routine.** Do something interesting each day. If you do too much, plan for some quiet time.
- **Lighten your work load.** Assign tasks to others when you can. Ask for help when you need it.
- **Do something for yourself.** Plan time to do things that meet only your needs.
- **Avoid too much caffeine and alcohol. Don't use illegal drugs.** These trigger fatigue.

For Information, Contact:

Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
www.cfidsselfhelp.org

Fibroids

Fibroids are benign (not cancerous) tumors made mostly of muscle tissue. They are found in the wall of the uterus and sometimes on the cervix. They can range in size from as small as a pea to more than 6 inches wide. With larger fibroids, a woman's uterus can grow to the size of a pregnancy more than 20 weeks along. About 20-80% of women develop fibroids by age 50.

Signs and Symptoms

Some women with uterine fibroids do not have any symptoms. When symptoms occur, they vary due to the number, size, and locations of the fibroid(s). Symptoms include:

- Abdominal swelling, especially if they are large.
- Heavy menstrual bleeding, bleeding between periods or after intercourse, or bleeding after menopause.
- Backache, pain during sex, pain with periods, etc.
- Anemia from excessive bleeding.
- Pelvic pressure.
- Passing urine often from pressure on the bladder.
- Chronic constipation from pressure on the rectum.
- Infertility. The fallopian tubes may be blocked or the uterus may be distorted. This is rare.
- Miscarriage. If the fibroid is inside the uterus, the placenta may not implant the way it should.

Diagnosis

Fibroids are diagnosed with a medical history and a pelvic exam. Your doctor can also do other tests, such as an ultrasound and hysteroscopy to confirm their presence, location and size.



Causes and Risk Factors

Reasons a Woman is More Likely To Get Fibroids

- She has not been pregnant.
- She has a close relative who also had or has fibroids.
- She is African American. The risk is three to five times higher than it is for Caucasian women.

The exact cause is not known, but fibroids need estrogen to grow. They may shrink or go away after menopause.

Treatment

- **“Watchful waiting.”** Your doctor will “watch” for any changes and may suggest “waiting” for menopause, since fibroids often shrink or disappear after that time. If you have problems during this “waiting” period, you may decide that you do not want to “wait” for menopause, but choose to have something done to treat your fibroids. Problems include: too much pain, too much bleeding, an abdomen that gets too big, the need to take daily iron to prevent anemia, and other abdominal issues.
- **Medication.** One type is called GnRH agonists. These block the production of estrogen by the ovaries. This shrinks fibroids in some cases, but is not a cure. The fibroids return when the medicine is stopped. Shrinking the fibroids might allow a minor surgery (with less blood loss) to be done instead of a major one. GnRH agonists are taken for a few months, but not more than six, because their side effects mimic menopause and may lead to osteoporosis. In some cases, GnRH agonists can be used longer. This uses low dose estrogen to make side effects milder.

■ **Surgery.** There are many methods.

- **Myomectomy.** The fibroids are removed. The uterus is not. This can be done using a laparoscope and a laser (laparoscopy). The fibroids could also be cut out using a resectoscope (hysteroscopy). Fibroids can be removed under direct vision during abdominal surgery (laparotomy). Myomectomy methods may allow fibroids to grow back. The more fibroids there are to begin with, the greater the chance they will grow back.
- **Procedures to destroy the uterine lining.** These do not remove fibroids or the uterus, but stop or lighten menstrual flow from then on. The uterine lining can be destroyed using a laser, heat or intense cold.
- **Uterine artery embolization.** A catheter is inserted in a large blood vessel in the groin and sent to the level of the uterine arteries. A substance is given that blocks blood flow to the uterine arteries that nourish the fibroids. This treatment shrinks the fibroids.
- **Hysterectomy.** This surgery removes the uterus and the fibroids with it. This method is advised when the fibroid is very large or when other treatments don't stop severe bleeding. It is the only way to get rid of fibroids for sure. A woman can no longer get pregnant after the surgery. This treatment is also advised if the fibroid is cancerous. This rarely occurs.

Questions to Ask

Do you have severe abdominal pain?

NO

YES



Flowchart continued in next column

Flowchart continued

Do you have any of these problems?

- Heavy menstrual bleeding. Is a pad or tampon saturated in less than an hour?
- Bleeding between periods, after intercourse, or after menopause.
- Paleness, weakness, fatigue.

YES



NO

Does pain occur in any of these conditions?

- During sexual intercourse.
- With your menstrual periods.
- In the lower back, not due to a strain or any other problems.

YES



NO

Do you feel pressure on your bladder or rectum or do you pass urine often?

YES



NO



Self-Care

- Take medications as advised.
- Maintain a healthy body weight. The more body fat you have, the more estrogen your body is likely to have. This promotes fibroid growth.
- Do regular exercise. This may reduce your body's fat and estrogen levels.

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

Headaches

Headaches are a common health complaint in women.

Signs, Symptoms, and Causes

For Tension or Muscular Headaches

- A dull ache in your forehead, above your ears, or at the back of your head.
- Pain in your neck or shoulders.

Common causes are tense or tight muscles in the face, neck or scalp, reading for long periods of time, eyestrain, stress and lack of sleep.



Most headaches are caused by tension.

For Sinus Headaches

- Pain in your forehead, cheekbones and nose. The pain is worse in the morning.
- Increased pain when you bend over or touch your face.
- Stuffy nose.

A sinus headache occurs when fluids in the nose aren't able to drain well and a buildup of pressure occurs in the sinuses. A cold, allergies, dirty or polluted water, and airplane travel can cause a sinus headache.

For Migraine Headaches

- One side of your head hurts more than the other.
- You feel sick to your stomach or vomit.
- Light hurts your eyes. Noise bothers you. The headache is worse with activity.
- After the headache, some people have a drained feeling with tired, aching muscles; others feel great.

Migraines can occur with or without an aura. With an aura, spots or flashing lights or numbness occur 10 to 30 minutes before the headache. About one-third of all migraines occur with an aura.

Migraine headaches happen when blood vessels in your head open too wide or close too tight. They tend to run in families and affect about 25% of women at some time during their lives. They occur more often in women than in men.

Migraines occur less often during pregnancy (especially the second half) and often disappear during menopause. Some women, though, may get migraines for the first time during menopause.

Certain things trigger migraine headaches:

- Changing hormone levels, menstruation.
- Use of birth control pills or the patch.
- Change in sleeping patterns.
- Stress.
- Aged cheeses, cured meats, red wines.

Other Causes of Headaches

- Analgesic rebound from regular or repeated use of over-the-counter or prescribed pain relievers.
- Eating or drinking something very cold, such as ice cream. {**Note:** To prevent ice cream headaches, warm the ice cream for a few seconds in the front of your mouth.}
- Caffeine withdrawal.
- Low blood sugar, hunger, or sensitivity to certain foods and drinks. (See box on page 34.)

Headaches, continued

- A symptom of a health problem, such as allergies, depression, high blood pressure, dental problems, and a pinched nerve in the neck.
- Cigarette smoke, pollution, etc.
- Uncorrected vision problems.

Treatment

Self-care can treat headaches caused by tension, fatigue and/or stress. Certain over-the-counter medicines and prescribed medicines can treat sinus headaches and migraine headaches.

Biofeedback has helped many people who have suffered from headaches.

Headaches that are symptoms of health problems are relieved when the condition is treated with success.

Questions to Ask

Is the headache linked with a serious head injury or passing out?

YES



NO

Does the headache occur with severe pain in and around one eye, blurred vision, double vision, slurring of speech, mental confusion, personality change, or a problem moving the arms or legs?

YES



NO

Has the headache come on fast and does it hurt much more than any other one you have had?

YES



NO

Is the headache severe and does it occur with a high fever, drowsiness, a stiff neck, a seizure, or a red or purple rash that doesn't fade when the skin is pressed?

YES



NO

Do you have nausea or vomiting with a headache that doesn't go away or that recurs?

YES



NO

Does a headache wake you from sleep, resist treatment with over-the-counter remedies, or get worse when you bend over?

YES



NO

For pregnant females, does swelling of the legs, hands and/or face occur with the headache?

YES



NO

Is the headache not relieved by over-the-counter pain relievers and does it occur with any signs, symptoms, and causes of a migraine headache (listed on page 32) or with a history of high blood pressure?

YES



NO

Do you take pain relievers more than 3 times a week for at least 3 weeks for headaches, or did you get headaches only after taking a new medicine?

YES



NO

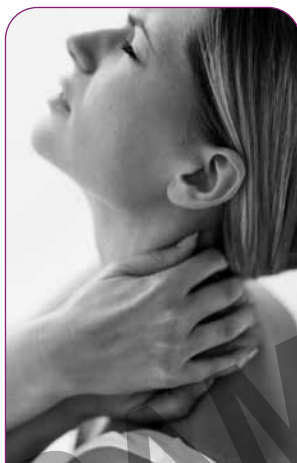


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See Self-Care / Prevention on next page

Self-Care / Prevention

- Don't smoke. If you smoke, quit!
- Try to stop the headache when it starts.
- Take an over-the-counter (OTC) medicine for pain as directed on the label.
- Rest in a quiet, dark room with your eyes closed.
- Massage the back of your neck with your thumbs. Work from the ears toward the center of the back of your head. Also, rub gently along the sides of your eyes. Gently rub your shoulders, neck, and jaw. Get a massage.
- Place a cold or warm washcloth or hot or cold pack, whichever feels better, over the area that aches.
- Take a warm bath or shower.
- Relax. Picture a calm scene in your head. Meditate or breathe deeply.
- Keep a diary of when, where and why headaches occur.
- Exercise on a regular basis.
- Get enough rest.
- Eat 5 to 6 small meals instead of 3 large meals. To ward off low blood sugar, don't skip meals. Limit eating sweets.
- Keep regular sleeping times as much as you can.
- When lying down, use a pillow that supports the neck. Sleep on your back.



Massage the back of your neck.

- Avoid scents, foods and beverages that trigger headaches.

Foods and Drinks that May Cause Headaches

Alcoholic beverage, especially red wine.

Aspartame (the artificial sweetener in NutraSweet®).

Bananas (if more than 1/2 banana a day).

Caffeine from coffee, tea, soft drinks, chocolate, or some medications.

Lack of caffeine if abruptly stopped, such as stopping coffee intake.

Citrus fruits (if more than 1/2 cup a day).

Cured meats, such as hot dogs.

Food additives, such as monosodium glutamate (MSG).

Hard cheeses, such as aged cheddar or provolone.

Nuts and peanut butter.

Onions.

Soy sauce and other fermented foods.

Vinegar.

- For a hangover: after drinking alcohol, take an OTC pain reliever (do not take acetaminophen, such as Tylenol). Eat solid foods. Rest or sleep. Have 2 or more glasses of water before you go to sleep. Drink 2 or more glasses of water when you wake up.

For Information, Contact:

National Headache Foundation
888.643.5552
www.headaches.org

HIV/AIDS

HIV stands for human immunodeficiency virus. AIDS stands for acquired immune deficiency syndrome. It is caused by HIV. The virus destroys the body's immune system. This leaves a person unable to fight off diseases. The virus also attacks the central nervous system causing mental disorders.

Signs and Symptoms

When first infected with HIV, many people have no symptoms. Within a month or two, some persons have flu-like symptoms (e.g., fever, fatigue, headache, and swollen glands). These symptoms usually go away within a week to a month. They are often mistaken for other infections. In adults, symptoms of HIV may take months to 10 or more years to appear. In children born with HIV, symptoms appear within 2 years.

Symptoms of HIV Before the Onset of AIDS

- Fatigue; weight loss.
- Swollen glands.
- Fever and sweating. (These occur often.)
- Skin rashes that persist; flaky skin.
- Getting sick often.
- Short-term memory loss.
- Infections, such as herpes, shingles and yeast infections.

In Women, Signs that HIV Could be Present Include:

- Chronic vaginal yeast infections (See page 66.)
- Abnormal Pap test from HPV exposure in the past.
- Cervical cancer. (See page 13.)
- Pelvic inflammatory disease (PID). (See page 50.)
- Some sexually transmitted infections, such as human papillomavirus (HPV). {**Note:** HPV can be present without HIV. Testing confirms its presence.}

AIDS is the most advanced stage of HIV. With AIDS, there is a low level of cells in the blood called T4 cells. People with AIDS get many illnesses. These include skin infections, pneumonia and cancer. These conditions are what lead to death.

Symptoms of AIDS

- Extreme fatigue; weight loss.
- Severe and chronic diarrhea.
- Fever, severe headaches.
- Shortness of breath, coughing, a hard time swallowing.
- Abdominal cramps, nausea, vomiting.
- Lack of coordination, vision loss.
- Mental status changes.
- Seizures, coma.

Causes and Risk Factors

HIV is spread when body fluids, such as semen or blood, pass from an infected person to another person. This includes having sex without a latex or polyurethane condom and/or sharing drug needles.

Infected females can give HIV to their babies during pregnancy, delivery and breastfeeding. The risk of the baby getting HIV is greatly lowered if the mother takes antiviral medicines during the pregnancy and delivery. The baby takes medicine the first six weeks of life, too.



Many health groups advise getting tested for HIV as a routine part of medical care. All pregnant women should be tested for HIV.

High Risk Activities for HIV Infection

HIV is spread mainly by having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV. Or, by sharing needles or syringes, rinse water, or other equipment (works) with someone who has HIV when injecting drugs. Higher risk situations include having sex:

- When drunk or high when judgement is impaired.
- With multiple or casual sex partners or with a partner who has had multiple sex partners.
- With a partner who has used drugs by injection.
- When you or your partner has signs and symptoms of a genital tract infection.

Less common is for HIV to be passed from mother to child (see on page 35), or by being stuck with an HIV-contaminated needle. It is extremely rare for HIV to be passed through oral sex or receiving blood transfusions, unless received prior to 1985. Also extremely rare is through deep, open-mouthed kissing when both partners are HIV-positive and have mouth sores.

Blood screening tests are also done on donated blood, which makes it highly unlikely that you'd get HIV from current blood transfusions. You **cannot** get HIV from:

- Donating blood.
- Casual contact, such as touching, holding hands, hugging, and dry kissing.
- A cough, sneeze, tears or sweat.
- An animal or insect bite.
- A toilet seat, using a hot tub or swimming.

Detection

A rapid oral HIV test and blood tests detect antibodies to HIV. Get tested for HIV at doctors' offices or clinics. Or, use FDA-approved home test. Learn more at www.cdc.gov/hiv/basics/hiv-testing/hiv-self-tests.html.

Treatment

There is no cure for AIDS. Treatment includes:

- Medications. (Multi-drug combinations are used.)
- Measures to reduce the risk of infections and diseases (e.g., rest, proper nutrition, and vitamin supplements, as advised).
- Emotional support.
- Medical treatment for infections and chronic problems.



Better forms of prevention and treatment of AIDS are being researched worldwide.

Questions to Ask

Have you tested positive for HIV?

YES



NO

Do you have one or both of these problems?

- A sexually transmitted infection (STI).
- Persistent yeast infections in the mouth (thrush) or vagina.

YES



NO

Have you been told that a present or past sexual partner has HIV, with whom you have had sexual relations without using condoms?

YES

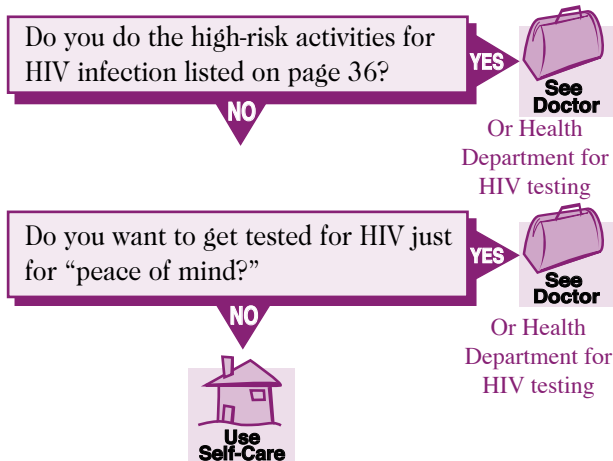


NO

Or Health Department for HIV testing

Flowchart continued on next page

Flowchart continued



Self-Care / Prevention

Someday, a cure for HIV/AIDS may exist. For now, prevention is the best protection. Take these steps:

- Unless you are in a monogamous relationship in which you and your partner are HIV-free, use latex or polyurethane condoms every time you have sex.
- Don't have sex with people who are at high risk for HIV. These are:
 - Persons with multiple sex partners.
 - Persons who inject illegal drugs.
 - Partners of persons infected or exposed to HIV.
 - Persons who have had multiple blood transfusions, especially before 1985, unless tested negative for HIV.



- Ask specific questions about your partner's sexual past (e.g., have they had many partners or unprotected (no condom) sex?). Ask if they have been tested for HIV and if the results were positive or negative. Be aware that the response may not be an honest one. Protect yourself and get tested for HIV. Ask your partner to get tested, too. If you have been exposed to HIV, use prevention measures or avoid sex until you get tested for it.
- If you've had sex with someone you suspect is HIV positive, see your doctor.
- Don't share needles with anyone. This includes illegal drugs, like heroin, as well as, steroids, insulin, etc.
- Don't share personal items that have blood on them, such as razors.
- Plan ahead for safer sex. Decide what you'll say and be willing to do with a potential sex partner.
- Keep a supply of condoms handy (e.g., in your purse, by the bed, in your pocket, etc.). Know the correct way to use them.
- Don't have sex when your judgment is impaired, such as while under the influence of drugs or alcohol.
- Avoid sex if either partner has signs and symptoms of a genital tract infection.
- Ask your doctor about taking daily medications that can reduce your risk of getting HIV, such as PrEP.

For Information, Contact:

HIV.gov
800.CDC.INFO (232.4636)

HIV Info
800.HIV.0440 (448.0440)
www.hiv.gov

Insomnia

Insomnia is having trouble falling asleep and staying asleep. It can last from a single night to a few weeks. It can occur from time to time or be a chronic problem.

Signs and Symptoms

- Waking up during the night and not being able to get back to sleep.
- Waking up too early.
- Not getting enough sleep or getting poor quality sleep.
- Fatigue or feeling drowsy during the day because of lack of sleep.

Causes

- Too much caffeine or alcohol, or having it before bedtime.
- Changes in sleep/wake schedules, such as work shift changes and jet lag.
- Any problem that causes you to urinate during the night.
- Too much noise when you fall asleep, such as a snoring partner.
- Menopausal symptoms, such as hot flashes.
- Lack of physical exercise.
- Frequently taking long daytime naps.
- Side effects of some medicines, such as decongestants, corticosteroids, and stay-awake pills.
- Emotional stress, depression, anxiety.
- Posttraumatic Stress Disorder (PTSD).
- Fibromyalgia.
- Any condition, illness, injury, or surgery that causes pain and/or discomfort which interrupts sleep.



- Asthma, allergies, and early-morning wheezing.
- An overactive thyroid gland.
- Heart or lung conditions that cause shortness of breath when lying down.

Treatment

- Self-care and prevention measures. (See page 39.)
- Treating the problem.
- Cognitive behavior counseling for insomnia.
- Prescribed short-acting sleeping pills.

Questions to Ask

Do you have trouble falling or staying asleep due to any of these problems?

- Pain or discomfort due to illness or injury.
- The need to wake up to use the bathroom.
- Hot flashes.

YES



NO

Has your sleep been disturbed since you began taking medication of any kind? Or, do you have bothersome side effects from taking prescribed sleeping pills?

YES



NO

Do you still have trouble sleeping after 3 weeks, with or without using self-care?

YES



NO



See Self-Care / Prevention on next page

Self-Care / Prevention

- Try to go to sleep at the same time each night or when you get sleepy.
- Avoid caffeine for 8 hours before bedtime. Caffeine is in coffee, tea, chocolate, soft drinks and energy drinks. Check labels for caffeine content in over-the-counter medicines.
- Avoid long naps during the day.
- Have no more than 1 alcoholic drink with or after dinner. Even though alcohol is a sedative, it can disrupt sleep. Check with your doctor about using any alcohol if you are taking medicines.
- An hour or two before going to bed, dim the lights in the house.
- Do regular exercise, but not within a few hours of going to bed.
- Avoid eating large meals close to bedtime.
- Before bedtime, take a warm bath or read a book or do some type of repetitive, calm activity. Avoid things that may play over in your mind, such as watching a suspenseful movie.
- Keep your bedroom quiet, dark, cool and comfortable. Use clean, fresh sheets and pillows.
- Turn off all electronic devices before bedtime, especially cellphones. The blue light they emit may disturb your natural sleep cycle.



A warm glass of milk can help you relax before you go to bed.

- Try to get up at the same time each morning.
- Ban worry from the bedroom. Don't rehash the mistakes of the day as you toss and turn.
- Follow a regular bedtime routine. Lock or check doors and windows, brush your teeth, etc.
- Count sheep! Picturing a repeated image may bore you to sleep.
- Listen to recordings or download a sleep app that helps promote sleep.
- If you've tried to fall asleep, but are still awake after 30 minutes, get out of bed. Read a relaxing book or sit quietly in the dark. Do this for about 20 minutes. Then go back to bed. Repeat this as many times as you need to until you are able to fall asleep.
- Take over-the-counter sleep aids (e.g., melatonin, Tylenol PM, etc.) as advised by your doctor. Don't take anyone else's sleeping pills.



When falling asleep, picture a calm restful scene.

For Information, Contact:

National Center on Sleep Disorders Research
www.nhlbi.nih.gov/health-topics/insomnia

National Sleep Foundation
www.sleepfoundation.org

U.S. Office on Women's Health
www.womenshealth.gov

Menopause

Menopause occurs when menstrual periods have stopped for one whole year. It is also called “the change of life.” In general, this occurs between the ages of 45 and 55. It can, though, occur as early as age 35 or as late as age 65. It can also happen when both ovaries are removed.

Signs and Symptoms

Signs and symptoms often occur many years before the last menstrual period. This time period is called perimenopause. Symptoms vary from woman to woman. They result from hormone changes, the aging process itself, fatigue and stress.

Physical Signs and Symptoms

- Hot flashes. These are sudden waves of heat that can start in the waist or chest and work their way to the neck and face and sometimes the rest of the body. They can occur as often as every 90 minutes. Each one can last from 15 seconds to 30 minutes; 5 minutes is average. Heavy sweating during hot flashes may also occur. This is sometimes called night sweats when this happens during sleep. About 75% of women going through menopause have hot flashes. Some women are more bothered by them than others. Sometimes heart palpitations come with hot flashes.
- Irregular periods:
 - Bleeding can occur between periods. This is the most common bleeding pattern in peri-menopause.
 - Periods get shorter and lighter for 2 or more years.
 - Periods can stop for a few months and then start up again and are more widely spaced.
 - Periods occur with heavy bleeding and/or the passage of many small or large blood clots.
- Vaginal dryness. The vaginal wall also becomes thinner. These problems can make sex painful or uncomfortable. Irritation can increase the risk for infection.

- Loss of bladder tone. This can result in having trouble holding urine long enough to get to the bathroom. Or, urine can leak when you cough, sneeze, laugh or exercise.

- Headaches.

- Dizziness.

- Skin that is prone to wrinkle.

- Hair grows on the face, but thins at the temples.

- Muscles lose some strength and tone.

- Bones become more brittle, which increases the risk for osteoporosis.



With menopause, the skin is more likely to wrinkle. Hair grows on the face, but thins at the temples.

Emotional Signs and Symptoms

- Irritability.
- Mood changes.
- Lack of concentration; memory problems.
- Tension, anxiety, depression.
- Insomnia; hot flashes can interrupt sleep.

Causes

Hormone changes that come with aging cause menopause. The body makes less estrogen and progesterone.

Treatment

Self-care may be all that is needed. Just estrogen can be prescribed. This is estrogen therapy (ET). Estrogen plus progesterone can be prescribed. This is called EPT. The term hormone therapy (HT) is used for both ET and EPT. Hormone therapy is used to treat menopause symptoms and post-menopausal bone loss that can lead to osteoporosis. But side effects of HT may not be safe for some women. Each woman should discuss the benefits and risks with their doctor. There are also non-estrogen treatments to consider.



Questions to Ask

Do you have any of these problems?

- Extreme pain during sex.
- Pain or burning when passing urine.
- Thick vaginal discharge.
- Fever and/or chills.

YES



NO

During peri-menopause, are you pale and fatigued because you bleed a lot or pass many small or large blood clots with your periods?

YES



NO

Have you started having menstrual periods again after not having any for 12 months?

YES



NO

Do hot flashes interfere with normal activities?

YES



NO

Do you have **risk factors** for **osteoporosis**?

- Family history of osteoporosis.
- Small bone frame, thinness.
- Fair skin (Caucasian or Asian race).
- Surgery to remove the ovaries before normal menopause.
- Menopause before 48 years of age.
- Lack of calcium in diet.
- Lack of weight-bearing exercise.
- Alcohol abuse.
- Hyperthyroidism.
- Use of corticosteroid medicine.

YES



NO

Are you having any of these problems from hormone therapy?

- Symptoms of menopause return.
- Vaginal bleeding.
- Abnormal breast exam.
- Leg pain or swelling.

YES



NO



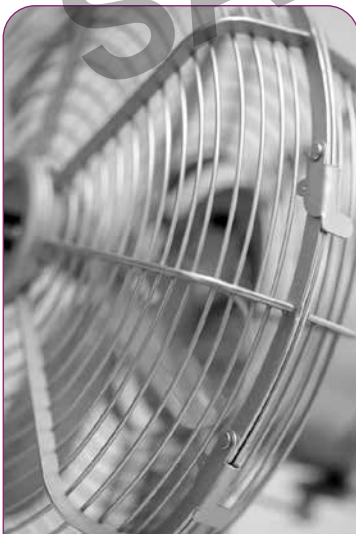
See Self-Care on next page

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Self-Care

For Hot Flashes

- Wear lightweight clothes made of natural fibers, such as cotton.
- Limit or avoid alcohol. Limit caffeine.
- Have cool drinks, especially water, when you feel a hot flash coming on and before and after you exercise. Avoid hot drinks.
- Keep cool. Open a window. Lower the thermostat when the heat is on. Use air conditioning and/or fans. Carry a small fan with you.
- Try to relax when you get a hot flash. Getting stressed out over one only makes it worse.
- Use relaxation techniques, such as meditation, biofeedback or yoga.
- Follow your doctor's advice for taking herbal products, such as black cohosh, vitamin supplements, over-the-counter menopause aids, and soy products.
- If you suffer from night sweats (hot flashes that occur as you sleep):
 - Wear loose fitting cotton nightwear. Have changes of nightwear ready.
 - Sleep with only a top sheet, not blankets.
 - Keep the room cool.



Use air conditioning and/or a fan in your bedroom.

For Vaginal Dryness and Painful Sex

- Don't use deodorant soaps or scented products in the vaginal area.
- Use a water soluble lubricant, such as K-Y Liquid®, Replens®, etc. These make penetration easier during sex. Avoid oils or petroleum-based products. These promote infection.
- Ask your doctor about the benefits and risks of using estrogen (pills, patches, vaginal cream, or rings).
- Stay sexually active. Having sex often may lessen the chance of having the vagina constrict. It also helps to maintain natural lubrication and pelvic muscle tone. Reaching orgasm with a partner or alone gives these benefits.
- If you can, avoid using antihistamines. They dry mucus membranes in the body.

For Emotional Symptoms

- Exercise regularly. This helps maintain hormonal balance.
- Try to get seven to eight hours of sleep.
- Talk to other women who have gone through or are going through menopause.
- Avoid stress as much as you can.
- Avoid or limit alcohol to one drink per day.
- To deal with stress, use relaxation techniques. Examples are meditation, yoga, listening to soft music, and massages.
- Eat healthy. Take vitamins and minerals, as advised.

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

North American Menopause Society (NAMS)
www.menopause.org

Menstrual Cramps

Menstrual cramps are also called painful periods. Most females have them at sometime during their lives.

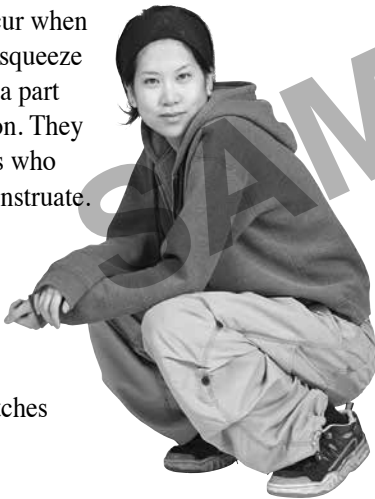
Signs and Symptoms

- Pain or discomfort in the lower abdomen right before or with a menstrual period, which can range from mild to severe.
- Pain occurs with a backache, fatigue, headache, diarrhea and/or vomiting.
- Symptoms can vary from month to month or year to year.

Causes

Menstrual cramps occur when muscles of the uterus squeeze the lining out. This is a part of normal menstruation. They occur often in females who have just begun to menstruate. They may go away or become less severe after a woman reaches her mid-twenties or gives birth. (Childbirth stretches the uterus.)

Menstrual cramps occur much less often in women who do not ovulate. In fact, birth control pills reduce painful periods in most females who take them. When the birth control pill is stopped, the same level of pain returns.



Menstrual cramps can be due to other problems.

Examples are fibroids, endometriosis, ovarian cysts, and rarely, cancer. Having an intrauterine device (IUD), especially if you've never been pregnant, can also cause menstrual cramps, except with a hormonal IUD, such as Mirena®. It releases a small amount of progesterone into the uterus. This lessens cramps and lightens menstrual flow or stops menstrual flow completely while in use.

Treatment

Self-care measures treat most cases of menstrual cramps. If not, a doctor can diagnose the cause and prescribe treatment.

Questions to Ask

Do you have any signs of infection, such as fever and foul-smelling vaginal discharge or do you have black stools or blood in the stools?

YES



NO

Have your periods been very painful since having an intrauterine device (IUD) inserted?

YES



NO

Is the pain extreme or have you had pain-free periods for years, but are now having severe cramps?

YES



NO

Flowchart continued on next page

Menstrual Cramps, continued

Flowchart continued

Does cramping continue even after your period is over or longer than 3 days?

YES



NO

Do any of these things apply?

- Bleeding with a period is a lot heavier than normal or includes blood clots that are larger than a quarter.
- You could be newly pregnant (your period is late by one week or longer) and you have pain that feels like menstrual cramps.

YES



NO



Self-Care

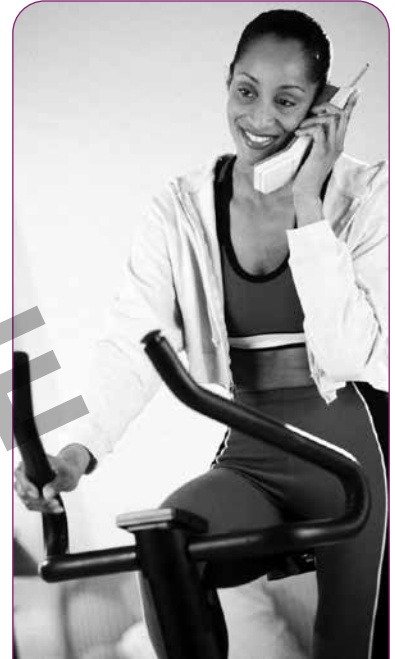
To Relieve Menstrual Cramps

- Take an over-the-counter pain reliever, such as ibuprofen, naproxen sodium, or aspirin. These nonsteroidal anti-inflammatory drugs (NSAIDs) relieve pain and inhibit the release of prostaglandins. Acetaminophen will help with pain, too. Most over-the-counter menstrual discomfort products contain acetaminophen. Read labels. {**Note:** Do not give aspirin or any medication with salicylates to anyone 19 years of age or younger due to its link with Reye's Syndrome.}



Drink a cup of regular, chamomile, or mint tea.

- Hold a heating pad or hot-water bottle on your abdomen or lower back.
- Take a warm bath.
- Gently massage your abdomen.
- Do mild exercises. Stretch. Do yoga. Walk. Bicycle.
- When you can, lie on your back. Support your knees with a pillow.
- Get plenty of rest. Limit stress as your period nears.
- Consider using birth control pills or the Mirena® IUD. These lessen menstrual cramps.



Exercise may improve blood flow and reduce pelvic pain.

If you still feel pain after using self-care measures, call your doctor.

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

Osteoporosis

Osteoporosis is a loss in bone mass and bone strength. Bones become less dense. This makes them weak and easier to break. Any bone can be affected. The hips, wrists, and spine are the most common sites. Peak bone mass is reached between the ages of 25 and 35. After age 35, bone mass starts to drop.

Signs and Symptoms

Osteoporosis is a “silent disease.” It can progress without any noticeable signs or symptoms. Often, the first sign is a fracture of the hip, wrist or spine. When signs and symptoms occur, they include:

- Gradual loss of height.
- Rounding of the shoulders.
- Sudden back pain.
- Stooped posture.
- “Dowager’s hump.”

Causes and Risk Factors

Osteoporosis occurs when new bone does not replace old bone fast enough.

Risk Factors Include:

- Being female. Women are 4 times more likely to develop osteoporosis than men. Why?
 - Their bones are thinner and lighter.
 - They live longer on average than men.
 - They have rapid bone loss at menopause due to a sharp decline of estrogen. The risk also increases for women who:
 - Go through menopause before age 45. This could be natural menopause or one that results from surgery, which removes both ovaries.
 - Experience a lack of or irregular menstrual flow.

- Family history of osteoporosis and/or bone fractures.
- Having a thin, small framed body.
- Caucasian and Asian Americans. African Americans and Hispanic Americans have a lower but significant risk.
- Lack of physical activity, especially walking, running, tennis, and other weight-bearing exercises.
- Long-term bed rest.
- Exercise too much to the point where menstrual periods cease.
- Low calcium and vitamin D intake or absorption.
- Smoking cigarettes.
- Drinking too much alcohol, which may damage bones. Heavy drinkers often eat poorly, too. They are also more prone to fractures from falls.
- Taking certain medicines for a long time. Examples are corticosteroids, some antiseizure medicines, overuse of thyroid hormones, and antacids with aluminum.
- Having certain health problems, such as anorexia nervosa, an over-active thyroid gland, or rheumatoid arthritis.
- Persons with Crohn’s disease, ulcerative colitis, and celiac disease.



Treatment

There is no cure for osteoporosis. The focus of treatment is to prevent the disease, to prevent further bone loss, and build new bone.

Special X-rays, such as one known as DEXA, can measure bone density in various sites of the body. These tests can help doctors decide if and what kind of treatment is needed. Treatment includes:

- Medications. There are different kinds, and your doctor will prescribe one(s) best suited for you.
- A balanced diet rich in calcium and vitamin D and taking supplements of these, as needed.
- Weight-bearing exercises, as advised by your doctor.
- Proper posture.
- Fall prevention measures:
 - Wear flat, sturdy, non-skid shoes.
 - Get regular vision exams. Wear corrective glasses, etc., as needed.
 - Ask your doctor if any medications you take could increase the risk of falls. Ask how to deal with this. Let your doctor know if your medicine(s) affect your vision, balance, etc.
 - Use grab bars and safety mats or nonskid tape in your tub and shower.
 - Use handrails on stairways.
 - Pick things up by bending your knees and keeping your back straight. Don't stoop.
 - Use a cane or walker, if necessary.



- Use throw rugs with nonskid backs.
- See that halls, stairways and entrances are well lit. Use night lights in hallways, bathrooms, etc.
- Stay home if it is icy or slippery outside.

Questions to Ask

After a fall, are you not able to get up or do you have wrist, hip or back pain?

YES



NO

Do you have **signs and symptoms of osteoporosis** listed on page 45? Do you want to find out about medicines to prevent and/or treat osteoporosis?

YES



NO

Have you had a broken bone occur without major trauma?

YES



NO

Are you age 65 or older and not had a bone mineral density test?

YES



NO

Are you a female younger than age 65, do you have risk factors for osteoporosis listed on page 45, and have you not had a bone mineral density test?

YES



NO

If you have osteoporosis and take medicine for it, are you having side effects from the medicine?

YES



NO



See Self-Care / Prevention on next page

Self-Care / Prevention

To Treat Osteoporosis

- Take medications, as prescribed.
- Do the daily exercises approved by your doctor.
- Practice good posture.

To Treat, Slow and Prevent Osteoporosis

- Eat a balanced diet.
- Get the calcium and vitamin D you need daily.

Daily Needs for Calcium*	
Ages	Milligrams (Mgs.) Calcium/Day
9-18 years	1,300
19-50 years	1,000
51+ years	1,200
Pregnant and breastfeeding women:	
14-18 years	1,300
19+ years	1,000

Source: National Academy of Medicine.

*Follow your doctor's advice for calcium.

Choose High Calcium Foods Daily

- Skim and low-fat milks, yogurts and cheeses. {*Note:* If you are lactose intolerant, you may need to use dairy products that are treated with the enzyme lactase, or you can add this enzyme using over-the-counter drops or tablets.}
- Soy and other plant-based milk and yogurts with added calcium.
- Soft-boned fish and shellfish, such as salmon, sardines and shrimp.
- Vegetables, especially broccoli, kale and collards.
- Beans and bean sprouts, as well as tofu (soy bean curd), if processed with calcium.
- Calcium-fortified foods, such as some orange juices.
- Take calcium supplements, as advised by your doctor.

Get Your Recommended Daily Need for Vitamin D.

Daily Needs for Vitamin D*	
Ages	International Units (IUs)
1-70 years	600
>70 years	800

* Source: National Academy of Medicine. The National Osteoporosis Foundation advises 400-800 IUs for adults under age 50 years; 800-1,000 IUs for adults age 50 years and older.

* Follow your doctor's advice for vitamin D.

- Choose nonfat and low-fat dairy products that are fortified with vitamin D, saltwater fish, liver and egg yolks. You also get vitamin D from direct exposure of sunlight on your skin. Fifteen minutes of midday sun exposure (without sunscreen) *may* meet the daily need.
- Take vitamin D supplements, as advised by your doctor. The best source of vitamin D for bone health is vitamin D3.
- Do regular, weight-bearing exercises at least 3 or 4 times a week. Examples are walking and low-impact or non-impact aerobics. (If you have osteoporosis, follow the exercise program outlined by your doctor.)
- Do not smoke.
- Limit alcohol.
- Use fall prevention measures listed on page 46.



Walk or do other weight-bearing exercises.

For Information, Contact:

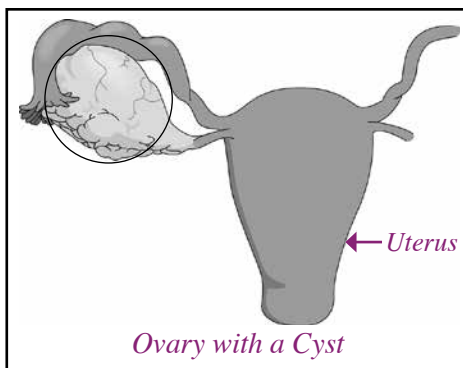
Bone Health & Osteoporosis Foundation
www.bonehealthandosteoporosis.org

Ovarian Cysts & Cancer

The ovaries are two almond-sized organs. One is found on each side of the uterus.

Growths called cysts or tumors

can form in, on, or near the ovaries.



Cysts are sacs filled with fluid or semisolid matter. Ovarian cysts are common in women before menopause. Rarely are these cysts cancer.

Tumors are solid masses. Most often, tumors in the ovary are benign. Malignant tumors are **ovarian cancer**. This type of cancer occurs most often after menopause, with half of all cases found in women ages 63 and older. It can occur at other ages, too.

Signs and Symptoms

For Ovarian Cysts

When symptoms occur, they include:

- A feeling of fullness or swelling of the abdomen.
- Unexplained weight gain.
- A dull, constant ache on either or both sides of the pelvis.
- Pain during sex.
- Delayed, irregular or painful periods.
- Problems emptying the bladder or bowel completely.
- A cyst that bleeds, breaks or twists can cause sharp, severe abdominal pain, fever and vomiting.

For Ovarian Cancer

In many cases, the cancer has spread by the time it is found. When symptoms appear, they are vague problems and are often ignored. These symptoms, even in early-stage ovarian cancer, last almost daily for more than a few weeks:

- Bloating.
- Pain in the abdomen or pelvis.
- Difficulty eating or feeling full quickly.
- Urgent need to pass urine or passing urine often.

Other symptoms can include:

- Back pain, pain with intercourse.
- Constipation, indigestion.
- Fatigue.
- Menstrual irregularities.

Causes and Risk Factors

For Ovarian Cysts

- Some cysts are due to normal changes in the ovaries.
- Some cysts result from cell growth. Most of these are benign, but need medical treatment. Examples are:
 - *Dermoid cysts*. These are growths filled with many types of tissue. Examples are fatty material, hair, teeth, bits of bone, and cartilage.
 - *Polycystic ovaries*. These are caused by a buildup of multiple small cysts from hormone problems. Irregular periods, body hair growth, and infertility can result.

{**Note:** Taking hormones does not cause ovarian cysts.}

Risk Factors for Ovarian Cysts

- Being between the ages of 20 and 35.
- Endometriosis, pelvic inflammatory disease (PID), the eating disorder bulimia.
- Obesity.

Risk Factors for Ovarian Cancer

- Increasing age.
- Not having children or having children at an older age.
- Not ever taking birth control pills.
- Menopause after age 55.
- Family history of ovarian, colon, breast, prostate or lung cancer.
- Personal history of breast, uterine, colon or rectal cancer.
- Being Caucasian.
- Hormone therapy after menopause.

Treatment

Growths on ovaries are diagnosed with a pelvic exam and medical tests. Ways to detect growths include yearly pelvic and rectal exams and an ultrasound. No completely reliable test exists for ovarian cancer. A CA-125 blood test can detect the progression of ovarian cancer. It is not a reliable screening test.

For Ovarian Cysts

Treatment depends on the size and type of cyst(s), how severe symptoms are, the woman's health status, and her desire to have children.

Some cysts resolve without any treatment in 1 to 2 months. For others, hormones in birth control pills may suppress the cyst. Sometimes, surgery may be needed to remove it. The ovary and fallopian tube may need to be removed, too.

For Ovarian Cancer

The sooner the cancer is found and treated, the better the chance for recovery. Treatment includes:

- Surgery. The ovaries, uterus and fallopian tubes are removed. If the cancer has spread, the surgeon removes as much of the cancer as possible.

- Chemotherapy.
- Radiation therapy.
- Hormone therapy.
- Clinical trials.

Questions to Ask

Do you have very severe abdominal pain, a fever, and vomiting?

YES



**Get
Medical
Care Fast**

NO

Do you have signs and symptoms for ovarian cysts or signs and symptoms for ovarian cancer listed on page 48?

YES



**See
Doctor**

NO



**Use
Self-Care**

Self-Care / Prevention

For Ovarian Cysts

- Limit caffeine.
- Have regular pelvic exams, as advised by your doctor.
- Take an over-the-counter medicine for pain as directed.

For Ovarian Cancer

- Medical care, not self-care, is needed. Follow your doctor's advice.
- Ask your doctor for advice if you have a family history of ovarian cancer.

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

Pelvic Inflammatory Disease (PID)

Pelvic inflammatory disease (PID) is an infection that goes up through the vagina and cervix to the uterus to the fallopian tubes and ovaries. Both females and males carry the organisms that cause PID. These can be passed on to someone else. This occurs even when no symptoms are noticed.

Signs and Symptoms

When symptoms are present, they can vary from woman to woman. PID can be acute or chronic.

Symptoms of Acute PID

- Pain in the abdomen or back. The pain can be severe.
- Vaginal discharge with a foul odor.
- Pain during sex.
- The abdomen is tender and/or bloated.
- Menstrual cramps are very painful.
- High fever.

Symptoms of Chronic PID

- Pain in the abdomen or back is less severe, and it often occurs halfway through the menstrual cycle or during a pelvic exam.
- Skin on the abdomen is sensitive.
- Vaginal discharge, change in menstrual flow.
- Nausea.
- Low grade fever.

Causes

- Sexually transmitted infections (STIs), such as gonorrhea and chlamydia. The organisms that cause these STIs spread into the internal reproductive organs. Many times, PID is caused by more than one of these organisms.

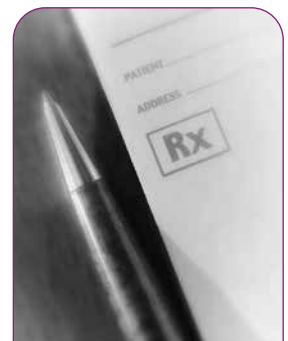
- Bacteria normally found in the intestines can get into the pelvic cavity. Times this can happen:
 - After sex, especially having vaginal intercourse right after having anal intercourse.
 - With high-risk sexual practices, such as having multiple sex partners or having sex with a person who has many partners.
 - After an intrauterine device (IUD) is put in or adjusted. This is a low risk, though.
- Having had PID or vaginitis in the past.

Diagnosis

The symptoms of PID are a lot like those of other conditions, such as endometriosis (see page 23) and urinary tract infections (see page 63). This can make it hard to diagnose PID from symptoms alone. Most of the time your doctor can diagnose PID with an exam and simple laboratory tests. Rarely, your doctor may need to do a laparoscopy. This is a minor surgical procedure which allows your doctor to see all the structures inside your abdomen. An ultrasound may also be done. Also, the presence of infectious agents that could develop into PID can be detected during screenings for STIs.

Treatment

Antibiotics treat diagnosed PID. If the infection is severe, bed rest and antibiotics given through an IV may be needed. Treatment for an infected sex partner is also needed. This prevents getting the infection again.



Prescribed antibiotics treat PID.

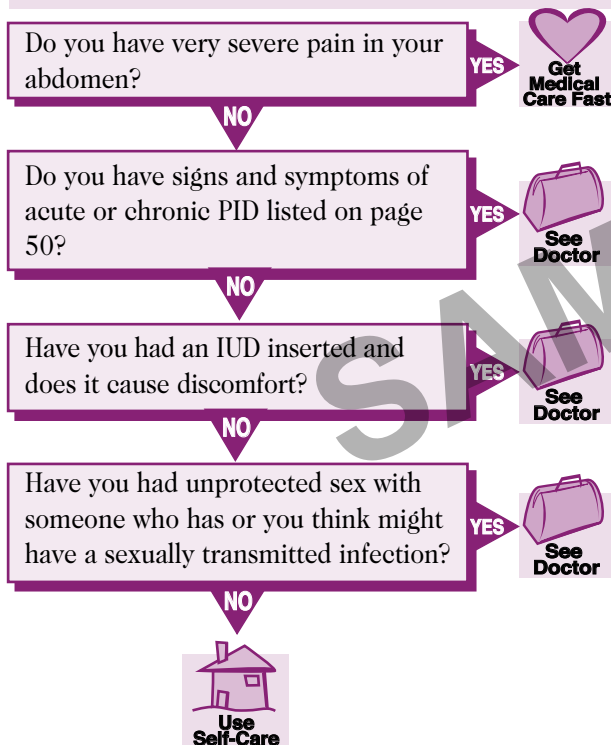
Pelvic Inflammatory Disease (PID), continued

When PID is not treated, the infection can spread to other parts of the body. If it spreads to the blood, it may threaten life.

Scarring from the infection can cause damage to a woman's reproductive organs. It can cause infertility. Also, a woman who has had PID is at increased risk for:

- A tubal pregnancy.
- Premature labor and birth.

Questions to Ask



See Self-Care/Prevention in next column

Self-Care / Prevention

- Wipe from front to back after a bowel movement to keep bacteria from getting into the vagina.
- When you menstruate, change tampons and/or pads often.
- Don't have vaginal sex right after anal sex.
- Don't have sex with anyone who has not been treated for a current case of PID or an STI or with anyone who has partners that haven't been treated.
- Use barrier birth control methods with spermicides. These reduce the risk of getting PID from an infected partner. These include the male or female condom, cervical cap, or diaphragm. Use these even if you use other forms of birth control, like the pill.
- Don't use an IUD if you are at risk for STIs. If you use an IUD, have your doctor remove it if you become pregnant and then miscarry. If it is left in, your risk for PID goes up.
- Don't use douches. These can spread bacteria further up the vagina.
- After childbirth, wait until you stop bleeding to have sex. After a D & C, abortion or miscarriage, wait 1 week to have sex. Use a latex or polyurethane condom for 2 weeks after having an IUD put in.
- If you are at risk for PID, get tested for chlamydia and gonorrhea every 6 months.



Regular gynecologic check-ups and screenings identify many infections before they spread to internal reproductive organs.

Premenstrual Syndrome (PMS)

Most menstruating women have premenstrual syndrome (PMS). A syndrome is a group of signs and symptoms that indicate a disorder.

Signs and Symptoms

As many as 150 physical and emotional symptoms are linked to PMS. The most common ones are:

- Abdominal bloating, weight gain.
- Anxiety and depression.
- Breast tenderness.
- Fatigue.
- Feelings of hostility and anger.
- Feeling irritable.
- Food cravings, especially for chocolate or sweet and/or salty foods.
- Headache.
- Lower backache.
- Mood swings.
- Tension.

For some women, symptoms are slight and may last only a few days before menstruation. For others, they can be severe and last the entire 2 weeks before every period. Also, other problems women have, such as depression, may be worse with PMS. This is known as “menstrual magnification.”



PMS can be confused with depression. See your doctor for a proper diagnosis.

Causes & Diagnosis

The exact cause or causes for PMS are not known. A female's response to normal monthly changes in estrogen, progesterone and testosterone appear to be involved. So do changes in the level of serotonin, a brain chemical. There is no single test for PMS. Symptoms typically occur during the 5 days before the menstrual period and go away within 4 days after the period begins. Symptoms are not present between days 4 and 12 of the menstrual cycle. Symptoms occur for at least 3 menstrual cycles. PMS usually stops with menopause.

Treatment

- Self-care measures (See page 53.)
- Regular exercise. This includes 20 minutes of aerobic exercise, such as walking or aerobic dance, at least 3 times a week.
- Over-the-counter pain relievers, such as Ibuprofen or naproxen.
- Prescribed medications, such as:
 - A water pill called spironolactone.
 - An anti-anxiety medicine.
 - An antidepressant medicine, such as an SSRI (e.g., fluoxetine or sertraline). This is taken a week or 2 before the menstrual period.
 - Birth control pills.



Regular exercise helps treat PMS.

Premenstrual Syndrome (PMS), continued

Questions to Ask

Do symptoms of PMS, such as anxiety, depression or anger cause you to want to harm yourself or someone else?

YES



NO

Do PMS symptoms make you feel out of control and unable to function?

YES



NO

Do you still have PMS symptoms after your period starts?

YES



NO

Do you still have the same amount of discomfort or problems after trying self-care measures?

YES



NO



Self-Care

- Get emotional support.
- Do aerobic exercises. Swim, walk, bicycle, etc.
- Rest. Take naps if you need to.
- Try to avoid stress when you have PMS. Do deep breathing, meditation, and/or yoga.
- Limit or avoid caffeine and alcohol. Avoid tobacco.



If you can, get a massage.

- Eat healthy carbohydrate foods. Examples are whole-grain breads and cereals, fruits and vegetables, beans and lentils.
- Have good sources of calcium, such as nonfat milk, nonfat yogurt, collard greens and kale. Choose cereals, juices and plant-based milk that have added calcium. Get good sources of magnesium, too. These include spinach, other green, leafy vegetables, and whole grain cereals.
- Limit salty foods to reduce bloating and fluid retention.
- Satisfy food cravings with a small serving. For example, if you crave chocolate, have a small chocolate bar or add chocolate syrup to skim milk. If you crave salt, eat a small bag of pretzels.
- Record triggers and timing of your symptoms.
- Some vitamin and mineral supplements may help relieve PMS. Ask your doctor if you should take any of them and in what amounts. That goes for herbal supplements, too.
 - Calcium.
 - Magnesium.
 - Vitamin B₆.
 - Vitamin E.



A smoothie made with yogurt, skim milk, and fruit is a refreshing source of calcium.

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

Sexually Transmitted Infections (STIs)

Information for STIs is given below and on the next 5 pages. See pages 35 to 37 for information on HIV/AIDS.

Sexually transmitted infections (STIs) are ones that pass from one person to another through sexual contact. This can be from vaginal, anal or oral sex and from genital-to-genital contact. STIs are also called sexually transmitted diseases, or STDs.



Chlamydia

Signs and Symptoms

For Females

Most females have few or no symptoms, but can still transmit the infection. When present, symptoms show up 2 to 4 weeks after infection. They include:

- Slight yellowish-green vaginal discharge.
- Abnormal vaginal bleeding.
- Vaginal irritation or pain.
- The need to urinate often.
- Pain or burning feeling when urinating.
- Pain in the abdomen.
- Rectal pain, discharge and/or bleeding.

In females, chlamydia can cause pelvic inflammatory disease (PID). This can cause infertility.

For Males

About 10% of males have few or no symptoms. When present, symptoms show up 2 to 4 weeks after infection. They include:

- Watery, mucous discharge from the penis.
- Burning or discomfort when urinating.
- Pain in the scrotum.
- Rectal pain, discharge and/or bleeding.

Cause

A specific bacterial infection.

Treatment

- Oral antibiotics for the infected person and his or her partner(s).
- Avoiding sex until treatment is finished in the infected person and his or her partner(s).

Genital Herpes

Signs and Symptoms

For Females and Males

- Painful sores and/or blisters on the genital area, anus, thighs and/or buttocks.
- Itching, irritation and tingling can occur 1 to 2 days before the outbreak of the blisters.
- Outbreaks may be triggered by stress, other illnesses, or vigorous sexual intercourse.

After a few days, the blisters break open and leave painful, shallow ulcers. These can last from 5 days to 3 weeks. With outbreaks, especially the first one, there may be flu-like symptoms (swollen glands, fever and body aches). Outbreaks that follow are usually milder and shorter. Once infected, the virus lives in nerve cells. New outbreaks can occur even without contact.

Causes

- Herpes simplex virus (HSV-1 or HSV-2). Either one can cause genital herpes. HSV-2 is the common cause. HSV-1 most often affects the oral area as cold sores.
- The virus is spread by direct skin-to-skin contact from the site of infection to the contact site. It can also be spread when no symptoms are visible if they are present on the mucosal tissues of the vagina or penis. Oral sex can spread herpes from the mouth to the genital area and vice versa.

Treatment

- There is no cure. Antiviral medicines can help prevent outbreaks and shorten how long they last.
- See self-care measures on page 59.

Gonorrhea

Signs and Symptoms

For Females

Most females have no symptoms. When symptoms occur, they appear 2 to 10 days after exposure and include:

- Mild vaginal itching and burning.
- Thick, yellow-green vaginal discharge.
- Burning when urinating.
- Severe pain in the lower abdomen.

For Males

Males may have no symptoms, but usually have:

- Pain at the tip of the penis, and a thick, yellow, cloudy penile discharge.
- Pain and burning when urinating.

Cause

- A specific bacterial infection. If it is not treated, it can spread to the joints, tendons or heart. In females, it can cause pelvic inflammatory disease (PID). This can cause infertility.

Treatment

- Antibiotics.
- Pain relievers.
- Treating sexual partner(s) to avoid re-infection.

Note: It is becoming harder to treat some gonorrhea because drug-resistant strains of gonorrhea are increasing. If your symptoms last for more than a few days after receiving treatment, return to your doctor.

Hepatitis B*

Signs and Symptoms

For Females and Males

- At first, flu-like symptoms (fatigue, fever, appetite loss, nausea and vomiting, and joint pain) occur.
- Later, jaundice, dark urine, and pale and clay-colored stools can occur.
- Some persons have no symptoms.

Cause

This is a virus that is spread from contact with infected blood or body fluids (e.g., through sex, saliva, and sharing needles, razors, etc.). A mother can pass the virus to her baby during childbirth, too.

Treatment

- Can be prevented with 3 doses of Hepatitis B vaccine. The vaccine is advised for:
 - Babies at birth, 1-2 months old, and 6-18 months old.
 - Anyone 18 years old and younger who has not yet had the vaccines.
 - Adults at risk for hepatitis B.
- Infected persons should drink plenty of fluids and avoid alcohol and medicines that can affect the liver. This includes acetaminophen.
- Medication.

* Hepatitis C can also cause an STI. See “For More Information, Contact” on page 59.

Human Papillomavirus (HPV)

Signs and Symptoms

For Females and Males

Often, there are no visible signs or symptoms. Genital warts can appear several weeks after being infected or may not show up for months or even years. This makes it hard to know when the virus was acquired and which partner was the carrier. Genital warts:

- Can be soft or hard; pink, red or yellow-gray in color.
- Are inside the vagina, on the lips of the vagina, or around the anus in females.
- Are on the penis, inside the head of the penis, on the scrotum, or around the anus in males.

Causes

HPV is spread by direct skin-to-skin contact during vaginal, anal or (rarely) oral sex with an infected partner. Genital warts are not caused by touching warts on the feet, hands, etc.

Treatment

- Two to three doses of HPV vaccine can prevent cervical cancer* and genital warts due to HPV. The vaccines are advised for girls and boys 11 to 12 years of age, but can be given from age 9 through age 26.
- Genital warts can be treated with topical creams or a prescribed gel. You apply these yourself.
- Medical treatments can remove genital warts.

*See Cervical Cancer on pages 13-14.

Syphilis

Signs and Symptoms

- Primary stage. A large, painless, ulcer-like sore (chancre) appears around the area of sexual contact in 2 to 6 weeks after exposure.
- Secondary stage. A month later, a widespread skin rash appears on the palms of the hands, soles of the feet, and sometimes around the mouth and nose. The rash has small, red, scaly bumps that do not itch. Other types of rashes, swollen lymph nodes, fever, and flu-like symptoms may also occur. Small patches of hair may fall out of the scalp, beard, eyelashes and eyebrows.
- Latent stage. The infection may go unnoticed for years, but damages the heart, muscles, and other organs and tissues.

Cause

A specific bacterial infection. It can lead to heart failure, blindness, dementia or death if not treated. {**Note:** An elderly person with signs of dementia should be evaluated for syphilis.}

Treatment

- Antibiotics (usually Penicillin-G given by a shot into the muscle). All persons who have syphilis should be tested for HIV, as advised.
- After treatment, follow-up blood tests are needed in 6 and 12 (and possibly 3) months.
- Once treatment is complete, you are no longer contagious, but you can get infected again.

Trichomoniasis

Signs and Symptoms

For Females

Symptoms may not be present for years. If they do occur, symptoms include:

- Vaginal itching, burning and redness.
- A yellow-green or gray vaginal discharge with an odor.
- Burning or pain when urinating.
- Pain during sex.

For Males

Symptoms are not usually present. Males can infect their sexual partners and not know it.

When present, symptoms in males include:

- Burning after urination or ejaculation.
- Discharge from the penis.
- Irritation and itching of the penis.

Cause

A protozoan parasite.

Treatment

- The oral antibiotic metronidazole (Flagyl®).
- Treating sexual partners to prevent spreading the infection and getting it again.

Questions to Ask

Do you have signs and symptoms of any of the STIs listed on pages 54 to 57?

YES



NO

Do you already have a diagnosis of genital herpes and do you have severe pain and blistering and/or are you having outbreaks often?

YES



NO

Are you symptom-free, but worried that you got an STI from someone you think may have one?

YES



NO

Do you want to rule out an STI because you have had many sex partners? Or, are you starting a new sexual relationship or are planning to get married or pregnant?

YES



NO

Do sores appear in the genital area only after taking a recently prescribed medicine?

YES



NO



See Self-Care / Prevention in next column

Self-Care / Prevention

“Safer Sex” to Help Prevent STIs

- The only sure way to avoid STIs is not having sex. This includes intercourse, oral sex, anal sex, and genital-to-genital contact. Caressing, dry kissing and masturbation are no-risk or extremely low-risk practices. So is limiting your sexual contact to one person your entire life. This is if your partner does not have an STI and has sex only with you.
- Latex and polyurethane condoms can help reduce the risk of spreading HIV and other STIs (i.e., chlamydia, gonorrhea and trichomoniasis). To do this, they must be used the right way for every sex act. They do not reduce of the risk entirely. Barriers made of natural membranes, such as lamb skin, do not give good protection against STIs.
- Females and males should use latex or polyurethane condoms every time they have genital-to-genital contact and/or oral sex. Use polyurethane condoms if either partner is allergic to latex. You don't need condoms to prevent STIs if you have sex with one partner and neither of you has an STI.
- For oral-vaginal sex and oral-anal sex, use latex dams (“doilies”). These are latex squares.
- Latex condoms with spermicides, such as nonoxynol-9 (N-9), are no better than other lubricated condoms for preventing HIV/STIs. Spermicides with N-9 do not prevent chlamydia, cervical gonorrhea, or HIV. Don't use spermicides alone to prevent HIV/STIs. Using spermicides with N-9 often has been linked with genital lesions, which may increase the risk of spreading HIV. Also, N-9 may increase the risk of spreading HIV during anal intercourse.
- Use water-based lubricants, such as K-Y Jelly®. Don't use oil-based or “petroleum” ones, such as Vaseline®. They can damage latex barriers.

Sexually Transmitted Infections (STIs), continued

- To lower your risk for HPV, use latex or polyurethane condoms. These work best at covering areas of the body that HPV is most likely to affect. A diaphragm does not prevent the spread of HPV.
- Don't have sex while under the influence of drugs or alcohol. You are less likely to use "safer sex" measures.
- Limit sexual partners. Sexual contacts with many partners increases the risk for STIs, especially if no protection is used.
- Discuss a new partner's sexual history with him or her before you start having sex. Know that some people are not always honest about their sexual past.
- Avoid sexual contact with anyone whose health status and health practices are not known.
- Follow your doctor's advice to check for STIs.

To Treat STIs

Medical care is needed for STIs. With medical care, do the self-care measures that follow.

For Genital Herpes

- If prescribed an oral antiviral medicine, take it as directed.
- Bathe the affected area twice a day with mild soap and water. Pat dry with a towel or use a hair dryer set on warm. Using a colloidal oatmeal soap or bath may be soothing.
- Use a sitz bath to soak the affected area.
- Apply ice packs on the affected genital area for 5 to 10 minutes to relieve itching and swelling.



You can buy a sitz bath from a medical supply or drug store.

- Wear loose-fitting pants or skirts. Don't wear pantyhose. Wear cotton (not nylon) underwear.
- If pain is made worse when you urinate, squirt tepid water near the urinary opening while you urinate. Or, urinate while using a sitz bath.
- Take a mild pain reliever, as directed.
- Ask your doctor about using a local anesthetic ointment, such as lidocaine, during the most painful part of an outbreak.
- If you touch the blisters or sores, wash your hands. Don't touch your eyes during an outbreak. Doing this could spread the virus to your eyes.
- To help avoid spreading the virus to others, use latex barriers during sex and skin-to-skin contact.

For HPV

- If you are female, don't smoke. If you smoke, quit.
- Get HPV vaccines, as directed. See page 56.

For Trichomoniasis

- Don't drink alcohol for 24 hours before, during, and 24 hours after taking metronidazole. The combination causes vomiting, dizziness and headaches.

See also Self-Care / Prevention for HIV/AIDS on page 37.

For Information, Contact:

American Sexual Health Association (ASHA)
www.ashasexualhealth.org

CDC National STD Hotline
800.CDC.INFO (232.4636)
www.cdc.gov/STD

Stress & Posttraumatic Stress Disorder (PTSD)

Stress is the body's response to changes and increased demands. Stress means different things to different people. Usually, it is linked with negative feelings. Left unchecked, stress can lead to or worsen health problems, such as headaches and back pain.

Posttraumatic Stress Disorder (PTSD) is a severe stress reaction from living through or seeing an event that threatens life. With PTSD, symptoms (listed on this page) usually begin within 6 weeks to 3 months of the event. Symptoms of PTSD can also begin years later. When symptoms do occur, they must last for at least one month before a medical diagnosis can be made.



Combat exposure is a common cause of PTSD.

Signs and Symptoms

- Physical symptoms of stress are increased heart rate and blood pressure, quick breathing, and tense muscles.
- Emotional reactions include being angry and having a lack of concentration.

Signs & Symptoms of PTSD in Adults

“Avoidance” Symptoms

- You avoid people, places and activities that recall the event.
- You avoid thoughts, feelings, or mention of the event.
- You have much less interest in doing things you need to do.
- You feel detached from others.

“Increased Arousal Symptoms”

- You are very easily startled and have a hard time concentrating.
- You have a hard time falling or staying asleep.
- You have angry outbursts.

“Re-experiencing the Event” Symptoms

- You have recurring, intrusive thoughts of the event that cause distress.
- You have nightmares and/or flashbacks of the event.
- You have frightening thoughts.

Other Symptoms

- You feel helpless and/or in a daze.
- You can't remember key parts of the event.
- You feel guilty and negative about yourself.

Causes

Anything that takes you out of your comfort zone can cause **stress**. Hectic schedules, lack of control, money matters, family concerns, and health problems are common causes.

Living through or seeing an event that threatens life can cause PTSD. Events include combat or military exposure, sexual or physical assault, sudden death of a loved one and a serious accident. A past unhealed trauma increases the risk for PTSD. People with depression or other mental health conditions are also at a greater risk for PTSD.

Treatment

Self-care measures deal with most cases of stress. Counseling and/or medical care may be needed. Professional treatment is needed for PTSD.

Questions to Ask

At this time, are you attempting or planning suicide? Do you have recurrent thoughts of suicide or death? Or, do you have impulses or plans to commit violence?

YES



NO

Do you have any of these problems?

- Signs and symptoms of PTSD, listed on page 60.
- You need alcohol and/or drugs (illegal or prescribed) to deal with stress.
- You are often anxious, nervous and/or confused about how to handle a problem.

YES



NO

Do you have a medical illness that you are unable to cope with or that leads you to neglect proper treatment? Or, does stress result in any of these problems?

- You withdraw from others.
- You can't do daily activities.
- You neglect to take care of your health.

YES



NO



See Self-Care in next column

Self-Care

- Maintain good health habits. Eat healthy foods. Get enough sleep.
- Limit caffeine. If you drink alcohol, limit it to one drink per day.
- Do regular exercise.
- Take a warm bath or shower. Have a warm cup of herbal tea.
- Don't let your emotions get "bottled up." Share your feelings with others.
- Reduce or manage your exposure to things that cause stress.
- Do a "stress rehearsal." Imagine feeling calm and handling the situation well.
- Prioritize daily tasks. Don't over-schedule or commit to doing too much. Balance work and personal life.
- Be with cheerful people. Laugh a lot.
- Escape for a little while. Watch a movie, visit a museum, etc.
- Listen to music that is calming.
- Do relaxation exercises daily. Meditate. Do deep breathing.
- Accept things you cannot change in yourself or others. Forgive yourself for mistakes.



Balance work, family and personal life. Do things you enjoy and look forward to.

For Information, Contact:

Mental Health America
www.mhanational.org/staying-mentally-healthy

National Center for Posttraumatic Stress Disorder
www.ptsd.va.gov

Toxic Shock Syndrome (TSS)

Toxic shock syndrome (TSS) is a form of blood poisoning. It rarely occurs, but it can be fatal.

Signs and Symptoms

Symptoms come on fast and are often severe, such as:

- High sudden fever; sore throat.
- Flat, red, sunburn-like rash on the trunk of the body that spreads. The skin on the palms of the hands and soles of the feet peels. Redness of the lips, eyes and tongue may also occur.
- Muscle aches, extreme fatigue and weakness.
- Abdominal pain, diarrhea, vomiting.
- Low blood pressure. Rapid pulse.
- Dizziness, confusion, fainting.

Causes

Toxic shock syndrome is caused when certain bacteria release toxins in the blood. It can result from wounds or an infection in the throat, lungs, skin or bone. Until recently, it affected mostly women who used super absorbent tampons. These trapped and allowed bacteria to grow and spread. Now, TSS is more often due to post-surgery complications and other wound infections including a C-section surgery.

Treatment

Toxic shock syndrome requires emergency medical care.

Questions to Ask

Are **signs and symptoms of toxic shock syndrome** listed on this page present?

YES



NO

Are any of these signs and symptoms present?

- Vomiting, then abdominal pain, and profuse, watery diarrhea.
- Muscle aches, headaches, sore throat, and “pinkeye” with a discharge that is clear.
- High fever without a skin rash, but with any other symptom listed in this question.

YES



NO

Does a wound have increased redness, swelling and/or pain? Does puss or other fluid drain from the wound?

YES



NO



Self-Care / Prevention

- Practice good hygiene. Wash your hands often.
- Keep wounds clean. See your doctor for signs of an infection (increased redness, swelling and/or pain, pus and/or fever).
- Don't use tampons if you've had TSS in the past.
- Change tampons and sanitary pads every 4 to 6 hours or more often. When you can, use sanitary napkins instead of tampons. Alternate tampons with sanitary pads or mini-pads during a menstrual period. Lubricate the tampon applicator with a water-soluble (nongreasy) lubricant, like K-Y Jelly®, before insertion.

Flowchart continued in next column

Urinary Problems

Common urinary problems in women are urinary incontinence, overactive bladder (OAB), and urinary tract infections (UTIs).

Signs and Symptoms

Urinary incontinence means you lose bladder control or can't store urine like you should. Although there are many types, the most common ones in women are stress incontinence and urge incontinence.

For Stress Incontinence

Urine leaks out with a sudden rise in pressure in the abdomen. This can occur when you cough, sneeze, lift, jump, run or strain to pass stool.

For Urge Incontinence

Urine is released before you can get to the toilet due to a sudden and intense urge to urinate.

For Overactive Bladder

You urinate often (8 or more times during the day and at least 2 times during the night) and you have a sudden and urgent need to urinate.

For Urinary Tract Infections

Bladder Infection Symptoms

- You urinate more often than usual. It burns or stings when you urinate.
- Your urine is bloody or cloudy.
- You have pain in the abdomen or over your bladder.
- Confusion or other change in mental status, especially if you are over age 70.

Kidney Infection Symptoms

- Fever and shaking chills; nausea and vomiting.
- Pain in one or both sides of your mid back.

Sometimes, there are no symptoms with a UTI.

Causes and Risk Factors

For Urinary Incontinence

Problems occur with bladder muscles and nerves that help you hold or release urine and structures that support the bladder. This can be due to many factors:

- Physical changes due to aging or injury.
- Pregnancy and childbirth.
- Menopause.
- Multiple sclerosis. Spinal cord injury.
- Being overweight.

For Overactive Bladder

Abnormal nerves send signals to the bladder at the wrong time. This causes spasms in the bladder muscles to squeeze without warning.

For Urinary Tract Infections

Bacteria infect any part of the urinary tract – the bladder, kidneys and ureters (tubes that connect the kidneys to the bladder).

Treatment

For Incontinence:

- Bladder training, pelvic floor muscle training, or Kegel exercises (see page 65).
- Medications.
- Medical treatment, such as an electric or magnetic stimulation device.
- Surgical procedures.

For Overactive Bladder

Medications that help relax muscles of the bladder and prevent bladder spasms.

For Urinary Tract Infections

An antibiotic is prescribed to treat the specific infection. Pain relievers are taken as needed.

Questions to Ask

Does a loss of bladder control come with any of these problems?

- A spine or back injury.
- Slurred speech.
- Loss of sight, double or blurred vision.
- Sudden, severe headache.
- Confusion and dizziness.
- Paralysis, weakness, or loss of feeling in an arm, leg, and/or the face on the same side of the body.

YES



Get Medical Care Fast

NO

Do you have **kidney infection symptoms** listed on page 63?

YES



Get Medical Care Fast

NO

Did you lose bladder control after a recent abdominal surgery or injury?

YES



See Doctor

NO

Do you have **bladder infection symptoms** listed on page 63?

YES



See Doctor

NO

Do you leak urine often or have constant dribbling of urine (signs of **overflow incontinence**)?

YES



See Doctor

NO

Do you have any of these problems?

- Constant urge to urinate.
- It feels like your bladder is still full after you urinate.
- Your urine smells bad.
- It hurts to have sex.

YES



See Doctor

NO

Have you had more than 3 bladder infections within 6 months or more than 4 bladder infections in the same year?

YES



See Doctor

NO

Did you get a skin rash or vaginal yeast infection after taking medicine prescribed for a urinary tract infection? Or, have symptoms not cleared up after taking prescribed medicine for 3 days?

YES



Call Doctor

NO

Do you leak urine after you jump, cough, sneeze, laugh or lift heavy objects? Do you want to find out about treatment(s) for loss of bladder control?

YES



Call Doctor

NO



Use Self-Care

Self-Care

For Urinary Tract Infections (UTIs)

- Drink at least 8 glasses of water a day. Unsweetened cranberry juice may also help.
- For pain, take acetaminophen, ibuprofen, naproxen sodium, or Uristat®, an over-the-counter medicine for bladder infection pain.
- Wear cotton underwear and loose-fitting slacks.
- Avoid alcohol, caffeine and spicy foods.
- Use a heating pad on your abdomen.



Cranberry juice may help prevent UTIs.

For Urinary Incontinence

- Avoid caffeine. Limit or avoid fluids 2 to 3 hours before bedtime.
- Limit carbonated drinks, alcohol, citrus juices, greasy and spicy foods, and artificial sweeteners.
- Empty your bladder before you leave the house, take a nap, or go to bed.
- Track how often you go to the bathroom, then slowly add 15 minutes between bathroom visits. Gradually increase the amount of time between visits to train your bladder to hold more urine before you need to go again.
- Keep a diary of when you leak urine. If you do this every 3 hours, empty your bladder every 2 hours. Use an alarm to remind you.
- Wear absorbent pads or briefs, as needed.
- Ask your doctor if your type of incontinence could be managed by using a self-catheter or vaginal pessary. This small device supports pelvic floor muscles. A doctor needs to prescribe these devices.

Kegel Exercises

Kegel exercises are pelvic floor exercises. These help treat or cure stress incontinence. Follow these steps:

1. Start to urinate, then hold back and try to stop. If you can slow the stream of urine, even a little, you are using the right muscles. You should feel muscles squeezing around the anus and the urethra (the tube through which urine is passed).
2. Relax your body. Close your eyes. Imagine that you are going to pass urine and then hold back from doing so. You should feel the muscles squeeze like you did in step 1.
3. Squeeze the muscles for 3 seconds. Then relax them for 3 seconds. When you squeeze and relax, count slowly. Start out doing this 3 times a day. Gradually work up to 3 sets of 10 contractions. Hold each one for 10 seconds at a time. You can do Kegel exercises when you lie down, sit and/or stand.
4. When you do these exercises do not tense the muscles in your belly or buttocks, hold your breath, clench your fists or teeth, or make a face.
5. Squeeze your pelvic floor muscles right before and during whatever it is (jumping, etc.) that causes you to leak urine. Relax the muscles once the activity is over.
6. You can also use pelvic weights prescribed by your doctor. You insert a weighted cone into the vagina and squeeze the correct muscles to keep it from falling out.

Do pelvic floor muscles daily. It may take several months to benefit from them.

FYI: Interstitial Cystitis (IC)

Note: Symptoms of a condition called Interstitial Cystitis (IC) mimic those of an acute UTI. Intense pain and pressure in the lower abdomen come with the need to urinate. (This can be more than 50 times a day.) Nine out of 10 persons who have IC are women. Antibiotics do not give relief, because bacteria is not present with IC. This condition needs medical diagnosis and treatment.

For Information, Contact:

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www.niddk.nih.gov

National Association for Continence (NAFC)
800.BLADDER (252.3337)
www.nafc.org

Vaginal Infections

Vaginal infections are very common. Vaginal infections result in vaginitis (swelling of the vagina).



Signs, Symptoms, and Causes

For Bacterial Vaginosis (BV)

Most females with clinical signs of BV report no symptoms. When present, symptoms include:

- A thin, gray, or milky white vaginal discharge. This has a fishy odor, which is more noted after intercourse.
- Itching around the outside of the vagina.
- Mild vaginal irritation or burning.

Bacterial vaginosis results when certain bacteria outnumber normal and protective bacteria in the vagina. The exact cause is not known.

Risk factors for BV include douching, using an IUD, and a change or an increase in sexual partners.

For Vaginal Yeast Infections

Vaginal yeast infections are also called Monilia, *Candida*, and fungal infections. Signs and symptoms range from mild to severe. They include:

- Thick, white vaginal discharge that looks like cottage cheese and may smell like yeast.
- Itching, irritation, swelling and redness around the vagina.
- Burning and/or pain when urinating or with sex.

Vaginal yeast infections result from the overgrowth of the fungus *Candida*. This is normally present in harmless amounts in the vagina, digestive tract, and mouth.

Risk Factors for Vaginal Yeast Infections

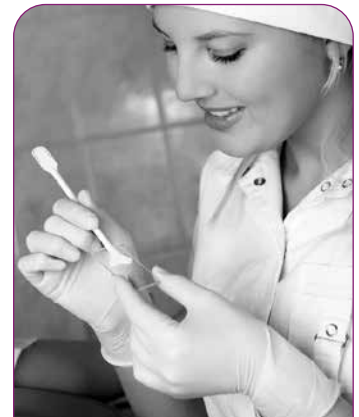
- Hormonal changes that come with pregnancy or monthly periods, and taking hormones or birth control pills.
- Antibiotic use, especially “broad spectrum” ones. Corticosteroid medicine use.
- High blood sugar, which can occur when diabetes is not controlled.
- Sex that irritates the vagina a lot.
- Using douches and feminine hygiene sprays.
- Using hot tubs and jacuzzis frequently.

Chronic vaginal yeast infections can be one of the first signs of diabetes, STIs and HIV.

{**Note:** Vaginal infections can also be caused by STIs. See pages 54 to 59.}

Diagnosis

Different vaginal infections have the same symptoms. This makes it hard to tell one from another. A doctor may need to diagnose the cause. A sample of vaginal fluid is taken and tested. Often, this takes less than 3 minutes.



Testing a sample of vaginal fluid diagnoses the cause of a vaginal infection.

Treatment

For Bacterial Vaginosis

Prescribed antibiotic creams, gels or pills are needed. Male sex partner(s) won't need treatment but a female sex partner may need treatment. Do not take over-the-counter (OTC) medications, such as ones for vaginal yeast infections. These **do not** treat BV.

For Vaginal Yeast Infections

Prescribed and OTC vaginal creams or suppositories get rid of the *Candida* overgrowth. Oral medicines, like Diflucan®, may be prescribed.

Questions to Ask

Do you have **signs and symptoms of bacterial vaginosis** listed on page 66?

NO

YES



Does your skin and/or the whites of your eyes look yellow after you took a prescribed, oral antifungal medicine?

NO

YES



With symptoms of a vaginal yeast infection, do any of these apply?

- This is the first time you have these symptoms or you are not sure that your problem is a yeast infection.
- An infection was treated, but came back within 2 months.
- After using self-care for 3 days, symptoms don't improve. Or, they worsen or last 1 week or longer.

YES



NO



See Self-Care in next column

Self-Care / Prevention

- Take medications, as prescribed.
- For a repeat vaginal yeast infection, use an OTC antifungal vaginal medication, such as Monistat. Use it as directed. {**Note:** Stop using any OTC product for a vaginal yeast infection at least 24 hours before a vaginal exam.}
- Ask your pharmacist about an OTC cream for itching and burning to help with symptoms during treatment.
- Bathe or shower often. Clean the inside folds of the vulva. Dry the vaginal area well.
- Wipe from front to back after using the toilet.
- If your vagina is dry, use a water soluble lubricant, such as K-Y Liquid®, when you have sex.
- Wear all-cotton underwear. Don't wear garments that are tight in the crotch. Change underwear and workout clothes as soon as possible after you sweat.
- Don't use bath oils, bubble baths, feminine hygiene sprays, or perfumed or deodorant soaps.
- Don't sit around in a wet bathing suit. Shower after you swim in a pool to remove the chlorine from your skin. Dry the vaginal area well.
- Eat well. Limiting sugar and foods with sugar may help. Eat foods, like yogurt, that contain live cultures of lactobacillus acidophilus. If you can't tolerate yogurt, take an OTC product that has this.
- Let your doctor know if you are prone to getting yeast infections whenever you take an antibiotic. You may need to use a vaginal antifungal product.
- If you still menstruate, use unscented tampons or sanitary pads and change them often.

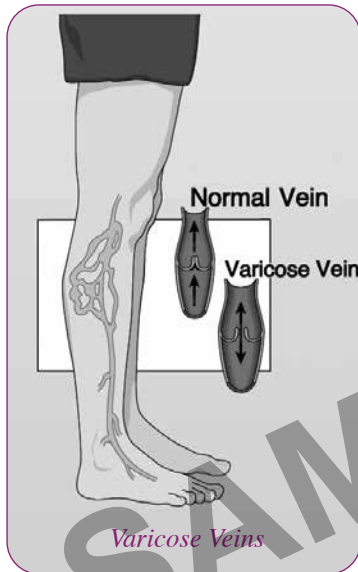
See, also, "To Treat STIs – For Genital Herpes" on page 59.

Varicose Veins

Varicose veins may occur in almost any part of the body. They are most often seen in the back of the calf or on the inside of the leg between the groin and the ankle.

Signs and Symptoms

- Swollen and twisted veins look blue and are close to the surface of the skin.
- Veins bulge and feel heavy.
- The legs and feet can swell.
- The skin can itch.



Causes and Risk Factors

- Obesity.
- Pregnancy.
- Hormonal changes at menopause.
- Activities or hobbies that require standing or lifting heavy objects for long periods of time.
- A family history of varicose veins.
- Often wearing clothing that is tight around the upper thighs.
- Body positions that restrict lower leg blood flow for long periods of time, such as sitting in an airplane, especially in the economy class section, on a long flight. Also includes standing for long periods.
- Past vein diseases, such as thrombophlebitis, which is inflammation of a vein before a blood clot forms.

Treatment

Medical treatment is not required for most varicose veins unless problems result. These include a deep vein blood clot or severe bleeding, which can be caused by an injury to the vein. Problems can occur without an injury, as well. An X-ray of the vein (venogram) or a special ultrasound can tell if there are any problems.

Medical Treatment

- Surgery can remove all or part of the vein.
- Sclerotherapy, which uses a chemical injection into the vein, causing it to close up.
- Laser therapy, which causes the vein to fade away.

Questions to Ask

Does it look like the varicose vein has broken open and is bleeding a lot under the skin? {*Note:* Apply direct pressure on the skin area over the varicose vein.}

YES



See Doctor

NO

Has the varicose vein become swollen, red, very tender or warm to the touch?

YES



See Doctor

NO

With varicose veins, does a rash or do sores occur on the leg or ankle?

YES



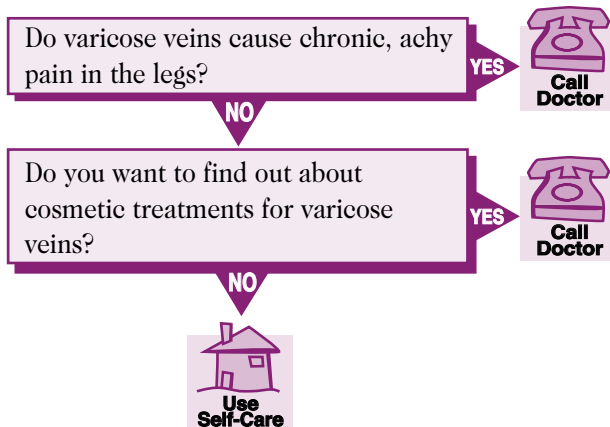
See Doctor

NO

Flowchart continued on next page

Varicose Veins, continued

Flowchart continued



Self-Care / Prevention

- Don't cross your legs when sitting.
- Exercise regularly. Walking is a good choice. It improves leg strength and vein strength.
- Maintain a healthy weight. Lose weight if you are overweight.
- Don't stand for long periods of time.



Walking improves leg strength and vein strength.

- If your job or hobby requires you to stand, shift your weight from one leg to the other every few minutes. Just wiggling your toes can help, too.
- Wear elastic compression stockings or support hose, as advised by your doctor.
- Don't wear clothing or undergarments that are tight or constrict your waist, groin or legs.
- Eat high-fiber foods, such as bran cereals, whole-grains, bean, lentils, and fresh fruits and vegetables, to promote regularity. Constipation may be a factor in varicose veins.
- Elevate your legs when resting.
- Exercise your legs. From a sitting position, rotate your feet at the ankles, turning them first clockwise, then counterclockwise, using a circular motion. Next, extend your legs forward and point your toes to the ceiling then to the floor. Next, lift your feet off the floor and gently bend your legs back and forth at the knees.
- Get up and move about every 35 to 45 minutes when traveling by air when sitting for most of the day. Opt for an aisle seat, when available.
- Stop and take short walks at least every 45 minutes when taking long car rides.

For Information, Contact:

American Academy of Dermatology
866.462.DERM (462.3376)
www.aad.org

American Vein & Lymphatic Society
www.myavls.org

Appendix A *Birth Control Options*

The chart on this page and the next 3 pages gives information on birth control methods. Discuss one(s) best suited for your needs with your doctor or health care provider. Ask for advice on more options. More than one birth control method may be needed to prevent pregnancy **AND** sexually transmitted infections.

* Typical use failure rate is the number of pregnancies expected per 100 females per year when typically used. If no method is used, the chance of pregnancy is between 85% and 90%.

Method	Failure Rate*	Comments	HIV / STI Protection
Abstinence. No sexual intercourse between a female and a male.	0%	Has no medical or hormonal side effects.	Yes
Birth Control Patch. Hormones released from a skin patch worn on the skin weekly for 3 weeks. It is not worn the 4 th week.	7%	Needs to be prescribed. Gives more estrogen than typical birth control pills. Increases the risk for blood clots (See Birth Control Pill for additional serious side effects). May not be as effective for females over 198 pounds.	No
Birth Control Pill. Hormones in pill form. Estrogen combined with progestin or progestin alone. Many types.	3% (1% when used correctly)	Needs to be prescribed. The pill may be less effective when taken with other medicines. Risk of blood clots, breast cancer and strokes in women who smoke, especially over age 35.	No
Cervical Cap. Plastic cap placed over the opening of the cervix. Used with a spermicide.	17%	Needs to be prescribed. Inserted before intercourse. Should be left in place for at least 8, but no more than 48 hours after last intercourse. Should not be used if there is a history of abnormal Pap tests.	No
Condom (Female). Polyurethane barrier placed inside the vagina.	21%	Can get over-the-counter. Should not be used at same time with a male condom. Can take time and patience to use the right way.	Yes
Condom (Male). Latex or polyurethane sheath worn over an erect penis.	13% to 18%	Can get over-the-counter. Slight risk of breakage. Loses quality when exposed to ultraviolet light, heat and oil-based lubricants and creams.	Yes

Birth Control Options, continued

Method	Failure Rate*	Comments	HIV / STI Protection
Depo-Provera. Hormone given through a shot every 3 months.	4% to 6%	Needs to be prescribed. May cause irregular periods, weight gain, fatigue and headaches. Once stopped, it can take 4 to 18 months for a woman to be fertile again. Can cause bone loss if taken for more than 2 years.	No
Diaphragm. Reusable, thin, soft, cap (plastic or silicon) that covers the cervix. Used with a spermicide.	6% to 16%	Needs to be prescribed. Should be checked for leaks. Size may need to be changed with weight changes. May dislodge during intercourse. Should be left in place at least 6, but no more than 24 hours, after last intercourse.	No
Emergency Contraception Pills. High-dose birth control pills that need to be taken up to 5 days after unprotected intercourse. Called “morning after pill.”	11% to 25% (the sooner used, the more effective)	Progestin-only pills are available over-the-counter without age restrictions. Other types, such as ella®, are available by prescription only for all ages. Most require a single dose but some are taken as 2 doses, 12 hours apart. Can cause nausea, vomiting, breast tenderness and changes in menstrual periods.	No
Emergency IUD Insertion. Needs to be done within 5 days of unprotected intercourse.	Less than 1%	Needs to be done by a health care professional. Used as an emergency contraception method.	No
FemCap®. Silicone rubber device. Fits snugly over the cervix.	17% to 23%; less effective if gave birth	Needs to be prescribed. Should be left in place for at least 6, but no more than 48 hours, after last intercourse.	No
Intrauterine Device (IUD). ParaGard. Small copper device inserted into uterus. { <i>Note:</i> An IUD does not prevent an ectopic pregnancy. With this, an embryo starts to grow outside the uterus.}	Less than 1%	Needs to be inserted and removed by health care professional. Can be left in place for up to 10 years. May become dislodged. Risk of infection and piercing of the uterus. Need to check that the 2 strings hang from the bottom so the IUD is in the correct position.	No

Birth Control Options, continued

Method	Failure Rate*	Comments	HIV / STI Protection
Intrauterine System (IUS). Mirena®. T-shaped device placed in uterus. Releases low dose of hormones every day for 5 years.	Less than 1%	Needs to be inserted and removed by a health care professional. May lessen menstrual cramps. Needs to be replaced every 5 years.	No
Lea's Shield®. Silicone cup with an air valve and a loop (aids in removal) that fits snugly over the cervix. Used with a spermicide.	15%	Needs to be prescribed. Should be left in place at least 8, but no more than 48 hours, after last intercourse.	No
Natural Family Planning. Ovulation signs need to be checked for and tracked.	2% to 23%	Sexual intercourse must be limited to "safe" days. Takes training, time and record keeping to work right. Method for planning a pregnancy, too.	No
Nexplanon®. Thin plastic implant about the size of a match stick. Releases a low dose of the hormone progestin for up to 5 years.	Less than 1%	Needs to be inserted and removed by a health care professional. Can cause irregular menstrual bleeding, mostly fewer and lighter periods, or no periods; weight gain and headaches.	No
NuvaRing®. A soft, flexible ring that a female inserts deep into the vagina. Contains hormones.	7% to 9%	Needs to be prescribed. A new Ring is inserted once and kept in place for 3 weeks. It is removed the week of menstrual period. May cause increased risk for vaginal problems.	No
Spermicides (Foams, Jellies, Creams). Chemicals inserted into the vagina kill sperm before it enters the uterus.	21% to 28%	Can get over-the-counter. More reliable when used with condoms, diaphragms, etc. Inserted between 5 and 90 minutes before intercourse. Need to reapply for repeated acts of intercourse.	No

Birth Control Options, continued

Method	Failure Rate*	Comments	HIV / STI Protection
Today Sponge® Polyurethane barrier that contains spermicide.	12% to 24%	Can get over-the-counter. Must be left in place for 6 hours after last intercourse, but should not be worn for more than 24 hours after sex.	Some
Sterilization (Female). Tubal ligation (having the tubes tied). This surgery burns, cuts, blocks or ties off the fallopian tubes. Another type, tubal implants (Essure®), is not surgery. A device is inserted through the vagina and uterus into each fallopian tube. This causes scar tissue to grow and plug the tubes.	Less than 1%	Permanent form of birth control. Should be used only when no more children are desired. Surgery usually needs general anesthesia. Essure® is no longer sold in the U.S. but women who are using it to prevent pregnancy can continue to use it. Women who suspect they may be having symptoms related to the device, such as pain, should talk to their doctor about what steps may be appropriate for them to take.	No
Sterilization (Male). Vasectomy. The tubes through which sperm travels from the testes are cut.	Less than 1%	Permanent form of birth control. Done in an outpatient setting with local anesthesia. Not effective right away. Sperm can still be present for 20 ejaculations.	No
Withdrawal. The penis is removed before ejaculation.	Up to 27%	Have to control ejaculation. Sperm can leak before this occurs.	No

For Information, Contact:

Office on Women's Health
www.womenshealth.gov

Centers for Disease Control and Prevention
www.cdc.gov/reproductivehealth/contraception



Birth control needs can change. Discuss one(s) best suited for your needs with your doctor or health care provider.

Appendix B *Plan for a Healthy Pregnancy*

To help a pregnancy get off to a good start, take these steps before you get pregnant:

- Get a medical checkup. Discuss your medical history and your family medical history with your doctor. Include past pregnancy problems.
- Do you have a chronic medical problem, such as asthma, diabetes or high blood pressure? If you do, ask your doctor if changes need to be made in your treatment plan.
- Find out what medicines you can take. Ask which ones you should not take. Tell or show your doctor all prescribed and over-the-counter medicines, vitamins, herbal products, etc. that you take. Ask if you need to change any of these while you try to get pregnant.
- Take a prenatal vitamin supplement before pregnancy and continue taking it throughout your pregnancy. This should include iron and folic acid. Taking 400-800 micrograms of folic acid every day can help prevent serious birth defects of the brain and spine. Make sure you take folic acid for at least one month before you get pregnant. Women who have had a baby with a serious problem of the brain or spine should take the amount of folic acid their doctor's advice.



- Discuss current and past birth control methods. Ask what method you should use until you decide to get pregnant.
- If you or your partner has a family history of sickle-cell disease, cystic fibrosis, Tay-Sachs disease, etc., get genetic counseling. Do this, too, if you are older than age 35 or if your partner is age 60 or older.
- Do you smoke? Do you take street drugs? If so, now is the time to quit. Get help if you need it.
- Secondhand smoke can expose the fetus to toxic chemicals so no one that you live with should smoke around you.
- Stop drinking alcohol.
- Get vaccines and health screenings, as advised by your doctor.
- Avoid exposure to X-rays.
- Eat a healthy diet that includes plenty of fruits and vegetables, whole grains, beans and lentils, nuts and seeds, lean animal proteins (e.g., chicken) and low-fat dairy foods and other calcium-rich foods.
- Caffeine is okay for women planning to get pregnant, but limit it to 400 milligrams a day. This is the amount in about two 8-ounce cups of coffee. Follow your doctor's advice for caffeine during pregnancy.
- Get regular exercise.
- If you are overweight, lose weight before you get pregnant.
- Stay away from chemicals and cat or rodent feces.

For Information, Contact:

March of Dimes
www.marchofdimes.org

Appendix C *Screening Tests & When to Have Them*

Note: These are general guidelines. Women should also be screened for alcohol misuse, depression, obesity and tobacco use. If you are at an increased risk for an illness, tests may need to be done sooner or more often. Extra tests, such as screening for prediabetes and diabetes, may also be needed. Follow your doctor's advice for tests and exams. Get U.S. Preventive Services Task Force advice for screening tests based on age and sex from: www.healthfinder.gov.

Health Test	Ages 18–29	Ages 30–49	Ages 50+
Dental Checkup	Every 6 months		
Physical Exam / Checkup	Discuss with doctor		
Blood Pressure Reading	Once a year		
Cholesterol Blood Test	Discuss with doctor		
Chlamydia and Gonorrhea Screening	Every year: All sexually active women ages 24 and younger; ages 25 + if at increased risk		
Cervical Cancer Screening	From ages 21-65, a Pap test every 3 years. Women ages 30-65 can opt for just an HPV test or for a Pap test and HPV testing every 5 years.		
Hepatitis C	At least once		
HIV Screening	At least once and more often if at higher risk; also during pregnancy		
Breast Exam by Doctor or Nurse ¹			Discuss with doctor
Mammogram ¹	Discuss with doctor		Every 2 years ages 50-74
Colorectal Cancer Screening ²			Ages 45-75
Osteoporosis Screening (Bone Density Test)	All women starting at age 65 (younger if at an increased risk for fractures), as advised by doctor		



Regular checkups can help find problems early when they are easier to treat.

1. Breast cancer screening guidelines vary with different health groups. For ages 40-49 and 75+, discuss your breast cancer risk and the breast cancer screening recommendations with your doctor or health care provider. Women at a high risk should seek expert medical advice about breast cancer screening and prevention.
2. Follow your doctor or health care provider's advice. Screening test options include a high-sensitivity stool blood test, sigmoidoscopy and colonoscopy. How often testing is needed depends on the test(s) given and your risk factors.

Note: If you have diabetes, you should get an A1C blood test every 3-6 months. Every year, you should get a blood cholesterol screening, a foot exam, a dilated retinal eye exam, and a urine test for kidney function.

Appendix D *Calling Your Doctor Checklist*

Be involved in your health care. Gather information.

- ☐ Doctor's phone number(s): _____

- ☐ The doctor's office hours: _____
- ☐ Best time to call: _____
- ☐ Doctor's email or patient portal login:

- ☐ Doctor's office's procedures for returning calls,
emails or patient portal messages: _____

- ☐ Whom should you talk to if you can't talk to the
doctor directly? _____
- ☐ Phone number for emergency calls or calls when the
office is closed: _____
- ☐ Person/phone number to call if the doctor is out of
town or not available: _____

During the Call or Telehealth Visit with Your Doctor

Be able to give the following information:

- ☐ The reason you called. (Have someone else call the
doctor for you if you can't do it yourself.)
- ☐ Your signs and symptoms (in the order they
occurred) and what makes them better or worse:

- ☐ Report the results of home tests and things you have
been keeping track of. Examples are a temperature
of 101°F for 2 days, a burning sensation when
urinating, etc.

- ☐ Medicines you take (prescribed and over-the-
counter, herbal products, vitamins, etc.):

- ☐ Allergies to medicines, foods, etc.:

- ☐ The phone number to your pharmacy:

- ☐ Instructions given:

- ☐ Ask the doctor if you should call him or her back
or if you should make an office appointment.

- ☐ Reasons to go to an urgent care center or to the
emergency room:

- ☐ Thank the doctor for talking to you on the telephone.

Appendix E *Visiting Your Doctor Checklist*

Be involved in your health care. Know your health history. Make a list of these things:

- ☐ Health conditions that run in your family (e.g., breast or other cancers, diabetes, high blood pressure, alcoholism, etc.).
- ☐ Past illnesses and what medical treatment you had for each.
- ☐ Past hospitalizations and surgeries.
- ☐ Medications you take or have taken (e.g., names, doses, side effects, if any).
- ☐ Number of pregnancies, their outcomes, and any problems you had.
- ☐ Birth control method(s) you have used and use now, and side effects, if any.
- ☐ Menstrual history: When your periods started, if they've been regular or not, and if you have or have had any problems.

Take the list with you to the doctor's office or have it handy during your telehealth visit.

It's easy to forget to ask your doctor all your questions and express all your concerns. The checklist

in the next column and on the next page helps to identify what things you might forget to ask and discuss. Note the questions from the list that you want to ask your doctor. Take the list with you.



Be prepared to discuss your health history and current health needs with your doctor.

Sample Questions to Ask Your Doctor

What's wrong?

- ☐ What problem do I have? Ask the doctor to explain any medical terms you do not understand.
- ☐ Do I need more testing? If so, what? How much do these tests cost? Will my insurance cover the costs? Where do I get the information?

What will happen?

- ☐ How will this problem affect me now and in the future?

What should I do?

- ☐ What treatment should I follow? This could include medical treatment or changes to diet or lifestyle.
- ☐ What will happen if I don't treat it now?
- ☐ How do I get ready for any tests that I need?
- ☐ How often should I have a mammogram, pelvic exam, Pap test, and professional breast exam? Should I have any tests for STIs?
- ☐ What other tests should I have and when?
- ☐ Do I call to schedule tests or does your office do this for me?
- ☐ When and how will I get the test results? Should I call you to find out?
- ☐ When do you want to see me again?
- ☐ What else should I know?
- ☐ Where can I get more information about this problem?
- ☐ Are there any local or national health organizations that I can call or access online for more information? Do you have their numbers and websites?
- ☐ Where should I go if I need emergency care?

What about seeing another doctor?

- ☐ Should I see a specialist?
- ☐ Does this specialist work out of more than one office?
- ☐ Whom should I see? Can you write this down for me?
- ☐ Is this person board-certified?
- ☐ How soon should I be seen by this specialist?
- ☐ What if I can't get an appointment for a month or more? Can you help me get in sooner or should I try to see someone else?

How much will this cost me?

- ☐ What will this office visit cost me today?
- ☐ What will the fees be for other services? Ask this before you get the services.
- ☐ What does my health insurance cover?

What will the medicine do?

- ☐ Why do I need this medicine? *{Note: If your insurance plan has a list of preferred medicines (formulary), take the list with you to the doctor's office. Your insurance plan provides the list.}*
- ☐ What is the name of the drug?
- ☐ How and when should I take it?
- ☐ What should I do if I forget to take it?
- ☐ Should I expect side effects? What side effects should I let you know about?
- ☐ Is this drug known to cause birth defects? (Females who are pregnant or planning a future pregnancy should ask this question.)
- ☐ Are there any foods, drinks, or things I should avoid when taking this medicine?

- ☐ Will I have to take this medicine for a short time or from now on?
- ☐ Is there a generic form of this medicine?
- ☐ Will this medicine be okay to take with other medicines I'm already taking?
- ☐ Could any nondrug measures work as well?

What about surgery?

- ☐ Do I need surgery at this time?
- ☐ Who will do the surgery? How many times has this surgeon done this surgery?
- ☐ Should I have this surgery at a certain time of the month in relationship to my menstrual cycle?
- ☐ What are my choices with surgery? Ask about minor procedures vs. major ones.
- ☐ Do I have any choices instead of surgery?
- ☐ What are the benefits? What are the risks?
- ☐ Can I have the surgery as an outpatient?
- ☐ Where will I have this surgery?
- ☐ Where can I get a second opinion? Find out if your insurance company needs a second opinion for surgery and what their rules are. Your insurance company may want you to call a certain number and use certain doctors for second opinions.



Your pharmacist can answer questions about prescribed and over-the-counter medicines.

Appendix F *Getting Help for Violence and Abuse*

It may not be easy to admit that you are the victim of abuse. This can be especially true if the abuser is your intimate partner. You may be confused about what to do or how to find a way out.

Violence and abuse are also referred to as domestic violence, intimate partner violence, dating abuse or relationship abuse. It is more than physical violence. It includes behaviors used by one person or partner to maintain power and control over another person or partner. In addition to physical abuse, there may also be behaviors that intimidate, manipulate or control the person or partner through threats, emotional abuse or financial control.

It is time to get help if the person you love, live with, or work with does any of these things:

- Insults and puts you down in public.
- Pressures you to have sex you're not comfortable with.
- Keeps you from seeing or talking to family, friends or co-workers.
- Monitors what you are doing all of the time.
- Keeps accusing you of being unfaithful.
- Destroys things you own or care about.
- Gets angry when he or she drinks alcohol or uses drugs.
- Blames you for his or her angry outbursts.
- Threatens to hurt you, children or animals. Beats, chokes, hits, kicks, pushes, shoves or slaps you or them, or hurts you in any way.
- Says it is your fault if he or she hurts you, then promises that it will not happen again.
- Threatens to or uses weapons against you.

- Forces you to have sex against your will. {The Department of Veterans Affairs uses the term military sexual trauma (MST) for sexual assault or repeated, threatening sexual harassment that occurred while a Veteran was in the service.}

Causes

Violence and abuse are ways to gain and keep control over others. Those who commit violence or abuse come from all backgrounds, including any race, age, gender, religion, education level or economic status. Often, they have these problems:



Confide in someone you trust.

- Poor skills to communicate
- Past family violence. They may have been abused in the past. They may have seen one parent abuse the other.
- Alcohol or drug problems

Regardless of the cause, no one deserves to be abused! Most often, persons who abuse others or commit violence, find it hard to change their behavior without expert help. If you are a victim of violence or abuse, get help and support.

Getting Help

- If you are assaulted or threatened or need emergency help, **call 911!**
- Take safety precautions when using the internet, your cell phone and social media. Learn more at www.thehotline.org/plan-for-safety/internet-safety.
- If you are not in immediate danger, have a plan for times you feel unsafe or in danger or when you decide to leave the abusive setting.
 - Decide who you will call (e.g., police, neighbors, relatives and a shelter). Make a list of these telephone numbers. Memorize the numbers, too.
 - Decide where you will go. If you have children, plan how you will take them with you. Have a plan for where they should go if you can't get away. Practice these safety plans with your children. Plan how you will take your pets, too.
 - Let trusted friends and neighbors know about your situation. Give them instructions on who to contact, or not contact, in moments of crisis.
- Be prepared to leave an abusive setting. Keep important items in a safe place (unknown to the person who is abusing you) until you are ready to leave or if you have to leave quickly. Get these items together ahead of time:
 - Extra keys to your car, house and safety deposit box.
 - Cash, credit cards and ATM card, checkbook, bankbooks, and investment records or their account numbers.
 - Jewelry or other small objects that you can sell in case you need money.
 - Cell phone, a phone calling card, and phone numbers that you need.

- Personal papers for you and your children. These can be the original forms, copies of them, or information, such as numbers and dates written on paper. Items include:

- Birth certificates and social security numbers.
- Driver's license, state ID and passports.
- Car registration, title, and insurance information.



- Medical ID cards and medical records for you and your children.
- Marriage license, divorce papers, legal papers for custody, restraining orders, etc.
- House deed or lease agreement.

- To help recover from sexual assault or trauma, contact your doctor or health care provider for proper counseling and treatment. **{Note:** Veterans can receive free treatment for military sexual trauma (MST) at all VA health care facilities.}

For Information, Contact:

National Domestic Violence Hotline
800.799.SAFE (799.7233)
www.thehotline.org

Rape, Abuse, & Incest National Network (RAINN)
www.rainn.org

- National Sexual Assault Hotline
800.656.HOPE (656.4673)
- National Sexual Assault Online Hotline
www.rainn.org/about-national-sexual-assault-telephone-hotline