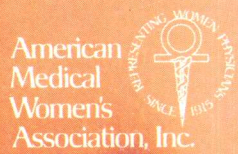


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**UP-TO-THE-MINUTE  
MEDICAL INFORMATION  
ON THE ISSUES THAT  
CONCERN WOMEN MOST**

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# THE WOMEN'S COMPLETE HEALTHBOOK

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## MEDICAL CO-EDITORS

**Roselyn Payne Epps**

M.D., M.P.H., M.A., F.A.A.P.

Expert, National Institutes of Health, Bethesda, MD  
Professor, Howard University College of Medicine,  
Washington, D.C.

Past President, American Medical Women's Association.

**Susan Cobb Stewart**

M.D., F.A.C.P.

Associate Medical Director, J.P. Morgan, New York City  
Clinical Assistant Professor of Medicine, State  
University of New York, Brooklyn

Past President, American Medical Women's Association.

Produced by  
The Philip Lief Group, Inc.



Y2002257

A Dell Trade Paperback



801 N. Fairfax Street, Suite 400,  
Alexandria, VA 22314.

**A DELL TRADE PAPERBACK**

Published by  
Dell Publishing  
A Division of Random House, Inc.  
1540 Broadway  
New York, New York 10036

Produced by  
The Philip Lief Group, Inc.  
6 West 20<sup>th</sup> Street  
New York, New York 10011

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The trademark Dell® is registered in the U.S. Patent  
and Trademark Office.

Library of Congress Cataloging-in-Publication Data  
The Women's Complete Healthbook/The American Women's  
Association; medical editors, Roselyn P. Epps, Susan  
C. Stewart

p.cm.

includes index.

ISBN 0-440-50723-5

1. Women—Health and hygiene. I. Epps, Roselyn Payne.

II. Stewart, Susan C.

III. American Medical Women's Association.

RA778.W7481995

613.04244—dc20

94-36851

CIP

Printed in the United States of America

Published simultaneously in Canada  
June 1995

10 9 8 7 6 5 4 3

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Medical  
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# The Women's Complete Healthbook



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"IF YOU HAVE ONLY ONE WOMEN'S HEALTH BOOK IN YOUR HOME,  
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Associate Medical Director, J.P. Morgan, New York City  
Clinical Assistant Professor of Medicine, State University of  
New York, Brooklyn  
Past President, American Medical Women's Association

## MEDICAL CONTRIBUTORS

Elizabeth A. Abel, M.D., F.A.A.D.

Diane L. Adams, M.D., M.P.H.

Judith C. Ahronheim, M.D., F.A.C.P.

Jeanne F. Arnold, M.D., F.A.A.F.P.

Penny A. Asbell, M.D., F.A.C.S.

Susan Aucott Ballagh, M.D.

Claudia R. Baquet, M.D., M.P.H.

Barbara Bartlik, M.D.

Ana Bartolomei Aguilera, M.D.

Doris Gorka Bartuska, M.D., F.A.C.P., F.A.C.E.

Tamara G. Bavendam, M.D.

Susan J. Blumenthal, M.D., M.P.A., F.A.P.A.

Marjorie Braude, M.D.

Carolyn Barley Britton, M.D., M.S.

Linda M. Brzustowicz, M.D.

Karen Laurie David, M.D., M.S., F.A.A.P.

Leah J. Dickstein, M.D., F.A.P.A.

Zoe Diana Draelos, M.D., F.A.A.D.

Patricia G. Engasser, M.D., F.A.A.D.

Elaine B. Feldman, M.D., F.A.C.P.

Kathleen M. Foley, M.D.

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Jean A. Hamilton, M.D.

Claudia I. Henschke, M.D., PH.D.

Debra R. Judelson, M.D., F.A.C.P., F.A.C.C.

Lynn C. Kase, M.A., C.C.C.-A.

Lois Anne Katz, M.D., F.A.C.P.

Satty Gill Keswani, M.D., F.A.C.O.G.

Gwen S. Korovin, M.D.

Ruth A. Lawrence, M.D., F.A.A.P.

Sandra P. Levison, M.D., F.A.C.P.

Joan A. Lit, M.D.

Katherine A. O'Hanlan, M.D., F.A.C.O.G., F.A.C.S.

Janet Rose Osuch, M.D., F.A.C.S.

Melissa Susan Pashcow, M.D., F.A.C.S.

Jane A. Petro, M.D., F.A.C.S.

Judith Petry, M.D., F.A.C.S.

Linda G. Phillips, M.D., F.A.C.S.

Claudia S. Plottel, M.D., F.C.C.P.

Christina Gertrud Rehm, M.D., F.A.C.S.

June K. Robinson, M.D., F.A.A.D.

Maj-Britt Rosenbaum, M.D., F.A.P.A.

Marjorie S. Sirridge, M.D., M.A.C.P.

Diane Sixsmith, M.D., M.P.H., F.A.C.E.P.

Rosemary K. Sokas, M.D., M.O.H., F.A.C.P.

Jeanne Spurlock, M.D., F.A.P.A.

Penny Steiner-Grossman, ED.D., M.P.H.

Frances J. Storrs, M.D., F.A.A.D.

Francesca Morosani Thompson, M.D., F.A.A.O.S.

Laura L. Tosi, M.D., F.A.A.O.S.

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# Acknowledgments

**S**pecial thanks to our husbands, Duncan J. Stewart and Charles H. Epps, Jr., M.D., for their help and support, to AnnMarie Englese and Charlene Booker at J.P. Morgan, and to all the patients, who have taught us so much. The major participation of Eileen McGrath, J.D., C.A.E., Executive Director of the American Medical Women's Association is gratefully acknowledged. We thank the AMWA leadership, members and staff for their encouragement and assistance. We also thank reviewers Charles H. Epps, Jr., M.D., Charles H. Epps, III, M.D., Roselyn E. Epps, M.D., Howard R. Epps, M.D., and AMWA staff Marcia Saumweber, Lois Schoenbrun, Lisa McLendon, Sonia Ramamoorthy, Gillian Thomas, Regina Sanborn, Elizabeth Woods, Jacqueline DeSarno, and Marie Glanz, as well as Laurie Rockett, Esq.

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# Preface

**W**hen the American Medical Women's Association (AMWA) was founded in 1915, women did not have the right to vote, many medical schools did not admit women, and a physician could be arrested for discussing birth control with a patient.

Since that time, technology and social change have dramatically altered medicine in this country. AMWA has remained in the forefront of that social and technical change.

In the 1970s, American women began a grassroots movement in women's health. AMWA members were often among the leaders, empowering women to understand and take control of the health care decisions that affected their lives.

In the 1990s, this may be even more crucial. As parents live longer and child rearing becomes more complex, women are often at the center of their ex-

tended families. In this role, they not only make most of the health care decisions for themselves and their family, they are often primary caregivers.

*The Women's Complete Healthbook* is a resource to empower women who make health care decisions. The authors are women physicians who face the same challenges that you face. Like you, they make the health care decisions for their families and provide care when they are sick. Like you, they struggle for balance between their careers and personal lives. Like you, they sometimes need a place to find information.

On behalf of the 13,000 women physicians and medical students in the American Medical Women's Association, I encourage you to use this valuable resource.

Diana L. Dell, M.D., F.A.C.O.G.,  
AMWA President, 1995-1996

---

# Introduction

**H**ealth—the physical, mental, and social well-being of an individual—is a subject of interest to everyone. This is especially true of women. Most of the decisions about health care are made by women. They monitor their own care as well as that of their immediate and extended families. A woman's interest and involvement in health issues cover a broad spectrum: promoting family health, making decisions about care for aging family members, and being a wise consumer in using the health care system effectively. Now, in one valuable resource, a woman has the key information she needs when faced with important decisions about health care. *The Women's Complete Healthbook* was written by women physicians, for women, about women.

*The Women's Complete Healthbook* has been compiled by the American Medical Women's Association (AMWA) as another manifestation of its ongoing commitment to women's health. As the nation's oldest and largest medical organization of women physicians and medical students, AMWA represents women in every medical specialty and every type of medical practice. It is devoted to educating professionals, patients, and the public about important health care issues, specifically those that relate uniquely to women, as well as promoting women's health in general.

The authors represent the diversity in specialties and practice types of AMWA members. They are also women who understand the special concerns of women. These authors appreciate the need to treat the total woman, not just the disorder, and that sensitivity is reflected in the content of this book. It is designed to help women be educated, active participants in their health care and that of their loved ones.

*The Women's Complete Healthbook* is an authoritative, comprehensive reference to all aspects of women's health. It focuses on the special concerns of women. It eliminates the fragmented, inadequate information about women's health that often results when issues are addressed in isolation or the popula-

tion is considered as a whole. This comprehensive women's health book has been written entirely by women physicians and other medical professionals. The authors represent leaders in their medical specialties, in medical education, and in public policy. Most of the authors are in practice and interact daily with patients. The result is a book that is scientifically based, contains the latest medical information, and yet is practical for the individual seeking personal information.

The emphasis of *The Women's Complete Healthbook* is on health and how to maintain it through prevention of disease and promotion of healthy behaviors. Diseases are a part of life, however, so it is important that women understand how disease affects the body systems and know when and how to obtain medical care. The book is organized in a manner intended to meet these goals and to enhance its use and value.

The content of *The Women's Complete Healthbook* is organized into four major sections. Part I, "Being a Savvy Consumer," focuses on the new national perspectives on women's health and the evolving health care system in today's environment of managed care. Part II, "Keeping Healthy," presents information on health maintenance of special significance to women, such as diet, exercise, mental health, and sexuality. Part III is devoted to a number of aspects of reproductive health. Part IV covers each of the body systems—structure and function, preventive measures, symptoms, conditions, and treatment—as well as special topics such as AIDS, cancer, pain control, and managing medications. An appendix describes diagnostic procedures.

The discussions of disorders and symptoms are geared to help readers analyze their problems logically and seek appropriate medical attention. Common medical conditions, especially those that occur more often in women, are highlighted. Because many conditions affect more than one system, there is some overlap in the content from one chapter to another. This overlap is intentional and designed to make the book easier to



use. A book of this scope cannot cover every manifestation of every disease, however, and it should not be considered a substitute for the medical advice of the reader's doctor. The reader should consult the appropriate medical professional in all matters relating to her health. This book contains information about the training and expertise of various medical specialists to help in choosing the right physician. A safe rule to follow is to see a physician if symptoms persist. If the

initial medical evaluation is unsatisfactory, seek further medical attention.

*The Women's Healthbook* is the collective effort of many individuals who contributed their time and their expertise to ensuring the quality of the content; their names appear at the front of the book and in the Editors and Contributors section at the end.

The Editors

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PART I

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**BEING  
A SAVVY  
CONSUMER  
OF  
HEALTH CARE**



## CHAPTER 1

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# A New National Focus on Women's Health

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Susan J. Blumenthal, M.D., M.P.A., F.A.P.A.

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### **Women's Health and the Medical Community**

#### **Raising Awareness about Women's Health Issues**

The Federal Effort on Women's Health  
The Women's Health Initiative

### **Critical Issues in Women's Health**

The Younger Years  
The Later Years  
What's Needed for the Future

### **Steps to Good Health**

Over the last several decades, our society has witnessed tremendous changes in the lives of women. Today, women enjoy educational and professional opportunities never imagined a generation ago. For the first time in our nation's history, there are more women than men enrolled in colleges and universities, and more women than men now pursue graduate study. Women over the age of 18 make up 38 percent of the total populace and 45 percent of our nation's work force.

Thanks to general improvements in public health, women's average life expectancy has increased by almost 30 years since the beginning of the century. As of 1990, women made up 59 percent of Americans over the age of 65 and 72 percent of the group aged 85 and older. By contrast, in 1900, women constituted 49.5 percent of the population over the age of 65 and 55 percent of the group over the age of 85.

There's a darker side to this generally rosy picture, however. Although women are living longer, they are not necessarily living better. Women now face health problems that accompany old age—such as osteoporosis, depression, and Alzheimer's disease—in greater numbers than do men. Moreover, throughout their lives, women tend to suffer far more illnesses and chronic, debilitating conditions than do men. In fact, women's activities are limited by poor health approximately 25 percent more days each year than are men's activities, and women are bedridden 35 percent more days than men because of infectious diseases, respiratory problems, digestive diseases, injuries, and other chronic conditions.

Furthermore, work outside the home has become a necessity, not always a choice, for many women with families. Since 1951, the number of women in the paid work force has increased by nearly 1 million workers per year, with the largest increase among married women who have children. Between 1977 and 1991, for example, the number of married women employed outside the home increased from 43 to 56 percent, and

in 1990, 66.3 percent of women in the work force had children under the age of 18. More than ever before in U.S. history, women are essential to the economic survival of their families.

Despite the high influx of women into the American workplace and the increasing importance of women's contributions to the economic life of our country, women remain clustered in lower-wage and part-time jobs that do not provide health insurance or other benefits. Today, a woman still earns only 72 cents for every dollar earned by a man, an increase of only 3 cents since 1980. Of female-headed households in the United States, 45 percent have incomes below the poverty line compared with 8 percent of households headed by males.

The economics of many women's lives can have serious consequences on their health. Women who live in poverty—many of whom are women of color—suffer from more illnesses, have less access to health care, and have shorter life spans than other women. For example, the life expectancy for white women (79.4 years) is nearly 6 years longer than that of African-American women (73.6 years). According to the Centers for Disease Control and Prevention, between 1986 and 1988, the statistics for years of potential life lost before age 65 were highest for African-American women, followed by Native American women, white women, Hispanic-American women, Asian-American women, and Pacific Islander women.

Poor health care is often the reason for a lowered life expectancy. For example, while the incidence of breast cancer is actually lower among African-American women than among white women, African-American women have a higher mortality rate from breast cancer because of their more limited access to screening mammography, clinical breast examinations, and treatments. Similarly, poor women in rural areas have less access to prenatal care than other American women, and homeless women have no regular source of health care at all.

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## WOMEN'S HEALTH AND THE MEDICAL COMMUNITY

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With women now living longer and playing a more visible role in the public and economic life of our nation, the government, the medical establishment, and employers are beginning to pay more attention to the economic and social consequences of women's health.

Indeed, in recent years, the United States has experienced a virtual awakening about the importance of women's health and the deplorable dearth of verifiable scientific knowledge about the diseases and conditions that uniquely or disproportionately affect women. For



example, we still do not know whether hormone-replacement therapy should be routinely provided to perimenopausal and postmenopausal women. We know that cardiovascular disease is the leading killer of women, yet we do not know definitively if estrogen—or aspirin, for that matter—can reduce the risk of heart disease for older women.

Part of the problem is that physicians and medical researchers have taken the Renaissance idea of “man as the measure of all things” in the most literal sense. It is true that women were sometimes excluded from medical research because of the fear of possibly harming a fetus; but in many cases, the exclusion clearly has reflected a social bias. For example, the Multiple Risk Factor Intervention Trial, a major study of heart disease (appropriately called “Mr. Fit”), looked at the influence of lifestyle factors on cholesterol levels and the development of heart disease among 15,000 men—and not a single woman. In short, women have not been seen as the measure of health, even for other women. Consequently, the medical community lacks hard data about the causes, risk factors, prevention strategies, and optimum treatments for such common diseases as cardiovascular disorders (the number one killer of women

in the United States) and osteoporosis. Not surprisingly, women have become increasingly disturbed and angry about the lack of attention given to *their* health problems.

It is particularly astonishing that women, who constitute a majority of the elderly in the United States, have even been excluded from studies of aging. For instance, the Baltimore Longitudinal Study on Aging, which was funded by the National Institutes of Health (NIH) and launched in 1958, did not include women until 1978, and the study's 1984 report, titled *Normal Human Aging*, contains no data specific to women.

The lack of scientifically sound information on women's health has negative repercussions for men, because research on women could provide comparative data for and insights into men's health. For instance, recent research on cardiovascular disease in women links high levels of estrogen with a lower incidence of disease among premenopausal women. These findings suggest that cardiovascular disease among men may be linked to their lower levels of estrogen. In fact, when it comes to studies of the human heart, perhaps women, who tend to develop such diseases later in life than men, should have been the model all along! (See Fig. 1.1)

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## RAISING AWARENESS ABOUT WOMEN'S HEALTH ISSUES

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The women's health research movement emerged from a unique coalescence of factors. In the 1970s and 1980s, women began entering the work force, including the medical and health professions, in record numbers. Women also participated more in politics. At the same time, a nascent awareness among medical researchers of the gaps in knowledge of women's health led to the formation, in 1983, of the U.S. Public Health Service's (PHS) Task Force on Women's Health Issues.

Over the course of 2 years, this task force assessed the PHS's involvement in the area of women's health, including research. In 1985, the task force concluded that serious omissions existed regarding women's health and issued a series of recommendations to redress the inequities. These recommendations called for expanded biomedical research, with an emphasis on conditions and diseases unique to or more prevalent in women of all ages. The report also identified a need to increase women's representation in study populations of federally sponsored research. Responding to the later concern, the NIH developed a policy to encourage the inclusion of women in clinical research studies. How-

ever, this policy was not rigorously implemented until 1990.

Many groups are responsible for putting women's health on our nation's research agenda. In addition to advocacy groups like the Society for the Advancement of Women's Health Research and the National Breast Cancer Coalition, several members of Congress played and continue to play an important part in focusing attention on women's health. In 1977, the bipartisan Congresswomen's Caucus was established by 15 of the 18 women members of Congress. Four years later, with the admission of men, it became the Congressional Caucus for Women's Issues. Since its inception, the caucus has championed women's health research, increased health care delivery for women, and acted as an important catalyst in the establishment of two offices: the PHS Office on Women's Health (OWH) in the Department of Health and Human Services (DHHS) and the Office of Research on Women's Health (ORWH) at the NIH. With the establishment of these two offices, the days of focusing solely on men like “Mr. Fit” have become a thing of the past.