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Experimental cervical cancer vaccine promising

A major international study reports that an improved version of an experimental vaccine against human papillomavirus (HPV), the virus that causes cervical cancer and genital warts, appears to prevent both conditions. The vaccine, Gardasil, is designed to prevent infection with four types of HPV. A study published April 6 in *Journal of the American Medical Association*, says the vaccine blocked about 90 percent of infections with the four HPV strains. None of the women who received the vaccine developed cervical cancer, precancerous cervical lesions, or genital warts related to the four HPV types. Further testing of Gardasil is underway.

Vitamins don't ward off infections in seniors

The symptoms are familiar to most of us: rectal pain, itching, or bleeding. If you've experienced them, you likely have hemorrhoids. This common condition is caused by chronic constipation and straining during bowel movements, diarrhea, and even sitting on the toilet too long. Being overweight and doing excessive standing or lifting can make them worse.

Anyone can develop hemorrhoids, but you may be especially more prone if you've ever been pregnant. "Anything that increases pressure on the rectum, such as an expanding uterus or a uterine fibroid can lead to hemorrhoids," explains Ellen Scherl, MD, director of the Inflammatory Bowel Disease Center at Weill Medical College of Cornell University. "Once hemorrhoids form, they don't always disappear, although they may decrease in size."

Aging is another risk factor. Older people, who often drink less fluid and

anoscope is simple and useful.” Proctoscopes and sigmoidoscopes, which are longer than anoscopes, allow for viewing higher up in the rectum to screen for inflammation or rectal polyps and masses.

If you see bleeding, you need to make sure the cause is hemorrhoids and not something more serious, such as colorectal cancer. “Blood on toilet paper, in the bowl, or streaking the stool tends to be due to hemorrhoidal bleeding. In contrast, blood mixed in the stool or a lot of clots, especially with shortness of breath, chest pain, or dizziness, needs to be investigated,” notes Dr. Scherl. “It’s important for anyone over 40 with rectal bleeding—even if the diagnosis of hemorrhoids is established—to have a colonoscopy (which allows visualization of the large intestine) to rule out polyps or colon cancer in addition to hemorrhoids. A diagnosis of hemorrhoids should not give you a false sense of security. You could have polyps or colon cancer, as well.”

Relieving the pain

Not everyone with hemorrhoids has symptoms, and hemorrhoids should be treated only if they are bothering you. For many patients, simple conservative measures will ease discomfort. Bathe in plain warm water for 10 minutes two or three times a day and use ice packs to reduce swelling of thrombosis. Clean the anal area with moist toilet paper, baby wipes, [cotton pads](#), or witch hazel after each bowel movement, unless hemorrhoids are irritated. If you have irritation, you can use aloe wipes.

For women whose hemorrhoids are caused by [hemorrhoids](#) an inflammation of the rectum, [suppositories](#) can help. To relieve pain, use a hemorrhoidal cream, such as [Anamantle HC](#) or [Hemorrhoid Relief](#) both sold by prescription. (Anamantle HC can be bought packaged with aloe wipes.) If needed, use a stool softener, such as [Colace](#). Sitting on an air-filled doughnut cushion can also ease discomfort.

Stay regular

Since constipation is a main cause of hemorrhoids, stay regular. “Include more

fiber in your diet by eating fresh fruits and vegetables, and drink eight glasses of liquid a day, excluding coffee and alcohol, which can be dehydrating,” advises Dr. Sonoda. “Some people may need soluble fiber supplements, such as

[Fiber](#) or [Fiber](#).” Fiber and fluids create softer, bulkier stools, which makes bowel movements easier and lessens straining. The average American gets only 8-15 grams of fiber a day; current dietary guidelines call for 25 g. Many hemorrhoid symptoms resolve with only dietary changes. When straining and constipation decrease, internal hemorrhoids shrink, and symptoms improve.

Avoid laxatives, which can lead to diarrhea and worsen hemorrhoids. If diarrhea is causing hemorrhoids, try an antidiarrheal agent. Don’t wait to use the bathroom when the need arises, and remember that the bathroom is not a library—prolonged sitting increases pressure on hemorrhoids.

When you need more

External hemorrhoids often produce symptoms because of thrombosis, which can be extremely painful. The pain often resolves in two weeks or less, but the swelling usually remains for several weeks. Treatment, when necessary, involves excision in a doctor’s office.

If internal hemorrhoid symptoms don’t resolve after conservative therapy, or if you have continued bleeding, prolapsed hemorrhoids that can’t be pushed back, or uncontrollable pain, you may need more aggressive treatment. The most common treatment to shrink and destroy internal hemorrhoids is rubber band ligation, performed in the doctor’s office. The procedure involves placing a small rubber band around the base of the hemorrhoid, which cuts off blood flow so the hemorrhoid withers away. This is usually painless although you may have a sensation of rectal pressure for a couple of days.

Other treatments for internal hemorrhoids include [injection](#) of chemicals that shrink the hemorrhoid; [burning](#) of hemorrhoidal tissue; and [surgical](#)

freezing hemorrhoidal tissue. If internal hemorrhoids are prolapsed or very large, surgical removal [may](#)

nonhormonal agents clearly do decrease hot flashes in women,” says Charles L. Loprinzi, MD, a professor at the Mayo Clinic College of Medicine in Rochester, Minn., and a conference speaker. The expert panel cited

If you've been experiencing problems including joint pain, fatigue, and mild depression, it could be an early warning sign of an autoimmune disease. Autoimmunity—a misguided attack by the body on healthy tissue—underlies more than 80 chronic and often disabling diseases, that affect as many as 50 million people, according to the American Autoimmune Related Diseases Association. Seventy-five percent of those affected are women.

Because autoimmune diseases affect multiple body systems and women can have more than one disease, early symptoms can be varied and transient. Illnesses often overlap and mimic each other. But joint pain, fatigue, and depression that occur together stands out, says autoimmune researcher T. Steven Balch, MD, medical director of the Lupus Treatment Center in Atlanta, Georgia.

"Most autoimmune diseases produce fatigue early on as a result of systemic inflammation. You can also have joint pain in the early stages of a number of diseases. But when you add depression—a chemical depression not a situational depression—this may indicate a potentially serious problem that needs investigation," says Dr. Balch.

Differences in pain

Joint pain is distinct from muscle pain, and it may be different in each disorder. Achy joints that are not swollen are

termed *arthralgia*. In *osteoarthritis*, joints may be red, tender, warm, and swollen in addition to stiff and painful in the morning. But in lupus, you may only have arthralgia. In RA, pain tends to affect the same joints on both sides of the body, often starting in the hands, feet, or neck, and joints become damaged due to the mass of abnormal cells that forms inside the joint *synovium*. In lupus there is no joint damage

Systemic inflammation can produce arthralgia in Crohn's disease and ulcerative colitis. In *hypothyroidism*, an underactive thyroid gland leads to fluid accumulation that can make joints feel achy. The joint pain of early scleroderma can be due to swollen hands or feet or skin that's stiffened over the joints due to overproduction of collagen in the skin. In addition to dry eyes and mouth, women with *psoriasis* can also suffer joint pain. In a study of 440 patients with autoimmune diseases, many of which did not directly involve the joints, Dr. Balch found a majority reported arthralgias. In contrast, *myositis*, which can coexist with autoimmune diseases, produces widespread muscle pain and tenderness around the body, but not in the joints.

Why fatigue and depression?

The systemic inflammation in many

autoimmune diseases can cause body-wide symptoms such as flu-like aches, low-grade fever, and a general feeling of not being well *malaise*. The crushing fatigue that can occur in some autoimmune diseases is not due to inadequate sleep; you may sleep eight hours a night and still wake up feeling drained.

Fatigue can also be due to anemia, a common finding in RA and lupus. Fatigue is actually the most common symptom of *Sjögren's syndrome* followed by depression (which may reflect the presence of brain lesions). Fatigue is reported by a majority of women with Sjögren's syndrome. Over half of the autoimmune patients in Dr. Balch's study reported feeling fatigued. Most women with RA and lupus also report signs of depression.

Looking for early markers

Dr. Balch is gathering patients for a study of *CRP* a general marker for inflammation in the body. "CRP is elevated in patients with swollen hands or feet or [(l)13(ow-gr)13(ade f)-1

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