

Staying healthy in your 40s

A healthy lifestyle can lower your risk of:

Heart Disease
Diabetes
High Blood Pressure
High Cholesterol
Osteoporosis
Stress
Lack of Libido

Women are encouraged to maintain a healthy weight, diet and exercise regularly.

BY ANGIE PISKORSKI, ΔE
Phoenix Feature Writer

While women in their 40s have much the same health concerns as women in their 20s and 30s, our 40s are a time to prepare for the rest of our lives and make our physical health a priority.

As women we have this need to take care of others—our parents, spouses, children, loved ones and friends. We put ourselves on the bottom of the list. But our 40s are the time to put ourselves first.

It is a time to be proactive so we may have the opportunity to spend many more healthy years with our loved ones.

Here are some of the things women in their 40s should make a priority:

Breast care

First and foremost, it is recommended women complete breast self-exams regularly. According to Kimberly Spering, MSN, CRNP, B.C., nurse practitioner with Lehigh Valley Women's Medical Specialties in Allentown, PA, "We are all lumpy to some degree; many of us more than others."

With breast self-exams, women will be able to identify "what lumps are normal for you. From there you will be able to identify what lumps become abnormal," Kimberly adds.

In addition to self-exams, it is important for women

in their 40s to have yearly clinical breast exams. These exams can be done during your physical or at your annual gynecological exam.

Most experts recommend women have annual mammograms beginning at age 40. BreastCancer.org, a nonprofit organization for breast cancer education, recommends, "Women with a family history of breast or ovarian cancer, or radiation treatment to the chest, should have annual mammograms at a younger age, often beginning around age 30." Discuss this with your healthcare professional as she may have other recommendations based on your family history.

Preparing for menopause

"The number one rule of menopause is that no one's perimenopause is alike," says Kimberly.

During perimenopause, the time

Helpful Websites

Women's Health Information: www.womenshealth.gov

Women's Health Center: www.mayoclinic.com

Mammograms Interactive Tutorial:

<http://www.nlm.nih.gov/medlineplus/tutorials/mammogram/htm/index.htm>

Screening Mammograms: Questions and Answers

<http://www.cancer.gov/cancerinfo/factsheet/Detection/screening-mammograms>

Action Steps for Staying Healthy: www.cdc.gov/women/owh/preventworks/action.htm

General Screenings and Immunizations Guidelines for Women

www.womenshealth.gov/screeningcharts/general/general.pdf

Heart Disease: www.americanheart.org

before menopause, women may experience symptoms caused by changes in hormone levels, specifically estrogen. These symptoms will stop when hormone levels become stable.

Perimenopause varies from person to person. Some symptoms include hot flashes, vaginal dryness, urinary tract infections, night sweats, insomnia, headaches, heart palpitations, forgetfulness, mood changes and anxiety. Although these are the most common, every woman experiences something different.

A woman is considered to be past menopause when she does not have a period for one calendar year. Therefore, if you go 11-1/2 months without a period, then get a period, your year starts over. This includes spotting. Most women experience irregular cycles long before menopause.

The average age of menopause is 51, and perimenopausal symptoms can begin five to 10 years prior to menopause. If your cycle or symptoms concern you, and you suspect they are not related to menopause, you are urged to see your health-care professional.

As much as we would like to, we cannot stop menopause from coming. But we can prepare for it. Discovery Health (www.health.discovery.com) offers strategies for women to prepare for the arrival of menopause.

Once you begin to experience perimenopausal symptoms, contact your health-care professional to discuss possible treatments. Treatment options include natural or prescription therapy, low-dose birth control, environmental changes and hormone replacement therapy. Inquire what treatment may work best for your symptoms.

Do I still need birth control?

Ironically, this topic is very important and has a lot of associations with menopause. Until you are past menopause, women should continue to utilize a form of birth control.

What birth control is right for you? This depends on your lifestyle. There are many oral contraceptives, NuvaRing, the patch, Depo-Provera, barrier methods, natural family planning or abstinence.

There is a misconception that women over 35 cannot take birth control. Women who smoke, have uncontrolled high blood pressure, known history of heart disease, history of blood clots, uncontrolled

The importance of a good relationship with your health-care professional

How comfortable are you with your health-care provider? Can you talk to her about anything and everything? Does she truly know your history? Do you feel you have an active part during office visits?

Women of any age will benefit from a good relationship with a health-care professional. When I was preparing to write this article, I knew just who I needed to turn to—one of my favorite health-care providers, Kimberly Spering, MSN, CRNP, BC. Her credentials stand for Masters of Science in Nursing, Certified Registered Nurse Practitioner, Board-Certified.

Kimberly was part of a wonderful group of providers who watched my belly expand for nine months until one glorious day in May 2004 it deflated. (His name is Ryan!) I also have worked with Kimberly professionally. I am a social worker, and several years ago, I took three of my female clients to Kimberly for a very important exam.

Recently I had to see Kimberly on a personal matter. Thankfully I was comfortable enough to answer her questions about my physical health, my diet, exercise, my sex life and pretty much everything but the kitchen sink! This visit would have been mortifying had it not been with a health-care professional I truly trusted.

I cannot begin to express how important it is to trust your provider. This is your life we are talking about. Women should be able to walk into a health-care office and explain all the symptoms, no matter how personal. If you have concerns with intimacy, something you heard or read about, Kimberly urges you to discuss this with your provider.

If you cannot imagine having an honest conversation with your provider, feel they will think you are weird if you discuss something uncomfortable, or you feel they are not truly listening to your concerns then you need to consider changing physicians.

I hope most of you are fortunate to have a provider you can trust, and whom you can discuss your body with honestly.

diabetes or any issues that may increase your risk of heart attack or stroke cannot take birth control containing estrogen. They can take progesterone birth control or use barrier methods, natural family planning or abstinence.

If you are planning a pregnancy in your 40s please consult your OBGYN.

Weight and diabetes

The first article of this series covered the importance of a healthy weight, good diet and regular exercise. This is the one constant for women of all ages.

We are all aware of how important it is to maintain a healthy BMI (Body Mass Index). An elevated BMI for a woman in her late 40s was the strongest risk factor for developing diabetes in her 50s, according to Dr. Gita D. Mishra of the University of Queensland, who published her results in the journal *Diabetes Care*, June 2007.

Kimberly confirmed this, saying, "When your weight is elevated your risk of diabetes skyrockets."

Initially, diabetes shows no symptoms. Most people feel fine and do not realize the internal changes. Kimberly adds, "No one feels bad when they first have diabetes, it is something larger that causes them to pause and have it checked."

Women who have a family history of diabetes, who are overweight or who have had gestational diabetes are encouraged to have their blood sugar levels checked regularly by their health-care professional.

Heart disease

Heart disease is the number one killer of women. Risk factors include smoking, high blood pressure, high cholesterol, family history and age. Statistically, women have a higher instance of heart attack after menopause.

According to *FamilyDoctor.org*, "American women are four to six times more likely to die of heart disease than breast cancer. Heart disease kills more

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women over 65 than all cancers combined.” *FamilyDoctor.org* also reports, “More than half of heart attacks in women under 50 are related to smoking. If you stop smoking, you can lower your risk of heart attacks by one third within two years.”

Women can be proactive about heart disease. Precautions include controlling your blood pressure, controlling cholesterol levels, maintaining a healthy weight, exercising regularly, eating a low-fat diet, taking care of diabetes, being aware of heart attack symptoms (women may have different symptoms than men) and knowing your family history. Communicate honestly with your health-care professional so a wellness plan can be developed specifically for your needs.

Urinary incontinence

Urinary incontinence is largely due to a weakness of the pelvic floor muscles caused by pregnancy and/or vaginal delivery. Just as with all the other muscles in our body, the pelvic floor muscles become

weak if they are not used or strengthened.

“Urinary incontinence is never normal,” Kimberly says, “And there are tons of effective treatments.” She adds that there are two types of urinary incontinence, stress incontinence and urge incontinence. Women can suffer from one or both of these types.

Stress incontinence is the “oops I leaked,” while coughing, sneezing or exercise. Tightening the pelvic floor muscles through kegle exercises can often treat this. These exercises are now referred to as pelvic floor rehab.

Urge incontinence is when a woman has the sudden urge to urinate, but leaks before she can get to the bathroom. This can be treated through pelvic floor rehab, medication or surgery.

Kimberly says that although surgery may seem more than women want to consider, it is an option that can be very beneficial for them. Discuss these options with your health-care professional.

Sexuality issues

Women in their 40s are considered to be in their sexual prime. This is partially due to our ability to be more in-tune with our bodies. During this time, women

are often more likely than men to orgasm quickly. Women often report their 40s to be more sexually gratifying. Communication between partners is often heightened by this age, which may also contribute to satisfaction.

Women who are sexually active during this time must continue to take necessary precautions to protect themselves from sexually transmitted diseases (STDs). This is especially true if you have a new partner. We are all aware that condoms are the most reliable method to protect us from STDs.

Although the 40s are considered to be a woman’s sexual prime, some women report lack of libido or anorgasmia (lack of orgasm). Kimberly encourages women to discuss these issues with their partners and their health-care professionals.

The Creed of Alpha Sigma Alpha reminds us to take care of ourselves and to “joyously live each day to its ultimate good.” We only have one life to live so we should take care of ourselves. Make yourself a priority, and always put your health on the top of the list. Your family will be grateful that you did.

May you all be in good health.