

IN-DEPTH

WOMEN'S
HEALTH



Wellness from Within

How women can deepen their self-care practices in order to prevent and detect disease—and to live more engaged lives. **BY MO PERRY**

Self-care is all the rage. It's the subject of countless instructional articles, Tumblr blogs, Pinterest boards and Instagram hashtags. Searches for the term on Google have more than doubled in the past five years. And it's no wonder—the words alone evoke a warm and fuzzy feeling, conjuring up images of cozy sweaters, steaming mugs of tea and virtuous post-workout smoothies.

From Foucault to Audre Lorde, the idea of self-care has a long history among important thinkers and writers, with roots in both classical philosophy and political activism. Today, the term seems to be mainly a synonym for pampering, describing everything from bubble baths to manicures to cocktails with friends. This interpretation of self-care has lent itself to easy commodification—you can buy an \$80 “self-care kit” on Etsy, which contains pepper-

mint tea, a notebook, leg warmers, a corked glass jar and affirming messages.

Of course, there's nothing wrong with reading inspirational quotes in the bathtub while sipping a nice merlot. Relaxation, gratitude and cultivating a positive mindset all have real benefits. But true self-care might require going deeper and engaging in processes that ask more of us than simple enjoyment.

Nurturing physical, mental and

“MAJOR CHANGES, EVEN IF THEY’RE HAPPY, CAN TRIGGER ANXIETY AND DEPRESSION IN PEOPLE WHO ARE VULNERABLE TO EXPERIENCING THEM.”

—DAVID H. BARLOW, PH.D., FOUNDER AND DIRECTOR EMERITUS OF THE CENTER FOR ANXIETY AND RELATED DISORDERS AT BOSTON UNIVERSITY

emotional well-being isn't always comfortable. It might mean no longer putting off that doctor visit, confronting patterns of thought or behavior that no longer serve you, examining your relationship to technology and social media or allowing yourself to transition from the role of self-sufficient caregiver to accepting help and support from others. In other words, it can look more like work than pleasure. But the payoffs—a healthier, longer life, greater sense of connection and emotional well-being—are more than worth it.

There are several domains in which women in particular stand to benefit from increased attention and awareness. Here are a few areas of opportunity to take your self-care practice deeper.

ANXIETY AND DEPRESSION

A certain amount of worry is baked into modern life. But what about when that worry starts to take over—or when it turns into a permanent cloud that you can't seem to shake? According to the Anxiety and Depression Association of America, women are more than twice as likely as men to suffer from an anxiety disorder and 1 in 8 women will experience depression in her lifetime (twice the rate of men).

Reasons for this gender disparity encompass factors both cultural and physiological. According to the ADAA, “the brain system involved in the fight-or-flight response is activated more readily in women and stays activated longer than [in]

men, partly as the result of the action of estrogen and progesterone.”

David H. Barlow, Ph.D., founder and director emeritus of the Center for Anxiety and Related Disorders at Boston University, points to cultural factors as well, explaining that it's more socially acceptable for women to express fear and anxiety than it is for men, who might be restricted by macho notions that males shouldn't be afraid. So while women make up the majority of those exhibiting phobias and anxiety disorders, the main difference may be one of expression rather than experience.

“Men may work harder to overcome fear and anxiety,” Barlow explains, “but the coping mechanisms they use can become major problems. Alcoholism, for instance, is primarily a male disorder. Many men begin down that slippery slope with alcohol by self-medicating anxiety, panic and depression.”

Early upbringing also plays a role in vulnerability to both anxiety and depression. “One of the things we learn from our parents is how much of a sense of control we have over the world—how well we can cope with adverse events when they come up,” Barlow says. In most cultures, young girls tend to be more protected by parents, while boys are more likely to be encouraged to fend for themselves and fight their own battles.

“One of the consequences is that many boys develop a stronger sense that events in their lives are controllable and manageable,” Barlow says. “If your upbringing has given

you a sense that the events in your life are out of your control, particularly if you also have a genetic heritage, your genes and upbringing can interact to lead to anxiety and depression.”

According to the ADAA, generalized anxiety disorder is characterized by persistent and excessive worry about everyday events. The risk for GAD is highest between childhood and middle age, and it can be triggered by a stressful life event. “Any substantial disruption—even something positive like moving to a new and better house after a promotion, getting married or having a child—can be stressful,” Barlow says. “Major changes, even if they're happy, can trigger anxiety and depression in people who are vulnerable to experiencing them.”

But aren't anxiety and depression two different things? Depression is marked by lethargy, cognitive and motor slowing and ruminating about the past, while anxiety is more active, marked by arousal and worrying about the future. According to Barlow, they can best be understood as two sides of a single coin. “Everyone who is depressed is also anxious, but not everyone who's anxious is depressed,” he explains. “Depression is an elaboration of anxiety—when someone feels like she's struggling so hard to get control over all events in her life and she gets overwhelmed and gives up.”

Whether you're struggling with anxiety, depression or another mood disorder, help is abundantly available. Treatment and therapy options range from medication to cognitive behavior therapy to mindfulness-based approaches and integrative therapies. At the Center for Anxiety and Related Disorders at Boston University, Barlow and his colleagues have developed an integrated treatment that aims to treat underlying personality factors common to both anxiety and

“LAYING DOWN CHOLESTEROL IN THE ARTERIES TAKES DECADES. THE EARLIER SOMEONE STARTS A HEALTHY DIET, THE BETTER.”

—PAMELA OUYANG, M.D., DIRECTOR OF THE JOHNS HOPKINS WOMEN'S CARDIOVASCULAR HEALTH CENTER

depression, helping patients learn how to recognize, tolerate and regulate their intense emotions and think differently about their experiences, as well as equipping them with coping mechanisms.

For more resources for dealing with anxiety and depression, visit the ADAA's website at adaa.org, where you can screen yourself or a family member using the online tools, as well as find information on support, treatment and therapists.

KEY INFORMATION ABOUT ANXIETY AND DEPRESSION FROM THE ADAA:

- An estimated 44 million American adults suffer from anxiety disorders
- Only about one-third of those suffering from an anxiety disorder receive treatment
- Between puberty and the age of 50, a woman is twice as likely to have an anxiety disorder as a man
- 1 in 8 women experiences depression in her lifetime
- About 13 percent of women experience postpartum depression between a week and a month after giving birth; 30 to 70 percent experience symptoms for one year or longer

HEART DISEASE

Tending to your heart is a central tenet of self-care, though we usually think of it more metaphorically than literally. But attention to the heart—the muscle responsible for pumping blood throughout the circulatory system—is critical, particularly for women.

Heart disease is the No. 1 killer of

women, causing 1 in 3 deaths every year. Heart disease is an umbrella term, comprising both heart attack and heart failure, which share some common causes (such as coronary artery disease), but differ in important ways.

In most cases, a heart attack happens suddenly when a blocked artery spasms or clamps down, causing part of the heart muscle to die from lack of blood and oxygen. The dead tissue is replaced by scar tissue.

Heart failure, on the other hand, is a chronic condition that develops gradually as the heart grows weaker and struggles to pump blood with adequate force. A heart attack can lead to heart failure as the scar tissue contributes to an overall weakening of the heart muscle. But heart failure also can result from a gradual buildup of plaque in the arteries or more subtle abnormalities that cause pressure to rise in the heart and fluid to be pushed into the stomach tissue or legs.

This latter form of heart failure is more common in women than the kind resulting from damaged heart tissue, but it can be harder to detect, as the heart itself appears normal. According to Pamela Ouyang, M.D., director of The Johns Hopkins Women's Cardiovascular Health Center, physicians are getting increasingly better at spotting it, recognizing symptoms that include shortness of breath, swelling around the ankles or legs and fatigue.

Ouyang points out other ways that heart disease appears dif-

ferently in women than in men, particularly when it takes the form of a heart attack: “The typical image we have of a heart attack is someone clutching their chest, experiencing a dull squeezing like a truck sitting on the chest or a vice squeezing the chest,” she says. “Both men and women do experience those symptoms, but women also tend to experience less commonly expected symptoms.”

These include profound fatigue, cold sweat, unusual shortness of breath and discomfort in the jaw, shoulder or back—symptoms easy to ascribe to less serious conditions, such as indigestion, if you don't know what to look for.

While treatment for heart disease continues to advance, as in all things, an ounce of prevention is worth a pound of cure. “Laying down cholesterol in the arteries takes decades,” Ouyang says. “The earlier someone starts a healthy diet, the better.” She recommends adhering to a Mediterranean diet, which emphasizes fruits, vegetables and healthy fats from fish, nuts and olive oil, while limiting sodium, red meat and other saturated fats.

Exercise is also important for heart health, even in the absence of dietary modification. Ouyang points out that while exercise alone may not contribute much to weight loss, fitness plays an important role in the overall reduction of mortality risk. “Obese people who are physically fit will have a better prognosis than those who aren't,” she explains. Quitting smoking and getting regular tests for cholesterol and blood pressure levels are also powerful preventive measures that can mitigate risk for developing heart disease.

KEY FACTS ABOUT WOMEN AND HEART DISEASE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION:

- Heart disease is the leading cause of

death for women in the United States

- Despite increases in awareness over the past decade, only 54 percent of women recognize that heart disease is their No. 1 killer
- Even if you have no symptoms, you may still be at risk for heart disease—almost two-thirds of women who die suddenly of coronary heart disease have no previous symptoms
- About 5.8 percent of all white women, 7.6 percent of black women and 5.6 percent of Mexican American women have coronary heart disease

CANCER

At age 57, Bonnie Addario began experiencing chest pain. She went to her physician, a cardiologist and a neurologist, but none of them could locate the source of her pain. Then she happened across an article about a full-body CT scan offered by a local radiologist. “I thought, I’ll go get one and if it says everything looks good, I’ll just move on and deal with the pain,” Addario says.

Everything did not look good. The scan revealed what was thought to be an inoperable tumor on her aortic arch—Addario had stage 3B lung cancer. The prognosis wasn’t good. Her medical team asked Addario what she wanted to do. “I said, ‘If I’m going to die from lung cancer, I don’t want it to be because I did nothing,’” Addario remembers saying. “I want you to throw everything you’ve got at me. Think of this as game seven of the World Series, and hit it out of the park. Then, if I die, I’ll know I tried.”

The team (which consisted of a thoracic surgeon, a pulmonologist and a radiologist) took her at her word, giving her chemotherapy and radiation to pull the tumor far enough away from her heart to make it operable. She then underwent a 14-hour surgery, which entailed removing the top left lobe of her lung, all the while receiving even more radiation in the operating room.

“Good news,” says Addario, 13 years later. “I’m still here.” Her recovery was long and arduous, and she used the time to research the disease that had nearly killed her.

She was shocked by what she found. The survival rate for lung cancer is only 15 percent; it’s the No. 1 cancer killer, killing more people each year than colon, breast and prostate cancers combined. “I made myself a promise that if I made it through the end of my recovery, I’d do something to change the survival rate of lung cancer,” Addario says.

The biggest factor in preventing cancer deaths is early detection, which greatly enhances the chances for successful treatment. Both education that leads to early diagnosis and access to screenings are critical to early detection. According to the World Health Organization, “increased awareness of possible warning signs of cancer among physicians, nurses and other health care providers as well as among the general public can have a great impact on the disease.”

Some early signs of cancer to be aware of are lumps, sores that fail to heal, abnormal bleeding, persistent indigestion and chronic hoarseness. Screenings, such as mammograms, colonoscopies and Pap smears, are used to detect warning signs of cancer in those who aren’t yet showing symptoms. But in order to be effective, people need access to them and must be prepared to act on abnormal results.

Kathryn West, an oncology

nurse, is a prime example of the importance of acting quickly on abnormal screening test results. In 2015, West ate a healthy diet, exercised regularly and wasn’t experiencing any symptoms, but a routine colonoscopy revealed some internal hemorrhoids.

“Being a nurse, I tried to diagnose myself, thinking it was something else,” she says. By the time she went back in for more testing, the squamous cell carcinoma had spread and become advanced. “It was a lesson learned,” West says. “Don’t sit on these things. Don’t take a chance on it.”

Both West and Addario are working to ensure that other people battling cancer don’t have to do so alone. In 2006, Addario founded the Bonnie J. Addario Lung Cancer Foundation, which works to eradicate lung cancer through research, early detection, education and treatment. And West continues to work as advocacy director for the biotechnology company Amgen’s Breakaway from Cancer campaign, which works to increase awareness of the resources available to people affected by cancer.

“In today’s complex medical environment, people are forced to be their own advocates,” West says. “They need to be able to have educated conversations with their treatment team around therapies and treatment options, and there’s so much bad information on the internet. So we put together Breakaway from Cancer with four reputable foundations that offer resources and information—free of

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charge—across the whole continuum of care, enabling patients to make the best decisions possible.”

When it comes to battling cancer, self-care can start to look a lot more like accepting support and help from others, something women often find challenging. “In my own cancer journey, I have found it hard to accept care and help,” West admits. “But it’s something everyone needs to recognize: You can’t do this alone. Take advantage of friends, co-workers and organizations that are there to help. Once you hear those words, ‘You have cancer,’ your world changes. But if you’re going through a cancer battle, don’t expect to have to do it alone.”

In its early stages, lung cancer often doesn’t produce symptoms, making CT scans critical for early detection, particularly among those with a genetic heritage of lung cancer or other risk factors. Symptoms

generally appear when the disease is already advanced. According to the Mayo Clinic, signs to watch for include a new cough that doesn’t go away; changes in a chronic cough or “smoker’s cough”; coughing up even a small amount of blood; shortness of breath; chest pain; wheezing; and hoarseness.

KEY FACTS ABOUT LUNG CANCER FROM THE BONNIE J. ADDARIO LUNG CANCER FOUNDATION:

- Nearly 160,000 lives are lost to the disease annually in the United States
- Lung cancer kills almost twice as many women as breast cancer and more than three times as many men as prostate cancer
- Lung cancer kills 198 women every day—eight per hour, one death every 7 minutes
- The lung cancer death rate for men has fallen 41 percent since its peak in 1990; the lung cancer death rate for

women has fallen 15 percent since its peak in 2002

TECHNOLOGY AND SOCIAL MEDIA USE

If you’re reading this on an airplane, you know what will happen the instant the plane touches down: Everyone around you will reach for his or her phone, ushering in sweet relief from the anxiety of being unplugged for a few hours.

In 2011, only 35 percent of Americans owned a smartphone. By 2017, that number had more than doubled to 77 percent. The cultural transition from analog to digital life has been swift and pervasive—even though the iPhone is only a decade old, many of us can’t imagine navigating our daily lives without constant access to the internet.

Technology industry insiders, including former Google Design ethicist Tristan Harris and former

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“OUR NERVOUS SYSTEM NEEDS TIME WHEN WE FLOAT, IN DOWNTIME AND SILENCE. WE NEED TO POWER DOWN OUR DEVICES SO THEY CAN REBOOT, AND WE NEED TO DO THE SAME FOR OURSELVES.”

—NANCY COLIER, PSYCHOTHERAPIST AND AUTHOR OF *THE POWER OF OFF: THE MINDFUL WAY TO STAY SANE IN A VIRTUAL WORLD*

ourselves. We're less and less able to be in our own company, and there can be no well-being if we can't tolerate our own company. We're finding more ways to outrun ourselves.”

The costs to our well-being don't stop there. Recent studies have shown that as screen time increases, both the quantity and quality of sleep decreases. Poor sleep is a risk factor for obesity, cardiovascular disease and depression. But simply avoiding the blue light emitted from

your smartphone in the couple of hours before bedtime can help increase your odds of getting a good night's rest. “Our nervous system needs time when we float, in downtime and silence,” Colier says. “We need to power down our devices so they can reboot, and we need to do the same for ourselves.”

It's true that total abstinence from technology, unlike with alcohol or drug addiction, isn't really an option in the modern world. Colier

stresses that the ideal balance is finding freedom in technology rather than from it. “You can address the impulsiveness and start to be more deliberate about what kind of life you want to live,” she explains.

Business leaders in particular have an important role to play in determining the culture around work-life balance in their organizations. Colier points to examples such as Arianna Huffington, who automatically deletes her employees' emails when they're away on vacation. (Email senders receive an automated response alerting them that the message will be deleted and asking them to get back in touch when the recipient is back at work.)

While most of us keep our phones within reach 24-7, tactics for resetting your relationship with your phone might include establishing tech-free zones (such as the dinner table or the couch where you unwind with your partner at the end of the night) or times (such as the hour or two before bed).

You can start right away. The next time you feel an impulse to check your phone, take a pause, advises Colier. “Ask yourself, What am I trying to feed? Is there another way I can offer this to myself? Or can I sit still and just experience this?”

Experts recommend taking a regular “tech sabbath”—a day once a week when you don't engage with your devices or social media at all. ▾

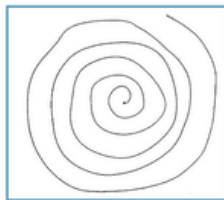
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KEY INFORMATION ABOUT SOCIAL MEDIA USE (IN 2016) FROM THE PEW RESEARCH CENTER:

- Women represent the majority of users on every social media platform except LinkedIn
- 76 percent of Facebook users report that they visit the site daily (55 percent visit several times a day and 22 percent visit about once per day)
- 51 percent of Instagram users access the platform daily; 35 percent visit several times a day