

Living HEALTHY



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5 Strategies for Reducing Breast Cancer Risk

THANKS TO MAJOR INROADS ON THE research front, the odds against developing breast cancer are improving every day. Scientists have begun to shed some light on what women can do to prevent—or increase—their chances of surviving this common cancer. Here are five:

1. Cut down or quit drinking alcohol, if you drink. Women who drink about two to five alcoholic drinks a day run a 41 percent greater risk of developing breast cancer than nondrinkers, one study found. Even light drinking may carry a modest

risk—having one drink a day carries a 9 percent increased risk.

- 2. Manage your weight.** Evidence suggests that postmenopausal women who gained 11 to 22 pounds after age 18 may have an 18 percent higher risk for breast cancer than women who gained only 4 to 5 pounds.
- 3. Eat foods that can counter the effects of estrogen.** Experts believe that high estrogen levels fuel breast cancer. Women may be able to decrease the cancerous effects of estrogen by eating a diet rich in the following foods:

- Soy products, such as tofu and soybeans
- Olive, canola, and other oils rich in mono-unsaturated fats
- Cruciferous vegetables, such as broccoli, cabbage, cauliflower, and kale

4. Talk with your physician about screenings. The American Cancer Society (ACS) recommends clinical breast exams (CBEs) at least every three years for all women in their 20s and 30s. The ACS recommends annual CBEs for women ages 40 and older. The U.S. Preventive Services Task Force (USPSTF), however, believes there is not enough evidence to assess the value of CBEs for women ages 40 and older.

Mammography is an important tool for detecting breast cancer early on, when it's easiest to treat. But the benefits and limitations of mammography vary based on factors like age and personal risk. Experts have different recommendations for mammography. Currently, the USPSTF recommends screening every two years for women ages 50 to 74. The ACS recommends yearly screening for all women ages 40 and older. Women should talk with their physicians about their personal risk factors before making a decision about CBEs and mammograms.

5. Consider drug therapy if your breast cancer risk is very high. Women who face a very high risk for breast cancer—for example, those who have a history of breast disease or have a close relative who developed breast cancer—may want to discuss drug therapy with their physician. ■

DO YOU NEED A PHYSICIAN?

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Don't Let Bladder Problems Limit Your Life

MAKE A LIST OF YOUR 10 CLOSEST FEMALE friends. If they're like most women in the U.S.:

- One or two of them have an overactive bladder
- Five of them likely have had a urinary tract infection (UTI), and two or three of those had another one shortly after
- Five of them have some degree of urinary incontinence

Didn't know? It's no wonder. Urological issues are difficult to discuss with your phy-

sician, let alone your pals. They can make you feel isolated and keep you from the activities you enjoy.

But talking with your health care team is the first step in finding relief. Use the following facts on three common bladder problems as a springboard for your discussion.

Overactive bladder occurs when the muscles that control your flow squeeze too often. This means you're often struck with

a sudden, overwhelming urge to go, even if your bladder's not yet full. Physicians aren't sure what causes overactive bladder, but nerve damage may be to blame.

Medications can help your muscles relax and provide relief. Or your physician may recommend behavioral therapies, such as timed urination or changing the amount of fluids you drink. Losing weight if you're overweight and quitting smoking may also relieve symptoms.

UTIs result from an invasion of disease-causing bacteria into your bladder or urethra, the tube through which urine flows out of your body. Symptoms include a more frequent urge to urinate, a burning pain when you do go, and cloudy or foul-smelling urine.

Some women are more prone to UTIs than others. If you get more than two per year, talk with your physician. He or she may recommend taking low doses of antibiotics to prevent them. A new study in *Archives of Internal Medicine* found this therapy was more effective than another common treatment—cranberry pills—at preventing future infections. However, infections that did occur among women already taking antibiotics were more difficult to treat.

Urinary incontinence has become more common in recent years, finds a new study in the *Journal of Urology*. Women are nearly four times as likely as men to have trouble controlling their bladders. And it's not just a problem after menopause. Younger women often leak urine when they cough, laugh, or exercise.

The simplest treatment for incontinence? Kegel exercises. To do them, squeeze the muscles you'd use to stop the flow of urine. Hold for three counts. Relax for three counts. Do this exercise in sets of 10, three times a day. After six to eight weeks, stronger pelvic muscles will help prevent urine leakage. Lifestyle changes such as losing excess weight, avoiding alcohol, and not lifting heavy objects may also help. Surgery is an option in some cases. ■

WE CAN HELP

For a free referral to one of USMD's urology experts, call (888) 444-USMD.



Colorectal Cancers Strike Younger Patients



COLONOSCOPY SCREENING TESTS HAVE cut colorectal cancer rates in the last two decades. And most of the time, you won't have to think about getting a colonoscopy until you're 50 years old. But a recent boost of colorectal cancers in younger patients may make you think twice about waiting to be screened.

A THREAT TO YOUNGER PATIENTS

A new study predicts that by 2030, nearly one in four rectal cancers—and more than one in 10 colon cancers—will occur in patients younger than age 50. That's an increase from 10 percent and 5 percent in 2010. And adults ages 20 to 34 will see the sharpest increase; researchers expect their rates to rise 124 percent and 90 percent.

Physicians aren't sure why these cancer rates are increasing in younger patients. But it does show that more older adults are getting colonoscopies than they used to. And when their rates of colorectal cancers decline, the cancer rates of younger patients increase automatically.

MAINTAIN A HEALTHY LIFESTYLE

But other factors may be to blame. In younger Americans, lack of physical activity, obesity, and eating a more traditional Western diet are all on the rise. And all can increase the risk for colorectal cancers.

Thankfully, maintaining a healthy lifestyle can decrease your chances of developing the disease. Follow these four tips to reduce your risk:

- 1. Lose extra pounds.** Dropping extra pounds can cut your risk of developing and dying of this type of cancer.
- 2. Exercise.** Even moderate physical activity can decrease your chances.
- 3. Don't smoke.** Cigarettes have been linked to adenomas—growths that can turn into cancer. If you smoke, these growths are more likely to come back even after they have been surgically removed.
- 4. Get screened.** If you have colitis, Crohn's disease, or a family history of colorectal cancer, your physician may suggest an early screening. Talk with your physician to decide what's best for you. ■

GET THE MOST OUT OF YOUR PHYSICIAN VISIT

A few steps can help your physician give you the best care possible.

Make sure to share:

- All the medications and supplements you take, and how much and how often you take them
- All the symptoms you're feeling, even if they are embarrassing
- What's most important to you in life, such as being able to drive, type, or exercise
- Your past operations, health conditions, and treatments

This information will allow your physician to tailor advice for you.

EXPERT CARE IS HERE

For a free referral to one of USMD's colon cancer experts, call (888) 444-USMD.



EASY WAYS TO EAT MORE VEGETABLES

Vegetables are filling, low in calories, and high in nutrients. But men tend to have a hard time adding more vegetables into their diets, according to research. Give these ideas a spin:

- Fill an omelet with spinach, onions, and mushrooms.
- Stuff a burrito with fajita-style vegetables, lettuce, and plenty of salsa.
- Top your pizza with double mushrooms, onions, and peppers.

What Puts Your Man at Risk for Prostate Cancer?

DOES YOUR MAN THINK MUCH ABOUT his prostate health? He should. About one in seven men will be diagnosed with prostate cancer during his lifetime. Though scientists are still uncertain about what causes prostate cancer, they do know that some men are at a higher risk of getting the disease than others.

RISKS MEN CAN'T CONTROL

Here are three unavoidable risks:

- **Age:** The risk for prostate cancer increases with age. More than 60 percent of all

diagnosed prostate cancers are found in men older than age 65.

- **Family history:** The risk for prostate cancer increases if a man has a father or a brother with the disease.
- **Race:** African-American men are at greater risk for prostate cancer compared with men from other racial and ethnic groups.

WHAT MEN CAN CONTROL

Eating a diet rich in fruits and vegetables may help men lower their risk for prostate cancer. The American Cancer Society

recommends that men eat at least five servings of fruits and vegetables each day.

Also, if your man is age 50 or older, encourage him to talk with his physician about annual testing options. Men at high risk may want to begin screenings at age 45. However, not all experts advise routine screening for prostate cancer. His physician can help him decide if annual testing is the right choice. ■

NEED A PHYSICIAN?

For a free referral to one of USMD's Prostate Cancer Center physicians, call (888) 444-USMD.

BARIATRIC SURGERY FOR WEIGHT LOSS: **Is It for You?**

BARIATRIC, OR WEIGHT-LOSS, SURGERY is becoming increasingly common. If you've been fighting a severe weight problem for years—and losing the battle—it's good to know that another option is available.

Weight-loss surgery works by limiting how much food the stomach can hold, how well the food is absorbed, or both. For those who are severely obese, it can be an effective way to take off a lot of weight. But it's not right for everyone. Surgery is reserved for individuals who:

- Previously tried losing weight through diet and exercise, but weren't successful
- Have a BMI greater than 40, which typically means being at least 100 pounds overweight
- Have a BMI greater than 35 and an obesity-related medical condition, such as high blood pressure, type 2 diabetes, or sleep apnea

THE PROS AND CONS

The American Heart Association highlighted several key benefits of weight-loss surgery:

- **Type 2 diabetes.** Diabetes often improves or even goes away completely.
- **Blood fats.** Triglyceride levels may fall, and HDL ("good") cholesterol levels may rise. People taking cholesterol-lowering drugs are often able to decrease or stop their medicines.
- **Blood pressure.** It may decrease after the type of surgery that limits both food intake and food absorption.
- **Sleep apnea.** This may improve.

- **Longevity.** Evidence is mounting that severely obese people who have weight-loss surgery may live longer than those who don't. This may be due to fewer deaths from heart attacks, diabetes, and cancer.

These benefits must be weighed against the risks. During and right after surgery, possible problems include bleeding, infection, and blood clots. Later on, some patients may experience blockages in the digestive tract and malnutrition due to absorbing fewer nutrients. Fortunately, prescribed supplements can help patients avoid malnutrition.

UNDERSTANDING YOUR OPTIONS

There are four main types of weight-loss surgery:

- **Gastric band.** An adjustable band is placed around the top of the stomach, creating a small pouch there. This limits how much food the stomach can hold at one time.
- **Gastric bypass.** The stomach is stapled to create a small pouch at the top. In addition, a new passage is created for carrying food from this pouch to the middle of the small intestine. Because the upper

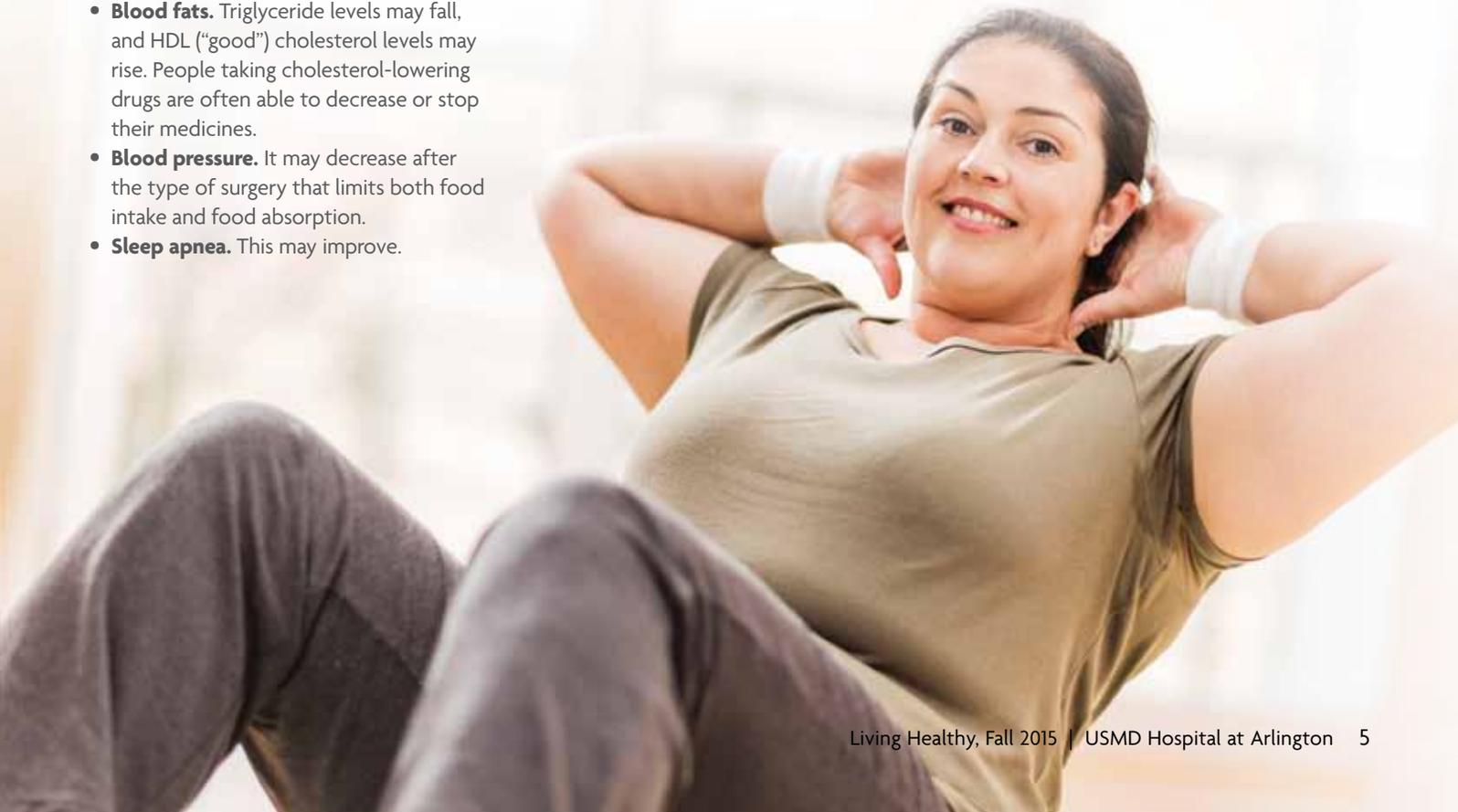
small intestine is bypassed, fewer calories and nutrients are absorbed.

- **Sleeve gastrectomy.** Most of the stomach is permanently removed. However, the passage to the small intestine isn't changed.
- **Biliopancreatic diversion (BPD).** Most of the stomach is permanently removed. In addition, most of the intestine is bypassed. After surgery, you'll need to adapt your eating habits. You may be told to chew extra well and eat smaller meals. If you have a gastric band or BPD, you'll also need to take supplements to make up for lost nutrition. You may be advised to increase your protein intake.

Once you lose weight, a lifelong commitment to a healthy diet and regular exercise is crucial for keeping the pounds off. Weight-loss surgery isn't a quick fix, but it can be an effective one. To learn more about whether it might be right for you or if it's covered in your benefits, talk with your physician. ■

TAKE CONTROL OF YOUR HEALTH

For a free referral to one of USMD's bariatric surgery experts, call (888) 444-USMD.



TREATMENT OPTIONS

to Get Pain Off Your Back

THE NUMBER OF TREATMENT OPTIONS FOR BACK PAIN IS extensive. And for good reason. Most Americans will experience back pain at some time in their lives. And each case is different. Back pain occurs for many reasons, from trauma or injury to disease. In addition, people can respond to various treatments differently. The key is working with your physician to find a solution that's right for you.

Most back pain goes away on its own within a few days without treatment. But if it doesn't, many options are available to help alleviate pain.

MINIMALLY INVASIVE TECHNIQUES RELIEVE PAIN

Treatment of back pain usually begins with the least invasive options first. Some include:

Exercise

Research shows that performing gentle exercises can help reduce back pain and speed recovery. Your physician may refer you to a physical therapist for help.

Medication

Over-the-counter and prescription medications are often used for pain relief. Some include:

- Nonsteroidal anti-inflammatory drugs, like aspirin and ibuprofen
- Seizure medication and antidepressants, both of which have been shown to reduce pain
- Opioids, which are narcotics sometimes prescribed to relieve severe pain for short periods of time

Injections

There are many different types of injections that can help ease or block pain. These include epidural and steroid injections. Other types of injections target the source of pain. For example, vertebroplasty is a treatment for vertebral fractures caused by osteoporosis. A cement-like substance is injected into the spine. It then quickly hardens, sealing the fracture, strengthening the spine and providing immediate pain relief.

Complementary Medicine

Complementary medicine techniques can be used alone or in addition to conventional treatments to reduce pain. Some include:

- Spinal manipulation, which is often performed by a chiropractor, who adjusts the spine with his or her hands
- Transcutaneous electrical nerve stimulation (TENS), which uses a small device that sends mild electrical pulses to block pain
- Acupuncture, which involves the insertion of thin needles at precise locations to relieve pain

SURGERY AN OPTION FOR SOME

Surgery is usually a last resort when other, less invasive techniques fail to offer relief. Although not always successful, surgery is often



reserved for people with long-lasting, debilitating back pain due to certain problems such as:

- Herniated discs
- Spinal stenosis (the narrowing of the spine)
- Slipped vertebrae or vertebral fractures
- Degenerative disc disease

Some of the many surgical options include:

- Laser surgery can vaporize tissue in a herniated disc to reduce its size and relieve pressure on the nerves.
- Laminectomy/Discectomy relieves pressure on the spine by removing herniated disk or bone overgrowth.
- IntraDiscal Electrothermal Therapy (IDET) is a fairly new, less invasive procedure that involves inserting a heating wire into a damaged spinal disc through a small incision in the back. An electrical current is passed through the wire, which strengthens the fibers that hold the disc together and may destroy the nerve fibers that sense pain.
- Spinal Fusion can help strengthen the spine and prevent pain by fusing two spinal vertebrae together. ■

DO YOU HAVE BACK PAIN?

For a free referral to one of USMD's back and spine surgery experts, call (888) 444-USMD.

HELP FOR pelvic floor disorders

PROBLEMS THAT CAUSE INCONTINENCE AND OTHER embarrassing symptoms affect millions of American women. Once diagnosed, these conditions can be treated.

Few people like to talk about it, but one in four American women suffers from at least one pelvic floor disorder (PFD) that can cause incontinence and other problems as organs shift out of position.

PFDs become more common with age. Ten percent of women ages 20 to 39 have them, as do 50 percent of women 80 and older. Still, these conditions aren't a normal part of aging that women must endure. PFDs are medical conditions that can be treated successfully. However, many women who suffer from PFDs are too embarrassed to tell their physician. ■

LEARN MORE ABOUT PELVIC DISORDERS
For information, call our Pelvic Floor Therapy Department at (817) 472-3798.



LEARNING ABOUT PFDS CAN HELP YOU RECOGNIZE THESE PROBLEMS AND SEEK EFFECTIVE TREATMENT.

Q: WHAT ARE PFDS?

A: A pelvic floor disorder occurs when a woman's pelvic muscles and connective tissues in the pelvic area are weakened or injured. The three most common disorders include:

- **Pelvic organ prolapse**, when the pelvic muscles become too weak to hold the organs in place. The womb, bladder, or other organs can shift out of position. Symptoms of a prolapse include, a feeling of pelvic heaviness, a bulge in the vagina, aching or pressure in the lower abdomen or pelvis, and pelvic pressure that worsens with standing, lifting, or coughing.
- **Urinary incontinence**, when the bladder slips down into the vagina. The symptoms of this disorder are urine leakage, an urgent need to urinate, and frequent or painful urination.
- **Anal incontinence**, when a bulging rectum makes bowel control difficult.

Q: WHAT CAUSES PFDS?

A: The main cause of PFDs is injury to the pelvic floor muscles due to vaginal delivery of a baby. Other causes include aging, menopause, pelvic surgery, and intense physical activity.

Anything that worsens pressure on the abdomen can increase the risk for pelvic organ prolapse. Such factors include, being overweight, being constipated, straining to have bowel movements, and chronic coughing.

Q: HOW ARE PFDS TREATED?

A: The need for treatment varies with the severity of symptoms. Some PFDs can be treated with dietary changes and weight loss. Treatment may also include surgery, prescription medication, or use of a pessary, a device that helps keep the pelvic organs in place. Exercises known as Kegels can help strengthen the pelvic muscles.

You can often manage urinary incontinence by reducing your fluid intake and avoiding caffeine, artificial sweeteners, citrus juices, and other bladder irritants. Urinating on a regular schedule can help, too.

Q: HOW SHOULD I TALK WITH MY DOCTOR ABOUT PFD?

A: Many women suffer needlessly from PFDs because they find it hard to discuss their symptoms with their physicians. But if you don't let your physician know about your symptoms and seek treatment, you'll continue to suffer. If your primary care physician is unable to treat you, he or she may refer you to a specialist called a urogynecologist.

To start the conversation, tell your doctor about your symptoms, how long you've had them, and how often they occur.

If embarrassment is holding you back from receiving treatment, do yourself a favor: Commit to making an appointment with your doctor and bringing up the subject. You'll be glad you did.

Living HEALTHY

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Navigating Your Complementary Cancer Options



upcoming events

The following **FREE** events will be offered at USMD Hospital at Arlington.

Bariatric Seminar

Learn more about your surgical weight-loss options. Presented by Dr. Lyons and Dr. Dyslin. 6 p.m.

- October 1 and 15
- November 5 and 19
- December 3 and 17

Bariatric Support Group

Already had bariatric surgery? Meet with others who have gone through the same experience. 6 p.m.

- October 13
- November 10
- December 8

Breast Health Event

October 21 at 6 p.m.



TO SIGN UP for these **FREE** events, visit usmdarlington.com, and click on "Patients & Visitors" then "Register for Seminars," or call **(888) 444-USMD**.

NO ONE WANTS A CURE FOR CANCER more than someone with the disease. Because of this, many cancer patients are willing to try treatments outside traditional medicine.

But while some complementary and alternative medicines (CAM) have been proven to help heal a condition or reduce its symptoms, many have not. Even if something is said to be natural or an alternative does not mean it is effective or safe.

SOME CAM TREATMENTS HELP PATIENTS FEEL BETTER

A small number of CAM treatments originally considered to be purely alternative approaches are finding a place in cancer treatment as complementary therapies that may help patients feel better and recover faster. One example is acupuncture, which has been found to help with the nausea and vomiting that often occur with chemotherapy.

BE CRITICAL ABOUT ALTERNATIVE THERAPIES

In evaluating complementary methods, the National Cancer Institute (NCI) recommends that people with cancer consider the following:

- Do the practitioners of a treatment claim

the medical community is trying to keep their cure from the public? No one who is committed to finding better ways to treat a disease would keep a treatment a secret.

- Do those who support the treatment claim it's harmless and painless and that it produces no unpleasant side effects? Treatments currently in use frequently have unpleasant side effects.
- Does the treatment have a "secret formula" that only a small group of practitioners can use?

If a CAM therapy you're considering elicits a "yes" answer to any of these questions, it is likely that the treatment will not be helpful and may even be harmful.

DISCUSS COMPLEMENTARY TREATMENTS WITH YOUR DOCTOR

Cancer patients using or considering a CAM treatment should always discuss this decision with their physician. Some CAM therapies may interfere or be harmful when used with conventional treatment. ■

KNOW YOUR OPTIONS

For a free referral to one of USMD's medical oncologists, call **(888) 444-USMD**.