



*Improving women's healthcare through research and education.*

Foundation for Women's Wellness (FWW) is a small, nonprofit public charity dedicated to medical research and education of critical women's health issues. Established in 1997 by an internationally renowned physician recognized for her work in women's health and hormones, FWW is guided by knowledgeable physicians, researchers, and private sector specialists.

FWW identifies, funds, and conducts research on prevalent diseases among women, health conditions that specifically affect females, as well as areas where data on gender differences or women in particular is scarce. Ongoing areas of investigation include cardiovascular disease, leading female cancers, and the role of hormones in causing and treating health concerns.

The Foundation for Women's Wellness supports smaller, short-term studies that lack adequate support and are essential for improving knowledge and catalyzing larger scale research efforts funded by the federal government and large nonprofit entities. To encourage discussion and enhance medical understanding, FWW disseminates new and clarifying research information directly to women and their healthcare providers.

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## FEMALE SEXUAL CONCERNS

### RECEIVING NEW MEDICAL ATTENTION

In 1998 Viagra hit the market and treating erectile dysfunction became so commonplace that even former republican presidential candidate Senator Bob Dole publicly touted Viagra's benefits. Meanwhile 40 percent of women report sexual difficulties and some believe the actual numbers are higher. 'Older women don't desire sex' and 'it's all in your head' are stereotypes that still pervade.

"In the last ten years or so medicine has begun to explore women's sexual health," states Lila Nachtigall, MD, New York University gynecologist, founder of Foundation for Women's Wellness and noted expert of women's hormones and menopause. "Yet studies show that less than half of all primary care doctors ask [female patients] about their sexual health, and many women won't bring it up," continued Dr. Nachtigall. "If there's one thing I tell women it's that they must talk, because doctors won't ask, and there are treatment options that can help."

For both women and men, sexual satisfaction is multi-faceted. Lack of desire or lack of sexual enjoyment can be caused by life's circumstances including fatigue, stress or relationship difficulties. Past sexual trauma can also impair one's current sex life. But for many women, difficulty feeling aroused, enjoying sex, or achieving satisfying orgasm results from hormonal changes, especially a decrease in testosterone, the hormone responsible for sex drive. Such shifts in hormone levels affect sexual desire and vaginal health.

*(Continued on PG 3)*

## PHYSICAL PAIN IN WOMEN

### MEDICAL RESEARCH IDENTIFIES GENDER DIFFERENCES

When it comes to physical pain, the axiom "No Pain, No Gain" seems ludicrous. Most everyone - male and female, young and old - seeks relief from chronic or short-term pain at some point, and we all expect that medicine can deliver effective relief. However, while pain threshold often depends on individual genetic factors, emerging research has identified critical differences between men and women in our perception of pain and the body's processing of pain-relieving medications.

Women report more severe, frequent, and longer-lasting sensations of pain in more areas of the body than do men, writes Dr. Marianne Legato, MD, cardiologist and author of *Eve's Rib: The New Science of Gender-Specific Medicine and How It can Save Your Life*.

Researchers are divided about the causes of these gender differences. Some explain this difference as cultural conditioning where girls and women are traditionally encouraged to express more of their feelings, including those of pain, compared to boys or men. Others point to gender differences in anatomy, drug metabolism, hormones, and organ function most notably of the brain and central nervous system, all of which affect physical pain.

*(Continued on PG 4)*

# HEALTH FACTOIDS: DID YOU KNOW?

## YOUR SIBLINGS' HEART HEALTH HAS IMPLICATIONS FOR YOU

Researchers at Johns Hopkins studied over 8,500 people and found that siblings' heart health may be a more important risk factor for determining premature coronary heart disease risk than that of your parents or any other family member. Researchers defined premature heart disease at or before age 65 for women and age 55 for men. If your sibling(s) have heart disease, screening can help determine how aggressively to treat your potential risk factors.

## OVARIAN CANCER'S SYMPTOMS: EARLY DETECTION CRITICAL

Ovarian cancer is highly curable when detected and treated early. Yet almost 75% of all diagnoses occur when the cancer is at a more advanced stage. A recent study evaluating women with both early and late term ovarian cancer found symptoms were the same for both groups. They include bloating, increased abdominal size, and urinary urgency. Women with ovarian cancer reported such symptoms more severely and more frequently (20 to 30 times a month) than women without cancer. Such symptoms also had a more recent onset in those diagnosed with cancer.

## LOSING WEIGHT IS ONE THING, BUT OY KEEPING IT OFF

Some researchers believe that women have a harder time maintaining weight loss than men because of a lower sensitivity to leptin, a newly discovered hormone that creates feelings of satiety. Leptin levels remain low for several months after a weight loss.

## SKIN CANCER'S GENDER DISPARITIES

The most common forms of skin cancer are melanoma, basal cell carcinoma, and squamous cell carcinoma. After age 45, men are much more likely to contract skin cancer than women; however, melanoma, the most deadly kind of skin cancer, is more common in women under the age of 40 and is the most common cancer in young people age 25 to 29. The location of skin cancers also differs by gender. Because most skin cancers are caused by sun exposure, women's clothing in warm weather equates to cancers appearing on their legs and hips while men's hair cuts result in skin cancers on their necks and ears. If caught early, most skin cancers can be cured, so it is critical to have your skin examined regularly and to protect yourself from too much sun exposure.

## BICYCLE RIDERS: WATCH OUT DOWN BELOW!

Because of the pressure from bicycle seats and the impact from falling on a bicycle's crossbar, bikers are subject to greater sexual dysfunction and incidence of urinary tract infections than non-bike riders. Bikers who train for extended periods of time and mountain bikers are subject to the greatest risk of such conditions because of the sheer amount of time spent on the bike and/or the rough terrain.

## LIPOSUCTION NOT A HEALTH PANACEA

A recent study reports that liposuction, a surgical procedure to remove body fat, may not reduce blood pressure, cholesterol, or blood sugar. It also does not seem to change poor metabolism. These measures are important risk factors for heart disease and diabetes. The study was conducted on obese women who used liposuction to remove abdominal fat and reduce weight instead of diet and exercise. Large scale study on this subject is still needed to make more conclusive determinations for obese women, but for now it seems that improved diet and exercise are still critical for improving your overall health.



## RESEARCH NEWS

March 1, 2005. FWW announces the "Women's Health Research Fund" created to support research on a subject of importance to women's health.

FWW has received dozens of proposals from physician-scientists at leading medical institutions investigating tangible subjects affecting you or someone you know. They include improving treatment, and identifying causes, of breast cancer, autoimmune disease, pregnancy complications, menopausal symptoms – just to name a few. Many of these studies will lead to large-scale studies funded by the federal government. FWW's Scientific Review Committee run by Dr. Rob Flaumenhaft, MD, PhD of Harvard Medical School leads the selection process. We will announce the awardee this fall.

Initiatives like the "Women's Health Research Fund" help medicine find answers. This is so important because, no matter how excellent your physician is, she is limited by what science understands.

*Editor's Note: Special thanks to Richard Helfant, MD for his medical guidance & support of this newsletter.*

## SEXUAL HEALTH

Continued from PG 1

Before menopause women produce three to four times more testosterone than estrogen. As women age and enter menopause, both estrogen and testosterone levels decrease. This also occurs in younger women whose ovaries have been surgically removed. Certain medications can also alter hormone levels.

Lower hormone levels often cause vaginal dryness, inadequate lubrication,

and thinning of the vaginal wall. These physical changes can make intercourse painful but treatment is available. Hormone replacement therapy can help, as can topical lubricant creams or vaginal rings inserted into the vagina. For women suffering from low libido, including trouble with orgasm, testosterone treatment may be prescribed.

A new low-dose testosterone patch under development by Procter & Gamble named Intrinsa, has received media attention for its effectiveness in treating women with low libido. Last December

an advisory panel to the Food and Drug Administration recommended that more study be done to assess the patch's long-term health risks. According to Dr. Nachtigall who is involved in research of the testosterone patch, "...76 percent of the women in our study reported improvement in sexual desire and self-esteem." She adds that, while initial results show significant effectiveness, "I agree [with the advisory panel that] we need to follow these women to assess longer term effects, just as we should on any drug."

## NEW ON BOOKSHELVES

WHY I WORE LIPSTICK... TO MY MASTECTOMY, GERALYN LUCAS, St Martin Press, available in hardcover \$23.95

*Why I Work Lipstick...To My Mastectomy* is a disarmingly funny, articulate, and inspiring personal account of facing breast cancer at age 27. GERALYN LUCAS was newly married and employed in her dream job as an editorial producer at ABC News' 20/20 when she discovered a lump in her breast. "Why I Wore Lipstick" details her discovery of breast cancer and how she dealt with treatment decisions including mastectomy, chemotherapy, reconstruction, and the possibilities of dying or living forever changed, physically and emotionally.

GERALYN is a unique voice in today's health literature because what she shares with readers is intensely intimate. She talks about her desire to have a baby; going to a strip club to assess what it might mean to lose her breast; sex with her husband after mastectomy surgery; attending her high school reunion with neither hair nor wig; enduring the agonizing metamorphoses brought about by treatment; and working every day no matter what.

"Why I Wore Lipstick" is not just a must-read for women with breast cancer. It is also a powerful reminder for everyone to pursue your instincts, let in the love and experience of others, find humor, and embrace your beauty. I should add that GERALYN LUCAS was my best friend during my teen years, and while we lost touch for most of our twenties, I am still full of love and appreciation for the uniquely special girl she was then, and the woman she has become today.

Book reviewed by Sharon Helfant Cravitz,  
FWW Executive Director

### EDITED BOOK EXCERPT

*I look at my right breast for the last time ever. It is the morning of my mastectomy surgery. The digital clock flips to 6:33 A.M. It is still dark outside but I am standing topless in a bright florescent-lit cubicle [at the hospital]. All I can think about is that somehow I need to be myself in this sterile room, during this surgery that has been forced on me. That is when I remember my lipstick. I do love lipstick because no one is born with it. It is so democratic. Applying it is such a willful gesture. Lipstick is confident and demands attention.*

*How did this all happen in just a matter of weeks? Why did this happen? Why me? Was it because I took birth control pills, did not go to the gym enough? Ate too many cheeseburgers? The one cigarette I smoked in ninth grade? I want to leave so badly. Would I set off an alarm if I bolted through the door? I think how crazy I would look running down Fifth Avenue in a surgical smock with my ass hanging out with a hairnet. I see strange people in New York City all the time but this would be especially creepy because I have bright red lipstick on. I decide not to run...because I am scared of what people would think of me – that, and it might make the cover of the New York Post. GIRL GOES WILD BEFORE MASTECTOMY SURGERY! They would write about my lipstick. I always worry about what people think, so I know I am still here. It is a good sign that I am too embarrassed to flee.*

*[Under anesthesia, I know that] if I were awake I would tell them how proud I am that I decide to cut off my breast, to hopefully save my life...I would tell them that I know I will still be a woman. For anyone who does not believe this, that is why I am wearing lipstick. I am hopeful and maybe even a little sexy. And slightly in control, just knowing that my lipstick might last.*

## PAIN IN WOMEN

Continued from PG 1

Most studies about pain treatment show that men and women metabolize drugs differently, affecting pain relievers' strength and duration. Even at the same body weight, women have more fat cells than men. Since certain drugs bind to fat, the larger number of such cells in women produces a longer-lasting effect. Body weight also affects how quickly oral substances pass through the body. As body weight increases, so does the speed at which many drugs are metabolized and excreted. Because women on average weigh less than men, they metabolize and excrete drugs more slowly. This

causes women to feel drugs' effects for a longer period of time.

Women also have less acid in their stomachs, which allows more of the drug to be absorbed into the blood stream. When women are pregnant or in the middle of their menstrual cycle, drug excretion time increases because of increased body weight and a faster gastric cycle. This also partially explains why we are hungrier during such times.

There are exceptions. Medications metabolized by an enzyme class called the CYP 3A4 system are broken down faster in women than men. Drugs influenced by this enzyme class include erythromycin (an antibiotic), prednisone

(a steroid), verapamil (a calcium channel blocker) and valium (a sedative).

Anesthetics used during surgery and medical procedures can also affect men and women differently. Women are reportedly more susceptible to post-surgical nausea and often wake up from general anesthesia sooner than men. Female related surgeries like breast and gynecological are also more likely to cause postoperative nausea.

When taking medication, including anesthesia, for pain relief women should be aware of family history, adverse interactions with other medications and herbal supplements, allergies, and past experience of adverse reactions.



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## IN THE NEWS

The media recently reported a medical study questioning the safety of the popular over-the-counter pain reliever Alieve. Here is one perspective on this issue from one of our favorite inter-nists, Richard Nachtigall, MD.

Alieve, also known as Naproxin, has been in clinical use for 30 years. Like all drugs in its class, naproxin may raise blood pressure and may also be associated with bleeding, particularly from the gastrointestinal tract. For individuals with congestive heart failure or coronary or renal insufficiencies, Alieve should not be taken. For the vast majority of healthy individuals, Alieve presents no known cardiovascular risk. The more common risk from taking Alieve is of gastrointestinal ulcers and bleeding.

That is why ongoing, chronic use or taking too much at one time, can be deleterious.

*"FWW adds that it is wise to take Alieve and similar drugs with milk or food and to monitor intake of any over-the-counter medication. Taking too much of a drug or for a prolonged time can increase risk of side effects."*