

HEALTHY WOMEN'S CENTER

VA Pittsburgh Healthcare System



National Women's Health Week inspires women to make their health a top priority. Coordinated by the U.S. Department of Health and Human Services' Office on Women's Health, the nationwide initiative encourages women to take simple steps for a longer, healthier and happier life. Important steps include:

- Getting at least 2 1/2 hours of moderate physical activity, 1 1/4 hours of vigorous physical activity or a combination of both every week
- Eating a nutritious diet
- Visiting a health care professional to receive regular checkups and preventive screenings
- Avoiding risky behaviors, such as smoking and not wearing a seatbelt
- Paying attention to mental health by getting enough sleep and managing stress

It is important to celebrate National Women's Health Week to remind women that taking care of themselves is essential. Women are often the caregivers for their spouses, children and parents and forget to focus on their own health. But research shows that when women take care of themselves, family health improves. It is important to educate our wives, mothers, grandmothers, daughters, sisters, aunts, and girlfriends about the steps they can take to improve their health and prevent disease. After all, when women take even the simplest steps to improve their health, the results can be significant and everyone can benefit.

Check out the [interactive tool](#) at to learn what screenings and immunizations you need.

An advertisement for VA Women Veterans Health Care. The top section has a red header with white text that reads "WOMEN VETERANS HEALTH CARE". Below the header, there is a large photograph of a woman in a military uniform looking off to the side. To the left of the photo, there is text that reads "Mother, daughter, sister, wife, partner ... veteran." and "VA cares for the whole woman." Below the photo, there is a list of services: "Primary care", "Reproductive care", "Mental health care", and "Sensitive to women veterans' needs and experiences". There is also a note that says "VA's national network ensures that your medical history goes where you go." At the bottom of the ad, there is a quote: "★ You served, you deserve the best care anywhere. ★" and the VA logo.

The VAPHS
Women Veterans Health Program
has earned recognition as a
National Center of Clinical Excellence.

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HPV Testing

Karen Fareri, CRNP

In recent years, the human papillomavirus , or HPV, has come into focus as the leading cause of cervical cancer. HPV is transmitted through sexual contact. There are several types of HPV and some are more likely to lead to cervical cancer. HPV 16 and 18 are responsible for 70 percent of all cervical cancers in the United States and are the leading cause of "pre-cancerous" changes noted on Pap smears. We test for HPV in two settings: 1) Using atypical Pap Smear results to help us decide whether we need to be concerned and 2) in women over age 30 as an additional way of screening for those at risk of developing cervical cancer. It is important to recognize that among women under age 30 who are sexually active, as many as 75 percent will be HPV positive at some time, so we are careful about when we test for HPV. We only are concerned with a positive HPV result if: 1) it is in a woman over age 30 or 2) in a woman under 30 with atypical cells on her Pap smear.

If any atypical cellular abnormalities are noted on a Pap smear, an HPV test should also be run. Most labs do this automatically. If a woman has both an abnormal Pap and HPV positive results, it is more likely that cervical cancer can develop, and additional testing and referrals are needed. HPV testing alone (without a Pap smear) in women is not helpful in determining the risk for cervical cancer unless the woman is over age 30. HPV results in combination with Pap smear results can determine a woman's risk of developing cervical cancer in the future and can help determine how often she needs a Pap smear. If a woman is over age 30 and her Pap smear and HPV test are negative, she can be tested every three years. If she is over 30 and either the HPV test or the Pap test is positive, she needs to continue annual screening until both become negative. If her Pap smear is positive and her HPV is positive, she needs to be referred to gynecology.

The introduction of the HPV vaccination in young women and adolescents is anticipated to greatly reduce the cases of cervical cancer in the future. Ideally, young women receive a series of three injections given around age 13 and prior to sexual activity. This can protect them from infection from high-risk HPV. Women can still receive the vaccination after sexual activity has started, but it is better to get it early to avoid infection. We recommend vaccinating women until age 26. Women who have been vaccinated still need to receive Pap smears, as not all of the cancer-causing HPV strains are included in the vaccine.



Female Infertility

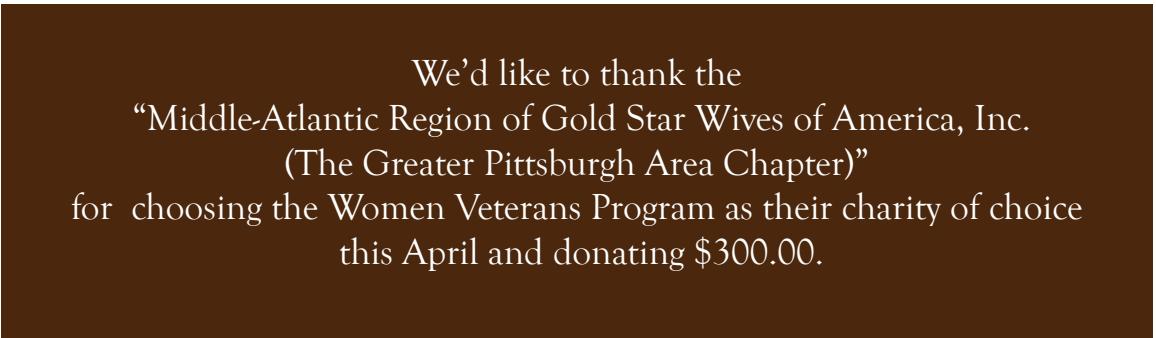
Anu Munshi, M.D.

Infertility is the inability to conceive after a year of unprotected sex. This affects almost 15 to 20 percent of all couples, or 7.5 million people in the United States. In healthy young couples, about 25 percent will be able to conceive in one month; however, it usually takes longer to conceive on average. About 90 percent of couples will conceive within a year of trying and an additional 5 percent will conceive after two years. Still, a small percentage may not be able to get pregnant on their own.

Many conditions can lead to female infertility. Some of the female factors associated with this are advanced maternal age (usually older than 35 years), obesity, being underweight, caffeine intake (more than 250mg per day—the equivalent of one Starbucks “tall” coffee or seven cans of Pepsi or Coke a day), and smoking. Other diagnoses such as polycystic ovarian syndrome (PCOS) are also commonly associated with female infertility.

Choosing the right contraception method is also an important factor for women. If they want their fertility to return immediately, using contraceptive methods such as intrauterine devices, vaginal rings or birth control pills are most likely the best options. Ovulation may be delayed, but that's less likely with these than other options such as Depo-Provera.

Women who are thinking about starting a family should try to optimize their health by taking daily prenatal vitamins, maintaining a healthy weight, avoiding caffeine, stopping smoking and attempting to have any other associated disorders, such as PCOS, treated. If they are having difficulty conceiving, they should see their primary care physician and/or gynecologist to get a workup.



We'd like to thank the
“Middle-Atlantic Region of Gold Star Wives of America, Inc.
(The Greater Pittsburgh Area Chapter)”
for choosing the Women Veterans Program as their charity of choice
this April and donating \$300.00.



Olga Trujillo grew up in a family devastated by violence. Not only did she witness her father brutally attacking her mother, she also suffered continual physical, emotional and sexual abuse from him, her brothers and, eventually from many others outside her family. As the keynote speaker at the **Women's Health Update Spring 2010**, she shared the personal story of how her abusive past has informed her healthy present. Olga has been diagnosed with post-traumatic stress disorder, anxiety and panic disorder, phobias, major depression and dissociative disorder. She experiences chronic pain and has had numerous surgeries. Olga has also gained astonishing clarity as a result of the intensive therapeutic work she has done to recover and reclaim her identity. She points to her psychiatrist, medication and a proactive approach as some of the ways in which she has been able to integrate her past into her present.

WORLD WAR II VETERANS OF SOUTHWESTERN PENNSYLVANIA MEMORIAL FUND, INC.
P.O. Box 23143 Pittsburgh, PA 15222-6143 Phone: 412-779-2959 WWW.SWPWWII.ORG

IF YOU HAVE A FAMILY MEMBER OR FRIEND WHO SERVED IN THE ARMED FORCES OR WORKED IN A DEFENSE PLANT DURING WORLD WAR II, YOU MAY SUBMIT A PHOTOGRAPH TAKEN DURING THE WAR YEARS FOR THE 2011 COMMEMORATIVE CALENDAR.

COPIES ONLY TO: SHEILA CONLEY, 322 ALLEGHENY RIVER BLVD., APT #2, OAKMONT, PA 15139, (412) 828-0373, sheilaconley@comcast.net

ONE FREE CALENDAR WILL BE MAILED TO THE PERSON WHO SUBMITS A PHOTOGRAPH(S). ADDITIONAL CALENDARS WILL BE AVAILABLE FOR \$10.00.

ALL PROFITS GO TO THE SOUTHWESTERN PENNSYLVANIA WORLD WAR II MEMORIAL FUND, INC. TO BUILD A MEMORIAL ON ALREADY SECURED LAND ON PITTSBURGH'S NORTH SHORE.

John Vento
John Vento
South Pacific Theatre WWII

*"But there are deeds which should not pass away
And names which must not wither"
—Byron*

I had the opportunity to interview Olga after her presentation. As the chaplain who works with the **Healthy Women's Center**, I was curious to find out how her spirituality has contributed to her healing. She talked about a 72 year-old neighbor who took care of her when she was a preschooler, Doña Ester Rodriguez. Doña Ester could hear the violence that occurred in Olga's family through the walls. She told her that God would hate what her father was doing to her and her family. She told her how to hide from her father. She taught her how to pray the rosary. In doing these things for her, Doña Ester gave Olga resilience by teaching her how to solve problems. She also gave her the gift of connection to her culturally derived Roman Catholic faith.

Through Doña Ester, Olga sees how God was trying to protect her by acting on her behalf.

A Journey of Hope and Healing

Chaplain Mary Q. Browne, LCSW

Part of her recovery included **forgiveness**. For a time, Olga lived with rage and hate toward her family members and God. She believed that because she had followed all the rules of the Catholic Church with sincerity, she should not have experienced what she did. She came to understand forgiveness as a process. Olga first learned about free will. She then came to a compassionate understanding about why her family made certain choices. Once she understood the generational pattern of pain and abuse that permeated her family, she was able to make choices of her own. She chose to forgive their inexcusable behaviors and thereby was able to release her anger. Forgiveness set her soul free but did not excuse the actions of her family members.

For Olga, **God is found in the just, honest, truthful actions and words of other people**: Doña Ester, Sister Mary Leon and other teachers in school, the director of the community center. These and other people came into her life showing her that God was real, is real, and worked through them to help her and others. She now finds meaning and a deep sense of purpose and fulfillment in being a voice for the stigmatized. She uses her legal training as a consultant to advocates, caseworkers, educators and criminal justice professionals, strengthening their response to violence against women and children. She operates out of a philosophy of treating all people with respect and dignity. She seeks to live out her faith and her spirituality “on the ground.”

What spiritual lessons might we learn from Olga’s life story? What I hear in Olga’s story is **hope**. No matter what the events of our lives are, there is the opportunity for redemption, for healing, for justice. Attaining recovery is not easy. It is a process. We are invited by the God of the Universe to enter that process with the promise that we will not enter it alone. There are others who will hear our story, just as Olga’s story was heard. There are people who will help us to make sense out of what makes none to us. We can be stronger than we imagine! Additionally, we have available to us resources drawn from our own faith traditions that we can claim as our own, such as rosary beads, sacred and devotional literature, sacred art, ritual, and prayer. All of these can connect us to the deepest part of our being, our souls, and the place within each one of us where God dwells. In making this connection and in seeking forgiveness from God, we, too, can be freed.

Olga Trujillo is more than a survivor. She is an inspiration. She is a voice crying out for those who remain in the wilderness. Thank you, Olga, for sharing your story with us so that we might boldly hear the stories of others, endeavor to heal our own wounds and come to see the work of God in ourselves and in others.



Does what goes in affect what comes out? Managing Urinary Incontinence

Deborah Mitchum, MSN, CRNP

In the female population, incontinence shows increasing prevalence during young adult life (20 to 30 percent) with a broad peak around middle age (30 to 40 percent) and a steady increase in the elderly (40 to 50 percent.) When we talk about incontinence, we generally focus on three types:

- * Stress incontinence – the loss of urine during exertion: cough, laugh, exercise
- * Urge incontinence – the loss of urine due to a sudden, overwhelming need to void
- * Dysfunctional voiding – a learned behavior where the pelvic floor does not relax to allow voiding.

If you are bothered by urge incontinence do you need to watch what you drink and eat to manage your symptoms?

Too Much Fluid: Sure, you need to stay hydrated to keep your body healthy. But drinking too much water - or any fluid - could mean more trips to the bathroom if you have urinary urge incontinence, also called overactive bladder (OAB). Drink no more than 2 liters (about 2 quarts) of water or other fluids daily. Drink most of those fluids during the day; limit your fluid intake in the evening so you don't have to get up at night to go to the bathroom.

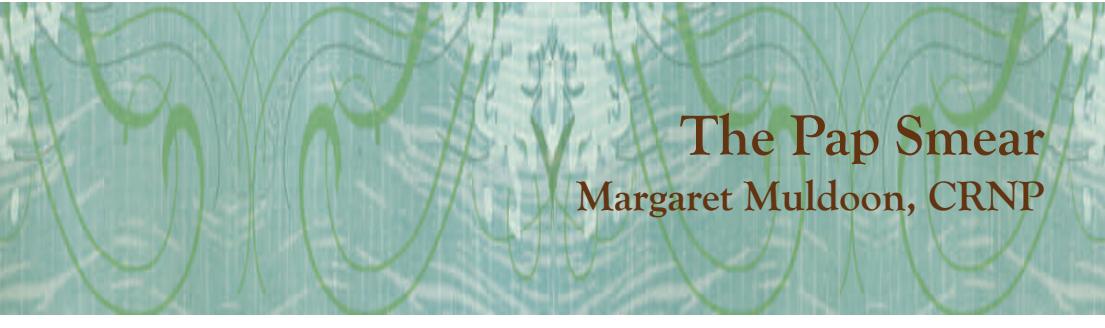
Too Little Fluid: Skimping on fluids might seem like it would help curb urinary urge incontinence, but this strategy can backfire by irritating the bladder and promoting infection. While recent research suggests that people don't need to drink eight glasses of water per day, you still need to drink. How much? Experts recommend drinking at least 1 liter (about 1 quart, or 4 cups) of fluid per day. You also get about 20 percent of your total water intake from food.

Alcoholic Beverages: Beer, wine, or liquor - in any form, alcohol is dehydrating. But it dehydrates by increasing the amount of urine, which means more bathroom visits when you drink alcoholic beverages. Alcohol also interferes with brain signals that tell your bladder when to release urine. So if you have overactive bladder (OAB), you may want to cut down on or eliminate alcohol.

Coffee, Tea, Energy Drinks, Colas: Caffeine also stimulates the bladder and acts as a diuretic, causing you to produce more urine. Drinking less - or no - caffeinated beverages could help you control an overactive bladder, but you might not have to quit coffee, tea, energy drinks, or colas cold turkey. Try switching to decaffeinated beverages, low-acid coffees and non-citrus herbal teas.

Carbonated Drinks: Fizzy drinks may irritate sensitive bladders. If you've got an overactive bladder, you may want to try drinking carbonated beverages sparingly or skip them completely. Fizzy drinks include soft drinks, club soda, seltzer water, and other "sparkling" waters. And if your taste runs to champagne or other sparkling wines, keep in mind that besides their fizz, the alcohol in those beverages could also be a trigger for people with overactive bladders.

Watch for the next newsletter, when we will talk about how foods can worsen symptoms of incontinence.



The Pap Smear

Margaret Muldoon, CRNP

The Pap smear is a screening test for cervical cancer. A screening test is designed to detect abnormalities before the patient has symptoms. Other such tests include mammograms and colonoscopies. Either your primary provider or your gynecologist can do Pap smears. Here at VA Pittsburgh, a women's health provider in primary care does most Pap Smears. The test involves sampling cells from the cervix and then sending them to a lab for a cytologist to determine whether they are normal or abnormal. There are varying degrees of abnormalities that may require further testing and treatment. Cervical cells can be tested for human papilloma virus (HPV). Cervical cells infected with HPV are more likely to have precancerous changes, and thus a positive HPV test alone can lead to a referral to a gynecologist for further evaluation.

Three major organizations in the United States, including the American Cancer Society, American College of Obstetrics and the US Preventive Services Task Force, have issued recommendations for cervical cancer screening. As of Nov. 20, 2009, the new guidelines from the American College of Obstetricians and Gynecologists are:

Starting age: initial screening at age 21

Frequency: every two years up to age 30. Women over age 30 should continue having Pap smears every two years. After three consecutive normal Pap smears, testing can be spaced out to every three years. If HPV testing is negative at age 30, Pap smears may be spaced out to every three years.

Stopping age: age 65 or 70 for women with three normal consecutive Pap smears and no abnormalities in the past 10 years.

After hysterectomy: if a hysterectomy was done for benign reasons (such as fibroids) and there is no history of cervical abnormalities, then Pap smears may no longer be needed.

Remember, in the United States, cervical cancer accounts for approximately 1 percent of cancer deaths in women. This can be prevented through regular Pap smear screening. If you have not had one recently please schedule an appointment with your doctor.

OUR PROMISE

The Women Veterans Program will promote the health, welfare and dignity of women Veterans and their families by ensuring equitable access to timely, sensitive, quality healthcare.



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