

# CHAPTER 7

## WOMEN'S HEALTH

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# WOMEN'S HEALTH

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## INTRODUCTION

Prevention is important for everyone, especially if at sea and distant from sophisticated medical care. Further, while at sea, knowing self-care techniques for common symptoms and ailments becomes particularly valuable. This chapter deals with issues that primarily affect women.

### Heart Health

A woman's risk of heart disease begins to rise around the time of menopause, over time approaching the risk faced by a man. The risk of heart disease may be minimized through the following life-style recommendations made by the American Heart Association:

- Stop smoking.
- Make sure resting blood pressure is controlled to less than 140/90.
- Lower cholesterol to less than 200, with weight loss, dietary modification, physical activity and medication if necessary.
- Lower LDL cholesterol to less than 100.
- Lower fasting blood sugar to less than 126, with weight loss, dietary modification, physical activity and medication if necessary.
- Lower body weight to within 10% of appropriate body weight for height.
- Get appropriate amounts of aerobic physical activity.

For post-menopausal women, talk to your doctor about the potential risks and benefits of taking estrogen supplements, and taking supplements of vitamin E, vitamin C, and folate.

For additional resources see the American Heart Association and National Heart, Lung and Blood Institute sites:

<http://www.americanheart.org/>

<http://www.nhlbi.nih.gov/health/hearttruth/>

## **Cancer Screening**

As recommended by the American Cancer Society, if you're a woman over age 20, you should have a Pap smear taken every year or two; after three normal tests, have a Pap smear every 3 years from then on. You should practice breast self-examination monthly. Any suspicious change should be checked out with a doctor. Mammography is a yearly screening procedure recommended for women after age 40 (with high risk) or age 50. After age 50, tests for colorectal cancer (digital rectal exam and occult blood test) are advisable on an annual basis. In addition, sigmoidoscopy every 5 years or colonoscopy every 10 years is recommended. Your skin should be examined annually for any suspicious moles or other lesions.

## **Breast Self-Examination**

Most women will have lumps in their breasts at some time during their lives. Regular self-examination of your breasts improves your chances of avoiding serious consequences. Self-examination should be done monthly, just after the menstrual period, when the breasts have fewer hormone-related lumps. Self-examination is an absolute necessity for a woman with naturally lumpy breasts. If there is a new lump or change in an existing lump, seek immediate medical care.

To do a self-exam, examine your breasts in the mirror, first with your arms at your sides and then with both arms over your head. The breasts should look the same. Watch for any change in shape or size, or for dimpling of the skin. Occasionally a lump that is difficult to feel will be quite obvious just by looking.

Next, while lying flat, examine the left breast using the inner fingertips of the right hand and pressing the breast tissue against chest wall. Don't pinch the tissue. Your left arm should be behind your head when you examine the inner half of the left breast and down by your side when you examine the outer half. Don't neglect the part of the breast underneath the nipple, plus the part that extends away from the breast toward the underarm. A small pillow under the left shoulder may help. Repeat this process on the opposite side. Many doctors recommend repeating the self-examination in the shower, where smooth, slightly soapy skin can make lumps easier to detect.

Breast self-examination is a supplement to other screening techniques for breast cancer. Mammography is strongly recommended yearly after age 50, or after age 40 for women with a history of breast cancer in their family. An annual examination by a health care worker is also of benefit. These guidelines are based upon current technology. It is very likely that the diagnostic value of these and newer tests will continue to improve, while the associated cost, risk, and discomfort will diminish.

## INFORMATION ON DISEASES, SYMPTOMS AND CONDITIONS

### Vaginal Discharge and/or Itching

**Normal vaginal secretions** are thin, clear, and painless. Abnormal vaginal discharge is common, however, and could have many causes. Bacteria, common viruses, and other microbes can infect the vagina and cause discharge. These infections are rarely serious, but they are bothersome. Usually the body will fight off the infection by itself. Make an appointment with the doctor if the discharge lasts more than a few weeks. Laboratory tests allowing microscopic evaluation of vaginal fluid are required for a correct diagnosis. A variety of effective drugs are available for treating vaginal infections.

**Bacterial vaginosis** is the most common cause of vaginal symptoms among women of childbearing age. Bacterial vaginosis is due to a change in the balance among different types of bacteria in the vagina. The primary symptom is an abnormal vaginal discharge with a fishy odor. Treatments are available from a medical practitioner if the condition does not correct itself.

**Trichomoniasis** is a very common vaginal infection caused by a single-celled protozoan parasite. The symptoms in women include a heavy, yellow-greenish vaginal discharge, discomfort during intercourse, and painful urination. Irritation of the female genital area, and on rare occasions, lower abdominal pain, also can be present. A woman and her partner both need to be treated to eliminate this infection.

**Vulvovaginal candidiasis**, sometimes referred to as candidal vaginitis, monilial infection, or vaginal yeast infection, is a common cause of vaginal itching, burning and irritation. Candidiasis is caused by an overabundance or overgrowth of yeast cells (primarily *Candida albicans*) that normally colonize in the vagina. Several factors are associated with symptomatic candidiasis in women, including pregnancy, diabetes mellitus, and the use of oral contraceptives or antibiotics. The discharge is typically described as cottage-cheese-like in nature, although it may vary from watery to thick in consistency.

See your doctor the first time you have symptoms of candidiasis, to make sure of the diagnosis. Treating yourself for candidiasis when the problem may be caused by other types of microorganisms may make the symptoms worse.

If you have recurring candidiasis, talk to your doctor about treating yourself with a non-prescription medication like miconazole or clotrimazole that is available over-the-counter.

**Non-infectious irritation or allergic symptoms** can be caused by spermicides, vaginal hygiene products, detergents, and fabric softeners. In some healthy

women, vaginal discharge may be present during ovulation and may become so heavy that it raises concern.

### **Tampon Safety**

The U.S. Food and Drug Administration tracks all medical devices, including tampons, for safety issues. Tampons enjoyed a quiet history until about 1980. That is when a sharp rise was reported in the number of cases of toxic shock syndrome, a serious and sometimes fatal disease caused by toxin producing strains of *Staphylococcus aureus*. Tampons containing super-absorbent materials were withdrawn from the market, and the epidemic subsided.

The following tips help avoid tampon problems: follow package directions for insertion, choose the lowest absorbency for your flow, change tampons at least every six to eight hours, and know the warning signs of toxic shock syndrome.

Symptoms of toxic shock syndrome can be hard to recognize because they mimic the flu. If you experience sudden high fever, vomiting, diarrhea, dizziness, fainting, or a rash that looks like sunburn during your menstrual period or a few days after, seek medical attention right away. Also, if you are wearing a tampon, remove it immediately. With proper treatment, patients usually get well in two or three weeks.

### **Bleeding Between Menstrual Periods**

The interval between two menstrual periods is usually free of bleeding or spotting. Many women sometimes experience some bleeding, however, even though no serious conditions are present. If the bleeding is frequent, even if only spotting, you should seek medical evaluation as it could be an early sign of a potentially serious problem. If the bleeding is severe, or if you may be pregnant, seek immediate medical care.

Women using an intrauterine birth control device are particularly likely to have occasional spotting. Taking birth control pills may also cause spotting between periods. Such spotting is probably not a cause for concern.

If you are pregnant and have bleeding along with abdominal pain, consult a physician immediately. This may be a sign of a pregnancy developing outside the uterus (ectopic pregnancy), which requires immediate surgery. It may also be a sign of a uterine miscarriage. However, some women may have some bleeding throughout a normal pregnancy.

## **Missed Periods**

Pregnancy is often the first thought when a menstrual period is late or missed, but there are many other possible reasons. Obesity, excessive dieting, strenuous exercise, and stress may cause missed or irregular periods. Diseases such as those of the thyroid gland, which upset the hormonal balance of the body, may also be the cause of missed periods, but this is only infrequently the case. As women approach menopause it is also normal for periods to be irregular before they stop completely. Emotional as well as physical stress may result in irregular periods. Indeed, anxiety over possible pregnancy may cause a missed period, thereby increasing the anxiety even further.

Testing for pregnancy has become faster, easier and more sensitive in the last decade. Home test kits that provide a reasonable degree of accuracy are now available and may show a positive result as early as two weeks after the missed period. Because a positive test result is less likely to be incorrect than a negative one, the rule is to believe the positive test, but not to trust a negative test without confirmation from a second test with a negative result.

## **Difficult Menstrual Periods**

Adverse mood changes with fluid retention and bloating are very common in the days just prior to a menstrual period. Such problems are difficult to treat and are a result of normal hormonal variations during the menstrual cycle. Only if problems are severe, or recur for several months, is medical attention required. Salt tends to hold fluid in tissues. If you can reduce the salt in your diet and increase your water intake (to “wash” out the salt), you may have less swelling and less fluid retention. For menstrual cramps use ibuprofen or naproxen. Most products designed for menstrual cramps now have ibuprofen as the main ingredient.

## **Menopause**

During menopause, the ovarian production of female hormones decreases. Most women can tell if they are approaching menopause because their menstrual periods start changing. Menstrual periods usually become lighter and irregular, then stop altogether. Some menopausal symptoms mentioned below can start long before menstrual periods become irregular. Some women report the symptoms as early as their mid-30s.

Hot flashes, sudden feelings of intense heat lasting two or three minutes, are an annoying symptom of menopause. They can happen anytime during the day but are most common in the evening or at night. For most women, hot flashes gradually decrease over about two years and eventually disappear altogether. Staying cool is the key to treating hot flashes. Keep the home or office cool,

dress lightly and in layers, and drink plenty of water. Reduce your consumption of alcohol and caffeine, and maintain a regular exercise program.

Sleep is often affected by menopause, whether it is interrupted by hot flashes or there is difficulty falling asleep. You may feel sleepless in the middle of the night, but not uncomfortable. Strategies for coping with insomnia include regular exercise, keeping a regular routine and time for going to sleep, not drinking alcohol before going to sleep, eliminating caffeine and practicing relaxation techniques.

Many women also have mood swings during menopause. Irritability may be triggered by sleep deprivation. Again, make physical activity part of your schedule; exercise can improve mood and make you feel better about yourself.

Vaginal dryness and frequent urinary tract infections may occur after menopause. Urine leakage may become a problem as muscle support for the bladder and urethra weakens. Consider using vaginal creams to help with vaginal dryness; discuss this with your doctor if non-prescription creams are not helping.

After menopause, a few women are aggravated to find they have trouble remembering things or concentrating. These symptoms may be caused by changes in estrogen levels. Not getting enough sleep or having sleep disrupted may also contribute to memory and concentration problems.

Hormone replacement therapy (HRT) has been prescribed for menopause-related changes and to reduce the risk of osteoporosis that may develop in the years following menopause because of estrogen depletion. HRT also has some risks. Any woman considering HRT needs to discuss the potential risks and benefits of this therapy with her physician.

There are at least two major health conditions that can develop in the years after menopause because of the decrease in hormone production that occurs: coronary artery disease and osteoporosis. Not all women develop heart disease or osteoporosis. Many more things affect your heart and your bones than estrogen alone. For example, exercise improves both your cardiovascular system and bone strength.

### **Osteoporosis**

Osteoporosis is a condition in which the density of bone is diminished. To understand this abnormal condition requires some knowledge of normal bone structure and physiology. Bone is living tissue, and is in a constant state of flux. Microscopically, bone consists of a mixture of connective tissue, blood vessels, specialized cells, and the crystals of calcium salts, which give hardness and strength. At about the age of 30 or 35 we will possess all the bone-mass we shall ever have, and from then on, there is a slow overall loss, because bone

formation does not keep pace with bone loss. When bone is being absorbed faster than it is being deposited, the skeleton is weakened. Spontaneous fractures may occur. Pain, particularly spinal pain, may become severe. The fractures may lead to deformity. This is the disease called "osteoporosis."

However, a number of research projects involving experimental preventive measures have been reported in the current medical literature. Some of this research may prove to be helpful in reducing the risk of osteoporosis, or perhaps preventing it altogether: (1) in women, administering estrogen before bone loss becomes severe to prevent the progress of the disease; (2) exercising to prevent bone loss; (3) taking calcium supplements and vitamin D, in order to limit excessive bone loss; and (4) for both men and women, giving up smoking and alcohol.

Regular exercise and adequate dietary calcium are important to prevent osteoporosis. Physical activity will help keep bones strong. Menopausal women should take in about 1500 mg of calcium per day, about as much as in a quart of skim milk, with 400 IU of vitamin D. You can use a calcium supplement if you cannot get enough from dairy products.

### **Management of Recurrent Urinary Tract Infection**

The best-known symptoms of bladder infection are pain or burning on urination, frequent and urgent urination, and blood in the urine. Bladder infection is far more common in women than it is in men. The female urethra, the tube leading from the bladder to the outside of the body, is only about one-half inch long in women, a short distance that makes it easy for bacteria to travel upward to reach the bladder. Most bacteria that cause bladder infections come from the rectal area, and sometimes bladder infection is related to sexual activity.

Many bacterial bladder infections will respond to self-care. Treat as soon as you note symptoms. Drink a lot of fluid (up to a gallon or more of fluid in the first 24 hours). Drink acidic fruit juices, since putting more acid into the urine may help bring relief. Cranberry juice is the most effective.

If relief is not substantial within 24 hours and complete in 48 hours, seek medical attention. If you are experiencing vomiting, back pain, or chills, this is not typical of bladder infection but more likely indicates kidney infection. This requires immediate evaluation and more vigorous treatment by a medical professional.

## **SEXUAL CONTACT**

Sexual contact can be a fulfilling part of an intimate relationship. It can also lead to life-threatening diseases such as HIV/AIDS. The following increase risks of sexually transmitted disease:

- Multiple sexual partners

- Sexual partner(s) you do not know well
- Bisexual partner
- IV drug use in partner
- Use of alcohol or drugs that decrease judgment on when to say “No.”
- Prostitution
- Partner with HIV/AIDS
- Sex without condom or “female condom” (remember any exchange of sexual fluids can transmit disease)
- Partner with history of sexually transmitted diseases

Sexual contact can also result in unanticipated pregnancy. Contraception must be obtained and used before contact. Many female contraceptives are available including birth control pills and patches, intrauterine devices and vaginal diaphragms. These require a physician’s prescription so they must be obtained (and used) before they are needed. Also, remember that contraceptives prevent pregnancy. They are not designed to prevent sexually transmitted diseases. Take additional precautions to prevent sexually transmitted diseases.

## VIOLENCE AGAINST WOMEN

Violence against women does not discriminate: it spans all races, ages, and economic boundaries. One in four women report that they have been victims of family violence or stalking. These acts of violence take several forms, including child abuse, intimate partner violence, sexual assault and abuse, rape, incest, and elder abuse. It is a leading cause of injury for American women between the ages of 15 and 54.

Women who have been assaulted or who are victims of abuse often feel too ashamed and afraid to report the incident. Violence against women in any form is a crime, regardless of who committed the violent act. It is always wrong, whether the perpetrator is a family member, colleague, acquaintance, or stranger.

If you or someone you know has been sexually, physically, or emotionally abused, seek help from other family members and friends or the employee assistance program. Reach out for support for counseling. Learn how to minimize your risk of becoming a victim of sexual assault or sexual abuse before you find yourself in an uncomfortable or threatening situation.

Violence among crew requires involvement of the chain of command, and should be reported to legal authorities when appropriate.

Resources for help:  
U.S. Department of Justice

<http://www.ojp.usdoj.gov/vawo/>

World Health Organization

[http://www.who.int/violence\\_injury\\_prevention/vaw/infopack.htm](http://www.who.int/violence_injury_prevention/vaw/infopack.htm)

National Advisory Council on Violence Against Women

<http://toolkit.ncjrs.org/>

If you need immediate help call the national domestic violence hotline at

1-800-799-7233.

## NUTRITION AND WOMEN'S SPECIAL NEEDS

Several components of the diet have special importance for women: calcium, iron, calorie-energy balance, and weight control.

### **Calcium**

Both women and men need enough calcium to build maximum bone mass during their early years of life. Low calcium intake appears to be one important factor in the development of osteoporosis. Women are at greater risk than men of developing osteoporosis. Osteoporosis is a condition in which progressive loss of bone occurs with aging, leaving the bones susceptible to fracture. The most important time to get a sufficient amount of calcium is when bone growth and consolidation are occurring. That continues until approximately age 30-35. The foods that top the calcium charts including milk, cheese, and ice cream are not lightweights in calories and fat, so choose the low-fat or fat-free versions. Other good sources of calcium include salmon, tofu, certain vegetables including broccoli, legumes such as peas and beans, seeds, and nuts. Supplementation may also be advisable.

### **Iron**

For pre-menopausal women, the recommended daily allowance for iron is 15 to 18 mg per day, more than the recommended daily allowance of 0-10 mg for men. Pre-menopausal women need more of this mineral because they lose iron during menstruation. Without enough iron, deficiency anemia can develop. Animal products such as red meat are sources of iron. Dietary iron from plant sources is found in peas and beans, spinach and other green leafy vegetables, and iron fortified cereal products. The addition of even relatively small amounts of foods containing Vitamin C substantially increases the total amount of iron absorbed from a meal. After menopause, a woman's need for iron is lower and unlikely to require supplementation.

### **Calories and Weight Control**

Cutting back on calories is not always the answer to losing weight. You cannot cut back on calories and eat all the necessary nutrients if you are taking in fewer than 1500 calories per day. The fewer the calories you eat, a harder it is to meet

your daily nutritional requirements. Look to eliminate any sources of “empty” calories from your diet, such as sodas and other sweetened beverages, sugary snack foods, added fats, and alcohol. If you find you are gaining weight, you need to think of not only cutting calories, but also about increasing physical activity. Physical activity burns calories, increases the proportion of lean to fat body mass, and raises your metabolism.

### **Eating Disorders**

Two common types of eating disorders are anorexia nervosa and bulimia. Some behaviors associated with these conditions are starvation, self-induced vomiting, excessive exercise, and the misuse of laxatives or diuretics. Symptoms of eating disorders are fear of gaining weight, food obsessions, avoidance of meals, rigid dieting and fasting, rigorous exercise, weight loss, unusual mood states (such as confusion, lethargy, and depression), swollen salivary glands, erosion of dental enamel (from stomach acid dissolving teeth during vomiting), dark circles under the eyes, low self-esteem, declining performance, and lack of menstrual periods. Eating disorders are extremely damaging to the mind and body, and can be fatal if untreated. Long-term consequences include damage to the heart, liver, kidneys and bone.

The female athlete triad is found among female athletes trying to balance the pressures of body image and peak physical performance. The triad is marked by inadequate food intake, menstrual abnormalities (irregular or absent cycles), and bone loss (weak bones at increased risk for fractures). In well-nourished women, heavy physical training may not result in amenorrhea (three or more missed menstrual cycles), which may reflect malnutrition. This triad can even be fatal if left untreated. It is key to establish a healthy relationship between food, body image and performance.

Seek medical help if you suspect you have an eating disorder of any type. Resources to help with eating disorders are found at:

National Institute of Mental Health

<http://www.nimh.nih.gov/publicat/eatingdisordersmenu.cfm>

## **PREVENTIVE HEALTH CARE: YOUR ROLE**

Guidelines for nutrition, exercise for optimal health and performance, and preventive care are largely the same for women and men. Special issues for women have been addressed in this chapter. You are responsible, in large part, for managing your own preventive care. Your medical practitioner should be your partner in wellness and prevention. Ask about screening tests based on your individual risk factors. Maintain a healthy weight. Get regular exercise. Choose a diet low in animal fat and sodium, and rich in fruits, vegetables, whole grains, and

low-fat or nonfat dairy products. Keep alcohol consumption moderate: no more than one drink daily for a woman. If you are a smoker or heavy drinker, seek counseling, and cut back or quit. Take care of your teeth. Do self-exams of your breasts as well as your skin. Be aware that sexual activity can transmit disease, and modify behavior accordingly.

Medical experts agree that good health depends on use of preventive services and good personal lifestyle habits.