



CIRWH NEWS FLASH

Center for Interdisciplinary Research in Women's Health

SPRING 2007

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

VOLUME 4, NUMBER 4

From the Director's Desk



May marks the observance of many national health awareness events. To name just a few, American Stroke Month (May 1–31), National Women's Health Week (May 13–19), and

Sex Differences in Health Awareness Day (May 15) will all be celebrated this month.

Although most women consider breast cancer the greatest threat to their health, heart disease and strokes are greater causes of mortality among women. One in 2.6 women die of heart disease, stroke and other cardiovascular diseases compared with one in 30 who die of breast cancer. Your first line of defense against these diseases is knowing the symptoms of a heart attack or stroke, which may differ between men and women. Be sure to read all about the risk factors and warning signs in the article, "Women and Stroke" in this issue.

Another important way to stay on top of your health is by having recommended testing done at the appropriate age. You should know your important numbers—blood pressure, blood sugar, cholesterol and triglycerides. Have your cholesterol checked regularly starting at age 45. If you smoke, have diabetes or if heart disease runs in your family, start having your cholesterol checked at age 20. Have your blood pressure checked at least every two years. Also, have a test to screen for diabetes if you have high blood pressure or high cholesterol. If you have not had these checked, please make an appointment with your physician today!

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2007 National Women's Health Week

We are very excited about our 5th Annual National Women's Health Week celebration. This year promises to be a wonderful program that will provide valuable information we should all know about strokes, including symptoms, when to seek help, and new treatments available.

Please come join us for our annual celebration. The guest speaker will be Dr. Lewis Morgenstern, director of the Stroke Program at the University of Michigan Health System. What you learn could save your life or the life of someone you love.

Date: Wednesday, May 16, 2007

Time: 11:30 a.m.

Location: Levin Hall North Auditorium

Light fare will be offered after the lecture.

Everyone is welcome!

For updated information, please check our web site periodically at www.utmb.edu/cirwh.

Faculty Spotlight: Dr. Lewis Morgenstern Keynote Speaker, 2007 National Women's Health Week

1. What is the focus of your research?

Health care disparities with respect to race, ethnicity and gender. Disparities refer to situations where one group in society experiences more disease than others. We study the disease of stroke as a common, devastating example of where disparities take a big toll.

2. Why did you go into this area of research?

Health care disparities are bad for everyone. They are bad for the victims who suffer disability and death. Disparities are bad for society that must pay for their cost. We must identify disparities and eliminate them to be a just, productive and compassionate society.

3. What do you consider the most important information that you have discovered in your research?

The differences in stroke risk among certain groups are not explained solely by differences in the commonly known biological risk factors. They are likely due to the complicated mixture of genetics, environmental risk and socio-cultural factors.

4. What do you enjoy most about your work?

I really work with an outstanding group of hard-working, dedicated individuals. I enjoy seeing them every day. I also am excited about the process of discovery.

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Women and Stroke

Stroke is the number three killer of women in the U.S. and a leading cause of serious disability. That's why it is so important to reduce your risk factors, know the warning signs, and know how to respond quickly and properly if warning signs occur.

Risk Factors of Stroke

Some stroke risk factors are hereditary or derived from other means out of our control. Others though, are a direct result of the choices made in a person's lifestyle.

What risk factors for stroke can't be changed?

- **Age**—The chance of having a stroke more than doubles for each decade of life after age 55. While stroke is common among the elderly, a lot of people under 65 also have strokes.
- **Heredity (family history) and race**—Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. African Americans have a much higher risk of death from a stroke than Caucasians do. This is partly because blacks have higher risks of high blood pressure, diabetes and obesity.
- **Sex (gender)**—Stroke is more common in men than in women. In most age groups, more men than women will have a stroke in a given year. However, more than half of total stroke deaths occur in women. At all ages, more women than men die of stroke. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Prior stroke, TIA or heart attack**—The risk of stroke for someone who has already had one is many times that of a person who has not. Transient ischemic attacks (TIAs) are “warning strokes” that produce stroke-like symptoms but no lasting damage. TIAs are strong predictors of stroke. A person who's had one or more TIAs is almost 10 times more likely to have a stroke than someone of the same age and sex who hasn't. Recognizing and treating TIAs can reduce your risk of a major stroke. If you've had a heart attack, you're at higher risk of having a stroke, too.

What stroke risk factors can be changed, treated or controlled?

- **High blood pressure**—High blood pressure is the most important controllable risk factor for stroke. Many people believe the effective treatment of high blood pressure is a key reason for the accelerated decline in the death rates for stroke.
- **Cigarette smoking**—In recent years, studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in cigarette smoke damage the cardiovascular system in many ways. The use of oral contraceptives combined with cigarette smoking greatly increases stroke risk.
- **Diabetes mellitus**—Diabetes is an independent risk factor for stroke. Many people with diabetes also have high blood pressure, high blood cholesterol and are overweight. This increases their risk even more. While diabetes is treatable, the presence of the disease still increases your risk of stroke.

- **Carotid or other artery disease**—The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque buildups in artery walls) may become blocked by a blood clot. Carotid artery disease is also called carotid artery stenosis.
- **Peripheral artery disease**—The narrowing of blood vessels carrying blood to leg and arm muscles. It's caused by fatty buildups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke.
- **Atrial fibrillation**—This heart rhythm disorder raises the risk for stroke. The heart's upper chambers quiver instead of beating effectively, which can let the blood pool and clot. If a clot breaks off, enters the bloodstream and lodges in an artery leading to the brain, a stroke results.
- **Other heart disease**—People with coronary heart disease or heart failure have a higher risk of stroke than those with hearts that work normally. Dilated cardiomyopathy (an enlarged heart), heart valve disease and some types of congenital heart defects also raise the risk of stroke.
- **Sickle cell disease (also called sickle cell anemia)**—This is a genetic disorder that mainly affects African-American and Hispanic children. Oddly shaped “sickled” red blood cells are less able to carry oxygen to the body's tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.
- **High blood cholesterol**—People with high blood cholesterol have an increased risk for stroke. Also, it appears that low HDL (“good”) cholesterol is a risk factor for stroke in men, but more data are needed to verify its effect in women.
- **Poor diet**—Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. Also, a diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.

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Act F.A.S.T.	
F ACE	Ask the person to smile. Does one side of the face droop?
A RMS	Ask the person to raise both arms. Does one arm drift downward?
S PEECH	Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?
T IME	If the person shows any of these symptoms, time is important. Call 911 or get to the hospital fast. Brain cells are dying.

Women and Stroke, *continued*

- **Physical inactivity and obesity**—Being inactive, obese or both can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke. So go on a brisk walk, take the stairs, and do whatever you can to make your life more active. Try to get a total of at least 30 minutes of activity on most or all days.

Hidden Risk Factors for Women

- **Migraines:** Recent research shows that women who suffer from migraines with aura (visual disturbances such as flashing dots or blind spots) can be up to 10 times more likely to suffer a stroke, depending on other risk factors.
- **Autoimmune diseases:** such as diabetes or lupus can increase the risk of stroke.
- **Clotting disorders:** Women who've had more than one miscarriage may be at higher risk for blood clots, which can increase their chance of a stroke. Other signs of a possible clotting disorder can include previous history of clots in the legs (deep vein thrombosis) and livedo reticularis, a mottled purplish discoloration of the skin.

Stroke Warning Signs

Learning to recognize the warning signs and acting quickly when they occur can mean the difference in you or someone you love surviving a stroke and minimizing long-term disability, or being physically and mentally devastated or dying from it.

The American Stroke Association says these are the warning signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
 - Sudden confusion, trouble speaking or understanding
 - Sudden trouble seeing in one or both eyes
 - Sudden trouble walking, dizziness, loss of balance or coordination
 - Sudden, severe headache with no known cause
- Other less common symptoms include:
- Sudden nausea, fever and vomiting—distinguished from a viral illness by the speed of onset (minutes or hours vs. several days)
 - Brief loss of consciousness or period of decreased consciousness (fainting, confusion, convulsions or coma).

The National Stroke Association's advice is **Never Ignore Stroke Symptoms. CALL 9-1-1.** Only a doctor can tell for sure if you are having a stroke or a TIA.

How can I learn more

- Talk to your doctor, nurse or other health care professionals. Ask about other stroke topics. This is one of many *Let's Talk About Stroke* fact sheets available.
- For more information on stroke, or to receive additional fact sheets, call the American Stroke Association at 1-888-4-STROKE (1-888-478-7653) or visit us online at StrokeAssociation.org.

Faculty Spotlight, *continued*

To ask a question, devise and experiment, obtain funding, conduct the experiment, and see the results is wonderful. Nothing beats the feeling of seeing the data for the first time.

5. What is the most challenging aspect of this type of research?

At the moment, obtaining funding is the most challenging aspect of what we do. NIH funding is at record lows. This will greatly hurt the nation's health in years to come. We are more and more dependent on private funding. It is also critical to avoid bias and to minimize the pre-conceived notions we all share. Science should be pristine and free of all contaminants. I cannot let my personal beliefs or wishes enter into my research. How I want the data to turn out must never ever affect the process.

6. What advice would you give women who are worried that they might be having a stroke?

Immediately call 911.

Director's Desk, *continued*

Once a woman reaches menopause, her risks of heart disease and heart attack jump dramatically. In recent years, there has been a great deal of discussion about the effect of hormone therapy after menopause on cardiovascular disease. You should be aware that recent clinical trials have shown that estrogen therapy alone or in combination with progestin does not provide protection from heart disease or stroke. As a result, the American Heart Association **does not** advise women to take postmenopausal hormone therapy to reduce the risk of coronary heart disease or stroke. It is advisable to talk to your doctor about whether starting or continuing to take hormones is right for you.

The importance of strokes in women is the reason we have planned our 5th annual National Women's Health Week celebration around this topic. On May 16, 2007, Dr. Lewis Morgenstern, director of the Stroke Program at the University of Michigan Health System and Professor of Neurology, Emergency Medicine and Neurosurgery at the University of Michigan Medical School, will give a lecture entitled, "Strokes in Women: What You Learn Could Save Your Life." He will provide us with valuable information that we should all know regarding symptoms, seeking help, and treatments offered. This lecture is open to the entire community. Light fare will follow the lecture. You can find the official announcement in this newsletter. Everyone is welcome, so please join us on May 16 and bring your friends with you. **What you learn could save your life or the life of someone you love.**

Here's to your good health.



Abbey B. Berenson, M.D.
Director

Women's Oral Health and Overall Health

Is there a link between oral health and overall health?

According to the American Dental Association (ADA), dentists report that oral bacteria, in some studies, have been associated with heart disease, stroke, diabetes and the birth of pre-term, low-birth-weight babies.

The Surgeon General's Report on Oral Health states that good oral health is essential to good general health. Furthering the importance of good oral health is that, specifically for women, a growing body of research has linked gum disease to a variety of health problems that affect women.

Because gum disease is usually painless, many women may not even realize they have it until it reaches an advanced state. Your best defense is to brush and floss daily and see your dentist regularly.

How do oral health needs change throughout our lives?

According to the American Dental Association, women have special oral health requirements during the different phases of their lives. Changes in female hormone levels during puberty, menstruation, pregnancy and menopause exaggerate the way gums react to plaque. So at these times, women need to be especially thorough when brushing and flossing every day in order to prevent gum disease.

Other important information you should know:

- Menstruation—some women find that their gums swell and bleed prior to their periods, while others experience cold

sores or canker sores. These symptoms usually go away once your period starts.

- Oral contraceptives—inflamed gums are one of the most common side effects.
- Pregnancy—Studies show many pregnant women experience pregnancy gingivitis, when dental plaque builds up on the teeth and irritates the gums. Symptoms include red, inflamed and bleeding gums. Prenatal care is especially important.
- Menopause—Oral symptoms experienced during this stage of a women's life include red or inflamed gums, oral pain and discomfort, burning sensations, altered taste sensations and dry mouth.
- Osteoporosis—A number of studies have suggested a link between osteoporosis and bone loss in the jaw. Researchers suggest this may lead to tooth loss because the density of the bone that supports teeth may be decreased. When combined with gum disease, osteoporosis speeds up the process of bone loss around the teeth.

Tips to Prevent Oral Health Problems

- Brush your teeth at least twice a day with a fluoride-containing toothpaste.
- Floss at least once a day.
- Visit your dentist twice a year for a professional oral examination and cleaning.
- Eat a well balanced diet.
- Avoid sugary or starchy snacks.

Visit your dentist for overall good health.

The CIRWH News Flash is published quarterly by the Center for Interdisciplinary Research in Women's Health at the University of Texas Medical Branch at Galveston.

Director of CIRWH
Abbey B. Berenson, M.D.

Contact us: bmkenwor@utmb.edu
Phone: (409) 772-2978
Mail: CIRWH
The University of Texas
Medical Branch
301 University Boulevard
Galveston, Texas 77555-0587
Web site: www.utmb.edu/cirwh