

**4collegewomen.brandeis.edu: Acne**

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# Acne

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## General Information

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Acne is not just a condition affecting teenagers. Although many people experience acne during their adolescent years, people in their twenties often report having the condition. Men are more likely than women to have long-term acne. Women are more likely to have shorter experiences of acne often caused by changes in hormones or by certain types of cosmetics. Although you may think that greasy cafeteria food or late-night chocolate snacks might be a cause of acne outbreaks, this is untrue because food is not responsible for acne outbreaks. For more info on acne, visit

<http://www.nlm.nih.gov/medlineplus/tutorials/acne/dm019101.html>.

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## What Causes Acne?

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Over 17 million Americans have acne making it the most common skin condition in the United States. acne is most likely to occur on the face, neck, back, and chest. These areas are where sebaceous glands are mostly located. Sebaceous glands produce an oily substance called sebum. Normally, the sebum empties onto the skin surface through the opening of the follicle but sometimes the sebum can get trapped inside the pore, causing acne pimples to appear on the face or on other areas. Acne pimples can be non-inflammatory or inflammatory. Whiteheads are non-inflammatory pimples that form under the skin and are caused by blocked pores. Blackheads are open to the air, and are black due to a chemical reaction that occurs between the air and the debris inside. Bacteria (called *P. acnes*) or yeast inside the pore can cause whiteheads to become inflamed and can lead to pus-filled, swollen pimples. For examples of different types of acne pimples, visit:

<http://www.derm-infonet.com/acnenet/typesof.html>.

The exact cause of acne is unknown, but doctors believe it results from several related factors. One important factor is rising hormone levels. These hormones, called androgens (male sex hormones), increase in both boys and girls during puberty and can cause the sebaceous glands to enlarge and make more sebum. This explains why teenagers between the ages of 11 and 14 are at greatest risk of getting acne. Also, due to hormonal changes that occur during a woman's menstrual cycle, women are more likely to suffer from outbreaks 2 to 7 days before menstruation begins. Other periods during which hormones are fluctuating, such as pregnancy or starting or ending birth control pills can also cause outbreaks.

Adapted from: <http://www.nih.gov/niams/healthinfo/acne/acne.html>.

Another factor that influences the appearance of acne is heredity or genetics. Researchers believe that the tendency to develop acne can be inherited from parents. For example, studies have shown that many school-age boys with acne have a family history of the disorder.

Once a pore is clogged, bacteria are more likely to enter the area of skin around the acne and cause inflammation. These

inflamed pimples may become large and painful and develop into cystic acne that may eventually cause scarring. A CYST is deep, inflamed, pus-filled lesion. For more info on scarring, visit: <http://www.derm-infonet.com/acnet/scarring.html>

Acne can also be caused by certain cosmetics that contain a lot of oil and are likely to block pores. Avoid these products and purchase ones that are labeled "noncomedogenic". If you use make-up to cover breakouts, make sure you use ones that are noncomedogenic. However sometimes even these may worsen the condition. Additionally, keep in mind that environmental irritants, such as pollutants and high humidity, can make acne worse.

Contrary to popular belief, acne is not caused by poor hygiene. Dirt does not cause acne, whiteheads, or blackheads. These result from internal biological processes. Washing skin vigorously to remove all dirt and oil will just make acne worse. Poor diet and stress also do not cause acne; however, stress, particularly severe or prolonged emotional tension, may aggravate the disorder.

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## How to Prevent Acne?

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- Wash face gently twice a day and pat dry. Harsh cleansers and vigorous washing often aggravates the skin.
- Don't touch your face too much, since bacteria from your hands can get into the pores, causing, spreading, or increasing acne pimples.
- Try to use water-based cosmetics and avoid make-up that is oil-free (noncomedogenic products).
- Stay healthy by eating well, exercising, and not letting stress get the best of you.
- Try to avoid tight clothing, such as hats and sports equipment, which prevent the skin from breathing.

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## How to Treat Acne?

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It is important to follow these as well as the behaviors above if you have acne:

- Don't pick or squeeze pimples, since this can increase and spread bacteria, and thus cause an infection.
- If you are using over the counter (OTC) or prescribed acne medication, make sure to give it enough time to work-usually between 4-6 weeks. And if your skin begins to clear up, don't necessarily stop using the medication.
- Avoid sun tanning. If you are taking medication, your skin is more sensitive to sunlight and tanning booths, which can harm your skin more, in addition to increasing your risk for skin cancer.

Although some people may feel that allowing acne to "take its course" is a natural way to remedy the condition, acne is almost always curable. If you have mild acne you might want to try over-the-counter medications first. If the acne persists, you can visit a dermatologist who can prescribe you medication.

*Over-The-Counter (OTC) Medication-* Many OTC products help to dry up excess oil and help to remove the dead skin cells which can clog pores. Be careful of special cleansers, since they may be harsh and aggravate the skin. Look for lotions, creams, or gels with:

- benzoyl peroxide. This dries up excess oil and kills the bacteria often associated with inflamed acne. Since it doesn't affect the sebum production, it can only keep the acne at bay until it goes away on its own accord.
- salicylic acid. This increases the cell turnover so that dead cells don't accumulate. Like benzoyl acid, it often times must be used continuously for at least two weeks before effects can be seen. Salicylic acid also breaks down blackheads and whiteheads.

Other active ingredients that you might want to look out for include sulfur, resorcinol, and alpha-hydroxy, which help break down blackheads and whiteheads. Some common side effects associated with these medications include skin irritation, dryness, and redness.

*Prescription Medication-* If OTC medications do not help your acne, you may want to visit a dermatologist who can prescribe a variety of different types of medicines. To find a dermatologist from the American Academy of Dermatology near you, visit: [http://www.aad.org/findaderm\\_intro.html](http://www.aad.org/findaderm_intro.html). A dermatologist can prescribe topical or oral antibiotics, other prescription lotions,

birth-control pills, or other treatments. Depending upon your skin type and condition, you might have to take a combination of medications.

- *Topical Antibiotics*-these are available in the form of creams, gels, or lotions. They help clear the skin of P. acnes, the bacteria that causes inflamed acne pimples. Some side effects may include: stinging, burning, redness, peeling, scaling, or discoloration of the skin.
- *Oral Antibiotics*-For moderate to severe acne. These stop the growth of P. acnes and prevent inflammation. Some common oral antibiotics include tetracycline, minocycline, doxycycline, and erythromycin. Some people have side effects when taking these antibiotics, such as photosensitivity (higher risk of sunburn), upset stomach, dizziness or lightheadedness, and skin discoloration. You shouldn't take tetracycline if you are pregnant because it can cause birth defects. Tetracycline and minocycline also decrease the effectiveness of birth control pills, so a backup or alternative form of birth control must be used. Patients usually take oral antibiotics for 4 to 6 months to effectively treat acne.
- *Other Prescription Lotions*-the most common types of lotions contain vitamin A derivatives (retinoids), such as Retin-A, Tretinoin, or adapalene gel. These medications help to unclog pores in order to allow the skin to grow and shed in a normal way. These treatments are often used in combination with other medications.
- *Birth-Control Pills*-since hormones play a major role in causing acne, birth control pills may help some women. Certain kinds of birth-control pills have been approved as treatment for moderate acne, such as Ortho Tri-Cyclen. For more information on how Ortho Tri-Cyclen treats acne, visit: <http://www.acne-site.com/drugs.htm#ortho>.
- *Accutane*-This is a retinoid taken in pill form that is used to treat severe acne that has not responded to other types of treatments. Accutane reduces the size of oil glands causing decreased growth of the acne-causing bacteria. Additionally, this medication also reduces cell shedding and the stickiness of cells in the follicles, which helps prevent the development of pore-clogging agents. However, this medication has very serious side effects. If you are pregnant or are planning to become pregnant, it is important not to take Accutane because it can cause very serious birth defects. Possible side effects include inflammation of the lip and mucous membrane of the eye; dry mouth, nose, or skin; itching; nosebleeds; muscle aches; photosensitivity; and, rarely, decreased night vision. Other more serious side effects include increased blood cholesterol, lipid, and triglyceride levels and abnormal liver enzymes. For more information on the side effects of Accutane, visit <http://www.acne-site.com/drugs.htm#accutane>.
- *Other medications*-this includes corticosteroids that are directly injected into the acne lesions to help heal the lesions and stop inflammation.

The severity of acne varies greatly from one person to person and can have different effects on each woman's life. For many women acne is an inconvenience; but for others the condition is a source of great embarrassment and discomfort. Most of us go through periods of breakouts, during adolescence or just before our menstrual cycle. But for more serious conditions that persist despite proper cleansing and over-the-counter medications, treatment with prescription drugs by a dermatologist can almost always help.

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## Resources

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For more information about acne, including its causes and treatments, check out the following websites:

### Questions and Answers about Acne--NIAMS

[http://www.nih.gov/niams/healthinfo/acne/acne.htm#acne\\_i](http://www.nih.gov/niams/healthinfo/acne/acne.htm#acne_i)

A fact sheet by the National ARTHRITIS and Musculoskeletal and Skin Diseases about common questions concerning acne.

### AcneNet

<http://www.skincarephysicians.com/acnenet/index.html>

A web site offered through Roche Laboratories, Inc. and the American Academy of Dermatology. Includes comprehensive information on acne and also helps to locate a dermatologist near you.

### Acne-Site

<http://www.acne-site.com/>

This site offers helpful info on acne, as well as detailed information on specific prescription drug treatments, such as Accutane, Retin-A, and Ortho Tri-Cyclen. It also has message boards and personal experiences.

**American Academy of Dermatology**

P.O. Box 4014

Schaumburg, IL 60168 4014

(847) 330-0230

Fax: (847) 330-0050

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

This national organization for dermatologists publishes a brochure on acne. The brochure can be obtained by calling or writing to the academy; it is also available on the organization's Web site. The academy can also provide referrals to dermatologists.

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**4collegewomen.brandeis.edu: Anemia**

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# Anemia

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## General Information

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There are a number of iron disorders, the most common of which is anemia. Anemia comes in several forms and these forms are produced by a variety of underlying causes. The most common, and most severe type of anemia, is iron-deficiency Anemia (IDA). Just as the name implies, this form of Anemia arises due to insufficient iron in your body.

In the United States, 20 percent of all women of childbearing age have iron-deficiency anemia, compared with only 2 percent of adult men. The principal cause of iron-deficiency Anemia in pre-menopausal women (which includes us college women) is blood lost when we get our menstrual period.

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## Factors Affecting Red Blood Cell (RBC) Count

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### Menstruation

The monthly blood loss that occurs during menstruation causes the body to need increased iron. Women who experience heavy bleeding should pay special attention to their iron intake.

### **Dieting**

Since the average American women's diet does not reach the RDA for iron, dieting and decreasing food intake will make it even more difficult to reach the recommended RDA for iron.

### **Pregnancy**

Pregnant women are at an increased risk for developing anemia, because the iron stores are depleted more rapidly due to the higher blood volume and demands of the fetus and placenta.

### **Vegetarians**

Vegetarians and people who do not consume red meat are more apt to be iron deficient. Meat sources of iron, also called heme-iron, such as pork, beef and lamb are among the richest sources of iron. Heme-sources of iron are the best absorbed and utilized by the body. Non-heme sources, such as the iron in beans, grains and vegetables, are not well absorbed by the body.

### **Absorption**

The capacity of the body to absorb iron from the diet is a crucial factor for developing iron stores and maintaining functional iron. When the body has trouble absorbing iron from foods or when iron is lost through cellular break down, iron deficiency Anemia is likely to occur.

There are many consequences associated with Anemia and because it is a blood-related illness these consequences can become serious with time. Severe Anemia may cause a condition called high-output heart failure, where the heart must work harder to provide enough oxygen to the brain and other internal organs. There can be additional complications when Anemia is coupled with other heart diseases so you should consult your doctor if this applies to you.

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## **Iron Deficiency Anemia**

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Anemia is a process, not a disease, and it is the most common disorder of the blood. Anemia occurs when the amount of red blood cells or hemoglobin (an oxygen-carrying protein in the blood) decrease in number, causing the tissues of the body to be deprived of oxygen-rich blood.

The blood of a person who suffers from Anemia (she is said to be anemic) has trouble carrying oxygen to tissues and organs, and in a sense, becomes "starved" of oxygen. Without this oxygen we cannot produce enough energy to function. So, in order for the body to stay healthy, organs and tissues need a steady supply of oxygen.

Iron is particularly important for women from ages 11-50, nursing mothers and pregnant women.

Depending on their age women need different amounts of iron. The Recommended Daily Allowances (RDA) for [\[1\]](#):

- postmenopausal women is 10 milligrams
- women of childbearing age (11-50 years) and nursing mothers is 15 milligrams
- pregnant women, 30 milligrams

Contrary to popular opinion, there are actually a number of reasons the can lead us to be iron deficient. A multitude of national nutrition surveys report that as many as 90 percent of women do not consume enough iron.

Even diets we consider to be balanced may not supply ample iron for those of us who are menstruating, dieting, pregnant, vegetarian, as well as women who have an innate trouble absorbing iron from their foods.

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## **Sideroblastic Anemia**

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Sideroblastic Anemia is an enzyme disorder in which the body has enough iron but is unable to incorporate it into hemoglobin. Sideroblasts that cause this condition are visible with microscopic examination of bone marrow. Anemia results because these sideroblasts can develop poorly or not at all into the mature red cells we need to stay healthy.

Sideroblastic Anemia (SA) is a complicated disorder and therefore difficult to treat. Often SA acts like iron deficiency Anemia (IDA), but unlike IDA, iron tests are normal or increased with SA.

Three categories of sideroblastic Anemia are: hereditary, acquired or idiopathic.<sup>[2]</sup>

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## **Anemia of Chronic Disease**

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Anemia of Chronic Disease (ACD) is a condition of impaired iron utilization. ACD is seen in a wide range of diseases. Supplementation with iron for those with ACD can be harmful and even result in death.<sup>[2]</sup>

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## **Fanconi Anemia (FA)**

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This is one of the inherited anemias that leads to bone marrow failure (aplastic anemia). If both parents carry a defect in the same FA gene, each of their children has a 25% chance of inheriting the defective gene from both parents. When this happens, the child will have FA.

FA occurs equally in males and females and is found to be equally prevalent in all ethnic groups. Though FA is described as a blood disease, it may affect many parts of the body. Many patients eventually develop acute myelogenous leukemia (AML). Older patients are extremely likely to develop head and neck, gynecological, and/or gastrointestinal cancer. Patients who have had a successful bone marrow transplant and, thus, are cured of the blood problem associated with FA still must have regular examinations to watch for signs of cancer. Many patients do not reach adulthood. FA treatment includes the administering of certain hormones that stimulate the production of red blood cells. This treatment may be effective for some, but it usually fails after several years. Other possible treatments include bone marrow transplants and gene therapy.<sup>[3]</sup>

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## **Sickle Cell Anemia**

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This type of Anemia is an inherited blood disorder, characterized primarily by chronic Anemia and periodic episodes of pain. In sickle cell anemia, the hemoglobin is defective. After the hemoglobin molecules give up their oxygen, some of them may cluster together and form long, rod-like structures. These structures cause the red blood cells to become stiff and to assume a sickle shape. In sickle cell anemia, the hemoglobin is defective. After the hemoglobin molecules give up their oxygen, some of them may cluster together and form long, rod-like structures. These structures cause the red blood cells to become stiff and to assume a sickle shape. The deformed red blood cells then cause blockages, preventing the oxygen-rich blood from reach their target destinations, starving the organs of oxygen.

Sickle cell Anemia is caused by an error in the gene that tells the body how to make hemoglobin. The defective gene tells the body to make the abnormal hemoglobin that results in deformed red blood cells.

In the United States, this disease affects approximately 72,000 people, most of whose ancestors come from Africa.

Although there is no cure for sickle cell anemia, doctors can do a great deal to help sickle cell patients, and treatment is constantly being improved. Doctors administer pain medications to suffering patients and blood transfusions are also common forms of treatment.<sup>[4]</sup>

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## **References**

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[1] <http://www.4woman.gov/faq/anemia%20.htm>

[2]<http://www.irondisorders.org/disorders/sba/index.htm>

[3]<http://www.fanconi.org/WhatisFA.html>

[4][http://www.nhlbi.nih.gov/health/public/blood/sickle/sca\\_fact.txt](http://www.nhlbi.nih.gov/health/public/blood/sickle/sca_fact.txt)

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**4collegewomen.brandeis.edu: Anorexia Nervosa**

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# Anorexia Nervosa

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## Eating Healthy at College

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Eating is controlled by many factors, including appetite, food availability, family, peer and cultural practices. Dieting to a body weight leaner than needed for your health is highly promoted by current fashion trends, sales campaigns for special foods, and even by peer pressure on our own campuses.

Approximately 1-5% of women will develop an eating disorder. Eating disorders involve serious disturbances in eating behavior, such as extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of distress or concern about body shape or weight. Researchers are investigating how and why initially voluntary actions, such as eating smaller or larger amounts of food than usual, at some point move beyond our control in some of us.

Eating disorders are not due to a failure in our own will or behavior, rather, they are real, treatable medical illnesses in which certain altered eating patterns seem to take on a life of their own. Two main types of eating disorders are anorexia nervosa and BULIMIA NERVOSA link to this infosheet. Eating disorders often develop during adolescence or early adulthood (like during college), but research has shown that they can occur in children as well as older adults, too. [11](#)

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## What is anorexia nervosa?

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People who intentionally starve themselves or severely restrict their food intake suffer from an eating disorder called anorexia nervosa. The word anorexia literally means loss of appetite and approximately 1-2% of women will be affected by this disorder. About half of all anorexics display symptoms of bulimia. The disorder, which usually begins in young people, mostly females, around the time of puberty, involves extreme weight loss -- at least 15 percent below a young woman's normal body weight. Those experiencing anorexia nervosa also have an intense fear of becoming fat, even though they are underweight. Many people with the anorexia look emaciated but are convinced that they are overweight. Sometimes they must be hospitalized to prevent starvation, yet they often continue to deny the condition. Food and weight become obsessions. For some women, the compulsiveness shows up in strange eating rituals or the refusal to eat in front of others. It is not uncommon for women with anorexia to collect recipes and prepare lavish gourmet feasts for family and friends, but not partake in the meals themselves. Often they will maintain rigid exercise routines to keep off the weight. Knowing about anorexia is especially important for college-age women since ninety percent of all anorexics are women.

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## **What are the causes of anorexia nervosa?**

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The exact cause of ANOREXIA NERVOSA remains unknown, but it is thought to be linked to a combination of biological, psychological and environmental factors. Eating disorders frequently co-occur with other psychiatric disorders like depression.

Additionally, scientists have found that anorexia and other eating disorders seem to run in families, especially in females. For example, a woman has a 10 to 20 times greater risk of developing an eating disorder if she has a sibling with the disease.<sup>[2]</sup> This may suggest a role for our genes in giving some of us a predisposition to eating disorders. Biological characteristics of women with anorexia have shown these women to have lower levels of the brain chemicals serotonin and norepinephrine.<sup>[3]</sup> Altered levels of these chemicals have also been noticed in people suffering from depression.

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## **Symptoms of Anorexia Nervosa**

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People with anorexia may believe that they would be happier and more successful if they were thin; a notion that many college-women are all too familiar with. Anorexics tend to be perfectionists. They want everything in their lives to be perfect. People suffering from this illness are typically good students and are involved in many school and community activities. They tend to blame themselves if things in their life are less than perfect. Many anorexics suffer from errors in thinking or perceptions. They incorrectly believe they need to lose weight to find happiness. Common in anorexics is their distorted view of their own body. Others have had difficulties in relationships and manifest these problems through their eating habits. Anorexia can also be the delayed result of unresolved conflicts or painful experiences from childhood.

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## **What problems are associated with anorexia?**

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There are many health consequences of anorexia nervosa. Women with anorexia usually stop having menstrual periods; this is a condition called amenorrhea. Anorexia may lead to dry skin and thinning hair. Anorexics may grow fine hair all over their body as a natural defense mechanism against extreme weight loss and the accompanying drop in body temperature. People suffering from anorexia may feel cold and are easily susceptible to illness. Mood swings often occur. The National Institute of Mental Health estimates that one in ten people with anorexia dies from starvation, suicide or medical complications like heart attacks or kidney failure. Physical problems also include anemia, heart palpitations, bone loss, tooth decay, as well as inflammation of the esophagus.

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## **What is the treatment for anorexia?**

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Eating disorders can be treated and a healthy weight restored. Anorexia is a mental problem manifested in a physical form and demands immediate medical attention. The sooner the condition is diagnosed and treated, the better the outcomes are likely to

be. Treatment for any eating disorder should include a mental health professional as well as a primary health care physician, and nutrition experts. Essential components of successful treatments are ongoing medical care, regular psychotherapy, nutritional counseling, and possibly medication. Some eating disorders may be treated with antidepressants; however, they appear to be less effective for anorexia nervosa. Physicians help monitor bone density loss and can detect heart rhythm disturbances. Psychologists and psychiatrists help patients identify the important emotional issues and replace destructive thoughts and behaviors with more positive ones. Support groups also play a role in treating anorexia. Often groups of patients will meet weekly to discuss their fears and help each other recover. Most cases of anorexia can be treated successfully, but not instantly. For many patients, treatments may need to be long-term. Luckily, though, most of the health effects of anorexia can be reversed once the patient gains weight.

The specific treatment program for anorexia involves three main phases:<sup>[4]</sup>

1. restoring weight loss that resulted from severe dieting and purging.
2. Treating psychological disturbances such as distortion of body image, low self-esteem, and interpersonal conflicts, and
3. achieving long-term remission and rehabilitation, or full recovery.

Early diagnosis and treatment increases the chances for success. Use of psychotropic medication should only be used after weight gain has begun. Certain serotonin reuptake inhibitors (SSRIs) have been shown to be useful in helping patients maintain weight and controlling mood and anxiety problems associated with anorexia.

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## What are some of the warning signs of anorexia?

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Possible warning signs include:

- Deliberate self-starvation with weight loss
- Intense fear of gaining weight
- A self-perception of being fat when the woman is already too thin
- Refusal to eat
- Denial of hunger
- Constant exercising
- Greater amounts of hair on the body or the face
- Sensitivity to cold
- Absent or irregular periods
- Depression

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## How can family and friends help?

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If you think a friend or family member has anorexia, talk with them about the behavior that you observed in a caring, nonjudgmental way and encourage the person to get medical help. If you think you have anorexia, remember that you are not alone and that this is a health problem that requires professional help. As a first step, talk to your parents, physician, religious counselor, or campus health professional.

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## References

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[1]Adapted from <http://www.nimh.nih.gov/publicat/eatingdisorder.cfm>

[2]<http://www.nami.org/helpline/anorexia.htm>

[3]<http://www.nami.org/helpline/anorexia.htm>

[4]<http://www.nimh.nih.gov/publicat/eatingdisorder.cfm>

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# Asthma

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## Intro: What is asthma?

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More than 14 million Americans suffer from asthma, which is the seventh most common chronic condition in America.<sup>[1]</sup> Asthma is a chronic lung disease characterized by labored breathing, wheezing, and/or coughing. During an asthmatic episode, bronchial tubes, or airways, become inflamed or swollen due to such triggers as allergies to smoke, dust, and pollen, though why these factors cause asthma is not completely understood. There is no cure for asthma, although it can be effectively controlled with medication and other management strategies.<sup>[2]</sup>

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## What are the causes of asthma?

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The basic cause of asthma is not yet understood. Until the 1970s and early 1980s, asthma was thought to result from over-responsiveness of the tubes (bronchi and bronchioles) that carry air to and from the lungs. People with hypersensitive airways, when exposed to certain irritants called "triggers"-such as household dust, tobacco smoke, cat fur (dander), cockroach droppings, air pollutants, even vigorous exercise or cold air-would experience a "bronchospasm", a narrowing of the airways caused by contraction of the muscles that encircle the bronchial tubes. Asthmatics also tend to produce thick, sticky mucus and have inflamed, damaged airways, both of which make it even more difficult to breathe.

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## Who is at risk?

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People with allergies. There is a large correlation between peo allergies and asthma because the irritants for both are so similar.

From the ages of 20 to 50, women outnumber men 3 to 1 in asthma-related hospital admissions. (Interestingly, during childhood, boys outnumber girls for asthma hospital admissions). There is evidence that asthma may be related to a women's hormonal changes and may be triggered just before or during menstruation [\[3\]](#).

Blacks and non-White Hispanics tend to be affected more by asthma. African-Americans are 3 times as likely as Whites to be hospitalized from asthma and 3 times as likely to die from the disease. Although African-Americans make up less than 13 percent of the U.S. population, they account for nearly 22 percent of deaths due to asthma [\[4\]](#).

For reasons that are not well understood, the number of newly diagnosed cases of asthma in the United States is rising sharply, up 58.6 percent between 1982 and 1996. Asthma deaths, too, are climbing--5,434 in 1997 compared with 2,598 in 1979. While not accounting for the rising prevalence of asthma, the lack of necessary health care, especially among the urban poor, may play an important role in the rising asthma death rate. These increases are taking place at a time when some irritants believed to be associated with asthma--such as air pollution, dust, molds, and tobacco smoke--have been identified and efforts are underway to control them. The reason for the increases remains a mystery, but some investigators think one contributing factor is modern, tightly sealed homes and workplaces that trap and re-circulate irritants and contaminants, increasing exposure to them in the air we breathe [\[5\]](#).

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## Asthma Attacks and Their Triggers

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### Acute Asthma Attacks

During an acute attack, asthmatics seem to have a hard time getting their breath. Actually they are struggling to push air out of over-inflated lungs through constricted airways. Since the early 1980s, increasing scientific evidence shows that inflammation is as much responsible for bronchospasms as any other factor. In people with asthma the air passages are continuously inflamed, causing them to be swollen and to react strongly to inhaled irritants. Because patients may not be aware of any symptoms, this inflammation is sometimes called "the quiet part" of asthma. People with chronically inflamed airways may show no outward signs of asthma until the first acute attack requires urgent medical attention, often at a hospital emergency room. Emergency care physicians and nurses--who are all too familiar with acute asthma--are able to administer powerful drugs to open the patient's air passages and restore more normal breathing. They are likely to recommend that you be seen by an asthma specialist, who can devise a combination of treatment and prevention measures aimed at avoiding or minimizing further acute asthma attacks. The first step in that process is an accurate diagnosis [\[6\]](#).

### Triggers

People with asthma have airways that are very sensitive to certain things in the environment around us. The stimuli or triggers that cause asthma attacks can vary greatly from person to person. Asthmatic episodes or attacks may be caused by any one or any combination of the following:

- Animal dander
- Dust mites
- Pollens from plants
- Molds
- Respiratory infections (colds, flu, etc.)
- Exercise
- Stress
- Changes in weather or temperature
- Cigarette smoke, scented products, strong odors, air pollution, etc.

This is not a complete list of the factors that may cause an episode of asthma, and something that causes one person to have an attack may not bother a different person. It is important to meet with your doctor to identify your asthmatic triggers so that you can develop a plan to manage your asthma and reduce your exposure to triggers. Some asthma attacks, however, occur without any obvious triggers [\[7\]](#).

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## How is asthma diagnosed?

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The diagnosis of asthma is based on repeated, careful measurements of how well you can force air out of your lungs into a machine as well as on a thorough medical history and laboratory tests that pinpoint what triggers asthma attacks [\[8\]](#).

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## Treating Asthma

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Which drugs asthma patients need, when to use them, and how much to use depend largely on the character of their illness, as shown by the degree of breathing impairment and the frequency and severity of acute attacks. Asthma experts agree, however, that the first line of defense is to stay away from whatever brings on an acute asthma episode. Allergen avoidance is one of the best ways to control the asthma.

Anti-allergy medication and allergy desensitization shots are also options. For many of us, triggers are likely to be identified as common allergens or air pollutants. In some asthmatics, attacks can be brought on by strenuous exercise, exposure to cold outdoor air, industrial or household chemicals (cleaning fluids, for example), and food additives such as sulfites. The Flu or even cold viruses can also trigger asthma episodes. In other cases, the triggers cannot be identified, even after a thorough investigation. Knowing what provokes an asthma attack is critically important in preventing more from occurring, but it's often difficult or impractical to avoid contact with triggering irritants. Today, however, physicians can prescribe medications to lessen the risk of acute attacks after exposure to an offending irritant, as well as halt attacks that can't be prevented [\[9\]](#).

The key to effective, long-term treatment of asthma is finding the drugs and dosage plan that are most effective in dealing with or preventing acute episodes for you. While a cure for asthma is not yet available. However, the majority of asthma sufferers can lead essentially normal, symptom-free lives by understanding and sticking to a well-planned strategy to keep clear of asthma triggers and to use the right drugs in the right way [\[10\]](#).

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## Asthma Drugs

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The drugs used to treat asthma fall into two broad categories (some fall into both):

Controllers to prevent acute attacks.

Relievers that check acute symptoms when they occur.

Asthma authorities today regard **inhaled corticosteroids**, sold under numerous brand names, as the most effective agents for controlling airway inflammation and thus preventing acute asthma attacks. Some of the well-known brand names for corticosteroids are:

- Aerobid
- Azmacort
- Vanceril
- Flovent
- Pulmicovt

**Corticosteroids in pill, tablet or liquid form** (such as Medrol, Pediapred and Prelone) are prescribed long-term for some patients with severe asthma, or short-term for patients with a serious asthma episode.

Other **inhaled anti-inflammatory controller drugs** include:

- Intal (cromolyn sodium)- which is useful in preventing asthma brought on by exercise
- Tilade (nedrocromil sodium)

A new class of **oral anti-inflammatory controller drugs** acts by blocking a certain part of the inflammation pathway.

This class of "anti-leukotriene" drugs include:

- Zflo (zileuton)
- Accolate (zafirlukast)
- Singulair (montelukast).

**Bronchodilators** work to help open the breathing tubes (bronchi), but do not treat the underlying inflammation. There are both short-acting and long-acting bronchodilators. Long-acting inhaled and oral bronchodilators are often used in conjunction with anti-inflammatory agents to control symptoms. They don't provide immediate relief of symptoms, but their preventive action lasts for many hours, which makes them useful in controlling attacks that might occur when you sleep. Some examples of these bronchodilators are:

- Serevent (salmeterol)
- Alupent (metaproterenol)
- Proventil (albuterol sulfate)
- Theo-24 (theophylline anhydrous)

Drugs to bring quick relief in acute asthma attacks are chiefly **short-acting inhaled bronchodilators** that act rapidly, but for a relatively brief time, to relax bronchial constriction. There are many short-acting bronchodilators to choose from, including:

- Alupent or Metaprel (metaproterenol)
- Brethaire (terbutaline)
- Ventolin or Proventil (albuterol)

Although these drugs are effective in treating asthma, there is some controversy about their safety, especially when they are overused. It is clear, however, that an increasing need for inhaled bronchodilators (or a decreasing response to each dose) is a signal that the patient's asthma is not being adequately controlled. If you are having an increasing need for short-acting inhaled bronchodilators, please contact your physician for drug reevaluation.

Both prescription and over-the-counter (OTC) short-acting bronchodilators are available. Like the prescription drugs, the OTC drugs act only to provide symptom relief, and they are generally effective for a shorter period. They may be useful, therefore, as temporary treatment for mild asthma attacks. Ready availability in drugstores makes the OTC products potentially helpful as a "stopgap" for those with asthma who do not have their prescription medication at hand when an asthma attack occurs. More importantly, if you are using an OTC inhaler, you should still seek advice from a health professional about the long-term treatment of your asthma [\[11\]](#).

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## Ways to Avoid Triggers

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- Find a new home for your pet or wash the animal once a week (animal dander).
- Do not smoke and do not allow smoking in your home (tobacco smoke).
- Stay indoors and in air-conditioning during the afternoon in the summer when pollen counts are highest.
- Wear a scarf over you mouth and nose in the winter (weather/temperature).
- Wash all bedding, clothes, and stuffed toys at least once a week in hot water (dust mites).
- Use a dehumidifier in damp areas like bathrooms and basements (dust mites and molds).
- Avoid close contact with people who have colds or the flu and wash your hands regularly.
- Consider obtaining a yearly flu vaccination (infections).
- Develop a medication plan with your doctor that allows you to stay active (exercise).
- Pay close attention to times and locations when symptoms occur (identifying triggers) [\[12\]](#).

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## Other Resources

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[1] <http://www.nhlbi.nih.gov/health/public/lung>

[2] Adapted from <http://www.4woman.gov/faq/asthma.htm>

[3] Adapted from <http://www.4woman.gov/faq/asthma.htm>

[4] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[5] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[6] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[7] Adapted from <http://www.4woman.gov/faq/asthma.htm>

[8] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[9] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[10] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[11] Adapted from [http://www.fda.gov/fdac/features/996\\_asth.html](http://www.fda.gov/fdac/features/996_asth.html)

[12] Adapted from <http://www.4woman.gov/faq/asthma.htm>

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**4collegewomen.brandeis.edu: Binge Eating**

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## Binge Eating

[General Information](#)

[Warning Signs of Binge Eating Disorder](#)

[Who Binge Eats?](#)

[Binge Eaters and Dieting](#)

[Other Resources](#)

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### General Information

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Binge eating disorder is characterized by periods of impulsive gorging or continuous eating that is usually kept secret. While there may be no purging involved, there may be sporadic fasts or repetitive diets. Binges are usually followed by intense feelings of guilt and shame and the individual often experiences depression and other psychological problems. Food is used as a dysfunctional means of coping with these psychological issues. Up to 40% of people who are obese may be binge eaters, though body weight may vary from normal to mild, moderate, or severe obesity. [\[1\]\[2\]](#)

Binge eating disorder is also referred to as compulsive overeating and affects both women and men, though it appears twice as often among women.

People with binge eating disorder suffer from episodes of uncontrolled eating, or bingeing, followed by periods of guilt and depression. A binge is marked by the consumption of large amounts of food, sometimes accompanied by a pressured, "frenzied" feeling. Frequently, a compulsive overeater continues to eat even after she becomes uncomfortably full.

Binge eating can lead to severe medical problems including high cholesterol, [diabetes](#), heart disease and [depression](#).

If you think you might have a binge eating disorder, it's important to know that you are not alone. Most people who have the disorder have tried but failed to control it on their own. You may want to get professional help. Talk to your health care provider about the type of help that may be best for you. The good news is that most people do well in treatment and can overcome binge eating. [\[3\]](#)

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## Warning Signs of Binge Eating Disorder

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Often the person who binge eats will:

- Eat large amounts of food when not physically hungry.
- Eat much more rapidly than normal.
- Eat until the point of feeling uncomfortably full.
- Eat alone because of shame or embarrassment.
- Have feelings of depression, disgust or guilt after eating.
- Have a history of marked weight fluctuations.
- Frequently engages in fad diets.

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## Who Binge Eats?

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Binge eating disorder may be the most common eating disorder. Most people with this problem are either overweight or obese\*, but people of a normal weight can also be affected by this disorder. The 1998 NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults define "overweight" as a body mass index (BMI) of 25 to 29.9 and obesity as a BMI of 30 or more. BMI is calculated by dividing weight (in kilograms) by height (in meters) squared.

### [BMI Information](#)

About 2 percent of all adults in the United States (as many as 4 million Americans) have binge eating disorder. About 10 to 15 percent of people who are mildly obese and who try to lose weight on their own or through commercial weight-loss programs have binge eating disorder. The disorder is even more common in people who are severely obese.

Binge eating disorder is more common in women than in men, the ratio being 3:2. The disorder affects blacks as often as whites. There is little known about its incidence in people of other ethnic groups.

People who are obese and have binge eating disorder often become overweight at a young age and they might also lose and gain weight (yo-yo diet) more often than those without the disorder.

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## Binge Eaters and Dieting

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People who are not overweight should avoid dieting because it may increase the severity of binge eating.

In this case, dieting means skipping meals, not eating enough food each day, or avoiding certain kinds of food (such as carbohydrates). These are unhealthy ways to try to change your body shape and weight.

Many people with binge eating disorder are obese and have health problems because of their weight. These people should try to lose weight and keep it off. People with binge eating disorder who are obese may find it harder to stay in a weight-loss program. They may also lose less weight than other people, and may regain weight more quickly. (This can be worse when they also have problems like [depression](#), trouble controlling their behavior, and interpersonal problems). These people may need treatment for binge eating disorder before they try to lose weight.

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## Other Resources

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[1][Adapted from The National Eating Disorders Association](#)

[2]<http://www.renfrew.org/signs-symptoms.pdf>>Adapted from The Renfrew Center Foundation

[3][Adapted from The Centers for Overcoming Overeating](#)

[4]<http://www.niddk.nih.gov/health/nutrit/pubs/binge.htm>>Adapted from The National Institute of Diabetes & Digestive & Kidney Diseases

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# BMI

[Definition](#)

[Assessing Your Risk](#)

[Interpretation of Your BMI](#) [5]

[Waist Circumference](#)

[Other Risk Factors](#)

[Assessment](#)

[Losing Weight Safely](#)

[References](#)

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## Definition

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The BMI, Body Mass Index, is a measure of your weight relative to your height and waist circumference. Combining your scores on this index with information about other health behaviors and family history, yields important information about your

BMI

risk for developing obesity-associated diseases.<sup>[1]</sup> BMI is the measurement of choice for many physicians and researchers to determine whether a person is overweight.<sup>[2]</sup>

The general equation for calculation of BMI is as follows.<sup>[3]</sup> See the [next section](#) for BMI calculators that will perform this equation for you.

$$\text{BMI} = [\text{Weight in pounds} \div \text{Height in inches} \div \text{Height in inches}] \times 703$$

OR

$$\text{BMI} = \text{Weight in kilograms} \div [\text{Height in meters}]^2$$

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## Assessing Your Risk

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According to the new [NHLBI](#) (National Heart, Lung, and Blood Institute) [guidelines](#), assessment of your risk for OBESITY involves three key measures: body mass index (BMI), waist circumference, and risk factors for diseases and conditions associated with obesity.

You can use one or more of the following links to estimate your total body fat:

- [BMI Calculators](#)
- [BMI Table](#) (Get [Adobe Acrobat](#) first)
- [BMI Chart](#)

Here's what your BMI score means:

Underweight = Below 18.5 BMI

Normal = 18.5 - 24.9

Overweight = 25.0 - 29.9

Obesity = 30.0 and Above

[\[4\]](#)

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## Interpretation of Your BMI [\[5\]](#)

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According to the NHLBI [guidelines](#), a person with a BMI of 30 and above is considered obese. This is equivalent to weighing 221 pounds in a 6' person and to weighing 186 pounds in someone who is 5'6". The BMI numbers apply to both men and women. Some very muscular people may have a high BMI without it meaning that they have increased health risk for OBESITY related diseases.

Individuals with abnormally high BMI are at increased risk of illness from:<sup>[6][7]</sup>

- Hypertension
- Lipid disorders
- Type II diabetes
- Coronary heart disease
- Cardiovascular complications

- Stroke
- Gall bladder disease
- Osteoarthritis
- Gout
- Sleep apnea
- Respiratory problems
- Certain cancers
- High cholesterol
- All-cause mortality

As BMI levels rise, average blood pressure and total cholesterol levels increase and average HDL (or good cholesterol) levels decrease.<sup>[8]</sup>

**Women in the highest OBESITY category have four times the risk of hypertension, high blood cholesterol, or both.**<sup>[9]</sup>

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## Waist Circumference

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Determine your waist circumference by placing a measuring tape snugly around your waist. It is a good indicator of your abdominal fat, which is a predictor of your risk for developing heart disease and other weight-related diseases. A waist circumference of over 35 inches in women signifies increased risk in those who have a BMI of 25 to 34.9.

The table, Risks of Obesity-Associated Diseases by BMI and Waist Circumference, [http://www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/bmi\\_dis.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/bmi_dis.htm), provides you with an idea of whether your BMI combined with your waist circumference may increase your risk for developing OBESITY associated diseases or conditions.

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## Other Risk Factors

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Besides being overweight or obese, there are additional risk factors for disease to consider:

- High blood pressure (hypertension)
- High LDL-cholesterol ("bad" cholesterol)
- Low HDL-cholesterol ("good" cholesterol)
- High triglycerides
- High blood glucose (sugar)
- Family history of premature heart disease
- Physical inactivity
- Cigarette smoking

Some risk factors, such as high blood pressure, high total cholesterol with low HDL, and high blood glucose can often be brought back to healthy levels by weight loss and physical activity. If you are overweight, but do not have any of the above risk factors, you should still monitor your weight and prevent further weight gain.

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## Assessment

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Talk to your doctor to see if you are at an increased risk for these health conditions and to determine if you should lose weight. Your doctor will evaluate your BMI, waist measurement, and other risk factors for heart and other diseases.<sup>[10]</sup>

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## Losing Weight Safely

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The most successful strategies for weight loss have been proven to include calorie reduction, increased physical activity, and behavior therapy designed to improve eating and physical activity habits.

Reducing dietary fat alone--without reducing calories--will not produce weight loss.

Cutting back on dietary fat can help reduce calories and is a heart-healthy start to a new diet.

A reasonable time line for people who are overweight and need to achieve a 10 percent reduction in body weight is six months of treatment, with a weight loss of 1 to 2 pounds per week.

For more information on how to achieve a healthy weight check out [this page](#) and the [Resources](#).

What you weigh is the result of several factors:

- How much and what kinds of food you eat
- Whether your lifestyle includes regular physical activity
- Whether you use food to respond to stress and other situations in your life
- Situations in your life
- Your physiologic and genetic make-up
- Your age and health status.

Most overweight people should lose weight gradually. For safe and healthy weight loss, try not to exceed a rate of 1-2 pounds per week. Sometimes, people with serious health problems associated with OBESITY may have legitimate reasons for losing weight rapidly. If so, a physician's supervision is the way to go.<sup>[11]</sup>

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## References

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<http://www.nlm.nih.gov/medlineplus/obesity.html>

[1][http://www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/risk.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/risk.htm)

[2]<http://www.consumer.gov/weightloss/bmi.htm>"><http://www.consumer.gov/weightloss/bmi.htm>"><http://www.consumer.gov/weightloss/bmi.htm>

[3]<http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-definition.htm>"><http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-definition.htm>"><http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-definition.htm>

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[5]<http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>

[6]<http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>

[7][http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)

[8]<http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>"><http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>"><http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>"><http://www.surgeongeneral.gov/topics/obesity/calltoaction/factsheet03.pdf>"><http://www.surgeongeneral.gov/topics/obesity/calltoaction/factsheet03.pdf>

[9]<http://www.nih.gov/news/pr/jun98/nhlbi-17.htm>

[10][http://www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/risk.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/risk.htm)

[11]<http://www.ftc.gov/bcp/conline/pubs/health/setgoals.htm>

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## Resources

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### [Find a Dietitian Near You](#)

#### [What's Your Body Fat IQ?](#)

Get Nutrition Fact Sheets at:

#### [American Dietetic Association](#)

Consumer Education Team

216 W. Jackson Blvd.

Chicago, IL 60606-6995

(Send self addressed stamped envelope)

Call 800-877-1600, ext. 5000 for other publications or 800-366-1655 for recorded food/nutrition messages.

#### [American Obesity Association](#)

1250 24th Street, NW, Suite 300

Washington, DC 20037

202-776-7711

#### [The Council on Size and Weight Discrimination](#)

P.O. Box 305

Mt. Marion, NY 12456

(Send self-addressed stamped envelope)

845-679-1209

#### **Department of Nutrition Sciences**

University of Alabama at Birmingham

Birmingham, AL 35294

#### [Federal Trade Commission](#)

Consumer Response Center

600 Pennsylvania Avenue, NW

Washington, DC 20580

877-FTC-HELP (toll-free)

#### [National Institute of Diabetes and Digestive and Kidney Diseases](#)

National Institutes of Health

Building 31

Room 9A04 Center Drive

MSC 2560

Bethesda, MD 20892-2560

301-496-3583

#### [North American Association for the Study of Obesity](#)

8630 Fenton Street

Suite 918

Silver Spring, MD 20910

301-563-6526

#### [Shape Up America!](#)

c/o WebFront Solutions Corporation

15757 Crabbs Branch Way

Rockville, MD 20855

301-258-0540

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# Body Image

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## Introduction

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If you took a moment to close your eyes and imagine what your body looked like, how would you feel? If you are like many women, you would judge some portion of your body as "too big," or "too small," or "too fat," or "not toned." Almost every woman can name at least one thing about her body that she dislikes, hates, or would love to change. There is a tremendous diversity of female bodies: height, color, width, shape, size, hair and age, yet we all tend to measure ourselves against an unrealistic, unattainable standard.<sup>[1]</sup> Beauty has always preoccupied women, but the association of self-worth and appearance has intensified over the past few decades <sup>[2]</sup>.

Body image is how you see yourself when you look in the mirror or when you picture yourself in your mind. It is what you believe about your own appearance (including your memories, assumptions, and generalizations) to be, and how you feel about your body. This includes your height, shape, and weight, and how you sense and control your body as you move. Negative body image is a distorted perception of your shape: you perceive parts of your body differently than they really are, you are convinced that only other people are attractive and that your body size or shape is a sign of personal failure, you feel ashamed, self-conscious, and anxious about your body and you feel uncomfortable and awkward in your body. People with negative body image have a greater likelihood of developing an eating disorder and are more likely to suffer from feelings of [depression](#), isolation, low self-esteem, and obsessions with weight loss.<sup>[3]</sup>

Between elementary and high school, the percentage of girls in the U.S. who answer that they are "happy with the way I am" drops from 60% to 29%. These negative body image feelings continue to fester among women throughout the rest of their lives.<sup>[4]</sup> In our culture, too many women begin to hate their bodies and alter, manipulate, mutilate, or starve their bodies in order to fit the cultural standard for beauty. Dieting becomes too commonplace among young girls because they equate beauty with thinness. Additionally, the acceptance of natural beauty is compromised by the lack of diverse body types in the media.<sup>[5]</sup> Society's demand for the "ideal" body causes many women to turn to dieting and cosmetic surgery (such as breast implants and reduction, face lifts, etc.).

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## Interesting Statistics

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- Eighty percent of 10-year-old American girls diet.

- Today, fashion models weigh 23% less than the average female.
- The number one magic wish for young girls age 11-17 is to be thinner.
- The average American woman is 5'4" tall and weighs 140 pounds.
- The average American model is 5'11" tall and weighs 117 pounds
- Most fashion models are thinner than 98% of American women.
- Almost half of American women are on a diet on any given day.
- 4 out of 5 American women are dissatisfied with their appearance.
- Americans spend over \$40 billion on dieting and diet related products each year.
- 91% of women recently surveyed on a college campus had attempted to control their weight through dieting; 22% dieted "often" or "always."<sup>[6]</sup>

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## The Effects of the Media

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Media images that help to create cultural definitions of beauty and attractiveness are have been found to contribute to the rising rates of eating disorders. Media messages screaming "thin is in" may not directly cause eating disorders, but they help to create the frame-of-mind with which people learn to place a value on the size and shape of their body. To the extent that media messages such as advertising and celebrity spotlights help our culture define what is beautiful and what is "good," the media's power over our development of self-esteem and body image can be incredibly strong. A study of mass media magazines found that women's magazines had 10.5 times more advertisements and articles promoting weight loss than men's magazines did. A study of 4,294 network television commercials revealed that 1 out of every 3.8 commercials send some sort of "attractiveness message," suggesting to viewers what is or is not attractive.<sup>[7]</sup>

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## Promoting Positive Body Image

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A positive body image is a clear, true perception of your shape.?? You see the various parts of your body as they really are, you are able to celebrate and appreciate your natural body shape and you understand that your physical appearance says very little about your character and value as a person. In addition, you feel proud and accepting of your unique body and refuse to spend an unreasonable amount of time worrying about food, weight, and shape. More importantly, you feel comfortable and confident in your body. We all may have our days when we feel awkward or uncomfortable in our bodies, but the key to developing positive body image is to recognize and respect our natural shape and learn to overpower those negative thoughts and feelings with positive, affirming, and accepting ones.<sup>[8]</sup>

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[1]

Our Bodies, Ourselves Boston Women's Health Book Collective, 1998

[2]Adapted from Body Icon: Body as History: <http://nm-server.jrn.columbia.edu/projects/masters/bodyimage/history/index.html>

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[5]Adapted from The Just Think Foundation's Body Image Project: <http://www.justthink.org/sweetwater/bip.html>

[6]Adapted from The National Eating Disorders Association: Statistics:  
[http://www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=320&Profile\\_ID=41138](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=320&Profile_ID=41138)

[7] [Adapted from The National Eating Disorders Association: The Media, Body Image, and Eating Disorders:](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41166)  
[http://www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=286&Profile\\_ID=41166](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41166)

[8] Adapted from The National Eating Disorders Association: Body Image

[9] Other sources include <http://www.4woman.gov/bodyimage/index.htm>

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**4collegewomen.brandeis.edu: Breast Health**

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## Breast Health

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### Introduction

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Ever since we entered puberty and began to menstruate we began experiencing other changes in our bodies as well. Many of these occurred in our breasts.

Checking our breasts for noticeable changes and conducting breast self exams routinely can be helpful in detecting lumps and tumors early. Remember in our age group many women will have lumpy and bumpy breasts but these are benign changes. Breast changes can also occur with the menstrual cycle.

Studies show that 80 percent of breast conditions for which biopsies are done are not cancerous, but only a doctor can tell whether a condition is malignant (cancer) or benign (not cancer), so it is important to begin getting regular check-ups early.

There are several types of breast tumors. Most are benign; that is, they are not cancer. These lumps are often caused by fibrocystic changes, which can cause swelling and pain in your breast. The breasts may also feel lumpy and you could notice a clear or slightly cloudy discharge from your nipples. Benign breast tumors are abnormal growths, but they do not spread outside of the breast and they are not life threatening.

Breast cancer, on the other hand, involves malignant tumors.

For more detailed information about breast cancer and other breast changes check out the webpage for the [American Cancer Society](#).

One way to help detect changes is to perform a [breast self exam](#) to check for lumps or thickenings in your breasts. These changes should be brought to your doctor's attention immediately when they are found.

Click here for a quick [reference guide to symptoms](#) and what they may mean.

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## Breast Cancer in Men

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While 99% of all breast cancer cases are in women, there are some men who develop similar changes. The vast majority of breast cancers in men, therefore, arise in the area at the center of the breast beneath the nipple and areola, rather than in the outer quadrants so commonly affected in women. A painless lump or abnormalities around the nipple are the most common complaints made by men who are found to have breast cancer.

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**4collegewomen.brandeis.edu: Bulimia Nervosa**

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# Bulimia Nervosa

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## Introduction

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Many women face body image issues at some point throughout their lives. This is a normal part of development and is often influenced by friends, family, romantic partners, society, and the media. In addition, many women are or have been on a diet and try to control their weight in a variety of ways.

Eating disorders have become common in America - over 7 million people have them. More than ninety percent of those with eating disorders are women. Furthermore, the number of American women affected by eating disorders has doubled to at least five million in the past three decades.<sup>[1]</sup> They are a critical health issue facing young women today.<sup>[2]</sup> This fact sheet focuses on bulimia nervosa and contains information that should help clarify what it is, as well as make suggestions on what to do if

you or someone you know is dealing with an eating disorder.

Bulimia nervosa is characterized by self-perpetuating and self-defeating cycles of binge eating and purging.<sup>[3]</sup> Women who suffer from bulimia nervosa follow a routine of secretive, uncontrolled or binge eating (ingesting an abnormally large amount of food within a set period of time) followed by behaviors to rid the body of the food consumed. This includes self-induced vomiting and/or the misuse of laxatives, diet pills, diuretics (water pills), excessive exercise or fasting.<sup>[4]</sup>

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## Causes of Bulimia Nervosa

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No exact cause of bulimia has been found, however there are some common characteristics of women with eating disorders. These include low self-esteem, feelings of helplessness, and fear of becoming fat.

Eating disorders appear to run in families, with female relatives most often affected. There is also growing evidence that a girl's immediate social environment, including her family and friends, can emphasize the importance of thinness and weight control - leading to body image issues. Therefore, women who are surrounded by the attitude that it is important to be thin may develop bulimia in order to deal with self-esteem issues associated with food and eating.

Recent studies have revealed that there may be a connection between biological factors associated with clinical depression and the development of eating disorders. Stress hormones such as cortisol are elevated in those with eating disorders, while neurotransmitters such as SEROTONIN may not be present in the correct amounts.

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## Common Symptoms

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People with bulimia are overly concerned with food, body weight, and shape. Because many women with bulimia ?binge and purge? in secret and maintain normal or above normal body weight, they can often hide the disorder from others for years. Binges can range from once or twice a week to several times a day and can be triggered by a variety of emotions such as depression, boredom, or anger. The illness may be constant or occasional, with periods of remission alternating with recurrences of binge eating.

Women with bulimia are often characterized as having a hard time dealing with and controlling impulses, stress, and anxiety. Bulimia nervosa can and often does occur independently of anorexia nervosa, although half of all women with anorexia also develop bulimia.

A woman with bulimia is usually aware that her eating is out of control; she is afraid that she won't be able to stop eating and is terrified of being fat. She usually feels depressed and guilty after a binge. These emotions may be difficult for women suffering from bulimia to admit to themselves because of the stigma that is often associated with bulimia and fears of becoming overweight, but it is important to note that addressing these feelings may be the first step to recovery.

Since women with bulimia are often of average weight, friends and family should pay particular attention to pick up the sometimes subtle symptoms of bulimia nervosa.<sup>[5]</sup>

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## Signs and Signals

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The following warning signs may help identify someone suffering from bulimia. It is important for people to be aware of these behaviors in themselves and in others you they care about in order to identify a friend or loved one who needs help. Bulimia is often wrapped up with guilt and secrecy, so be sensitive when you address the issue of a possible eating disorder in someone that you care about. Signs include:

- Becoming very secretive about food
- Spending a lot of time thinking about and planning the next binge

- Taking repeated trips to the bathroom, particularly after eating
- Stealing food or hoarding it in strange places
- Preoccupation with food
- Binge eating, usually in secret
- Vomiting after bingeing
- Abuse of laxatives, diuretics, diet pills or drugs to induce vomiting
- Compulsive exercising
- Swollen salivary glands
- Broken blood vessels in the eyes
- Yellow and/or eroded teeth

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## Complications

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Many of the medical complications associated with BULIMIA NERVOSA result from electrolyte imbalances and repeated purging behaviors. Women with bulimia nervosa can severely damage their bodies by frequent binge eating and purging. In some cases, binge eating causes the stomach to rupture. Loss of potassium due to vomiting, for example, can damage the heart muscle, and increases the risk for cardiac arrest.

Repeated vomiting can also cause inflammation of the esophagus; the stomach acid wears down the outer layer of teeth and can also cause scarring on the backs of hands if fingers are pushed down the throat to induce vomiting. Also, stomach acid may irritate the esophagus and glands near the cheeks. Bulimia may lead to irregular menstrual periods due to irregular caloric intake and interest in sex may diminish. Some individuals with bulimia also struggle with addictions such as drugs, alcohol, and compulsive stealing. Some people with bulimia suffer from clinical depression, anxiety, obsessive-compulsive disorder and other mental disorders. Link to respective fact sheets.

### Physical Complications<sup>[7]</sup>

- Malnutrition.
- Serious heart, kidney and liver damage.
- Intestinal ulcers.
- Ruptured stomach.
- Tears of the esophagus.
- Dehydration.
- Tooth/gum corrosion.

### Psychological Complications<sup>[8]</sup>

- Depression.
- Shame and guilt.
- Mood swings.
- Low self-esteem.
- Withdrawal.
- Perfectionism.
- Impaired family and social relationships.
- "All or nothing" thinking.

For more information on the psychological & physical effects of eating disorders refer to <http://www.generation.net/~anebque/english/eatingd3.html>.

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## Treatment

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Eating disorders can be treated and a healthy weight restored. The sooner these disorders are diagnosed and treated, the better the outcomes are likely to be. Because of their complexity, eating disorders require a comprehensive treatment plan involving medical care and monitoring, psychosocial interventions, nutritional counseling and, when appropriate, medication management. At the time of diagnosis, the clinician must determine whether the person is in immediate danger and requires hospitalization.

The primary goal of treatment for bulimia is to reduce or eliminate binge eating and purging behavior. To this end, nutritional rehabilitation, psychosocial intervention, and medication management strategies are often used. It is important to establish a pattern of regular, non-binge meals, improve attitudes related to the eating disorder, encourage a healthy, but not excessive, exercise, and resolve co-occurring conditions such as mood or anxiety disorders are among the specific aims of these strategies. Individual psychotherapy, group psychotherapy, and family or marital therapy have been reported to be effective. Specific medications, primarily antidepressants such as the selective SEROTONIN reuptake inhibitors (SSRIs), have been found helpful for people with bulimia, particularly in those with significant symptoms of depression or anxiety, or who have not responded adequately to psychosocial treatment alone. These medications also may help prevent relapse.

People with eating disorders often do not recognize or admit that they are ill. As a result, they may strongly resist getting and staying in treatment. Family members or other trusted individuals can be helpful in ensuring that the person with an eating disorder receives needed care and rehabilitation. For some people, treatment may be long term.

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## Seeking help for yourself or someone that you care about

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Many women suffering from bulimia are ashamed of their behavior and often do not seek help until their 30s or 40s.[\[10\]](#) Furthermore, because of the secretive habits of many individuals with eating disorders, their conditions may go undiagnosed for long periods of time.[\[11\]](#)

This is unfortunate because eating disorders are most successfully treated when diagnosed early. The longer abnormal eating behaviors persist, the more difficult it is to overcome the disorder and its effects on the body. In some cases, long-term treatment and hospitalization is required. Families and friends offering support and encouragement can play an important role in the success of the treatment program.[\[12\]](#)

If you think that you have BULIMIA NERVOSA or have a friend with some of the previously described symptoms, it is important to seek help. For help, go to a physician, nutritionist, campus health center, or another professional with expertise in diagnosing eating disorders. Your college or university may have an organization that specifically on providing support and help for women with eating disorders. Remember that although asking for help can be very difficult, it is necessary to do so in order to get better.

For more information about the importance of seeking medical help, visit: <http://www.cfsan.fda.gov/~dms/qa-wh2.html>

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## References

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[\[1\]http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm](http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm)

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[12]<http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm>

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**4collegewomen.brandeis.edu: Chlamydial Infection**

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# Chlamydial Infection

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[What Are the Symptoms?](#)<sup>[7]</sup>

[How Does the Doctor Diagnose Chlamydial Infection?](#)<sup>[8]</sup>

[How is Chlamydial Infection Treated?](#)

[What Can Happen if the Infection is Not Treated?](#)

[Can Chlamydial Infection Affect a Newborn Baby?](#)

[How Can I Prevent Getting Chlamydial Infection?](#)

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## Introduction

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Chlamydial ("kla-MID-ee-uhl") infection is a curable sexually transmitted disease (STD), which is caused by a bacterium called *Chlamydia trachomatis*. However, testing positive for chlamydia means that you are 300% - 500% more susceptible to HIV, if exposed. <sup>[1]</sup> Chlamydial infection is one of the most widespread bacterial STDs in the United States. The U.S. Centers for Disease Control and Prevention (CDC) estimates that more than 4 million people are infected each year. <sup>[2]</sup>

- As many as 1 in 10 adolescent females tested for chlamydia is infected. <sup>[3]</sup>
- 15- to 19-year-olds represents 46% of infections. <sup>[4]</sup>
- 20- to 24-year-olds represents another 33%. <sup>[5]</sup>

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## How can I get Chlamydial Infection?<sup>[6]</sup>

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During oral, vaginal, or anal sex with an infected partner. You can get infected even if you don't exchange body fluids during sexual contact.

Hand-to-eye contact.

Newborn babies can get infected when they pass through the mother's infected birth canal.

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## What Are the Symptoms?<sup>[7]</sup>

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Most women rarely experience any symptoms. If symptoms do occur, they will usually appear between 7 and 21 days after exposure.

Some symptoms may include:

- Mucus or pus-like vaginal discharge
- A burning sensation while urinating
- Lower abdominal pain
- Lower back pain
- Fever
- Nausea
- Pain during sexual intercourse
- Bleeding between menstrual periods

It is important to be aware of these symptoms, so chlamydia does not go untreated. Since many symptoms are so mild and rare, most often the STI is not detected until complications begin to occur.?

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## How Does the Doctor Diagnose Chlamydial Infection?<sup>[8]</sup>

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Chlamydial infection is easily confused with gonorrhea because the symptoms of both diseases are similar and the diseases can occur together, though rarely.

The most reliable way to find out whether the infection is chlamydial is through laboratory tests. Usually, a doctor or other health care worker will send a sample of pus from the vagina or penis to a laboratory that will first culture and grow the bacteria and then test the cultures for chlamydia. This method, however, is expensive and technically difficult. Results can take up to 3 days.

Another method is the direct fluorescent antibody test (DFA). This oldest alternative to culture uses a scientific method called staining to make chlamydia easier to spot under a microscope. DFA can give quicker results than culture and can be performed on specimens taken from the eye, cervix or penis.

Enzyme immunoassays come in some forms that allow use in small, unsophisticated laboratories that don't have special lab equipment. Because testing can be done where the specimen is collected, results are more rapid than with the traditional culture method, access to testing is increased, and costs can be lower.

Tests to detect the genes of *C. trachomatis* keep in italics in urine, as well as genital, samples have been developed and approved in the last few years. These tests can accurately identify even very small numbers of genes in a specimen. These tests can be expensive, but are becoming more popular among public and other labs because of their accuracy and the relative ease of collecting urine samples. Results from the urine test are available within 24 hours.

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## How is Chlamydial Infection Treated?

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If you are infected with *C. trachomatis*, your doctor or other health care worker will probably give you a prescription for an antibiotic:

- Azithromycin (taken for one day only)
- Doxycycline (taken for seven days) to treat people with chlamydial infection.
- Erythromycin
- Ofloxacin

Doctors may treat pregnant women with azithromycin or erythromycin, or sometimes, with amoxicillin. Penicillin, which doctors often use to treat some other STDs, won't cure chlamydial infections.

If you have chlamydial infection:

Take all of the prescribed medicine, even after symptoms disappear! If the symptoms do not disappear within one to two weeks after finishing the medicine, go to your doctor or clinic again. It is very important to tell your sex partners that you have chlamydial infection so that they can be tested and treated.

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## What Can Happen if the Infection is Not Treated?

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The infection may move inside the body if it is not treated. There, it can cause *pelvic inflammatory disease (PID) epididymitis*, two very serious illnesses.

In men, untreated chlamydial infections may lead to pain or swelling in the scrotal area, which is a sign of inflammation of a part of the male reproductive system located near the testicles known as the epididymis. Left untreated, these complications can prevent people from having children.

Each year up to 1 million women in the United States develop PID, a serious infection of the reproductive organs. As many as half of all cases of PID may be due to chlamydial infection, and many of these don't have symptoms. PID can cause scarring of the fallopian tubes which can block the tubes and prevent fertilization from taking place. Researchers estimate that 100,000 women each year become infertile because of PID.

In other cases, scarring may interfere with the passage of the fertilized egg to the uterus during pregnancy. When this happens, the egg may attach itself to the fallopian tube. This is called **ectopic** or tubal pregnancy. This very serious condition results in a miscarriage and can cause death of the mother.

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## Can Chlamydial Infection Affect a Newborn Baby?

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A baby who is exposed to *C. trachomatis* in the birth canal during delivery may develop an eye infection or pneumonia. Symptoms of conjunctivitis or "pink eye," which include discharge and swollen eyelids, usually develop within the first 10 days of life.

Symptoms of pneumonia, including a cough that gets steadily worse, most often develop within three to six weeks of birth. Doctors can treat both conditions successfully with antibiotics. Because of these risks to the newborn, many doctors recommend that all pregnant women get tested for chlamydial infection.

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## How Can I Prevent Getting Chlamydial Infection?

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Abstain from sexual activity.

Using male latex condoms correctly every time you have sex.

If you are infected but have no symptoms, you may pass the bacteria to your sex partners without knowing it. Therefore, many doctors recommend that anyone who has more than one sex partner, especially women under 25 years of age, be tested for chlamydial infection regularly, even if they don't have symptoms. (See [http://www.fda.gov/fdac/features/1999/499\\_std.html#tested](http://www.fda.gov/fdac/features/1999/499_std.html#tested) )

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## Current Research

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Widespread chlamydia screening among women can get results, as was demonstrated in a recent study supported by NIH. Researchers at Seattle's Group Health Cooperative of Puget Sound and the University of Washington found that symptomless women who were screened and treated for chlamydial infection were almost 60 percent less likely than unscreened women to develop pelvic inflammatory disease.

With such effective tools for screening and treatment, why has it proved so difficult to stop the spread of this microorganism? The answer, experts agree, is that not enough at-risk young people are getting tested.

"There are about a million reasons people don't get tested," says Diane Mitchell, M.D., an obstetrician-gynecologist and medical reviewer with the Food and Drug Administration. "They might feel uncomfortable, or not have insurance, or just not know they should be tested for chlamydia."

Also, doctors often fail to discuss the issue of sexually transmitted diseases with their young patients, according to Gale Burstein, M.D., a chlamydia researcher at Johns Hopkins University. "A sexually active adolescent woman is more likely to test positive for chlamydia than for tuberculosis, yet TB tests are done much more routinely".

Beyond encouraging more young people to get routinely screened for chlamydia, experts are searching for other avenues to control this sexually transmitted disease. Scientists are looking for better ways to diagnose, treat, and prevent chlamydial infections. NIAID supported scientists at Stanford University and the University of California at San Francisco recently completed sequencing the genome for *C. trachomatis*. The sequence represents an encyclopedia of information about the organism. This accomplishment will give scientists important information as they try to develop new antibiotics as well as a safe and effective vaccine.

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# Date Rape

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## Introduction

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The words "date" and "rape" are not words that we should ever have to associate together. When you think of "date", you think of dinner and a movie, or a picnic at the beach, and when you think about the word "rape", you want to picture a dark alley in a deserted part of town and a slimy man with a mask.

In reality, though, 90 percent of rapes are not reported and in 60 percent of those cases that are reported, the victim knew her assailant. A study by the National Center for the Prevention and Control of Rape showed that 92 percent of adolescent rape victims said that they were acquainted with their attackers.<sup>[1]</sup>

According to a report done by the National Institute of Justice, it is estimated that approximately 5% of college women were raped in a one-year period.<sup>[2]</sup> On a college campus of 10,000 that would mean that 500 women were victimized during a single year.

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## Causes of Date Rape

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There are many causes for date rape, but none of them fault the victim. Common causes include:

- "Miscommunication"-- she said "no", but he heard "maybe".
- Drug or alcohol abuse-- after a few too many drinks it can sometimes be difficult to distinguish between what we should be doing and what we are doing.
- Men who do not respect women-- men who carry a stereotype of women as being weak or incapable of speaking for themselves often will not respect a woman's wishes with regard to sex, as well as other issues.

One of the most common associated risks for date rape is alcohol and drug abuse. In college, date rape is most common at parties or in situations where one or both people involved will be drinking.

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## Rohypnol

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In recent years, it has become increasingly popular for men to "spike" women's drinks with what have come to be known as "date-rape drugs". These drugs are commonly known as:

- roofies
- rophies
- R2
- roofenol
- Roche
- roachies
- la rocha
- rope
- rib
- circles
- Mexican valium
- roach-2
- ropies

The technical name is Rohypnol.

Rohypnol has surfaced as part of the party scene and is prescribed as a sleeping pill in other countries. Because it is prescribed as treatment for insomnia and as a sedative, its effects are similar to those of Valium (diazepam), but is about ten times stronger.

If the drug makes its way into your drink there is no way that you will be able to tell until it's too late because you cannot taste or smell it; once hidden in your drink it becomes undetectable. The best way to protect yourself from this kind of drug-induced date rape is to be aware. Don't leave your drink unattended and watch your drink to make sure no one slips anything into it.

At a party where drugs are present, you can recognize Rohypnol because it is white, scored on one side with the word "ROCHE" and is encircled either once or twice on the other side, depending on the dosage of the pill.<sup>[3]</sup>

Rohypnol is illegal in the United States. However, it is produced and sold legally by prescription in Europe and Latin America, and is smuggled into our country.

Rohypnol IS POPULAR because it is inexpensive--sold at less than \$05.00 per tablet.

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## Effects of taking Rohypnol

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- impaired judgement and motor skills
- Combining alcohol and Rohypnol is particularly hazardous because together, they have a much greater effect on memory and judgement.
- Effects begin within thirty minutes, peak within two hours, and can persist for up to eight hours.
- The combination of alcohol and Rohypnol can cause "blackouts" lasting eight to twenty-four hours.
- Loss of inhibitions (losing your social inhibitions and judgement) is another widely reported effect of Rohypnol, when taken alone or in combination with alcohol.
- decreased blood pressure
- memory impairment
- drowsiness

- visual disturbances
- dizziness
- confusion
- urine retention

Rohypnol is the "date rape drug" because it is both odorless and tasteless, so it is easy to slip into a drink without your noticing.

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## How to Protect Yourself

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Never trust someone you just met to get a drink for you. Always go to the bar yourself and watch carefully as your drink is made.

Do not put down a drink and walk away, even to go to the bathroom, if you want to continue drinking it later.

If you are standing in a crowd, hold the glass with your hand over the top so no one can have access to it without your noticing.

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## How to Know if You've Been Slipped a Drug

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Most of the time you will not know until it's too late. About ten minutes after ingesting the drug, you may feel dizzy and disoriented, simultaneously too hot and too cold, or nauseated. You may experience difficulty speaking and moving, and then pass out. Such victims have no memories of what happened while under the drug's influence.

The best action to take if you begin to notice these symptoms in yourself is to find a friend or call 911 immediately.

For more information on Rohypnol see: <http://www.4woman.gov/faq/Rohypnol.htm>

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## What to Do if You are the Victim of Date Rape

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### GET HELP.

Phone the police, a friend, a rape crisis center or a relative.

Don't isolate yourself, feel guilty, or attempt to forget what happened.

Rape is a crime. Often, the only evidence you have is on your body. Therefore, it is important that no matter how dirty you feel, do not shower or change your clothes until you have talked to the police or a rape counselor.

### If your friend is the victim of date rape:

Encourage her to talk about what happened and convince her to seek professional help. Believe what she says and convince her that you know it's not her fault. You may be tempted to forget about it if she wants to, but these crimes affect how we think about ourselves and how we approach relationships with others. In the long run, it is more harmful to pretend it never happened than to make him pay for violating her and not respecting her wishes.

Be smart. Do not put yourself in a situation that you are not comfortable with. Pay attention to signals he puts out about his values and views of women. If you get the sense that he is not listening to you, taking what you say to heart, or if he makes degrading comments to you, leave! Find an excuse to leave the party, end the date early, or whatever else it takes to get you out of the situation.

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## Tips to Remember

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Always bring enough cash with you so that you can take a taxi or subway home if you need to.

Never rely on him completely--be self-sufficient and he will know that you mean business.

Be aware of your surroundings. If you have been drinking, do not leave the party to be alone.

Make yourself clearly understood from the start. Do not lead him into thinking that you will sleep with him, unless you plan to. Some men will take a "yes" early on in the date as meaning "yes" later, even if you have changed your mind.

**Trust your gut feelings. If it walks like a duck, talks like a duck and smells like a duck, then it's a duck.**

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## References

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[1]April 9, 1984 and taken from <http://www.cs.utk.edu/~bartley/acquaint/acquaint/Rape.html>

[2]<http://www.ncjrs.org/txtfiles1/nij/182369.txt>

[3]<http://www.4woman.gov/faq/Rohypnol.htm>

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**4collegewomen.brandeis.edu: Clinical Depression**

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# Clinical Depression

[Definition](#) <sup>[1]</sup>

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## Definition [\[1\]](#)

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We all experience emotional downs at times; it's very common. But, these times of feeling blue should not interfere with your ability to function, nor should they linger for an abnormally long period of time. If you are experiencing persistent sadness that's interfering with school, work, and/or relationships, you might be suffering from a common, serious medical illness called *depression*. Many women may have their first episode of depression during their college years.

Depression is a medical disorder, just like diabetes, high blood pressure, and heart disease, that day after day affects your thoughts, feelings, physical health, and behavior. Depression is not just "feeling blue" or "down in the dumps." [\[2\]](#)

About 1 in 20 Americans (over 11 million people) suffer from clinical depression each year. [\[3\]](#)

Depression is a pervasive, impairing illness that affects women at roughly twice the rate of men. In fact, recent studies suggest that one fifth of all women will develop clinical depression at some point over the course of their lives. [\[4\]](#)

Depression presents itself differently in different people; they experience different symptoms that may vary in severity and duration.

Having some depressive symptoms does not mean a person is clinically depressed. For example, it is not unusual for those who have lost a loved one to feel sad, helpless, and disinterested in regular activities. Only when these symptoms persist for an unusually long time is there reason to suspect that grief has become a depressive illness.

Similarly, living with the stress of a college workload, grades, social pressures or family problems may cause irritability, sadness, and "the blues." Up to a point, such feelings are simply a part of human experience. But when these feelings increase in duration and intensity and start affecting your ability to function at school and participate in relationships, what started as a temporary mood problem may have become a clinical illness. It is important to remember that depression is a *medical illness* that often occurs even when life is going well.

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## Causes of Depression [\[5\]](#)

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Depression may be triggered by as little as one or a combination of the following factors:

- Family history and genetics
- Biochemical factors
- Various mental disorders
- Certain medicines
- Acute or chronic physical ailments
- Drugs or alcohol
- Life conditions, such as extreme stress, grief, or relationship problems

**Genetic factors** may predispose an individual to develop depression. A family history of the illness may indicate that there is a biological vulnerability that has been inherited. However, not everybody with a family history of depression will develop the illness. And clinical depression can occur in people who have no family history of the illness.

Alterations in brain chemicals are significant factors in depression, resulting in mood, appetite, and sleep pattern changes.

Certain attributes such as having a low self-esteem, a pessimistic view of life, a sense of having little control over one's own life are key symptoms as well; general **negative thinking** leads people with these attributes to have a higher rate of depression than others without these characteristics. Furthermore, people with the tendency to excessively worry are also at a heightened risk of developing the illness.

While fun, being in college can be extremely stressful. *Stress* and every day life "issues" can trigger mood changes. When these changes persist, depression may occur. Dealing with the stress of a college work load, relationships, major life changes, financial worries, a job, possibly single parenthood, a physical illness, a significant loss and many other various stressful events all lead women to an immense amount of stress that may trigger the onset of depression. You must remember that you're not alone. Depression affects more of us than you think.

Your college may provide many resources to help students deal with the stresses of college life. Take advantage of them; they're there for **you!!!**

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## Women and Depression; How We're Different

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Women are at a higher risk for developing depression over their lifetime.

Studies have shown that before adolescence there is little difference in the rate of depression between boys and girls. [\[6\]](#) Between the ages of 11 and 13, there is a significant rise in depression rates for girls, eventually causing females to be twice as likely to have experienced a major depressive episode by the age of 15 as males. [\[7\]](#)

This rise is observed at a time when roles and expectations begin to be more strongly emphasized at the same time as hormonal changes occur with the onset of puberty. This may cause additional stresses for females in that age group. Such stresses include: [\[8\]](#)

- Forming an identity
- Emerging sexuality
- Separating from parents
- Making decisions for the first time
- Dealing with intellectual changes
- Hormonal changes
- Physical changes

Additionally, college women have to deal with other stresses that include sexual activity, and competition issues with both men and other women. The college experience is the time one discovers oneself emotionally, which is a stressful yet defining part of life.

[\[9\]](#) Another major factor causing certain people, especially women, to be more highly predisposed to the illness is experiences of having been molested as children. Similarly, women who have been raped at any point in their lives have a higher chance of developing depression during their lifetime. Incidents of rape are much more prevalent in females than in males, which is consistent with the subsequent depressive illnesses that more women eventually experience. Furthermore, women who experience other commonly occurring forms of abuse such as physical abuse, sexual harassment, and psychological abuse may also experience higher rates of depression. Such abuse causes women to think and feel negatively about themselves, often leading to social isolation and, in some, eventually depression.

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## Signs and Symptoms of Depression [\[10\]](#)

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People who have major depressive disorder have a number of psychological and physiological symptoms nearly every day, all day, for at least 2 weeks. A combination of 3-5 of the following symptoms may indicate the presence of depression.

- Loss of interest in things you generally enjoy
- An overall sad, blue, or "down in the dumps" feeling
- Feeling slowed down or restless
- Feeling worthless or guilty
- Experiencing an increase or decrease in appetite or weight

- Loss of energy
- Constantly feeling tired
- Trouble sleeping or sleeping too much
- Having a hard time concentrating, thinking, remembering, or making decisions
- Thoughts of death or suicide
- Headaches
- Digestive Problems
- Other aches and pains
- Being anxious or worried
- Sexual problems and/or disinterest
- Feeling pessimistic or hopeless

Episodes of depression can occur once, twice, or several times in a lifetime. [\[11\]](#)

Alcohol and other substance abuse, or an addiction, often coexists with depression.

Suicidal thoughts and behaviors may occur when a person is severely depressed. These tendencies may lead someone to commit an irreversible action. If you're feeling suicidal, tell a trusted friend, teacher, staff member, family member, or health care professional; tell anybody you trust. Ask this person to help you get professional help and medical attention immediately. These thoughts will go away with treatment. For more information on suicide prevention, check out: [www.safeyouth.org](http://www.safeyouth.org)

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## Treatment for Clinical Depression

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You should know that *depression is a very treatable illness*.

One major aspect of depression is the hopelessness that accompanies it, including the notion that some people hear that the condition is untreatable and "will never go away."

Treatment cannot begin without an appropriate diagnosis. A thorough physical examination should be conducted to rule out any physical illnesses that may produce depressive symptoms. You should tell your doctor about all medications (both prescription and over-the-counter), as they may be the cause of depressive symptoms. Also, tell your doctor about any alcohol or drug use and any dietary supplements that you are taking. Once the physical examination has concluded and a physical cause of the disease has been ruled out, you should turn to psychological evaluation; this can be conducted by the same physician or a mental health professional.

Early treatment of depression leads to more effective and longer-lasting results.

Common treatments for depression include one or a combination of the following, depending on the nature and severity of the condition:

- Psychotherapy
- Medications (usually antidepressants)
- A combination of Medication and Psychotherapy
- Electroconvulsive therapy in treatment-resistant severe depression

Of course, treatment will not eliminate life's inevitable stresses and ups and downs. But it can greatly enhance a person's ability to manage school, work and relationship challenges and lead to greater enjoyment of life.

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## Psychotherapy [\[12\]](#)

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In mild to moderate cases of depression, psychotherapy is an important treatment option. Some short-term (10-20 week) therapies have been very effective against several types of depression. The different types of psychotherapy include "talking"

therapies and "behavioral" treatments. "Talking" therapies help patients gain insight into their problems and resolve them through verbal give-and-take sessions with a therapist. "Behavioral" treatments help patients learn new behaviors that lead to more satisfaction in life and to an "unlearning" of counter-productive behaviors. Research has shown that two short-term psychotherapies, interpersonal and cognitive-behavioral, are helpful against some types of depression. Interpersonal therapy works to change interpersonal relationships that cause or exacerbate depression. Cognitive-behavioral therapy helps change negative styles of thinking and behaving that may contribute to depression.

### **Antidepressants** [\[13\]](#)

Antidepressants act on different chemical pathways in our brain that affect our mood.

Antidepressants are non habit-forming medications.

Improvement can be seen as early as the first few weeks of medication. Typically, these medications need to be taken regularly for 4-8 weeks until their full effects are experienced. A relapse may be prevented by staying on the medication for about a year under a doctor's supervision. For some people who have experienced several episodes of depression, they may need to stay on medication indefinitely to improve their mood, much in the same way as people with DIABETES take regular medications to treat their illness.

You should inform your doctor of any other prescriptions, over-the-counter medications, or diet supplements you may be taking that may affect the potency of the medication or result in interactions causing potentially harmful side effects. As with all medications, be extra cautious if you're pregnant or suspect you might be pregnant.

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### **Electroconvulsive Therapy** [\[14\]](#)

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For individuals whose depression is severe or life threatening or for those who cannot take antidepressant medication, electroconvulsive therapy (ECT) may be useful. This is particularly true for patients with:

- Extreme suicide risk
- Severe agitation
- Psychotic thinking
- Severe weight loss
- Physical debilitation as a result of physical illness

A muscle relaxant is given before treatment, which is done under brief anesthesia. Electrodes are placed at precise locations on the head to deliver electrical impulses. The person receiving ECT does not consciously experience the electrical stimulus. At least several sessions of ECT are required for full therapeutic benefit.

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### **Things You Can Do to Help Yourself**

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A discouraging part of depressive illnesses is the general feeling of exhaustion, worthlessness, helplessness, and hopelessness. These feelings make many patients want to give up on life. One of the most important things you can do to help yourself is recognize that these negative feelings are part of the depression and will fade as treatment begins to take effect.

Some people find that some of the following strategies will help you get through depression:

- Partaking in activities that make you feel better
- Exercising
- Joining a support group
- Spending time with other people

Remember not to expect too much from yourself right away; you're only human and feeling better takes time!

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## Dealing With a Recurrence of Depression [\[15\]](#)

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One of the most important things to remember when experiencing a recurrent episode of depression is that depression is treatable; you've gotten through it before, you'll get through it this time! You must remember the methods you used that were most helpful with your previous treatment, including seeking help again. The sooner the recurrence is treated, the shorter its duration will be.

As in many other illnesses, depression is a recurrent disease. The best way to prevent such a recurrence is continuation of the treatment that was successful with the initial episode, which is most often the same dose of antidepressant medication that was initially prescribed. For patients not taking antidepressants for their depression, monthly interpersonal psychotherapy help can prevent recurrent episodes.

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## Where to Go for Help

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Listed below, and in the [Other Resources](#) section of this fact sheet, are the types of people and places that can either help you or make referral to more qualified professionals who may better assist you.

- University Health Center
- Community Health Center
- Primary care physicians
- Mental health specialists
- Social workers
- Local Emergency Room
- Crisis Hotlines

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## References

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[1]Adapted from: <http://www.nimh.nih.gov/publicat/depwomenknows.cfm#ptdep3>

[2]Adapted from: <http://hstat.nlm.nih.gov/> (*available, but outdated*)

[3]Ibid.

[4]Adapted from: <http://www.nmha.org/ccd/support/women.cfm>

[5]Adapted from: <http://hstat.nlm.nih.gov/> (*available, but outdated*)

[6]Adapted from: <http://www.nimh.nih.gov/publicat/depwomenknows.cfm#ptdep3>

[7]Ibid.

[8]Ibid.

[9]Ibid.

[10]Ibid.

[11]Adapted from: <http://www.nimh.nih.gov/publicat/depwomenknows.cfm#ptdep3>

[12]Adapted from: <http://www.nimh.nih.gov/publicat/depwomenknows.cfm#ptdep3>

[13]Adapted from: <http://www.nlm.nih.gov/publicat/depwomenknows.cfm#ptdep3>

[14]Ibid.

[15]Adapted from: <http://www.nlm.nih.gov/publicat/depwomenknows.cfm#ptdep3>

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**4collegewomen.brandeis.edu: Diabetes \***

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## Diabetes \*

[What is Diabetes?](#)

[What are the symptoms of diabetes?](#)

[What are the types and risk factors of diabetes?](#)

[What is the treatment for diabetes?](#)

[Is there a cure for diabetes?](#)

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### What is Diabetes?

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Diabetes mellitus is a group of diseases characterized by high levels of the sugar glucose resulting from defects in insulin secretion, insulin action, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take measures to reduce the likelihood of such occurrences. It is estimated that today approximately 5.9% or 15.7 million people have diabetes (2).

There are 2 types of diabetes:

#### **Type 1 (IDDM, or Insulin-Dependent Diabetes Mellitus)**

This type usually occurs in children and young adults and is caused by a lack of insulin production.

#### **Type 2 (NIDDM or Non-Insulin-Dependent Diabetes Mellitus)**

This type usually occurs in adults and is brought on by your body not producing enough insulin or your cells rejecting it. Type 1 is treated with a daily insulin shot while the treatment of type 2 varies with each person. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and circulation problems that can result in lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.

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### What are the symptoms of diabetes?

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People who think they might have diabetes must visit a physician for diagnosis. They might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual

Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of type 1 diabetes.

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## What are the types and risk factors of diabetes?

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**Type 1** diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes. Risk factors are less well defined for type 1 diabetes than for type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in the development of this type of diabetes.

**Type 2** diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes.

Risk factors for type 2 diabetes include:

- older age
- obesity
- family history of diabetes
- prior history of gestational diabetes
- impaired glucose tolerance
- physical inactivity
- race/ethnicity (African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for type 2 diabetes)

Gestational diabetes develops in 2% to 5% of all pregnancies but usually disappears when a pregnancy is over. Gestational diabetes occurs more frequently in African Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes. Obesity is also associated with higher risk. Women who have had gestational diabetes are at increased risk for later developing type 2 diabetes. In some studies, nearly 40% of women with a history of gestational diabetes developed diabetes in the future.

Other specific types of diabetes result from specific genetic syndromes, surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1% to 2% of all diagnosed cases of diabetes.

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## What is the treatment for diabetes?

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Treatment should be planned out by you and your doctor. Treatment is aimed at keeping blood glucose near normal levels at all times. Training in managing your diabetes is integral to maintaining your future health. Treatment must be individualized and must address medical, psychosocial, and lifestyle issues, such as living at college.

### **Treatment of Type 1 Diabetes (IDDM)**

Lack of insulin production by the pancreas makes Type 1 diabetes particularly difficult to control. Treatment requires a strict regimen that typically includes a carefully calculated diet, planned physical activity, home blood glucose testing several times a day, and multiple daily insulin injections.

### Treatment of Type 2 Diabetes (NIDDM)

Treatment typically includes diet control, exercise, home blood glucose testing, and in some cases, oral medication and/or insulin. Approximately 40% of people with type 2 diabetes require insulin injections.

### Control High Blood Sugar Levels By (3)

- Eating a healthy diet
- Getting regular physical activity
- Taking medicine for your diabetes if your doctor tells you to
- Testing your blood sugar.

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### Is there a cure for diabetes?

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We have yet to find a cure for diabetes, but everyday research is bringing us closer to advancing our possibilities of preventing, treating, and curing the growing population of people with diabetes. Several approaches to "cure" diabetes are being pursued:

- Pancreas transplantation
- Islet cell transplantation (islet cells produce insulin)
- Artificial pancreas development
- Genetic manipulation (fat or muscle cells that don't normally make insulin have a human insulin gene inserted - then these "pseudo" islet cells are transplanted into people with type 1 diabetes).

Each of these approaches still has a lot of challenges, such as preventing immune rejection; finding an adequate number of insulin cells; keeping cells alive; and others. But progress is being made in all areas.

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### Resources

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\*1 Adapted from <http://www.cdc.gov/diabetes/faqs.htm>

2 <http://www.niddk.nih.gov/health/diabetes/pubs/dmstats/dmstats.htm#what>

3 Adapted from <http://ndep.nih.gov/get-info/info-control.htm>

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**4collegewomen.brandeis.edu: What It Means To Eat Healthy**

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# What It Means To Eat Healthy

[What does it mean to eat healthy?](#)

[Growing children, teenage girls, and women have higher needs for some nutrients:](#)

[Where do vitamin, mineral, and fiber supplements fit in?](#)

[References](#)

[Other Resources](#)

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## What does it mean to eat healthy?

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Eating healthy means feeding your body all the [nutrients](#) it needs to sustain your daily activities. You need more than 40 different nutrients for good health. [Essential nutrients](#) include vitamins, minerals, amino acids from protein, certain FATTY ACIDS from fat, and sources of calories (protein, carbohydrates, and fat).

Different foods contain different nutrients and other healthful substances. No single food can supply all the nutrients in the amounts you need. For example, oranges provide vitamin C and folate but no vitamin B<sub>12</sub>; cheese provides calcium and vitamin B<sub>12</sub> but no vitamin C. To make sure you get all the nutrients and other substances you need for health, build a healthy base by using the Food Guide Pyramid as a starting point. Choose the recommended number of daily servings from each of the five major food groups.

The nutrients you need are all covered by using the [food pyramid](#) as a guide and eating from each of the five food groups:

- [Milk, yogurt and cheese](#)
- [Meat, poultry, fish, beans, eggs, and nuts](#)
- [Vegetables](#)
- [Fruits](#)
- [Breads, cereals, rice and pasta](#)

Quick Eating Healthy Tips:

- Eat a variety of foods
- Choose a diet low in fat, saturated fat, and cholesterol
- Choose a diet with plenty of vegetables, fruits, and grain products
- Use sugars only in moderation
- Use salt and sodium only in moderation
- More [healthy eating tips](#)

If your diet does not include all the food groups and all the [nutrients](#) you need, seek guidance. Talk to your doctor, campus nutritionist or dietitian, student health clinic, or [find a dietitian near you](#).

If you want to use interactive online tools to plan a better diet, visit [Calorie Calculator](#), [Create-a-Diet](#), [Interactive Healthy Eating Index](#), [Interactive Menu Planner](#), and [Rate Your Health Habits](#).

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## Growing children, teenage girls, and women have higher needs for some nutrients:

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Adolescents and adults over age 50 have an especially high need for calcium, but most people need to eat plenty of good sources of calcium for healthy bones throughout life. When selecting dairy products to get enough calcium, choose those that are low in fat or fat-free to avoid getting too much saturated fat. Young children, teenage girls, and women of childbearing age need enough good sources of iron, such as lean meats and cereals with added nutrients, to keep up their iron stores. Women who could become pregnant need extra folic acid.

For a woman in your age range, the USDA recommends the following daily servings:(1)

<b>Recommended Daily Intake</b>
---------------------------------

<b>Food Group</b>	<b>Most women (1600 calories/day)</b>	<b>Teen girls, active women (2200 calories/day)</b>
Bread, Cereal, Rice, and Pasta Group (Grains Group) -- especially whole grain	6 servings	9 servings
Vegetable Group	3	4
Fruit Group	2	3
Milk, Yogurt, and Cheese Group (Milk Group) -- preferably fat free or low fat	2	3 (if 18 years old or below); 2 (if 19-50 years old); during pregnancy and lactation, the recommended number of milk group servings is the same as for nonpregnant women
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group (Meat and Beans Group) -- preferably lean or low fat	2, for a total of 5 ounces	2, for a total of 6 ounces
Fats	saturated fat: 18 grams or less; total fat: 53 grams or less	saturated fat: 24 grams or less; total fat: 73 grams or less
Cholesterol	300 milligrams or less	300 milligrams or less
Sugars	6 teaspoons or less	12 teaspoons or less
Salt and Sodium	2400 milligrams	2400 milligrams

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### **Where do vitamin, mineral, and fiber supplements fit in?**

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Some people need a vitamin-mineral supplement to meet specific nutrient needs. For example, women who could become

pregnant are advised to eat foods fortified with folic acid or to take a folic acid supplement in addition to consuming folate-rich foods to reduce the risk of some serious birth defects. People with little exposure to sunlight may need a vitamin D supplement. People who seldom eat dairy products or other rich sources of calcium need a calcium supplement, and people who eat no animal foods need to take a vitamin B<sub>12</sub> supplement. Sometimes vitamins or minerals are prescribed for meeting nutrient needs or for therapeutic purposes. For example, health care providers may advise pregnant women to take an iron supplement.

Supplements of some nutrients, such as vitamin A and selenium, can be harmful if taken in large amounts. Because foods contain many substances that promote health, use the Food Guide Pyramid when choosing foods. Don't depend on supplements to meet your usual nutrient needs.

Dietary supplements include not only vitamins and minerals, but also amino acids, fiber, herbal products, and many other substances that are widely available. Herbal products usually provide a very small amount of vitamins and minerals. The value of herbal products for health is currently being studied. Standards for their purity, potency, and composition are being developed.

Adjusting your diet to your special needs:

- [Heart Healthy Eating](#)
- [For Your Heart](#)
- [Diabetes Diet](#)
- [Eat Right Sleep Better](#)
- [Food for your Blood?](#)
- [Tolerate Lactose Intolerance](#)
- [Vegetarian or Vegan?](#)
- [The Right Diet for Pregnancy](#)
- [Nutrition After Pregnancy](#)

Design a new eating plan:

- Campus Health Center
- Contact campus dietitian
- The National Center for Nutrition and Dietetics' Consumer Nutrition Hotline at 1-800-366-1655
- Your doctor
- [Find a dietitian near you](#)

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## References

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[1]Adapted from <http://www.health.gov/dietaryguidelines/dga2000/document/build.htm>, [http://www.pueblo.gsa.gov/cic\\_text/food/dietguide2000/build.htm](http://www.pueblo.gsa.gov/cic_text/food/dietguide2000/build.htm), <http://www.nal.usda.gov/fnic/dga/variety.htm>

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## Other Resources

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[www.nutrition.gov](http://www.nutrition.gov)

[www.healthierus.gov](http://www.healthierus.gov)

### [National Cholesterol Education Program](#)

NHLBI Information Center  
P.O. Box 30105  
Bethesda, MD 20824-010

### [American Heart Association](#)

1-800-AHA-USA1  
(1-800-242-8721)

### [Lactose Intolerance and Celiac Sprue](#)

National Digestive Diseases Information Clearinghouse  
Box NDDIC  
Bethesda, MD 20892  
301-654-3810

### [American Dietetic Association](#)

216 W. Jackson Blvd.  
Chicago, IL 60606-6995  
1-800-366-1655 (recorded messages)  
1-900-225-5267 (to talk to a registered dietitian)  
provides fact sheets on general nutrition (also in Spanish)

### [Food and Drug Administration](#)

Food Information Line  
1-800-FDA-4010  
(202) 205-4314 in the Washington, D.C., area

### [Food Allergy Network](#)

10400 Eaton Place, Suite 107  
Fairfax, VA 22030  
800-929-4040

### [American College of Allergy, Asthma and Immunology](#)

85 W. Algonquin Road, Suite 550  
Arlington Heights, IL 60005  
800-842-7777

### [Asthma and Allergy Foundation of America](#)

1125 15th Street, N.W., Suite 502  
Washington, DC 20036  
800-7-ASTHMA

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**4collegewomen.brandeis.edu: Endometriosis**

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# Endometriosis

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## General

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Endometriosis is a condition that occurs when tissue similar to the lining of the uterus is found in other organs of the body outside its normal location. Women can develop the disease even as teenagers and young girls, and the disease can strike any socioeconomic class. So, being a college woman does not exclude you from the risk. It is estimated that approximately 10-20% of women of child-bearing age have endometriosis [\[1\]](#).

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## Symptoms

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Endometriosis causes a range of symptoms in young women. Occasional or constant pelvic pain and/or severe period cramps (unusual for your regular menstrual cycle) are the most common symptoms. The location of the abnormal endometrial tissue and the manner in which the lesions affect the pelvic organs contribute to the symptoms that adolescent and adult women may experience.

The chronic pelvic pain linked with endometriosis can occur before, during, or after your menstrual period. The pain may occur at regular times in your cycle or at any time during the month. Also, don't ignore pain that comes with exercise, sex, and or/after a pelvic exam-it is not normal and could be linked with reproductive system problems, such as endometriosis. When these symptoms appear it is important to take immediate action by visiting a gynecologist.

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## Diagnosis

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While the symptoms may aid your doctor in identifying the disease, a true diagnosis is made when there are severe problems through a technique called laparoscopy. This procedure allows your doctor to look inside your body at the pelvic organs with a special lens. Other tests that may be ordered by your health care provider BEFORE a laparoscopy might include blood tests, cultures to check for infection, ultrasound or an MRI.

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## Causes

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Although we know that some young women may be slightly more likely to develop endometriosis due to a genetic predisposition, the exact cause of the disease is unknown. There are at least three generally accepted theories about how endometriosis develops:

One theory suggests that the flow of menstrual blood gets "backed up", causing some of the blood to flow in a reverse direction. This process causes blood containing endometrial tissue to attach to surfaces outside of the uterus.

A second theory proposes that specific cells in the reproductive system called "metaplastic cells" are actually present at birth and change into endometrial cells causing endometriosis.

A third one suggests that the endometrial tissue "travels" through the body via the blood stream. It then reaches various tissues, implants on them, and begins to grow.

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## Treatments

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Treatments include:

### Hormonal Medications

For example -- birth control pills, which regulate and stabilize your period.

### GnRH

A family of medicines used to treat endometriosis by lowering the level of estrogen in your body.

### Surgery

Laparoscopy is a surgical procedure performed under general anesthesia. It requires a small incision to be made near the belly button and a laser to cut away the endometriosis [\[2\]](#).

### Lifestyle Changes

A healthy diet and regular exercise helps to relieve some pelvic pain. Also, practicing relaxation techniques such as yoga and meditation lessen some of the menstrual pain. Although college life can be stressful, it is important to remain healthy throughout the experience and avoid health risks that may at first go on unnoticed. For example, lack of rest can seriously harm the immune system and cause great damage to an already unhealthy situation.

### Complementary Medicine

Although many people are hesitant to try alternative medical treatment, some can actually be helpful but not all are effective and safe. Acupuncture, herbal remedies, homeopathy and healing touch are among popular "alternative approaches" to medical treatment [\[3\]](#).

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## References

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[1]<http://www.nichd.nih.gov/publications/pubs/endometriosis/index.htm>

[2]<http://www.CenterForEndo.com/>

[3]<http://www.youngwomenshealth.org/endoinfo.html>

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**4collegewomen.brandeis.edu: Excessive Exercise**

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# Excessive Exercise

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## Introduction

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There are many benefits of exercise, including better health, longer life, more energy, and a better daily state of mind. However, too much exercise can be a dangerous thing--leading to irritability, increased risk of injury, and poorer physical and mental performance. Obsessive exercise may indicate the presence of an eating disorder, including anorexia nervosa or bulimia. So when exactly does a healthy habit become unhealthy? This question is difficult to answer, but generally speaking, the benefits of exercise depend on three factors:

- Frequency: days per week on which you exercise
- Intensity: how hard your heart is working while you exercise
- Duration: how long you spend exercising during each session

Try to be physically active for 30-60 minutes, at least 5 days a week. Doubling your workout duration or frequency does not necessarily double the benefits of your routine, and may have emotional and physical consequences.

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## The consequences of excessive exercise

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Exercise is one of the best things you can do for your health today and tomorrow, but excessive exercise can have physical consequences such as stress fractures, tendonitis, joint and ligament injuries, and irregular menstruation. There may be emotional and social effects as well.

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## Where to draw the line

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Are you exercising too much? So where is the line between just right and too much? The line is different for different people, depending on:

- Your source of motivation or reason for exercise
- How exercise relates to the rest of your life, for instance, a career or sport
- Your attitude toward exercise, your body, and your health

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## Signs and Symptoms

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The signs and symptoms of excessive exercise include:

- Decreased performance
- Loss of coordination
- Prolonged recovery
- An elevated morning heart rate
- Headaches
- Loss of appetite
- Muscle soreness or tenderness
- Irritability

- Depression
- Low self esteem
- Exhaustion
- Exclusion of other activities

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## Profile of the exercise obsessed

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The Excessive Exerciser will:

- Often choose to exercise beyond the requirements for good health
- Be fanatic about their weight and diet steal time from work, school, relationships, and social gatherings to exercise
- Focus only on the challenge and forget that exercise can be fun
- Define self worth in terms of performance
- Rarely or never be satisfied with athletic achievements
- Be unable to savor victory; always pushing on the next challenge
- Justify excessive behavior by defining self as a "special" elite athlete
- Use exercise compulsively to control weight
- Experience strong feelings of guilt or anxiety if unable to exercise
- Not allow time off to heal injuries
- Hide from emotional pain by working out
- Cause comment from friends and family about the amount of time engaged in physical activity

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## Exercise Bulimia Quiz

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If you are concerned that you may exercise too much, think about how you would answer the following questions:

1. Do you find that you regularly adjust your exercise according to how much you ate earlier or on the preceding day?
2. Are you concerned or terrified about being overweight?
3. Did your interest in exercise begin with a desire to lose weight?
4. Do you fear not exercising each day because you think you'll gain weight?
5. Are you preoccupied with food and calories and calculate what you are allowed to eat each day according to how much time you can give to exercise?
6. Have you gone on eating binges where you feel you cannot stop?
7. Do you exercise an excessive amount after binge?
8. Are you preoccupied with being thinner, and have a lower body mass/lean muscle ratio as elite athletes do?
9. Do you think about burning calories as you exercise?
10. Do you ever vomit, take laxatives, or diuretics after a meal or binge to feel thinner or to attempt to lose calories?
11. Do you feel virtuous when dieting, restricting your dietary intake, or exercising?
12. Do others tell you that you exercise too much?

If you answered even half of these questions with a yes, you may be exercising too much. What to do: If you are concerned that you or a friend are exercising to excess, it is important to see a health professional, such as a doctor, trainer, or nutritionist. A professional is likely to give you a medical examination in order to identify any potentially serious complications, to advise you to take a break from training, and to ensure proper nutrition.

This quiz is found at [http://www.nutrifit.org/nutr\\_info/compulsiveex.html](http://www.nutrifit.org/nutr_info/compulsiveex.html) From Hooked On Exercise: How to Understand and Manage Exercise Addiction Rebecca Prussin, MD, Phillip Harvey, PhD, and Theresa Foy DiGeronimo, Fireside/Simon & Schuster, c1992.

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## When engaged in an active exercise program:

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- Give yourself adequate time to rest and recover from exertion
- Maintain proper nutrition and hydration
- Have regular medical checkups
- Rest if you see any symptoms
- Try keeping an exercise diary at <http://www.justmove.org/home.cfm>
- Keep a healthy attitude toward exercise, realizing that it is only a part of your full and dynamic life!
- Find other outlets and activities for you energy

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## Resources

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[http://www.nutrifit.org/nutr\\_info/compulsiveex.html](http://www.nutrifit.org/nutr_info/compulsiveex.html)

<http://www.eating-disorder.org/exercising.html>

<http://acefitness.org/fitfacts/>

<http://www.americanheart.org/presenter.jhtml?identifier=4563>

Publications: "Compulsive Exercise and the Eating Disorder" by Alayne Yates "Hooked On Exercise" by Rebecca Prussins

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**4collegewomen.brandeis.edu: Exercise**

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# Exercise

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[Benefits of exercise](#)

[Effective exercising](#)

[Stretching](#)

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[Weight training](#)

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## Keeping fit in college

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In college, time is a finite resource and often students place exercise at the bottom of their list of priorities. It is pretty easy to spend the entire day running from class to class, meeting to meeting, and then realize that the day is over. Some of us even have jobs on top of our many scholastic responsibilities. Oh yes, and we must also make time to have some fun with our friends. With all of these obligations and the fact that we are pulled in all different directions, it is no wonder that college students have difficulty adding daily exercise to their schedules.

However, keeping fit by exercising is important and has many health benefits. Surprisingly enough, by making minor changes in your schedule, you just might find a few extra minutes to make a quick trip to the gym or to go for a little jog. For example, even taking the stairs instead of the elevator or walking hastily to classes counts as physical activity. You don't have to look good in Lycra or belong to a fancy health spa to be physically active!!

This fact sheet outlines the benefits of exercise, gives guidelines for making the most of your exercise time and gives suggestions as to how you can fit daily exercise into your schedule. Just thirty minutes a day (not necessarily all at once), five days a week of some type of physical activity can make a real difference to your health today and tomorrow. Keep in mind, though, that the more vigorous the physical activity, the better the health benefits.

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## Benefits of exercise

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Physical activity is one of the very best things that you can do for your health. When combined with healthy eating, you can look and feel better today as well as safeguard your health for tomorrow.

Long term and short term [health benefits to exercise](#) include:

- Keeps you at a healthy weight
- Keeps you emotionally healthy
- Lessen feelings of depression and anxiety
- Increases good cholesterol
- Lowers risk for heart disease, stroke, cancer, diabetes, high blood pressure, **osteoporosis**, back pain
- A stronger heart

Not only does exercise improve health and physical well being, but it will also make you feel better about your body and yourself, increase muscle tone, improve your mood, clear your head, and help you to concentrate on schoolwork.

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## Effective exercising

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Before you begin your workout, you should warm up for five minutes by doing some light aerobic exercise, such as jogging slowly or walking briskly. This stretching will prepare your body for a more intense workout and will prevent injury. You might also want to stretch the muscles that you plan to work on.

There are several measures that you can take in order to maximize the benefit of your workout and prevent injury including:

- Drink plenty of water
- Make exercising a part of your daily routine
- Start gradually
- Increase exercise time each day, up to 30-60 minutes
- Rest when feeling faint or short of breath
- Keep a record of your workouts and progress
- Keep yourself occupied while you exercise- read, listen to music, chat with a friend, etc.

Never end a work out abruptly. Instead, slowly bring down your heart rate. You can do this by slowly decreasing the intensity of your work out, or walking until your heart rate returns to normal. [Here](#) are more helpful tips for effect exercising.

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## Stretching

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Stretching before and after a workout will increase flexibility and reduce soreness and injury. Different types of stretching exercises can be found at <http://www.aarp.org/health-active/>.

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## Aerobic exercise

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In order to build endurance, you should engage in aerobic exercise for an extended period of time (20-30 minutes). This will improve the health of your heart, lungs, and blood vessels. The American Heart Association recommends that you shoot for your targeted heart rate in order to maximize your workout. At this rate, your heart will most efficiently pump blood. Your target heart rate equals about 50-75% of your heart's maximum rate. This can be calculated by subtracting your age from 220.

Types of aerobic exercise include, but are not limited to, the following:

- Walking
- Running
- Swimming
- Biking
- Rollerblading
- Hiking
- Cross country skiing
- Jump rope
- Rowing
- Stair-climbing

Several of these activities are weight-bearing exercises, which means they are

- done on your feet
- done to help strengthen your bones and prevent osteoporosis.

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## Weight training

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Weight training can build strength and improve your muscle tone. When lifting weights, you should give muscles a day or two to rest between workouts. This will prevent injury.

There are other ways to build muscles that do not require lifting weights. These include calisthenics, bicycling, swimming, hiking, golfing, rowing, tennis, and many others.

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## Exercising at School

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Take advantage of the many facilities available to you at your college for physical activity. There may be a work out facility or gym on your campus that, as a student, you can use cheaply or free of charge. Tennis courts, biking paths, basketball courts, and soccer fields are also widely available on college campuses. Furthermore, there may be physical education classes that you can take for advanced skill building if your are just getting started in a workout routine. This might help you determine your personal fitness level and give you an idea as to what types of exercise you enjoy.

Most types of exercise can double as social events. Going to the gym or for a run with a friend will allow you to spend time with someone that you might not see or talk to as much as you like. Team sports can also provide another opportunity to meet people and to get in shape at the same time.

If you would rather exercise alone, this can also provide an excellent opportunity for you to be alone with your thoughts. Getting away from the campus by going for a walk/run will allow for an escape from the pressures of school and will allow you to have uninterrupted thoughts. You might find that after getting away and exercising alone, you will return to campus refreshed and more prepared to face your campus responsibilities.

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## Fitting it into your schedule

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With various activities, classes, work, social life, etc. it can be difficult to fathom adding yet another element to our busy days. However, all it takes is 20-30 minutes a day. After all how many minutes did you spend doing unnecessary things today? Between E-mailing, chatting with friends, and various other time consuming activities, you could probably figure out a way to scrape together 20-30 minutes a day. Try it! Look at what you did today and try to figure out how you can make better use of your time, allowing a few extra minutes for exercise. It may sound like a formidable task, but take a closer look -- you might be surprised.

If you are simply unable to find a solid 30-minute chunk of time during your day, consider trying to accumulate 30 minutes of exercise throughout the day. You could take the long route to a class, take the stairs, do a few jumping jacks in the morning, go dancing at night, or any number of other things.

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## Assessing your fitness level

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No matter what fitness level you are at, physical activity can always improve your fitness. For more information on physical activity, visit: <http://www.cdc.gov/nccdphp/dnpa/physical/life/tips.html>. It is always good to take it easy in the beginning and then gradually increase the intensity of your workouts. This will prevent injury and allow for your fitness level to gradually increase. In order to assess your current fitness level, you might find <http://www.shapeup.org/fitness/index.htm> helpful.

By individualizing your workout to fit your personal fitness goals, you will make better use of the time that you spend exercising. Also, determining the types of exercise that you enjoy will keep you on track and help you [stick with it](#). First, decide whether you like to exercise alone or with someone else. Having an obligation to another person may help you stick to your work out program, but it could also slow you down. Next, decide whether you prefer exercising outside or inside. There are many different types of physical activities that can be done in both settings. Finally, you may want to vary your work out in order to keep things interesting and prevent boredom with your workout regimen.

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## Sticking with it

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Once you have begun a workout program, the next challenge is sticking with it. Here are some suggestions, that might keep you motivated and excited about physical activity:

- Focus on short-term goals, and change them as you grow stronger.
- Ask for support from friends and family.
- Make sure you enjoy your work out. If you don't, reassess and change what you are doing. Find activities that you like.
- Read up on the subject- check online resources and magazines for exercise tips.
- Treat yourself to exercise clothes and shoes that you enjoy wearing.
- Keep a record of your workouts and progress.
- If you stop for some reason (illness, busy schedule, or travel) come back to it-but slowly- and don't beat yourself up over your missed work outs. Everyone deserves a break once in a while.

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## References

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[1]<http://www.4women.gov/faq/Easyread/exercise-etr.htm>

[2]<http://www.aarp.org/health-active/>

[3]<http://www.stfrancishospitals.org/>

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**4collegewomen.brandeis.edu: Fibroids**

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# Fibroids

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## Fibroids

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Uterine leiomyomas, commonly known as fibroids, are rounded, benign tumors arising from the smooth muscle layer of the uterus. Other names for these tumors include fibromyomas, fibromas, myofibromas, and myomas. It is estimated that between 20 and 30% of women of reproductive age have fibroids, though not all cases have been diagnosed (1). These benign tumors may cause no symptoms, and may never need treatment. Unfortunately for many women, fibroids -depending on their location- can cause a range of problems from pain, to abnormal bleeding, to infertility. Why fibroids develops a mystery, although some studies indicate a genetic component.

Fibroids are usually detected in women in their 30's and 40's and shrink after MENOPAUSE (in the absence of post-menopausal estrogen replacement therapy). However, this does not imply that college women are not at risk, but rather that they are less likely to develop these fibroids. Risk for developing fibroids is also higher in women who are heavy for their height and is lower in women who are smokers and in women who have given birth (2). However, it is important to note that the health risks posed by smoking are great. [1]

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## Symptoms

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The two most common symptoms of fibroids are abnormal uterine bleeding, known as menorrhagia, and pelvic pressure. Normal menstrual periods typically last four to five days, whereas women with fibroids often have periods lasting longer than their menstrual cycle. The heavy bleeding requires that women change sanitary protection frequently (as often as every hour). However, bleeding between periods is unusual and should be immediately reported to the physician for it may very well serve as a symptom for a different reproductive disorder.

Pelvic pressure can result from an increase in the size of the uterus or from a particular fibroid. Most women with fibroids have an enlarged uterus. It is not unusual for a uterus with fibroids to reach the size of a four to five month pregnancy. Since the fibroid uterus has an irregular shape and form, women can experience an unusual pressure in the uterus region in addition to pressure on specific adjacent pelvic structures including the bowel and/or bladder. Pressure on these structures can result in difficulty with bowel movements and constipation or urinary frequency and incontinence.

Fibroids are also associated with a range of reproductive problems since they are most often responsible for physically distorting the uterus. These include recurrent miscarriage, infertility, premature labor, and complications of labor. [\[2\]](#)

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## How do I know if I have Fibroids?

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The diagnosis of fibroids is usually easily determined by a bimanual clinical exam where your gynecologist performs pelvic examination. This procedure allows your physician to evaluate the size and shape of the uterus and surrounding pelvic structures by inserting two fingers of one hand into the vagina while feeling your abdomen above the pubic bone with the other hand.

In addition, imaging studies such as ultrasonography, MRI (magnetic resonance imagery), and CT (computed tomography) may be useful in confirming the diagnosis.

In women experiencing heavy bleeding (menorrhagia) or recurrent pregnancy losses, assessment of the uterine cavity is important because the presence of a submucous fibroid can be missed on traditional ultrasound.

HYSTEROSALPINGOGRAPHY and sonohysterography, use X-ray pictures and ultrasound pictures, respectively, to visualize the uterine cavity after a specific dye is injected into the uterus. Hysteroscopy allows direct visualization of the uterine cavity by inserting a small camera on the end of a long tube directly into the uterus through the vagina and cervix. LAPAROSCOPY allows direct visualization of the outside of the uterus and the surrounding pelvic structures by introducing a small camera on the end of a tube directly into the abdominal cavity through an incision in the umbilicus. [\[3\]](#)

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## Treatment

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Methods of treatment depend on the severity of symptoms, age, pregnancy status, desire for future pregnancies, general health, and characteristics of the fibroid(s). Treatment may consist of simply monitoring the fibroids, specifically their rate of growth, with periodic pelvic exams or ultrasound. This method is usually sufficient in pre-menopausal women.

### Hormonal treatment

This treatment involves drugs such as Nafarelin and Leuporlide, causes fibroids to shrink. This method is sometimes used in pre-menopausal women who want to get pregnant, but have problems conceiving because of the tumors. If fibroids become large enough, they may block the fallopian tubes or fill the uterine cavity. The hormones produce an environment in the body that is very similar to that of menopause, called pseudo-menopause. The treatment spans over several months and during this time the reduction in estrogen concentration allows the fibroids to shrink. Since fibroids will begin to enlarge as soon as treatment stops, the woman is encouraged to begin attempting to conceive almost immediately.

For women who do not want to conceive, but also don't want to undergo surgery, hormone treatment is frequently an option. The side effects of this type of treatment usually include menopausal symptoms. If treatment is discontinued, fibroids will re-grow.

### Myomectomy

A myomectomy, which is a surgical procedure to remove just the fibroids, is frequently the chosen treatment, especially for pre-menopausal women who want to bear more children. Another advantage of a MYOMECTOMY is that it controls pain or excessive bleeding that some women with uterine fibroids experience. This may leave the uterine walls weakened causing most babies from future pregnancies to be delivered by caesarean section (4).

### Hysterectomy

A total hysterectomy, which involves removal of the uterus, is another option. In past years this has been the most common

option for the removal of fibroids, physicians are turning to the less invasive procedures discussed above to deal with fibroids.

[\[4\]](#)

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## References

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[\[1\]http://www.nichd.nih.gov/publications/pubs/uterine.htm](http://www.nichd.nih.gov/publications/pubs/uterine.htm)

[\[2\]http://www.nichd.nih.gov/publications/pubs/uterine.htm#Who is at Risk for Uterine Fibroids?](http://www.nichd.nih.gov/publications/pubs/uterine.htm#Who is at Risk for Uterine Fibroids?)

[\[3\]http://medlineplus.adam.com/ency/article/000914trt.htm](http://medlineplus.adam.com/ency/article/000914trt.htm)

[\[4\]http://www.nichd.nih.gov/publications/pubs/uterine.htm#Who is at Risk for Uterine Fibroids?](http://www.nichd.nih.gov/publications/pubs/uterine.htm#Who is at Risk for Uterine Fibroids?)

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## Other Resources

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**4collegewomen.brandeis.edu: The First Gynecological Exam**

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# The First Gynecological Exam

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## General Information

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Gynecology is health care for the female body, focusing on the sexual and reproductive organs. Proper gynecological care helps prevent many undesired cancers, diseases and other illnesses by allowing for early detection. Early detection is essential for effective preventative measures and treatment.

Regardless of your age, marital status, sexuality or level of sexual activity, gynecological care is important. Listen to your body when it signals that something may be wrong. Don't hesitate to approach a health care professional with any questions regarding your body or changes it might be going through. It is important to choose a doctor you'd be comfortable speaking with confidentially and asking questions of a personal nature that might be of concern to you.

**Women should start seeing their gynecologist at least once every year when they turn 18 years old, or**

**when they start being sexually active.**

You may need to have checkups even more often if you have (1):

- Plans to become pregnant
- A sexually transmitted disease (STD) or a sex partner with an STD
- A history of sexual health problems
- A sexually-related illness
- A mother or sister who developed breast cancer before menopause
- A history of abnormal Pap test results
- A breast lump

Additionally, women and girls of any age need to visit their gynecologist if they notice irregularities in their breasts, genitalia, menstrual cycles, or if they become pregnant. You should consult your clinician if you have any of the following symptoms (2):

- Unusual vaginal or pelvic pain
- Abnormal vaginal bleeding or discharge
- Severe pelvic or lower abdominal pain
- Pain, swelling, or tenderness of the vulva or vagina
- Sores, lumps, or itching of the vulva or vagina
- Growths or thickening of the breast or armpit
- Puckering, dimpling, or other changes in the skin of the breast
- Newly retracted nipples or bleeding or discharge from the nipple
- Changes in size or shape of the breast
- Increased pain or discomfort before your period

[\[1\]](#)

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## What to Expect on Your First Visit

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The first visit to the gynecologist can be scary, but knowing what to expect can help... The exam consists of:

- Talking about your personal, family, sexual, and medical history
- Laboratory tests and screening for STDs and other conditions (at your own or your clinician's request). This includes both blood and urine samples (3).
- Counseling
- A pelvic exam
- A breast exam

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## Preparation

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Preparing for the visit may help you relax and get the most out of your appointment.

1. Make sure that you will not have your period during your scheduled exam. Bleeding can affect the accuracy of the results and make it difficult for the clinician to perform some of the tests. You should inform the examiner before you come in for the exam if you think you might have your period during that time -- you might be asked to reschedule your appointment.
2. Don't douche for at least 24 hours before the appointment. Don't use any other vaginal preparation, either. They can mask many vaginal conditions (4).

3. Since the first part of the exam consists mainly of conversation, you should know what you want to discuss before going in to the exam room. Make a list of all the concerns and general questions you want to discuss, don't forget to include problems you might be having. It's generally a good idea to have these questions written down going into the exam because they are easy to forget when you are nervous. Include questions about (5):

- Vaginal discharge
- Spotting between periods
- Heavier than usual flow
- Bleeding after sex
- Pelvic pain or other problems
- Any noticeable irregularities regarding your period
- Unusual pain

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## The Exam

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### Personal History (6)

Before you are physically examined, you may be asked to fill out a questionnaire, or your doctor or nurse may ask you these questions:

- When was your last period?
- How often do you have periods?
- How long do they last?
- Do you have any bleeding between periods?
- Do you feel any pain when having sex?
- Is there any bleeding after sex?
- Do you have any unusual genital pain, itching, or discharge?
- Do you have any other medical conditions?
- What medical problems do other members of your family have?
- Are you using birth control?
- Do you suspect you are pregnant?
- Are you trying to become pregnant?
- What method do you use to prevent sexually transmitted infections?

You will be asked about past illnesses, allergies, surgery, and pregnancy. You may be asked if you smoke, how much you smoke, or if you drink alcohol or use other drugs. You may also be asked if you have problems holding your urine. Your clinician will review your contraceptive needs. If you are using birth control, you will be asked if you've experienced any side effects (7).

Use this opportunity to discuss contraception with your doctor, as your choices for appropriate birth control change throughout your life. To decide which one to use now, consider how well each method will work for you (8):

- How well will it fit into your lifestyle?
- How effective will it be?
- How safe will it be?
- How affordable will it be?
- How reversible will it be?
- Will it protect against sexually transmitted infections?

Your clinician can provide you with the information you need to make the best choice for you.

It is very important to be frank and honest about your sex life. One out of four women have an STD in her lifetime. STDs can cause sterility, birth defects, and cancer. Some can cause death. Great harm can be done even when there are no symptoms; very often, women have no symptoms. It's very important to let your clinician know whether or not you are at risk for STDs (9).

Previous pregnancies or STDs may be detected during the exam. However, your clinician won't be able to tell if you've had vaginal, oral, or anal intercourse, how many partners you have, or if you masturbate. So be sure to talk with your clinician about any sexual health risks you may be taking.

Don't let embarrassment become a health risk! Be precise about your sexual health risks and questions about your sex life. Being clear will help your clinician suggest the best solutions (10).

### **The Urine Sample**

Pregnancy, kidney infections, diabetes, and some other diseases can be detected by testing your urine. You most probably will be asked to give a urine sample.

Since your bladder is located in front of your cervix and uterus link to dictionary, emptying your bladder before the pelvic exam may help you relax and make the exam a bit more comfortable for you, while also making it easier for the examiner.

### **The Breast Exam**

For the remainder of the physical exam, you will need to be fully unclothed. You will be provided with an examination gown, a drape sheet, or both. The examiner will ask you to lie back on the exam table. The clinician will examine your breasts with his/her hands for any irregularities such as lumps, discharge, and thickening. To make you a bit more comfortable, the examiner might ask you some more questions during this part of the exam. This would be a good time to ask your examiner to teach you how to do a [Breast Self Exam](#) (BSE) which should be done at least once every month. The best time for a BSE is just after your period, when your breasts are not swollen or tender (11). Since most breast lumps are discovered by a woman or her sex partner it is important to pay special attention to your BSE. Most lumps are not cancerous, but should not be taken lightly; report anything unusual to your clinician as soon as possible.

### **The Pelvic Exam**

Once the breast exam is over, the examiner will need for you to put your knees up. You will either rest the heels of your feet on stirrups or your knees in knee rests. Then you will be asked to slide your hips to the edge of the table. This provides the examiner with the best angle for the pelvic exam and will also be the position of least discomfort for you.

You will need to let your knees spread wide apart and relax as much as possible. This may seem difficult, but it gets easier as you get used to visiting your gynecologist. Relaxation of the abdominal and vaginal muscles will make the exam more comfortable for you and provide best results. You do not need to worry about being exposed, you will be provided with a drape sheet, or you can ask the examiner for an extra one. The examiners are very respectful of your privacy and are understanding of the situation.

You'll feel less tense if you (12):

- Breathe slowly and deeply with your mouth open.
- Let your stomach muscles go soft.
- Relax your shoulders.
- Relax the muscles between your legs.
- Ask the clinician to describe what's being done as it's happening.

If your examiner or gynecologist is a man, you should request having another woman in the room. Her presence may help you feel more relaxed. She may hold your hand or just talk to you to ease your tension. Ask in advance if you want to see what's going on and/or have your reproductive organs identified for you. A mirror may be positioned so you can see (13).

Usually, the exam lasts just a few minutes.

### **The External Genital Exam (14)**

The examiner visually examines the soft folds of the vulva and the opening of the vagina to check for signs of redness, irritation, discharge, cysts, genital warts, or other conditions.

### **The Speculum Exam (15)**

The clinician inserts a sterile metal or plastic speculum into the vagina. The speculum is opened to separate the walls of the vagina, which normally are closed and touch each other. It holds the walls apart so that the cervix can be seen.

You may feel some degree of pressure or mild discomfort when the speculum is inserted and opened. You will likely feel more

discomfort if you are tense or if your vagina or pelvic organs are infected. The position of your cervix or uterus may affect your comfort as well. If a metal speculum is used, you may feel the chill of the metal. Most clinicians lubricate the speculum and warm it to body temperature for more comfort, but you should talk with your clinician about any discomfort you feel.

Once the speculum is in place, the clinician checks for any irritation, growth, or abnormal discharge from the cervix. Tests for gonorrhea, human papilloma virus (HPV), chlamydia, or other STDs may be taken by collecting cervical mucus on a cotton swab. It is possible to have many of these STDs without symptoms. The tests may not be done unless you have a concern about infections and ask for STD testing. Be sure to talk with your clinician if you have symptoms or concerns about your sexual partner(s).

### **The Pap Smear**

The clinician will take a smear for a Pap test. Usually a small spatula or tiny brush is used to gently collect cells from the cervix. The cells are tested for the presence of precancerous or cancerous cells. You may have some staining or bleeding after the sample is taken (16).

As the clinician removes the speculum, the vaginal walls are checked for redness, irritation, injury, and any other problems (17).

### Pap tests can detect (18):

- The presence of abnormal growth in the cervix
- Infections and inflammations of the cervix
- Thinning of the vaginal lining from lack of estrogen.

### Interpreting Pap Tests: (19)

Cytologists are very careful about interpreting Pap tests. They don't want to overlook any abnormality. They are also aware that failure to detect early cancers can lead to serious and even deadly consequences. Their caution may lead them to label test results as "ASCUS" (atypical cells of unknown significance).

If your test results are labeled ASCUS, your clinician is required to schedule more frequent testing that may include colposcopy and biopsy. Fewer cancers are overlooked with these precautions. But waiting while more tests are done can lead to more anxiety, as well as expense. It is reassuring that all precautions improve the chance of finding abnormal growths before it is too late. A number of different treatments may be prescribed if you have abnormal results.

- Be sure to complete the prescribed treatment and repeat the test as advised if noncancerous abnormalities and infections are found.
- You will need treatment and follow up if early precancerous or suspicious growths are found.

### You might be advised to:

- Repeat the test in a few weeks.
- Treat the cervix with antibiotic cream.
- Have a colposcopy and biopsy.
- Moderate to severe precancerous growths require colposcopy and biopsy. They usually need to be removed with cryotherapy, laser surgery, or electrocautery.
- Discuss your options with your clinician and/or consult a gynecological oncologist if cancer is found.

Pap tests need to be repeated if there is too much blood present for an accurate reading or if there is not enough tissue to be examined.

### Remember:

- Most abnormalities that are detected are not cancerous.
- Early treatment of precancerous growths can prevent cancer from developing.
- Follow-up examinations are necessary if an abnormal condition is found.

### **The Bimanual Exam**

With a gloved hand, the examiner will insert one or two lubricated fingers into the vagina while the other hand presses down on

the lower abdomen. This is done so that the internal organs of the pelvis can be felt between the two hands.

This part of the exam detects for (20):

- Size, shape, and position of the uterus
- An enlarged uterus, which could indicate a pregnancy or fibroids
- Tenderness or pain, which might indicate infection
- Swelling of the fallopian tubes
- Enlarged ovaries, cysts, or tumors.

The bimanual part of the exam causes a sensation of pressure. You may find it somewhat uncomfortable. Deep breathing through the mouth helps. If you feel pain, tell the clinician, it's important that you voice any pain you might experience during the examination (21).

### **Rectovaginal Exam**

One last part of the exam is the insertion of the examiner's gloved finger into the rectum. This rectovaginal exam detects for possible tumors on the uterus, vagina, and rectum, while checking the condition of the muscles that separate the rectum from the vagina. Some clinicians complete the rectovaginal exam with one finger in the anus and another in the vagina for a more thorough examination of the tissue in between. This is definitely not one of the most comfortable experiences, but our health is worth this mild discomfort. During this procedure, you may feel as though you need to have a bowel movement. This is normal and lasts only a few seconds (22).

### **After the Physical Exam (23)**

This is a time for further consultation with your clinician. You will discuss the results of your exam, arrange for any follow up or consultation that may be needed, and ask any further questions you may have. This is another opportunity to discuss your concerns about sex and sexuality, birth control, pregnancy, abortion, STDs, loss of urine, inherited disorders, infertility, cancer signals, breast self-exams, and menopause. Don't let embarrassment become a health risk. Speak up!

If the lab tests indicate anything unusual, you will be contacted when the results are completed. Pregnancy test results are usually ready during your visit. Other test results may take three to 14 days. Your clinician will tell you how long you'll have to wait. Be sure your clinician has your current address and phone number.

It is also important to schedule regular appointments with your gynecologist in order to ensure your future good health. [\[4\]](#)

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## **References**

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[1]Adapted from [www.plannedparenthood.org/guidesparents/firsttrip.html](http://www.plannedparenthood.org/guidesparents/firsttrip.html)

[2] Ibid.

[3]Ibid.

[4] Ibid.

[5]Ibid.

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[10] Ibid.

[\[12\]](#) Ibid.

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[\[17\]](#) Ibid.

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[\[23\]](#) Ibid.

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This page is available at <http://www.4collegewomen.org:8080/dynamic/fact-sheets/all.servlet>  
**4collegewomen.brandeis.edu: Fitness Fundamentals: Exercise Fundamentals**  
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## **Fitness Fundamentals: Exercise Fundamentals**

### **MAKING A COMMITMENT**

*This information is from the President's Council for Physical Fitness and Sports Web site.*

You have taken the important first step on the path to physical fitness by seeking information. The next step is to decide that you are going to be physically fit. This pamphlet is designed to help you reach that decision and your goal. The decision to carry out a physical fitness program cannot be taken lightly. It requires a lifelong commitment of time and effort. Exercise must become one of those things that you do without question, like bathing and brushing your teeth. Unless you are convinced of the benefits of fitness and the risks of unfitness, you will not succeed. Patience is essential. Don't try to do too much too soon and don't quit before you have a chance to experience the rewards of improved fitness. You can't regain in a few days or weeks what you have lost in years of sedentary living, but you can get it back if you persevere. And the prize is worth the price.

In the following pages you will find the basic information you need to begin and maintain a personal physical fitness program. These guidelines are intended for the average healthy adult. It tells you what your goals should be and how often, how long and how hard you must exercise to achieve them. It also includes information that will make your workouts easier, safer and more satisfying. The rest is up to you.

## CHECKING YOUR HEALTH

If you're under 35 and in good health, you don't need to see a doctor before beginning an exercise program. But if you are over 35 and have been inactive for several years, you should consult your physician, who may or may not recommend a graded exercise test. Other conditions that indicate a need for medical clearance are:

- High blood pressure.
- Heart trouble.
- Family history of early stroke or heart attack deaths.
- Frequent dizzy spells.
- Extreme breathlessness after mild exertion.
- Arthritis or other bone problems.
- Severe muscular, ligament or tendon problems.
- Other known or suspected disease.

Vigorous exercise involves minimal health risks for persons in good health or those following a doctor's advice. Far greater risks are presented by habitual inactivity and obesity.

## DEFINING FITNESS

Physical fitness is to the human body what fine tuning is to an engine. It enables us to perform up to our potential. Fitness can be described as a condition that helps us look, feel and do our best. More specifically, it is: "The ability to perform daily tasks vigorously and alertly, with energy left over for enjoying leisure- time activities and meeting emergency demands. It is the ability to endure, to bear up, to withstand stress, to carry on in circumstances where an unfit person could not continue, and is a major basis for good health and well-being." Physical fitness involves the performance of the heart and lungs, and the muscles of the body. And, since what we do with our bodies also affects what we can do with our minds, fitness influences to some degree qualities such as mental alertness and emotional stability. As you undertake your fitness program, it's important to remember that fitness is an individual quality that varies from person to person. It is influenced by age, sex, heredity, personal habits, exercise and eating practices. You can't do anything about the first three factors. However, it is within your power to change and improve the others where needed.

## KNOWING THE BASICS

Physical fitness is most easily understood by examining its components, or "parts." There is widespread agreement that these four components are basic: Cardiorespiratory Endurance - the ability to deliver oxygen and nutrients to tissues, and to remove wastes, over sustained periods of time. Long runs and swims are among the methods employed in measuring this component. Muscular Strength - the ability of a muscle to exert force for a brief period of time. Upper-body strength, for example, can be measured by various weight-lifting exercises. Muscular Endurance - the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. Pushups are often used to test endurance of arm and shoulder muscles.

Flexibility - the ability to move joints and use muscles through their full range of motion. The sit-and- reach test is a good measure of flexibility of the lower back and backs of the upper legs.

BODY COMPOSITION is often considered a component of fitness. It refers to the makeup of the body in terms of lean mass (muscle, bone, vital tissue and organs) and fat mass. An optimal ratio of fat to lean mass is an indication of fitness, and the right types of exercises will help you decrease body fat and increase or maintain muscle mass.

## **A WORKOUT SCHEDULE**

How often, how long and how hard you exercise, and what kinds of exercises you do should be determined by what you are trying to accomplish. Your goals, your present fitness level, age, health, skills, interest and convenience are among the factors you should consider. For example, an athlete training for high-level competition would follow a different program than a person whose goals are good health and the ability to meet work and recreational needs. Your exercise program should include something from each of the four basic fitness components described previously. Each workout should begin with a warmup and end with a cooldown. As a general rule, space your workouts throughout the week and avoid consecutive days of hard exercise. Here are the amounts of activity necessary for the average healthy person to maintain a minimum level of overall fitness. Included are some of the popular exercises for each category.

**WARMUP** - 5-10 minutes of exercise such as walking, slow jogging, knee lifts, arm circles or trunk rotations. Low intensity movements that simulate movements to be used in the activity can also be included in the warmup.

**MUSCULAR STRENGTH** - a minimum of two 20-minute sessions per week that include exercises for all the major muscle groups. Lifting weights is the most effective way to increase strength.

**MUSCULAR ENDURANCE** - at least three 30-minute sessions each week that include exercises such as calisthenics, pushups, situps, pullups, and weight training for all the major muscle groups.

**CARDIORESPIRATORY ENDURANCE** - at least three 20-minute bouts of continuous aerobic (activity requiring oxygen) rhythmic exercise each week. Popular aerobic conditioning activities include brisk walking, jogging, swimming, cycling, rope-jumping, rowing, cross-country skiing, and some continuous action games like racquetball and handball.

**FLEXIBILITY** - 10-12 minutes of daily stretching exercises performed slowly, without a bouncing motion. This can be included after a warmup or during a cooldown.

**COOL DOWN** - a minimum of 5-10 minutes of slow walking, low-level exercise, combined with stretching.

## **A MATTER OF PRINCIPLE**

The keys to selecting the right kinds of exercises for developing and maintaining each of the basic components of fitness are found in these principles:

**SPECIFICITY**- pick the right kind of activities to affect each component. Strength training results in specific strength changes. Also, train for the specific activity you're interested in. For example, optimal swimming performance is best achieved when the muscles involved in swimming are trained for the movements required. It does not necessarily follow that a good runner is a good swimmer.

**OVERLOAD** - work hard enough, at levels that are vigorous and long enough to overload your body above its resting level, to bring about improvement.

**REGULARITY** - you can't hoard physical fitness. At least three balanced workouts a week are necessary to maintain a desirable level of fitness.

**PROGRESSION**- increase the intensity, frequency and/or duration of activity over periods of time in order to improve. Some activities can be used to fulfill more than one of your basic exercise requirements. For example, in addition to increasing cardiorespiratory endurance, running builds muscular endurance in the legs, and swimming develops the arm, shoulder and chest muscles. If you select the proper activities, it is possible to fit parts of your muscular endurance workout into your cardiorespiratory workout and save time.

## **MEASURING YOUR HEART RATE**

Heart rate is widely accepted as a good method for measuring intensity during running, swimming, cycling, and other aerobic

activities. Exercise that doesn't raise your heart rate to a certain level and keep it there for 20 minutes won't contribute significantly to cardiovascular fitness. The heart rate you should maintain is called your target heart rate. There are several ways of arriving at this figure. One of the simplest is: maximum heart rate  $(220 - \text{age}) \times 70\%$ . Thus, the target heart rate for a 40 year-old would be 126. Some methods for figuring the target rate take individual differences into consideration. Here is one of them: Subtract age from 220 to find maximum heart rate. Subtract resting heart rate (see below) from maximum heart rate to determine heart rate reserve. Take 70% of heart rate reserve to determine heart rate raise. Add heart rate raise to resting heart rate to find target rate. Resting heart rate should be determined by taking your pulse after sitting quietly for five minutes. When checking heart rate during a workout, take your pulse within five seconds after interrupting exercise because it starts to go down once you stop moving. Count pulse for 10 seconds and multiply by six to get the per-minute rate.

## **CONTROLLING YOUR WEIGHT**

The key to weight control is keeping energy intake (food) and energy output (physical activity) in balance. When you consume only as many calories as your body needs, your weight will usually remain constant. If you take in more calories than your body needs, you will put on excess fat. If you expend more energy than you take in you will burn excess fat. Exercise plays an important role in weight control by increasing energy output, calling on stored calories for extra fuel. Recent studies show that not only does exercise increase metabolism during a workout, but it causes your metabolism to stay increased for a period of time after exercising, allowing you to burn more calories. How much exercise is needed to make a difference in your weight depends on the amount and type of activity, and on how much you eat. Aerobic exercise burns body fat. A medium-sized adult would have to walk more than 30 miles to burn up 3,500 calories, the equivalent of one pound of fat. Although that may seem like a lot, you don't have to walk the 30 miles all at once. Walking a mile a day for 30 days will achieve the same result, providing you don't increase your food intake to negate the effects of walking. If you consume 100 calories a day more than your body needs, you will gain approximately 10 pounds in a year. You could take that weight off, or keep it off, by doing 30 minutes of moderate exercise daily. The combination of exercise and diet offers the most flexible and effective approach to weight control.

Since muscle tissue weighs more than fat tissue, and exercise develops muscle to a certain degree, your bathroom scale won't necessarily tell you whether or not you are "fat." Well-muscled individuals, with relatively little body fat, invariably are "overweight" according to standard weight charts. If you are doing a regular program of strength training, your muscles will increase in weight, and possibly your overall weight will increase.

Body composition is a better indicator of your condition than body weight. Lack of physical activity causes muscles to get soft, and if food intake is not decreased, added body weight is almost always fat. Once-active people, who continue to eat as they always have after settling into sedentary lifestyles, tend to suffer from "creeping obesity."

## **CLOTHING**

All exercise clothing should be loose-fitting to permit freedom of movement, and should make the wearer feel comfortable and self-assured. As a general rule, you should wear lighter clothes than temperatures might indicate. Exercise generates great amounts of body heat. Light-colored clothing that reflects the sun's rays is cooler in the summer, and dark clothes are warmer in winter. When the weather is very cold, it's better to wear several layers of light clothing than one or two heavy layers. The extra layers help trap heat, and it's easy to shed one of them if you become too warm. In cold weather, and in hot, sunny weather, it's a good idea to wear something on your head. Wool watch or ski caps are recommended for winter wear, and some form of tennis or sailor's hat that provides shade and can be soaked in water is good for summer. Never wear rubberized or plastic clothing, such garments interfere with the evaporation of perspiration and can cause body temperature to rise to dangerous levels.

The most important item of equipment for the runner is a pair of sturdy, properly-fitting running shoes. Training shoes with heavy, cushioned soles and arch supports are preferable to flimsy sneakers and light racing flats.

## **WHEN TO EXERCISE**

The hour just before the evening meal is a popular time for exercise. The late afternoon workout provides a welcome change of pace at the end of the work day and helps dissolve the day's worries and tensions. Another popular time to work out is early morning, before the work day begins. Advocates of the early start say it makes them more alert and energetic on the job.

Among the factors you should consider in developing your workout schedule are personal preference, job and family responsibilities, availability of exercise facilities and weather. It's important to schedule your workouts for a time when there is little chance that you will have to cancel or interrupt them because of other demands on your time.

You should not exercise strenuously during extremely hot, humid weather or within two hours after eating. Heat and/or digestion both make heavy demands on the circulatory system, and in combination with exercise can be an overtaxing double load.

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# The Flu

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## Introduction

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It is likely that most of us have experienced the flu at some point in our lives. Especially if you live at college, where you are in close contact with many people and there is a greater risk of an epidemic. Although symptoms of the flu can be highly uncomfortable, it usually lasts for only 1 to 2 weeks. And if you know you caught it within the past two days, prescription medicine is available to alleviate the symptoms. However, the best way to prevent the flu is by getting an annual vaccination, which may be offered by your school's health center at low or no-cost.

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## What is the Flu

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The flu (influenza) is a contagious virus that infects the nose, throat, and lungs. The virus is airborne and is easily spread if an infected person around you coughs or sneezes. It can enter your body through your nose and mouth. You can also catch the flu if you touch a contaminated object. Doorknobs and public telephones are prime objects to spread the virus since people who are infected naturally touch them. The flu is a winter illness and the season usually lasts from November to March. Since the virus is so easily transmitted, it can cause epidemics, where at least 40% of the members in the community become infected (1).

There are three main types of the influenza virus-type A, B, and C. Type A can infect both humans and animals, whereas types

B and C can only infect humans. The symptoms caused by type C are very mild and do not usually cause epidemics (2). Vaccines normally prevent these infections, although it is possible that new strains can appear that are not covered by the vaccine. [\[1\]](#)

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## Who gets the Flu

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Anyone can get the flu. However, certain populations are more vulnerable than others, such as people over 65 or adults with chronic diseases. As a college student, you may be more at risk for catching the flu if:

- you work in a healthcare setting where you are interacting with people who may be infected
- you are pregnant
- you live in a dorm, where there are more people living together so there is a greater chance for an epidemic to begin

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## How do I know if I have the flu

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Once you catch the virus, symptoms usually begin to occur one to four days later. These symptoms include:

- Headache
- Chills
- Dry cough
- Body aches
- Fever
- Stuffy nose
- Sore throat
- Malaise

The fever normally subsides after the second or third day, although the other symptoms usually persist for one to two weeks.

Your doctor can identify if you have the flu by matching your symptoms. This is particularly easy if there is an epidemic in your area. Lab tests can be performed, but are normally just used by health care officials to determine the strain of the virus.

Since both the flu and the common cold occur pretty frequently during the winter months on college campuses, many people may not know how to tell the difference between them. The flu is often characterized by a high temperature for a few days (over 100o F), general aches and pains, weakness, and headaches. The common cold usually brings more respiratory problems, such as a stuffy nose, sneezing, and a sore throat. For a comparison of the symptoms, see the table below:

<http://www.niaid.nih.gov/publications/cold/sick.htm>. [\[3\]](#)

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## How can I treat the flu?

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The most common remedies for treating the flu include resting in bed, drinking lots of fluids, and taking over-the-counter pain relievers or flu medicine.

Even if you have a lot to do, it is important to remember that your body needs sufficient time to rest and heal itself. Stress and lack of sleep weakens your immune system and can cause you to have a longer recovery time from illnesses.

There are also a few prescription drugs that are antiviral medications. These medications should be taken within two days after the onset of flu symptoms in order to help decrease the severity and length of the symptoms. Tamiflu(r) is used to treat both type A and B of the virus, whereas Flumadine(r) is used only to treat type A. Symmetrel can also be used to treat both types of

the virus, but is more often associated with side effects, such as light-headedness or insomnia. [\[4\]](#)

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## Should I get vaccinated

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If you want to be protected from the flu, you need to get an annual vaccination. Because new strains of the flu often appear, scientists need to make a new vaccine every year. The vaccine is 70% to 90% effective in young, healthy adults (3). The best time to get vaccinated is before the flu season, in early October to November. However, the shot can be administered at any time during the season by your school, local health clinic, or hospital.

The flu vaccine is very safe. You can't catch the flu from a flu shot. However you may not want to be vaccinated if you are allergic to egg products, since the virus is grown in eggs and may contain some protein from them. Additionally, if you have an acute illness with a fever, you should wait until you recover before receiving the vaccine (4).

There are very few side effects associated with the flu vaccine. The most common is soreness around the area of injection for 1-2 days. Less frequent side effects include fever, malaise, and body aches, which normally occur in people, especially children, who have never been vaccinated. [\[5\]](#)

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## For More Information on the Flu

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Please visit: <http://www.cdc.gov/ncidod/diseases/flu/>.

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**4collegewomen.brandeis.edu: Food Allergies and Intolerance, and Special Diets**

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# Food Allergies and Intolerance, and Special Diets

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## Introduction

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Many Americans have experienced adverse reactions after eating certain foods. A food allergy is an adverse reaction to a food or food component, and involves the body's immune system. Some adverse reactions to foods involve the body's metabolism but not the immune system. These reactions are known as food intolerance. It is important, as with any illness, allergy or medical problem, that you seek a medical professional if you think that you might have a food allergy or intolerance. [\[1\]](#)

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## Food Allergies

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Surveys have shown that approximately one in three adults believe they have a food allergy. In reality, however, less than two percent of adults (approximately 5 million Americans) actually have food allergies. With food allergies, people tend to diagnose themselves and think that they are having allergic reactions to certain foods or food ingredients. However, self-diagnosis can lead to unnecessary food restrictions. The incorrect diagnosis of a food allergy can be life threatening, because symptoms that occur after eating are often mistaken for a food allergy, but could instead be indicative of another, more severe, medical condition.

Experts urge people to see a **board-certified** allergist for proper diagnosis of food allergy [\[2\]](#)

*What is an allergic reaction?* [\[3\]](#)

An allergic reaction involves two features of the human immune response. One is the production of immunoglobulin E (IgE), a type of protein called an antibody that circulates through the blood. The other is the mast cell, a specific cell that occurs in all body tissues but is especially common in areas of the body that are typical sites of allergic reactions, including the nose and throat, lungs, skin, and gastrointestinal tract.

The body's immune system recognizes an **allergen** in the food as "foreign" and produces antibodies to stop the invasion of the allergen. As the battle between the antibodies and the allergens continues, symptoms appear throughout the body, most commonly the mouth, digestive tract, skin, and the airways. Some symptoms include the swelling of the lips, stomach cramps, vomiting diarrhea, hives, rashes, wheezing or breathing problems [\[4\]](#)

Allergic reactions to food are rare and can be caused by any food. However, the most common foods that people are allergic to are:

- fish
- shellfish
- milk
- eggs
- soy products
- wheat
- peanuts, and;
- tree nuts (such as walnuts) [\[5\]](#)

Food allergy symptoms can vary, but they usually begin within minutes to a few hours after eating the allergen [\[6\]](#)

### *Food Additives and Preservatives*

There are misconceptions regarding allergy to food additives and preservatives. Some additives and

preservatives trigger asthma or hives, but these reactions are not involved with the immune system, making them examples of food intolerance rather than food allergy. Most Americans consume a wide variety of food additives daily, with only a small number of additives and preservatives being associated with negative reactions [\[7\]](#)

### *Life-Threatening Reactions*

A small percentage of individuals with a food allergy have a severe reaction to the offending allergen, called anaphylaxis. ANAPHYLAXIS is a rare, but a potentially life threatening condition in which several different parts of the body experience food-allergic reactions simultaneously, causing hives, swelling of the throat and difficulty breathing. Symptoms of ANAPHYLAXIS usually occur within minutes of exposure to the allergen. Because the symptoms can be life threatening, immediate medical attention is necessary when an anaphylactic reaction occurs. Standard emergency treatment often includes an injection of **epinephrine** (adrenaline) to open up the airway and blood vessels. If you see someone undergoing anaphylaxis, call 911 immediately. [\[8\]](#)

### *Diagnosis and Management*

For a true diagnosis of a food allergy, doctors use food allergy skin tests, in which the skin on the arm or back is pricked and a food solution extract is placed on the pricked areas. About 15 minutes after the extract is placed on the skin, the area is checked for a reaction that indicates an allergic response. Additional medical history, as well as food journals that some people are advised to keep, are thoroughly examined to rule out underlying medical conditions that are not related to food allergy. [\[9\]](#)

If a food allergy is diagnosed, the most proven treatment is avoidance of the offending food. Because there are no drugs or allergy shots available to alter the long-term course of food allergy, elimination diets the best prescription. Each diet must consider the individual's nutritional needs, including the ability to tolerate the offending food, caloric needs and other factors. Strict adherence to an elimination diet and carefully avoiding the food allergen may, in some cases, cause the disappearance of the food allergy. [\[10\]](#) If you have been diagnosed with a food allergy and adhere to a strict elimination diet, it is important that you speak to your college or university's dining services about the ingredients of their food. Also, check out whether the dining service on your campus would be able to make special meals that accommodate your dietary needs.

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## **Food Intolerance**

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Food intolerance is often confused with food allergies. While a food allergy is an adverse reaction involving the body's immune system, food intolerance involves the body's metabolism. [\[11\]](#)

### *Lactose Intolerance*

The most common food intolerance is lactase deficiency, also known as lactose intolerance. This food intolerance affects at least one out of ten people. Lactase is an enzyme that is in the lining of the gut. This enzyme degrades lactose, which is in milk. If a person does not have enough lactase, the body cannot digest the lactose in most milk products. Instead, the lactose is used by bacteria, gas is formed, and the person experiences bloating, abdominal pain, and sometimes diarrhea. [\[12\]](#)

### *Symptoms and Causes*

Common symptoms of lactose intolerance include:

- nausea
- cramps
- bloating

- gas
- diarrhea

Symptoms begin about 30 minutes to 2 hours after eating or drinking foods containing lactose. The severity of symptoms varies depending on the amount of lactose each individual can tolerate<sup>[13]</sup>

Some causes of lactose intolerance are well known. For most people, lactase deficiency is a condition that develops naturally over time. After about the age of 2 years, the body begins to produce less lactase. However, many people may not experience symptoms until they are much older<sup>[14]</sup>

### *Diagnosis*

The most common tests used to measure the absorption of lactose in the digestive system are the lactose tolerance test, the hydrogen breath test, and the stool acidity test. These tests are performed on an outpatient basis at a hospital, clinic, or doctor's office<sup>[15]</sup>

The lactose tolerance test begins with the individual fasting (not eating) before the test and then drinking a liquid that contains lactose. Several blood samples are taken over a 2-hour period to measure the person's blood glucose (blood sugar) level, which indicates how well the body is able to digest lactose. If the blood glucose level is not normal, a diagnosis of lactose intolerance may be confirmed<sup>[16]</sup>.

The hydrogen breath test measures the amount of hydrogen in the breath. Normally, very little hydrogen is detectable in the breath. However, bacteria and gasses ferment undigested lactose in the colon, including hydrogen, are produced. In this test, the patient drinks a lactose-loaded beverage, and the breath is analyzed at regular intervals. Raised levels of hydrogen in the breath indicate improper digestion of lactose. Certain foods, medications, and cigarettes can affect the test's accuracy and should be avoided before taking the test<sup>[17]</sup>

If necessary, a stool acidity test, which measures the amount of acid in the stool, may be given. Undigested lactose fermented by bacteria in the colon creates acids that can be detected in a stool sample. In addition, glucose may be present in the sample as a result of unabsorbed lactose in the colon<sup>[18]</sup>

### *Treatment and Management*

Fortunately, lactose intolerance is relatively easy to treat. No treatment exists to improve the body's ability to produce lactase, but symptoms can be controlled through diet. Most adults need not avoid lactose completely, but individuals differ in the amounts of lactose they can handle. For example, one person may suffer symptoms after drinking a small glass of milk, while another can drink one glass but not two. Others may be able to manage ice cream and aged cheeses, such as cheddar and Swiss but not other dairy products. Dietary control of lactose intolerance depends on each person's learning through trial and error how much lactose she can handle<sup>[19]</sup>

For those who react to very small amounts of lactose or have trouble limiting their intake of foods that contain lactose, lactase enzymes are available for purchase without a prescription. It is always a good idea to check with your doctor, though, before starting to take over-the-counter remedies to treat a condition. Alternatively, lactose-reduced milk and other products are available at many supermarkets. The milk contains all of the nutrients found in regular milk and remains fresh for about the same length of time or longer if it is super-pasteurized. Soy products and rice milk are other alternatives to dairy products<sup>[20]</sup>

Milk and other dairy products are a major source of nutrients in the American diet. The most important of these nutrients is calcium. Calcium is essential for the growth and repair of bones throughout life. In the middle and later years, a shortage of calcium may lead to osteoporosis. A concern, then, for adults with lactose intolerance, is getting enough calcium in a diet that includes little or no milk.

Many nondairy foods are high in calcium. Green vegetables, such as broccoli and kale, and fish with soft, edible bones, such as salmon and sardines, are excellent sources of calcium. To help in planning a high-calcium and low-lactose diet, **figure 1** lists some common foods that are good sources of dietary calcium and shows about how much lactose the foods contain. Recent research shows that yogurt may be a good source of calcium for many people with lactose intolerance, even though it is fairly high in lactose. Evidence shows that yogurt has some of the lactase enzyme required for proper digestion [\[21\]](#)



Figure 1

Even though lactose intolerance is widespread, it need not pose a serious threat to good health. People who have trouble digesting lactose can learn which dairy products and other foods they can eat without discomfort and which ones they should avoid. A carefully chosen diet (with calcium supplements if the doctor or dietitian recommends them) is the key to reducing symptoms and protecting future health [\[22\]](#).

### *Hidden Lactose*

Although milk and foods made from milk are the only natural sources, lactose is often added to prepared foods. People with very low tolerance for lactose should know about the many food products that may contain lactose, even in small amounts. Food products that may contain lactose include:

- Bread and other baked goods
- Processed breakfast cereals.
- Instant potatoes, soups, and breakfast drinks.
- Margarine.
- Lunch meats (other than kosher)
- Salad dressings.
- Candies and other snacks
- Mixes for pancakes, biscuits, and cookies [\[23\]](#)

Some products labeled nondairy, such as powdered coffee creamer and whipped toppings, may also include ingredients that are derived from milk and therefore contain lactose. Smart shoppers learn to read food labels with care, looking not only for milk and lactose among the contents but also for such words as whey, curds, milk by-products, dry milk solids, and nonfat dry milk powder. If any of these are listed on a label, the item contains lactose [\[24\]](#)

In addition, lactose is used as the base for more than 20 percent of prescription drugs and about 6 percent of over-the-counter medicines. Many types of birth control pills, for example, contain lactose, as do some tablets for stomach acid and gas. However, these products typically affect only people with severe lactose intolerance [\[25\]](#)

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## References

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[\[1\]](#)Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[\[2\]](#)Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[\[3\]](#)Adapted from <http://www.niaid.nih.gov/factsheets/food.htm>

[\[4\]](#)Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[\[5\]](#)Adapted from <http://www.niaid.nih.gov/factsheets/food.htm>

[6]Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[7]Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[8]Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[9]Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[10]Adapted from <http://ifinfo.health.org/backgrnd/bkgr11.htm>

[11]Adapted from <http://www.niaid.nih.gov/factsheets/food.htm>

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[13]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

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[21]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

[22]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

[23]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

[24]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

[25]Adapted from <http://www.niddk.nih.gov/health/digest/pubs/lactose/lactose.htm>

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**4collegewomen.brandeis.edu: Food Pyramid**

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## Food Pyramid

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## Summary

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**Eat a variety of foods** to get the energy, protein, vitamins, minerals, and fiber you need for good health.

**Balance the food you eat with physical activity - maintain or improve your weight** to reduce your chances of having high blood pressure, heart disease, a stroke, certain cancers, and the most common kind of diabetes.

**Choose a diet with plenty of grain products, vegetables, and fruits** which provide needed vitamins, minerals, fiber, and complex carbohydrates, and can help you lower your intake of fat.

**Choose a diet low in fat, saturated fat, and cholesterol** to reduce your risk of heart attack and certain types of cancer and to help you maintain a healthy weight.

**Choose a diet moderate in sugars.** A diet with lots of sugars has too many calories and too few nutrients for most people and can contribute to tooth decay.

**Choose a diet moderate in salt and sodium** to help reduce your risk of high blood pressure.

**If you drink alcoholic beverages, do so in moderation.** Alcoholic beverages supply calories, but little or no nutrients. Drinking alcohol is also the cause of many health problems and accidents and can lead to addiction.

**Drink [the amount of water](#) that suits your personal needs.**

If you want to use interactive online tools to plan a better diet, visit [Calorie Calculator](#), [Create-a-Diet](#), [Interactive Healthy Eating Index](#), [Interactive Menu Planner](#), and [Rate Your Health Habits](#).

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## Food Safety

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Foods that are safe from harmful bacteria, viruses, parasites, and chemical contaminants are vital for healthful eating. Foodborne illness is caused by eating food that contains harmful bacteria, toxins, parasites, viruses, or chemical contaminants. Bacteria and

viruses, especially Campylobacter, Salmonella, and Norwalk- like viruses, are among the most common causes of foodborne illness we know about today.

Eating even a small portion of an unsafe food may make you sick. Signs and symptoms may appear within half an hour of eating a contaminated food or may not develop for up to 3 weeks. Most foodborne illness lasts a few hours or days. Some foodborne illnesses have effects that go on for weeks, months, or even years. If you think you have become ill from eating a food, consult your health care provider.

How to keep food safe to eat:

- Clean: Wash hands and surfaces often
- Separate: Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing
- Cook: Cook foods to a safe temperature
- Chill: Refrigerate perishable foods promptly
- Check and follow the label
- Serve safely
- Keep hot foods hot and cold foods cold
- When in doubt, throw it out
- [Click here](#) for more details on these steps.

Some people are at high risk for foodborne illness: pregnant women, young children, older people, or people with weakened immune systems or certain chronic illnesses. These people should avoid unpasteurized, raw, and undercooked foods. [More information.](#)

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## What is the Food Guide Pyramid?

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The Pyramid is a guide to healthy eating. It's not a rigid prescription, but a framework for choosing a healthful diet that's right for you.

The Pyramid calls for eating a variety of foods to get the nutrients you need and the right amount of calories each day to maintain or improve your weight.

The Pyramid also focuses on fat because most American diets are too high in fat –especially saturated fat. A diet low in fat will reduce your chances of getting certain diseases and will help you maintain a healthy weight.

If your eating pattern does not regularly meet the requirements of the food pyramid, talk to a healthcare professional to plan a better diet. See also [Eating Healthy](#).

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## A Closer Look At the Pyramid

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The Food Guide Pyramid emphasizes foods from the five major food groups shown in the three lower sections of the Pyramid. Each of these food groups provides some, but not all, of the nutrients you need. Foods in one group can't replace those in another. No one food group is more important than another - for good health you need them all.

**There are many ways to create a healthy eating pattern, but they all start with the three food groups at the base of the Pyramid: grains, fruits, and vegetables. Eating a variety of grains (especially whole grain foods), fruits, and vegetables is the basis of healthy eating. Enjoy meals that have rice, pasta, tortillas, or whole grain bread at the center of the plate, accompanied by plenty of fruits and vegetables and a moderate amount of lowfat foods from the milk group and the meat and beans group. Go easy on foods high in fat or sugars.**

*The small tip of the Pyramid*

Fats, oils, and sweets. These are foods such as salad dressings and oils, cream, butter, margarine, sugars, soft drinks, candies, and sweet desserts. These foods provide calories and little else nutritionally. Most people should use them sparingly.

Some fat or sugar symbols are shown in the food groups. That's to remind you that some food choices in these food groups can also be high in fat or added sugars. When choosing foods for a healthful diet, consider the fat and added sugars in your choices from the food groups.

*Second Level*

This level includes groups of foods that come mostly from animals: milk, yogurt, cheese, meat, poultry, fish, dry beans, eggs, and nuts. These foods provide protein, calcium, iron, and zinc.

*Third Level*

This level includes foods that come from plants, such as vegetables and fruits. Most people need to eat more of these foods for the vitamins, minerals, and fiber they supply.

*Base of the Food Guide Pyramid*

Breads, cereals, rice, and pasta - all foods from grains. You need the proper amount of these foods each day.

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## How To Make the Pyramid Work for You

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*How many servings are right for me?*

The Pyramid shows a range of servings for each major food group. The number of servings that are right for you depends on how many calories you need, which in turn depends on your age, sex, size, and how active you are.

For a woman in your age range, the USDA recommends the following daily servings:

<b>Recommended Daily Intake</b>		
<b>Food Group</b>	<b>Most women (1600 calories/day)</b>	<b>Teen girls, active women (2200 calories/day)</b>
Bread, Cereal, Rice, and Pasta Group (Grains Group) -- especially whole grain	6 servings	9 servings
Vegetable Group	3	4
Fruit Group	2	3
Milk, Yogurt, and Cheese Group (Milk Group) --	2	3 (if 18 years old or below); 2 (if 19-50 years old);

preferably fat free or low fat		during pregnancy and lactation, the recommended number of milk group servings is the same as for nonpregnant women
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group (Meat and Beans Group) -- preferably lean or low fat	2, for a total of 5 ounces	2, for a total of 6 ounces
Fats	saturated fat: 18 grams or less; total fat: 53 grams or less	saturated fat: 24 grams or less; total fat: 73 grams or less
Cholesterol	300 milligrams or less	300 milligrams or less
Sugars	6 teaspoons or less	12 teaspoons or less
Salt and Sodium	2400 milligrams	2400 milligrams

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## What is a Serving?

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The amount of food that counts as a serving is listed below. If you eat a larger portion, count it as more than one serving. For example, 1/2 cup of cooked pasta counts as one serving in the bread, cereal, rice, and pasta group. If you eat one cup of pasta, that would be two servings. If you eat a smaller portion, count it as part of a serving.

*Isn't 6 to 11 servings of breads and cereals a lot?*

It may sound like a lot, but it's really not. For example, a slice of bread is one serving, so a sandwich for lunch would equal two servings. A small bowl of cereal and one slice of toast for breakfast are two more servings. And if you have a cup of rice or pasta at dinner, that's two more servings. A snack of 3 or 4 small plain crackers adds yet another serving. So now you've had 7 servings. It adds up quicker than you think!

*Do I need to measure servings?*

*No.* Use servings only as a general guide. For mixed foods, do the best you can to estimate the food group servings of the main ingredients. For example, a generous serving of pizza would count in the grain group (crust), the milk group (cheese), and the vegetable group (tomato); a helping of beef stew would count in the meat group and the vegetable group. Both have some fat - fat in the cheese on the pizza and in the gravy form the stew, if it's made from meat drippings.

*What if I want to lose or gain weight?*

The best and simplest way to lose weight is to increase your physical activity and reduce the fat and sugars in your diet.

But be sure to eat at least the lowest number of servings from the five major food groups in the Food Guide Pyramid. You need them for the vitamins, minerals, carbohydrates, and protein they provide. Just try to pick the lowest fat choices from the food groups.

To gain weight, increase the amounts of foods you eat from all of the food groups. If you have lost weight unexpectedly, see your doctor.

*What counts as a serving?*

**Bread, Cereal, Rice, and Pasta Group (Grains Group)-- whole grain and refined**

- 1 slice of bread
- About 1 cup of ready-to-eat cereal
- 1/2 cup of cooked cereal, rice, or pasta

**Vegetable Group**

- 1 cup of raw leafy vegetables
- 1/2 cup of other vegetables -- cooked or raw
- 3/4 cup of vegetable juice

**Fruit Group**

- 1 medium apple, banana, orange, pear
- 1/2 cup of chopped, cooked, or canned fruit
- 3/4 cup of fruit juice

**Milk, Yogurt, and Cheese Group (Milk Group) -- preferably fat free or low fat**

- 1 cup of milk\*\* or yogurt\*\*
- 1 1/2 ounces of natural cheese\*\* (such as Cheddar)
- 2 ounces of processed cheese\*\* (such as American)

**Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group (Meat and Beans Group)**

- 2-3 ounces of cooked lean meat, poultry, or fish
- 1/2 cup of cooked dry beans# or 1/2 cup of tofu counts as 1 ounce of lean meat
- 2 1/2 ounce soyburger or 1 egg counts as 1 ounce of lean meat
- 2 tablespoons of peanut butter or 1/3 cup of nuts counts as 1 ounce of meat

NOTE: Many of the serving sizes given above are smaller than those on the Nutrition Facts Label. For example, 1 serving of cooked cereal, rice, or pasta is 1 cup for the label but only 1/2 cup for the Pyramid.

\* This includes lactose-free and lactose-reduced milk products. One cup of soy-based beverage with added calcium is an option for those who prefer a non-dairy source of calcium.

\*\* Choose fat-free or reduced-fat dairy products most often.

# Dry beans, peas, and lentils can be counted as servings in either the meat and beans group or the vegetable group. As a vegetable, 1/2 cup of cooked, dry beans counts as 1 serving. As a meat substitute, 1 cup of cooked, dry beans counts as 1 serving (2 ounces of meat).

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**Water**

Don't forget to include enough water in your diet. All the cell and organ functions depend on water for functioning. It regulates body temperature and helps to alleviate constipation.

Water is obtained from some of the foods we eat. These are foods that are 85 to 95% water. Some water is obtained from the by-products of metabolism. But our main source of water is our drinking water, which is the best source. Water is also obtained from soup, milk, and juices. Alcoholic beverages and beverages with caffeine (such as coffee, tea, and colas) are not the best choices because they have a diuretic (water-excreting) effect.

If adequate water is not consumed on a daily basis the body fluids will be out of balance, causing life-threatening [dehydration](#).

Six to eight 8-ounce glasses of water, or half of the body weight in ounces, are recommended on a daily basis. For example, if you weigh 140 lbs, you will need 70 ounces of water. You can visit a [hydration calculator](#) that will determine how much water you need. Milk, juice, and soup can not be substituted for the entire water requirement. Caffeinated and alcoholic beverages (due to their diuretic effect) would not be appropriate substitutes at all.

Carrying a water bottle and drinking at regular intervals will help you to obtain the required amount of water your body needs.

For more information about water in the human diet, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002471.htm>.

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## Bread, Cereal, Rice & Pasta Group (6-11 Servings)

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*Why are breads, cereals, rice, and pasta important?*

These foods provide complex carbohydrates (starches), which are an important source of energy, especially in low fat diets.

They also provide vitamins, minerals, and fiber. The Food Guide Pyramid suggests 6 to 11 servings of these foods a day.

*What counts as a serving?*

<b>For this amount of food...</b>	<b>count this many...</b>	
<b>Bread, Cereal, Rice, and Pasta Group</b>	<i>Servings</i>	<i>Grams of Fat</i>
»Bread, 1 slice	1	1
»Hamburger roll, bagel, english muffin, 1	2	2
Tortilla, 1	1	3
»Rice, pasta, cooked, 1/2 cup	1	<b>Trace</b>
Plain crackers, small, 3-4	1	3
Breakfast cereal, 1 oz.	1	*
Pancakes, 4" diameter, 2	2	3
Croissant, 1 large (2 oz.)	2	12
Doughnut, 1 medium (2 oz.)	2	11
Danish, 1 medium (2 oz.)	2	13
Cake, frosted, 1/16 average	1	13
Cookies, 2 medium	1	4
Pie, fruit, 2-crust, 1/6 8" pie	2	19

\* *Check product label*

? *Low-fat choice*

*Aren't starchy foods fattening?*

*No.* It's what you add to these foods or cook with them that adds most of the calories. For example: margarine or butter on

bread, cream or cheese sauces on pasta, and the sugar and fat used with the flour in making cookies.

#### *Selection tips*

- To get the fiber you need, choose several servings a day of foods made from whole grains, such as whole-wheat bread and whole-grain cereals.
- Choose foods that are made with little fat or sugars. These include bread, english muffins, rice, and pasta.
- Baked goods made from flour, such as cakes, cookies, croissants, and pastries, count as part of this food group, but they are high in fat and sugars.
- Go easy on the fat and sugars you add as spreads, seasonings, or toppings.
- When preparing pasta, stuffing, and sauce from packaged mixes, use only half the butter or margarine suggested; if milk or cream is called for, use lowfat milk.

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### **Vegetable Group (3-5 Servings)**

#### *Why are vegetables important?*

Vegetables provide vitamins, such as vitamins A and C, folate, and minerals, such as iron and magnesium. They are naturally low in fat and also provide fiber. The Food Guide Pyramid suggests 3 to 5 servings of these foods a day.

#### *What counts as a serving?*

<b>For this amount of food...</b>	<b>count this many...</b>	
	<b>Vegetable Group</b>	
<i>Eat 3 to 5 servings daily</i>	<i>Servings</i>	<i>Grams of Fat</i>
»Vegetables, cooked 1/2 cup	<b>1</b>	<b>Trace</b>
»Vegetables, leafy, raw 1 cup	<b>1</b>	<b>Trace</b>
»Vegetables, nonleafy, raw, chopped 1/2 cup	<b>1</b>	<b>Trace</b>
Potatoes, scalloped, 1/2 cup	<b>1</b>	<b>4</b>
Potato salad, 1/2 cup	<b>1</b>	<b>8</b>
French fries, 10	<b>1</b>	<b>8</b>

? *Low-fat choice*

#### *Selection tips*

- Include dark-green leafy vegetables and legumes several times a week - they are especially good sources of vitamins and minerals. Legumes also provide protein and can be used in place of meat.
- Go easy on the fat you add to vegetables at the table or during cooking. Added spreads or toppings, such as butter, mayonnaise, and salad dressing, count as fat.
- Use lowfat salad dressing.

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### **Fruit Group (2-4 Servings)**

#### *Why are fruits important?*

Fruit and fruit juices provide important amounts of vitamins A and C and potassium. They are low in fat and sodium. The Food Guide Pyramid suggests 2 to 4 servings of fruits a day.

What counts as a serving?

For this amount of food...	count this many...	
<b>Fruit Group</b>		
<i>Eat 2 to 4 servings daily</i>	<i>Servings</i>	<i>Grams of Fat</i>
»Whole fruit: medium apple, orange, banana	1	Trace
»Fruit, raw or canned, 1/2 cup	1	Trace
»Fruit juice, unsweetened, 3/4 cup	1	Trace
Avocado, 1/4 whole	1	9

? Low-fat choice

Selection tips

- Choose fresh fruits, fruit juices, and frozen, canned, or dried fruit. Pass up fruit canned or frozen in heavy syrups and sweetened fruit juices unless you have calories to spare.
- Eat whole fruits often - they are higher in fiber than fruit juices.
- Have citrus fruits, melon, and berries regularly. They are rich in vitamin C.
- Count only 100 percent fruit juice as fruit. Punches, ades, and most fruit "drinks" contain only a little juice and lots of added sugars. Grape and orange sodas don't count as fruit juice.

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## Milk, Yogurt & Cheese Group (2-3 servings)

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Why are milk products important?

Milk products provide protein, vitamins, and minerals. Milk, yogurt, and cheese are the best source of calcium. The Food Guide Pyramid suggests 2 to 3 servings of milk, yogurt, and cheese a day -- 2 if you are 18 or under, 3 if you are 19-50.

What counts as a serving?

For this amount of food...	count this many...	
<b>Milk, Yogurt, and Cheese Group</b>		
<i>Eat 2 to 3 servings daily</i>	<i>Servings</i>	<i>Grams of Fat</i>
»Skim milk, 1 cup	1	Trace
»Nonfat yogurt, plain, 8 oz.	1	Trace
Lowfat milk, 2 percent, 1 cup	1	5
Whole milk, 1 cup	1	8
Chocolate milk, 2 percent, 1 cup	1	5
Lowfat yogurt, plain, 8 oz.	1	4
Lowfat yogurt, fruit, 8 oz.	1	3
Natural cheddar cheese, 1-1/2 oz.	1	14
Process cheese, 2 oz.	1	18

Mozzarella, part skim, 1/2 cup	<b>1</b>	<b>7</b>
Ricotta, part skim, 1/2 cup	<b>1</b>	<b>10</b>
Cottage cheese, 4 percent fat, 1/2 cup	<b>1/4</b>	<b>5</b>
Ice cream, 1/2 cup	<b>1/3</b>	<b>7</b>
Ice milk, 1/2 cup	<b>1/3</b>	<b>3</b>
Frozen yogurt, 1/2 cup	<b>1/2</b>	<b>2</b>

? *Low-fat choice*

*How much is a gram of fat?*

To help you visualize how much fat is in these foods, keep in mind that 1 teaspoon (1 pat) of butter has 4 grams of fat.

*Selection tips*

- Choose skim milk and nonfat yogurt often. They are lowest in fat. »1-1/2 to 2 ounces of cheese and 8 ounces of yogurt count as a serving from this group because they supply the same amount of calcium as 1 cup of milk.
- Cottage cheese is lower in calcium than most cheeses. One cup of cottage cheese counts as only 1/2 serving of milk.
- Go easy on high fat cheese and ice cream. They can add a lot of fat (especially saturated fat) to your diet.
- Choose "part skim" or lowfat cheeses when available and lower fat milk desserts, like ice milk or frozen yogurt.

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## **Meat, Poultry, Fish, Dry Beans, Eggs & Nuts Group (2 –3 servings)**

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*Why are meat, poultry, fish, and other foods in this group important?*

Meat, poultry, and fish supply protein, B vitamins, iron, and zinc. The other foods in this group - dry beans, eggs, and nuts - are similar to meats in providing protein and most vitamins and minerals. The Food Guide Pyramid suggests 2 to 3 servings each day of foods from this group. The total amount of these servings should be the equivalent of 5 to 6 ounces of cooked lean meat, poultry, or fish per day.

*What counts as a serving?*

<b>For this amount of food...</b>	<b>count this many...</b>	
<b>Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group</b>	<b>Servings</b>	<b>Grams of Fat</b>

<i>Eat 5 to 7 oz. daily</i>	<i>Servings</i>	<i>Grams of Fat</i>
»Lean meat, poultry, fish, cooked	<b>3 oz.</b>	<b>6</b>
Ground beef, lean, cooked	<b>3 oz.</b>	<b>16</b>
Chicken, with skin, fried	<b>3 oz.</b>	<b>13</b>
Bologna, 2 slices	<b>1 oz.</b>	<b>16</b>
Egg, 1	<b>1 oz.</b>	<b>5</b>
»Dry beans and peas, cooked, 1/2 cup	<b>1 oz.</b>	<b>Trace</b>
Peanut butter, 2 tbsp.	<b>1 oz.</b>	<b>16</b>
Nuts, 1/3 cup	<b>1 oz.</b>	<b>22</b>

? *Low-fat choice*

## Lean Choices

- BEEF: Roasts/Steaks (Round, Loin, Sirloin, Chuck Arm)
- PORK: Roasts/Chops (Tenderloin, Center, Loin, Ham)
- VEAL: All cuts except ground
- LAMB: Roasts/Chops (Leg, Loin, Fore Shanks)
- CHICKEN & TURKEY: Light & dark meat, without the skin
- FISH & SHELLFISH: Most are low in fat; those marinated or canned in oil are higher

### Selection tips

- Choose lean meat, poultry without skin, fish, and dry beans and peas often. They are the choices lowest in fat.
- Prepare meats in lowfat ways:
  - Trim away all the fat you can see.
  - Broil, roast, or boil these foods, instead of frying them.
- Go easy on egg yolks; they are high in cholesterol. Use only one yolk per person in egg dishes. Make larger portions by adding extra egg whites.
- Nuts and seeds are high in fat, so eat them in moderation.

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## Fats

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### How much fat can I have?

It depends on your calorie needs. The Dietary Guidelines recommend that Americans limit fat in their diets to 30 percent of calories. This amounts to 53 grams of fat in a 1,600-calorie diet and 73 grams of fat in a 2,200-calorie diet.

You will get up to half this fat even if you pick the lowest fat choice from each good group and add no fat to your foods in preparation or at the table.

You decide how to use the additional fat in your daily diet. You may want to have foods from the five major food groups that are higher in fat--such as whole milk instead of skim milk. Or you may want to use it in cooking or at the table in the form of spreads, dressings, or toppings.

### How to check your diet for fat

If you want to be sure you have a lowfat diet, you can count the grams of fat in your day's food choices using the chart below, and compare them to the number of grams of fat suggested for your calorie level. You don't need to count fat grams every day, but doing a fat checkup once in awhile will help keep you on the right track. If you find you are eating too much fat, choose lower fat foods more often.

You can figure the number of grams of fat that provide 30% of calories in your daily diet as follows:

Multiply your total day's calories by 0.30 to get your calories from fat per day. Example: 2,200 calories x 0.30 = 660 calories from fat.

Divide calories from fat per day by 9 (each gram of fat has 9 calories) to get grams of fat per day. Example: 660 calories from fat ÷ 9 = 73 grams of fat.

For this amount of food...	count this many...	
	Servings	Grams of Fat
<b>Fats, Oil, and Sweets</b>		
<i>Use sparingly</i>		
Butter, margarine, 1 tsp.	-	4

Mayonnaise, 1 tbsp.	-	<b>11</b>
Salad dressing, 1 tbsp.	-	<b>7</b>
Reduced calorie salad dressing, 1 tbsp.	-	<b>*</b>
Sour cream, 2 tbsp.	-	<b>6</b>
Cream cheese, 1 oz.	-	<b>10</b>
Sugar, jam, jelly, 1 tsp.	-	<b>0</b>
Cola, 12 fl. oz.	-	<b>0</b>
Fruit drink, ade, 12 fl. oz.	-	<b>0</b>
Chocolate bar, 1 oz.	-	<b>9</b>
Sherbet, 1/2 cup	-	<b>2</b>
Fruit sorbet, 1/2 cup	-	<b>0</b>
Gelatin dessert, 1/2 cup	-	<b>0</b>

*Are some types of fat worse than others?*

*Yes.* Eating too much saturated fat raises blood cholesterol levels in many people, increasing their risk for heart disease. The Dietary Guidelines recommend limiting saturated fat to less than 10 percent of calories, or about one-third of total fat intake.

All fats in foods are mixtures of three types of fatty acids - saturated, monounsaturated, and polyunsaturated.

- **Saturated fats** are found in largest amounts in fats from meat and dairy product and in some vegetables fats such as coconut, palm, and palm kernel oils. If you are on a 1600-calorie diet, you should have 18 grams or less of saturated fat per day; for a 2200-calorie diet, 24 grams or less of saturated fat per day.
- **Monounsaturated fats** are found mainly in olive, peanut, and canola oils.
- **Polyunsaturated fats** are found mainly in safflower, sunflower, corn, soybean, and cottonseed oils and some fish.

If you are at a healthy weight and you eat little saturated fat, you'll have leeway to eat some plant foods that are high in unsaturated fats.

*How do I avoid too much saturated fat?*

Follow the Food Guide Pyramid, keeping your total fat within recommended amounts. Choose fat from a variety of food sources, but mostly from those foods that are higher in polyunsaturated or monounsaturated fat.

*Selection tips*

- Get most of your calories from plant foods (grains, fruits, vegetables). If you eat foods high in saturated fat for a special occasion, return to foods that are low in saturated fat the next day.
- Use lean meats and skim or lowfat dairy products.
- Use unsaturated vegetable oils and margarines that list a liquid vegetable oil as first ingredient on the label. Cut back on solid fats, such as butter, hard margarines, lard, and partially hydrogenated shortenings.
- Read nutrition and ingredient labels on food packages to check the kinds and amounts of fat they contain. Choose foods lower in saturated fat and cholesterol -- low-fat, non-fat, or lean foods.
- Limit use of products that contain a large amount of saturated fats. Examples are nondairy creamers, creamy sauces, fast food, and rich baked products such as pie crusts and other pastries, cakes, and cookies.
- Trim fat from meats and remove skin from poultry.
- Use less fat when cooking.
- For more tips to reduce fat intake, [click here](#).

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## Cholesterol

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Cholesterol and fat are not the same thing.

Cholesterol is a fat-like substance present in all animal foods - meat, poultry, fish, milk and milk products, and egg yolks. Both the lean and fat of meat and the meat and skin of poultry contain cholesterol. In milk products, cholesterol is mostly in the fat -- lower fat products contain less cholesterol. Egg yolks and organ meats, like liver, are high in cholesterol. Plant foods do not contain cholesterol.

Dietary cholesterol, as well as saturated fat, raises blood cholesterol levels in many people, increasing their risk for heart disease. Some health authorities recommend that dietary cholesterol be limited to an average of 300 milligrams or less per day. To keep dietary cholesterol to this level, follow the Food Guide Pyramid, keeping your total fat to the amount that's right for you.

It's not necessary to eliminate all foods that are high in cholesterol. You can have three to four egg yolks a week, counting those used as ingredients in custards and baked products. Use lower fat dairy products often and occasionally include dry beans and peas in place of meat.

For more tips to reduce cholesterol intake, [click here](#). You can also take some cholesterol quizzes and self-evaluations [here](#), [here](#), and [here](#).

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## Sugar

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*What about sugars?*

Choosing a diet low in fat is a concern for everyone; choosing one low in sugars is also important for people who have low calorie needs. Naturally occurring sugars are found in foods such as milk or fruits that also supply many other nutrients. Added sugars include white sugar, brown sugar, raw sugar, corn syrup, honey, molasses, and many others; these supply calories and little else nutritionally. Too much sugar can contribute to weight gain and tooth decay, and can decrease the amount of nutritious food you eat overall.

To avoid getting too many calories from sugars, try to limit your added sugars to 6 teaspoons a day if you eat about 1,600 calories; or 12 teaspoons at 2,200 calories. These amounts are intended to be averages over time. The patterns are illustrations of healthful proportions in the diet, not rigid prescriptions.

Added sugars are in foods like candy, soft drinks, baked goods, sweetened drinks, and dairy desserts like ice cream, as well as jams, jellies, and sugars you add at the table. Some added sugars are also in foods from the food groups, such as fruit canned in heavy syrup and chocolate milk.

Drinking eight glasses of water a day can reduce your craving for snacks high in sugar.

Sugar substitutes such as saccharin, aspartame, acesulfame potassium, and sucralose are extremely low in calories. Some people find them useful if they want a sweet taste without the calories. Some foods that contain sugar substitutes, however, still have calories. Unless you reduce the total calories you eat or increase your physical activity, using sugar substitutes will not cause you to lose weight.

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## Salt and Sodium

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*Do I have to give up salt?*

*No.* But most Americans eat more than they need. Some health authorities say that sodium intake should not be more than 2,400 milligrams per day -- about one teaspoon of salt. Nutrition labels also list a Daily Value (upper limit) of 2,400 milligrams per day of sodium.

Much of the sodium in people's diets comes from salt added to foods they buy, or from salt they add while cooking and at the table.

#### *Selection tips*

- Go easy on salt and foods that are high in sodium, including cured meats, luncheon meats, many cheeses, most canned soups and vegetables, and soy sauce. Look for lower salt and no-salt-added versions of these products at your supermarket.
- Lower blood pressure by increasing physical activity.
- Eat low-sodium foods such as fruit.
- Season food with herbs, spices and fruits, to reduce added salt.
- Information on food labels can help you make food choices to keep sodium moderate.
- For more suggestions on reducing sodium intake, click [here](#).

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## **Alcoholic Beverages**

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Alcoholic beverages supply calories but few nutrients. Alcoholic beverages are harmful when consumed in excess, and **some people should not drink at all**:

- Children and adolescents
- Individuals of any age who cannot restrict their drinking to moderate levels
- Women who may become pregnant or who are pregnant
- Individuals who plan to drive, operate machinery, or take part in other activities that require attention, skill, or coordination
- Individuals taking prescription or over-the-counter medications that can interact with alcohol

Excess alcohol alters judgment and can lead to dependency and a great many other serious health problems. Taking more than one drink per day for women or two drinks per day for men can raise the risk for motor vehicle crashes, other injuries, high blood pressure, stroke, violence, suicide, and certain types of cancer. Even one drink per day can slightly raise the risk of breast cancer. Alcohol consumption during pregnancy increases risk of birth defects. Too much alcohol may cause social and psychological problems, cirrhosis of the liver, inflammation of the pancreas, and damage to the brain and heart. Heavy drinkers also are at risk of malnutrition because alcohol contains calories that may substitute for those in nutritious foods.

If adults choose to drink alcoholic beverages, they should consume them only in moderation - and with meals to slow alcohol absorption. Moderation is defined as no more than one drink per day for women and no more than two drinks per day for men. This limit is based on differences between the sexes in both weight and metabolism.

Each of the following counts as one drink:

- 12 ounces of regular beer (150 calories);
- 5 ounces of wine (100 calories);
- 1.5 ounces of 80-proof distilled spirits (100 calories).

NOTE: Even moderate drinking provides extra calories, and a mixer such as a soft drink will add more calories.

Drinking in moderation may lower risk for coronary heart disease, mainly among men over age 45 and women over age 55. However, there are other factors that reduce the risk of heart disease, including a healthy diet, physical activity, avoidance of smoking, and maintenance of a healthy weight.

Moderate consumption provides little, if any, health benefit for younger people. Risk of alcohol abuse increases when drinking starts at an early age.

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## **How to Rate Your Diet**





How did you do? Not enough? About right?

»Add up your grams of fat listed in Step 2. Did you have more fat than the amount right for you?

	<i>Grams Right for You</i>	<i>Grams You Had</i>
<b>Fat</b>		

How did you do? Too much? About right?

»Do you need to watch the amount of added sugars you eat? See the previous chart to estimate the number of teaspoons of added sugars in your food choices.

	<i>Teaspoons Right for You</i>	<i>Teaspoons You Had</i>
<b>Sugars</b>		

How did you do? Too much? About right?

#### Step 4.

Decide what changes you can make for a healthier diet. Start by making small changes, like switching to lowfat salad dressings or adding an extra serving of vegetables. Make additional changes gradually until healthy eating becomes a habit.

If your eating pattern does not regularly meet the requirements of the food pyramid, talk to a healthcare professional to plan a better diet. See also [Eating Healthy](#).

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#### Other Food Pyramids

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*Cultural:*

Asian Diet Food Pyramid - [http://www.oldwayspt.org/pyramids/asian/p\\_asian.html](http://www.oldwayspt.org/pyramids/asian/p_asian.html)

Latin American Food Pyramid - [http://www.oldwayspt.org/pyramids/latin/p\\_latin.html](http://www.oldwayspt.org/pyramids/latin/p_latin.html)

Mediterranean Food Pyramid - [http://www.oldwayspt.org/pyramids/med/p\\_med.html](http://www.oldwayspt.org/pyramids/med/p_med.html)

Vegetarian Food Pyramid - [http://www.oldwayspt.org/pyramids/veg/p\\_veg.html](http://www.oldwayspt.org/pyramids/veg/p_veg.html)

Native American Food Pyramid - <http://www.aaip.com/tradmed/tradmedfoodguide.html>

Mayo Clinic Healthy Weight Pyramid - <http://www.mayo.edu/news/pyramid.jpg>

Child Food Pyramid - [http://www.kidshealth.org/kid/stay\\_healthy/food/pyramid.html](http://www.kidshealth.org/kid/stay_healthy/food/pyramid.html)

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#### References

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[http://www.pueblo.gsa.gov/cic\\_text/food/dietguide2000/toc.htm](http://www.pueblo.gsa.gov/cic_text/food/dietguide2000/toc.htm),

[http://www.pueblo.gsa.gov/cic\\_text/food/food-pyramid/main.htm](http://www.pueblo.gsa.gov/cic_text/food/food-pyramid/main.htm)

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## Resources

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- **Center for Nutrition Policy and Promotion, USDA**  
1120 20th Street, NW, Suite 200, North Lobby  
Washington, DC 20036  
Internet: [www.usda.gov/cnpp](http://www.usda.gov/cnpp)
- **Food and Nutrition Information Center**  
National Agricultural Library, USDA  
10301 Baltimore Boulevard, Room 304  
Beltsville, MD 20705-2351  
Internet: [www.fns.usda.gov/fns](http://www.fns.usda.gov/fns)
- **healthfinder® - Gateway to Reliable Consumer Health Information**  
National Health Information Center  
U.S. Department of Health and Human Services  
P.O. Box 1133  
Washington, DC 20013- 1133  
Internet: [www.healthfinder.gov](http://www.healthfinder.gov)
- **Cancer Information Service**  
Office of Cancer Communications  
National Cancer Institute  
Building 31, Room 10A16  
9000 Rockville Pike  
Bethesda, MD 20892  
Internet: [cis.nci.nih.gov](http://cis.nci.nih.gov)
- **National Heart, Lung, and Blood Institute Information Center**  
P.O. Box 30105  
Bethesda, MD 20824-0105  
Internet: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
- **National Institute of Diabetes and Digestive and Kidney Diseases**  
Office of Communications and Public Liaison  
31 Center Drive, MSC 2560  
Bethesda, MD 20892-2560  
Internet: [www.niddk.nih.gov](http://www.niddk.nih.gov)
- **National Institute on Alcohol Abuse and Alcoholism**  
600 Executive Boulevard, Suite 409  
Bethesda, MD 20892-7003  
Internet: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- **National Institute on Aging Information Center**  
Building 31, Room 5C27  
Bethesda, MD 20892  
Internet: [www.aoa.gov/elderpage.html#ap](http://www.aoa.gov/elderpage.html#ap)
- **Food and Drug Administration**

200 C Street, SW  
Washington, DC 20204  
Internet: [www.fda.gov](http://www.fda.gov)

- **Centers for Disease Control and Prevention**

1600 Clifton Road  
Atlanta, GA 30333  
Internet: [www.cdc.gov](http://www.cdc.gov)

- You can also contact

- your campus dietitian or nutritionist
- your campus health clinic
- your county extension home economist (cooperative extension system)
- a nutrition professional in your local
  - public health department
  - hospital
  - American Red Cross
  - dietetic association
  - diabetes association
  - heart association
  - cancer society
- [a dietitian near you](#)

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**4collegewomen.brandeis.edu: Helpful Links About Global Health**

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## Helpful Links About Global Health

[General Health Information](#)

[Global Women's Health Issues](#)

[Substance Abuse](#)

[Safety and Violence](#)

[Diseases and Conditions](#)

[References](#)

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### General Health Information

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1. [Global Health](#)

2. [World Health Report](#)
3. [World Health Organization Factsheets](#)
4. [CDC Global Health Odyssey Museum](#)
5. [World Health Organization Women's Health Resources](#)

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## Global Women's Health Issues

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2. [Obesity](#)
3. [Traffic Accidents](#)
4. [Gender-based Violence](#)
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## Substance Abuse

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## Safety and Violence

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2. [Injuries and Prevention](#)
3. [Department of Injuries and Violence Prevention](#)
4. Bioterrorism
  1. [World Health Organization: Bioterrorism](#)

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## Diseases and Conditions

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1. [Global Burden of Disease](#)
2. [World Health Report \(Disease\)](#)
3. [Cancer](#)
4. [Diabetes](#)
5. Tuberculosis
  1. [General Fact Sheet](#)
  2. [Other Links About Tuberculosis](#)
6. SARS (Severe Acute Respiratory Syndrome)
  1. [World Health Organization Resources](#)
7. Avian Flu
  1. [Key Facts About the Flu](#)
  2. [Information on the Strain H5N1](#)

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## References

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1. [Centers for Disease Control and Prevention](#)
2. [National Library of Medicine](#)
3. [4Women.gov](#)

4. [globalhealth.gov](http://globalhealth.gov)
5. [4 Girls Health](#)
6. [The President's Council on Physical Fitness and Sports](#)
7. [National Institute of Allergy and Infectious Diseases](#)
8. [National Institutes of Health](#)
9. [Healthier U.S.](#)
10. [National Institute on Drug Abuse](#)
11. [Office of the Surgeon General](#)
12. [College Drinking Prevention](#)
13. [Nutrition.gov](#)
14. [Substance Abuse and Mental Health Services Health Finder](#)
15. [Heath & Human Services](#)
16. [U.S. Department of Labor: Bureau of Labor Statistics](#)
17. [Young Women's Health Info](#)

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**4collegewomen.brandeis.edu: Dealing with Death and Grief**

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## Dealing with Death and Grief

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[Post-Traumatic Stress Disorder](#)

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### General

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As with most crises, dealing with the death of a loved one or friend is an experience that each of us handles differently. Some people will choose to cry; others may want to talk about their feelings; yet others prefer to be alone. Some will use the anger or frustration they feel as motivation for things like schoolwork or self-improvement. But whichever way you choose to deal with the death someone close to you, it is important to know that there are people around you who care and can help.

Dealing with death while at college can be particularly challenging due to the isolation from family members some associate with being away from home. Don't forget, however, that the close proximity of friends can provide the support you need during difficult times. Additionally, take advantage of the resources that colleges provide such as counselors who can give professional assistance for those who need it.

Some things to remember:

- People are there for you if you need to talk.
- Tell people what happened and how you feel about it because they can only be supportive if they know what you are

dealing with.

- Be with people - being alone is good in moderation, but we benefit from the comfort others provide.

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## Grief

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Grief is the normal and natural reaction to loss of any kind, and it is the conflicting feelings caused by a change or end of a familiar pattern of behavior. While grief is normal, natural, and a very powerful emotional experience, it is also often neglected and misunderstood.

Remember that these symptoms are common among people dealing with death and other traumatic experiences and that there are people who can help you. Talk to a psychiatrist, health officials on campus, or anyone you feel comfortable with, especially if you are experiencing feelings of [depression](#) or any of the symptoms of PTSD listed below.

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## Post-Traumatic Stress Disorder

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Research on Post-Traumatic Stress Disorder (PTSD) shows that some soldiers, survivors of criminal victimization, torture, and other violence, and survivors of natural and man-made catastrophes suffer long-term effects from their experiences. Children who have witnessed violence in their families, schools, or communities are also vulnerable to serious long-term problems. Their emotional reactions, including fear, depression, withdrawal, or anger, can occur immediately or some time after the tragic event, including the time when they are in college. Younger people who have experienced a catastrophic event often need support from parents and teachers to avoid long-term emotional harm. Most will recover in a short time, but the minority who develop PTSD or other persistent problems need treatment.<sup>[1]</sup>

Common symptoms of PTSD include:

- flashbacks
- nightmares
- emotional numbing
- avoidance of any reminders of the person who passed away
- [depression](#)
- substance abuse
- problems with peers
- anti-social behavior
- withdrawal and isolation
- physical complaints
- suicidal thoughts
- school avoidance
- academic decline
- sleep disturbances
- confusion

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## References

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[1] <http://www.nimh.nih.gov/publicat/violence.cfm>

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**4collegewomen.brandeis.edu: Interesting Links About College Women's Health**

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# Interesting Links About College Women's Health

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## Helpful Links

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1. [4Women.gov](#)
2. [Centers for Disease Control and Prevention](#)
3. [National Library of Medicine](#)
4. [globalhealth.gov](#)
5. [4 Girls Health](#)
6. [The President's Council on Physical Fitness and Sports](#)
7. [National Institute of Allergy and Infectious Diseases](#)
8. [National Institutes of Health](#)
9. [Healthier U.S.](#)
10. [National Institute on Drug Abuse](#)
11. [Office of the Surgeon General](#)
12. [College Drinking Prevention](#)
13. [Nutrition.gov](#)
14. [Substance Abuse and Mental Health Services](#)
15. [Health Finder](#)
16. [Heath & Human Services](#)
17. [U.S. Department of Labor: Bureau of Labor Statistics](#)
18. [Young Women's Health Info](#)
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20. [Anatomy of the Body](#)

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## General Health Information

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## Common Issues for College Women

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1. [Contraceptive Use and Methods in the U.S.](#)
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## Substance Abuse

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1. [CDC fact sheet on Tobacco](#)
2. [Marijuana](#)
3. [Information About Ecstasy, Methamphetamine, GHB and Others](#)
4. [Information on Anabolic Steroids](#)
5. [Information on Nicotine Addiction](#)
6. [NIDA for Teens: The Science Behind Drug Abuse](#)

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## Safety and Violence

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1. [CDC Injury and Violence Prevention and Control](#)
2. Bioterrorism
  1. [General Disasters and Emergency Topics](#)
  2. [Bioterrorism](#)
  3. [Department of Homeland Security](#)
  4. [CDC \(Emergency Preparedness and Response Branch\)](#)

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## NewsLinks

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1. [4women.gov news](#)
2. [medline plus latest Women's Health News](#)
3. [medlineplus general women's health news](#)
4. [FDA Women's Health in the News](#)
5. [FDA Office of Women's Health](#)
6. [NIH Office of Research on Women's Health](#)

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## Diseases and Conditions

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1. [Women and HIV/AIDS](#)
2. Tuberculosis
  1. [Healthfinder on Related Tuberculosis Topics: from Diagnosis to Treatment](#)
3. SARS (Severe Acute Respiratory Syndrome)
  1. [CDC: Basic Information on SARS](#)
  2. [CDC Resources on SARS](#)
4. Avian Flu
  1. [Key Facts About the Flu](#)

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**4collegewomen.brandeis.edu: Herpes**

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# Herpes

[What is Herpes?](#)

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## What is Herpes?

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Herpes is a contagious viral infection caused by the HERPES simplex virus (HSV). It affects 30 million Americans. And as many as 50,000 new cases occur each year (1).

### Types of herpes

Herpes is caused by a virus called herpes simplex virus (HSV). There are two types of HSV. HSV type 1 tends to cause sores on the lips (known as fever blisters or cold sores), but it can also infect the genitals. HSV type 2 causes sores on the genitals, but does, at times, also affect the mouth.

### How it spreads

Herpes most often spreads through skin-to-skin contact with active soars. Since the virus can infect both the mouth and the genital area, it commonly spreads through sexual intercourse, oral sex, and through contact with someone who recently touched a sore. HERPES can also live on inanimate objects. While such infections are rare, you should avoid sharing a towel with a person who has an active herpes outbreak.

Sometimes people have herpes outbreaks that are not visible. Therefore, you should always use condoms when having sex with a person who has herpes, regardless of whether or not the partner has a visible outbreak.

### Length and frequency

The length of an initial herpes episode is usually 2-3 weeks. After this, the virus will travel to the sensory nerves at the end of the spinal cord, where it will remain in an inactive state. In most people the virus will reactivate at times. After the first, herpes episodes usually last a day and occur at the same site as the original infection. All outbreaks of herpes are contagious.

Herpes recurrences vary in frequency and severity between person to person. Some people will only have one or two outbreaks in their life, while others may experience several attacks a year. The pattern of recurrences changes in most individuals over time.

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## How do you know if you have Herpes?

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Symptoms of an initial episode of herpes usually appear 2 to 12 days after being exposed to the virus. Typical early symptoms are:

- An itching or burning sensation
- Pain in the legs, buttocks, or genital area
- Vaginal discharge
- Abdominal pain or pressure

Within a few days, sores appear near where the virus has entered the body, i.e. the mouth or genital region. They also can occur inside the vagina, on the cervix, or in the urinary passage. At the beginning, small red bumps appear. These bumps then develop into blisters, and, later, become painful open sores. Over several days, the sores become crusty and then heal without leaving a scar. Some other symptoms that are associated with the first episode of genital herpes are:

- Fever
- Headache
- Muscle aches
- PAINFUL OR DIFFICULT URINATION
- Swollen glands in the groin area.

**IF YOU ARE HAVING DIFFICULTY URINATING, OR IF YOU EXPERIENCE PAIN WHILE URINATING, CALL YOUR DOCTOR IMMEDIATELY!!!**

### **Diagnosis**

Because herpes can appear differently in every individual, accurate diagnosis is essential. A doctor may administer a blood test to check if the HSV is in the body. A blood test, however, will not reveal whether the individual can pass the herpes virus to another person. To determine whether herpes is contagious, the doctor will touch a cotton swab to an active lesion to obtain a sample of the fluid for testing.

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## **What to do if you have herpes**

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Since herpes is contagious, it is very important to take a few precautionary steps to avoid spreading the virus:

- keep the infected area clean and dry
- try to avoid touching the sores
- wash hands after contact
- avoid sexual contact from the time the symptoms are first recognized until the sores have healed

There are several methods of minimize the pain and discomfort associated with herpes outbreaks.

- Salt Baths: To clean, soothe, and dry the soars in the vaginal area, use 1 tablespoon of salt for every 600ml of water, or about a handful of salt for a shallow bath.
- Pain relievers
- Loose cotton underwear can help alleviate discomfort and encourage the healing process

### **Medication**

There is no cure for herpes. Three drugs are currently available to help reduce the severity and frequency of the virus.

**Acyclovir** is a drug that can shorten the length of the initial herpes episode and make recurrences less severe. Acyclovir can be taken orally and must be taken within 24 hours of the onset of symptoms. Acyclovir has uncommon side effects including headaches, nausea, and diarrhea.

**Famciclovir** is a drug that is used to treat recurrences and prevent future outbreaks. Famciclovir reduces the amount of pain and the length of the recurrences. The side effects of famciclovir are mild with headache and nausea being most commonly reported.

**Valacyclovir** is a third drug that helps soars heal faster and reduces both the period of pain and the contagious period of the virus. In clinical tests, valacyclovir prevented the development of blisters in one third more patients who took the drug within 24 hours of noticing the first symptoms of the outbreak, compared to those who took a placebo (dummy pill) (3).

### Alternative Therapies

Some people use organic interventions to treat herpes. Two of the most commonly used are L-lysine and red marine algae. L-lysine is an amino acid that is found naturally in some foods. L-lysine is thought to slow the replication of HSV, especially HSV1. To maximize the efficiency of this amino acid, 500 mg (miligrams) to 1,000 mg should be taken on an empty stomach, and the intake of foods such as nuts, seeds, peas, and chocolate should be reduced. The second uses red marine algae. In some lab tests, red marine algae has been shown to inhibit herpes virus, however definitive tests to evaluate this intervention in humans are lacking (4).

Learn more about [alternative therapies for HSV](#).

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## How to prevent outbreaks.

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Though we do not know what causes the outbreaks, recurrences are thought to be triggered by:

- Stress
- Other illness
- Menstruation
- Fatigue
- Exposure to sunlight

While outbreaks are never predictable, the number of outbreaks can be reduced through:

- A proper diet and exercise to build up the immune system
- Proper amount of sleep
- Stress management techniques, such as meditation
- Avoiding extended exposure to sunlight

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## Pregnancy

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Herpes can be spread to an infant during birth. The risk is greatest in babies whose mother contracts HSV during the final trimester of birth. The virus can be spread to a child through:

- HSV being present in the birth canal during delivery.
- Kissing by someone who suffers from cold sores.
- In rare instances, by touching an active cold sore and immediately touching the baby.

If the mother contracted the HSV virus before pregnancy, she will rarely pass the virus to her child. Regardless of when a woman is first infected, if she has herpes and is pregnant she should see a doctor.

For more information, try visiting [Herpes Simplex and Pregnancy](#).

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## References

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1 Adapted from <http://www.4woman.gov/faq/stdherpe.htm>

2 Adapted from <http://www.niaid.nih.gov/factsheets/stdherp.htm>

3 Adapted from <http://www.herpesalliance.org/resources03.asp>

4 Adapted from [http://www.drweil.com/qa\\_answer/0,3189,8,00.html](http://www.drweil.com/qa_answer/0,3189,8,00.html)

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**4collegewomen.brandeis.edu: HIV/AIDS**

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## HIV/AIDS

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[How long does it take for HIV to cause AIDS?](#)

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### What is HIV?

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HIV/AIDS is something that everyone should know about. In June of 2000 the CDC reported that there were 753,907 total AIDS cases in the United States with 124,911 of them in females.(2) Although more cases are reported in males than females, college women still need to be aware of the disease and its consequences, especially during such a crucial time of life as college when they are embarking upon new experiences (1). HIV (human immunodeficiency virus) is the virus that causes AIDS (Acquired Immune Deficiency syndrome). Because men were the main focus of treatment for this epidemic, women with HIV were often diagnosed and treated later during the infection than men. Additionally, a woman's reproductive system presented new issues for doctors to consider when evaluating women patients (3). Therefore it is important for women to be educated about the disease and how it specifically affects females in order to prevent future infection.

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### How Is HIV transmitted?

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This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding. Many people who acquire an HIV infection will develop AIDS as a result.

HIV can be spread through contact with the following body fluids:

- blood

- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

These are additional body fluids that may transmit the virus; health care workers are at increased risk:

- cerebrospinal fluid surrounding the brain and the spinal cord
- synovial fluid surrounding bone joints
- amniotic fluid surrounding a fetus

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## What is AIDS?

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An HIV-infected person receives a diagnosis of AIDS after developing one of the Center for Disease Control-defined AIDS indicator illnesses. An HIV-positive person who has not had any serious illnesses also can receive an AIDS diagnosis from a doctor on the basis of certain criteria, including blood tests (CD4+ counts) that tell how many of a certain kind of white blood cell are present in addition to other tests performed by physicians (5).

AIDS is characterized by the presence of "opportunistic infections" because the presence of HIV is able to weaken the body's responses to illnesses and allow diseases commonly considered as less dangerous to damage the body much more easily (6). This can create a life-threatening situation that requires medical attention.

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## Where did HIV come from?

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Scientists are not sure, but there are several different theories. The first instance of HIV infection occurred in a man from Africa. His blood was taken in 1959 and researchers later found that he was probably infected with one type of the virus (HIV-1) that is thought to have occurred during the late 1940s to early 1950s.

The United States has been home to HIV since the 1970s and was originally found in urban areas predominantly among the gay populations. Later the virus was found to infect all types of people, especially young women and minorities, allowing opportunistic infections such as Kaposi's sarcoma and *Pneumocystis carinii* pneumonia to take hold in previously healthy people.

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## How can I tell if I'm infected with HIV and what are the symptoms?

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The only way to know for sure if you are infected with HIV is to be diagnosed by a medical expert. You should not rely upon the presence of symptoms to tell you whether you are infected since many people who live with HIV exhibit no symptoms at all.

However, certain warning signs include (7):

- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids

- memory loss, depression, and other neurological disorders

However, do not jump to conclusions if you show any of these signs since the only way to tell for sure if you are infected is to be tested.

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## How long does it take for HIV to cause AIDS?

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The time it takes for HIV to cause AIDS varies among individuals, though scientists estimate that the average length is approximately 10 years. Additionally, with the new medications on the market today, people can live with HIV longer before developing AIDS. (8)

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## What are the treatment options?

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There is no cure for the HIV infection but here are some treatment options:

- [Nucleoside Analogs](#)
- [Protease Inhibitors](#)
- [Non-Nucleoside Reverse Transcriptase Inhibitors](#)

Learn more about the various [treatments](#)...

Learn more about [possible drug interactions](#)...

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## Prevention Tips.

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Remember, HIV/AIDS prevention is linked to our behavior. By practicing all the following, you can greatly reduce your risk of getting HIV/AIDS:

- If you are having sex, make sure your partner is HIV negative. (Go get tested together - if you're sexually active you should be getting tested for STD's every 6 months)
- Abstinence is foolproof, but if you decide to have sex, whether it's oral, vaginal, or anal sex, use male or female condoms (latex or polyurethane) every time you have sex.
- Do not do drugs. If you are, however, addicted to intravenous drugs, do NOT share needles. Sharing needles and other drug paraphernalia can spread the disease to you.
- If you or your partner had a blood transfusion between 1978 and 1985 or an operation or blood transfusion in a developing country at any time, get tested.

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## References and Resources

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1 Adapted from <http://www.cdc.gov/hiv/pubs/faqs.htm>

2 <http://www.cdc.gov/hiv/stats/cumulati.htm>

3 <http://hab.hrsa.gov/womencare.htm>

4 Adapted from <http://www.aoa.dhhs.gov/aoa/pages/agepages/aids.html>

5 <http://www.cdc.gov/hiv/pubs/faq/faq2.htm>

6 <http://www.cdc.gov/hiv/pubs/faq/faq2.htm>

7 <http://www.cdc.gov/hiv/pubs/faq/faq5.htm>

8 <http://www.cdc.gov/hiv/pubs/faq/faq4.htm>

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**4collegewomen.brandeis.edu: Human Papilloma Virus**

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# Human Papilloma Virus

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## General Information

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Human papilloma virus (HPV) is one of the most common sexually transmitted diseases (STDs) in the world. Experts estimate that as many as 24 million Americans are currently infected with genital HPV and nearly 74 percent of sexually active Americans have been infected with genital HPV at one point in their lives (1). Young women are especially at risk for HPV-one study reported that 60 percent of female college students were infected with the virus at some point during these years (3).

There are over 70 different types of HPV, and not all of them are sexually transmitted. For example, some types of the virus may cause the common warts found on hands and feet and do not cause genital warts. About one-third of the different types of HPV are spread through sexual contact and can cause genital warts. Like many STDs, HPV may cause a silent infection -- one that does not have visible symptoms (3). Because it may be difficult to tell if you are infected, there is the potential risk that the infection will become more serious, if left untreated. You may also transmit the virus unknowingly to others. If you are sexually active, it is important to go for yearly Pap Smear tests so that HPV and genital warts can be detected as early as

possible.

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### What Causes Genital HPV and Genital Warts?

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Genital HPV is passed from one person to another by sexual contact and may cause warts to appear in or around the vagina, anus, and less commonly, the cervix. Although vaginal and anal sex are the most common means to transmit the virus, exchange of bodily fluids is not necessary in order to become infected! Just touching another genital wart is enough contact to catch the disease. Genital warts can also develop in the mouth or throat of a person who has had oral sex with an infected partner, although this is very rare. Transmission of the disease is most likely when genital warts are visible, but people with the HPV virus without visible genital warts are still contagious.

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### Am I at Risk?

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Anyone who has had sexual contact with an infected person is at risk for HPV and genital warts. Even if you do catch the virus, you might not be able to see any changes because the virus can remain latent for up to several years or even a lifetime. (4) If you use male or female condoms, you are still susceptible to infection, since the virus can be passed on through just touching the infected area. Having multiple sexual partners or engaging in sexual activity with people you don't know very well places you in greater risk for contracting HPV or genital warts, as well as many other STDs.

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### How do I know if I have HPV or Genital Warts?

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Genital HPV is passed from one person to another by sexual contact and may cause warts to appear. HPV is often asymptomatic (shows no symptoms) so a person may not know they have the disease even though they are contagious. However, when genital warts caused by the virus do occur they can appear in or around the vagina, anus, and less commonly, the cervix. The warts often appear flesh-colored or grayish-white. They can be tiny or large and can occur in clusters or alone. They are usually painless, but some people may have itching, burning, or slight bleeding from these areas. (5) If you notice any of these changes, contact your local health-care provider.

For pictures of genital warts, visit [thebody.com](http://thebody.com) or [Health Central](http://Health Central).

*But be warned that many of these pictures are very graphic and represent extreme stages of infection.*

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### Diagnosis

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A doctor can usually diagnose genital warts by direct visual examination. Women with genital warts also should be examined for possible HPV infection of the cervix. The doctor may be able to identify some otherwise invisible changes in the tissue of the cervix by applying vinegar (acetic acid) to areas of suspected infection. This solution causes infected areas to whiten, which makes them more visible, particularly if a procedure called colposcopy is performed. During colposcopy, a magnifying instrument is used to view the vagina and uterine cervix. In some cases, it is necessary to do a biopsy of cervical tissue. This involves taking a small sample of tissue from the cervix and examining it under the microscope to look for an infection.

A Pap smear test also may indicate the presence of cervical HPV infection. A Pap smear is a microscopic examination of cells from the cervix. The presence of abnormal cells can be associated with HPV infection.

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### Am I at Risk for Cancer?

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You may have heard that HPV or genital warts cause cervical cancer. Although cervical cancer can be traced back to a few different types of HPV, cervical cancer itself is a rare disease. Studies suggest that whether or not a person will develop cancer depends on a variety of factors that act together with HPVs. These factors include smoking, decreased resistance to infection, and infections with agents other than HPVs. In addition, behaviors that increase a person's chance of getting an HPV infection, such as beginning sexual intercourse at an early age and having many sexual partners, are also risk factors for the development of cervical cancer. Frequent Pap smears and careful medical follow-up, with treatment if necessary, can help ensure that the mild abnormalities in the cervix caused by HPV infection do not develop into cancer.

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### Is there Treatment for HPV or Genital Warts? (5, 7)

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Currently, there is no treatment for HPV. Once a person is infected, the virus remains in the body forever. However, the virus may become inactive and not cause any changes or symptoms. Genital warts caused by HPV can be treated by removal through several means, including the following methods:

- **Podofilox cream or gel** - a prescription cream that you can apply yourself
- **Imiquimod cream** - another prescription cream that is self-applied
- **TCA (trichloroacetic acid)** - a chemical applied by a doctor or nurse to surface of wart
- **Cryotherapy** - freezing off smallwarts with liquid nitrogen
- **Electrocautery** - burning off small warts with an electrical instrument
- **Laser treatment** - destroying larger warts with intense light. This method may be more expensive and less widely available
- **Interferon** - an antiviral drug inserted into recurrent warts. This drug is expensive, does not prevent recurrence, and has many side effects and so isn't very common.

Even after warts are removed, there is a chance of recurrence. However, over time, the frequency of recurrences decreases, and outbreaks may be eliminated entirely after about two years. Illness, medication, or stress, however, may prevent the body from fully preventing recurrences. Although it may be difficult with exams and the stresses of everyday life to take care of yourself, eating healthy, exercising, and getting enough sleep are important factors in enhancing you ability to fight off infections.

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### Prevention

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Since HPV infection is caused by direct contact with the virus through sexual activity, the best protection is to abstain from sex. But if you do decide to have sex:

- Don't engage in sexual contact with someone who has untreated genital warts
- Don't touch warts or areas that have been infected with HPV
- Always use a latex condom. But since the condom doesn't cover the entire genital area, there is still risk of infection (8).
- Limit your amount of sexual partners. Multiple partners increase your chance of contracting any STD including HPV.

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## References

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1 <http://www.ashastd.org/hpvccrc/hpvmyth.html>

2 Gloria Y.F. Ho, et al., "Natural History of Cervicovaginal Papillomavirus Infection in Young Women," New England Journal of Medicine 338.7 (1998): 423-428.

3 <http://www.niaid.nih.gov/factsheets/stdhpv.htm>

4 <http://www.ashastd.org/hpvccrc/hpvmyth.html>

5 <http://obgyn.uihc.uiowa.edu/Patinfo/STD/WARTS.HTM>

6 <http://www.ashastd.org/hpvccrc/gw.html>

7 <http://www.niaid.nih.gov/factsheets/stdhpv.htm>

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**4collegewomen.brandeis.edu: Insurance Issues in College**

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# Insurance Issues in College

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Despite the importance of health insurance at all stages of life, it is often on aspect of college life that students do not take into consideration.

Many states have requirements that make all college students have health insurance. The Massachusetts Universal Health Care Act, for example, requires all college students in three-quarter (nine credits per semester) to full-time enrollment to participate in a qualifying health insurance program.<sup>[1]</sup> Students typically have two choices when it comes to choosing a health insurance plan: their family plan or one through their college.

Here are some things to consider when purchasing insurance through your schools:<sup>[2]</sup>

- Is the plan an HMO, or can I use any health provider?
- What services are offered free or low-cost in the campus health center?
- Is the campus health center open 24 hours? How is it staffed?
- Are emergency room visits covered in all situations or only in specific situations?
- Does the plan cover me when I am on vacation (i.e. spring break)?
- Does the plan cover me during the summer if I'm not taking any classes?
- Are hospitals in the college area accessible and utilized?
- Does the plan include mental health treatment?
- What preexisting conditions are excluded?

A factor to consider when deciding to stay with your family's health insurance plan is how long you can remain insured. Some will allow any full-time students to remain on their parents' plan until they graduate; some provide a post-graduation grace period, while others require you to pay more once you move out of state. The only way to know for sure what your plan stipulates is to contact your provider.

Besides Health Insurance, there are other types of insurance that college students and recent college graduates will need to consider.<sup>[3]</sup>

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## Renters Insurance

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Renters insurance is a form of a homeowners policy that protects your belongings from problems like fire and theft. For instance, if your new suitemate drops your stereo or her friend just happens to take it home with her, to another country, your landlord's insurance will not cover the cost to replace it. This is where renters' insurance comes in.

Renters insurance is similar to car insurance in that it covers, up to a certain amount depending on your policy, your liability for damages that you or members of your family (including that pesky kitten you love so much) may inadvertently cause to other people.

There are two types of renters insurance: replacement value and actual cash value.

- Replacement value replaces the damaged item with another one of the same kind according to current prices.
- Actual cash value is replacement cost minus depreciation, which means you will get less money than it will cost to replace the item.

When purchasing renters insurance, be sure you find out about coverage limits for items like computers, televisions and jewelry as you may need additional coverage for more expensive valuables.

When you move into a new apartment, especially if it is with people you don't know well, it is a good idea to take an inventory of everything you own in the apartment. One way to do this is to take pictures to document specific items and models. Don't keep the pictures in your apartment, though. Give them to your parents to store, or put them in a safety deposit box at the bank. Should something happen to your belongings you will be glad you have proof of what was lost or damaged.

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## Car Insurance

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Many college students decide to buy their first cars during or immediately after college. One thing many new-car buyers do not consider is the high cost of insurance. It is important to calculate this added monthly cost to the amount you will pay for the car, as it can become a real financial burden.

REMEMBER -- If you can't afford the insurance, you can't afford the car.

Here are a few suggestions for reducing the cost of your car insurance policy:

- Consider purchasing a low-profile car. If no thief in his right mind would want to steal your junker, your policy will be significantly lower. (No one needs to know about what's under the hood, in this business it's looks that matter most.)
- Raise your deductible.
- Install anti-theft devices.
- Drop collision coverage if it's an older car.

Also, as with any expensive purchase, prices may vary from insurance company to insurance company so it may pay to shop around.

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## Finding An Insurance Agent Or Company

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Ask around. Your friends, co-workers, boss, parents, or relatives may have great suggestions for inexpensive but effective insurance plans. Almost everyone changes providers at one point or another so asking these kinds of questions may provide you with a breadth knowledge that you would not find elsewhere.

Contact your state insurance department for information about agents and companies in your area. Many state insurance departments also have cost comparison surveys that will make the legwork easier.

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## References

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[1] Adapted from <http://ecampus.bentley.edu/dept/hlth/insur.html>

[2] Adapted from [http://www.insurance.com/insurance\\_options/health/health\\_plan\\_students.asp](http://www.insurance.com/insurance_options/health/health_plan_students.asp)

[3] Adapted from [http://www.iii.org/inside.pl5?individuals=other\\_stuff=/individuals/other\\_stuff/twentysonethings.html](http://www.iii.org/inside.pl5?individuals=other_stuff=/individuals/other_stuff/twentysonethings.html)

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**4collegewomen.brandeis.edu: Health Internships**

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# Health Internships

There are many resources you can use to find an internship in the Health and Medical fields.

- One good way is to check out your college's career office. Most of them will have a listing online or they will be able to direct you to books that can help with your search.
- Another good method is to become a member on public job search tools online, such as Monster.com, experience.com and jobtrak.com. These sites allow you to specify the type of internship, and they often have huge lists.

Below are a few organizations that offer lists of internships or sponsor internship programs themselves. You could also try asking in your local Department of Health office for programs in your area.

A database of resources that can help support minority health projects and other health related programs. This database lists all sorts of organizations including: private and public foundations; pharmaceutical and insurance organizations; journal articles, directories, books; fellowships, scholarships and internships; and federal state and community resources.

### **Internships Resources from Specific Organizations**

#### **[The National Institutes of Health](#)**

The NIH offers resources for students to find internships and information.

#### **[The HHS Office of Minority Health Resource Center](#)**

Internship Opportunities.

#### **[Career Services and Placement](#)**

Part of the Career Services Network.

#### **[The American Public Health Association](#)**

International Health and other types of internships.

#### **[Public Health and Preventive Medicine](#)**

This is a listing of possible public health and preventive medicine internship sites.

#### **[World Health Organization](#)**

The place to look if you're interested in finding an internship in international health. This site is not as straight forward as some so you'll have to spend a little more time figuring out where in WHO you want to apply to intern. However, the effort may be worth it if you manage to snag one of these coveted positions.

**[Students.gov](#)** Follow the "internships" link.

#### **[U.S. Food and Drug Administration Internships](#)**

This is an internship for the U.S. Food and Drug Administration at the Northeast Regional Testing Laboratory on York College of CUNY Campus located in Jamaica, NY.

#### **[Government Relations Internship](#)**

The American Public Health Association offers internships to undergraduate and graduate students, as well as recent graduates. The APHA is a non-partisan, non-profit, professional membership association.

#### **[District of Columbia Student Internship Program](#)**

The Student Internship Program offers an internship in the Department of Health.

#### **[AFC](#)**

The Aids Foundation of Chicago is seeking a Program Research Intern.

#### **[National Women's Health Network Internships](#)**

Recently interns have researched AIDS, reproductive rights, breast cancer, environmental health, older women's health, new contraceptives, and the role of the Internet in women's health education and organizing. Becoming a National Women's Health Network intern allows you to develop health research skills while exploring the worlds of public policy, health education and feminist organizing. Past interns tell us that the exposure and skills they gained at the Network changed their lives.

### [Our Bodies Ourselves Intership](#)

Inspiring a Movement of Women's Health Around the World.

### [Association of Schools of Public Health](#)

Internships & Fellowship Programs: ASPH/CDC/ATSDR Internship.

### [Summer Jobs and Internships](#)

You can use summer jobs, internships, and other work in Ithaca, at Cornell, or beyond, externships and other experiential programs, as well as volunteering, research, and teaching assistantships to explore and nurture your interest in the health professions.

### [HHS Employment Opportunities for Students](#)

There are both paid and student volunteer opportunities with the Department of Health and Human Services. To be eligible, you must be enrolled at least half time.

### [CIT Student Summer and Internship Employment Opportunities](#)

The Center for Information Technology (CIT), the main computing center of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS), is seeking highly motivated and talented students for internships and summer employment. Positions are part time with flexible hours and can be full time during the summer.

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**4collegewomen.brandeis.edu: Learning Disabilities**

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# Learning Disabilities

[Learning Disabilities](#)

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## Learning Disabilities

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### Learning Disabilities

Imagine having important needs and ideas to communicate but being unable to express them. Imagine feeling bombarded by sights and sounds, but being unable to focus or sit still. Imagine trying to read or add, but struggling to make sense of the letters or numbers.

These difficulties make up the common daily experiences of millions of women with learning disabilities. Speech or language impairments alone cause disability in an estimated 6 to 8 million Americans. Despite the challenges imposed by these impairments, the majority of people with learning disabilities live with happy, productive lives.

The specific criteria for defining learning disabilities may vary according to the source, whether the educational system, the federal government, health care provider and consumer groups, or states. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, however, there are three broad categories of learning disabilities:

- Developmental speech and language disorders
- Academic skills disorders (reading, writing, and arithmetic disorders)
- Other, which includes coordination, spelling, and memory disorders

Learning disabilities affect many different areas of academic performance:

- Spoken language: Delays, disorders, and discrepancies in listening and speaking
- Written language: Difficulties with reading, writing and spelling
- Arithmetic: Difficulty in organizing and integrating thoughts
- Organization skills: Difficulty in organizing all facets of learning

The cause of learning disabilities is still unknown. However, possible contributing factors may include:

- hereditary
- complications in pregnancy or at birth
- chemical imbalance
- toxins
- a lag in nervous system development

A Learning Disability is NOT:

- A form of mental retardation or an emotional disorder
- Primarily due to other handicapping conditions, environmental, or cultural influences. It may occur concomitantly with other handicapping conditions but is not the result of these conditions.

#### **Characteristics of College Students with Learning Disabilities**

Many college students with learning disabilities are intelligent, talented, and capable. Typically, they have developed a variety of strategies for compensating for their learning disabilities. However, the degree of severity of the disability varies from individual to individual.

Individuals affected by learning disabilities may experience one or many of the difficulties associated with specific oral and written skills.

#### **Reading Skills**

- Slow reading rate and/or difficulty in modifying reading rate in accordance with material's level of difficulty
- Uneven comprehension and retention of material read
- Difficulty reading for long periods of time

#### **Written Language Skills**

- Difficulty planning a topic and organizing thoughts on paper
- Difficulty with sentence structure (e.g. incomplete sentences, run-ons, poor use of grammar, missing inflectional endings)
- Frequent spelling errors (e.g. omissions, substitutions, transpositions), especially in specialized and foreign vocabulary
- Difficulty effectively proofreading written work and making revisions
- Compositions are often limited in length
- Slow written production
- Poor penmanship (e.g. poorly formed letters, incorrect use of capitalization, trouble with spacing, overly large handwriting)
- Inability to copy correctly from a book or the blackboard

#### **Oral Language Skills**

- Inability to concentrate on and to comprehend spoken language when presented rapidly
- Difficulty in orally expressing concepts that they seem to understand
- Difficulty speaking grammatically correct English
- Difficulty following or having a conversation about an unfamiliar idea
- Trouble telling a story in the proper sequence
- Difficulty following oral or written directions

#### Mathematical Skills

- \*Incomplete mastery of basic facts (e.g. mathematical tables)
- \*Reverses numbers (e.g. 123 to 231 or 231)
- \*Confuses operational symbols, especially + and x
- \*Copies problems incorrectly from one line to another
- \*Difficulty recalling the sequence of operational concepts
- \*Difficulty comprehending word problems
- \*Difficulty understanding key concepts and applications to aid problem solving

#### Organizational and Study Skills

- Difficulty with organization skills
- Time management difficulties
- Slow to start and to complete tasks
- Repeated inability, on a day-to-day basis, to recall what has been taught
- Lack of overall organization in taking notes
- Difficulty interpreting charts and graphs
- Inefficient use of library and reference materials
- Difficulty preparing for and taking tests

#### Attention and Concentration

- Trouble focusing and sustaining attention on academic tasks
- Fluctuating attention span during lectures
- Easily distracted by outside stimuli
- Difficulty juggling multiple task demands and overloads quickly
- Hyperactivity and excessive movements may accompany the inability to focus attention

#### Suggestions for College Students

If you know you have a learning disability and have documentation, talk with your instructors before the semester begins or following the first class. If you think the condition that you have may be a learning disability, but aren't sure, contact a staff member in the student services office for the physically challenged, counseling services, or learning assistance center on campus.

1. Set realistic goals and priorities for course work.
2. Be prepared to request "reasonable accommodations" in your course work so you can learn and demonstrate your knowledge of course material. This is your right under Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of a handicap.
3. Become knowledgeable and comfortable about describing your disability so you can advocate for yourself with faculty.
4. Keep only one calendar with all relevant dates, assignments, and appointments. Do not try to keep a schedule in your head.
5. Sit toward the front of the classroom to maximize your contact and to reduce distractions.
6. Use a tape recorder during lectures. Selectively tape-record key points using the "pause" switch.
7. Listen to the tape or review your written notes as soon as possible after class to refresh your memory and to fill in any gaps.
8. Estimate how long a given class assignment will take, generally planning on two hours outside of class for every hour in class. Build in study breaks; fatigue is a big time waster.
9. If you learn better by listening to others and then discussing what you have learned, start a study group.

10. Make notes of any questions you might have so that they can be answered before the next exam.
11. If you are having trouble or feel overwhelmed, talk with the professor immediately. Do not hesitate to seek help. It is critical that you link-up with campus supports before you fall behind in your work.

**Additional On-Line Resources:**

[National Center for Learning Disabilities](#)

[Scholarships](#) are available for learning disabled students pursuing an undergraduate degree.

[Department of Education](#)

**Publications:**

Colleges With Programs for Learning Disabled Students

"College Students with Learning Disabilities", a pamphlet distributed by AHEAD, Association on Higher Education and Disability, P.O. Box 21192, Columbus, OH 43221.

\*From libraries, at book stores or write Peterson's Guides, P.O. Box 2123, Princeton, NJ 08543-2123, 800-338-3282

\*\* Information adopted from <http://www.4women.gov/wwd/index.htm>

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**4collegewomen.brandeis.edu: Menstrual Products**

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## Menstrual Products

[Your Menstrual Cycle](#)

[Sanitary Napkins](#)

[Tampons](#)

[Tampon Safety](#)

[Menstrual Cup](#)

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### Your Menstrual Cycle

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The menstrual cycle is a finely tuned sequence of events your body controls in order to prepare for a potential pregnancy.? A girl first experiences a menstrual period, which is characterized by monthly bleeding, during a time called puberty, usually during her teen years.? The menstrual cycle involves many factors and is regulated through the increase and decrease in the amounts of different hormones present. A part of your brain called the hypothalamus controls the release of hormones like the follicle stimulating hormone (FSH) and leutenizing hormone (LH).? FSH causes the eggs in the follicles of the ovaries to mature.?

When an egg is mature a surge of the hormone estrogen triggers LH to stimulate the release of the egg from the follicle (ovulation) so that it can travel down the fallopian tubes to the uterus where it can be fertilized by a sperm. Meanwhile, the discarded follicle, now called the corpus luteum causes increased amounts of the hormones estrogen and progesterone to prepare your body for the egg that may become fertilized to produce a baby. However, the corpus luteum only lasts for a short while, and when it degrades completely the hormone levels decrease and the menstrual bleeding begins, removing the egg and preparing the body for the cycle to begin again. [\[1\]](#)

Once the day comes when you have your menstrual period, before dealing with cramps, bloating or any other symptoms, the most basic thing you have to deal with is figuring out what kind of feminine protection works best for you. There are many choices that catch or absorb your flow. Additionally, you should wash the area daily with mild soap and water. In the past, women had very few menstrual product options to use during menstruation. Cloth pads were the usual menstrual "device" before the introduction of commercial disposable pads in the late 1800s. The first disposable pad in 1921 measured 22 inches (56 cm.) long, and the filler was 3.5 inches (9 cm.) wide [\[2\]](#). Today there are various options available, but it is important to use the product that is right for you. Here is a list of various menstrual products with descriptions of what they are and where they can be found.

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## Sanitary Napkins

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Sanitary napkins, most commonly referred to as pads, are worn outside the body and placed in the underwear. There are various options available regarding materials used. Disposable pads are thrown away after each use and can be purchased just about anywhere. They are usually rectangular wads of cotton inside a liner. They have a sticky backing so they can be affixed to your underwear and come in different sizes and thicknesses, some with "wings" so that they wrap around the sides of your underwear to prevent stains

Reusable or washable pads used by some women are rinsed out after each use. Women in our society have tended not to use reusable pads because they are seen as an ancient way of protecting yourself during your period.

Some women with sensitive skin prefer the reusable pads because they cause less rashes and skin irritation from the friction between the sanitary napkin and the skin. Washable pads are more difficult to find in stores; the best places to look are online.

Pads can be worn until they are fully saturated, usually 4-6 hours, however there are some specific varieties for nighttime use. When menstrual blood comes in contact with the air, it dries and develops an odor. Controlling the odor is simple, just change your pad regularly, at least a few times a day and whenever the pad becomes soaked through.

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## Tampons

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Tampons are cylinders made of cotton, rayon or other synthetic fibers. They are inserted into vagina, where they absorb menstrual flow before it leaves your body. Tampons are inserted with a finger or by using a disposable cardboard or plastic applicator. A string attached to the tampon hangs outside the body so you can remove the tampon by pulling on the string. Women have probably used tampons for thousands of years, but the first commercial tampons were sold in the 1920s and 1930s.

Different companies make their tampons out of different materials. Some companies sell "environmentally friendly" tampons made without additives and with unbleached cotton. Also, tampons come in many different absorbencies, ranging from light flow to super plus absorbency.

Tampons, when inserted correctly, are quite comfortable and can't be felt at all. At first, it may take a little practice to get the hang of inserting and removing them, but, after a while, most women find them to be pretty convenient. If you are a first time user, you may prefer tampons that come with an applicator. Tampons without applicators have to be pushed inside with your finger, and it can be a little harder to find the right spot. Whichever tampon you purchase will come with detailed instructions on how to insert it [\[6\]](#). Check the [other resources](#) section for websites that offer detailed instructions and pictures for first time users.

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## Tampon Safety

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There is a small danger of developing [TSS \(Toxic Shock Syndrome\)](#) when using tampons. Read about TSS and how to prevent it from the [FDA](#). Symptoms of TSS include a sudden high fever, vomiting, diarrhea, dizziness, and/or fainting. While you are at risk for TSS when using tampons, the risks have been lessened over the past 20 years. [Read more](#) about historical perspectives and the reduced incidence of menstrual Toxic-Shock Syndrome. If you change tampons regularly (every 4-6 hours) tampons are generally safe [\[7\]](#).

Recently, there has been some controversy and concern about the safety of tampons. Some are concerned that the tampons being sold in the United States and elsewhere may be contaminated with asbestos and/or dioxins (chemicals that have been linked to a variety of health problems, including cancer, infertility and immune system diseases). The Food and Drug Administration continues to insist that tampons are safe. There is, however, a lack of conclusive research on this topic.

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## Menstrual Cup

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The menstrual cup is a relatively new means of menstrual protection introduced in the 1990s in the United States. Similar to a diaphragm, the cup is a small, flexible latex or rubber device that you insert inside the vagina and can be work up to 12 hours. You take it out and empty it regularly (when the cup fills up with blood), then put it back in again. The cup holds tight against your body with to prevent leakage. However, the cup may require a higher level of comfort with your own body than either of the other methods. There are two varieties of cups: disposable and reusable. Some disposable brands are used once and thrown away and some are used for the duration of the period and then disposed of afterwards. The reusable brand can be used up to 10 years or more. Disposable menstrual cups can be found at certain health and beauty stores. The reusable cup can only be found online and is FDA accepted. Some women with active lifestyles find the cup to be reliable, comfortable and cleaner than other products. Women that are uncomfortable with the site of blood might want to opt for a different product. [\[8\]](#)

Here is a table of Pros and Cons that summarizes the information above for each product to help you better determine which is the right product for you:

Type of Menstrual Product	Pros	Cons
Disposable Pad	Easy Safe Simple Widely Available	Can feel bulky Can be messy Tends to have an odor Women complain of skin irritation Not environmentally friendly
Reusable Pad	Easy Safe Environmentally Friendly Less Irritation	Can feel bulky Can be messy Requires level of comfort with your body Primarily purchased online
Tampons	Don't feel bulky or messy You can easily swim/be active Small and discreet	You have to get comfortable with putting them in and taking them out Risk of TSS

Menstrual cup	Don't feel bulky or messy	You have to be comfortable with you body to insert and remove
	You can easily swim, be active	You have to be comfortable with the site of blood
	Small and discreet	
	Less leakage than tampons	

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## References

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[1] <http://www.parentsplace.com/health/adulthealth/gen/0,3375,14431-1,00.html>

[2] <http://www.mum.org/washpdit.htm>

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**4collegewomen.brandeis.edu: Menstruation**

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# Menstruation

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Getting your period is not only an indication that a girl is entering womanhood, but it is also a physiological indication that your body is capable of having a baby. From the moment a girl gets her first period, usually around age 13, but sometimes as early as age 8 and as late as age 19, she will experience many physical as well as emotional changes. At first these changes might not be so comfortable or even welcomed, but whether we like it or not, they're here to stay for a while, so let's make the best of it!

The first step is getting to know your body and understanding what is happening during your menstrual cycle:

Your period is usually on a cycle of 28 days, though different women's cycles vary by a few days. The day you start bleeding is considered the first day of your cycle, meaning that 28 days or so from then you will bleed again and then your cycle will start all over. In other words, from the first day of one period until the first day of the next is your menstrual cycle. You will have your menstrual cycle until you begin menopause.

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## What Happens During My Period?<sup>[1]</sup>

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A woman's reproductive system is largely controlled by two powerful hormones -- estrogen and progesterone. Women have two ovaries that store thousands of microscopic eggs. Girls are born with all the eggs they will ever have, but these eggs do not fully mature until they are ready to be released from an ovary.

Preparation for release of an egg from an ovary is triggered by production of high levels of these two hormones by the ovaries.

These hormones trigger certain changes in the endometrium, the lining of the uterus.

In preparation for releasing an egg, the lining of the uterus begins to thicken and build up a blood-rich lining for a possible pregnancy.

Estrogen then stimulates the ovaries to release a ripe egg, also referred to as ovum. The release of the egg is called ovulation, and it occurs at the midpoint in the cycle - usually day 14 of a 28-day cycle, for example. An egg is released from alternating ovaries once a month.

Women don't usually feel their bodies ovulating, but some might notice mild cramping or experience PMS-like symptoms. Other women actually feel at their best during ovulation. It's different for different people. Sometimes a woman will have some spotting of blood for a day or two after ovulation. This is normal, but it is not her period.

There are usually 14 - 16 days from ovulation to the beginning of a woman's period. However, the time from the beginning of your period to the next ovulation may vary -- it may be less than one week or it may be two weeks or more. From the ovary, the egg moves into one of the fallopian tubes.

Once in the fallopian tube, one of two things can happen to the egg:

1. It can get fertilized by a male's sperm
2. It breaks down if not fertilized

If a male's sperm fertilizes the egg, the fertilized egg will take about 5 days to travel down the fallopian tube and attach to the thick, blood-rich lining of the uterus where it will nest and develop into a zygote. This is the beginning of a pregnancy.

If it's not fertilized, the egg begins to fall apart, the estrogen and progesterone levels drop, and the uterine lining breaks down and is shed - this bleeding is what's known as your "period". The lining sheds and flows out of your uterus, through your cervix, through your vagina, and out of your body.

Periods usually last from three to seven days. The flow usually starts light. It can get heavy for two or three days then get light again until it stops. It often starts off a rusty color, and then gets redder. It can then lighten up to a rust color again until it stops.

If you keep track of when your period comes each month (mark it on a calendar), it will help you to figure out what your own personal cycle is. If you find that your cycle is fairly regular, it can help you predict when you'll get your period. But remember, your body is not a machine - your cycle can shift and change without warning.

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## Knowing What's Regular and What's Irregular About Your Cycle

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### Cramping and Dysmenorrhea<sup>[2]</sup>

More than half of menstruating women experience cramp-like pain during their periods. Cramps are usually felt in the pelvic area and lower abdomen, but can radiate to the lower back or down the legs.

Mechanically, cramps are like labor pains. Just as the uterus contracts to open up the cervix (neck of the uterus) and push out a

baby, it contracts to expel menstrual blood. Often, after several years of menstruating or after childbirth, the cervical opening enlarges. The uterus doesn't have to contract as much to discharge the menstrual flow, so there is less cramping.

Menstrual pain may also come from the bleeding process itself. When the uterine lining separates from the wall, it releases chemicals called prostaglandins. Prostaglandins cause blood vessels to narrow, impeding the supply of oxygen to the uterus. Just as the pain of a heart attack comes from insufficient blood to the muscles of the heart, too little blood to the uterine muscle might cause the pain of menstrual cramps.

Menstrual pain can have other causes, although these are rare among younger women. They include:

- Tumors
- Fibroids
- Fallopian tube infection
- Endometriosis

Sometimes, simple measures are all that's needed to feel better. Cutting down on salt might help reduce fluid buildup, and support hose may alleviate swelling in the legs or ankles. Crawling into bed for some extra rest or sleep is one way to deal with fatigue, and using a heating pad or hot water bottle eases cramps for some. Exercising also helps reduce pain in many young women, and may lift a blue mood as well.

If symptoms interfere with work, school or sleep, the American College of Obstetricians and Gynecologists recommends seeing a doctor, who may suggest taking one or more medicines. Certain anti-inflammatory drugs called NSAIDs (an abbreviation for nonsteroidal anti-inflammatory drugs) inhibit prostaglandin production, thus easing cramps. Prescription NSAIDs include naproxen (Naprosyn, Anaprox), ibuprofen (Motrin, IBU), indomethacin (Indocin), and mefenamic acid (Ponstel).

If needed, your doctor may consider prescribing other pain medications or diuretics, or even oral contraceptives. It turns out that a possible positive side effect of birth control pills is relief of menstrual cramps.

Over-the-counter acetaminophen products like Tylenol, Datril, and aspirin-free Anacin also may help menstrual pain. It takes time for pain relievers to work, so it's best to take them before the pain gets bad and continue for one or two days, as needed.

Some 20 to 40 percent of menstruating women have experienced symptoms of PMS, or premenstrual syndrome.<sup>[3]</sup> Additionally, nearly 5% will experience premenstrual dysphoric disorder (PMDD), a syndrome with specific symptoms that can interfere with work and interpersonal relationships during a certain time of the month.<sup>[4]</sup> Starting anywhere from mid-cycle to a few days before menstruation begins, women with PMS may have one or all of a virtual laundry list of physical and emotional symptoms. They include:

- Breast swelling and tenderness
- Fluid retention
- Increased thirst or appetite
- Craving for sweets and salty foods
- Headaches
- Anxiety
- Restlessness
- Irritability
- Depression
- Hostility
- Loss of self confidence

Experts say PMS doesn't usually affect teenagers. Its incidence increases with age and is more prevalent when women are in their 30s and 40s.

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**Dysmenorrhea**<sup>[5]</sup>

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Dysmenorrhea is severely painful menstruation that can interfere with a young woman's ability to attend school or study or sleep. This type of menstrual pain should be discussed with a doctor.<sup>[6]</sup>

There are two kinds of painful menses--primary and secondary dysmenorrhea--and it is very important to distinguish between them so both are treated properly.

*Primary dysmenorrhea* - usually starts within three years of the onset of menstruation and lasts one or two days each month. While this type of menstrual pain may lessen for some women as they grow older or after the birth of children, it also can continue until menopause.

*Secondary dysmenorrhea* - is menstrual pain caused by disease such as pelvic inflammatory disease, endometriosis (abnormalities in the lining of the uterus), or uterine fibroids link to fibroids page (nonmalignant growths). A hint that the disease might be the cause of menstrual pain is if the pain also occurs during intercourse or during other parts of the menstrual cycle.

Primary dysmenorrhea is a result of the normal production of prostaglandins--chemical substances that are made by cells in the lining of the uterus. (Prostaglandins are also produced elsewhere throughout the body.) The lining of the uterus--which has built up and thickened during the early stages of the menstrual cycle--breaks up and is sloughed off at the end of the cycle and releases prostaglandins. The prostaglandins, in turn, make the uterus contract more strongly than at any other time of the cycle. They can even cause it to contract so much that the blood supply is cut off temporarily, depriving the uterine muscle of oxygen and thus causing pain. Women who suffer painful contractions may be producing excessive amounts of prostaglandins.

The cramps themselves help push out the menstrual discharge. Because the cervical opening is often widened after childbirth or years of menstruation, cramps may lessen in severity later in life.

Most women describe their menstrual cramps as a dull aching or a pressure low in the abdomen. The pains may wax and wane, remain constant, or be so severe that they cause nausea, vomiting, diarrhea, backache, sweating, and an ache that spreads to the hips, lower back, and thighs.

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## Amenorrhea

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### *Regular Flow and Amenorrhea*<sup>[7]</sup>

Many young women have very irregular periods for the first couple years of menstruation. Young women also don't ovulate regularly every month, which makes it difficult to know you are ovulating. Therefore, a woman should assume that she could get pregnant every month, even if she has irregular periods.

Eventually, periods usually become regular, but even when they do, a missed or late period once a year--especially at a stressful time--is considered normal. Also, just as strenuous exercise and eating disorders can delay the onset of menstruation, they can also cause previously regular menstrual cycles to become irregular or stop completely.

Amenorrhea<sup>[8]</sup>, or the absence of periods, is divided into two categories:

- Primary amenorrhea Ð menstruation has never taken place. It fails to occur at puberty.
- Secondary amenorrhea -- menstruation starts but then stops. The absence of menstruation during pregnancy is a form of physiologic secondary amenorrhea (physiologic in the sense that it is completely normal and is not caused by anything harmful). Amenorrhea during lactation is another type of physiologic secondary amenorrhea.

### *Secondary Amenorrhea*<sup>[9]</sup>

A period that is 2-3 weeks overdue should be investigated to rule out pregnancy. Stress and changes in environment are responsible for most cases of missed periods in adolescents. Young women are especially likely to have irregular periods with fevers, emotional upset, weight loss, changes in environment, or increased participation in competitive athletics. Amenorrhea is also a symptom of anorexia nervosa. If you have signs of amenorrhea, contact a doctor to make sure that it is normal and to

prevent further complications.

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## References

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[1] Adapted from: <http://www.plannedparenthood.org/teens/period2.html>, and from

[2] [http://www.fda.gov/opacom/catalog/ots\\_mens.html](http://www.fda.gov/opacom/catalog/ots_mens.html)

[3] <http://www.womenshealth.com/wha.html#pmsfaq>

[4] <http://www.womens-health.org/PMDD.html>

[5] <http://www.fda.gov/bbs/topics/CONSUMER/Con00004.html>

[6] [http://kidshealth.org/parent/growth/growing/understanding\\_menstruation\\_p2.html](http://kidshealth.org/parent/growth/growing/understanding_menstruation_p2.html)

[7] [http://www.fda.gov/opacom/catalog/ots\\_mens.html](http://www.fda.gov/opacom/catalog/ots_mens.html)

[8] Adapted from: <http://www.medicinenet.com/script/main/art.asp?li=MNI&ArticleKey=6993>

[9] Adapted from: <http://www.mc.vanderbilt.edu/peds/pidl/adolesc/ammenorh.htm>

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**4collegewomen.brandeis.edu: Dealing with a Family member with a Mental illness**

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# Dealing with a Family member with a Mental illness

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**What is Mental Illness?** [\[1\]](#)

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One out of four Americans has a mental illness during any given year.? A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, making it difficult to cope with life's ordinary demands and routines.?

There are more than 200 types of mental illnesses. Some of the more common disorders are:

- [Depression](#)
- Bipolar disorder
- Dementia
- Schizophrenia
- Anxiety disorders, such as Obsessive Compulsive Disorder (OCD)

Symptoms may include changes in mood, personality, thought patterns, personal habits and/or social withdrawal.

Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With **proper care** and **treatment** most people with a mental illness or emotional disorder can be helped.

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## Warning signs<sup>[1]</sup>

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### In adults:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Substance abuse

### In older children and pre-adolescents:

- Substance abuse
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft, and/or vandalism
- Intense fear of weight gain
- Prolonged negative mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger

### In younger children:

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e. refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums

\*\*\*If you recognize these symptoms in a loved one it is extremely important to take the warning signs seriously, and help them seek professional help. \*\*\*

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## How to Cope

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Dealing with a family member with a mental illness can be both hard and frustrating.? What you may think is easy and straightforward isn't so for your family member, because the illness impairs their ability to deal with these situations.? Take the time to educate yourself about your family member's illness and its treatment.? It's normal to not understand exactly what your family member is going through.

Patience and understanding are your greatest tools.? Realize that a mental illness can alter moods, attitudes, and habits.? Understand that whoever is suffering from this illness can probably see these changes too, and are probably scared by his or her inability to control him/herself.? Provide your family member with a safe environment so he or she won't be judged or condemned.? Also, encourage your family member to stay on the treatment.? Remember -- your job is to be supportive.? If you do not know how to handle a situation talk to your own doctor or campus health professional for help.? You may, also, want to join a support group for family members of people with mental disorders.?

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## References

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[1] Adapted from Mental Illness in the Family: Recognizing the Warning Signs & How to Cope (<http://www.nmha.org/infoctr/factsheets/11.cfm>)

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**4collegewomen.brandeis.edu: Mixing**

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# Mixing

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## What's the big deal?

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At one time or another, most college students have been around someone that was mixing substances, whether it's tobacco and alcohol; prescription drugs and marijuana or club drugs (such as ecstasy). It is important to know the risks you or someone you care about is taking when they mix substances. Many medications can interact with alcohol, leading to increased risk of illness, injury, or death. For example, it is estimated that alcohol-medication interactions may be a factor in at least 25 percent of all emergency room admissions [\[1\]](#).

The bottom line is that mixing substances can be lethal [\[5\]](#). It is important that when you use any drug that you are aware of what its effects might be and whether or not you are getting the drug from a reliable source.

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## The Lowdown on Prescription Drugs

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## Things to Tell and Ask Your Doctor

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It is important to inform your doctor about the following things because of these side effects and drug interactions. Tell your doctor if you:

- Have had reactions to drugs or foods, such as rashes or headaches.
- Are taking any medications on a regular basis, prescription or non prescription.
- Are being treated by another doctor (for a different condition).
- Are pregnant or breastfeeding
- Have diabetes, kidney or liver disease.
- Are on a special diet or are taking vitamin and mineral supplements.
- Use alcohol or tobacco [\[2\]](#).

To get the most benefit from your medicine, you should ask your doctor [\[2\]](#):

- The name of the medication -- Write it down.
- The effects of the medication (both positive and potential side effects)
- How to take the medication. How many times a day, with food, when, etc.
- The duration of time that you should take the medication and whether or not you should stop when the symptoms stop.
- Are there other medications, foods or beverages you should avoid.
- Can the prescription be refilled without an appointment or does the doctor need to see you again.

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## Reading Labels

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- The first word on the prescription is the name of the drug, next is the dosage form (liquid, capsules, tablets) and the strength (such as 250 mg, or milligrams). After that is the amount you will get (15 capsules, 5 fluid ounces), followed by the directions for use. These are often abbreviations of Latin words. If you have any questions, the pharmacist will translate this information on the label of the medicine container.
- The prescription form will also indicate how many times the prescription can be refilled. It's a good idea to check the prescription before you leave the doctor's office; if there is anything you don't understand, ask about it.
- Detailed information for patients does not have to accompany most prescription drugs. But for a few the Food and Drug Administration does require a leaflet or brochure that tells about the benefits and risks of these products. If there is such a brochure with a drug prescribed for you, be sure to read it carefully and if you have questions, ask your doctor or pharmacist.
- Non-prescription drugs must include on their labels information about when and how to take the product, possible side

effects or drug interactions. Always read these labels before taking the medicine [\[2\]](#).

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## Drug-Drug Interactions

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Two or more drugs, taken at the same time, can interact and affect the way one or the other behaves in the body. For example, an antacid will cause a blood-thinning (anti-coagulant) drug to be absorbed too slowly, while aspirin greatly increases the blood-thinning effect of such drugs. Two drugs with the same effect when taken together can sometimes have an impact greater than would be expected. This is called potentiation.

Potentiation can be helpful, as when the antibiotic trimethoprim is used to boost the effect of another antibiotic, sulfamethoxazole, in combating certain infections.

Potentiation also can be dangerous, particularly when several central nervous system depressing drugs are involved.

Even non-prescription drugs, such as antihistamines that are often used to fight colds, can increase the sedative effects of anesthetics, barbiturates, tranquilizers and some pain-killers. It is important that when you are taking more than one medication that you check with a medical doctor or pharmacist to make sure the two do not interact negatively [\[2\]](#).

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## Food-Drug Interactions

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Food can interact with drugs, making them work faster or slower or even preventing them from working at all. Please be sure to check with your doctor or pharmacist to make sure that you know what you can and cannot eat with your medication. Here are some examples, but be sure to talk with a doctor or pharmacist if you are taking any medication.

- Calcium in dairy products impairs absorption of tetracycline, a widely used antibiotic.
- Citrus fruits or juices containing ascorbic acid speeds the absorption of iron from iron supplements.
- Soft drinks, and fruit and vegetable juices with high acid contents (such as grape, apple, orange or tomato) cause some drugs to dissolve in the stomach instead of the intestines where they can be more readily absorbed.
- Oral contraceptives are known to lower blood levels of folic acid and vitamin B6, women who take birth control pills would be wise to include dark green leafy vegetables in their diet.
- Chronic use of antacids containing aluminum can cause phosphate depletion, which leads to weakness, uneasiness, and loss of appetite.

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## Drugs and Smoking

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Women on birth control pills who smoke have an increased risk of heart attack, stroke and other circulatory diseases. Nicotine and other tobacco products speed up the metabolism of theophylline, an asthma drug, and pentazocine, a pain-killer, and to a lesser extent certain tranquilizers, analgesics, and anti-depressants. Thus, smokers may need larger than normal doses of these drugs. When they stop smoking, dosage of these drugs may have to be changed. Smoking also can affect certain diagnostic tests, such as red and white blood cell counts and blood clotting time determinations. For these reasons, it is extremely important that you tell your doctor whether or not you smoke and if and when you stop [\[2\]](#).

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## Alcohol-Medication Interactions

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### Quick Facts

- More than 2,800 prescription drugs are available in the United States

- Physicians write 14 billion prescriptions annually
- Approximately 2,000 medications are available without prescription
- Approximately 70 percent of the adult population consumes alcohol at least occasionally, and 10 percent drink daily.
- About 60 percent of men and 30 percent of women have had one or more adverse alcohol related life events.

Together with the data on medication use, these statistics suggest that some concurrent use of alcohol and medications is inevitable in many people<sup>7</sup>.

Individuals who drink alcoholic beverages should be aware that simultaneous use of alcohol and medications -- both prescribed and over-the-counter -- has the potential to cause problems. For example, even very small doses of alcohol probably should not be used with antihistamines and other medications with sedative effects. Individuals who drink larger amounts of alcohol may run into problems when commonly used medications (e.g., acetaminophen) are taken at the same time (or even shortly after drinking) [\[1\]](#).

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## How Alcohol and Drugs Interact

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To exert its desired effect, a drug generally must travel through the bloodstream to its site of action, where it produces some change in an organ or tissue. The drug's effects then diminish as it is processed (metabolized) by enzymes and eliminated from the body. Alcohol behaves similarly, traveling through the bloodstream, acting upon the brain to cause intoxication, and finally being metabolized and eliminated principally by the liver. The extent to which an administered dose of a drug reaches its site of action is termed its "availability". Alcohol can influence the effectiveness of a drug by altering its availability. [\[1\]](#)

Typical alcohol-drug interactions include the following:

- An acute dose of alcohol (a single drink or several drinks over several hours) may inhibit a drug's metabolism by competing with the drug for the same set of metabolizing enzymes. This interaction prolongs and enhances the drug's availability, potentially increasing the patient's risk of experiencing harmful side effects from the drug.
- In contrast, chronic (long term) alcohol ingestion may activate drug metabolizing enzymes, thus decreasing the drug's availability and diminishing its effects. After these enzymes have been activated, they remain activated even in the absence of alcohol, affecting the metabolism of certain drugs for several weeks after cessation of drinking. Thus, a recently abstinent chronic drinker may need higher doses of medications than those required by nondrinkers to achieve therapeutic levels of certain drugs.
- Enzymes activated by chronic alcohol consumption transform some drugs into toxic chemicals that can damage the liver or other organs.
- Alcohol can magnify the inhibitory effects of sedatives and narcotic drugs at their sites of action in the brain. To add to the complexity of these interactions, some drugs affect the metabolism of alcohol, thus altering its potential for intoxication and increasing the adverse effects associated with alcohol consumption. [\[1\]](#)

If a doctor prescribes a medication, or you are taking an over-the-counter medication, it is important to check with a medical professional about the possible interactions of your medication with alcohol, and both legal and illegal drugs. Here is a list of a few medications and their affects with alcohol.

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## Specific Interactions

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- |                    |   |
|--------------------|---|
| <b>Anesthetics</b> | Anesthetics are administered prior to surgery to render a patient unconscious and insensitive to pain. Chronic alcohol consumption increases the dose of propofol (Diprivan) required to induce loss of consciousness. Chronic alcohol consumption increases the risk of liver damage that may be caused by the anesthetic gasses enflurane (Ethrane) and halothane (Fluothane) <a href="#">[1]</a> . |
| <b>Antibiotics</b> | Antibiotics are used to treat infectious diseases. In combination with acute alcohol consumption, some antibiotics may cause nausea, vomiting, headache, and possibly convulsions; among these antibiotics are furazolidone (Furoxone), griseofulvin (Grisactin and others), metronidazole (Flagyl), and the antimalarial   |

quinacrine (Atabrine). Isoniazid and rifampin are used together to treat tuberculosis. Acute alcohol consumption decreases the availability of isoniazid in the bloodstream, whereas chronic alcohol use decreases the availability of rifampin. In each case, the effectiveness of the medication may be reduced [\[1\]](#).

- Anticoagulants** Warfarin (Coumadin) is prescribed to slow down the blood's ability to clot. Acute alcohol consumption enhances warfarin's availability, increasing the patient's risk for life-threatening hemorrhages. Chronic alcohol consumption reduces warfarin's availability, lessening the patient's protection from the consequences of blood-clotting disorders [\[1\]](#).
- Antidepressants** Alcohol increases the sedative effect of tricyclic antidepressants such as amitriptyline (Elavil and others), impairing mental skills required for driving. Acute alcohol consumption increases the availability of some tricyclics, potentially increasing their sedative effects; chronic alcohol consumption appears to increase the availability of some tricyclics and to decrease the availability of others. The significance of these interactions is unclear. These chronic effects persist in recovering alcoholics. A chemical called tyramine, found in some beers and wine, interacts with some anti-depressants, such as MONOAMINE OXIDASE inhibitors, to produce a dangerous rise in blood pressure. As little as one standard drink may create a risk that this interaction will occur [\[1\]](#).
- Antidiabetic Medications** Oral hypoglycemic drugs are prescribed to help lower blood sugar levels in some patients with diabetes. Acute alcohol consumption prolongs, and chronic alcohol consumption decreases, the availability of tolbutamide (Orinase). Alcohol also interacts with some drugs of this class to produce symptoms of nausea and headache such as those described for metronidazole (see "Antibiotics") [\[1\]](#).
- Antihistamines** Drugs such as diphenhydramine (Benadryl and others) are available without prescription to treat allergic symptoms and insomnia. Alcohol may intensify the sedation caused by some antihistamines (1).
- Antipsychotic Medications** Drugs such as chlorpromazine (Thorazine) are used to diminish psychotic symptoms such as delusions and hallucinations. Acute alcohol consumption increases the sedative effect of these drugs, resulting in impaired coordination and potentially fatal breathing difficulties. The combination of chronic alcohol ingestion and antipsychotic drugs may result in liver damage [\[1\]](#).
- Antiseizure Medications** These drugs are prescribed mainly to treat epilepsy. Acute alcohol consumption increases the availability of phenytoin (Dilantin) and the risk of drug-related side effects. Chronic drinking may decrease phenytoin availability, significantly reducing the patient's protection against epileptic seizures, even during a period of abstinence [\[1\]](#).
- Antiulcer Medications** The commonly prescribed antiulcer medications cimetidine (Tagamet) and ranitidine (Zantac) increase the availability of a low dose of alcohol under some circumstances. The clinical significance of this finding is uncertain, since other studies have questioned such interaction at higher doses of alcohol [\[1\]](#).
- Cardiovascular Medications** This class of drugs includes a wide variety of medications prescribed to treat ailments of the heart and circulatory system. Acute alcohol consumption interacts with some of these drugs to cause dizziness or fainting upon standing up. These drugs include nitroglycerin, used to treat angina, and reserpine, methyl dopa (Aldomet), hydralazine (Apresoline and others), and guanethidine (Ismelin and others), which are used to treat high blood pressure. Chronic alcohol consumption decreases the availability of propranolol (Inderal), used to treat high blood pressure, potentially reducing its therapeutic effect [\[1\]](#).
- Narcotic Pain Relievers** These drugs are prescribed for moderate to severe pain. They include the opiates morphine, codeine, propoxyphene (Darvon), and meperidine (Demerol). The combination of opiates and alcohol enhances the sedative effect of both substances, increasing the risk of death from overdose. A single dose of alcohol can increase the availability of propoxyphene, potentially increasing its sedative side effects [\[1\]](#).
- Non-narcotic pain relievers** (Aspirin and similar nonprescription pain relievers) Some of these drugs cause stomach bleeding and inhibit blood from clotting; alcohol can exacerbate these effects. Persons who mix alcoholic beverages with large doses of aspirin to self-medicate for pain are therefore at particularly high risk for episodes of gastric bleeding. In addition, aspirin may increase the availability of alcohol, heightening the effects of a given dose of alcohol. Chronic alcohol ingestion activates enzymes that transform acetaminophen (Tylenol and others) into chemicals that can cause liver damage, even when acetaminophen is used in standard therapeutic amounts. These effects may occur with as little as 2.6 grams of acetaminophen in persons consuming widely varying amounts of alcohol [\[1\]](#).

**Sedatives and hypnotics ("sleeping pills")**

Benzodiazepines such as diazepam (Valium) are generally prescribed to treat anxiety and insomnia. Because of their greater safety margin, they have largely replaced the barbiturates, now used mostly in the emergency treatment of convulsions. Doses of benzodiazepines that are excessively sedating may cause severe drowsiness in the presence of alcohol, increasing the risk of household and automotive accidents. Low doses of flurazepam (Dalmane) interact with low doses of alcohol to impair driving ability, even when alcohol is ingested the morning after taking Dalmane. The benzodiazepine lorazepam (Ativan) is being increasingly used for its antianxiety and sedative effects. The combination of alcohol and lorazepam may result in depressed heart and breathing functions; therefore, lorazepam should not be administered to intoxicated patients. Acute alcohol consumption increases the availability of barbiturates, prolonging their sedative effect. Chronic alcohol consumption decreases BARBITURATE availability through enzyme activation. In addition, acute or chronic alcohol consumption enhances the sedative effect of barbiturates at their site of action in the brain, sometimes leading to coma or fatal respiratory depression [\[1\]](#).

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**A Word on Mixing Club Drugs and Alcohol**

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Mixing club drugs together or with alcohol is extremely dangerous. The effects of one drug can magnify the effects and risks of another.

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**Sun and Alcohol**

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Warm weather and a cold beer - it's a combination that many college students might find appealing, but we are unaware of many potential health risks involved with alcohol and the sun. Mixing alcohol and the sun dehydrates your body and can lead to heat exhaustion. The symptoms of heat exhaustion include a body temperature of 104 degrees, vomiting, dizziness and even passing out, and the skin can become flushed and damp.

If gone untreated, heat exhaustion can progress into heat stroke, a serious condition and a medical emergency in which the patient should go to the hospital immediately. The symptoms of heat stroke include a body temperature of 105 degrees, and hot, dry skin. In 80 percent of all heat stroke cases, the patient experiences a sudden rise in temperature, which can lead to a coma and/or hallucinations.

Drinking alcohol outdoors can be safe if students take precautions. Drinking plenty of water and non-carbonated, decaffeinated beverages before and while drinking alcohol or going out in the sun may counterbalance the effects of dehydration and heat exhaustion [\[3\]](#).

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**Alcohol and Smoking**

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Tobacco users are at four to six times greater risk of developing cancer than nonusers. And, mixing alcohol with tobacco puts one at even greater risk [\[4\]](#).

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**Other Resources**

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[\[1\]](#)Adapted from <http://silk.nih.gov/silk/niaaa1/publication/aa27.htm>

[\[2\]](#)Adapted from [http://openseason.com/annex/library/cic/X0074\\_rxdrugs.txt.html](http://openseason.com/annex/library/cic/X0074_rxdrugs.txt.html)

[\[3\]](#)Adapted from <http://www.collegian.psu.edu/archive/1998/05/05-04-98cm/05-04-98cm01-019.asp>

[4]Adapted from <http://www.healthcoreweb.com/symp.html>

[5]Adapted from <http://www.health.org/govpubs/phd852/>

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# mononucleosis

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## Introduction

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The disease mononucleosis is most common in people 10 to 35 years old, with its peak incidence in those 15 to 17 years old. Only 50 people out of 100,000 in the general population get mono, but it strikes as many as 2 out of 1,000 teens and twenty-somethings, especially those in high school, college, and the military. While mono is not usually considered a serious illness, it may have serious complications and can sometimes be life-threatening. Without a doubt your lifestyle will change for several months.<sup>[1]</sup>

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## Who is At Risk?

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While there are many illnesses that teens and young adults don't get, unfortunately, mono is most common among 15-35 year olds. The reason that not everyone comes down with mono during these years is that most of the population has already exposed to the virus that causes mono (usually the Epstein-Barr virus) before we reach the age of 18. Exposure at a young age usually is asymptomatic, meaning that no symptoms result, or instead may seem like a cold. This type of exposure usually makes us immune to re-infection later on in life. However if exposure has not occurred by the age of 18 then encountering EBV often results in mono.

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## What Causes Mono?

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Two viruses can cause mono: Epstein-Barr virus (EBV) and cytomegalovirus (CMV). Both viruses are in the herpes family, whose other members include viruses responsible for cold sores and chickenpox. The EBV is responsible for approximately 85% of mono cases. Both of these viruses, like other Herpes viruses, have no cure and will stay in your body for life.<sup>[2]</sup>

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## How is it Spread?

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Many people think of mono as the "kissing disease", and with good reason. It is found in moist exhaled air, nasal and oral secretions like saliva and mucus, and is not as easy to transmit as many other viruses such as colds. It generally requires direct contact, like kissing, though it can be spread by other means as well, such as coughing. A person with mono is most contagious just before they feel sick and while they ARE sick because this is the time when the most viral particles are produced. Even after you have completely recovered, you can still spread the virus that causes mono. Every so often you can produce the virus in your saliva and spread it to another person, even if you feel fine.

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## What are the Symptoms?

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Symptoms of mononucleosis generally resemble those of the flu and include fever, sore throat, and swollen lymph glands. Sometimes, a swollen spleen or liver involvement may develop. These symptoms usually last for more than two days and may appear slowly. Heart problems or involvement of the central nervous system occurs only rarely, and mono is almost never fatal.

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## What are the Long-Term Effects?

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Mono can make a person feel miserable for a while, but when taken care of, the disease goes away within a couple of months. There are some instances when complications can arise. One such complication may include enlargement and rupture of the **spleen**. This is a serious concern because it can lead to death. Some of the signs and symptoms of this complication include pain in your upper left abdomen, difficulty breathing, lightheadedness, excessive bleeding, and feeling like your heart is beating harder and faster than normal. A very common complication is dehydration. A sore throat can make you hesitant to drink enough fluids so that you become dehydrated. There are also several other rare complications that include:

Complication	What it is
Thrombocytopenia	a low number of platelets define in the blood
Granulocytosis	a low number of white blood cells in the blood
Hemolytic anemia	a low number of red blood cells in the blood
Myocarditis	inflammation of the heart muscle
Encephalitis or aseptic meningitis	inflammation of the brain and membranes around it
Guillain-Barre syndrome	paralyzing disorder

\*\* The illness **Chronic Fatigue Syndrome** has not been shown to be related to the viruses that cause mono. For more information on this disease visit: <http://www.niaid.nih.gov/factsheets/cfs.htm>

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## How is Mono Diagnosed?

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The clinical diagnosis of mononucleosis is suggested on the basis of the symptoms of fever, sore throat, swollen lymph glands, and the age of the patient. Usually, laboratory tests are needed for confirmation. Blood test results for people with mono include a high white blood cell count, an increased percentage of certain atypical white blood cells, and a positive reaction to a "mono spot" test.<sup>[4]</sup> This test is designed to look to see if your blood **platelet** count is too low and if your white blood cells are abnormal. A blood chemistry panel can be done to see if the enzymes in your liver are abnormal, which can be a sign that you have mono.

Mono tests may not show positive results until you have been sick for a few days. This is because it may take about five days or so for your body to produce enough antibodies to show up on the test. If your mono test is negative and you are still feeling sick after a couple of days, you may want to consider a follow-up visit with your doctor. It is sometimes necessary to be tested more than once; after a week or two of being sick the tests are approximately 85% accurate.

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## How is Mono Treated?

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There is no specific treatment for mononucleosis, other than treating the symptoms. No antiviral drugs or vaccines are available. Some physicians have prescribed a 5-day course of steroids to control the swelling of the throat and tonsils. The use of steroids has also been reported to decrease the overall length and severity of illness, but these reports have not been published. Therefore, the best course of action is to rest and let your body fight the virus. You can feel more comfortable when you are sick by taking some over-the-counter medications to alleviate symptoms.

- Acetaminophen for fever (no aspirin)
- Ibuprofen for pain (consult your doctor if you want to take aspirin)
- Rest (plan to take lots of naps)
- Drink more fluids (at least 2 quarts a day)
- Throat lozenges, salt water gargle, and ice cream for your sore throat
- No vigorous exercise, contact sports, or heavy lifting
- Antibiotics if strep throat or another bacterial infection is present (this is determined by your doctor)
- Good nutrition and NO alcohol
- It can take anywhere from one week to three months to fully recover, so take care of your body and continue to rest until your doctor says it's ok to get back to your normal routine.

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## How Long Will I be Sick?

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There are generally four stages of mono. The first is the incubation period (you've been exposed to the virus, but you feel normal) that can last as long as 2-6 weeks. The prodromal period is next (the time just before you get sick, but you feel like you're "coming down with something") and lasts from 3-5 days. Generally symptoms at this point include fatigue, lack of appetite, and an overall "blah" feeling. The third stage is called the acute stage (you ARE sick), which usually lasts from 7-20 days. Now you have the symptoms of mono like sore throat, fever, swollen glands, etc. The final stage, the convalescent period, can last from 2-6 weeks to up to 3 months. During this time you'll feel much better, but are still weak and tired.

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## Will it Come Back?

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Most people get mono only once during their lifetime and then become immune to it. However, it is possible to get it more than once, just not very likely.

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## How Can I Prevent Mono?

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Mono is a difficult disease to prevent. It can take up to two months to develop symptoms and you can be contagious for as long as a year afterward and at different points in your lifetime. By the time you realize that you have mono, it's usually too late to find out where you got it from and prevent other people from getting it too. The best way to protect yourself is to get plenty of rest and keep yourself healthy (no all-nighters, or at least not too many in a row). Try to maintain a healthy, nutritious diet, practice good personal hygiene, and don't share plates and silverware.

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## Resources

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[1] [http://www.fda.gov/fdac/features/1998/398\\_mono.html](http://www.fda.gov/fdac/features/1998/398_mono.html)

[2] [http://www.fda.gov/fdac/features/1998/398\\_mono.html](http://www.fda.gov/fdac/features/1998/398_mono.html)

[3] <http://www.cdc.gov/ncidod/diseases/ebv.htm>

[4] <http://www.cdc.gov/ncidod/diseases/ebv.htm>

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**This website is an information resource center and does not provide medical advice.  
Information from 4collegewomen.org website should not be a substitute  
for medical advice from a health care professional.**

This page is available at <http://www.4collegewomen.org:8080/dynamic/fact-sheets/all.servlet>

**4collegewomen.brandeis.edu: Nutrients**

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# Nutrients

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## Getting Enough Nutrients

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The Food Guide Pyramid is a simple, reliable way to plan a nutritious eating pattern. The Pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you.

The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain or improve your weight. The Pyramid also focuses on fat because most Americans' diets are too high in fat, especially saturated fat.



For more information on the Food Pyramid, check out [this page](#).

See also [Eating Healthy](#). If you want to use interactive online tools to plan a better diet, visit [Calorie Calculator](#), [Create-a-Diet](#), [Interactive Healthy Eating Index](#), [Interactive Menu Planner](#), and [Rate Your Health Habits](#).

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## Who is at Risk for Vitamin Deficiency?

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Within the category of college women, some people are at risk for vitamin deficiency.

**Women** need to get enough calcium and vitamin D to build strong bones and prevent [osteoporosis](#). Women of childbearing age are at risk for low iron stores because of menstruation.

Women on **hormonal birth control** (like the Pill, the Patch, the Ring, Depo-Provera, and Norplant) may have different amounts of some vitamins and other substances in the blood. For instance, the levels of the B vitamins and vitamin C decrease slightly, and the vitamin A level increases. However, this is not considered to be serious enough to require nutritional supplements. Just remember to eat right.

**College students** tend to eat too few meals and too much junk food. Many of us can't find enough foods we like in our cafeterias, and we don't always have enough time to exercise.

**Teenage girls and women of childbearing age** need enough good sources of iron, such as lean meats and cereals with added nutrients, to keep up their iron stores. **Adolescent** girls and boys are at risk for low iron stores; they traditionally have been prone to anemia because of rapid growth rates, erratic eating habits, and concerns about body image.

**Pregnant or lactating women** need extra amounts of certain nutrients, such as folic acid, which contributes to fetuses' health. Pregnant women are at risk for low iron stores due to the baby's needs and blood loss during childbirth.

People who are **under stress** or **sick** might not be getting enough nutrients.

[Vegetarians and vegans](#) need to make sure they are getting enough calcium, vitamin D, vitamin B<sub>12</sub>, iron, omega-3 fatty acids, and zinc.

**Smokers** might need to get extra vitamin C because their bodies' metabolism of the vitamin is higher than nonsmokers'.

**Long-distance runners** are at risk for low iron stores, because their demanding exertions may somehow damage red blood cells.

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## Should I Take Supplements?

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Vitamins and minerals are nutrients found naturally in food. **The best way to get vitamins and minerals is through the food you eat, not any supplements you might take.** Try to eat the number of servings of food recommended by the [Food Guide Pyramid](#) each day. Pick foods that are lower in fat and added sugars. If you can't eat enough, then ask a healthcare professional whether you should be taking a multivitamin/mineral supplement.

Contact your doctor, your campus health center, your campus dietitian or nutritionist, or the National Center for Nutrition and Dietetics' Consumer Nutrition Hotline (1-800-366-1655). You can also [search for a dietitian near you](#).

To take a quiz to see if you might need a multivitamin/mineral supplement, visit the American Dietetic Association at <http://www.eatright.org/nfs/nfs81.html>. Be sure to ask a healthcare professional in addition, because you may have special nutrition needs that this quiz can't take into account.

See also [Not All Multivitamins Pack the Same Punch](#).

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## How Much Does My Body Really Need?

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The Recommended Daily Allowance (RDA) is how much of each nutrient most people need in order to be healthy. RDAs are different according to sex and age. The RDAs are determined by the Food and Nutrition Board of the National Academy of Sciences. The Nutrition Board has been developing a new set of nutrient reference values based on current scientific knowledge to replace the RDAs with the Dietary Reference Intakes (DRIs). The information provided below is based on the most current information available, and has been adapted from the NIH Clinical Center (<http://www.cc.nih.gov/cc/supplements>) and from the Food and Nutrition Information Center of the FDA (<http://www.nal.usda.gov/fnic/dga>), especially the section on [DRIs and RDAs](#).

Tolerable Upper Intake Levels (ULs) are the highest amount of a vitamin or mineral that you can take while still being moderately safe. All food, water, and supplements that you consume count towards the UL for any particular vitamin or element. On this factsheet, ULs appear either in parentheses after RDAs, or labeled as ULs on the next line.

**NOTE: All RDAs and ULs below are for women who are not pregnant or lactating, unless indicated otherwise.**

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## Fat Soluble Vitamins

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[Vitamin D](#)

[Vitamin E](#)

[Vitamin K](#)

### VITAMIN A

Vitamin A helps in the formation and maintenance of healthy teeth, skeletal and soft tissue, mucous membranes, and skin. It is also known as retinol because it generates the pigments in the retina. Vitamin A promotes good vision, especially in dim light. It may also be required for reproduction and lactation. Beta carotene, which has antioxidant properties, is a precursor to Vitamin A.

Vitamin A deficiency can increase the susceptibility to infectious diseases, as well as cause vision problems. Large doses of Vitamin A can be toxic. They can also cause abnormal fetal development in pregnant women. Increased amounts of beta-carotene can turn the color of skin to yellow or orange. The skin color returns to normal once the increased intake of beta-carotene is reduced.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002400.htm> and <http://www.cc.nih.gov/cc/supplements/vita.html>.

**RDA:** 14-18 years old: 700 micrograms/day (no more than 2800). 19-30 years old: 700 micrograms/day (no more than 3000).

### **Vitamin A Food Sources**

Vitamin A comes from animal sources (such as eggs and meat), and is present in the form of a precursor called beta-carotene, when manufactured by plants.

Vitamin A is found in milk, cheese, cream, liver, kidney, cod and halibut fish oil. All of these sources, except for skim milk that has been fortified with Vitamin A, are high in saturated fat and cholesterol. The vegetable sources of beta-carotene are fat and cholesterol free.

The body regulates the conversion of beta-carotene to Vitamin A based on the body's needs. Sources of beta-carotene are carrots, pumpkin, sweet potatoes, winter squashes, cantaloupe, pink grapefruit, apricots, broccoli, spinach, and most dark green, leafy

vegetables. The more intense the color of a fruit or vegetable, the higher the beta-carotene content.

For a list of how much vitamin A selected food sources have, visit <http://www.cc.nih.gov/cc/supplements/vita.html>.

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## **VITAMIN D**

Vitamin D is a fat-soluble vitamin that is used in the absorption of calcium. Vitamin D promotes the body's absorption of calcium, which is essential for the normal development of healthy teeth and bones. It also helps maintain adequate blood levels of the minerals calcium and phosphorus.

Vitamin D is also known as the "sunshine vitamin" because the body manufactures the vitamin after being exposed to sunshine. It can be obtained through 15-20 minutes of direct sunlight on your skin each day. However, this may be a more risky way of getting vitamin D than through your diet:

- Wearing sunscreen interferes with your body's production of vitamin D, but wearing no sunscreen increases your risk of developing skin cancers.
- Additionally, getting enough vitamin D from 15-20 minutes of sunlight might be impossible for many people due to cold climates, smoggy skies, dark skin, concealment of skin for religious reasons, and sunscreen with an SPF of 8 or greater, all of which may affect the amount of vitamin D produced by sun exposure. All of the people mentioned here would have to expose themselves to the sun for longer than 15-20 minutes without sunscreen to get enough vitamin D.
- Therefore, try to depend on foods, not on sunlight, to get the vitamin D you need.

A vitamin D deficiency leads to soft bones or rickets. Large doses of vitamin D can result in increased calcium absorption from the intestinal tract, and possibly also to increased calcium resorption from the bones, leading to elevated levels of calcium in the blood. This can lead to abnormal calcium deposition in soft tissues, such as the heart and lungs, reducing their ability to function.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002405.htm>, <http://www.cc.nih.gov/cc/supplements/vidt.html>, and <http://www.healthfinder.gov/news/newsstory.asp?docID=507950>.

**RDA:** 14-18 years old: 5 micrograms/day (no more than 50). 19-30 years old: 5 micrograms/day (no more than 50).

### **Vitamin D Food Sources**

Vitamin D is found in cheese, butter, margarine, cream, fortified milk (all milk in the United States is fortified with Vitamin D), liver, egg yolks, fish, oysters, and fortified cereals. For a list of how much vitamin D selected food sources have, visit <http://www.cc.nih.gov/cc/supplements/vidt.html>.

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## **VITAMIN E**

Vitamin E is a fat-soluble vitamin; it is one of the vitamins that act as antioxidants. It is an antioxidant that protects body tissue from the damage of oxidation. It is important in the formation of red blood cells and the use of vitamin K.

There is no known dietary deficiency of vitamin E. There are no known toxic effects to megadoses of vitamin E. Occasional side effects such as headache have been reported.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002406.htm> and <http://www.cc.nih.gov/cc/supplements/vite.html>.

**RDA:** 14-18 years old: 15 milligrams/day (no more than 800). 19-30 years old: 15 milligrams/day (no more than 1000).

### **Vitamin E Food Sources**

Vitamin E is found in wheat germ, corn, nuts, seeds, olives, spinach, asparagus, and other green leafy vegetables, vegetable oils (corn, sunflower, soybean, and cottonseed), and products made from them such as margarine. For a list of how much vitamin E selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/vite.html>.

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## **VITAMIN K**

Vitamin K is known as the clotting vitamin, because without it blood would not clot.

Vitamin K deficiency is very rare. It occurs when there is an inability to absorb the vitamin from the intestinal tract, and can also occur after prolonged treatment with oral antibiotics.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002407.htm>.

**RDA:** 14-18 years old: 75 micrograms/day. 19-30 years old: 90 micrograms/day.

**UL:** No established UL -- consult with a healthcare professional before consuming more than the RDA.

### **Vitamin K Food Sources**

Cabbage, cauliflower, spinach, and other green leafy vegetables, cereals, soybean, and other vegetables. Vitamin K is also made by the bacteria that line the gastrointestinal tract.

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## **Water Soluble Vitamins**

[Vitamin B<sub>1</sub> \(Thiamine\)](#)

[Vitamin B<sub>2</sub> \(Riboflavin\)](#)

[Vitamin B<sub>3</sub> \(Niacin\)](#)

[Vitamin B<sub>6</sub> \(Pyroxidine\)](#)

[Vitamin B<sub>9</sub> \(Folic Acid, Folate\)](#)

[Vitamin B<sub>12</sub> \(Cobalamin\)](#)

[Vitamin C \(Ascorbic Acid\)](#)

[Biotin and Pantothenic Acid](#)

[Choline](#)

### **VITAMIN B<sub>1</sub> (THIAMINE)**

Thiamine (B<sub>1</sub>) helps the body cells convert carbohydrates into energy. It is also essential for the functioning of the heart, muscles, and nervous system.

A deficiency of thiamine can cause weakness, fatigue, psychosis, and nerve damage. Thiamine deficiency is most commonly seen in alcoholics. A total absence of thiamine can cause the disease called beriberi, which is very rare in the United States. There is no known toxicity to thiamine.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002401.htm>.

**RDA** for thiamine: 14-18 years old: 1.0 milligram/day. 19-30 years old: 1.1 milligram/day.

**UL** for thiamine: No established UL -- consult with a healthcare professional before consuming more than the RDA.

### **Food Sources**

Thiamine is found in fortified breads, cereals, pasta, whole grains (especially wheat germ), lean meats (especially pork), fish, dried beans, peas, and soybeans. Dairy products and milk, fruits, and vegetables are not very high in thiamine. However, when they are consumed in large amounts, they become a significant source.

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### **VITAMIN B<sub>2</sub> (RIBOFLAVIN)**

Riboflavin (B<sub>2</sub>) is important for body growth and red cell production, and helps in releasing energy from carbohydrates.

Deficiency of riboflavin is not common in the U.S. because this vitamin is plentiful in the food supply. Deficiency symptoms include dry and cracked skin and eyes that are sensitive to bright light. There is no known toxicity to riboflavin. Because riboflavin is a water-soluble vitamin, excess amounts are excreted by the body in the urine.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002411.htm>.

**RDA** for riboflavin: 14-18 years old: 1.0 milligram/day. 19-30 years old: 1.1 milligram/day.

**UL** for riboflavin: No established UL -- consult with a healthcare professional before consuming more than the RDA.

#### **Food Sources**

Riboflavin is found in lean meats, eggs, legumes, nuts, green leafy vegetables, dairy products, and milk. Breads and cereals are often fortified with riboflavin. Because riboflavin is destroyed by exposure to light, foods with riboflavin should not be stored in glass containers that are exposed to light.

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### **VITAMIN B<sub>3</sub> (NIACIN)**

Niacin (B<sub>3</sub>) assists in the functioning of the digestive system, skin, and nerves. It is also important for the conversion of food to energy.

A deficiency of niacin causes pellagra. The symptoms include inflamed skin, digestive problems, and mental impairment. Large doses of niacin can cause liver damage, peptic ulcers, and skin rashes. It can be used as a treatment for elevated total cholesterol levels, but should only be used with medical supervision.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002409.htm>.

**RDA** for niacin: 14-18 years old: 14 milligrams/day (no more than 30). 19-30 years old: 14 milligrams/day (no more than 35).

#### **Food Sources**

Niacin is found in dairy products, poultry, fish, lean meats, nuts, and eggs. Legumes and enriched breads and cereals also supply some niacin.

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### **VITAMIN B<sub>6</sub> (PYROXIDINE)**

Vitamin B<sub>6</sub> plays a role in the synthesis of antibodies in the immune system. It helps maintain normal nerve function and acts in the formation of red blood cells. It is also required for the chemical reactions of proteins. The higher the protein intake, the more the need for vitamin B<sub>6</sub>.

Large doses of vitamin B<sub>6</sub> can cause neurological disorders and numbness. Deficiency of this vitamin is not common in the United States. The average diet supplies adequate quantities of vitamin B<sub>6</sub>.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002402.htm> and <http://www.cc.nih.gov/ccc/supplements/vitb6.html>.

**RDA:** 14-18 years old: 1.2 milligrams/day (no more than 80). 19-30 years old: 1.3 milligrams/day (no more than 100).

### **Vitamin B<sub>6</sub> Food Sources**

Vitamin B<sub>6</sub> is found in beans, nuts, legumes, eggs, meats, fish, whole grains, and fortified breads and cereals. For a list of how much vitamin B<sub>6</sub> selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/vitb6.html>.

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### **VITAMIN B<sub>9</sub> (FOLIC ACID, FOLATE)**

Folic acid acts as a coenzyme (with vitamin B<sub>12</sub> and vitamin C) in the breakdown (metabolism) of proteins and in the synthesis of new proteins. It is necessary for the production of red blood cells and the synthesis of DNA (which controls heredity), as well as tissue growth and cell function. It also increases the appetite and stimulates the formation of digestive acids.

Synthetic folic acid supplements may be used in the treatment of disorders associated with folic acid deficiency, and may also be part of the recommended treatment for certain menstrual problems and leg ulcers.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002408.htm>, <http://www.cc.nih.gov/ccc/supplements/folate.html>, and <http://www.youngwomenshealth.org/folicacid.html>.

**RDA:** 14-18 years old: 400 micrograms/day (no more than 800). 19-30 years old: 400 micrograms/day (no more than 1000).  
**All women capable of becoming pregnant should get 400 micrograms/day from supplements or fortified foods in addition to getting folate from a varied diet.**

### **Vitamin B<sub>9</sub> Food Sources**

Beans and legumes, citrus fruits and juices, wheat bran and other whole grains, dark green leafy vegetables, poultry, pork, shellfish, liver. For a list of how much vitamin B<sub>9</sub> selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/folate.html>.

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### **VITAMIN B<sub>12</sub> (COBALAMIN)**

Vitamin B<sub>12</sub>, like the other B vitamins, is important for metabolism. It helps in the formation of red blood cells and in the maintenance of the central nervous system.

Because the body stores several years' worth of vitamin B<sub>12</sub>, nutritional deficiency of vitamin B<sub>12</sub> is extremely rare. An inability to absorb vitamin B<sub>12</sub> from the intestinal tract can, however, occur. This can be caused by a disease known as pernicious anemia. Low levels of B<sub>12</sub> can cause anemia as well as numbness or tingling in the extremities or other neurologic symptoms.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002403.htm> and <http://www.cc.nih.gov/ccc/supplements/vitb12.html>.

**RDA:** 14-18 years old: 2.4 micrograms/day. 19-30 years old: 2.4 micrograms/day.

**UL:** No established UL -- consult with a healthcare professional before consuming more than the RDA.

### **Vitamin B<sub>12</sub> Food Sources**

Vitamin B<sub>12</sub> is found in eggs, meat, poultry, shellfish, and milk and milk products. For a list of how much vitamin B<sub>12</sub> selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/vitb12.html>. For a list of vegan foods that are high in vitamin B<sub>12</sub>, check out the Vegetarian Resource Group's website on nutrition at <http://www.vrg.org/nutrition/b12.htm>.

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### **VITAMIN C (ASCORBIC ACID)**

Vitamin C promotes healthy teeth and gums, helps in the absorption of iron, helps in the maintenance of normal connective tissue, and promotes wound healing. It also helps the body's immune system.

A deficiency of vitamin C causes the disease scurvy, which is rare in the United States.

Toxicity does not normally occur, since vitamin C is water soluble and is regularly excreted by the body. Recent studies have shown, however, that excessive doses of vitamin C (i.e., more than the RDA) can lead to toxicity. The most common manifestations of vitamin C toxicity are kidney stones, and in very rare circumstances, anemia (caused by interference with vitamin B<sub>12</sub> absorption).

Diarrhea is also a possible (but uncommon) symptom associated with increased intake of vitamin C.

If you smoke, you need 35 milligrams of Vitamin C more each day than a non-smoker does, since smokers have a higher metabolism of vitamin C. Also, non-smokers regularly exposed to tobacco should check with healthcare professionals to make sure they are getting enough vitamin C.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>.

**RDA:** 14-18 years old: 65 milligrams/day (no more than 1800). 19-30 years old: 75 milligrams/day (no more than 2000).

**Smokers need 35 milligrams/day more than the RDA.**

#### **Vitamin C Food Sources**

Vitamin C is found in green peppers, citrus fruits, strawberries, tomatoes, broccoli, turnip greens and other greens, sweet and white potatoes, and cantaloupe. Most other fruits and vegetables contain some vitamin C; fish and milk contain small amounts.

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### **BIOTIN AND PANTHOTHENIC ACID**

Pantothenic acid is essential for the metabolism of food. It is essential in the synthesis of hormones and cholesterol.

Biotin is essential for the metabolism of proteins and carbohydrates (like the other B vitamins), and in the synthesis of hormones and cholesterol.

There are no known deficiencies of either pantothenic acid or biotin. Large doses of pantothenic acid do not produce symptoms other than (possibly) diarrhea. There are no known toxic symptoms associated with biotin.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002410.htm>.

**Biotin RDA:** 14-18 years old: 25 micrograms/day. 19-30 years old: 30 micrograms/day.

**UL:** No established UL -- consult with a healthcare professional before consuming more than the RDA.

**Pantothenic Acid RDA:** 14-18 years old: 5 milligrams/day. 19-30 years old: 5 milligrams/day.

**UL:** No established UL -- consult with a healthcare professional before consuming more than the RDA.

#### **Food Sources**

Pantothenic acid and biotin are found in eggs, fish, milk and milk products, whole-grain cereals, legumes, yeast, broccoli and

other vegetables in the cabbage family, white and sweet potatoes, lean beef, and other foods that are good sources of the B vitamins.

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## **CHOLINE**

Our bodies can't make enough of choline if we are low in it. Choline helps us absorb and use fats, and is required for making acetylcholine, a neurotransmitter needed for muscle control, memory storage and other functions. It contains what's known as a methyl group, which the body uses to form genetic material or DNA. For more information, visit

<http://www.ars.usda.gov/is/pr/2001/010330.htm>.

**RDA:** 14-18 years old: 400 milligrams/day (no more than 3000). 19-30 years old: 425 milligrams/day (no more than 3500).

### **Choline Food Sources**

Meats, dairy products and soy foods are rich in choline. Folate is highest in orange juice, green leafy vegetables like spinach, and bread flour or other grain products fortified with this vitamin. Nuts and liver contain both nutrients.

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## **Elements**

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## **CALCIUM**

Calcium is one of the most important minerals for the growth, maintenance, and reproduction of the human body. The bones in the human body incorporate calcium into their structure. Bones, like other tissues in the body, are continually being reabsorbed and re-formed. Teeth are also calcified tissues. They incorporate calcium in their structure in a manner similar to bones. Calcium is essential for the formation of and maintenance of healthy teeth.

Calcium has other functions in addition to maintaining healthy teeth and bones. Blood coagulation, transmission of nerve impulses, muscle contraction and relaxation, normal heart beat, stimulation of hormone secretion, activation of enzyme reactions, as well as other functions all require small amounts of calcium.

Increased calcium intake for limited periods does not normally cause toxic effects. The urine and the feces easily eliminate any excess calcium. However, an increased risk of kidney stones in persons susceptible to them has been associated with chronically high calcium intake.

Low intakes of calcium for prolonged periods of time can lead to calcium deficiency. This condition leads to osteoporosis, loss of the jaw bone (and secondary oral health problems), hypertension, and other disorders.

People with lactose intolerance have trouble digesting lactose, the sugar in milk. Lactose intolerance is due to an inability to produce lactase, the enzyme that digests milk sugar. The wall of the gastrointestinal tract normally produces this enzyme. In some people, due to diseases of the gastrointestinal tract or to hereditary factors, this enzyme cannot be produced by the body. Fortunately, lactase can be synthetically produced and bought in various over-the-counter formulations, and taken orally with milk to aid in its digestion. You can also buy "lactose-free" milk at most grocery stores.

In rare instances, some people have a true allergy to the protein in milk. This condition requires restriction of all dairy products. These individuals may have trouble obtaining enough calcium in their diet and may need to take calcium supplements.

Consult with a healthcare professional before taking calcium supplements or any other supplements. To read more about calcium supplements, visit <http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202108.html>.

For more information about calcium, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002412.htm> and <http://www.youngwomenshealth.org/calciuminfo.html>. You can also take a calcium quiz at [Test Your Calcium IQ](#).

**RDA:** 14-18 years old: 1300 milligrams/day (no more than 2500). 19-30 years old: 1000 milligrams/day (no more than 2500).

### **Calcium Food Sources**

Many foods contain calcium but dairy products are the most significant source. Milk and dairy products such as yogurt, cheeses, and buttermilk contain a more efficiently absorbed form of calcium.

The fat content of dairy products is a concern for adults and children over the age of two (for children between the ages of 1 and 2 years old, whole milk or 4% is recommended). You can easily reduce the fat content of dairy products while maintaining the calcium content by selecting low-fat (2% or 1%) or skim milk. The calcium is not contained in the "fat portion" of milk, so removing the fat will not affect the calcium content. In fact, when you replace the fat portion that has been removed with an equal part of skimmed milk, you are actually increasing the calcium content. Therefore, one cup of skim or non-fat milk will have more calcium than one cup of whole milk because the entire cup of skim milk is the made up of the calcium-containing portion!

Other dairy products such as yogurt, most cheeses, and buttermilk are excellent sources of calcium and are available in low-fat or fat-free versions.

Milk is also a good source of phosphorus and magnesium, which help the body absorb and use the calcium more effectively. Vitamin D is also essential for efficient utilization of calcium; milk is fortified with vitamin D for this reason.

Green leafy vegetables such as broccoli, collards, kale, mustard greens, turnip greens, and bok choy or Chinese cabbage are good sources of calcium. Certain green, leafy vegetables are less effective sources of calcium. While their calcium content appears to be high, their fiber and oxalic acid content interferes with the absorption of calcium.

Other sources of calcium are salmon and sardines canned with their soft bones. Shellfish, almonds, Brazil nuts, and dried beans are also sources of calcium. It is difficult, however, to eat adequate quantities of these foods to achieve optimal calcium intake.

Several food products, such as breads and orange juice, are enriched with calcium to make them a significant source of calcium for people whose dairy product consumption is inadequate.

For a list of how much calcium certain foods contain, visit <http://www.youngwomenshealth.org/calciuminfo.html>, or for a list of vegan foods, check out the Vegetarian Resource Group's website on nutrition at <http://www.vrg.org/nutrition/calcium.htm>. For more information on nutrients that women need, check out: <http://www.cfsan.fda.gov/~dms/wh-nutr.html>

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### **CHROMIUM**

Chromium is a naturally occurring element found in rocks, animals, plants, soil, and in volcanic dust and gases. Chromium is present in the environment in several different forms. The most common forms are chromium(0), chromium(III), and chromium(VI). No taste or odor is associated with chromium compounds.

Chromium(III) occurs naturally in the environment and is an essential nutrient. Chromium(VI) and chromium(0) are generally produced by industrial processes.

Chromium(III) is an essential nutrient that helps the body use sugar, protein, and fat. Breathing, ingesting, or coming into contact with chromium(IV), under certain conditions, can be extremely dangerous. Some people also have allergic reactions to chromium(III).

For more information, visit <http://www.atsdr.cdc.gov/tfacts7.html>.

**RDA:** 14-18 years old: 24 micrograms/day. 19-30 years old: 25 micrograms/day.

**UL:** No established UL -- consult with a healthcare professional before consuming more than the RDA.

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## **COPPER**

Copper is a reddish metal that occurs naturally in rocks, soil, water, and air. Copper also occurs naturally in plants and animals.

Very small amounts of copper are essential for good health, but high amounts can be harmful. Long-term exposure to copper dust can irritate your nose, mouth, and eyes, and cause headaches, dizziness, nausea, and diarrhea. There is a rare hereditary disorder (Wilson's disease) that causes deposits of copper in the liver, brain, and other organs. The increased copper in these tissues leads to hepatitis, renal problems, neurologic disorders, and other problems.

Drinking water with higher than normal levels of copper may cause vomiting, diarrhea, stomach cramps, and nausea. Intentionally high intakes of copper can cause liver and kidney damage and even death.

Dietary deficiency of copper is not very common in humans.

The greatest potential source of copper exposure is through drinking water, especially in water that is first drawn in the morning after sitting in copper pipes and brass faucets overnight. To reduce exposure, run the water for at least 15-30 seconds before using it.

If you are exposed to copper at work, you may carry copper home on your skin, clothes, or tools. You can avoid this by showering, and changing clothing before leaving work, and your work clothes should be kept separate from other clothes and laundered separately.

For more information, visit <http://www.atsdr.cdc.gov/tfacts132.html>, <http://www.nlm.nih.gov/medlineplus/ency/article/002419.htm>, and <http://www.epa.gov/OGWDW/dwh/c-ioc/copper.html>.

**RDA:** 14-18 years old: 890 micrograms/day (no more than 8000). 19-30 years old: 900 micrograms/day (no more than 10,000).

### **Copper Functions**

- Formation of red blood cells
- Keeping blood vessels, nerves, immune system, and bones healthy

### **Copper Food Sources**

Oysters and other shellfish, whole grains, beans, nuts, potatoes, and organ meats are good sources of copper. Dark leafy greens, dried fruits such as prunes, cocoa, black pepper, and yeast are also sources of copper in the diet.

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## **FLUORIDE**

Fluoride occurs naturally in the body as calcium fluoride, found primarily in the bones and teeth. Small amounts of fluoride

help reduce tooth decay. Fluorides are also involved in the maintenance of bone structure.

Fluoride deficiency may appear in the form of increased incidence of dental caries (tooth decay) and unstable bones and teeth.

When there is a high amount of fluoride in the drinking water, a problem called chronic dental fluorosis can occur. The tooth enamel becomes dull and unglazed with some pitting (mottled enamel). At very high concentrations dark brown stains appear on the teeth. Although unsightly, these teeth rarely have any dental caries.

In addition, high fluoride intake (20 to 80 milligrams per day) over a period of many years can cause skeletal fluorosis, which causes the bones to be chalky and brittle.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002420.htm>.

**RDA:** 14-18 years old: 3 milligrams/day (no more than 10). 19-30 years old: 3 milligrams/day (no more than 10).

### **Fluoride Food Sources**

Fluoridated water, seafood, tea, gelatin.

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## **IODINE**

Iodine is essential for the normal metabolism of cells. It is a necessary nutrient for the production of thyroid hormones and normal thyroid function.

Deficiency of iodine may occur in areas that have iodine-poor soil. Many months of iodine deficiency in the diet can cause goiter and/or hypothyroidism. With decreased iodine, the thyroid cells and the gland become enlarged. The deficiency is more prevalent in women than in men, and more common in pregnant women and adolescents. Iodine intake is stressed as a preventive measure because a goiter caused by iodine depletion can cause cretinism. Cretinism is extremely rare in the U.S. because iodine deficiency is generally not a problem.

There is no significant incidence of iodine toxicity in the U.S. Very high intake of iodine can reduce the function of the thyroid gland.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002421.htm>

**RDA:** 14-18 years old: 150 micrograms/day (no more than 900). 19-30 years old: 150 micrograms/day (no more than 1100).

### **Iodine Food Sources**

Iodized salt, seafood (cod, sea bass, haddock, perch, kelp), dairy products, plants grown in soil that is rich in iodine.

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## **IRON**

The mineral iron is an essential nutrient for humans because it is part of blood cells, which carry oxygen to all body cells. About 30% of the iron in our bodies is in storage to be readily available to replace lost iron.

Iron is essential to the formation of hemoglobin and myoglobin, which carry the oxygen in the blood and the muscle. It also makes up part of many proteins and enzymes in the body.

Iron deficiency is the most common nutritional deficiency worldwide. Although full-blown anemia is rarely evident, partial deficiency is widespread.

Symptoms of decreased iron stores include general fatigue, shortness of breath, headache, irritability, and/or lethargy. If you have constant unusual signs of tiredness, see your doctor. There are many causes of such symptoms. Simply taking an iron

supplement may not be the key to renewing your energy.

Iron deficiency most commonly manifests itself as iron deficiency anemia. Iron deficiency and iron deficiency anemia can occur during periods of rapid growth, during pregnancy, and among women who are menstruating more than usual. It can also be associated with any type of intestinal loss of blood, frequent donation of blood, and from the inability to absorb iron efficiently.

Initial symptoms of iron deficiency anemia are fatigue and lack of energy. Dizziness, weight loss, and lowered immunity can also occur. The symptoms can be alleviated once the cause of the iron deficiency has been determined.

It is unlikely that iron toxicity can develop from an increased dietary intake of iron alone. Symptoms of iron toxicity are fatigue, anorexia, dizziness, nausea, vomiting, headache, weight loss, shortness of breath, and possibly a grayish color to the skin.

Hemochromatosis is a genetic disorder that affects the regulation of iron absorption. The incidence may be as high as 5 in 1000 in Caucasians. Treatment consists of a low-iron diet, no iron supplements, and phlebotomy (blood removal) on a regular basis.

Excess storage of iron in the body is known as hemosiderosis. The increased iron stores come from the consumption of excessive iron supplements or from receiving frequent blood transfusions, not from increased iron intake in the diet.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002422.htm> and <http://www.cc.nih.gov/cc/supplements/iron.html>.

**RDA:** 14-18 years old: 15 milligrams/day (no more than 45). 19-30 years old: 18 milligrams/day (no more than 45).

### **Iron Food Sources**

The best food sources of easily absorbed iron are animal products (heme iron). Iron from vegetables, fruits, grains, and supplements (non-heme iron) is harder for the body to absorb. If you mix some lean meat, fish, or poultry with beans or dark leafy greens at a meal, you can improve absorption of vegetable sources of iron up to three times. Foods rich in vitamin C also increase iron absorption.

Some foods decrease iron absorption. Commercial black or pekoe teas contain substances that bind to iron so it cannot be used by the body. The evaluation of absorbable iron in a food is a more accurate way to calculate iron available to the body than by simply recording the total iron content.

Iron sources that have high iron availability are oysters, liver, lean red meat (especially beef), poultry, dark red meat, tuna fish, salmon, iron fortified cereals, dried beans, whole grains, eggs (especially egg yolks), dried fruits, dark leafy green vegetables. Reasonable amounts are also found in lamb, pork, and shellfish.

Nonheme iron is found in whole grains such as wheat, millet, oats, and brown rice; legumes (lima beans, soybeans, dried beans and peas, kidney beans seeds such as almonds and Brazil nuts); dried fruits (prunes, raisins, and apricots); vegetables (broccoli, spinach, kale, collards, asparagus, dandelion greens).

For a list of how much iron selected food sources have, visit <http://www.cc.nih.gov/cc/supplements/iron.html> and <http://www.youngwomenshealth.org/iron.html>. For a list of vegan foods with iron, check out the Vegetarian Resource Group's website on nutrition at <http://www.vrg.org/nutrition/iron.htm>.

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### **MAGNESIUM**

Magnesium is a mineral needed by every cell of your body. About half of your body's magnesium stores are found inside cells of body tissues and organs, and half are combined with calcium and phosphorus in bone. Only 1 percent of the magnesium in your body is found in blood. Your body works very hard to keep blood levels of magnesium constant.

Magnesium is needed for more than 300 biochemical reactions in the body. It helps maintain normal muscle and nerve function, keeps heart rhythm steady, and bones strong. It is also involved in energy metabolism and protein synthesis.

Even though dietary surveys suggest that many Americans do not consume magnesium in recommended amounts, magnesium deficiency is rarely seen in the United States in adults. When magnesium deficiency does occur, it is usually due to excessive loss of magnesium in urine, gastrointestinal system disorders that cause a loss of magnesium or limit magnesium absorption, or a chronically low intake of magnesium. People who abuse alcohol are at high risk for magnesium deficiency because alcohol increases urinary excretion of magnesium.

If you think you're not getting enough magnesium, eat more servings of fruit and vegetables, especially dark green leafy vegetables. A healthcare professional could also help you decide whether to take magnesium supplements.

Dietary magnesium does not pose a health risk, however very high doses of magnesium supplements, which may be added to laxatives, can promote adverse effects such as diarrhea. Magnesium toxicity is more often associated with kidney failure, when the kidney loses the ability to remove excess magnesium. Very large doses of laxatives also have been associated with magnesium toxicity, even with normal kidney function. Signs of excess magnesium can be similar to magnesium deficiency and include mental status changes, nausea, diarrhea, appetite loss, muscle weakness, difficulty breathing, extremely low blood pressure, and irregular heartbeat.

For more information, visit <http://www.cc.nih.gov/ccc/supplements/magn.html>.

**RDA:** 14-18 years old: 360 milligrams/day (no more than 350 from any supplements). 19-30 years old: 310 milligrams/day (no more than 350 from any supplements).

### **Magnesium Food Sources**

Green vegetables such as spinach, nuts, seeds, some whole grains, some water. For a list of how much magnesium selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/magn.html>.

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## **MANGANESE**

Manganese is an essential trace element and is necessary for good health. The human body typically contains small quantities of manganese, and under normal circumstances, the body controls these amounts so that neither too little nor too much is present. Manganese helps your body break down fats, carbohydrates, and proteins. It does so as part of several enzymes. Under certain conditions, manganese released through several industrial activities can be a health hazard.

A potential deficiency or toxicity (excess) of manganese in humans appears to be connected to the amount of iron stores in the body, as well as the amount of iron in the diet.

For more information, visit <http://www.atsdr.cdc.gov/toxprofiles/phs151.html>, <http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202618.html>, [http://risk.lsd.ornl.gov/tox/profiles/mn\\_ragsa.shtml](http://risk.lsd.ornl.gov/tox/profiles/mn_ragsa.shtml) and <http://www.nal.usda.gov/ttic/tektran/data/000008/86/0000088637.html>.

**RDA:** 14-18 years old: 1.6 milligram/day (no more than 9). 19-30 years old: 1.8 milligram/day (no more than 11).

### **Manganese Food Sources**

Grains, cereals, tea.

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## **MOLYBDENUM**

The body needs molybdenum (moh-LIB-den-um) for normal growth and health.

A deficiency of molybdenum is rare. However, if the body does not get enough molybdenum, certain enzymes needed by the body are affected. This may lead to a build up of unwanted substances in some people. Injectable molybdenum is administered only by or under the supervision of your health care professional.

For more information, visit <http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202619.html> and <http://www.ars.usda.gov/is/qtr/q400/hn400.htm>.

**RDA:** 14-18 years old: 43 micrograms/day (no more than 1700). 19-30 years old: 45 micrograms/day (no more than 2000).

### **Molybdenum Food Sources**

Most Americans get enough molybdenum because a variety of foods provide it, including pumpkin and sunflower seeds, peas, beans, peanuts and other legumes, and grain-based products such as breakfast cereals or whole-grain breads.

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## **PHOSPHORUS**

Phosphorus is a mineral that makes up 1% of the total body weight. It is present in every cell of the body, but 85% of the body's phosphorus is found in the bones and teeth.

The main function of phosphorus is in the formation of the bones and teeth. It plays an important role in the body's utilization of carbohydrates and fats, and in the synthesis of protein for the growth, maintenance, and repair of cells and tissues.

Phosphorus works with the B vitamins in their functions in the body. It also assists in the contraction of muscles, in the functioning of kidneys, in maintaining the regularity of the heartbeat, and in nerve conduction.

There is no known deficiency of phosphorus because it is so available in the food supply. Excessively high levels of phosphorus in the blood, although rare, can combine with calcium and deposit in soft tissues like muscle. These high levels of phosphorus in blood only occur in people with severe kidney disease or severe dysfunction of their calcium regulation.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002424.htm>.

**RDA:** 14-18 years old: 1250 milligrams/day (no more than 4000). 19-30 years old: 700 milligrams/day (no more than 4000).

### **Phosphorus Food Sources**

The main food sources are the protein food groups of meat and milk. A meal plan that provides adequate amounts of calcium and protein also provides an adequate amount of phosphorus.

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## **SELENIUM**

Selenium is an essential trace mineral in the human body. This nutrient is an important part of antioxidant enzymes that protect cells against the effects of free radicals that are produced during normal oxygen metabolism. The body has developed defenses such as antioxidants to control levels of free radicals because they can damage cells and contribute to the development of some chronic diseases. Selenium is also essential for normal functioning of the immune system and thyroid gland.

There is a moderate to high health risk of too much selenium. High blood levels of selenium can result in a condition called selenosis. Symptoms include gastrointestinal upsets, hair loss, white blotchy nails, and mild nerve damage. Selenium toxicity is rare in the United States and the few reported cases have been associated with industrial accidents and a manufacturing error that led to an excessively high dose of selenium in a supplement. The upper limit of selenium that most adults can ingest safely is 400 micrograms/day.

For more information, visit <http://www.cc.nih.gov/cc/supplements/selen.html>.

**RDA:** 14-18 years old: 55 micrograms/day (no more than 400). 19-30 years old: 55 micrograms/day (no more than 400).

### **Selenium Food Sources**

Plant foods, some meats, seafood, bread, some nuts (in particular Brazil nuts and walnuts). For a list of how much selenium selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/selen.html>.

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## **ZINC**

Zinc is an essential mineral that is found in almost every cell. It stimulates the activity of approximately 100 enzymes, which are substances that promote biochemical reactions in your body. Zinc supports a healthy immune system, is needed for wound healing, helps maintain your sense of taste and smell, and is needed for DNA synthesis. Zinc also supports normal growth and development during pregnancy, childhood, and adolescence.

Zinc deficiency most often occurs when zinc intake is inadequate or poorly absorbed, when there are increased losses of zinc from the body, or when the body's requirement for zinc increases. Signs of zinc deficiency include growth retardation, hair loss, diarrhea, delayed sexual maturation and impotence, eye and skin lesions, and loss of appetite. There is also evidence that weight loss, delayed healing of wounds, taste abnormalities, and mental lethargy can occur. Since many of these symptoms are general and are associated with other medical conditions, do not assume they are due to a zinc deficiency. It is important to consult with a healthcare professional about medical symptoms so that appropriate care can be given.

Zinc toxicity has been seen in both acute and chronic forms. Intakes of 150 to 450 mg of zinc per day have been associated with low copper status, altered iron function, reduced immune function, and reduced levels of high-density lipoproteins (HDL, the good cholesterol). One case report cited severe nausea and vomiting within 30 minutes after the person ingested four grams of zinc gluconate (570 mg elemental zinc). ULs are the highest intake associated with no adverse effects, and are listed below (in the paragraph beginning "RDA:").

For more information, visit <http://www.cc.nih.gov/ccc/supplements/zinc.html>.

**RDA:** 14-18 years old: 9 milligrams/day (no more than 34). 19-30 years old: 8 milligrams/day (no more than 40). **NOTE: Zinc RDA's may be 50% higher for vegetarians than for non-vegetarians; check with a health care professional.**

### **Zinc Food Sources**

Oysters contain more zinc per serving than any other food, but red meat and poultry provide the majority of zinc in the American diet. Other good food sources include beans, nuts, certain seafood, whole grains, fortified breakfast cereals, and dairy products. Zinc absorption is greater from a diet high in animal protein than a diet rich in plant proteins. Phytates, which are found in whole grain breads, cereals, legumes and other products, can decrease zinc absorption. For a list of how much zinc selected food sources have, visit <http://www.cc.nih.gov/ccc/supplements/zinc.html>.

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## **Macronutrients**

### **Carbohydrates**

#### **Fiber**

#### **Fat**

#### **Protein and Amino Acids**

## **CARBOHYDRATES**

Carbohydrates are a large group of sugars, starches, celluloses, and gums that contain carbon, hydrogen, and oxygen in similar proportions. The primary function of carbohydrates is to provide energy for the body, especially the brain and the nervous system. The body breaks down starches and sugars into a substance called glucose, which is used for energy by the body.

It is recommended that somewhere between 40 to 60% of our total calories come from carbohydrates, preferably from complex

carbohydrates (starches) and naturally occurring sugars rather than processed or refined sugars. High-sugar foods are simple carbohydrates that provide calories, but minimal nutritional benefits. On the other hand, complex carbohydrates provide calories, vitamins and minerals as well as fiber. To increase complex carbohydrates:

- Eat more fruits and vegetables.
- Eat more whole grains, rice, breads and cereals.
- Eat more beans, lentils, and dried peas.

Excessive carbohydrates can cause an increase in the total caloric intake, causing obesity. Deficient carbohydrates can cause a lack of calories (malnutrition), or excessive intake of fats to make up the calories.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002469.htm>.

**RDA:** 14-18 years old: 130 grams/day. 19-30 years old: 130 grams/day.

### **Carbohydrate Food Sources**

Complex carbohydrates are a good source of minerals, vitamins, and fiber. They are starches found in breads, cereals, starchy vegetables, legumes, rice, and pastas. Simple carbohydrates also contain vitamins and minerals. They naturally occur in fruits, milk and milk products, and vegetables. Simple carbohydrates are also found in processed and refined sugars such as candy, table sugar, syrups (not including natural syrups such as maple), and soda. Refined sugars provide calories, but lack vitamins, minerals, and fiber.

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### **FIBER**

Dietary fiber is found in plant foods. Fiber cannot be digested by humans. It has no calories because the body cannot absorb it.

Dietary fiber provides a feeling of fullness and adds bulk in the diet. This assists digestion and elimination.

Including fiber in your daily diet helps prevent many problems and brings many benefits. It may be helpful in controlling weight by making you feel full sooner. It helps prevent constipation. It may be helpful in the prevention or treatment of diverticulosis, diabetes, and heart disease (ask your health care professional or campus dietician about recommendations for these conditions).

Eating a large amount of fiber in a short period of time can cause intestinal gas (flatulence), bloating, and abdominal cramps. This subsides once the natural bacteria in the digestive system get used to the increase in fiber in the diet. The problem with gas or diarrhea can be reduced considerably by adding fiber gradually to the diet.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002470.htm>.

**RDA:** 14-18 years old: 26 grams/day. 19-30 years old: 25 grams/day.

### **Fiber Food Sources**

There are two forms of fiber: soluble and insoluble. Soluble fiber attracts water and turns to gel during digestion. This slows digestion and the rate of nutrient absorption from the stomach and intestine. It is found in oat bran, barley, nuts, seeds, beans, lentils, peas, and some fruits and vegetables. Insoluble fiber is found in foods such as wheat bran, vegetables and whole grains. It appears to speed the passage of foods through the stomach and intestines and adds bulk to the stool.

Water helps the passage of fiber through the digestive system. Drink plenty of fluids (approximately 8 glasses of water or noncaloric fluid a day).

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### **FAT**

Fats are organic compounds that are made up of carbon, hydrogen, and oxygen; they are the most concentrated source of energy in foods. Fats belong to a group of substances called lipids. Fats come in liquid or solid form. All fats are combinations of saturated and unsaturated fatty acids. Fats can be called very saturated or very unsaturated depending on their proportions.

Fat is essential for the proper functioning of the body. Fats provide the "essential" fatty acids, which are not made by the body and must be obtained from food. Linoleic acid is the most important essential fatty acid, especially for the growth and development of infants. Fatty acids provide the raw materials that help in the control of blood pressure, blood clotting, inflammation, and other body functions. Omega-3 (n-3) fatty acids are important for heart health and can be supplied by eating fish twice a week, or seaweed, tofu, soybeans, canola oil, walnut oil, and flaxseed oil.

Fat serves as the storage substance for the body's extra calories. It fills the fat cells (adipose tissue) that help insulate the body. Fats are also an important energy source. When the body has used up the calories from carbohydrate, which occurs after the first 20 minutes of exercise, it begins to depend on the calories from fat.

Healthy skin and hair are maintained by fat. Fat helps in the absorption, and transport through the bloodstream of the fat-soluble vitamins A, D, E, and K.

Eating too much saturated fat is one of the major risk factors for heart disease. A diet high in saturated fat causes a soft, waxy substance called cholesterol to build up in the arteries. Too much fat also increases the risk of heart disease because of its high calorie content, which increases the chance of becoming obese (another risk factor for heart disease and some types of cancer).

A large intake of polyunsaturated fat may increase the risk for some types of cancer. Reducing daily fat intake is not a guarantee against developing cancer or heart disease, but it does help reduce the risk factors.

It is recommended that everyone over 20 have their cholesterol checked. Talk to your health care provider about how to cut down on your fat intake and to have your cholesterol checked.

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002468.htm>.

n-6 Polyunsaturated Fatty Acids **RDA**: 14-18 years old: 11 grams/day. 19-30 years old: 17 grams/day.

n-3 Polyunsaturated Fatty Acids **RDA**: 14-18 years old: 1.1 grams/day. 19-30 years old: 1.1 grams/day.

### Food Sources

- **Saturated fats:** These are the biggest dietary cause of high LDL levels ("bad cholesterol"). When looking at a food label, pay very close attention to the % of saturated fat and avoid or limit any foods that are high (for example, over 20% saturated fat). Saturated fats are found in animal products such as butter, cheese, whole milk, ice cream, cream, and fatty meats. They are also found in some vegetable oils -- coconut, palm, and palm kernel oils. (Note: most other vegetable oils contain unsaturated fat and are healthy.)
- **Unsaturated fats:** Fats that help to lower blood cholesterol if used in place of saturated fats. However, unsaturated fats have a lot of calories, so you still need to limit them. There are two types: mono-unsaturated and polyunsaturated. Most (but not all!) liquid vegetable oils are unsaturated. (The exceptions include coconut, palm, and palm kernel oils.)
- **Mono-unsaturated fats:** Fats that help to lower blood cholesterol if used in place of saturated fats. However, mono-unsaturated fats have a lot of calories, so you still need to limit them. Examples include olive and canola oils.
- **Polyunsaturated fats:** Fats that help to lower blood cholesterol if used in place of saturated fats. However, polyunsaturated fats have a lot of calories, so you still need to limit them. Examples include safflower, sunflower, corn, and soybean oils.
- **Trans fatty acids:** These fats form when vegetable oil hardens (a process called hydrogenation) and can raise LDL levels. They can also lower HDL levels ("good cholesterol"). Trans-fatty acids are found in fried foods, commercial baked goods (donuts, cookies, crackers), processed foods, and margarines.
- **Hydrogenated:** refers to oils that have become hardened (such as hard butter and margarine). Foods made with hydrogenated oils should be avoided because they contain high levels of trans fatty acids, which are linked to heart disease. (Look at the ingredients in the food label.) The terms "hydrogenated" and "saturated" are related; an oil becomes saturated when hydrogen is added (i.e., becomes hydrogenated).
- **Partially hydrogenated:** Refers to oils that have become partially hardened. Foods made with partially hydrogenated oils should be avoided because they contain high levels of trans fatty acids, which are linked to heart disease. (Look at the

ingredients in the food label.)

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## **PROTEIN AND AMINO ACIDS**

Proteins are complex organic compounds. The basic structure of protein is a chain of amino acids that contain carbon, hydrogen, oxygen, and nitrogen. The presence of nitrogen differentiates protein from carbohydrate and fat.

Protein is the main component of muscles, organs, and glands. Every living cell and all body fluids, except bile and urine, contain protein. The cells of muscles, tendons, and ligaments are maintained with protein. Children and adolescents require protein for growth and development.

Proteins are described as essential and nonessential proteins or amino acids. The human body requires approximately 20 amino acids for the synthesis of its proteins.

The body can make only 13 of the amino acids -- these are known as the nonessential amino acids. They are called non-essential because the body can make them and does not need to get them from the diet. There are 9 essential amino acids that are obtained only from food, and not made in the body.

If the protein in a food supplies enough of the essential amino acids, it is called a complete protein. If the protein of a food does not supply all the essential amino acids, it is called an incomplete protein.

<b>Essential Amino Acid</b>	<b>RDA (Mg/g protein)</b>
Histidine	18
Isoleucine	25
Lysine	55
Leucine	51
Methionine & Cysteine	25
Phenylalanine & Tyrosine	47
Threonine	27
Tryptophan	7
Valine	32

For more information, visit <http://www.nlm.nih.gov/medlineplus/ency/article/002467.htm>.

**RDA:** 14-18 years old: 46 grams/day. 19-30 years old: 46 grams/day.

### **Food Sources**

- All meat and other **animal products** are sources of complete proteins. These include beef, lamb, pork, poultry, fish, shellfish, eggs, milk, and milk products.
- Protein in foods (such as grains, fruits, and vegetables) are either low, incomplete protein or lack one of the essential amino acids. These food sources are considered incomplete proteins.
- **Plant proteins** can be combined to include all of the essential amino acids and form a complete protein. Examples of combined, complete plant proteins are rice and beans, milk and wheat cereal, and corn and beans. [Vegetarians](#) are able to get enough protein if they eat the proper combination of plant proteins.

A diet high in meat could lead to high cholesterol or other diseases, such as gout. Another potential problem is that a high-protein diet may put a strain on the kidneys. Extra waste matter, which is the end product of protein metabolism, is

excreted in the urine.

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## References and Resources

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4 Food & Nutrition Information Center, [DRI/RDA](#); USDA Food and Nutrition Board, [Frequently Asked Questions about the DRIs](#)

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**4collegewomen.brandeis.edu: Obsessive Compulsive Disorder**

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# Obsessive Compulsive Disorder

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## Introduction

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Worries, doubts, and personal rituals are all common in everyday life. However, when they become excessive to point of

interfering with daily life then a diagnosis of Obsessive Compulsive Disorder (OCD) may be made by a medical professional. Some common examples of behaviors characteristic of OCD include hours of hand washing, or a need to check-up on things repeatedly. You may also be preoccupied by thoughts of violence and fear that you will harm people close to you. The disturbing thoughts and images, which are typical characteristics of OCD, are called obsessions, and the rituals that are performed to try and prevent or dispel them are called compulsions. Although a lot of healthy people can identify with having some of the symptoms of OCD, the condition is recognized when such activities interfere with daily life. People with OCD often describe their symptoms as feeling like mental hiccups that won't go away. OCD is a medical brain disorder that causes problems in information processing resulting in symptoms that may include those described above. Approximately 2% of Americans, or about 3.3 million people, suffer from OCD each year, so you are not alone. This disorder affects both men and women equally and symptoms usually become apparent during adolescence or early childhood.<sup>[1]</sup>

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## What causes OCD?

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There is no single, proven cause of OCD, but there is growing evidence that OCD represents abnormal functioning of brain circuitry. OCD is not caused by family problems or attitudes learned in childhood, nor is it your fault that you suffer from OCD.

Research suggests that OCD involves problems with communication different parts of the brain. These brain structures use the chemical messenger SEROTONIN. It is believed that insufficient levels of SEROTONIN are prominently involved in OCD. Drugs that increase the brain concentration of SEROTONIN often help improve symptoms. Although it seems clear that reduced levels of SEROTONIN play a role in OCD, there is no laboratory test for OCD; the diagnosis is made based on an assessment of the person's symptoms.

There are different risk factors for OCD as well:

Childhood-onset OCD tends to run in families.

When a parent has OCD, there is a slightly increased risk that a child will develop the disease, although the risk is still low.

When OCD runs in families, specific symptoms are not inherited even if the disease is transmitted.

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## What are some of the symptoms of OCD?

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Symptoms and behaviors associated with OCD are varied. Common symptoms include generally unwanted behaviors and/or thoughts that occur very frequently (several times a day). OCD usually involves having both **obsessions** and **compulsions**, though a person with OCD may sometimes have only one or the other.

**Obsessions** are thoughts, images, or impulses that occur over and over again and feel out of control. The person does not want to have these ideas, finds them disturbing and intrusive, and usually recognizes that they don't really make sense. People with OCD typically try to make their obsessions go away by performing compulsions.

**Compulsions** are acts the person performs over and over again, often according to certain "rules." People with an obsession about contamination may wash constantly to the point that their hands become raw and inflamed. Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

Some of symptoms and behaviors may include, but are not limited to:

- Checking things repeatedly, such as doors, locks, stoves, etc.
- Constant counting or preoccupation with symmetry.
- "Having" to do things a certain number of times. An example of this would be taking a shower and "having" to wash the left foot three times.

- Obsessively arranging things in an extremely orderly fashion.
- Pictures, words or images that "pop" into one's head and won't go away -- usually of a disturbing nature.
- Nonsensical words or phrases repeated in the person's mind.
- Hoarding of objects with usually no apparent value. The person usually saves such objects under the rationalization of "what if I need them someday?" or is just unable to decide what to discard.
- Excessive fear of contamination/fear of germs.

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## How is OCD treated?

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The first step in treating OCD is **educating** the patient and family about OCD and its treatment.

Treatments for OCD include:

**Pharmacotherapy** - In recent years, clinical trials have shown that specific medications are very helpful in the treatment of this disorder. Drugs that affect SEROTONIN levels can significantly decrease symptoms of OCD. These are often classified as SRIs, or SEROTONIN re-uptake inhibitors. If a patient does not respond to these, however, other treatments are pursued. Additionally, if the medication is discontinued, relapse will follow.

### Side Effects

In general, the drugs are well tolerated by most people with OCD. Some side effects include nervousness, insomnia, restlessness, nausea, and diarrhea. All side effects depend on the dose of medication and on how long one takes it. If side effects greatly interfere with daily life, it is important to make sure that the initial dosage of medication is small and increased slowly. More severe side effects are associated with larger doses and a rapid increase in dosage.

**Behavior Therapy**- Traditional psychotherapy, aimed at helping the patient develop insight into the problem, is generally not helpful for treating OCD. However, a specific behavior therapy approach called "exposure and response prevention" is effective for many people with OCD. **Exposure** is based on the fact that anxiety usually goes down after enough contact with something feared. Thus, people with obsessions about germs are told to hold or remain in contact with something that they fear is full of germs until their anxiety lessens and disappears altogether. Over time, the patient experiences decreased anxiety from obsessive thoughts and becomes able to do without the compulsive actions. For exposure to be of the most help, it needs to be combined with **response or ritual prevention (RP)**. In RP, the person's rituals or avoidance behaviors are blocked. For example, those with excessive worries about germs must not only stay in contact with "*germy things*," but must also refrain from ritualized washing.

### Side Effects

People react differently to behavior therapy, just as they do to medication. "Exposure and response prevention" is relatively free of side effects, but all patients will experience some anxiety during treatment.

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## Some frequently asked questions

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### If I have any of the "common" symptoms or behaviors, does it mean that I have OCD?

That depends upon the degree in which the symptoms or behaviors interfere with your thinking, reasoning, and/or life functioning. If you feel you have any of these symptoms or symptoms of a similar nature, consult a health professional experienced with OCD and discuss your symptoms.

### Can People with OCD have other Illnesses?

OCD is sometimes accompanied by depression, eating disorders, substance abuse, attention deficit hyperactivity disorder (ADHD), or other anxiety disorders. When a person also has other disorders, OCD is often more difficult to diagnose and treat. Persons with OCD use different brain circuitry in performing a cognitive task than people

without the disorder.

### Is OCD considered to be an anxiety disorder?

Yes. The obsessions cause anxiety, which results in a need to perform compulsions which provides temporary relief.

### Why doesn't an individual with OCD "just stop" their behavior?

Most truly wish they could. Probably the biggest reason why they do not "just stop" is anxiety. The person with OCD suffers intense anxiety over whatever their symptoms focus upon. They want to "make sure" that whatever they are focusing upon is taken care of. They can't just stop the behavior.

### Are there any other disorders related to OCD?

Tourette's syndrome link to dictionary is related to OCD, and some people have both disorders. Several other disorders appear similar to OCD, including Body Dysmorphic dictionary Disorder (BDD), Trichotillomania (hair pulling), and impulse control disorders dictionary, but it is not clear whether or not these illnesses are truly related to OCD. Other disorders, such as major depression, social phobia, and panic disorder are more common in people with OCD.

### Can stress affect OCD?

Yes. It is typical to notice a worsening of OCD symptoms during stressful periods. Stress does not cause OCD, but a stressful event (like the death of a loved one, birth of a child, or divorce) may trigger the onset of the disorder or exacerbate it.

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## References

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[1] <http://www.nimh.nih.gov/publicat/ocd.cfm>

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**4collegewomen.brandeis.edu: Osteoporosis**

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# Osteoporosis

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## Why Should I Worry About Osteoporosis?

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Osteoporosis is the loss of bone density, causing weak and fragile bones that fracture and break easily. Your genes, age, and lifestyle all affect your chances of developing osteoporosis. Osteoporosis literally means "porous bones," and is also known as the "silent thief." Osteoporosis happens gradually over years, and is not noticeable until a fracture or break occurs. Generally, older people, primarily older women, suffer from osteoporosis.

Women are 4 times more prone to developing osteoporosis than men.

There are three types of osteoporosis; Senile, postmenopausal, and secondary.

Senile Osteoporosis usually results from aging, and affects men and women about equally. Age causes a decrease in bone cell activity, affecting the ability to rebuild bone, resulting in bone fractures and breaks.

Postmenopausal Osteoporosis is caused by a decreased level in estrogen. This type of osteoporosis usually prevails about ten to fifteen years after the onset of menopause. Estrogen allows for calcium absorption, vital for bone growth and maintenance. A lack of estrogen, therefore, causes less calcium to be absorbed by the bones than is necessary. This causes thinning and weakening of the bones in the form of Osteoporosis.

Secondary Osteoporosis is caused by other underlying conditions such as cancer, hypogonadism, hyperthyroidism, hyperparathyroidism, gastrectomy, eating disorders, kidney problems, osteogenesis imperfecta, among others.

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## Causes of Osteoporosis?

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### If older people develop osteoporosis, why should we care about it at such a young age?

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Osteoporosis is a treatable, but not curable condition. Most importantly, osteoporosis can be prevented or its effects can be delayed with a few simple lifestyle changes starting at a young age.

Calcium is the most abundant mineral in our bones, providing for rigidity and growth. Women between the ages of 11 to 24 need an increased amount of Calcium a day since those are the Calcium-storing years. Most of the body's bone density is formed before puberty, ending anywhere between ages 25 to 30, when peak bone density is reached.

Bones constantly undergo a process called remodeling. In this process, bones are continuously broken down and rebuilt. This process provides for a constant level of calcium in the blood, which is necessary for muscle contraction, a proper heartbeat, blood circulation, and blood clotting. Bone make-up and this regulation process prove the significance of Calcium in our diets. After peak bone density is reached, bones break down much more quickly than they are built up, leading to a decline in bone density, sometimes resulting in osteoporosis. The lower the bone density is, the higher the risk of breaks and fractures that may lead to further complications.

Not everybody reaches an equal peak bone density; it is genetically determined. Some of us have the potential to reach a higher peak bone density than others, but other factors come into play as well. Whether followed correctly or incorrectly, the following factors can either promote or prevent osteoporosis.

- Diet
- Exercise
- Healthy lifestyle and habits

The following factors increase a person's risk for developing osteoporosis:

- Smoking
- Excessive alcohol consumption
- Excessive caffeine consumption
- Diseases of the small intestine, liver or pancreas

- Early termination of one's capacity to menstruate and early menopause
- Amenorrhea
- Small body frame
- Low overall body weight
- History of osteoporosis in the family
- Chronic diarrhea
- Eating disorders
- Athleticism
- High-protein diets
- Fad diets
- Skipping meals
- Lactose intolerance
- Scoliosis
- Inactivity
- Inadequate nutrition
- Excessive exercise

The underlying theme in the above-mentioned risk factors is Calcium absorption and loss of Calcium through urinations or defecation. All of the conditions either prevent Calcium absorption or promote Calcium loss. Both cause the body to depend on the Calcium from the bones to maintain proper levels in the blood.

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## Prevention

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Now that we understand the significance of Calcium in our bodies, and how easily Calcium is lost from our bodies, we need to understand how to prevent such loss and maintain what we already have.

The most obvious way to prevent osteoporosis is to increase Calcium intake. Calcium is contained in high amounts in dairy products, fish, soybeans, tofu, and dark green vegetables as well as in Calcium supplements. An increase in Calcium intake leads to a higher bone density. Women between the ages of 11 and 24 need at least 1,200 mg of Calcium a day, while other premenopausal women need about 1,000 mg. (Careful, too much Calcium can cause kidney stones).

Another way to increase bone density is exercise. Weight-bearing exercises put stress on the bones, allowing for mass buildup. Such exercises include:

- Carrying and/or lifting weights
- Running
- Jumping
- Aerobic exercise
- Walking
- Swimming
- Sports
- Bicycling
- Dancing
- Hiking
- Skiing
- Household chores

Bones also need Vitamin D for Calcium absorption from the intestine to the bloodstream and into the bone. Simple sun exposure provides for necessary Vitamin D levels in the body. Vitamin D can also be integrated into one's diet, along with other necessary vitamins for a healthy lifestyle.

Leading a healthy lifestyle with low alcohol and caffeine consumption also helps prevent osteoporosis. Not smoking and eating balanced diets without skipping meals also play a significant role in osteoporosis prevention.

Leading healthy lifestyles and developing proper habits at a young age, helps prevent complications later in life. Osteoporosis is easily preventable (or delayed) by integrating the simple steps mentioned above into your lifestyle. Treat your body right and it will treat you right in return.

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## Other Resources

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- [Bone Builders](#)

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**4collegewomen.brandeis.edu: Ovarion Cysts**

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# Ovarion Cysts

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## What are Ovarian Cysts?

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The ovaries produce the eggs in the female reproductive system. Eggs grow, develop, and mature in the ovaries and then are released during ovulation, part of the monthly menstrual cycle that occurs during the childbearing years. Ovarian cysts are fluid-filled sacs that form on the ovaries when the follicles (sacs) on the ovary that contain the egg mature, but do not release the egg into the fallopian tube where it would be fertilized. A woman can develop one cyst or many cysts. Ovarian cysts can vary in size—from as small as a pea to as big as a grapefruit. Most cysts are small and do not cause symptoms. Some cysts might cause a dull ache in the abdomen because they are twisted, bleeding, or have burst; others might cause pain during sexual intercourse. Most cysts are benign (not cancerous). A few cysts, though, may turn out to be malignant (cancerous). For this reason, your doctor should check all cysts. If ovarian cysts are found early, many of the problems they cause can be treated. There are different types of ovarian cysts:

*Functional cysts* - These cysts are completely normal and form during ovulation. The follicles (sacs) on the ovary that contain the egg often do not mature, and become cysts. These cysts usually disappear during menstruation, before another menstrual cycle begins. If not, they will shrink in about one to three months. Your doctor may want to check in a few months to make sure the cyst has gotten smaller. Only women who are ovulating form functional cysts. If a woman is in **menopause** define or past menopause and not having periods, she should not have functional cysts.

*Endometriomas* - These cysts develop in women who have endometriosis, a condition in which tissue from the lining of the uterus (endometrium) grows in other areas, such as on the fallopian tubes, the ovaries, and on other organs outside of the uterus in the stomach. These may be filled with a thick, brown blood and so also are called "chocolate cysts." Because uterine tissue is sensitive to hormones, even when it's located outside the uterus, the tissue will bleed monthly, which may cause the formation of a growing cyst on the ovary. These cysts can be painful during sexual intercourse and during menstruation.

*Benign cystic tumors*(cystadenomas) - These tumors are non-cancerous and are often filled with a fatty liquid. They develop from cells on the outer surface of the ovary. Some of these tumors, called dermoid cysts, are lined with structures such as hair, or pieces of bone. They are often small and may not cause symptoms. They can, however, become large and uncomfortable.

*Multiple Cysts* - Women who do not ovulate regularly can develop multiple cysts. This is a disorder in which the ovaries are enlarged and contain many small cysts. This can be caused by a condition called polycystic ovary syndrome (PCOS). Symptoms of PCOS include irregular menstrual periods, infertility, and increased body hair.

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## What are the Symptoms of Ovarian Cysts?

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Many women may have functional cysts or benign cystic tumors without having any symptoms. Sometimes, though, a cyst will swell large enough to cause pressure or pain in the abdomen. The cysts also may put pressure on the urinary tract and cause problems with urine flow. Some women may have pain during sexual intercourse. Although it is rare, it is possible for a very large cyst to become twisted, stopping its own supply of blood. This can cause nausea, fever, and severe abdominal pain. In women with endometriosis, ovarian cysts can cause the commonly felt symptoms of pelvic pain, painful menstrual periods, abnormal bleeding and painful sexual intercourse.

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## When are Women Most Likely to Have Ovarian Cysts?

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Ovarian cysts are very common during the childbearing years so that means as college women many of us will have them. Most often, cysts in women of this age group are not cancerous. Women who are past menopause (ages 50-70), however, and have ovarian cysts, have a higher risk of having ovarian cancer. If you are over 50 and have an ovarian cyst, your doctor will probably want to do surgery to remove it. However, if you think you might have a cyst, at any age, you should tell your health care provider.

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## How are Ovarian Cysts Diagnosed and Treated?

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Ovarian cysts usually are found during routine pelvic examinations. During this examination, your doctor is able to feel the swelling of the cyst on your ovary. Once a cyst is found, the doctor may perform an ultrasound, or a screening to see if the cyst is hollow or solid, determine its size and exact location, and see if it contains fluid or abnormal structures that help show its type. The doctor may decide to "wait and see" if the cyst will shrink on its own in a few months. If you frequently develop cysts, your doctor may prescribe **birth control pills** [link to contraception page](#) to section on these to prevent you from ovulating. This will prevent follicles from developing and new cysts from forming. Your doctor might talk with you about birth control pills, and if they are right for you.

If the cyst does not go away after several menstrual periods, if it has gotten larger or more painful, or it does not appear to be a functional cyst, your doctor may want to perform other tests or procedures to look at and remove the cyst. To detect your risk for ovarian cancer, your doctor may want to do a blood test to measure a substance in the blood called CA-125. The amount of this protein is increased in the blood of women with ovarian cancer. However, some ovarian cancers do not produce enough CA-125 to be detected by the test, and there are other non-cancerous diseases that also increase the levels of CA-125. For these reasons, the CA-125 test is recommended mostly for women who are at high risk for the disease.

If the cyst is small and looks benign on the ultrasound, your doctor may perform a laparoscopy. This procedure is done under general anesthesia on an outpatient basis and allows the doctor to closely examine all of your reproductive organs. A very small incision is made above or below the navel, and a small instrument called a laparoscope that acts like a telescope is inserted into the abdomen. If the cyst is small and looks benign, it can be removed after the doctor makes very small incisions in the pubic hairline.

If the cyst is too large to remove this way, the doctor may perform a procedure called a laparotomy. This procedure involves making bigger incisions in the stomach to remove the cyst. While you are under general anesthesia, the doctor is able to have the cyst tested to find out if the tissue is cancerous. If it is cancerous, the doctor will then be able to remove other tissue that could be affected, like the ovary, fallopian tubes, uterus, or lymph nodes. Before any surgery, your doctor will talk to you about what will happen during the surgery, the risks, and how long it will take you to recover. It is important to remember that most cysts are not cancerous and are relatively harmless if treated properly.

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## What Questions Should a Woman With an Ovarian Cyst Ask her Doctor?

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If you have an ovarian cyst, you may want to ask:

- How big is the cyst and where is it located?
- Do I need to have it removed immediately, or can we "watch and wait" for one to two months?
- How much of my ovary might be removed along with the cyst, and how would this affect my fertility?
- What did the pathologist's report say about the cyst?
- What are the chances that the cyst will recur, or that another cyst will form?

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## Myths and Facts about Ovarian Cysts

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All Ovarian Cysts are malignant

This is a myth. In fact, most Ovarian Cysts are benign (non-cancerous). Since functional cysts are common during menstruation, they often appear and disappear quickly without causing harm.

Ovarian Cysts can affect women of any age group

Fact. Although they occur most often during a woman's child-bearing years (puberty to menopause), they may occur at any time. In fact, women during menopause are more prone to ovarian cancer.

Ovarian Cysts can grow as large as the size of an egg and may contain follicles and cartilage.

Fact. These types of cysts are called dermoids and come from undeveloped tissue forming into, usually, a non-cancerous growth over a period of time.

Some complicated forms of Ovarian Cysts require surgical removal and some may go away on their own

Fact. Since some cysts are functional and thus present during the menstrual cycle, they are usually harmless and disintegrate on their own. However, cysts that are non-functional and may affect the ovary with their size and/or location need to be removed.

Biopsy is recommended for ALL women diagnosed with an Ovarian Cyst.

Myth. Since some cysts are functional and are directly linked with the menstrual cycle, they mostly dissolve on their own. However, a biopsy may be advised when a cyst persists or causes symptoms so that your doctor can determine whether the growth is cancerous or non-cancerous.

There is no known way to prevent functional Ovarian Cysts.

Fact. They are part of a natural biological process and are often present during ovulation. Therefore, there is no method of preventing cyst formation. However, birth control pills may help women who are constantly forming cysts and experiencing heavy menstrual cycles. Birth control pills stabilize your period and help minimize cyst formation in many women.

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## References

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[1][http://www.4woman.gov/faq/ovarian\\_cysts.htm](http://www.4woman.gov/faq/ovarian_cysts.htm)

[2][http://www.4woman.gov/faq/ovarian\\_cysts.htm](http://www.4woman.gov/faq/ovarian_cysts.htm)

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# Women and Disability

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## Physical Disability

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Being a college student with a physical disability can be very challenging depending on the university, and the disability. Though many Americans are affected by physical disabilities, there is little understanding of the feelings and concerns of the disabled among the population as a whole. Care should be taken before choosing a college to examine that college's accessibility. Perhaps there is a small handicapped population, perhaps the campus is particularly steep, or places are widely separated and transportation is limited. If the buildings, even residence halls are old, they may not have elevators. Some campuses will simply be inherently more difficult to roam than others. Yet, other schools are gaining reputations for being particularly good environments for those with a physical difficulty. These schools may have clubs and organizations, even athletic teams for the disabled, or they may simply be very easy to navigate and be widely accessible. Some campuses even offer programs and courses in Disability Studies. It is important for students with a physical disability to be in close contact with the various offices and services at whatever college they choose, in order to ensure that they are able to do all of the things, and go all of the places possible.

Twenty-six million American women live with disabilities, varying conditions that make these roles even more challenging because of physical and mental limitations. Various diseases and conditions produce some form of disability, and a number of them disproportionately affect women.

In general, the severity of a disability is described in terms of how that disability limits one's daily activities. Women are more

likely than men to be limited in the amount or kind of major activity they can perform. However, disability rates for both sexes increase as age increases. Depending on the source, the word disability is defined in different ways. One definition is:

(1) any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.

Some of the challenges faced by women with disabilities include:

- physical barriers, such as architectural barriers and lack of adequate transportation and support services to keep appointments, run errands, or receive medical care
- financial restraints
- lack of reliable health information and services that address their needs

When people enter college, they need to readjust to a whole new way of living. For people with disabilities, it might be even more of a challenge. For people with physical disabilities, it is disorienting to come to a new environment and not know which facilities are accessible, as well as the layout of the campus. They need to find out if the pathways are accessible, if the general layout of the campus is hilly or flat, and if there are dorms that are accessible to them.

In addition, universities need to be sensitive to their needs. Colleges should evaluate not only the residence of the person with a physical disability, but also examine whether or not other residential facilities are accessible for the individual to visit.

Often times, people with disabilities are very skilled at developing compensatory strategies and fantastic at problem solving. For people with cognitive disabilities, there are many barriers to overcome because these disabilities (particularly learning) have been diagnosed rather recently.

For those interested in more information regarding disability, the following links provide resources, detail the laws regarding accessible, and supply various statistics.

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## Resources

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[Guide to disability rights laws](#)

[Women with disability](#)

[Sources of disability statistics](#)

[Educate yourself about disability issues](#)

[National Organization on Disability](#)

[Information regarding everything from housing, the media, and technology for people with a disability](#)

[Resources from the National Council on Disability](#)

[National Institute on Disability and Rehabilitation Research](#)

[College services and resources](#)

[A cornucopia of disability information](#)

[President Bush's new Freedom Initiative](#)

[More on new Freedom Initiative](#)

[Disability and Employment from the US Dept. of Labor](#)

[The disability rights activist](#)

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# Pelvic Inflammatory Disorder

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## General Information

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One of the most common complication of a sexually transmitted disease (STD), second only to AIDS, is PID.<sup>[1]</sup> PID is an infection of the reproductive organs (the fallopian tubes, uterus, ovaries, and other related structures). It usually begins with an infection of the cervix, caused by GONORRHEA and genital chlamydial infections, two common STD's. If the infection of the CERVIX is not treated with antibiotics, the bacteria can migrate upward from the CERVIX into the upper genital tract. This can then spread the infection to the endometrium and to the fallopian tubes, uterus, ovaries, and abdomen. You can become infertile as a result of PID. In fact, more than 100,000 women experience infertility each year as a consequence of PID.<sup>[2]</sup>

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## Symptoms

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Major symptoms of PID include:

- lower abdominal pain and/or lower back pain
- longer and/or heavier menstrual periods
- cramps or spotting throughout the month
- unusual vaginal discharge (change in smell, color, or amount)
- drowsiness
- weakness
- nausea and vomiting
- pain during intercourse
- pain or burning sensation during urination
- pain or belly tenderness when your health care provider moves your CERVIX or examines your ovaries.

As soon as you notice symptoms, make sure you see your health care provider immediately. Although college work can be intense and take up a lot of time, ignoring these symptoms will only make future treatment more difficult and increase your

chances of becoming infertile.

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## Diagnosis

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To diagnose PID, your doctor will perform a physical exam to determine the nature and location of the pain. He/she will probably check you for fever, abnormal vaginal or cervical discharge, abdominal pain, and evidence of cervical chlamydial infection or gonorrhea. If more information is needed, your doctor may order other tests, such as a sonogram, endometrial biopsy, or LAPAROSCOPY to distinguish between PID and other serious problems that may mimic PID.

Depending on how sick you are, you may be treated either in a hospital or as an outpatient. If you are treated as an outpatient, you will receive antibiotics and must follow your health care provider's directions on taking them. You need to take all of the pills even if the symptoms are no longer present. A few days after you start taking medicine, you will need to see your health care provider again. It is important to stay in bed and get lots of rest, focusing on your health needs. As a hospital patient you will receive intravenous (IV) and oral antibiotics until the symptoms get better. After leaving the hospital, you will have to take oral antibiotics for another 2 weeks. Although you may feel better quickly, the infection can remain in your system and recur. In order to get better, you need to follow your doctor's instructions.

PID can be dangerous if not treated early; scar tissue can form in the fallopian tubes and inside the abdomen. These scars can block the fallopian tubes, which can cause infertility or difficulties in getting pregnant. If the tubes are partly blocked, fertilized eggs may not reach the uterus and a pregnancy can form in the fallopian tubes, known as a tubal or ECTOPIC pregnancy. If the effects of PID are very severe, surgery may be needed to remove pus, scar tissue, or damaged organs.

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## Preventing PID

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- The safest way to avoid PID is to remain abstinent from sex.
- If you are sexually active, use a latex condom correctly all the time to prevent the spread of STDs
- Do not use douches-they have been known to spread the bacteria further up the vagina
- Avoid nicotine and alcohol
- Observe changes in your body, such as abnormal discharge or bleeding
- Finish all prescribed antibiotics if being treated for PID, and make sure your partner(s) gets treated if they have an STD.
- Limit the number of sexual partners you have since that increases your risks of getting an STD and consequently PID.

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## Other Resources

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[1]<http://www.niaid.nih.gov/factsheets/stdpid.htm>

[2]<http://www.niaid.nih.gov/factsheets/stdpid.htm>

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# sad

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## General Information

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Some students moving to a college in a climate that is very different from that of their hometown may experience unexpected emotions. While many of these feelings can be attributed to the normal stresses common in the [transition to college](#), some women experiencing feelings of depression, lethargy and other symptoms may be affected by something called Seasonal Affective Disorder, or SAD.

With the understanding that SAD is the root of these emotions, know that there are measures you can take to start feeling like your old self once more. Since SAD is a mood disorder often associated with lack of sufficient exposure to sunlight, ways that may help alleviate symptoms often include increasing your exposure to natural and/or certain types of artificial light. Additionally, changes in sleep patterns, exercise routines, and eating habits could also help you ensure that your moods are a result of the events in your life rather than the weather outside!

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## About Seasonal Affective Disorder (SAD)

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Seasonal Affective Disorder (SAD) is a mood disorder that causes depression in some people during the winter months when there are less hours of sunlight. SAD may affect over 10 million Americans (almost 6% of the population) each winter,<sup>[1]</sup> and many others may experience a less severe condition sometimes referred to as "Winter Blues". Approximately 70-80% of adults that experience SAD are women.<sup>[2]</sup>

Symptoms typically begin in the fall, peak in the winter, and resolve in the spring.<sup>[3]</sup>

The diagnosis of SAD is relatively new and has drawn much attention in the past five years due to the increased prevalence of symptoms during the winter months. Many people are affected by seasonal changes; fortunately it is a condition that is often easily treatable through non-invasive methods.

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## Causes of SAD

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SAD is partially caused by changes in sunlight patterns and lengths of days, which may shift biological clocks or circadian rhythms.<sup>[4]</sup> During the late fall and winter months, people experience an extreme drop in light exposure, which is particularly important in maintaining healthy balances of the chemicals in the brain that control our mood. This is caused by the fact that days are shorter, sunlight is more diffused, and people tending to stay indoors much more during the cold winter months than any other time of the year.

Reduction in the amount of light the retina is exposed to results in imbalances in the mood chemicals, SEROTONIN and

MELATONIN.<sup>[5]</sup> SEROTONIN is what makes you happy. When light reaches the retina of your eye, SEROTONIN is released. This is why being in bright sunlight often puts people in good moods. Alternately, light inhibits the production of MELATONIN levels in the brain. MELATONIN has the opposite effect on your mood; it typically will make you tired and groggy. Receiving less light exposure causes production of MELATONIN to be higher. Therefore, when your retina does not receive enough light, SEROTONIN levels drop and MELATONIN levels increase, causing you to feel tired and sad.

Different individuals who experience SAD are affected differently, and responses can range widely from mild depressive symptoms to major depressive episodes. How badly you are affected depends on your interaction between your normal daily functions and the environment.<sup>[6]</sup>

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## Symptoms of SAD

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The following symptoms indicate that you may have SAD only if they occur seasonally, escalating during the winter months and decreasing or disappearing during the summer. If you experience the following symptoms, it is advisable to seek the help of a health care provider or seek psychological attention.

Symptoms may include:

- Excessive eating and sleeping
- Weight gain
- Depressive symptoms that are only apparent during late fall and winter months
- Cravings for sugar and starch
- Lethargy and lack of energy
- Irritability
- Reduced productivity
- Social withdrawal
- Sleep disturbance
- Difficulty concentrating

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## Treating SAD

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Since there is evidence that lack of sunlight affects levels of the mood chemicals in the brain, causing depression, bright light therapy has been shown to improve mood and alleviate symptoms of SAD. Light therapy is the primary treatment recommended by the American Medical Association and the American Psychiatric Association and may involve sitting under or near specific types of artificial light for certain periods of time.

Bright light is recommended to use over dimmer, yellow light.<sup>[7]</sup> It is advised that when undergoing light therapy to use 5,000 to 10,000 lux (a measure of light intensity) and that you should be approximately 1-3 feet away from the light. Fluorescent light works as well as full spectrum light, but some people prefer full spectrum light because it mimics natural light.<sup>[8]</sup> Timing is also an important factor. It is recommended that treatment begin early in the day, and early in the year (usually late summer-early fall).<sup>[9]</sup> It is important to meet with a health care provider before beginning light therapy.

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## Practical Ways to Implement Treatments

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Increasing your exposure to light can be highly beneficial in improving your mood during the winter. This can be achieved artificially or naturally.

Artificial light treatment can be performed by exposure to light boxes or full-spectrum light bulbs. This treatment is very effective. You might find it easier to simply try to absorb more light through natural means. This can be accomplished by

spending more time outside.

- Instead of going to the gym, you may want to consider taking an hour walk outside.
- Even if it is cloudy, an hour of exposure to daylight will improve symptoms of SAD.
- In addition, try to sit near windows.

The goal is, try to get as much natural light exposure as possible.

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## Side Effects

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[11] Fortunately, there are only a few negative side effects of artificial light therapy. Additionally, light therapy is simple to administer and it requires no ingestion of chemical substances. However, you should consult a medical professional before beginning light therapy. Side effects of artificial light therapy might include:

- Jitteriness
- A feeling of eyestrain and headache
- Manic feelings (this may occur in someone taking antidepressant medication)

*\*\*\* Therefore, always check with a doctor or healthcare provider before treating yourself to any condition you think you may have.*

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## Other Ways to Manage SAD

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Exercising often boosts metabolism and increases levels of endorphins, resulting in an improved mood. Positive effects of exercise may be particularly noticeable when you feel your mood changing. In addition, exercising regularly may help you feel better about your body, which directly affects overall self-confidence. Also, if you choose to exercise outside, you will be increasing your mood both through the physical activity, and through increased exposure to natural light.

### Eating Healthy

Getting proper nutrition will help boost your energy levels, thus helping you to feel better. This is true throughout the year, but in particular, benefits of healthy eating will be marked when you are feeling low.

### Sleep

It is important to get a proper amount of sleep. The typical recommendation is 7.5-9 hours per night. Sleeping less than this will only increase fatigue and sleeping more will cause grogginess and increase lethargy.

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## Tips for avoiding 'Winter Blues' aka SAD

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[12]

### **Pay attention to the fluctuations in your moods and energy levels.**

If you become aware of symptoms before they become severe, you will be able to act accordingly before things get out of hand.

### **Integrate active events into your life, especially during the fall and winter.**

This will help keep energy levels up and decrease lethargy.

### **Expose yourself to bright light as much as you can.**

Both natural and artificial light mood can help people with SAD improve their mood.

### **Exercise regularly.**

Keeping a consistent schedule of physical activity will help boost your mood.

**Get help.**

There is no shame in seeking treatment that will help improve your mood and outlook on life. Treatment works.

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**References**

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[1][http://www.coolware.com/health/medical\\_reporter/sad.html](http://www.coolware.com/health/medical_reporter/sad.html)

[2]<http://www.ncpamd.com/seasonal.htm>

[3]<http://library.thinkquest.org/15215/Foe/sad.html>

[4]<http://www.nmha.org/infoctr/factsheets/27.cfm>

[5]<http://www.phothera.com/ptfaq.html>

[6]<http://www.ncpamd.com/seasonal.htm>

[7]<http://world.std.com/~halberst/contrib/sad.html>

[8]<http://www.ncpamd.com/seasonal.htm>

[9]<http://www.phothera.com/ptfaq.html>

[10]<http://www.tnp.com/>

[11]<http://www.ncpamd.com/seasonal.htm>

[12]<http://world.std.com/~halberst/contrib/sad.html>

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## Self Defense

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## Introduction

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Your personal safety is something you should take the time to learn about. In this fact sheet you will find several dimensions to self-defense and personal safety. First, find resources and safety services at your college campus. Second, think about the places and times that could be dangerous. Take measures to avoid these and keep out of harm's way. Third, help yourself, or a friend, leave an abusive relationship. Fourth, check out self-defense courses in your area. Lastly, learn about safety devices. Are they a fad or do they really protect you?

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## Why You Should Defend Yourself

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If someone plans to hurt you it would be helpful for you to know how to defend yourself. You may be scared that you are not strong enough or the person that is trying to hurt you may do more damage if you try and fight back. This is normal. However, learning some self-defense techniques and building confidence may save your life.

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## Educate Yourself

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Evaluate the safety and security of the places on campus and the quality and availability of resources to ensure safety. For example, find out about campus escort services often offered through campus security and student government programs.

Do not walk by yourself at night. Walk with a friend or use a campus escort service.

Report any violence that you see to orientation and awareness programs on campus. Help develop effective linkages between campus and community law enforcement personnel.

Do not let anyone into your dorm who looks like they don't belong there.

Support a coordinated community response/ college initiative to prevent violence against women.

Provide a voice for women on campus. Start a support group and/or victim advocacy group on campus.

Take a self-defense course.

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## Carjacking

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Since newer cars are being built with anti-theft devices, thieves have begun to focus their attention on easier options such as carjacking, the process of stealing a car while someone is inside.

### What should I do to prevent myself from being carjacked?

- Before you enter your car, check to see if anyone is hiding in your back seat.
- Get into your car quickly by having your keys ready.
- Keep in mind when you enter your car that someone may want to steal it.
- Once you get into your car, lock it immediately.
- Make sure your windows are rolled up all the way.
- Leave space between your car and the car in front of yours when you approach a stop so that you have enough room to pull away from a potential carjacker.

**I am being carjacked! What should I do?**

- It may be best to let the carjacker take your car, but make sure you are NOT in it.
- Remember that if you are being threatened with a weapon, you should protect yourself and not your car.

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**Purse Snatching**

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[\[2\]](#)**How can I prevent purse snatching?**

- Do not carry a purse
- Carry your purse under your jacket or in a way that makes it hard to snatch.
- Avoid wearing your purse diagonally from your shoulder to opposite hip. A purse-snatcher can quickly pull the strap around your neck.
- Place your arm around your purse, holding it close to your body.
- Look around and be aware of who is near you.

**Do I give up my purse to the snatcher?**

This is up to you. Giving up your purse really depends on how dangerous of a position you will be in if you do not give it up. Just remember that your life is more important than a few treasures inside your purse. If you decide to fight back, make sure that you are trained and that the assailant is not carrying any weapons. In almost all cases it's better to give up your purse. If your purse is snatched try to remember identifying characteristics about the person who stole it from you and call the police or 911 immediately.

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**Stalking**

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**Stalking**[\[2\]](#)**What is Stalking?**

- Being followed
- Harassment of any sort.
- Unwanted telephone calls.
- Having your house watched
- Receiving unwanted mail or email.

**What should I do to prevent being stalked?**

In most areas, stalking is illegal because stalking can result in a dangerous situation. Stalkers may be inconsistent with how many times or ways they stalk you. If you are starting to feel uncomfortable, try to pick up on signs of a stalker and report it immediately to the police.

Record each stalking incident. If you know the person who is stalking you, get a restraining order, even if you think it will be violated.

For more information on stalking check the [Helpful Guide For Stalking Victims](#).

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## Domestic Abuse

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### Domestic Abuse<sup>[2]</sup>

Sometimes it can be difficult to tell if domestic abuse is occurring. There are several different signs that you can look for to figure out whether you or someone you know is being domestically abused. These include:

- Someone keeping track of you all the time
- Constant accusations of your being unfaithful
- Physical abuse (such as hitting, smacking, etc.)
- Being forced to have sex against your will
- Being humiliated in front of others
- Feeling that you are criticized too often
- Preventing you from seeing friends and family

If this sounds like a life you or someone you know is living, there is help out there. Do not try to solve the problem on your own, seek advice from professionals. You can contact your local police department for a listing of women's shelters or check out the resources below.

#### *Domestic Abuse Resources:*

For general information on domestic abuse check out:

<http://www.4woman.gov/faq/violence.htm>

Institute on Domestic Violence in the African American Community:

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

Other Links on Abuse, Assault, Rape & Domestic Violence:

<http://www.mcs.net/~kathyw/abuse.html>

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## Martial Arts

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### Are martial arts good for self-defense?

Martial arts build confidence but may not be the best choice for someone wanting to defend him/herself. Martial arts take too much time to execute the movements for most people.

### Take a course on Self-Defense<sup>[6]</sup>

There are courses available to teach you how to defend yourself on some campuses and in the community. If your campus does not offer self-defense course, urge your Student Affairs Department or college health center to establish one.

### Self-defense Programs

1. Full Power for adults teaches everyday self-defense methods. Find a location near you:

<http://www.fullpower.org/locations.htm>

2. Martial arts course for women focuses on self-defense through martial arts and empowerment. Keep in mind, though, that this method may not be the best form self-defense for most women.

<http://www.martialhearts.com/womenscourse.htm>

Find out about different self-defense seminars from the American Women's Self-Defense Association.

<http://www.awsda.org/Seminars/seminars.html>

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## Safety Devices

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[\[2\]](#)

*What are personal alarms?*

A noisemaker, usually operated by battery that makes a loud noise when you trigger it.

*Why aren't personal alarms the best choice for ensuring safety?*

While the loud noise may startle an attacker, often times the noise will go unheard or ignored by other people around you without helping you out of the dangerous situation.

When you rely on blowing the alarm you put your safety into someone else's hands, expecting a bystander to save you.

Blowing a whistle often takes longer than getting attacked. A personal alarm can take anywhere from 2 to 20 seconds to make noise while the outcome of an attack is usually decided within the first 8 to 10 seconds.[\[2\]](#)

The whistle may not work taking away precious time while you fidget with it to get it to work.

### Stun Guns[\[2\]](#)

*What are stun guns?*

Stun guns are not traditional guns with bullets, instead they deliver an electric shock.

Stun guns are held in your hand and are operated by battery.

There are two metal prongs, which need to be pressed against the attacker for the shock.

*Why stun guns are effective:*

Stun guns interfere with your attacker's neurological functions or cause rapid fatigue of their muscles.[\[2\]](#)

*Are stun guns legal?*

It depends on where you live. You should check with a lawyer, your police department, or your state's attorney general. You should probably check with more than one of these sources, or do your own investigation and read the laws yourself. You can find copies of your state's statutes at your public library. Courthouses also have law libraries that are open to the public.

### Chemical Defensive Sprays[\[2\]](#)

*What kinds of chemical defensive sprays are there?*

- OC (Oleoresin Capsicum) - Pepper Spray
- CS (Orthochlorobenzalmalononitrile) - Super Tear Gas
- CN (Chloroacetophenone) - Mace

*What is Oleoresin Capsicum (pepper) spray?*

Pepper spray (OC) is an inflammatory that has a physiological effect on the attacker.

Physiological effects include:

- Eye lids slam shut or spasm
- Blood vessel dilation
- Brachial tube constriction when inhaled
- Mucus membrane secretion and blood rushing to the upper body

Pepper spray may protect you against many people and animals. It may not be effective on everyone.

Pepper spray needs to be tested before carrying it to use and shaken at least once a month so ingredients do not separate.

### *Are Mace and OC spray legal?*

Each state has its own laws governing the legal use of mace and OC spray. In Massachusetts, it's considered ammunition and you need a license to purchase and possess it. In New York, for example, it's illegal no matter what. It's also illegal under FAA regulations to have either in checked luggage or carry-on luggage on any airplane. So check with your state government or police to find out if pepper spray is legal where you live

### *Where can I buy OC spray?*

Many places, including hardware stores, firearms stores and supermarkets.

### *Why do I need a class to learn to use it?*

Police aren't allowed to carry pepper spray until they take a class. In the same way, you should have training to avoid inappropriate use of OC. These inappropriate uses include holding it too near, too far, or using too much spray.

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## References

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[1] <http://www.ojp.usdoj.gov/vawo/speeches/cheklist.htm>

[2] <http://www.aware.org/faqselfd.htm#never>

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# Self Injury (SI)

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Self-injury is a condition in which a person experiences the impulse and the need to injure themselves as a means of coping with difficulties in life. Some have estimated that the percentage of those who self-injure is as high as 1% of the population. Self injury is 7 times more prevalent in women than in men. The injury may be inflicted by any number of means, and for any number of reasons. Cutting oneself is the most common form of self-inflicted injury. Though some experts perceive self-injury

as a cry for attention, many of those who self-injure are doing so as a means to keep their problems to themselves, and to relieve anxiety; they often feel ashamed of and embarrassed by this behavior. Self-injury may be a sign of another behavioral or mental disorder, such as [depression](#) or borderline personality disorder. Likewise, the tendency to self-injure does not mean that one is suicidal, but sadly, if help is not obtained for the underlying problems, the person may be at increased risk for suicide in the future. Self-injury, though it may temporarily relieve emotional pain and distress, comes at a high cost to one's health, well-being, and future. It is important to remember that you are too beautiful, unique, and important not to take care of yourself both physically and emotionally.

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## Questions and answers about SI

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Q. What is self-injury?

A. It's hard to believe, but some women actually injure themselves on purpose. There are different forms of self-injury, such as cutting, burning, scratching, punching one's self or other objects, picking scabs or preventing one's own wound from healing, pulling hair, infecting one's self, poking objects through body openings, and breaking bones or bruising. About one in 100 people is a self-injurer, and more females than males suffer from this behavior. Recently, more teens and young adults seem to be hurting themselves by cutting. Cutting is when a person uses a razor blade, knife, or other sharp object to make cut marks in the skin, causing bleeding and scarring.

Q. Why would women want to hurt themselves?

A. Most women who hurt themselves have problems with low self-esteem, which means they don't like themselves very much, or worry that no one else likes them. They may also feel empty inside, numb, unloved by family and friends, and have problems with showing sadness or anger. Sometimes they also may have an eating disorder, may be abusing alcohol or other drugs, and may have suffered from physical or sexual abuse during childhood.

Q. Why would this lead to self-injury?

A. Because of these feelings, they may want to hurt or punish themselves. But most self-injurers do it because they feel so full of emotion that they will burst, and self-injury is a way of letting the tension go. In a strange way, when they injure themselves they may also feel relief, even pleasure, since the body's defense to injury is to release natural chemicals that may act like painkillers. Some people who self-injure say that the pinch of pain and sight of blood give them feeling again. Women who use self-injury to help deal with their feelings soon realize it doesn't help them solve their problems. If they don't get help, they may self-injure more often and may even begin to think about suicide.

Q. Are these just small, harmless injuries?

A. There are hidden, serious dangers in self-injury, especially cutting. For example, people who start cutting themselves don't really mean to hurt themselves seriously or to commit suicide, but may not realize how deep they are cutting. They may need medical care for stitches, infections, or more serious injuries. They could also accidentally kill themselves. Also, just as drug abusers who share needles, people who share the same tool to cut themselves are at a high risk of getting and spreading diseases like HIV and hepatitis. [\[1\]](#)

Q. Why do people injure themselves?

A. It can be hard to understand, but people who injure themselves sometimes do it because it actually makes them feel better. They are overflowing with emotions ? like sadness, depression, or anger ? that they have trouble expressing.

You can probably recall a time when you've experienced intense emotions. You may remember how your whole body felt different. Your body may have felt tense, as if it were getting ready for action. Maybe you relieved that tension by crying about your loss or by shouting angrily at a friend. These physical actions probably helped you to release the tightness in your body and let it return to a more relaxed state.

People who injure themselves are often full of intense emotional pain, but they have difficulty relieving the tension this causes in the usual ways. They may think that they have to be strong, and so they may not allow themselves to cry. They may have been taught as children that expressing emotions is wrong. But the tension inside their bodies and their minds becomes almost unbearable, and they find that injuring themselves somehow relieves that tension. It actually calms them, at least for a short

time. It helps them feel as if they are in control of their situations and their moods.

Sometimes when people can't cope with strong emotions, they feel numb or as if what's happening to them isn't real. Some people say that they feel like they're watching themselves in a TV show or movie. When this feeling of numbness and 'unreality' gets too strong, they may injure themselves as a way of 'waking up' from this state. Self-injury may make them feel alive and grounded in reality.

Cutting isn't the only form of self-injury. People hurt themselves in other ways like burning themselves, hitting themselves with objects or their fists until they bruise themselves or break their bones, pulling out their hair, or picking at scabs and preventing sores on their bodies from healing. Cutting and other self-injurious behavior isn't confined to a particular group, either - self-injurers can be male or female, any race, and any age (although most are in their teens, 20s, and 20s, and more women than men injure themselves).

No one knows for sure why some people injure themselves. Research suggests that it could be a combination of several factors. These include low levels of a chemical called serotonin in the brain, which has also been linked to depression. Family background may play a role; people who self-abuse may have been discouraged from expressing their feelings as children. A history of physical and sexual abuse may also be associated with self-abuse.

Self-abusers don't usually intend to hurt themselves permanently. In fact, many would say that self-injury helps them relieve the depression that might lead to suicide. But many theorists believe cutting and other self-injurious behaviors are addictive behaviors, and that self-injurers will need to make more and deeper injuries as time goes on to relieve the pain they're feeling. This can lead to serious medical complications. [\[2\]](#)

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## Signs of SI

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Here are some signs of a person who is a self-injurer:

- Cutting
- Carving
- Scratching
- Burning/abrasions
- Branding
- Marking
- Picking and pulling skin and/or hair
- Biting
- Head banging
- Bruising
- Hitting, punching
- Tattooing
- Excessive body piercing

[\[3\]](#)

You may be wondering why your friend's cat has suddenly turned vicious and is 'scratching' her all the time. You may have a friend who frequently has cuts on his legs, and when you ask him why, he just mumbles something about getting caught in a sticker bush near his house. Both of these friends may be isolating themselves socially and may wear clothing that covers up their arms and legs, even in hot weather. Most self-injurers feel ashamed of what they're doing and try to hide it from their friends and families. You may know someone who has a cut and is constantly picking at the scab or playing with it so much that it repeatedly reopens the wound. Everyone gets hurt accidentally from time to time, but you should suspect self-injury if your friend has a continuing pattern of unexplained or poorly explained cuts, scratches, or wounds that never seem to heal. If you see this happening, encourage your friend to seek help. [\[4\]](#)

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## Dangers of this behavior

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Although self-injurers don't intend to hurt themselves permanently, they are at risk each time they injure themselves. Self-cutters, for instance, may misjudge the depth of a cut and require stitches, or in extreme cases, hospitalization. Cuts can become infected because the person uses dirty cutting instruments ? a self-cutter may use razors, scissors, pins, or even the sharp edge of the tab on a can of soda. If two self-cutters share one cutting instrument, they risk spreading blood-borne illnesses such as hepatitis and HIV.

Self-injurers often indicate that what they do makes suicide less likely because it relieves their depression and anxiety. Sadly, though, those who injure themselves may increase their risk of committing suicide in the future if they don't get help with their underlying problems. Also, a cut may sever a vital artery, causing hemorrhaging.

People who injure themselves often have other problems, too, like an eating disorder, bipolar disorder, or drug or alcohol abuse. They're often trying to find ways of numbing their emotional pain and avoiding the problems that are behind their self-destructive behaviors.

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## Conditions with which SI is associated

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Conditions with which SI is associated include:

- Borderline personality disorder
- Dissociative disorders
- Other mental illnesses

Being a self-injurer does not mean you have one of these conditions, but injurious behavior may occur in individuals with these disorders.

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## Getting help

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If you have a friend who cuts herself, you can't force her to stop. But you can let her know that you're there to help. It can be tough to remain calm when talking about it because it's such an upsetting subject, but it's very important to let your friend know that you care about her. If you yourself are a self-injurer, you may not be able to stop without the help of family and loved ones, as well as a mental-health professional.

Find a doctor or therapist whom your friend can trust. If your friend can't speak directly to this person, maybe she can write about what she's doing in a letter or journal that the doctor can read. The important thing is to encourage her to talk to someone who can help her to stop the behavior and deal with her underlying problems and who can recommend the best treatment plan for her. This may include a combination of behavioral therapy, medication, and specialized treatment for associated problems such as eating disorders.

Cognitive-behavioral therapy may help in blocking the thoughts associated with self-injury and in developing coping strategies. Some people have also found that using other means of relieving stress "like hypnosis, exercise, or art therapy" helps them to fight the urge to injure themselves.

Although stopping self-injury can be difficult, it is possible. Once the self-abuser gets help in solving the problems that are at the root of the behavior, chances are good that she'll be able to stop hurting herself and be able to lead a happier, healthier life.

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- [1] Adapted from Mind over Matters: Self Injury (<http://www.4girls.gov/mind/self-injury.htm>)  
[2] Adapted from TeensHealth: Cutting ([http://kidshealth.org/teen/your\\_mind/mental\\_health/cutting.html](http://kidshealth.org/teen/your_mind/mental_health/cutting.html))  
[3] Adapted from Self-injury in Adolescents (<http://www.aacap.org/publications/factsfam/73.htm>)  
[4] Adapted from TeensHealth: Cutting

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## Resources

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### *Internet*

<http://www.apa.org>

American Psychological Association

<http://www.befrienders.org/suicidal/selfharm/index.htm>

Befrienders

<http://www.cpyu.org>

Center for Parent/Youth Understanding

<http://www.focusas.com>

Focus Adolescent Services

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# Self Injury

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## Introduction

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Self-injury is a condition in which a person experiences the impulse and the need to injure themselves as a means of coping with difficulties in life. Some have estimated that the percentage of those who self-injure is as high as 1% of the population.

Self injury is 7 times more prevalent in women than in men. The injury may be inflicted by any number of means, and for any number of reasons. Cutting oneself is the most common form of self-inflicted injury. Though some experts perceive self-injury as a cry for attention, many of those who self-injure are doing so as a means to keep their problems to themselves, and to relieve anxiety; they often feel ashamed of and embarrassed by this behavior. Self-injury may be a sign of another behavioral or mental disorder, such as [depression](#) or borderline personality disorder. Likewise, the tendency to self-injure does not mean that one is suicidal, but sadly, if help is not obtained for the underlying problems, the person may be at increased risk for [suicide](#) in the future. Self-injury, though it may temporarily relieve emotional pain and distress, comes at a high cost to one's health, well-being, and future. It is important to remember that you are too beautiful, unique, and important not to take care of yourself both physically and emotionally.

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## Questions and answers about SI

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Q. What is self-injury?

A. It's hard to believe, but some women actually injure themselves on purpose. There are different forms of self-injury, such as cutting, burning, scratching, punching one's self or other objects, picking scabs or preventing one's own wound from healing, pulling hair, infecting one's self, poking objects through body openings, and breaking bones or bruising. About one in 100 people is a self-injurer, and more females than males suffer from this behavior. Recently, more teens and young adults seem to be hurting themselves by cutting. Cutting is when a person uses a razor blade, knife, or other sharp object to make cut marks in the skin, causing bleeding and scarring.

Q. Why would women want to hurt themselves?

A. Most women who hurt themselves have problems with low self-esteem, which means they don't like themselves very much, or worry that no one else likes them. They may also feel empty inside, numb, unloved by family and friends, and have problems with showing sadness or anger. Sometimes they also may have an eating disorder, may be abusing alcohol or other drugs, and may have suffered from physical or sexual abuse during childhood.

Q. Why would this lead to self-injury?

A. Because of these feelings, they may want to hurt or punish themselves. But most self-injurers do it because they feel so full of emotion that they will burst, and self-injury is a way of letting the tension go. In a strange way, when they injure themselves they may also feel relief, even pleasure, since the body's defense to injury is to release natural chemicals that may act like painkillers. Some people who self-injure say that the pinch of pain and sight of blood give them feeling again. Women who use self-injury to help deal with their feelings soon realize it doesn't help them solve their problems. If they don't get help, they may self-injure more often and may even begin to think about suicide.

Q. Are these just small, harmless injuries?

A. There are hidden, serious dangers in self-injury, especially cutting. For example, people who start cutting themselves don't really mean to hurt themselves seriously or to commit suicide, but may not realize how deep they are cutting. They may need medical care for stitches, infections, or more serious injuries. They could also accidentally kill themselves. Also, just as drug abusers who share needles, people who share the same tool to cut themselves are at a high risk of getting and spreading diseases like HIV and hepatitis.<sup>[1]</sup>

Q. Why do people injure themselves?

A. It can be hard to understand, but people who injure themselves sometimes do it because it actually makes them feel better. They are overflowing with emotions ? like sadness, depression, or anger ? that they have trouble expressing.

You can probably recall a time when you've experienced intense emotions. You may remember how your whole body felt different. Your body may have felt tense, as if it were getting ready for action. Maybe you relieved that tension by crying about your loss or by shouting angrily at a friend. These physical actions probably helped you to release the tightness in your body and let it return to a more relaxed state.

People who injure themselves are often full of intense emotional pain, but they have difficulty relieving the tension this causes in the usual ways. They may think that they have to be strong, and so they may not allow themselves to cry. They may have been taught as children that expressing emotions is wrong. But the tension inside their bodies and their minds becomes almost unbearable, and they find that injuring themselves somehow relieves that tension. It actually calms them, at least for a short

time. It helps them feel as if they are in control of their situations and their moods.

Sometimes when people can't cope with strong emotions, they feel numb or as if what's happening to them isn't real. Some people say that they feel like they're watching themselves in a TV show or movie. When this feeling of numbness and "unreality" gets too strong, they may injure themselves as a way of "waking up" from this state. Self-injury may make them feel alive and grounded in reality.

Cutting isn't the only form of self-injury. People hurt themselves in other ways like burning themselves, hitting themselves with objects or their fists until they bruise themselves or break their bones, pulling out their hair, or picking at scabs and preventing sores on their bodies from healing. Cutting and other self-injurious behavior isn't confined to a particular group, either "self-injurers can be male or female, any race, and any age (although most are in their teens, 20s, and 20s, and more women than men injure themselves).

No one knows for sure why some people injure themselves. Research suggests that it could be a combination of several factors. These include low levels of a chemical called serotonin in the brain, which has also been linked to depression. Family background may play a role; people who self-abuse may have been discouraged from expressing their feelings as children. A history of physical and sexual abuse may also be associated with self-abuse.

Self-abusers don't usually intend to hurt themselves permanently. In fact, many would say that self-injury helps them relieve the depression that might lead to suicide. But many theorists believe cutting and other self-injurious behaviors are addictive behaviors, and that self-injurers will need to make more and deeper injuries as time goes on to relieve the pain they're feeling. This can lead to serious medical complications.<sup>[2]</sup>

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## Signs of SI

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Here are some signs of a person who is a self-injurer:

- Cutting
- Carving
- Scratching
- Burning/abrasions
- Branding
- Marking
- Picking and pulling skin and/or hair
- Biting
- Head banging
- Bruising
- Hitting, punching
- Tattooing
- Excessive body piercing<sup>[3]</sup>

You may be wondering why your friend's cat has suddenly turned vicious and is "scratching" her all the time. You may have a friend who frequently has cuts on his legs, and when you ask him why, he just mumbles something about getting caught in a sticker bush near his house. Both of these friends may be isolating themselves socially and may wear clothing that covers up their arms and legs, even in hot weather. Most self-injurers feel ashamed of what they're doing and try to hide it from their friends and families. You may know someone who has a cut and is constantly picking at the scab or playing with it so much that it repeatedly reopens the wound. Everyone gets hurt accidentally from time to time, but you should suspect self-injury if your friend has a continuing pattern of unexplained or poorly explained cuts, scratches, or wounds that never seem to heal. If you see this happening, encourage your friend to seek help. <sup>[4]</sup>

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## Dangers of this behavior

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Although self-injurers don't intend to hurt themselves permanently, they are at risk each time they injure themselves. Self-cutters, for instance, may misjudge the depth of a cut and require stitches, or in extreme cases, hospitalization. Cuts can become infected because the person uses dirty cutting instruments ? a self-cutter may use razors, scissors, pins, or even the sharp edge of the tab on a can of soda. If two self-cutters share one cutting instrument, they risk spreading blood-borne illnesses such as hepatitis and HIV.

Self-injurers often indicate that what they do makes suicide less likely because it relieves their depression and anxiety. Sadly, though, those who injure themselves may increase their risk of committing suicide in the future if they don't get help with their underlying problems. Also, a cut may sever a vital artery, causing hemorrhaging.

People who injure themselves often have other problems, too, like an eating disorder, bipolar disorder, or drug or alcohol abuse. They're often trying to find ways of numbing their emotional pain and avoiding the problems that are behind their self-destructive behaviors.

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## Conditions with which SI is associated

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- Borderline personality disorder
- Bipolar mood disorder
- [Depression](#)
- Eating disorders
- [Obsessive-compulsive disorder](#)
- Post-traumatic stress disorder
- Dissociative disorders
- Anxiety and/or panic

Being a self-injurer does not mean you have one of these conditions, but injurious behavior is often seen in individuals with these disorders. These behaviors may also occur in autistic or [mentally handicapped](#) people.

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## Getting help

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If you have a friend who cuts herself, you can't force her to stop. But you can let her know that you're there to help. It can be tough to remain calm when talking about it because it's such an upsetting subject, but it's very important to let your friend know that you care about her. If you yourself are a self-injurer, you may not be able to stop without the help of family and loved ones, as well as a mental-health professional.

Find a doctor or therapist whom your friend can trust. If your friend can't speak directly to this person, maybe she can write about what she's doing in a letter or journal that the doctor can read. The important thing is to encourage her to talk to someone who can help her to stop the behavior and deal with her underlying problems and who can recommend the best treatment plan for her. This may include a combination of behavioral therapy, medication, and specialized treatment for associated problems such as eating disorders.

Cognitive-behavioral therapy may help in blocking the thoughts associated with self-injury and in developing coping strategies. Some people have also found that using other means of relieving stress ? like hypnosis, exercise, or art therapy ? helps them to fight the urge to injure themselves.

Although stopping self-injury can be difficult, it is possible. Once the self-abuser gets help in solving the problems that are at the root of the behavior, chances are good that she'll be able to stop hurting herself and be able to lead a happier, healthier life.

A number of women who are former or recovering self-injurers have created websites detailing their experiences. While some of this material may be triggering, it may also be reassuring to realize that there are other women who are undergoing the same struggle.<sup>[4]</sup>

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## References

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[1][Adapted from Mind over Matters: Self Injury](#)

[2][Adapted from TeensHealth: Cutting](#)

[3][Adapted from Self-injury in Adolescents](#)

[4][Adapted from TeensHealth: Cutting](#)

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## Resources

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**4collegewomen.brandeis.edu: Sexual Pressures**

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## Sexual Pressures

### [General Information](#)

[What is sexual pressure?](#)

[When is peer pressure not okay?](#)

[Can I say no after I have said yes?](#)

[How do I deal with pressure to have sex?](#)

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Whether you are in a relationship, dating, or just meeting new people, sexual pressures become an issue, especially in college. As you try to fit in or find your niche at college, a lot of times you can feel pressured into engaging in behaviors that you're not comfortable with in order to go along with everyone else. Not all sexual and peer pressures are negative, but it is important to keep in touch with yourself and your needs, as well as keep communication lines open.

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### What is sexual pressure?

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There are different types of pressures that college women experience. You might remember when teachers in middle and high school discussed peer pressure and explained its negative influences. Sometimes peer pressure gave many of us the idea that everyone was having sex and if we weren't, then there was something wrong with us. More specific to relationships, there are partner and acquaintance pressures. One partner in a relationship may put pressure on the other to have sex. Part of your evolving sexuality and growing up is learning to say, "No" to any type of sexual activity you don't want to engage in (1).

Peer Pressure. We have heard the phrase hundreds of times and after a while we just tend to ignore it. However, think about it. You have to admit that pressure from your peers is an important issue. Whether you like to admit it or not, friends, roommates, hall-mates, and acquaintances usually have a lot of influence on you, who you are, what you do and eventually who you become. As you grow older and become your own person, you become less dependent on your parents and much more dependent on your friends. The friendly opinions and advice you receive can be reassuring and is usually more similar with what you believe, considering they're probably in the same situations you are. There are times, however, when your opinions are different from your friends, but you just go along with them for one reason or another. You should remember that sometimes going against what you believe may not be the best choice (2).

In order to be yourself, you need to know who you are, what your values are and what you believe. Your friends are influential in all this, but you shouldn't have to change yourself for them, especially to fit in. If you are true to yourself, your friends will appreciate that. Peer pressure doesn't always have to be a bad thing. Sometimes, your friends can actually pressure you in a good way, like to aim higher and reach your goals or even to help you stay out of trouble. If your friends truly care for you,

they will look out for you and help you out of trouble (3).

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### **When is peer pressure not okay?**

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Having a sexual relationship with another person is a big decision that we take lightly too often. In deciding how far you want to go, whether in a relationship or a one-night-stand, it is important to assess your own needs, desires and values before entering the situation. Here are some questions to ask yourself to evaluate the situation:

- Is your decision to have sex completely your own? (meaning that you feel no pressure to have sex from others, including your partner)
- Do you feel your partner would respect any decision you made about whether to have sex or not?
- Do you trust and respect your partner?
- Are you able to talk comfortably to your partner about sex and your partner's sexual history?
- Have you and your partner talked about what both of you would do if you became pregnant or got a sexually transmitted disease (STD)?
- Are you and your partner willing to use contraception to prevent pregnancy and barrier methods (like condoms) to prevent AIDS and other STDs?
- Do you really feel ready and completely comfortable with yourself and your partner?

If you answered NO to any of these questions, you may want to rethink whether you are ready for sex. If you think you should have sexual intercourse because others want you to or if you feel like you should for your partner's sake, you should reconsider that decision since these are not the right reasons. You should only decide to have sex when you trust and respect your partner, know the possible risks, know how to protect yourself against the risks, and most importantly, because feel that you are ready (4).

If at any point you feel pressured to have sex by your partner and he/she forces you to do something you do not want to do, speak up and make your voice heard. Make sure your partner knows what you want and that when you say "no" you mean "no."

If you have experienced a situation in which your partner pushed you too far, read our sections on DATE RAPE, SEXUAL HARRASSMENT, and SEXUAL ASSUALT and do not be afraid to get help. Nobody should ever force you to do something that you do not want to do.

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### **Can I say no after I have said yes?**

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The advice "just say no" is not easy to follow in the reality of everyday life. Feeling pressure from friends, boyfriends, girlfriends, parents, etc. is real. The desire to just experiment is also very real. So what happens when you say "yes" once to just try it (whatever "it" is) and then afterwards, you are not interested anymore. Now you have a new problem. You said "yes" once. How do you say "no" the next time (5)?

This is a common dilemma faced by many people, especially in college and teenage years, and especially with sex. Many times college women feel the desire to have sex with a partner or an acquaintance for the first time, and after the experience they decide that they do not want to go that far again with that person. If feelings and emotions are not fully communicated, often times you can walk away feeling hurt, pressured, violated and angry.

It is always acceptable to say "no" even after you have said "yes." No matter what anyone tells you, it is your body, your mind,

and your choice. It is important that you communicate your feelings to your partner or acquaintance to prevent an uncomfortable position in which you feel pressured to do something you do not want to do. On the other side of the equation, it is important that if someone is saying "no" that you go through with their wishes. Any time sex occurs between two people, communication should also follow in order to decide what it means, figure out where you both stand, discuss safe sex, as well as address any other issues you feel are relevant.

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### **How do I deal with the pressure to have sex?**

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The most important tool for any relationship is communication. If you communicate your needs clearly, it is more difficult for you to be misunderstood. Think about your personal values and your level of comfort. Remember that not everyone is doing it. Make your decision based on what you want and not on what your friends, peers and partner want. Sexual relations are a two way street, you do not have to do anything that you do not want to do. Also, remember that there is no rush to jump into any sexual relationship. There is always another time that might feel more comfortable.

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### **References**

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1 Adapted from <http://www.drkoop.com/family/childrens/teen/sexpressures.html>

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**4collegewomen.brandeis.edu: How You Can Get**

**a Good Night's Sleep**

**& Why You Should Care!**

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# **How You Can Get a Good Night's Sleep**

# & Why You Should Care!

[How Much Sleep Do We Need?\[1\]](#)

[What Does Sleep Do For Us?\[1\]](#)

[A Biological Look into Sleep\[1\]](#)

[Four Stages of Sleep\[1\]](#)

[REM Sleep and Its Importance\[1\]](#)

[Sleep and Circadian Rhythms\[1\]](#)

[Sleep Schedules\[1\]](#)

[The Effects of Foods and Medicine on Sleep\[1\]](#)

[General Tips for a Good Night's Sleep\[2\], \[3\]](#)

[Sleeping Tips for Pregnant Women\[1\]](#)

[References](#)

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## How Much Sleep Do We Need?[1]

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The amount of sleep each person needs depends on many factors, including age.

**Infants** - generally need 16 hours of sleep per day

**Teenagers** - require approximately 9 hours on average

**Adults** - 7 to 8 hours a night appears to be the best amount of sleep, although it varies from case to case, in that some need as few as 5 hours or as many as 10 hours of sleep each day.

**Pregnant women** - often need several more hours of sleep than the average adult (listed above).

**Elderly (usu. over 65 yrs. of age)** - as people get older, they tend to sleep more lightly and for shorter time spans; regardless, the body still requires about the same amount of sleep as they needed in early adulthood. About 50% of people over 65 frequently have sleeping difficulties such as insomnia. This may be a natural part of aging or a result of medical problems, medications, or various medical treatments.

The amount of sleep a person needs also increases if he or she has been deprived of sleep in previous days. Getting too little sleep creates a "sleep debt," which is much like being overdrawn at a bank. Eventually, your body will demand that the debt be repaid. We don't seem to adapt to getting less sleep than we need; while we may get used to a sleep-depriving schedule, our judgment, reaction time, and other functions are still impaired.

Experts say that if you feel drowsy during the day, even during boring activities, you haven't had enough sleep. If you routinely fall asleep within 5 minutes of lying down, you probably have severe sleep deprivation, possibly even a sleep disorder. Microsleeps, or very brief episodes of sleep in an otherwise awake person, are another mark of sleep deprivation. In many cases, people are not aware that they are experiencing microsleeps.

### Why is sleep deprivation so dangerous?

- Hand-eye coordination task performance is as bad as or worse than if you are intoxicated.
- Sleep deprivation also magnifies alcohol's effects on the body, so a fatigued person who drinks will become way more impaired than someone who is well-rested.
- A lack of sleep can impair your judgment.
- School and work performance can be impaired and relationships can suffer as a result of sleep deprivation.
- A sleep deprived person is much more likely to be involved in an accident.
- Sleep loss can also lead to mood and memory problems.

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## What Does Sleep Do For Us?<sup>[1]</sup>

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Although scientists are still trying to learn exactly why people need sleep, animal studies show that sleep is necessary for survival. Some studies suggest that sleep deprivation affects the immune system in detrimental ways.

Sleep appears necessary for our nervous systems to work properly.

- Too little sleep leaves us drowsy and unable to concentrate the next day.
- It also leads to impaired memory and physical performance and reduced ability to carry out math calculations.
- If sleep deprivation continues, mood swings and even hallucinations may develop.

Some experts believe sleep gives neurons used while we are awake a chance to shut down and repair themselves. Without sleep, neurons may become so depleted in energy or so polluted with byproducts of normal cellular activities that they begin to malfunction. Sleep also may give the brain a chance to exercise important neuronal connections that might otherwise deteriorate from lack of activity.

Deep sleep coincides with the release of growth hormone in children and young adults. Many of the body's cells also show increased production and reduced breakdown of proteins during deep sleep. Since proteins are the building blocks needed for cell growth and for repair of damage from factors like stress and ultraviolet rays, deep sleep may truly be "beauty sleep." Activity in parts of the brain that control emotions, decision-making processes, and social interactions is drastically reduced during deep sleep, suggesting that this type of sleep may help people maintain optimal emotional and social functioning while they are awake. A study in rats also showed that certain nerve-signaling patterns which the rats generated during the day were repeated during deep sleep. This pattern repetition may help encode memories and improve learning.

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## A Biological Look into Sleep<sup>[1]</sup>

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Nerve-signaling chemicals called neurotransmitters control whether we are asleep or awake by acting on different groups of nerve cells, or neurons, in the brain. Neurons in the brainstem, which connects the brain with the spinal cord, produce neurotransmitters such as SEROTONIN and norepinephrine that keep some parts of the brain active while we are awake. Other neurons at the base of the brain begin signaling when we fall asleep. These neurons appear to "switch off" the signals that keep us awake. Research also suggests that a chemical called adenosine builds up in our blood while we are awake and causes drowsiness. This chemical gradually breaks down while we sleep.

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## Four Stages of Sleep<sup>[1]</sup>

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During sleep, we usually pass through five phases of sleep: stages 1, 2, 3, 4, and [REM](#) (rapid eye movement) sleep. These stages progress in a cycle from stage 1 to REM sleep, then the cycle starts over again with stage 1. We spend almost 50 percent of our total sleep time in stage 2 sleep, about 20 percent in REM sleep, and the remaining 30 percent in the other stages. Infants spend about half of their sleep time in REM sleep.

### Stage 1

During stage 1, which is light sleep, we drift in and out of sleep and can be awakened easily. Our eyes move very slowly and muscle activity slows. People awakened from stage 1 sleep often remember fragmented visual images. Many also experience sudden muscle contractions called hypnic myoclonia, often preceded by a sensation of starting to fall. These sudden movements are similar to the "jump" we make when startled.

### Stage 2

When we enter stage 2 sleep, our eye movements stop and our brain waves (fluctuations of electrical activity that can be measured by electrodes) become slower, with occasional bursts of rapid waves called sleep spindles.

### Stage 3

In stage 3, extremely slow brain waves called delta waves begin to appear, interspersed with smaller, faster waves.

### Stage 4

By stage 4, the brain produces delta waves almost exclusively. It is very difficult to wake someone during stages 3 and 4, which together are called deep sleep. There is no eye movement or muscle activity. People awakened during deep sleep do not adjust immediately and often feel groggy and disoriented for several minutes after they wake up. Some children experience bedwetting, night terrors, or sleepwalking during deep sleep.

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## REM Sleep and Its Importance<sup>[1]</sup>

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When we switch into REM sleep, our breathing becomes more rapid, irregular, and shallow, our eyes jerk rapidly in various directions, and our limb muscles become temporarily paralyzed. Our heart rate increases, our blood pressure rises, and males develop penile erections. When people awaken during REM sleep, they often describe bizarre and illogical tales - dreams.

The first REM sleep period usually occurs about 70 to 90 minutes after we fall asleep. A complete sleep cycle takes 90 to 110 minutes on average. The first sleep cycles each night contain relatively short REM periods and long periods of deep sleep. As the night progresses, REM sleep periods increase in length while deep sleep decreases. By morning, people spend nearly all their sleep time in stages 1, 2, and REM.

People awakened after sleeping more than a few minutes are usually unable to recall the last few minutes before they fell asleep. This sleep-related form of amnesia is the reason people often forget telephone calls or conversations they've had in the middle of the night. It also explains why we often do not remember our alarms ringing in the morning if we go right back to sleep after turning them off.

People lose some of the ability to regulate their body temperature during REM, so abnormally hot or cold temperatures in the environment can disrupt this stage of sleep. If our REM sleep is disrupted one night, our bodies don't follow the normal sleep cycle progression the next time we doze off. Instead, we often slip directly into REM sleep and go through extended periods of REM until we "catch up" on this stage of sleep.

### Importance of getting REM Sleep

REM sleep stimulates the brain regions used in learning. This may be important for normal brain development during infancy, which would explain why infants spend much more time in REM sleep than adults. Like deep sleep, REM sleep is associated with increased production of proteins. One study found that REM sleep affects learning of certain mental skills. People taught a skill and then deprived of non-REM sleep could recall what they had learned after sleeping, while people deprived of REM sleep could not.

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## Sleep and Circadian Rhythms<sup>[1]</sup>

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Circadian rhythms are regular changes in mental and physical characteristics that occur in the course of a day (circadian is Latin for "around a day"). Most circadian rhythms are controlled by the body's biological "clock." This clock, called the suprachiasmatic nucleus or SCN, is actually a pair of pinhead-sized brain structures that together contain about 20,000 neurons.

The SCN rests in a part of the brain called the hypothalamus, just above the point where the optic nerves cross. Light that reaches photoreceptors in the retina (a tissue at the back of the eye) creates signals that travel along the optic nerve to the SCN.

Signals from the SCN travel to several brain regions, including the pineal gland, which responds to light-induced signals by switching off production of the hormone melatonin. The body's level of MELATONIN normally increases after darkness falls, making people feel drowsy. The SCN also governs functions that are synchronized with the sleep/wake cycle, including body temperature, hormone secretion, urine production, and changes in blood pressure.

By depriving people of light and other external time cues, scientists have learned that most people's biological clocks work on a

25-hour cycle rather than a 24-hour one. But because sunlight or other bright lights can reset the SCN, our biological cycles normally follow the 24-hour cycle of the sun, rather than our innate cycle. Circadian rhythms can be affected to some degree by almost any kind of external time cue, such as the beeping of your alarm clock, the clatter of a garbage truck, or the timing of your meals. Scientists call external time cues zeitgebers (German for "time givers").

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## Sleep Schedules<sup>[1]</sup>

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Maintaining a steady sleep schedule by balancing school work, extra curricular activities, and a social life requires a conscious effort. Most people can gauge their sleep needs based on their level of alertness and fatigue throughout the day. Some need a daily 10 hours, whereas others are equally content with 7 hours of sleep a day.

It is important to get enough sleep to operate at maximum efficiency and keep your body physically and mentally healthy. Before deciding how many hours of sleep are appropriate and necessary to keep you healthy, it is important to know what are the effects of different hours of sleep.

It has been shown that chronic sleep loss--getting only 2 to 3 hours of sleep a night for an extended period of time--leads to the release of the same hormones that are prevalent in aging. This accelerates aging and the physical ailments that go along with it, such as type 2 diabetes, high blood pressure, obesity, and memory loss. ([http://www.mercola.com/1999/archive/sleep\\_and\\_aging.htm](http://www.mercola.com/1999/archive/sleep_and_aging.htm)) In addition, studies revealed that taking four 1-hour naps during the night, as opposed to an extended period of solid sleep, actually decreases performance the following day. This is something to consider when altering your sleeping schedule. ([http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?holding=np&cmd=Retrieve&db=PubMed&list\\_uids=10607144&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?holding=np&cmd=Retrieve&db=PubMed&list_uids=10607144&dopt=Abstract))

Other sleep period studies reveal that sleeping more than 8 hours or less than 4 hours a night actually increases the risk of death by 15%. Where the least risk associated with sleep is actually between 4 and 8 hours of sleep a night, with the optimum sleep at 7 hours for women. ([http://health.ucsd.edu/news/2002/02\\_08\\_Kripke.html](http://health.ucsd.edu/news/2002/02_08_Kripke.html)) Getting less than 4 hours of sleep results in a continuous degradation of performance, while getting 4-7 hours of sleep a night results in a stabilization of the efficiency of performance, but at a lower level. (<http://www.hooah4health.com/environment/deployment/armysleepguide.htm>)

Before skipping out on sleep for a couple of nights, or attempting to reschedule sleeping periods, take into consideration your personal mental and physical needs for sleep and the positive and negative weights for acquiring more or less sleep.

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## The Effects of Foods and Medicine on Sleep<sup>[1]</sup>

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Since sleep and wakefulness are influenced by different neurotransmitter signals in the brain, foods and medicines that change the balance of these signals affect whether we feel alert or drowsy and how well we sleep. Caffeinated drinks such as coffee and drugs such as diet pills and decongestants stimulate some parts of the brain and can cause insomnia, or an inability to sleep.

Many antidepressants suppress [REM sleep](#). Heavy smokers often sleep very lightly and have reduced amounts of REM sleep. They also tend to wake up after 3 or 4 hours of sleep due to nicotine withdrawal. Many people who suffer from insomnia try to solve the problem with alcohol - the so-called "night cap." While alcohol does help people fall into light sleep, it also robs them of REM and the deeper, more restorative stages of sleep. Instead, it keeps them in the lighter stages of sleep, from which they can be awakened easily.

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## General Tips for a Good Night's Sleep<sup>[2], [3]</sup>

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Adapted from ["When You Can't Sleep: The ABCs of ZZZs"](#), by the National Sleep Foundation.

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**1. Set a schedule.**

- Go to bed at a set time each night and get up at the same time each morning. Disrupting this schedule may lead to insomnia.
- Avoid "sleeping in" on weekends making it harder to wake up early on Monday morning because it re-sets your sleep cycles for a later awakening.
- Take scheduled naps.

**2. Exercise.**

Try to exercise 20 to 30 minutes a day. Daily exercise often helps people sleep, although a workout soon before bedtime may interfere with sleep. For maximum benefit, try to get your exercise about 5 to 6 hours before going to bed because exercise raises your body temperature and can interfere with falling asleep. Or exercise after you sleep.

**3. Avoid caffeine, nicotine, alcohol, and foods with high sugar content.**

Caffeine acts as a stimulant and keeps people awake.

Sources of *caffeine* include:

- coffee
- chocolate
- soft drinks
- non-herbal teas
- diet drugs
- some pain relievers.

*Smokers* tend to sleep very lightly and often wake up in the early morning due to nicotine withdrawal.

*Alcohol* robs people of deep sleep and [REM sleep](#) and keeps them in the lighter stages of sleep.

Eat a light snack before bedtime so you won't go to bed feeling full or hungry.

**4. Relax before bed.**

A warm bath, reading, or another relaxing routine can make it easier to fall sleep. You can train yourself to associate certain restful activities with sleep and make them part of your bedtime ritual.

**6. Sleep until sunlight.**

If possible, wake up with the sun, or use very bright lights in the morning. Sunlight helps the body's internal biological clock reset itself each day. Sleep experts recommend exposure to an hour of morning sunlight for people having problems falling asleep. Make sure your bedroom is dark when you are sleeping by installing light-blocking curtains or shades.

**7. Don't lie in bed awake.**

If you can't get to sleep, don't just lie in bed. Do something else, like reading, watching television, or listening to music, until you feel tired. The anxiety of being unable to fall asleep can actually contribute to insomnia.

**8. Control your room temperature.**

Maintain a comfortable temperature in the bedroom. Extreme temperatures may disrupt sleep or prevent you from falling asleep.

**9. Minimize sounds that interrupt your sleep.**

Turn your ringer off on your telephone. Turn on a machine that makes a repetitive noise, like a fan, to block other noises. Or try wearing earplugs.

**10. See a doctor if your sleeping problem continues.**

If you have trouble falling asleep night after night, or if you always feel tired the next day, then you may have a sleep disorder and should see a physician. Your primary care physician may be able to help you; if not, you can probably find a sleep specialist at a major hospital near you. Most sleep disorders can be treated effectively, so you can finally get that good night's sleep you need.

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## Sleeping Tips for Pregnant Women<sup>[1]</sup>

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1. Use the following sleeping positions in the third trimester: Do not lie down flat on your back for an excessive period of time. Sleep on your left side. This stimulates blood to flow into the fetus, uterus and kidneys.
2. Only drink large quantities of fluids during the day -- not before bedtime.
3. Do not eat large amounts of foods that are spicy, acidic (such as tomato products), or fried in order to avoid heartburn. If you cannot fall asleep due to heartburn, sleep with more pillows under your head.
4. Exercise regularly to reduce leg cramps.
5. To avoid nausea, try to keep your stomach full by munching on bland snacks (like crackers) throughout the day.
6. Try "pregnancy" pillows and mattresses or support your body with regular pillows.
7. Try to take naps.
8. If none of the above helps your doctor may provide further guidance.

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## References

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[1] [http://www.ninds.nih.gov/health\\_and\\_medical/pubs/understanding\\_sleep\\_brain\\_basic\\_.htm](http://www.ninds.nih.gov/health_and_medical/pubs/understanding_sleep_brain_basic_.htm)

[2] <http://www.sleepfoundation.org/publications/shiftworker.html#4>

[3] <http://www.sleepfoundation.org/publications/women.html#3>

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**4collegewomen.brandeis.edu: Strep Throat**

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# Strep Throat

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## General

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Strep throat is a bacterial infection that is caused by Group A streptococci bacteria. In addition to many uncomfortable symptoms, strep throat is important to diagnose and treat because it may cause significant health problems. Most cases of strep throat are easy to treat with antibiotics.

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## Symptoms of Strep Throat

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- Very sore, tender throat
- Difficulty swallowing
- Headache
- Fever
- White spots on either or both tonsils
- Small red spots on the roof of the mouth
- Swollen, tender lymph nodes in the throat area
- In some cases: nausea, vomiting, abdominal pain

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## Treatment of Strep Throat

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If you experience these symptoms, your best bet is to go to your health center or your health care provider. They will make an accurate diagnosis and begin treatment.

- A doctor at your health center or your personal doctor will diagnose your strep throat through a rapid strep test and/or a follow up throat culture and will then give you antibiotics
- Antibiotic treatment will reduce the symptoms, minimize the transmission, and reduce the likelihood of complications
- Symptoms should subside within four days, but it will be important to complete the treatment to ensure that the infection is completely out of your system

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## Complications When Strep Throat is not Treated

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- **Rheumatic fever**, which can cause arthritis and health problems
- **Nephritis**, which is dangerous for kidneys
- **Scarlet fever**... Not serious, but common complication of strep throat

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## Before the Antibiotics Work, Ways to Stay Comfortable

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- Gargle with salt water
- Drink warm water, tea and honey
- Drink cold liquids
- Avoid citrus
- Take a pain killer
- Use anesthetic spray or lozenges

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## Transmission of strep throat

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- Spread by direct, close contact
- Sharing utensils or drinking from the same container
- Kissing
- Spread through the air when coughing or sneezing

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## Ways to Avoid Catching It

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- Don't share food or drinks with someone who is sick
- Wash your hands
- Avoid kissing or close contact with someone who has strep throat
- Keep your immune system up by getting enough sleep and eating healthfully

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**4collegewomen.brandeis.edu: Terrorism**

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**Terrorism**

Mental Health Aspects of Terrorism:  
Understanding, Intervening, Recovering, Rebuilding

Whether this is your first year attending college or you are a seasoned upper-classman, dealing with a traumatic event, such as the terrorist attacks that took place on September 11, the subsequent anthrax attacks, and the war in Iraq, when you are away from your family can be difficult. Even if you were not directly affected by these events, no one who sees a disaster like what happened on September 11th, 2001 firsthand or in the media is untouched by it. It is normal for you to feel anxious about your own personal safety as well as stress and grief about what has happened. Remember that you are not alone in having these feelings and that people across the country as well as many fellow students on your campus have been emotionally affected by these events.

However, understandably, some people will experience emotional and behavioral problems after a disaster such as a terrorist attack or feel anxious during the period when our country was at war. Their responses may be similar to those experienced after other traumatic events such as earthquakes, floods, tornados, and severe accidents. But there are also unique features to trauma after terrorism? including prolonged media exposure to the event and uncertainty about possible recurrences of attacks.

Who is affected?

Most people ? both children and adults ? who witness, are exposed to, or survive a disaster such as a terrorist attack experience normal stress reactions for several days or weeks. However, because of continuous exposure in the media and the uncertainty that surrounds terrorism concerning possible additional attacks, stress reactions may persist for a longer period.

Such experiences cause a wide range of emotions, but can also serve to unite people, families and college campuses. Just remember that there is not one standard pattern of reaction to terrorism and other disasters and that different people express their emotions at different times in different ways.

Typical Reactions:

- \* Emotional reactions: temporary, but at times intense, feelings (i.e., for several days to a couple of weeks) of shock, fear, grief, anger, resentment, guilt, shame, helplessness, anxiety, panic, hopelessness, emotional numbness (difficulty feeling love and intimacy, or in taking interest and pleasure in day-to-day activities)
- \* Cognitive reactions: confusion, disorientation, indecisiveness, worry, sweating, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
- \* Physical reactions: tension, fatigue, edginess, difficulty sleeping, crying, bodily aches or pain, being startled easily, headaches, racing heartbeat, nausea, change in appetite, change in sex drive
- \* Interpersonal reactions in relationships at school, work, in friendships, or in relationships with loved ones, such as: distrust, irritability, conflict, withdrawal, isolation, feeling rejected or abandoned, being distant, judgmental, or over-controlling.

However, as many as 10-30% of people who have directly experienced the trauma of the terrorist attacks may develop post-traumatic stress disorder (PTSD) or another type of anxiety disorder such as panic disorder and phobias. Others may develop clinical depression. However, simply watching the events on television would rarely be sufficient to cause PTSD.

It is more likely that some people may develop acute stress disorder (ASD), which is essentially a less-protracted form of PTSD. ASD tends to be time-limited: It surfaces within four weeks of a traumatic event, and its symptoms ? feelings of numbness or terror, intrusive thoughts, pervasive anxiety, vivid nightmares ? last less than a month. The symptoms of PTSD can occur any time after a trauma, but it lasts considerably longer, in some cases for years, and its symptoms tend to be more severe.

Those without a personal connection to last week's attack may find the return to relative normalcy more difficult if they have a preexisting psychological disorder. That is particularly true if the problem is an anxiety disorder or if they have survived a trauma such as a plane crash, fire or rape. Those who were feeling vulnerable at the time of last week's catastrophe may also be prone to problems.

For people who are socially isolated ? those who have no one to commiserate with and no sense of belonging to a larger community ? the devastation can loom even larger. Mental health professionals say it is particularly important for these people to try and be with other people ? for example, to attend a discussion group, community meeting, religious service or other gathering.

Symptoms of ASD include:

- \* Dissociation (feeling completely unreal or outside yourself, like in a dream; having "blank" periods of time you cannot remember) \*
- Intrusive re-experiencing (terrifying memories, nightmares, or flashbacks) \*
- Extreme attempts to avoid disturbing memories (such as through substance use) \*
- Extreme emotional numbing (completely unable to feel emotion, as if utterly empty) \*
- Hyperarousal (panic attacks; rage; extreme irritability; intense agitation) \*
- Severe anxiety (paralyzing worry, extreme helplessness, compulsions or obsessions) \*
- Phobias, for example, about flying in planes or being in tall buildings \*
- Severe depression (complete loss of hope, self-worth, motivation, or purpose in life)

Panic attacks and disorder as well as phobias ? for example, a person may be afraid to fly in planes again or to go inside tall buildings ? may develop after experiencing a disaster such as a terrorist attack. In panic attacks, brief episodes of intense fear are accompanied by multiple physical symptoms, which may include:

- \* Heart palpitations \*
- Dizziness \*
- Chest pains \*
- Chills \*
- Terror \*
- A sense of unreality \*
- Fear of losing control \*
- Fear of dying

People who develop panic attacks and phobias will tend to avoid

situations that they fear will trigger a panic attack, and their lives may be increasingly limited as a result. Their work may suffer because they can't travel or get to work on time. Relationships may be strained or marred by conflict as panic attacks and/or phobias, or the fear of them, rule the affected person and those close to them.

Additionally, disaster stress such as after a terrorist attack may revive memories of prior trauma, as well as possibly intensifying pre-existing social, economic, spiritual, psychological, or medical problems.

What factors increase the risk of vulnerability for persistent emotional problems?

People are at greatest risk for severe stress symptoms and more severe problems if any of the following are either directly experienced or witnessed during or after the disaster:

- \* Life threatening danger or physical harm (especially to children) \*
- Exposure to gruesome death, bodily injury, or bodies \*
- Extreme environmental or human violence or destruction \*
- Loss of home, valued possessions, neighborhood, or community \*
- Loss of communication with/support from close relationships \*
- Intense emotional demands (such as faced by rescue personnel or caregivers) \*
- Extreme fatigue, weather exposure, hunger, or sleep deprivation \*
- Extended exposure to danger, loss, emotional/physical strain \*
- Exposure to toxic contamination (such as gas or fumes, dust, chemicals, radioactivity)

Studies also show that some individuals have a higher than typical risk for severe stress symptoms and post-traumatic stress disorder (PTSD), who have a history of:

- \* Exposure to other traumas (such as severe accidents, abuse, assault, combat, rescue work) \*
- Chronic medical illness or psychological disorders \*
- Chronic poverty, homelessness, unemployment, or discrimination \*
- Recent or subsequent major life stressors or emotional strain (such as single parenting)

Why are some people more resilient after tragedies?

While it is not completely understood why some people are more resilient after a tragedy than others, there are some common threads that emerge, including:

- \* Optimism \*
- Flexibility ? being more able to ?roll with the punches.? Those who require control and predictability in their lives may feel suddenly very vulnerable to the chaos. \*
- A notion of the ?self-narrative? ? an ability to see and direct themselves helps people weather the powerful currents of emotion that follow tragedy. \*
- The willingness and ability to talk about the traumatic experience and the feelings it provokes ? the capacity to articulate your feelings to family members, close friends, colleagues, or mental health professionals is an important ingredient of resiliency. The resilient also tend to have an ability to express and navigate the wide swing of emotions that often follow trauma, horror,

or death. \* A strong social support system \* A belief in something larger than oneself ? turning to prayer or meditation for comfort helps many people. The act of accepting that people are part of a universe that extends well beyond their personal lives and concerns may help foster resiliency in the face of adversity.

### Tips to help you, your friends and your campus

Here are some steps to help you cope and rebuild: \* Give yourself time to heal. Be patient with your emotional state. \* Remember that you have overcome adversity and trauma in the past. Try to remember what you did that helped you overcome the fear and helplessness in that situation. \* Ask for support from people who care about you and who will listen and empathize with your situation. \* Communicate your experience in ways that are comfortable for you. Good ways to do this include talking to friends and family or keeping a journal. \* Engage in healthy behaviors to help yourself cope with the stress. Eating well-balanced meals and engaging in physical activity are all healthy ways to cope with your emotions. \* Get plenty of sleep. Loss of sleep makes you feel tired and can increase feelings of anxiety and depression. \* Limit alcohol and caffeine consumption?alcohol can impair judgment and sleep; caffeine may increase feelings of anxiety \* Listen to others as they tell their stories, so that you and they can release the stress a little bit at a time in disaster's wake. \* Connect with your faith-based organization. \* Identify key resources such as the U.S. Department of Health and Human Services, FEMA, the Red Cross, the Salvation Army, or the local and state health departments for more information about these issues, what you can do to help and for services regarding clean-up, health, housing, and basic emergency assistance. \* Find out about support groups in your area and on campus for people who have suffered from traumatic events. Make sure, though, that the group leaders are trained professionals experienced in providing therapy to survivors of traumatic events. \* Avoid major life decisions like changing your major since thinking about big changes will only increase stress levels. \* Conduct your own research on what to expect after suffering a trauma. Understanding what may happen will help you feel more in control over your situation. \* Organize meetings where you and other students can discuss what has happened and share your feelings and fears. Talking with each other will help the healing process. \* Involve yourself in activities to help:

\* Display the U.S. flag and/or wear a red, white, and blue ribbon. \* Contribute or raise funds to support organizations that are assisting in disaster relief and are providing help to survivors and their families and to the families of our nation?s servicemen and servicewomen. \* Give blood: Call The Red Cross at 1-800-448-3543 \* Let the government know if you have any information regarding the terrorist attacks by visiting the FBI?s website at <http://www.ifccfbi.gov> or call the U.S. Department of Justice at 1-800-483-5137.

Remember that much of your life is the same. It?s OK to enjoy life and activities even though these tragedies have occurred.

## When to Get Professional Help

Short-term psychological symptoms such as feelings of overwhelming sadness, sleep disturbances, anxiety, anger or trouble concentrating are normal for up to a few weeks. But if symptoms persist that interfere with your schoolwork or relationships with others, seek help and visit your campus health or counseling center. Developing skills to cope effectively with the feelings, thoughts and behaviors you are experiencing is integral to the recovery process.

Keep in mind that while you will always remember what has happened, the painful feelings will decrease over time for most of us. And in learning to cope with these kinds of stressors, you can become a stronger, more adaptable woman who is more connected to family, friends and her campus community.

## OTHER RESOURCES

The U.S. Department of Health and Human Services Responds to the Mental Health Needs of the Nation

<http://www.hhs.gov/news/press/2001pres/20010913.html> and

<http://www.hhs.gov/hottopics/healing/facts.html> or call

1-800-789-22647 for more information about mental health or local mental health services.

National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs <http://www.ncptsd.org>

Managing the traumatic stress of terrorism

<http://www.ncptsd.org/disaster.html>

Disaster Mental Health Services

<http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm>

Federal Emergency Management Agency's disaster assistance registration: 1-800-462-9029.

APA Help Center <http://helping.apa.org/therapy/traumaticstress.html>

Terrorism and Children

[http://www.ncptsd.org/facts/disasters/fs\\_children\\_disaster.html](http://www.ncptsd.org/facts/disasters/fs_children_disaster.html)

For parents on how to talk to kids about terrorism

<http://www.sesameworkshop.org/parents/advice/article/0,4125,49560,00.html>

Advice on how to talk to children

[http://www.fema.gov/nwz01/nwz01\\_99.htm](http://www.fema.gov/nwz01/nwz01_99.htm)

Disaster aid available to victims of terrorist attacks

<http://www.fema.gov/diz01/d1391n02.htm>

Effects of traumatic stress in a disaster situation

[http://www.ncptsd.org/facts/disasters/fs\\_effects\\_disaster.html](http://www.ncptsd.org/facts/disasters/fs_effects_disaster.html)

Self-care and self-help following disasters

[http://www.ncptsd.org/facts/disasters/fs\\_self\\_care\\_disaster.html](http://www.ncptsd.org/facts/disasters/fs_self_care_disaster.html)

Important phone numbers for seeking information or making donations

<http://www.fema.gov/nwz01/nwz01-101.htm>

Informational Phone numbers <http://www.fema.gov/diz01/d1391n03.htm>

The terrorism research center <http://www.terrorism.com>

Crisis fact sheet: 10 ways to recognize post-traumatic stress disorder

[http://www.counseling.org/consumers\\_media/facts\\_ptsd10ways.htm](http://www.counseling.org/consumers_media/facts_ptsd10ways.htm)

Facts about Post-Traumatic Stress Disorder

<http://www.nimh.nih.gov/anxiety/ptsdfacts.cfm>

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

Facts about Anxiety Disorders

<http://www.nimh.nih.gov/anxiety/adfacts.cfm>

Facts about Phobias

<http://www.nimh.nih.gov/anxiety/anxiety/phobia/phqfax.htm>

This fact sheet was prepared by Susan J. Blumenthal, M.D., U.S. Assistant Surgeon General, U.S. Department of Health and Human Services. Jessica Kagen and Lauren Marsillio provided assistance. It includes information adapted from materials prepared by the National Center for Post-Traumatic Stress Disorder of the U.S. Veterans Administration, the Federal Emergency Management Agency, the American Psychological Association Help Center, American Psychiatric Association, The Washington Post and other resources cited in the reference section.

**This website is an information resource center and does not provide medical advice. Information from 4collegewomen.org website should not be a substitute for medical advice from a health care professional.**

This page is available at <http://www.4collegewomen.org:8080/dynamic/fact-sheets/all.servlet>

**4collegewomen.brandeis.edu: The Transition to College**

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## The Transition to College

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## Introduction

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Going to college for the first time is an exhilarating experience. Your feelings may range from immense excitement to sadness. You will meet new people, and at the same time, say goodbye for a time to some of your closest friends and family. The average first-year student at college is flooded with emotions and feelings, and very often we do not talk about these feelings. It is important to open up dialogue with fellow first year students and with trusted adults so that the transition is less stressful for you.

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## So, you got accepted, now what?

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You received the "big envelope." You know where you are going to school, whether that is 3000 miles away or miles away. You, and most of your high school friends can talk about nothing else other than college, but you are scared of what lies ahead. Suddenly, you are in charge of your life.

You will be allowed to make decisions that will affect your future. You may not be living with your parents anymore. Or, perhaps you are still living with them, but the rules are much more relaxed and your curfew has been extended or diminished completely. But before you can even leave for school, there are some people you need to say goodbye to.

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## Saying Goodbye

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It is true that when you leave your high school friends, some things will never be the same. Many of you will grow apart; although some may grow closer together. Suddenly, the aspects of your friendships that held you together in high school no longer exist in college. Or, you and a friend from home, while you talk very rarely, will always hold a special bond of some sort that even 3,000 miles cannot break apart. The most important thing about saying goodbye is to recognize that it is a transition. You are leaving some part of yourselves with each other and moving on to new roles in the world.

Saying goodbye to parents for a while is also an emotional ride. Realizing that they no longer will enforce rules to the same degree can be both exciting and scary. Letting go, from both the parent's viewpoint and the student's, is extremely difficult. As with saying goodbye to friends, it is important to acknowledge the difficulty in the situation, as well as the feelings that accompany the farewell. While it may seem as though your mother is being annoying when she sets up your room, or that your father is driving you crazy with the computer, or that your grandmother cannot stop telling you about when she was in college, it is important to remember that they love you and want the best for you. Also, remember that they too are experiencing feelings of loss as you depart for school and their role in parenting no longer remains a daily responsibility. Each student's experience is different, whether she is living at home, living at school, has both parents or has older or younger siblings. Whatever your situation may be, keep in mind that the transition is difficult for everyone and always keep communication lines open between all parties involved.

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## Personal Responsibility

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So what is the new first-year to do? Before you leave home, have a plan to implement and a promise or "contract" with yourself to take care of your health.

- Eat Right and Exercise.
- Don't smoke.
- Get Plenty of Sleep.
- Don't take drugs unless they are prescribed to you by a doctor.
- Don't abuse alcohol.
- Take Time to Relax.
- Be open to making new friends.
- Reach out to others
- **Learn to Manage Your Time.** Make and follow a daily schedule that includes priority time for classes, reading and writing assignments, exam preparation, meals, exercise, a job, and social activities.
- **Assert Yourself.** Clearly communicate what you do and don't want out of dates, party situations, and a roommate.
- **Create a Budget.** Your income must equal or exceed your expenses.
- **Get Involved.** Participate in clubs and organizations, campus events, intramural, and religious groups.
- **Learn and Practice Good Study Habits.** such as setting goals; learning effective reading, note taking, and test taking strategies; attending classes, completing assignments on time; and organizing your study area.
- **Learn About and Use Campus Resources That Can Help You.** College counselors and advisors, health services, faculty, study skills assistance programs, tutors, local clergy, and other campus professionals.

No one can promise that the transition from home to the end of the first year will be easy. Relax and take college one step at a time. And when you arrive on campus look around. First-years do survive - notice the large number of sophomores!

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## Choosing Classes/Major

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When you first find out, usually in the summer before you enter college, that you have to register for classes, it can be very scary. What classes do you take? What is your major? How do you understand what requirements you have to fulfill? Many universities have specific requirements for first-year students and those requirements are explained in the catalog, student handbook, or can be found out by calling the school and asking an academic advisor. Remember that whatever classes you choose for your first semester at college are not set in stone and will not determine the rest of your life. Often times, you can change classes throughout the first week or two of the semester, and you usually do not have to declare your major until the second year. Guidance counselors say that 75% of students change their majors after they enter college. College is not just about careers and money - it's a place for learning about yourself and the world. [11](#)

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## Academic Stuff - Fears and Concerns

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Whether you were top of the class or bottom of the class, almost every college students enters college feeling inadequate academically. If not, they enter into college with the idea that it will be "as easy as high school," and are suddenly stunned into reality when finals arrive and they haven't yet started the reading for the course. Chances are that the institution you choose to attend is full of people who were academically similar to you in high school, as well as with people who you feel are much smarter and perhaps even those few people that you wonder how they manage to get by in life. It is always important to remember that everyone is coming in with the same fears, and that as long as you learn a good way to manage your time and academics, you will be fine (easier said than done...).

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## Competition and Pressure

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From grade school to grad school and beyond, our world is becoming increasingly competitive. The pressure is on students to

excel in every subject, in addition to in athletics and clubs, and full or part time jobs. Today's college woman has a lot on her plate. People respond to pressure and competition differently, and different schools have vastly different climates. Some schools carry reputations for being extremely demanding and competitive. Some students are better able to handle competition and pressure than others. For some, college is their first experience with such pressure, others have come from extremely competitive secondary schools and are more accustomed to the pressure. Even outstanding students who stood out in high school may find themselves to be average students at college that was reach for them. This can be a very difficult situation, and hard to come to terms with. Some students will resort to cheating, plagiarizing, or sabotaging the work of others, others will just let pressure build until it is too much for them to handle. Pressure affects students of every major, from the arts to the sciences and pre-medical studies.

Realizing that your work in college does not define who you are and that your worth as an individual is not defined by your grades at school is an essential fact. After all, you came to college to live and learn, not get A's at any cost. Set reasonable goals for yourself, realizing that you may not be able to achieve some of them. Find stimulating and relaxing activities, and think about who you are as a person-not who you are as a student, what you want in life, and what things other than academics make you feel happy and fulfilled.

Some students respond to pressure by cheating. Even at universities with strict honor codes, cheating has become rampant. Each imaginable form of cheating is used by college students to gain an advantage over peers, from plagiarism, falsifying data, and stealing supplies, to purchase papers, copying assignments and exam solutions, and sabotaging other's efforts. Coupled with the general reluctance of instructors to aggressively prevent or prosecute, cheating has become an all-to-common fact of life at many universities. In the world of grading curves, cheating does not only hurt the cheater, but the legitimate learner.

Other students will respond to the pressure to achieve very differently. These students will not sell out their integrity, but instead become stressed and anxious, depressed or completely overwhelmed. Unable to cope, every year, some college students commit suicide ([LINK](#)) in response to academic pressure, depression and other factors.

To cope with pressure and competition, it is important to realize that your performance in college does not define your worth as a person. Wherever the source of your pressure is, whether yourself, or parents, in the grand scheme of things, it is important to find other important things in your life--doing things you enjoy, and realizing that your personal happiness is more important than achieving the world's vision of success.

If you or a friend seems unable to cope with the pressures of college, there are several things you should and should not do. The following suggestions come from <http://www.students.ucr.edu/counseling/anxious.html>

It is helpful to:

- Let the student discuss his/her feelings and thoughts. Often this alone relieves some of the pressure
- Provide reassurance
- Remain calm and talk slowly
- Be clear and direct
- If possible, provide a safe and quiet environment until symptoms subside

It is not helpful to:

- Minimize the perceived threat to which the student is reacting
- Take responsibility for his/her emotional state
- Overwhelm him/her with information or ideas to "fix" their condition
- Become anxious or overwhelmed

If a more serious response is warranted, it may be appropriate to advise your friend or go with him or her to your school's counseling service, as well as making the other people who care deeply about your friend aware, so that they can provide a support network.

How to find help: Many schools provide counseling as well as maintain 24-hour hotlines to support students experiencing the pressures and demands for college life.

A national toll free telephone line for graduate students in crisis may be reached at 1-877-GRAD-HLP.

**Other Resources:**

Some excellent and interesting resources and articles include the following:

[When the Academic Heat is on](#)

[Time Management](#)

[The Anxious Student](#)

[Got Stress?](#)

[Academic Practices, School Culture, and Cheating Behavior](#)

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## A Few Words on Multiculturalism and Diversity

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A fascinating aspect of college life is the fact that many people attending college are not from the same town, state, region, or even country that you are. Living and studying with students from various backgrounds offers different perspectives and gives a well-rounded outlook on the world. It is important to start these actions of tolerance and understanding. [\[2\]](#)

Here are some tools to use as a framework for understanding diversity.

<b>Class</b>	An individual's economic ranking based on access to, and possession and control of, wealth and the sources of wealth.
<b>Culture</b>	The collective behavior patterns, communication patterns, beliefs, concepts, values, institutions, standards, and other factors unique to a community that are socially transmitted to individuals and to which individuals are expected to conform.
<b>Gender</b>	The psychological make-up of an individual based on cultural perceptions of femaleness and maleness (i.e., femininity, masculinity, androgyny).
<b>Power</b>	The ability to influence and enforce decisions in a community; access to and control of valued resources.
<b>Prejudice</b>	Implies a preconceived idea, judgment, or opinion, usually an unfavorable one marked by suspicion, fear, intolerance, or hatred, and is directed toward a racial, religious, cultural, or ethnic group.
<b>Race/Ethnicity</b>	Of or relating to people grouped according to a common racial, national, tribal, religious, linguistic, or cultural origin.
<b>Sex</b>	The biological make-up of an individual based on sexual organs (i.e., female, male)
<b>Status</b>	The esteem, respect, or prestige that an individual is able to command in a community.
<b>Ableism</b>	An assumption that there is inherent purity and superiority of people who are able-bodied, have full cognitive functioning, and are considered attractive by cultural norms and the inferiority of others. It denotes attitudes, behaviors, and institutional structures that subordinate persons or groups because of their physical and mental qualities and abilities. Such practices can be intentional or unintentional.
<b>Ageism</b>	An assumption that there is inherent purity and superiority of certain ages and inferiority of others. It denotes attitudes, behaviors, and institutional structures that subordinate persons or groups because of their age. Such practices can be intentional or unintentional.
<b>Heterosexism</b>	An assumption that there is inherent purity and superiority in heterosexuality and inferiority of others. It denotes attitudes, behaviors, and institutional structures that subordinate persons or groups because of their sexuality. Such practices can be intentional or unintentional.
<b>Racism</b>	An assumption that there is inherent purity and superiority of certain races, classes, and groups, and inferiority of others. It denotes attitudes, behaviors, and institutional structures that subordinate persons or groups because of their ethnic culture or heritage. Such practices can be intentional or unintentional.

<b>Sexism</b>	An assumption that there is inherent purity and superiority of the male sex and inferiority of the female sex. It denotes attitudes, behaviors, and institutional structures that subordinate persons or groups because of their sex. Such practices can be intentional or unintentional.
<b>Institutional Racism</b>	A variety of systems operating within an organization that have attitudes, behaviors, and practices that subordinate persons or groups because of culture. <sup>[3]</sup>

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## What to Bring/Buy

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While looking around your room at home at all the little mementos that you think you ABSOLUTELY MUST HAVE at college, remember that dorm rooms are small. Dorm rooms traditionally are the size of a small bathroom, but two people live in that space, sometimes three, four or five. Ok, slight exaggeration, but keep in mind that the space you will be living in at college is small and you are probably going to be sharing it with one other person (at least).

After you have eliminated from your baggage the twelve trophies you won in sixth grade and the collection of sea shells from preschool, you should begin to make a checklist of items that you need to bring. Also, if you have a roommate that you know of ahead of time, it is always a good idea to coordinate items with them to cut down on costs, as well as prevent a situation where you have multiple microwaves, but no fridge. Here is a checklist of items to consider (not all are necessary) but these are ones that my college students often find to be useful.

This is a general list of helpful items. Different schools have different rules about items allowed in dorm rooms, so check with your school before packing any major electrical appliance (like a refrigerator or microwave).

- **Computer:** Most schools have computer clusters available for you to use to check email, write papers and do other things, but if you can afford to have your own, it is a great luxury. You should consider your own needs in deciding what kind of computer you would bring. Additionally, if you are buying a new computer, many schools offer discounts if you buy it from them. Check with technology services at your college or university to see what they have to offer.
- **Refrigerator:** There are many different size refrigerators that people use in their dorm rooms. Some have freezers and some do not. Others come with a microwave attached. Talk with your roommate(s) in deciding what type you would want. Also, many schools offer services from which you can rent or purchase refrigerators.
- **Microwave**
- **Television:** having a television has its plusses and minuses- weigh the options before deciding what you want.
- **VCR:** To record the shows you missed on those nights you can't watch TV because you are studying.
- **Stereo:** with headphones - so that your roommates will not be bothered
- **Power strip/surge protector**
- **Sports equipment:** field hockey stick, soccer ball, basketball, etc.
- **Desk Lamp**
- **Alarm Clock**
- **Laundry bag (or basket)**
- **Laundry soap**
- **Needles and thread or safety pins**
- **Eating utensils**
- **Bedding:** Bring a good blanket because it may get cold in some residence halls.
- **Decorations for your room (photos/posters)**
- **Iron and small ironing board**
- **Organizer or planner (calendar)**
- **Bike and bike lock**
- **Fan**
- **Bath towels, soaps, robe, toiletries, etc.**
- **Can-opener**
- **First aid kit**
- **Band aids**
- **Pain reliever**
- **Shower shoes**

- **Umbrella**

More importantly, here are some items that you should leave at home:

- **Pets (Fish are usually okay):** Check with your college or university on their policies regarding pets. Most institutions will not allow them.
- **Full size refrigerator:** The rooms are only this big.
- **Extension cord:** Generally not allowed because they can be a fire hazard. Bring extra power strips WITH surge protectors instead.
- **Firearms**
- **Expensive clothing and jewelry:** Unfortunately theft does occur at college, so try not to bring unnecessary expensive items [\[4\]](#).

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## Roommate Situations

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So perhaps you have never shared a room before, or maybe you have shared a room with a sibling. Whatever the case may be, living with a roommate that you have probably never met before can be scary. Whatever living situation you are in, a double in a dorm room, a suite, a sorority house or whatever, you are likely to have a roommate at some point. At first it may seem like a wonderful ideal world with double the amount of clothes and constant sleepovers, but it is important to set rules from the beginning to protect both you and your roommate(s) from getting too hurt, too stressed out or too angry.

Here are some ideas to help prevent future arguments:

- Lay down the rules in the beginning, i.e. how late people can call, when you like to go to bed, when you like to get up, borrowing stuff from each other, etc. It is a good idea to do this within the first week of school so that you both know the rules of the game.
- If your roommate has done something that upsets you, talk to her about it before it gets too out of hand. For example, if she has borrowed your favorite sweater and you did not give her permission to, let her know how it makes you feel and that it is not acceptable.
- As with any relationship, when there is an argument, fight fairly. Use "I" statements, as in, "I feel upset when you ...." Nobody can argue with the way you feel. Don't be accusatory because it will only put her on the defensive side and you will not get anywhere with the discussion.
- Remember that this is her space as well as your space. Perhaps she is not as big a Star Trek fan as you are and the life-size Yoda poster is freaking her out a little bit.

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## College Terminology [\[6\]](#)

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When you first start looking at colleges, remember how many acronyms and phrases that were thrown at you that you may not have ever heard of. Here is a list of some general terms that most colleges and universities use.

<b>Academic Advisor/Counselor</b>	This is someone who helps you figure out which courses to take as well as what kinds of requirements you will need to fulfill. Additionally, an academic advisor should be available to assist you with any academic issues that you may have. Some colleges or universities assign students to faculty members who act as advisors while other institutions hire non-teaching staff to do the job.
<b>Academic Probation</b>	All colleges require students to maintain a minimum cumulative grade point average (GPA) to remain in school. Students who fail to achieve a GPA at or above the specified value may be placed on academic probation. Consult your individual

university or college to find out what your minimum GPA will be. Additionally, it is important to note that some the financial aid and scholarships you receive may also require a minimum GPA.

**Academic Suspension**

This occurs under circumstances when students fail to maintain the minimum GPA. Consequences may include suspension for a semester and conditions that must be met in order for re-enrollment to occur.

**Advanced Placement Credit**

This is course credit that some students may enter college with after taking and scoring well on such subject exams as the Advanced Placement exams. This credit can often be applied to a major and towards graduation requirements.

**Alumni**

people who have graduated from the institution (usually the ones who donate big bucks to keep your university running).

**ACT and SAT**

These letters are acronyms for the American College Test and the Scholastic Aptitude Test, two exams that assess your abilities in specific subjects, as well as in math and verbal areas. Colleges usually require that students take one of these tests in order to be admitted.

**Associate Degree**

The Associate Degree is given to students who have completed a program of at least two, but less than four years of college work. Associate of Arts and Associate of Science degrees are conferred upon students who successfully complete programs designed for transfer to a senior college. In order to obtain this type of degree you must complete a minimum of 60 credit hours, exclusive of physical education activity courses or military science courses, with a cumulative GPA of 2.0 (a "C" average).

**Audit**

A student who does not want to receive credit in a course may, with approval of the instructor, audit the course as a "visitor." This usually means that the student who audits does not have to pay for sitting in on the course, however he or she cannot later ask the school for credit.

**Bachelor's Degree**

This is the undergraduate degree offered by four-year colleges and universities. The Bachelor of Arts degree requires that a portion of the student's studies be dedicated to the arts - literature, language, music, etc. The Bachelor of Science degree requires that a portion of the studies be in the sciences - chemistry, biology, math, etc. Students must enroll for at least 120 credit hours in order to obtain a Bachelor's Degree.

**Bookstore**

The place on campus where you will be able to purchase all of your class needs, including academic books and school supplies, as well as clothing, often emblazoned with the University's name on it. Oh, and yes, it will be overpriced because you cannot find the books and clothing elsewhere.

**Catalog**

College catalogs (also called handbooks) provide all types of information parents and students need to know about a school. It lists, for example: the institution's history and philosophy, policies and procedures, its accreditation status, courses of study, degrees and certificates offered, physical facilities, admission and enrollment procedures, financial aid, student life activities, etc.

**CLEP**

The College Level Examination Program may be offered to students so that they can demonstrate proficiency in a course in order to receive credit without having to take the course. There is a charge for each test taken. Information concerning an individual institution's policies toward CLEP Tests can be found in the institution's catalog.

**Commuter**

A commuter is a student who lives off-campus and drives to class, or commutes.

**Concurrent Enrollment**

A student can enroll and attend two educational institutions at the same time under certain circumstances. For example: In some places, a high school senior can concurrently enroll in high school and in college provided she meets established criteria. A college student can concurrently enroll at two higher education institutions provided that certain criteria are met. Permission for concurrent enrollments is generally made in advance.

<b>Course Numbers</b>	All courses are identified by numbers usually containing 3 to 6 digits. Sometimes letters are used to indicate the semester that the course was taken or the department in which it was offered.
<b>Credit Hours</b>	Courses taken in college are measured in terms of credit hours. To earn one credit hour, a student must attend a class for one classroom hour (usually 50 minutes) per week for the whole semester (usually 16 weeks). Classes are offered in 1 - 5 credit hour increments, and sometimes larger amounts.
<b>Curriculum</b>	A curriculum is the set of courses outlined by the institution required to complete a certain program or major.
<b>Degree Requirements</b>	Anything the university requires the student to complete in order to receive a degree in the chosen field of study. Often times the requirements include completion of a certain number of courses, the maintenance of a specific GPA, etc.
<b>Degrees</b>	Degrees are rewards for the successful completion of a chosen field of study. You can get an: Associate Degree (see above) - obtainable at a two-year community or junior college, Baccalaureate or Bachelor's - offered by four-year colleges and universities, and Graduate - Obtained after the bachelor's degree, i.e., Masters or Doctorate.
<b>Department</b>	A department is the unit within the college or university that usually is responsible for the administrative as well as academic functions of a specific subject. Faculty members who teach biology, for example, are usually employed through the biology department.
<b>Drop and Add</b>	Students are generally allowed to change which courses they take through a period often referred to as "add/drop" period. This usually occurs in the first part of the semester for a week or two. Additionally, permission from a professor or dean is usually required in order to add into a course.
<b>Enrollment</b>	This is the procedure by which students choose classes each semester. It also includes the assessment and collection of fees. Pre-enrollment, or otherwise called pre-registration is when students choose the courses they want to take the following term.
<b>Extra- or Co- Curricular Activities</b>	These are non-classroom activities that can contribute to a well-rounded education. They can include such activities as athletics, clubs, student government, recreational and social organizations and events.
<b>Faculty</b>	The faculty is composed of all persons who teach classes for colleges.
<b>FAFSA</b>	Free Application for Federal Student Aid. The almost universal application for financial aid, including loans, grants, college work-study and other federal and state programs. Many colleges require that students submit a FAFSA form when applying for financial aid
<b>Fees</b>	These are any additional charges the university may incur to cover extra expenses, such as lab materials, university sponsored events, and other programs.
<b>Final Exams (Finals)</b>	These exams are usually given during the last week of classes each semester. Course instructors are allowed to design the final themselves covering the material discussed during the semester. Final exam schedules are issued usually by the registrar (see below) and do not necessarily occur during the time or day you met for class.
<b>Financial Aid</b>	This is money given or loaned to students in order to meet tuition and sometimes living requirements. It may be awarded by federal or state governments, obtained from banks, given by the college you are attending, or come from private companies or institutions. How much financial aid is given depends on your family's financial state as well as other factors.
<b>Fraternalities/Sororities</b>	(also called the Greek System) - Fraternalities (for men) and sororities (for women) are social organizations that participate in various activities. A process of selection occurs, called Rush (which takes place during a specified period of time), offering some students the opportunity to "pledge" a certain fraternity of sorority. Not all

	colleges have these organizations.
<b>Full-Time Enrollment/Part-Time Enrollment</b>	A full-time student is enrolled in 12 or more credit hours in a semester (full-time status for a summer term is usually 6 credit hours). A part-time student is enrolled in less than 12 credit hours in a semester (less than 6 in a summer term).
<b>Honor Roll</b>	(also called Dean's List) Students are placed on honor rolls for GPAs above certain specified levels. Criteria vary at different institutions. In most cases, students must be enrolled full-time to be eligible.
<b>Humanities Courses</b>	Humanities courses are classes covering subjects such as literature, philosophy, and the fine arts. Most undergraduate degrees require a certain number of humanities credit hours in order to graduate. These required courses may be part of a core curriculum in which case you may have to take humanities courses specified by the Dean's office.
<b>Junior/Community College</b>	A Junior/Community College offers two-year programs for high-school graduates. Course offerings generally include a transfer curriculum with credits that you can use to transfer to a four-year college. Other times Junior/Community colleges aim to prepare students to enter the job market after two years with specialized training in a chosen field.
<b>Lecture/Laboratory/Discussion Classes</b>	In lecture classes, students attend class on a regular basis and the instructor lectures on class material. Laboratory classes require students to carry out specified tasks during a specific time that enable students to support the concepts they learn in lecture. Discussion classes offer students the opportunity to talk about material being taught, ask questions, and discuss material with their classmates and a professor or teaching assistant.
<b>Major/Minor</b>	A major is a student's chosen field of study. It usually requires the successful completion of a specified number of credit hours. A minor is similar to a major, however less credit hours are required to complete a minor and the area of study must not be the same as the major.
<b>Mid-Term Exams (Midterms)</b>	During the middle of each semester, instructors may give mid-term exams that test students on the material covered during the first half of the semester. Some classes have only two tests, a midterm and a final.
<b>Non-Credit Courses</b>	These are classes or courses that do not meet the requirements for a certificate of a degree at a given institution.
<b>Pass/Fail Courses</b>	Completion of a pass/fail course gives students credit for taking that course, but no letter grade is given. Therefore, the course's outcome does not appear in the student's GPA.
<b>Prerequisite Courses</b>	A prerequisite course is a course taken in preparation for another course. For example, Accounting 1 is a prerequisite for Accounting 2.
<b>Private/Public Institutions</b>	Private and public institutions differ primarily in terms of their source of financial support. Public institutions get funding from the government and are administered by public boards. Private institutions rely on income from private donations, or from religious or other organizations and student tuition. Private institutions are governed by a board of trustees.
<b>Registrar</b>	The registrar of an institution is responsible for the maintenance of all academic records and may include such duties as: keeping track of class enrollments, publishing the list of exam schedules, issuing transcripts, certifying athletic eligibility, and monitoring student eligibility for honor roll.
<b>Schedule of Classes</b>	Colleges publish and distribute a Class Schedule book for each semester, during the previous semester. With the help of academic advisors and/or faculty members, students make up their own individual class schedules for each semester they are enrolled. Courses are designated in the Class Schedule by course department, course number, time and days the course meets, the room number and building name, and the instructor's name. A class schedule is also simply a list of classes a student is taking, which includes course name and number, time and location of the class, and possibly

the instructor.

**Student Identification Card  
(I.D.)**

This is a card issued to students by the university that identifies the student as well as allows access to buildings. Some colleges apply other functions to the card like adding a picture of the student for security reasons, or allowing for students to add money to be used for doing laundry. Whatever you do DON'T lose your student ID, it is an essential part of campus life!

**Syllabus**

This is provided by the professor and consists of an outline of the class, including the required textbooks, assignments, and important dates to remember (like what day the final is).

**Transcript**

The transcript is a permanent academic record of a student's performance at college. It may show courses taken, grades received, academic status and honors received.

**Transfer of Credits**

Some students attend more than one institution during their college career. When they move or transfer from one college to another, they petition the college to accept credits earned at the previous institution. If the request is granted, course credits earned will be applied towards graduation from the new school so students won't have to repeat courses already taken.

**Tuition**

Tuition varies from school to school and is the amount paid for each credit hour of enrollment. Tuition does not include the cost of books, fees, or room and board.

**Undergraduate  
University**

An undergraduate is a student who is pursuing either a one-, two-, or four-year degree. A university is composed of undergraduate, graduate, and professional colleges and offers degrees in each.

**Withdrawal**

Students who decide that they do not want to continue in the course they are currently enrolled in and have missed the add/drop period. Permission is usually needed in order to withdraw and the result will show up on a permanent transcript.

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**References**

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[1][http://kidshealth.org/teen/your\\_mind/](http://kidshealth.org/teen/your_mind/)

[2][http://collegeprep.okstate.edu/homepages.nsf/toc/chp16\\_1](http://collegeprep.okstate.edu/homepages.nsf/toc/chp16_1)

[3][http://collegeprep.okstate.edu/homepages.nsf/toc/chp16\\_2](http://collegeprep.okstate.edu/homepages.nsf/toc/chp16_2)

[4][http://collegeprep.okstate.edu/homepages.nsf/toc/chp30\\_1](http://collegeprep.okstate.edu/homepages.nsf/toc/chp30_1)

[5][http://collegeprep.okstate.edu/homepages.nsf/toc/chp18\\_3](http://collegeprep.okstate.edu/homepages.nsf/toc/chp18_3)

[6][http://collegeprep.okstate.edu/homepages.nsf/toc/chp02\\_5](http://collegeprep.okstate.edu/homepages.nsf/toc/chp02_5)

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**4collegewomen.brandeis.edu: Unintended Pregnancy**

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# Unintended Pregnancy

[Introduction](#)

[What are my options if I have an unintended pregnancy?](#)

[Links](#)

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## Introduction

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Often, unintended pregnancies represent a failure in prevention. The first step in preventing unwanted pregnancies is either to abstain, or to use contraception effectively. About half of the 5 million pregnancies in the United States are unplanned each year, and half of these pregnancies result in abortion. Young women in particular are likely to have abortions: 34% of all abortions were performed on women between the ages of 20 to 24, and women between the ages of 11 and 19 comprise another 21%. This infosheet provides factual information about your options.

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## What are my options if I have an unintended pregnancy?

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If you become unexpectedly pregnant, there are several options to consider.

### **To continue with the pregnancy and raise the child...**

For more information about young parenting, visit:

[Parenting Links](#)

### **To continue with the pregnancy and give up the child for adoption...**

If you feel that you are not ready to raise a child but are not sure you want to terminate your pregnancy, you might consider adoption.

Good resources on adoption can be accessed through:

[National Adoption Information Clearinghouse](#)

[National Council for Adoption](#)

The American Adoption Congress: 1-800-274-6736

[Adoption Links](#)

### **To terminate the pregnancy by having an abortion...**

There are many different views on abortion and you need to decide what your own personal beliefs are. Most abortions occur during the first trimester of pregnancy when the procedure is safest.

[Choosing Abortion - Questions and Answers \(Copyright B\) PPFA\)](#)

[Abortion in the U.S. - Factsheet](#)

If you are unsure of what to do if you are pregnant, there are resources that can help you to explore the different questions, issues, and options available.

A guide that may be helpful to you is "[What If I Am Pregnant?](#)" by Planned Parenthood.

You should also contact a local health care provider or clinic. People who work at these places are able to discuss these options with you and are able to refer you to different resources or a counselor.

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## Links

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1. [Pregnancy Choices: Raising the Baby, Adoption, and Abortion #AP102 \(Copyright B\) ACOG\)Details](#)
2. [Association of Reproductive Health Professionals](#)

3. [Cancer Information Service, NCI, NIH, HHS](#)
4. [International Women's Health Coalition](#)
5. [Michael Fund, The / International Foundation for Genetic Research](#)
6. [National Abortion Federation](#)
7. [National Institute of Child Health and Human Development, NIH, HHS](#)
8. [Choosing Abortion - Questions and Answers \(Copyright B\) PPFA](#)
9. [Abortion in Context: United States and Worldwide \(Copyright B\) The Alan Guttmacher Institute](#)
10. [Adolescent Health State of the Nation: Pregnancy, Sexually Transmitted Diseases, and Related Risk Behaviors Among US Adolescents](#)
11. [Frequently Asked Questions - Emergency Contraception](#)
12. [Induced Abortion \(Copyright B\) The Alan Guttmacher Institute](#)
13. [Mifepristone: A Brief History \(Copyright B\) PPFA](#)
14. [Post-Abortion Issues \(Copyright B\) National Abortion Federation](#)

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**4collegewomen.brandeis.edu: Vegetarianism**

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# Vegetarianism

[Introduction](#)

[What is a vegetarian?](#)

[What do vegetarians eat?](#)

[Nutrition considerations for vegetarians](#)

[Health benefits associated with vegetarianism](#)

[How to be a healthy vegetarian](#)

[How to become vegetarian](#)

[References](#)

[Resources](#)

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## Introduction <sup>1</sup>

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A vegetarian diet is one that does not include any meat in his or her diet, though some people who classify themselves as vegetarians do eat fish. According to recent data, over 30 million people in the United States have tried a vegetarian diet . (Other people, trying to make their diets more healthful, have integrated the vegetarian style of eating into non-vegetarian diets. For example, a person may choose to eat meat once a day or as little as twice a week.)

When vegetarians go to college, or when college students become vegetarians, they may be worried about how difficult it will

be to find foods they can eat. But most schools are becoming very accommodating to vegetarian students. A lot of colleges are recognizing the diverse needs of students, and campus dining halls are beginning to offer vegetarian dishes more frequently. Although being a healthy vegetarian can be a challenge, it is definitely possible if you pay attention to what your body needs.

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## What is a vegetarian? <sup>2</sup>

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There are many types of vegetarian diets, but the two most common are **lacto-ovo** (includes eggs and milk products, but not meat) and **vegan** (no forms of animal products). College women who are lacto-ovo vegetarians can usually get enough nutrients in their diets.

If it is important to you to be a vegetarian, it is easier to achieve good nutrition with the lacto-ovo form. A [dietician near you](#) can help you plan a vegetarian or vegan diet that provides you with the nutrients you need.

A person may choose to become vegetarian for several reasons, including:

- Being concerned about environmental conservation
- Objecting to the politics of meat production
- Adhering to religious teachings about diet (such as in the traditions of Hinduism, Buddhism, Islam, or Seventh Day Adventist)
- Having moral objections to the killing of or cruelty to animals
- Finding a vegetarian diet to be cheaper and healthier
- Not liking the taste of meat
- Following a vegetarian fad, in some communities
- Wanting to lose weight
  - NOTE: Weight loss isn't a good reason for starting a vegetarian diet; research has found no difference in the average [BMI](#) of vegetarians versus non-vegetarians.

Some people find they have been vegetarian for so long that they don't even have clearly defined reasons anymore!

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## What do vegetarians eat? <sup>3</sup>

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Some people assume that vegetarians only eat pasta and salad and do not get enough nutrients, calories, or fat in their diets. However, a vegetarian diet can be very diverse, fulfilling, and delicious. The National Center for Nutrition and Dietetics has adapted the traditional Food Guide Pyramid for a vegetarian diet (ADA). The base of the [vegetarian pyramid](#) includes 6-11 daily servings of Bread, Cereal, Rice, Pasta, and Grains. There should be 3-5 servings of vegetables and 2-4 servings of fruits per day. Beans, nuts, legumes, meat substitutes, and dairy or egg products should be eaten in 2-3 daily servings; fats, oils, and sweets should be used sparingly. This isn't too different from the traditional Food Pyramid. To see the traditional Pyramid, check out our factsheet on the [Food Pyramid](#).

For creative ideas for some great vegetarian meals, you might want to check out vegetarian cookbooks (see [Additional Resources](#)).

For recipes on the internet, visit:

[Vegetarian Recipes](#)

[Vegetarian Resource Group Recipes](#)

[Veggies Unite!](#)

[Recipes for Health](#)

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## Nutrition considerations for vegetarians <sup>4</sup>

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Although a vegetarian diet may require more attention, it can be very healthy if you eat a variety of foods and pay special attention to specific nutritional requirements. But for vegans and certain age groups, such as [teenagers](#), [pregnant or lactating women](#), and [athletes](#), it may be necessary to take supplements of calcium, vitamin B<sub>12</sub>, or vitamin D. For more info on vegetarian diets adapted for certain groups, visit the [Vegetarian Resource Group Nutrition website](#) or the [Statement of the American Dietetic Association on Vegetarian Diets](#). For Recommended Daily Allowances (RDAs) of all nutrients, see [this page](#).

### Protein

Protein is needed for muscles to grow and be strong. One of the main myths associated with a vegetarian diet is that not enough protein is consumed. The truth of the matter is that most American non-vegetarians consume much more protein than necessary! Vegetarian diets provide less protein, but this amount is usually enough if a variety of plant foods are eaten and you get enough calories and fat. Lower protein diets are associated with a lower risk for [osteoporosis](#), since high levels of protein may increase the amount of calcium that is excreted from the body through urine.

Proteins are made up of 20 basic building blocks called amino acids. Our bodies can produce 11 amino acids on their own; the other 9 amino acids are considered "essential amino acids" and can only be obtained through the food we eat. All foods are plentiful sources of essential amino acids, although plant foods contain a limited amount of any one amino acid. In order to get all of the essential amino acids, a variety of different plant foods need to be eaten. These different sources of protein (such as beans, rice, and nuts) do not need to be consumed at the same time, as long as you eat them within the same 24-hour period.

Significant sources of protein from non-meat sources include: whole-grain (not refined) flour and cereal; nuts and peanut butter; soy foods such as tofu, miso, tempeh, and soy milk; grains; and legumes such as beans, peas, and lentils.

Learn more about the [amounts of protein found in plant foods](#).

### Iron

Iron is important for healthy blood, and an iron deficiency can result in anemia. This is a particular concern for women, teens, and children. Although vegetarians and non-vegetarians may absorb similar amounts of iron, the type of iron found in plants is different from that found in meats. Iron from plant foods is not absorbed as well by the body, which may lead to lower iron stores. Additionally, fiber, phytates (found in cereals), oxalates (found in leafy green vegetables), tea, coffee, soda, and chocolate may inhibit iron absorption. However, citrus foods high in vitamin C, such as oranges and tomatoes, actually increase iron absorption when eaten together with the iron source. Good sources of iron include beans, seeds, soy foods, fortified breakfast cereals, enriched and whole grain breads, dairy products, legumes, cashews, tomato juice, rice, tofu, lentils, spinach, cooked dry beans (such as kidney and pinto beans), and garbanzo beans (chick peas). Vegetarians who eat fish and other aquatic animals can also get iron from sardines and shellfish like shrimp, clams, mussels, and oysters.

Learn more about the [specific amounts of iron found in plant foods](#).

### Vitamin B<sub>12</sub>

Vegans may have trouble getting enough vitamin B<sub>12</sub> and research suggests that some lacto-ovo vegetarians probably don't get enough either. Vitamin B<sub>12</sub> is made by bacteria, fungi, and algae, but is not made by yeasts, plants, or animals. Some plant foods may contain vitamin B<sub>12</sub> on their surface from the soil, but this is not a significant source if the food is washed properly. Vitamin B<sub>12</sub> can also be found in sea vegetables, tempeh, and miso - however this has been found to be an inactive form of the vitamin. Good sources of vitamin B<sub>12</sub> for vegetarians and vegans include fortified foods, such as soy milk and cereals. It might be necessary to take supplements if you don't consume enough vitamin B<sub>12</sub> through these foods. The daily requirement for vitamin B<sub>12</sub> is quite small, but deficiency can be very dangerous. Low levels of B<sub>12</sub> can cause anemia as well as numbness or tingling in the extremities or other neurologic symptoms. Talk to a healthcare professional before taking supplements.

Learn more about [vitamin B<sub>12</sub>](#).

### Calcium

Calcium is needed to build strong bones and prevent [osteoporosis](#), especially for women. (Whether soy helps prevent osteoporosis or not is still under investigation.) Lacto-ovo vegetarians usually get more calcium than vegans, since they consume calcium rich foods such as milk, cheese, and yogurt. Vegetarians who eat fish can also get calcium from canned fish with soft bones, such as salmon and sardines (high in salt). Vegans should be careful to consume enough plant-based calcium sources, tofu, dark green leafy vegetables (such as spinach, kale, broccoli, collard greens, turnip greens) in addition to calcium fortified foods, such as soy milk, cereals, fruit juice, and tofu (if made with calcium sulfate -- check the ingredient list). **Many vegetarians and vegans (as well as non-vegetarians) may also need calcium supplements if they don't get enough calcium from food. Talk to a healthcare professional before taking calcium supplements.**

Learn more about [specific amounts of calcium found in plant foods](#).

### Vitamin D

Vitamin D and calcium are crucial for preventing [osteoporosis](#). (Whether soy helps prevent osteoporosis or not is still under investigation.) Vitamin D is often found in fortified dairy products, such as milk, and in fortified cereals. It can also be obtained through 15-20 minutes of direct sunlight on your skin each day. However, this may be a more risky way of getting vitamin D than through your diet:

- Wearing sunscreen interferes with your body's production of vitamin D, but wearing no sunscreen increases your risk of developing skin cancers.
- Additionally, getting enough vitamin D from 15-20 minutes of sunlight might be impossible for many people due to cold climates, smoggy skies, dark skin, concealment of skin for religious reasons, and sunscreen with an SPF of 8 or greater, all of which may affect the amount of vitamin D produced by sun exposure. All of the people mentioned here would have to expose themselves to the sun for longer than 15-20 minutes without sunscreen to get enough vitamin D.
- Therefore, try to depend on foods, not on sunlight, to get the vitamin D you need.

Vegans should eat vitamin D fortified foods (such as soy milk and cereals) and take supplements. Talk to a healthcare professional before taking supplements.

Read more about [Vitamin D](#) at a governmental non-vegetarian site.

### Zinc

Zinc is important for growth and the immune system. Zinc is less likely to be found in plant foods, although there is some in leafy vegetables and root vegetables, but can be found in whole grains (especially the germ and bran of the grain), fortified cereals, dairy and soy products, legumes, nuts, and tofu.

**Vegetarians may need as much as 50% more zinc than non-vegetarians because of the lower absorption of zinc from plant foods:**

Recommended Daily Allowances (RDAs) of Zinc for Women (milligrams/day)		
Age	Non-vegetarian	Vegetarian
14-18	9	13.5?
19-30	8	12?

**Talk to a healthcare professional about your individual requirements for zinc intake. Do not take zinc supplements without a healthcare professional's recommendation.**

Read more about [zinc](#) at a governmental non-vegetarian site.

### Omega-3 Fatty Acids

Omega-3 (or n-3) fatty acids are important for heart health. Vegetarians who eat fish should be sure to eat fatty fish a few times

a week, such as salmon, sardines, mackerel, herring, albacore tuna, and lake trout. (If you're pregnant or nursing, talk to a doctor about fish, because they might have excessive mercury if they're contaminated.) Other good sources of omega-3 fatty acids are fresh seaweed and omega-3 eggs (for vegetarians who eat eggs), which are available at health food stores. Vegetarians who eat fish should also eat plant sources with alpha-linolenic acid (ALA): tofu, soybeans, canola oil, walnut oil, and flaxseed oil. ALA is a type of omega-3 fatty acid, but less potent than the types of omega-3 fatty acids found in fish, seaweed, and omega-3 eggs.

Vegetarians who don't eat fish are at risk of an omega-3 fatty acid deficiency. Although the Recommended Daily Allowance (RDA) for omega-3 fatty acids is small (about 1 gram/day for women 14-30), deficiency can contribute to cardiovascular disease and other major health problems. Eating the plant foods with ALA is an alternative to ingesting the more potent forms of omega-3 fatty acids. Still, **talk to a healthcare professional** to be sure that your diet includes enough omega-3 fatty acids, as well as the other nutrients listed in above this section. **Don't take omega-3 supplements** unless instructed by your doctor, as excessive omega-3 fatty acids may cause internal bleeding.

Read more about [vegetarian diets and omega-3 fatty acids](#).

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## Health benefits associated with vegetarianism <sup>5</sup>

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People who adhere to a vegetarian diet may also pay more attention to adopting a healthier lifestyle that includes more fruits and vegetables, less fat, more exercise, less smoking, better drinking habits, and less consumption of caffeine and alcohol. Because of these general habits and the inconsistency between individual vegetarians, it is difficult to generalize the health benefits associated with a vegetarian diet. However, a healthy diet does play an important role in preventing:

- **Heart disease:** Vegetarians in the U.S. have a lower risk of heart disease, the number one killer of American women. This may be due to the nature of fat consumption: vegetarians, especially vegans, are less likely to consume saturated fat and cholesterol, which are major risk factors for heart disease.
- **High blood pressure:** Vegetarians who eat less fat and more fiber, and who exercise more and smoke less, have a lower risk of high blood pressure.
- **Type II diabetes:** Vegetarians have a reduced rate of Type II diabetes. This may be due to decreased consumption of saturated fat and increased consumption of fiber and complex carbohydrates.
- **Cancer:** The National Cancer Institute states in its booklet *Diet, Nutrition & Cancer Prevention: The Good News* that a third of cancer deaths may be related to diet. The booklet's "Good News" is: Vegetables from the cabbage may reduce cancer risk, diets low in fat and high in fiber-rich foods may reduce the risk of cancers of the colon and rectum, and diets rich in foods containing vitamin A, vitamin C, and beta-carotene may reduce the risk of certain cancers. Keep in mind, though, that being vegetarian does not necessarily mean you have a reduced risk for cancer.
- **Obesity :** Vegetarians who minimize fat and calories, increase fiber, and exercise more, are at lower risk for obesity.
- **Kidney stones and osteoporosis:** The lower intake of protein by vegetarians *may* lead to better retention of calcium in the body, which prevents [osteoporosis](#) and kidney stones. However, research has not found an association between vegetarianism and instances of kidney stones or osteoporosis. The best way to prevent these and other health problems is to exercise regularly and to eat the Recommended Daily Allowances of all [nutrients](#), with extra zinc (see [above](#)).

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## How to be a healthy vegetarian <sup>6</sup>

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It can be tempting for some lacto-ovo vegetarians to rely too heavily on eggs and dairy products as a replacement for fat and

protein that would otherwise be provided by meat. Falling into this habit can lead to a diet high in cholesterol and fat without the health benefits of vegetarianism. Especially if you are at college-where cafeterias aren't always accommodating and sometimes it's just easier to eat fast food all the time-eating healthy might not be on the top of your agenda. Here are some tips for maintaining a healthy diet if you're in school:

- If you usually eat in the cafeteria, try to look for healthy vegetarian options. Instead of grabbing a fried veggie burger and fries, check out the salad bar.
- Try to mix different kinds of food during the same meal, such as a baked potato with salad or rice and beans. Overall, choose a variety of nuts, seeds, legumes, fruits, and vegetables, including good sources of vitamin C to improve iron absorption.
- Choose whole or enriched breads, cereals, pasta, and rice.
- Speak to the manager of the cafeteria. Increasing numbers of college students are becoming vegetarian now, and the management at your school might want to learn how to better accommodate your dietary needs. They might also be interested in sponsoring vegetarian or healthy cooking classes for students.
- Try not to rely too much on cheese, eggs, and milk as your main source of fat and protein. These products have a lot of saturated fat. Instead, try some soy alternatives-such as tofu or "fake" meat.
- There's more to order out than pizza-try ethnic foods, like Indian and Thai food, that offer many vegetarian options rich in vegetables and grains.
- Keep nutritious snack foods on hand, such as nuts and dried fruit. Minimize intake of less nutritious foods such as sweets and fatty foods.
- Keep an eye out for low-fat vegetarian convenience food at the supermarket, such as veggie burgers, vegetarian chili, refried beans, or tofu dogs. If you eat dairy products, choose low-fat or nonfat varieties.
- If you are cooking for yourself, try to look through vegetarian cookbooks, magazines, or websites.
- Avoid unhealthy weight-control practices. Research has found that vegetarian teens are at a higher risk than non-vegetarians for bingeing, taking laxatives, and developing other eating disorders.
- Read more at [Tips for Making the Switch to a Vegetarian Diet](#).

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## How to become vegetarian <sup>7</sup>

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Maybe you have convinced yourself that you want to become vegetarian-for whatever reason-but you're not sure how to start. It can be difficult to decide to change years of the same eating habits. First, there are many resources out there on the internet that may be valuable to the beginner vegetarian. Additionally, many of the organizations listed [below](#) have bulletin boards and personal stories of people who made or are making the transition.

Many people wonder what vegetarians eat all the time if they aren't consuming meat. If this is a concern for you, you might want to try out the suggestions in [Making the Change to a Vegetarian Diet](#) and [The Three-Step Way to Go Vegetarian](#).

If you are at school and don't have the ability to cook for yourself, try the vegetarian options that are available. Check to see if your school has an animal rights, vegetarian, or environmental group. Students affiliated with these clubs might be a valuable resource and provide a welcome community for you to join. See if there are any vegetarian-sponsored events in your area. And if you are trying out new foods, or are unsure of what to eat, don't hesitate to contact your campus health center-many universities now have nutritionists that spend some time on campus consulting with students.

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## References

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[Vegetarian Nutrition Resource List](#), [Vegetarian Nutrition Topic Page](#), [Vegetarian Resource Group](#), [Vegetarian Nutrition Dietetic Practice Group](#), [How to Be a Healthy Vegetarian](#), [Vegetarian Starter Kit](#), [More People Trying Vegetarian Diets](#)

[Vegan Society](#), [American Vegan Society](#), [Vegan Outreach](#), [Nutrition](#)

The Boston Women's Health Book Collective, [Our Bodies, Ourselves](#) (New York: Simon & Schuster, 1998), 50.

1 <http://www.eatright.com/nfs/nfs95.html>, <http://www.nlm.nih.gov/medlineplus/ency/article/002465.htm>

2 <http://www.4girls.gov/eat/vegetarian.htm>, <http://www.healthfinder.gov/news/newsstory.asp?docID=508335>

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4 <http://www.fcs.uga.edu/pubs/current/FDNS-E-18.html>, <http://www.nlm.nih.gov/medlineplus/ency/article/002403.htm>, <http://www.eatright.org/adap1197.html>, <http://www.americanheart.org/presenter.jhtml?identifier=4632>, <http://www.americanheart.org/presenter.jhtml?identifier=3006624>, <http://www.niddk.nih.gov/health/nutrit/pubs/myths>, <http://www.4girls.gov/eat/vitamins.htm>, <http://www.healthfinder.gov/news/newsstory.asp?docID=507950>

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7 <http://www.andrews.edu/NUFS/Change%20to%20a%20vegn%20diet.htm>, <http://www.pcrm.org/health/VSK/VSK2.html>

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## Resources

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**4collegewomen.brandeis.edu: Volunteer Opportunities in Health**

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# Volunteer Opportunities in Health

[American Red Cross](#)

[American Cancer Society](#)

[American Lung Association](#)

[Community Health and Hospice](#)

[International Healthcare Opportunities Clearinghouse](#)

[Peace Corps](#)

[United States Geological Survey](#)

## [Volunteers of America](#)

### [I Need Something More Specific.....](#)

If you think you might be interested in pursuing a career in a health related field, you may find it beneficial to get some hands on experience by volunteering at a hospital or other health related organization. The following is a list of nationwide organizations you may want to consider looking into volunteering for. If some of these options appeal to you, you can visit health organization websites that will help you find a volunteer opportunity that is fitting for your specific needs. Try also looking into volunteer opportunities at your local hospital, government agencies, academic institutions, and doctor's offices.

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### **American Red Cross**

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The American Red Cross offers a variety of volunteer opportunities including community outreach, blood services, disaster services, and a dental assistant program.

**On the Web:** [American Red Cross Online](#)

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### **American Cancer Society**

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Become the heart and soul of the American Cancer Society. When you become an American Cancer Society Volunteer, you represent the hope, progress and answers in the American Cancer Society's fight against cancer. To volunteer, contact your local American Cancer Society office.

**On the Web:** [American Cancer Society Online](#)

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### **American Lung Association**

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Volunteers work with ALA staff to help fight lung disease and improve the lives of those with lung disease nationwide.

**On the Web:** [American Lung Association Online](#)

**Phone:** 1-800-LUNG-USA

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### **Community Health and Hospice**

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Community Health and Hospice is a non-profit organization that has existed since 1975 and is supported, in part, by United Way. This organization offers a variety of clinical and support services for patients with chronic illness and their families. Services are offered through home care, hospice, and young family programs. If you want to make a difference in someone's life, have 2-3 hours a week to share, and you want to help your community, you may want to consider serving as a volunteer for Community Health and Hospice.

**On the Web:** [Community Health and Hospice](#)

**Phone:** 1-800-244-8549.

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## International Healthcare Opportunities Clearinghouse

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This organization is designed for health-care professionals and students who are interested in volunteer work, employment, or studying with under-served communities at home or abroad.

**On the Web:** [International Healthcare Opportunities Clearinghouse Online](#)

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## Peace Corps

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The Peace Corps is a governmental organization that provides Americans with the opportunity to work abroad for two years to help improve the living conditions for people who live in the area in which volunteers serve.

**On the Web:**  
[Peace Corps Health Related Volunteer Opportunities](#)  
[Peace Corps Online](#)

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## United States Geological Survey

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Volunteer for a changing world through the USGS. Volunteer opportunities with the Federal Government are available to citizens and non-citizens who reside in the United States and its territories.

**On the Web:** [USGS Online](#)

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## Volunteers of America

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Volunteers of America is a national, nonprofit, spiritually based organization providing local human service programs and opportunities for individual and community involvement.

**On the Web:** [Volunteers of America Online](#)

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## Find a volunteer opportunity specifically for you

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[VolunteerMatch](#) and [Idealist.org](#) will help you find a volunteer opportunity that specifically fits your needs. In addition, try your campus career center and other advisors for more specific opportunities.

**More On the Web:** [Volunteer Listings](#)

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**4collegewomen.brandeis.edu: Yeast Infections**

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# Yeast Infections

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## Causes

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A common myth about vaginal yeast infections is that they result from sexual activity. While it is true that they can be spread and shared by sexual partners, male and female, they are not caused by sex.

Yeast infections result from the body's excess production of *Candida albicans*, a fungus that lives inside us in small quantities but is kept in check by the vagina's natural acidity. Sometimes certain factors cause *Candida* to grow out of control, which can lead to the discomfort of a yeast infection. Some of these factors include<sup>[1]</sup>

### Use of antibiotics

Antibiotics kill harmful bacteria, but also the common and healthy bacteria that live in the vagina and feed on *Candida*. Without these bacteria, *Candida* levels can increase to levels that cause infection.

### Uncontrolled diabetes

Like all yeast, *Candida* feed on sugar. Diabetes raises your blood sugar level, making the body a good environment for yeast to grow.

### Increased warmth and moisture in the vaginal area

Yeast grow quickly in warm or humid environments. It is important to allow the vaginal area to dry as this will reduce the chance of getting a yeast infection. Wearing damp underwear or pants that are too tight also make you a candidate for a yeast infection.

### Douching

Douching removes all of the bacteria from your vagina, not just the unhealthy ones. Some of these "good bacteria" work to counter yeast so it is important not to douche excessively.

### Stress

Another cause of a *Candida* infection is stress. No college student is immune to stress; our busy schedules often prevent us from taking proper care of our bodies and force us into poor sleep and dietary habits. Because yeast infections can be caused by a lowered immunity, it has been found that women are more prone to yeast infections during times of high stress when we allow

ourselves to get run down. As if final exams weren't enough of a pain, yeast infections are likely to strike at these inopportune times. This is why you should try to take extra care of yourself when you are feeling most stressed.

Repeated yeast infections can also be caused by other illnesses, changes in routine, or by physical and mental stress.

**Other possible causes include:**

- The use of some medications, including birth control pills (and antibiotics mentioned before)
- A significant change in diet
- Poor nutrition
- Diabetes
- Pregnancy

Some women get mild yeast infections towards the end of their periods, a common response to the body's hormonal changes. These mild infections sometimes go away without treatment as the menstrual cycle progresses, but if they don't you could try any one of several over-the-counter ointments that can relieve the horrible itching and control the yeast growth.

Sometimes hot, humid weather in the summer or wearing layers of clothing in the winter that make you too warm indoors can also increase the likelihood of infection.

Additionally, yeast infections can be transmitted from one partner to another during sexual intercourse.

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## Symptoms

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There are a number of symptoms that are often associated with yeast infections, but itching is one telltale sign that you have a yeast infection. This uncomfortable sensation, coupled with the presence of a curdy or thick white discharge (sometimes said to resemble cottage cheese) is a good indication of the possibility of a yeast infection.

Sometimes women experience some or all of the following symptoms as well:

- Soreness
- A rash on the outer vaginal lips
- A burning sensation, particularly during urination
- An unpleasant vaginal odor
- Vulvar redness and swelling
- Discomfort during or after sexual intercourse

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## How do I get rid of a vaginal yeast infection?

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There are a number of over the counter medications available to treat the fungus that causes yeast infections. Brand name products like Monistat 7, Vagistat, Femstat 3, Gyne-Lotrimin and others work in much the same way to break down the cell wall of the fungus until it can no longer function.

These medications come in a few different forms, and it is important to determine which product is best for you. The easiest way to do this is to consult your doctor, especially the first time you have a yeast infection.

Products are available in vaginal suppositories (inserts) and creams with special applicators. Remember to read the warnings on the product's label carefully and follow the directions. There are also over-the-counter and prescription pills available that can help cure yeast infections, but you should consult with your doctor if you are taking any other medication.

In addition, you should contact your doctor if you have any of the following symptoms:

- abdominal pain or fever

- symptoms that recur within two months
- no improvement within three days

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## How to prevent yeast infections

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Yeast infections are most common in women ages 16-35 but girls as young as 10 have been diagnosed with them. Men can get them as well, though they normally do not show the same signs as women and they tend to contract them by having sex with an infected woman. College-age women are at particular risk for yeast infections because of the lifestyle we lead at school; we are often sleep-deprived, under stress and we don't always eat the healthiest foods. Because of these factors, college students should be particularly careful about preventing yeast infections.

Although yeast infections are not considered to be a sexually transmitted disease (STD), the fungus can be transmitted to a partner during sex. One way to reduce your chances of getting a yeast infection is not to have sex. But if you do have sex, using a condom will help prevent transmission of yeast infections just as it helps prevent transfer of other sexually transmitted diseases, including HIV (The virus that causes AIDS). This is one reason why you might consider using a latex or polyurethane condom every time you have sex, even if you are also using other forms of birth control.

Here are some general tips to help keep your vagina healthy and prevent the formation of vaginal infections:

- Keep clean, washing daily with a mild soap and water. Don't use harsh soap that may irritate the skin around your vagina. Wash only the lips of your vagina and between the folds of skin - not into the vagina itself. Your vagina has natural self-cleaning mechanisms.
- Avoid using perfumed powders, sprays or deodorants on your vagina.
- Don't douche.
- Cut down on sugar in your diet.
- Eat yogurt with active bacteria cultures.
- Be careful not to contaminate your vagina with bacteria from your anus. (Wipe from front to back when you go to the bathroom. Don't put anything in your anus and then into your vagina).
- Avoid tight clothes that prevent your vagina from breathing. Wear clean, cotton underwear and avoid thongs that might cause irritation.
- Use "barrier protection," preferably a latex condom, during sex.
- Be smart about your sex life. Limit your partners and know them well.

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## I hear men can get yeast infections as well. Is this true?

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While a man is less likely than a woman to get yeast infections, if one partner has a yeast infection the other partner should also be treated for it. A man is less likely than a woman to be aware of having a yeast infection because he may not have any symptoms. When symptoms do occur, they may include a moist, white, scaling rash on the penis, and itchiness or redness under the foreskin. As with females, lowered immunity, rather than sexual transmission, is the most frequent cause of genital yeast infections in males.

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## Non-vaginal yeast infections

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Over the counter products are only for vaginal yeast infections. They should not be used by men or for yeast infections in other areas of the body, such as the mouth or under the fingernails.

*Candida* infections in the mouth are often called "thrush." Symptoms include creamy white patches that cover painful areas in the mouth, throat, or on the tongue. Because other infections cause similar symptoms, it's important to go to a doctor for diagnosis.

Wearing artificial fingernails increases the chance of getting yeast infections under the natural fingernails. Fungal infections start in the space between the artificial and natural nails, which become discolored. Treatment for these types of infections -- as well as those that occur in other skin folds, such as underarms or between toes -- require different products, most of which are available only with a doctor's prescription.

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## References

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[1] <http://obgyn.uihc.uiowa.edu/patinfo/Vulvar/yeast.htm>

[2] [http://www.fda.gov/fdac/features/396\\_yst.html](http://www.fda.gov/fdac/features/396_yst.html)

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**4collegewomen.brandeis.edu: Caffeine**

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# Caffeine

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Coffee, soda, tea and even chocolate are all filled with caffeine, a substance that many of us rely on to get through busy days at college. People have enjoyed foods and beverages containing caffeine for thousands of years. It is one of the most well-studied ingredients in the food supply; even so, controversy and misperceptions about this food component continue.

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## Historical Notes

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- Coffee originated in Africa around 575 A.D., where beans were used as money and consumed as food.
- Eleventh century Arabians were known to have coffee beverages.

- The world's first caffeinated soft drinks were created in the 1880's.

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## Caffeine Quick Facts

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- Caffeine is a naturally occurring substance found in the leaves, seeds or fruits of more than 60 plants.
- Coffee and cocoa beans, kola nuts and tea leaves are used to make beverages such as coffee, tea, cola drinks, and chocolate.
- Caffeine is used as a flavor in a variety of beverages.
- Caffeine will not help "sober up" someone who has consumed too much alcohol.

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## Caffeine and Health

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During the past two decades, extensive research has been conducted on the health aspects of caffeine consumption.

The U.S. Food and Drug Administration (FDA) classified caffeine as "Generally Recognized As Safe" (GRAS) in 1958. A more recent review "found no evidence to show that the use of caffeine in carbonated beverages would render these products injurious to health."

The American Medical Association (AMA) has a similar position on caffeine's safety, stating that: "Moderate tea or coffee drinkers probably need have no concern for their health relative to their caffeine consumption provided other lifestyle habits (diet, alcohol consumption) are moderate, as well."

*The American Medical Association*

Most experts agree that moderation and common sense are the keys for consuming caffeine-containing foods and beverages. Moderate caffeine consumption is considered to be about 300 mg, or the equivalent of 3 cups of coffee per day, but this depends on the individual and can vary from one to several beverages. Consumers with certain health problems may wish to consult with their physician or health care provider about caffeine consumption.

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## Caffeine and You

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People differ greatly in their sensitivity to caffeine. While some can down cup after cup without any visible effects, others may be feeling "wired" after just a cup or two. Results of caffeine consumption may include increased alertness in tired individuals and enhanced performance of certain tasks. Many people find caffeinated beverages can help them stay alert when they work or study. However, caffeine may cause sleeplessness and interfere with performance in school. ([more info](#))

National Institutes of Health (NIH) research indicates there is no difference in the way children and adults handle caffeine. These studies have shown that caffeine-containing foods and beverages do not have an effect on hyperactivity or the attention span of children.

### Addiction and Dependence

Though we tend to use the term "addiction" loosely, someone who consumes high levels of caffeine each day may become physically dependent upon caffeine. While the World Health Organization claims that there is no evidence to support caffeine as having the potential to produce consequences that we associate with serious drug abuse, some people do experience symptoms of dependence. These include: headache, restlessness and irritability when their daily intake is altered. Any discomfort you feel from stopping consumption of caffeine can be avoided by progressively decreasing intake over a few days.

### **Pregnancy**

Studies in humans have shown that caffeine may cause miscarriage or may slow the growth of a developing fetus when given in doses greater than 300 mg (an amount equal to three cups of coffee) a day. In addition, use of large amounts of caffeine by the mother during pregnancy may cause problems with the heart rhythm of the fetus. Therefore, it is recommended that pregnant women consume less than 300 mg of caffeine a day.<sup>[2]</sup>

Some studies suggest that high levels of caffeine intake may delay time to conception, but these findings are inconclusive and often inconsistent when other lifestyle variables are considered. Research from the Centers for Disease Control and Prevention, Harvard Medical School and the University of California at Berkeley show that moderate caffeine consumption does not reduce a woman's chance of becoming pregnant.<sup>[3]</sup> [More information](#)

### **Cancer**

A 1986 study of 16,600 individuals published in the Journal of the National Cancer Institute found no relationship between coffee consumption and cancer risk. The most recent review by the International Agency for Research on Cancer also concluded that data do not support a link between caffeine consumption and cancer in humans.

Several other large-scale studies have been conducted to determine whether there is an association between coffee intake and cancer risk. Most of them have not found an increased incidence of cancer among people who drink coffee.

### **Breast Disease**

There has not been any strong relationship found between caffeine intake and the development of breast disease.

### **Osteoporosis**

Research has shown that caffeine intake is not a significant risk factor for osteoporosis, particularly in women who consume adequate calcium. Therefore, the best way to avoid OSTEOPOROSIS is to ensure that you eat foods with plenty of calcium.

### **Cardiovascular Disease**

So far there is little evidence to support the link between caffeine and heart problems. Scientists have generally found that moderate caffeine consumption does not lead to long-term heart problems.

Caffeine does not cause chronic high blood pressure or any persistent increase in blood pressure. Some individuals may experience a rise in blood pressure, usually not lasting more than several hours. Studies show that any rise in blood pressure is modest and less than that normally experienced when climbing stairs.<sup>[1]</sup>

However, individuals with high blood pressure should consult their physician about caffeine intake.

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1 <http://www.lowcarb.org/caff1.html>

2 <http://www.nlm.nih.gov/medlineplus/druginfo/caffeinesystemic202105.html>

3 <http://ificinfo.health.org/brochure/caffeine.htm>

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### **Other Resources**

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**4collegewomen.brandeis.edu: Health Events and Conferences**

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## Health Events and Conferences

Conferences and other related events are great to attend whether you are interested in a career in women's health, or whether you are just interested in getting more information about a specific health topic. Attending conferences is an excellent way for you to network, to learn more about health topics and also make connections in your field of interest to help you find jobs in the future.

### Women's Health Events

#### [Calendar of Women's Health Events](#)

The National Women's Health Information Center. A project of the U.S. Department of Health and Human Services, Office on Women's Health.

If you are interested in a specific issue, check out the website resources for the organization's upcoming events and conferences.

### Conferences Hosted By Specific Organizations

#### [OSHA \(Occupational Safety and Health Administration\)](#)

OSHA's mission is to prevent work-related injuries, illnesses and deaths. Since the agency was created in 1971, occupational deaths have been cut in half and injuries have declined by 40 percent.

#### [National Institutes of Health \(NIH\)](#)

The NIH is one of the world's foremost medical research centers, and the Federal focal point for medical research in the U.S. The NIH mission is to uncover new knowledge that will lead to better health for everyone by conducting research, giving financial support to other non-government organizations conducting research, training scientists, and fostering the communication of medical information.

#### [The National Institutes of Health Consensus Development Program](#)

The National Institutes of Health (NIH) Consensus Development Program is the premier health technology assessment and transfer program in American medicine. Under this program, NIH organizes major conferences that produce consensus statements resolving controversial issues in medicine important to health care providers, patients, and the general public. NIH Consensus Statements are disseminated widely to practitioners, health care policymakers, patients, the general public, and the media. The NIH Office of Medical Applications of Research has administered the program since its inception in 1977.

### [Center for Disease Control and Prevention \(CDC\)](#)

The CDC's mission is to eliminate the preventable burden of disease through leadership, research, programs, and policies that translate science into practice.

### [Healthy People 2010](#)

Healthy People 2010 is a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of healthy life and eliminate health disparities.

### [Partnerships for Networked Consumer Health Information](#)

This is a public-private partnership that promotes development of interactive telecommunication and computer technologies that helps people take greater responsibility for their health. Since 1995, national conferences have featured key leaders from public health, health care, and information technology fields, and provided exciting opportunities for learning, networking, and sharing.

### [Office of Disease Prevention](#)

Their mission is to foster, coordinate and assess research in prevention which seeks to improve public health in the nation and throughout the world. ODP collaborates with other federal agencies, academic institutions, the private sector, non-governmental organizations and international organizations in the formulation of research initiatives and policies that promote public health, and advises the NIH Director on these topics.

### [American Medical Association \(AMA\)](#)

The AMA is an organization of physicians dedicated to raising the standards of medicine, research, and education as well as stressing the importance of advocacy on behalf of both doctors and the patients they care for.

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# Oral Health

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## [Plaque, Gingivitis, and Other Causes for Tooth Decay](#)

## [Daily Oral Care](#)

## [Overall Nutrition](#)

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## Introduction

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We all like to smile and we all would like to have beautiful smiles. A beautiful smile does not only reflect on our external appearance, it also reflects on our physical well-being. Maintaining a beautiful smile can be simple by taking care of your oral hygiene as you do your physical health.

Teeth are important tools for survival, and as an added bonus, they enhance our appearance. But like every other part of our bodies, teeth naturally decay. Such decay can be delayed or even prevented with proper dental care.

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## Plaque, Gingivitis, and Other Causes for Tooth Decay

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We all use our teeth to eat. Regardless of when we eat, the foods we consume cause acids to form. This acid attacks your teeth, which may eventually lead to decay. The more often we eat, the greater number of acid-attacks our teeth have to endure. This acid eventually builds up in the form of plaque.

Plaque not only causes tooth decay, it also irritates the gums causing them to be more sensitive and prone to bleed more easily. The gums may eventually separate from the teeth and the gaps that are formed may become infected. This infection may then promote decay of the bone around the teeth, which eventually causes tooth loss.

Gingivitis is another common cause for oral discomfort. Gingivitis is an infection of the gums that causes increased redness and sensitivity. Generally, gingivitis is caused by a lack of good oral care. Personal habits, the types of foods we eat, and routine oral hygiene can all either promote or help prevent the onset and extent of gingivitis. For example, smoking and consuming large amounts of alcohol promotes gum and tooth decay.

- Bleeding gums is a good indication that you might have gingivitis, in which case, your dentist should examine you.

Another common oral problem is dry mouth. This is usually caused by prescription and over-the-counter medications and if left untreated can cause tooth decay. Saliva is necessary for neutralizing the acids in your mouth and washing away food and plaque. There are ways to restore normal oral conditions, one such method is artificial saliva and oral rinses. Ask your dentist to recommend the best method for you.

Women have an increased chance to developing gingivitis and other oral health problems due to hormonal changes throughout their lives, especially during puberty, pregnancy, and menopause.

The best way to prevent such oral health problems is to follow proper daily oral care and have regularly scheduled appointments with your dentist.

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## Daily Oral Care

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Daily oral care begins with brushing your teeth at least twice a day. Brushing removes plaque build-up from the surface of the teeth and near the gums. Ideally, you should brush your teeth after every meal, to prevent the acids from turning into plaque, but generally brushing in the morning and at night does the trick. Brushing your tongue helps remove bacteria from its surface and promotes fresher breath.

Flossing is another way to prevent tooth decay on a daily basis. Flossing is geared more towards gum disease prevention by cleaning between the teeth, while massaging, but not cutting into, the gums.

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## Overall Nutrition

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It is important to understand that our overall nutrition and the way we treat our bodies is reflected in our appearance. Good nutrition leads to healthy, beautiful teeth and a gorgeous smile. So eat right and follow proper daily oral care to make sure you'll enjoy your smile for years to come.

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## Other Resources

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[http://www.4woman.gov/faq/oral\\_health.htm](http://www.4woman.gov/faq/oral_health.htm)

<http://www.cdc.gov/OralHealth/factsheets/index.htm>

<http://www.noah-health.org/english/illness/mentalhealth/cornell/recovery/oralhyg.html>

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**4collegewomen.brandeis.edu: Group Psychotherapy**

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# Group Psychotherapy

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## What is group psychotherapy?

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Group psychotherapy, also known as group therapy, is a tool used to aid people in coping with problems or difficulties that they experience. As the name indicates, this sort of therapy consists of a group of people with similar issues, as well as one or two therapists. At group sessions, members discuss their connection with the problems and ways in which they are coping. Group therapy aims to assist with emotional difficulties that arise from the issues discussed by emphasizing and promoting interpersonal relationships through the group dynamics. [\[1\]](#)

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## How does group therapy work?

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Participants of the group share with each other their thoughts and feelings regarding the issues discussed. Other members of the group respond with their own comments, criticism, support, thoughts, and beliefs. In most instances, the leader (therapist) does not determine the subjects discussed, but rather facilitates the discussion so that everyone participates and feels a part of the group. With the weekly meetings, members of the group will feel that they are not alone with this situation. In such a way will a sense of camaraderie, support, and trust develop with and among the group members. [\[2\]](#)

There are usually about 8 to 12 members in a group. A group over 15 will face some difficulty enabling everyone to feel comfortable talking and fostering a positive, helpful atmosphere. Some groups meet once a week, others twice a week; each meeting ranges from an hour to three hours, depending on the issue and the amount of time discussion occurs. Group therapies can extend from a few months to several years, once again depending on the problems and the goal of the group sessions. It is a good idea to allow for 4 to 6 months to pass in order to understand and appreciate the group sessions. [\[3\]](#)

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## What issues are addressed in group therapy sessions?

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There are a number of issues and factors that are addressed in various group therapies. Group therapy sessions are for people who wish to deepen their skills for interpersonal relationships, as well as for people who experience emotional difficulties, such as anxiety, depression, etc. although there are some support groups specifically designed for particular crises, such as physically abused women or parents of kidnapped children. Therapists try to create heterogeneous groups in order to mirror the actual makeup of the surrounding environment. [\[4\]](#)

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What are some of the issues addressed for college women?

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There are a number of issues discussed. Of particular benefit to college women are group therapies aimed at women who have divorced parents, who have a sibling with a problem, who are international students, who are dealing with the stresses of a pre-health program, who have an eating disorder, or who are grieving for a recent loss. Of course, other issues can be addressed. If you would like to find group therapy for your specific situation, please see your doctor or health center for more information. In addition, you can look at the [map](#) for support groups in your area. [\[5\]](#)

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## What is your role as a participant?

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As a participant, you are expected to show up to each of your meetings on time. Additionally, it is important to keep the information and issues discussed in the group sessions confidential. In some cases, participants are asked to commit for a particular amount of time, usually 3-6 months, in order to get a sense of how the group works. Although you are allowed to decline from talking in group therapy, it is not recommended, the more openly you discuss your thoughts and feelings regarding your personal issues, the more you will get out of the experience of group therapy. [\[6\]](#)

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## Is group therapy effective?

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It depends on the condition group therapy and social support is particularly helpful for people with substance abuse, medical conditions, and families of people with mental disorders. Studies have not found it to be an effective sole therapy for major mental illnesses.

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## References

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- [1] Adapted from Group Psychotherapy: An Introduction (<http://www.group-psychotherapy.com/intro.htm>)
- [2] Adapted from Health Center: Group Therapy (<http://www4.health-center.com/mentalhealth/therapy/types/group.htm>)
- [3] Adapted from Group Psychotherapy: An Introduction and Rutgers College Counseling Center (<http://www.rci.rutgers.edu/~rccc/groupbro.html>)
- [4] Adapted from Group Psychotherapy: An Introduction
- [5] Adapted from the discussion with Roberta Caplan, psychologist, 11/14/01.
- [6] Adapted from Group Psychotherapy: An Introduction
- [7] (see below for footnote) Adapted from Group Psychotherapy: Selected Bibliography (<http://www.group-psychotherapy.com/bibliography.htm#TEXT BOOKS>)

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## Resources

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### *Internet*

<http://www.apa.org>

American Psychological Association

<http://www.groupsinc.org>

American Group Psychotherapy Association

<http://www.group-psychotherapy.com>

Hans Weinberg's Group Psychotherapy Resource Guider and Home of the Group Psychotherapy Online Discussion List

<http://www.rci.rutgers.edu/~rccc/groupbro.html>

Rutgers, State University of New Jersey

<http://www.npi.ucla.edu/mhdd/INFO/modules/grouptherapy.htm>

Mental Health and Developmental Disabilities Center

<http://www.barnard.columbia.edu/counsel/group.html>

Barnard Counseling Group

<http://open-mind.org/SP/Articles/9c2.htm>

Cognitive Behavioral Group Therapy, by John R. Cook, Ph.D.

<http://eatingdisorders.home.mindspring.com/aceprog2.htm>

Atlanta Center for Eating Disorders

<http://www4.health-center.com/mentalhealth/therapy/types/group.htm>

Health-Center

<http://www.iagpweb.org>

The International Association of Group Psychotherapy

<http://www.gpasc.org>

Group Psychotherapy Association of Southern California

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#### *Organizations*

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Princeton, NJ 08540

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Fax: (609) 936-1659

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

Association for Specialists in Group Work

American Counseling Association

5999 Stevenson Avenue

Alexandria, VA 22304

<http://asgw.educ.kent.edu/>

Center for the Study of Work Teams

University of North Texas

P. O. Box 311280

Denton, TX 76203-1280

Phone: (940) 565-3096

Fax: (940) 565-4806

<http://www.workteams.unt.edu/>

The Process Work Center

2049 NW Hoyt St.

Portland, OR 97209

Phone: (503) 223-8188

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

Group Analysis North

78 Manchester Road

Swinton, Manchester M27 5FG

Telephone/Fax: 0161 728 1633

<http://www.geocities.com/~nwidp/gan.html>

American Group Psychotherapy Association

25 East 21st Street, 6th Floor

New York, NY 10010

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#### **4collegewomen.brandeis.edu: General Health and Prevention**

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#### **4collegewomen.brandeis.edu: Health Insurance Issues**

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## **4collegewomen.brandeis.edu: Helpful Resources**

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## **4collegewomen.brandeis.edu: Health Library**

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## **4collegewomen.brandeis.edu: Health Information In Different Languages**

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## **4collegewomen.brandeis.edu: Men's Health**

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# Men's Health

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**4collegewomen.brandeis.edu: Tobacco, Alcohol and Substance Abuse**

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- [\\*Menstruation](#)
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### **4collegewomen.brandeis.edu: Emotional and Mental Health**

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#### **4collegewomen.brandeis.edu: Diseases and Conditions**

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  - [\\*Yeast Infections](#)
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  - [\\*Human Papilloma Virus](#)
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  - [\\*Blood Disorders](#)
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  - [Heart Disease Prevention](#)
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## **Safety and Violence Related Issues**

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  - [\\*Sexual Pressures: How To Recognize And Tools To Manage](#)
  - [Safety on the Streets](#)
  - [Safety on the Internet](#)
  - [Swimming Safety](#)
  - [Driver Safety](#)
  - [\\*Self Defense](#)
  - [Spinal Cord Injury](#)
- **Workplace Safety and Health**
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  - [Workplace Hazards](#)
  - [Workplace Illness, Injuries and Health Disorders](#)
  - [Workplaces and Occupations](#)
- **Violence Issues**
  - [Dating Violence](#)
  - [Intimate Partner Violence](#)
  - [Sexual Violence](#)
  - [\\*Date Rape](#)

- [Workplace \(Occupational\) Violence](#)
- [CDC Injury and Violence Prevention and Control](#)
- [Injury Prevention](#)
- **Terrorism and Disasters**
  - [Disasters, Emergencies, and Responding to Terrorism](#)
  - [When Disaster Strikes](#)
  - [Bioterrorism](#)
- [Other](#)

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#### **4collegewomen.brandeis.edu: Alternative and Complementary Medicine**

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## **Alternative and Complementary Medicine**

- [What is Complementary and Alternative Medicine?](#)
- [Decisions About Using Complementary and Alternative Medicine](#)
- [Treatment Information \(by Treatment or Therapy\)](#)
- [Treatment Information \(by Disease or Condition\)](#)
- [Herbal Medicine](#)
- [Information on Acupuncture](#)
- [News on Alternative Medicine](#)
- [Miracle Health Claims: Add a Dose of Skepticism](#)

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#### **4collegewomen.brandeis.edu: Minority Women's Health**

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# Minority Women's Health

- [General Issues](#)

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## **4collegewomen.brandeis.edu: Women and Disabilities**

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# Women and Disabilities

- [General Issues](#)

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## **4collegewomen.brandeis.edu: Health Career Opportunities**

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# Health Career Opportunities

- [\\*Internships](#)
- [Training Opportunities](#)
- [Public Health Career Links](#)
- [Medical Career Links](#)
- [\\*Conferences](#)
- [\\*Volunteer Opportunities in Health](#)

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**4collegewomen.brandeis.edu: General Health and Prevention**

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## General Health and Prevention

### INFOSHEETS★

- **Common Issues For College Women**

- [\\*Transition To College](#)
- [\\*Getting A Good Night's Sleep](#)
- [\\*Body Image](#)
- [\\*Breast Health](#)
- [Screening and Immunization](#)
- [\\*Oral Health](#)
- [Bad Breath](#)
- [\\*Acne](#)
- [\\*Insurance Issues In College](#)
- [Tanning and Sun Safety](#)
- [Establishing Healthy Relationships](#)
- [Environmental Health](#)

- **Information To Build a Healthier Life**

- [Tools to Build a Healthier Life](#)
- [HealthierUS](#)
- [Small Steps For Big Health Rewards](#)

- **Nutrition**

- [\\*Eating Healthy](#)
- [\\*Nutrients You Need](#)
- [Healthy Fruits and Vegetables](#)
- [\\*Food Pyramid](#)
- [\\*Food Allergies](#)
- [\\*Vegetarianism](#)
- [\\*Calculate Your Body Mass Index](#)
- [Calculate Calorie Burning Activities](#)
- [Comprehensive Nutrition Information](#)
- [Weight Loss and Dieting](#)

- **Fitness**

- [Physical Fitness](#)
- [\\*Exercise In College](#)
- [\\*Excessive Exercise](#)

- [Fitness Tips](#)
- [\\*Fitness Guidelines](#)
- [Just Move](#)
- [More Fitness Information](#)
- **Women with Disabilities**
  - [\\*Overview](#)
  - [\\*Learning Disabilities](#)
  - [Special Issues](#)
- **Common Infectious Diseases**
  - [The Cold](#)
  - [\\*The Flu \(influenza\)](#)
  - [\\*Strep Throat](#)
  - [\\*Mononucleosis](#)
  - [Other](#)
- **Sleep Disorders**
  - [Sleep Disorders - General Info](#)
  - [Brain Basics: Understanding Sleep](#)
  - [Awake at the Wheel \(pdf\)](#)
  - [Insomnia](#)
  - [Sleep Apnea](#)
  - [Restless Leg Syndrome](#)
  - [Narcolepsy](#)
- [Other Issues](#)

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