



Making the Most of Your Health: A Guide Just for Women

As a woman, it's important to understand the special needs of your body and learn how to take care of it. Keeping your mind and body well, throughout every stage of life, helps contribute to achieving optimal spiritual, mental and physical health. UnitedHealthcare is proud to offer this informational brochure focused on the special needs of women's health. The guide can help you navigate your changing health care needs – including preventive care, premenstrual syndrome (PMS), breast care, osteoporosis and menopause.



Pre-Menstrual Syndrome (PMS)

Many women experience premenstrual syndrome (PMS). Although the cause of PMS is unknown, it seems to be linked to hormonal changes that occur just before (and sometimes during) a woman's menstrual cycle.

PMS is different for every woman, but the following are some common symptoms:

- Abdominal cramps
- Bloating
- Breast pain
- Swollen ankles
- Irritability
- Aggressiveness
- Depression
- Lethargy
- Food cravings
- Headaches
- Feeling as if you've gained weight

This list is not all inclusive, as symptoms can vary from woman to woman. To ease these symptoms, try a combination of short-term fixes and long-term lifestyle adjustments:

- Headaches and irritability are sometimes soothed by drinking a comforting hot beverage like, caffeine-free tea or coffee. Try a relaxing activity like Yoga or meditation.
- Over-the-counter nonsteroidal anti-inflammatory drugs (NSAID), such as ibuprofen or naproxen, can help relieve cramps, as can a heating pad to your tummy or lower back.
- Make small changes to your lifestyle. Learn better ways to manage stress. Exercise regularly and eat a balanced diet.
- Increased calcium has been shown in some studies to reduce PMS. Choose more low-fat dairy products and leafy greens for your diet.

Remember to talk with your doctor before taking any medications or changing your diet. Our health and wellness programs, located on myuhc.com[®], can help you manage stress, nutrition and exercise. Check out our great Online Health Coaching programs today!

If your symptoms are severe enough to disrupt your work or personal life, you may be experiencing premenstrual dysphoric disorder (PMDD). If you believe you have PMDD, talk to your doctor.

Breast Care

In addition to your preventive Breast Clinical Exam (BCE) and annual mammography (for women 40 years and older), it's a good idea to do breast self-exams on a regular basis. You may feel uneasy when you examine your breasts – especially the first time. However, the more familiar you become with your breasts, the more you'll learn what's normal for you. The best time to do a breast self-exam is five to seven days after the last day of your menstrual period. During this time, your breasts are least likely to be lumpy or tender. If you no longer have any periods or are pregnant, you can choose a day of the month – such as the 1st or the 15th – to do the self-exam. Try to perform the exam at the same time every month.



Three-Step Breast Self-Exam

It's not hard to do a breast exam. Make sure to follow each step described below.

Step 1. Lying down. Place a pillow under your left shoulder and put your left hand behind your head. With your right hand, examine your left breast, moving up and down, starting from your arm and finishing in the middle of your chest. Use the tips of your middle fingers to feel for lumps, moving them in circular motions – using light, medium and firm pressure over each area. Check for any nipple discharge.

Step 2. In front of a mirror. Start with your hands on your hips. Look carefully at both breasts for any changes in size, shape, color or contour. Then repeat the process of visual examination with your arms at your sides and then with your arms extended above your head, palms pressed together. Note any changes in the appearance of either nipple.

Step 3. Sitting or standing. Raise one arm slightly, and examine your armpit with the other hand. Although you are less likely to develop breast cancer around the armpits, those areas may be the first place you feel a change.

Always talk to your doctor about any changes or concerns.

These self-exams should not take the place of clinical exams, but they may give you extra information that you can discuss with your doctor. Mammograms should be done every one to two years for women age 40 or older, beginning at 30 if you're at high risk or as recommended by your doctor.

Source: Optum. How to Do a Breast Self-Exam. 2007

Preventing disease, and detecting disease early if it occurs, is important to living a healthy life. Following the guidelines in the back of this brochure, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations.

Osteoporosis

Osteoporosis is a condition in which your bones lose density and become more fragile and easier to break. A broken bone is usually the first sign of osteoporosis. The bones in the hip, wrist, or spine are the most vulnerable for women.

Your risk for osteoporosis increases with age. While this list is not all inclusive, you may also have an increased risk for osteoporosis if you:

- Have a family history of osteoporosis
- Are thin or have a small frame
- Go through menopause early
- Are Caucasian or Asian
- Don't get enough calcium
- Don't exercise regularly
- Smoke
- Take certain medicines, such as long-term glucocorticoids. (If in doubt, ask your doctor.)

Keep your bones stronger – longer

Most bone is built up by the time you're 30. But you can still build up your bone strength and reduce your risk of osteoporosis at any age.

Source: Optum. Osteoporosis. 2007

- **Get your calcium.** Talk to your doctor about your specific needs. You can find calcium in foods such as milk, yogurt and cheese. Oysters, sardines, salmon, broccoli, turnip greens, tofu and almonds are also good sources of calcium. Calcium supplements may also help if you're not getting enough calcium in your diet.
- **Don't forget vitamin D.** Vitamin D helps you absorb calcium. Your body makes vitamin D when your skin is exposed to sunshine. You can also get vitamin D from foods like milk, fortified cereal and canned salmon.
- **Exercise regularly.** Try weight-bearing exercises to make your bones stronger, such as walking, hiking, jogging, stair-climbing, tennis, dancing or strength training. Regular exercise can also improve your balance. However, remember to talk with your doctor before starting a new exercise program.
- **Quit smoking.** This is not only good for your bones but for your overall health as well. UnitedHealthcare offers a free, online smoking cessation program on the health and wellness page of myuhc.com, as well as discounts on nicotine replacement therapy to help you "kick the habit".
- **If you drink alcohol, do so in moderation.**
- **Ask your doctor about medication options.** If you have several risk factors, or tests have shown that you have bone loss, you may benefit from medication.

Understanding and Managing Menopause

Menopause is a normal part of aging and marks the close of a woman's reproductive life. It usually occurs around age 51 and is defined as one full year without a menstrual cycle.

Some common symptoms of menopause include:

- **Hot flashes.** About 85 percent of women have hot flashes during menopause. Heat travels from the core of your body to the neck, face, arms and feet. Your heart rate may increase, and you may begin sweating. Hot flashes can also be **followed by chills.**
- **Vaginal atrophy.** As estrogen is lost, the tissues of the vagina and vulva become thin and dry. Intercourse can become painful. Also, the vagina can become inflamed or irritated.
- **Urinary tract changes.** Some women experience bladder infections or incontinence. It may be painful to urinate, or you may need to urinate more frequently or feel more urgency.
- **Decreased libido.** During menopause, the ovaries stop making testosterone. This hormone plays a part in both male and female sex drives.

- **Night sweats.** When hot flashes occur during sleep, they may interrupt your sleep routine and cause daytime fatigue.
- **Emotional changes.** Changing hormones can lead to mood swings.

There are ways to relieve the effects of menopause. Stay away from hot drinks, alcohol and spicy foods to help prevent hot flashes. Over-the-counter lubricants may ease vaginal dryness. And regular exercise and a balanced diet can help you feel better. Be sure to get enough calcium and vitamin D, too.

Hormone therapy

If simple ways to relieve symptoms aren't working for you, you may consider hormone therapy. Estrogen supplements can reduce hot flashes and may also strengthen your bones, helping to prevent osteoporosis.

However, you should talk with your doctor first about hormone therapy. Recent research has linked hormone therapy to breast cancer, blood clots, heart attack and stroke. It has been recommended to use hormone therapy at the lowest dose for the shortest amount of time possible, if you and your doctor decide that the treatment is the best course for you. You can also ask your doctor about non-hormone-therapy medications.

Source: Optum. Understanding and Managing Menopause. 2007

Preventive care guidelines: Adults over age 18

Years of Age	Range of recommended ages												
	18	25	30	35	40	45	50	55	60	65	70	75	
Blood Pressure, Height, and Weight	At each preventive visit												
Obesity (Body Mass Index)	At each visit												
Cholesterol								Women: Every 5 years					
Cervical cancer screening	Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests												
Chlamydia/Gonorrhea													
Mammography						Women: every one to two years							
Colorectal Cancer*							Depends on y\test						
Osteoporosis											At age 65 ** (for high risk populations, at menopause)		
Alcohol Use, Depression	Periodically												
Vision, Hearing Periodically												Periodically	

IMMUNIZATION

Tetanus-Diphtheria (Td/Tdap)	Every 10 years											
Varicella (VZV)	Susceptibles only-two doses											
Measles, Mumps, Rubella (MMR)	Persons not already immune											
Pneumococcal											One dose	
Influenza								Yearly				
Hepatitis B/Hepatitis A	Persons at risk											
Meningococcal	For certain high-risk groups**											
Human Papillomavirus (HPV)	One dose											

* See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

** High risk is defined as adults who have terminal complement deficiencies; had their spleen removed or their spleen does not function; or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

Individual health plans vary in preventive coverage. Generally, your plan should cover immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention. For complete immunization guidelines, visit www.cdc.gov/nip.



Sources:

The American College of Obstetricians and Gynecologists (ACOG), www.acog.org; US Department of Health and Human Services, www.4woman.gov; U.S. Preventive Services Task Force (USPSTF), www.preventiveservices.ahrq.gov

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