

DISCOVER RUSH



WOMEN IN MIDLIFE:

Bend the rules:

Keep your bones strong and your joints injury free as you age

Stuck in the middle:

There is help for women in the sandwich generation

In our experience:

Get insights and advice on aging from three women in the health care field

Women's health — Your top three midlife concerns

DO YOU remember eight-track tapes and television in black and white? If so, it's natural to wonder — maybe even worry — about how your health will hold up as you age.

“More than ever before, midlife is when women come to their doctors with concerns about their health,” says Pamela Strauss, MD, MPH, an



Pamela Strauss,
MD, MPH

internal medicine physician at Rush University Medical Center. “The good news is that often these concerns are unwarranted.”

Here Strauss responds to

three common concerns women bring to her.

1. My sex life will become less satisfying. “Many women find they actually enjoy sex more as they age,” Strauss says. One reason is that, after menopause, women no longer need to worry about unplanned pregnancies.

Moreover, by midlife, women often have the confidence to talk candidly with their partners about their sexual needs.

However, if you experience waning desire without an obvious cause, such as a medication's side effects, talk to your doctor. There may be options to help improve your sex drive.

2. I'm going to put on pounds. To a certain extent, our bodies do conspire against us as we age. We typically lose

muscle, which slows the metabolism and means we don't need to consume as many calories as we did in our 20s and 30s.

“Even so, weight gain is not inevitable,” Strauss says. Scrutinize your diet and change habits that promote overeating, such as skipping breakfast and grocery shopping on an empty stomach.

And make it a point to be more active. Begin your day with a brisk 30-minute walk, and lift weights — strength training speeds up an aging metabolism.

3. My memory will fade. “Occasional forgetfulness, although irritating, is not a red flag of a serious problem such as Alzheimer's disease,” Strauss says. Although it may take longer to recall things, most of us remain mentally sharp and capable as we age.

In fact, according to Strauss, working out your brain — by tackling a daily crossword puzzle or regularly reading the newspaper — may help you stay sharp in midlife and beyond.

CALL No matter what your concern, physicians at Rush will be happy to help you navigate the changes associated with midlife. Call (888) 352-RUSH (7874) to make an appointment. ■

CLICK Facing midlife? Strength training can help you avoid weight gain. Learn more about strength training at www.rush.edu/discover.

Women: Be kind to your bones and joints



CALL If you need advice about staying healthy or have bone or joint problems, call **(888) 352-RUSH (7874)** to make an appointment with a physician at Rush.

IT'S IMPORTANT to make sure you're on track for good health if you're a woman in midlife. In fact, hitting the track could be just the thing to do.



Kathleen Weber, MD

According to Kathleen Weber, MD, a sports medicine specialist at Rush University Medical Center, the midlife years are an important time for women to stay active

and eat right for the health of their bones and joints.

Sometimes it's hard to be a woman

The years can bring bone and joint problems for both men and women. Simple wear and tear can lead to osteoarthritis, and the weight gain that often comes with

age puts even more stress on joints.

For women, though, the story is more complicated. To begin with, a woman's bone mass is generally lower than a man's. And the decrease in estrogen that comes with menopause brings a higher risk for weak bones from osteoporosis.

Additionally, mechanical differences in the way women's thigh, hip and butt muscles are engaged — in combination with the angle between the hip and knee — puts them at a higher risk for injuries than men, especially injuries to the knee cap and anterior cruciate ligament, or ACL.

In midlife, women are also at higher risk than men for overuse injuries, such as stress fractures and tendonitis.

Walk it off

With the extra risks women face, exercise might seem like a dangerous step. But the fact is, being fit is a good defense.

"If you don't exercise already, start now," Weber says. "Even 10 minutes a day is a good start."

A well-designed exercise program including aerobic exercise, stretching and lifting weights can help you avoid injuries. Weight-bearing activities, such as walking, jogging and dancing, can help keep bones healthy.

The secret is to begin slowly with an easy activity, such as walking, and build up to more strenuous exercise. Aim for at least 30 minutes of activity — either all at once or 10 minutes at a time — on most days of the week.

If it's been a while since you've been active, talk to your doctor before you begin.

Eating away at risk

After about age 25, a woman's bone mass starts depleting instead of building, and menopause increases loss. This makes a bone-healthy diet essential.

Calcium is the most important nutrient for bones, and vitamin D helps the body absorb it. In addition to finding both in dairy products and fish, some foods and beverages, such as orange juice, are fortified with calcium, and it's in some green vegetables. Ask your doctor how much of these nutrients you need — it varies with age — and whether you should take dietary supplements.

How Rush can help

Weber advises having a baseline bone density test for all women at age 65, or earlier if you are at high risk for developing osteoporosis. This allows you to start treatment as soon as necessary.

For women with bone or joint problems, Rush offers both traditional and advanced care, including the following:

- **Joint replacement.** Experts at Rush were instrumental in developing the first artificial knee designed specifically for women. It fits the narrower shape of women's knees and accommodates the different angle at which a woman's knee moves over the end of the femur. Rush also offers highly specialized joint replacement procedures for the wrist and shoulder.
- **Joint resurfacing.** This alternative to joint replacement preserves bone, meaning full joint replacement can be done later if necessary.
- **Therapies for osteoporosis.** These include the latest medications and personalized diet and exercise counseling, such as can be found at the Rush Osteoporosis Treatment Center.
- **Smoking cessation programs.** Nicotine and other chemicals in cigarette smoke can be toxic to bones.
- **Weight management programs.** Being overweight puts extra stress on your joints. More women than ever are healthy at midlife and beyond, notes Weber. It's not too late to be one of them. ■

DID YOU KNOW?

Because women's bodies and activity levels change with age, some bone and joint injuries are more common in different age groups.

High school and college age	Ankle sprains and knee injuries — including anterior cruciate ligament, or ACL, injuries — and stress fractures
Middle age	Overuse injuries, lower back pain, stress fractures and knee injuries
Older women	Hip and knee arthritis, shoulder rotator cuff injuries and a type of joint inflammation called bursitis

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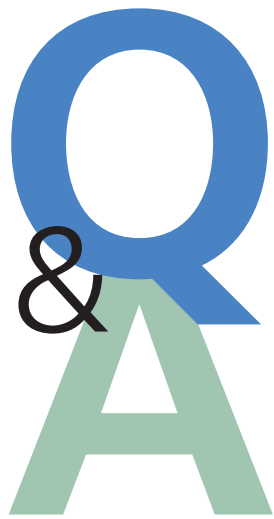
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HELP FOR THE SANDWICH GENERATION CAREGIVERS

Mastering the middle

IF YOU'RE A WOMAN caring for both your children and your aging parents, you are part of what's called the *sandwich generation* — and probably feeling some pressure. Members of the sandwich generation may wonder how they can best help the people they care for while taking care of themselves. To find out, *Discover Rush* spoke with Vanessa Fabbre, MSW, coordinator of older adult programs and the Anne Byron Waud Patient and Family Resource Center at Rush University Medical Center.

Q: When you're pulled in different directions, how do you meet everyone's needs?

A: It's OK to set priorities and sometimes say, "No." Women often feel relieved when they are applauded for setting limits and admitting they cannot do everything on their own. This might mean asking for help caring for your parents so that you can attend to children and personal relationships.

You can ask for professional help with Mom or Dad in the mornings if it's really important that you take your children to school. It's a good idea to keep a list of emergency respite care services for older parents so that you never have to miss school meetings or caring for a sick child.

To learn about Rush Generations, a free health and aging membership program for older adults and those caring for them, call (800) 757-0202.

Q: How do you recognize your limits and juggle multiple responsibilities?

A: It's important to be realistic. That often involves re-examining your notions of what is reasonable to expect from yourself and being flexible. Often I've heard women say, "I promised my mom we wouldn't put her in a nursing home." What's important is the sentiment behind the promise. Maybe it's not so much about the nursing home as it is a promise that she won't be abandoned.

Sometimes a nursing home is a better thing for an older parent who is frail and needs constant medical attention. You can explain to your mom why you think that is the best option, but make it clear that you will visit and be there for her. Maybe a nursing home isn't the only option. Perhaps an assisted-living facility is a possibility. There are many ways to care for your parents. Just knowing there are options can be freeing.

Q: When does a caregiving situation become more than a person can handle?

A: A big red flag is depression. If you're having a hard time sleeping, you're feeling down and you're no longer enjoying things you used to enjoy, you have the warning signs of depression. When responsibilities feel like burdens, it's time to reach out for help — for dealing with both your own feelings and your caregiving situation.

The Waud Resource Center can be a great first call. We offer free consultations and support services, as well as counseling. We can help facilitate family meetings, get a geriatric assessment for your parents and communicate with your child's school about what is going on at home.

We also try to ensure that caregivers take care of their own health by getting recommended screenings and staying up-to-date with primary care.

Q: Is it hard to ask for help?

A: Often women will be reluctant to ask even siblings for help. You might think that caring for a parent is your responsibility or assume siblings are too busy to help, when actually they're willing to. You have to ask.

Usually, people have a unique contribution they'd like to make. One person might take care of your parents' finances, while another might take your child to medical appointments. No one person has to do everything.

You are not alone

Free information on a wide range of topics related to healthy aging and caregiving is also available at the Waud Resource Center. Friendly, knowledgeable staff can answer your questions about memory loss, nursing home care, talking with your parents about their health and independence, and many other topics.

CALL For more information on the resources available, call (800) 755-4411. ■

Make sleep a priority



Margaret Park, MD

Women tend to devote more time to caring for others than they do to caring for themselves — often sacrificing sleep, says Margaret Park, MD, sleep specialist at Rush University Medical

Center. Park recommends treating sleep like the medical issue that it is and being aware of the medical consequences.

"If you don't take care of yourself, you're not going to be able to take care of everything around you," Park says. "People tend to be less productive, efficient and accurate when they're sleep-deprived."

People who are sleep-deprived also tend to have poor eating and exercise habits. Since exercise can help some people deal with stress, cutting it from your schedule eliminates an opportunity to reduce the stress of caregiving. Sleep deprivation can also affect your sex drive and sexual function.

"I think a lot of women will find that if they make sleep a priority, their ability to effectively accomplish what they want to will improve," Park says.

Furthermore, you can improve the quality of the sleep you do get by establishing regular sleep-wake routines and avoiding caffeine and alcohol in the evening.

If you feel anxiety or depression is affecting your sleep, it's important to talk to your doctor. To receive a referral for a physician at Rush, call (888) 352-RUSH (7874). You can also visit www.rush.edu/sleep for a free interactive tool that focuses on your specific sleep problems. ■

If you're having trouble sleeping, visit www.rush.edu/discover for tips for sleeping better.

In our experience

Discover Rush recently spoke with three female health care professionals at Rush University Medical Center about their experiences with growing older, the insights they've gained and the advice they can offer others.

Addressing unexpected midlife changes

Although every woman experiences the journey to and through midlife differently, some women may encounter the following health issues.

EXACERBATION OF ASTHMA

Progesterone seems to have a calming effect on the airways, so when it decreases in midlife, asthma symptoms can get worse. In fact, 20 to 30 percent of women experience worsening asthma symptoms during the perimenopausal years (the time leading up to menopause when you begin noticing menopause-related changes and the year after menopause, or when you haven't had a period for 12 months in a row).

What you can do: You may be able to get relief by adjusting your asthma medication. You can also undergo allergy testing to identify triggers that contribute to your asthma. Talk to your obstetrician/gynecologist or primary care physician, who can work with an allergist to help you find relief.



CHERYL RUCKER-WHITAKER, MD
Preventive medicine specialist
Age: 40

ON BALANCING WORK AND FAMILY: It was initially difficult. Then, after talking to many friends, I figured I could have it all, just not at the same time. For now, I've cut back on my career so I can manage time with my kids more effectively. I value the simple things with them: packing their lunches, helping them practice the violin.

ON WORKING OUT: I used to exercise sporadically and maintain my weight. But after having kids, my routine was thrown off, and I did gain weight. Now that I'm in my 40s, I'm trying to get back to a more healthy weight. I do what I tell patients: "Walk, walk, walk." I also work out with a trainer, because weight-bearing exercise is so important to maintaining muscle tone and mass.

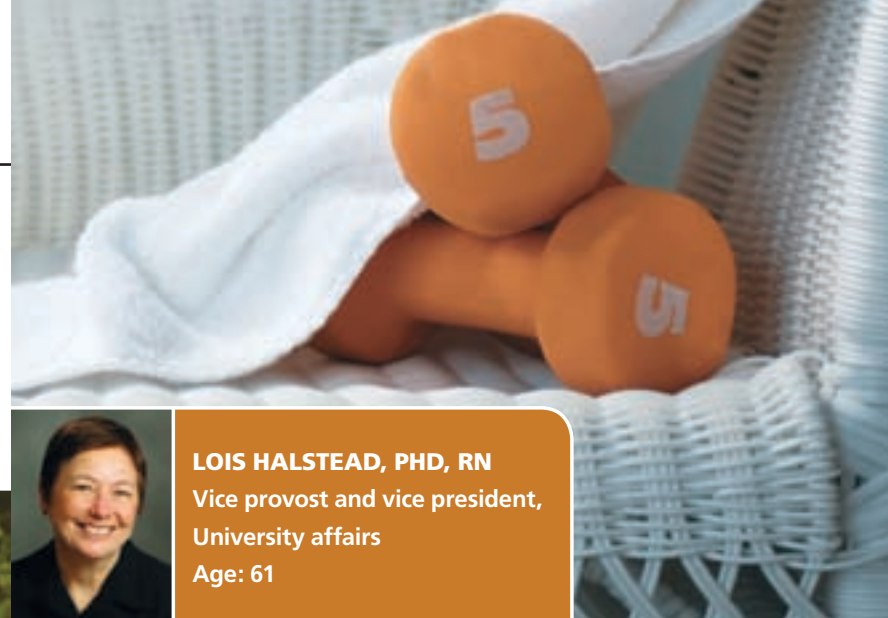
ON MAKING YOURSELF A PRIORITY: When it comes to your overall health, at this age you have to start thinking, "I'm going to do this for me." And you make some decisions that might seem selfish. But being selfish isn't really being selfish: It's about putting yourself first sometimes so you can be healthy for your family.

ON WHAT WOMEN IN THEIR 20s CAN DO FOR THEIR HEALTH: In addition to finding an exercise plan you can stick to, explore your family health history. If your parents and grandparents are deceased, find out what they died of; if they're living, ask what medical conditions they have. If you know what diseases are in your family tree, it will help you focus your efforts. For example, if diabetes runs in your family, you might be more likely to stick to that physical activity plan, especially if you know that in two-thirds of women, type 2 diabetes can be prevented through an increase in activity.

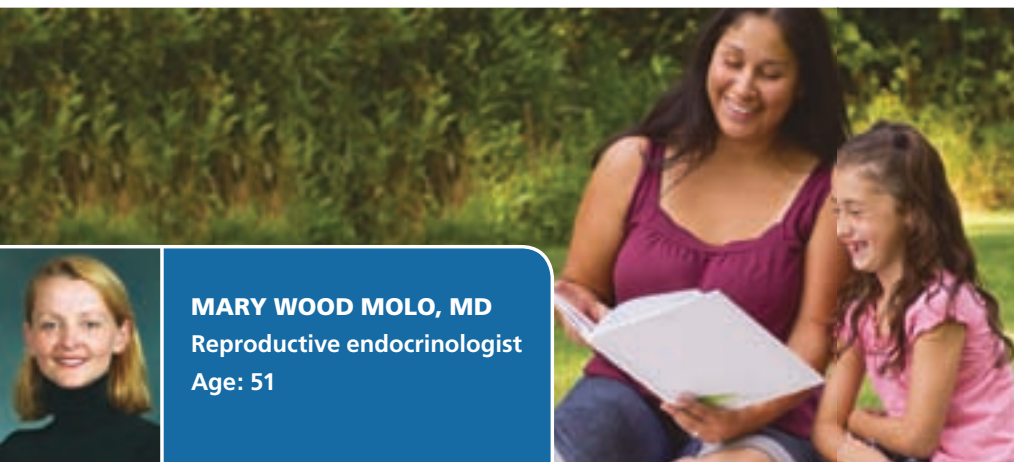
Midlife? Bring it on

By educating yourself and maintaining an ongoing dialogue with your physician, you can alleviate unneeded anxiety and take measures that will help you navigate changes in your life.

MORE For more words of wisdom from these and other health care professionals at Rush, visit www.rush.edu/discover. ■



LOIS HALSTEAD, PHD, RN
Vice provost and vice president,
University affairs
Age: 61



MARY WOOD MOLO, MD
Reproductive endocrinologist
Age: 51

ON FEELING COMFORTABLE IN HER OWN SKIN: It's important to me to age well, so my goal is to be healthy and fit. I'm willing to accept that my body is different than it was 20 years ago; if I'm a little lumpy in some areas, that's OK.

ON THE IMPORTANCE OF FAMILY TIME: Today, medicine is a good part of my life, but it hasn't taken over my life, because years ago I made the conscious choice to practice smarter, rather than harder. I spend a lot of time with my patients, but I rarely schedule more than six patients a day. So I'm able to have evenings and weekends with my family. It was a question of figuring out how to run my practice so there was a balance between my work and personal life.

ON WANTING TO BE A HIP GRANDMA: Because I was older when I had my kids, I'm going to be an older grandmother. But I want to be a fun, active grandma. That's why I'm doing things now — exercising, making sure I have good bone density and cholesterol levels — to ensure that I won't be a frail elderly person.

ON PLANNING AHEAD: Every woman should create a life plan that involves being a responsible owner of her body. You can't indulge in bad behavior for 40 years and then, suddenly, do a complete reversal and expect to undo the damage. You must start thinking about your 50s, 60s and beyond when you're in your 20s and 30s. People look toward the later years as a time to relax; you don't want to be in ill health when you get there.

ON WHY CHANGE IS IMPORTANT: The kinds of exercises that women do, the kinds of goals they set, should constantly change. Our bodies are not soda machines: You don't always put 75 cents in and know what's going to come out. You have to go with the changes and modify what you're doing. It's hard work. Living longer requires investment, whether it's maintaining relationships or maintaining your body.

ON WHY STRONG BODIES ARE MORE IMPORTANT THAN BEAUTIFUL BODIES: Looking good in a bathing suit is fine, but upper body strength and balance become so important as you move through life. Women notoriously have poor upper body strength, which can contribute to shoulder and upper back injuries. Picking up toddlers can make you strong, but eventually you lose that.

ON CHANGING EXPECTATIONS: I realized around age 55 that whatever I wanted to achieve, I had already achieved. If other things came up, it would be icing on the cake. I realized that the person I was at that point was the person I was going to be, and that felt great. I found it very freeing.

ON MANAGING STRESS: Finding a spouse, making a career choice, having children — these are extremely stressful things. Once you get past them, you don't have as many sources of stress. When there is a stressful situation, I don't internalize it. If there's a decision to be made, I make it. I'd rather make a wrong decision than have it linger.

CLASS To find out more about midlife changes, come to a free class about women's health on May 31. See page 6 for details or call (888) 352-RUSH (7874).

CONSTIPATION



Although sometimes a signal of irritable bowel syndrome or another gastrointestinal condition, constipation is usually the result of a more sedentary lifestyle and paying less attention to diet as we get older.

What you can do: Get active, drink plenty of water and focus on eating high-fiber foods. If those changes don't work, a specialist from the Program for Abdominal and Pelvic Health at Rush University Medical Center can help diagnose and treat the problem.

A RACING HEART



Do you feel as if your heart is going to jump out of your chest? For perimenopausal women, the constant fluctuation of hormone levels can cause the heart to try to adjust by beating faster or slower, resulting in palpitations and hot flashes.

What you can do: Although these symptoms may go away in a matter of months, have your heart checked by a cardiologist who specializes in women's health, such as a member of the team at the Rush Heart Center for Women.

UNPREDICTABLE OVULATION



Perimenopausal women ovulate earlier in their cycle, which can result in unplanned pregnancies.

What you can do: If you are sexually active but don't want to risk pregnancy, continue using birth control until you reach menopause.

RUSH UPCOMING EVENTS

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Women: Get Inspired, Get Healthy

Saturday, May 31

9 a.m. to noon

Searle Conference Center

Room 542, 1725 W. Harrison St.

Women, it's time to get inspired and get healthy. Start now by making your health a top priority. Hear women's health experts from Rush speak on a variety of topics, such as heart health, spine and back care, keeping your skin healthy, complementary therapies and much more. Participate in free health screenings and a yoga demonstration. All attendees will receive a bag of goodies and be entered in a drawing for some great prizes. Take steps now for a longer, healthier and happier life.

Sex and the Heart

Saturday, June 7

9 to 11 a.m.

Searle Conference Center

Room 542, 1725 W. Harrison St.

Experts in urology and cardiology at Rush will discuss the prevalence, background and link between heart disease and erectile dysfunction, which is often a sign of more serious conditions that could lead to a heart attack or stroke. Current treatment options for erectile dysfunction will also be discussed.



Rush Running Clinic

Saturday, July 19

- 8 a.m.: Optional 5K run
- 8:45 a.m.: Light breakfast
- 9 to 11 a.m.: Presentations

Armour Academic Center

Room 994, 600 S. Paulina St.

Whether you are new to running or a seasoned runner, fitness experts at Rush can help you put your best foot forward. Discussion topics will include proper training techniques; reducing your risk for injuries; and treatment options for knee, foot and ankle problems. Physical therapists from Rush, who are also avid runners, will be on hand to demonstrate proper warm-up exercises and to lead the group in a half-hour optional fun run before the presentations.

Rush Generations presents: Older adult and caregiver programs

All Rush Generations programs are held at Rush University Medical Center, Searle Conference Center, 5th floor (Elevator II, Professional Building), 1725 W. Harrison St., Chicago, unless otherwise indicated.

Spring Into Health and Fitness Fair

Saturday, May 17

9 a.m. to 2 p.m.

Chicago Christian

Industrial League

2750 W. Roosevelt Rd.

This free health fair features basic health screenings, informative presentations and important information about community resources. A light lunch and free parking are available to attendees. Registration is not required.

Hearing Screening and Education

Wednesday, May 21

10 a.m. to noon

Attend this free screening event to find out if you have hearing problems that require follow-up. Audiologists from Rush will discuss the results of your screening; make recommendations; and answer your questions about hearing aids, audiologic rehabilitation and assistive-listening devices. Registration is required and limited to 24 people.

Computer Training: An Introduction to NIH SeniorHealth.gov

Wednesday, June 4

1:30 to 3:30 p.m.

McCormick Education

Training Center

Armour Academic Center

Room 919, 600 S. Paulina St.

Learn how to navigate *www.NIH SeniorHealth.gov*, a Web site of the National Institutes of Health, and locate health information and answers to personal health questions. This session is designed for beginners with some Internet experience. Space is limited.

Palliative Care: More Than Pain Management

Wednesday, June 18

1:30 to 3 p.m.

Palliative care goes far beyond basic pain management to include an array of services that promote quality of life and prevent and treat suffering. A member of Rush's palliative care services team will provide an overview of palliative care and discuss what to consider when planning for palliative care for yourself or a loved one.

CLICK

Do you want helpful information delivered directly to your e-mail inbox each month? Sign up for *Discover Rush Online*, our monthly e-newsletter, at www.rush.edu/discover.

Rush renovations in progress

To provide our patients with the best possible care, Rush is renovating facilities on our campus. Beginning in late spring and continuing until the end of 2008, traffic on Harrison Street will be rerouted between Ashland Avenue and Paulina Street. To learn more, go to www.rush.edu or call (888) 352-RUSH (7874). Please allow extra time for your trip to Rush.



Because space is limited, please call to reserve your seat. For more details and to register, call (888) 352-RUSH (7874). Free parking in the Rush garage is available with validation.

Fixing wrist fractures without a cast

A BROKEN WRIST can be as frustrating as it is painful. Severe wrist fractures are nagging injuries that typically require surgery followed by six to eight weeks in a cast — or worse, an external metal frame drilled into the hand and forearm bones. And the wrist can take six to nine months to fully heal.

However, thanks to technology that Mark Cohen, MD, an orthopedic surgeon at Rush University Medical Center, helped develop and advance, wrist fractures that require surgery can now be repaired using minimally invasive techniques. Patients recover more quickly and with less pain. Better yet, they don't have to wear a cumbersome cast.

This evolution in care is due to small implants known as locking plates, which are designed specifically for the wrist and inserted through a small incision. The plates are connected to the bones in the wrist with screws, creating a strong bond but allowing full range of motion.

“Before, people with fractured wrists couldn't type, drive or even shower for six to eight weeks,” Cohen says. They couldn't even begin physical therapy until around two months after the injury occurred. “The plating system allows people to start physical therapy just days after surgery and resume their normal activities while their fractures are healing,” he says. “They can very quickly get back to their lives.” ■



Study reveals link between allergies and irritable bowel syndrome

IF YOU HAVE certain types of allergies, you are more likely to have irritable bowel syndrome (IBS) than people without allergies, according to a study conducted at Rush University Medical Center and published in the scientific journal *Annals of Allergy, Asthma & Immunology*.

IBS is a cluster of symptoms that includes abdominal pain for 12 weeks within the past year and a change in stool consistency or frequency. It affects 15 percent of the general population and is one of the most common reasons people see a gastroenterologist.

In the study, Mary Tobin, MD, an allergist at Rush, and her colleagues found the likelihood of IBS was more than two times higher in patients with seasonal allergic rhinitis and more

than three times higher for those with allergic eczema. Both of these allergies are atopic disorders, meaning they cause a tendency to develop immediate allergic reactions to substances such as pollen, food, dander and insect venoms.

Previous studies have suggested that exposure to allergens may lead to IBS symptoms in some people, but the Rush study was the first to look specifically at the prevalence of IBS in people with atopic disorders.

“If doctors can identify that a patient with IBS has a history of seasonal allergies or allergic eczema, some of that abdominal pain may be part of the patient's allergic disease,” Tobin says. “They would be able to unlock another piece of the treatment puzzle.” ■



CLICK For other current clinical trials, visit www.rush.edu/clinicaltrials.

Clinical Trials at Rush

ASTHMA STUDY

The Section of Allergy and Immunology at Rush University Medical Center is participating in a study comparing the long-term safety of two investigational drugs in African-American adults and adolescents with moderate to severe asthma. The study will last one year and will include nine office visits.

Participants must meet the following criteria:

- Be African American
- Be at least 12 years old
- Be diagnosed with asthma

CALL This is a partial list of inclusion and exclusion criteria. For more information, contact Grace Li at **(312) 942-8701**.

ARTIFICIAL LUMBAR DISC STUDY

The Department of Neurosurgery at Rush is participating in a study evaluating the safety and effectiveness of lumbar artificial disc replacement using an investigational artificial disc compared to a U.S. Food and Drug Administration-approved artificial disc in patients with single-level lumbar degenerative disc disease.

Participants must meet the following criteria:

- Be 18 to 60 years old
- Be diagnosed with symptomatic degenerative disc disease
- Have received a minimum of six months of unsuccessful conservative treatment

CALL This is a partial list of inclusion and exclusion criteria. For more information, contact Carol MacPherson at **(312) 942-8614**. ■

IMPORTANT MIDLIFE SCREENINGS

Keep tabs on your health



Myriame Casimir, MD

WHEN IT COMES to your health, what you don't know can hurt you. That's why screenings are so important. They can spot problems early — often before symptoms appear and when treatment is most effective.

If you're a woman, this probably isn't a news flash.

You likely had your first Pap test by age 21.

Now that you've reached your middle years, it's time to add a few more screenings to your list, says Myriame Casimir, MD, an internal medicine physician at Rush University Medical Center.

Here are some potential problems to look out for, with general guidelines for screening (see chart at right). Your doctor may recommend that you begin screenings earlier depending on your risk factors, such as a family history of disease, or whether you have abnormal results from previous screenings.

A step in the right direction

If you're a woman hitting her midlife stride, calling your doctor may be one of the best steps you could take.

CALL To make an appointment with a physician at Rush, call (888) 352-RUSH (7874). ■



SCREENINGS YOU NEED

	SCREENING
Breast cancer	Mammogram: Every one or two years, beginning at 40. Also do monthly breast self-exams.
Precancerous polyps, colon cancer	Testing options for polyps and cancer: Sigmoidoscopy (every five years), barium enema (every five years), computed tomographic colonography (every five years) and colonoscopy (every 10 years). Tests primarily for detecting cancer: Stool test for hidden blood (yearly), fecal immunochemical test (yearly) and stool DNA test (ask your doctor how often you should have this test). Testing should begin at age 50.
Cervical cancer	Pap test: Every year. If you have had three normal test results in a row at or after age 30, ask your doctor if you can be screened every two to three years.
Osteoporosis	Bone mineral density test: Have a baseline test at age 65. Talk with your doctor about having the test earlier if you are thin or have used corticosteroid medications, such as those for controlling asthma.
Sexual health	Sexually transmitted diseases screening: Get screened for chlamydia, HIV and other sexually transmitted diseases, especially if you have new or multiple partners. Pelvic exam: At least every three years until age 65.
Mental health	Depression screening: Because of the many changes women often go through at this time of life — menopause, children leaving home or caring for an aging parent — this can be one of the most important screenings in midlife. Your primary care physician can evaluate your symptoms by talking with you and asking a series of questions.



A WOMAN'S HEART: Among the top health risks for people in midlife is cardiovascular disease, discussed in the Spring 2008 issue of *Discover Rush*. To find out what heart numbers you should track, check out our archive at www.rush.edu/discover. You can also take a free, confidential online health assessment at www.myrushhealthadvisor.com and learn what personalized issues you should discuss with your doctor.

DISCOVER RUSH

Is a clinical trial in your future?

Researchers at Rush University Medical Center are committed to finding new ways to prevent and treat disease. Among the dozens of ongoing studies are those on treatments for aging knees, spine problems and other bone and joint health issues. Ask your doctor about whether you would be a good candidate for a clinical trial. Turn to page 2 to read about treatments and procedures for bones and joints offered at Rush or visit www.rush.edu/clinicaltrials. ■

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