

Women's Health **UPDATE**

Taking Charge Of Your Health This Year—A Lifestyle Checkup For Women

by *Diana E. Ramos, M.D., MPH*
(NAPSA)—Each new year offers a fresh chance to evaluate your lifestyle choices and work toward a healthier, happier you.

To help you plan the best ways to give your lifestyle a checkup, here are the answers to some of the questions I often get asked:

Q: What kind of preventative screenings do women need and how often do they need them?

A: At any age, exercise and eating a well-balanced diet are keys to good health.

You can never start too early with good oral hygiene. When ignored, oral hygiene can affect your general health. Twice-a-year teeth cleanings and oral exams are recommended at any age.

Young women should have their first clinical breast exam at 20. By the age of 40, you need to have a mammogram once a year. Have a Pap smear every one to three years if you have been sexually active or are older than 21.

Have your cholesterol checked regularly starting at age 45. If you smoke, have diabetes, or if heart disease runs in your family, start having your cholesterol checked at age 20. In addition, have your blood pressure checked at least every two years.

In general, the recommended frequency of comprehensive eye examinations for people without symptoms or special risk factors is every two to five years until age 65, when annual exams are recommended. People with special risks, such as diabetes, a previous eye trauma, surgery or a family history of glaucoma, may need an eye exam more frequently.



Schedule regular checkups to stay healthy year after year.

You should have a colonoscopy at age 50, or earlier if a parent or sibling was diagnosed with colorectal cancer.

Women should have a bone mineral density test at 65, or earlier if your doctor recommends it.

Early in the year is a great time to make doctor appointments.

Q: I'm 32 and I have two children. My husband and I want more children, just not right now. What birth control options are available if I'm thinking of making a change?

A: If you've recently entered a new life stage yet find that you've been using the same method of contraception since college, it may be a great time to rethink your current birth control method. I see a lot of busy moms like you who want more children—just not now—and are looking for a longer-term method of birth control that they don't have to think about every day, and for these moms, I often recommend an intrauterine contraceptive, or IUC. An IUC such as Mirena® (levonorgestrel-releasing intrauterine system)

works for up to five years and is 99.9 percent effective. An IUC is also easily removed, which makes it a very good option for women who are thinking about the possibility of adding to their family.

While many female OB/GYNs choose this method of birth control for themselves, the IUC is not as popular among American women in general as other forms of contraception. This may be due to misconceptions about IUCs.

In a recent survey, more than a third of the women responding thought that it could cause you to become sterile. In reality, when an IUC such as Mirena is removed, it has a one-year fertility rate that is the same as women who have not been using any form of birth control. It is not a permanent form of contraception and may be easily removed.

Some women mistakenly believe that using an IUC can cause heavier periods, but this is not true. IUCs such as Mirena may actually cause shorter periods for many women after the first few months.

Such misconceptions can cause women to miss out on this reliable, cost-effective and safe method of birth control that you don't have to think about every day. Talk to your doctor to see whether Mirena is right for you. For more information, go to www.mirena-us.com.

Dr. Diana E. Ramos is an assistant clinical professor in Obstetrics and Gynecology at the University of Southern California (USC) Keck School of Medicine and in private practice. She serves as medical director of Alpha Medical Center and as a consultant on Hispanic health.

Note to Editors: **IMPORTANT INFORMATION:**

While only you and your doctor can determine whether Mirena is right for you, most women who have a child are typically good candidates for Mirena. You should not use Mirena if you are at risk for or have a history of ectopic pregnancy or pelvic inflammatory disease. Common side effects may include missed menstrual periods or irregular bleeding or spotting for the first three to six months. Thereafter, most women will experience shorter, lighter periods. Some women may develop a cyst on their ovaries. These cysts usually disappear on their own in a month or two. Mirena does not protect against HIV (AIDS) and other sexually transmitted diseases.