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Introduction

As a woman, you make a lot of decisions, in both your personal and work-related roles.

You have to make a lot of decisions when you get sick, too:

- Should I go to the emergency room?
- Should I call my doctor?
- Can I wait and see if I get better?
- Can I take care of the problem myself?
- What should I do?

This self-care guide can help you. This booklet covers 25 health problems that women get and what you can do about them. Sometimes you can treat these problems with self-care. Sometimes you need medical help. This self-care guide can help you ask the right questions, find the answers and take care of your health.

Each Health Problem Has 3 Parts

- Facts about the problem: What it is, what causes it, symptoms, and treatments
- Yes or No questions to help you decide if you should get help fast, call your doctor, or use self-care
- A list of self-care treatments for the problem

The appendices contain topics of concern to women, including birth control options and healthy pregnancy tips. Checklists for communicating with your doctor and charts for when to have common health tests are also included.



To learn more about topics covered in this guide and other health issues, access the web site listed on the back cover of this book.

Eating Disorders

Five to 10 million adolescent girls and women have an eating disorder. About 1 million males do. The 3 most common eating disorders are



anorexia nervosa, bulimia nervosa, and binge eating disorder. These eating disorders are a coping mechanism. They result in an obsession with food and/or weight; anxiety around eating; guilt; and severe and adverse effects on psychological and physical health. Eating disorders should be taken very seriously.

Signs and Symptoms

For Anorexia Nervosa

- Loss of a significant amount of weight in a short period of time
- Intense, irrational fear of weight gain and/or of looking fat. Obsession with fat, calories, and weight
- A need to be perfect or in control in one area of life
- Distorted body image. The person feels and sees herself as fat when she is below normal weight for her height and age.
- Marked physical effects. These include loss of hair, slowed heart rate, low blood pressure, feeling cold due to decreased body temperature, and absence of menstrual periods.
- Dependency on laxatives

For Bulimia Nervosa

- Repeated acts of binge eating and purging. Purging can be through vomiting; taking laxatives, water pills, and/or diet pills; fasting; and exercising excessively to “undo” the binge.

- Excessive concern about body weight
- Weight can range from underweight to normal weight to overweight.
- Frequent dieting
- Dental problems, mouth sores, and a chronic sore throat
- Frequent time spent in bathrooms
- Because of binge-purge cycles, severe health problems, such as stomach damage, an irregular heartbeat, and kidney and bone damage can occur.

For Binge Eating Disorder

- Periods of continuous and sporadic eating that are unrelated to hunger
- Impulsive bingeing on food without purging
- Repeated use of diets or sporadic fasts
- Weight can range from normal weight to mild, moderate, or severe obesity.

Causes and Risk Factors

No specific cause has been found for eating disorders. They affect persons from all socio-economic classes, ages, genders, and ethnic cultures. Risk factors include:

- Possible biological and genetic links, including a family history of eating disorders
- Pressure from society to be thin
- Personal and family pressures
- A history of sexual, physical, or alcohol abuse
- Fear of entering puberty or of sexual relations
- Pressure for athletes to lose weight (sometimes quickly to qualify for an event) or to be thin for competitive sports
- Chronic dieting

Eating Disorders, continued

Treatment

- Counseling. This can be individual, family, group, and/or behavioral therapy.
- Support groups
- Antidepressant medication
- Nutrition therapy
- Outpatient treatment programs or hospitalization, if the condition is severe enough



Treatment varies with the disorder and its severity. The earlier the condition is diagnosed and treated, the better the outcome.

Questions to Ask

Have you lost a significant amount of weight (more than 10 pounds) by bingeing and purging, fasting, dieting, and/or exercising on purpose, and do you have any of these problems?

- An intense fear of gaining weight or of getting fat
- You see yourself as fat even though you are at normal weight or are underweight.
- You continue to diet and exercise excessively even though you have reached your goal weight.

YES



NO

Do you hoard food, induce vomiting, and/or spend long periods of time in the bathroom from taking laxatives and/or water pills?

YES



NO

Do you have recurrent episodes of eating a large amount of food within 2 hours, are not able to control the amount of food you eat or to stop eating, and do you do at least 3 of the following?

- Eat very fast
- Eat until you feel uncomfortably full
- Eat when you are not hungry
- Eat alone due to embarrassment
- Feel depressed, disgusted, and/or guilty after you overeat

YES



NO

Do you have a combination of the following problems with abnormal eating behaviors?

- An irregular heartbeat
- A slow pulse and/or low blood pressure
- Rapid tooth decay
- Low body temperature; cold hands and feet
- Thin hair (or hair loss) on the head; baby-like hair growth on the body
- Dry skin or fingernails that split, peel, or crack
- Problems with bloating, digestion, or constipation
- 3 or more missed periods in a row or delayed onset of menstruation
- Periods of depression, lethargy, euphoria, and/or hyperactivity
- Tiredness, weakness, muscle cramps, tremors
- Lack of concentration

YES



NO



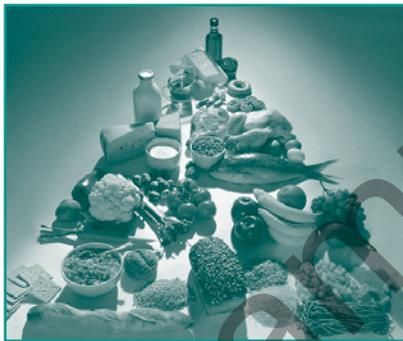
Flowchart continued in next column

See Self-Care on next page

Self-Care

Eating disorders are too complex and physically harmful to be treated with self-care alone. Get professional care. Along with professional care, do the following:

- Accept that bodies come in a variety of shapes and sizes. Spend time with people who accept you as you are, not people who focus on “thinness.”
- Eat at regular times during the day. Don’t skip meals; if you do, you are more likely to binge.
- Remember that all foods are okay to eat. Having a balance of foods is the goal.
- Get regular, but moderate exercise 3 to 4 times a week. If you exercise more than your health care provider advises, make an effort to do nonexercise activities with friends and family.
- If you participate in competitive or other sports, consult your coach, trainer, or sports nutritionist for sound advice to be at a healthy weight for your sport. Don’t fast, use laxatives, etc., to “make weight.” The health consequences could be devastating and definitely impair your performance.
- Find success in your work, in hobbies, and in volunteer activities.
- Learn as much as you can about eating disorders from books and organizations that deal with them.
- Find and get involved in support groups for people with eating disorders.



If You Have an Eating Disorder

- Follow your health care provider’s treatment plan.
- Attend counseling sessions and/or support group meetings as scheduled.
- Identify feelings before, during, and after you overeat, binge, purge, or restrict food intake. What is it that you are hoping the food will do?
- Set small goals that you can reach easily. Congratulate yourself for every success. This is a process. Accept set backs. Learn from them.
- Talk to someone instead of turning to food.
- Work toward the point where weight is no longer a way you rate your success. Think about your accomplishments, positive personal qualities, and valued relationships.
- Learn to recognize your personal rights and to state how you feel. You have the right to say no; to express your feelings and your opinion; and to ask to have your needs met.
- Keep a journal of your experiences, feelings, thoughts, and insights, but not about what you eat. The journal is for your eyes only! This is a safe place to be honest with yourself. The journal can also help you identify your “triggers” so that you may prepare yourself to choose alternative strategies.
- Don’t let the scale run your life. Better yet, throw out the scale!

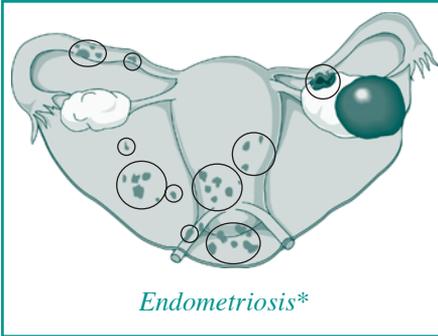


For Information Contact:

Eating Disorders Awareness and Prevention.
800.931.2237
www.edap.org

Endometriosis

Endometriosis occurs when growth of the tissue that lines the inside of the uterus (endometrium) is found outside of the



uterus in other areas of the body. Women in their 20s, 30s, and 40s are most likely to experience peak endometriosis symptoms. Teens and postmenopausal women can suffer from them as well.

Signs and Symptoms

- Pain before and during menstrual periods. The pain is usually worse than “normal” menstrual cramps.
- Pain during or after sexual intercourse
- Painful urination
- Lower back pain, painful bowel movements, or loose stools with menstrual periods
- Pelvic soreness/tenderness
- Premenstrual vaginal spotting of blood
- Abnormally heavy or long menstrual periods
- Infertility

{*Note:* Some females have no pain with endometriosis.}

Causes

The exact cause of endometriosis is unknown. One theory suggests that some of the lining of the uterus during menstruation moves backwards through the fallopian tubes into the abdominal cavity where it attaches and grows. Other theories point to problems with the immune system and/or hormones. There is also some evidence that the condition may be inherited.

Places Where Endometriosis is Commonly Found

- The outside surface of the uterus
- The fallopian tubes
- The ovaries
- The support ligaments of the uterus
- The lining of the pelvic cavity
- The area between the vagina and the rectum

An accurate diagnosis of endometriosis must be made by your gynecologist. He or she may perform a laparoscopy, which is an outpatient, surgical procedure. A slim telescope is inserted through a very small opening made in the navel. This allows your doctor to examine the abdominal and pelvic organs and evaluate the extent of the disease.



Treatment

Treatment for endometriosis can include surgery and/or medication therapy. Surgical treatment can be a conservative approach, such as removing or destroying areas of endometriosis through a laparoscope using laser, cautery, or small surgical instruments to destroy the growths. These treatments are used to reduce pain and allow pregnancy to occur in some women.

A nonconservative approach is the removal of the ovaries. The fallopian tubes and uterus can also be removed. Surgeries of this kind would likely eliminate pain, but leave a woman unable to conceive.

Endometriosis, continued

Medication Therapy Options

- Pain medicines, such as nonsteroidal anti-inflammatory drugs (NSAIDs). These include ibuprofen and naproxen.
- Oral contraceptives given in a specific regimen to temporarily stop ovulation and menstruation. They are more likely to be used for very mild cases of endometriosis.
- Anti-estrogens which suppress a woman's production of estrogen
- Progesterone, which is used to cast off the endometrial cells and thus destroy them
- Gonadotropin-releasing hormone (GnRH) agonist drugs, which will stop the production of estrogen. This causes a medically induced menopause that is temporary.

Questions to Ask

Do you have a lot of pain at any of these times?

- During sex
- When you menstruate and this has gotten worse over time
- When you urinate

YES



NO

Do you have one or both of the following?

- Premenstrual vaginal spotting of blood
- Abnormally heavy or long menstrual periods

YES



NO

Flowchart continued in next column

Have you tried to get pregnant, but have not been able to in 12 or more months?

YES



NO



Self-Care

Self-care tips are very limited for endometriosis. It needs medical treatment. Things you can do to enhance medical treatment include:

- Exercise regularly.
- Eat a diet high in nutrients and low in fat, especially saturated fat, mostly found in coconut and palm oils, animal sources of fat and hydrogenated vegetable fats.
- Take aspirin, acetaminophen, ibuprofen or naproxen for pain.



Check with your doctor for his/her preference.

{**Note:** Do not give aspirin or any medication with salicylates to anyone 19 years of age or younger, due to its link to Reye's Syndrome.}

For Information Contact:

Endometriosis Association (EA)
800.992.3636
www.endometriosisassn.org