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Special Edition

Woman 2 Woman

Completed as a course requirement for Auburn University Harrison School of Pharmacy, Drug Literature I. Also, it calls attention to several observances in May, including:

May 11 – 17, **National Women's Health Week**

Office on Women's Health

U.S. Department of Health and Human Services

Washington, DC

www.womenshealth.gov/whw

May 12, **National Women's Check-up Day**

Office on Women's Health

U.S. Department of Health and Human Services

Washington, DC

www.womenshealth.gov/whw/about/checkupday.cfm

May 13, **Sex Differences in Health Awareness Day**

Society for Women's Health Research

Washington, DC 20036

info@womenshealthresearch.org

www.womenshealthresearch.org

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Bernie R. Olin, Pharm.D., Director

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Woman 2 Woman

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APRIL 2007

Love Your Heart

Cardiovascular disease (CVD) is the largest cause of death among women claiming the lives of more than the next five causes of death combined.^{1,2,3} More women than men die each year of CVD, a fact due largely to misperception by women and physicians that women are at a significantly low risk for developing heart disease.^{1,3}

- Only 13% of women believe heart disease is their major health threat²
- CVD kills over 480,000 women a year, that averages about one woman per minute³
- Coronary heart disease is the number one single

killer of women over 25 years of age.³

- One in 2.6 female deaths are from CVD, compared to one in 30 from breast cancer.³

Despite these alarming statistics CVD risk factors have gone unrecognized, have often times gone undiagnosed, and, therefore, have been left untreated. Based on the most recent American Heart Association Guideline, the main focus of prevention of CVD in women focuses on several topics. The topics include but are not limited to a healthy lifestyle, management of risk factors, and cardiovascular protection through medication. Lifestyle changes positively affecting

cardiovascular health include smoking cessation, increasing physical activity, following a diet focused on heart health, and maintaining an ideal body weight. Risk factor management is best attained by simply being aware of the factors pertinent to you that increase your possibility of developing CVD.²



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Five a Day: The Sunshine Way

Vitamin D is an important factor in reducing the risk of osteoporosis. Vitamin D deficiency is common among the whole population, and can also lead to cancer, immune disorders, and cardiovascular issues. Since some of our Vitamin D comes from sun exposure, preventing deficiency can be easy. Sunlight exposure for five to

fifteen minutes a day on the face or arms and legs without the use of sunscreen will allow our bodies to produce sufficient amounts of Vitamin D. This improves overall health and especially bone health.

Holick MF. Vitamin D: important for prevention of osteoporosis, cardiovascular heart disease, type 1 diabetes, autoimmune diseases, and some cancers. South Med J. 2005 Oct; 98(10):1024-7.



April 21, 2007 is the Walk of Life in Montgomery, AL. This event is sponsored by the Joy to Life Foundation, which raises awareness and money for mammograms for the medically underserved.

“The HPV Vaccine is intended for the prevention, not cure, of cervical cancer and genital warts.”



The Breast of the Story

Breast Cancer is the most common cancer among women besides nonmelanoma skin cancers, and the second leading cause of cancer-related deaths in women. Breast cancer affects the highest rate of women in North America. The good news is that death rates due to breast cancer continue to decline! There are many different types of breast cancer, but it can be easily detected with yearly screening examinations. All women over the age of forty should receive an annual mammogram, espe-



cially if they are part of a moderate to high risk group of individuals, which includes women with specific gene mutations or a family history of breast cancer. There are many risk factors including a woman's age, genetics, and

family history of breast cancer, but there is now promising evidence of prescription drug therapy to help reduce the risk of developing breast cancer. It is recommended that you discuss with your physician the importance of screening examinations as well as regular breast self-examinations in order to increase your chances of early detection.

American Cancer Society [homepage on the internet]. Learn About Breast Cancer. 2007 Available from: <http://www.cancer.org>

HPV Vaccine: What You Need to Know

What is Human Papillomavirus?

Human Papillomavirus, or HPV, is one of the most common sexually transmitted diseases that is responsible for certain types of genital warts and cervical cancer.

What is the HPV vaccine?

The HPV vaccine is an inactivated, recombinant vaccine that protects against low-risk types 6 and 11, which are mainly responsible for genital warts, and high-risk types 16 and 18, which are associated with causing 70 % of cervical cancers. It is given as three separate intramuscular doses, on a 0, 2, and 6 month schedule.

Who should receive the HPV vaccine?

It is intended for girls and women between 9 and 26

years old. Optimally, it should be completed before sexual maturity, even though sexually active women may still receive the vaccine.

Who should NOT receive the vaccine?

The HPV vaccine is not recommended in pregnant women. There is also a lack of evidence supporting the benefit of the HPV vaccine in men and women older than 26 years of age.

Can this vaccine cure cervical cancer or genital warts?

No. The vaccine is intended for the prevention, not cure, of cervical cancer and genital warts. However, it is still extremely important that women, even if they received the HPV vaccine, still have regular PAP screenings to

test for cervical cancer.

What are some side effects associated with the HPV vaccine?

The most common side effects are local injection site reactions, such as redness or pain, and fever.

How do I find out more information about this vaccine?

Speak with your physician or pharmacist about more information regarding the HPV vaccine.

Baltz BL, Hayney MS. Human Papillomavirus Vaccine: A Major Public Health Advance. J Am Pharm Assoc. 2006 Dec; 46(6): 761-2.

Love Your Heart (Continued from page 1)

Risk factors include:

- Hypertension-Blood pressure >140/90 mmHg or on anti-hypertensive medication ^{2,3}
- Dyslipidemia-High levels of LDL cholesterol and low levels of HDL cholesterol ^{2,3}
- Diabetes mellitus ^{2,3}
- Cigarette smoking ^{2,3}
- Women >55 years of age ³
- Overweight or obese ³
- Family history of CVD ³
- Clinically apparent CVD including left ventricular hypertrophy, angina/previous heart attack, prior coronary repair, and heart failure ³

All of these risk factors can be reduced by following the recommendations stated previously regarding lifestyle changes.³ Management of CVD through medication has been a focus of research for many years. The main cause of most cardiovascular events is a clot; due to this fact anti-clotting agents such as aspirin have been tested in treatment of CVD. A meta-analysis of 5 major trials involving >50,000 healthy subjects examining the effect of aspirin on cardiovascular events in patients with no prior CVD was recently published. Subjects involved in all of these trials were randomized to receive aspirin in doses between 75 mg/day and

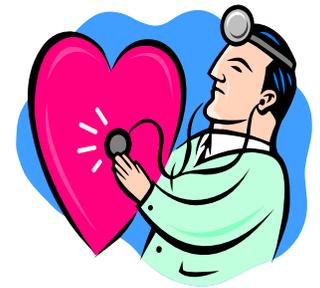
500mg/day or placebo. The results showed that aspirin reduces the risk for fatal CVD and non fatal heart attacks. The United States Preventative Services Task Force concluded that there is "good evidence that aspirin decreases the incidence of CVD in adults at high risk for heart disease."⁴

1. Lori Mosca, MD, MPH, PhD, Chair; Carole L. Banka, PhD; Emelia J. Benjamin, MD; Kathy Berra, MSN, NP; Cheryl Bushnell, MD; Rowena J. Dolor, MD, MHS. Evidence Based Guidelines for Cardiovascular Disease Prevention in Women. American Heart Association. Circulation. 2007. 115:1481-1501. Epub. 2007 Feb 19.

2. Hayes, Sharonne N. Preventing Cardiovascular Disease in Women. Am Fam Physician. 2006, October 15;74(8)

3. American Heart Association.org [homepage on the Internet]. Dallas: American Heart Association online resources Inc; c2007 Available from <http://www.americanheart.org>.

4. Kimmey, Michael B. Cardioprotective effects and gastrointestinal risks of aspirin: Maintaining the delicate balance. Am J Med.. 2004; Suppl 5A: 117



Walk Your Blues Away

Studies show that exercise may be used as therapy in the treatment of postpartum depression.¹ Women experiencing postpartum depression show typical symptoms of depression including crying, decreased energy, general sadness, anxiety, loss of appetite, and decreased interest.² Many women are reluctant to use medication therapy, especially those who are breastfeeding, so exercise may provide

an alternative to help reduce symptoms of depression.¹ A clinical trial on the effect of regular "pram-walking," or walking with a stroller, on symptoms of depression showed significant reduction in EPDS score (a diagnostic test for depression).¹ Exercise is thought to alleviate these symptoms by releasing endorphins and by improving the general well-being of the patient. Exercise can also lead to

more positive self-thoughts, combating the negativity associated with depression.¹

1. Daley, Amanda J.; MacArthur, Christine; Winter, Heather. The Role of Exercise in Treating Postpartum Depression: A Review of the Literature. J Midwifery Womens Health. January-February 2007, Vol 52, Issue 1, pgs 57-62.

2. Blum, Lawrence D. Psychodynamics of Postpartum Depression. Psychoanalytic Psychology 2007;1 24(1):45-62.

"A woman is like a tea bag. You don't know how strong she is until she gets in hot water."

-Eleanor Roosevelt



New OTC Obesity Drug

An over-the-counter version of orlistat (Xenical®) was approved by the Food and Drug Administration in February 2007 to treat obesity. OTC orlistat will be available in 60 mg capsules under the brand name Alli and is intended to be used for overweight adults 18 years and older, along with a healthy diet and exercise. It can be taken up to three times a day, with each fat-containing meal. Orlistat is not intended for people who have received organ transplants because of possible drug interactions. Also, people taking blood thinning medicines, such as Coumadin®, or anyone with diabetes or thyroid disease should speak with their

doctor or pharmacist before taking orlistat. The most common side effect experienced is diarrhea, but eating a low-fat diet can help decrease this occurrence. It is recommended that anyone taking orlistat also take a multivitamin at bedtime because of the risk of losing essential nutrients. If you are unsure about whether or not you will benefit from the use of OTC orlistat or if you have any questions about this drug, please speak with your pharmacist. You can visit the FDA's website for more details regarding OTC orlistat at : <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01557.html>.

FDA approves orlistat for over-the-counter use. *FDA News*. 2007 Feb 7; P07-15.

Questions? Comments?



If you have any questions, comments, or would like more information about anything you have read in *Woman 2 Woman*, please feel free to contact the EAMC Women's Health Center or any of the newsletter staff:

**Elizabeth Morgan, Editor
Jessica Callaway
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Are You Addicted?

Indoor tanning is a \$2 billion-a-year industry in the U.S. There are about 25,000 tanning salons around the country that are frequented by some 28 million Americans per year. An article published by the skin cancer foundation stated that a Swedish study found that women from ages 18-30 years old who used a tanning bed 10 times or more a year were seven times more likely to develop melanoma than women who did not use a tanning bed. A study conducted in 2002 showed results that proved tanning bed users had a 2.5 times higher risk of squamous cell carcinoma and 1.5 times higher risk of basal cell carcinoma.¹ In order to improve these statistics, tanning misconceptions must be dispelled. There are

two misleading arguments of those in favor of tanning. The arguments are that melanoma is mainly caused by sunburn, and regulated indoor tanning helps to prevent melanoma by building up melanin. The second argument is that UV exposure makes the skin produce more vitamin D. These misleading statements have been addressed by physicians and they have stated that most of the vitamin D we need comes from our diet. Dermatologists point out that tanning like burning your skin causes damage to the skin cells. One study was conducted to assess why skin cancer prevention efforts have failed to alter tanner behaviors. The results showed that the prevalence of substance-related disorder with respect

to UV light is what explains why it has been difficult to change high-risk tanning behavior in teens and young adults.²

1. The Skin Cancer Foundation [homepage on the internet]. New York: The Case Against Indoor Tanning. 2007 Available from: <http://www.skincancer.org>

2. Poorsatter, S.P., Homung, R.L. UV light abuse and high-risk tanning behavior among undergraduate college students. *J Am Acad Dermatol*. 2007;56 (3)

