

WOMEN'S HEALTH: IT'S A GIRL THING

Overview

In a fast-paced world where young women struggle to balance the demands of academia on top of work, family and social schedules, it is often difficult to make time to take preventative measures to ensure overall health. Some nutrition topics are universal, but as you may be aware, others are primarily pertinent to women. "It is the position of the American Dietetic Association (ADA)... that women have specific nutritional needs and vulnerabilities and, as such, are at unique risk for various nutrition-related diseases and conditions..." (1).

"B" Concerned About Folic Acid (Folate)?

DEFINED: An estimated 61.7 million women in the United States (as of June 2006) are considered to be of child bearing age or between the ages of fifteen and forty-four (2). This presents a particular dilemma since 90% of women between the ages of twenty and fifty do not have sufficient daily intakes of the B-vitamin folate (naturally occurring) and folic acid (the synthetic folate counterpart) from dietary sources (3). Folate is considered to be essential for proper cell formation and maintenance, the creation of DNA and RNA and may also serve as a protective factor against some types of cancer, anemia and heart disease (4).

RECOMMENDED INTAKE: It is recommended for women over fourteen years of age to have at least 400 micrograms (mcg) of folate (or folic acid) daily. For women in the same age category who are pregnant at least 600 mcg is standard (5).

PREGNANCY: Folate deficiency is especially of concern during pregnancy due to its known link to neural tube defects (NTDs). Neural tube defects can effect the proper growth of the fetal spinal cord, skull and brain. Adequate levels of folate intake prior to, as well as during the early stages of pregnancy, can guard against such defects. The fetal brain and spine are formed during the very early stages of pregnancy, so it is possible for defects to occur before a woman is aware that she is pregnant. With this in mind, it is very important for ALL women of child bearing age who could potentially become pregnant (even if it is not planned), to consume 400 micrograms of folic acid from fortified foods and/or supplements in addition to foods that are naturally rich in folate* (4).

FORTIFICATION: Since 1996, folic acid has been added to many common grain products to help ensure a substantial decrease in NTDs. Many products, such as cereals, even contain 100% of the daily value for folic acid (400 mcg). Since the fortification program began, intake of folic acid is thought to have increased among the general American population, but it is still vital to make sure that you are achieving the recommended intake (4).

DIETARY SOURCES: Dark leafy greens, beans, as well as some fruits and vegetables are all good sources of naturally occurring folate. Enriched breads, cereal, pasta and rice and other fortified grain products are a few sources of folic acid. See Table 1.1 below for other specific sources of folate/folic acid.

*It is important to discuss folic acid supplementation with your doctor or a registered dietitian due to the potential risk associated with vitamin B₁₂ deficiency symptoms (4)

Table 1: Common Food Sources of Folate/Folic Acid (6)

Food Group	Food	Serving Size	Folic Acid/ Folate Mcg
Fruits & Vegetables	Asparagus, cooked	4 spears	149
	Avocado (raw)	1 cup	118
	Green Peas (cooked)	1 cup	101
	Broccoli (cooked)	1 cup	100
	Spinach (cooked)	½ cup	100
	Romaine Lettuce (raw)	1 cup	80
	Spinach (raw)	1 cup	60
	Orange (raw)	1 small	30
	Papaya (raw)	½ cup	25
	Cantaloupe (raw)	¼ melon	25
Beans & Nuts	Black Beans	½ cup	128
	Great Northern Beans	½ cup	90
	Chickpeas	½ cup	81
	Navy Beans	½ cup	81
	Pinto Beans	½ cup	72
	Kidney Beans	½ cup	46
	Green Beans	1 cup	41
	Peanuts	1 ounce	40
Walnuts	1 ounce	28	
Grains	Cereal (100% Fortified)	¾ cup	400
	Bagel	1-3 ½"	103
	Cereal (25% Fortified)	¾ cup	100
	Enriched Rice	½ cup	65
	Enriched Egg Noodles	½ cup	50
	Bread (white or wheat)	1 slice	25

Premenstrual Syndrome (PMS)

DEFINED: It seems that most women know when it is almost “that time of the month”. According to the American College of Obstetricians and Gynecologists, 85% of women have Premenstrual Syndrome (PMS) to blame for their altered mood and a number of other bothersome symptoms (7). Most people experience PMS one to two weeks prior to menstruation and symptoms generally subside after menstruation begins. Although the specific cause of PMS is not known, there is a suspected association between changing hormone levels throughout a woman’s monthly cycle and the combination of symptoms women experience. An additional 3%-8% of women experience a more taxing type of PMS called Premenstrual Dysmorphic Disorder or PMDD (8).

SYMPTOMS: PMS can be characterized by many symptoms. The type and severity of symptoms vary. According to The American College of Obstetricians and Gynecologists (ACOG), the most commonly reported are:

Emotional and Behavioral Symptoms

- Depression
- Angry outbursts
- Being irritable
- Crying spells
- Anxiety
- Confusion
- Social withdrawal
- Poor concentration
- Sleep disturbance
- Thirst and appetite changes (food cravings)

Physical Symptoms

- Tender breasts
- Bloating and weight gain
- Headache
- Swelling of the hands or feet
- Aches and pains (7)

Slightly varied as well as intensified symptoms are usually exhibited when PMDD is present. The ACOG states that someone with PMDD will experience at least five or more of the following:

- Feeling hopeless or sad
- Feeling tense, anxious, or "on edge"
- Moodiness or frequent crying
- Constant irritability and anger that cause conflict with other people
- Lack of interest in things you used to enjoy
- Having problems concentrating
- Lack of energy
- Appetite changes, overeating, or cravings
- Having trouble sleeping
- Feeling overwhelmed
- Physical symptoms such as tender or swollen breasts, headaches, joint or muscle pain, bloating, and weight gain (7)

PREVENTION & TREATMENT: Although PMS and PMDD may feel like a lifelong burden, fear not! There are ways to prevent and treat the uncomfortable and often debilitating symptoms caused by PMS and PMDD. New research suggests that calcium intake may be directly correlated with PMS symptoms. Clinical Trials have demonstrated that 1000-1300 milligrams (mg) per day can lessen most PMS symptoms (1). Following a balanced diet (including achieving recommended calcium intake), getting aerobic exercise for at least thirty minutes (on most days of the week) and reducing stress can also help to alleviate many of the symptoms that PMS causes. In addition, experts advise avoidance of alcohol and caffeine (7).

Keeping a symptom log can be a useful tool for diagnosis and treatment of PMS or PMDD. Tracking symptom severity as well as when in your cycle symptoms occur, can help your physician determine whether what you are experiencing is caused by PMS, PMDD or a different type of problem and whether medication would be an additional appropriate treatment (7).

Heart Disease & Cancer

OVERVIEW: Although most college women may not see why heart disease or cancer are an immediate concern, you may be surprised to know that heart disease is the number one cause of death in women, followed by cancer. Many factors, including genetic predisposition, can play a part in contracting either of these medical conditions (1). It is now known, however, that many types of heart disease and cancer are preventable. In fact, some studies now estimate that as many as 50% of cancers are caused by, “social and environmental conditions and unhealthy choices” (9). Taking a few small steps in your life today may help to safeguard your health in the future.

PREVENTION: Heart disease has many risk factors that are not controllable, but several others are. The American Heart Association has established MAJOR risk factors as:

- Smoking
- High blood pressure
- High blood cholesterol
- Overweight and obesity
- Physical inactivity
- Diabetes (10)

The Office of Women’s Health suggests nine general steps to help avoid most types of cancer. These include:

- Not using cigarettes or other tobacco products
- Avoiding second-hand smoke
- Not drinking too much alcohol
- Avoiding weight gain and maintaining a healthy weight
- Eating five or more daily servings of fruits and vegetables and a low-fat diet
- Balancing calories with physical activity
- Being physically active
- Protecting skin from sunlight
- Supporting community efforts to develop a healthy social and physical environment (9)

Regular check-ups with your family doctor as well as your gynecologist can help to detect risk factors for heart disease as well as early signs of several types of cancer. BE PROACTIVE! Know your family history of these diseases and work to achieve a healthy lifestyle. This is one instance where grandma was right, “an ounce of prevention equals a pound of cure!”

Additional Reading & Resources

Other Women’s Health Topics

Women’s health covers a broad spectrum, many of which were not discussed in this pamphlet. Several other topics that are especially important to women are covered in our other pamphlets. For additional information, please see:

- “Weight Loss: When It Goes Too Far”
- “Exercise: Which One Fits You”
- “Shine On: Vitamin D and Calcium Highlights”
- “Food Guide Pyramids: How They Can Help You Plan Meals”

Additional Reading & Resources

- *American College of Obstetricians and Gynecologists*
 - http://www.acog.org/publications/patient_education/bp057.cfm
- *American Heart Association*
 - <http://www.americanheart.org>
- *Centers for Disease Control and Prevention*
 - <http://www.cdc.gov/women/>
- *National Institutes of Health*
 - <http://health.nih.gov/category/WomensHealth>
- *UNT Health and Wellness Center*
 - <http://www.healthcenter.unt.edu/>
- *The National Women's Health Information Center*
 - <http://www.womenshealth.gov>
- *U.S. Food and Drug Administration*
 - <http://www.fda.gov/womens>

References

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