higher than in women with BMI between 22.5 and 25 kg/m², death rates. The death rate in overweight women was 13%.
How Often Should Women Have Mammograms and When Should They Start?

The recommendation to postpone the first mammogram to age 50 comes from the observation that breast cancer is rarer in women in their 40’s than in older women, so that, for these women, a greater proportion of suspicious findings on the mammograms turn out to be “false-positives”. In addition, mammography is not as effective in detecting cancers among younger women because their breast tissue is denser, making cancer harder to find.

Though not widely publicized, another change in the recommendations of the task force is that women should get regular mammograms up to age 74, rather than up to age 70 as was previously recommended.

It is important to remember that the task force concluded that regular mammographic screening does save lives. In addition, these new recommendations are for women at average risk of breast cancer. Women who are at higher than average risk, because of their family history of breast cancer, a high-risk genetic mutation or previous breast biopsy results should talk with their doctors about when to start having mammograms and how often to have them.

One positive consequence of the recommendations is that they highlight the risks and benefits of screening mammography which women should be aware of in order to make informed decisions. As Secretary of the US Department of Health and Human Services Kathleen Sebelius said: “Talk to your doctor about your individual history; ask questions and then make the decision that is right for you.”


How to Keep Your Heart Healthy

Coronary heart disease (CHD) results from the build-up of plaque, mainly composed of cholesterol, fatty deposits, and calcium, in the walls of arteries that supply oxygen and nutrients to the heart. CHD is the single largest killer of American men and women; however, compared to men, women tend to develop CHD later in life. According to the American Heart Association, CHD rates in women who are post-menopausal are two to three times higher than in premenopausal women.

Major risk factors for developing CHD include: cigarette smoking, high blood pressure, high cholesterol levels, diabetes, obesity, lack of exercise, high saturated fat diet, family history of CHD, and age. Although family history and age cannot be changed, the good news is that the rest of the known risk factors are modifiable with lifestyle changes.

Besides quitting smoking, a healthy diet and exercise are the main ways in which CHD can be prevented. The 2008 Physical Activity Guidelines for Americans from the US Department of Health and Human Services recommends at least:

1) 150 minutes a week of moderate-intensity physical activity, such as brisk walking, water aerobics, bicycling slower than 10 miles per hour, ballroom dancing, doubles tennis or general gardening; or

2) 75 minutes a week of vigorous-intensity aerobic physical activity, such as running, swimming laps, bicycling faster than 10 miles per hour, aerobic dancing, hiking uphill or with a heavy backpack, singles tennis, or heavy gardening; or

3) an equivalent combination of the two. Regular physical activity not only lowers the risk of CHD, it also lowers the risk of other factors associated with CHD including high blood pressure, high cholesterol levels, diabetes and obesity.

Changes in diet can also lower a person’s chance of developing CHD.

A healthy diet includes:

1) whole grain consumption so that at least half of the daily grain intake consists of whole grain;
2) high fruit and vegetable intake, with a limited amount of juices consumed;
3) fat-free, 1% fat or low-fat dairy products;
4) lean meats and poultry without skin prepared by baking, broiling or grilling;
5) low intake of partially hydrogenated vegetable oils and solid fats, such as butter and margarine.

The American Heart Association, along with the Dietary Guidelines for Americans, also recommends a diet that is low in sodium (salt) and added sugar.

(For more in depth dietary recommendations for a healthy heart can be found by visiting www.mypyramid.gov)

The New York University Women’s Health Study (NYU-WHS) is currently studying a nutrient called taurine and its potential protective effects against CHD. Taurine comes from the diet and is present in highest amounts in seafood and in the dark meats of poultry. Numerous studies in animals, along with limited human studies, have shown that taurine can decrease cholesterol levels in the blood, decrease blood pressure and act as a protective antioxidant. This is the first study to evaluate the relationship between blood taurine levels and the risk of CHD.

Among women with high blood levels of cholesterol, we found a 45% reduction in the risk of CHD in women with high blood levels of taurine (top 33%) as compared with women with low levels (bottom 33%). The findings suggest that taurine may be protective against CHD among individuals with high blood cholesterol levels. This exciting finding, which needs confirmation by other studies, may lead to new areas of research in the field of heart disease prevention.