

# Wise Up

## to wellness myths

**Between** articles from the internet and word-of-mouth tales, there are countless women's health claims circling about. With so many sources, it can be difficult to determine what is true when it comes to health concerns.

We've asked our providers to share their wisdom and settle some of the common women's wellness myths.

**1 I don't need an OB-GYN unless I'm trying to have kids or am currently pregnant.**

**FALSE.** "Many women are under the impression they don't need to see an OB-GYN provider if they are not pregnant or no longer having children," says First Choice Women's Health nurse practitioner Jennifer Hill, APRN. "However, routine well visits to your gynecologic provider are an important way to manage other reproductive health topics, like contraception or menstrual irregularities, as well as screen for and prevent conditions with serious consequences, such as breast and ovarian cancer, cervical cancer,

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To find out more about women's health topics, attend **Empower Your Soul: Healthy Women Conference** on Sunday, July 29, featuring breakout sessions with women's health providers, a nutritious lunch, health and wellness vendors, and a keynote address from *Chicken Soup for the Soul* co-author Marci Shimoff. To learn more, visit [ketteringhealth.org/healthywomen](http://ketteringhealth.org/healthywomen)

elevated cholesterol, colorectal cancer, and osteoporosis.”

Gynecologic providers can help patients manage issues such as urinary incontinence, sexual dysfunction, and pelvic organ prolapse. They can diagnose depression, hormone imbalance, and diabetes and can help patients through the menopause transition.

## 2 I should see a doctor for regular checkups, even if I'm not sick.

**TRUE.** “Many patients believe they should only see a physician if they are sick, but that’s not the case,” says Kettering Physician Network family medicine physician Saba Qureshi, MD.

Regular wellness visits are a good way to maintain a relationship with your doctor so you have someone you trust when a health concern does pop up, in addition to getting major health markers monitored on a regular basis and receiving preventive care.

“Regular wellness visits also provide the opportunity for your provider to discover more serious health concerns, like cardiovascular issues or cancers, that don’t always have obvious symptoms,” says Dr. Qureshi.

## 3 I don't have any symptoms of breast cancer or a family history of cancer, so I don't need an annual mammogram.

**FALSE.** The American College of Radiology recommends annual screening mammograms for all women over 40, regardless of symptoms or family history.

“Annual screening mammograms have been proven to save the most lives,” says Kettering Breast

Evaluation Centers radiologist Meghan Musser, DO. “Early detection is critical and is linked to a patient’s overall survival.”

“There are women who are at higher risk for breast cancer who need to undergo screening before age 40,” says Kettering Cancer Care hematologist and oncologist John Haluschak, MD. “We strongly recommend patients address their risk with their primary care physician, and if there is a family history of breast cancer, we recommend utilizing a genetic risk assessment to determine if screening should begin before age 40.”

## 4 There are ways to relieve menopause symptoms.

**TRUE.** The average age of menopause is 51 years, and most women begin to undergo the physiologic changes associated with menopause a few years before their final menstrual period. Symptoms of the menopausal transition include hot flashes, night sweats, and vaginal dryness and discomfort.

“The majority of menopausal symptoms are most effectively treated with estrogen or a combination of estrogen and progesterone,” says Advanced Women’s Healthcare obstetrician and gynecologist Steven Crawford, MD. “Non-hormonal treatments for menopause include antidepressant medications, over-the-counter products, and medications to help with vaginal dryness.”

## 5 All women “leak” after having kids, and I just have to live with it.

**FALSE.** “While a large percentage of women will leak urine with coughing, sneezing, or other activities (known as stress urinary

incontinence) immediately after childbirth, this does tend to lessen after the postpartum period,” says Kettering Physician Network urogynecologist Janelle Evans, MD. “For women in whom urinary incontinence persists for more than six months, you absolutely do not ‘just have to live with it.’”

Stress incontinence is caused by damage to the muscles, nerves, and connective tissue that support and help squeeze the urethra shut when you do activities like jumping or sneezing. When a woman delivers a child vaginally, it can cause the onset of stress urinary incontinence due to pelvic floor damage during birth.

“In order to reverse urinary incontinence, there are several options—both nonsurgical and surgical—to help control leakage,” says Dr. Evans.

## 6 There are other types of infertility treatments besides IVF.

**TRUE.** “In vitro fertilization (IVF) is the most complex form of infertility treatment offered, which is likely why it seems to be the most frequently discussed,” says Kettering Reproductive Medicine reproductive endocrinologist Mark Bidwell, MD. “However, there are lots of other infertility treatment options available, which help the majority of couples successfully conceive.”

Other fertility treatments include reproductive counseling, “low-tech” or “high-tech” ovulation induction and monitoring, hormone treatments, corrective reproductive surgery, and insemination procedures, to name a few.