

**Dotsie Bregel,
Founder and CEO of
The National Association of Baby Boomer Women
(NABBW)**



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**Boomer Women Speak (BWS)
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Presents

Staying Healthy in Midlife and Beyond

With

**Janet Horn, M.D., and
Robin Miller, M.D., M.H.S.**

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Staying Healthy in Midlife and Beyond

With
Janet Horn, M.D., and
Robin Miller, M.D., M.H.S.

Dotsie: Hello and welcome to the call.

For those of you who don't know me, I'm **Dotsie Bregel**, founder of the **National Association of Baby Boomer Women** which can be found at www.NABBW.com and www.boomerwomenspeak.com which are the number one sites on major search engines for baby boomer women. I'm passionate about educating and empowering my generation of women which happens to be "boomers" born between 1946 and 1964. Since launching Boomer Women Speak five years ago, I have been connecting, encouraging, and supporting boomer women on a daily basis. I dedicate a great portion of my time to creating opportunities that inspire women to explore their passions and really live life to the fullest.

Our sites are proudly sponsored by **Me Again** products which are tried and true products for women at midlife. And they can be located at www.meagainonline.com. We're also sponsored by **Sunsweet**, for those interested in digestive health. And **Sunsweet** can be located at www.plumsmart.net. We're sponsored by www.dolans.com, so if you are interested in excellent financial information that will encourage you to live a more financially responsible midlife, which is really important right now, we recommend that you visit their site which is www.dolans.com. And then our last sponsor is **Elations** which is a daily drink supplement that offers relief from joint aches and pains. It's an alternative to taking those large horse pills, and all you have to do is drink it, it's a juice. You can find **Elations** at www.elations.com.

If you're not a member of the [NABBW](http://www.NABBW.com), the fee to join is typically \$75.00, but through Friday night, October 31, you can join for \$50.00 because we're celebrating six years online for the BoomerWomenSpeak.com site. If you're interested, just email me at dots@nabbw.com and I'll send you the reduced link to join.

This teleseminar is being recorded as are all our teleseminars, and then they are also transcribed. So if you don't like to listen while your work or play online, you can print them and read them at your convenience. When joining the association, there are approximately 50 teleseminars that are available on all topics concerning Baby Boomer women. This call is just one of our free educational opportunities once you're a member of the NABBW.

Alright, let me get started by introducing Dr. Horn and Dr. Miller. They are our midlife health experts at the **NABBW**, and they met on their first day of fellowship at the *John Hopkins Hospital* in 1983. For three afternoons every week over the next two years, they had sour coffee, greasy food, and long chats at the hospital café. Despite their being on opposite coasts now for most of their medical careers, their talks have continued for the past 25 years.

Those girlfriend-to-girlfriend conversations between the two Baby Boomer women physicians actually inspired this book. Since the first of the talks after they met - concerning Robin's misdiagnosis of her own symptoms which she mistook the sensation from the then-new technological advance of heated seats in your cars, she diagnosed the onset urinary incontinence. From talking about that many years ago, to their more recent chats which have been about how to balance a full-time career with a marriage and two rowdy teenage boys, that's Robin, or the same career with a marriage and a rowdy live-in mother, that's Janet, they began to realize that the topics of their conversations are similar to other women in midlife and beyond.

They know, from their own experiences and from that of their patients, what the most pressing health-related questions are at this stage of life. Such questions unique to this generation of women as:

- ***Do I still need a pelvic exam after menopause?*** Absolutely.
- ***Can I still get sexually transmitted diseases?*** Yes.
- ***Should I have a hysterectomy to avoid cancer?*** Not necessarily.
- ***Is it really true that more women die from cardiovascular disease (meaning heart attacks and strokes) each year than from breast cancer?*** Yes.
- ***Is becoming senile or demented an inevitable consequence of aging?*** No. And that one surprised me.
- ***Since vaccinations are for kids, do I still need any?*** Yes.
- ***Since I've smoked cigarettes for so long without a problem, is there any reason I should still try to stop?*** And the answer of course is absolutely.

In trying to address these and other issues, it became evident to the authors that the currently available general information on aging - physical as well as psychosocial - is not always applicable to this unique and individualistic generation of women. So their book covers the spectrum of the maturing woman's health issues in the 21st century. And I have to say that I've read their book and reviewed it for a magazine that I write for, and I've got to tell you, I was most impressed. In addition to that, it was lying on the bed one day and my husband picked it up and was glancing through it, and he also commented on what a good book he thought it was. So I just thought I would throw that in there. We have my review of their book, which is actually on their Web site and their

Web site is www.smartwomenshealth.com and you can visit them there and you can submit questions through the site, can't you?

Drs.: (Dr. Horn) Yes you can.

Dotsie: Okay, so do you all have anything that you want to add to that? Do you want to talk about your practices, that fact that you see mainly women when you practice, or anything like that before we jump into the questions?

Drs.: (Dr. Miller) Well I would just like to say that one of the things in our book that we talk about, in addition to conventional medicine, is complimentary medicine as well and what kind of scientific evidence there is to do some complimentary medicine be it acupuncture, massage, or taking supplements.

Dotsie: Okay, and that's important because I know myself from seeing medical doctors in the past, a lot of medical doctors do not recommend or suggest those things unless we ask. So I like the fact that you are broaching all approaches. And to me, that's a very boomer thing to do because the boomers really aren't always necessarily going the traditional medicine route; isn't that right?

Drs.: (Dr. Miller) That's right. And as you say, a lot of doctors don't know about it, so they don't ask about it. People may be doing a lot of things and not realizing it may be interfering with some of the conventional treatments that they're doing.

Dotsie: Okay, why don't we get started and then hopefully we'll get through these questions and be able to take some other questions at the end. Would you mind telling us about the **Women's Health Initiative Study on Estrogen**; what that was all about; and why it was so important?

Drs.: (Dr. Miller) Yes, the **Women's Health Initiative Study**; actually it was done to look at the effects of hormone replacement therapy on bone health and the prevention of colon cancer. And in the process of doing this study, they found that hormone replacement therapy for certain women may increase their risk of heart disease, stroke, and breast cancer. What needs to be understood about this study is that it was a double-blind study where women with a uterus were given premarin and provera, which is a synthetic estrogen and a synthetic progesterone, or a placebo. And the ones without a uterus were given premarin or a placebo. And they chose women specifically who'd never had a hot flash. Because what they thought was that if women didn't have hot flashes, they wouldn't know if they were on treatment or placebo when they were placed on the hormones. The women's average age was 63, so many of these women were out of menopause over ten years. And many of them had cardiac risk factors such as high blood pressure, high cholesterol, and they smoked, and were overweight. Now these risk factors were controlled so they were on blood pressure medicines, they may have been on statins for their cholesterol, but nonetheless, many of them had risk factors.

So of course when they started these women on their hormones, they may not have had hot flashes, but what happens when you put women on hormones who been off of them for 10 to 15 years? They bleed. They have periods. So they knew they were on this treatment, many of them. And so a good number of them dropped out actually, I think 40% dropped out from the onset of the ones who were on the treatment. And then, there was an increase risk of heart disease, stroke, and breast cancer, which is why they stopped the study early, and published their results, and sent alarms out throughout women all over the country who just quit taking their hormones without looking at what the study was all about.

Dotsie: Yeah and now why wasn't all of that—I mean that's all very new to me. How come they got away without telling us all of that?

Drs.: (Dr. Miller) I don't know. It was very sensational and you know the media will just pick what they want, so it wasn't well explained. And then, they subsequently re-analyzed the data and found that those women who were on hormones who were younger, within 10 years of menopause, had no increase of heart disease, in fact, they had a little bit less. So I think it matters *when* you start the hormones, number one; I think it also matters *what kind* of hormone you're on; premarin and provera are both synthetic hormones; they are not bio-identical. When they've done studies on women, who have gotten bio-identical hormones in France or England, and gotten the estrogen through the skin, and balanced it off with natural progesterone, there was no increase risk of blood clots, there was no increase risk of heart disease or stroke, and there was a minimal increase of breast cancer. The other interesting thing is those women, who just got premarin alone because they had no uterus, had no increase risk of breast cancer either. So one would wonder if part of the problem was the provera or the synthetic progestin, which is not natural progesterone.

Dotsie: Now when you say they got it through the skin, is that a patch? I know of the cream, but how else would that be?

Drs.: (Dr. Miller) Yes, it could be a patch, like I take the Vivelle patch which I love, or it could be cream. And a cream you get from a compounding pharmacy.

Dotsie: And is it important that you have a certain mix? Or is it the same cream for everybody?

Drs.: (Dr. Miller) No, the cream can be different for each person. And what I do is I check Estradiol level to see how much estrogen women are getting. So I usually like to keep the level between 50 and 100. Just enough so there are no hot flashes and so that there's some degree of protection for the bone.

Dotsie: Okay can you say that again? What levels is it that we should ask our doctors to check?

Drs.: (Dr. Miller) Between 50 and 100 is the level that I shoot for.

Dotsie: But what is the name of the test?

Drs.: (Dr. Miller) It's Estradiol.

Dotsie: And that's the name of the test we should ask for to get what our level currently is?

Drs.: (Dr. Miller) Right.

Dotsie: And then we take that number to someone who makes the cream, is that right?

Drs.: (Dr. Miller) No, your doctor should be able to prescribe it.

Dotsie: Okay and they would just know like what dose cream they should prescribe for you.

Drs.: (Dr. Miller) Right. What I usually do is start off with a real low dose then gradually increase it and follow the levels.

Dotsie: And is it possible to use more of the same dose and that would make a difference? Or do you need to get the next, like a different cream with a higher level?

Drs.: (Dr. Miller) It depends. You can usually just use more cream. It comes with a syringe and they'll tell you how many lines on the syringe to use.

Dotsie: Okay, very cool. I've never used that.

Drs.: (Dr. Horn) Excuse me Dotsie. Robin is all for the estrogen, and I'm not because I think that—well I am for certain people, like Robin who has the appropriate risk factor profile. I think you really need to talk it over with your doctor or clinician, but make sure that he or she is really up on the study and on the current recommendations. Because I think if there's a very strong family history of breast cancer; you've had your mother, sister or several people in the family with it; that might be a reason why you wouldn't want to go on it. Same thing with if there is a history of early heart disease, or just other individual factors in each patient may make it so that you really should not go on it. So it really should be discussed. I don't think Robin meant that as a recommendation for everyone out there. She meant it (Robin concurred) as if you have gone through all of the---you're having bad hot flashes, you're fairly young and just into

your menopause, and you know that your not going to take it forever, then that's very reasonable. On the other hand, there is still some women who shouldn't take it that use to have it recommended to them.

Drs.: (Dr. Miller) Absolutely, it should be an individual approach, but I don't want women to be afraid of hormones if they're miserable. And for people like myself and my mom, who is a high risk for osteoporosis, who has a history of colon cancer that's like incredibly strong in her family, it makes sense to be on those hormones. But for some women it may not. Especially if there is a family history of breast cancer I would not recommend it to somebody.

Dotsie: So risks of HRT would be breast cancer in the family, and then you also mentioned early signs of heart disease, any other risks?

Drs.: (Dr. Horn). A strong family history of heart disease. Family histories vary. If you had a great-grandmother that is one thing, but if your mother had a heart attack at 50, that is something completely different. So it's very strong family history. If you have several of the constellation of risk factors for heart disease such as very high lipids like the bad cholesterol, total cholesterol, and LDL, or you have very brittle diabetes. Some of these things, you'll be using the estrogen mainly to get you through the symptoms and also to protect you from the loss of bones, but it is not worth the risk from the estrogen to potentially make the other things going on with you worse. So it really needs to be discussed with your primary care doctor or you gynecologist.

Dotsie: Okay now, can you throw moods into that? If someone becomes very moody, does the HRT—can that be helpful for moods also?

Drs.: (Dr. Miller) Well yeah, because a lot of times when a woman is going through menopause, the hot flashes keep them awake all night and when you're tired, what happens? You get moody. Moody and irritable. And the other thing that happens in menopause, which most women don't realize, is that one of the most common symptoms is joint aches. Achy joints, achy muscles, and that can make you really irritable, too. So yeah, it can help your mood for sure. Just ask my husband! <insert laughter>

Dotsie: Okay what about then the benefits because I know it's good for people to prevent like osteoporosis, but what are some of the other benefits?

Drs.: (Dr. Miller) Well it helps with the irritability, joint aches, it helps your skin, it helps to prevent vaginal dryness, it helps your bones, and it has been found to help prevent or decrease the risk of colon cancer. And that actually is what that study was looking at; that was the initial goal. So it found that as well.

Drs.: (Dr. Horn) Dotsie, you had asked before like what are some of the things that if you have you should avoid it. Actually, the chapter in the book really goes

into that in really great detail. I mean we really have put down who we think should take it, what questions different women should ask depending on what their own histories are, so there's a lot of information there plus some recommended reading Web sites.

Dotsie: Oh okay that's great. So for any of this more detail is definitely in the book. Okay, let's move on to another question. Do you have anything else to say about HRT; benefits, risks?

Drs.: (Dr. Miller) No but there's a great chapter on it where we go through the *Women's Health Initiative Study* and Janet and I go back and forth about our difference of opinions.

Dotsie: Yeah and that's something that is really great about the book if you haven't read it. At the end of each chapter, the doctors have a conversation with one another about the chapter, and the issues, and I think it just makes it very personal. I like that part of the book. I thought it was great.

Drs.: (Dr. Miller) Well the other thing too is that not everyone agrees in medicine. There's no right way. It's really about the individual, and I think the good part about the book is that it really kind of brings that out.

Dotsie: Yes, yes, and you kind of have to do what works best for you and if you're not finding it, keep going. Right?

Drs.: (Dr. Miller) Exactly and if you don't find a doctor that's working with what you want, then find another doctor. That's what I think.

Dotsie: I agree. Anything else you want to share about that before we move on to something else which is a huge topic.

Drs.: Go!

Dotsie: Does weight gain, or being overweight, really affect your health and how? And I have to tell you this is a very big topic in the forum community at www.boomerwomenspeak.com and not just being overweight, but the whole idea of exercising, and what exercise and how much of each kind, you know, how many times a week, etc. Women are doing so many different things when it comes to exercising. But I guess the biggest thing is that we need to be careful and not to become overweight. Do you want to tell us how that affects our health?

Drs.: (Dr. Miller) Yeah, the thing that is frightening is that our generation may be the generation that lives the longest because of the obesity epidemic. Obesity increases the risk for heart disease, stroke, and even some cancers like breast cancer, ovarian cancer, gall bladder cancer, colon cancer, you name it. It's not a

good thing. And so it's really important that we attend to our weight, that we eat healthy and that we exercise. And so it's a huge issue in our country and I think for our children it's a big issue as well.

Drs.: (Dr. Horn) And it is more important now that you loose weight than it was when you were younger. The reasons have really changed. The younger you are, the less prone to a lot of diseases you are. There are many diseases, most of which Robin just mentioned, that as you get older, you're more at risk for them. Like several of the cancers or like heart disease. Just having another birthday puts you at more risks. So when you're younger and have a weight problem, it's really a matter of, especially to us women, esthetics and can you button those jeans or not. But as you get older, it really is a matter of your life. I mean it's really a matter of staying healthy and you know, having the last third of your life be enjoyable and not peppered by a lot of sickness and having to take a lot of pills.

And even just losing a small amount of weight does a remarkable amount of good for different body systems. Robin mentioned all of the really severe, serious, the heart diseases, diabetes, and the cancer but also, obviously weight contributes a lot to osteoarthritis, so those knee joints lugging around a lot of weight—they're going to be much more painful than they would be if you lost just 10 pounds. So it's really important now, it's not just a nice thing to do anymore, it's really a must.

Dotsie: Okay what chart do you recommend because I know there use to be some kind of life insurance chart that had like your height, and your weight, and what would be a good weight.

Drs.: (Dr. Horn) Generally, and I know exactly what you are talking about, and that's not accurate. What's generally used these days is what is called the BMI, or Body Mass Index. Body Mass Index is not too difficult a formula and that's in our book, but what it is, is that it is a relation of your weight to your height. And it just figures it out with a specific formula that you can just plug in your numbers and see. Basically, what's recommended is a body mass index of 25 and below is normal. Of course you can get too thin, and we talk about that as well. Over 25, you're overweight. And then over 30 is obesity. And so you can tell exactly where you are on that. Your weight may not be that high, but for your height, it may still be too high. So that we recommend just looking at—if you look at your body mass index, almost all of the health recommendations today and the risk factors of today are based on what your body mass index is.

Dotsie: So can you address why it is more important to lose weight at this age than even when we were younger?

Drs.: (Dr. Miller) Well I think it's important at any age to be honest because kids are getting adult illnesses now. So I don't think it really matters when you

become more fit or reach your ideal weight. But it becomes more important now because you already have many risk factors on top of what's going on with your weight. And that will accelerate disease.

Dotsie: Well I can share that I know some people who have gotten like their cholesterol counts lately and the doctors have wanted to put them on medications. They've said *oh please just let me do this on my own*. They change their diets and the cholesterol number really changes. I like it when doctors work with you. I do a speech on the *Top 10 Trends for Baby Boomers* and one of them is like working with the doctors and not just going to the doctors. I know I went to a doctor once and I had a little water weight gain in my feet, but I think it was from walking in the hot, humid summer and she was ready to put me on fluid pills and I was like oh my gosh, I really don't want to do that! So I think we really need to speak up with our doctors, you know, and go to doctors that will work with us, and I believe the less medications we can be on the better as long as we can control what those medications were supposed to be for.

Drs.: (Dr. Miller) Yes, I agree with you 100%. So that's why I really work along with my patients to try and get their weight down, increase their fitness level so that they don't need to be on drugs.

Dotsie: Right. Right. Now are there any drugs that are over-the-counter things that you recommend for weight loss? Or do you just say no, you need to exercise more and eat less?

Drs.: (Dr. Miller) Well, that is part of it, but there are certain types of foods and diets that are helpful both for bringing down your risk factors and for helping you to lose weight such as the Mediterranean style eating. I really love the ***Mediterranean Diet***.

Dotsie: Okay, so can you tell us a little bit about that?

Drs.: (Dr. Miller) Yeah, it's cold foods, it's rich in fruits and vegetables, olive oils, whole grains; it's just a healthy diet. And they've done countless studies showing it can lower cholesterol, help lower blood pressure, and help you lose weight.

Dotsie: Okay but you don't prescribe or suggest using anything—what is that big thing right now—is it Alli?

Drs.: (Dr. Horn) it's Alli, which I think is miserable. What they don't tell you about that is that the way that works is it sits in your GI or the gut, and prevents fat from being absorbed. So there are two issues. One is you have to take in a certain amount of fat in your diet and two, what happens when fat isn't absorbed? You have diarrhea. When it first came out as a prescription drug a couple of years ago, and I tried it on patients, most everyone that I tried it on told me they would just rather exercise an extra hour a day than take it, it was like no fun. I guess

some people do okay with it, but you have to know that it's not particularly comfortably. In answer to your question, I almost think there's never a reason to go on a pill for diet to lose weight because I think you can do that yourself—everything from—I think the most common thing people will say—and I know I have myself, is there are times that I cannot control my appetite; I'm starving and I just can't not eat. You actually can control that yourself if you decide you're going to cut out carbohydrates for a couple of days. You would be absolutely surprised that a couple of days later that extraordinary hunger is really gone. All of the pills are artificial, you know, artificial chemicals. Why should we rely on those when we can—if we really put our mind to it, nobody said it isn't hard, it is hard—but if we really put our mind to it, we can lose weight ourselves.

Drs.: (Dr. Miller) We actually talk about one weight, sort of weight loss pill in our book which is the ***Korean Pine Nut Oil***. You take it about 15 minutes to an hour before you eat, and it helps you to fill full and also decreases the hunger level. So there is one in our book.

Drs.: (Dr. Horn) Yes and actually, the other one that I talk about that really worked for me and just sort of as informally telling some friends of mine to do the same thing, I think green tea works like that. But it's an extraordinary amount, not just have a cup in the morning and go your merry way, it is really drinking it all day. And I think, of course it's the fluid that fills you up and makes you not eat as much, but I just found that I did this a couple of years ago and it was—I sort of wasn't even watching that closely what I was eating, I was just eating healthy, and the weight just really came off. It's a couple of cups in the morning. If you get hungry, you just always have some green tea ready. I prefer the actual tea to a pill because the tea fills you up, but there are studies coming out that say green tea may help weight loss, but just antidotally, I've seen it work. So that's an easy way and a very healthy way.

Dotsie: Okay and is that with or without caffeine? Or does it matter?

Drs.: (Dr. Horn) No, it really doesn't matter. What I do is mix it up so that early in the morning I'm doing caffeine, but by late in the evening you know, the green tea I'm drinking is caffeine free.

Dotsie: Okay anything else about carrying extra weight?

Drs.: (Dr. Miller) Well exercising is really important. And exercising is one of those things that's hard for many people to do because we're all very busy on our computers, using our cell phones, and not moving as much as we use to. So I think it's really important to find something you do that you can actually incorporate into your life. If it means taking the stairs at work, or gardening, or cleaning your house yourself, or taking your car and parking it like several blocks away from where you need to be, that's probably the best way to try and get exercise if you're one of those people that doesn't exercise a lot. And then the

other thing that's important after menopause is to do some form of weight training. Because what will happen after menopause is that we lose muscle mass. You lose muscle mass; you lose your ability to burn a lot of calories. And so it's very important to do some form of weight training. It doesn't have to be a lot of it.

Drs.: (Dr. Horn) The interesting thing about the weight training also is for years and years, the weight training type of exercise was thought of by the exercise gurus, particularly the cardiologist who were looking at exercise benefits on the heart, weight training was thought of as its own separate thing. Okay, this helps your muscles, period. And you had to do cardio to help the heart. Now about a year ago, it was the summer of 2007, we have this in our book, the *American College of Cardiology* and the *American College of Sport Medicine*, which are the orthopedic doctors, came together with a set of recommendations which interesting the government just adopted about a week ago, and are going to put out, but their recommendations, they say for the first time ever, that weight training could be considered as good as aerobic or cardio, meaning, it makes sense, the heart is a muscle, so you know, training, lifting weights, and doing strength-training exercises, it's just really a good overall exercise for one to do. We actually mention in our book four different types of exercise we think are important at this age, I mean, as we're getting older.

The two we've talked about are obvious, are cardio, or aerobics, and weight training. Then there's a whole set of balance exercises because we want to learn to keep our balance so that we prevent falls. Falls are terrible as you get older. Everybody knows someone who is doing great and then she fell, and just her health went downhill after that. We really have to avoid falls. So for balance exercises, it's kind of what you might think it would be. They are a lot of the exercises that concentrate on your core, which is that central area of the body, so that's like Pilates and Yoga, and actually like TaiChi, and there's a lot of like little gym equipment that can help you do balance exercises. And then the last one, the fourth type is flexibility, just keep yourself flexible, able to bend up and down and move fairly easily. Those exercises are stretching and pretty similar to the balance exercises.

One last thing I'll say is what Robin was saying was so important about exercise. We mentioned one study in the book that actually showed in older people that it was more important that they exercise than that they get their weight down for health purposes. We're not saying don't lose weight, but we're saying if your weight is sort of borderline, the people were healthier who did regular exercise and maybe were a little heavier, than people who were a little bit lighter but did no exercise. So exercise is really crucial. It was a real surprise to me in researching this book you know that it's now being proven to do all the things that we've always been told that it did.

Dotsie: Sure and then it also lifts the spirit, the whole serotonin thing, which I think is so important.

Drs. (Dr. Miller) Regular exercise helps just as much as Zoloft for mild depression.

Drs. (Dr. Horn) Absolutely, and I think the thing that impressed me the most because again, in the book, Robin is a real exercise machine. She one of those people who will just make you sick because she loves to do it and she does it well, and she's done it since she was two year old <insert laughter>. I've always hated it. I've actually really liked strength training, that's the first exercise that I really think that's fun. For cardio, I'm not so wild about it. And then when we were researching for the book, they were just coming out with studies of the beneficial effects of exercise on memory, and preventing dementia. And you sort of say, oh my God, if I can do something that easy to keep me from losing my memory, or becoming demented, I mean, who wouldn't do it? I mean that was a real wake up call.

Dotsie: Yeah, and especially for all of us boomers who are watching our parents with dementia and Alzheimer's. It's extremely frightening. It's a huge topic I know online right now anyway. I often get articles about boomers and Alzheimer's—1 in 8 boomers are going to have Alzheimer's. I know we're going to get to the whole memory loss thing but let's finish up with the exercise piece and move to heart disease, and then we'll get in to some of the memory loss and senility, etc. How are the symptoms and signs of heart disease in women different than in men?

Drs. (Dr. Miller) Well, some women get the classic male symptoms such as the elephant thing on the chest, pain going down the arm, or down the arm, up the neck, sweaty, sick to the stomach kind of stuff. But most women don't. And they may just have overwhelming fatigue, shortness of breath, dizziness. I had a patient who went to the dentist twice in one day because she had such severe pain in her jaw on one side and she called me and I did an EKG and sure enough, she was having a full blown heart attack. So it can be just sort of vague discomfort, it could be indigestion; there are all kinds of vague symptoms. When they looked at women who had heart attacks and they looked back on the month prior to the heart attack, they found there were plenty of warning signs that women ignored. So if you're feeling really off, and you think there's something wrong, there probably is something wrong. It should be checked out.

And if you think you're having a heart attack, don't go to the emergency room; call 911 because you will get taken care of much more quickly if you do the 911. And in terms of the heart, time is muscle...so the quicker you get taken care of, the quicker you'll be able to protect your heart muscle before it's injured. So it's crucial. And then the 911 people will probably have you chewing an aspirin if you're not allergic to aspirin, while they're getting there. There's some wonderful

programs in the country right now where cardiologists are ready and waiting when patients when they get there from the ambulance. Most hospitals strive for that. If you are in an area where there are multiple hospitals, you need to find out which one is the one where all of the cardiologists are. You want to get taken to the hospitals that specialize in cardiac care. That's crucial.

Dotsie: Okay what about the factors that can put us at risk for heart disease. I know we've talked about weight. What else?

Drs.: (Dr. Miller) High blood pressure. Diabetes. You know there is some afforded protection before we go through menopause but you lose that when you smoke and you're a diabetic. So those things really accelerate the changes that you'll have heart disease. It's high cholesterol, a strong family history of heart disease, especially a parent, especially a parent at an early age having had a heart attack, and stress can do it as well, and women who are hostile, angry, they're at an increased risk of heart disease.

Dotsie: Wow, I've heard that.

Drs.: (Dr. Miller) Is that everything Janet?

Drs.: (Dr. Horn) You should mention smoking more because we had mentioned early on when Dotsie was reading the questions about if we're this age already and we've smoked this long, why stop now. It's crucial.

Drs.: (Dr. Miller) Yes! Actually, the minute you stop smoking, your risks start going down for everything.

Drs.: (Dr. Horn) Absolutely, for everything!

Drs.: (Dr. Miller) Heart disease, cancer, you name it. The minute you stop the risk goes down.

Dotsie: Okay anything else about heart disease before we move on?

Drs.: (Dr. Miller) Yeah I wanted to say something really quick and that is we tend to neglect ourselves. We put ourselves at the bottom of the list. And that why I think some women don't recognize when they're having a heart attack because they just have to keep on going. They have to do whatever it is they have to do. And I think it's very important to put yourself number one on the list and listen to your body. If you think something is wrong, something not right, you're probably right, and listen to your intuition.

Dotsie: Okay let me ask you something. I just turned 50 this year and I had to have a colonoscopy. Is there a good time, like or is there an age where you

should have a stress test done? Like an EKG, or anything like that? Or is there anything routine that should be done?

Drs.: (Dr. Horn) We actually talk about that. The last chapter in our book is what we call a road map, and it really goes through every single thing we think you ought to do kind of at what point, so at 50, absolutely a colonoscopy. If in fact, you have a family history of heart disease, and/or one of the other risk factors, you should probably have gotten a stress test before 50. And if at 50, you don't have any risk factors at all, at the very least you should get an EKG, but at some point, we both think it's good to have on the record a stress test just so that if tens years from then, and there's a problem, you can look back and say well I had a baseline and I was fine at 50. So there again it's one of those things that depends on your risks factors.

Dotsie: Okay and I mentioned that because that chapter, which you're referring to as the road map, is an excellent chapter.

Drs.: (Dr. Horn) It's the last chapter, Chapter 15 and the problem we had was the book was actually twice as long as it came out, and we had to cut a lot because of the page limit that our publishers had us working with. And so the last chapter gives little blurbs about some topics we think are really important, you know, such as depression and domestic abuse, and sleep. Not that we think they are less important than the other chapters but we just ran out of room. So that's part of the last chapter. And then the majority of the last chapter literally goes through each and every organ system and what you should have had by sort of what age. We don't always agree with the official recommendation I think. For instance, a lot of the official recommendations are that you need to get a bone density scan when you are in your sixties and both of us got them at age 50 and recommend them for our women patients in their early 50s just so we can get a jump on you know, where the bones stand. But everything from dental care to eye exams, that becomes crucial after 50 that you're getting yearly or every two year eye exams, to stress test to colonoscopy, you name it. We go through and give very specific timings.

Dotsie: Okay let's see. Why don't you tell us are memory loss and senility a normal and expected part of aging?

Drs.: (Dr. Horn) Absolutely not and that was a big surprise to us, too. I think that word senility or senile we've all used forever, it's just a completely useless word because it really doesn't mean anything. We've all known a ninety-year old woman who was completely with it. You know, good memory, could tell you what happened to her twenty years ago, could tell you what happened to her this morning, and that's the proof that not everybody actually, that getting senile or loosing your memory, absolutely goes along with aging. But there are things you have to do to help that along too, which we've talked about; one of which is regular exercise, and two is the healthy diet and the food stuff that help the brain.

Dotsie: Well what about, I know now there's a lot of talk about the brain games that people can play; you know, the Sudoku's and just doing crossword puzzles, gosh now, even Nintendo has some brain power games for boomers. There are quite a few things like that being talked about in the media.

Drs.: (Dr. Horn) That's exercising the brain. You not only have to exercise your body so you get more oxygen to the brain, but you need to do those. I think the traditional things that use to be thought to be best for the brain was learning a new language and crossword puzzles. I know that the Sudoku is really good, and I've seen a lot of the other, the brain games. We recommend in the book one that we thought was sort of needed at www.freerice.com, little puzzles and questions and basically, what you do when you get it right is it gives so much money to overseas to feed people who don't have food. So it's kind of a neat little game. It's www.freerice.com But the thing is, you should be doing that everyday just like you do your body exercise.

Dotsie: Okay what are the types of memory loss we should be aware of?

Drs.: (Dr. Horn) Well the classic kind that I think we all get at this age that we get so upset about is the multitasking. You're doing so many things at once and then you can't remember where you put your keys. Or you park your car, and you go upstairs and you shop, and you do all this other stuff and then, you can't remember where you parked. And I think so many women, I know I do, get so frightened by that. I mean that's pretty frightening especially when you're use to having this steel trap of a memory. But actually, the truth is that as we get older, the ability to multitask goes down a bit. You can prevent that, again, by doing mind exercises, brain exercises, and regular exercises. But the second part of it is that there is an overlay of anxiety. So I noticed a few years back when I would forget something, or I would walk out of a movie and want to talk about it and couldn't remember the name of the movie, I would get so anxious, then that anxiety would take over everything, and I could never remember. We talk about it in the book that when that happens, when you forget something, just let it go, just kind of smile, laugh, and let it go, and I will absolutely promise you it will come back into your brain in just a few hours.

The other kinds of memory loss are the recent kinds of memory loss which people are so frightened of with Alzheimer's. It's actually much more of a problem learning something new. Meaning if you were to show an Alzheimer's patient what time it was, and then ten minutes later ask her what time it was and she didn't remember it; it's not a memory problem, it means she really didn't learn it in the first place. And the second part about memory loss with Alzheimer's patients is generally, they are not aware they have a memory loss. So you're usually in pretty good shape if you know that you've forgotten something. And I think when we all get so anxious, we know it—where are my keys, what's my address—that sort of thing, you're aware that your memory isn't

as good. It's when you are not as aware of it that it becomes a problem. But again in the book, we say if you're really having an ongoing problem that's bothering you, you should bring it up with your primary care clinician and you can do what we call a mini-mental test and sort of see where you are, and we use that as a baseline. Or you can have some studies just to reassure you that everything's okay. Don't just sit and worry about it.

Drs.: (Dr. Miller) The other thing is that if you have a family member or a friend who you think might be having Alzheimer's, go with them to the doctor because they won't know that they have a problem. They'll tell the doctor that everything is fine; like my mother-in-law.

Dotsie: Yeah, like my father-in-law. I certainly understand that. Just because we only have about five minutes left, let's move on to nutrients and, you know, how do we go about getting them from vitamins, or foods? You want to tell us a little bit about that?

Drs.: (Dr. Miller) Yeah, there's certain supplements that I would recommend. One is Vitamin D because most of us don't have enough. And I think it is so important. We talk a lot about Vitamin D in the book. Vitamin D is important for absorbing calcium into your bones, but it's also important for other things; for regulating blood pressure, for keeping you from being off balance, to help with muscle aches. Because we all use sunscreen now, you can't absorb it through the skin. We also don't get much in our diets. Most of us are just not adequately—we don't have enough adequate Vitamin D. So I actually recommend that all of my patients get their Vitamin D level checked; actually find out how much you have, and then supplement based on what you need.

Drs.: (Dr. Horn) We actually put that in our roadmap that it is one of the blood test that you need to specifically ask for.

Drs.: (Dr. Miller) It's really important. Janet and I both checked everyone else's Vitamin D level and then we checked our own, and we were the lowest.

Drs.: (Dr. Horn) And it's amazing because we both said the same thing without really talking to one another about it; we both actually felt noticeably better in general, after the Vitamin D. That's not touted a lot that you're tired or worn out, but it really made a difference.

Drs.: (Dr. Miller) It's quick, and it's fast.

Dotsie: And what's the other nutrient? You mentioned that there are two in particular.

Drs.: (Dr. Miller) Calcium is also important and you can't get enough usually from a regular vitamin. But before you start taking calcium, you need to get

enough Vitamin D so that you can actually absorb the calcium. If women are on a statin for lowering their cholesterol, I think they should also be on Coenzyme Q10 (CO-Q10) because it helps to prevent muscle problems and it helps to strengthen the heart muscle as well.

Drs.: (Dr. Horn) What about if they're not on a statin, just in general?

Drs.: (Dr. Miller) Even then it's not going to hurt and it's probably a good thing, because it just helps with general muscle health. Fish oil is something that I recommend to most of my patients as well.

Drs.: (Dr. Horn) What do you look for in a multivitamin, Robin?

Drs.: (Dr. Miller) Well a multivitamin you want to have enough B vitamin, at least 400 micrograms of folic acid, you want to have some calcium, there's probably a little bit of Vitamin D in most of them but not enough. Selenium is one of those things that you can't normally get in your diet unless you eat Brazil nuts. If you eat three Brazil nuts a day you can get enough Selenium and Vitamin A in the form of beta-carotene. You don't want pure Vitamin A, you don't need pure Vitamin A, you want it in the form of beta-carotene which is what you find in carrots and other things.

Drs.: (Dr. Horn) And Robin goes over in excruciating detail in the book, too, about what to look for. You know all multivitamins are not created alike. So the one you're taking may not have what you really need in it.

Dotsie: Right and that's the good thing I mentioned that's so good about your book. It's a great book. You can read it from cover to cover but it's also good to have as a resource. Just pick it up when you're curious about, you know, any one of those topics in particular.

Drs.: (Dr. Horn) Well that is what we want; that is what we were aiming for. We wanted it to be a reference.

Dotsie: Well you did a great job. One of the women in the forums wanted to know about women who have had hysterectomies and choose not to be on HRT and any longer. On the other side of 50, what might they expect long term?

Drs.: (Dr. Miller) In terms of what?

Dotsie: Well I guess...they've had a hysterectomy, they're not on HRT, what can they expect long term—I guess she's talking about are they missing anything by not being on HRT, do they need to worry about bones or anything else?

Drs.: (Dr. Horn) It depends on also if they have their ovaries out. So that's the big question. If they didn't, at the time they had the hysterectomy and it was just

the uterus, we also, I'm sounding like a broken record and I apologize for that, but we also talk a lot about how important it is to know what kind of surgery you've had, because I know of a lot of us just go in and say, "okay, do it," and come out and not really sure. If your ovaries are still intact, then you're going to go through menopause at the time you would have gone through it had you still had your uterus. If you ovaries come out, then Robin, you can take it from there.

Drs.: (Dr. Miller) Yeah, then you can choose to do HRT or not. If you're young and you have your ovaries removed, I would recommend at least use hormones until the normal time you would go through menopause, and then just withdraw from your hormones, because it is important for your bone health and your heart health up until a certain age.

Drs.: (Dr. Horn) And your bones, especially if you are young, you really need—somebody needs to sit down and talk to you about calcium, Vitamin D, and exercise.

Drs.: (Dr. Miller) The other thing is that if you're young and you get your ovaries yank, you know, the ovaries are made of testosterone as well, so often times I've seen people who've had their ovaries out young and their libido is out the window. So not only do they need estrogen and progesterone replacement, but they also need testosterone.

Dotsie: Okay, let me just see if anyone on the call has a question. Does anybody have a question before we finish up with today's topic?

Caller 1: Yes, this is Pat Burns, how are you?

Dotsie: Great Pat, how are you today?

Caller 1: Great! Ladies you are doing a great job and I love the passion behind the information. It's truly there. It's just like I've been hit, bam, bam, bam, the last week with everything you've been saying and every event I've been going, and also, looking at my recent birthday pictures. I have got to loose weight. It is like OH! So I wanted to ask you if you would please recommend your book's name title, Web site, again because I came on after your introduction.

Drs.: (Dr. Horn) The Web site is www.smartwomanshealth.com, and the book is "*The Smart Woman's Guide to Midlife and Beyond*." We really do talk a lot about various things about losing weight and the like. It's much more of an issue for me than it is for Robin because she loves to exercise. So I can probably tell you every diet that ever existed, but at this age, you really have to take it as more than just getting into your prom dress. You really have to take it as a serious health issue.

Caller 1: Listen I would just like to fit into the prom limo!

<insert laughter>

Dotsie: Pat, that was a good one! But you know the subtitle to their book which I think is important is, “*A No-Nonsense Approach to Staying Healthy After 50.*” And it really is; it’s a great book, and I am highly recommending it to everyone. I took it to my book club the other night, actually.

Drs.: (Dr. Horn) The other thing we do Pat is we write a column monthly, or every other month or so for Dotsie’s Web site and the diet issue comes up so frequently that I would say one out of three columns will mention something about it.

Caller 1: Great, well I’m an author too, my book is Grandparents Rock and so I sit at my computer all day long and I start off with my walking clothes on but they just--

Drs.: (Dr. Horn) Well you’re exercising you brain so your memory will stay good, so you just need to get our butt up.

Drs.: (Dr. Miller) You need a dog that you have to walk.

Dotsie: And Pat, let me just suggest a couple of other things. Go to their Web site, get their book, and read the articles at the www.NABBW.com. In addition to that, look at the Weekly Updates because Gregory Anne Cox who is a member of the association, is offering a program coming up for exercise and diet, just healthy eating—healthy living.

Drs.: (Dr. Horn) And she has a great background in nutrition.

Dotsie: Yes, and then also Janice Taylor, is also coming up with a Christmas diet, so make sure you read your Weekly Updates because there is a lot of good information in them and I really love it when the women within the association support one another.

Drs.: (Dr. Horn) Pat if you actually have the discipline to sit down and write a book which both Robin and I can sympathize with you, it’s probably one of the hardest things I’ve ever done, then you can loose the weight. I promise you the book was harder than the weight loss.

Dotsie: Okay let me see if anybody else has a question and then we’re probably going to have to cut this off. Does anybody else have a question?

Caller 2: Hi Dotsie, this is Gregory.

Dotsie: Hey Gregory!

Caller 2: Thank you for your little plug before. Hi to both doctors. I wanted to ask if you could, if either one of you have an opinion about the importance of Leptin? Is it going to be more in the news? Is it a passing fad? Do you really think it affects all of our systems?

Drs.: (Dr. Miller) You know I don't know. One of my friends who was in the Leptin trials, it didn't help her at all.

Drs.: (Dr. Horn) I see it as going up and down; it becomes really popular for a while and then you don't hear anything about it.

Dotsie: Do you want to tell us what it is and a little bit about it?

Drs.: (Dr. Miller) Yes, well it is a hormone that helps you to loose weight when it is secreted. And so the trails were giving people Leptin hormones to see if it would reduce their appetite. And I don't know, you know, I still think it is going to come back to the basics; eating healthy, and exercising.

Drs.: (Dr. Horn) Which is, you know, we both really hadn't talked about this at all before we started writing about it, but we both really love the **Mediterranean Diet**, I mean I guess you have to have a taste for that kind of food, but it's the first diet that I've ever been able to stay on long term. But the **Mediterranean Diet** is like good, I mean it taste good, it is good food.

Dotsie: Now is that a book? I've never heard of it until you mentioned it on the call earlier.

Drs.: (Dr. Horn) You know I don't even know if there's a book out about it. It's always sort of mentioned in the literature and Cardiologists talk about it all the time. It's really just what you think it would be. The only thing different about it that you can't really do is the pasta or the carbs in the bread. But the rest of it; it's fresh, it's whole foods, it's not processed, it's a lot of fish, which gives you that fish oil, it's not grains, a little bit of wine, and olive oil. I just have found that the olive oil, or the antipasto, or anything that you do that has that sort of Mediterranean flavor, it really keeps me satisfied.

Dotsie: And I'm sure if anybody is interested they could "Google" it and I'm sure they would come up with something.

Drs.: (Dr. Horn) Absolutely, I'm sure there would be a gazillion references.

Dotsie: Okay, let's just see if we have maybe one more question. Does anyone have a question? No? Then let's just go over the Web addresses again. The doctors Web address again is www.smartwomanshealth.com, and they also have

many articles on our site at www.nabbw.com. You can order their book through the site or through Amazon, is that right ladies?

Drs.: (Dr. Horn) Or your favorite independent bookstore.

Dotsie: Yes, there you go. And do you have anything else you want to add before we sign off?

Drs.: (Dr. Horn) My favorite part about getting older, and this is the honest truth, is that I love the group of women I'm getting older with. I think it makes it much more fun, and I think we all just need to turn our attentions toward ourselves now instead of putting everybody else first.

Dotsie: Oh I love that.

Drs.: (Dr. Miller) It's important to trust your gut, too.

Dotsie: And trust your gut, that right. If you think something wrong, then more than likely it probably is, and just keep going until you figure it out, right?

Drs.: (Dr. Horn) That's exactly right.

Dotsie: Okay, well thank you so much for all of your expert advice and I highly recommend your book and if you're on the call and haven't read it, that you would take a trip out to the store or go online and get this book because it will answer a lot of your questions and really be a great resource for you in the future. Thanks for being on the call and have a great day.