

who are involved in meal preparation—choosing foods and recipes, adding seasonings, etc.—consume more calories than those who have their meals prepared for them. Improving the ambiance of your dining area with good lighting and a pleasant table setting also will encourage you to eat more.

□ **Dine with others.** People who eat alone may consume up to 50% fewer calories than those who eat with company. When people make eating a social event, they spend more time at the table, enjoy their food more and consume more calories.

□ **Stop smoking.** Smoking suppresses the appetite and allows people to satisfy the normal “mouth function” with a cigarette rather than from eating. People who quit smoking typically gain an average of five to eight pounds within a few months.

□ **Treat depression.** It’s among the main causes of weight loss in adults of all ages. Those who are depressed lose interest in many of life’s pleasures, including eating.

**My advice:** Get professional help if you experience any of the signs of depression, which include changes in eating or sleeping habits, difficulty concentrating or feelings of hopelessness or other mood changes.

□ **Start moving.** Exercise is among the most powerful strategies for weight gain. Even though exercise burns calories, you’ll make up for it with increased appetite, improvement in mood (which also increases calorie intake) and greater muscle and bone mass.

**My advice:** Start slowly by throwing a ball for your dog or just flexing your muscles when you sit in a chair. Work up to walking at least 30 minutes daily and, if possible, add strength and flexibility exercises a few times a week. Quite often, people will start eating more and gaining weight within a few weeks of beginning regular exercise. ■

**Sin Hang Lee, MD**  
Milford Hospital

## The Truth About HPV

The vaccine that so many people now are talking about may not be necessary to prevent cervical cancer.



**E**ach year in the US, 55 million women receive a Pap test to check for abnormal cells that might be an early sign of cervical cancer. Of these, 3.5 million tests show abnormalities that require medical follow-up, and about 12,000 women are diagnosed as having cervical cancer.

**Recent development:** Since 2006, when the pharmaceutical company Merck began TV and print advertisements for Gardasil, a vaccine against the mainly sexually transmitted *human papillomavirus* (HPV), which is present in up to 99% of cervical cancer cases, many women have been increasingly confused about their real risks for the disease and what role a vaccine may play in preventing it.

Gardasil is also FDA-approved for preventing certain vulvar and vaginal cancers in females and for preventing genital warts in males and females. It was recently approved to prevent anal cancer in males and females. Cervarix, another HPV vaccine, was approved by the FDA in 2009.

For the facts that every woman should know about HPV and cervical cancer, *Bottom Line/Health* spoke with renowned HPV expert Sin Hang Lee, MD, a pathologist who has studied cervical cancer for more than 50 years and trained in the laboratory of Dr. Georgios Papanicolaou, the scientist who developed the “Pap” test (formerly called the “Pap smear”) to

detect cervical cancer. His most important insights...

**FACT 1: There is no cervical cancer crisis.** Thanks to regular use of the Pap

test, the incidence of cervical cancer has been dramatically reduced. Of the Pap tests performed annually in the US, only about 0.02% result in a diagnosis of cervical cancer when a biopsy is performed.

If all women got annual Pap tests—and the tests were analyzed properly (not all HPV tests distinguish between benign HPV strains, or genotypes, and those that may cause cancer)—death from cervical cancer would be extremely rare. The disease is highly preventable if lesions are detected in a precancerous stage. *Note:* The American College of Obstetricians and Gynecologists (ACOG) revised its recommendations for Pap tests in 2009. For women ages 21 to 30 without symptoms or risk factors, the ACOG recommends the test every two years... and every three years for women age 30 and older and who had three consecutive normal tests. Discuss the frequency of your Pap tests with your doctor.

**FACT 2: The concern over HPV infection is overblown.** While HPV can cause cervical cancer, the story

*Bottom Line/Health* interviewed Sin Hang Lee, MD, a pathologist at Milford Hospital and director of Milford Medical Laboratory (a subsidiary of the hospital that provides comprehensive testing), both in Milford, Connecticut. Dr. Lee is an internationally recognized expert in the area of human papilloma virus and has developed a DNA sequencing test to identify specific HPV genotypes.





**CHARLES B. INLANDER**

## Have You Done Your “Medical Inventory”?



**A** woman I know lost 80 pounds in 10 months from dieting and then began having memory problems. Because she was taking six prescription drugs for ailments that included heartburn and anxiety but hadn't seen her doctor since the weight loss, I suggested that she ask her doctor if her medication dosages needed to be adjusted due to her weight loss. She saw her doctor, and he lowered the dosages for four of the drugs. Lo and behold, her memory problems disappeared within a matter of days.

We all know that financial advisers recommend that even small investors review their stocks, bonds, real estate and other assets each year with a financial planner. This kind of check-in allows for a person's holdings to be adjusted to reflect his/her current financial condition. But what about your health? You probably get an annual physical, but to get the most out of it, I recommend that you start thinking of your physical as a “medical inventory” to update your physician on your health habits and life changes. This practice helps prevent serious problems from occurring—and can be done sooner than your annual physical if necessary.

*What you should discuss during a medical inventory...*

**Life changes.** You may not think to tell your doctor about nonmedical events that have occurred in your life, but they can have a dramatic impact on your health. Have your children left home so you are now living alone? Are you under extreme stress at work? Such situations can trigger depression or anxiety. Have you traveled anywhere (domestic or international) that could expose you to regional germs? Tell your health professional about any life events and any symptoms you may be having—no matter how mild they may be.

**Falls and injuries.** Falls are the number-one cause of serious injuries to older adults. Even if you're not injured, had only one fall or simply feel that your balance is not what it used to be, tell your doctor. It could be a reaction to drugs, an inner-ear infection or a sign of something more serious. Your doctor can talk about strategies and therapies that may help prevent further falls.

**All medications and supplements.** Your doctor will see in your medical file what he's prescribed, but he won't know what any of your other doctors have prescribed—and may not even ask for a list of everything you're taking. This issue is critical because so many people—especially older adults—take medications and/or supplements. When you make your list, be sure to include *all* the prescription and nonprescription drugs you take as well as any vitamins and herbal supplements. It can be dangerous to combine some supplements with certain drugs. And don't forget to include the dosages—weight changes, new medications that might interact with ones you're currently taking or even a recent or planned surgery all can affect how much you should be taking.

*Charles B. Inlander*

Charles B. Inlander is a consumer advocate and health-care consultant based in Fogelsville, Pennsylvania. He was the founding president of the nonprofit People's Medical Society, a consumer advocacy organization credited with key improvements in the quality of US health care in the 1980s and 1990s, and is the author of 20 books, including *Take This Book to the Hospital With You: A Consumer Guide to Surviving Your Hospital Stay* (St. Martin's). Please send comments and suggestions for future columns to Mr. Inlander in care of *Bottom Line/Health*, Box 10702, Stamford, CT 06904-0702...or via e-mail at [Inlander@BottomLineHealth.com](mailto:Inlander@BottomLineHealth.com).

is more nuanced than people are led to believe from public service announcements and vaccine ads.

There are about 200 known genotypes of HPV, but only 13 are considered “high risk” for causing cervical cancer—HPV-16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 and 68. Of these, HPV-16 and HPV-18 are believed to cause 70% of all cervical cancers. That means that you can have any of the 187 other genotypes without having an increased risk of developing cervical cancer. The prevalence of high-risk genotypes varies world-wide and depends in part on a woman's level of sexual activity. *Important:* Nearly all cases of genital warts are caused by two low-risk genotypes, HPV-6 and HPV-11. This means that warts you can see and feel are annoying but usually not dangerous.

**Even better news:** Even though there is no treatment for HPV infection, women's immune systems are typically effective at fighting HPV. More than 90% of HPV infections disappear on their own and do not progress to precancerous stages or cancer. In fact, the average HPV infection lasts only about six months. This means that a woman who receives testing when the infection is active may be HPV-negative within a matter of months.

The women who should be most concerned about cervical cancer are those infected with a high-risk genotype and in which the infection is *persistent* (lasting more than six months). Women typically undergo repeat testing every six months until the infection clears, and a biopsy may be recommended if an infection of the same genotype persists while the Pap test is still abnormal or questionable.

**FACT 3: HPV vaccines don't guarantee cancer prevention.** Gardasil prevents infection with four genotypes—the high-risk HPV-16 and HPV-18 and the low-risk-for-cancer, genital wart-causing HPV-6 and HPV-11. (Cervarix prevents only HPV-16 and HPV-18.)

Some women consider it useful to be protected against two of the 13

**MOVING?**

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cancer-causing genotypes. However, most women are unaware that there is no evidence showing how long the vaccine will remain effective.

**Important:** I recommend that women who want to get the HPV vaccine ask their gynecologists to make sure that they are not already infected with HPV 16 or HPV 18. There is some evidence that women who get the vaccine when they are infected with HPV—especially HPV-16 and HPV-18—have an *increased* risk of developing cervical cancer.

Reported side effects of the Gardasil and Cervarix vaccines include temporary pain and swelling at the injection site and headache. As of September 2010, the CDC reported 30 confirmed deaths of females who received Gardasil, though it is not proven that the vaccine caused these deaths. The agency did not publish data on reported deaths from Cervarix.

**FACT 4: Not all HPV testing is adequate.** Historically, HPV tests have not distinguished between benign and specific cancer-causing genotypes. Newer HPV tests, including Cervista HPV HR, are designed to detect when any of the 13 cancer-causing genotypes or the intermediate-risk genotype HPV-66 is present, but it does not identify the specific genotype. To identify the specific HPV genotype—with virtually no risk for false-positive results or misidentification—physicians can request a *DNA sequencing test*. This test is available from the nonprofit organization SaneVax, Inc., [www.SaneVax.org](http://www.SaneVax.org). The cost is \$50. ■

### coming soon in Bottom Line/Health

- **Heart attack and stroke:** The red flags that too many people ignore.
- **Diabetes self-defense:** Holistic strategies you should know about.
- **When your body makes noises:** What does it mean when your joints creak, etc.?
- **Low vision:** How to cope when nothing seems to help.

**Peter T. Scardino, MD**  
Memorial Sloan-Kettering Cancer Center

## The Laser Cure for Prostate Troubles

New advances make prostate enlargement more treatable than ever before.

If you're a man over age 50, chances are you spend a fair amount of time running to the bathroom. Prostate enlargement—also known as *benign prostatic hyperplasia* (BPH)—is among the most common problems men face as they age. It affects about 40% of American men in their 50s and 90% of those in their 80s.

Fortunately, BPH is not cancer, nor does it raise cancer risk. But it can cause extremely bothersome symptoms, including frequent and/or urgent urination (which can wake men at night and interfere with sleep)... a weak urine stream... and sometimes urine leakage.

**Good news:** An increasing number of highly effective treatments now are available for BPH. The question is, which is best for you?

*What you need to know...*

### NONSURGICAL APPROACHES

If you're a man who is concerned about BPH or already suffers from the condition, it's wise to focus on your diet. One recent study found diets low in fat and high in vegetables (five-plus servings daily, especially of vitamin C-rich bell peppers, cauliflower, Brussels sprouts and tomato juice) to be associated with lower BPH risk.

For men who experience urine leakage due to BPH, Kegel (pelvic-strengthening) exercises can help. Do 10 repetitions of starting and stopping the urine stream each morning, afternoon and evening. Be sure to keep the abdominal, thigh and gluteus (buttocks) mus-

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cles relaxed. Otherwise, you won't get the benefits of Kegel exercises.

Saw palmetto, an herb, is used by millions of men to treat BPH, but research is mixed as to its effectiveness.

When such nondrug approaches don't work, medication is usually the next step. Two-thirds of all men treated with medication have shown improvement in BPH symptoms and are able to delay or avoid surgery.

Among the most widely used BPH drugs are *alpha-blockers*, such as *terazosin* (Hytrin) and *tamsulosin* (Flomax), which relax the prostate and bladder wall muscles to improve urine flow... and *5-alpha reductase inhibitors*, such as *finasteride* (Proscar) and *dutasteride* (Avodart)—these drugs block formation of the hormone *dihydrotestosterone*, which fuels prostate growth.

**Latest development:** Recent research, including a 2010 Mayo Clinic study of more than 1,000 men,

Bottom Line/Health interviewed Peter T. Scardino, MD, chairman of surgery at Memorial Sloan-Kettering Cancer Center in New York City. He has written many articles and book chapters and edited the *Comprehensive Textbook of Genitourinary Oncology* (LippincottWilliams & Wilkins). An editorial board member and reviewer for several peer-reviewed medical journals, Dr. Scardino is also the author of *Dr. Peter Scardino's Prostate Book: The Complete Guide to Overcoming Prostate Cancer, Prostatitis, and BPH* (Avery).

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