

October is National Breast Cancer Awareness Month

Healthy Lung Month

Fresh & Healthy Recipe

Ask the Health Coach

National Celiac Disease Awareness Month

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Breast cancer is the second leading cause of cancer death among women in the United States (only behind lung cancer), and it's estimated that one in eight women will develop this disease in her lifetime. While scientists are making strides in the fight against breast cancer, the debate still continues about the effectiveness and recommended frequency of preventive screenings – particularly for women with low risk.

The Newest Breast Cancer Screening Guidelines

Last year, the United States Preventive Services Task Force (USPSTF) voted unanimously to update their recommendations for preventive screenings for women with low breast cancer risk. These guidelines received widespread attention because they marked a shift from the Task Force's previous guidelines published in 2002.

Both the 2002 and 2009 guidelines are based on available scientific research; however, the 2009 update focuses more on the *potential harms* of certain screening tests, versus the *potential benefits*. Potential harms may include psychological trauma from false-positive results, unnecessary imaging tests, exposure to radiation and invasive biopsies in women without cancer.

The update also provides specific recommendations for mammography screenings based on age groups, where the 2002 guidelines recommended screening for all women aged 40 and older. See the table below for more comparisons.

Who/What	2002 Recommendations	2009 Update
Women 40 – 49 years	Screening mammography every one to two years.	Consult with your doctor and make an individualized decision on your screening frequency based on your personal risk factors.
Women 50 – 74 years	Screening mammography every one to two years.	Screening mammography every two years.
Women 75 and older	Screening mammography every one to two years (although precise age to discontinue screening is uncertain due to lack of evidence).	No recommendation. Insufficient evidence to determine whether the benefits of screening outweigh the potential harms.
Clinical Breast Exam (CBE) performed by the clinician	No recommendation. Insufficient evidence to determine whether the benefits of CBE outside of mammography outweigh the potential harms.	No change.
Breast Self-Exam (BSE) performed by the patient	No recommendation. Insufficient evidence to determine whether the benefits of BSE outweigh the potential harms.	Recommend against clinicians teaching patients to do routine BSE. Adequate evidence suggests this does not reduce breast cancer mortality.

What the Guidelines Mean for You

It's important to point out that the 2009 USPSTF recommendations are not discouraging women under the age of 50 from having routine mammograms. Rather, they recommend talking to your doctor to make informed decisions about breast cancer screening based on your risk level, family history, health status and personal values. They base this recommendation on research that indicates the potential benefits of routine screenings for this age group do not necessarily outweigh the harms.

Not Everyone Agrees

The USPSTF is not the only organization to make recommendations on mammography screening.

The American College of Physicians' 2007 recommendation is similar to the USPSTF. They encourage women to take into account their level of risk and the possible benefits and harms of routine screenings before making a decision.

The American Cancer Society and the American Medical Association do not endorse the new stance of the USPSTF. They still recommend that women age 40 and over should have a mammogram screening every year, and should continue to do so for as long as they are in good health.

So What Should You Do?

Continue to educate yourself on the most recent research and guidelines, consult with your doctor and make an informed, personal decision that feels right for you.

Know Your Risk Level

High risk factors include:

- Previous cancer diagnosis
- Direct family breast cancer history (mother, sister)
- Breast lesions
- Aging
- Genetics (inherited gene alterations)

Moderate risk factors include:

- Distant family breast cancer history (aunt, cousin)
- Being overweight
- Family cancer history
- Childbirth over 35
- Late menopause
- Alcohol consumption

It's important to understand your personal level of risk. Talk to your doctor about what is best for you.

www.hhrq.gov
www.cancer.org
www.acponline.org
www.ama-assn.org

Healthy Lung Month

Did you know the average adult takes 15-20 breaths per minute, over 20,000 breaths a day and 6 million breaths per year?

What Your Lungs Do for You

Your respiratory system includes a group of organs (nose, throat, windpipe and lungs) that work together to keep fresh air moving through your body. As you take air into your lungs, oxygen is transferred into your blood stream and carried to every cell where it is exchanged for carbon dioxide, or waste, which we dispel every time we exhale.

Lungs are different from most organs because the delicate tissues are directly connected to the outside environment. While our bodies have natural defenses that keep germs, tobacco smoke and other harmful toxins out of our lungs, these substances can, over time, cause airway damage or lung disease. Keep your lungs healthy by adopting a healthy lifestyle.

Don't smoke. Tobacco smoke causes lung inflammation (swelling) which can lead to chronic bronchitis. The swelling narrows the air passages and makes breathing more difficult. Over time, tobacco smoke destroys lung tissue and may trigger cell changes that cause cancer.

Avoid exposure to environmental toxins.

Second-hand smoke, outdoor air pollution and chemicals can cause or worsen lung disease.

Prevent infection. Left unchecked, a cold or other respiratory infection can turn into something serious. Wash your hands often with soap and water and avoid crowds during cold and flu season. Also, maintain good oral hygiene. Caring for your teeth and gums can minimize infection-causing germs. If you get sick, stay home until you're feeling better.

Get regular health care. Regular check-ups are an important part of disease prevention, even when you're feeling well. This is especially true with lung disease which often times goes undetected until it has reached later stages.

Practicing healthy habits like eating a balanced diet, participating in regular physical activity, minimizing your exposure to toxic air and reducing stress can also help you breathe easier.

www.lungusa.org/your-lungs
www.webmd.com

Fresh & Healthy

Recipe Makeover of the Month



Fresh and Healthy Fettuccine Alfredo

Who can resist the creamy rich flavor of fettuccine alfredo? Now, you can indulge healthfully with this “recipe makeover” that saves more than 300 calories and 42 grams of fat per serving. Serve it as a side or add grilled chicken and vegetables to serve it as a main course.

Ingredients

½ lb. fettuccine, uncooked
1-¼ cups fat-free, reduced-sodium chicken broth
4 tsp. flour
⅓ cup reduced-fat cream cheese
3 Tbsp. grated Parmesan cheese, divided
¼ tsp. ground nutmeg
⅛ tsp. pepper
2 Tbsp. chopped, fresh parsley

Preparation

Cook fettuccine as directed. While pasta is cooking, whisk broth and flour in a medium saucepan until well blended. Add reduced-fat cream cheese, 2 Tbsp. Parmesan cheese, nutmeg and pepper. Cook 2 minutes or until mixture comes to boil and thickens, stirring constantly. Drain pasta and pour into large dish, add sauce and toss to coat. Sprinkle with remaining Parmesan and parsley.
Serves 4 (1 cup servings).

Nutritional information per serving:

Calories: 300; Total fat: 6 g; Saturated fat: 3.5 g; Cholesterol: 20 mg; Sodium: 380 mg; Carbohydrate: 46 g; Dietary fiber: 2 g; Sugars: 3 g; Protein: 14 g; Vitamin A: 10% DV; Vitamin C: 6% DV; Calcium: 10% DV; Iron: 15% DV.

Traditional Fettuccine Alfredo

Ingredients

10 oz. fettuccini pasta
½ cup butter
5 cloves garlic, chopped
1 cup heavy cream
1 egg yolk
2 cups freshly grated Parmesan cheese
2 Tbsp. dried parsley

Nutritional information per serving:

Calories per serving: 682; Total Fat: 48g; Saturated Fat 28.8g; Cholesterol: 197mg; Sodium: 266mg; Carbohydrates: 54.3g; Dietary Fiber: 2.7g; Sugars 4.3g; Protein: 11.9g

Ask the Health Coach

Q I have high blood pressure and my doctor says I need to reduce the sodium in my diet. I don't add salt to my food, so what else can I do to reduce my sodium intake?

A Eliminating the added salt in your diet is a great start to reducing your sodium intake. But, you are likely consuming more sodium than you think in the foods you eat regularly.

Aside from putting down the salt-shaker, there are other ways you can minimize your sodium intake:

- Avoid sodium-laden prepackaged and processed foods as much as possible.
- Scan nutrition labels on packaged goods and track the amount of sodium you consume per serving.
- Steam vegetables and cook foods without adding butter or other fats.
- Avoid fried foods and entrees with sauces and salt seasonings when you eat out.

National Celiac Disease Awareness Month

Unless you or a loved one has celiac disease, there is a good chance you've never even heard of it. But if you've noticed the "gluten-free" food popping up in the market, you're closer to understanding this disease than you might think.

Celiac disease causes some people to react to foods containing gluten, which is a type of protein found in wheat, barley and rye products. In these cases, gluten causes the body to attack the lining of the small intestine, making it difficult to absorb vital nutrients. Left unmanaged, celiac can cause serious problems, including:

- Osteoporosis
- Malnutrition
- Anemia
- Seizures

Scientists do not fully understand what causes celiac disease, although there is a genetic link.

How is the disease diagnosed?

Celiac disease is often overlooked or misdiagnosed because the symptoms are similar to other conditions like irritable bowel syndrome (IBS) or food allergies. Common, and often mild, symptoms include:

- Abdominal pain
- Bloating and gas
- Changes in bowel movements
- Fatigue
- Weight loss

Celiac is diagnosed with a blood test but your doctor may order an endoscopy to confirm the diagnosis. An endoscopy is a procedure that allows your doctor to view your small intestine using a thin tube and a small camera. At this time, your doctor may also collect a tissue sample (or biopsy) for lab testing.

Is there a cure for celiac disease?

While there is no cure for celiac, the disease can be completely controlled by managing a strict gluten-free diet. That's not an easy task considering that gluten is found not only in wheat, barley and rye products, but it's also used in a multitude of foods as a binder, thickener or stabilizer. Fortunately, there are more gluten-free products available than ever before.

Is a gluten-free diet a good idea for me?

If you don't have celiac disease, the short answer is no.

Gluten-free is not synonymous with "healthy" or "low carb," and just because a food package says "gluten-free", it doesn't mean it's nutritious or low in calories.

Wheat and wheat products provide more than 80% of the prebiotics that nourish the good bacteria in our intestines and colon. Cutting gluten from your diet allows bad bacteria to thrive, which can lead to major problems in your digestive system.

Many gluten-free foods are not fortified with vitamins and minerals, which means a gluten-free diet can result in nutritional deficiencies. It's through careful dietary management, often under the care of a registered dietician, that people with celiac disease obtain adequate nutrients.

If you suspect you or someone you know may have celiac disease, talk to your doctor about performing a simple blood test before going gluten-free.

www.digestive.niddk.nih.gov

www.webmd.com

www.celiac.com

www.healthsystem.virginia.edu

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