

WOMEN'S HEALTH

Supplement

SEPTEMBER 17, 2011

Caring for Hawaii's Women



By Fiedes Doctor

Breast cancer is the leading cancer killer among women aged 20 to 59 years in high income families... Globally, cardiovascular disease, often thought to be a "male" problem, is the leading killer of women... Girls are far more likely than boys to suffer sexual abuse... On average, women live six to eight years longer than men...

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These are some key facts pronounced by the World Health Organization in its 2009 report about women and their health, which has been gaining more attention from different fields and disciplines compared to 50 years ago when women were on the sidelines. There are now more specialists for women's needs, more products in the market, more support groups, more interest in their health and well-being, more research and development geared towards early prevention of diseases.

"Women are getting more attention now because of the women's liberation movement which has brought more women to the industries where men generally dominated," says Dr. Elenita Alvarez, a diplomate in Obstetrics and Gynecology, and Maternal and Fetal Medicine at the Kuakini Medical Plaza, who has been in the practice for more than 45 years. "There are more women in the workplace, which is a good thing."

In Hawaii, unlike big city hospitals on the mainland, health care for women has a special ad-

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HEALTHLINE

HAWAII... (from page S2)

vantage because the facilities are more personal and family-oriented. The aloha culture is practiced as a rule rather than an exemption.

"The multicultural population of the State is an advantage to both patient and healthcare provider, making it easier for diagnosis, management and treatment because communication would be at the level that the patient would understand," Dr. Alvarez says. "You can definitely find a doctor here who you can communicate with."

Dr. Alvarez's waiting room on the fifth floor of Kuakini Medical Plaza is itself more like a family living room, with magazines for the men who wait for their wives, or comfortable chairs for dozing off for the children who wait for their mothers. Patients are treated like family members. With the longevity of her practice, she has seen some babies she has brought into the world come back to her as mothers.

The State has all the modern technology needed for diagnosis and treatment of women's diseases such as Ultrasound,



Hysteroscopy, Laparoscopy, Magnetic Resonance Imaging (MRI), CAT scan, and bone density testing, among others. There is no need to go elsewhere for one's medical needs, unless the condition is very specialized.

The one disease among women today that does not respect age and can hit anyone from teens to 60-something is STDs or sexually transmitted diseases, says Dr. Alvarez. Examples of STDs are gonorrhea, chlamydia, syphilis, genital herpes, human papillomaviruses (HPVs) and genital warts, chancroid, acquired immunodeficiency syndrome (AIDS), Hepatitis B, and Hepatitis C. STDs are widespread; more than 12 million people in the U.S. are infected every year.

Adolescents and young people who are sexually active are prone to getting the disease, especially if they have multiple partners, she says. For women ages 30 to 60, additional cause would be when a partner contracts it from an infected person and brings the disease into the relationship.

The best prevention is still abstinence or a monogamous relationship with a non-infected partner. Otherwise, awareness of symptoms and the changes in one's body would help in early detection and treatment of the disease.

"See your doctor as soon as you see any unusual changes or abnormalities in your body like vaginal discharges, abdominal size, bleeding, odors, warts or growths," says Dr. Alvarez. "Go

for regular checkups. Be vigilant about your health."

Common diseases among adolescents include irregular menstrual cycles and primary dysmenorrhea, which can be severe through her early 20s, then often decline in her mid-20s. Some dysmenorrhea can be debilitating. According to statistics, six out of ten teenagers suffer from these painful cramps each month and it is one of the leading reasons for absenteeism in class.

For the middle aged woman between ages 20 to 50, common issues include yeast infection, infertility, uterine fibroid tumors (also called myomas), UTI (urinary tract infection), endometriosis (cells in the lining of the uterus grow in other areas of the body), breast can-

cer and ovarian cancer. General symptoms to look out for are pain, bleeding, discharge or lumps. Monthly self examination of the breast is crucial, says Dr. Alvarez.

For women in their 60s and beyond, common diseases include breast, cervical, ovarian and colon cancer, vaginal dryness, osteoporosis and dementia.

This list may be overwhelming to the average woman but awareness is still the best means of prevention. Dr. Alvarez emphasizes regular checkups and careful assessment of changes in the body as one ages from adolescence to middle age and to their Golden Years.

"The good thing in this day and age is that we are progressing to giving attention to women's needs-- mental, physical and spiritual," Dr. Alvarez says. "I'm glad there is progress in research and development especially centers that support women. There is so much improvement in technology and healthcare."

And there is no need to go anywhere else for treatment. Every help a woman needs is here in Hawaii, she adds.

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HEALTHLINE CONNECTION



By Senator Will Espero

ONE PROMISE, TWO SISTERS: THE SUSAN G. KOMEN RACE FOR THE CURE

October 16 is the date for this year's Susan G. Komen Race for the Cure in Honolulu, to be held at Kapiolani Park. This year 146 races will or have been held around the world, including 16 international races in 11 countries. The singular goal for all the races: a world without breast cancer.

The Susan G. Komen movement has changed the way breast cancer is spoken of, thought of, and treated. Nancy G. Brinker started the foundation in 1982, after her only sister Suzy died. In 1977, Suzy was only 34 when she was struck with breast cancer. Her physician was uninformed. Her surgeries left her feeling mutilated. Available chemotherapy and radiation drained her. Throughout Suzy's fight with breast cancer, she thought of how to ease the pain and suffering of fellow cancer victims. In

her dying days, she made her sister Nancy promise that she would do everything in her power to end breast cancer once and for all. Beginning with only \$200 and a list of would-be donors, Nancy transformed every aspect of this area of medicine, including public awareness, diagnosis, treatment, and survivorship. In the last three decades, the work of the organization has brought about the development of many new treatment options and a higher quality of life for breast cancer patients and survivors. For the transformation that the organization achieved, President Obama awarded Nancy G. Brinker the Presidential Medal of Freedom in 2009.

The Susan G. Komen Race for the Cure series increases awareness about breast cancer and raises funds for breast cancer research and treatment. Nearly \$1.9 billion of funds raised has been invested. Women in the local community directly benefit from the money

brought in by the race because 75% of the net income stays at home for breast health education and breast cancer screening and treatment. National research and training receives the remaining 25%.

Eight hundred runners ran in the first race which was held in Dallas, Texas in 1983. In 1998, the National Race for the Cure became (and remains) the largest registered 5K race in the world, according to its website. Last year, over 100,000 volunteers helped and more than 1.6 million people walked in the Komen races around the world. The 2010 race in St. Louis was the largest one ever, with over 71,800 participants. Today around the globe there are more than 140 races with 1.6 million participants on four continents.

The October 16 event already has 2,420 participants and 219 teams signed up. To join the effort, you can register at www.komenhawaii.org. The website contains a list of in-person registration sites, a down-

loadable entry form if you want to mail your registration in, and online registration. This year's goal is \$350,000.

I've walked in past Susan G. Komen races, and look forward to participating again. It is a worthy cause, the walk is good exercise, and you get to meet people along the 5k route. I encourage you to consider joining us on October 16.

NATIONAL CHILDREN'S STUDY

Hawaii is one of 43 states where families will be able to participate in the National Children's Study. A total of 105 study locations, dispersed among 120 counties around the country were chosen (a study location may contain a group of counties). Twenty-six rural and 79 metropolitan areas (urban, suburban, and small cities) are included. The sites were scientifically selected to ensure that participating families represented diversity across ethnic, racial, economic, religious, geographic, and social groups.

The National Children's Study will be the largest, most detailed study focused on children's health and development in our country's history. Its goal is to improve children's health and well-being and gain more of an understanding of how various factors affect health and disease.

A long-term study, researchers will follow children from before birth until age 21. Women who are either pregnant or likely to have a child during the recruitment period are eligible to participate in the study.

The research will analyze how factors in living environments interact with each other and what helpful or harmful effects these have on children's health. It will assess differences that exist between various groups of people, such as access to health care, occurrence of disease, and others. Data collected on birth defects, pregnancy-related problems, injuries, asthma, behavior, learning, mental health disorders, and many others, will provide useful information for scientists studying those conditions. Public health officials, health care providers, and researchers will be able to use the data collected to develop prevention strategies, formulate health and safety guidelines, and guide future research. The data will be made available during the study, to help guide policies to address disparities and other issues found.

Hawaii's study center is the John A. Burns School of Medicine (JABSOM), Kaiser Permanente, Johns Hopkins University, and the University of California at Irvine are signed on to conduct the study in collaboration with JABSOM.

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HEALTH NEWS**Some Absorbing Facts About
Healthy Digestion**

MANILA, Philippines - As a parent, you know that digestion plays an important role in your child's overall nutrition and wellness. Give your kid a head start by teaching him the benefits of proper digestion.

One of the problems affecting children's digestion is constipation. According to the Journal of Neurogastroenterology and Motility, constipation commonly affects 0.7 to 29.6 percent of children worldwide. Low consumption of dietary fiber is usually the main cause of the complication.

Although constipation is not life-threatening, this condition, as well as other digestion-related symptoms, can disrupt your child's daily routine. Abdominal pains may interrupt school attendance or participation in school activities, and result in other medical symptoms.

Constipation occurs when body waste accumulated from food moves very slowly in the



digestive tract. To help prevent constipation and maintain a healthy digestive system, include fiber-rich foods in your kid's diet. Adding more high-fiber foods in meals will help in the proper functioning of his digestive system.

Drinking lots of water will also speed up the movement of body waste in the digestive track. Drinking water during or after a meal improves digestion, and breaks down the food in the stomach. Medical experts recommend drinking every 10 glasses of water every day.

Avoid fatty foods when buying or preparing meals for your child. Too much fat slows down the digestive process and may lead to bloating and heartburn, and constipation. Aside from these immediate effects, excess fat also increases the risk of heart disease and diabetes.

Choose tummy-friendly foods at the grocery store. Consider products that are good for the stomach. For example, choose a milk product especially formulated with Prebio 3, a probiotic blend that helps maintain a healthy digestive system and promote the growth of beneficial intestinal bacteria that helps build body defenses.

Prevention will always be better than cure so let your kids practice proper eating habits at home. Teach your child to eat and drink slowly to avoid the rapid entry of foods and liquids into the small intestine, which may cause nausea, vomiting, or diarrhea. Chewing food thoroughly is very important to prevent large pieces of food from blocking the food passage. (www.philstar.com)

**Fall Prevention Awareness Day Set
For September 23**

Falls are the number one cause of injury for senior citizens and can have a profound impact on their independence. To help protect older adults from life-altering injuries, the State Department of Health, the Hawaii Fall Prevention Consortium and the National Council on Aging are joining 42 other states for Fall Prevention Awareness Day.

"On average, every five hours in Hawaii a senior suffers a fall injury so serious he or she must be hospitalized," says DOH director Loretta J. Fuddy. "Fall prevention is a major concern for the safety and well-being of our kupuna."

Experts say that fall-related injuries increase dramatically in the years after age 65 and that those who have fallen once are much more likely to fall again. Each year in Hawaii, 82 seniors die, 1,790 are hospitalized and 5,256 are treated in emergency departments due to falls, resulting in almost \$65 million in hospital and physician charges.

"Fall prevention awareness

must become part of the lifestyle of every senior or their care giver because recently over the last few years, fall injuries have become the number one cause for injury treatment in our emergency rooms statewide," says Dr. Linda Rosen, Chief of the DOH's Emergency Medical Services and Injury Prevention Systems Branch.

The good news is that falls are preventable. A combination of interventions has been found to significantly reduce falls in the older adult population. Experts recommend a five-part check to help safeguard against falls. If you are an older adult, please keep the following in mind:

- Have your medications reviewed by your pharmacist or physician. Prescription drugs, especially in combination with over-the-counter remedies and herbal supplements can cause dizziness and other reactions that can cause a fall.
- Have your vision checked at least once per year so that your glasses match your

activity. Reading glasses or bifocals may cause difficulties on stairs or when walking.

- Physical activity is a must to maintain muscle tone which helps preserve your balance. Take a tai chi class, walk with friends, swim, garden, visit the mall with family and stay active to maintain your strength.

- Make your home safer by adding brighter bulbs, safety bars in your bath, safety rails on a stairway and remove clutter like magazines, newspapers and other items from paths in and around your home.

- Stay out of Trees and off the roof. Queen's Hospital reports that fall-related injuries increase significantly during mango, avocado and lychee seasons. Ask a friend to help and don't climb that ladder alone.

TAI CHI CLASSES

Because the practice of tai chi has been proven to be one of the best and safest fall prevention exercises for seniors, two different locations on Oahu will be offering classes. The new

(continued on page S6)

MEDICAL OPINION

SCREENING COLONOSCOPY NOT HELPFUL AFTER AGE 70

YOUR DOSE OF MEDICINE By Charles C. Chante, MD

The use of colonoscopy to screen for colorectal cancer may cause net harm if continued beyond age 70, according to a clinical- and cost-effective study. Fecal occult blood testing, on the other hand, remained both effective and cost-effective up until age 80 years.

Many guidelines recommend routine colorectal cancer screening for adults ages 50-75 years and individualized decisions in the elderly, including a 2008 recommendation statement from the US Preventive Services Task Force. But the effectiveness and incremental costs of continuing to routinely screen older people have not been well quantified in the literature, said at the annual meeting of the Society for General Internal Medicine.

Colorectal cancer and polyps are clearly more common in the elderly. "However, potential benefits of screening are limited. If it takes a long time for a polyp to become cancer, you need a relatively long life expectancy to make polyp removal worthwhile."

With that in mind, colleagues developed a Markov decision model to assess the effectiveness and incremental cost-effectiveness of screening patients with a colonoscopy once each decade after age 50 and with fecal occult blood testing (FOBT) annually.

"Assumed an adherence rate of 60%, which is the ballpark, but may be a little optimistic compared to general colonoscopy adherence," said the internal medicine faculty at the University of Michigan, Ann Arbor. Also an investigator at the

Ann Arbor Veterans Affairs Center for Clinical Management Research.

"From 66 years to 85-plus the bleeding and perforation risks double," according to Medicare data. For example, risk of bleeding was 0.49% for the 66- to 69-year-old cohort and increased to 1.15% among those 85 and older.

Their model also incorporated polyp prevalence data from autopsy and screening colonoscopy studies as well as rates of colorectal cancer from the surveillance Epidemiology, and End Results (SEER) database.

If colonoscopy is stopped at age 60 years, life expectancy beyond age 50 is 17.1651 years and screening costs \$1,554 in 2006 dollars. (All life expectancies are discounted from a value of about 27 years, based on economic present-value analysis.) If colonoscopy stops at age 70, life

expectancy increases very slightly to 17.1670 years beyond age 50 — "essentially a day" — and costs \$1,623. But an additional colonoscopy at age 80 "actually causes harm." The additional colonoscopy was associated with a decrease in life expectancy beyond age 50 to 17.1668 years and a cost of \$1,648.

Also, "if a patient has actually had a colonoscopy at ages 50 and 60, then even a third one at age 70 ends up being harmful."

"This fits with the recent US Preventive Services Task Force report to stop [screening] at age 75." "From a population perspective, stopping colonoscopy after age 70 seems appropriate. But this does not apply equally to fecal occult blood testing."

The study findings suggest that FOBT is effective and cost-effective for screening up to about age 80. For example, at

age 76, FOBT is associated with a life expectancy of 17.1485 years beyond age 50 and costs \$1,336. Continuing annually to age 80 is associated with an added life expectancy of 17.1489 years and a cost of \$1,355.

Although the researchers found that FOBT screening does not cause harm. It costs more than \$100,000 per life-year to continue screening beyond age 80.

The findings do not apply to people with no prior screening, "so if someone is 80 and has never been screened, it might be effective." Also, the study did not address screening of high-risk patients and did not assess complex strategies such as two colonoscopies followed by subsequent FOBT that alternative strategies, such as mixed testing approaches, should be evaluated in future research. (www.philstar.com)

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HEALTH NEWS

Drug-resistant TB Spreading Fast in Europe

LONDON (AP) — When Anna Watterson lost more than 20 pounds and developed a cough she couldn't shake, she was afraid she'd caught some mysterious disease.

After repeated visits to the doctor and months of being sick in 2004, the London barrister was finally diagnosed with drug-resistant tuberculosis. She isn't sure where she caught it — either traveling in India years before or living in northwest London, a tuberculosis hotspot — but experts say patients like Watterson are increasingly common across Europe.

"Nobody in Europe is 100 percent protected from drug-resistant tuberculosis," said Ogtay Gozalov, a medical officer at the World Health Organization. He described the disease's spread in Europe as "alarming" and said previous measures to contain the outbreak were inadequate.

On Tuesday, WHO released a new plan to fight the disease across Europe that aims to diagnose 85 percent of all patients and to treat at least 75 percent of them by the end of 2015. Only about 32 percent of patients with drug-resistant tuberculosis in Western Europe are properly treated; many stop taking their medicines before the treatment course is up, allowing the bug to develop resistance.

According to WHO, the nine countries with the world's highest rates of drug resistance in new tuberculosis patients are in Europe, including Azerbaijan,

Moldova, Russia and Ukraine.

The agency's plan will cost \$5 billion and is intended to save about 120,000 lives and \$12 billion worth of diagnosis and treatment expenses by 2015.

Watterson said low awareness of the disease among health workers also allows it to spread.

"There was a delay in my diagnosis because I was a white, middle-class person and doctors didn't think to test for it," she said. Most patients with the disease are immigrants from poor countries or people who abuse drugs and alcohol.

Once diagnosed, Watterson was put into isolation for four months in the hospital and any visitors had to wear masks. She took a cocktail of drugs for nearly two years, some of which made her nauseous and so sensitive to sunlight she had to wear gloves to protect her hands in the summer.

Some experts said officials must address the stigmatization that often accompanies tuberculosis and work harder to identify patients before they spread the disease.

Ruth Mc Nerney, a tuberculosis expert at the London School of Hygiene and Tropical Medicine, described WHO's plan as "overambitious." But she warned there could be a much bigger crisis in the future.

"If we don't solve this soon, we could end up with so much drug-resistant tuberculosis that it will be like being back in the Victorian age when there were no good treatments," she said.

(www.phlistar.com)

FALL... (from page S4)

Leeward YMCA next to the Waipahu Sugar Mill, in cooperation with certified instructors from Tai Chi for Health, will be hosting a free tai chi class from 7 am to 8 am on Friday, September 23. If you are not a member of a YMCA, you must arrive 15 minutes prior to the start of class to register.

On the same day, from 9 am to 10 am, a certified instructor from Tai Chi for Health will be offering a free class at the New Hope Dia-

mond Head Resource Center located above California Pizza Kitchen in Kahala Mall. Attendees must tell the instructor that they are there for Fall Prevention Awareness Day.

For more information about fall prevention, go to the National Centers for Disease Control and Prevention website: <http://www.cdc.gov/homeandcommunity/safety/falls/index.html> or visit the State DOH's Injury Prevention Program at: <http://hawaii.gov/health/health-lifestyles/injury-prevention/index.html>

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ALL IDEAS CONSIDERED

Curiosity—An Excuse, A Reason?

By Felino S. Tubera

To a man like me, "women's health" sounds like a common name tag given to a special "species" of plants growing only in an exclusive garden club for women. On the surrounding fence of this garden hangs an imaginary, invisible "Keep Off The Grass" sign warning that it's off limits to men. O my! Women are women! There's a sweet aroma of mystery around this for us men who generally take our health-ness functions and male attributes for granted; say, mannish with boyish, if not carefree, even uncouth disregard. Men are just men, but for his sake, Adam need not be forbidden a peek into the women's banana patch. Why, what makes women's health so special? O please, give me an excuse, a reason.

We, the men of kingdom come, believe that Mother Nature is clever and wise in separating and differentiating the human species into male and female with anatomical-biological-hormonal attributes to eliminate the need to interject

divisive propaganda into the distinction. Menopause for women, thank goodness men don't know anything about it. Flushes! Gasping? No. Man, take a deep breath, that's the thing good for your health.

Man is a social curious animal who appropriates unto himself the privilege of being different and asserts his "right" to observe, explore and comment on why and what grows and thrives in a woman's health domain. A man that I am, it's my simplistic inclination to inject my personal interest on the subject of women's health. My excuse for asking why? I have an obdurate feeling of immersion rather than intrusion into that inner and upper altar of "specialness" call it, if I may, a woman's sanctum of femininity. Honestly, I am quite confused and baffled by the dimensional enormity of this health region. There must be a hidden underlying scheme in the manner and order of men and women's body functions harmoniously overlapping, intersecting and colliding in glorious fashion, magnified, even digitized in grotesque human proportions:

All differences in rhyme, rhythm and reason notwithstanding. Hallelujah!

Male and female are different. Period. But woman is very different. Exclamation! But of all considerations, the issue of women's health and men's health, between them: is relational. Their well-being is a relationship. Ignorance of, or ignoring each other's health concerns and needs is tantamount to becoming ill or getting an ailment directly or indirectly. An ideal state of good health hinges on a balanced relationship: a common ground of recognition and understanding of each other's health issues. My wife and I agree that there are two basic relational foundation blocs for a healthy living style. One: good eating habits; two: a proper dose of mental, physical and spiritual exercise. Don't get mentally, physically or spiritually thirsty or hungry. A third stepping stone to achieving this goal is: motivation. No amount of good knowledge about the first two blocs would matter if there's no incentive to utilize such knowledge with action and devotion. Motivation is the power-up energy-switch to jump-start a good health routine or regimen.

There a few specific health "buttons" that we need to touch: press, toggle, turn on or off during the process. Good body posture is one. Standing up, sitting down, walking, lying down...in good posture, the experts say, is conducive to good health. Not the posturing or jockeying for the most advantageous perch on the pecking order for husband-



or-wife arena of domination/subjugation.

Habits: is another button. Good habits to make; bad habits to break or eradicate. Good-habit forming is a healthy environment for a meaningful relationship. Weight: over or under is rather a touchy subject. There is a flip side to this coin of contention. Easy mind: just keep it under control.

Tattoos: a pricking anomaly? This used to be just men's territory. Now it's one of women's infatuation, even an obsession to some. Except for my wife, it's nomb (none of my business) To each his/or/her own. Like body-part piercing, it's a health risk. Nothing to do with hygiene. Art? The what-amendment to self expression? An ego thing? Never mind.

Worry: yes, it's a health concern, too. A needless pain to waste time on. Women, I think, worry more than men. On my work desk sits a reminder: "Today is the Tomorrow that I did not have to worry about Yesterday." If you worry about tomorrow, you are not happy today. Idleness and boredom are sick, worrisome bedfellows. Get active to avoid them.

Unwind, allow yourself to

get funny. There is nothing as entertaining as doing something laughable. Time bends and blends with humor. In a real world, there are myths and weird facts that saturate our health-conscious makeup as human beings. Winnow and shift the grain from the chaff. Gun for the truth.

Well, I don't have all the right buttons for a healthy living style. To know that it's a woman's right and privilege to give birth to a child...and motherhood, is precious enough. I don't presume to fully understand how and why. That man was created to not experience this woman's function, let it be. To me, it's divine mystery in its definite-infinite form of "specialty." Praise be to Infinite Wisdom for assigning this "only" for women design. It's a healthy deprivation for men not to have it. Man, jealous though he is, gets compensated non-the-less with "for men only" pheromones he can scatter or spray around to identify and mark the bounds of manhood: his male identity.

A reason more than good enough for keeping a healthy closeness or healthy distance from the women's garden club.

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HEALTHLINE

Menopausal Estrogen Therapy Benefits and Risks Vary by Age, WHI Analysis Suggests

Adapted from the NCI Cancer Bulletin

Long-term follow-up data from the Women's Health Initiative (WHI) provide important new information about the potential risks and benefits of hormone therapy to treat symptoms or conditions related to menopause, including its effect on breast cancer risk. The results were published April 5, 2011, in the Journal of the American Medical Association.

Overall, the study found, among postmenopausal women who had had a hysterectomy, use of conjugated equine estrogens alone for an average of 6 years had little to no effect on the risk of death, coronary heart disease, colorectal cancer, and hip fractures, or on other serious health problems, compared with placebo treatment. Estrogen-only treatment was associated with a statistically significant decrease in the risk of breast cancer.

However, there were some notable differences in estrogen effects by age. Estrogen therapy decreased the risk of heart disease and mortality among women in their 50s but markedly increased these risks for women in their 70s. In contrast, the decreased breast cancer risk associated with estrogen use was seen regardless of age.

The WHI estrogen-alone clinical trial, launched in 1993, randomly assigned more than 10,739 women between the ages of 50 and 79—all of whom

were past menopause and had had a hysterectomy—to take daily estrogen or a placebo. In 2004, the study was stopped early because of an increased risk of stroke and blood clots in women receiving estrogen. Nearly 80 percent of the trial participants agreed to be monitored beyond the study's termination; this most recent analysis covers nearly 11 years of follow-up in trial participants.

The findings reinforce the concept that "estrogen affects many organ systems in the body and changes the risk of many diseases," said the study's lead investigator, Andrea LaCroix, Ph.D., of the Fred Hutchinson Cancer Research Center in Seattle. "Depending on age group and hysterectomy status, the consequences [of estrogen-only therapy] can vary dramatically."

The increased risks of stroke and blood clots that were seen while women were actively receiving treatment were no longer present after women halted therapy, the study authors noted.

The analysis is the latest update in an ongoing, large-scale effort to establish more definitively the risks and benefits of menopausal hormone therapy, including its effect on cancer risk and mortality. Previous studies from the WHI, for example, have clearly shown that combination therapy with estrogen plus progestin increases breast cancer incidence and death, as well as lung cancer mortality. And just 2 months



ago, British researchers reporting on longer-term follow-up from the Million Women Study (MWS) also found that combination estrogen and progestin therapy, when started immediately after menopause, increased breast cancer risk regardless of hysterectomy status.

Earlier analyses from the WHI estrogen-alone trial suggested that there may be a reduction in breast cancer incidence, but it was only with longer-term follow-up that this trend reached statistical significance, according to Leslie Ford, M.D., of NCI's Division of Cancer Prevention and the Institute's WHI liaison. In absolute terms, the current analysis indicated, there would be eight fewer cases of breast cancer for every 10,000 women who had undergone menopause and had a hysterectomy if they took estrogen daily for 6 years.

The WHI findings also contrast with some of the recent findings from the MWS, wrote Emily Jungheim, M.D., and Graham Colditz, M.D., Dr.P.H., of the Washington University School of Medicine in St.

Louis, in an accompanying editorial. In the MWS—which was an observational study and not a randomized clinical trial like the WHI estrogen-alone trial—there was an increased breast cancer risk in women who began estrogen-only therapy within 5 years of menopause. The editorialists also pointed out that 68 percent of women in the WHI trial were 60 years of age or older when they entered the study.

"Given this fact and the findings from the Million Women Study, an important question that emerges is whether the WHI population is appropriate for reaching definitive conclusions regarding younger women and the risk of breast cancer associated with [menopausal hormone therapy]," they wrote.

Although she acknowledged the somewhat conflicting

findings, Dr. Ford stressed that the WHI results are from a large, randomized clinical trial. Randomized clinical trials are considered to be the highest level of evidence and, consequently, are routinely used to inform clinical decision making.

Use of menopausal hormone therapy has continued to decline since the early 2000s, when the initial findings of the WHI clinical trial of estrogen plus progestin showed an increased risk of breast cancer and serious cardiac events with the combination. That decline has since been linked to a parallel decrease in breast cancer incidence rates.

In terms of breast cancer risk, Dr. Ford believes the results from the WHI estrogen-alone trial should be reassuring for younger postmenopausal women who have had a hysterectomy and are receiving or considering estrogen therapy. "For younger women," she continued, "they can feel more comfortable following the current guidelines for using the lowest dose of estrogen for the shortest time."

But both Drs. Ford and LaCroix agreed that for older women, the potential benefits of menopausal hormone therapy of any kind do not outweigh the risks.

"Our data clearly indicate that hormone therapy use in older women is potentially dangerous," Dr. LaCroix said.



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HEALTH & FAMILY

20 Ways to Live Longer

MIND YOUR BODY By Willie T. Ong, MD

When I started writing for the STAR, one of my earliest articles was about the "20 strategies to live longer." I was asked by many readers to reproduce for them these tips. Now, I think it's a good time to update these life-saving strategies. Let's start from number 20, as we count down the top 20 ways to live longer.

- 20. Be more relaxed and less stressed.** One sure way to get a heart attack is to have a workaholic, perfectionist, and stubborn personality, the so-called "Type A" personality. In contrast, the "Type B" personality is a more relaxed, less time-conscious, and less driven person. Type B personalities are able to adapt to problems and are less stress-prone.
- 19. Check your vitamins and supplements.** Vitamins can help fill up the gaps in our diet, especially if we don't eat enough fruits and vegetables. You may take a multivitamin daily, especially if you feel weak or tired.
- 18. Pray (in addition to seeking medical care).** In a study of cancer patients, those who confronted their

illness through positive thinking, medicines, and prayers, actually lived longer.

- 17. Read up on your disease.** Dr. Joslin, a world-renowned diabetes expert, believes that the educated patient lives longer.
- 16. Get vaccinated.** Vaccines are the thinking man's strategy to prevent disease and live longer. Consider vaccines for hepatitis B, flu, rabies, tetanus, and pneumonia. These are all serious illnesses preventable by a simple vaccine.
- 15. Limit or avoid alcohol intake.** "Drinking in moderation" is a much abused phrase. Too much alcohol intake can cause a multitude of problems, such as liver cirrhosis, liver cancer, stomach ulcers, oral cancers, brain damage, dementia, nerve damage, and vehicular accidents.
- 14. Do charity work.** In a study involving 3,617 respondents and conducted by Prof. Peggy Thoits of the Vanderbilt University, those who volunteered and helped other people had higher levels of happiness and self-esteem, and better physical health. Helping others has always been the best stress reliever and anti-depressant.



- 13. Find a good doctor.** A good doctor can help you live longer. Your doctors' job is to guide you on your check-ups, such as laboratory tests, cancer screening tests, and schedule for vaccines.
- 12. Exercise moderately.** Moderate exercise has been proven to prevent diabetes, maintain body weight, and lessen the pain of arthritis. Exercise a minimum of three times a week. If you plan to enroll in a gym, get a doctor's clearance first. Try to avoid high-impact exercises like basketball and badminton as you grow older. Swimming and brisk walking are excellent exercises.
- 11. Marry.** Statistics show that, on the average, married persons live longer, probably because they find fulfillment in their spouse and kids. However, don't feel bad if you're single. Single individuals can compensate by having a large support group of family and friends.
- 10. Be a positive thinker.** Train your mind to think positively. Believe you'll beat your disease and you can. To learn more about positive thinking, you may check out any of Dr. Norman Vincent Peale's affordable books.
- 9. Consider statin drugs for high cholesterol.** The statins are one of the best drugs in medicine. Since the 1990s, the drug's benefits for patients with high cholesterol, heart disease, and diabetes have been proven time and again in dozens of clinical trials. Ask your doctor if you need to take these drugs.
- 8. Live a less risky lifestyle.** Young people should be ed-

ucated on the dangers of practicing unsafe sex, having multiple partners, and taking illicit drugs. Limit your risks, avoid accidents, and live longer.

- 7. Be financially wise.** People with lower incomes are afflicted with more diseases like tuberculosis, infectious diseases, malnutrition, and even heart disease. The poor usually have no means to get a checkup or to buy medicines. Learn to save some money for your emergency medical needs.
- 6. Consider aspirin.** Aspirin has been proven to help patients with diabetes, heart disease, stroke, and high cholesterol. Lately, studies show that aspirin may prevent some bowel cancers. The only precaution with aspirin is that it may cause an upset stomach or an ulcer. That is why we advise patients to take aspirin after meals.
- 5. Eat fruits and oily fish.** Nature's healthiest fruits include bananas, carrots, tomatoes, and citrus fruits. Bananas are rich in potassium, vitamin B6, and folic acid. Likewise, tomatoes have high amounts of antioxidants, including beta-carotene and lycopene. Citrus fruits like oranges and lemons are teeming with healthy vitamin C.
- 4. Eat green leafy vegetables.** Vegetables are beneficial for people with heart disease, high cholesterol, high blood pressure, diabetes, bowel problems, and various cancers. Vegetables are also excellent diet foods because they're low in fat and high

in fiber. Locally, we have cabbage, pechay, kangkong, camote tops (talbos), and spinach.

- 3. Lose weight, if overweight.** Being obese is associated with all sorts of diseases, like arthritis, high blood pressure, heart disease, and diabetes. If you're 20 pounds overweight, then it's like carrying a 20-pound chair tied around your back all day. Shed off excess weight and feel better.
- 2. Take medicines for high blood pressure and diabetes.** Studies show that when a patient with severe high blood pressure takes his maintenance medicines, he may live 10 years longer. With regard to diabetes, studies show that thoremore doctors bring down the blood sugar to normal levels (fasting blood sugar of less than 100 mg/dl), the greater is the health benefit. These are really lifesaving medicines.
- 1. Stop smoking.** There are over 70,000 scientific articles to prove that smoking damages the heart, lungs, esophagus, stomach, bowels, prostate, and predisposes one to all kinds of cancers. What is worse is that smokers actually hurt the non-smokers around them by letting them inhale the toxic fumes. So, what's the best way to live longer? Don't smoke, period. It will save you from so much headache and pain. For more detailed information, you can check out the book *How To Live Longer*, available at National Book Store outlets. (www.philstar.com)

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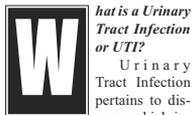
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ASK A DOCTOR

Recurrent Urinary Tract Infections in Women

By Rainier Dennis D. Bautista, MD



What is a Urinary Tract Infection or UTI?

Urinary Tract Infection pertains to diseases which in-

volve bacterial infection on any part of the urinary tract, which includes the kidneys, the ureters, the bladder, and the urethra. The term Cystitis refers to infection that primarily involves the urinary bladder. When the kidneys themselves are involved, we use the term Pyelonephritis.

What are the signs and symptoms of UTI?

The most common symptoms of UTI are pain or burning when urinating, frequent urination, compelling urge to urinate, and blood in the urine. If the kidneys are involved, you may experience fever, chills, back pain and nausea.

What factors increase a woman's risk for developing a bladder infection?

One of the most important risk factors is sexual activity.

Use of spermicide-containing contraceptive increases the risk even further. Having previous UTIs, anatomic abnormalities of the urinary tract and Diabetes also increase your infection risk.

Is there anything I can do to prevent UTIs?

Women with recurrent bladder infections and who are sexually active should be advised regarding their risk of getting the disease. They should also be told to decrease the usage of spermicide-containing products.

Some doctors would also recommend increased fluid intake, especially after intercourse, which may help wash out bacteria that enter the bladder. Cranberry juice has been suggested as another way to prevent recurrent UTIs but this has not been conclusively proven.

Women who are already in menopause may benefit from using vaginal estrogen.

If all else fails and the patient is still having multiple



episodes of UTI within the same year, she can be prescribed a low-dose antibiotic which she would need to take several times a week for months or even years.

What should I expect in a visit to a doctor's clinic if I am experiencing the symptoms you have mentioned above?

Your doctor will interview you regarding your symptoms, so make sure to take note of when your symptoms started.

Your doctor would most likely ask you to give a sample of urine, which would be tested if it contains any bacteria or pus. In some cases, the urine will be used to definitively identify which bacteria is causing the infection.

The usual treatment for UTIs would be a three to seven

day course of antibiotics. The most commonly used ones are: Trimethoprim-sulfamethoxazole (Bactrim), Nitrofurantoin (Macrobid), Ciprofloxacin (Cipro), or Levofloxacin (Lev-aquin). Make sure to tell your doctor if you have specific drug allergies so the most appropriate antibiotic will be given to you.

If I get the symptoms you have mentioned above, can I skip the doctor's visit and just take the antibiotics myself?

If it is the first time you have the symptoms, you should go see your doctor to see if you indeed have a UTI.

If you are experiencing UTIs regularly, and your physician confirms repeated diagnosis of UTI, self-treatment with antibiotics can be very helpful. Some doctors would prescribe an extra three-day course of antibiotics for this purpose. It is important to contact your physician if symptoms do not resolve within 48 hours.

Are there any special considerations regarding UTIs in pregnant women?

UTIs can increase the risk

of preterm labor in pregnant patients, even if they are asymptomatic. That is why pregnant women are asked to give a urine sample during their first prenatal visit. If bacteria is found in the urine, the patient will be prescribed antibiotics. Of course, the antibiotics that can be prescribed are limited to those that have been found to be safe in pregnant patients.

Why do some patients with UTI undergo X-ray or ultrasound?

Special procedures such as X-rays, CT-Scan, ultrasound, or cystoscopy are reserved for those patients who have recurrent episodes of pyelonephritis (kidney infection), or those patients with complicating factors such as kidney stones, or structural abnormalities.

DR. RAINIER DENNIS D. BAUTISTA is a graduate from the University of Santo Tomas Faculty of Medicine and Surgery. He is currently undergoing training under the Titans Hawaii Preceptorship Program headed by Dr. Charlie Y. Sondo.



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HEALTHLINE

Fosamax Use and Thigh Bone Fracture

By Diane T. Ono, Esq. and Michael Ragsdale, Esq., R.N.

Many of us have grown up seeing our grandmothers and others with bent over backs from osteoporosis. Osteoporosis is the loss of bone density and is most common among Asian and Caucasian women. With osteoporosis, bones become brittle and more easily fracture. To maintain their bone health, many women in their 50s and 60s have been prescribed with a medication called Fosamax.

Who would have thought that a drug designed to prevent bone loss could result in debilitating femur or thigh bone fractures that would undermine the health of so many women.

LONG TERM FOSAMAX USE ASSOCIATED WITH FEMUR FRACTURES

Recent research associates long-term Fosamax use to femur fractures. The femur fracture is nontraumatic ("low impact" or "low energy") and is a subtrochanteric or diaphyseal fracture. In other words, the fracture occurs in the upper thigh bone region and is a long bone frac-

ture. The pain associated with femur fractures is excruciating and debilitating since the thigh bone is the largest bone in the body.

Long-term Fosamax users who report these nontraumatic femur fractures have similar stories. While walking or taking a step, their leg buckled from under them, resulting in a fracture. Some even have experienced fractures while attempting to stand or walking down a step. Many women were unaware that they had broken a bone at the time.

WHAT IS FOSAMAX?

Fosamax (alendronate sodium) is the brand name of a drug made by Merck. It is a bisphosphonate used to slow bone mineral density loss and increase bone mass by altering the cycle of bone formation in the body. Since receiving FDA approval in 1995, Fosamax has been prescribed to roughly 20 million women and men to treat or prevent osteoporosis and other bone diseases. Fosamax is also prescribed to treat osteopenia, which is a precursor to osteoporosis and is common



Subtrochanteric fracture

among menopausal and postmenopausal Asian and Caucasian women.

"Bone turnover" is a necessary and natural process that maintains healthy bones. Fosamax suppresses or inhibits the bone turnover process. Taken for more than three to five years, Fosamax can cause an over-suppression of bone turnover, which then results in the bones becoming overmineralized. Nontraumatic femur fractures may result.

In a 2009 article published in Geriatrics, Dr. Jennifer Schneider noted that osteoporotic bones typically fracture in the vertebrae, hip, forearm or upper arm. The reports of nontraumatic femur fractures among persons using drugs such as Fos-

amax was highly unusual because such fractures are not commonly associated with osteoporosis patients. The American Academy of Orthopaedic Surgeons has also published findings that Fosamax has resulted in the opposite effect – the depletion of bone density.

Over a year ago, the FDA initiated an investigation of Fosamax. In October 2010, the FDA cautioned physicians about the potential link between Fosamax use and femur fractures. The FDA relied upon independent findings that Fosamax's adverse effect on bone quality may increase the risk of nontraumatic femur fractures.

FOSAMAX ALSO ASSOCIATED WITH OSTEONECROSIS OF THE JAW

This is not the first time concerns have been raised over Fosamax. In 2004, the FDA issued a safety review that concluded that Merck should warn patients that a side effect to the drug may include osteonecrosis of the jaw (ONJ) or "jaw death." ONJ is a disease in which bone tissue in the jaw does not heal after minor trauma, such as dental extractions.

WHAT SHOULD YOU DO IF YOU ARE TAKING FOSAMAX?

If you are a Fosamax user, you should consult with your physician immediately. Your physician should be aware of the most recent research concerning Fosamax osteoporosis drugs.

As research has developed, hundreds of cases involving Fosamax use and femur fractures have occurred throughout the United States. On June 29, 2011, the law firm of Galilher DeRobertis Ono filed the first Fosamax lawsuit in Hawaii on behalf of Lois Takamori. Mrs. Takamori was prescribed Fosamax from 2001-2008 and recently experienced a femur fracture. Mrs. Takamori's story is, unfortunately, a common one for many women in Hawai'i who have used Fosamax.

If you or a loved one has used Fosamax and has suffered a femur fracture or osteonecrosis of the jaw, you should consult with an attorney immediately.

For further inquiries or information about this article, you may reach Diane Ono, Esq. or Michael Ragsdale, Esq. at 554-625 or 676-56651.

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