The Women of WHI

Imagine walking into a huge, empty auditorium. There you are, all alone, feeling small in an enormous space.

Gradually, a few more women enter. Then dozens more, hundreds more, even thousands more crowd in. Finally, after streams of women walk through the door, picture sitting among over 160,000 women. Imagine the enormity of that crowd: its energy, potential, and vibrancy. You belong to such a group today—the Women's Health Initiative.

As you know, research on women's health has huge medical, social, and economic importance. It is also personally helpful to women as they make decisions about their health and lifestyle choices. Too little research has focused on women's health, but now you're part of finding answers for women today and in the future.

With recruitment over in all but the Calcium/Vitamin D part of the study, the scope of the commitment made to research by you and other women is unparalleled. For five years now, women across the U.S. have responded to the call to join forces with doctors and scientists to learn more about women's health. As you can see from the chart, over 160,000 women have joined the study! A tremendous achievement, and we have you to thank.

### Enrollment by Study Part

<table>
<thead>
<tr>
<th>Study Part</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Clinical Trial*</td>
<td>68,135</td>
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<tr>
<td>Hormone</td>
<td>27,348</td>
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<tr>
<td>Dietary</td>
<td>48,837</td>
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<tr>
<td>Calcium/Vit D</td>
<td>(Recruitment Ongoing)</td>
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<tr>
<td>Observational Study</td>
<td>93,726</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>161,861</strong></td>
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*Includes 8,050 participants enrolled in both the Hormone and Dietary parts of the study.

Continued on page 2
The Women of WHI

Continued from front cover

WHI placed special emphasis on recruiting older women for the study. Since more chronic diseases tend to occur as women age, it is especially important to study women in their later years. As shown in the chart below, a total of 67% of the women in the study were over 60 years old at enrollment, and 22% were over age 70.

<table>
<thead>
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<th>Ethnicity of Participants</th>
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<td>African American</td>
<td>14,632</td>
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<tr>
<td>Hispanic</td>
<td>6,547</td>
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<tr>
<td>Asian or Pacific Islander</td>
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<td>American Indian or Eskimo</td>
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<td>Other</td>
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<tr>
<td>Caucasian/White</td>
<td>133,960</td>
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<td><strong>Total</strong></td>
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Of course, the work of WHI doesn’t stop with recruitment. In order for the study to meet its goal of understanding more about women’s health, we need each of you to stay in the study and do what is requested. You are irreplaceable!

After four years in the study, over 90% of participants in the Dietary or Hormone parts of WHI are still attending their follow-up visits. Additionally, 92% of Observational Study participants have responded to the health questionnaires mailed to them one year after enrollment; around 85% returned those sent in the second year. Since mailings are the main source of health information from women in the observational study (the largest part of WHI), these responses are both critical and commendable.

While it’s hard to take a snapshot of the thousands of women in a ground-breaking study like WHI, your place in the picture is clear. Every one of you has made the study a success to this point, and your future commitment ensures WHI will one day be able to answer many questions about women’s health.

Nearly 28,000 minority women (17% of all participants) joined WHI, giving this study the unprecedented opportunity to learn more about minority women’s health. WHI aims to represent all women in our society, so it was important to seek out and include women from diverse cultures. Researchers hope to learn more about how different cultural factors affect long-term health and well being. Some Clinical Centers in areas where there are many minority women were able to enroll 60% or more of their participants from these groups. In doing so, the percentage of minority women in WHI reflects the same percentage of women from major ethnic groups in the general population of women aged 50-79.
Keeping Connected

Keeping track of you and your health through the end of the study is one of WHI's most important goals for answering scientific questions about women's health. In order to keep in touch with you on a regular basis, we must have your current address and phone number. In our busy, mobile society, moving across town or to a new city is very common. And with all of the new area codes and zip codes these days, telephone numbers and addresses are also changing, even without a move to a new location. So when you come into the clinic for your follow-up visits, we ask you to review your contact information—just to make sure that it is still correct. We may also occasionally ask you by mail or telephone to confirm the information. This will ensure that you continue to get your study newsletters and any other important study updates. Of course, if your address, phone number, or any other contact information changes, you do not need to wait until your follow-up visit to let us know. Please call or write to your clinic anytime with contact information updates.

It is understandable that during the hectic time of a move or other change in your life, you may forget to contact your clinic with change-of-address information. That's why, when you joined the study, you were also asked to provide the names of your medical care provider and personal contacts: two people not living with you who know you well. We may try to contact one of these people if we are ever unable to locate you for any reason. So, in addition to your own contact information, we periodically ask you to review and update information about your physician and other personal contacts.

As part of your ongoing participation in WHI, your clinic also needs to keep track of any major changes in your health over time. You, of course, are the main and best source of information about your health. However, the passage of time can make it hard to remember specific details about events in our lives. Even the details of major events—like when you had surgery—can fade with time. It can be helpful to turn to people close to us to help us remember details about our own lives. Also, there may come a time when you are unable to provide these facts yourself because of serious illness or other reasons. We may ask you to provide your clinic with the name of a proxy: someone who can provide us with answers about your health. The person identified as your proxy may be your spouse, a family member, or a close friend. Your proxy may or may not be one of the people you listed as one of your "personal contacts"; it is totally up to you. In order for that person to be able to provide the best responses to questions about you, your proxy should be someone you live with, or visit or talk with by phone at least twice a month. If you live alone, your proxy might well be one of the personal contacts you have already listed.

In case of emergency, it's always a good idea for your spouse, family members, or close friends to know about your health concerns and history, and who your health care providers are. It is also important that your personal contacts, proxy, and health care provider be reminded of your participation in WHI, no matter which parts of the study you are in. One way to do this is to share this article with your personal contacts and proxy so they better understand their role if they are ever contacted by WHI staff. We thank you for doing your part for WHI, and for being part of the answer.
Flexible ice gel packs come in handy when treating an injury or headache. Save money and make your own by combining 3/4 cup of water and 1/4 cup of rubbing alcohol in a small, sealable freezer bag. Use and refreeze as needed.

Did you know that music seems to give exercisers extra energy? Researchers asked people to ride an exercise bike until they were exhausted; the women rode 25 percent longer when they listened to music.

Systolic blood pressure tends to drop when you get up after soaking in a hot tub or spa. The hotter the water, the greater the drop—and the risk of fainting. To minimize that risk, limit your soaking time to no more than 15 minutes, limit the water temperature to 104 degrees Fahrenheit, and when you get out, do so slowly and with support. If you feel dizzy, lie down and raise your feet to speed blood flow to the brain.

Getting a wok or skillet very hot before tossing in ingredients is key to a good stir-fry, but if your pan has a nonstick surface, don’t let it sit empty too long. After about 15 minutes on a hot burner, the nonstick coating will release fumes that can irritate your eyes, nose, and throat, as well as harm pet birds.

If you ever start choking and you’re alone (and can’t cough), keep your elbows out and with your own fist, thrust in and up toward your belly, just below your rib cage. Or bend over a sturdy railing or chair back and shove your upper abdomen against it.

If you’re riding in a car for long hours in the sun, you should wear long sleeves or use sunscreen on your exposed side, especially if you burn easily. People rarely get sunburned in cars unless they hang an arm out the window or are in a convertible, but some sun damage can occur. Though clear glass blocks nearly all ultraviolet B radiation (mostly responsible for sunburns and tans), the side and back windows of cars do not block ultraviolet A radiation, which causes skin aging and possibly skin cancer.

The following tasks should be part of your annual safety check:
- Test smoke detector batteries
- Have your chimney swept and furnace checked
- Restock first aid supplies
- Review disaster plans with family and check your disaster supplies kit
- Dispose of expired medications
- Inspect home fire extinguishers and have them recharged, if needed

Never use ordinary silverware to measure medications. Tableware spoons can hold as little as 2.5 ml or as much as 10 ml. To get the right amount of medicine, use an oral syringe, an oral dropper, a dosing spoon, or a plastic medicine-measuring cup. Most of these devices are free through pharmacies.
Dear WHI Participant:

I want to thank you for your continued interest and participation in the Women's Health Initiative. The reasons you joined are as important today as they were at the time you made the decision to “be part of the answer.” Since we just completed enrolling all of the WHI participants last summer, we still have several years before we will be able to report major findings.

You may find that situations in your personal life prevent you from fully participating in WHI activities from time-to-time. You may feel that it would be better to drop out of the study than to continue if you cannot make some of the visits or meetings. It is actually much more harmful to the study for you to drop out than for you to complete even one of the forms or answer some questions over the phone. If you find you can increase your participation later, your involvement is always welcome and valuable. We will be happy to work out a plan that suits your needs, but still allows us to keep in contact. Remember, you cannot be replaced. Everyone is important!

You might consider discussing your involvement in the project with your family and close friends so that they will know that you consider WHI an important activity. If we ever have to contact them, they will recognize that we are part of a project in which you firmly believe.

As always, our excellent University of Florida WHI staff and I are willing to answer any questions or concerns you might have. We’re very glad to have you as part of our team. We know we will answer many questions over the next few years and look forward to sharing them with you.

Best wishes,

Marian C. Limacher, MD
Professor of Medicine
Principal Investigator
University of Florida Clinical Centers
for the Women’s Health Initiative

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Taco Soup
(Serves 13)

Ingredients:
1 pound ground beef
1 medium onion, chopped
1 medium bell pepper, chopped
28 oz. can tomatoes, chopped
1 can (15 oz.) whole kernel corn
1 can (15 oz.) hominy (if no hominy, use another can of corn)
2 cans (15 oz.) pinto beans
6 oz. can tomato paste
1 pkg. taco seasoning mix
1 pkg. Hidden Valley Ranch Dressing
2 cups water
1/2 cup picante sauce

Preparation:
Cook ground beef in bottom of large pot, drain, rinse meat and set aside. Wipe out pan with paper towels. Sauté onion and green pepper. Return meat to pan. Add remaining ingredients, liquid and all. Simmer over low heat for 1 hour. Spoon into bowls and top with grated cheddar cheese and serve baked tortilla chips as a side accompaniment.
University of Florida WHI Clinics

Martha Sue Dale

My work with WHI as Lead Nutritionist for both the Gainesville and Jacksonville clinics has been challenging and rewarding. The challenges provide opportunities for creativity and fulfillment, while the rewards provide opportunities for personal growth. YOU, our WHI participants, constantly remind me of the remarkable resiliency and strength women possess. YOU have helped me learn more about life’s blessings and struggles. Through YOUR examples and my association with YOU, my life is fuller and I’m inspired to be a better person.

Outside of WHI, I enjoy time spent with family and friends. My husband and I are “empty-nesters,” who find life after kids a lot of FUN! We enjoy kayaking and hiking, dispersed with relaxing weekends in St. Augustine—reading, walking on the beach and visiting some of our favorite restaurants. Our 9 year old beagle, fish pond, flower garden, gourmet and book clubs, friends, and football keep us home on weekends some of the time. One challenge that our marriage has withstood is the Florida State-Florida football game (I’m a Seminole and he’s a Gator). After many failed attempts to amicably sit with each other during this annual event, we’ve actually found a way to enjoy the game without wanting to strangle the other person...we don’t sit together.

We have two children. Elizabeth is completing her MBA at Darden School of Business at the University of Virginia and is planning a wedding following graduation.

Walton is an undergraduate at Emory University. This summer our family (including the fiancé) completed a 25-mile backpacking and camping trip on the Appalachian Trail. I learned some excellent team building strategies that may be applied in future dietary change sessions.

Family, friends, and WHI...it all works together well for me. Thank YOU for making my work with WHI so special and rewarding.

Diane Yuhas

I have been with WHI from the beginning of the project in Jacksonville. I started out initially as a medical assistant. Most recently, I became the adherence/retention specialist. I really enjoy spending time with all of the WHI participants. You are all so special. I have been working in research for six years and I believe the work that we are doing for WHI is very important. It makes me very proud to be a part of it.

As a Florida native, I was raised in the Jacksonville area, and attended Florida Community College—Jacksonville. In the summer, I love to spend weekends at the beach. In the fall, most weekends are taken up with football. I love to root for the University of Florida Gators and the Jacksonville Jaguars. I like to read (mostly trashy romance novels) and enjoy sewing when I can find the time.

I am a single mom, but will be getting married soon! My son, Chris (10), keeps me hopping with Little League baseball, YMCA basketball and all the other things little boys find to do.
Prescription Drug Safety

Doctors and pharmacists are a well-trained, careful group. Prescription errors are uncommon, but do occur occasionally: one study looked at more than 30,000 new prescriptions dispensed in a 9-month period and found errors in 623 (2%) of them. Most mistakes happen for understandable reasons.

Confusion over drug names that look or sound alike is a common cause of medication errors (for example, Nicoderm or Nitro-Derm, Xanax or Zantac, Fosamax or Flomax). Drug manufacturers also often use well-established brand names when beginning to sell related-but-different products. There are five types of Sudafed and 11 different Bayer formulas, just to name a few, so it's hard to accurately tell your health care provider which over-the-counter drugs you're using. Additionally, your doctor's handwriting may be difficult to read, so mistakes can occur that way, too.

Whenever you get a prescription filled, you should be told all about it. If anything your doctor told you seems different from what you're hearing from the pharmacist, talk it over with either of them until you're certain. Here's what you need to know:

- What is the brand and generic name of this drug?
- What is the medication supposed to do?
- What should the medication look like? Does it look like my doctor described? Does it look like it did last time the prescription was filled?
- How much do I take, and how often? What's the maximum daily dose, what do I do if I miss a dose, and how many refills are permitted?
- How do I take this drug (including instructions for liquids, inhalants, or suppositories, and whether the pill can be halved or chewed)?
- Where should I store the medicine, and when does it expire?
- What side effects are common and can be ignored, and which ones should I call my doctor about?
- What other drugs or food should I not take with this medicine, including alcohol, caffeine, tobacco, over-the-counter products, and herbal remedies?

By asking lots of questions, you'll protect yourself and get what your doctor ordered.

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Reading Prescriptions

Here's a guide to the Latin abbreviations often used in prescriptions:

Rx = take (from the Latin, recipe)
ac = before meals (ante cibum)
pc = after meals (post cibum)
qh = every hour (quaque bora)
bid = twice a day (bis in die)
tid = three times a day (ter in die)
qid = four times a day (quater in die)
disp #50 = you should be given 50 pills
hs = at bedtime (bora somni)
po = by mouth (per os)
Sig = label, directions (signetur)
prn = as needed (pro re nata)
Coping With Loss

Women experience many losses in their lives. Three out of four women will become widows, with an average span of 12 years of widowhood, according to the National Mental Health Association. The death of a spouse usually occurs during the mid-life or senior years, a time often filled with major changes (retirement, children leaving home, menopause, relocation, decreased income, etc.), as well as other painful losses such as parents, siblings, or close friends dying. Losses are clearly unsettling and are often associated with grief. The following information may help you during a time of grief, or enable you to better help someone else after a loss.

What are the symptoms of grief?

Grieving produces many physical and emotional symptoms, such as sadness, loneliness, fear, anger, denial, changes in sleep habits, changes in weight, disorientation, crying, depression, or relief (if there was a prolonged illness or pain). If someone you love dies, you may experience all of these symptoms as you grieve. There is no “right” way to grieve; everyone grieves in different ways and at their own pace.

How is grief different from depression?

Grief and sadness in response to the deaths of family members and friends is sometimes confused with depression in older adults. Older people typically suffer more losses than younger ones and may simply have more reasons to feel down.

A grief reaction usually lasts for two to six months and generally improves on its own. While difficult to endure, grief does not usually cause prolonged inability to work or stop a person from doing daily tasks. In some cases, however, grieving is complicated by depression. If day-to-day functioning is impaired for more than two months after a loss, a person should be evaluated for a depressive disorder. Psychotherapy or antidepressant medications may help with depression.

However, grief following a death, especially of a person close to you, may last more than a year because a survivor experiences a year of “anniversaries” (birthdays, holidays, etc.).

Grief from loss is often an inevitable part of growing older—not just deaths of people we care about, but also loss in the form of life changes. While we can’t avoid loss, there are ways to stave off mild depression following a loss. Volunteering regularly is often a great way to rediscover a sense of purpose after a major life change. Exercising, taking classes, and remaining socially active are other good ways to avoid mild depression.

Dealing with death

The feelings following the death of someone close to you are often intense. While you grieve, there are ways to help your mind, spirit, and body recover from the stress:

Accept grief - Do not try to be “brave.”
Take time to cry. Know that you will have emotional peaks and valleys, but the low points will happen less often and will not last as long as time goes by.

Talk - Share your grief within your family; silence will not make things better. Find a non-judgmental friend to talk to, and talk often about your feelings.

Postpone major decisions - If you can, wait to make decisions about selling your home or changing jobs.

Keep busy - Do purposeful work that occupies your mind, but avoid frantic activity.

Care for yourself - Mourning can threaten
your health; your immune system may weaken from the stress, and you may put aside good health habits. You may feel like you don’t care anymore, but your life and health are precious.

- Eat well - When your body is physically and emotionally depleted, you need good nourishment more than ever.
- Exercise - Mild depression and sleep problems can be improved through exercise. A brisk walk every day can really lift your spirits.
- Let go of guilt - You may ask, “if only I...” but you did your best in the situation. If you cannot rid yourself of guilt, consider professional or spiritual counseling.
- Get support - You need to talk with others who have also been through the death of a loved one; they’ll understand how you’re feeling. Your local hospital or hospice organization can connect you with support groups.
- See old friends - This may be difficult or embarrassing at first, but it will improve with time. You’ll be glad you have connections to your past.
- Be creative - Writing or using artistic gifts helps get feelings out and often shows beauty in the midst of emotional darkness.
- Turn to faith - Take advantage of your spiritual or religious affiliation, whatever it may be. Researchers have found that faith is a powerful aid in coping with death.
- Get professional help if needed - If your grief continues without end, get help. There is a time to stop mourning and to live again. Sometimes just a few sessions with a counselor can help resolve some of the anger, guilt, and despair that stands in the way of moving on.

**Growth through grief**

Time alone will not heal grief; you have to deal with and work through it. Through the process of grieving, people often experience personal growth. Relationships with surviving loved ones are often strengthened, creative ways for expressing grief can be explored, spirituality may take on greater importance, or you may become more involved in your loved one’s work or passions. Whatever you do, do not live your life in unproductive sorrow. The best tribute to a loved one is a full, growing life.

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**Further Reading:**

*Dying: A Book of Comfort* by Pat McNees, Editor

WHI participant Pat McNees didn’t know how to help her father through a lingering death from cancer. However, the three months she spent with her dying father and the rest of her family were “a positive experience, both healing and transforming.” After his death, she read widely and questioned everyone she encountered to find writings that had touched people’s hearts, offered healing insights, or eased the pain and confusion of death, loss, and grief.

Her resulting anthology is a treasury of life-affirming passages that capture the profound emotions surrounding death. In this book, more than 40 celebrated writers and thinkers provide words of comfort for those left behind.

Pat notes: “Dealing inadequately with grief about someone else’s death is one good way to screw up your own health, and those of us in the WHI age range are beginning to lose an awful lot of friends and family.”

If you’ve ever struggled for wisdom during your own grief, attempted to comfort someone else, or were even at a loss for words for a eulogy or sympathy note, this highly recommended book fits the bill.

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<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Nevada Clinical Center</td>
<td>Reno, Nevada</td>
<td>(775) 784-4906</td>
</tr>
<tr>
<td>New Jersey Medical School</td>
<td>Newark, New Jersey</td>
<td>(973) 972-6107</td>
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<td>New Brunswick, New Jersey</td>
<td>(732) 235-8545</td>
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<tr>
<td>Northwestern University</td>
<td>Chicago, Illinois</td>
<td>(312) 908-5378</td>
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<tr>
<td>Ohio State University</td>
<td>Columbus, Ohio</td>
<td>(800) 251-1175</td>
</tr>
<tr>
<td>Stanford Women's Health Initiative</td>
<td>San Jose, California</td>
<td>(408) 222-0299</td>
</tr>
<tr>
<td>Stony Brook Clinical Center</td>
<td>Stony Brook, New York</td>
<td>(516) 448-8280</td>
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<tr>
<td>South Bay WHI Program</td>
<td>Torrance, California</td>
<td>(310) 222-8010</td>
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<tr>
<td>UAB Preventive Medicine</td>
<td>Birmingham, Alabama</td>
<td>(205) 934-2294</td>
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<tr>
<td>UCLA Women’s Health Initiative</td>
<td>Los Angeles, California</td>
<td>(800) 399-8252</td>
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<tr>
<td>UMass/Tufts Clinical Site</td>
<td>Worcester, Massachusetts</td>
<td>(508) 793-8908</td>
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<tr>
<td>University of California, Davis</td>
<td>Sacramento, California</td>
<td>(916) 734-3219</td>
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<tr>
<td>University of California, Irvine</td>
<td>Orange, California</td>
<td>(714) 496-7211</td>
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<td>University of California, San Diego</td>
<td>Chula Vista, California</td>
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<td>(619) 622-5770</td>
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<td>University of Cincinnati</td>
<td>Cincinnati, Ohio</td>
<td>(513) 584-6061</td>
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<td>University of Florida</td>
<td>Gainesville, Florida</td>
<td>(800) 944-4594</td>
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<td>Jacksonville, Florida</td>
<td>(904) 858-6975</td>
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<tr>
<td>University of Iowa</td>
<td>Davenport, Iowa</td>
<td>(800) 344-3515</td>
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<td>Des Moines, Iowa</td>
<td>(800) 347-8164</td>
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<tr>
<td></td>
<td>Iowa City, Iowa</td>
<td>(800) 814-9555</td>
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<tr>
<td>University of Miami School of Medicine</td>
<td>Miami, Florida</td>
<td>(305) 243-4800</td>
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<tr>
<td>University of North Carolina</td>
<td>Chapel Hill, North Carolina</td>
<td>(919) 569-5006</td>
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<tr>
<td>University of Pittsburgh</td>
<td>Pittsburgh, Pennsylvania</td>
<td>(412) 624-3579</td>
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<tr>
<td>University of Wisconsin</td>
<td>Middleton, Wisconsin</td>
<td>(608) 263-3257</td>
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<tr>
<td>UTHSC</td>
<td>San Antonio, Texas</td>
<td>(210) 567-1850</td>
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<tr>
<td>UT Prevention Center</td>
<td>Memphis, Tennessee</td>
<td>(901) 767-9700</td>
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<tr>
<td>University at Buffalo</td>
<td>Buffalo, New York</td>
<td>(716) 829-3128</td>
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<tr>
<td>Women's Health Hawaii</td>
<td>Honolulu, Hawaii</td>
<td>(808) 440-5555</td>
</tr>
<tr>
<td>WHI of the Triad</td>
<td>Greensboro, North Carolina</td>
<td>(336) 272-0455</td>
</tr>
<tr>
<td></td>
<td>Winston-Salem, North Carolina</td>
<td>(336) 777-5245</td>
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If you have any questions, use the telephone number listed above to contact your Clinical Center.

If you have any questions, use the telephone number listed above to contact your Clinical Center.

Calling 1-800-54-WOMEN will no longer connect you with your local center.

Women’s Health Initiative
University of Florida Department of Medicine
Box 100277
Gainesville, FL 32610-9988

Change Service Requested