A Tapestry of Women

Have you ever seen a crazy quilt? While many quilts have a repeating pattern, the beauty of a crazy quilt lies in its differences. Splashes of color and unusual textures are sewn together with an end purpose in mind. WHI is like that. This history-making study is full of women who have much in common, but there are scores of differences as well: diverse lifestyles, histories, and more.

Your answers to certain questions on the many WHI forms paint a picture of our participants. Here's a snapshot of the 161,861 women who make up WHI:

Caring for Others
Do you care for an ailing family member or friend? Over 65,000 (41 percent) participants do; the chart below shows how often each week they provide care:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once per week</td>
<td>23%</td>
</tr>
<tr>
<td>1-2 times per week</td>
<td>39%</td>
</tr>
<tr>
<td>3-4 times per week</td>
<td>14%</td>
</tr>
<tr>
<td>5+ times per week</td>
<td>24%</td>
</tr>
</tbody>
</table>

Health
"Very good or excellent health" is enjoyed by 58 percent of WHI women. A lot of that well-being seems related to healthy choices. Of all WHI women:

- 94% Have a Health Care Provider
- 51% Never Smoked
- 42% Quit Smoking
- 76% Exercise Each Week

Pet Projects
Many women are natural-born caregivers, and our furry, feathered, and finned friends benefit. Of the 41 percent of WHI women who own at least one pet:

- 59% have dogs
- 54% have cats
- 8% have birds
- 7% have fish

Home Sweet Home
Over 100,000 participants live with a husband or partner, while almost 20,000 live with their children:

- 75% live with others
- 25% live alone

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A Tapestry of Women

Continued from cover

Motherhood
Whether you had children or not, it’s interesting to think of the number of children who may benefit from their mothers’ involvement in WHI:

<table>
<thead>
<tr>
<th>Number of births participants report</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5+</td>
</tr>
</tbody>
</table>

That means the 161,861 women of WHI had over 428,000 children!

Activities
It’s great for the mind and body to have activities. WHI participants are busy, indeed:

- **45%** Attend religious services at least once a month
- **56%** Attend club meetings at least once a month

While the answers sought by WHI researchers won’t come for years, we can look at the women of WHI today and see the threads of dedication for the health of women tomorrow.

“Sew” Supportive of WHI

From left to right:
Leonora Feeney, Jackie St. Cyr, Barbara Campagna, JoAnn Manson, Alice MacCarley, Kate Kalan, and Sharel Wallace. Quilters not pictured: Mary Maguire and Ruth Williams

WHI participants at the Boston Clinical Center created two beautiful quilts to recognize their clinic’s efforts. The quilt designs represent the diversity of the 5,000+ Boston-area women enrolled in the study. Each quilt panel illustrates a lifestyle change participants are making to assist scientists in identifying ways to improve the health of women. The quilts were presented to JoAnn Manson, MD, DrPH, the Boston Clinical Center's principal investigator, and the clinic staff at a ceremony.
60 Years of Friendship

In 1940, war raged in Europe, testing of penicillin began, Los Angeles christened its first highway, and three young women became nurses and friends.

Sixty years later, the three are helping the world of medicine in a different way. The trio, Virginia "Ginny" Fraser, Dorothy Rathman, and Doris Merkle, are participants in the Women's Health Initiative.

About five years ago, Doris' daughter, Karen, began recruiting women around Buffalo, New York, to join the new WHI study. Karen was the recruitment coordinator at the Buffalo Clinical Center. Doris recalls, "Karen got me interested and said, 'I think you should try [to join]. So I did.'" Karen is also Dorothy's godchild and was invited to speak at a women's fellowship meeting at Dorothy's church. She remembers: "It was just before my 80th birthday, and Karen said, 'Dorothy, you can still get in if you hurry.' I joined then." Ginny began participating about a year later.

The three originally became friends as they studied nursing at the Deaconess Hospital School of Nursing in Buffalo in the late 1930s. The hospital's still there, but the school closed its doors after nursing training shifted from hands-on hospital settings to classrooms based at colleges. "We were quite fortunate to get this education," Ginny remembers. "It was a time in the history of our country when things were kind of tough."

The "girls" roomed together on and off during their nursing training. After graduating, Dorothy and Doris lived together for a few years and remain especially close. "We've been like sisters all of our lives," Dorothy explains. "We've always been great pals. Doris and I talk at least four times a week on the telephone. We tell each other all our troubles. We have never even had an argument after all these years." Dorothy and Doris enjoy seeing Ginny, who lives further away, several times each year. They cherish

reunions of their nursing class and annual alumni dinners. "When women live together, they become very close," Ginny says. "You share a lot with your teammates and roommates. We went through the same things at the same time."

The young nurses all married and raised families. Ginny, Doris, and Dorothy have seven children and eight grandchildren between them. The three women did private duty, hospital, and medical office nursing throughout the years, pausing for childrearing or care of an aging parent. Ginny is now a widow. Dorothy and Doris have been married to their spouses for almost 60 years.

Despite the common threads in their lives, these WHI participants have different interests now that they're retired. For instance, Ginny, the youngest and most physically able of the three women, volunteers at the local hospital where she once worked and is part of the hospital guild. She and her late husband helped start the local volunteer ambulance company for their rural town; she still works with the Firemen's Auxiliary. At 81 years old, she mows her own lawn, drives, cares for her beloved cats, and maintains her home.

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Dorothy battles arthritis and osteoporosis, but it hasn’t stopped her from faithfully singing in her church choir. “I couldn’t get along without my church,” she says. She stays busy in the church’s women’s fellowship group and the self-named “over 80” group. This 84-year-old also enjoys crossword puzzles, crocheting, and baking cookies for her granddaughter, who’s away at college.

For Ginny, Dorothy, and Doris—friends who have spent their lives as caregivers—it seems appropriate to contribute to the future of women’s health. As Doris says, “We’re women trying to help women.”

Doris is also slowed by arthritis and back pain, but is committed to being active in her community. She does blood pressure checks for the American Red Cross and volunteered for the local hospice program for eight years. She helps at her church each week, making quilts for foreign missions or simply doing “just anything that needs doing.” At 82, Doris also participates in an exercise class for older adults to improve her mobility.

Just like the similarities and differences in their lives, the three women have multiple reasons for joining WHI. Dorothy is particularly glad she joined the Hormone and Calcium/Vitamin D programs because her health is monitored. “I get my Pap smear and mammogram every year, which I probably wouldn’t do all the time,” she admits. “Now I have to do it and I know everything is O.K. When you get older, sometimes you think you don’t need it. The clinic staff is keeping track of me.” Though Dorothy has daughters and a granddaughter, she’s proud that she joined the study for herself.

Doris participates because she thought the study was interesting. She’s not sure how much can be gleaned from her own health history, but recognizes WHI’s strength in looking at the health of many women. She says cheerful about filling out many forms as an Observational Study participant: “I do it because I said I’d do it. It’s no problem!”

Ginny is also in the Observational Study. She joined WHI because she believes the study is long overdue. “Women have sort of been forgotten along the way,” Ginny explains.

“You always hear statistics about men’s health—their hearts and their prostates—but there hasn’t been much research done on women. It’s about time we did...I think we’re an important segment of the population—there would never be any children if it wasn’t for us old girls! If some helpful information comes out of this—and I’m sure it will—I’m just happy to be part of it.”

For Ginny, Dorothy, and Doris—friends who have spent their lives as caregivers—it seems appropriate to contribute to the future of women’s health. As Doris says, “We’re women trying to help women.”
FOR YOUR HEALTH

- Do you squint trying to read the tiny print on the packages of over-the-counter medicines? Good news: the Food and Drug Administration is requiring new labels for all nonprescription drugs over the next two years. On the new labels, dosage and warnings will be printed in larger type and located in the same place from brand to brand. The FDA found that 30 percent of people over age 65 can't even read the current labels.

- Getting out of bed in the morning is best done slowly as we age. Blood pressure can fall suddenly when older people first stand. The drop in blood pressure on standing is called orthostatic hypotension. The hypotension causes dizziness, which can lead to a fall. When you get up, do it slowly, without rushing. If you feel dizzy or weak, sit or lie back down and take your time.

- It's wise to wash your hands after touching fish-tank water. Even a tank that doesn't look dirty can harbor unwanted bacteria. Infections can occur if you have broken skin through which the bacteria can enter.

- When can you treat a cut yourself with cleansing and a bandage, and when should you call the doctor? Seek medical help immediately for any of the following:
  - Any cut when your tetanus shots aren't up-to-date; get a booster every 10 years
  - Very large cuts
  - Any cut on the face
  - Injuries that spurt blood or continue to bleed after 10 minutes of firm, direct pressure
  - Wounds that are swollen and tender or ooze pus, or if the area around the cut feels numb or develops red streaks
  - Deep cuts or puncture wounds, especially on hands and feet
  - Any animal or human bite
  - Cuts with jagged, rough, or gaping edges that can't be drawn together with surgical tape
  - Wounds with imbedded dirt that won't come out with soap and water
  - Fishhook injuries (don't remove the hook yourself)
  - A fever over 100 degrees after you've cut yourself
  - Inability to move comfortably

- Some sunscreen manufacturers add vitamins E and C to their products on the theory that they might prevent skin damage. There's no solid evidence they offer any additional protection, but they often cost more. Instead, look for a broad-spectrum sunscreen rated SPF 15 or higher. If you're swimming or sweating a lot, waterproof or sweatproof sunscreens are worth the extra price.

- Following a bee sting, we've all been told that it's a bad idea to pull a stinger from the skin with tweezers or fingers because it might inject more venom. However, researchers have found that stings hurt and swell less when the stinger is removed immediately by any means, including pinching.

Letters
We'd love to hear feedback on the newsletter and your story ideas. We regret that we cannot answer questions about individual medical conditions. Send a letter to:

WHI Matters
Fred Hutchinson Cancer Research Center
1100 Fairview Ave N, MP-1002
Seattle, WA 98109

Staff Information
WHI Matters is produced by the WHI Coordinating Center at the Fred Hutchinson Cancer Research Center.

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Living With Osteoarthritis

Arthritis is a word that can apply to more than 120 different diseases. All of these diseases affect the joints and/or surrounding tissues such as muscles, ligaments and tendons. According to the National Arthritis Data Workgroup, 43 million Americans now have some form of arthritis, with the number surging to nearly 60 million (18.2 percent of the population) by 2020. Arthritis strikes women more, and contrary to popular belief, more than half of those affected by arthritis are under age 65.

Osteoarthritis (OA for short) is the most common type of arthritis, affecting 20.7 million Americans. This article focuses on OA. For information on other types of arthritis, please see the references at the end of this article.

What is OA?
As we get older, sometimes the cartilage (see picture below) that covers the ends of bones or makes up the discs between our back bones wears down. The cartilage normally cushions and protects the bones. To feel cartilage, touch the middle of your nose; it is made of cartilage. Cartilage breakdown causes bones to rub against each other, causing pain and loss of movement. Eighty percent of people with OA find their movements or activities limited in some way.

Symptoms
OA symptoms can range from very mild to very severe. The disease affects hands, elbows, and weight-bearing joints such as knees, hips, feet, and the back. Common symptoms include:

- Very gradual onset of deep, aching joint pain that gets worse after exercise or bearing weight, but often gets better after rest
- Limited movement
- Grating of a joint with movement
- Bony growths in the finger joints that are sometimes painful

Doctors diagnose OA based on a physical exam and the patient’s symptoms. X-rays are sometimes used, but are not usually necessary. For example, some people have many symptoms but show little change on an X-ray. Some people are found to have OA based on physical exam, even when they have no symptoms.

What causes it?
The exact cause is not known, but being overweight and being inactive are two risk factors for OA. This disease can also occur following joint injuries from sports or accidents. Genetics play a role; some people may be born with defects that cause the cartilage to break down early or change the way joints fit together.

Managing OA
Seek early medical care to receive a diagnosis and obtain suitable treatment. According to the Arthritis Foundation, as many as half the people who have OA do not know the type of arthritis they have. Treatment of OA focuses on decreasing pain and improving joint movement. This is done through self-help programs, drugs, and/or surgery.
**Self-Help**

Lifestyle changes are very important to manage arthritis. People with OA should maintain a lean body weight. Every extra pound adds 10 pounds of pressure to knees, hips, ankles, and the spine.

Exercise is extremely important to help joint movement, build muscle strength, and keep body weight in check. Non-jarring exercise, such as walking, swimming, water aerobics, or bicycling, are all excellent. People with OA are urged to exercise five to 10 minutes twice a day, or 20 minutes once a day. The goal is a total of 120 minutes each week. Aim to work out three to five times every week; frequency is as important as total time. If movement is very limited, exercise by walking just one minute each hour while you are awake. Seated chair exercises may also be helpful.

**Medications**

There are no drugs that will help grow new cartilage, nor is there a cure for OA. However, there are some medications that can help with the pain and discomfort. One of the best and safest drugs is acetaminophen (such as Tylenol). Other people use nonsteroidal anti-inflammatory drugs (NSAIDS), such as ibuprofen, aspirin, or prescription medications. Sometimes, steroid medicines are injected into joints. Your physician can advise you about what might work best for you.

**Surgery**

When OA is severe and extremely limiting, surgery may be used to replace or repair damaged joints. Knees or hips can be replaced with an artificial joint, bones fused (usually in the spine), affected bone scraped away, or bone alignment changed to decrease joint or bone stress.

**Note**

The information provided in this article should not take the place of advice and guidance from your own healthcare provider. Be sure to talk with your doctor for a diagnosis, changes in your treatment plan, or before starting any exercise program.

**Find Out More**

- Call the Arthritis Foundation at 1-800-283-7800. They have local chapters with support groups, educational seminars, exercise classes, and lots of excellent literature. If you have Internet access, log on to their Web site at www.arthritis.org.

- **Suggested Reading:**

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Kate Lorig, RN, DrPH, who developed and directs the Arthritis Self-Management Patient Education Project at the Stanford University Arthritis Center, contributed to this article. She is co-author of *Living a Healthy Lifestyle with Chronic Conditions.*
Stay In Touch

Don’t forget to call your local Clinical Center if your address or phone number change!

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Women’s Health Hawaii
Honolulu, Hawaii • (808) 441-5555

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