A Helping Hand in a Distant Land

For 39 years, Mary Sluder and her husband, “Lefty,” lived all over the world while he built liquefied natural gas plants. Costa Rica, Germany, South America, and points throughout the U.S. were all places they called home. But it was retirement that brought them to Ethiopia, and their hearts have never been the same.

Mary’s a Boston Clinical Center participant in the Dietary and Calcium/Vitamin D parts of WHI. She first heard about Project Mercy in 1997 when its founders spoke at her Greenland, New Hampshire church. Project Mercy is a non-profit relief organization providing refugee support and community development for the people of Ethiopia. “They said they could use some people with construction skills,” recalls Mary. “We thought this was a way we could help.”

Mary and Lefty led a team to Yetebon, Ethiopia in 1998 to assist Project Mercy’s work. “Yetebon was a forgotten area,”

Mary says of the southwestern Ethiopian community. “They had no schools, no medical facilities. It’s an area surrounded by mountains and there was only a footpath into this area with approximately 70,000 people living there.”

Project Mercy built a road into Yetebon and brought clean water to the community. The Sluders have organized teams each year to construct buildings, including a school and a hospital. Mary uses her photography skills to document their progress. She also sorts donated clothing brought into Ethiopia by the teams and has taught sewing classes. Feeding programs are necessary when famines hit – which is often – so Project Mercy distributes grain, too.

While there, the work is tiring as the conditions are rough, but Mary knows her life is easy by comparison. For Ethiopians, malnutrition, disease, high infant mortality, and illiteracy are the norm. “It makes us much more aware of how blessed we are and appreciative of what we have,” says

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Mary. “My husband and I had always hoped, when we got to this stage where we had the time, that we could do something like this.”

Before retiring, Mary worked as an office manager for the same company as her husband. They raised a son and a daughter and today enjoy being grandparents. Having five granddaughters prompted the 68-year-old to join WHI in 1997. “I thought it would help my grandchildren and possibly my daughter,” she notes. “I think it’s good for me, too, but it’s the overall picture that’s important for the future kids.”

On their next trip to Ethiopia, Mary and Lefty will help install equipment in a 60-bed hospital so it can officially open to help treat the many cases of malaria, tuberculosis, parasites, AIDS, and other infections common in the community. They plan to help expand the school, which is growing by one grade each year. Because it’s the only school in the densely populated area, only one child from each family is allowed to attend. The project’s goal is to teach the children life skills that will help them support their families and community.

“The needs of these people captured my heart, and still do,” Mary says. “The poverty there is unlike anything I’ve ever seen, without question. We were happy to find the right place to help.”

Dietary Comparison Participants Provide Answers, Too

All WHI participants contribute a great deal to the study. In this article, we focus on some common questions from women in the comparison group of the Dietary Program.

Q: Why is a comparison group needed for the Dietary Program? Why not just have a dietary change (intervention) group?

A: The most important reason to have a comparison—also called control or usual diet—group is to be able to compare the results for the group that is changing its diet to a similar group of women who are not making study-related changes. In this way, we can account for gradual diet changes that women may make for reasons unrelated to the study. We can also consider changes that happen normally as people get older. Without a comparison group, we wouldn’t be able to answer the study question, “Does a low-fat dietary pattern reduce the risk of breast and colorectal cancers and heart disease in postmenopausal women?” That’s why you are so important to WHI! It’s common for participants in the comparison group to think they’re not contributing because they’re not changing their diets. But the reality is, without you, there would be no WHI Dietary Program!

Q: The annual visits are not very long. I don’t feel that I am contributing much to WHI anymore.

A: We know that your time is valuable. We try to make the clinic visits as short as possible so you are not inconvenienced. Dietary comparison women do the same tests and activities and complete the same forms at their annual visits as the dietary change participants. We really appreciate your coming into the clinic because the information you provide is so important to the study.
FOR YOUR HEALTH

- Any medicines or vitamins that show signs of spoiling should be tossed, regardless of whether they’ve expired or not. Such signs include vinegar-smelling aspirin, crumbly tablets, sticky or melted capsules, or anything that has started to change color. Although cool, dry conditions will often keep medicines in good shape after their expiration dates, experts recommend throwing out any drug or vitamin that’s more than one year old.

- Watch out for left-turning vehicles, both as a driver and a walker. According to the AAA Foundation for Traffic Safety, 45 percent of all car accidents and about 31 percent of collisions with pedestrians involve cars making left turns.

- Do you know how to swallow pills safely? Don’t tilt your head back while you swallow because the pill can become lodged in your windpipe and block your breathing. Instead, take a gulp of water, then tilt your head forward (with your chin almost touching your chest) and swallow one pill at a time.

- To ensure a smooth recovery after day surgery, ask a friend or relative to stay with you for at least 24 hours after you get home so you can rest peacefully. You will also need someone to drive you home and provide assistance with meals, medications, and household tasks.

FOCUS ON FINDINGS

In this ongoing column, we feature WHI research findings. This spotlight is on a report about postmenopausal women and sleep, led by Daniel Kripke, a physician with the Psychiatry department at the University of California San Diego. The findings were published in the Clinical Journal of Women’s Health. Dr. Kripke and his fellow investigators looked at data from questionnaires completed by 98,705 WHI Clinical Trial and Observational Study participants at the beginning of the study.

The findings offer important new information about sleep in postmenopausal women. Caucasian (white) women reported average sleep of 6.9 hours per night, but minorities reported less sleep, e.g., 6.5 hours for Hispanic women. Women who reported that they were retired or unemployed slept only 6-12 minutes more per night than those who were employed, so job stress may not be a major factor in reducing length of sleep. Only 27 percent of women reported sleeping 8 hours or more. Waking up several times a night and waking up earlier than planned was reported to some extent by the majority of partici-

pants. Early awakening was a more common sleep symptom than having trouble falling asleep. Also, the majority of women reported either falling asleep during quiet activities or napping during the day. Napping increased dramatically from age 50-54 to age 75-79, but other sleep symptoms were not strongly age-related in postmenopausal women.

A surprising finding was that women getting 9 or 10 hours of sleep reported more sleep problems than those reporting 7 or 8 hours of sleep. Also, those sleeping 9 or 10 hours and those sleeping 6 hours or less were more obese and more depressed than those sleeping 7 or 8 hours. These interesting results suggest that sleeping longer or not getting enough sleep may both be associated with health problems.

In this study, reported use of hormone replacement therapy had very little relationship to quality or amount of sleep. The WHI Hormone Program results, when available at the end of the study, will give more detailed information about effects of hormone replacement therapy on sleep. In future analyses of WHI data, it will be possible to examine how certain aspects of sleep predict changes in health over time.

The A to ZZZ's of Sleep

How much do you know about sleep? Take this quiz to find out:

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<thead>
<tr>
<th>True or False?</th>
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<tr>
<td>Older adults don’t need as much sleep as younger people.</td>
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<tr>
<td>Drinking alcohol promotes deeper sleep.</td>
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<td>Sleeping later in the morning is a good way to get caught up on sleep.</td>
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<td>Seniors are more likely to be “night owls” than early risers.</td>
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All of the above statements are false. Despite its huge impact on our lives, most of us know more about nutrition, hygiene, and staying healthy than we do about sleep. Read on to learn more about how important sleep is, what factors affect older adult sleeping patterns, and how to get a better night’s sleep.

The Function of Sleep

Why is sleep so important to our health? If resting was all it took to recharge our bodies and minds, we could stay up for the late, late show on TV and still be wide-eyed and alert the next day. Instead, it’s not just how much sleep you get that’s critical—it’s also how deep you sleep that is important for recharging your batteries.

Sleep is divided into two crucial phases: non-rapid eye movement (NREM) and rapid eye movement (REM).

NREM, or quiet sleep, takes up 75 percent of an average sleeper's night. The earliest phase begins with the muscles relaxing. This relaxed state eventually reaches the deepest sleep level, when immune function, protein synthesis, growth hormones, and the mind are given a boost. This deepest sleep level makes up about half of an adult's sleep time.

REM, or dreaming sleep, takes up about 25 percent of the average sleeper’s night, and is the period that most restores the mind. Dreams occur during this type of sleep. It is the most important phase for mental revitalization.

Everyone has about four or five cycles of REM and NREM sleep each night. Although the amount of sleep each person needs to feel alert and rested varies, the average range is between seven and eight hours a night.

The consequences of sleeplessness are high. According to the National Sleep Foundation, an estimated $100 billion is lost yearly in productivity, sick leave, medical expenses, and property and environmental damage due to sleep deprivation. The National Highway Traffic Safety Administration estimates that more than 100,000 crashes each year are caused by drivers nodding off behind the wheel and that thousands die as the result of such accidents.
Seniors and Sleep

The most common age-related change in sleep is the frequent interruption of sleep by long periods of wakefulness. Older people are more easily awakened by sounds, which suggests they may be more sensitive to their surroundings. Frequent awakenings decrease the amount of time spent in the deepest stages of NREM sleep, which may explain why seniors are thought of as light sleepers.

As the body ages, its circadian rhythm, or internal sleep regulator, changes. Older adults tend to be more “early birds” than “owls,” as they fall asleep and awaken earlier. The need for about eight hours of sleep doesn’t change, but if you spend your “sleep allowance” dozing in a chair during the afternoon, you’ll likely not sleep as well at night. Seniors also tend to be less able to adjust to changes in their sleep-wake cycle, so they are more affected by things like jet lag and shift work.

Aging can bring health-related problems that interrupt sleep, such as pain from arthritis, medications with side effects that disturb rest, or depression. Not getting enough exercise, or exercising late at night, can also affect sleep.

Some people turn to alcohol as a sleep remedy. While alcohol may at first help a person get to sleep, it disrupts REM sleep, resulting in poor sleep and chronic tiredness. The National Institute on Alcohol Abuse and Alcoholism notes that alcohol can seriously and permanently disrupt a person’s ability to sleep well.

Many studies note that older women are prescribed sleeping pills more often than older men. While these drugs may be useful in treating occasional sleeplessness, they usually fail to provide long-term relief for people with chronic sleep problems. Two National Institutes of Health Consensus Conferences have urged great restraint in the use of sleeping pills for anything other than temporary, situational, or occasional periods. Daytime side effects of sleeping pills include difficulty concentrating, slowed physical and mental functioning, and injuries from falls.

Tips To Snooze By

Try these simple tips to settle down for a good night’s rest:

- Avoid caffeine, nicotine, alcohol, or exercise at least four hours before bedtime.
- Get regular moderate exercise in the morning or afternoon.
- Avoid eating heavy meals late in the evening, but consider a light pre-bed snack such as a warm beverage and a few crackers.
- Position your bedroom clock so it is not directly visible when in bed.
- Don’t try to “force” yourself to sleep. After 20 minutes of wakefulness, go to another room to read, write, or watch TV. Return to bed only when you’re ready to sleep.
- Maintain a regular bedtime and rising time.
- Make sure your bedroom is well suited for sleep. Is it too hot or cold? Is your mattress old or uncomfortable? Is there too much light or noise? Noise that can’t be avoided may be blocked out with a fan or “white noise” machine (some clock radios have this feature).
- Slow down before turning in. Watching an action-packed movie right before bedtime isn’t a great idea, but soothing music, reading, meditation, and deep breathing are all relaxing.
- Limit a daytime nap to no more than 30 minutes. But if you absolutely can’t stay awake, listen to your body.
- Make sure you or your partner don’t have sleep problems such as snoring, breathing changes, or other conditions that could keep you awake.
- Check your prescription medicines for side effects such as insomnia, hyper-alertness, or anxiety.
- Don’t use bedtime as “worry time.” Make lists of concerns or to-dos and put them aside to deal with during the day.

Keep daytime activities out of the bedroom. TVs and computers are best kept in another room. You need to associate your bedroom with sleep, not activity.

Sleep patterns change as we age, but waking up tired every day is not part of normal aging. Troubled sleep may be a sign of a physical or emotional problem; talk to your health care provider or a sleep specialist to learn more.
Conquering Constipation

Everyone experiences constipation at some time in their life, but if your “regularity” is worrying you, you may need to take some action. Constipation is a symptom, not a disease. It is defined as having fewer bowel movements than usual, with a prolonged or hard passing of stools. Some doctors suggest asking these questions to decide if you are really constipated:

- Do you often have fewer than three bowel movements each week?
- Do you often have a hard time passing stools?
- Is there pain?
- Do you notice other problems such as bleeding when you go to the bathroom?

If you answered “yes” to any of these questions, you may have a problem with constipation. Older people are more likely than younger people to have this problem, but experts agree that older people often worry too much about having a bowel movement every day. There is no “right” number of daily or weekly bowel movements.

What Causes Constipation?

It is not always clear what causes a person to have constipation, but trying to identify the cause may help lead to a cure.

Dehydration
People sometimes do not drink enough fluids, especially if they are not eating regular meals. Caffeinated beverages and alcohol also cause people to lose water from the body and can contribute to constipation.

Medications
Some antidepressants, antacids, antihistamines, diuretics, and anti-Parkinson drugs can cause constipation.

Intestinal Problems
These disorders may affect the muscles or nerves responsible for normal bowel movements. A doctor can perform a series of tests to see if your constipation is due to an intestinal problem. If so, the problem can often be treated.

Prolonged bed rest or limited movement
You may have limited or no activity after an accident, surgery, or illness. Some people may use a wheelchair most or all of the time. Limited mobility, whether temporary or permanent, can cause constipation.

Diet Changes
You may experience some constipation when you have changes in your diet. People may become constipated if they eat fewer vegetables, fruits, and whole grains than usual or if they eat more high-fat meats and eggs than usual. Too many dairy products can cause constipation, but be careful not to cut down too much. Dairy products are a good source of many important nutrients, too. Eating more desserts or other sweets high in refined sugars can also cause constipation. People who live alone sometimes lose interest in cooking and eating. As a result, they start using a lot of convenience foods. These types of food tend to be low in fiber, so they may cause some constipation. In addition, people with painful teeth or poorly-fitting dentures may choose soft, processed foods that contain little, if any, fiber.

Medical Conditions
Some medical conditions, like an underactive thyroid gland, may cause or worsen constipation. When you find yourself faced with these types of conditions, your health care provider can offer the best advice about how to manage problems with constipation.

Ways to Relieve Constipation
If you become constipated, first see the doctor to make sure you do not have a more serious problem. If there is no disease or blockage, and if your doctor approves, try these remedies:
Drink more water. It is important for everyone to drink at least 2 quarts (8 glasses) of water every day; this is critical if you’re experiencing constipation. Water adds softness to hard, dry stools, making bowel movements easier. Even eating more water-containing foods, like watermelon, is helpful. If you have problems with your heart, blood vessels, or kidneys, consult with your health care provider before increasing your water intake.

Eat more fiber-rich foods. Try eating more foods like vegetables, fruits, and cooked whole grain rice, pasta, and cereals. According to some studies, high fiber diets can help prevent constipation, but only if enough water is consumed. Dried fruit such as apricots, prunes, and figs are especially high in fiber, but again, be sure to drink extra water. Some doctors recommend adding small amounts of unprocessed bran (“miller’s bran”) to baked goods, cereals, and fruit. However, you may experience bloating or gas for several weeks after adding bran to your diet. Add the bran slowly over time to allow your digestive system to adapt. Remember, if your diet is well balanced, with a variety of foods high in natural fiber, you may not need to add bran.

Be more active. Physical activity helps stimulate peristalsis, the important muscular movements in your intestines that propel contents forward. For people who are bedridden or in wheelchairs, medications may be the best solution for constipation. Lightly massaging your lower abdomen can also help.

Have a regular bowel routine. Try developing a routine that promotes regular bowel movements. For example, sitting on the toilet for a few minutes every morning or every other morning, right after breakfast, can promote a regular “call of nature.” It’s also important that you respond whenever you feel the urge to have a bowel movement. Some people prefer to have their bowel movements only at home, but holding a bowel movement can cause problems if the delay is too long.

Check with your doctor about using a stool softener. Your doctor may advise you to take a mild stool softener for a few days. They can help make bowel movements less painful. These are available in most grocery stores and drugstores.

Avoid laxatives and enemas, if possible. Check with your doctor about using laxatives; heavy use of laxatives is usually not necessary and often can be habit-forming. Your body may begin to rely on the laxatives to bring on bowel movements and, over time, forget how to work on its own. For the same reason, if you use enemas often, you may lose normal bowel function. Another side effect of heavy laxative use is diarrhea. In the past, mineral oil was often used as a laxative. However, it may reduce the body’s ability to use important vitamins (A, D, E, and K). Mineral oil may also interact with drugs taken to prevent blood clots (anticoagulants), causing undesired side effects.
Stay In Touch

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