

BODY & HEALTH



GETTY CREATIVE IMAGES

Doctors are aware of differences between men's and women's health, but female patients need to ask questions and learn about differing symptoms for similar conditions.

Female patients need to get the facts from MDs

Things women need to know

BY MEAGAN FITZPATRICK

Women who think they have a good idea of how their health issues differ from men's need to think again, because a new study reveals that many women are misinformed or unaware when it comes to their unique health matters.

Three of four women surveyed by Women's College Hospital in Toronto believe they are aware of women's health issues, beyond reproductive ones. When asked about specific diseases and how they relate to women, however, the 2008 X-Effects Health Index shows that women have some homework to do. Research shows women and men get different diseases and they also get different symptoms of the same disease, the study says, but neither doctors nor their female patients are as aware of that research as they should be.

"There's still a lot of education of women about their bodies and their health that we can do," said Gillian Einstein, a senior scientist at Women's College and a professor at the University of Toronto, who has published a book on gender-based medicine. "What the survey shows is that research has to get to women themselves as

well as to practitioners."

Only 54% of women reported talking with their doctors about health issues unique to them as women — beyond reproductive issues — in the last year, and another 54% said they didn't know what questions to bring to their health-care provider.

The survey of 800 women, conducted for the hospital by Léger Marketing with a margin of error of 3.5%, 19 times

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in 20, tested knowledge about certain health conditions.

It found that half of women believe both men and women are seeing the same rise in the occurrence of Type 2 diabetes when, in fact, women age 20 to 50 are experiencing the biggest rise in the chronic illness.

Only one-third knew that chest pain is not a common symptom of a heart attack for women the way it is for a man. More than 40% of women re-

port fatigue, shortness of breath, nausea and vomiting during a heart attack, not chest pain.

The survey also indicated that 61% of women didn't know that they are twice as likely to experience depression. One-third of women mistakenly believe they develop lung cancer at the same rate as men when, in fact, women are 1.5 times more likely than men to get it, and 81% of women don't know that there is a higher rate of non-melanoma skin cancer among women than men.

Einstein said the lack of awareness about gender differences in health brings certain risks.

"I think the consequences can be anywhere from as grave as death to just not feeling healthy," she said. "At a chronic level, it can lead to just degradation of quality of life and health over time as in the case of diabetes."

The focus for a long time has been on the reproductive differences between men and women, and it's time the recognition of unique health issues between the genders is expanded to the whole body, she said.

The study advises women to start a dialogue with their doctors about women's unique health issues and suggests consulting womenshealthmatters.ca for a list of questions to ask their physicians.

Canwest News Service

Helping a stopped heart beat again

Commotio cordis doesn't have to claim young lives

By Dr. Tim Rindlisbacher

Are you the parent of one of the half-million kids playing organized hockey in Canada? Then imagine this. You're watching your child's game. An opponent unleashes a rising slap shot. It hits your child square in the chest and your child falls to the ice. The crowd gasps. You expect to see your child writhe, as players do following a painful puck impact. But there is no movement. At all.

A blow to the chest can stop the heart. It's called commotio cordis (CC), defined as cardiac arrest (no effective heart-beat) following blunt trauma

to the chest wall. Any puck, baseball, soccer ball, elbow or other high-velocity projectile can trigger CC. But it needs to hit the chest directly above the heart's electrical centre and at a vulnerable interval in the heart's rhythm. So while CC is rare and exceptional, so is your child.

Eighty percent of CC cases are fatal. Teens are most at risk. In the U.S., baseballs claim the lives of two to three little leaguers per year. You'd think that the shoulder, chest and goalie pads worn in children's organized sports today would protect your child from this threat. But according to the data, they don't. (NHL star Chris Pronger's close call with CC in 1998 should have raised awareness and facilitated change. It appears that it did not.)

Fortunately, we live in an age where automated external defibrillators (AEDs)

are available in many public places to shock stopped hearts back into proper rhythm. The teams I work with keep an AED on the bench at all times. Unfortunately, half of CC cases occur outside of organized sports, in areas where AEDs may be scarce.

What can you as a parent do to protect your child from CC? Learn CPR. Badger your local rink to get an AED if they don't already have one. If you want to take it one step further, then get hold of a hard piece of plastic, about the size of a DVD, and sew it into your child's existing shoulder or chest pads. Position it slightly to the left of the breast bone. This may protect the thing that's closest to your heart: your child's heart.

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National Post

SPECIAL MARKETING FEATURE



Root from the home team

When you think of ginseng, that marvellous root whose health benefits have been known in Asia for centuries, it's a misnomer to think of Korea or China or Japan. Think Ontario.

While it may seem paradoxical, it's virtually a secret here at home that the province's 200-plus ginseng producers now lead the world in growing the best ginseng in terms of taste, quality and health benefits per milligram. About 85% of the four to six million pounds they raise each year is exported to Asia, says Denton Hoffman, general manager of the Ontario Ginseng Growers Association based in Simcoe.

But that is due to change. Researchers at St. Michael's Hospital in Toronto and at the University of Western Ontario's Ontario Ginseng Innovation and Research Centre (OGIRC) are looking at ways to use ginseng (*panax quinquefolius*) to create effective medications to address everything from diabetes to heart disease to dementia.

"There is something about the soil conditions, especially in southwestern Ontario, that creates absolutely top-quality ginseng," Mr. Hoffman says. "Our ginseng is now recognized as the best in the world, and we even export seeds to Asia."

"Now, lots of research [is] directed toward creating commercial applications to address a wide range of health problems. If successful, Ontario will have a booming global market."

One of the most promising applications is the use of ginseng in lowering blood sugars in both those with Type 2 diabetes and those in danger of developing the dis-

ease. Dr. Vlad Vuksan, a University of Toronto professor and clinical researcher at St. Michael's Hospital, has already shown in clinical trials that just three grams of ginseng taken with a meal can reduce blood glucose levels by between 20% and 30%.

Currently he is investigating ways to create a reliable commercial product — one that meets rigorous scientific tests and can be prescribed by endocrinologists as a reliable and effective supplement to other therapies. "Ontario actually leads the way in ginseng research," he says.

At the University of Western Ontario's OGIRC, Dr. Ed Lui is focused on more basic, pure scientific research. He wants to understand which varieties of ginseng contain disease-fighting properties and how they work on the human body. The final result will be specific varieties of ginseng grown to act as a supplement in treating diseases as broad-ranging as cancer, heart disease, metabolic disorders and diabetes.

Dr. Lui is currently looking at 12 ginseng farms across the province. Each appears to offer different phyto-chemical properties, he says. This diversity represents one of the great strengths of home-grown ginseng.

"The initial work will take at least four to five years," he says. "And while there will be lots of work getting there, the future offers a bright hope for the premium, healthy benefits that Ontario-grown ginseng can bring to the world."

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