



Well Deserved

A VA Newsletter for Women Veterans <http://www.martinsburg.va.gov/>

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WOMEN'S HEALTH CLINIC STAFF

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LOCAL EVENTS CALENDAR

Women Veterans Advocacy Group
Sept. 2, 2010 at 1 p.m. – 2 p.m.
2A-122C
Martinsburg VA Medical Center

Welcome Home Celebration
Thunder Over the Blue Ridge
Air Show
167th Air National Guard Base
Martinsburg, W.Va.
Sept. 4-5, 2010
www.martinsburgairshow.com

Women Veterans Night at the VA!
Oct. 22, 2010 – 6 p.m. – 8 p.m.
Martinsburg VA Medical Center

Complete VA health care
information, to include eligibility
and enrollment will be available
will be available at the Welcome
Home Celebration and Women
Veterans Night at the VA!

For more information on Women
Veteran's Health, or to subscribe to
this newsletter, please call 304-
263-0811 or visit
martinsburg.va.gov

Welcome to "Well Deserved"

Thank you for your interest in Women Veterans.

Whether you are a female Veteran, spouse, family member, or just interested in women veterans care at VA; we hope you will find this newsletter helpful.

We plan to cover a variety of local and national issues pertinent to women veterans. This inaugural issue includes some of the latest health information available, a link to our new web page, and a calendar of events. Pain is a condition that many female veterans experience and is the topic of the month. We want this newsletter to reflect your interests, so please suggest topics that deserve attention.

As you may know, the overarching goal of the women veterans program is to deliver comprehensive care to women veterans by an interested and proficient provider in a setting that respects patient privacy. Towards this aim, we offer comprehensive women's health care at five of our six sites. We recently hired Sandi Mabry, a women's health comprehensive care nurse practitioner at our Stephens City outpatient clinic. We also look forward to hiring a nurse practitioner for our Cumberland outpatient clinic soon.

Another main objective of our program is outreach. Women veterans need to know they are eligible for VA care and how to access it. For any Veteran, male or female, who has not explored the option of partnering with the VA for health care, please contact VA so we can help determine what services you may be eligible for and ultimately connect you to those services.

For more information contact the medical center at 304.263.0811 or visit us on-line at <http://www4.va.gov/healtheligibility/application/>.

Amy E. Theriault
Women's Health Program Manager

Martinsburg Veterans Affairs Medical Center

MVAMC Update

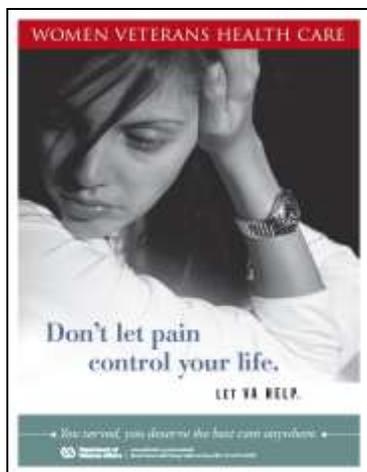


Women Veterans Web Site. The Women Veterans Program launched a new web section of the MVAMC internet on Aug. 2. This is very exciting news as the site will serve as a portal of important local information for women Veterans that will include information on health services available at the clinic, medical center information, and much more. The web site address is:

http://www.martinsburg.va.gov/services/Women_Veterans_Health_Care.asp

Women Veterans Health News & Information

Pain Management



Veterans, particularly of Operation Enduring Freedom and Operation Iraqi Freedom, have a significant chance of experiencing pain that interferes with daily activities and negatively affects quality of life, according to data collected by the Veterans Health Administration. Pain is often a combination of physical

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and mental factors, and managing it can involve a combination of biomedical, psychological, interpersonal, and spiritual therapies.

Many different conditions can result in chronic pain. Some examples of painful conditions that are more common in women are headaches, fibromyalgia, and abdominal and pelvic pain. Muscle and joint pains are common in both male and female Veterans. Migraine headaches can cause severe pain and are three times more common in women than in men. They may be caused by genetic abnormalities and triggered by stress. Medications and stress management can alleviate symptoms.

Fibromyalgia is defined by widespread musculoskeletal pain and tender points. It is most common in women from ages 20–50. Treatment plans can include exercise, medication, and cognitive-behavioral therapies.

Each VA facility has a Women Veterans Program Manager to help women Veterans find the right treatment and services for pain. Women are now the fastest growing subgroup of U.S. Veterans. The number of women Veterans is expected to increase dramatically in the next 10 years, and VA health care is in high demand by the women Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Department of Veterans Affairs understands the health care needs of women Veterans and is committed to meeting these needs. Women Veterans served and they deserve the best quality care.

Courtesy of the U.S. Department of Veterans Affairs

Many homeless women are reluctant to get free Pap smears

Women who are homeless often have difficulty accessing quality health care and paying for it. Such is the case with cervical cancer screening, where homeless women have higher rates of the disease. Yet when barriers to access and cost are removed, homeless women remain reluctant to get a free Pap smear and decline the offer, reveals a new study.

The researchers studied 205 women who were admitted to a medical care facility specifically designed to offer health care services to homeless people. Any woman receiving routine medical care was screened for eligibility for a Pap smear. The researchers collected a variety of medical and demographic information on participants. They interviewed each woman prior to screening and recorded all Pap smear results in the medical record. Out of the 205 participants, 129 needed a Pap smear at the time they were interviewed. All of these women were offered screening; however, only 80 (62 percent) accepted and 56 of these women (70 percent) had the test performed. Ten women (20 percent of the group studied) were found to have atypical results requiring further investigation. Another 15 had benign results (for example, vaginitis without evidence of malignancy), but required follow up. Forty-nine women (38 percent) declined to have a Pap smear. Women's reasons for refusing getting screened included not feeling hygienic enough or believing they were not at risk for cervical cancer.

While 20 percent of the homeless women studied required additional investigation of an atypical lesion, in the general population, this rate is only 2.3 percent. This suggests that homeless women may be more vulnerable to cervical cancer. The authors suggest that more creative screening methods need to be

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developed and offered to women in nontraditional settings. *Courtesy of the U.S. Department of Health and Human Services - Agency for Healthcare Research and Quality*

Domestic violence on the decline but young women are at highest risk

Although rates of domestic violence have declined in lockstep with overall crime rates, women are most vulnerable to becoming victims of abuse while they are in their mid-20s to early 30s, according to a new study. Given these findings, the authors suggest that women in their 20s and 30s who use college health clinics or family planning or obstetrical services be screened for domestic violence.

Of the 3,533 women aged 18 to 64 in Idaho and Washington who participated in telephone interviews, 42 percent reported having suffered abuse since they were 18 years old. The risk of suffering abuse fell once women reached the age of 50. What's more, women born after 1960 had a lower risk of experiencing domestic violence than women born before that decade.

The authors found a dramatic decrease in the occurrence of abuse in the past 5 to 10 years and cite several reasons for this decline. For example, overall awareness of domestic violence surged in the past several decades, resulting in more programs to support victims of violence. Stronger laws that result in more arrests and easier access to civil protection orders and no-fault divorces may also have contributed to the waning numbers. Additionally, the feminist movement and the influx of women in the labor force may have led to a reduction in domestic violence. *Courtesy of the U.S. Department of Health and Human Services - Agency for Healthcare Research and Quality*

Women want clinicians to talk about risk medications pose to an unborn child

When a woman is prescribed a medication that can cause birth defects, she wants her health care provider to tell her about that risk when the prescription is written, even if she does not plan to become pregnant, a new study finds. University of Pittsburgh researchers conducted four focus groups with 36 women whose ages ranged from 18 to 45. Of the 21 women taking medication for chronic conditions, some reported that their care providers directly addressed the concern that the medication could cause birth defects. However, many said their providers skirted the issue by advising them to use a backup method of birth control or by not addressing the risk at all.

Study participants all said they wanted to receive information from their care providers on the risk their medications posed to an unborn child, regardless of whether they intended to become pregnant. However, many said they often learned of the risk by reading material their pharmacies provided, researching the medication on the Internet, or discussing the medication with friends and family members.

The authors suggest that because women want their care providers to be a primary source of medical information, care providers need to provide counseling whenever they prescribe a medication that could cause birth defects. Clinicians who want to discuss these risks with patients may find the hotline operated by the Organization of Teratology Information Specialists or Web-based resources, such as ReproTox or

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Toxnet, useful sources of up-to-date information. *Courtesy of the U.S. Department of Health and Human Services - Agency for Healthcare Research and Quality*

Acupuncture helps with depression during pregnancy

For women who become depressed during pregnancy, acupuncture may offer a way to reduce symptoms in a safe and effective manner, suggests a new study. It found that women receiving 12 sessions of acupuncture treatment had good response rates and decreased severity of symptoms. The researchers enrolled 150 pregnant women who were diagnosed with major depressive disorder. The women were randomized to one of three groups. One group received acupuncture treatment specific for depression, while a second group received acupuncture that was not designed for depression. A third group received Swedish massage therapy. All groups received two 25-minute sessions each week for 4 weeks, followed by one session a week for another 4 weeks. All of the women were assessed for depressive symptoms at baseline and then after 4 and 8 weeks of treatment.

Women receiving acupuncture specific for depression had a significantly greater reduction in symptoms compared with the other two groups combined. The group who received 8 weeks of depression-specific acupuncture had a 53 percent reduction in depression scores and a 29 percent remission rate. This compares well with one study that reported a 52 percent reduction rate and a 19 percent remission rate after 16 weeks of psychotherapy. Women receiving acupuncture specific for depression also had a significantly greater response rate (63 percent), defined as at least 50 percent reduction in depressive symptom severity, compared with the other two groups combined (44.3 percent) or the non-depression-specific acupuncture group (37.5 percent).

There were no significant differences in symptom reduction or response rates between the massage and nonspecific acupuncture groups. The acupuncture treatment was well tolerated with relatively few side effects that were mild and transient. *Courtesy of the U.S. Department of Health and Human Services - Agency for Healthcare Research and Quality*

ARE YOU A FEMALE VETERAN?



Then you may be eligible
for Veterans healthcare at the
Martinsburg VA Medical Center's
Well Woman Clinic



For Information about the
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