



# Premier Care for Women

*Health Care for Women by Women*

## If You Smoke, You Should Quit

### Why Should I Quit?

Though quitting can be difficult and stressful, the benefits of living tobacco-free far outweigh any of the struggles you may face while trying to quit. You will experience health benefits almost immediately:

- 20 minutes after quitting: Your blood pressure and pulse rate drop. Your hands and feet warm up as circulation returns to normal.
- **24 hours after quitting: Your chance of heart attack decreases.**
- 48 hours after quitting: Nerve endings in your mouth and throat regenerate, enhancing your ability to smell and taste.
- Two weeks to three months after quitting: Your circulation continues to improve. Your aerobic capacity improves so that moderate activities, such as walking, become easier.
- One to nine months after quitting: Smoking related respiratory symptoms such as coughing, sinus congestion, and shortness of breath decrease. Your energy increases as fatigue decreases. Your lungs become stronger and are better able to fend off infection.
- Five years after quitting: Risk of death from lung, mouth, throat, and esophageal cancer decrease by half. Your risk of stroke becomes the same as that of a nonsmoker. Ten years after quitting: Your risk of lung cancer death decreases to roughly equal to that of a nonsmoker. Normal cells replace precancerous cells in your respiratory tract.

### How Can We Help?

Northside Hospital's Smoking Cessation Program offers a variety of approaches to help you quit:

- Group Counseling Seven-week in-person class on the Northside Hospital campuses.
- Remote Classes Seven-week webinar class facilitated by Northside staff.
- Telephone Counseling Referrals to the Georgia Tobacco Quit Line at 877.270.STOP (7867).
- Printed Materials Information about the support services and resources available to you and your family. Our specially trained social workers and community health advocates are available to provide you with tips on managing stress, avoiding weight gain, and coping with withdrawal symptoms.
- 404.780.7653 [smokingcessation@northside.com](mailto:smokingcessation@northside.com)

## If You Are Overweight

Nearly 2 out of every 3 adults in the United States are overweight. Experts often rely on a formula called the body mass index (BMI) to determine if a person is overweight. The BMI estimates your level of body fat based on your height and weight.

- A BMI from 18.5 to 24.9 is considered normal.
- Adults with a BMI of 25 to 29.9 are considered overweight. Since the BMI is an estimate, it is not accurate for all people. Some people in this group, such as athletes, may have a lot of muscle weight, and therefore not as much fat. These people will not have an increased risk of health problems due to their weight.
- Adults with a BMI of 30 to 39.9 are considered obese.
- Adults with a BMI greater than or equal to 40 are considered extremely obese.
- Anyone more than 100 pounds (45 kilograms) overweight is considered morbidly obese.

The risk of many medical problems is higher for adults who have excess body fat and fall into overweight groups.

### CHANGING YOUR LIFESTYLE

An active lifestyle and plenty of exercise, along with healthy eating, is the safest way to lose weight. Even modest weight loss can improve your health. Get support from family and friends.

- Your main goal should be to learn new, healthy ways of eating and make them part of your daily routine.
- Many people find it hard to change their eating habits and behaviors. You may have practiced some habits for so long that you may not even know they are unhealthy, or you do them without thinking. You need to be motivated to make lifestyle changes. Make the behavior change part of your life over the long term. Know that it takes time to make and keep a change in your lifestyle.

Work with your health care provider and dietitian to set realistic and safe daily calorie counts that help you lose weight. Keep in mind that if you drop your weight slowly and steadily, you are more likely to keep them off.

## If You Are Underweight

- Being underweight is a health concern especially if you eat less than your body needs. Not eating enough can leave you tired, irritable, unable to concentrate, and at risk for long term problems like vitamin and mineral deficiencies, bone and muscle loss, and problems healing.
- Gaining weight means eating food that provides more energy (calories) than you use. For example, to gain one pound per week, we need to eat an average of 500 extra calories per day *over and above your calorie needs for weight maintenance* for 7 days.
- 15 foods containing about 500 calories: 25 Macadamia nuts, 1 ¼ cup chicken salad, 5 Tbsp peanut butter or 3 oz. peanuts, 3 eggs cooked in butter, 2 cups baked beans, 3 oz. dark chocolate bar, 1 cup of full-fat coconut milk, 2-4 inch sausages, 2 cups cottage cheese, ¼ cup olive oil or avocado oil, 2 Clif Bars, 2 avocados, 10 oz. salmon, 2 cups tuna salad with mayo, ¾ cup whipped heavy cream.

# HEALTHY AT ANY AGE

## Are You Drinking Too Much? Tips for Cutting Back

Health care providers consider you to be drinking more than is medically safe when you drink:

- You are a man who has 15 or more drinks a week, or you often have 5 or more drinks at a time.
- You are a woman who has 8 or more drinks a week, or you often have 4 or more drinks at a time.

Watch your drinking patterns more closely and plan ahead. This can help you cut back on your alcohol use. Keep track of how much you drink and set goals.

- Track how many drinks you have during the week on a small card in your wallet, on your calendar, or on your phone.
- Know how much alcohol is in a standard drink — a 12 ounces (oz), or 355 milliliters (mL) can or bottle of beer, a 5 oz (148 mL) of wine, a wine cooler, 1 cocktail, or 1 shot of hard liquor.

When you are drinking:

- Pace yourself. Have no more than 1 alcoholic drink per hour. Sip on water, soda, or juice in between alcoholic drinks.
- Eat something before drinking and in between drinks.

To control how much you drink:

- Stay away from people or places that influence you to drink, and plan other activities that do not involve drinking for days when you have the urge to drink.
- Keep alcohol out of your home.
- Make a plan to handle your urges to drink. Remind yourself of why you do not want to drink, or talk to someone you trust.
- Create a polite but firm way of refusing a drink when you are offered one.

Ask for support from people who may be willing to listen and help, such as a spouse or significant other, or non-drinking friends.

Some other resources where you can seek information or support for alcohol problems include:

- Alcoholics Anonymous (AA) — [www.aa.org](http://www.aa.org)
- National Council on Alcoholism and Drug Dependence (NCADD) — [www.ncadd.org](http://www.ncadd.org)

## For Women

- Cervical Cancer: Starting at 21, have a Pap smear every 3 years. Beginning at age 30, a Pap smear with HPV testing every 5 years.
- Breast Cancer: Have a mammogram every 1-2 years starting at age 50 or as recommended by your physician.
- Colorectal Cancer: Have a test for colorectal cancer at age 50 or as recommended by your physician. Discuss with your doctor which test is right for you.
- Osteoporosis (thinning of the bones): Have a bone density test at age 65+ to screen for osteoporosis.
- Vision: By age 65, you should have regular eye exams.

## For Men

- Colorectal Cancer: Have a test for colorectal cancer at age 50 or as recommended by your physician. Discuss with your doctor which test is right for you.
- Vision: By age 65, you should have regular eye exams.

## Immunizations

- Have the Flu vaccine every year starting at age 50.
- Have a Tetanus-Diphtheria vaccine every 10 years.
- Have the Pneumonia vaccine at age 65 (you may need it earlier if you have conditions such as lung disease).
- Have the HPV vaccine, recommended for girls and boys age 9-26.
- Talk to your doctor to see whether you need the vaccine for Hepatitis B.

### ■ References:

- Boham E, Stone PM, DeBusk R. Obesity. In: Rakel RE, Rakel DP, eds. *Textbook of Family Medicine*. 9th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 36.
- Cowley MA, Brown WA, Considine RV. Obesity. In: Jameson JL, De Groot LJ, de Kretser DM, et al, eds. *Endocrinology: Adult and Pediatric*. 7th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 26.
- Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation*. 2014;129 (25 Suppl 2):S102-S138. PMID: 24222017 [www.ncbi.nlm.nih.gov/pubmed/24222017](http://www.ncbi.nlm.nih.gov/pubmed/24222017).
- American Cancer Society. When smokers quit - what are the benefits over time? [www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/guide-to-quitting-smoking-benefits](http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/guide-to-quitting-smoking-benefits). Last revised 02/06/2014. Accessed 1/29/2016.
- Centers for Disease Control and Prevention. Quitting smoking. Updated May 21, 2015. [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/cessation/quitting/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/). Accessed February 7, 2016.
- George TP. Nicotine and tobacco. In: Goldman L, Schafer AJ, eds. *Goldman's Cecil Medicine*. 25th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 32.
- Patnode CD, O'Connor E, Whitlock EP, et al. Primary care-relevant interventions for tobacco use prevention and cessation in children and adolescents: a systematic evidence review for the US Preventive Services Task Force. *Ann Intern Med*. 2013;158(4):253-260. PMID: 23229625 [www.ncbi.nlm.nih.gov/pubmed/23229625](http://www.ncbi.nlm.nih.gov/pubmed/23229625).
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th ed. Arlington, VA: American Psychiatric Association, 2013.
- Moyer VA; Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: U.S. preventative services task force recommendation statement. *Ann Intern Med*. 2013;159:210-218. PMID: 23698791 [www.ncbi.nlm.nih.gov/pubmed/23698791](http://www.ncbi.nlm.nih.gov/pubmed/23698791).
- National Institute on Alcohol Abuse and Alcoholism. Alcohol and health. [www.niaaa.nih.gov/alcohol-health](http://www.niaaa.nih.gov/alcohol-health). Accessed on March 18, 2016.
- National Institute on Alcohol Abuse and Alcoholism. Alcohol use disorder. [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders). Accessed March 17, 2016.
- Sherin K, Seikel S, Hale S. Alcohol use disorders. In: Rakel RE, Rakel DP, eds. *Textbook of Family Medicine*. 9th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 48.