



## Making the most of your health: A guide just for women

As a woman, there's a lot you can do to prevent health problems, including maintaining or improving your health and preventing disease to help you live a healthy life. Seeing your doctor for routine preventive care can help identify health problems before you know something's wrong, which is often when treatment could make the most difference. By scheduling a preventive visit with your doctor, your physician will likely consider your personal risk factors, and lifestyle, then make recommendations for the preventive health screenings that are appropriate for you.

### What preventive health screenings are right for you?

Use our online tool at [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) to identify your age and gender-specific preventive care guidelines based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Working with your doctor, you can use the recommended guidelines to

determine which tests or screenings are appropriate for you based on factors such as your age, gender, personal health history and other health concerns. In addition, you can print and e-mail your specific preventive health guidelines, get useful health tips and find other tools to support your overall health.

### Take a proactive approach to your health today.

Use the charts inside this brochure, along with our Preventive Care Guidelines at [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) to help safeguard your health. Be sure to talk with your doctor about your specific health questions or concerns, and follow your doctor's recommendation to determine the preventive health screenings that are right for you.

## For women – general health screenings, immunizations and counseling\*

Consult your health care provider to determine which specific preventive health screenings are right for you, and if you require tests more often or at a younger age.

### Preventive Care Guidelines: Women over age 18

#### Range of recommended ages

Years of Age	18	25	30	35	40	45	50	55	60	65	70	
<b>Screenings</b>												
Height and weight	At each preventive visit to assess normal development and general health.											
Obesity	At each preventive visit to assess risks of obesity.											
Vision screening	Frequency recommended by physician based on risk factors to assess vision.											
Dental screening	Periodically to assess dental condition and detect medically related dental problems.											
Blood pressure	Regular screening for adults at standard risk.											
Cardiovascular disease								Regular screening beginning at age 55 for women. For those at high risk for heart disease, discuss aspirin and low risk alternatives with your physician.				
Cholesterol (Lipid) test					Every 5 years, beginning at age 45 for women. For those at high risk for heart disease, consult with your physician.							
Diabetes screening		Regular screening of adults for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.										
Colorectal screening								Routine Colorectal screening beginning at 50 years, high risk persons should be screened at younger ages. Interval determined by method. Speak with your physician.				
Mammography					Screening Mammography for all adult women of standard risk every one to two years beginning at age 40 or as directed by your physician. Women at defined high risk should be screened earlier. Discuss with your physician. For those at high risk, consult with your physician regarding breast cancer prevention alternatives with low risk of adverse effects.							
Osteoporosis screening										Routine screening for women age 65 and older. Screening for post-menopausal women at defined high risk. Discuss with your physician.		
Cervical cancer screening (Pap Smear)***	Every two years beginning at age 21 or for females who are sexually active, after 3 normal screenings, every 3 years or at a frequency recommended by physician based on risk factors.											
Sexually Transmitted Diseases (gonorrhea, HIV and syphilis)	Routine screening for those sexually active at increased risk. Routine screening for Chlamydia for females under 25. Syphilis screening recommended for ALL pregnant women.											
Screening for rubella, iron deficiency, urinary tract infection, Hepatitis B, blood type and RH(D) incompatibility screening	For pregnant women at first pre-natal visit without prior screening, proof of immunization or immunity or at increased risk.											

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Years of Age	18	25	30	35	40	45	50	55	60	65	70	
<b>Screenings</b>												
Folic Acid – recommended dosage is 0.4 - 0.8mg daily	Recommended for adult women of childbearing age beginning at age 18 who are considering pregnancy.											
Tobacco/nicotine use	Routine screening and counseling. Detection of potential health risks associated with tobacco/nicotine use. Opportunity for tobacco cessation counseling.											
Alcohol/illicit drug abuse	Routine screening and counseling. Detection of potential health risks associated with alcohol/illicit drug abuse.											
<b>Counseling</b>												
Promote and support breast feeding and post-partum counseling	Women after childbirth.											
Nutrition, physical activity, sun exposure, depression and injury prevention	Periodic screening and counseling.											
<b>Immunizations</b>												
Human Papilloma virus vaccine	3 doses may be administered to females age 9–26 with physician discretion.											
Tetanus-Diphtheria (Td/Tdap) vaccine	Every 10 years for adults who have completed the primary series and if the last vaccine was received 10 or more years ago, substitute for a single booster of Td.											
Measles, Mumps, Rubella (MMR) vaccine	Once for all with lack of immunity. Adults born before 1957 are generally considered to be immune to measles and mumps so would not require vaccination. Those born after 1957 may need a 2nd dose. Consult with your health care provider.											
Varicella (VZV) vaccine	Two doses for those susceptible with lack of immunity. Susceptibles: People 13 and older who have not received the vaccine and have not had chickenpox.											
Hepatitis B vaccine	Three doses for all persons at risk and pregnant women at first prenatal visit. Discuss with your physician.											
Hepatitis A vaccine	For all persons at risk. Discuss with your physician.											
Influenza vaccine	Annually. Speak with your physician to learn if you are in a priority group. Effective with the 2010-2011 flu season, immunization against seasonal and H1N1 flu will be done with a single vaccine.											
Meningococcal vaccine	One or more doses for individuals at high risk.** Discuss with your physician.											
Pneumococcal Polysaccharide vaccine (PPV)											One or two doses for individuals at high risk for complications of infection.*** Discuss with your physician.	
Zoster											One dose between ages 60-75.	

### Upper age limits should be individualized for each patient

\* See [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov) for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

\*\* High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

\*\*\* For persons aged 65 and older, one time revaccination is recommended if they were vaccinated more than 5 years previously and were younger than age 65 years at the time of primary vaccination.

\*\*\* ACOG, "Cervical Cytology Screening" Obstetrics & Gynecology; Practice Bulletin #109; 12/09

## Now is the time to ... Exercise, eat healthy, and take care of yourself

Age	Lifestyle	Diet: General	Diet: Age-specific	Exercise
<b>20s: Create healthy habits</b>	In your 20s, you may not think about your health much. You're young, active and generally healthy. Remember that regular preventive care, plus a good diet and exercise, can help you stay healthy today and for the future.	Your diet should mainly be fruits, vegetables, whole grains and fat-free or low-fat milk products. Keep the meat lean, such as fish, chicken and turkey that is grilled, baked or broiled.	Cut salt, fat and sugar to help prevent diabetes and heart disease later in life.	Try to get 45–60 minutes of moderate cardiovascular exercise 4–6 days a week and 10–15 minutes of strength training exercises at least twice a week. Cardiovascular exercises include jogging, brisk walking, stair climbing, running, elliptical training, jumping rope, dancing, cycling, hiking and so much more.
<b>30s: Make your health a priority</b>	Your life is busy – even busier if you have young children. It is hard to find time for exercise, and you may choose fast over healthy when it comes to your diet. Weight gain is common. Caring for the needs of others can leave you feeling tired. It's important to make time for yourself so you can care for others. Depression is also common in your 30s. This is the time when you may develop risk factors that could cause serious diseases later in life – e.g., high blood pressure, high cholesterol.	Some oils are needed for good health; you can get the healthy ones from fish, nuts and olives, or by using corn, soybean or canola oils for cooking. Limit the amount of fat and sugar that are common in processed foods, soda and juice drinks.	Eat a high fiber diet and choose whole-wheat grain products to help keep weight off.	Use heavier weights for strength training and add another day of cardiovascular exercise – a total of 5–7 days – to your routine.
<b>40s: Stay healthy</b>	Life doesn't slow down when you turn 40, but thankfully it looks a little different. If you have children, they may be able to take care of themselves or be on their own. This is when you may enjoy a little more time for you. Regular exercise, a healthy diet, and routine preventive care are important in keeping you free of chronic disease.		Boost calcium and vitamin D intake to support bone health. Consider adding a multivitamin to get all the vitamins and minerals you need.	Continue with 45–60 minutes of moderate cardiovascular exercise 3–5 days a week and add exercises like yoga and Pilates to increase your flexibility and strengthen your core muscles.
<b>50s and beyond: Embrace change</b>	Your work and social life keep you busy as ever. If you have children, you may be helping them adjust to college life, marriage or parenting. You may also be caring for aging parents during this time. Don't let these day-to-day pressures keep you from taking care of yourself. Make time for regular exercise and preventive care.			

## Pre-Menstrual Syndrome (PMS)

Many women experience premenstrual syndrome (PMS). Although the cause of PMS is unknown, it seems to be linked to hormonal changes that occur just before (and sometimes during) a woman's menstrual cycle.

PMS is different for every woman, but common symptoms include:

- ▶ Abdominal cramps
- ▶ Bloating
- ▶ Breast pain
- ▶ Swollen ankles
- ▶ Irritability
- ▶ Aggressiveness
- ▶ Depression
- ▶ Lethargy
- ▶ Food cravings
- ▶ Headaches
- ▶ Feeling as if you've gained weight

This list is not all inclusive, as symptoms can vary from woman to woman. To ease these symptoms, try a combination of short-term fixes and long-term lifestyle adjustments. Headaches and irritability are sometimes soothed by drinking a comforting hot beverage like caffeine-free tea or coffee. Try a relaxing activity like yoga or meditation.

- ▶ Over-the-counter non steroidal anti-inflammatory drugs (NSAID), such as ibuprofen or naproxen, can help relieve cramps, as can a heating pad to your tummy or lower back.
- ▶ Make small changes to your lifestyle. Learn better ways to manage stress. Exercise regularly and eat a balanced diet.
- ▶ Increased calcium has been shown in some studies to reduce PMS. Choose more low-fat dairy products and leafy greens for your diet.

Remember to talk with your doctor before taking any medications or changing your diet. Our health and wellness programs, located on [myuhc.com](http://myuhc.com)<sup>®</sup>, can help you manage stress, nutrition and exercise. Check out our great Online Health Coaching programs today.

If your symptoms are severe enough to disrupt your work or personal life, you may be experiencing premenstrual dysphoric disorder (PMDD). If you believe you have PMDD, talk to your doctor.

## Breast care

In addition to your preventive Breast Clinical Exam (BCE) and mammogram, it's a good idea to do breast self-exams on a regular basis.

You may feel uneasy when you examine your breasts — especially the first time. However, the more familiar you become with your breasts, the more you'll learn what's normal for you. The best time to do a breast self-exam is five to seven days after the last day of your menstrual period. During this time, your breasts are least likely to be lumpy or tender. If you no longer have any periods or are pregnant, you can choose a day of the month — such as the 1st or the 15th — to do the self-exam. Try to perform the exam at the same time every month.

### Two-step breast self-exam

It's not hard to do a breast exam. Make sure to follow each step described below.

#### Step 1 – Lying down

Lie down and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.

*Continues on next page*

Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.

Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs. It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you're not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.

Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).

There is some evidence to suggest that the up-and-down pattern (sometimes called the vertical pattern) is the most effective pattern for covering the entire breast, without missing any breast tissue.

Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.

## Step 2 – In front of a mirror

While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, or dimpling, or redness or scaliness of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)

Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area and makes it harder to examine.

Always talk to your doctor about any changes or concerns.

These self-exams should not take the place of clinical exams, but they may give you extra information that you can discuss with your doctor.

## Understanding and managing menopause

Menopause marks the close of a woman's reproductive life and is a normal part of aging. The average age of natural menopause is around age 51 and is defined as one full year without a menstrual cycle.

### Some common symptoms of menopause include:

- ▶ **Night sweats.** Hot flashes may occur during sleep. They can disturb sleeping patterns and cause daytime fatigue.
- ▶ **Vaginal atrophy.** As estrogen is lost, the tissues of the vagina and vulva become thin and dry. Intercourse can become painful. The vagina also can become inflamed or irritated.
- ▶ **Urinary tract changes.** Bladder infections or incontinence may become problems at this time. Frequent, painful or urgent urination also may occur.
- ▶ **Decreased libido.** Ovaries stop making testosterone. This hormone plays a part in both the male and female sex drives.
- ▶ **Emotional changes.** Changing hormones are associated with mood swings.

There are ways to relieve the effects of menopause. Stay away from hot drinks, alcohol and spicy foods to help prevent hot flashes. Over-the-counter lubricants may ease vaginal dryness. And regular exercise and a balanced diet can help you feel better. Be sure to get enough calcium and vitamin D, too.

## Hormone therapy

For some women, non-drug therapies aren't enough.

Hormone supplements can relieve symptoms, especially hot flashes.

However, recent research has linked hormone therapy (HT) to breast cancer, blood clots, heart attack and stroke. So, it's important to work closely with your doctor when deciding if it's right for you. Also, ask about non-HT medications and approaches that may work for your needs.

## Osteoporosis

Osteoporosis is a condition in which your bones lose density and become more fragile and easier to break. The bones in the hip, wrist, or spine are the most vulnerable for women.

Your risk for osteoporosis increases with age. While this list is not all inclusive, you may also have an increased risk for osteoporosis if you:

- ▶ Have a family history of osteoporosis
- ▶ Are thin or have a small frame
- ▶ Go through menopause early
- ▶ Are Caucasian or Asian
- ▶ Don't get enough calcium and Vitamin D
- ▶ Don't exercise regularly
- ▶ Smoke
- ▶ Take certain medicines, such as long-term steroids (If in doubt, ask your doctor.)

## Keep your bones stronger – longer

Most bone is built up by the time you're 30. But you can still build up your bone strength and reduce your risk of osteoporosis at any age.

- ▶ **Get your calcium.** Talk to your doctor about your specific needs. You can find calcium in foods such as milk, yogurt and cheese. Oysters, sardines, salmon, broccoli, turnip greens, tofu and almonds are also good sources of calcium. Calcium supplements may also help if you're not getting enough calcium in your diet.
- ▶ **Don't forget vitamin D.** Vitamin D helps you absorb calcium. Your body makes vitamin D when

your skin is exposed to sunshine. You can also get vitamin D from foods like milk, fortified cereal and canned salmon.

- ▶ **Exercise regularly.** Try weight-bearing exercises to make your bones stronger, such as walking, hiking, jogging, stair climbing, tennis, dancing or strength training. Regular exercise can also improve your balance. However, remember to talk with your doctor before starting a new exercise program.
- ▶ **Quit smoking.** This is not only good for your bones but for your overall health as well. Smoking can not only weaken your bones, but it can also cause cancer and increase your risk for heart disease. Sadly, approximately 17% of U.S. women age 18 and older still smoke cigarettes, and more than 175,000 women die each year from smoking-related illnesses.\* The good news is that smoking is also the leading known cause of preventable death and disease among women. This means that quitting can significantly improve your health — no matter what your age.

\* American Cancer Society, 2008.

- ▶ **If you drink alcohol, do so in moderation.**
- ▶ **Ask your doctor about medication options.** If you have several risk factors, or tests have shown that you have bone loss, you may benefit from medication.



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us at [www.myuhc.com](http://www.myuhc.com).



These guidelines are generally based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. They are provided for informational purposes only, and do not constitute medical advice. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Always consult your doctor before making any decisions about medical care. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your ID card.

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