POSTMASTER: PUBLICATION...PLEASE RUSH

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Bottom Line health

WELLNESS STRATEGIES FROM THE WORLD'S LEADING MEDICAL EXPERTS

LATE-BREAKING NEWS

Predict heart disease with a simple blood test. *New finding:* In a study of more than 72,000 women without infection, those with the highest levels of white blood cells (WBCs)—6,700 to 15,000—were twice as likely to die from heart disease as women with the lowest levels. Researchers believe this link also applies to men. *Theory:* WBC levels, which typically rise in response to infection, also can be a marker for inflammation, which weakens blood vessels and may trigger blockages leading to heart attack or stroke. *Self-defense:* Request a WBC count with your next blood test. A level above 6,700 may indicate increased heart disease risk.

Karen L. Margolis, MD, associate professor of medicine, University of Minnesota, Minneapolis.

New treatment for gout. In the past 35 years, no new treatments have been introduced to relieve gout (an inflammatory joint disease resulting from excess levels of urates, deposits of uric acid salts). *New finding:* After treatment with *febuxostat*, a new gout drug awaiting FDA approval, 81% of patients had healthy urate levels of less than 6 mg/dl, compared with only 39% who took 300 mg per day of *allopurinol*, the drug most often prescribed for gout.

Michael A. Becker, MD, professor of medicine, rheumatology section, University of Chicago Medical Center.

Fish is not always healthy. *New study:* People who ate baked or broiled fish at least once a week had a 25% lower stroke risk than those who ate the fish less than once per month. Those who ate fried fish at least once a week had a 37% *higher* risk than those who ate fried fish less than once per month. *Theory:* Harmful trans fats found in fried fish increase stroke risk. *Self-defense:* Aim to eat at least one serving of baked or broiled fish each week.

Dariush Mozaffarian, MD, instructor in medicine, Harvard School of Public Health, Boston.

DEADLY MELANOMA Is On the Rise

Are you at risk?

Howard L. Kaufman, MD
Columbia Presbyterian Medical Center

Most people assume that they're protected against melanoma, the deadliest type of skin cancer, if they use sunscreen or wear clothing that covers their skin. They're not.

For unknown reasons, melanoma also can strike parts of the body that are *never* exposed to sunshine. One case in 20 occurs in unexpected locations, such as the inside of the mouth, nose or throat...the iris (the pigmented part of the eye)...or the anus.

Controlling sun exposure is important, but it's only part of the story. *What you must know to protect yourself against melanoma...*

A RISING THREAT

The incidence of melanoma is rising faster than that of almost any other cancer. Since 1935, the percentage of Americans diagnosed with melanoma has gone up 5% to 7% each year. In 2001, it was diagnosed in one person in 71.

Why the increase? No one is sure. But greater sun exposure is a likely culprit.

WHO GETS MELANOMA?

Men and women get the disease in equal numbers. Even though everyone is at risk, the incidence is higher among Caucasians than African-Americans.

Specifically, people with red or blonde hair and light skin are more likely to get melanoma than those with brunette or black hair and darker complexions. If you are prone to

What Is MELANOMA?

Melanoma occurs when pigment-containing cells (melanocytes) become malignant. These tumors most often occur in the skin (excessive sun exposure is a risk factor), but malignancies also are found in the eye and mucous membranes. Each year, an estimated 52,000 Americans develop melanoma and 8,000 die from it.

Bottom Line/Health interviewed Howard L. Kaufman, MD, codirector of the Melanoma Center and chief of surgical oncology at Columbia Presbyterian Medical Center and associate professor of surgery at Columbia University, both in New York City. He is the author of *The Melanoma Book: A Complete Guide to Prevention and Treatment* (Gotham).

How do I avoid gout-aggravating foods?

Q I have gout. I've read that foods high in purine can aggravate the condition. What is purine, and how can I reduce it in my diet?

A Gout is a condition that develops in some people who sustain high blood levels of urate (also called uric acid). Urate forms crystals that can settle in the body's tissues. When deposited in and around joints, urate crystals cause the sudden attacks of pain, redness, and tenderness in joints that are characteristic of gouty arthritis.

Uric acid forms when the body breaks down purine, a substance that is produced in the body and also found in certain foods. Doctors used to recommend that people with gout avoid dietary purines, but now we have drug treatments that are much more effective at reducing urate in the blood. But some people can't tolerate gout medications, and for others, avoiding dietary purine may reduce the severity of gout attacks.

Purines are found in all meats, fish, and poultry, so unless you're a vegetarian, it's very difficult to avoid them completely. Try limiting your intake of these foods to six ounces per day. And avoid certain high-purine foods altogether: anchovies, herring, mackerel, and organ meats, such as liver, brains, kidneys, and sweetbreads.

People with gout should use alcohol only in moderation, or not at all. It not only increases urate production, it also reduces the body's ability to remove urate through the kidneys. Be sure to drink plenty of fluids, which help remove uric acid from the body. It's also important to maintain a healthy weight to help protect your joints from stress during daily activities. But don't sign up for crash weight-loss programs that involve fasting or low-carbohydrate diets that are high in protein and fat. Such diets can raise blood levels of urate and precipitate an attack of gout.

Why am I still getting yeast infections?

Q I recently developed a vaginal yeast infection—a surprise, because I haven't had one in many years. Aren't these infections unusual in postmenopausal women?

A About 75% of women will have at least one episode of vaginal yeast infection, or vulvovaginal candidiasis, at some point in their lives. Though yeast infections are not as common after menopause, they still account for some cases of vaginitis (vaginal inflammation) and are more common in women taking hormone therapy. The microorganism *Candida albicans* is usually responsible. *Candida* organisms are normally present in the vagina, mouth, and digestive tract. They usually coexist peacefully with bacteria and contribute to a healthful balance of vaginal microorganisms. Infection occurs only when there is an overgrowth of *Candida*.

One cause of yeast overgrowth is the use of antibiotics, which are helpful in treating urinary tract and other infections but can also kill bacteria that help keep yeast under control. It's common to develop a yeast infection after completing a round of antibiotics.

Candida overgrowth tends to occur in women who are pregnant, take oral contraceptives containing high levels of estrogen, or have uncontrolled diabetes; and in women whose immune systems are suppressed by corticosteroids, HIV infection, or chemotherapy. Risk may also be increased by certain contraceptive devices such as sponges, diaphragms, or IUDs, perfumed feminine hygiene sprays or douches, and wearing tight, poorly ventilated clothing and underwear.

Vulvovaginal candidiasis is not considered a sexually transmitted disease, since it can occur in celibate women, and *Candida* is normally present in the vagina. But the risk increases after women begin regular sexual activity, though the reasons aren't entirely clear.

Symptoms are the same in women of all ages—itching and soreness of the labia and other tissues surrounding the vagina, burning during urination, and pain during sexual intercourse. A white, clumpy vaginal discharge may also be present.

Since *Candida* is not the only organism that can cause vaginal infection, itching, and discharge, it's important for a clinician to confirm the diagnosis. Several oral and vaginal treatments are available. The usual first choice is a vaginal cream used daily for three to seven days or a single oral dose of fluconazole (pregnant women should not take oral fluconazole). Yeast infection may take longer to eliminate in women with severe vaginal inflammation, uncontrolled diabetes, or immune suppression.

Celeste Robb-Nicholson

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