

Are You Ready To Quit?

Smokers who have a desire to quit smoking may recognize November as the designated month for the American Cancer Society's (ACS) Great American Smokeout campaign. Are you a female smoker who may be thinking about giving quitting a shot this year? If so, here are just a few reasons to support your wise decision.

Effects of Smoking on a Woman's Health

Many people are now aware that smoking is the leading cause of preventable death in the United States. The ACS states that tobacco use accounts for nearly one third of all FDQFHUGHDWKMDPRQJPHQDQGEKPHQ%XWGRRXNQKRNLNQJSHFLADOOODIHW a woman's health? The U.S. Department of Health and Human Services' (HHS) *Women and Smoking: Report of the Surgeon General* lists some of the health consequences of tobacco use:

- x Women who smoke have an 80% to 90% greater risk for death from tobacco-related health conditions than those who do not smoke.
- x Smoking tobacco is the primary cause of lung cancer among women.
- x Smoking is associated with increased risk for cervical cancer.
- x Women who smoke are at greater risk of cardiovascular diseases, including blood clots, heart attacks, and strokes. This risk increases considerably as a woman ages, especially among those over 35 who take birth control pills.
- x Some studies indicate that smoking can increase a woman's risk of painful periods, irregular periods, and other problems during menopause.

- x Infertility, ectopic or tubal pregnancies, and miscarriages are associated with tobacco use.

How Smoking Can Affect Pregnancy

According to the HHS, pregnant women who smoke are at increased risk of having premature births and low birth weight babies. The American College of Obstetrics and Gynecology reports that smoking during pregnancy prevents as much as 25% of needed oxygen from reaching the baby. In addition, mothers who smoke can pass nicotine to their babies through breast milk.

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- Do You Crave Chocolate?
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- Pregnancy Pointers: Obesity Risks

Newly published studies warn of additional dangers of smoking to your unborn child. Smoking during pregnancy is associated with an increased risk of placental abruption, a potentially life-threatening condition for both the mother and fetus, according to a new report in the *American Journal of Epidemiology*. And infants whose mothers smoke during pregnancy are more likely to be born with low birth weight and are at a higher risk for asthma and heart disease later in life. *Journal of the American Heart Association*.

Smoking Can Affect Your Kids

If you smoke, consider how nicotine may be affecting those around you. The American Lung Association warns that exposure to second-hand smoke increases the risk for asthma and bronchitis in children, and increases their risk for lung cancer and heart disease throughout their lives. In addition, studies show that children whose parents smoke are more likely to start smoking during adolescence than children whose parents do not smoke.

Smoking May Cause Accelerated Aging

Enjoy looking older before your time? The Mayo Clinic reports that smoking may accelerate the normal aging process of your skin, which contributes to wrinkles. These skin changes can occur after only 10 years of smoking and are associated with a loss of collagen, which is essential for skin strength and elasticity. As a result, skin may sag and wrinkle prematurely.

And if that's not enough motivation to quit, consider that repeated exposure to the heat from burning cigarettes and the facial expressions made when smoking (such as pursing your lips when inhaling and squinting your eyes to keep smoke out) can also contribute to wrinkles.

Now Are You Ready?

Quitting smoking is one of the best things you can do for your health. If you're ready but not quite sure where to start, here are some strategies that work best for you.

x Put it on paper

Consider what you don't like about smoking and why you want to quit. Do you want to banish bad breath? Reduce your risk of a heart attack? Have more energy? Set a good example for your kids? Write it down. Whenever you feel the urge to smoke, take out the list to remind yourself why you want to quit smoking. It might also help to think of all you'll gain when you quit smoking, such as a longer and healthier life, and more money and time to spend on things you enjoy.

x Seek support

Tell your family, friends and co-workers that you're planning to quit smoking. Ask anyone in your household who smokes to quit with you. Join a quitters' support group, either in person or online. Speak with a tobacco cessation specialist through your doctor, a local smoking cessation program, or a telephone-based program. Toll-free tobacco quit lines are available through your health plan and in every state.

If you're not sure you want to reach out for help, consider what studies have shown - the more counseling you receive, the more likely you'll remain tobacco-free.

x Take it slow

Don't quit cold turkey. Instead, try cutting down. Keep your cigarettes and lighters in the car when you're in the house or working. Smoke only half of each cigarette. Buy only one pack of cigarettes at a time. Trade one smoking break a day for a brisk walk or other physical activity. Then set a date to quit smoking for good.

Avoid smoking triggers

Recognize high-risk places and situations and do your best to avoid them. Go places where smoking isn't allowed, such as a museum or movie theater. Make friends with people who don't smoke. At work, try the main door instead of the smoking entrance. Keep especially busy during off-work hours.

It also helps to replace old habits with new routines that aren't associated with smoking. Chew gum while you drive, or take a new route to work. Get up from the table immediately after eating. Drink water or tea instead of coffee or alcohol. Walk while you chat on the phone. Practice saying, "No thanks, I don't smoke."

x Try a stop-smoking product

For help decreasing withdrawal symptoms and managing cravings, ask your doctor about stop-smoking products. Some types of nicotine replacement therapies, including patches, gum and lozenges, are available over-the-counter. Nicotine nasal spray and the nicotine inhaler are available by prescription. Ask your doctor about other medication options. If using stop-smoking products seems like an easy way out, don't be so hard on yourself. A combination of medication and behavior changes can be an effective way to quit smoking for many people.

x Distract yourself

When you want to smoke, call a friend, take a brisk walk, or run in place. If you can distract yourself long enough — usually just a few minutes — the nicotine craving will pass. Don't fool yourself into thinking that it's OK to have just one cigarette. It's not.

x Relax

Stress or anxiety may increase your urge to smoke. To keep stress under control, prioritize your tasks. Consider what you can eliminate or delegate to someone else. Take a break when you need it. Breathe deeply. Stretch. Listen to your favorite music. Laugh. Exercise. Reward yourself for not smoking by doing something you enjoy every day, such as walking in the park, soaking in the tub, or watching a funny movie.

Take it one day at a time. Don't worry about next week or next month. Focus on today. Every hour without a cigarette brings you one step closer to quitting for good and freedom from an unhealthy, expensive habit.

x Learn from your mistakes

If you slip - whether you have one cigarette or you slide back into your old smoking pattern - don't give up. Identify what went wrong and ask yourself what you learned from the experience. Then decide what changes you can make that can help you succeed next time.

Don't Fear the Weight Gain

If you're planning to take the next step toward quitting but fear a potential weight gain, be encouraged. The Mayo Clinic indicates the average weight gain in ex-smokers is between 5 and 15 pounds. Many people start to lose the weight within a few months. Don't let the fear of weight gain stop you from quitting. Focus on the health benefits of quitting. Many problems associated with adding a few extra pounds. Weight gain is reversible; lung damage is not.

It is entirely possible to quit smoking and not gain any weight. The best way to do this is to make diet and lifestyle changes at the same time you stop smoking.

Be proactive in preventing any extra weight gain by developing a regular exercise program. Also, avoid increasing your intake of food and snacks to replace smoking. Keep a diary of the foods you eat every day. If you miss having something to do with your mouth and hands after quitting smoking, try chewing sugar-free gum, fat-free pretzels, or carrot and celery sticks.

Just Do It!

If you smoke, take that next step toward quitting when the Great American Smokeout rolls around again this year. Quitting smoking is the best gift that you can give yourself and your family. See "Smoking Facts" in this issue and contact the following organizations to learn more:

American Cancer Society
(800) 227-2345

<http://www.cancer.org/docroot/subsite/greatamericans/Smokeout.asp>

American Lung Association
(800) 548-8252

<http://www.lungusa.org>

American Heart Association
(800) 242-8721

<http://www.americanheart.org>

National Cancer Institute
(800) 4-CANCER (422-6237)

<http://www.cancer.gov>

For pregnant women:

The March of Dimes
(914) 997-4488

<http://www.modimes.org>

Type 2 Diabetes – Millions Don't Know They Have It Are You One of Them?

According to the National Institutes of Health, nearly 21 million children and adults in the U.S. have diabetes, including almost 10 million women. Unfortunately, over one third of Americans with diabetes may not realize they have the disease.

Diabetes can cause serious complications and even death when left untreated, so it is important to know the risk factors and symptoms of diabetes. The good news is that if it is detected early, some types of diabetes may be prevented or controlled.

What is Diabetes?

“glucose,” in your blood. Your body uses glucose for energy and some glucose is always present in your blood. Your body makes a hormone called *insulin* that works to get glucose from your blood into your cells for fuel, or energy. If your body does not produce enough insulin or the insulin doesn't work properly, glucose can't get to your cells. As a result, the glucose levels in your blood become too high, causing pre-diabetes or type 2 diabetes, and serious health

Pre-Diabetes and Type 2 Diabetes

The ADA explains that pre-diabetes may occur when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 54 million Americans who have pre-diabetes, in addition to the millions with diabetes.

The Centers for Disease Control (CDC) estimates that 90% to 95% of all diagnosed diabetes is type 2. Type 2 diabetes usually begins as insulin resistance, a condition in which the cells do not use insulin properly. As the need for insulin rises, the body gradually loses its ability to produce insulin. The CDC lists risk factors for pre-diabetes and type 2 diabetes:

- x Older age
- x Obesity
- x Family history of diabetes
- x History of gestational diabetes (diabetes during pregnancy)
- x Impaired glucose metabolism
- x Physical inactivity
- x Race/Ethnicity (Hispanic/Latino Americans, Native Americans,

Signs of Diabetes

The NIH lists some of the signs or symptoms of type 2 diabetes:

- x Extreme thirst
- x Unusual hunger
- x Fatigue



- Frequent urination
- x Weight loss (without trying)
- x Sores that don't heal
- x Dry, itchy skin
- x Numbness or tingling in your feet
- x Blurry eyesight

These symptoms could be indications of other medical problems, so be sure to discuss all symptoms with your doctor. Your doctor can do a blood test to check your glucose levels and determine if you have diabetes.

Complications From Diabetes

It is important to know if you have pre-diabetes or diabetes. If untreated, diabetes can lead to serious health conditions. The CDC provides the following facts about potential complications from diabetes:

Heart Disease and Stroke

- x Adults with diabetes have heart disease death rates at 2 to 4 times higher than adults without diabetes.
- x The risk for stroke is 2 to 4 times higher among people with diabetes.
- x Heart disease and stroke account for about 65% of deaths in people with diabetes.

High Blood Pressure

- x About 73% of adults with diabetes have blood pressure – a major risk factor for heart disease and stroke.

Blindness

- Diabetes is the leading cause of new cases of blindness among adults aged 20 to 74 years.
- Diabetic retinopathy (a disease of the retina in the eye) causes 12,000 to 24,000 new cases of blindness each year.

Kidney Disease

- x ~~DEHWHWVKHEDGDMRINGEINMH,QKHOWHWHDUANHDUHDYDDEHEDUO~~ people in the U.S. diagnosed with end-stage kidney disease due to diabetes were living on chronic dialysis or with a kidney transplant.

Nervous System Disease

- x About 60% to 70% of people with diabetes have mild to severe forms of nerve problems, such as tingling or pain in the feet or hands and slowed digestion of food in the stomach.
- x Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.

Dental Disease

- x Almost one-third of people with diabetes have periodontal (gum) disease.

Complications of Pregnancy

- x Pregnancy can cause major birth defects in 5% to 10% of pregnancies and spontaneous abortions in 15% to 20% of pregnancies.
- x Poorly controlled diabetes in the second and third trimesters of pregnancy can result in very large babies, posing a risk to both mother and child.

Early Detection and Proper Management of Diabetes

Early detection and management of diabetes can help many people to prevent the complications listed above. Proper control of diabetes can help you feel better and stay healthy. Treatment usually consists of controlling your blood glucose levels through blood glucose monitoring, regular exercise, meal planning, and appropriate medications. Scheduled screenings, including blood pressure, eye exams, and foot exams are necessary to prevent serious problems. Treatment of diabetes is an ongoing process that involves the health care team, the patient, and the patient's family. Education about self-management is an important part of this process. Diabetes is a life-long condition, but understanding the steps you need to take every day to properly manage your condition will help you to enjoy a full and active life.

Don't be one of the millions who are not aware they have the disease. If you have risk factors for diabetes and/or symptoms, talk to your doctor about blood glucose screening.

For more information about diabetes, contact:

The American Diabetes Association (800) 342-2383

<http://www.diabetes.org>

Do You Crave Chocolate?

The American Diabetes Association (ADA) believes that many women wouldn't mind eating chocolate morning, noon, and night. Surveys published in the *ADA Journal* have shown that chocolate is the most craved of all foods, especially by women.

The ADA reports that chocolate cravings are real and that chocolate's appeal is a combination of several things including sweetness, aroma, and texture. Certain chemicals in chocolate such as serotonin, endorphins, and phenylethylamine can elevate mood levels. Female hormonal changes are believed to affect the physiological and psychological need for the taste of chocolate. Researchers believe that the combination of emotions, hormones, social values, and sensory qualities may all play a role in explaining why women crave chocolate.

Traditionally, chocoholics have tried to control their cravings because of the age-old beliefs that chocolate caused

A Brief History of the Cacao Bean

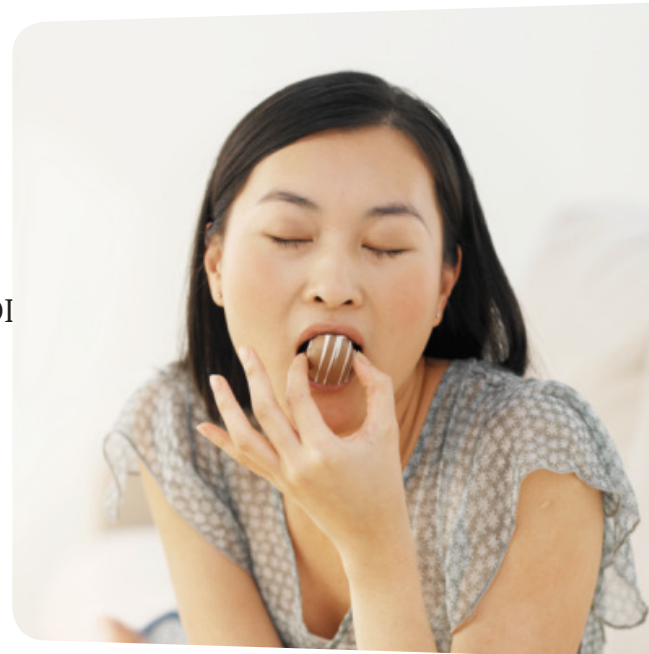
Chocolate is made from a bean-like fruit or seed of the tropical cacao tree. In past history, people believed that chocolate, like most fruits, contained healthy nutrients. Cacao beans were used by the Aztecs to prepare a hot, frothy beverage with stimulant and restorative properties. The Aztecs believed that chocolate conferred wisdom and vitality and chocolate was served only to warriors, nobility, and priests. When the 15th century Spanish explorers initially introduced chocolate to Europe, it was not as appealing to European tastes, such as sugar, spices, and vanilla.

Chocolate as we know it today dates to the addition of cocoa butter by Swiss confectioner Rodolphe Lindt in 1879.

Not All Chocolate is Created Equal

According to the Encyclopedia Britannica, the beans and seeds of the cacao tree are processed in several different ways to make the following types of chocolate:

- x **Unsweetened chocolate** is pure chocolate liquor, also known as bitter or baking chocolate. The pure, unsweetened chocolate is used as the base for cakes, brownies, confections, and cookies.
- x **Milk chocolate** is chocolate with milk powder or condensed milk added. Milk chocolate contains sugar, cocoa butter and has the most fat and calories.
- x **Dark chocolate** is chocolate without milk as an additive. Dark chocolate (semisweet, bittersweet, unsweetened chocolate) has more cocoa bean content and contains more healthy chemical compounds. Look for dark chocolate to have a higher percentage of cocoa than milk chocolate.
- x **Semisweet chocolate** is dark chocolate that is often used for cooking purposes and has more sugar than bittersweet chocolate.
- x **Bittersweet chocolate** is unsweetened chocolate that contains some sugar, more cocoa butter, and vanilla. It has less sugar and more chocolate liquor than semisweet chocolate, but the two are interchangeable in baking. The rule is that the higher the percentage of cocoa, the less sweet the chocolate will be.
- x **Couverture** is a term used for chocolates rich in cocoa butter. Couverture is used by professional pastry chefs and often sold in gourmet and specialty food stores. These chocolates contain a high percentage of cocoa and a high fat content.
- x **White chocolate** is not true chocolate because it contains no cocoa solids, only cocoa butter, sugar, and vanilla.
- x **Cocoa powder.** There are two types of unsweetened baking cocoa available: natural cocoa and Dutch-process cocoa. Both are made by pulverizing partially defatted chocolate liquor and removing nearly all the cocoa butter.



What are the benefits of chocolate? According to the Journal of the American College of Nutrition, the Archives of Internal Medicine, the American Heart Association (AHA), the Journal of the American Medical Association, and the Nutrition Department of Yale-New Haven Hospital:

- x Chocolate contains stearic acid, which after eaten, is converted to oleic acid in the body. Oleic acid is a heart-healthy monounsaturated fat.
- x Dark chocolate contains potent antioxidants called phenols. Antioxidants are believed to help to reduce the effects of cell damage in the body and help to prevent cancer. Phenols also prevent LDL, the *bad* cholesterol, from building plaque in the arteries, while raising the levels of HDL, the *good* cholesterol. One dark chocolate bar contains the same amount of phenols as a glass of red wine. Chocolate contains four times more antioxidants than black tea. The darker the chocolate, the more phenols it contains.
- x Dark chocolate is good for your heart, promotes a healthy heart, promotes good blood circulation, and reduces the risk of blood clots. The darker the chocolate, the more antioxidants it contains. One dark chocolate bar contains the same amount of antioxidants as 2 apples, and 2 glasses of red wine.
- x Chocolate contains tannins, which inhibit the action of bacteria on your teeth, preventing the bacteria from causing cavities.
- x Chocolate is a rich source of the minerals magnesium and phosphorus, which are important for muscle movement and bone formation.
- x Contrary to popular belief, chocolate does not contain a great deal of caffeine. A piece of chocolate contains about 10 mg of caffeine, while one cup of regular coffee contains 110 mg and one cup of tea contains 40 mg.
- x Chocolate does not interfere with the body's absorption of calcium.
- x Chocolate does not cause hyperactivity in children.
- x New research suggests that eating a small amount of dark chocolate daily may help lower blood pressure and reduce the risk of heart disease in people with hypertension.

The Drawbacks

Given all this good news, can we give in to our cravings and eat as much chocolate as we want? Unfortunately, no. The AHA reminds us that chocolate - even dark chocolate has some negative health effects. While a little dark chocolate may be good, a lot is not better. Chocolate is loaded with calories, sugar, and fats. In addition, different types of chocolate are processed differently and may lose their nutrients. Fruits and vegetables, on the other hand, contain

The ADA advises that moderation is the key. Maybe a piece of dark chocolate a day can help keep the doctor away, but do not replace your important daily servings of fruits and vegetables with a hunk of chocolate, as tempting as that may be. If you eat chocolate in your diet, be sure to limit the amounts of other high-calorie foods. The bottom line is: be sensible, enjoy dark chocolate in moderation, and have a sweet day!

Understanding and Living With Arthritis

By 2020, the U.S. Department of Health and Human Services Administration on Aging (AOS) estimates that 60 million Americans over the age of 45 will be affected by arthritis. Arthritis causes pain, stiffness, and swelling in or near joints and is the leading cause of disability in this country.

What is Arthritis?

According to the Arthritis Foundation, the word “arthritis” is often used to refer to all *rheumatic* diseases. These conditions may cause pain, stiffness, and swelling in joints and other supporting structures of the body such as muscles, tendons, ligaments, and bones. The Arthritis Foundation explains that arthritis is usually caused by the breakdown of cartilage, the connective tissue that cushions the ends of bones. As cartilage wears away, the bones often rub against each other, causing pain, swelling, and stiffness. Some arthritis conditions may also affect other parts of the body, including the eyes, chest, skin, and certain internal organs.

What Are the Types of Arthritis?

According to the Arthritis Foundation, the two most common forms of arthritis are *osteoarthritis* and *rheumatoid arthritis*.

- x Osteoarthritis
Osteoarthritis (OA) is the most common form of arthritis, affecting 21 million Americans. This condition usually occurs with women are more commonly affected; and overall, more women have OA than men. Sometimes OA may develop after an injury to a joint. For example, a young person might hurt his knee badly playing soccer. Years later, arthritis may develop in the previously injured joint.
- x Rheumatoid Arthritis
Rheumatoid arthritis is an autoimmune disease – a condition that may develop when the body’s own defense (immune) system doesn’t work properly. It affects joints and bones (often of the hands and feet), and may also affect internal organs and systems. Over 2 million Americans have RA and 70% of them are women.



What are the Symptoms of Arthritis?

Pain is a sign from your body that something may be wrong. Most types of arthritis cause pain in your joints, stiffness, and swelling. The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) lists other possible symptoms of arthritis:

- x Fever
- x Weight loss
- x Trouble breathing
- x A rash, or itching

These symptoms can be signs of other illnesses, so it is important to see your doctor in order to make an accurate diagnosis.

Talk to Your Doctor

Only a doctor can determine if you have arthritis or a related condition and how to treat it. It's important not to wait. You'll need to tell your doctor how you feel and where you hurt. The doctor will examine you and may take X-rays (pictures) of your bones or joints. You may also have lab tests that can help the doctor determine what type of arthritis you may have. Be sure to tell your doctor if you are using any herbs or over-the-counter medicines for pain. If you have arthritis, your doctor will talk with you about the best way to treat it and may give you a prescription for

What If I Still Have Pain?

Some people may still have pain after using medication. The Arthritis Foundation recommends the following tips that may help relieve discomfort:

- x Take a warm shower or bath.
- x Do some gentle stretching exercises.
- x Try putting an ice pack on the sore area, or heat – see which feels better.
- x Rest the sore joint.

If you still hurt after using your medicine correctly and doing one or more of the above, call your doctor. Another option, such as joint replacement. Talk to your doctor about pain-relieving options.

What You Can Do

The Centers for Disease Control and Prevention (CDC) advises that early diagnosis and appropriate management of arthritis, including self-management activities, can help people with arthritis decrease pain, improve function, and stay productive. The CDC recommends the following self-management guidelines:

- x **Develop Management Skills**— Self-management education such as the Arthritis Foundation Self Help Program on a regular basis. For example, AFSHP reports that the program has been shown to reduce pain for as long as 4 years after participating in the program.
- x **Be Active**— Research has shown that physical activity decreases pain, improves function, and delays disability. Try to get at least 30 minutes of moderate physical activity at least 3 days a week. You can get activity in 10-minute intervals. Before starting an exercise program, be sure to talk to your doctor about the
- x **Watch Your Weight**—The prevalence of arthritis increases with increasing weight. Being overweight puts an extra strain on joints, especially the hip and knee joints. The NIAMS suggests that maintaining a healthy weight can reduce the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds may decrease the occurrence (incidence) of osteoarthritis in the knees.
- x **See Your Doctor**—Although there is no cure for most types of arthritis, the NIAMS advises that early diagnosis and treatment. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- x **Protect Your Joints**—Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions may be at greater risk for osteoarthritis. In addition, there are many self-help devices available that can reduce stress on the joints, including zipper-pullers and long-handled shoe horns. Ask your doctor about joint care devices that may be helpful to you.

By working with your doctor and combining appropriate exercise, good nutrition, stress reduction, and joint care, you may be able to reduce pain, manage your condition, and enjoy a more active lifestyle. For more information about arthritis and joint protection tips, visit the Arthritis Foundation website at <http://www.arthritis.com>.

For more information about the Arthritis Foundation Self-Help Program and to locate a program in your area: <http://www.arthritis.org/events/getinvolved/ProgramsServices/arthritisselfhelp.asp>.

Pregnancy Pointers: Obesity During Pregnancy is Linked to Childhood Obesity

by the mother even before the child is actually born. The study reports that a child is more likely to be overweight at a very young age -- at 2 or 3 years old -- if the mother is overweight or obese before she became pregnant. The data also indicates that maternal smoking during pregnancy places a child at greater risk of becoming overweight. Prevention of childhood obesity needs to begin before a woman becomes pregnant. If you are planning a family, talk to your doctor about a healthy weight before pregnancy. If you smoke, ask your doctor about a smoking cessation program. See the smoking cessation portion of this newsletter.

Source: The National Institutes of Health



Smoking Facts

*Did you know.....*According to the Major Conclusions found within the Executive Summary of the 2004 Surgeon General's report, "...Laboratory research now reveals how smoking causes damage at both the molecular and cellular levels....Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general..."

Source: The U.S. Surgeon General Report, 2004

For information to help you quit smoking, please visit the following website: www.smokefree.gov, or call the National Network of Tobacco Cessation Quitlines at 1-800-QUITNOW (1-800-784-8669) TTY 1-800-332-8615.



This information is intended for educational purposes only, and should not be interpreted as medical advice. Please consult your doctor for advice about changes that may affect your health. Trade names of commonly used medications and devices are provided for ease of education but are not intended as particular endorsements. Your doctor may choose to use items not represented here. Some services may not be covered under your health plan. Please refer to your Health Plan Group Certificate and Schedule of Benefits for details concerning benefits, procedures, and exclusions. This newsletter and your health plan company are not affiliated with or responsible for information provided by resources cited in the articles.

Women's Health e-Newsletter

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