MAY 2014 | VOLUME 1 | ISSUE 5

PCOS Challenge E-ZINE

STROKE
IN WOMEN WITH PCOS
ARE YOU AT RISK?

NATIONAL PHYSICAL FITNESS & SPORTS MONTH

Protect Yourself & Your Baby:
PREECLAMPSIA AWARENESS

GIRLS & TEENS
THE LINK BETWEEN OBESITY, PCOS AND DIABETES

HOW TO NEVER, EVER, EVER MISS A WORKOUT

America Supports Anti-Discrimination Laws for Obesity

CONTENTS

MAY 2014

FEATURES

1 **Letter from the Executive Director**

2 **How to Never, Ever, Ever, Miss Another Workout**
By Josef Brandenburg

6 **Mother's Day Sucks**
By Sonya Satveit

7 **Research**
American Public Support for Anti-Discriminatory Laws for Obesity

8 **Stroke in Women**

11 **PCOS Challenge Radio Show**
Upcoming Guests

12 **Preeclampsia Awareness**

15 **PCOS Research**
The Link Between Obesity, PCOS and Diabetes in Adolescent Females

16 **Lupus Awareness**

17 **Featured Recipe**
Low-Glycemic Lentil Soup
By Dr. Louise Chang

LETTER FROM THE EXECUTIVE DIRECTOR

We each have our challenges that we are presented with in life. Most of us who read this E-Zine are faced with health challenges, one being Polycystic Ovarian Syndrome, that can often be difficult to cope with and can have a severe impact on quality of life.

Over the past few years, I have been adjusting to a way of life that includes coping with an additional health challenge--Systemic Lupus Erythematosus. After multiple bouts of debilitating chest pain, joint pain and difficulty breathing and visits to the Emergency department, I finally requested that a battery of tests be done to rule out autoimmune diseases. I had to really advocate for myself to finally get a diagnosis. The first few years have been difficult and life changing. Being hospitalized multiple times throughout the year is a humbling experience. I thought I was doing most of what I should be doing...and I was. I was exercising regularly and eating healthy foods and a balanced diet. However, it turns out, that proper sleep and stress management are as important as the other parts of my lifestyle. As I was lying in a hospital bed getting a blood transfusion, and searing pain pulsating through the palm of my hand where the IV was placed, I reflected on the fact that my work-life balance was everything but balanced, and that I had been placing a tremendous amount of stress on my body without enough stress management. I decided that my body is relaying a message to me and it was imperative that I listen.

During this month of May, there are observances that have touched my life, as I am sure they have also touched many of your lives. Lupus Awareness, because of the connection between hormones and autoimmune disease; Preeclampsia Awareness, because I have family and friends who have suffered through this; Stroke Awareness, because of having family members, including a grandparent die from complications of stroke; Mother's Day, because of its bittersweet significance among many women with PCOS; and Physical Fitness and Sports Awareness, because fitness is an important factor for staying healthy.

Read through this month's articles to learn more about some of the things that are affecting the lives of women with PCOS.

In good health,

Sasha Ottey

Executive Director
PCOS Challenge, Inc.
501(c)(3) Public Charity

PCOS Challenge
The Support System to Help Women Beat PCOS

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To Take a Survey About
PCOS and Autoimmune disorders

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HOW TO NEVER, EVER, EVER MISS A WORKOUT

by Josef Brandenburg
Fitness Coach for PCOS Challenge TV Show

Skipping workouts is second only to poor eating on the list of things that will bring your progress to a screeching halt and/or worse yet, make you regress. Good health, flexibility, the wonderful feeling of self-confidence that you get from sticking to a regular exercise program, and the body you want ALL require CONSISTENT regular exercise. There is no way around this, and despite what the makers of "Exercise In a Bottle" (a real product), you can't actually buy it in a bottle or any other way. It's just something that you get to do.

I was not born a consistent exerciser. In my own journey from obese (I had over a 40 inch waist) to fit (single digit body fat), learning how to become a person who almost NEVER misses a workout, despite whatever else is going on in my life, was one of the most important things that I changed. That transition took me a little over TEN years to make. So maybe I can help you make that transition in less than a decade with what I have learned from my journey and the journeys of many dozens of clients. Some of whom did and did not make the journey.

1. Take the long view.

It is what you do, or don't do, today that determines how you and your life will be tomorrow and many, many tomorrow's later. You have the body that you have right now because of what you have or have not done over the past few weeks, months and years. Don't kid yourself about where your actions are going to lead you – skipping workouts (or rarely exercising) will lead you to a) eventually or already being fat, b) at least sub-optimal health, and c) in the hospital for complications of diabetes, heart disease, cancer, and almost every other health problem you can think of.
Take the long view – in the long run instant gratification will lead to lasting and very serious pain, whereas what is ever so slightly difficult now will lead to long-term, lasting pleasure.

2. Set a new standard

We all have internal laws – "I wear clothes in public," "I don't cheat on my wife," and "For God's sake, I do NOT listen to Britney Spears or read about her in the tabloids," etc. Here's a new one: "I DO NOT EVER MISS WORKOUTS UNLESS I AM SICK OR INJURED AND EXERCISING WILL INTERFERE WITH MY RECOVERY." You can stop reading the article right now. That law is all there is to it, everything else in the article is just how to make it easier to follow.

3. Drop the BS excuses.

When Condoleezza Rice was the Secretary of State, she flew 24,000 miles per MONTH, yet she worked out between 6 and 9 times per week and almost never missed a workout. This is despite the fact that she was almost constantly in a new time-zone, and the "normal order" of her life simply does not exist. What's your excuse?

Rationalization: rational-sounding-lies about why you are not doing what you are supposed to be doing, that let you off the hook. It's like taking the top off of a pressure cooker. Excuses make it OK – in YOUR head and your head only – not to exercise. That conflicts with your new standard. This is an instance where it is good to be upset – not to beat yourself up, but to be dissatisfied with your behavior. If you make it OK, then you will not change. You will continue to NOT exercise. If you resist the temptation to let off the pressure with a excuses, then that pressure will motivate you to find a way to get it done.

4. Make more time for THE most important person in your life.

Could you tell your boss that you were too busy to come to work? Not if you want your job. Can you tell your body that you're too busy to exercise? Not if you want your health, or don't want your gut.

Article continued on page 3...

HOW TO NEVER EVER, EVER MISS A WORKOUT

While you can tell yourself that you don't have the time to exercise for three hours per week, the truth of the matter is somewhat different. A week has 168hrs in it. So, for everyone who flunked math, three is less than 168. Three is LESS than 2% of the time available to you in the week. The problem is not that you do not have the time, the problem is that you do not reserve the time.

When you take the emotions and the excuses out it becomes a very simple issue. And solution: Before your week ever begins sit down with your calendar and make at least three appointments with yourself – one for each workout (if you don't have a calendar, get one, this will never work trying to keep track in your head – never). Then, when something comes up – and it will – say "no" to the distraction and "yes" to your workout. If anyone asks, you tell them that you have a very, very important meeting that you cannot miss under any circumstances. Also, it is none of their business who the appointment is with – it is your time. Again, when you take out the emotions and the excuses, and instead deal only with the facts, then this becomes a very, very simple matter.

The facts in this case being that when it comes to your workouts, there are only two possible options – either it did or it did not happen. There is no try. There is no excuse. There is only do or don't do. Keep this in mind and many of the conversations about why it is OK to not will go away, and you can instead think about HOW to get it done.

5. Have a REAL plan.

This is, I think, where the magic happens. Frequently people get all excited about getting fit and healthy, and decide that they are going to "workout." They get a gym membership, and then go in to do some random stuff. Then come back a day or two later and do some more random stuff… This lasts for a week, two weeks, maybe even a month or two and then they just stop working out.

Some combination of three things happened:

1. They got frustrated because they're in the gym all this time and they've got nothing to show for it;
2. Exercising (or a perceived failure to do so) started to stress them out and made them feel bad about themselves; or
3. They just got side-tracked by life.

A) You should not be surprised when the workouts you design (or make up off the top of your head) don't bear any fruit in terms of results. You are an expert at something, just not this – 5 to 10 years and $50-100,000 later and you could have something.

There is nothing more frustrating than making an honest effort to do something, and getting absolutely (or almost) nowhere.

"It is what you do, or don't do, today that determines how you and your life will be tomorrow and many, many tomorrow's later. You have the body that you have right now because of what you have or have not done over the past few weeks, months and years."

Get a real plan, and real coaching from a real expert, that really measures your progress objectively so that your time and effort are not wasted. Getting results is very motivating. Lack of results is demoralizing. If you are currently a gym member, I'm sure you have noticed that almost everyone looks the same month-in and month-out, year-in and year-out.

Be very careful who you select to help you with your plan. Last year I was able to get my sisters dog certified as a personal trainer, so the [trainer] t-shirt and the certification mean almost nothing. Many personal trainers are ridiculously unqualified and will only get results by accident, if at all.

B) Being vague about what constitutes "success" or compliance is the quickest way to feel terrible about yourself no matter how hard you are working. That is what the hell does, "I'm going to start working out," or "I'm going to get in shape" mean? What do they mean specifically?

You need goals that you can quantify and that you can objectively measure your progress towards (with numbers!).

You also need a plan that spells out exactly what you are supposed to be doing to get to your goal. Do you workout three days per week, or four days per week? Are your workouts 45, 60 or 75 min in length? What are you doing for that hour? You need a real plan that really defines what you are supposed to be doing.

NEVER EVER, EVER MISS A WORKOUT

This way success is defined – it's one hour, 3 days per week (and you can get a LOT done in that amount of time). And you can feel really, really good about yourself for succeeding three days per week. You are living up to your own clearly spelled-out standards of what "good" is. Otherwise exercise becomes something that just makes you feel guilty because you never really know if you are doing what you are supposed to be doing, and you never really know if what you did was "enough" without a real plan. And why the hell would you expend extra energy to feel bad about yourself?

C) A real plan comes in handy here too. If you have a specific plan that says do X, Y and Z on Monday, Wednesday and Friday for 45 or 60 min., it is soooooooo much easier to schedule that into your life in advance. Whereas the vague, "I should exercise this week," or "today" means nothing specific and is impossible to schedule. And if you aren't setting aside the time in your calendar to exercise, then the only time you'll exercise is when you have "free time." Which is something that just doesn't exist for most people.

Everything else becomes more important by default, all your good intentions go out the window and you feel terrible about yourself for not exercising when you know you should. Get a real plan, from a real expert and schedule it.

6. Get more sleep.

Want to put your self discipline on turbo drive? Get 7-9 hours (more in the 8-9 range) of sleep every day. Fatigue is the death rattle of motivation and self-discipline. When you are exhausted your subconscious, and often conscious mind are obsessed with, for lack of a better term, being lazy. They are looking for any excuse to NOT expend energy, to be distracted, to watch TV, to eat some extra food to relax (I don't think that many people understand how HUGE the link between stress eating and lack of sleep and play time are), anything to try and compensate – poorly – for not getting enough rest. (If you under-sleep chronically, then fatigue is "normal," so you don't notice it and you won't until you actually get enough sleep for a week.)

Sleeping less actually results in LESS time. For example, if you sleep five or six hours per night, you may think to yourself that you now have an extra two to three hours in your day (you're awake for 18 to 19hrs/day instead of "only" 16). BUT, the fact of the matter is that you are only operating at 50-60% without enough sleep. So, you will get LESS done in MORE time, while sacrificing your health, and feeling like crap – great plan!

For example, I am currently taking organic chemistry (ugh!). At the beginning of the semester I was not very good about getting 8hrs of sleep every day, and I was absolutely terrible about setting aside dedicated play & relaxation time – I let work and school spread out over all seven days, morning, afternoon and night. I was working as hard and as much as I could, and consequently it took me 8-10hrs to complete a single chapter with only ~70% comprehension/retention (according to my exams). However, now I get 8hrs of sleep 6 out of 7 days/week, and take at least a day and a half off every weekend, AND I can knock out an organic chemistry chapter in 3-5 hours with 80%+ retention/comprehension because my mind is so much fresher and sharper.

7. Be realistic.

On the road to success you almost always must pass through failure. Despite what you learned in school, doing something wrong is part of learning how to do it right. You are not a machine, you are a human, so you can probably count on stumbling on your road to becoming a consistent exerciser. If you don't get it the first, second, third, etc. then keep on trying and adjust your approach a little each time. Eventually you will run out of ways NOT to get it right and get it. Provided you don't just keep repeating what did not work in the past.

So, this is all very, very, very simple: attitude rules, all the strategies to make it easier are great, but they are worthless without the right attitude – "I make all of my workouts, unless I am sick." Either you do or you don't, you did or you didn't, you will or you won't. No excuses, no rational-lies-ation. You want health? You want to look good? Then you exercise, and you do so consistently. You don't? Then you don't, end of story. Stop telling stories to yourself, and getting your ass in the gym will become much less complicated.

MORE ABOUT JOSEF

Josef Brandenburg, PCOS Challenge TV fitness coach, was a contributor to the #1 Amazon.com bestselling book Results Fitness, and the author of several other books. Josef has been featured in *The Washington Post*, on CNN, ABC, News Channel 8, WUSA 9, and in newspapers coast to coast.

He's also received certifications through Precision Nutrition, ACE, NASM, FMS, CHEK, and the NCEP. Josef has been helping people get the bodies they want in the time they have for 15 years.

Read more great fitness articles by Josef Brandenburg, award winning personal trainer, and the *PCOS Challenge* television show Fitness Coach at TheBodyYouWant.com.

May is

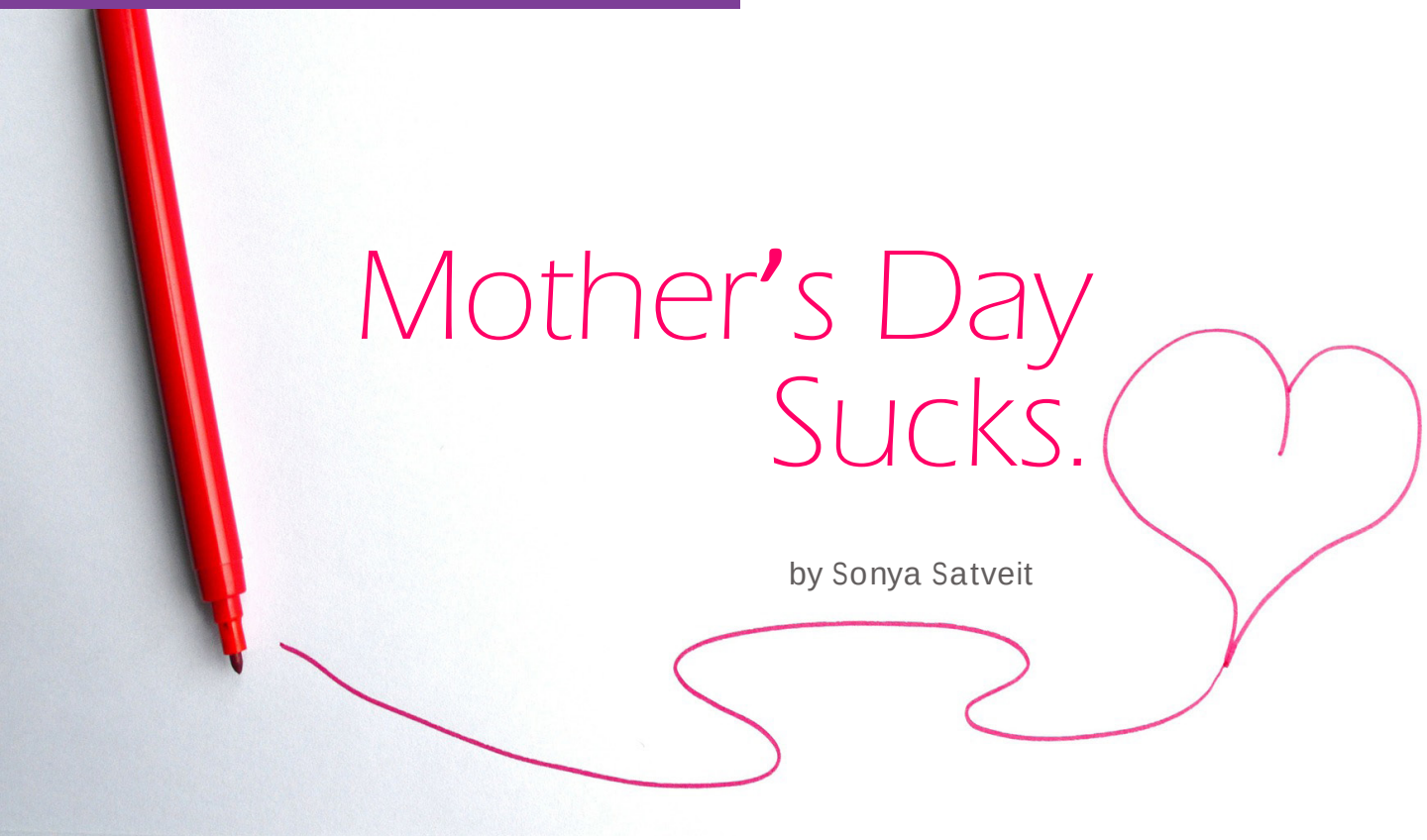
National Physical Fitness and Sports Month

American Stroke Month

Preeclampsia Awareness Month

Lupus Awareness Month

Want to be part of PCOS Challenge?
Click here to learn more.



Mother's Day Sucks.

by Sonya Satveit

Here's the thing about Mothers Day – sometimes it sucks. It's hard after you've lost your own mom but people acknowledge that grief. What happens when you've lost a baby no one else got the chance to know?

Like many other traumatic life events do, when many women who have miscarried speak to each other about their miscarriages, there is a shared camaraderie. A shared understanding that is known only to women who have been through the horror of losing a baby. I've talked to a lot of mommies over the 15 years since my first miscarriage and here's what I think most moms who have miscarried would like you to know:

We Are Moms

Even if we have never carried a baby to term – we had a baby. It died. Maybe we didn't get to hold that baby or hear it call us Mama. Maybe we weren't far enough along in our pregnancy to feel our baby move. Maybe we were a single mom, struggling to figure out how to manage a pregnancy and a baby. Maybe part of us was afraid or didn't really want a baby when we found out we were pregnant. Maybe our husband doesn't acknowledge our suffering or that he, too, is a parent. Maybe it's hard for you to understand. We would like you to try.

We wish you would acknowledge what we know in our hearts. We are Moms. When you don't acknowledge our grief it makes it harder. When you pretend like it didn't happen it makes it worse. Bringing up the baby won't make us feel worse – it makes us feel better that you've acknowledge how we feel and that our baby was real and deserves our grief. You won't remind us of the baby we lost – we don't need reminding – we think of our babies more than you can imagine. Many of us feel like we suffer twice – once when we lose the baby and then again when no one seems to understand or acknowledge or even worse – tells us "it was for the best."

Mother's Day Sucks

My first mother's day came 6 weeks after I lost my first baby – I spent alot of time crying that day. I felt like I should have been celebrating mother's day as a Mommy-to-Be but instead I felt like I was a Mommy-That-Wasnt-Meant-to-Be.

Do you know someone who miscarried a baby? Consider acknowledging a mom who has suffered a miscarriage every Mother's Day. A small note saying thinking of you on Mothers Day or a single flower will let her know you understand that she is a Mom.

MORE ABOUT SONYA

Sonya Satveit is the creator of Hormone Soup, a blog she founded as an effort to raise consciousness around women's hormone issues.

The blog was designed to spark conversation about the use of bio-identical hormones to treat issues such as miscarriage, infertility, postpartum mood disorder and PMS.

The goal of Hormone Soup is to educate, empower and unite women with the knowledge and resources to act as their own health advocates. **HormoneSoup.com**

Americans Increasingly Supportive of ANTI-DISCRIMINATION Laws for OBESITY

"As a socially accepted form of prejudice, the issue of weight stigma is largely ignored in much of the public health and policy efforts to address obesity."

Did you know that approximately 75% of the American public support laws against discrimination in the workplace based on body weight? A recent national online survey showed increased support among participants, agreeing that body weight should be protected from discrimination by additions to civil rights statutes. These results were published in *Obesity* magazine by The Rudd Center for Food policy, which included recommended guidelines for portrayal of obesity in the media.

Obesity prejudice has become a socially acceptable trend, making it largely overlooked, and ultimately ignored in public health policy efforts. The guidelines encourage the media to take an active role in respecting body diversity, by avoiding stereotyping through the use of correct terminology, while providing accurate news coverage of obesity. The magazine article also emphasizes the issue of weight bias in the entertainment, social, and news media, and how it ultimately affects and cultivates weight bias in society; most notably, the workplace.

Young Suh, MS, a research associate at the Rudd Center for Food Policy and Obesity at Yale University, concluded that "given the pervasiveness of weight stigma in our society and its negative consequences for those affected, our study findings have important implications for future policies that can help rectify various health, social and economic inequities associated with obesity." Ultimately, these findings show evidence that a majority of Americans have expressed consistent and increasing support for legal measures to prohibit weight discrimination, particularly in the workplace.

Source:
http://www.healio.com/endocrinology/obesity/news/online/%7B8fae1729-faf1-49a3-b409-a13b8a9f7df8%7D/americans-increasingly-supportive-of-anti-discrimination-laws-for-obesity

Disclosure: This study was funded in part by grants from the Rudd Foundation and the Robert Wood Johnson Foundation.

Want to know more about PCOS and Nutrition?

VISIT WWW.PCOSCHALLENGE.COM

For more tips, articles, discussions and support for women with Polycystic Ovarian Syndrome (PCOS).

Stroke in Women

While you may think of stroke as a man's disease, women are actually at a greater risk of suffering from a stroke than men. There is a common misconception that breast cancer is more prevalent than stroke; however it kills twice as many women than breast cancer each year.

Stroke is the third leading cause of death for women in America, affecting 425,000 women annually. Surprised? You're not alone. In a recent survey, 7 out of 10 women replied that they were not aware that women were more likely than men to have a stroke. Even more concerning, they also had little to no knowledge of its symptoms, or risk factors.

So what is a STROKE?

A stroke, also known as a "brain attack" occurs when a blood clot blocks an artery or blood vessel, resulting in an interruption of the blood flow to an area of the brain. When this happens, the brain cells die, and cause brain damage.

How a stroke can affect you, is determined by how much of your brain is damaged. This damage can affect speech, movement, and/or memory. In some instances, someone with a small stroke might only experience minor problems, such as weakness of an arm or leg; however, in more severe cases, a stroke can cause paralysis on one side of the body or loss of speech.

Two million brain cells die every minute during a stroke, so recognizing its symptoms and getting immediate medical attention can not only save your life or that of a loved one, it can limit disabilities and risks of permanent disability.

Women may report unique stroke symptoms:

- Sudden face and limb pain
- Sudden hiccups
- Sudden nausea
- Sudden general weakness
- Sudden chest pain
- Sudden shortness of breath
- Sudden palpitations

Common stroke symptoms seen in both men and women:

- Sudden numbness or weakness of face, arm or leg
- especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or
- coordination
- Sudden severe headache with no known cause

DO THIS SIMPLE TEST IF YOU THINK SOMEONE MAY BE HAVING A STROKE

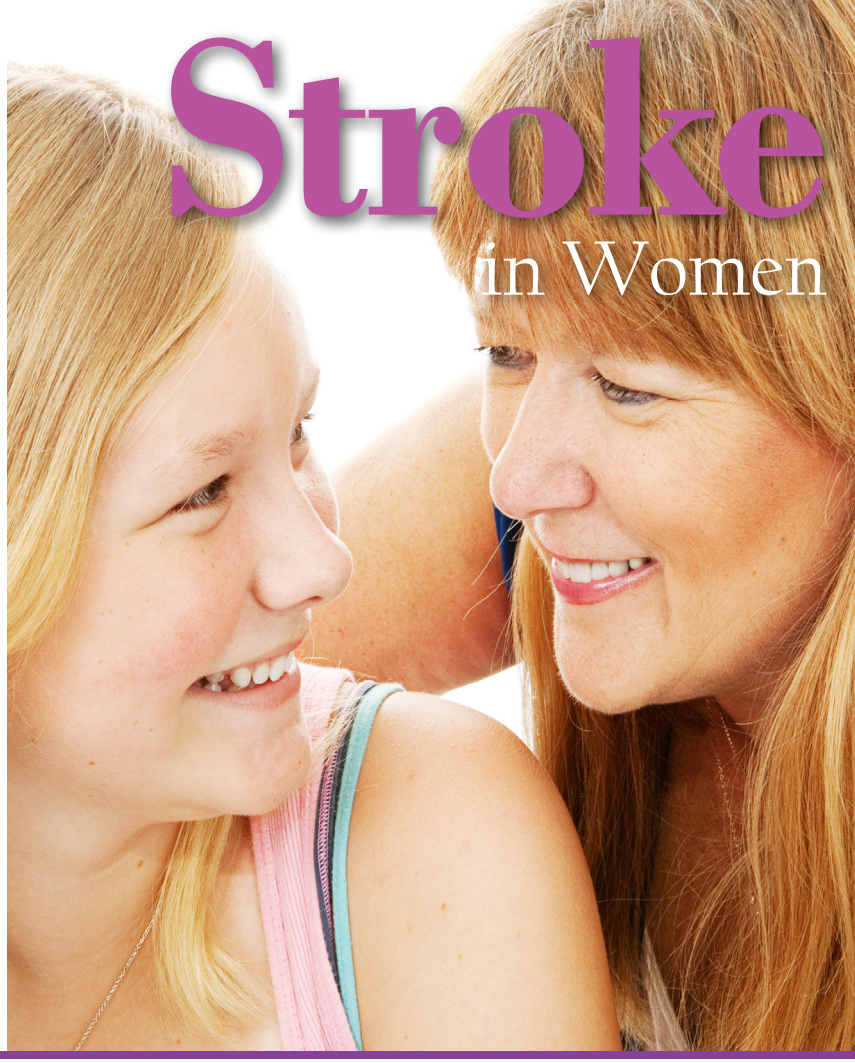
F **FACE: Ask the person to smile. Does one side of the face droop?**

A **ARMS: Ask the person to raise both arms. Does one arm drift downward?**

S **SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?**

T **TIME: If you observe any of these signs, call 9-1-1 immediately.**

Stroke in Women



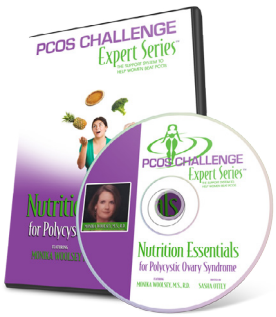
NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR. There is and FDA-approved clot-buster medication that reduces long term disability in most common strokes if given within three hours of the first symptom. However, prevention is always better than waiting to seek a cure. Below is a list of guidelines recently published by the American heart Association to prevent stroke in women:

- Women who experience migraines with aura and also smoke, are advised to stop smoking immediately (smoking cessation is always recommended for overall health!)
- Women who are pregnant should monitor their blood pressure during and after pregnancy, to lower the risk of stroke
- Women over 75 should be screened for Atrial Fibrillation
- Women should be screened for high blood pressure prior to starting a birth control regimen
- Women with concerns about high blood pressure or stroke should consult a doctor

For more information about Stroke Prevention and Treatment, visit:
www.stroke.org
www.cdc.gov/stroke

PCOS CHALLENGE Expert Series
GET ANSWERS

Nutrition Essentials for PCOS
Monika Wolsey, RD



PCOS Challenge Expert Series
Audio CD Bundle

Nutrition Essentials for PCOS

Registered Dietitian Monika Woolsey will share the basic nutrition concepts for managing PCOS--the weight gain, the depression, the insulin resistance...even the cravings.

Monika Woolsey is an expert in PCOS and nutrition for managing PCOS. Monika is President and Founder of After the Diet Network and inCYST Programs for Women with Polycystic Ovary Syndrome. She is a nutritionist and exercise physiologist with 25 years of experience in nutrition and exercise counseling.

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VOLUNTEER

WE NEED YOU

YOU'RE BRILLIANT PASSIONATE CREATIVE AMAZING!

TOGETHER WE CAN CHANGE THE FUTURE FOR WOMEN WITH PCOS

PCOS Challenge needs your leadership, skills, talent and passion to continue our mission and advocate on behalf of women with PCOS.

We have both "virtual" volunteer opportunities and opportunities in the Atlanta metro area. Virtual positions are open to individuals nationally and can be done online, by phone or email. Some of the areas where we need immediate volunteers include sales and fundraising, graphic design, publicity, volunteer management, and event planning and management.

VOLUNTEER WITH PCOS CHALLENGE

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PCOS CHALLENGE RADIO

FEATURED RADIO SHOW GUEST

STROKE AWARENESS
HOW AT RISK ARE YOU?

CLICK HERE TO LISTEN

May is Stroke Awareness Month and Gregory Pokrywka MD, Board-Certified Internist and Lipidologist from Baltimore/Towson, MD joins the PCOS Challenge radio show on Wednesday, May 21, 2014 at 6:30pm, EDT to speak about stroke risk factors and what it means for women with PCOS.

Gregory Pokrywka MD FACP FNLA NCMP is a Board-Certified Internist from Baltimore/Towson, Md. He attended Duke University, worked as a biochemist, attended University of Maryland Medical School and was Chief Resident in Internal Medicine at Mercy Hospital, Baltimore. He has been in private practice since 1987 and formed the Baltimore Lipid Center in 2001. Dr. Pokrywka has further pursued his interest in Menopausal Lipidology through certification as a Credentialed Menopause Practitioner by the North American Menopause Society (NAMS).

FEATURED RADIO SHOWS

FREEDOM FROM PCOS
KATIE HUMPHREY

CLICK HERE TO TUNE IN

Katie Humphrey discusses Freedom from PCOS and ways women can improve their lives mentally, physically and emotionally.

PCOS and INFERTILITY AWARENESS
SHAHAB S.MINASSIAN, MD

CLICK HERE TO TUNE IN

Shahab S. Minassian, M.D. answers your questions about PCOS and infertility.

DR. LOUISE ANSWERS TOP PCOS QUESTIONS
LOUISE CHANG, M.D.

CLICK HERE TO TUNE IN

Louise Chang, M.D., founder of HealthySmartsMD, discusses ways to improve your life as a woman with PCOS.

Preeclampsia Awareness

Pregnancy is both an amazing and one of a kind, yet confusing experience. Your body goes through a lot of changes (whether you like it or not) and it's really hard to tell which one's normal, along with the paranoia and hormonal changes.

One of the things every soon to be mother should know about is Preeclampsia, this is a disorder that happens only during pregnancy usually occurring in the late or 3rd trimester or middle to late pregnancy, up to six weeks after delivery. Preeclampsia is also previously known as Pregnancy Induced Hypertension (PIH) or Toxemia. Other variations of Preeclampsia are HELLP Syndrome or Hemolysis, Elevated Liver Enzymes, and Low Platelet count.

Preeclampsia and other hypertensive disorders of pregnancy are the leading cause of maternal and infant illness and deaths, these disorders are responsible for 76,000 maternal and 500,00 infant deaths each year (and this is a conservative estimate).

Signs and Symptoms

Preeclampsia is particularly dangerous due to its silent nature. Some of its symptoms may resemble the normal effects of pregnancy, and many women may not feel sick at all. Often, they are surprised when admitted to the hospital and prescribed bed rest, despite feeling perfectly well.

High Blood Pressure

So how do you know if you are at risk? One of the first signs of preeclampsia is high blood pressure; traditionally defined as 140/90 or greater.

Protein in urine (Proteinuria)

Preeclampsia temporarily damages the filtration system of the kidneys, which allows the protein to be spilled into the urine. A dipstick urine test is usually done to measure this, though your healthcare provider may ask you to collect urine for a 24 hour time period, to determine the exact amount of protein in your urine. Dark yellow urine can be normal, typically associated with dehydration; but having reddish or cola-colored urine may be a red flag. If you notice this, you should contact your health care provider to seek further testing. Dark yellow urine is normal, usually this is associated with dehydration but a red flag would be having reddish or cola-colored urine. If you notice this, contact your health care provider.

Edema (Swelling)

This is the most common symptom that pregnant women experience, although a certain amount of swelling is normal during pregnancy (stubby feet anyone?) In contrast to common swelling, edema is the accumulation of excess fluids and becomes a concern when it occurs in your face, eyes or hands.

If you suspect that you may have edema, find a picture of your face before pregnancy, and share it with your health care provider for comparison. You can also check the swelling in your hands and feet by pressing your thumb into your skin; if an indentation remains for a few seconds or shows discoloration, you should schedule an appointment with your doctor.

Headaches

Vision change is one of the most serious symptoms of preeclampsia; it is associated with an irritation in the central nervous system and can be an indication of swelling of the brain (cerebral edema). If you experience a throbbing headache, accompanied by light sensitivity or vision changes, call your healthcare provider right away.

Preeclampsia
Awareness

Nausea and Vomiting
Though this is normal during pregnancy, "morning sickness" should disappear after the first trimester. If you experience a sudden reappearance of nausea and vomiting mid-pregnancy, ask your healthcare provider to take your blood pressure, and check the urine for proteinuria, as this might also be confused with the flu or gallbladder problems.

Abdominal (stomach area) and/or Shoulder Pain
Pain in the upper right quadrant under the ribs is known as epigastric pain. Though this might be confused with heartburn or indigestion, shoulder pain can feel like someone is deeply pinching a bra strap or on your neck, making it painful to lie on the right side. Pain in these areas should be taken seriously and calling your health provider immediately is strongly advised.

Sudden Weight Gain
Of course it's normal to gain weight during pregnancy, but it is in your best interest to be mindful and keep track of it. A weight gain of more than two pounds in a week may be an indicator of preeclampsia. Damaged blood vessels allow for more water to leak and stay in your body's tissue, versus passing through the kidneys to be released.

Hyperreflexia
In addition to measuring your reflexes, your healthcare provide should also perform tests such as weighing in, checking your blood pressure and testing your urine for protein every prenatal visit. This will help to monitor and prevent preeclampsia. Should you ever have any questions, do not be afraid to ask your healthcare provider, or seek a second opinion; it's your body!

Shortness of Breath, Anxiety
If these symptoms are new to you, they may indicate an elevated blood pressure. Take note of any shortness of breath, a racing pulse, mental confusion or a heightened sense of anxiety.

Remember preeclampsia and its worst outcomes can be avoided through early detection. Listen to your gut-feeling; if something doesn't feel right, trust your instincts and call your healthcare provider. Don't be afraid to ask questions, or discuss anything unusual with your body. A good healthcare provider will fill you in on all of the details surrounding your health, and reassure you as to whether or not additional steps should be taken.

SOURCES:
www.preeclampsia.org/health-information/about-preeclampsia
www.preeclampsia.org/health-information/sign-symptoms

FEATURED VIDEO

PCOS EXERCISE TIP

HOW TO CREATE A HOME GYM

PCOS Challenge Fitness Coach Josef Brandenburg shares tips to help you create an effective home gym for under $200.

MAKE A DIFFERENCE

Why DONATE to PCOS CHALLENGE?

You Can Help Change
The Future for
Women with PCOS

Your gift will help PCOS Challenge, Inc. raise public awareness about Polycystic Ovarian Syndrome (PCOS) and related conditions as well as provide critical education and support resources to women with PCOS and the medical community. Our programs help women overcome their struggles with infertility, weight gain, anxiety and depression and reduce their risk for life-threatening related diseases.

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THE LINK BETWEEN OBESITY, PCOS AND DIABETES IN ADOLESCENT FEMALES

A recent study by Dr. Melanie Cree Green, MD, PHD of the University of Colorado, Denver involved 60 adolescent girls with obesity (23 without PCOS and 37 with PCOS). The study showed a disconnect for obese girls with PCOS, with approximately 30% of the patients showing impaired glucose tolerance, a pre-diabetic state and a term used to define people in the US who have blood glucose levels that are higher than normal, but are not high enough to be classified as diabetes[1].

The study tested their insulin levels using standard clinical measures such as fasting glucose, fasting insulin, HbA1c (a test used as a standard tool to determine blood sugar control) and a 2 hour oral glucose tolerance test. Aside from the usual clinical tests, researchers also completed a three stage glucose clamp[2] to look at how they are sensitive to glucose and how the body reacts to insulin.

It turned out that during the glucose clamp testing, these girls with PCOS have hepatic insulin sensitivity at significantly reduced levels. Their insulin concentration was over 200 yet their liver is still putting out glucose, confirming that their muscle and liver insulin sensitivity is really severe.

Currently, the Endocrine Society's guidelines suggest Metformin for Insulin resistant adolescents, but with these results, Dr. Melanie Green concluded that "almost any obese girl with PCOS should be put on Metformin, especially if they have a family history of Type 2 Diabetes. Because the measures that we do to assess insulin resistance just aren't good enough." With the results of this study, Dr. Greene also suggested that all adolescent females with obesity and PCOS should be considered insulin resistant, and receive Metformin.

Another research conducted by Kathy Love-Osborne, M.D, also mentioned that obese pre-diabetic adolescents with higher ranges of HbA1c (a lab test that shows the average level of blood sugar) have a quicker transition to diabetes. In this research she described the importance of weight stabilization for patients as the first step in preventing the progression to diabetes. She also described that stopping the patients from gaining more weight is a more realistic and manageable approach, rather than telling patients to immediately lose several pounds, which can be really overwhelming. For the higher range pre-diabetic adolescents, a follow up within 3 to 6 months is advised as they progress more quickly to diabetes.

"...weight stabilization for patients is the first step in preventing the progression to diabetes."

Sources
(1) http://www.medicinenet.com/script/main/art.asp?articlekey=42930

(2) Glucose Clamp: http://diabeteshealth.com/read/2007/11/06/5500/ehats-a-glucose-clamp-anyway/

For more information, see:
Weight Stabilization in Adolescents with Prediabetes Halts Transition to Diabetes

Obesity, PCOS Led to Severe Insulin Resistance in Adolescent Females

LUPUS AWARENESS

Lupus is an autoimmune disease. It is a condition defined as a malfunctioning autoimmune system of the body. There are different types of lupus, with the most common being Systemic Lupus Erythematosus (SLE), and symptoms vary widely from person to person. This presents a diagnostic challenge for doctors. There is an estimated 5 million people in the world with the disease. Lupus can have a big impact on your life, and can range from mild to life threatening, making it important to educate yourself about it.

The immune system is the body's defense system against things that may cause the body harm. Normally, if the body becomes infected with bacteria, viruses or other microbes, or if you are exposed to an allergen, your immune system responds by attacking the foreign antigens and produces antibodies against them. In lupus, the immune system fails to recognize cells and tissues that do not belong in the body, versus what it should protect. In the end, the immune system produces antibodies that attack both good and harmful functions in a person's system, resulting in the manifestation of other disease symptoms.

Statistics show that lupus affects people from all walks of life; including men, women and children, worldwide. Women, however, are more likely to be diagnosed with the condition based on a popular, yet controversial belief that the disease has a direct correlation to estrogen production. Although there are no concrete reports surrounding this theory, it is believed to be the reason patients are most often females of childbearing age; and many doctors are cautious about prescribing contraceptives containing estrogens. Lupus is also more common and severe in women of color (African American, Latina, Asian and American Indian women), and is three times more prevalent in African American women than Caucasian women.

Environment and genetics are also possible causes of the disease. It is believed that the reaction of the immune system is based on the overall genetic makeup of a person. In the same light, you are similarly susceptible if you are put under stress, or in a condition that is known to trigger chaos in your immune system.

As with all health conditions, this often means that eating well and maintaining a healthy lifestyle is the best course of action for you to take. For some, prevention may not work, and will require a doctor visit at the beginning of a symptom or flare. This is especially true if you suffer from other medical conditions, as lupus can mimic these symptoms. Lupus can easily mislead any health professional, which is why it is important to be honest with your doctor about your medical history.

With solid information from patients, and tests to support it, Lupus can be kept at bay for women by keeping hormones regulated through good nutrition, appropriate exercise and stress management and medication. It is necessary that a person diagnosed with Lupus pay close attention to his or her body. The slightest change or abnormal activity should be reported to your doctor to prevent it from worsening.

What are the common symptoms of Lupus?
Since Lupus can affect many organs in your body, a wide range of symptoms may appear, and occur at different times throughout the duration of the disease. Making note of these symptoms, while taking an active role in communicating with your doctor, can really help with managing Lupus.

COMMON SYMPTOMS OF LUPUS

- Extreme fatigue (tiredness)
- Headaches
- Painful or swollen joints
- Fever
- Anemia (low numbers of red blood cells or hemoglobin, or low total blood volume)
- Swelling (edema) in feet, legs, hands, and/or around eyes
- Pain in chest on deep breathing (pleurisy)
- Butterfly-shaped rash across cheeks and nose
- Sun- or light-sensitivity (photosensitivity)
- Hair loss
- Abnormal blood clotting
- Fingers turning white and/or blue when cold (Raynaud's phenomenon)
- Mouth or nose ulcers

With the growing number of people affected by Lupus, and the inevitable stress put on our bodies by today's environment, self-awareness is incredibly important. Educating yourself about Lupus should be something that you make a priority for both yourself, and your family.

FEATURED RECIPE

CAULIFLOWER AND SPINACH MASH

Original recipe and photo courtesy of http://www.pcosdietsupport.com/recipes/side-dishes/cauliflower-and-spinach-mash/

Via PCOS Diet Support: this is a quick and easy alternative to mash potatoes, and a great summer dish that is not going to shoot your insulin levels through the roof!

The good: This mash is a good source of Protein, Riboflavin, Pantothenic Acid, Iron, Magnesium and Phosphorus, and a very good source of Dietary Fiber, Vitamin A, Vitamin C, Vitamin K, Vitamin B6, Folate, Potassium and Manganese.

The bad: It is quite high in saturated fat because of the butter if you choose to use it.

INGREDIENTS

1 HEAD OF CAULIFLOWER
3 CUPS OF SPINACH
1/4 TEASPOON GARLIC POWDER
1/4 TEASPOON ONION POWDER
1 TABLESPOON BUTTER OR GHEE (OPTIONAL)
SALT AND PEPPER TO TASTE

DIRECTIONS

1. Cut the head of the cauliflower into florets and boil for 15 minutes or until soft when speared by a fork.
2. Puree the cauliflower using a hand-held blender (a regular blender is fine if you don't have a hand blender).
3. Add the spinach and continue to blend until smooth.
4. Add the rest of the ingredients, ensuring the mash is well mixed and smooth.

NUTRITIONAL INFORMATION
CAULIFLOWER AND SPINACH MASH

SERVINGS PER RECIPE: 4

AMOUNT PER SERVING
CALORIES: 66
TOTAL FAT: 3G

VIEW MORE PCOS FRIENDLY RECIPES

PCOS Challenge

The Support System to Help Women Beat PCOS

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