



Baystate
Health



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Cancer?

Virtual Events

How To Relieve A Tension Headache

Wednesday, February 8, 6-7 p.m.



James Otis, MD

Tension headaches are the most common kind of headache. Not surprising since stress is one of the triggers and many of us experience stress. Join Dr. James Otis, neurologist, Baystate Neurology, for a discussion about tension headaches, causes and triggers, how they are diagnosed, how to get relief and when to see a doctor.

Impact of Daylight-Saving Time on Sleep and Health

Tuesday, February 28, 6-7 p.m.



Karin Johnson, MD

Most people think daylight-saving time only affects us around the transitions. Learn how daylight-saving time affects sleep and health in the long term and how to lessen those impacts. Join Dr. Karin Johnson, chief, Baystate Sleep Medicine, & professor of neurology at UMass Chan Medical School-Baystate, for a discussion about body clocks and the four elements of healthy sleep: duration, quality, timing, regularity, and how they impact overall health and brain function.

Being Diagnosed with Colon Cancer, Now What?

Thursday, March 2, 6-7 p.m.



Daniel Fish, MD

The test came back positive for colon cancer. But what does that mean for treatments and how is the cancer diagnosed? Join Dr. Daniel Fish, colorectal surgeon, Baystate General Surgery, for a discussion about colon and rectal cancer, the different interventions needed and the latest treatment options. There will be time for questions and answers.



To register

for any of the virtual events visit [BaystateHealth.org/EveryWoman](https://www.baystatehealth.org/EveryWoman)
Questions? Email Sue.Fontaine@BaystateHealth.org or call 413-794-5200.

It Can Happen To Anybody: Colorectal Cancer

Thursday, March 9, 6-7 p.m.



Holly Sheldon, MD



Ziad Kutayli, MD

During COVID-19 a lot of us put off the colonoscopies but early detection is key to being cancer free. Join colorectal surgeons, Dr. Holly Sheldon, and Dr. Ziad Kutayli,

Baystate General Surgery, for a discussion about colon and rectum cancers, how to nip the cancers early with the latest tests, screenings and research. There will be time for questions and answers.

Why Can't I Sleep?

Thursday, March 23, 6-7 p.m.



Eva Mok, MD

Having trouble sleeping? It's a common problem. Join Dr. Eva Mok, adult and pediatric sleep specialist, Baystate Sleep Medicine, for a discussion about sleep problems people experience, such as snoring, sleep apnea, and other things that impact sleep, as well as ways to get a good night's rest.

Stress Incontinence, Solutions to Stop the Leak

Wednesday, April 19, 6-7 p.m.



Deepali Maheshwari, MD

A type of urinary incontinence, and the most common form in women of all ages, stress incontinence can be both a physical condition and cause for emotional stress. Join Dr. Deepali Maheshwari, urogynecologist, Baystate Urogynecology, for a discussion about the causes, symptoms, and treatments, including surgical and non-surgical options, for stress incontinence.



HEART & VASCULAR

2023 Virtual Lecture Series

Join us for all or part of the free virtual series to learn about the latest advances in heart and vascular care. There will be time for questions and answers.



Siavash Saadat, MD

SUNDAY | FEBRUARY 5 | 12 - 1 PM

Siavash Saadat, MD – Cardiac Surgeon

**From Arteries to Afib:
With New Advancements, Is Cardiac Surgery The Answer?**

Join Dr. Saadat as he discusses the latest advancements in cardiac surgery.



Brian Wasserman, MD

SUNDAY | FEBRUARY 12 | 12 - 1 PM

Brian Wasserman, MD – Cardiac Imaging

Advanced Cardiac Imaging: Beyond Echo and Nuclear Tests

Dr. Wasserman will discuss the latest testing available to evaluate chest pain, heart disease, and other heart related issues.



Hazel Marecki, MD

SUNDAY | FEBRUARY 19 | 12 - 1 PM

Hazel Marecki, MD – Vascular Surgeon

Pain In My Legs: Do I Need To Talk To a Vascular Doctor?

Join Dr. Marecki as she talks about updates in vascular care and the latest procedures in vascular surgery.



Elizabeth Jarry, CNP

SUNDAY | FEBRUARY 26 | 12 - 1 PM

Elizabeth Jarry, CNP – Cardiology

**Watching Your Blood Pressure, Blood Sugar, Cholesterol
And Weight, What's The Big Deal? Don't Wait For Symptoms**

Learn about cardiac risk factors and how they relate to metabolic syndrome with Elizabeth Jarry, CNP.



>> To register, visit: BaystateHealth.org/Heart

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SEASONAL AFFECTIVE DISORDER:

How to Fight SAD and Winter Blues



Stuart Anfang, MD

Winter can bring a lot of fun to life, like holidays with family, outdoor winter activities, and cozy days indoors.

But adjusting to less sunlight can be difficult.

Dr. Stuart Anfang, Vice Chair of Psychiatry at Baystate Health, shares some tips for coping with the change in the seasons and how to handle seasonal affective disorder.

WHAT IS SAD AND WHAT ARE THE SYMPTOMS?

SAD stands for seasonal affective disorder. It is a type of depression that's related to changes in seasons and most prevalent during the fall and winter months.

Scientists don't know exactly what causes SAD. Some believe people with SAD may have lower serotonin levels, which can affect moods. Others think people with SAD may produce too much melatonin, which could make them sleepier.

It could also just be the result of your body getting out of sync during transitions like Daylight Saving Time.



SAD symptoms include:

- Fatigue
- Feelings of despair
- Anxiousness and guilt
- Loss of interest in social events or normally enjoyable activities
- Change in appetite
- Craving for sugary and starchy foods
- Changes in sleeping patterns including oversleeping or difficulty sleeping
- Thoughts of death or suicide

How is SAD diagnosed?

Talk to your doctor if you think you might have SAD. They may give you a questionnaire to see if you meet the requirements.

According to the National Institute of Mental Health, you could have SAD if you:

- Show signs of depression or the SAD symptoms
- Experience symptoms during specific seasons two years in a row
- Have frequent depressive episodes, more so than at other times in your life

How long does SAD last?

SAD symptoms can show up year after year.

When you do have symptoms, you may notice them during the winter of summer seasons for about 4-5 months.

Who can get SAD?

Anyone can get SAD, but it's more common in women than men. It's also more common in people who live in northern regions, where hours of daylight shorten in the winter.

People with major depressive disorder or bipolar disorder are also more likely to have SAD.

Does SAD get worse with age?

The National Institute of Mental Health says SAD oftentimes starts in early adulthood.

But SAD does not get worse with age. Discover Magazine says that may be because older people tend to spend more time indoors, making seasonal sunlight changes less jarring.

HOW TO TREAT SAD

Make sure you talk to your doctor to see what treatment method is best for you:

- Light Therapy: Sitting in front of a light box for 30-45 minutes each morning during your symptom months could help you. The extra light could help supplement the sunlight you're missing during the winter months.





- **Talk Therapy:** This is also known as psychotherapy. Speaking with a professional, sometimes in a group session, can help you learn way to cope with your symptoms.
- **Antidepressant medications:** There are some medicines that can adjust serotonin levels. Make sure to talk to your doctor about potential side effects.
- **Vitamin D:** Some people with SAD also have a Vitamin D deficiency, so taking a supplement may help.



WINTER BLUES

Not everyone gets SAD, but you may still feel a little down when the clocks change and the days get shorter.

Try to adjust your schedule to get more sunlight. If you can't fit it into your schedule, try catching up on the weekends.

Stay social

While it may be unsafe, especially for the elderly, to venture outdoors in the cold weather with slippery sidewalks and roadways, it doesn't mean people have to become hermits.

Invite friends or family over your house or have a virtual get-together.

Be active

It's also important to stay active during the winter months. Exercise can raise your spirits and improve your energy. If you can't get to the gym or take a walk in the cold winter's air, there are plenty of exercises you can do at home to keep you physically and mentally fit.

Find things to do

Besides exercise, make sure you have activities to keep you busy.

Read a good book. Turn on the television and have a marathon catching up on your favorite shows. Listen to the radio. Call your friends. You can even get a head start on your spring cleaning.

Pass up on the drinks

If your mood is already sullen, alcohol, which is a depressant, can make it worse.



WHEN TO GET HELP

If self-treatments aren't helping, and you are feeling sad, crying, not eating, or have a general feeling of hopelessness, call your primary care physician who can see you or recommend a mental-health professional.

"Help and effective treatment is available. No one should suffer in silence," Dr. Anfang added.



If you don't have a primary care provider, call 413-794-5412 or visit BaystateHealth.org/Primary-Care.



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Celebrating

30 Years of Hope

This October, Rays of Hope will be celebrating its 30th anniversary and we want you to be part of it! Save the date to join us on Sunday, October 22, 2023.

BaystateHealth.org/RaysofHope



Are you receiving the Baystate Health Every Woman monthly email

with links to articles and virtual events, as well as recorded virtual events? Visit BaystateHealth.org/EveryWoman to sign up for email news.

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Is it Important to Have Sex?

The Benefits of Sex May Surprise You

Is sex good for you? According to Carly Detterman, a certified nurse midwife at Baystate Midwifery and Women's Health - Springfield, the benefits of sex extend well beyond the walls of the bedroom (or wherever you're doing it).



Carly Detterman

Benefits of Sex:

- Reduced blood pressure
- Improved heart health
- A boost to the immune system
- Decreased depression and anxiety
- Improved self-esteem
- Increased libido
- Pain relief
- Better sleep
- Increased intimacy with partner

"The benefits of sex are far-reaching," says Detterman, "and can be experienced with or without a partner and even without an orgasm." However, she notes, the key to good sex, isn't always found below the belt line but rather, it lies between our ears.

The Brain as a Sexual Organ

Depending upon how an individual was raised can have a dramatic impact on whether they enjoy sex or ever achieve orgasm.

“For many women, conversations about sex are difficult,” says Detterman, “But good honest discussions with a consenting partner are crucial for bringing the messages from your brain and body into alignment about what you desire and how to achieve it. You want to share with your partner what gives you pleasure and what causes your brain to tap the brakes. This will require a good bit of self-discovery through exploring your own body. Work on truly focusing on your body and its response to different types of touches and stimuli. Try to avoid judging yourself or the experience you’re having and just sink into it as a learning experience. Also be aware that unlike depictions in movies, desire isn’t an on/off switch. Don’t get discouraged if it takes some time to relax and find your way to pleasure. Every touch or stimulus is teaching you something. Allow yourself to simply be a student of your own body. Then,” she adds, “when you’re getting intimate with a partner, share what you’ve learned. A good partner will respect and appreciate the insight and you’ll both have a better experience overall.”

3 Obstacles to Good Sex

For many of the patients that Detterman and her colleagues at Baystate Midwifery and Women’s Health see, the path to a healthy sex life are fraught with other challenges. The most common conditions they treat are:

1. Pain during sex

Referred to as dyspareunia, pain during sex can be an issue at any age or stage of life. Common causes include:

- Genitourinary syndrome of menopause (GSM): a collection of symptoms caused by low estrogen levels during menopause. Low levels can lead to changes to the labia, clitoris, vagina, urethra, and bladder. Symptoms can include vaginal dryness or burning, frequent urination, burning with urination and urgency with urination. Detterman says, “The symptoms of GSM can be treated through medications, both hormonal and non-hormonal.

- Positional issues of the uterus: Can come out of nowhere, can happen after having a baby, or can even happen during menstrual cycle.
- Pelvic floor dysfunction: The inability to correctly relax and coordinate your pelvic floor muscles can lead to difficulty when having a bowel movement, urinary problems, lower back pain, and pain during sex.
- Vaginismus: An involuntary tightening of the muscles of the vagina whenever penetration is attempted. Vaginismus can happen at any age and even if you have previously enjoyed painless sex with penetration.

2. Low libido

Loss of libido is a common problem in women and men. In fact, nearly 50 percent of premenopausal women aged 21-49 admit that they have low sexual desire. Causes can range from stress, poor sleep habits, menopause, thyroid function issues, side effect of medication, and more.

3. Anorgasmia

When a person cannot have an orgasm despite enough stimulation, it is called anorgasmia. For some women it can be a lifelong issue, while it can come on suddenly for others. Anorgasmia is often related to health conditions or medications. Possible treatments include lifestyle changes, therapy, and medication.

Detterman emphasizes the importance of seeking medical help if you’re experiencing any type of pain or discomfort during sex. “While there’s no such thing as a ‘normal sex life,’ pain during sex is definitely not normal no matter how often or infrequently you’re having it.”

Finding Your Way to Sexual Health

If you’re facing challenges with your sex life—either emotional or physical—reach out to Baystate Midwifery and Women’s Health to learn more about how we can help at [BaystateHealth.org/services/womens-health](https://www.baystatehealth.org/services/womens-health).



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WHAT ARE THE ODDS YOU'LL GET COLORECTAL CANCER?

Here are the Facts



Holly Sheldon, MD

First, the bad news:

- Colorectal cancer is the third most common type of cancer in men and women.
- Every 3.5 minutes, someone is diagnosed with colon cancer.
- Colorectal cancer is the second-most common cause of cancer death in men and women.

Now the good news: Colorectal screenings—especially colonoscopies—literally save lives.

And more good news: Colonoscopies are covered by insurance.

So, while anyone can get colorectal cancer, anyone (including you) can also get a screening to prevent it.

COLORECTAL CANCER: CAUSES AND RISKS

As the name implies, colorectal cancer (CRC) is a cancer that occurs in the colon or the rectum. Here, Dr. Holly Sheldon, a colorectal surgeon at Baystate General surgery, explains the causes and risks of the disease.

“CRC often begins as a polyp, or growth, on the lining of the colon or rectum,” she explains. “While not all polyps are cancerous, the most common type, called an adenoma, are precancerous. If undetected, adenomas can develop into cancer and grow into and even through the lining of the colon or rectum, potentially spreading cancer to other organs and throughout the body.

“Fortunately,” she notes, “adenomas are usually slow growing, taking seven to ten years to become cancerous. The problem is they are asymptomatic, meaning you can live with one for years with no idea it’s there. Once they are large enough to cause symptoms, most often bleeding, there is a higher likelihood of malignant potential. The take-away here is that if you stay current with screenings, there’s an extremely good chance any adenoma you have will be caught well before it becomes cancerous.”

While CRC can occur in anyone at any age, there are certain factors that put some individuals at greater risk of developing it.

“There are both modifiable and non-modifiable risk factors that impact how likely someone is to develop CRC,” says Sheldon.

Colon Cancer Risk Factors You Can’t Control

The non-modifiable risks factors include:

- A family history of colon cancer or polyps
- Inflammatory bowel disease
- Abdominal radiation exposure
- Age – occurs most often after age 50
- Gender – men are more likely to have CRC
- Ethnicity – higher incidence in African Americans
- Other health conditions including diabetes, cystic fibrosis, or a suppressed immune system due to having received an organ transplant

Colon Cancer Risk Factors You Can Control

Modifiable risk factors, meaning things you can change within your lifestyle, that are known to contribute to CRC include:

- Smoking
- Being overweight
- Diet that includes alcohol, red meat, processed meat, and low consumption of fruits, vegetables, and fiber
- Inactivity

How to Prevent Colon Cancer

Sheldon notes, “The impact of modifiable risk factors on an individual’s likelihood of developing CRC is significant. In fact, studies have found that making lifestyle modifications, like losing weight, quitting smoking, limiting red meats, etc., can reduce your risk of developing CRC.”

RECOGNIZING SIGNS OF COLON CANCER

In its earliest stages, CRC may not cause symptoms. As it progresses, common symptoms include:

- Blood in stool
- Change in bowel habits
- Constipation or diarrhea
- Tender, persistent abdominal pain
- Narrow stool
- Unexplained weight loss
- Fatigue
- Anemia

“Unfortunately,” says Sheldon, “Most CRCs, roughly 70-90%, are diagnosed after symptoms are experienced.” Patients who present with symptoms tend to have higher death rates, and if they don’t die from it, there’s a strong likelihood of metastatic disease or recurrence. All of this points to the importance of screenings.

COLON CANCER SCREENING

Screening colonoscopies are used to look for colorectal cancer in people who have no symptoms. The American Cancer Society recommends that anyone at average risk for CRC begin regular screenings at age 45. Those at high risk may need to begin screening earlier, get screened more frequently, or get specific tests. If you fall in the high-risk category, speak to your doctor about what makes sense for you.

Sheldon notes that there are basically two types of screenings: visual and stool-based tests.

Visual Colon Cancer Screening Tests

“Far and away, a visual screening is the most effective method for spotting precancerous growths, removing them and thereby preventing cancer.” The one most people are familiar with is a colonoscopy. Covered by insurances, colonoscopies can be performed with

or without anesthesia, and are 90-100% effective. She adds, “A lot of patients worry about the bowel prep required in advance of the procedure. It has come a long way from a few years ago and is a lot more palatable. The prep basically cleans out the colon so the doctor has a clear view of what’s going on and can remove any polyps that may be present.”

The other visual exam option is a CT colonography. The procedure uses a CT scan to look for polyps and growths in the colon. While it is less invasive than a colonoscopy, it also requires bowel prep and the colon and rectum must be inflated with air or carbon dioxide during the exam to provide the doctor with a clear view. In addition to the required radiation exposure, other drawbacks of colonography include the fact that small flat polyps may not be visible in a scan and the procedure may not be covered by insurance. Also, if a polyp is identified, a colonoscopy is recommended to assess and treat.

Stool-Based Colon Cancer Screening Tests

Relatively new stool-based tests offer a less invasive screening option that can be performed at home. The three most common types of tests include:

- Fecal immunochemical test (FIT)
- Fecal occult blood testing (FOBT)
- Stool DNA test

All three rely on the patient to collect and ship a fecal sample to a lab where it’s examined for either hidden blood or abnormal DNA associated with polyps and colorectal cancer. While none require bowel prep, FOBT requires three blood samples in addition to a stool sample.

Sheldon cautions, “While at-home colon cancer tests offer some conveniences, colonoscopies are better at finding pre-cancer and cancer cells, and offers the possibility of removal or biopsy at the same time.”

THE RIGHT SCREENING IS THE ONE YOU DO

Sheldon encourages everyone to speak to their provider about when is the right time to begin regular screenings and which option makes the most sense for the individual.

Talk to your primary care provider about when is the right time for you to have a colonoscopy. Learn more about colon cancer screening.



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WHAT DOES A BREAST LUMP FEEL LIKE, AND WHEN SHOULD YOU WORRY?



Jesse Casaubon, MD

Finding a lump in your breast can be frightening, but they're not always cause for panic.

According to Dr. Jesse Casaubon, a Breast Surgical Oncologist at Baystate Health, "While breast cancer is the second-most common cancer found in women, most breast lumps are NOT cancerous." However, he adds, "if you find something out of the ordinary, by all means, get it checked."

WHAT DO BREAST LUMPS FEEL LIKE?

Like breasts, breast lumps come in all shapes and sizes. "Sometimes they're round, sometimes they're irregularly shaped. They can be the size of a pea or larger. Sometimes they move a bit and sometimes they're fixed in place," says Casaubon. "The one consistent thing about breast lumps is they feel different than normal breast tissue. Anything that feels out of the ordinary—firm, hard, or just solid—is noteworthy."

WHAT CAUSES BREAST LUMPS?

Breast lumps can appear for a variety of reasons at different ages and stages of a woman's life.

Casaubon notes that breast lumps are often related to hormone levels. "It's not uncommon for lumps to come and go with menstrual cycles or for them to occur in relationship to pregnancy or breastfeeding."

Possible causes include:

- Breast cysts (soft, fluid-filled sacs)
- Milk cysts (sacs filled with milk that can occur during breastfeeding)
- Lipomas (a slow-growing, noncancerous, fatty lump)
- Fibrocystic breasts (lumpy or rope-like tissue sometimes accompanied by pain)
- Fibroadenomas (noncancerous rubbery lumps most often occurring in young women)
- Non-cancerous tumors that may still need to be removed
- Infections
- Injuries
- Breast cancer

HOW TO PREPARE FOR A BREAST EVALUATION

Given the number of possible causes of breast lumps, a key part of any evaluation is fact-finding.

"Asking questions is helpful in eliminating and narrowing down potential causes," says Casaubon. "It's important to be prepared to discuss the specific mass including when you first noticed it and whether it has changed in that time period. It's also important to review your personal and family history of breast-related issues, including cancer."

Be prepared to discuss the following questions:

- How long has the mass been there?
- Has it changed at all in that time?
- Have you noticed any nipple discharge?
- Has the appearance of the skin changed in any way?
- Is there just one or multiple areas of concern?
- Have you had previous issues with your breasts (cancer, fibroadenoma, etc.)?
- Is there a family history of breast issues, including cancer?
- Is there a family history of ovarian cancer?

In addition, your provider will examine both breasts and your lymph nodes.

“A physical exam provides additional information that helps us better understand the characteristics and thus, the possible cause of the mass,” says Casaubon. “For example, redness, swelling, and a collection of fluid suggest an infection. The exam is extremely important as it will steer us in one direction while other clues may send us a different direction in terms of what tests to conduct.”

HOW IS A BREAST LUMP DIAGNOSED?

Casaubon says that information and physical exams only tell part of the story, which is why imaging is so important.

“Imaging provides an inside look at what’s occurring in the breast,” he says. “For example, a mammogram provides multiple views of the breast and reveals any abnormalities in the tissue. In some cases, we’ll also perform an ultrasound which can reveal whether a lump is solid or filled with fluid. Again, we’re just trying to get more of the story about what’s going on in the breast.”

WHEN DO YOU NEED A BREAST BIOPSY?

If, after the physical exam and imaging, a doctor is not certain a breast lump is non-cancerous, a needle biopsy will be recommended.

“The biopsy allows us to extract a bit of tissue from the mass with a small needle and analyze it in the lab,” says Casaubon. “It provides the definitive answer to whether or not a lump is benign (non-cancerous) or not.”

A biopsy is performed by first numbing the area where the tissue will be extracted with an injected medication. A second needle is then inserted into the concerning

99% of the time we are relieved by knowing there is no cancer, and 1% of the time we are relieved that we did the biopsy, diagnosed the cancer, and can treat it.

- Jesse Casaubon, MD

area to draw out the tissue. “Though there are needles involved, we really do everything we can to make patients as comfortable as possible as we know this can be an anxiety provoking procedure,” says Casaubon.

The good news, according to the National Breast Cancer Foundation, is that 80% of women who have a breast biopsy do not have breast cancer.

“IF YOU FEEL SOMETHING, SAY SOMETHING.”

Casaubon urges all women to not dismiss changes in their breasts. “If you feel something, say something.” Learn how to do a breast self-exam.

He adds, “Last year, Baystate Health Breast Specialists performed 10,000 diagnostic breast images in response to unusual mammograms and the identification of a lump by a patient. Of those, only 1,500 ended up having a needle biopsy. Of the 10,000 diagnostic imaging tests, less than 1% ended up cancer. So, 99% of the time we are relieved by knowing there is no cancer, and 1% of the time we are relieved that we did the biopsy, diagnosed the cancer, and can treat it.”

If you have questions or concerns about your breast health, call the Baystate Breast & Wellness Center at 413-794-8899. The Baystate team can schedule an appointment for you as well as help you navigate any challenges related to referrals for insurance.



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Online self-scheduling is only available for screening mammograms. Patients requiring any other breast imaging, including follow-ups or diagnostic mammograms, should call (413) 794-2222.