

HEALTHY BODY / HEALTHY MIND

Myths about childbirth refuted

Vicki L. Seltzer, M.D.

By Vicki L. Seltzer, M.D.
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With more than five million Americans of childbearing age experiencing infertility at any

given time, it is no surprise that many people are confused about the causes and treatment of this problem. Here are some myths about infertility that are worth challenging:

MYTH: If I am not pregnant after six months of intercourse carefully timed around my cycles, I am infertile. While six months may seem like a long time, couples are generally not considered infertile unless they have been unable to conceive after 12 months of having sex without using any birth control.

MYTH: Women are responsible for infertility more often than men are. Untrue. About 50 per-

cent of the time, the male is at least partly responsible for infertility problems. In some cases, no cause can be found in either partner.

MYTH: Since I have had a miscarriage, I am unlikely to get pregnant again. In fact, nine out of ten women who lose a pregnancy will go on to have a child. Even with repeated miscarriages (two to three in a row), there is still a good chance to have a successful pregnancy.

MYTH: My friends tell me that I am thinking too much about wanting to get pregnant and that's why I'm having trouble conceiving. While stress can play

a part, infertility is generally considered a physical problem. If you meet the definition for infertility, you and your partner should get examined by a physician.

MYTH: The reason I'm not getting pregnant is because I have fibroids. Fibroids are benign growths that can appear inside or outside the uterus and are most common in women aged 30 to 40. They do not automatically lead to fertility problems, and a couple should explore other possible causes before assuming the fibroids are to blame. Problem fibroids can often be removed

through surgery.
MYTH: My insurance will not cover the cost of finding out why my husband and I are infertile. Look into it. Twelve states currently have laws that require insurers to either cover or offer to cover some form of infertility diagnosis and treatment.

Don't get caught up in the myths.

Take action.

Dr. Vicki L. Seltzer is the president of the American College of Obstetricians and Gynecologists.

Drug maker settles

Millions of plaintiffs in research scandal

By Amy Westfeldt
THE ASSOCIATED PRESS

NEWARK, N.J. — A New Jersey drug maker has agreed to pay up to \$135 million to settle claims that it suppressed research saying its prescription thyroid drug Synthroid has several cheaper, generic equivalents.

As many as 8 million people who paid two to three times more for Synthroid are eligible, the plaintiffs' lead attorney said Monday.

Knoll Pharmaceutical Co., the Mount Olive-based subsidiary of BASF Corp. in Germany, admitted no wrongdoing under the settlement, which was reached August 1 and still needs a federal judge's approval.

In a news release last week, Knoll president Carter Eckert said he agreed to the settlement "to avoid burdensome and expensive litigation which would drain the resources needed to continue building upon our leadership position in thyroid disease treatment."

The settlement follows the April release of a University of California at San Francisco study, commissioned by Knoll, that concluded Synthroid, which controls 85 percent of the market for synthetic thyroid hormone, was no better than cheaper, generic alternatives.

Knoll disagreed with Betty Dong's study, and considered suing to stop its publication, Knoll spokeswoman Linda Mayer said Monday. Dong told The Journal of the American Medical Association, which published her research in April, that the company suppressed her study for more than six years.

Dong did not return a telephone message left at her office Monday.

Under the settlement, Knoll will contribute \$98 million to a fund to pay plaintiffs in about 60 lawsuits filed nationwide over the past several months. The money will cover up to 5 million plaintiffs who used the drug between 1990, when Dong began the study, and August 1, said Allan Kanner, a New Orleans attorney coordinating the lawsuits.

If more apply for reimbursement, the company will pay up to \$135 million.

The settlement should translate into a \$25-per-person payoff, less court costs, for Synthroid users, said Kanner. He said he only expects half of the users in the \$600 million retail market for the drug to apply to become eligible. They should get reimbursed by the end of the year, he said.

Synthroid is used by people whose thyroid glands have been damaged by disease or have been surgically removed. Thyroid hormones regulate metabolism.

One hundred tablets of a typical daily dose costs about \$28, compared to about \$11 for the same amount of Levoxyl, a brand-name alternative.

The settlement will save millions of users more money over the long run by making the public aware of the cheaper, equivalent drugs, he said. Publication of the JAMA study has not hurt Synthroid sales over the past four months, he said.

"Doctors weren't really changing their habits," said Kanner. "That has to give you concern."

Researchers assess fallout affects

By Lauran Neergaard
THE ASSOCIATED PRESS

WASHINGTON — Fallout from 1950s nuclear bomb tests exposed millions of children across the country to radioactive iodine, raising the possibility that 10,000 to 75,000 of them might develop thyroid cancer, the National Cancer Institute said.

But government doctors emphasized they have no proof this radioactive substance causes thyroid cancer, so their estimate is a worst-case scenario. Nobody was tested in the NCI study.

"We do not feel that we have the data to support the idea that there was a large risk. On the other hand, we cannot rule it out," said Dr. Richard Klausner, NCI's director.

Independent thyroid experts immediately urged caution, noting that even if a link is proved, thyroid cancer grows very slowly and is highly curable.

"What we don't want to have happen is mass hysteria about this," said Dr. Stanley Feld, past president of the American Association of Clinical Endocrinologists.

If the estimate is accurate, 30 percent of the radiation-related cancers already would have been diagnosed in the 40 years since the blasts, the NCI said.

Anyone worried about fallout exposure during childhood should get a thyroid exam, the NCI advised.

The government asked the prestigious Institute of Medicine to determine within six months the health risks raised by the radiation study and recommend whether people need routine thyroid testing.

Everyone living in the 48 contiguous states between 1951 and 1958 received some fallout from 90 nuclear bomb tests in



Nevada, the NCI study found.

People who lived directly downwind of the tests already were known to have been heavily exposed, especially in southwest Utah, where some people have been compensated by the government. But wind and rain can carry radiation far afield, so NCI spent 14 years studying county-by-county fallout.

Average national exposure was 2 rads, about five times the radiation delivered by a modern mammogram.

But 25 counties — in Montana, Utah, Idaho, Colorado and South Dakota — were exposed to an average of 9 to 16 rads, enough to be called hot spots. Dozens of other counties throughout the Farm Belt and Northwest received above-average fallout as well.

Children living in the most-exposed areas received five to seven times the average fallout, the NCI said.

Adults at the time have little risk, because the radioactive iodine-131 concentrates most in the thyroids of children and is spread mostly by drinking contaminated milk. Particularly risky was goats' milk or fresh milk from back-

yard cows. Processed milk allowed more time for the iodine to dissipate; it was gone within two months of each Nevada blast.

The NCI study did not actually test any person. But the government already recommends precautionary medical monitoring for people exposed to more than 10 rads of iodine-131.

And NCI doctors separately concluded that if the radiation proves cancer-causing, then 10,000 to 75,000 thyroid cancers might develop from the fallout. That number would be in addition to the almost half a million cases of thyroid cancer that would normally occur.

Cancer detection

By Larry Jones, M.D.
SPECIAL TO THE POST

A popular topic for health articles can include discussions of specific cancers.

Less often are there articles on the general recommendations for early detection of cancer in people without cancer. This article will hopefully give you timely information and make your physician appointments more specific. I caution you to understand that what is discussed in this article are general guidelines.

Cancer can still occur at any age and its detection can escape general screenings techniques.

The following recommendations are currently the ones of which I am familiar:

Ocalt fecal blood test and flexible sigmoidoscopy should be performed by age 50 and repeated every 3-5 years. Digital rectal exams should start by age 40 and should be repeated every year. These methods are aimed at the detection of colon cancer. Fecal occult blood test and digital rectal examinations should continue every year.

Prostate cancer screening should start every year by age 40. However, this particular carcinoma is more prevalent in African American men. My personal recommendation is for African Americans to start obtaining a rectal exam and a prostatic specific antigen level by age 40. I reiterate to you that this is a personal recommendation. Lack of physician visits probably contributes to the fact that this particular cancer is more prevalent in the African American population.

Pap tests should be done annually on all women who have been sexually active or have reached age 18. However, if three consecutive normal exams have been achieved, the discretion of your physician should be used. Family history and other risk factors will influence the physician's decision for continued annual pap smears.

Pelvic exams in females should occur every 1-3 years in women 18-40 years old, but should be done yearly in women age 40 and older.

Dr. Larry Jones is a physician at C.W. Williams Health Center.

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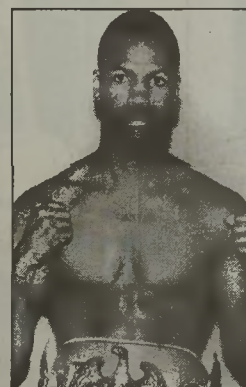
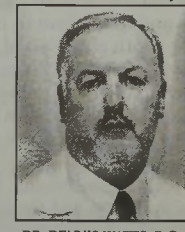
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