

# The modern women's health dilemma

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As mothers wear different hats and juggle impossible acts, they usually forget one important thing — their own health. Toughened by selflessness and high tolerance to physical pain, they simply sleep off the “little aches” after a day of tending the family or, in the case of working moms, completing another grind in the office. Sadly, they usually disregard the symptoms until it's too late. Thus, we sit down with ManilaMed and talk about common undiagnosed diseases that mothers, and women in general, should ponder on a little longer.



## Hypothyroidism and hyperthyroidism

Dr. Juan Carlo Dayrit, an endocrinologist, discussed hyperthyroidism — a disease that tends to be more prevalent among women, especially older women, as well as myths and misconceptions surrounding it — and its “evil twin,” hypothyroidism.

Hyperthyroidism is so poorly understood that many people, women in particular, actually envy people who have it; because they think that people with hyperthyroidism never become overweight, and that is the No. 1 myth. “Yes, hyperthyroidism make you hypermetabolic, but it also makes you eat more. So as long you eat in excess of what you burn, then you gain weight,” clarifies Dayrit.

The most dangerous myth about hyperthyroidism, however, is that it has no consequences other than keeping a person from gaining excess weight.

“Yes, it will make staying thin easier, but it can adversely affect the heart. Those with enlarged hearts at a prematurely young age often have the condition because of hyperthyroidism,” counters Dayrit.

“It is not unusual for those with hyperthyroidism to have osteoporosis by the time they are 50.”

While hyperthyroidism helps keep a person thin, hypothyroidism “dooms” a person to be overweight no matter how diligently they diet, or how rigorously they exercise.

“Not all people with hypothyroidism are obese, but hypothyroidism makes you hypometabolic, which means that your body burns less food than what you’re supposed to burn in 24 hours. So if your food intake is constant or even increasing, you become overweight or even obese,” says Dayrit. “If you suffer from hypothyroidism and are in fact overweight or obese, then you should correct the hypothyroidism. Diet and exercise will not work as they should until you correct the disorder.”

While hypothyroidism is very convenient and affordable to treat, those with hyperthyroidism are not as lucky. “Treatment for hyperthyroidism is not as easy. There are tablets, but often these aren’t enough, and more radical measures such as radiation and even surgery may be required,” laments Dayrit.

If one suspects anyone who might have hypothyroidism or, worse, hyperthyroidism, but has never tested for it, it is most certainly time to do so.

**Endometriosis: Dysmenorrhea can mean something worse**

Nearly 60 percent of women with dysmenorrhea have endometriosis, an illness that causes severe pain, damages reproductive organs, and increases the risk for cancer.

Menstrual cramps, known clinically as dysmenorrhea, are so common among women that they are usually taken for granted. After all, dysmenorrhea usually goes away once the menstrual cycle is over. For some women, however, it could be a sign of something more serious: endometriosis. This refers to a condition where endometrial tissue grows outside the uterus. The thickening and shedding of endometrial tissue is a normal cycle for all women of child-bearing age. However, for reasons that are still unclear, in some women, endometrial tissue begins growing outside of the uterus.

When this occurs, some women experience mild to severe pain that may get worse over time.

“Other risk factors include shorter monthly cycles (less than 27 days) and heavy menstrual flows lasting more than seven days. The risk is also related to changes in a woman’s estrogen level, and a family history of endometriosis, among others,” says Dr. Maynila Domingo, an ob-gynecologist.

Untreated endometriosis can lead to other, more serious conditions. It can damage the ovaries and fallopian tubes, or other surrounding tissues. This may lead to low fertility or infertility.

“The exact mechanism behind infertility from endometriosis are not yet fully known, but it may be related to distorted pelvic anatomy, endocrine and ovulatory abnormalities, altered peritoneal function, and altered hormonal and cell-mediated functions in the endometrium,” she added.

Women who have endometriosis may still have children if their cases are not severe; it’s also advisable for them to bear children earlier since endometriosis may worsen over time.

Management and treatment of endometriosis is different for each individual, depending on the patient’s symptoms, severity of the disease, and other related concerns. “Endometriosis may be treated with medicines or surgery, or both. The goals of treatment include pain control, preservation of fertility, cancer prevention, and reducing the risks of recurrence,” Domingo said.

PCOS vs. endometriosis

Although both impact a woman's reproductive system, endometriosis and Polycystic Ovaries Syndrome (PCOS) are separate diseases with different symptoms.

"PCOS causes an imbalance in female reproductive hormones. When PCOS is present, it can trigger a spectrum of health risks that have long-term implications for a woman's health and well-being," said Domingo.

The most common symptoms of PCOS are irregular menstrual cycle or menstrual dysfunction. Most women with PCOS experience oligomenorrhea. This means infrequent menstruation — when a woman goes for more than 35 days without menstruating.

Others with PCOS experience amenorrhea or the absence of menstruation. For example, they go through three cycles without menstruating. On the other hand, some women with PCOS may experience heavy menstrual bleeding.

PCOS may trigger bodily changes, including some that may risk a woman's health. Some of these risky changes are obesity, diabetes mellitus, fatty liver, cardiovascular diseases, pregnancy complications or infertility. Another effect of PCOS is that it may increase the levels of androgens (male sex hormones) in a woman's body. More androgens in a female body will trigger the development of male characteristics, which is called "virilization."

Women with PCOS may go through hirsutism — male pattern hair growth (moustache, beard, sideburns; or even coarse hair on the chest, back and arms); or conversely, male pattern baldness. Women with PCOS may also experience muscle growth, deepening of the voice, shrinking of the breasts, or clitoromegaly.

"The mainstay of treatment for PCOS is lifestyle modification. Proper diet and exercise to maintain normal BMI is very crucial to achieve regulation of hormone levels. The general goals of management are: "(1) restoration of regular menstruation; (2) restoration of ovulation, and hence, fertility; (3) lowering of insulin resistance levels; (4) treatment of symptoms like hirsutism and acne; and (5) prevention of longterm consequences such as endometrial cancer, diabetes, cardiovascular disorders, and metabolic syndrome," said Domingo.

Diseases like endometriosis and PCOS show that a woman's reproductive system should not be taken for granted. Any woman who notices something unusual in her menstruation, whether heavy bleeding, or an unusual discharge, or changes her normal menstrual cycle, should consult an ob-gynecologist.

A woman's marvelous ability to bring new life into the world is a blessing, but it is also an essential part of her health and well-being.