

## Factoids

Orthorexia Nervosa is a term coined by Steven Bratman MD that describes "a pathological fixation on eating proper, pure or superior foods." Orthorexics obsess over what to eat, how to prepare their food and look down upon those who eat unhealthy foods such as non-organic or junk food. This behavior is the focus of their life and their self worth is based on what and how they eat. Although it is a useful concept to define, this is not a medical diagnosis.

Increasing folic acid in your diet can reduce the risk of colon, rectal and breast cancer. Foods high in folic acid include fruits, vegetables and enriched grain products.

This year, it is estimated that 555,500 people in the United States will die from some form of cancer. Of those deaths, 154,900 will be the result of lung cancer and 40,000 will be from breast cancer.

Anorexia has the highest mortality rate of any mental illness.

One million boys and men struggle with eating disorders including anorexia, bulimia, binge eating disorder, or borderline conditions.

81% of ten year olds are afraid of being fat.

Most fashion models are thinner than 98% of American women.

91% of women recently surveyed on a college campus had attempted to control their weight through dieting.

95-100% of Asians, 80-80% of African Americans, 50-80% of Hispanics, and 6-22% of Whites, are lactose intolerant.

These are the most common foods that cause allergic reactions: Milk, eggs, peanuts, tree nuts (walnuts, cashews, pecans), fish, shellfish, soy, wheat.

Gonorrhea strikes 150 per 100,000 in the US, versus just three per 100,000 people in Sweden and 18 per 100,000 in Canada.

Left untreated, sexually transmitted infections can cause infertility, cancer, birth defects, miscarriages, even death. And individuals in the US suffer 10 to 50 times more sexually transmitted infections than people in other developed countries.

# Contraception — A menu of choices



Student models Ortho contraceptive patch and vaginal ring. Both contraceptive methods are available at the UO Health Center.

By Ronaldyn Malasig

Contraceptives in various forms have been around for thousands of years. The earliest known illustration of a man using a condom during sexual intercourse, for example, is a 12,000-15,000 year old cave painting in France.

These days we have a plethora of contraceptive choices. Devices such as the condom, diaphragm, cervical cap, IUD, and the pill have been on the market for years, while the patch (by Ortho) and the intravaginal ring (by Organon) were recently introduced in the United States. Allow me to shed some light on these last two contraceptive newcomers.

Ortho Evra, the contraceptive skin patch, is the first weekly hormonal form of birth control. Since its approval by the Federal Drug and Food Administration in November 2001, many clinics, including the University Health Center, have started to offer this method to women. Similar to a Band-Aid, the patch is a 1 3/4 inch square shaped adhesive patch that a woman can place on her abdomen, upper outer arm, upper torso, or buttocks. Its three layers include a protective outer layer, a middle layer, which contains the hormones and adhesive, and a clear liner that the woman peels off to expose a sticky layer. Like oral contraceptives, the patch contains the hormones estrogen and progestin, and works on a 28-day cycle. Three patches are used in a month; one per week for the first three weeks and then no patch for the 4th week. By wearing the patch, the hormones inhibit a woman from ovulating and aid in the thickening of a woman's cervical mucus, therefore preventing sperm from entering the womb.

Another method of contraception recently introduced to the market, is the intravaginal ring. It's called the NuvaRing, and is a flexible circular contraceptive vaginal ring that contains the hormones estrogen and

progestin. The ring is inserted into the vagina and is left there for three weeks and then is removed for the 4th week. The same process is then continued the following month. The NuvaRing provides the user with a continuous low dose of hormones in the body.

According to Colleen Jones, one of the nurse practitioners at the University Health Center, the most common form of contraception prescribed on campus is still the birth control pill. Both the patch and ring, however, are convenient if students don't want to take a pill every day. Like the pill, the patch and ring are 99% effective in the prevention of pregnancy when used as prescribed. The potential for side effects are similar to those of oral contraceptives.

The patch and the vaginal ring, like most contraceptives, do not prevent the transmission of sexually transmitted infections (STIs). And unfortunately, the prevalence rate of STIs is increasing among the teen and college students of America. According to Condomania, (www.condomania.com), only 23% of young adults know about chlamydia, the most common bacterial STI which strikes an estimated 4 million Americans a year. Statistics also indicate that one in every 100 sexually active adults between the ages of 15 and 49 worldwide is infected with HIV, and only one in 10 knows he or she is infected (UNAIDS Report, November 25, 1997).

Fortunately, the University Health Center offers a program called FPEP (Family Planning Expansion Project), which provides qualified students with free contraceptives, contraceptive counseling, and an annual women's exam. STI testing can be covered when combined with contraceptive management, or pregnancy tests. To apply for FPEP or to get more information on issues regarding contraceptives, STIs, or health in general, visit the Health Center or check online at [healthcenter.uoregon.edu](http://healthcenter.uoregon.edu).

## What is emergency contraception?

By Ratha Chan

My friend calls me at one a.m., frantic and frightened. She tells me that she and her boyfriend had sex and the condom they used broke. She is terrified that she might become pregnant and does not know what to do. She says she loves her boyfriend, but they are not ready to have a baby right now. I try to calm her down and ask her if she's heard of emergency contraceptive pills? She tells me no.

It's surprising to me how many women don't know about emergency contraception (EC) or that it's available here on campus. EC, also known as "the morning after pill," is a back up

hormonal contraception that is used after having unprotected vaginal intercourse. Do not mistake EC with RU 486, sometimes called the "abortion pill," since EC will not terminate an established pregnancy.

Women can take emergency contraceptive pills for many reasons: contraceptive failure, choosing unprotected intercourse, or in case of sexual assault. EC shouldn't be the primary method of contraception, but used as a back up method when other methods fail or, like the name suggests, as an emergency.

At the UO Health Center, EC is typically provided as "Plan B", a brand that is a progestin-only pill. Plan B is similar to regular birth control

pills, but the amount of hormone in each pill and the dose is different. EC disrupts ovarian hormone production and prevents egg implantation in the uterine lining. Plan B is taken in two doses, 12 hours apart and works best when the first dose is taken within 120 hours, or five days, of unprotected vaginal intercourse.

While most women tolerate EC well, some experience nausea and vomiting, breast tenderness, irregular bleeding, fluid retention, dizziness, and headaches. Menstrual patterns are often altered. If symptoms last more than 2-3 days, or if you haven't had a normal period in three weeks, call your health care practitioner. EC can be obtained by prescription at UO

Health Center, through your regular doctor, or at family planning clinics. The cost for EC is very low and for students who qualify for FPEP (Family Planning Expansion Project) contraceptive services are free. I encouraged my friend to go to the Health Center to get an EC prescription and to if she qualifies for FPEP.

Health Center nurse practitioner Wendy Lang thinks it is a good idea for sexually active heterosexual females to have EC stored at home, just in case it is needed. The sooner after unprotected intercourse EC is taken, the more effective it is.

For more information about emergency contraceptives, FPEP, or to schedule an appointment at the Health Center call 346-2770.

## What can I do? helping a friend with an eating disorder

By Christine Mosbaugh

I started with missing leftovers, jars of peanut butter, and other foods disappearing. She ate a watermelon every three days and kept no food of her own in the house saying it was too tempting for her. Even though I knew she had a problem, I wasn't sure what to do about it. The bathroom smelled suspiciously of strong perfume and she ran panicked to the toilet from time to time. It was horrible watching her walk around like a zombie going to the gym despite my concerns, but every time I talked to her she swore she was fine. As a result of this and more, the summer we were supposed to enjoy became a sad memory of the past.

This situation is unfortunately all too common for many college students. The National Eating Disorder Association estimates that 6 to 16 million people in the US suffer from anorexia, bulimia, compulsive overeating, and other eating disorders. The prevalence of such disorders is often even more pronounced on college campuses. As University Health Center Physician Donna Scurlock points out, eating disorders on campus is a function of both social influences as well as individual circumstances. However complex the causes may be, it is likely that most everyone has experienced or has heard about someone who struggles with an eating disorder.

It can be very frustrating to watch a friend hurt her or himself and feel like there is nothing you can do to help. This difficulty is acknowledged by Kristen Olmos, Registered Dietitian at the Health Center. She emphasizes, that while you cannot change someone or make them seek treatment, you can learn about disordered eating. In this sense, it is possible to influence a friend so that they are motivated to get help. Being a supportive friend, a good listener, a positive role model, and learning about the signs, symptoms, and treatments for eating disorders are great starts for those concerned

about someone with an eating disorder. Becoming aware of resources available on campus is extremely helpful in encouraging a friend to take action for themselves. Knowing what to expect when confronting or talking to them about their problem can also help you deal with the situation without becoming overwhelmed. It is crucial to remember to take care of yourself and not become consumed by the problem or tempted to be a hero.

A few years have passed since the ill fated summer with my friend. At the time my knowledge focused largely on knowing the signs and confirming there was a problem. A more productive approach might have been to learn about options, describe them to my friend and let her think about them as she was ready to deal with her problem. In this way, I could be supportive and available if she chose to get help.

Here at the UO, there are several resources available through the Health and Counseling Center. Don't hesitate to learn more about them so you can help your friends.

- Health Center medical staff (346-2770): physical exam and referrals to additional services
- Registered Dietitian, Kristen Olmos (346-2794): dietary recommendations and meal planning
- Peer Health Education library: books, brochures and other materials on body image and eating disorders
- UO Counseling Center (346-3227): confidential workshops and drop-in hours for individuals with eating disorders and their concerned friends
- Eating Disorders Team: Psychologists, Physicians, Exercise Physiologist, and Dietitian working as a team to comprehensively understand and treat individuals with eating disorders
- Eating Disorders Awareness Week: winter term and aims to increase awareness on campus. Call the Peer Health Education Office for more information (346-4456)
- Check out [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

“...eating disorders on campus is a function of both social influences as well as individual circumstances.”

## Taking Care of Those Pearly Whites

By Kimberly Ito

Has it occurred to you that your one pair of teeth are supposed to last your entire lifetime? Many people take this simple realization for granted, and in turn fail to take proper care of their one and only pair of teeth. There is more to caring for our chops than just brushing.

Think about all the reasons you want to hang on to your strong teeth (e.g. look good, eat hard foods, enjoy a pain-free mouth) and then read on.

You may be brushing your teeth twice a day, but there are other factors to consider. Type of toothbrush, technique, and when you brush, for starters. After gathering information and speaking with Debra George, dental hygienist, at the University Health Center's Dental Clinic, I have learned better ways to care for my teeth. Using a toothbrush that has soft bristles with an effective plaque removal design is the best way to go. Brushing twice a day is good, but brushing after meals is even better. Make sure your toothpaste contains fluoride for preventing cavities. Replace that toothbrush every three months.

Although the equipment you use to brush is important, technique is also extremely important. It is best to pay close at-

tention to the hard-to-reach places, as well as the gum line. You also want to make sure that you brush for about two minutes, in a circular and gentle motion, careful not to press too hard. Brushing your tongue is helpful in removing bacteria and promoting fresher breath.

Debra explained many adverse dental side effects of smoking. The toll tobacco takes on your teeth and gums has a lifetime effect. Tobacco use increases the prevalence and severity of periodontal disease. It is in your mouth's best interest to not smoke at all.

Our University Health Center's Dental Clinic is a valuable gem. Jan Halvorson, the dentist, and the hygienists are friendly, professional, and extremely knowledgeable. Making appointments is easy (simply call 346-2791). The location is totally convenient and the costs are most affordable.

Seeing a dentist on a regular basis is essential when it comes to taking care of my health and that is why I encourage you to go too! Once there, you'll learn a whole lot more than you've ever expected!



Author, Kim Ito, brushes up on knowledge of dental health at the University Health Center dental clinic.

## Social smoking or smoke screen?

By Maria Guerrero

Pop Quiz:

What is the definition of a "social smoker"? Is it people who:

A. Justify to themselves they are a soft smoker so they don't have to admit that they are bonafide smokers.

B. Leach cigarettes from their friends because there too cheap to fork out the \$4.50 per pack.

C. Smoke only when they drink but drink every Friday and Saturday night.

D. Are very close to being fully addicted to tobacco.

E. Some combination of the above.

You won't likely see this question on any quiz, but the notion of what makes a social smoker is fascinating to me. According to the 2002 University Health Center's Student Health Survey, 22% of students use tobacco, many of whom consider themselves social smokers.

First let's review what happens when you pick up that cig and bring it to the curves of your lips.

You are breathing in over 4000 toxic chemicals, many of which cause cancer. Ever heard of carbon monoxide, arsenic, methanol, and hydrogen cyanide? These are a small sample of toxins that you breathe in while you smoke tobacco. The tar in cigarettes is the black sticky substance that contains many other toxins and is the main cause for throat and lung cancers. Yellowish brown stains show up on smoker's teeth, fin-

gers, clothes and the ceilings of their homes.

Let's not forget nicotine, the addicting agent in tobacco, which is thought to be more addictive than heroine. This conclusion comes from recognizing that craving and physiological changes happen quickly to most individuals who smoke tobacco. It's physiologically difficult to remain a "social smoker" and avoid full on addiction.

Nicotine is also a stimulant and as such can not possibly confer the relaxation that so many smokers claim that tobacco provides. Nicotine stimulates the nervous system, increases heart rate, raises blood pressure and constricts small blood vessels under your skin. The last effect is what causes wrinkles. When a smoker goes to sleep, they often experience nicotine withdrawal. Research suggests that nicotine is linked with difficulty falling asleep and problems waking up. Research also suggests that smokers may experience more nightmares.

Reviewing all this, let's not rationalize that being a social smoker is benign. Halt an unhealthy situation before it takes deeper root. Why not join the 78% of students on campus who don't smoke at all? Make an appointment or stop by the Health Center and pick up a free Quit-Kit for tips on quitting tobacco.

For more information on smoking cessation, contact Health Educator Paula Staight at [Pstaight@oregon.uoregon.edu](mailto:Pstaight@oregon.uoregon.edu)



Peer Health Educator, Cara McCarthy promotes the Great American Smoke-Out on campus.

Additional compounds in cigarettes and other places they are found (Source: American Lung Association)

- Carbon Monoxide (car exhaust)
- Ammonia (floor cleaner)
- Arsenic (rat poison)
- Butane (lighter fluid)
- Hydrogen Cyanide (gas chamber poison)
- Toluene (industrial solvent)
- Acetone (paint stripper)
- Cadmium (car batteries)
- Formaldehyde (preservative for dead bodies)
- Naphthalene (moth balls)