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**HIV:** Get tested at least once if you're sexually active. It's also smart for you and your partner to get checked before starting a sexual relationship, and anytime you suspect you might have been infected.

### ◆ IN YOUR 30s

Along with blood tests for cholesterol, triglycerides, blood sugar, and HIV, consider the following screenings.

**Thyroid function:** An overactive or underactive thyroid can trigger a laundry list of symptoms, such as weight gain or loss, depression, anxiety, and skin problems such as eczema. Many experts now recommend a blood test for TSH—thyroid-stimulating hormone—for all women at age 35, to be repeated every five years. Doctors also test women who are having difficulty becoming pregnant, have a family history of thyroid problems, or are suspected of having subclinical hypothyroidism (a mildly underactive thyroid). "Signs could include new and unexplained

depression, irritability, and anxiety," Pregler says. Set aside a day to relax before you get tested, and let your doctor know if you're taking medications such as aspirin, corticosteroids, or heparin. Being under stress or on one of these drugs can skew your numbers; so can a recent X-ray that used iodine dye. **The healthy target:** A TSH level of 0.4 to 4.5.

### ◆ IN YOUR 40s

Keep up your cholesterol, triglyceride, blood sugar, and HIV checks; get a thyroid function test or recheck if you have symptoms or your doctor recommends it.

**C-reactive protein:** Check after age 40 if you're at "intermediate" risk for a heart attack or stroke—you have slightly high cholesterol, a large waistline, a family history of heart disease, or are a little overweight. "This can be the tie-breaker in helping your doctor decide whether you should start a statin drug," says cardiologist Erin Michos, MD, assistant professor

of medicine at John's Hopkins School of Medicine. Be sure you're getting a high-sensitivity CRP test. **The healthy target:** 2 milligrams per liter or lower.

### ◆ IN YOUR 50s AND BEYOND

Continue with thyroid, cholesterol, blood sugar, and HIV tests; a CRP check is advisable for all women over 60.

**Vitamin D:** "Three-quarters of women are deficient in D," Pregler notes, and this can leave their bones at risk. "For most of us, it's smart to consider taking 1,000 to 2,000 international units of supplemental D daily." Have your levels checked if you're younger than 65 and are at risk for osteoporosis—or if you're 65 or older—along with your routine bone-density check. Though chronically low D levels in women have been loosely linked to breast cancer and other conditions, experts aren't ready to advise earlier testing. **The healthy target:** 30 to 74 nanograms per milliliter or higher. —SARI HARRAR

## Dr. Oz Will See You Now

**MEHMET OZ, MD**, analyzes the different treatments for fibromyalgia.

### WESTERN MEDICINE APPROACH

A formal diagnosis for fibromyalgia didn't exist until 1990, but now there are three FDA-approved meds to combat the pain. Still, says Nancy Klimas, MD, director of the Allergy and Immunology Clinic at the University of Miami, "there is much more to treatment than a pill." Strategies are needed to improve sleep, stretch and restore symmetry to muscles that have been shortened by spasm, and raise overall conditioning through exercise.

### ENERGY-BASED APPROACH

Practitioners believe the root of fibromyalgia is a disturbance in nerves that blocks energy. The disturbance, says Devi S. Nambudripad, MD, PhD, and a licensed acupuncturist, is caused by sensitivities to substances ranging from pollen to vaccines to chemical agents in fabrics. Anxiety and depression may also play a part. Practitioners use acupuncture to release energy and allergy testing to identify problem substances.

### FIBROMYALGIA:

Though classified as a disorder of the musculoskeletal system, the condition is now seen as a central nervous system problem. Symptoms include increased sensitivity to pain, achy and stiff joints, fatigue, and specific tender points on the back, chest, arms, and legs. Migraines, sleep disorders, and irritable bowel syndrome are also common complaints. Up to 3 percent of the population may suffer from fibromyalgia, but with no clear cause, the condition is difficult to diagnose.

### PSYCHOLOGICAL APPROACH

"The pain of fibromyalgia is not caused by depression," says Leonard Jason, PhD, professor of psychology at DePaul University, "but depression can deepen a patient's experience of pain." Mental health professionals may play a complementary role in treatment, but it's a vital one. Cognitive behavioral therapy can relieve depression and help patients identify sources of stress that magnify their symptoms.

### NUTRITION-BASED APPROACH

Fibromyalgia is a systemwide breakdown, says Jacob Teitelbaum, MD, medical director of the nationwide Fibromyalgia & Fatigue Centers. After suffering from the disease in the 1970s, he developed his own protocol; in studies, patients improved by as much as 91 percent. He recommends supplements to help sufferers sleep, balance hormones, boost immunity, and improve nutrition. He also prescribes regular exercise.

**MY RECOMMENDATION:** Because Western medicine was slow to accept fibromyalgia, it is behind in its work; this is an area where patients will want to take a serious look at alternative approaches. Energy-based medicine could offer some important advances in treatment over the next decade, but since it has yet to be tested by independent research, I think it's premature to base your therapy solely on this approach. I'm more impressed by Teitelbaum's supplement regimen (find it at [oprah.com/omagextras](http://oprah.com/omagextras)), and not only because he has tested his theories: I've put patients on this program with very good results. I would add counseling, as it should always be a part of fibromyalgia treatment. If after a couple of months you don't see improvement, talk to your doctor about drug therapy.

