



WHI Women Veterans Newsletter

A PUBLICATION OF THE WOMEN'S HEALTH INITIATIVE • 2015-2016

What's New?

A BOUT 4,000 SELF-IDENTIFIED WOMEN VETERANS participated in the Women's Health Initiative (WHI). Their participation enables researchers to identify ways to protect and enhance their health and quality of life. We appreciate all our WHI participants, especially those who also served our country.

Among the 161,808 women who participated in the WHI, approximately 4,000 served in the US Military. These women earned America's gratitude and respect for their military contributions. Today, more than 2 million US Veterans are women. Of those, 32% are enrolled to receive health care in the Veterans Health Administration (VHA). Women are the fastest growing group of Veterans treated by the VHA. Projections show that women will make up over 16% of the country's Veterans by midcentury.

Congress asked the Department of Veterans Affairs (VA) to identify women Veterans' health-related needs and improve their health care. Thus, establishing unique services for women Veterans has been a high VA priority for the past 15 years. We still do not fully understand the potential long-term impacts of military service in women. As you may remember, there was a question on the WHI baseline form asking participants if they served in the US armed forces on active duty for at least 180 days. This question allows us to better understand the health-related impacts of military service in older women and identify opportunities to improve older women Veterans' health care and quality of life.

Between 2014 and 2015, Andrea LaCroix, PhD, a Senior Investigator at the WHI Clinical Coordinating Center, and Gayle Reiber, PhD, VA Senior Career Scientist, received funds from the VA Health Services Research and Development and the VA Office of Women Health Services to analyze

data provided by WHI participants like you, so that we could better understand the impact of military service in older women. Researchers from around the US worked in teams to ask and answer important questions about differences between WHI Veterans and non-Veteran participants. Answers to these questions are summarized in this WHI Newsletter and will appear in print as full-length articles in a supplement to the journal *The Gerontologist* in February 2016. At that time, all articles in *The Gerontologist* will be available to you online free of charge.

The women Veteran research team is looking to include pictures of WHI Veterans in their military uniforms in *The Gerontologist* printed supplement. Comments about your military experience and suggestions for what you want to see in VA-provided women's health care are encouraged. If you can share any photos, we will return them

to you. Please contact or Gayle Reiber, PhD, Senior Career Scientist, by mail at VA Puget Sound, 1660 South Columbian Way (152), Seattle, WA 98108, or by email at Gayle.Reiber@va.gov.



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Many women Veterans are not aware they may have earned health care services and benefits from their military service including primary women's health care. Other health care includes inpatient medical/surgical/mental health care, physical rehabilitation substance abuse treatment, long-term care and pharmacy benefits. Non-health care benefits include home loan guaranty, disability compensation, life insurance, and pensions. For more information contact the VA Women's Health Program at 1-855-VA-WOMEN (1-855-829-6636). There is a Women Veterans Coordinator at every VA Medical Center ready to assist you. Find additional information about VA **benefits** at www.vba.va.gov and about **eligibility** at www.va.gov/healtheligibility.

The women Veteran research team is looking to include pictures of WHI Veterans in their military uniforms for use in future publications and presentations. If you can share any photos, we will return them to you. Please indicate your photographs may be shared with others providing care and conducting research benefiting women Veterans. Comments about your military experience and suggestions for what you want to see in VA-provided women's health care are also encouraged. If you are interested, you may contact Gayle Reiber, PhD, Senior Career Scientist, by mail at VA Puget Sound, 1660 South Columbian Way (152), Seattle, WA 98108, or by email: Gayle.Reiber@va.gov. Your contact information has not been shared with the VA.

Focus on Findings

FOCUS
ON
FINDINGS

THE ARTICLES highlighted below compare women Veterans in WHI to non-Veteran WHI participants. There are several reasons why women Veterans may be at different risk of several health outcomes than non-Veteran women. Women Veterans were considered "healthy soldiers" since joining the military meant passing education, aptitude, physical and mental tests, maintaining physical fitness and receiving healthcare. Yet women Veterans' self-care behaviors including smoking, alcohol use, and diet, combined with exposure to hazardous environments, and mental and physical stress, may have an effect on health. Overall, women Veterans in WHI reported lower physical functioning, life satisfaction and social support compared to non-Veterans. While we cannot pin-point all of the reasons for health differences among women Veterans compared to non-Veterans, these findings identify ways to improve health and healthcare for this special group of older women.

■ Aging Well among Women Veterans Compared to Non-Veterans in the Women's Health Initiative

Women Veterans reported greater challenges with self-perceived health, life satisfaction, social support, physical function and quality of life than did non-Veterans.

These findings suggest women Veterans might benefit from programs promoting physical activity, social connections, smoking cessation (if needed), and have depressive symptoms evaluated and treated.

■ Trajectories in Physical Activity and Sedentary Behavior among Women Veterans in the Women's Health Initiative

Initially, women Veterans in WHI reported higher levels of physical activity than non-Veteran participants. However, over time women Veterans reported a greater decline in physical activity.

Women Veterans should continue or increase their efforts to be physically active. Group activities may offer structure and support.

■ Vasomotor Symptoms and Quality of Life Among Veteran and Non-Veteran Postmenopausal Women

Women Veterans reported that they experienced hot-flashes and night-sweats (vasomotor symptoms), two of the most common menopausal symptoms, with similar frequency as non-Veterans. However, Veterans reported more negative impacts from these symptoms than non-Veterans, and may experience greater difficulty in managing them.

Health care for women Veterans should include care for their multiple health care conditions, including vasomotor symptoms (as needed) and strategies to manage weight and depression.

■ Association of Pain with Functional Outcomes, Fatigue, and Sleep Quality among Veterans and non-Veterans: Findings from the Women's Health Initiative

WHI participants reported that pain limited both women Veterans' and non-Veterans' activities to a moderate degree. Pain was associated with declines in physical function, depression, fatigue and insomnia.

Aging women need to work with their physicians to address pain and the disabling symptoms that may accompany pain.

■ Hysterectomy and Bilateral Salpingo-oophorectomy: Variations by History of Military Service

Women Veterans who were under age 65 at WHI enrollment were more likely to have had an early hysterectomy, either with or without removal of ovaries, than non-Veteran WHI participants.

History of hysterectomy contributes to our understanding of the health needs and risks of women Veterans. Please discuss your concerns with your physician.

■ Longitudinal Cognitive Trajectories of Women Veterans from the Women's Health Initiative Memory Study and Birth Cohort

Women Veterans and non-Veterans performed similarly at baseline on mental functioning

tests. There was an increasing rate of cognitive decline over time in the Veteran group.

Work with your physician to identify ways to promote healthy cognitive function. Cognitive decline may be subtle. Researchers are developing better tests to measure these declines.

■ Sleep Disturbance, Diabetes and Cardiovascular Disease in Postmenopausal Veteran Women

Women Veterans reported more insomnia and sleep disordered breathing at baseline, particularly if they had diabetes. Women Veterans and non-Veterans reported similar levels of other types of sleep issues.

Remind your physician to do routine screenings for sleep disturbances, particularly sleep-disordered breathing and accompanying insomnia.

■ Fracture Rates and Bone Density among Postmenopausal Veteran and non-Veteran Women from the Women's Health Initiative

Women Veterans reported a higher rate of hip fractures than non-Veterans. This was not the case for other types of fractures, rates were similar for Veterans and non-Veterans.

Be sure your intake of calcium and Vitamin D is adequate. Begin fall prevention measures such as wearing proper footwear, removing throw rugs, and installing banisters, shower bars and other protective devices. Have your bone density measured, and if it is low, ask your doctor about taking medication for fracture prevention.

■ Association Between Chronic Conditions and Physical Function among Veteran and non-Veteran Women with Diabetes

Chronic conditions were commonly reported by women Veterans and non-Veteran women with diabetes. Larger declines in physical function associated with these conditions were seen in Veterans than non-Veterans.

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Regular exercise helps maintain physical function. Consider the benefits of activities such as walking each day — research shows it may help reduce the risk for certain illnesses, may decrease the need for certain medications, decreases stress and improves mood.

■ **Differences in Active and Passive Smoking Exposures and Lung Cancer Incidence between Veterans and non-Veterans in the Women’s Health Initiative**

Veterans smoked more and were exposed to more passive (second-hand) smoke, and that was associated with a greater risk for lung cancer.

Women who smoke should consider smoking cessation programs. Current and former smokers should discuss lung cancer screening with their doctors.

■ **Military Generation and its Relationship to Mortality in Women Veterans in the Women’s Health Initiative**

Overall, women Veterans and non-Veterans had similar overall death rates. Compared to other women their age, women Veterans serving before the Vietnam era experienced more cancer, and those serving during or after the Vietnam conflict had more motor vehicle or other trauma.

Prevention is the key...women Veterans are encouraged to practice good health behaviors, schedule regular health screenings and health care exams. The

most serious injuries from accidents are often the most preventable. Buckle up when in a motor vehicle.

■ **All-Cause Mortality and Alcohol Consumption among Women Veterans and non-Veterans Enrolled in the Women’s Health Initiative**

Overall, women Veterans and non-Veterans are similar in their alcohol intake. Women who are former drinkers or who consume more than 15 drinks per week had a higher mortality risk. Women in both of these groups need particularly thoughtful physician assessment and care to optimally safeguard their health and longevity.

Talk with your physician about safe and less safe levels of alcohol consumption.

■ **Mortality in Postmenopausal Women by Sexual Orientation and Veteran Status**

Sexual minority women had greater overall risk of death than heterosexual women regardless of whether or not they were Veterans. All sexual minority women were at greater risk than heterosexual women for cancer-specific deaths.

Sexual minority women are a high-risk group, whether they are Veterans or not. Health promotion programs may help reduce this risk, including reducing smoking (as described above) and managing cardiovascular risks (high blood pressure, diabetes, low physical activity, blood lipids).



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