



the  
health  
check  
that  
could

# save your life

Grab a pencil and  
paper and complete the  
puzzle of your family  
health history



by Sarí Harrar

**DIABETES IS ALL TOO FAMILIAR** to Darla Goudey's family: Her mother and grandmother both died from complications related to the disease, and four aunts and Darla's sister have also been diagnosed with it. "My mother's last words to me were, 'No matter what the doctors say, if you get the symptoms of high blood sugar, you fight,'" Darla says. Sure enough, six months after her mother died seven years ago, Darla's vision got blurry and she became thirsty all the time—both symptoms of blood sugar problems.

When the 46-year-old single mom learned she had pre-diabetes, she emptied the ice cream and fried mozzarella sticks from her freezer, set out to lose 20 pounds, and squeezed walking into a schedule already crammed with work and family. "My mother was always emphasizing the importance of knowing my family health history. It didn't save her, but it may save me," she says.

Darla's mom was right. Thanks to new advances in the past five years, America's top genetics researchers say interviewing your relatives and recording your medical past is probably the most powerful genetic "test" you'll ever take. "Your health is determined by your genes plus your lifestyle and environment—and families ►

**SAVE YOUR LIFE**

CONTINUED share all three. In that sense, a family health history is more sophisticated than a test for a single gene ever could be," says Alan Guttmacher, MD, acting director of the National Human Genome Research Institute at the National Institutes of Health (NIH). "Nearly everyone has a serious health condition that runs in the family and could be prevented or caught early if you know to look for it."

But don't wait for your doctor to delve into your past. In one recent study of people with family histories of cancer, about half didn't get the early, frequent and often lifesaving screenings because their inherited risk wasn't noted in their medical records. In another study, just 11% of primary care physicians had detailed family medical histories in patients' files, and 78% didn't bring up family history with their regular patients.

**putting it all together**

Even if family history is noted in your files, it's up to you to reiterate it during doctor's visits, as Traci Leopold of Lewis Center, Ohio, found out. In the 1990s, Traci's uncle was diagnosed with colon cancer; it also took the lives of Traci's father and grandmother. Yet, in 2002, when Tums and Nexium didn't help Traci's stomach pain, cancer was the last thing her doctor considered because of Traci's age.

Traci pushed for a colonoscopy, and at 29, she was diagnosed with colon cancer and underwent surgery. A genetic test found that she had Lynch syndrome—a genetic condition that raises risk for endometrial (the lining of the uterus), skin and colon cancer.

Thankfully, Traci's been cancer-free for five years. She now gets a colonoscopy every other year, plus



regular checks for endometrial and skin cancer. Traci's 2-year-old son, Max, will be tested after his 18th birthday (the age after which experts recommend to test for diseases that strike in adulthood). "If you know your history, you can be proactive and even save your own life by getting early screenings and staying alert for symptoms," Traci says. The sooner you map your family health tree, the better off you are.

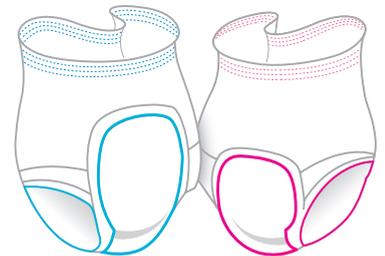
**Start with close relatives** "First-degree relatives—your parents, brothers and sisters—raise your own risk the most, because you share more genes and more lifestyle habits," says Monica Giovanni, MS, a genetic counselor at Brigham and Women's Hospital in Boston. Also include second-degree relatives—grandparents, aunts, uncles—then later branch out to cousins, nieces and nephews, as well as great-grandparents.

**Age matters** Ask how old relatives were when they were diagnosed and when they died, Giovanni says. "The earlier someone developed a disease, the more likely there's a strong genetic link. For example, if your father had a heart attack at 45, we're much more on alert for heart disease than if he had one at 85."

**Delve into details** "If no one knows why a family member died, ask about symptoms and length of ▶

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## health

### SAVE YOUR LIFE

CONTINUED time between diagnosis and death," suggests Heather Hampel, MS, clinical associate professor of genetics at Ohio State University. "This can give clues that a doctor or genetic counselor can interpret." For example, if a female relative died from what your family only knows as "a female cancer," heavy bleeding might be a clue that it was endometrial cancer.

**Get the bigger picture** Did Grandpa smoke? Was Grandma exposed to environmental pollutants at home or on the job? "Every piece of information gives you a clearer picture of how genes, lifestyle and environment work together," Giovanni says. Ask about racial background and ethnicity, too. "Some genetic mutations in BRCA1 and -2 are more common among people of Eastern European Jewish descent," Hampel says. And colon cancer risk is 20% to 25% higher among African-Americans.

**Invoke the greater good** "Some relatives may not want to talk about illness. It's too painful, or even shameful," Hampel acknowledges. "Explain that the information can lead to lifesaving action for the whole family."

**Don't leave anything out** Be sure to include all health problems, not just the potentially life-threatening ones. Researchers are finding links between seemingly unrelated diseases such as rheumatoid arthritis and heart disease, breast and ovarian cancers, heart disease and diabetes, and more. "We watch out for many people on one side of the family with the same or related health conditions, such as heart disease and diabetes, or several types of cancer," Giovanni says.

**Show your doctor** Store your family health history with the U.S. Surgeon General's free, easy-to-use My Family Health Portrait website ([familyhistory.hhs.gov](http://familyhistory.hhs.gov)).

"Someday your doctor will put your family history report right into your electronic medical file, where it will be updated and used to guide decisions about lifestyle changes, screenings, medications and other treatments," says Michael Murray, MD, an instructor of medicine at Harvard Medical School and clinical chief of the division of genetics at Brigham and Women's Hospital. "But for now, the best strategy is to take your history to your doctor and ask questions about any patterns you've noticed." ▶

## WILL YOU NEED A GENE TEST?

"Out of 100 people who compile a family history this year, just a handful will ever need a genetic test," says Michael Murray, MD. "The diseases that disable and kill most people are caused by multiple genes interacting with lifestyle habits. Knowing your family risk is enough to help you take preventive steps or catch it early."

Gene tests do help if your family tree reveals signs of diseases caused by one or a few extremely risky gene mutations. Among them: hemochromatosis, an iron absorption disorder that can be fatal; the breast- and ovarian-cancer mutations BRCA1 and -2; and Lynch syndrome—a group of mutations that raises risk for cancers of the colon, endometrium (the lining of the uterus), stomach, ovaries and skin. If you've got questions about whether you need a genetic test, you can find a genetic counselor at a local hospital or medical center via the National Society of Genetic Counselors at [www.nsgc.org/resource/link.cfm](http://www.nsgc.org/resource/link.cfm)

## FAMILY HISTORY, PERSONAL RISK

Here's how family medical history plays a role in six conditions common in women, and what you can do about it. Of course, eating a healthy diet, exercising and staying at a healthy weight can lower your risk for just about everything.

### THE FAMILY DYNAMIC

### STEPS TO TAKE

## breast cancer

Having a mother, sister or daughter with breast cancer doubles your own risk; two first-degree relatives with it raises your risk fivefold. Women who have the BRCA1 or BRCA2 genetic mutation have up to an 80% chance of developing breast cancer, compared with 12% in the general population.

If you're BRCA-positive, start annual mammograms and clinical breast exams by age 25 (earlier if recommended by your doctor). Adding a yearly MRI breast check six months after each mammogram may increase detection of early-stage cancers in women with a strong family history.

## colon cancer

A family history of this cancer raises your risk two to four times. If you test positive for a genetic mutation linked to colon cancer, such as Lynch syndrome, you can have up to a 75% chance of developing colon cancer by age 65.

Ask your doctor about starting colonoscopies by age 20 to 25, or five to 10 years before the earliest diagnosis in your family—whichever comes first. Repeat every year or as your doctor advises.

## diabetes

One parent with type 2 diabetes may raise your risk one to two times higher than average. If both parents have it, your risk may be 5.6 times higher, according to one study.

Reducing calories and fat, exercising, and losing just 5% to 7% of your body weight can lower your diabetes risk by 58% if you're at high risk. Ask your doctor about getting earlier and more frequent fasting blood sugar tests.

## heart disease

Early heart disease in your family (before 55 in men, before 65 in women) makes your risk two to nine times higher than average. The closer the relative is, the higher your risk: A brother or sister with the disease may quadruple your risk.

Exercising daily, eating mostly plant-based foods and not smoking can cut heart attack risk 92% for postmenopausal women. Your MD will keep close tabs on blood pressure, cholesterol and triglycerides and may also do screenings (like a stress test) at a younger age than usual.

## osteoporosis

If either of your parents fractured a hip, your odds for a hip fracture are 2.27 times higher than normal. Another clue to family risk: a parent who's lost height or developed a forward curve to the spine.

If you're postmenopausal, ask your doctor if you need a bone density test (instead of waiting until 65). Be extra-vigilant about getting plenty of calcium, vitamin D and weight-bearing exercise to strengthen bones.

## ovarian cancer

Ovarian cancer in a first-degree relative raises your risk four times. More distant relatives having it can raise your risk 50% or more, says one study. A family history of breast cancer ups your risk for ovarian cancer 40% to 80%, and higher if you have a BRCA mutation.

The best checks—transvaginal ultrasound and CA-125 blood testing—aren't perfect, but experts recommend them for women with a genetic risk (a strong family history or a BRCA mutation). **wd**