Your embarrassing health questions, answered

BY DANA SULLIVAN

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othersome bladder problems, alarming odors, hair growing in all the wrong places. We all have issues that we’re too embarrassed to bring up with anyone—including our doctors. But rest assured, your doc has heard it all before. “It’s our job to help you, not judge you,” says Laura Dean, MD, a spokeswoman for the American College of Obstetricians and Gynecologists who practices in Stillwater, Minnesota. Still, inquiring about a delicate health problem can be uncomfortable. That’s why we decided to start the conversation for you by asking experts to address six common blush-worthy complaints.
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Sometimes I pee a little when I laugh or run, but I don’t want to take medication. Should I even bother mentioning this to my doctor?

A Absolutely, says ob-gyn Lissa Rankin, MD, author of What’s Up Down There? And in fact, medication doesn’t work for stress incontinence, which is what you’re describing. Stress incontinence—the most common form of incontinence in women, as it often occurs post-pregnancy when the muscles and connective tissue around the bladder and urethra weaken or stretch out—is prompted by laughing, coughing, exercise or other physical exertion. (Increased or sudden pressure on the bladder forces urine out.)

One of the best fixes is Kegel exercises, which involve squeezing your pelvic floor muscles to strengthen them. Your doctor can explain how to do the exercises properly, or you can go to mayoclinic.com/health/kegel-exercises/WO00119 for step-by-step instructions. Some women also benefit from “timed voiding,” which means emptying your bladder on a regular schedule, such as every hour. The less full your bladder is, the less likely you are to leak.

Sometimes the problem is caused by prolapse (when your bladder has fallen out of place a little, which your gynecologist can detect). In that case, a device called a pessary can help. You can wear it all the time or just put it in when you think you’ll need it—like when you plan to go running—and it will push your bladder back into its proper place.

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I’m losing my hair. Could I be going bald?

A It’s normal to lose up to 100 hairs a day at any age. But the sad truth is that women’s hair (like men’s) may naturally get thinner with age. And some women do experience female-pattern hair loss—the top and front of the head is most affected. (It can start as early as your 30s, but it may worsen around menopause.) Still, you should definitely raise this issue with your doctor, especially if you’re starting to see bald spots or your hair is coming out in clumps. “There are many reasons for hair loss, including stress, thyroid conditions and infections,” says Sonia Badreshia-Bansal, MD, a member of the American Academy of Dermatology and a clinical instructor of dermatology at the University of California, San Francisco.

Numerous medications, including antidepressants, birth control and blood pressure drugs, can also cause hair loss. Hormonal changes (for example, if you’ve recently given birth or stopped taking birth control pills) can cause your hair to thin as well, but once your hormones stabilize, your hair should return to normal in about six months.

Dieting can cause your hair to thin, especially if you’re not getting enough protein, iron and B vitamins, as they are essential for healthy hair. Dr. Badreshia-Bansal sometimes recommends a biotin (B vitamin) supplement.

If your doctor determines that so-called “normal” female-pattern hair loss is to blame, she’ll probably recommend over-the-counter minoxidil (Rogaine), a topical solution that slows down hair loss and stimulates new strands. She may also prescribe spironolac-tone (Aldactone), an oral medication that blocks the hormone receptors that cause hair loss.

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I’m never in the mood for sex. Is this just a normal part of aging?

A No. “It’s a myth that sex drive peaks at a certain age,” says Joy Davidson, PhD, a psychologist, certified sex therapist and author of Fearless Sex. That said, it is true that hormonal fluctuations that occur around menopause can lead to vaginal dryness and discomfort, which in turn can cause your sex drive to take a nosedive. If that’s the case, ask your doctor to prescribe an estrogen cream or pill or a vaginal ring containing estrogen, which should restore some moisture and make you more comfortable, says Dr. Dean. Or try Zestra, an over-the-counter topical oil that has been through clinical testing, says Dr. Davidson, who explains that it can increase sensation. Zestra may also help if you’re taking a medication (such as an antidepressant) that causes sexual side effects.

But much of the time, physical issues aren’t to blame. There are so many reasons that sex drive could temporarily wane, ranging from job-related stress to relationship problems and plain old fatigue. Improving your sex life usually means addressing the underlying problem. If you can’t sort it out on your own, consider consulting a sex therapist (alone or with your partner). To find one who’s certified by the American Association of Sexuality Educators, Counselors & Therapists, go to aasect.org/directory.asp.

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Q: I brush and floss twice a day but I still have bad breath. Why?

A: You may be forgetting a crucial factor: your tongue. Since bad-breath-causing bacteria and plaque can build up there, use a tongue scraper once or twice a day. And make sure to get the back of your tongue in particular, since that’s where plaque tends to accumulate, says dentist Catrise Austin, DDS, author of 5 Steps to the Hollywood A-List Smile. Chewing sugar-free gum (look for the ingredient xylitol, which helps inhibit the growth of bacteria) can also help a little, as can chewing on mint leaves or parsley or drinking cardamom, anise or peppermint tea—they’re all natural breath sweeteners, says Dr. Austin. And of course, you’ll want to steer clear of foods like garlic and onions; their pungent oils can haunt your breath for up to three days!

If none of that works, see your dentist. You may have gum disease, a cavity or an abscess. But if your dentist doesn’t detect an oral health problem—or if whatever treatment she suggests doesn’t help within a few months—you may need to see a gastroenterologist. About 10 percent of chronic bad breath problems stem from digestive problems such as ulcers, acid reflux and lactose intolerance. Another possible cause: a sinus infection, in which the sinuses become inflamed and mucus may drip into the throat. If that’s the case, an ear, nose and throat (ENT) doctor can help you get the right treatment.

Q: Why am I suddenly sprouting a mustache and a beard?

A: Blame genetics and hormones. Some women—especially those of Middle Eastern, South Asian and Mediterranean descent—naturally have thick, coarse hair. But even those who used to be relatively smooth-faced tend to get hairier starting in perimenopause (usually in your 40s), thanks to hormonal shifts, says Dr. Badreshia-Bansal. If you’re younger than 40 or you’re also breaking out a lot, however, you could have a thyroid problem or polycystic ovary syndrome (PCOS).

PCOS is a condition in which the ovaries make excess amounts of androgens (male hormones that women also make), and it may increase your risk of infertility and diabetes. Your doctor should order blood tests to figure out if you have PCOS or a thyroid disorder and treat you accordingly.

There are many ways you can remove facial hair. But if you’re thinking about laser removal, know that it will only work well if your hair is dark, because lasers target pigment, says Dr. Badreshia-Bansal. Another option: Vaniqa. This prescription cream can help thin out hair by targeting an enzyme that’s involved in hair growth.

Q: I can’t wear black because my dandruff is so bad, but “dandruff shampoo” doesn’t help. What will?

A: Try alternating products with different active ingredients, says Cynthia Bailey, MD, a California-based dermatologist. Zinc pyrithione (Selsun Salon and Head & Shoulders) has anti-yeast properties; ketoconazole (Nizoral) is an antifungal and anti-yeast; coal tar (Selsun Blue Medicated and Head & Shoulders Clinical Strength) slow the production of skin cells; and salicylic acid (Neutrogena T/Gel) scrubs the scalp. Dr. Bailey recommends buying two or three of these and switching every time you wash. She also recommends sudsing up first with a regular shampoo to dissolve oil and product buildup so the medicine will penetrate better. Then apply the dandruff shampoo directly to your scalp and let it sit for about 5 minutes. You should see noticeable improvement within one month. If not, see a dermatologist, since you may need a stronger prescription remedy (such as a steroid solution or foam).

If you’re looking for a more natural fix, try coating your scalp with warm mineral oil or peanut oil, then use a fine-tooth comb to loosen flakes before shampooing, says Dr. Bailey. Tea tree oil shampoos (sold in health food stores) can also be effective. Whatever you do, make sure you shampoo as often as possible (ideally every day). “People with dandruff tend to wash their hair less frequently because they assume the condition is caused by dryness, but it’s not,” says Bruce Robinson, MD, clinical instructor of dermatology at Mount Sinai Medical Center in New York City. An overgrowth of yeast may be to blame, but experts say that people who have it generally have an oily scalp, which can allow dead skin cells to accumulate and flake off. 🌼

DANA SULLIVAN writes about health and fitness from her home in Reno, Nevada. Her work has appeared in The New York Times, O: The Oprah Magazine and Real Simple.