



How do I avoid gout-aggravating foods?

Q I have gout. I've read that foods high in purine can aggravate the condition. What is purine, and how can I reduce it in my diet?

A Gout is a condition that develops in some people who sustain high blood levels of urate (also called uric acid). Urate forms crystals that can settle in the body's tissues. When deposited in and around joints, urate crystals cause the sudden attacks of pain, redness, and tenderness in joints that are characteristic of gouty arthritis.

Uric acid forms when the body breaks down purine, a substance that is produced in the body and also found in certain foods. Doctors used to recommend that people with gout avoid dietary purines, but now we have drug treatments that are much more effective at reducing urate in the blood. But some people can't tolerate gout medications, and for others, avoiding dietary purine may reduce the severity of gout attacks.

Purines are found in all meats, fish, and poultry, so unless you're a vegetarian, it's very

difficult to avoid them completely. Try limiting your intake of these foods to six ounces per day. And avoid certain high-purine foods altogether: anchovies, herring, mackerel, and organ meats, such as liver, brains, kidneys, and sweetbreads.

People with gout should use alcohol only in moderation, or not at all. It not only increases urate production, it also reduces the body's ability to remove urate through the kidneys. Be sure to drink plenty of fluids, which help remove uric acid from the body. It's also important to maintain a healthy weight to help protect your joints from stress during daily activities. But don't sign up for crash weight-loss programs that involve fasting or low-carbohydrate diets that are high in protein and fat. Such diets can raise blood levels of urate and precipitate an attack of gout.

Why am I still getting yeast infections?

Q I recently developed a vaginal yeast infection—a surprise, because I haven't had one in many years. Aren't these infections unusual in postmenopausal women?

A About 75% of women will have at least one episode of vaginal yeast infection, or vulvovaginal candidiasis, at some point in their lives. Though yeast infections are not as common after menopause, they still account for some cases of vaginitis (vaginal inflammation) and are more common in women taking hormone therapy. The microorganism *Candida albicans* is usually responsible. *Candida* organisms are normally present in the vagina, mouth, and digestive tract. They usually coexist peacefully with bacteria and contribute to a healthful balance of vaginal microorganisms. Infection occurs only when there is an overgrowth of *Candida*.

One cause of yeast overgrowth is the use of antibiotics, which are helpful in treating urinary tract and other infections but can also kill bacteria that help keep yeast under control. It's common to develop a yeast infection after completing a round of antibiotics.

Candida overgrowth tends to occur in women who are pregnant, take oral contraceptives containing high levels of estrogen, or have uncontrolled diabetes; and in women whose immune systems are suppressed by corticosteroids, HIV infection, or chemotherapy. Risk may also be increased by certain contraceptive devices such as sponges, diaphragms, or IUDs, perfumed feminine hy-

giene sprays or douches, and wearing tight, poorly ventilated clothing and underwear.

Vulvovaginal candidiasis is not considered a sexually transmitted disease, since it can occur in celibate women, and *Candida* is normally present in the vagina. But the risk increases after women begin regular sexual activity, though the reasons aren't entirely clear.

Symptoms are the same in women of all ages—itching and soreness of the labia and other tissues surrounding the vagina, burning during urination, and pain during sexual intercourse. A white, clumpy vaginal discharge may also be present.

Since *Candida* is not the only organism that can cause vaginal infection, itching, and discharge, it's important for a clinician to confirm the diagnosis. Several oral and vaginal treatments are available. The usual first choice is a vaginal cream used daily for three to seven days or a single oral dose of fluconazole (pregnant women should not take oral fluconazole). Yeast infection may take longer to eliminate in women with severe vaginal inflammation, uncontrolled diabetes, or immune suppression.

Send us a question for By the way, doctor

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Because of the volume of mail we receive, we can't answer every letter. Nor can we provide personal medical advice.

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