Creating a healthier future

WEIGHT GAIN AT MIDLIFE
Is it inevitable?

SECRETS TO AGEING WELL
Protecting your health as you age

COPING WITH CHANGE AS YOU AGE
Increasing age doesn’t automatically mean decreasing happiness
I am so pleased to be back at work, as the team at Jean Hailes has many exciting projects planned for 2013.

I am also very proud that this year Jean Hailes is coming of age – turning 21!

It's hard to believe that a once fledgling organisation could have blossomed into a highly respected and world class health service dedicated to the needs of women across Australia.

Initially, our focus was on menopause and midlife health. Today, this has broadened to encompass the prevalence and impact of preventable chronic disease and the urgent need for preventive health action.

Our key point of difference is our ability to translate and disseminate research evidence into easy to understand health information, using multiple channels.

This is what my mother, the late Dr Jean Hailes, was so passionate about 40 years ago. While we've gone a long way toward fulfilling her dream, there is still much work to be done.

In particular, we are passionate about the need to provide younger women and teenage girls with health information to help them understand one of the greatest health questions of all: ‘Am I normal?’

In this, our silver year of celebration, we ask you to join us in raising funds for this special project that is dear to my heart.

Creating a healthier future will provide a range of resources for young girls. We aim to create a website, range of brochures, and other resources designed especially for the younger generation. After all, they are the future.

Please give generously.

$21 for 21 years of Jean Hailes
Or donate multiples of $21
Help us to create a healthier future.

Janet Michelmore, AO
Director
Janet can be contacted on 1800 JEAN HAILES (532 642)

Dear friend of Jean Hailes
Simple changes, such as reducing portion size and giving up sweet biscuits with morning tea, can help avoid the average female weight gain of around half a kilo per year.
Weight gain doesn’t have to be a fact of midlife, but you’ll probably need to work a little harder to avoid excess kilos.

Ask women how ageing affects their weight, and most will say weight gain is another inevitable downside of midlife and menopause.

But midlife and menopause don’t actually cause weight gain, says Professor Susan Davis, Director of the Women’s Health Group at Monash University. Rather it’s ‘environmental factors and ageing’ that are to blame, such as having more children, leading an increasingly sedentary lifestyle, and choosing calorie-dense foods that are cheaper than healthier foods.

“Increasing inactivity means less muscle mass, thus slowing the metabolism and contributing to weight gain. At all ages, weight control is a matter of calories in and calories out. If you’re gaining weight it’s usually because more are going in than going out”

Awareness is the first step
Dr Amanda Newman, GP at Jean Hailes for Women’s Health, agrees that weight gain isn’t inevitable. “Simple changes, such as reducing portion size and giving up sweet biscuits with morning tea, can help avoid the average female weight gain of around half a kilo per year.”

It’s important to recognise emotional reasons behind weight gain, such as eating in response to feelings of stress, boredom, frustration, loneliness or anger. Dr Newman recommends keeping a food diary, listing what you eat, when, where and why.

“This makes you more aware of what you put in your mouth and allows you to think ‘do I really want to eat this?’”

Physical changes
While weight gain isn’t inevitable at midlife, Professor Davis says menopause causes body fat to shift from the hips to the abdomen due to a fall in the hormone, oestrogen.

“Abdominal fat is metabolically active – it’s a sort of unhealthy chemical factory,” explains Professor Davis.

“These chemicals block the action of insulin, increase blood pressure and increase blood fat. Having a greater amount of abdominal fat increases the risk of hypertension, diabetes, cardiovascular disease, dementia and some cancers, like breast cancer.”
Replacing oestrogen through HRT can help minimise abdominal fat, so it’s worth talking to a GP about whether oestrogen replacement is appropriate.

“HRT doesn’t cause weight gain and oestrogen prevents some of this shift of fat,” says Professor Davis.

Women’s health experts believe preventing weight gain and maintaining a steady weight at midlife are vital steps in protecting women’s health.

“Losing weight is hard, so we sometimes go the other way, pay less attention to what we eat and so put on more weight. Instead, aim to avoid gaining weight,” advises Dr Newman.

Research into preventing weight gain
Dr Cate Lombard, Head of the Healthy Lifestyle Program, Women’s Public Health Research, Monash University (who conducted her initial research while head of the Healthy Lifestyle Program at Jean Hailes) found women with school age children prevented weight gain when they were part of a walking group.

Women who took part in the Healthy Lifestyle Program (HeLP), funded by the Helen McPherson Smith Trust, also benefited from discussing how they could set and stick to weight-related goals, and how to overcome barriers to healthy eating and exercise. Monitoring their weight regularly also prevented weight gain.

“It can be easier to take part in a regular exercise program with other women – go for a walk instead of meeting for coffee,” suggests Dr Lombard.

“It’s an opportunity to encourage each other, share advice on how to manage weight, and make exercise enjoyable. It’s difficult to lose weight. Preventing weight gain is easier because the changes needed are tiny.”

“Take responsibility for your own health. Make small changes, be proactive, and you will avoid age-related weight gain,” says Prof Davis.

“So many health issues of ageing are related to being overweight. Midlife is a time when women can change their future health.”

Tips for preventing weight gain
• Focus on preventing weight gain, rather than weight loss
• Set realistic health goals and find a supporting GP
• Fit in some physical activity in the morning when you have more energy.
• Eat breakfast every day
• Identify barriers and develop strategies to eat better and exercise more
• Monitor your weight and measure your waistline once or twice a month
• Choose lower fat versions of foods (watch out for extra sugar)
• Eat regularly and only when hungry – not when tired, bored or upset

Midlife super foods
Jean Hailes naturopath Sandra Villella picks five healthy super foods for women at midlife.

Sardines
Excellent source of calcium – make sure you eat the bones – and omega 3 fatty acids.

Linseeds
Contain phytooestrogens (lignans) – 2 dessertspoons daily helps manage vaginal dryness. Add 2 dessertspoons of freshly ground linseeds to cereal or smoothies or added to bread. Only grind enough to last two weeks and store in an airtight container in the fridge. A good source of soluble fibre.

Prunes
Rich in antioxidants, a source of fibre and may be useful to help maintain bone density.

Low fat yoghurt with live cultures
Yoghurt is a good source of calcium and live cultures help gut health and oestrogen metabolism.

Broccoli
Vegetables in the broccoli family are linked with reduced risks of some cancers, including breast cancer.
Heather Daldry, 54, from Drouin in Victoria has lost 23 kilos in the past two years through Weight Watchers.

From her thirties, Heather’s weight gradually increased. When she reached her forties she told herself that weight gain was just part of middle age.

“My weight gain was gradual. I had my first child at 25 and another at 29 and it went downhill from there,” says Heather.

“I was busy with my kids – running them everywhere after school – and we’d go for a drive-through meal, or I’d cook something quick and easy that was high in calories. And the weight crept on.”

As Heather approached her forties, perimenopause and hot flushes, she told herself gaining weight was ‘normal’.

“I thought this is how middle age is and made excuses for myself – told myself I didn’t look that big, I was busy and didn’t have time to exercise, and it was too hard to exercise on the country roads where I live. Changing my mindset has been important.”

Encouraged by her local Weight Watchers group in Drouin, Heather set herself a goal of losing five per cent of her body weight initially.

“I lost a bit more and then more. I realised I didn’t have to be overweight at middle age,” says Heather.

Living on the fringe of town without footpaths and streetlights, walking early in the morning was difficult. So Heather drives to the school where she teaches early every morning to fit in a walk. She has also reduced portion sizes and eats more fresh fruit and vegetables.

“I monitor my weight because it’s easy for weight to creep back, weighing in at Weight Watchers once a month to keep track,” she says.

“I no longer say ‘it’s inevitable’. Weight gain doesn’t have to be part of ageing.”
We’ve all heard stories of people who have smoked all their life and lived beyond 100 years, and those who have cared for their health and died young. Is our health simply dependent on the genes inherited from our families or can we make a difference by how we live?

Much research has looked at why some people live longer than others and the conclusions are reassuring. Diseases are known to be influenced by our inherited genes, environment and lifestyle choices, with some researchers putting the genetic influence at around one third and our lifestyle at two thirds.

This is good news because it means that the choices we make have a great impact on our health and on how well we age.

It’s important to know that the genes you inherit do not necessarily have to dictate your health. Knowing your family history can provide valuable information to help guide your lifestyle choices. For example, if you have a family history of skin cancer you may take preventive action such as annual skin checks, following ‘slip,slop,slap’ messages and keeping out of the sun at peak times.

The younger years
It’s often said that the best way to age well is to start young. If you maintain good habits through your younger years you are more likely to enjoy long-term good health.

Don’t stop playing sports
Young women are putting on weight at a faster rate than any other group in Australia and this may be related to the high dropout rate in playing sports and being active. There is a trend for girls to give up sports as early as 12, while boys tend to go on to play into the older years. Research shows that girls who continue to be active have a lower body weight going into their 30s and 40s, and report higher levels of self-esteem.

Don’t settle for unhealthy relationships
Research shows that women who develop healthy relationships in their younger years have better overall health long term. A key barrier to healthy relationships is poor communication. Learn to negotiate your emotional health needs with those who you trust, such as family, friends or partners.
The choices we make have a great impact on our health and on how well we age

Eat well, live longer
Many young women mistakenly believe that they can eat a fast food diet and get away with it. However, disturbing evidence shows they are developing signs of chronic disease such as high cholesterol, high blood pressure and obesity before the age of 20, with one in four being overweight or obese.

Following a few key lifestyle habits such as not smoking and eating a varied, colourful, mainly plant based diet, high in vitamins and minerals, will help maintain health and protect against diseases of ageing such as obesity, diseases of the eye (macular degeneration, glaucoma) and type 2 diabetes.

Binge drinking on the rise
Around 30% of women aged 14–24 admit to regular binge drinking, which is known to cause brain damage, decrease fertility and lead to diseases of the liver and pancreas. Drink moderately and seek help if you feel your drinking is not within your control.


Don’t forget your sexual health
It is also important in the younger years to care for your sexual health by having a Pap smear test every two years, using condoms to protect against sexually transmitted infections (STIs) and finding a form of contraception that suits you.

Learn more about contraception options at www.healthforwomen.org.au or www.shfpa.org.au

Middle years
Don’t stop moving
In the middle years we need to work towards a healthy older age, with one of the biggest barriers being inactivity. On average, two thirds of our time is spent sitting and only 5% doing moderate to vigorous activity. The benefits of physical activity in our middle years include an increased ability to cope with life challenges, more energy, stronger bones and muscles, greater flexibility, better sex life and weight maintenance.

The vital role of Vitamin D
We seem to be in an epidemic of low vitamin D levels, which is an important issue because it is linked to earlier death from a range of diseases such as heart disease, cancers (early breast cancer, prostate, and bowel), osteoporosis (thinning of the bones), osteomalacia (softening of the bones causing muscle and joint pain), both rheumatoid and osteoarthritis, multiple sclerosis, chronic fatigue and dementia.

Most women will benefit from taking a daily vitamin D supplement of 1,000 IU and eating three sources of calcium daily, as well as getting 10–30 minutes of sun (depending on the season) outside peak UV times (10–2 or 11–3 daylight savings time).
Health checks
Almost all Australians (94%) in their late forties have at least one risk factor for chronic disease. Take advantage of the free ‘once only’ comprehensive health check for 45–49 year olds that looks at risk factors such as lifestyle, cholesterol, family history etc. Don’t forget to have your Pap smear test and breast screening every two years and annual eye and hearing tests and regular skin checks.

Older years
Eating can become a challenge as we age, especially in those who live alone. If your appetite is poor or if you have food intolerances you may benefit from talking to a dietitian about food choices that include vital nutrients necessary for good health.

Vitamin D and ageing
As we age we begin to lose our ability to produce vitamin D via the sun. The average 70 year old has a 70% reduced ability to produce vitamin D via sunlight compared to a 20 year old.

Review your alcohol intake
Changes such as the water to fat ratio and the liver’s reduced ability to break down alcohol mean that we are less able to tolerate alcohol as we grow older. Decrease your intake to one standard drink a day and have a least two alcohol free days per week.

Exciting new information on how to break a habit
One of the biggest causes of disease is poor habits, but new information on how we develop habits is showing us how to effectively change our habits for the better.

Habits require a habit loop comprising a cue, routine and reward. The cue is the trigger such as drinking coffee leads to smoking, the routine is the smoking, and the reward is the effects of smoking such as increased levels of adrenalin.

To change a habit you must change the cue. Switch from coffee to water and change your routine by creating barriers such as associating with non-smokers. Once you change the cue and the routine and keep this up for over 30–90 days you will have broken the brain pattern which drives your habit.

New research on exercise
Professor David Dunstan from the Baker IDI Heart and Diabetes Institute points out that prolonged sitting is a risk factor for a range of chronic diseases such as metabolic syndrome, heart disease, type 2 diabetes, some cancers, obesity, and early death. He says the good news is that health can be improved by simply breaking up the sitting time with frequent activity breaks.

According to Dr Levine from the US-based Mayo Clinic, the secret to burning off excess calories is Non-Exercise Activity Thermogenesis (NEAT) which is the calories we burn with everyday movement. Just being continually active around the house can burn up to 700 extra calories a day.

Tips to ageing well

- Attend regular health checks
- Seek out and maintain healthy friendships
- Take every opportunity to be active to the level you are able
- If you have a sedentary job, get up every twenty minutes and walk around, hold walking meetings and stand as much as possible
- Eat a varied, colourful, mainly plant based diet
- Eat at least three dairy sources with vitamin D and calcium daily (milk, cheese, yoghurt)
- Talk to your doctor to assess your need for a vitamin D and calcium supplement
- Get daily exposure to the sun
A study of Americans in their 70s and 80s has found they are not meeting nutrient recommendations and should choose 'high quality diets'.

Dr Julie Locher, University of Alabama, analysed the dietary patterns and medical records of 416 Alabama residents, concluding that “overly restrictive dietary prescriptions” were of little use in this age group, “especially where food intake may already be inadequate”.

Terrill Bruere, practising dietitian at Jean Hailes, says: “dietary quality and an overall healthy lifestyle are more important than thinking about weight alone, and for older people this is particularly important.”

Dietitians are revising body mass index (BMI) goals for the population to reflect this, with a BMI of 27 now recognised as healthy for older adults.

Terrill states; “Any individual’s risk depends on their genetic potential and overall long-term lifestyle, so can only be assessed by talking to their GP or other health professionals.” Terrill warns against older people “dieting in a way that limits their overall nutrition, or keeps them at an unrealistic low weight”.

Fruit flavonoids may cut heart attack risk in women
Fruit and vegetables rich in naturally occurring compounds called flavonoids, particularly a sub-class called anthocyanins, may reduce heart attack risk in young and middle-aged women, according to the study of 93,000 women aged 25–42 by researchers in the US and UK.

“Even at an early age, eating more of these fruits may reduce heart attack risk later in life,” said Dr Aedín Cassidy, head of the Nutrition Department at Norwich Medical School (UK).

Blueberries and strawberries were highlighted because they are the most-eaten berries in the US.

“Other foods rich in anthocyanins include eggplant, red cabbage, radishes, plums and acai berries,” says Jean Hailes naturopath Sandra Villella. “Regular intake of these could be included in the diet to achieve similar results.”
Generally speaking, people have the highest quality of life, greatest life satisfaction and lowest rates of mental health problems in their 60s and 70s.
Coping with change as you age

Contrary to popular myths, growing older isn’t a negative life experience for most people. Increasing age doesn’t automatically mean decreasing happiness.

In fact, people are at their happiest around retirement age, according to research conducted by Queensland University of Technology and the University of Queensland.

Researchers studied the ageing experiences and attitudes of 60,000 people in Australia, Britain and Germany and identified a ‘happiness wave’, with levels of happiness gradually gathering pace and peaking from the age of about 55.

“Individuals over 55 no longer have unrealistic expectations of what their life will be like. They enjoy reasonable health and wealth, leading to a marked surge in happiness,” says Dr Tony Beatton of QUT.

Dr Beatton adds that after the age of 75, as health starts to deteriorate, happiness levels do start to decline, but the study showed that older Australians enjoy a stronger ‘happiness wave’ and report higher levels of happiness than the British and Germans.

“Life in old age is clearly relatively better in Australia than the UK, perchance because of the better weather, more generous public pensions, and more space for roaming grey nomads,” says Dr Beatton.

Why older age equals greater life satisfaction

Professor Jane Fisher, Jean Hailes Research Unit Director, says that in Australia evidence from our National Mental Health Survey indicates that, in general, mental health improves as people age.

“Generally speaking, people have the highest quality of life, greatest life satisfaction and lowest rates of mental health problems in their 60s and 70s. It’s the time of life when most people have completed the demanding life phase of rearing children and generating income to support a family, and more of them have established financial security,” she says.

Grief and loss

However, ageing inevitably brings change and experiences of loss and grief for most of us. Professor Fisher says there are two key types of loss that lead to grief.

The first is bereavement in which someone who is loved dies.
"This is a recognised loss. Usually, there is support, and religious or civil ceremonies to honour the person’s life, which are known to be of great psychological benefit," says Professor Fisher.

When grief doesn’t fall into neat categories
The other equally important experience is unrecognised loss that leads to what is commonly called ‘disenfranchised grief’.

This is a term describing grief or loss that doesn’t fall into ‘acceptable’ categories, (e.g. the loss of a partner or child), so is not acknowledged by society and therefore not well understood. It could be grieving for things that other people don’t understand such as:

• Loss of a home or livelihood
• Death of a pet
• Loss of a former partner
• Death of a loved one through a socially unacceptable way such as suicide

Dr Kenneth Doka, Professor of Gerontology at the Graduate College of New Rochelle, New York, was the first to document ‘disenfranchised grief’, which he defined as experiences of loss when ‘survivors are not accorded a right to grieve’.

With disenfranchised loss and grief the losses are important, but are not publicly recognised. As they are unrecognised, there is often no increase in support and no public rituals or acknowledgements.

Ageing and loss
Professor Fisher says there are many examples of disenfranchised loss associated with ageing. These can include loss of a sense like failing eyesight or diminished hearing, the loss of intellectual or cognitive capability, or losing a body function through illness or surgery. The loss of an important role in life at retirement or independence through increasing frailty can also lead to disenfranchised loss.

“Many things that we hope and wish for, we don’t get in life. For example, you may wish to have four babies and have only two, or hope that you achieve a professional goal and find that this is ultimately unrealised,” she says.

Adjusting to disappointment, frustration and rejection are an inevitable part of adult life. A characteristic of older life is that there is less chance that you’ll have another opportunity. For example, when you are younger and miss out on a job, there is a good chance that you’ll get another one. When you are older, there are fewer of those chances.

Signs of both recognised and disenfranchised grief can include a persistent sense of sadness that isn’t easy to understand; there’s apprehension about the future – wondering what will give your life meaning from now on.

“The future seems obscure. Things you used to do or people you valued are not there anymore. So if you worry about what the future is going to be like, wonder what you are going to do and fear that it is going to be painful and lonely, the way forward is to identify ways to recapture some sense of engagement and purpose,” says Professor Fisher.

“Bottling up sadness and pain and not seeking support can lead to loneliness, isolation and depression. It’s better to problem-solve with others, to talk about how you are feeling, identify the sources of sadness and work out what to do next.”
Managing disenfranchised loss

- Plan for post-retirement – find activities that help you feel purposeful and help you engage with others
- Maintain and nurture friendships
- Recognise that your feelings are legitimate and if friends and family are not able to offer support, ask your GP for a referral to a professional counsellor, if necessary
- If you have found it difficult to adjust to change in the past, understand that changes in life circumstances as you age may also be challenging
- Good physical and mental health is closely related – stay active and get enough sleep

The process of grief

“Grief is multi-faceted – you experience many emotions and they will change,” says Professor Fisher.

“The early point of grief is often characterised by numbness and disbelief – you can’t believe this is true – and is usually followed by profound suffering, sadness and a yearning for the person who has been lost.”

This can be accompanied by loss of appetite, sleep disturbance and general feelings of malaise and weakness. Weeping, anger and restlessness are common.

“Then there is a gradual recognition of the reality and an exploration of new ways of relating and living. Ultimately you reach a point where you cherish memories of that person or relationship but you re-engage with life.”
Grieving missed opportunities

Karen*, 47, from Melbourne’s eastern suburbs, has struggled with feelings of loss and grief for 18 months. She is seeing a counsellor to help her understand and manage those emotions.

“In my mid-forties I found myself going through periods of sadness – couldn’t sleep, lost weight because I lost my appetite, and would suddenly cry. Nobody had died. I have a good job, two healthy children, and we are financially secure. The sadness didn’t make any sense. The grief would creep up on me. I remember sitting at home one day alone and sobbing for a few hours with no idea why. I thought I was going mad.

I saw a counsellor who says I’m experiencing disenfranchised grief – grieving for things I wish I’d done or done differently in my life. In my late forties, there are dreams that will never be realised. That’s hard to accept.

I’m not going to have the four children I wanted – health problems intervened.

I live on the other side of the world to my parents. They’re in their 70s now and I’ve missed so much of their lives – time I can never get back.

My relationship with my husband is ‘average’ and I feel a sense of loss that I haven’t had the relationship I want.

All these losses have built up but they’re not the usual things you grieve over, so people don’t understand why I feel so sad and that I can’t just ‘snap out of it’.

Counselling has helped. It has shown me there are things I can do to lessen the sense of loss and to feel more proactive. I’ve talked to my husband about how I feel and we’re going to see a relationship counsellor. My children are in their early 20s so need me less and I’m now travelling overseas to spend time with my parents twice a year. Small changes perhaps, but I’m feeling better and happier.”

Where to get help

- Your GP or health practitioner
- The Australian Centre for Grief and Bereavement on 1300 66 4786 or online at www.grief.org.au
- beyondblue on 1300 22 4636 or online at www.beyondblue.org.au

Grief is multi-faceted – you experience many emotions and they will change
Importance of finding your balance

At Jean Hailes we believe that finding and achieving balance in your life is the key to having a healthy life – and is worth striving for.

Whatever your individual journey and circumstances, the wisdom you have learnt along the way will stand you in good stead.

In effect, in finding balance you enable yourself to stand strong and steady, no matter what wind blows your way.

You may find that as you age your role is changing or that you want different things out of life from your earlier years. You may also have got into the habit of being so busy that you find it difficult to know how to allow yourself to have ‘you’ time.

Finding balance is about prioritising the things in life that are important to you and giving yourself permission to take time out just for you.

Jean Hailes is very proud to be Balance by Deborah Hutton’s number one provider of women’s health information.

Balance by Deborah Hutton is thrilled to have created a new partnership with Jean Hailes to empower Australian women and advocate for positive change for health and wellbeing.

Jean Hailes is Balance by Deborah Hutton’s number one provider of women’s health information. Together we hope to help, inspire and motivate women across Australia to achieve their own personal health and wellbeing goals.

This year Jean Hailes and Deborah Hutton will be teaming up to provide you with fresh information each month to help you find ‘balance’ for your health and your life.

Balance by Deborah Hutton is based on the principle that ‘balance’ is achieved through eight different keys of life; from finance to emotions and body image.

In addition to regular articles, Balance regularly interviews inspiring Australian women about how they find balance, and has a ‘programs’ section where women can enroll in educational or lifestyle self-improvement programs.

Find out more about Balance by Deborah Hutton at www.balancebydeborahhutton.com.au
Jean Hailes research

An Australian study finds that women with breast cancer want accurate, timely information and discussions about fertility options.

A Jean Hailes study of women aged 26–45 has found although fertility is important to women, even if they choose to remain child-free, they experience various standards and types of fertility care.

Some women were referred to a fertility specialist and offered options such as egg retrieval and ovarian tissue preservation. Others reported their wishes and options were not discussed and they were excluded from decision-making. They were given minimal information about possible treatments and believed their desire to preserve their fertility was not adequately supported by their healthcare provider.

Dr Maggie Kirkman, a psychologist and senior research fellow at the Jean Hailes Research Unit, says the research was prompted by discussions with health professionals who felt the fertility needs of women with breast cancer are not fully considered.

“For most women, fertility is an important part of being female and it’s more complex than wanting to have children. Fertility and having choice about fertility in itself is valuable to many women,” says Dr Kirkman.

“Women have differing levels of knowledge about how cancer treatment will affect fertility. Many are so shocked by the diagnosis that they don’t think about the impact on their fertility. They need someone else, such as their doctor, to raise that topic.”

“Women want to be included in decision-making without assumptions being made about whether they want children or not.” says Dr Kirkman.

Receiving support from a multi-disciplinary team of healthcare providers was also valuable. This may include an oncologist, breast surgeon, breast care nurse, psychologist, counsellor and GP.

Dr Kirkman hopes the research will contribute to knowledge about how important fertility and motherhood are to women confronting the shock of breast cancer.

“Women welcome the opportunity to preserve their fertility. It would help if oncologists are aware of the need to refer women to fertility specialists as soon as possible,” she says.

“It’s important that healthcare professionals do not make assumptions about women’s needs and desires. Ask, talk to them, and give women an opportunity to state what matters to them.”

This research was funded by the Helen Macpherson Smith Trust and conducted in partnership with The School of Population Health and the School of Medicine, University of Melbourne, Melbourne IVF, Breast Unit, Mercy Private, The Breast Service, Royal Melbourne and Royal Women’s Hospitals, BreaCan, Melbourne.

Fertility and having choice about fertility in itself is valuable to many women
Take part in a research study

Understanding the needs of women born in Sri Lanka or Vietnam giving birth in Australia

Victorian-based study
Are you a woman born in Sri Lanka or Vietnam, with a child or children less than 2 years old, who gave birth in Australia?

The Jean Hailes Women’s Mental Health Group, Monash University is looking for participants to help identify the experiences of these mothers during pregnancy, childbirth and the period after childbirth.

You can participate by completing a survey over the phone or have it emailed to you in English, Sinhala or Vietnamese.

Confidentiality of information will be ensured.

Sri Lankan participants can contact Dr Irosha Nilaweera on 03 9594 750.

Vietnamese participants can contact Ms Hau Nguyen on 03 9594 7529.

PCOS study

Melbourne-based study
Researchers at Monash Applied Research Stream, Monash University and the Baker IDI Heart and Diabetes Institute are looking at how a different medication from those usually used in polycystic ovary syndrome (PCOS) may improve the health of women with PCOS.

Researchers are seeking volunteers aged 18–45, above healthy weight and not planning a pregnancy in the next six months.

The study runs for about three months and includes seven visits to the Monash Applied Research Centre in Clayton and/or the Baker IDI in Prahran.

Volunteers will have thorough medical checks and reviews, including a number of painless assessments, blood test and ultrasound (if needed). Tests are free and participants will be reimbursed for time and travel costs.

Contact Dr Eveline Jona on 03 9594 7527 or email pcossstudy@monash.edu
Jean Hailes education

Check us out online

Did you know Jean Hailes has easy to understand information on women’s health and wellbeing on our websites?

You’ll find general and topic-specific health information relevant to women at different life stages, and healthy lifestyle and preventive health information to help you age well – and feel well.

If you don’t have online access, call us tollfree for information to be sent to you by mail.

Here’s a snapshot of what you can find on the Jean Hailes websites.

www.jeanhailes.org.au
This website is your gateway to find out about:
• Dr Jean Hailes’ legacy to women’s health
• What’s new in the world of research
• Programs and resources for women and health professionals
• Jean Hailes Medical Centre for Women
• Latest Jean Hailes news
• How to donate, get involved or give corporate support to Jean Hailes

www.ageingwell.org.au
The Ageing Well website is your guide to a healthier life, where you’ll learn more about:
• Life stages to help you age well
• Specific health issues
• Healthy living, including nutrition, weight, and physical activity
• Emotional health and wellbeing to help you cope with the demands of everyday life
• Sexual health including contraception, libido, painful sex, relationships, safer sex

www.bonehealthforlife.org.au
Bone Health for Life provides practical advice on achieving and maintaining healthy bones. Read about:
• Diagnosis, prevention, risk factors, treatment
• Life stages: teens, younger women, midlife and beyond
• Calcium and vitamin D
www.earlymenopause.org.au
This website provides information for women experiencing menopause at a younger age, covering:
• Signs and symptoms, risks, fertility implications, excess hair
• Surgical menopause
• Premature ovarian failure
• Management and therapy options
• Emotional wellbeing: body image, mood, relationships, self-esteem, tips for partners

www.endometriosis.org.au
The endometriosis website provides specific information about endometriosis, helping younger women understand what’s normal and what’s not when it comes to periods. Find information on:
• Diagnosis and symptoms
• Management and treatment options including natural, hormonal and surgical options
• Role of healthy lifestyle
• Fertility implications
• Emotional wellbeing: body image, anxiety, stress, relationships, sex and intimacy
• Ways to cope

www.healthforwomen.org.au
Go to the Health for Women website if you’re looking for general as well as specific women’s health issues. Explore:
• Comprehensive list of women’s health issues
• Healthy living information and resources
• Emotional health and wellbeing
• Sexual health

www.managingmenopause.org.au
Managing Menopause is Jean Hailes’ in depth website on everything related to menopause. You’ll learn more about:
• Signs and symptoms
• Surgical menopause
• Management options including hormone and complementary therapies
• Emotional wellbeing
• Healthy living
• Sexual health
• Health issues

www.managingpcos.org.au
Managing PCOS provides the latest information on polycystic ovary syndrome, a condition affecting 12–18% of reproductive aged women. Read about:
• Causes, symptoms, risks, diagnosis
• Medical management including androgen excess, fertility, insulin resistance, menstrual regularity, natural therapies, weight loss
• Lifestyle and PCOS
• Jean Hailes PCOS Clinical Service

For comprehensive information on a wide range of health topics log on to www.jeanhailes.org.au or call tollfree 1800 JEAN HAILES (532 642) For regular updates and news on women’s health subscribe to our free e-news and follow us on

www.jeanhailes.org.au
Keeping track of your health by having regular health checks and screenings throughout your adult years can help prevent or lessen physical and mental health issues.

It’s important to start young, as regular checks can help you to understand health risks at every stage of life. Your doctor will check risk factors, taking into account your medical and family history.

Aim to have a general health check every year. It’s a good idea to plan ahead and book in a long appointment so you can discuss any issues with your GP.

**Regular health checks**
The following checks are important throughout your life.

- **Skin** – every three months, see your doctor for anything unusual
- **Physical** – every two years, includes blood pressure, height and weight, waist measurement
- **Pap smear** – every two years for all women 18–70 who have ever been sexually active
- **Sexually Transmitted Infection (STI)** – prior to new sexual partner
- **‘Breast awareness’** – become familiar with the normal look and feel of your breasts
- **Oral/dental health** – yearly check and cleaning
- **Mental health** – if you are experiencing symptoms such as anxiety, irritability or sadness

**Additional tests for different life stages**

**Under 30**
- Blood cholesterol, to check for cholesterol and glucose – depending on risk
- Chlamydia test annually if sexually active and aged 15–25; older if at risk
- Preconception planning – before having a baby it’s wise to have a:
  - reproductive health check
  - immunisation review

**30s**
- Blood cholesterol, depending on risk
- Chlamydia test, if at risk
- Preconception (see advice for under 30s)

**40s**
- 45–49 year old health check – free ‘once only’ check for those at risk of chronic disease
- Bone health review
- Blood cholesterol, depending on risk
- Pre-conception planning (see advice for under 30s)
- Mammogram if family history of breast cancer, otherwise ‘breast awareness’
- Bowel cancer screening every two years if family history
- Regular eye examination

**50s and 60s**
- Bone health review
- Blood cholesterol, depending on risk
- Mammogram every two years and ‘breast awareness’
- Bowel cancer screening every two years (+/- colonoscopy based on risks)
- Eye examination (annually after 65)
- Hearing test (annually after 65)
- Urine test annually to assess kidney health +/- blood test
- Immunisation review

**70s and beyond**
- 75+ year old health check’ – free yearly health assessment for people 75+
- Bone health review
- Blood cholesterol, depending on risk
- Mammogram every two years (recommended up to 70) and ‘breast awareness’
- Bowel cancer screening every two years (+/- colonoscopy based on risks)
- Annual hearing test
- Annual eye examination
- Annual urine test to assess kidney health +/- blood test
- Falls risk assessment/evaluation
- Annual immunisation review
- Dementia screening

You are never too young – or too old – to take care of your health
Hey Pesto – dinner’s ready!
By Sandra Villella, Jean Hailes naturopath

Lack of time, stress, or simply being tired of cooking can all affect our meal choices. With a little preplanning, nutritious meal preparation can be quick.

Pesto is a handy food to have in the fridge as the basis of a meal. Think about buying a different bunch of herbs in season every week (or grow them).

Store the pesto in fridge or freezer. To cook, simply steam some vegetables (try broccoli and asparagus), boil the pasta (try wholemeal spelt) and serve with a bunch of baby spinach or rocket.

Spread pesto on fish, make a salad and you have a meal quicker than waiting for take-away to arrive.

Nutrition information
Herbs are green leafy vegetables and their volatile oils calm the digestion. A pesto meal will be a complete protein when the nuts in the pesto are combined with a grain – like pasta.

Traditional pesto is made with basil and pine nuts, but can also be made with almonds or walnuts.

Basic pesto
- One bunch of herbs, washed, dried
- 2–3 dessertspoons raw nuts
- 2 cloves garlic
- Olive oil
- Salt and pepper to taste
- Approx. 2 dessertspoons freshly grated parmesan or pecorino cheese

Store in a glass jar with a layer of olive on top (prevents mould growth), or freeze.

Method
In a food processor, crush garlic and nuts until paste forms. Add fresh herbs and enough oil to form the desired consistency.

Note: when serving pasta, if needed, add 1–2 dessertspoons of the pasta water to ‘thin’ the pesto.

Coriander and Brazil nut pesto
- 1 bunch coriander – leaves and fleshy stems
- 2 cloves garlic
- Olive oil
- Salt and pepper to taste
- Approx. 2 dessertspoons freshly grated parmesan or pecorino cheese

This pesto (minus the cheese and with less oil) is delicious on cooked fish or as a spread on bread or canned fish (e.g. sardines or tuna).

Dill, almond and anchovy pesto/dip
- 1 bunch fresh dill
- 2–3 dessertspoons raw almonds
- 4 anchovy fillets
- 2 dessertspoons pecorino (or parmesan cheese)
- Olive oil from marinated goat’s fetta

Parsley and cashew pesto
- 1 bunch continental parsley
- 2–3 dessertspoons raw cashews
- 2 cloves garlic
- Olive oil from marinated goat’s fetta
- Salt and pepper to taste

Roast pumpkin, and leek tossed in olive oil from goat’s fetta. Stir the pesto through pasta with a handful of baby spinach leaves, add roasted pumpkin and leek.
YOUR GIFT IS VITAL FOR THE HEALTH AND WELLBEING OF AUSTRALIAN WOMEN NOW AND IN THE FUTURE.

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For more information please call: 1800 532 642

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allows us to distribute 2 Healthy Lifestyle information packs to rural and remote Australian communities

will assist us in the production of an every-day women’s mini magazine filled with easy to understand health and wellbeing information for all Australian women

will allow us to develop a practical e-book filled with healthy living tips from mothers to their daughters

will help us to develop an exciting and innovative new women’s health app to give advice and offer practical education for new mums and dads to settle their babies.

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RESEARCH  EDUCATION  HEALTHCARE

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