Perimenopause

How to manage the change before ‘The Change’

STIs

What you need to know about sexually transmitted infections

RED ROAR

Why nature’s red foods are so good for you
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So much less is said about the stage before menopause, perimenopause. As a result, women often blame stress or age for symptoms.

“It’s about women protecting themselves (against STIs) and knowing where to turn.”

Acknowledgement
Jean Hailes for Women’s Health gratefully acknowledges the support of the Australian Government.

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Welcome!

I was about 46 when I started waking up more often at night. I wasn’t feeling as full of energy as usual. And I was getting headaches when I never used to.

“It’s often the things we least want to talk about that are the important ones to get talking about and tackling head-on…”

I went to see my doctor. There, I found out I’d put on a bit of weight, my cholesterol was up and so was my blood pressure.

Even though I had worked in the health area for probably 10 years, I didn’t connect my professional knowledge with my personal situation. I was perimenopausal.

I was recently telling a member of our team about this, and her eyes widened, saying “ooh, this is sounding very familiar”. Women are so busy at that time of their lives, with work and caring for families, they often don’t stop to say ‘how about me?’ – yes, even if they work in healthcare.

Women having access to the information and help they need to look after themselves is not only the core message of our cover story on perimenopause, it’s at the heart of everything we do at Jean Hailes. So too is knowing that it’s often the things we least want to talk about that are the important ones to get talking about and tackling head-on, such as sexually transmitted infections, which you can also read about in this issue of the magazine.

That’s why we’re proud and delighted to now officially be the Australian Government’s digital gateway for women’s health. What does that mean? In short, that Jean Hailes can be your one-stop shop for all matters relating to women’s health. We’re not the experts in everything, but with the help of our key partner organisations, you can trust Jean Hailes to be your first port of call.

Janet Michelmore AO
Executive Director
Jean Hailes news

New resources on our website

As part of our new suite of endometriosis tools, we have a ‘Back to Basics’ video explaining endometriosis, featuring gynaecologist and endometriosis specialist Dr Elizabeth Farrell. Find it here://bit.ly/1VAECAn

Jean Hailes continues to launch practical, easy-to-use tools to help women make healthy lifestyle choices. Our updated Jean Hailes Kitchen is a perfect example of this. All of our recipes created by our talented naturopath Sandra Villella now come with nutritional information panels to make choosing healthy meals easier. Visit our kitchen here://bit.ly/299hdSI

Our new health information poster ‘Too Busy to Look after Yourself?’ is perfect to hang on your work noticeboard or fridge door. It offers quick tips to help you navigate your busy life, spanning food, anxiety and sleep. Download and share this free poster with your friends and family, and watch the accompanying video from Jean Hailes naturopath Sandra Villella. You’ll find them both here://bit.ly/2huNKsi

Online help for new parents

The What Were We Thinking! mobile app and blog for new parents are going from strength to strength. With over 5000 app downloads and more than 200 blog posts, they’re becoming resources of choice for parents and their health professionals. Parents can learn about ways to help settle their baby and manage crying, and how to strengthen partner relationships – all from the palm of their hand.

The endometriosis help professional tool is a booklet to aid in the diagnosis, treatment and multidisciplinary management of endometriosis. It features the latest research and clinical expertise and can be used during consultations or as a learning tool. Your patients will find it easier to track their monthly symptoms with our simple one-page Pain and Symptom Diary. For newly diagnosed patients and their families, our information booklet Understanding Endometriosis is an easy-to-read yet comprehensive guide.

For more information visit jeanhailes.org.au/what-were-we-thinking
Women’s Health Week
After the success of last year, we’re very excited to bring you our fifth national Women’s Health Week (WHW) on 4-8 September 2017. This year the theme is ‘Let’s Talk!’ and we’ll have the latest information and advice on the health topics that you told us you wanted to know about, as well as topics we want to talk about.

How can you get involved?
Subscribe to Women’s Health Week
You’ll have daily doses of health content emailed throughout the week, plus our special ‘Healthy Week of Recipes’. You’ll get access to webcasts, podcasts and videos so you can listen to our experts at work, on the train, wherever you are! Subscribe at www.womenshealthweek.com.au/about/register

Attend an event
Click on the ‘events’ tab on the WHW website and search our interactive map to find the WHW events in your area.

Host an event
More than 600 WHW events were held last year. We make it easy for you to host an event at work, with friends, your sport club or in the community with our online event guide and promotional material. So register on our ‘Host an Event’ page, and don’t forget to share your photos and stories with us.

Endometriosis and Pelvic Pain

This practical guide answers the questions you have always wanted to ask about endometriosis. A common and often debilitating condition, endometriosis affects one in 10 women, but can take years to diagnose. What is it? Will I be able to have children? How can I help myself? Some women have bad periods but are otherwise well. Others have many problems including irritable bowel syndrome (IBS), migraine headaches, fatigue, bladder issues, stabbing pain or painful sex.

Written by gynaecologist, laparoscopic surgeon and pain medicine specialist Dr Susan Evans, and Deborah Bush QSM, who is CEO of Endometriosis New Zealand, this book is the go-to for anyone seeking to better understand endometriosis and pelvic pain.

Using their wealth of knowledge with easy-to-understand language, the authors guide you through diagnosis, management, medications used, pain management and surgery options.

One particularly useful section discusses the impact that chronic pain has on you and your family and offers solutions and coping methods.

For more information visit jeanhailes.org.au/health-professionals/webinar-library

ENDOMETRIOSIS

For more details visit womenshealthweek.com.au

WEBINAR UPDATE

We have also created a leaflet for teenage girls called My period – what’s normal? This simple guide explains what girls can expect during their period, offers advice on talking to their GP and includes a mini-diary to record both pain and blood flow.

Webinar update
Our health professional webinars attracted more than 3700 registrations in 2016. All of them are recorded and available to view on our website for free.

Our webinar topics include the latest on contraception, endometriosis, postnatal depression and anxiety, sexual pain, and fertility and preconception care.

Other new additions to the library are a pelvic pain webinar and a guide on how to initiate menopausal/hormone replacement therapy (MHT or HRT).

For more information visit jeanhailes.org.au/health-professionals/webinar-library

BOOK REVIEW

Endometriosis and Pelvic Pain 2015
By Dr Susan Evans & Deborah Bush QSM
Published by Dr Susan F Evans Pty Ltd, $25
Red is the new black

W

We are what we eat, we already know that. The human body is incredible in its capacity to protect our cells from damage. Our diet provides us with a host of nutrients (such as vitamins A, C and E) as well as phytochemicals – such as polyphenols – that are powerful sources of antioxidants.

Put simply, antioxidants help fight potential damage caused to the body’s cells by free radicals. These free radicals can be made by the body’s own immune system or from outside factors like pollution, cigarette smoke and UV radiation. When antioxidants are outnumbered by free radicals, it creates an imbalance called oxidative stress, which can trigger inflammation. It is now believed that the basis of all modern chronic disease is low-grade inflammation.

Too much damage to the cells can lead to premature ageing and chronic diseases such as heart disease, diabetes and some cancers.

Polyphenols, natural compounds found in plants, are particularly effective antioxidants. Numerous studies (mainly done on animals) suggest that polyphenols may be useful as part of the prevention and treatment of chronic disease.

“The benefits of polyphenolic foods as medicine is not a new concept,” says Jean Hailes for Women’s Health naturopath Sandra Villella. “During WWI, British fighter pilots reported improved night-time vision after eating bilberry jam.”

Polyphenols also provide powerful anti-inflammatory actions. “When we think of inflammation we think of pain, heat and swelling,” says Ms Villella. “But inflammation is also an invisible process that underlies chronic diseases, from cardiovascular disease to diabetes to some cancers.”

Painting your diet red isn’t a health fad. It can potentially reduce chronic disease.

Seeing red

Red foods are a particularly rich source of polyphenols. When we refer to red foods, it covers the full spectrum—think of deep purple plums and eggplants, bright red strawberries and cerise-coloured raspberries. All berries are part of the so-called red family, but so too are watermelon, cherries, red apples and grapes, prunes and tomatoes. Vegetables such as red cabbage, red onion and beetroot are also packed with polyphenols.

These red foods also have other benefits. Cranberries, for instance, can help reduce the incidence of urinary tract infections, and tomatoes are associated with reduced risk of prostate cancer.

Many of these red foods are also prebiotic – they feed our gut bacteria (microbiota), which is vital not only for our digestion, but our immune system. There is also growing evidence showing that gut microbiota plays a key role in modifying behaviours such as anxiety and depression.

Polyphenols can also be found in other foods such as red rice, olive oil, tea, herbs and soy foods.

“When we refer to red foods it covers the full spectrum—think of deep purple plums and eggplants, bright red strawberries... red cabbage, red onion and beetroot.”
Ms Villella stresses the importance of eating fruits and vegetables just as nature intended for the best results. Where possible, don’t peel fruits and vegetables, as much of the goodness comes from the skin.

Also, eating foods in their natural state has more health benefits than a supplement. Naturally-occurring antioxidants in foods are more effective.

“In nature, the whole food contains a perfect balance of plant chemicals that work in harmony with each other,” says Ms Villella. “We can’t just isolate one and then try to take it in a tablet and think we can get the benefit. Simply aim to get more fruit and veg on your plate, and ensure at least one is red.”

So remember to eat the colours of the rainbow, says Ms Villella. “This ensures you’re not only getting a variety of nutrients, but valuable phytochemicals, including polyphenols.”

### 3 THINGS TO KNOW
1. Red foods have antioxidant and anti-inflammatory properties that may help fight chronic disease
2. Polyphenols in plants are rich in antioxidants. Red foods are rich sources of polyphenols
3. Foods in their natural state have more health benefits than a supplement. Naturally-occurring antioxidants in foods are more effective.

### Recipe
An easy salad

**Red cabbage coleslaw**
Serves 2-4
Prep 15 mins

**Ingredients**
- ½ red cabbage, shredded
- 2 medium carrots, grated
- 1 small red onion, diced finely
- 2 celery sticks, finely chopped
- 1 heaped cup fresh mint, roughly chopped
- ¼ cup pine nuts (optional)

**Method**
Put all ingredients in a bowl and toss to combine. Dress with vinaigrette dressing or mayonnaise-dressing (recipes below) and toss gently to combine.

The coleslaw can keep for a few days in the fridge if you don’t add any dressing and just sprinkle with fresh lemon juice instead. Dress the salad when you’re ready to serve and combine with a protein (eg, canned fish, boiled eggs, grilled chicken or smoked tofu) for a healthy lunch.

**Vinaigrette dressing**
Ingredients
- 3 tablespoons red wine vinegar
- 2 tablespoons olive oil
- Fresh black pepper
- Salt

Combine in a jar and shake well

**Nutritional value**
This coleslaw is a simple and tasty way to get a serve of some red vegetables, which are rich in polyphenols. With its fresh burst of mint, it’s the perfect dish to have for lunch (bulked up with protein), to have as a side salad with dinner or to take to barbeques. Cabbage is from the brassica (broccoli) family and regular consumption of this can reduce the risk of some cancers, including breast cancer. The humble carrot is another quiet achiever; it has antioxidant benefits, which fight ageing and some cancers.

With the aim to fill half your plate with vegetables (remember, mint is a green vegetable), this coleslaw provides five different vegetables, covering the colours of the rainbow.

### Mayonnaise dressing
Ingredients
- ½ cup of your favourite whole-egg mayonnaise
- 2 tablespoons white wine vinegar
- 1-2 tablespoons lemon juice
- Pinch of salt

Combine in a jar and shake well

### Watch the video or download the recipe here
jeanhailes.org.au/health-a-z/healthy-living/jean-hailes-kitchen
Sexually transmitted infections

The stigma around STIs means many people are afraid to talk about them. But with a bit of knowledge, STIs don’t have to be a problem.

Sexually transmitted infections (STIs) are infections that can be spread by sex. Anyone can catch an STI, whatever their sexual orientation. Safer sex practices, such as using condoms and limiting your number of sexual partners, decreases your risk, but there’s one thing for sure – even if you have unsafe sex just once, you’re at risk of catching an STI.

You can’t tell by looking at a potential sexual partner if they have an STI. A strong and healthy person may still be infected. Some people may not even know they are infected. You risk getting an STI from any partner who has had, or is having, unsafe sex with another person.
Understanding STIs
Stigmas around STIs still persist – that they supposedly only happen to promiscuous people or, simply, other people. That’s not the case.
Many women find it difficult to discuss STIs with their partners or doctors, or worry they may be judged for asking their doctor for an STI test. However, sexual health is a vital part of a woman’s wellbeing, so it’s important to talk about STIs – to understand them, know how they are spread, treated and how to avoid them.

Types of STIs
There are many kinds of STIs, including viral and bacterial. Many have different symptoms and treatments. Some are easily cured, some are not – but the good news is that all of them can be treated and managed.

Here are some of the main STIs: Chlamydia: a bacterial infection that is easy to cure, but tricky to notice. In most cases it shows no symptoms in women or men, but in men can cause urethritis and in women symptoms of vaginal discharge, pain during sex, bleeding between periods and pelvic pain.

Gonorrhoea: a curable bacterial infection of the genital tract that can be transmitted through vaginal, anal or oral sex. Symptoms include throat and/or anal infection and joint pain, though sometimes women can have no symptoms.

Herpes I and II: the herpes simplex virus (HSV) has two main types, herpes I and II. Also known as oral herpes, HSV1 causes cold sores, while HSV2 is commonly associated with genital herpes, which also causes blisters and ulcers. However, HSV1 can spread to the genitals through oral sex.

There is no cure for the virus, but it can be well managed with medications.

Some people with HSV never show any symptoms, so may not even know they have it and go on to unknowingly infect other people.

Genital warts: one of the most common STIs in men and women, caused by the human papillomavirus (HPV). Four out of five women will be exposed to HPV at some stage. Spread by skin-to-skin contact during vaginal or anal sex, warts may appear within weeks or months after sex with an infected person, or not appear at all. It’s diagnosed more often in women, as HPV causes cell changes on the cervix detected by a Pap smear or a cervical screening test.

Syphilis: a curable bacterial infection that can be transmitted by a syphilis sore or rash.

Human immunodeficiency virus (HIV): the virus that causes AIDS. It is not curable, but is no longer the potential death sentence it once was; it can now be well managed with medication.

The invisible visitor
Most women in Australia have a very low risk of contracting gonorrhoea, syphilis or HIV. These STIs tend to moreso affect people in socially disadvantaged groups and men who have sex with men, according to the Kirby Institute in Sydney, which collects and analyses data on STI diagnoses from all over Australia.

Women need to be especially aware of chlamydia, however, as it’s the most commonly transmitted bacterial STI in Australia. Four out of five cases of chlamydia are asymptomatic, which means there are no visible symptoms. Untreated, chlamydia can cause pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy and infertility.

In 2015 there were more
than 66,000 recorded cases of chlamydia in Australia, and most in women. Dr Terri Foran of Sydney’s Royal Hospital for Women calls those confirmed diagnoses “the tip of the iceberg”.

“There’s a large group of people out there at any particular time who simply don’t know they have [chlamydia] and therefore spread it to their sexual partners very quickly and easily,” she says.

The Kirby Institute reported an increase in the numbers of diagnosed chlamydia cases over the 10 years from 2006-2015. Younger women were the exception: the rates of infections in women aged 15-24 dropped. But in women aged 25 and over, the numbers all increased. In women over 40, the numbers doubled.

The evidence suggests that safer sex messages may have skipped a generation. “I do find women over the age of 40 are significantly less well informed about chlamydia and STIs generally. Postmenopausal women are perhaps even less well-informed,” says Dr Foran.

Safer sex practices

The best way to reduce the risk of STIs is to practise safer sex. That means always using condoms and dental dams (a piece of latex that can be placed over the labia or anus during oral sex) to avoid contact with your partner’s body fluids.

Some STIs, such as genital herpes and genital warts, may still be spread even if a condom is used, as they are spread by skin-to-skin contact, not saliva. Condoms don’t offer 100% protection.

If you’re unsure if you have an STI, see a trusted doctor. Don’t worry – they’re used to seeing people of all ages and life stages. Depending on the symptoms, they might collect body fluid or take a blood or urine sample.

“Don’t be scared of raising the issue with your GP. It’s about women protecting themselves and knowing where to turn,” says Associate Professor Deborah Bateson, medical director of Family Planning NSW.

“It’s all about having the discussion with your partner, about using condoms and getting tested,” she says.

What can a person expect if they come to Dr Foran for an STI check? “The last thing they should expect is a lecture,” says Dr Foran. “The first thing they can expect is ‘congratulations for coming along, that’s very proactive and sensible of you’.”

So remember, when it comes to avoiding STIs, you’re in control, and safer sex is in your hands.

“It’s all about having the discussion with your partner, about using condoms and getting tested.”

For more information visit jeanhailes.org.au/health-a-z/sex-sexual-health/safer-sex-stis

OLDER WOMEN AND STIS

In 2009, Dr Deborah Bateson of Family Planning NSW launched an online survey around online dating and safer sex practices. ‘When Online Becomes Offline’ was completed by more than 1800 women aged between 18 and 70, with two out of three respondents aged over 40.

The study’s main finding was a surprise that gained global interest: while women over 40 were more likely than younger women to raise the issue of safer sex with a new partner, they were less likely to actually follow through with practising safe sex.

Dr Bateson believes there are many reasons for this finding – a combination of being new to dating, not being exposed to safe-sex messages for a long time, concerns around erectile dysfunction in older partners and, in many cases, “not having the language to negotiate condoms, perhaps not carrying condoms themselves”.

It is perhaps then not surprising that there has been a marked rise in the numbers of women aged over 40 being diagnosed with STIs in Australia, as reported by the Kirby Institute (see main story).

Education is key to addressing this trend, says Dr Bateson. “We need to make sure we support GPs with good information about STI risk in older people, because it’s easy to just forget it really; people can just assume that there’s no risk because you’re older, which is not the case.”
MAKE 2017 YOUR HEALTHIEST YEAR YET!

Women's Health Week

4 - 8 September 2017

womenshealthweek.com.au

Subscribe now at womenshealthweek.com.au to receive important updates about the biggest week in women’s health in Australia!
Women’s healthcare has changed dramatically in the past three or four decades in Australia. When we look at the wide range services available to us, it’s easy to forget that many of these services were not around in our grandmothers’ time.

Pelvic floor physiotherapists and endocrinologists are two such services, which now both play an important role in women’s health. Each can be essential when it comes to helping a woman get fit and well after childbirth, or simply during the course of a woman’s lifetime, particularly around menopause.

These highly-trained professionals work within the Australian medical system and can be found in many hospitals, specialised women’s clinics, health centres and in private practice.

So, what happens when you visit a pelvic floor physiotherapist or an endocrinologist?
Pelvic floor physiotherapists

Pelvic floor physiotherapists help women rehabilitate their pelvic floor muscles. These muscles can be weakened by childbirth, surgery, heavy lifting, being overweight, constipation or menopause. The pelvic floor muscles support the womb (uterus), bladder and bowel (colon), forming a ‘sling’ from the pubic bone at the front to the tailbone at the back.

If the muscles are weak, this can affect bladder and bowel control, resulting in incontinence (leakage) or prolapse.

For other women, their pelvic floor muscles may be overactive; that is, they can switch on involuntarily when they should be relaxing. These women need to learn to release their muscles. Overactivity can cause difficulty with having sex, emptying the bladder or bowels or using tampons.

Training and registration

Physiotherapists study for a bachelor degree in physiotherapy over four years at university or they can do a double degree over six years. Specialising in pelvic floor physiotherapy may involve a postgraduate certificate or masters program at university level. They are registered with the Physiotherapy Board of Australia and Australian Health Practitioner Regulation Agency (APHRA), so must adhere to strict standards.

Consultation

You don’t need a doctor’s referral to see a pelvic floor physiotherapist. However, if a doctor refers you with a chronic disease management plan, you can get a Medicare rebate for up to five sessions.

When you see the physio, they will take a full history of your bladder and bowel function, sexual function and medical and surgical history. They will also be interested in your fitness activities. Your pelvic floor muscles are usually examined.

Treatment

This could include exercises, biofeedback (electronic monitoring), and manual treatment of the muscles. Advice about daily activities and fitness, as well as good bladder and bowel habits, will be given. Functional training of the pelvic floor gets your muscles back working effectively when you need them.

Jean Hailes says

There is good evidence that shows that pelvic floor physiotherapy can help with urinary incontinence and prolapse and can lessen the effects of childbirth and menopause on the pelvic floor, says Jean Hailes pelvic floor physiotherapist Janetta Webb. A pelvic floor physiotherapist is an important part of the multi-disciplinary team managing bladder and bowel health, sexual difficulties and pelvic pain. Women should not have to put up with incontinence, pelvic pain or discomfort.

GETTING ADVICE

When visiting a medical professional it’s best to do some research beforehand. Ask a trusted health professional if they can refer you to someone they recommend.

When you have your first consultation, ask questions about their experience and interests. A good practitioner will be happy to answer any questions you may have before treatment.

To find a registered physiotherapist in your area, visit the Australian Physiotherapy Association, www.physiotherapy.asn.au or the Continence Foundation of Australia Physiotherapy Group, www.cfaphysios.com.au

To find an endocrinologist, there is a ‘search for an endocrinologist’ webpage on the Endocrine Society of Australia’s website, www.endocrinesociety.org.au
Endocrinologists

An endocrinologist is a doctor who has undergone specialist training to work with the body’s endocrine – or hormone – system. Hormones are chemical messengers, which play many important roles in keeping our bodies working properly. An endocrinologist assesses whether hormones are being made in the correct amount (not too little, not too much) and what consequences any variations might be having on the body.

Typical conditions an endocrinologist assesses and treats in women include menopause and perimenopause (physical or psychological symptoms), thyroid conditions (over or under-function, nodules, inflammation), ovarian conditions (polycystic ovary syndrome), pancreatic problems (diabetes), pituitary and adrenal problems, or rarer conditions.

Training and registration

The pathway to become an endocrinologist involves attending medical school at university, basic hospital training including an intern year and usually a couple of ‘resident’ years in hospital, then physician training while in the hospital setting, which includes specialist exams.

After this, the doctor will seek an endocrinology training job in a major hospital. They will usually work at several hospitals while training over the course of three years, to gain broad experience in different conditions. Many endocrinologists also complete a PhD in a particular area of hormone research.

Consultation

To see an endocrinologist, you need a referral from your GP. During the initial consultation, the endocrinologist will ask many questions – about your past medical and family history, medication or supplement use, social circumstances, diet and exercise and also take a full history of the symptoms you present with.

Afterwards they will usually do an examination, depending on your symptoms. They may also organise other tests to assist in sorting out any possible hormonal issues, which may include blood or urine tests or X-rays.

Treatment

Depending on the presenting problem, symptoms and test results, treatment options are very broad and may include lifestyle changes (diet or exercise), hormone treatments (to either block overproduction or to supplement underproduction of hormones), other medical treatments or surgery.

Jean Hailes says

Not everyone needs to see an endocrinologist, but if a woman has a problem that may be hormonal in nature and needs specialist assessment and advice, then a visit to the endocrinologist can be beneficial, says Jean Hailes endocrinologist Dr Sonia Davison.

Many women are essentially healthy, for instance, but they may have problems during perimenopause and menopause that are due to their hormones changing. Effective education and advice for women (and doctors) can be life-changing, in some cases. Don’t be afraid to talk to an endocrinologist about any health concerns you might have.

3 THINGS TO KNOW

1. A physiotherapist helps increase a person’s mobility and strength and reduce pain by teaching them gentle stretches and exercises. A pelvic floor physio is specially trained to help strengthen or rehabilitate pelvic floor muscles.
2. An endocrinologist is a specialist medical doctor who works with a person’s hormone system. They can help diagnose, treat and manage a wide range of conditions such as thyroid problems or menopause symptoms.
3. People with a complex or chronic disease may be able to claim up to five sessions of physiotherapy with a Medicare rebate. Check with your GP first.
Navigating perimenopause

Perimenopause can be a time of hormonal fluctuations, but there are positive ways to find relief.

The hormonal shifts of perimenopause can sometimes feel as changeable as the weather. One day there may be sudden heatwaves (such as hot flushes or night sweats). The next, cloudy skies (think tears or mood swings for no obvious reason).

Women know there’s a forecast for big changes with menopause, which happens around the age of 50 to 52 – the average age when our periods stop completely. Yet so much less is said about the stage before menopause – perimenopause.

As a result, women often blame stress or age for symptoms actually caused by seesawing sex hormones – the fluctuations of oestrogen and progesterone – in the years leading up to menopause.

Hormonal highs and lows

During perimenopause your ovaries are winding down. This means that some months you will ovulate, sometimes twice in a cycle, while in other months, no egg will be released.

“The pattern of hormonal fluctuations can become quite erratic and feel chaotic,” says Jean Hailes endocrinologist, Dr Sonia Davison. “Flushes and
Navigating perimenopause

Night sweats may occur some months and not others. They are often triggered by a drop in oestrogen before the menstrual period. Then oestrogen can shoot back up again causing issues like swollen, tender breasts."

Perimenopause typically starts in a woman’s 40s, but may also occur in 30-something women. Symptoms can come in waves, increasing and receding for months at a time. Though four to six years is average for most women, perimenopause can be as short as a year or last for more than 10 years. Next stop? Menopause.

For some, perimenopause causes few health issues. But around 20% of women experience moderate to severe symptoms, which can include:

- Hot flushes
- Night sweats
- Problems with falling asleep, staying asleep and sleep quality
- Breast tenderness
- Itchy/crawly/dry skin
- Exhaustion
- Trouble concentrating
- Irregular periods
- Vaginal dryness
- Loss of libido (sex drive)
- Migraines
- More pronounced pre-menstrual tension
- Mood changes – these may include feeling more teary and irritable. Chronic or increased anxiety may also occur
- Weight gain, despite no changes to diet or exercise. “This may be because hormone shifts cause a slowing of a woman’s metabolism – the rate at which she burns kilojoules,” Dr Davison explains.

Menstrual fluctuations
Changes to your menstrual cycle can be one of the most obvious clues that perimenopause is taking place. “Periods may become more irregular, spaced further apart, lighter, heavier or have a different pattern every month or every few months,” says Dr Elizabeth Farrell, gynaecologist and Medical Director of the Jean Hailes Medical Centres.

This doesn’t mean you should presume perimenopause is responsible for every bodily change. “If bleeding becomes very heavy, there is spotting between periods, pain or extremely erratic periods, women should see their doctor to rule out underlying causes, such as fibroid growths, changes to the lining of the uterus or [in rarer cases], cancer,” says Dr Farrell.

5 Things to know

1. During perimenopause, women’s ovaries are winding down
2. Symptoms of hormonal fluctuations last an average of four to six years before menopause
3. Contraception is still needed
4. Low oestrogen levels before menstruation can cause hot flushes and night sweats
5. Treatments such as hormone therapy can help

Surprisingly, research shows that some women ovulate twice a cycle during perimenopause – once during ovulation and once again during their menstrual period. This means that contraception is still needed because pregnancy can still occur.

Managing symptoms
If “I’m over this” or “I’m miserable and exhausted” become your daily mantra, you don’t just put up with it. “If symptoms of perimenopause are disrupting your quality of life, it is important to see your GP,” says Dr Davison. “Treatments are available that can provide some relief.”
Navigating perimenopause

Treatments that might be able to help with hormonal issues include:

• Cyclic or continuous hormone therapy – this involves taking oral pills of oestrogen daily and progesterone for 10-14 days of the month. Alternatively, oestrogen and progesterone are delivered daily via a pill or skin patches.

• The contraceptive pill – this is an option for women who don’t smoke and have a healthy weight and blood pressure. But a low-dose pill may not be enough to alleviate issues such as hot flushes in some women.

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• An IUD (such as Mirena), with or without oestrogen therapy, to treat heavy bleeding

• Antidepressants – options such as Lovan or Prozac can be helpful to alleviate mood swings, teariness and hot flushes in some women.

If “I’m over this” or “I’m miserable and exhausted” become your daily mantra, you don’t just put up with it. “If symptoms of perimenopause are disrupting your quality of life, it is important to see your GP,” says Dr Davison.

Helpful health checks

In your late 40s or early 50s, when perimenopause usually occurs, it’s a good time to see your GP and get up to date with these important health checks:

• Clinical breast exam
• HPV test – in May 2017 this will replace the Pap smear and needs to be done every five years until age 74
• Blood lipids (fasting blood test) to test cholesterol for heart health
• Blood pressure measurement
• Blood glucose (fasting blood test) for type 2 diabetes
• Skin cancer mole and spot changes check
• Weight and waist measurement (over 80cm for women, the risk of heart disease goes up)
• Bone density scan to check for osteoporosis, if needed

Over age 50:

• Bowel cancer stool sample (faecal blood occult test)
• Mammogram (every two years until age 74)
LIFESTYLE SUPPORT

Tweaking daily habits can boost your health, support your body through the changes of perimenopause and reduce chronic-disease risk.

1. Making healthy food choices
Jean Hailes naturopath Sandra Villella suggests these tips to help maintain energy, stable blood glucose and weight:
- Fill half a plate with vegetables and have a palmful of lean protein at meal times
- Eat more whole grains like brown rice
- Include calcium-rich foods like yoghurt, canned sardines and parmesan cheese
- Include healthy fats from fish, olive oil, seeds and nuts, such as linseeds and macadamias
- Always eat breakfast
- Minimise triggers for hot flushes such as alcohol, sugary snacks and caffeine.
- Choose foods with a low glycaemic index (GI), which cause less of a spike in blood sugars and insulin. (See the Healthy Living section of our website at jeanhailes.org.au for more on this.)

2. Engage in regular physical activity
“Active women have fewer and less distressing perimenopausal symptoms,” says Dr Helen Brown, head of Translation, Education and Communication at Jean Hailes. To maintain physical activity, Dr Brown recommends:
- Move and stand more and sit less
- Make up a daily total of exercise by accumulating 5-10 shorter bursts of physical activity during the day
- Mix it up to include moderate-paced movement (walking, dancing) with vigorous movement (jogging, aerobics, fast cycling)
- On days when you’re feeling a bit tired, try a gentle walk
- Walk or cycle part of the way to work
- Sign up for a team sport such as netball or social tennis. “Research shows that social support is crucial for helping handle anxiety and depression,” says Dr Brown.

Dr Davison notes however that the use of ‘compounded bio-identical hormones’ to manage symptoms have yet to be backed by science. “Unlike conventional hormone therapy, very little research has been done on their safety and effectiveness, so the claims about them are not backed up by scientific evidence,” says Dr Davison.

Complementary therapies
Some women also use traditional herbs to manage their symptoms. Due to the variable nature of some of the symptoms of perimenopause, Jean Hailes naturopath Sandra Villella recommends seeking advice from a trusted practitioner, rather than self-prescribing:
“Herbs such as black cohosh, dong quai and ginseng have traditionally been used during perimenopause,” says Ms Villella. “Not all of these herbs have undergone vigorous clinical trials although there is good evidence that chastetree may be useful for PMS [premenstrual syndrome].”
Black cohosh is the most researched of the herbs. “While it helps low oestrogen symptoms, the herb doesn’t contain plant oestrogens but works on the same pathways as the chemical messengers of the brain,” she says.

In our next issue of the Jean Hailes Magazine we will discuss treatments and self-help strategies for menopause.

Find out more at jeanhailes.org.au/health-a-z/menopause
Spotlight on...

Head of Translation, Education and Communication (TEC) at Jean Hailes

Dr Helen Brown

Dr Brown is the head of the Jean Hailes TEC unit and is a specialist in behavioural science, with a particular interest in exercise and sports science. She is president-elect of the Australasian Society of Behavioural Health and Medicine.

What led you into this field?
I began my career as a secondary school PE teacher and was always interested in how to motivate the students to be more physically active. My recent focus has been on female physical activity, as evidence has shown steep declines in physical activity participation from adolescence onwards in this group.

What is the most rewarding aspect of your work?
Making a difference – being able to make an impact on people’s physical activity and exercise participation, which can ultimately lead to positive health outcomes.

What advice would you give to someone who has been in poor mental health?
Scientific evidence shows that regular physical activity is directly related to improved self-perception, self-esteem and social interaction, and decreased depressive symptoms. I would encourage anyone to try to aim for some physical activity through the day. This doesn’t have to mean going for a 10km run. It can be as simple as using the stairs instead of the lift, taking the dog for a walk, going for a swim and even walking around a shopping centre. For people who spend the the majority of their day sedentary (sitting), try to get up more often and move around a little. It could even be something like walking around when talking on your phone. Support from family and friends is important too, so doing something with others can help motivate us more.

Are there forms of exercise for mental health that are better than others?
Studies have shown that women who undertake some of their leisure-time physical activity with someone else were less likely to be at risk of depression than those who did all their leisure-time physical activity on their own. Also, women who spend a lot of time sitting - it could be on a computer or in front of the TV - had higher risks of depression compared with those reporting low levels of sitting.

How much should women exercise?
It’s recommended that adults aged 18-64 years be active on most, preferably all, days of the week. Across a week, aim for up to five hours of moderate-intensity physical activity, or up to two-and-a-half hours of vigorous intensity physical activity, or an equivalent combination of both. Also, try for muscle strengthening activities such as Pilates, walking or jogging on at least two days each week and minimise the time you spend sitting for long periods. If you’re not used to activity, gently and gradually build up. People above 65 years of age should aim to be active every day in as many ways as they can. Aim for at least 30 minutes of moderate intensity physical activity on most, preferably all, days.

If there was a current health ‘fad’ you could put a stop to, what would it be?
Doing too much of the one thing! We should be varying our exercise routines and finding new, fun ways to be active. Try a new activity – meet new people and learn a new skill at the same time!

For more information on exercise and healthy living visit jean-hailes.org.au/health-a-z/healthy-living
Women’s Health Survey  Exploring women’s health issues and concerns

More than 3200 women and health professionals gave insights into their health issues and concerns for the Jean Hailes annual national Women’s Health Week Survey in 2016. Following are some of the highlights.

What are the top five health issues women worry about?

- Weight management: 23%
- Female-specific cancers: 17%
- Mental & emotional health: 15%
- Menopause: 9%
- Chronic pain: 8%

How many women worry a lot of the time?

- I worry about what people think of me: 21%
- Worrying thoughts go through my mind: 39%
- I feel tense or wound up: 36%

What this means to you

It’s understandable that women might be worried about how they look or feel, as women are often their own worst critics. Women’s biggest health threat, however, is cardiovascular disease – it’s the leading cause of death in women in Australia. Cardiovascular disease includes diseases of the heart, veins and arteries and can result in heart attack and stroke.

What this means to you

Sometimes it’s hard to know if what you’re feeling is depression or sadness, worry or anxiety. Sadness and anxiety are normal emotions that help alert us and protect us from issues, and cause us to act. This is healthy! What is unhealthy is when these feelings become excessive, irrational, ongoing, distressing or interfere with daily life. If you aren’t functioning as you normally do and you know something is worrying you, this is the time to learn more about what is happening and how to manage it. Talk to your doctor. For more information, visit the Jean Hailes Anxiety portal (anxiety.jeanhailes.org.au).
What this means to you

Many women are dissatisfied with the way they look and often say they feel guilty just for eating. Health problems, anxiety, depression, low self-esteem, and how people talk about your body can all make you feel negative about your body. It can be helpful to stop and think about how you view your own body and acknowledge it for all the wonderful things it is capable of, instead of focusing on the perceived negative parts.

What health checks have you had over the past five years?

- Blood pressure 90%
- Pap smear 82%
- Cholesterol 70%
- Blood sugars 61%
- Mammogram 60%
- Skin checks 52%
- Breast cancer screening 49%
- Bowel cancer screening 38%
- Cervical cancer screening 29%
- Faecal occult blood test 27%
- Sexual health screen 20%

What this means to you

Regular health checks and screenings, combined with a healthy diet and regular physical activity, can help prevent disease or illness. Recommendations are made for how often you should have a blood pressure, cholesterol, Pap smear, skin and immunisation review. The complete range of medical checks and screening procedures needed throughout life will vary for every person. Talk to your doctor about what tests you might need. The Jean Hailes website also has a list of tests recommended at different ages and life stages.

How many women went on a crash diet or fasted in the past 12 months?

- Never 59%
- Rarely 16%
- Sometimes 17%
- Often 3%
- Very often 6%

What this means to you

Maintaining a healthy weight promotes good health and self-esteem. Often, however, the focus is on weight as something you need to lose or gain. Preventing weight gain and maintaining a healthy weight are a part of the way to think positively about weight throughout the different stages of your life.

For more information on specific issues visit
Cardiovascular health jeanhailes.org.au/health-a-z/cardiovascular-health
Maintaining a healthy weight jeanhailes.org.au/health-a-z/healthy-living/eating-for-good-health
Mental and emotional health jeanhailes.org.au/health-a-z/mental-emotional-health
Body image jeanhailes.org.au/health-a-z/mental-emotional-health/body-image
Health checks jeanhailes.org.au/health-a-z/health checks
Joy age 63, is a vegetarian and works full-time as a social worker at a secondary college. She lives alone and loves to cook, but will often overeat, as she prepares large batches of food. “Working in this profession you tend to put everyone ahead of yourself,” she says. “If there are any lollies around, I’ll binge on them. I’m trying to satisfy my emotional needs instead of physical hunger.”

I eat healthily, but I still seem to wake up tired and exhausted. I start the day with a protein shake. I’m coeliac, and lactose intolerant, so I include pea protein, almond milk, LSA, powdered spirulina, fish oil, coffee and a banana. What’s a little worrying about not having dairy in my diet is that I am now at the pre-stages of osteoporosis.

Being careful with my diet means that I take everything with me to work. I always have a sandwich because if I have a salad, I’m just starving. I’m pretty boring really; I always have egg in it for protein, some cheese and fresh lettuce, as I grow my own veggies.

For tea I’ll make a vegie stir-fry with tofu or maybe some nuts. With the stir-fry I’ll usually have some brown basmati rice or quinoa, sometimes in those packets that you can heat up quickly. I’m mindful of being vegetarian and low in iron, so I sometimes take supplements.

I have wholegrain rice crackers mid-morning with some cheese on them, but the problem is I’ll have six of those – not just two. Not making time for myself, I often leave the house unprepared and without enough food. By mid-afternoon, when I’m absolutely exhausted, I go and look for lollies that they sell in the staff room.

A busy day for me now is typically spent sitting on my bottom with a box of tissues counselling someone. If, and when, I prioritise myself I feel fantastic after exercising, which might be just taking the dog around the block. But you just get into a cycle of exhaustion and making time for physical activity gets all too hard.

Joy’s diet

As Joy is vegetarian and tired, I suggest she have her iron levels tested. Postmenopausal women are less likely to be low in iron (as they no longer lose iron from periods), but it may be worth assessing.

It’s really important that Joy has enough protein, particularly as she is vegetarian, as this will keep her feeling fuller and keep her energy more stable. She could try two palm-size pieces of tofu in her stir fry, for instance. While a smoothie works for some, I suggest Joy trying an egg-based breakfast to see if that also helps with her energy levels. She could try the frittata recipe (see opposite page) with some of her home-grown vegetables.

It’s fabulous that Joy loves to cook, and preparing large batches of food is a great time saver. It’s also fantastic that Joy puts effort into preparing meals for herself. To avoid overeating, Joy could divide the meal into portions directly after cooking for freezing, or for meals during the week. She could try taking a portion of leftover stir-fry (or frittata) to work for lunch; it might satisfy her better than her usual sandwich and help reduce her afternoon slump.

I also suggest that Joy have a jar of fresh nuts at work and have a small handful half an hour before she would normally feel exhausted. This will help to keep her blood sugar levels steady and hopefully avoid the craving for lollies.

Joy’s activity

Joy feels fantastic after exercising, so she needs to harness this feeling as motivation when she needs some encouragement. Ideally, with these dietary changes, she should have more energy.

Most importantly, Joy needs to break up her long periods of sitting during the day some walking, standing or stretching.
**Vegetable frittata**

By Sandra Villella, Jean Hailes naturopath

Serves 4-6 for a meal
Prep 20 mins, cooking 20 mins

**Ingredients**
- 1 red onion, halved & sliced
- 1 large beetroot, washed or peeled & thinly sliced into rounds
- 1 sweet potato, washed or peeled & thinly sliced into rounds
- 2 tablespoons olive oil
- 1 small head of broccoli, broken into florets
- 1 bunch asparagus, woody ends snapped off and ends peeled
- ½ -1 red capsicum, diced
- 200g feta cheese
- heaped ¼ cup fresh herbs, roughly chopped (continental parsley, basil or dill)
- 8-10 eggs, enough to cover ingredients
- ½-1 teaspoon salt
- Pepper to taste

You will need a 28cm heavy-based frypan (or skillet) that can be placed in the oven

**Method**

Heat oven to 200°C. Toss onion, beetroot and sweet potato in 1 tablespoon olive oil to coat. Sauté in remaining olive oil over medium heat for 2-3 minutes. Turn vegetables frequently to brown and cook evenly.

Meanwhile, steam broccoli and asparagus for 2-3 minutes until just cooked. Add broccoli, asparagus and capsicum to frypan and cook for 1-2 minutes. Spread vegetables into even layer on bottom of pan. Crumble feta over evenly. Add herbs.

Whisk eggs with salt and pepper, pour over vegetables and cheese. Tilt pan to ensure eggs are evenly spread over vegetables. If there’s not enough egg mix to cover vegetables, beat another 1-2 eggs. Cook for 1-2 minutes until eggs begin to set at edges of pan.

Put pan in oven and bake for 20 minutes, until eggs are set. To check if it’s cooked, cut small slit in centre of frittata. If raw egg is visible, bake another few minutes. Remove from oven, cool for 5 minutes. Slice into 4-6 wedges.

**Protein-packed**

Eggs are the perfect protein, rich in vitamins and minerals.

Any vegetables can be used in a frittata, but these are my favourites. Beetroot provides a sweetness to the dish and the red onion adds caramelisation.

Eggs are the perfect protein, rich in vitamins and minerals. The yolk is an excellent source of the carotenoid called lutein, which reduces the risk of age-related macular degeneration of the eye.

People avoid eggs as they’re concerned about fat and cholesterol. However, the Heart Foundation states that of the 5g of fat in an egg, none is trans-fat, only 1.5g is saturated fat and the remainder is healthy fat (including omega-3).

The Foundation also says you can eat up to six eggs a week without increasing your risk of heart disease and for most people, eggs have almost no effect on blood cholesterol levels.

**Nutritional information**

A well-made frittata is the perfect meal. It’s quick to make, packed with protein, is a great way to use leftovers and can be eaten for breakfast, lunch or dinner.

The word frittata comes from the Italian verb ‘friggere’, which means ‘to fry’. As long as you have vegetables, eggs and a good pan, a frittata will be on the table in 40 minutes. This version is vegetarian and gluten free, but the beauty of a frittata is that it’s a blank canvas, depending on what you like to eat.
About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women’s Health reflects the enduring legacy that Jean made to women’s health. She had a far-sighted vision to improve the quality of women’s lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Today, Jean Hailes is Australia’s leading and most trusted women’s health organisation, combining clinical care, evidence-based research and practical education for women and health professionals. We aim to translate the latest scientific and medical evidence in order to inspire positive change in women by improving their physical health and wellbeing.

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