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

Every donation counts
Secure donations can be made online at jeanhailes.org.au or call toll free on 1800 JEANHAILES (532 642)

Connect with Jean Hailes
Subscribe to our email update and receive the latest women’s health news at jeanhailes.org.au/subscribe

Risk factors we can change by altering our lifestyle include physical inactivity ... get up and move!

“The global consensus among expert medical societies now is that HRT/MHT is low risk in healthy women aged 50-60.”
Welcome!

We’ve just been celebrating 25 years of Jean Hailes and I’ve been thinking a lot about what it takes to keep an organisation fit and well.

Whether it’s in business or life, we all want to not just survive, but thrive. Sometimes in business you need to take the time out to look after the small stuff to ensure your long-term plans stay on track. Similarly, with your health, it’s about taking the time out to look after the basics so you’ll thrive for years to come.

Putting this into practice with Jean Hailes for Women’s Health is part of the reason we’re now here celebrating our 25th anniversary. It’s an honour to share the celebrations with those who founded the organisation and others who have supported us since.

I only wish I could be as diligent with my own health as I have been with Jean Hailes! Why is it that I work in women’s health, but struggle with my weight? Why do I delay seeing my cardiologist when the biggest cause of death of women in Australia is heart disease?

Because it isn’t easy. We’re all trying to juggle too much. I strongly believe that our job at Jean Hailes is to support and encourage women everywhere to make changes in their lives, where needed. They could be the smallest of changes. And they certainly don’t have to be done overnight.

Sometimes it’s about making simple choices. I try to bring carrot sticks to work so I don’t eat biscuits. I take the stairs instead of the lift when I can. I replace wine with a wineglass of mineral water so I have at least three alcohol-free days a week. The hard part is to put yourself further up the ‘to-do’ list.

I just love the theme of this year’s Women’s Health Week in September. We’re asking you to take the time to put yourself first. Women, particularly those with families, often aren’t very good at that. But as my mother, the late Jean Hailes, very wisely said: “if a woman is in good health, her family, community and the society around her also benefit.”

Janet Michelmore AO
Executive Director
Jean Hailes celebrates 25 years

On 28 May 1992 Mrs Hazel Hawke officially opened the six-room clinic of the Jean Hailes Menopause Foundation in Clayton, Victoria. Fast forward 25 years and Jean Hailes for Women’s Health is now a national organisation spread across four sites in Melbourne and seeing more than 14,000 patients a year.

Our milestone was acknowledged at a reception at Government House in Melbourne, hosted by the Governor of Victoria, the Honourable Linda Dessau AC, with guests including our patrons and the founders of Jean Hailes. Pictured here are our founders with the Governor. From left: Professor Susan Davis, Professor Peter Rogers, the Hon. Linda Dessau AC, Professor Henry Burger AO, Dr Elizabeth Farrell AM and the late Professor David Healy’s daughter, Dr Megan Healy.

Lenka Hailes, called ‘Nelly Navigates’, featuring funny yet informative conversations about important issues in women’s health. You’ll also see Nelly pop up in some of our educational videos and Women’s Health Week events. Welcome Nelly!

NEW RESOURCES & MERCHANDISE

Vulva booklet

We’ve had a terrific response to the launch of our new booklet, The vulva: irritation, diagnosis & treatment. Using easy-to-understand language and diagrams, this 14-page booklet tells you what’s normal when it comes to the health of your vulva, how to best take care of it, how to recognise if there is a problem and if so, what you can do about it. You can download the booklet as a PDF, or ask your health professional to order some hard copies (available in bulk orders only) through our website.

Merchandise

Our elegant yet playful new Confetti Collection (above) features a tote bag, a gold tassel key ring, a cosmetics bag and a tea towel. Browse and buy the collection online.

Welcome to our Jean Hailes Ambassador - Nelly Thomas

We’re thrilled to welcome Melbourne comedian, author and health advocate Nelly Thomas as our official ambassador. Nelly writes a quarterly column for Jean Hailes.
BOOK REVIEW

More Secret Girls’ Business
By Heather Anderson, Fay Angelo & Rose Stewart. Illustrated by Jeff Taylor. SGB Publishing 2016, $17

Now in its fourth print, this is the more comprehensive, slightly more ‘big girl’ version of Secret Girls’ Business (2003, in its ninth reprint) from the same Australian authors and children’s book publisher. More Secret Girls’ Business is a great little go-to for girls aged 10+ to gain an understanding of puberty, periods, and the many and varied physical and emotional changes this major life chapter brings; from hair growth to how to use tampons, from self-care to self-esteem, it’s filled with practical information told in simple language and supported with fun illustrations. There’s even tips for mums, dads and other important adults in a girl’s life to ensure puberty is a positive experience for all concerned. For girls aged under 10, this book’s predecessor, Secret Girls’ Business, remains a terrific introduction.

HEALTH PROFESSIONAL UPDATE

The new and revised PCOS and menopause health professional tools are now available to view online at jeanhailes.org.au/health-professionals/tools. You can order hard copies for your practice or workplace at jeanhailes.org.au/health-professionals/resources-order. While there, you can order some hard copies of our new vulva booklet (see this page) for your patients too.

Webinar update
New additions to the webinar library include heavy menstrual bleeding, cardiovascular disease in women, menopause after cancer and osteoporosis management in premature ovarian failure.

Subscribe to our monthly health professional updates

Women’s Health Week
We’re already on the way to another record-breaking number of events registered for our annual Women’s Health Week (WHW), on this year from 4-8 September. This year we’re also inviting you to get involved in a simple and delicious way – our naturopath Sandra Villella has created a signature WHW smoothie.

We’re also encouraging cafes to serve up the WHW Smoothie to customers during WHW and post their pix on Instagram for the chance to win their cafe (and a few select customers) an exclusive visit from Sandra. Check our Instagram and Facebook pages for more details.

WHW SMOOTHIE
Recipe
150-200mls milk of your choice (cow, soy, almond, rice)
1/2 cup yoghurt of your choice (cow, sheep or coconut)
1/2 cup mix of frozen strawberries and raspberries
1 dessertspoon each of unhulled sesame seeds, almonds and linseeds (depending on the blender, the linseeds may need to be pre-ground)
Pinch of nutmeg

Method
Blend in blender

Sandra says: “We’ve put a few of the best ingredients for women’s health blended together to make a pink drink! The antioxidant-rich raspberries and strawberries give the colour to this smoothie, which you can enjoy as a healthy breakfast, or as a protein-rich afternoon pick-me-up. Unhulled sesame seeds are about 10 times higher in calcium than regular sesame seeds, while the linseeds are rich in soluble fibre, omega-3 fatty acids and the phytoestrogens called lignans. Almonds are the best all-rounder nut for nutrients. Use probiotic-rich yoghurt for gut health, and your favourite milk of choice to top up the protein.”

For more details visit womenshealthweek.com.au

Subscribe to our monthly health professional updates
It’s a little rhyme that has been around for generations: “baked beans are good for your heart/ baked beans make you …”

Yes, well, most of us know how that line goes. The windy reputation of this humble little bean is, sadly, what they’re mainly known for.

But did you know that baked beans are also packed with nutrition, like the rest of their food family?

Family? That’s right – baked beans are a member of the legume family. Legumes, also known as pulses, include haricot and cannellini beans (both of which can be made into baked beans), chickpeas, dried peas, lentils, soy beans (the basis of tofu), kidney beans, broad beans, mung beans, peas and peanuts.

Not just hot air

There are many easy and delicious ways you can include legumes in your diet.

Legumes are one of the most versatile and inexpensive dietary staples. They can be bought canned or dried, don’t need refrigeration and can be stored for ages – perfect for people who live remotely.

While pulses have been enjoyed all over the world for centuries, their consumption remains low in developed countries, which is one reason the United Nations declared 2016 the International Year of Pulses, to try to raise awareness of their benefits.

Dietary benefits of legumes

- **High fibre** – this can help with weight management by giving you that ‘full’ feeling after a meal. It can also help prevent constipation, help maintain healthy levels of blood glucose and cholesterol, and promote good digestive health.

- **High in phytochemicals** – these contain antioxidants and other compounds that help to protect the body against disease.

- **Low GI (glycaemic index)** – this not only reduces the risk of diabetes, but improves blood glucose control and insulin response in those with diabetes.

- **High in protein** – legumes are an excellent source of protein for vegetarians and vegans. When combined with a seed or grain, legumes are a complete protein. That’s why hummus is so nutritious: its two main ingredients are chickpeas and sesame seed paste (tahini).

- **Low in saturated fats** – helps with maintaining healthy cholesterol levels and lowers risk of cardiovascular disease.

Fear of FODMAPs

Despite their nutritional benefits, many people avoid legumes, particularly those who have been advised by their doctor to follow a low FODMAP diet.

FODMAPs – which stands for Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols – is a group of carbohydrates and sugars found in some foods that can cause digestive trouble for some people, in particular those with irritable bowel syndrome (IBS).

Legumes are usually high in oligosaccharides.

While some people may not suffer from IBS, others may simply rather not have the windy after-effects of eating legumes. But Jean Hailes naturopath Sandra Villella says legumes don’t need to be avoided completely, as there are ways to lower their FODMAP content.

Canned legumes

Canned legumes or those that have been boiled and drained tend to be lower in FODMAPs, as some oligos ‘leach’ out into the canning/cooking water and are removed when they are drained and rinsed, says Sandra.

“If you drain and rinse canned legumes [which are cooked in the can] before use, that will not
only lower their FODMAP content, but also help get rid of excess salt.”

Dried legumes
To help reduce the FODMAP content of dried legumes:
1. Soak the legumes overnight
2. Drain them, put in fresh water and bring to boil
3. Once boiling, strain the legumes, put into fresh water again, bring to boil again and cook for about an hour (depending on the bean) until tender.

Sprouting legumes
These include mung beans and mixed lentil sprouts. You can buy them from greengrocers and the produce sections of supermarkets. “When you sprout legumes, you reduce the phytic acid, which makes the minerals [such as zinc, calcium and magnesium] more available,” says Sandra. “They’re also a handy thing to increase your vegie content.”

So why not get some of these little powerpods of nutrition on to your menu? You can start with this new recipe from Sandra (right).

Recipe
Super-seedy chickpea & sweet potato patties with yoghurt dressing

Serves 4
Prep 40 mins

Ingredients
500g sweet potato
1-2 teaspoons garam masala, to taste (can swap for cumin)
1 egg
Good pinch of salt
¼ cup pepitas
¼ cup sunflower seeds
¼ cup mix of unhulled and black sesame seeds (or regular sesame seeds if not available)
400g tin chickpeas, drained and rinsed
Extra ½ cup sesame seeds for coating
2 tablespoons olive oil

Method
Preheat oven to 180°C. Peel and chop sweet potato into 1-2 cm cubes, steam until tender. Mash and mix through garam masala. Beat egg, add salt and stir through. Add seeds, mix to combine. Add chickpeas, gently combine. Divide mixture into eight and use hands to form patties. Coat with extra sesame seeds. Allow to firm in fridge for up to an hour before cooking (the seeds will swell if left too long).

Heat a pan on medium, add olive oil and fry patties for about 2 minutes each side before transferring to oven. Bake for 20-25 minutes.

Yoghurt dressing
1 cup sheep's or Greek yoghurt
1 teaspoon cumin
1 dessertspoon honey

Nutritional information
When legumes are combined with a seed, it makes a complete protein, making this meal perfect for ‘meat-free Mondays’. Its ingredients will keep well in the pantry and fridge (ideally store seeds in fridge) to whip up this quick and easy vegetarian meal with a deliciously seedy texture.

Garam masala is a warming, fragrant mix of spices commonly used in India, Pakistan and other South Asian cuisine. Aromatic herbs help to relax the digestive tract and are traditionally used to help minimise gas, which makes them ideal for using with legumes. The coriander in the salsa (see ‘tasty variations’ below) also calms digestion.
Managing menopause

Don’t let symptoms of menopause reduce your quality of life.

The menopause signals the end of major hormonal changes. Some women sail through with ease, while others endure daily symptoms that come and go. These hormonal fluctuations often start years before in the perimenopause, the lead-up time to menopause.

Perimenopause usually occurs in a woman’s 40s, with onset of symptoms such as irregular periods, mood swings and sometimes hot flushes as a woman’s ovaries begin to wind down, says Dr Elizabeth Farrell, gynaecologist and medical director of Jean Hailes for Women’s Health.

Women are born with around one million eggs in each ovary, and will ovulate 400-500 times during their reproductive years, says Dr Farrell.

“The mechanism of degeneration, where eggs (follicles) disappear seems to increase in the late 30s and speeds up in the 40s, so that by the time of a woman’s final period, ‘the menopause’, there are no functioning follicles to keep the menstrual cycle going,” she says.

With these hormonal shifts, symptoms such as hot flushes and night sweats, weight changes and sleep problems may occur. Bodily tissues also lose elasticity, which can affect continence, causing women to race to the toilet more often.

When is menopause?
A woman’s final menstrual period (FMP) is defined as the menopause. After a year of no menstruation, a woman is considered to have had her menopause, and is now postmenopausal.

“On average, menopause occurs around the age of 51,” says Dr Farrell. “But it may take place any time between 45-60. Early menopause occurs before 45 and premature menopause occurs before 40.”

When you reach menopause may be influenced by the age you had your first period, the age your mother underwent menopause, or the length of your menstrual cycle; women with shorter, more frequent cycles may reach menopause earlier.

“Other factors may also have an impact, such as the number of eggs you are born with, the speed at which your follicles degenerate or the age they start rapid decline,” explains Dr Farrell.

Once menopause occurs, women may be at greater risk of health problems such as heart disease and bone loss due to loss of oestrogen.

Is hormone therapy safe?
Menopause hormone therapy, or MHT (formerly called hormone replacement therapy, or HRT) has been shown by many
Managing menopause studies to provide relief from menopausal symptoms such as hot flushes. “It has also been shown to benefit cardiovascular function and help prevent osteoporosis while carrying low risk of breast cancer, venous thromboembolism and stroke in women,” says Dr Farrell.

Unfortunately, due to some misreporting of data from the 2002 Women’s Health Initiative trial, which wrongly suggested HRT caused a sharp rise in the incidence of breast cancer, millions of women around the world still avoid HRT/MHT in the mistaken belief it is unsafe. This may be causing an increase in osteoporosis and earlier death, for example, from heart disease.

“The global consensus among expert medical societies now is that HRT/MHT is low risk in healthy women aged 50-60,” says Dr Farrell.

“We would not recommend commencing MHT after 60 years of age, or after 10 years from menopause.”

Some women are instead taking pharmacy compounded hormones, in the mistaken belief they are safer and more natural. “These compounded hormones are not approved by the Australian Therapeutic Goods Administration and there are no long-term studies to show their safety and effectiveness,” Dr Farrell says.

Relief from menopausal symptoms
Aside from MHT, there are other strategies that can help to reduce and relieve menopausal symptoms:

Hot flushes/night sweats
About 60% of women experience mild to moderate hot flushes and night sweats, while 20% are severely affected, and the other 20% not at all.

Dr Farrell says flushing and sweating is due to falling oestrogen levels, which causes the narrowing of a woman’s core temperature zone, called the thermoneutral zone (see diagram).

“This means that flushing and sweating is triggered with a smaller rise in temperature,” she says. “At the same time there is dilation of the peripheral blood vessels in the face and skin, which increases heat. When menopausal women are anxious or stressed they release slightly higher amounts of the stress hormone noradrenalin, which also provokes a hot flush.”

What you can do:
• Reduce common triggers such as caffeine, alcohol, stress, anxiety and spicy foods
• Carry a hand-held fan to cool your face, or a small water spray to spritz your face
• Check medications aren’t causing the hot flushes – common culprits include some antidepressants, sleeping pills, steroids and codeine
• Hypnotherapy, cognitive behavioural therapy and mindfulness therapy have all been shown to help reduce flushing and sweating
• See your GP to rule out other causes. These may include hyperthyroidism (overactive thyroid), high blood pressure, infections and some cancers.

Dry skin
Lower oestrogen levels can leave skin feeling dry, tight or itchy, or give it a ‘creepy crawly’ sensation.
What you can do:
- Avoid long, hot showers, which can dehydrate skin
- Instead of soap, use a hypoallergenic lotion
- Apply moisturiser often

Teariness, anxiety, depression
Mid-life hormone changes can prompt anxiety and the blues. These mental health issues often kick in during perimenopause.

What you can do:
- See a counsellor
- Schedule some time for yourself every day
- Get active – research shows moderate exercise not only reduces depression, it can help prevent it.

Low libido
Research shows some women find their libido diminishes in the year before and after their final menstrual period. Reduced oestrogen, vaginal dryness and reduced pelvic floor bloodflow/muscle tone may play a role, as can work and family demands, relationship issues and ageing.

What you can do:
- To combat vaginal dryness, engage in lengthy foreplay and use a water-based lubricant during sex
- Ask your GP about oestrogen cream, which can be applied directly into the vagina
- Do regular pelvic floor exercises. A strong and toned pelvic floor can make your orgasms more pleasurable and intense
- Take time for intimacy. Snuggle up on the couch, take a bath together, give each other a foot massage. Relaxing together and being physically close can help revive your libido and boost intimacy.

Sore, heavy breasts
Fluctuating oestrogen levels during perimenopause may cause swollen, tender breasts. MHT/HRT may cause temporary side effects.

What you can do:
- Evening primrose oil capsules alleviates breast symptoms in some women.
- Reduce your dose of MHT (talk to your doctor about it first)

Waist increases
An increase in waist size can occur with ageing, as metabolism slows and oestrogen falls. Changes in appetite and stress hormones, which occur with lack of sleep and stress, can also increase tummy size. This increase leads to a greater risk of diabetes and heart disease.

What you can do:
- Eat wholefoods – fresh vegetables and fruits, whole grains, lean meats and legumes
- Be physically active daily
- Meditate and go to bed at a regular time.
THE HEALTH OF THOSE WE LOVE STARTS WITH US.

Putting the wellbeing of others ahead of our own is something many women do without realising. Jean Hailes’ annual Women’s Health Week is a time to invest in ourselves and make our own good health a priority.

SIGN UP TO:

womenshealthweek.com.au

For trusted, practical tools and resources to help you start making positive changes that can last a lifetime.

#womenshealthweek

Jean Hailes is supported by funding from the Australian Government.
What happens when...

What to expect inside clinics that help you at different life stages.

Healthy body, healthy mind – there is a fundamental link between the two. What you eat and how you feel about your life are important, which is why dietitians and psychologists are key members of the healthcare system.

A healthy diet can not only help reduce your risk of developing a wide range of illnesses, such as heart disease and diabetes, but can also impact your mental wellbeing. Dietitians can help you understand how what you eat affects you, and help you to change your eating habits, if necessary.

Of course, there is much more to mental wellbeing than eating healthily. Psychologists have expertise in mental healthcare, and women may need the support of one of these highly trained professionals at various times in life, such as around pregnancy, grief and loss or menopause, or other major life changes.

So, what happens when you visit a psychologist or dietitian?
Psychologists
Psychologists are trained to diagnose, manage and treat mental health issues such as anxiety and depression. They can offer specific support throughout a woman’s life stages and can specialise in women’s mental health issues.

Psychologists work with a range of proven therapies and techniques to find ways to help people cope with their emotions and current circumstances. Among broader issues that women may benefit from consulting a psychologist about are numerous issues unique to women’s health, such as pregnancy, the grief of miscarriage, traumatic birth or issues dealing with a new baby, menopause transition, or postnatal anxiety and depression. Women can then be supported to manage their feelings in a non-judgemental, supportive environment.

Training and registration
There are varying levels of education, with a minimum of four years at university. This may be followed by 2-3 years of postgraduate internship/training. Psychology is a regulated profession. The Psychology Board of Australia is supported by the Australian Health Practitioner Regulation Agency, ensuring psychologists adhere to strict standards. To maintain registration, psychologists must do 30 hours of continuing professional development (CPD) annually.

Consultation
Your first consultation will generally take an hour and during this time you will get to know your psychologist, and they you. This is very important, as you need to build trust in order to feel safe discussing very personal or stressful events or feelings. There will be gentle questioning, which will be geared towards discovering the sources of your issues and the effects they have on you. If you find it difficult to talk about something, or if you have specific points you wish to raise, you can write it down ahead of time. Ongoing consultations explore your issues in more detail and offer skills and strategies so issues can either be resolved, or your ability to cope improved.

Treatment
This will depend on the reason for the consultation, but could include counselling, cognitive behavioural therapy, journalling or a range of psychological therapies. They may also recommend a prescription from your GP to help with your particular issue.

Medicare rebates to cover most of the cost of the appointments are available for up to 10 psychology sessions per year, providing you obtain a referral from your GP under a mental healthcare plan. Fees will vary.

Jean Hailes says
A woman should seek psychological support if she’s struggling with any issue that’s diminishing her wellbeing, says Jean Hailes psychologist Gillian Needleman. This may be about a new circumstance or may relate to a long-standing issue. Psychology can provide a supporting, skilful and objective space to discuss any issue of concern.

Getting advice
Before visiting any health professional, do your research. Ask your GP if they can recommend someone they have worked with, or contact the association which governs the profession.

Call the recommended health professional and ask them about their experience, qualifications and if they specialise in any particular field.

Find a psychologist in your area
Find an accredited practicing dietitian (APD) in your area
Dietitians
Dietitians provide evidence-based nutrition advice in public and private healthcare settings, including medical centres and hospitals. You may be referred to a dietitian by your GP or another medical specialist to obtain professional opinion and treatment through nutrition prescription. Dietitians provide up-to-date, credible, evidence-based, individualised nutrition recommendations.

Other than clinical settings, dietitians can also work in the food industry, government and policy, NGOs, sport, health promotion, education and research as well as in a variety of corporate settings.

Training and registration
Dietitians in Australia complete a minimum four-year university degree in dietetics, followed by a one-year probationary period with mentoring and guidance.

The degree must be recognised and accredited by the Dietitians Association of Australia (DAA), the government recognised body that currently represents over 6400 members. Once this is completed and certain guidelines are met, dietitians then become fully accredited as an Accredited Practising Dietitian (APD). Registration is via the DAA, who require a minimum of 30 hours of continued professional development (CPD) annually to maintain full accreditation.

Consultation
It is best to bring with you any blood test results, referrals, scans, etc, that may be important. As a starting point, dietitians will ask you your personal goals – and compare these to the GP’s goals when appropriate – and discuss how to reach them. A nutrition assessment based on a food diary is first completed, followed by nutritional diagnoses and then nutrition treatment.

Treatment
Treatment involves individualised nutrition recommendations that take into account medications, supplements, medical and family history, exercise and lifestyle habits. Reviews are then followed up as required. Dietitians operate in a patient-centred manner; advice and suggestions are tailored to the patient, their needs, preferences and lifestyle. They will help educate you on the healthiest food habits, cooking methods and how to get your family on board.

Treatment promotes optimal health and wellbeing, including mental and physical health, through food. If you were referred by your GP for a particular reason, your dietitian will be able to explain if your diet is affecting your health and the best way to change this. Supplements are only recommended if needed or in special circumstances.

Jean Hailes says
Evidence shows that nutrition has a significant impact on reducing the risk of diseases, such as diabetes, cardiovascular disease and cancer, just to name a few, says accredited dietitian Stephanie Pirotta. Many Australians are confused about what to eat to improve their health. Accredited practising dietitians provide the most up-to-date, individualised, evidence-based practical nutrition information that does not follow fad diets and trends.

3 THINGS TO KNOW
1. People with a complex or chronic disease can get up to five sessions per year on Medicare with an accredited dietitian. People with a mental health care plan can get up to 10 sessions with a psychologist through Medicare. Check if there is a payment gap.
2. Dietitians and nutritionists have similar training. They have both been trained in food, though dietitians are clinically trained to incorporate food as medicine.
3. There are currently more than 27,000 psychologists practising in Australia, the majority in major towns and cities. Rural and remote patients who do not have access to health services can ask their GP for a referral to psychology services via Telehealth.

Find out more about mental health and healthy living
It’s not surprising that many women in Australia believe their greatest health risk is breast cancer. That’s why women are often surprised to find out that the single biggest cause of death in women in Australia is coronary heart disease.

In fact, coronary heart disease causes more deaths in women than men in Australia.

Cardiovascular disease (CVD) refers to all diseases and conditions involving the heart and blood vessels. The main types of CVD in Australia are stroke, coronary heart disease and heart attack.

Coronary heart disease occurs when the arteries in your heart (coronary arteries) become clogged with a fatty material called plaque, which builds up on the arteries’ inner walls. Over time, if the plaque builds up too much, the arteries cannot deliver enough blood to the heart.

Coronary heart disease is usually the reason why a person has a heart attack, which happens when a blood clot partially or completely blocks the artery, reducing blood flow to the heart muscle.

And in Australia, this is more likely to happen to a woman than a man.

Many people think of cardiovascular disease as something that mainly affects men. But this is far from the case. “A heart attack does not discriminate – it affects both men and women,” says Angela Hehir, Manager of Women and
SNEAKY HEART RISKS

Even if you exercise and eat well for heart health, you could still be affected by these lesser-known risk factors for cardiovascular disease:

**Sore and bleeding gums**
- Mouth bacteria can cause inflammation that contributes to heart disease. So brush your teeth morning and night, floss daily and reduce your intake of sugary foods.

**Skimping on sleep**
- Get seven to eight hours of sleep each night – this helps stabilise blood glucose, insulin and appetite hormones.

**Snoring**
- Snoring may increase your risk of heart disease more than being overweight, shows research. Talk to your doctor about treatments.

**Depression**
- People with depression are twice as likely to suffer a heart attack, shows research from Concordia University. If you suffer from chronic low mood, try to exercise regularly, meditate and seek counselling.

Heart Disease for the National Heart Foundation Australia NSW Division. However, says Ms Hehir, only 36% of women recognise their risk of CVD.

**CVD and women**
Ms Hehir says women’s lack of knowledge of their CVD risk isn’t surprising as, historically, women have been underdiagnosed with heart disease and underrepresented in research.

During a heart attack, women also tend to delay calling an ambulance or going to hospital, says Ms Hehir, most likely because they do not recognise their symptoms, which can be very different to those seen in a man’s heart attack.

“This is concerning, because the faster the medical treatment, the less heart muscle you may lose,” says Ms Hehir.

The ‘Hollywood heart attack’, which shows a man clutching at his chest in pain, is not what a heart attack may look or feel like for a woman,” says Jean Hailes endocrinologist Dr Sonia Davison.

Women are also far less likely than men to have their heart disease risk factors measured by their GP, according to research by the George Institute and the University of Sydney.

Increasing evidence suggests that unlike men, women may more often develop ‘diffuse’ plaque, in which fat deposits spread throughout the arteries, rather than build up in one spot. Women may also be more prone to microvascular disease, in which small heart vessels fail to dilate properly.

“In women, the risk of heart disease usually starts to increase from menopause, around the age of 50 years, when the arteries have become stiffer and other health issues such as hypertension and high cholesterol often occur,” says Dr Davison.

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**Reducing your CVD risk**
Ms Hehir says 90% of Australian women have at least one risk factor for heart disease and 50%

“The ‘Hollywood heart attack’, which shows a man clutching at their chest in pain is not what a heart attack may look or feel like for a woman.”

- Jean Hailes endocrinologist Dr Sonia Davison.

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Some of these risk factors we can do something about, others we can’t.

Risk factors we can’t change include:

- age (as we get older, our risk of developing CVD increases)
- family history (if members of your family have had CVD, your risk is increased)
- gender (males are at a higher risk of CVD, but once women reach menopause, their risk is equal to that of men)
- ethnic background (people from some cultures,

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**KNOW YOUR NUMBERS**

That includes:

1. Blood pressure: normal BP is around 120/80. If yours is consistently higher – at 140/90 or more – it may be damaging your blood vessel walls. Have your GP check blood pressure at least once a year, or more often if you are experiencing problems.

2. You can help minimise BP triggers: cut alcohol intake, exercise regularly, lose excess weight and consume less salt by eating fewer processed foods.

3. Blood glucose: people with diabetes have a higher risk of narrowing blood vessels, heart attack, high blood pressure, stroke and other chest pain. To protect yourself against type 2 diabetes, eat foods with a low glycaemic index (GI).
Eat like you’re in Greece

Research shows a Mediterranean diet, which is made up mainly of plant foods, legumes and olive oil, and a little fish and lean meat, can cut cholesterol and heart risks. You should also reduce intake of saturated fats such as cream and red meat. These dietary measures help reduce unhealthy LDL (low density lipoprotein) and boost healthy HDL (high density lipoprotein).

Aim to eat at least five serves of vegetables every day – this greatly reduces your risk of cardiovascular disease. Discuss with your doctor how often your cholesterol should be checked.

Risk factors we can change by altering our lifestyle include:

- cholesterol levels (if yours is high, consider ways to reduce your cholesterol, such as dietary changes and physical activity – talk to your GP)
- smoking (do not smoke! Smoking increases your chance of developing CVD as it narrows blood vessels, increasing blood pressure and forcing the heart to beat faster)
- weight (if you are overweight, consider seeing a dietitian to discover ways to lose some weight)
- physical inactivity (try not to sit too much during the day – get up and move!)

including Aboriginal and Torres Strait Islanders, are at greater risk)

The greater the number of risk factors you have, the greater the chance of developing CVD – so it is important to check and see where you are in terms of your risk of developing CVD.

Check your heart health here or better still – go to your GP for a heart check.
What drew you to the field of women's mental health?
I graduated with an honours degree in clinical psychology. My clinical training was in one of the enormous psychiatric institutions that no longer exist. They were institutions which, I don’t believe, were able to provide optimal care. I was very young, but even then I appreciated that women did not receive what I would regard as respectful comprehensive care.

In 1988, I undertook a PhD. My interest was in women’s experiences of childbirth, in particular the psychosocial factors associated with caesarean childbirth and the psychological consequences.

A lot of literature at that time blamed women. What my PhD found was that the decision to perform a caesarean was much more about the doctor’s feelings than the woman’s, and probably influenced by clinicians’ fears of being sued or criticised.

What has been your most rewarding accomplishment in the field to date?
It’s been an extraordinary privilege to be given this chair [professorship] in women’s health at Monash [in 2011, co-funded by Jean Hailes]. It has given me an immensely rewarding opportunity to build a group of academics and students with a shared commitment to high-quality, gender-informed research, to inform understanding of women’s healthcare.

What do you think is the most misunderstood aspect of perinatal health?
A lot of perinatal mental health literature says ‘a woman’s mental health problem has an adverse effect on her partner and her baby’, whereas we turn that around and ask ‘what is happening in her relationship with her partner and her baby and how are they behaving towards her that might be influencing her mental health?’ That’s where What Were We Thinking! comes in.

WWW! is novel in that it seeks to prevent depression and anxiety by including women’s partners and babies, and seeking to strengthen interactions in those relationships. It takes a confidence-promoting, rather than psychiatric, approach.

What is your ultimate hope/ambition for the WWWT! project?
It is that the WWWT! program becomes part of routine care for every family in Australia.

What would you say to a woman struggling with mental or emotional problems?
I’d ask ‘what is it that’s going on around you now, or in your past that’s contributed to how you’re feeling, and what is it that needs to change in your circumstances for you to feel better?’ It’s taking away the idea that you’re sick and recapturing the sense that ‘I can be an agent in my own life, and what can I do about it now?’

Jean Hailes Professor of Women’s Health
Professor Jane Fisher

Jane Fisher is Jean Hailes’ Professor of Women’s Health at Monash University and leads the Jean Hailes Research Unit at Monash. An academic clinical psychologist, Professor Fisher is also the co-developer of the ‘What Were We Thinking!’ program and app for new parents.
Your libido, also known as your sex drive, can change a lot throughout your life. After all, so many factors can affect it, such as relationship strain, the work-life juggle, financial pressures or looking after family.

So it’s not surprising that, for many women, sex can easily slip off the radar. And if you’re a woman in midlife who is experiencing low libido, research shows you are far from alone.

In a study led by Professor Susan Davis at Monash University’s Women’s Health Research Program, almost 70% of women aged 40-65 years old reported experiencing low libido.

An author of the Bupa-funded study, Jean Hailes specialist Dr Rosie Worsley, was surprised by the findings.

“We know from previous research that it’s a common problem, but it was a big number to see,” she says.

“It’s clearly a concern for a lot of women.”

Low libido, sexually related personal distress and hypoactive sexual desire dysfunction (HSDD) are relatively new areas of research, but have emerged as major issues affecting women around midlife.

In fact, from her research and clinical experience, Dr Worsley believes it is time for doctors to start screening for low sexual desire (libido) and HSDD at women’s midlife health check, by taking the initiative and raising the subject with their patients.

“Women want to talk about it, but don’t want to bring it up with their GPs,” Dr Worsley says.

“What we know from clinical experience is that women often find it hard to get advice about the subject. By the time they come to Jean Hailes, they’ve tried a whole lot of different places for information, or just found it really hard to get.”

So what causes libido to decline around midlife?

Menopause
Women entering menopause experience physical symptoms from the associated drop in their oestrogen levels; a common symptom is vaginal dryness, which can lead to uncomfortable or painful sex.

Dr Worsley says 21% of women in the study reported pain during or after intercourse, which can also affect libido.
Antidepressants

Australians are the second-highest users of antidepressants in the developed world. In Australia, one in five women aged 40 to 65 years take antidepressant medication.

“It’s a clear sign of just how much stress Australian women are under,” says Dr Worsley.

“Unfortunately, a lot of these medications can affect sexual function and it’s one of the main reasons people choose to come off them, or not start them at all.”

However, women who stop taking antidepressants without the supervision of their doctor can create a new set of problems for themselves; coming off such medication suddenly or too quickly can cause a woman’s mood to plunge dramatically.

Dr Worsley recommends talking to your GP to find out your options, as there are some medications that have less impact on libido. “Women need to feel comfortable in knowing that there is information and help out there,” Dr Worsley says.

Alcohol

Alcohol may also affect a woman’s libido. The study found that binge drinking is an issue for many midlife women, particularly in women with depression. “We were pretty surprised at how common it is,” says Dr Worsley.

“We found 11% of women aged 40-65 were having four or more drinks at least once per week – and women who were depressed are more likely to binge drink.”

Background

When it comes to a woman’s educational background, low libido does not discriminate. However, socio-economic stability definitely plays a part.

“A lot of people assume (low libido) is a normal part of ageing, whereas it doesn’t have to be.”

Financial worries can affect women’s mental and emotional wellbeing, causing their desire for sex to wane.

What can I do?

Some women may not be worried about having low libido; they may be very happy to have infrequent sex, or none at all. For others, the impact of low libido on their wellbeing is comparable to that of chronic back pain or urinary incontinence, says Dr Worsley.

If low libido is an issue for you, identify the possible causes and seek the appropriate help. Start by talking to your GP about how to improve your overall wellbeing.

Your doctor may prescribe an oestrogen cream or pessary for vaginal dryness, individual/relationship counselling or sexual therapy and in some cases a testosterone cream maybe helpful. Once the door is open for conversation, your GP can make suitable referrals.

Dr Worsley says women can rest assured low libido is very common and they’re not alone. “Sometimes women come in just to find out if they’re normal or not – and quite often they are,” she says. “Just talking about it can improve their quality of life.”

She says women also need to know low libido is not something they simply have to ‘put up with’.

“Women often dismiss symptoms that don’t seem life threatening because they think they won’t be taken seriously, or they may not know that there are treatments available,” says Dr Worsley. “A lot of people also assume it’s a normal part of ageing, but it doesn’t have to be.”

Find out more
A week in the life of Karen aged 51, works as a psychologist and lives with her two adult children. “I’ve probably never been healthier than I have been in the past 5-10 years,” she says. “Maybe because I’ve got a bit more time with the kids being older. Maybe I’ve gotten better organised. Sundays I’m in the kitchen for half a day, preparing food for the week ahead. My view is that if you eat healthy at work and home, you can indulge when you go out.

| Breakfast | I do have a weird breakfast. Every morning, I mash half a banana with two eggs, a heaped tablespoon of psyllium husk and a small amount of banana flour. I mix it all with cinnamon and make it into a pancake sort of thing – like a banana omelette. No sugar, that’s it. |
| Lunch | Lots of vegetables steamed with some tomato-based sauce, like a ratatouille. I might have a sachet of salmon with that. Or I might take in a slice of frittata that I’ve pre-prepared. |
| Dinner | It’s pretty much always a stir-fry. I might do it with beef or chicken, then add vegetables – basically whatever’s in the fridge that needs using up. After that, I might have a bowl of custard with no sugar. I might chuck some stewed rhubarb on top of that, and some sultanas for sweetness. Or I’ll have some dark chocolate. |
| Snacks | I pre-prepare a whole lot of cut-up Dutch carrots, celery, capsicum and snow peas, and have those mid-morning with an apple. In the afternoon I might have some beef jerky. I know it has too much salt, but I love it. Or I might have another piece of fruit, or a chunk of smoked chicken fillet. Because I’m consulting all day, I have to eat quickly but healthily. |
| Activity | I do two group-strength circuit classes a week and I run twice a week [between 7-10km] with a friend. We’ve run together for 20 years – it’s just a delight and that keeps us motivated. I do it because I sit down for work all day, but it’s also fundamental to my mental health. |

Karen’s diet Hats off to Karen for a big emphasis on vegetables and making time to prepare nutritious and satisfying food. I like that she has this balanced view of allowing some treats, but keeping them as a ‘sometimes’ food.

Karen’s “weird” breakfast is quick, rich in fibre and has the eggs as protein, which makes for a sustaining start to her day. Banana flour is made from green dried bananas, is gluten-free and a high source of resistant starch, which is ‘food’ for the friendly gut bacteria. I would suggest Karen alternates the psyllium with freshly ground linseeds; they also offer soluble fibre, but the added benefits of essential omega-3 fatty acids and phytoestrogens.

With lunch, ensure the salmon sachets have the bones, or change to canned salmon and alternate with canned sardines, as the bones are a great source of calcium. Frittata is a terrific meal to prepare ahead, as it can be a breakfast, lunch or dinner.

Home-made custard made with eggs and milk or cream will also be a good source of calcium for Karen. I’d also suggest yoghurt instead on some nights.

It’s great that Karen keeps her energy (and concentration) steady by including protein snacks like the chicken, as well as the vegetables and fruit. Salty snacks would be a problem if her blood pressure was elevated, but she balances out the sodium with a good vegetable and fruit intake, which is high in potassium.

Karen’s activity It’s great to see Karen doing two strength training sessions a week. It’s important for overall bone health. Running twice a week is also great, but the Australian physical activity and sedentary guidelines recommend daily activity, so incidental activity, such as walking on the other days, is also important. Karen could also break up her sitting time every 20-30 minutes. Exercising with a friend makes it more enjoyable and as she says, keeps them both motivated.
Recipe

Method

Crust Place all crust ingredients except olive oil in a food processor. Process until the mixture resembles coarse breadcrumbs.

Loaf Preheat oven to 180°C. Line a loaf tin with baking paper. Drain salmon, place in a large bowl and mash with a fork, ensuring all bones (an excellent source of calcium) are mashed. Add carrot and zucchini to salmon.

Grate the parsnip (if a large parsnip, cut in quarters lengthwise and cut out woody core). Heat a frying pan to low-medium, add olive oil. Cook parsnip and red onion for about 5 minutes, until onion is soft and parsnip slightly browned. Add onion-parsnip mixture and parsley to bowl, mix to combine. Mix in the ground nuts.

Beat eggs, add to bowl, season with salt and pepper and mix well to combine. Pour dressing over, toss to combine.

Nutritional information

Salmon patties are an easy family favourite, and this delicious loaf is a grown-up version using ingredients that go well with salmon.

This dish combines many of the dietary recommendations for prevention of cardiovascular disease; eat more vegetables and fruit, eat fish 2-3 times per week, a serve of nuts daily and increase good oils such as olive oil, while decreasing saturated fats and avoiding trans fatty acids.

Fresh fish is not always accessible, so canned salmon is an ideal option, rich in omega-3 fatty acids. Flat-leaf parsley features heavily in these dishes, and is rich in minerals such as calcium and iron. In these quantities, it also counts as a serve of a green leafy vegetable.

As this loaf is gluten free, it needs more eggs to bind the mixture. You can experiment by swapping the ground nuts for a cup of cooked brown rice or raw oats and reducing the eggs to 2.

Recipe

Herb-nut crusted salmon & vegetable loaf with fennel & kohlrabi slaw

By Sandra Villella, Jean Hailes naturopath

Serves 4-6
Prep 40 mins, cooking 1 hr
Gluten free

Ingredients

Herb-nut crust
½ cup fresh flat-leaf parsley
½ cup fresh dill
1 cup raw macadamia nuts
1 clove garlic, crushed
Zest of 1 lemon & juice of ½ lemon
Olive oil for drizzling

Loaf
1 400g canned red salmon
1 zucchini, grated
1 large carrot, grated
2 small-medium or 1 large parsnip, grated
3-4 teaspoons olive oil
1 red onion, diced finely
1 cup flat leaf parsley, chopped
½ cup of freshly ground nuts such as almonds (I used chestnut flour)
4 eggs
Salt & freshly cracked black pepper

Fennel and kohlrabi slaw
2 fennel bulbs
1 kohlrabi, peeled (or 500g brussels sprouts)
½ bunch flat-leaf parsley, roughly chopped
¼ cup extra virgin olive oil
Juice of 1 lemon
2 dessertspoons white wine vinegar
Salt and freshly cracked black pepper
Optional shavings of parmesan or pecorino cheese

and pepper in a jar, shake well to combine. Pour dressing over, toss to combine.

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Watch the video

Download the recipe (including slaw nutritional information)
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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