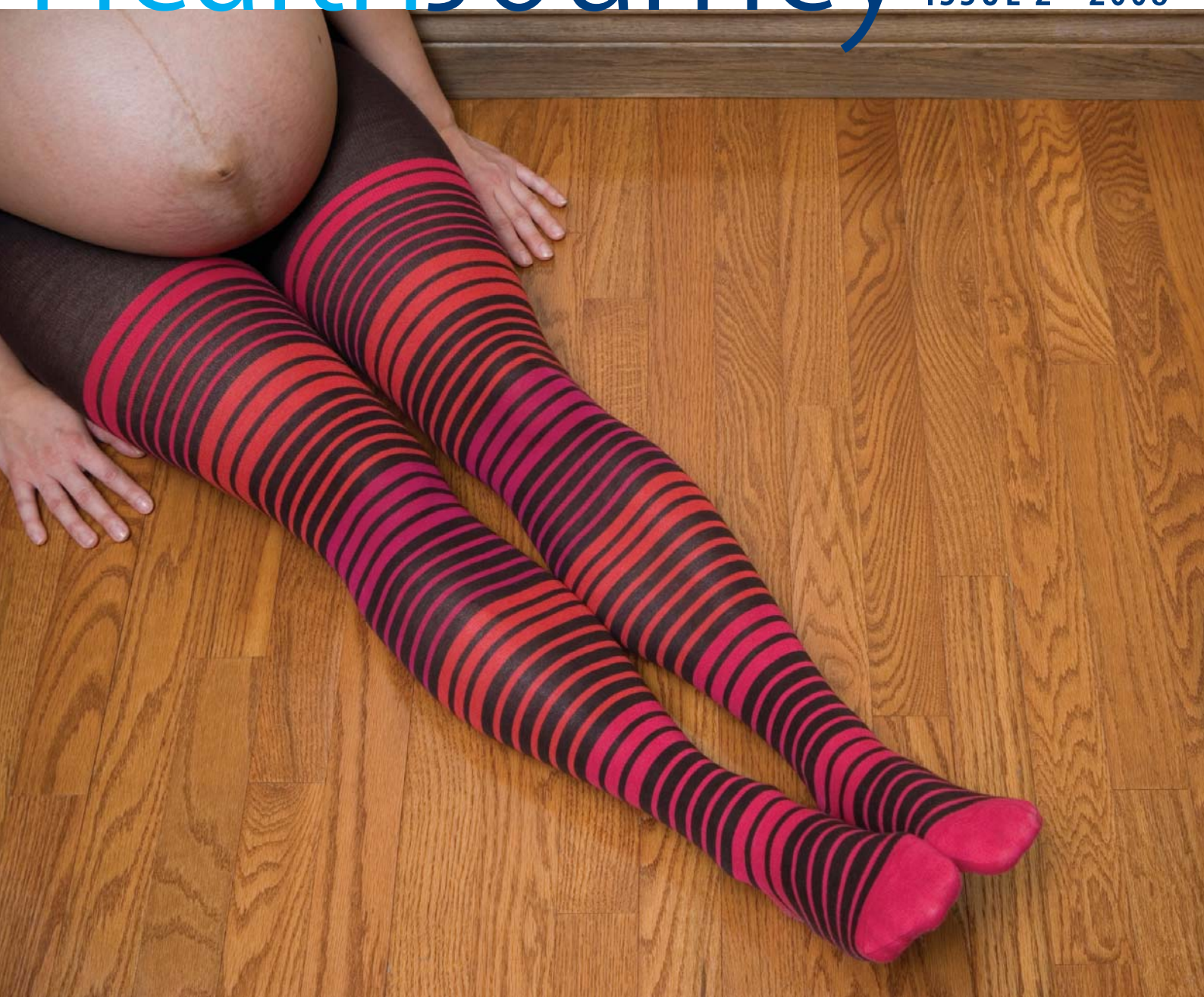


Health Journey

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Editor's view

Little girls' underwear that resembles adult lingerie, baby jumpsuits with slogans like "I'm a Tits Man" and dolls that come dressed in mini skirts and fishnet stockings. These can all be seen as examples of the sexualisation in today's society.

In another recent example, a 14 year old Polish model was set to appear at Australian Fashion week. Organisers initially defended the move, explaining that the model had the support of her parents and would be chaperoned. The issue for many, however, was not about whether she was accompanied, but the fact that she was a child modelling clothing for adult women.

On its own buying a doll dressed in sexy clothing or allowing girls to watch music videos on Saturday morning seems harmless enough. However, the problem is that together these products and images form part of an overall environment in which girls are encouraged to look and act 'sexy' well before they can fully comprehend what it means.

A report from the American Psychological Association Task Force on the Sexualization of Girls discusses how sexualisation "has negative effects in a variety of domains, including cognitive functioning, physical and mental health, sexuality, and attitudes and beliefs".

Women's Health provided a submission to the recent Senate Inquiry into the Sexualisation of Children in the Media. Our submission focused on how adult entertainment brand expansion, the fashion industry, magazines and music videos contribute to the sexualisation of girls. We also examined different strategies to address the issue including school based education, parental education and responsibility and media regulation.

The Senate Inquiry seems to be already having an impact. In April, the Australian Association of National Advertisers announced they had added a section on sexualisation of children to their Children's Advertising and Marketing Communications Code. How the Code did not already include a section concerning sexualisation is quite amazing, but better late than never! Hopefully the Senate Inquiry will prompt greater public discussion on this issue and lead to other changes.

Kirsten Braun
Editor



About us

Women's Health Queensland Wide Inc (Women's Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland. Services include:

- **Health Information Line**
A free information and referral service for Queensland women
- **Health information** and free lending library via www.womhealth.org.au
- **Health education** for community and health professionals

Mon | Tues | Thur | Fri **9.00am- 5.00pm**
Wed **12.30pm- 5.00pm**

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Alcopops and drinking amongst teenage girls

• The government recently proposed increased taxes on alcopops. We look at the real rates of drinking amongst teenage girls.

What are alcopops?

Alcopops are pre-mixed drinks consisting of alcohol mixed with soft drink, fruit juice or milk. The term originally came from a combination of the words 'alcohol' and 'pop', with pop being an American word for soft drink. Other terms used to describe alcopops are ready-to-drinks (RTDs) or designer drinks.

Are alcopops responsible for an increase in drinking amongst teenage girls?

The Federal Government claims the tax increase on alcopops is in response to an increase in consumption of alcohol by teenagers, particularly teenage girls. Statistics show, however, that drinking amongst teenagers in recent years has actually been decreasing not increasing. The 2001 National Drug Strategy reported that 28.3% of 14-19 year olds drank weekly and that 21.6% had never had a full glass of alcohol. In the 2007 National Drug Strategy only 20.9% of 14-19 year olds reported drinking weekly and 26% had never had a full glass of alcohol.

If we just look at drinking amongst teenage girls the statistics are similar. Those drinking weekly has decreased from 25.4% in 2001 to 18.8% in 2007 and those who had never had a full glass of alcohol increased from 21.6% in 2001 to 26% in 2007. In terms of age groups, teenage drinkers (14-19 year olds) actually have the lowest alcohol consumption of all age groups.

What is happening, however, is that teenage girls are now more likely to choose alcopops over other types of alcohol. Unfortunately, this increase in drinking alcopops has at times been wrongly portrayed as an increase in overall alcohol consumption, which is not the case. Teenage girls have simply changed their drink of choice.



So why the fuss about teenage girls drinking?

Although teenage girls are not drinking more alcohol than in previous years, how they are consuming alcohol is still of concern. In 2007, 18.8% of teenage girls aged 14-19 drank at levels that were considered risky/high risk at least monthly and 9.5% at least weekly. In addition to the short and long term effects of alcohol itself, drinking at these levels can also increase teenage girls' risk of sexually transmitted infections, pregnancy and even sexual assault.

Should we be concerned about alcopops?

Ready-to-drinks are not exactly a new phenomenon. United Distillers Limited (UDL) has been selling their spirit and soft drink mixes in Australia since the 1960s and West Coast coolers were popular in the 1990s. There are, however, important differences between today's alcopops and the ready-to-drinks previously sold. In today's alcopops the alcohol is much more masked by sweeteners than in the older style ready-to-drinks. In a CHOICE magazine taste test conducted in 18-19 year olds (ethically/legally couldn't test under age drinkers), 24% wrongly guessed that an alcopop didn't contain alcohol and a further 7% were unsure.

The concern is that alcopops are helping introduce alcohol to young people who normally might find its taste unpalatable. Alcoholic drinks that are as easy to drink as soft drink may lead to drinking at risky levels.

Are increased taxes the answer to curbing teenage drinking?

The increased tax will raise the price by approximately \$0.30 - \$1 a bottle. Alcopops, however, are relatively cheap with some four packs costing under \$10. It is unlikely, therefore, that a price increase of this sort will have any significant impact on the purchasing habits of teenage drinkers. It will perhaps just result in teenagers switching to drinking something cheaper rather than a reduction in drinking alcohol. For example, in previous generations the passionfruit flavoured wine, Passion Pop, was the drink of choice for many teenage girls. There needs to be other strategies which address broader issues such as Australia's drinking culture, alcohol advertising and the role that parents can play.

Family dinners decrease alcohol use by teens

A study examining the predictors of alcohol use amongst teens found that those who ate dinner with their family every day were 50% less likely to initiate alcohol use compared to those who ate family dinner some days or never.

Other predictors of alcohol use for girls were a higher social self-esteem, living in a single parent household, owning promotional alcohol items and having parents or siblings who drank alcohol.

Archives of Paediatric & Adolescent Medicine 2007;161(10)

Breastfeeding problems

• In the push to educate women about the benefits of breastfeeding the difficulties that can occur are sometimes glossed over. This can leave women who then experience problems unprepared. We look at some of the common and not so common breastfeeding problems.

Cracked/bleeding nipples

Most women will experience some level of nipple soreness when they first begin to breastfeed. However, ongoing nipple discomfort is not normal and is often a sign the baby is not attached on the breast correctly. Incorrect attachment can lead to the baby putting extra stress on the nipple, resulting in cracked nipples. A breast pump can also damage the nipple if not used properly.

Cracked nipples are extremely painful and are one of the main reasons women give up breastfeeding. Women commonly report crying or experiencing feelings of dread when they know their next feed is due.

Cracked nipples are one of the main reasons women give up breastfeeding

Cracked nipples can also bleed and during a feed the baby will take in this blood. This will not harm the baby but the blood may be present in any milk the baby regurgitates.

It is important that women with cracked nipples seek advice on their breastfeeding technique early on so that adjustments can be made. Keeping nipples as dry as possible will help them to heal. Women should change breast pads often and try letting the nipples air dry after breastfeeding. Leaving a few drops of breast milk to dry on the nipples after breastfeeding can also help. There is not a lot of evidence to suggest that nipple creams (eg., lanolin) are effective at healing.

Women with cracked nipples should try feeding on the less painful side first as babies tend to feed more vigorously on the breast offered first (they should, however, ensure that the other breast is still drained of milk sufficiently as otherwise mastitis can develop). Varying feeding positions is also a good idea as different positions will put stress on different parts of the nipple.

If feeding has become too painful women may wish to express their milk for a period of time. Expressing by hand is gentler on the nipples than breast pumps, but can be very time consuming. Breast pumps come in both manual and electronic versions. If using an electronic breast pump women should use it on the lowest workable setting. If women find their nipples are so sensitive that even clothes are irritating they can try using breast shells. Breast shells are worn inside the bra and cover the nipple. As they are ventilated they allow air to circulate, keeping the nipple dry.

Mastitis

About one in ten breastfeeding mothers will experience mastitis. Mastitis is the inflammation of the breast tissue and symptoms include a breast that is sore, swollen, red, hard or hot. Women may also have a temperature and feel like they have the flu. Mastitis is caused by either blocked milk ducts which lead to the milk not draining properly or bacteria passing into the breast through a cracked nipple. Mastitis is most likely to occur in the first 4 weeks of breastfeeding which suggests it is closely associated with breastfeeding technique.

If a woman's breast is sore and red but she does not have a temperature or flu-like symptoms she should continue feeding her baby, offering the affected breast first, to see if the blockage clears itself. Milk from a breast affected by mastitis is still perfectly fine to feed the baby. In fact, continued breastfeeding is one of the best treatments for mastitis. Applying heat to the breast (warm shower, wheat bag, hot water bottle) before breastfeeding and a cold pack after feeding can provide some comfort.

continued breastfeeding is one of the best treatments for mastitis

If a woman's breast is sore, red *and* she has a temperature or flu-like symptoms she should consult her doctor as an infection has developed and she will require antibiotics. The doctor will prescribe an antibiotic that is safe to take while breastfeeding. In addition to the tips discussed above, women should drink plenty of fluid and try and get adequate rest. As this can be a challenge with a new baby, some extra help and support may be required.

There are a number of strategies that women can try to prevent mastitis. The most important one is to ensure the baby is both attached and feeding correctly as this will encourage the milk to drain from the breast and will prevent cracked nipples. Feeding frequently and avoiding long periods between feeds is also helpful. This might involve a combination of feeding and expressing milk. Wearing loose fitting clothing and a well-fitted bra is also a good idea (a bra that digs in may cause a blockage).



Thrush

Thrush is caused by an overgrowth of the naturally occurring fungus, *Candida albicans*. Nipples affected by thrush may be shiny and/or different in colour (eg., pinker or redder) but can also look normal. The main symptom is severe nipple pain and shooting pain throughout the breast during and after feeds. As some of the symptoms of thrush (ie., nipple pain) are similar to having cracked nipples it is sometimes not diagnosed initially.

Thrush can also be passed between mother and baby. Signs of thrush in the baby include white patches in the mouth and redness on the buttocks. If a woman thinks she has nipple thrush she should contact her doctor who will most likely prescribe an antifungal medication (nipple ointment). If her baby is affected s/he will be prescribed antifungal oral drops for thrush in the mouth and/or antifungal ointment for the buttocks. To prevent thrush women should try and keep the nipples as dry as possible as the fungus thrives in moist environments.

White nipples

The symptom of this less common breastfeeding condition is intense nipple pain. White nipples are caused by a spasm of the small blood vessels which in turn cuts off the blood supply to the nipples. When the circulation returns it causes pain. The tell-tale sign of the condition is a white nipple which then gradually returns to its normal colour. Spasms can be triggered and/or exacerbated by the cold. Women with white nipples may have had a history of having cold feet and hands. Due to similarities in symptoms, the condition can often be initially confused with cracked nipples or thrush.

Women can find relief by keeping warm and applying a heat pack to the nipples following a feed. Avoiding substances that constrict the blood vessels such as nicotine and caffeine are also helpful. Supplements such as fish oil and magnesium can be used as they relax the blood vessels. Women who experience severe and frequent spasms may be prescribed a blood pressure medication.

Breastfeeding help

Breastfeeding problems often result in women giving up breastfeeding earlier than they planned. As many problems occur due to incorrect attachment and/or positioning, learning the right techniques are very important. Ideally women should receive advice on breastfeeding and signs of incorrect attachment/positions during pregnancy or at the latest in the early postnatal period. If women are experiencing breastfeeding difficulties they can consult their midwife, child health clinic or the Australian Breastfeeding Association (formerly known as Nursing Mother's Association of Australia). Private lactation consultants are also available.

Women can also contact Women's Health on (07) 3839 9988 or 1800 017 676 to discuss breastfeeding problems. The line is staffed by registered nurse/midwives.

When it just isn't working

While breastfeeding has health benefits for both mother and baby its continuation needs to be weighed against a mother's overall physical and emotional wellbeing. If breastfeeding is causing intense pain, repeated bouts of mastitis and/or severe sleep deprivation women may not feel very positive about motherhood. These feelings can interfere with a mother's ability to bond with her infant. Although 'breast is best', clearly it is not if breastfeeding difficulties are causing a mother to be anxious, frustrated, tired and/or depressed. It is important that women are supported in whatever decisions they make concerning breastfeeding.

Bowel cancer screening

- Screening for cancer has become an integral part of our lives because we know that the earlier a cancer is detected, the better the prognosis. While most women regularly visit their health care provider to screen for breast, cervical and skin cancer, bowel cancer screening is often overlooked. Often perceived by women as a cancer that primarily affects males, it is important for women to realise that they too are at risk of developing the disease.

What is bowel cancer?

Bowel cancer is also known as colorectal cancer and refers to malignant growths which develop in some part of the bowel. Generally, bowel cancer develops from small growths called polyps which are non-cancerous growths on the lining of the bowel wall. If polyps are left untreated, they may enlarge and become malignant or cancerous. The earlier bowel cancer is detected, the better the chance that it will not spread to other parts of the body. Each year in Australia approximately 13,000 individuals are diagnosed with bowel cancer and over 4,700 die as a result of the disease.

Fast facts about bowel cancer

- 1 Bowel cancer is the third highest cause of cancer related death among women behind breast and lung cancer
- 2 1 in 26 women will be affected by bowel cancer in their lifetime
- 3 If detected early, bowel cancer is one of the most curable forms of cancer
- 4 Women are three times more likely to be concerned about breast cancer than bowel cancer, even though the incidence of breast cancer is only slightly higher
- 5 June 8 to 14 is Bowel Cancer Awareness Week

Early detection is the best protection

Screening for bowel cancer is the best form of protection. A Faecal Occult Blood Test (FOBT) is a quick and easy test that can be completed in privacy at home to detect any blood in the bowel motion. It is recommended by the National Health and Medical Research Council that everyone over the age of 50 completes a FOBT every two years.

The Australian Government has implemented the National Bowel Cancer Screening Program (NBCSP) to help reduce the incidence of bowel cancer morbidity and mortality. Phase 1 of the NBCSP commenced in Queensland in August 2006. During this phase everyone turning 55 or 65 between May 1 2006 and June 30 2008 will be sent an invitation to participate along with a FOBT kit to their Medicare registered address.

Those who complete the test will receive notification of the results by mail and can opt to have the results sent to their general practitioner (GP) as well. Individuals with a negative result (i.e. no blood detected in the bowel motion) will be re-invited to rescreen again in two years time. Those with a positive test result (i.e. blood detected in the bowel motion) will be advised to contact their GP for referral for appropriate follow-up, such as an assessment colonoscopy.

Individuals who are over the age of 50 but are not eligible for the Program at this time should contact their GP for advice on screening for bowel cancer.

The NBCSP is currently being evaluated and information regarding eligibility for Phase 2 of the Program will be available soon.

For more information contact your local Queensland Bowel Cancer Screening Program on 1300 766 927, or visit www.health.qld.gov.au/bowelcancer.

Prevention

There are a range of measures individuals can adopt to help reduce their risk of bowel cancer including:

- 1 Eating a high fibre, low fat diet
- 2 Maintaining a healthy body weight
- 3 Eating plenty of fruit and vegetables
- 4 Taking part in at least 30 minutes of physical activity per day
- 5 Limiting consumption of alcohol
- 6 Avoiding smoking



Bisphosphonates and jaw disease

- Last year the ABC's 7.30 Report
- ran a story about the medicines
- bisphosphonates and their association
- with osteonecrosis of the jaw. The story
- caused a great deal of alarm in the
- community. We examine the link and
- identify the real risks.

Osteonecrosis of the jaw (OJN) is a condition in which the bone in the jaw breaks down or dies. Symptoms of OJN include severe jaw pain, numbness, the loosening of teeth, oral odour, dental sore spots and exposed bone. There is no cure for OJN and it is not known whether stopping bisphosphonates will stop the disease progressing.

What the 7.30 Report story did not make clear to viewers was that the medicines bisphosphonates are prescribed for two distinct uses; to treat cancer when it is in the bone and in the prevention and treatment of osteoporosis. The risk of developing OJN is very different for these two user groups. The vast majority of cases of OJN occur in those receiving bisphosphonates for cancer treatment as these people receive high doses of the drug intravenously. The risk of OJN from taking oral bisphosphonates for osteoporosis is far lower. For example, the risk of OJN for those receiving bisphosphonates for cancer treatment is 0.88% – 1.15% compared to only 0.01% – 0.04% for those taking it for osteoporosis.

The risk of OJN for *all* bisphosphonate users increases with dental surgery. A review of published OJN cases found that 60% occurred after a tooth extraction or other dental surgery. Once again the risk differs according to bisphosphonate users. The risk of OJN in cancer patient bisphosphonate users who have a dental extraction is from 6.67% – 9.1%. The risk of OJN in osteoporosis bisphosphonate users who have a dental extraction is from 0.09% to 0.34%.

Due to the increased risk of OJN with dental surgery it is important that all bisphosphonate users maintain good oral hygiene and have regular dental visits. Bisphosphonate users should also inform their dentist that they take the medications. It may also be useful for those being newly prescribed bisphosphonates to have a dental assessment before starting on the medications.



From the web

Continenence Foundation

www.continenence.org.au

Continenence Awareness Week runs from 3 to 9 August

The Continenence Foundation's website has a wealth of information on both urinary and faecal incontinence. In addition to providing information for those with incontinence problems it also has sections relevant to health professionals and carers.

The Great Breast Fest montage

www.youtube.com

This montage of still photos of mother's breastfeeding caused a great deal of controversy in the US. It was conceived in response to social networking site Facebook banning breastfeeding photos. Ironically the video was then banned from YouTube due to its inappropriate content/inappropriate nature. YouTube have now reinstated it.

Little evidence of water's health benefits

What the findings were

An editorial in the *Journal of American Society of Nephrology* suggests there is little scientific evidence to prove that drinking eight glasses of water has health benefits. Authors Negoianu and Goldfarb examined current research and found that there was little to support *both* the benefit and lack of benefit of drinking eight glasses of water. Claims that drinking water clears toxins from the body, improves organ function, reduces hunger by making you feel full and improves skin tone are all unsupported by sufficient scientific evidence.

What is also interesting is that the actual recommendation of eight glasses has no scientific basis. That is, there is no single study that has looked at drinking eight glasses of water and its health outcomes on which to base this recommendation.

What it means

While keeping hydrated is important, how much water a person needs to drink every day is not actually clear. Those who find they struggle to drink eight glasses of water a day can feel reassured that this amount has no real scientific basis and, therefore, they should not feel overly concerned if they are not reaching it. Similarly, those who are relying on drinking water as an appetite suppressant for dieting purposes should consider that there is not enough evidence to suggest that this is a useful strategy.



Ask a Health Question

Our Health Information Line receives many calls from women about the combined oral contraceptive pill (the Pill). Here are two of our most common Pill queries.

Q: I am taking the Pill and have started bleeding although I am not due to bleed for another week.

The bleeding you are experiencing is referred to as 'breakthrough bleeding'. Breakthrough bleeding while taking the Pill is usually caused by the blood levels of the hormones being insufficiently high to keep the uterine lining (endometrium) under control. It takes higher levels of hormones to keep this lining in place than it does to prevent ovulation (thus provide contraception). Breakthrough bleeding does not by itself indicate a risk for pregnancy, but may indicate a smaller margin of error if a pill is forgotten.

Breakthrough bleeding is common when starting a new Pill, or when changing to a different Pill. This often settles within a couple of months. If breakthrough bleeding persists after this point, often a different or stronger dosed Pill can rectify this.

Another common reason for breakthrough bleeding is missing one or more active pills as this causes a drop in hormone levels. This could be through either forgotten pills or pills not being absorbed due to vomiting/diarrhoea or interactions with medications (eg., antibiotics) (also see following Q & A). This bleeding can occur a few days to a week after the missed pill and can last up to a week or longer.

If you are experiencing breakthrough bleeding a checkup with the doctor is advised to rule out sexually transmitted infections, pregnancy or other causes of bleeding.

Q: I've forgotten to take a pill. What should I do?

If an active pill is missed, take the forgotten pill as soon as remembered, and continue taking the rest as prescribed even if this means taking more than one in the same day. If more than 24 hours have passed, use condoms or abstain from sex until you have had 7 active pills in a row.

If a pill is missed in the first week after the inactive pills (one of the first 7 active hormones), in addition to the above you will also need to take emergency contraception if you have had unprotected sex in that week.

If a pill is missed in the last 7 days before the inactive (sugar) pills, in addition to using condoms for a week, the upcoming inactive pills should be skipped and active pills from the next packet commenced instead.

A pill is also considered 'missed' if it is not absorbed due to vomiting, diarrhoea or interactions with certain medications (eg., antibiotics). The above advice should also be followed for missed pills in these circumstances.

If uncertain of your level of risk upon missing a pill, you should consult with a health professional experienced in contraception and read the manufacturers' literature accompanying the medication. Alternatively, you may wish to call our Health Information Line and speak to one of our nurse/midwives.

call our **Health Information Line**

A free information and referral service for Queensland women

3839 9988

1800 017 676

(toll free outside Brisbane)

Staffed by nurse/midwives