

Health Journey

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Editor's view

There has been a recent rise in the popularity of body shaping underwear. Although there have always been tummy control briefs (think Bridget Jones) there are now an endless array of different styles and brands available. Women can even buy a body suit designed to minimise excess weight from under the bust right down to the knees.

Body shaping underwear is being promoted by various TV make over experts including Trinny and Susannah from *What Not to Wear* and Gok Wan from *How to Look Good Naked*. The emphasis of these TV shows is that body shaping underwear allows women to make the best of the bodies they have, by disguising problem areas such as tummies, thighs and bottoms.

Health experts, however, are concerned that women's use of body shaping underwear discourages them from addressing weight problems and the associated health implications. As Trinny and Susannah explain about their own Magic Knickers, "these babies will suck you in and hoik you up quicker than any diet or exercise routine". Providing a temporary solution to excess weight around the middle, however, does not deal with the fact that this shape raises women's risk of cardiovascular disease and type 2 diabetes.

Body shaping underwear also allows women to ignore poor core strength. Core strength includes the abdominal muscles, the muscles in the back and the pelvic floor muscles. If women rely on body shaping underwear to artificially create a tight abdomen they may not bother to maintain core strength. Poor core strength places women at risk of back pain, incontinence and genital prolapse.

Encouraging women to accept their bodies, whatever their size and shape, is a common theme in the women's health movement. But what if that body size and/or shape places women at risk of serious health problems? How can we combine advice about creating a positive body image while still ensuring that women maintain a healthy weight? Our *Midlife Body Image* health education presentation aims to achieve just that. The presentation encourages women to challenge factors which contribute to poor body image while also addressing why weight gain can occur during midlife and the importance of healthy eating and exercise. For more information on the *Midlife Body Image* presentation visit our website.

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**
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- **Health information** and free lending library via www.womhealth.org.au
- **Health education** for community and health professionals

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Omega-3: Something for everyone

Deanne Wooden, Nutrition Manager from the Heart Foundation discusses the recommendations for consumption of omega-3 oils

Omega-3 oils are a type of polyunsaturated fat found in marine, animal and plant sources. Marine sources of omega-3 oils are the best as they contain the most effective omega-3s (DHA and EPA). When incorporated as part of a healthy diet, omega-3 oils can reduce the risk of heart disease. The Heart Foundation recently released their recommendations for the consumption of omega-3 oils.

All adult Australians

To lower their risk of coronary heart disease (CHD), all Australians should:

- 1 Consume about 500mg per day of combined DHA and EPA through a combination of the following:
 - Two or three serves (150g serve) of oily fish per week
 - Fish oil supplements (capsule or liquid)
 - Food and drinks enriched with omega-3 (marine sourced)
- 2 Consume at least 2g per day of plant sourced omega-3. Plant sources include canola oil and margarines, seeds and nuts (particularly walnuts), linseeds (also known as flaxseeds), soybeans and dark green vegetables.
- 3 Follow government advice on fish consumption regarding local safety issues.
- 4 Discuss healthy eating and concerns about nutrition with an accredited practising dietitian, or a doctor.

The current average intake of omega-3 oils by Australian adults is **less than a quarter** of what is recommended by the Heart Foundation to help ward off chronic diseases, including cardiovascular disease. Research shows that omega-3 oils are effective in:

- reducing triglycerides (a type of fat found in our blood that increases the risk of cardiovascular disease)
- increasing HDL-cholesterol (the “good” cholesterol)
- reducing blood pressure, and
- stabilising your heart rate.

But the benefits don't stop there. There is also new research linking omega-3 to reducing inflammatory conditions (such as arthritis, asthma and psoriasis), maintenance of normal eye function, mood, and brain function including reducing the risk of depression and Alzheimer's disease. Last, but certainly not least, DHA has been shown to be critical to the development of the brain and vision in unborn babies and infants, and essential for efficient learning throughout the toddler and schooling years.

It is easy to see why we need to pay attention to this vital nutrient throughout the entire lifecycle, starting before birth until our twilight years. The obvious question now is, how do we make sure that we, and our family, are getting enough?

Adults

By making just a few small changes we can boost levels of these important oils. The desired levels of omega-3 can be easily achieved by consuming two to three serves of oily fish every week (see list for best varieties), supplementing with fish oil supplements and omega-3 enriched foods and drinks if needed. Fish can be incorporated into the diet in many ways including fresh fish, frozen fish fillets (look for the oily fish varieties) and also canned salmon, sardines and some canned tuna (look for tuna with higher omega-3 levels). When choosing an omega-3 supplement, remember to check the amount of active ingredient in each capsule. Most 1 000mg capsules will contain a maximum of 300mg of combined DHA and EPA.

Children

Just like the rest of the family, children should be offered 2-3 smaller serves of oily fish every week. If they do not like fish, look out for foods enriched with fish oils, for example some breads. Consider also a kids' fish oil supplement – these days they are available in fun, fish-shaped capsules.

Vegetarians

Good sources of plant based omega-3 include walnuts, linseeds, omega-3 enriched eggs (not strictly vegetarian as the hens' feed is supplemented with fish oil), and canola oil. Some omega-3 supplements are now derived from algae and are suitable for use by vegetarians and vegans.

Fish varieties and their level of omega-3

Very high: Australian salmon, blue mackerel, blue-eye trevalla, gemfish

Medium: Rainbow trout, flathead, smoked cod, grey morwong, mirror dory

High: Australian sardine, Australian herring, silver perch, yellow-tail kingfish

Low to medium: Australian bass, snapper, whiting, coral trout, leatherjacket

Mercury and fish/fish oils

If you are concerned about mercury in fish, the Therapeutic Goods Administration requires all fish oil supplements sold in Australia to contain zero or near zero mercury levels. In terms of fresh fish, the level of mercury in most fish caught and sold in Australia is low (the exceptions are billfish, shark/flake, orange roughy and catfish).

For specific advice on mercury levels in fresh fish see

www.foodstandards.gov.au/foodmatters/mercuryinfish.cfm

For more information on the Heart Foundation's omega-3 recommendations visit their website www.heartfoundation.org.au or phone 1300 36 27 87.



Premenstrual syndrome

⋮ PMS is often trivialised but its symptoms can have a real impact on a woman's life

Premenstrual syndrome (PMS) is the term given to a collection of symptoms that some women experience before the start of menstruation. It is also known as premenstrual tension. For women who experience PMS it can be quite disabling, affecting their work and personal lives.

Symptoms

Physical symptoms of PMS include:

- Breast swelling and tenderness
- Fluid retention (swollen hands, feet, bloated abdomen)
- Appetite changes (including food cravings)
- Headache
- Nausea
- Constipation/diarrhoea
- Acne
- Sleep disturbances

Emotional symptoms of PMS include

- Depression
- Anger
- Irritability
- Mood swings
- Anxiety/tension
- Confusion
- Forgetfulness/difficulty concentrating
- Reduced interest in social life
- Oversensitivity
- Tearfulness

The symptoms occur during the luteal phase of menstrual cycle (in the two weeks before the start of menstruation) and decline rapidly once menstruation begins (within a few days).

There are many theories as to why PMS occurs but no definitive answers. It is thought that some women may be more sensitive to normal fluctuations in hormones or that it is due to an abnormality with neurotransmitters like serotonin. Other theories involve deficiencies in particular vitamins or minerals. There does appear to be a genetic link, with women whose mothers suffer from PMS more likely to develop it.

The regularity of PMS means that it can have a significant impact on a woman's life, particularly if her symptoms are severe. Symptoms such as fluid retention coupled with oversensitivity and/or depression can result in a negative body image and lowered self esteem. Other symptoms such as forgetfulness, difficulty concentrating, irritability, anxiety/tension and headaches can make work life an added challenge, particularly for women in executive or managerial roles.

The area where PMS seems to have the greatest impact, however, is on interpersonal relationships. Symptoms such as anger, mood swings, irritability and oversensitivity can result in interpersonal conflicts. Women who experience moderate to severe symptoms commonly report feeling like they are a different person premenstrually. If women themselves find the symptoms distressing, it can be even more bewildering for their partner, children, family or friends.

Recording symptoms

Keeping a symptom diary can be a helpful way for women to gain a better understanding of their PMS symptoms. It can provide details on when symptoms are at their peak and if there are other factors that worsen or alleviate symptoms (eg., diet, stress levels). The symptom diary is also helpful in revealing if any particular symptom occurs throughout the menstrual cycle and, therefore, is not necessarily PMS related. For example, a woman might find her headaches occur throughout the month, suggesting another cause. The symptom diary can also point out if a particular symptom (eg., angry outburst) was a reasonable response to an external event rather than simply being due to PMS. The symptom diary should be kept for at least three consecutive menstrual cycles.

Best fixes

Diet

Certain dietary changes seem to have a positive effect on PMS. Foods with a low glycaemic index (GI) factor can stabilise blood sugar levels which in turn can help with symptoms like fatigue, food cravings and mood swings. Women should also avoid stimulants like caffeine (tea, coffee, chocolate, energy drinks) and alcohol as these can exacerbate some symptoms. Watching one's salt intake can reduce symptoms like water retention and bloating. Some women also find that eating smaller meals more frequently rather than three larger meals is helpful. As food cravings are also a symptom (usually for high fat and high sugar products), eliminating easy access to these products when premenstrual can reduce the temptation.

Exercise

Participating in regular exercise is beneficial as it has been found to have a positive effect on mood, decrease fatigue and improve sleep. Aerobic exercise such as running or walking is most beneficial as it releases endorphins (chemicals in the body which lift one's mood). Exercises which have an emphasis on relaxation (eg., yoga) may also be helpful as they can reduce feelings of stress which can worsen PMS symptoms.

Calcium

There is some evidence that calcium can improve symptoms of PMS. Dairy foods are the best source of calcium, but other foods high in calcium include fish with bones, almonds and green leafy vegetables. Alternatively, women can take a calcium supplement (600mg twice a day) during the luteal phase of their cycle.

Chasteberry (*Vitex agnus castus*)

This herbal medicine has been found to be more effective than a placebo (dummy pill) for some PMS symptoms (irritability, anger, mood swings, headache and breast tenderness). Women should aim to take 20-40mg a day of chasteberry.

Cycle charting and activity planning

Charting the menstrual cycle can identify times when PMS symptoms are likely to be most severe, therefore, allowing for activities to be planned accordingly. For example, a woman might avoid scheduling activities she finds stressful, such as a large family get together, when she has PMS. In addition, during the luteal phase women can make more time for activities they enjoy and find relaxing.

The Pill

The combined oral contraceptive pill (the Pill) is often prescribed for PMS as it stops a woman's normal menstrual cycle. However, for some women the side effects of the Pill will be similar to their PMS symptoms (nausea, bloating, headaches and breast tenderness). The best Pill for women with PMS is a monophasic Pill (has the same level of hormone tablets throughout the month).

Vitamin B-6

There are numerous studies investigating Vitamin B-6 for the treatment of PMS but many of the studies are of poor quality. There is, however, some evidence that 50-100mg/day of Vitamin B-6 might help decrease depressive symptoms of PMS. Women should be careful not to exceed 100mg/day as dosages higher than this can cause headaches, nausea, muscle weakness and pins and needles.

Diuretic

The prescription drug spironolactone, a diuretic, has been found to improve PMS symptoms of irritability, depression, breast swelling and tenderness and food cravings.

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is based on the concept that negative or distorted patterns of thought can in turn affect mood and coping. CBT involves learning to identify these thoughts and replace them with more realistic ones. CBT has been shown to have some benefit for PMS.

Popular treatments that don't measure up

There are many complementary therapies promoted for alleviating symptoms of PMS. Some of the most popular, however, appear to make little difference. For example, there is a lack of evidence to suggest that magnesium, manganese, vitamins D and E, St John's wort or evening primrose oil are effective at alleviating PMS symptoms.

Premenstrual Dysphoric Disorder (PMDD)

A small percentage of women (3-9%) suffer from an extreme form of PMS called premenstrual dysphoric disorder (PMDD). Women with PMDD experience symptoms so severe that they greatly impair a woman's everyday functioning (work, study, day to day activities and interpersonal relations). Emotional symptoms such as anger, mood swings and depression are more common than physical symptoms.

Treatment for PMDD should first include lifestyle changes and/or the combined oral contraceptive pill (see 'new Pill available' on page 6). Cognitive behavioural therapy may also be beneficial. If other treatments are unsuccessful the antidepressants selective serotonin-reuptake inhibitors (SSRIs) can be considered. SSRIs have been found to be very helpful in alleviating both emotional and physical symptoms of PMDD. For some women taking SSRIs continuously will be required, while others may be able to limit their use to just the luteal phase and the first few days of menstruation. Common side effects of SSRIs include nausea, anxiety, sleep disturbances, decreased libido, weight gain and sleepiness.



Free HPV vaccines for young women ending soon

The catch-up program providing free human papillomavirus (HPV) vaccines to women aged 18 to 26 (and school girls who have not completed their HPV vaccination through their school) will end on 31 December 2009. To be eligible for the free vaccine women and girls must start the course on or before 30 June 2009 and complete all three doses by 31 December 2009. Eligible women who do not begin the catch-up program by June 30 2009 will have to pay for the HPV vaccine if they wish to receive it (at a total cost of approximately \$450).

VitaminWater under fire

A class action lawsuit has been brought against Coca-Cola Amatil for deceptive and unsubstantiated claims about its VitaminWater line. VitaminWater is a so called enhanced water product and consists of still water with added nutrients. Much of the advertising for VitaminWater promotes it as a healthy alternative to softdrink. The US based Centre for Science in the Public Interest claim that the added sugar that VitaminWater contains does more to promote obesity, diabetes and other health problems than the vitamins do to perform the advertised benefits. A 500ml bottle of VitaminWater still contains 27g or over 6 teaspoons of sugar (the same size bottle of cola has 53g of sugar).

Although the water does contain B vitamins and Vitamin C, the fruit ingredients suggested by the different named varieties are largely absent. For example, the Energy Citrus variety contains no citrus, the Focus Strawberry-Kiwi variety contains neither strawberry or kiwi and the Power-C Dragonfruit variety contains no dragonfruit (only artificial dragonfruit flavour).

In Australia, consumer advocate group Choice has lodged a complaint about VitaminWater with the Australian Competition and Consumer Commission and the NSW Food Authority. They also allege that the labelling and marketing of VitaminWater is misleading.



From the web

www.pmsbuddy.com

This website has received a lot of media attention lately. It allows you to track up to five women's menstrual cycles and receive notifications of when that "time of the month" is approaching. While PMSbuddy.com claims to help "*minimize negative encounters between those with PMS and those close to them*" it really just seems to encourage viewing PMS as a bit of a joke.

www.whatwerewethinking.org.au

This website contains information about common experiences in the early months of parenthood and some effective ways of managing them. All information on the website is drawn from up-to-date research and the experiences of many parents of new babies.

New Pill available

A new combined oral contraceptive (the Pill) is now available for women in Australia. Called Yaz, it contains 20 mcg of the hormone oestrogen and 3mg of drospirenone (a progestin). The hormone formulation is the same as that used in the combined oral contraceptive Yasmin, but with a different dosage of oestrogen (Yasmin has 30 mcg of oestrogen). Yaz is able to contain a lower dose of oestrogen by having a different regime. Oral contraceptive pills have traditionally been formulated with 21 days of active pills and 7 days of inactive or sugar pills. Women have a withdrawal bleed or 'period' when they take the inactive pills (referred to as the pill free interval). Yaz, however, has 24 days of active pills and only 4 days of inactive pills. This shorter pill free interval is what enables a lower dose of oestrogen to be used. Yaz's shorter pill free interval may also be helpful for oral contraceptive users who experience symptoms during their 'period' such as pelvic pain, headaches and mood disturbances.

As well as being approved as a contraceptive, Yaz has also been approved for the treatment of acne and premenstrual dysphoric disorder (PMDD). Yaz is not available on the Pharmaceutical Benefits Scheme, costing approximately \$75-\$100 for 3 months supply.



Get divine in 2009

Katie Williams, exercise physiologist, explains how to make this year your healthiest and happiest yet

After the excitement of beginning a fresh New Year settles and the work and family routine begins again, we often lose sight of our goals and resolutions. Before you know it six months have passed and despite good intentions, the gym membership has been long forgotten, the cigarettes have returned or the fitness regime has gone out the window. So what can you do to avoid this dwindling motivation and ensure you do not have one of the 80% of resolutions that are made and not achieved each year?

The following are some strategies that you can try and implement - STARTING NOW!

Goal setting: "If you fail to plan...you plan to fail"

We all have different aspirations about things we would like to achieve and projects we would like to begin. They will remain just dreams, however, until you do something about it. You need to make a conscious decision to achieve your health and fitness goals. Identify your reason to change by asking yourself why you want to achieve a certain goal.

You have a greater chance of achieving success if you write your goals down. Make a list of what you want to achieve. Is it to fit into that size 12 dress again? Or be able to run around with the kids longer in the park? Or have more energy and zest for life? Be specific with amounts, dates and measures. Don't write "I want to lose weight", rather, "I want to lose 10kg in 12 weeks".

Find an exercise buddy or mentor

The support of a personal trainer, friend or family member will help keep you motivated and accountable. Doesn't it feel great to be able to say "yes" you did go for your daily walk rather than procrastinating or getting distracted?

Get your priorities right

While saving time and effort in your busy life seems like the most important thing in the world, what's more important is maintaining good health so that you can be around to enjoy life. Schedule time to exercise; make that appointment with yourself and keep it like you would with any other appointment – your body and mind will thank you for it.

Get moving

While that structured 30 minute walk will improve your fitness, increasing your activity levels throughout the day will really boost your metabolism and speed up your achievement of any weight loss goals.

Try the following:

- Grab hold of a pedometer and see how many steps you can hit each day. Remember 10 000 steps per day is the recommendation for weight maintenance.
- Go for a 5-10 minute walk in your lunch break (even just around the office).
- Walk around work to see people rather than email.
- Walk around the bathroom while cleaning your teeth.
- When speaking on a cordless phone pace up and down the hallway.

Keep a food diary

This will help you keep track of everything you consume – you may be surprised at how much you really do eat and furthermore you may identify triggers that cause bingeing or eating fatty foods (such as boredom or stress).

Don't stress

When we are stressed, various hormones are released as part of the 'fight or flight response' (especially adrenaline and cortisol). Chronic ongoing stress can contribute to weight gain (or lack of weight loss) through slowing your metabolism and increasing abdominal fat and emotional eating. Stress can contribute to other serious health problems including depression, diabetes, heart disease and possibly even cancer.

Try the following:

- Get enough shut-eye.
- Eat a balanced breakfast to stabilise your blood sugar levels and give you the sustenance you need to manage daily stress.
- Incorporate magnesium in the diet as it can help control stress. Eat pumpkin seeds, barley, low-fat vanilla yogurt, soybeans and spinach.
- Exercise to provide the natural high of endorphins and stretch to release stored tension.
- Drink green tea which is loaded with antioxidants to boost your immunity and speed up your metabolism.

Aim for at least 2 alcohol free days each week

Alcohol decreases your body's fat burning capacity. In a recent study 8 males were given 2 alcoholic drinks separated by 30 minutes. Fat metabolism decreased by a massive 73% for several hours following the consumption of drinks. Basically, your liver converts most of the alcohol into acetate, the acetate is then released into your bloodstream and replaces fat as a source of fuel. Alcohol will also increase your appetite, promote muscle wasting through affecting the release of hormones, and reduce the absorption of vitamins A, D, E, K, folate, B1 and B2.

So you now know some tips to help you keep those health and fitness goals.

Katie Williams, Personal Trainer & Exercise Physiologist

www.mobileexercispecialists.com.au

More exercise needed for weight loss

A study published in the *Archives of Internal Medicine* has found that to sustain a weight loss of 10%, participants needed to exercise for 55 minutes on five or more days of the week. These study results suggest that people may need to incorporate more exercise into their daily schedules, such as how they get to and from work.



Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column will feature answers to some of the most commonly asked questions.

Q: My doctor mentioned I had cervical ectopy. What is cervical ectopy (cervical erosion)?

A: Women who are young, pregnant or take the combined oral contraceptive pill (the Pill) can often develop a harmless condition of the cervix, called cervical ectopy. This condition is also sometimes referred to as cervical erosion but this term is not preferred as no real 'erosion' of the cervix actually occurs. Cervical ectopy results from the cell type that lines the uterus and cervical canal, spreading outwards onto the surface of the cervix. This proliferation of cells is typically caused by the high levels of oestrogen associated with pregnancy or the Pill. These cells have a reddish, velvety appearance due to their good blood supply, causing the cervix to appear grazed or 'eroded'. These cells also produce more mucous than usual, commonly resulting in a slight vaginal discharge, often blood stained, which can be a nuisance. Some women also experience bleeding after sexual intercourse.

Treatment for cervical ectopy is generally unnecessary unless symptoms are persistent. In these cases women may be referred for a colposcopy (a special examination of the cervix) to ensure no abnormal cells which may co-exist are missed.

In general, if women have a discharge they are troubled by or experience bleeding following sex, it is important that they consult their doctor to rule out other potential causes of discharge such as vaginal or sexually transmitted infections or abnormal cervical changes.

Q: My doctor says it is not good for young women on the Pill to smoke. How does smoking affect young Pill users?

A: The main reason women are advised not to smoke while on the Pill is that it increases the risk of blood clots which can occasionally cause problems such as stroke, heart attack and pulmonary embolism (in the lung). Even young Pill users who smoke are at risk.

Smoking can also affect our metabolism, including how quickly we break down medications and our own hormones. In smokers, the female hormone oestrogen is broken down more quickly and, therefore, smokers are more prone to unexpected spotting in either their own natural menstrual cycle or breakthrough bleeding on the Pill.

In addition, smoking interferes with your immune system both generally and at the site of your cervix. This means that if a smoker comes in contact with the human papillomavirus, (the sexually transmitted virus associated with cervical cancer), their body's ability to fight off the virus is reduced. Smokers are, therefore, more likely to develop persistent abnormal changes and cancerous changes on the cervix.

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