

Health Journey

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Editor's view

In the lead up to the recent federal election Women's Health Queensland Wide Inc (Women's Health) was concerned by use of the term "primary health care" by politicians when they were actually referring to primary medical care.

The work that Women's Health conducts fits under the definition of primary health care. Primary *health* care takes a broader view of health than primary *medical* care, which focuses on clinical services. The Australian Health Ministers' Council describes primary health care as involving "...continuity of care, health promotion and education [and] integration of prevention with sick care..." (source: www.phconnect.edu.au/defining_primary_health_care.htm accessed 23 August 2010).

It has been concerning to observe rhetoric around the topic of health making an assumption that general practitioners are the only providers of primary health care in our communities. There has been scant reference by both politicians and the media to the vital work conducted by organisations such as Women's Health to promote, inform and educate, and thereby reduce the burden on clinical care providers.

We hope that by the time we publish our next issue of *Health Journey* we will be able to comment on the new National Women's Health Policy. The National Male Health Policy was released earlier this year and we are hopeful that the women's policy will be released in the next few months.

In recognition of October being breast cancer awareness month this issue includes articles on the use of thermal imaging as a tool to detect breast abnormalities and the development of a possible vaccine for breast cancer.

Osteoarthritis is also a growing problem amongst baby boomer women. On page four Kirsten Braun examines what causes the condition and how sufferers can help relieve their symptoms.

A Melbourne researcher has recently named four new disorders that are related to teenage use of mobile phones. On page six we examine some of the health risks of social media and provide some tips to avoid growing dependent on these new communication technologies.

If you would like to receive *Health Journey* via email each month you can subscribe online at our website www.womhealth.org.au.

Lorraine Pacey
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

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165 Gregory Terrace Spring Hill Q 4000
PO Box 665 Spring Hill Q 4004

Administration and library . . . (07) 3839 9962

Facsimile (07) 3831 7214

Health Information Line (07) 3839 9988

Toll free outside Brisbane 1800 017 676

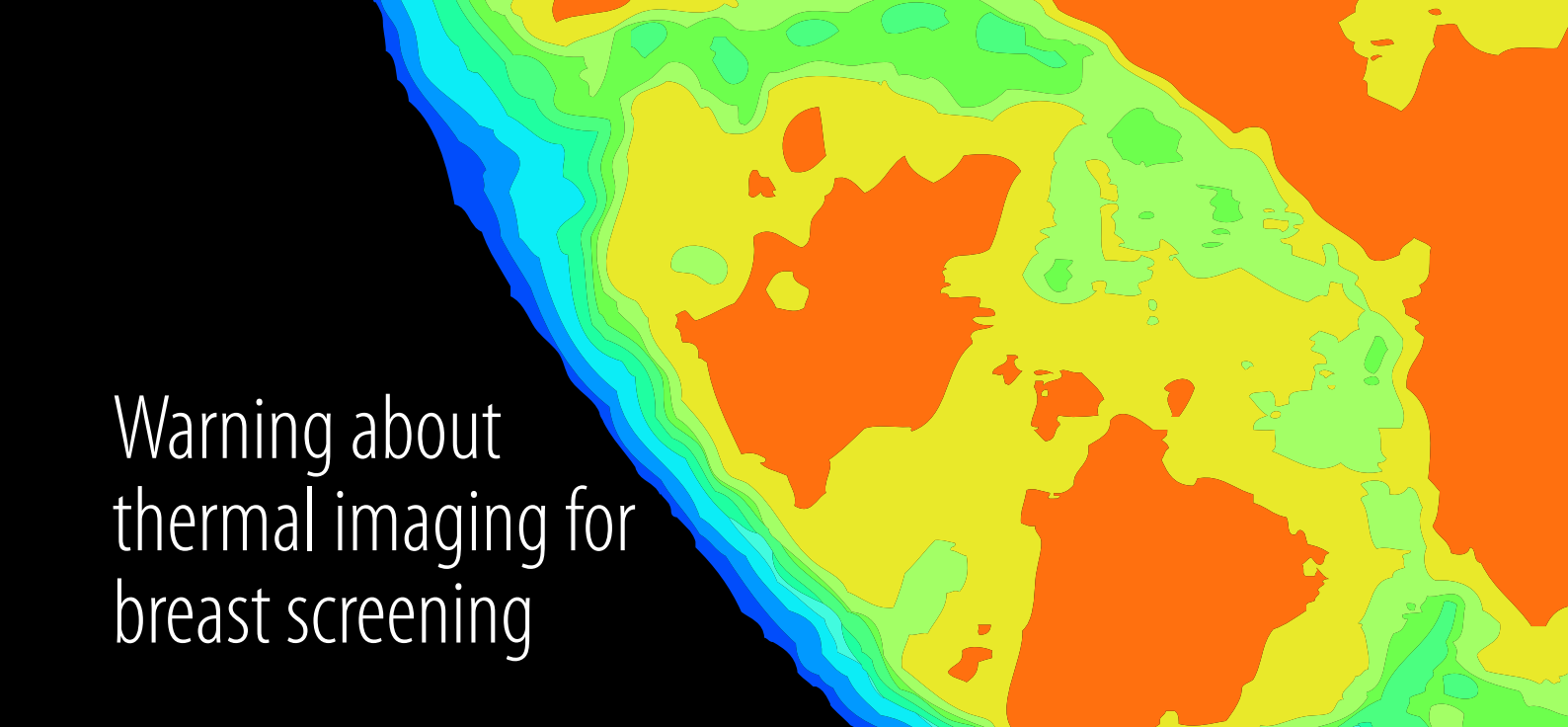
Email admin@womhealth.org.au

Web www.womhealth.org.au

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Warning about thermal imaging for breast screening

- Thermal imaging is being promoted as an alternative to mammography but its use has medical professionals concerned.

What is thermal imaging (thermography)?

Thermal imaging uses a thermal sensitive camera to take an image of the infra-red radiation (heat) being emitted by the skin. The image provided is made up of a range of colours with hotter areas appearing red and cooler areas appearing blue.

How is it used for breast screening?

As cancerous tumours have an increased blood supply and cell growth they tend to be warmer than the surrounding normal tissue. Thermal imaging will show up areas of warmer tissue and, it is claimed, indicate possible breast tumour growth. The procedure costs \$120 - \$150 and there is no Medicare rebate.

What are the benefits?

Unlike with mammography, there is no compression of the breast so women may find it more comfortable. In addition, thermal imaging does not expose the woman to any radiation, as occurs with mammography (a type of X-ray).

What are the problems?

Thermal imaging really only detects areas of heat in the breast. These areas of heat could be due to reasons other than cancer (e.g. inflammation). The potential for other factors to influence the imaging is apparent in the instructions for those undergoing the procedure (no make-up, deodorants; no excessive exercise for six hours before; no hot/cold drinks or food 30 minutes before; no excessive sun exposure within six hours; no sunburn at least a week before; wear loose clothing and try and be in a calm state). Breast thermal imaging, therefore, can have many 'false positives', where an abnormality is detected but everything is in fact normal. False positives can cause women unnecessary anxiety and follow up tests.

Thermal imaging is often marketed as being able to pick up changes in the breast well before other technologies such as mammography. This claim, however, is inaccurate. A breast tumour has to be several centimetres in diameter before it can be detected by thermal imaging, whereas mammography can detect tumours as small as a grain of rice. This means that women having thermal imaging may not have a breast cancer detected, (a 'false negative'), and be wrongly reassured that everything is normal. In addition, thermal imaging may not be suitable for morbidly obese women or women with a breast size greater than DD as an accurate recording of the undersurface of the breast cannot be obtained.

There is very little scientific evidence to support the use of thermal imaging in the early detection of breast cancer in women who do not have symptoms (asymptomatic). Additionally, there are no scientific studies comparing the effectiveness of thermal imaging versus mammography in asymptomatic women.

What do the experts say?

The marketing of thermal imaging to women has caused alarm amongst medical professionals. Of most concern to them is that women will use thermal imaging as an alternative to mammography and, in doing so, will have breast cancers go undetected.

In response, the National Breast and Ovarian Cancer Centre released a statement advising that it *"does not recommend the use of thermography for the early detection of breast cancer. ... There is no current scientific evidence to support the use of thermography in the early detection of breast cancer and in the reduction of mortality"*.

This position is also supported by Queensland Health, BreastScreen Australia and Cancer Council Queensland who have released similar statements/comments. Queensland Health's Chief Health Officer, Dr Jeannette Young, addressed the issue of radiation levels and mammography (a fact often used in the marketing of breast thermal imaging). Dr Young explains that the dose of radiation used in mammography is very low and the benefits of regular breast cancer screening far outweigh any risk from radiation exposure.

Australian women can be assured that any new technologies in the area of breast screening are closely monitored. The Australian and New Zealand Horizon Scanning Network (ANZHSN), for example, publishes regular bulletins on emerging technologies, including the latest scientific evidence. The most recent bulletin, February 2009, states *"there is little evidence to support the use of thermography for the diagnosis of breast cancer in asymptomatic women."*

What should women do?

Women should continue to have mammograms as they provide the best form of early breast cancer detection. All women aged 50-69 can have a free mammogram every two years through BreastScreen Australia. Women in their 40s and aged 70 and over are also eligible to attend if they choose. To make an appointment for a free breastscreen call 13 20 50.

Kirsten Braun

Osteoarthritis and baby boomers

As the baby boomer generation become seniors, osteoarthritis rates are predicted to soar.

Osteoarthritis (OA) is a degenerative disease of the joints and is the most common type of arthritis. Normally, the ends of the bones in a joint are covered in cartilage which provides a cushion and allows the joint to move smoothly. OA occurs when this cartilage becomes damaged. Sometimes small pieces of cartilage break off and float around in the joint, causing inflammation. In severe cases, the cartilage can wear away, resulting in bone grinding on bone. OA predominantly affects those joints that are weight bearing such as knees, hips and the lower spine and those that perform repetitive tasks such as the hands.

Who is affected by OA?

OA is most common in the 65 and over age group. Those with a family history of the condition are at higher risk of the condition. More women than men are affected by OA and women tend to experience more severe symptoms, although reasons for a gender difference are not completely clear.

It is thought that the prevalence of OA will increase substantially in the next few decades as the baby boomers (those born between 1946 and 1965) enter their senior years. One of the main reasons for this is an increase in rates of obesity, a leading contributor to OA. An American study found that baby boomers are more obese and will spend more of their adult years in an obese state than the previous generation. The joints of baby boomers, therefore, will have been subject to more stress, resulting in higher OA rates.

Conversely, some baby boomers' active lifestyles also place them at risk of OA. The baby boomer generation is more likely to have played competitive sport than previous generations. Sporting injuries suffered at a younger age can lead to OA in affected joints. In addition, not modifying an exercise regime as one ages can result in the over-use of joints. For example, a person who has jogged all their adult life may find their knee joints shown signs of over-use, placing them at risk of OA.

Symptoms

The symptoms of OA vary greatly between individuals but the main symptoms are pain, stiffness and a reduced range of movement in the affected joint. Pain is often worse at the end of the day or after repetitive use of the joint. Stiffness is often experienced after a period of rest, e.g. when getting up in the morning or after sitting for a period of time. People may also experience swelling and redness of the joint and the development of bone spurs (bony growths on the end of the bone). The muscles around the joint may weaken, making the joint feel unstable. The chronic pain and reduced movement associated with OA can also lead to poor mental health in those with the condition.

Diagnosis and treatment

People experiencing the symptoms of OA should firstly see their GP. Several conditions are characterised by joint pain and stiffness (e.g. other forms of arthritis) so visiting a GP can ensure the right condition is diagnosed. If OA is diagnosed early, treatment may help delay the progression of the condition.

Weight management is an important factor in treating OA when it occurs in weight bearing joints. Weight loss will reduce the stress being placed on the joint and, therefore, can improve symptoms as well as help the condition from worsening. **Exercise** also plays a crucial role (see Exercise for OA section opposite).

Paracetamol is the first choice of **medication** for treating the symptoms of OA. If paracetamol does not provide sufficient relief, non-steroidal anti-inflammatories (NSAIDs) can be used. NSAIDs are available in tablets as well as topical creams. The side effects of NSAIDs can include stomach problems like ulcers and bleeding, making them unsuitable for some people. Cox-2 selective inhibitors can also provide relief from OA and while they have less stomach related side effects, they can increase a person's risk of heart attack and/or stroke. Corticosteroids are also used for treating OA and are administered by injection to the affected area. The repeated use of corticosteroids can damage cartilage so there is a limit to the number of injections that can be given. **Viscosupplementation**, the injection of a joint lubricant - hyaluronic acid - is also a treatment option for knee OA.

Many people with OA turn to **complementary and alternative medicine (CAM)**. There are hundreds of CAM treatments purported to help with OA, but as with CAM in general, there is limited scientific evidence to support their use. There is some evidence that acupuncture, avocado soybean unsaponifiables (ASUs), chondroitin, collagen hydrolysate, devil's claw, glucosamine, methylsulfonylmethane (MSM), rosehip and S-Adenosylmethionine (SAME) supplementation are beneficial in the treatment of OA.

In severe cases of OA where other treatments have not relieved symptoms, **joint replacement surgery** may be an option. This involves replacing the affected joint or parts of the affected joint with prosthetic ones. The most common joints for replacement are the knee and hip. There has been a significant increase in knee and hip joint replacements in the last two decades in Australia (an increase of 92% and 149% respectively between 1993-4 and 2006-7). This trend is set to continue with people having the surgery at a younger age. It is thought that the baby boomer generation will be less likely to put up with OA symptoms, seeking out a more permanent fix.



Exercise for OA

Those who suffer from OA often become less active as a result of its debilitating symptoms. Many people with OA are concerned that exercise will make their condition worse as often a person experiences an increase in symptoms after activity. Studies show however that exercise is beneficial for OA and prolonged periods of rest can actually be counterproductive. Exercise can relieve pain, improve the physical functioning of the joint and help maintain a healthy weight. Exercise also has a direct effect on the joint's cartilage. Cartilage does not have a blood supply, relying on nourishment from the fluid in the joint (the synovial fluid). Regular exercise appears to improve the quality of the synovial fluid. In addition, for those who may suffer from poor emotional health as a result of OA, exercise can improve one's mood.

Three different types of exercise are required. Aerobic (for cardiovascular fitness and weight management); strengthening (to strengthen muscles around the joint which support and protect it) and stretching/flexibility (for joint mobility, reducing stiffness).

Exercise tips

- The exercise regime should be tailored to suit an individual's needs. A physical therapist, exercise physiologist or physiotherapist can assist with this.
- Benefits might not be seen for a number of weeks (and there may in fact be an increase in symptoms in the meantime) so perseverance is needed.
- If starting an exercise program build up the amount of activity gradually to minimise symptoms and prevent injury.
- There is a form of exercise suitable for the majority of people with OA. For example, if walking is too strenuous, riding a stationary bike may be an alternative.
- Variety is the key as it reduces the chances of over-use of particular joints. So rather than only brisk walking, alternate with swimming and bike riding.
- Warming up before exercise is crucial as it distributes the synovial fluid in the joint helping to protect it.
- If pain and swelling occur after exercise, use cold or heat packs and/or pain medication.
- Braces and taping can support the affected joint during exercise while orthotics (shoe supports) can help provide extra cushioning.
- Aquatic exercise (swimming, aqua aerobics) is ideal as exercising in water takes pressure off joints.
- Yoga, pilates and tai chi are all good examples of exercises which improve flexibility and range of movement in joints.

Kirsten Braun

Thongs good for the knee?

A recent study published in *Arthritis and Research Care* found that walking in flat, flexible footwear such as thongs reduced the impact on the knee joint more than a supportive stable shoe with a less flexible sole. The researchers explain the "natural flex of the foot when it contacts the ground probably attenuates the impact on the joint, compared to the artificial 'stomping' movement created by a stiff-soled shoe". The researchers, however, cautioned that impact on the knee joint is only one factor in footwear choice and that loose-fitting shoes like thongs may pose a falls risk in the elderly.

Health risks of social media

- Social media can impact on self esteem or lead to an unhealthy withdrawal from the real world.

Texting, Facebook, MySpace, Twitter and other social media all allow us to communicate with others in a way that was not previously possible. We can send our thoughts to large groups of people at a touch of a button. The speed of this developing technology, however, has meant that at times potential risks have been overlooked. Some risks like online bullying or paedophile predators are obvious, but there are other ways that these technologies can have a negative impact.

Social networking sites like Facebook and MySpace are a great way for people to stay in contact with others, particularly those they may not see on a regular basis. Such sites, however, do seem to place an emphasis on people having a large number of 'friends', with the friend counter being prominently displayed on a person's profile. There was even a 'race' on in the celebrity world to see who could reach the ten million friends mark (Lady Gaga took the honours). While many users of these sites are not overly concerned with their friend count, satisfied with just joining close friends and family, for young adults it can be very different.

For this age group, fitting in and, therefore, being popular is an important aspect. Social networking sites have suddenly made popularity extremely public, something that can be scrutinised and measured. This has led to people spending considerable amounts of time on such sites, recruiting 'friends'.

Text messaging can also pose problems, with young adults often spending large amounts of time communicating with friends. They can find it difficult not to be in constant contact and use sending and receiving texts as a measure of popularity. Modern communication researcher, Jennie Carroll, has even found that people can develop a form of anxiety, 'textxiety' when they don't receive or send text messages. In order to ensure many responses, people send large numbers of individual texts or group texts, a behaviour she describes as 'binge texting'. In addition to texting we now also have Twitter, a social media site that encourages users to blog (tweet) what they are doing via a short message to their friends or 'followers'.

One poll of social media users found that:

- 48% check Facebook/Twitter in bed, during the night or first thing in the morning
- 56% need to check their Facebook daily
- 7% would check a text message during sex!

Tying one's identity and worth to how many text messages one receives or how many Facebook 'friends' or Twitter followers one has can, therefore, result in emotional health issues. People who do not feel they have enough friends or who feel left out can develop low self-esteem, anxiety or even depression.

Maintaining one's social networking page can also become a time-consuming affair with people feeling they must keep up an online presence. Frequently updating profile pictures, uploading photos, joining causes and responding to friends' postings and uploads can all take up hours of the day. There are also countless games that users can play such as FarmVille, Facebook's virtual farm simulation game, all of which require a great deal of attention. The inclusion of social networking sites on mobile phones has meant that many people now have access even when away from their computer.

All of this posting, texting and tweeting consumes large amounts of time that could be spent doing other activities. It can start to affect other aspects of a person's life including their work performance, face-to-face relationships and finances (e.g. phone bills from texting). People may also suffer from poor health as time spent on social media takes over from tasks such as eating a healthy diet, exercising and getting a good night's sleep.

Kirsten Braun



How to avoid becoming a social media addict

- Keep track of how long you spend as time can quickly get away
- Don't have social media sites open in a web browser tab all the time, schedule their use instead
- Put limits on time spent on social media sites (e.g. 30 minutes a day or not after 9pm)
- Turn off email notifications for social media sites as they encourage more use
- Think before you text/twitter. Do people really need to know what you are having for lunch?
- Be careful not to replace face-to-face social events with virtual ones
- Have mobile phone or computer free days
- Identify activities enjoyed previously (before the rise of social media) and take these up again.

Exercise can halve the risk of postnatal depression



- Getting some gentle exercise following giving birth can significantly reduce a woman's risk of developing postnatal depression.

Researchers at the University of Melbourne have found that the number of women at risk of developing postnatal depression halved when given a physical exercise regime after giving birth.

The study involved 161 women. One group was led through an eight week program of physical activity combined with parenting education. The second group was given parenting education only for the length of the study.

The number of mothers participating in the exercise and education combined program who were rated to be at risk of developing postnatal depression had halved at the end of the 8 week trial.

"By improving new mothers' wellbeing, this physiotherapy-based program has been shown to have a real impact on reducing the risk of PND," the lead researcher, Professor Mary Galea of the University of Melbourne, commented.

Postnatal depression affects 12 – 15% of new mothers. Symptoms of postnatal depression can be both physical and psychological and include sleep disturbance, appetite changes and feelings of inadequacy, anger or sadness.

Women can call the Women's Health Information Line on 3839 9962 (in Brisbane) or 1800 017 676 (toll free outside Brisbane) for further information on antenatal and postnatal depression. You can also contact Lifeline 24 hours a day on 13 11 14.

New mums in Queensland can contact Women's Health on 3839 9962 to receive their free copy of the *Looking After You: a new mum's guide to feeling great* or the *Antenatal and postnatal depression* booklet. Both booklets can also be viewed online at www.womhealth.org.au.

From the web

A recent study found that people who used a weight loss website to regularly record their progress were more successful at losing weight and maintaining it. Here are two popular options:

CalorieKing.com.au

CalorieKing provides a free weight control club where users can obtain customised diet plans and menus, record their diet and exercise and interact with other members. The website also provides a searchable database of the nutritional content of thousands of foods, including take-away. Perfect for discovering how much saturated fat is really in that 'healthy' salad.

SparkPeople.com

This website provides many of the features of subscription websites, except for free. The focus of SparkPeople is on an overall lifestyle change rather than just simply weight loss. Users can access food and workout trackers, meal plans and a wealth of health based information. The site assists with motivation through articles and support teams of other members, including Australian based ones. The success of SparkPeople has resulted in various spin off websites including SparkTeens.com (a modified version of SparkPeople for 13-17 year olds) and BabyFit.com (providing tools for a healthy pregnancy).

Is it really thrush?

- Itchy, red or tender vagina? Abnormal vaginal discharge? Most women would assume these symptoms mean a case of thrush but it could be something more.

Thrush (or candidiasis) is caused by the overgrowth of yeast-like fungi called *Candida* found naturally in the vagina. The availability of over-the-counter (without prescription) thrush treatments means that many women now self-diagnose and self-treat a thrush infection.

Some of these women, however, may in fact have a different vaginal infection altogether. Genital herpes, for example, can display symptoms characteristic of thrush, such as discomfort and itching. Chlamydia can cause abnormal vaginal discharge as can bacterial vaginosis and trichomonosis, two other common vaginal infections. Women may also have a strain of thrush that is resistant to the standard over-the-counter treatments.

Women who believe they have a thrush infection should visit their doctor if:

- the symptoms persist or return
- the symptoms are different from thrush infections they have had in the past
- they have sores, ulcers or blisters in the genital area
- they have bleeding between periods or after sex
- they are experiencing pain in the abdominal area

A doctor can take a vaginal swab, take a medical history and examine the genital area to confirm whether the infection is thrush or another condition.

For more information read the *Thrush and other vaginal infections* factsheet at www.womhealth.org.au/factsheets/thrush.htm or call Women's Health Queensland Wide's Health Information Line on 3839 9988 or 1800 017 676 (if outside Brisbane).



Ask a Health Question

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

Q: I heard about a breast cancer vaccine in the news recently. Is it possible to get the vaccination now?

A: There is always a lot of research going on in the area of cancer prevention. At any given time there are likely to be a number of substances and vaccinations being tested worldwide. Recently, scientists have been testing a vaccine which appears to prevent breast cancer in mice. This vaccine, which has not yet been tested on humans, stimulated the mouse's own immune system to attack tumour cells. The vaccine was also effective in preventing breast cancer in mice genetically programmed to develop breast cancer.

However, vaccines do not always have the same effect on humans that they do on animals. To thoroughly understand if and how this vaccine would actually work in women, it needs to be tested on humans through clinical trials. These trials consist of a number of phases, each taking several years, with an increasing number of participants involved at each new phase. During vaccine trials, participants are usually randomised into double blinded studies whereby neither participant nor the researchers know who is receiving the vaccine versus who is receiving the placebo (a non-active substitute used as a control for comparison purposes).

Clinical trials allow researchers to obtain reliable information about potential side effects, safety, appropriate dosage and the administration schedule of the vaccine. This process of human clinical trials might typically take up to a decade. At that point the safety and effectiveness data is then assessed by the appropriate government body (in Australia the Therapeutic Goods Administration). If approved for use it is usually not long before the vaccine is widely available.

Results from human trials of this breast cancer vaccine, therefore, are still many years away. In the meantime, there are lifestyle measures women can take to help prevent breast cancer. These include consuming a healthy diet, maintaining a healthy body weight, regular physical activity, limiting alcohol intake, avoiding cigarette smoke, and breastfeeding.

In relation to diet it appears that a diet rich in vegetables and fibre is protective. Reducing total fat consumption, in particular saturated fat (such as that found on meat) may be beneficial. Additionally, increasing the intake of fish, plant sources of fat (such as avocado and nuts) and monounsaturated oils such as olive oil, may be beneficial.

Physical activity appears to decrease the risk of breast cancer, with higher levels of exercise being most protective. Research suggests a minimum of 2 to 4 hours of moderate or vigorous exercise, such as brisk walking, is needed every week.

Women who drink alcohol have an increased risk of breast cancer, compared to non-drinkers. Women are, therefore, encouraged to avoid alcohol or limit drinking to no more than one standard drink daily, with as many as possible alcohol free days per week. There is also some evidence to suggest that smoking or exposure to second hand smoke may increase the risk of breast cancer in younger women so avoiding cigarette smoke is advised.

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