

Health Journey

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Editor's view

The rapid growth of social media has left many organisations struggling to keep up with what is on offer and determine how relevant these tools are for their circumstances. This is particularly the case for nonprofit organisations who often have limited information technology expertise and are typically under-resourced. Social media can be of great benefit to nonprofits especially in the areas of fundraising and attracting volunteers.

Our recent attendance at the *Connecting Up Australia* conference in Melbourne uncovered many gems, including a guide to the world of social media. *The Nonprofit Social Media Decision Guide*, produced by Idealware, provides a step by step approach to Facebook, Twitter, blogs, photo sharing websites (eg., Flickr) and video sharing websites (eg., YouTube). Visit Idealware's website to download the guide: www.idealware.org/reports/nonprofit-social-media-decision-guide.

Although the guide is aimed at nonprofits, many organisations would benefit from reading the simple explanations of each social media channel and the estimates of required resources to participate. The guide highlights the importance of having a well thought out social media strategy rather than just joining in because everyone else appears to be.

Women's Health has recently embraced social media by becoming a content partner with Healthshare. Healthshare is a free social network of health communities which encourage support and the sharing of information. Healthshare has over 500 groups dedicated to specific medical and life challenges. Women's Health is currently part of the *vulval conditions, thrush, sexually transmitted diseases* and *trying to conceive* Healthshare communities. For more information on Healthshare see www.healthshare.com.au.

Lastly, we have chosen to combine our number three and four issues of *Health Journey* this year so that we can dedicate time to the redevelopment of our website. The redesigned website will highlight our health information topics and promote the health information line service. The website will also be redeveloped in accordance with web accessibility guidelines.

In last issue's editorial we mistakenly referred to researcher Lia Panarello as 'Lisa'. Our apologies Lia.

Kirsten Braun



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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Do you want fries with that?

- The food industry's marketing tactics are
- encouraging us to overeat.

Convenience foods are readily available and few of us manage to avoid their temptations altogether. They are generally high in sugar, fat and salt, not to mention artificial colours, preservatives and flavours. While most of us know these foods cannot be eaten regularly, when we do purchase them we tend to eat far too much. Here are five marketing tactics that encourage us to overindulge.

Upsizing

Upsizing is a marketing tactic popular with fast food chains. It encourages people to buy larger serves and, therefore, more product. Upsizing works by making smaller sized serves comparatively expensive and then offering to upsize to a larger serve for very little cost. People tend to upsize even if they didn't originally want such a large serve size because it seems like better value for money. Upsizing is not just confined to fast food chains with coffee chains providing another example.

The main problem with upsizing is that it results in people buying and consuming more kilojoules (kJ). For example, if a person chose a standard burger, small fries and small softdrink from a popular fast food chain they would consume 4494kJ and 53.1 grams (g) of fat. However, if they upsized to a large fries and large softdrink they would consume an **extra** 1412kJ and 11.3g of fat.

Bundling

Many fast food chains also use bundling, where individual food items are sold together as a 'combo' or 'meal deal'. This works in the same way as upsizing, with the purchase of items individually being more expensive, thereby encouraging people to buy the bundled deal. Bundling is profitable because the extras are generally items which have a high profit margin like softdrink and fries. A worrying new trend with fast food chains is to not feature items separately on menus, making it difficult to order anything but a bundled deal. Additionally, bundles now offer additional sides such as desserts and other snack items making the quantity of food very large for one person's consumption.

Deluxe options

Many fast food chains offer deluxe menu items. These items typically involve extra servings of meat, chicken and/or cheese. As with other marketing tactics the deluxe option is often not much more in price. It does, however, come with many more kilojoules. For example, one of the deluxe burgers at a popular fast food chain contains 3560kJ

and 53g of fat, 1500kJ and 27.5g of fat more than the regular burger. This is all before upsizing or ordering it as part of a 'meal deal'.

Larger packets/bottles

Another marketing tactic used by food manufacturers is to simply start packaging products in larger sizes. Softdrinks used to be available in 250 millilitres (mL) and 375mL cans but now many outlets only stock 600mL bottles. Similarly, a large bottle of softdrink used to be 1 litre (L) but these have gradually been replaced with 1.5L bottles. Once again people end up purchasing more product than they originally wanted. Gradually people become accustomed to consuming the larger amount and they no longer recognise it as being excessive.

Multi-buys

A price war between our major supermarkets has seen an increase in multi-buy specials where people need to buy several of the same item to get a saving. For example, a leading supermarket is offering two large packets of potato chips for \$4. When a single packet costs \$2.95, it is understandable that many people choose the multi-buy. When such specials are on non-edible items such as laundry detergent it is generally not an issue as it is unlikely people will use more detergent because they have bought several boxes. The problem occurs with items such as chocolate, softdrink or potato chips (three of the most frequently advertised specials) as people often simply eat the larger amount purchased.

What we can do

It is difficult to overcome marketing strategies that encourage over consumption as they exploit what we encourage in other situations, getting a good financial deal. Instead of looking at the cost to our wallets, however, we need to consider the costs to our health and the health of our family. This requires quite a different mindset and may take some practice. Here are some tips for success:

- Think of upsizing as also upsizing your waistline, blood pressure and cholesterol. Only order the smallest size.
- Avoid bundles, especially those that have many extra sides.
- Alternatively, look for bundles that include water as the drink option or ask to change the softdrink to water.
- Avoid deluxe options, stick to the standard menu items.
- Be aware of increases in packaging sizes and seek out the smallest size where possible.
- Avoid multi-buys involving junk food unless you know you can avoid the temptation of consuming more because it is in the house.

Kirsten Braun

Vitamin D: Could you be deficient?

Even those living in the sunshine state can be at risk of Vitamin D deficiency.

What is the role of Vitamin D?

Vitamin D is a fat soluble vitamin that is a precursor to an important hormone in our bodies. It enhances our absorption of calcium and phosphate and helps maintain the balance of these minerals. Vitamin D is, therefore, crucial to the health of our bones and teeth. A growing body of research also suggests that Vitamin D plays a much broader role in our health including our immunity, central nervous system, muscle strength and risk of particular diseases.

What are the sources of Vitamin D?

The best source of Vitamin D is sunlight. When a person's skin is exposed to ultraviolet B (UVB) light, it produces Vitamin D. However, there is considerable variation in how much sun exposure is required at different times of the year, times of the day and at different latitudes. If the sun is at a low angle in the sky (early morning, late afternoon and in winter) the UVB rays are weaker and, therefore, the amount of Vitamin D that can be produced is less. Skin thinning associated with ageing decreases our ability to make Vitamin D. Similarly, those with dark skin make less Vitamin D, requiring about 3-6 times more sun exposure than light-skinned people.

Vitamin D is also naturally present in small amounts in some foods including oily fish (eg., salmon, mackerel, sardines, herring), beef liver and egg yolks. In addition, some products have Vitamin D added to them (referred to as fortification). This includes all margarines and oil spreads and some milks, cereals and orange juice. However, our diet generally only provides 10-25% of our Vitamin D requirements.

Who is at risk of Vitamin D deficiency?

It was commonly thought that Australians were not at risk of Vitamin D deficiency due to our sunny climate. Vitamin D deficiency was considered something that only affected people who had very little sun exposure (eg., nursing home residents, the chronically ill, veiled women) and people with dark skin. However, it now appears that Vitamin D deficiency affects many more Australians. One study found that in winter/spring, 40.5% of participants in south-east Queensland, 37.4% in the Geelong region, and 67.3% in Tasmania had Vitamin D deficiency.

Lifestyle changes such as spending more times indoors and longer working hours all contribute to reduced sun exposure and lower Vitamin D. UVB rays don't pass through glass so Vitamin D cannot be obtained when driving or sitting inside near a window. Rising obesity levels are also a contributing factor to Vitamin D deficiency. It appears that in obese people some Vitamin D (a fat soluble vitamin) becomes locked away in fat cells making it unavailable to the body. Some medications (eg., anticonvulsants, anticoagulants), increase the breakdown of Vitamin D which can also contribute to a deficiency.



The main contributing factor to Vitamin D deficiency, however, is our response to public health messages about safe sun exposure. Our use of high SPF sunscreens, wearing protective clothing and staying out of the sun during the peak UV times has all reduced the amount of UVB that our skin is exposed to. It is estimated, for example, that using a SPF15 sunscreen reduces the skin's capacity to produce Vitamin D by 98%. People vigilant about their sun safety, are, therefore, another group at risk of Vitamin D deficiency.

What are the symptoms of Vitamin D deficiency?

The majority of people with Vitamin D deficiency will have no symptoms. However, if left untreated Vitamin D deficiency can lead to muscle aches and weakness and contribute to osteoporosis. A severe deficiency can cause osteomalacia in adults (weak, fragile bones) and rickets in young children. Rickets is a disease characterised by soft and weak bones and has recently been seen in a small number of children in Australia.

Vitamin D deficiency has also been implicated in autoimmune conditions (multiple sclerosis, osteoarthritis, Type 1 diabetes), cardiovascular disease, some cancers (colorectal and breast cancer), and infectious disorders.

What can we do?

Those who believe they are at risk of Vitamin D deficiency can have a blood test. For many deficient adults, an oral Vitamin D supplement will be recommended and Vitamin D levels checked after three to four months. If the deficiency is severe Vitamin D may be given in the form of an injection. Some people might also require calcium or other supplementation simultaneously.



Australia's high skin cancer rate has meant that some members of the medical community are reluctant to recommend sun exposure as a means of obtaining Vitamin D. There is a concern that such information will undermine the important public health messages about sun safety that have taken decades to achieve. Such concerns are warranted with a recent study of general practitioners revealing that some would recommend too much sun exposure at peak UV times for Vitamin D deficient patients. Recordings of UV data from different Australian cities, however, has found that for some locations and seasons there are few opportunities to obtain enough Vitamin D during sun safe hours. This has prompted the development of new guidelines to provide a clearer picture of how sun exposure (and the risk of skin cancer) can be limited while still gaining adequate Vitamin D.

The guidelines, to be officially released later in the year, recommend that in **summer** a moderately fair-skinned person requires 6-8 minutes of sun exposure to their face, arms and hands during mid-morning or mid-afternoon on most days (just outside peak UV times of 10am to 3pm). In **winter**, sun exposure should occur on most days, at noon, involving as much bare skin as possible for around 7 minutes in Cairns, 25 minutes in Melbourne and 30 minutes in Hobart. People with darker skin are likely to require 3-6 times longer sun exposure.

Generally, sun protection is needed when the UV Index is 3 or above. To check UV levels and the times sun protection is required, see the Bureau of Meteorology website at www.bom.gov.au and search for UV alert. When UV levels are below 3, a 'NO UV Alert' is issued. Alternatively, download the Sunsmart iPhone app (see page 11 for more details).

Kirsten Braun

Vitamin D and pregnancy/breastfeeding

A study of pregnant women in rural Victoria found that approximately two thirds were Vitamin D deficient. Vitamin D deficiency in pregnant women is a serious problem as the unborn child is dependent on their mother for Vitamin D. Vitamin D is crucial for the proper development of a baby's bones. There is also some evidence that Vitamin D deficiency may be associated with gestational diabetes. The daily recommended adequate intake of Vitamin D for women who are pregnant or breastfeeding is 200 IU or 5 micrograms (μg).

If a pregnant woman's Vitamin D levels are adequate during the last stages of pregnancy her baby will have sufficient Vitamin D for a period of time following birth. This is important as breastmilk is actually very low in Vitamin D. Women who are taking a pregnancy multi-vitamin may still not be getting enough Vitamin D. The amount of Vitamin D in most pregnancy multi-vitamins is inadequate, particularly for women who are already Vitamin D deficient.

Some health professionals are now recommending that women's Vitamin D levels be tested prior to conceiving or early in pregnancy. Vitamin D supplements can then be given if a deficiency is found. Women need to take a Vitamin D supplement suitable for pregnancy as some supplements (ie., cod liver oil) may also be too high in Vitamin A which is not recommended during pregnancy.

How lung disease affects women

- The Australian Lung Foundation provides an overview of how lung diseases
- previously considered 'old man' conditions are increasingly affecting women.

Australia is facing an epidemic of deadly lung diseases, particularly among women. **In Australia lung cancer kills more women each year than breast cancer.** In addition, chronic obstructive pulmonary disease (COPD) in women is becoming increasingly concerning for medical specialists.

Lung cancer in women

While the rates of new lung cancer cases have been dropping in men, they are rising in women. For example, the incidence of lung cancer in women increased by 72% during the period 1982-2007. Mortality from lung cancer during this same period increased by 56%. These figures can be partly explained by women's cigarette smoking peaking at a later time than men's. We are now seeing the affect of this in women's lung cancer rates.

Furthermore, women appear to develop lung cancer at a younger age than men and they also develop different types of lung cancer. The most common lung cancer in women is adenocarcinoma. It usually initially develops in the outer parts of the lungs and, therefore, can grow quite large before being diagnosed. Adenocarcinoma is also more common in those who have never smoked. Conversely, the most common form of lung cancer in men is squamous cell lung cancer which tends to be located in the larger airways and, therefore, presents with symptoms earlier on.

The survival rate for lung cancer is low compared to most types of cancer. This is because lung cancer is difficult to treat and is often diagnosed when it is at an advanced stage. Only 10.7% of males and 14% of females affected by lung cancer will be alive five years after their initial diagnosis.

COPD in women

COPD is the umbrella term given to emphysema and chronic bronchitis. In emphysema, the alveoli (or air sacs) in the lungs lose their elasticity and are gradually destroyed affecting oxygen absorption. The bronchi (branching windpipes of the lungs) become floppy and narrow so that it becomes harder to breathe in and out. Smoking causes over 70% of COPD, however industrial pollutants may also cause emphysema.

Chronic bronchitis is the inflammation of the bronchi resulting in excessive mucus production and this leads to coughing and bringing up phlegm. The bronchi may also become narrow and floppy making it harder to get the air in and out of the lungs. While smoking can worsen this condition, viral infection is the cause of over 95% of cases.

Misdiagnosis of COPD symptoms as asthma is more common in women than in men. This is because physicians may not be aware that more women are developing COPD. Many physicians do not associate COPD with women, considering it to be a disease of older men, even though COPD in women and younger patients is on the rise. This increased incidence is likely attributable to increased smoking among women. In 2000, for the first time ever, the number of women that died from COPD was greater than the number of men.

Show Us Your Lungs Australia!

Australian Lung Foundation research shows that 20% of women aged 45 or over are already displaying the symptoms of COPD or another lung disease. These figures should encourage Australian women in particular to – Show Us Your Lungs! The Australian Lung Foundation encourages Australia to take their lung health seriously. Recent research shows that Australians don't consider their lung health a priority with one in three surveyed stating that their lungs are very unimportant but as we all know "When you can't breathe... nothing else matters"™

What does the Australian Lung Foundation do?

The Australian Lung Foundation is a not-for-profit, public benevolent institution committed to promoting lung health and reducing the burden of lung disease in Australia. Many people associate lung disease with smoking and this can result in sufferers feeling shame or embarrassment about their condition because 'they brought it on themselves'. However, some of the people that the Australian Lung Foundation represent either NEVER smoked or quit many years before diagnosis. While smoking is a contributor to lung disease, there are also non-smoking related lung diseases (eg., asthma, cystic fibrosis).

Lung health checklist

Do you:

- have a new, persistent or changed cough?
- cough up mucus, phlegm or blood?
- get out of breath more easily than others your age?
- experience chest tightness or wheeze?
- have frequent chest infections?
- experience chest pain, fatigue, or have sudden weight loss?

If you answered yes to any of the above questions, your lung health could be at risk, particularly if you:

- are a smoker or ex-smoker?
- have worked in a job that exposed you to dust, gas or fumes?

Make an appointment to see your general practitioner.

For more information on lung disease in women see the Australian Lung Foundation's website: www.lungfoundation.com.au/



The ugly side of beauty

- Some beauty products and services
- have not so pretty side effects.

Solariums

Solariums are often promoted as being a safer way to tan. This is in fact a myth. The rays emitted by a solarium can be up to five times stronger than those of the midday sun. Solariums are damaging to the skin and are associated with an increased risk of skin cancer (including deadly melanoma), premature ageing and eye damage. People most at risk from solariums are those with fair skin, a history of skin cancer and young people. The risk of developing skin cancer increases by 75% if people begin using solariums before the age of 30. In Queensland, minors (those under the age of 18) are banned from using solariums. In addition, solarium providers are supposed to refuse entry to people with fair skin. This is, however, only a voluntary code of conduct and so is not enforceable.

Reduce your risk by:

The only way to really reduce the risk of damage from solariums is to avoid them altogether. Women should either try fake tans or embrace the pale look.

Spray tans

While spray tans are a safer option than tanning in the sun or using a solarium, they too have some risks. The main chemical used in most spray tans is dihydroxyacetone (DHA). While DHA is considered safe for external use it is not intended to be inhaled or come into contact with the mouth, eyes, or genitals. When DHA is applied directly to the skin in a cream, for example, this type of contact can be avoided but it is more difficult when it is applied in a spray. Of most concern are DIY booths where people are enclosed in a small space and are unsupervised.

Reduce your risk by:

Consider other fake tanning options such as having the tan applied by hand in a beauty salon. If having a spray tan, wear a G-string bikini, apply lip balm to the lips, use nose plugs (or cotton wool balls), shut the eyes and hold one's breathe as much as possible during the spraying.

Hair straightening/smoothing

There has been an increase in salon treatments offering to provide straighter and/or smoother hair. The main chemical used in many hair straightening/smoothing products is formaldehyde. Recently a number of these hair products were recalled for containing levels of formaldehyde that were above Australian limits. Some of the products contained amounts that were ten times the allowable level. Formaldehyde can cause eye, nose and throat irritation, skin rashes and is a recognised carcinogenic. In some salon treatments the formaldehyde based product is applied to the hair and then heated

with a flat iron. This process increases exposure to formaldehyde by creating a chemical vapour.

Reduce your risk by:

Embrace curly hair or go back to using flat irons and/or blow drying the hair for straight results. If more permanent straight/smooth hair is still desired ask the hair salon if the product they use contains formaldehyde. If a formaldehyde based product is used ensure the salon is well ventilated and flat irons are used on a low setting to reduce the amount of chemical vapour. Tell the salon staff immediately if any side effects are experienced.

Manicure/pedicure

There has been a surge of budget nail bars in Australia and with them an increase in infections. If the equipment used during the manicure/pedicure is not cleaned adequately between customers it can transmit a number of infections. Fungal and bacterial infections are the most common, but if the tools used draw blood there is also the risk of contracting blood borne viruses like hepatitis C or HIV. Equipment should either be disposable or properly sterilised after each use. Pedicure spas are another potential hazard; they provide an ideal breeding ground for bacteria and/or fungi. Women with diabetes should be particularly careful when having pedicures as they are at increased risk of foot infections. The fumes from artificial nails can also be harmful if the establishment is not adequately ventilated.

Reduce your risk by:

Take into account hygiene practices as well as price when choosing somewhere to have a manicure and/or pedicure. Women should choose establishments that have clean and tidy work areas, are well ventilated and where staff can advise on the hygiene practices used for equipment. Women should avoid having a manicure or pedicure if they have any open cuts or abrasions on their hands and/or feet as this can increase the risk of an infection.

Intense Pulsed Light (IPL)

IPL uses different wavelengths of light to penetrate the skin in pulses. IPL is used for both hair removal and also the improvement of skin conditions (lines, sun damage, birthmarks, acne and rosacea). IPL usually requires a series of sessions and results can vary. Women have reported numerous side effects from IPL including blistering, burns, scarring, skin darkening (hyperpigmentation) and loss of skin colour (hypopigmentation).

Reduce your risk by:

Women should be aware of very cheap IPL treatments as the price may reflect the level of staff training and/or the quality of the equipment. A good salon will do a patch test approximately one week prior to the scheduled treatment. A patch test will check that a person is a suitable candidate for IPL with no blistering, persistent redness, or skin pigment changes. Women should also enquire as to how many sessions would be required to treat their particular condition and the overall expected cost before initiating treatment.

Kirsten Braun

Salt – how much is too much?

- Deanne Wooden, Nutrition Manager for the Heart Foundation discusses salt in our diets.

What's wrong with salt?

A high salt diet can lead to high blood pressure, which puts a strain on blood vessels and can cause damage to the heart, making high blood pressure a major risk factor for heart disease. Over 2 million or 9.4% of Australians have high blood pressure, which is responsible for more medical prescriptions than any other health condition in Australia.

A high salt diet is also associated with obesity, osteoporosis, stomach cancer, kidney stones and stroke.

Where does our salt come from?

About 80% of the salt Australians consume comes from processed foods, and perhaps unexpectedly, at least a third from foods like cereals, bread, cakes and biscuits. Highly salted foods like processed meats, takeaway foods, cheese and sauces also contribute. Salt has a functional role in food by acting as a preservative, and is also used as a flavour enhancer; therefore it can be a challenge for the food industry to reduce the level of salt in some products whilst maintaining shelf life and palatability. Despite this, the Heart Foundation believes a general reduction in the salt content of manufactured foods would be more effective in reducing populations' intakes of salt than by dietary advice alone.

Since 2009, the Heart Foundation has been involved in an innovative national collaboration called the Food and Health Dialogue. This collaboration involves government, industry and public health groups, working together to address poor dietary habits and promoting healthier food choices for all Australians. The group's primary activity is a food reformulation program to reduce risk-associated nutrients, including salt. At this stage, participating food companies have agreed to meet targets to reduce the salt content of bread, breakfast cereals, processed meats and simmer sauces, which will help all Australians to reduce their salt intake.

How much salt should we eat?

Currently the average Australian consumes around **9.5 grams (g)** of salt every day. Salt is an acquired taste which means human tastebuds develop a physiological addiction to salt – the more they consume, the more they need to perceive flavour in food. This 'addiction' can easily be overcome by gradually reducing the amount of salt consumed over time.

The Heart Foundation recommends

- All Australians consume **no more than 6g** (1½ tsp) of salt a day which is approximately 2300 milligrams (mg) of sodium.
- For *people with high blood pressure or those with or at risk of cardiovascular disease*, consume **no more than 4g** (1 tsp) of salt a day which is approximately 1550mg of sodium.



Case study example: Salty salads

A Heart Foundation investigation into Australia's leading salad retailers in 2010 found that many salads were too salty. Some even provided more than a whole day's maximum recommendation of salt. People buy salads because they want to have a healthier lunch but the salt levels, and in some cases the unhealthy fat levels, are so high that they're not a healthier choice at all. The salt in salads is often found in the dressing and/or ingredients like processed meats, canned fish, cheese and olives.

Steps to decrease salt intake

1. Choose mainly fresh foods, and processed foods labelled 'no added salt', 'low salt' or 'reduced salt' where possible. **Look for foods with less than 120mg sodium per 100g.**
2. Avoid adding salt, stock cubes/powder/paste, gravy powder and soy sauce in cooking.
3. To flavour cooking try freshly ground pepper, fresh or dried herbs, curry spices, boutique vinegars, lemon and fresh garlic.
4. Choose products with the Heart Foundation Tick (products must meet the Heart Foundation's strict criteria for sodium to qualify for the Tick).
5. Avoid highly salted foods such as takeaway foods, processed meats, sausages and hot dogs, commercial sauces and salad dressings, canned soups, packet seasonings, potato chips/crisps and salted nuts.
6. Include plenty of high potassium foods, particularly fresh fruit and vegetables (eg., bananas, apricots, avocados, mushrooms, potatoes, spinach, pulses). Potassium helps regulate blood pressure.

For delicious and healthy meal ideas visit the Healthy Eating page on the Heart Foundation's website: www.heartfoundation.org.au/healthyeating.



Boobs after baby

• A woman's breasts undergo major changes after having a baby. Here are the four most common changes explained.

Breast composition

During pregnancy a woman's breasts change in readiness to provide milk for the newborn baby. The biggest change is in the actual composition of the breast tissue. An increase in the female hormone oestrogen causes the milk ducts in the breast to grow and branch out. In late pregnancy, the milk ducts in the breasts have almost completely replaced areas which were previously occupied by fatty tissue.

When a woman weans her baby (or if she does not breastfeed), the milk ducts in the breasts begin to shrink as they are no longer needed. As the breasts are at this stage primarily composed of milk ducts, the breasts also reduce. Women commonly report that their breasts feel hollow or deflated. If the weaning occurs abruptly the breast shrinkage can be quite instant. Over time, however, fatty tissue does begin to replace the milk ducts and the breasts may start to feel fuller. If weaning occurs gradually some of this fatty tissue returns at the same time as the milk ducts are shrinking and so the change in the breasts is not as dramatic. Just as it takes months for the breasts to get ready for their breastfeeding duties it takes many months for breasts to return to a pre-pregnancy state once a woman stops breastfeeding.

Breast sagging

When the breasts grow during pregnancy and breastfeeding the skin of the breasts also grows. When a woman weans her baby (or if she does not breastfeed) her breast size reduces but the extra skin remains. This can result in the breasts appearing to sag. Women with larger breasts are affected by breast sagging more than women with smaller breasts. Breast sagging is exacerbated by smoking as it breaks down the elastin in the skin which provides support. Breast sagging also increases with each pregnancy.

Unfortunately, there is no solution to breast sagging as the breasts themselves do not contain any real support structures such as ligaments or muscles. A supportive bra can help reduce discomfort from sagging breasts and improve their overall appearance. The only permanent solution is a breast lift or mastopexy, a plastic surgery procedure which involves removing excess skin and moving the breasts up to a higher location.

Stretch marks

While women are aware of the possibility of getting stretch marks on their abdomen during pregnancy, many are surprised to find that their breasts can also be affected. Stretch marks are more likely to occur when breasts grow rapidly, although some women are just more prone to them. During pregnancy, a woman's breasts can enlarge anywhere from one to three cup sizes. Stretch marks occur when the collagen fibres in the deeper layers of the skin are put

under strain and actually fray and break. Stretch marks can be pink, red, purple or brown in colour. As stretch marks are due to damaged collagen fibres they will always remain. However, they will usually eventually fade to a pale silvery colour.

Change to nipples/areolae

During pregnancy the nipples and the areolae (the pigmented areas immediately surrounding the nipples) become darker in colour. These pigment changes tend to be permanent with the nipples/areolae being darker than before pregnancy. The areolae can also thicken and become larger in diameter. Women's nipples also tend to remain longer than before they were pregnant.

Accepting breast changes

In a society where celebrity mums appear to get their bodies back only months after giving birth, everyday mums can sometimes feel disappointed with their post-baby body. Women need to remember that celebrities have the services of dieticians, personal trainers and the like to get them back in shape, not to mention the wonders of airbrushing! Women should try and remember that their bodies have undergone a huge transformation during pregnancy and that it is inevitable their breasts will change to some degree.

Our Health Promotion Officer Bronwyn Buckley offers a presentation on post-baby body image which discusses the body changes that occur during pregnancy and following birth and how to maintain positive body image and self esteem. For more information see the Education (community) section of our website.

Breastfeeding and breast changes

Breastfeeding is often blamed for the way a woman's breasts look and feel after having a baby. It is, however, pregnancy itself that changes the breasts, rather than breastfeeding. The changes in breast composition are complete in late pregnancy so it does not matter if a woman breastfeeds or not. This has been confirmed in a study of 90 women having breast lift surgery. There was no difference between the level of breast sagging in women who breastfed and women who did not. Similarly, a study of almost 500 Italian women found that while women reported that their breasts were different after having a baby these changes did not seem to be associated with breastfeeding.

Kirsten Braun



5 reasons why older women aren't having Pap smears

• The last few years has seen a decrease in the number of older women having Pap smears. We look at why they aren't being regularly screened and explain why Pap smears are still so important.

"I'm too old"

Some women mistakenly believe that cervical cancer predominantly affects young women and so they don't have to have Pap smears when they get older. In actual fact about half the new cases of cervical cancer diagnosed each year are in women over 50 years of age. Women should continue to have regular Pap smears until they are 70 years of age. Women who are 70 years of age and over can discontinue having Pap smears if they have had two normal Pap smears in the last five years. If these women want to continue to have Pap smears they can also do so if they wish.

"I have the same partner" or "I no longer have sex"

It is now known that the sexually transmitted infection, the human papillomavirus (HPV) is present in almost all cervical cancer cases. The vast majority of people who become infected with HPV clear the virus from their bodies. However, for some women the HPV infection persists resulting in abnormal cell changes on the cervix. If these abnormal cell changes go undetected they can eventually develop into cervical cancer. HPV is extremely common and easily contracted. It is estimated that four out of five people will be exposed to the virus at some point in their life. Therefore, if a woman has ever had sex she should have a Pap smear every two years. This is even if she has only ever had the one sexual partner or is no longer having sex.

"I've never had an abnormal smear before"

It is important that women continue to have regular Pap smears even if they have never had an abnormal smear. Most women who develop cervical cancer have either never had a Pap smear or not had regular Pap smears. There have been cases, for example, where a woman's partner has had another sexual partner and contracted

HPV which they have passed on to her. The woman has developed a persistent HPV infection which goes undetected due to her not having regular Pap smears.

"It's embarrassing"

Older women often report they find having a Pap smear embarrassing. It can be helpful for women to remember that the medical professionals who conduct Pap smears are used to carrying out such tests and so are able to minimise any embarrassment. Women may feel more comfortable going to a female general practitioner or nurse provider. Even women in rural and remote areas of Queensland can access a female Pap smear provider.

The Mobile Women's Health Service is made up of specially trained registered nurses based throughout Queensland who provide a free and confidential service for women living in rural and remote areas. As well as conducting Pap smears the 'mobiles', as they are affectionately known, provide sexual health services, breast care and information and support on a broad range of women's health issues. To find a female general practitioner or to see if a mobile women's health nurse visits your area call Women's Health on (07) 3839 9988 or 1800 017 676 (toll free outside Brisbane).

"It's uncomfortable"

After the menopause, women's genitals undergo several changes due to the drop in the female hormone oestrogen. The vagina actually becomes narrower and shorter and the vaginal walls become thinner and less elastic. There is also a drop in vaginal lubrication. These changes are referred to as *vaginal atrophy* and can make having a Pap smear uncomfortable. Vaginal atrophy can also mean that a Pap smear may need to be repeated to ensure that the changes detected are only due to the lack of oestrogen. Women will generally be prescribed a vaginal oestrogen cream for a period of time before repeating the smear in three to six months. The use of a vaginal oestrogen cream before having a Pap smear can also reduce some of the discomfort.

When did you last have a Pap smear?

If you can't remember when you had your last Pap smear and/or would like to know when you are due for your next one you can contact the Pap Smear Register on 1800 777 790. For more information on Pap smears see www.health.qld.gov.au/cervicalscreening.

Kirsten Braun

What is a Pap smear?

The Pap smear, named after Dr Papanicolaou, is used to check changes in the cervix (the neck of the womb) at the top of the vagina. It is a screening tool to find early warning signs that cancer might develop in the future. Up to 90% of the common form of cervical cancer could be prevented if women had regular two-yearly Pap smears.

Study on soy tablets and menopause

What the findings were?

Results from a randomised controlled trial, published in the *Archives of Internal Medicine* (2011;171:15), has found that taking 200 milligram (mg) soy isoflavone tablets daily does not prevent bone loss or relieve menopausal symptoms.

How many women were in the study?

A total of 248 women were enrolled in the study, with 126 women randomised to receive a placebo and 122 women randomised to receive 200mg of soy isoflavone tablets daily. This dose is approximately two times what would be consumed through food sources in a typical Asian diet. The women were aged 45-60 years of age, within five years of menopause. Only 182 women completed the study which had a follow up period of two years.

What the actual results were?

No significant differences were found between women in the soy isoflavone group and placebo group for bone density in the spine, hip and femoral neck. In addition, there was also no difference in menopausal symptoms between the two groups, with the exception of hot flushes. More women in the isoflavone group in fact reported hot flushes than did women in the placebo group (48.4% versus 31.7%).

What it means for women?

Soy has often been promoted as an alternative to hormone replacement therapy for women suffering menopausal symptoms. Although the number of women who completed the study was lower than expected, the results suggest that soy isoflavones do not provide effective relief. Soy isoflavone tablets can be quite costly (up to \$35 for a month's supply) so women taking them may wish to think twice about whether they are really getting value for money. Particularly as the amount of soy isoflavone contained in most of the products being sold is even less than the dosage used in the study.



Apps

SunSmart iPhone app

itunes.apple.com/au/app/sunsmart/id402707467?mt=8

Cancer Council Queensland has released an app designed to help people play it safe in the sun. The app allows people to access the latest UV level and sun protection times for their location, anywhere in Australia. It also offers a reminder function that alerts the user of their daily sun protection needs and when it's safe to get some sun for vitamin D.

Cost: Free

The Coeliac Society of Australia ingredient list iPhone app

itunes.apple.com/au/app/the-coeliac-society-australia/id385684649?mt=8

For those who suffer from coeliac disease this app details over 800 ingredients and 300 additives used in Australian and New Zealand foods and indicates whether they are safe for inclusion in a gluten free diet.

Cost: \$8.49

Vulval varices

- Most women know about varicose veins in the legs, but few know they can also affect the vulva. Varicose veins found in the vulva are called vulval varices.

Vulval varices most commonly occur during pregnancy but can also affect nonpregnant women. Symptoms can include pain in the vulva and a 'dragging' or 'heavy' feeling. Vulval varices that develop during pregnancy usually improve following birth, but if they are still symptomatic three months after childbirth, treatment should be considered. For symptom relief women can use ice packs on the area, ensure periods of rest lying down and avoid constipation. Treatment for vulval varices may involve embolisation, where a coil is inserted in the vein to block it, or sclerotherapy, which involves injecting the vein with a saline solution to collapse it. Surgery to remove the veins may also be performed.

For more information on vulval varices call our Health Information Line on (07) 3839 9988 or 1800 017 676 (toll free outside Brisbane). For information on other conditions that affect the vulva see the *Vulval conditions* fact sheet on our website at www.womhealth.org.au.



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 am 20 years old and have just been diagnosed with polycystic ovary syndrome. Does this mean I will never be able to have children?

A: It is a common misconception that women with polycystic ovary syndrome (PCOS) cannot have children naturally. While women with PCOS do experience fertility difficulties, many women with PCOS still conceive naturally.

PCOS primarily affects a woman's fertility by interfering with ovulation (the release of an egg). Many women with PCOS experience irregular periods. This is caused by high levels of various hormones, including male type hormones (androgens) like testosterone, and insulin which affects fat burning, among other functions.

All women produce androgens from their ovaries, adrenal glands and body fat. In healthy women, androgens are converted to oestrogen. Women with PCOS produce more androgen, but it is converted to testosterone. This excess of male hormones further undermines ovulation and also worsens insulin resistance (inability of cells to respond to insulin).

Women with PCOS often experience weight difficulties. Being overweight or obese can itself cause higher insulin and androgen levels. Approximately 80% of obese women with PCOS will not ovulate due to hormone dysfunction. Even at a normal weight, 30-40% of PCOS women will have sufficiently high androgen and insulin levels to inhibit ovulation.

The best way women with PCOS can improve their fertility is by maintaining a healthy weight. If overweight, weight loss alone greatly improves hormone function and fertility, because weight loss reduces insulin and androgen concentrations. Obese women who lose 5-10% of their body fat can frequently restore fertility within 6 months. Even losing 5 kilograms of excess weight improves fertility.

Women with PCOS are advised to exercise regularly. This reduces insulin resistance even in women who do not lose weight. Women are also advised to follow a low glycaemic (low GI) diet. This relates mainly to the sugar and carbohydrate component of our diet and generally promotes fruits, vegetables (especially those that are non-starchy), legumes and whole grains and cereals (wholegrain breads, wholemeal pasta, brown or basmati rice). Low GI foods are digested slowly, allowing a gradual rise in blood glucose, thus a more moderated insulin response.

Fats in the diet also affect insulin resistance differently. Women are advised to follow a low fat diet that incorporates fats from plant sources like nuts, seeds, avocado and vegetable oils, as well as oily fish, in preference to saturated fat (from animal products).

For women who continue to have high insulin levels, despite weight reduction or a normal healthy bodyweight, insulin lowering medication can assist lifestyle measures to improve hormone function and restore fertility.

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