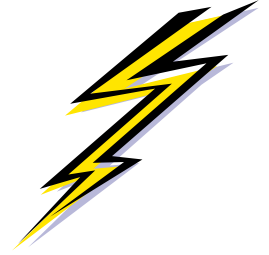




# HOT FLASHES



Newsletter of the Women's Mid-Life Health Centre of Saskatchewan

August 2008 Edition

## Pearls of Wisdom from the 12<sup>th</sup> World Congress on Menopause May 19 - 23, 2008 Madrid, Spain

By Vicki Holmes, M.D., Medical Director, Women's Mid-Life Health Centre of Saskatchewan

A few years ago after the Women's Health Initiative scared the world about the use of hormone therapy; there was a great reaction on the part of women and their doctors to stop the use of estrogen and progesterone. It seems now that careful thought is going into who really needs therapy and what form it should take.

### Hormones and the Brain

Sexual hormones have receptors all over the brain, influencing our emotions, our physical, cognitive and sexual function. Dr. Rocca reported on two articles that were published in *Neurology*. The first showed that if premenopausal women had one or both ovaries removed, they had a 46% increased risk of cognitive impairment or dementia. The younger the surgery, the greater the risk. He also found a 68% increase in Parkinson's disease. The Parkinson cases were small numbers so didn't reach statistical significance, but it does raise concern.

**The good news is, taking hormones until the age of 50 protected the brain from these degenerative processes!**

### Hormones and the Heart

Dr. Clavel-Chapelon of France reported that transdermal (absorbed through the skin) estrogen has lower blood clotting properties than oral estrogen because it doesn't get absorbed through the stomach and pass through the liver. In the French E2N Study, if women were started on transdermal estrogen (TD) at 50 there was a 60% reduction in coronary events over the 8 years of the study. If they used estrogen by mouth, there was a 60% increase in events.

Oral estrogen has a more positive effect on LDL and HDL and insulin resistance.

Transdermal is better if your triglycerides are elevated.

### Hormones and the Breast

Again from the French study, 80,377 women studied for 8.1 years, had 2,354 cases of breast cancer. Unlike the WHI that showed no increase in breast cancer in the women on estrogen alone, they found a slight increase with both oral and transder-

mal, although it had less of an effect. However, if you added micronized progesterone (Prometrium) there was **no increase** until after five years there was a slight increase in lobular ER+/PR- cancers. Other synthetic progesterone derivatives had a 48-50% increase.

### The type of progesterone is very important!

Preservation of the Ovaries at the time of Hysterectomy.

Dr. Rechberger from Lubin Poland reported that

- the lifetime risk of developing ovarian cancer is 1.4%
- hysterectomy alone reduces that by 40%
- 400 oophorectomies would need to be done to prevent one case of cancer.

Perimenopausal women who have the ovaries removed lose 50% of their testosterone and 80% of their estrogen. This results in increased incidence of hot flashes, sexual dysfunction, depression, migraine headaches, vaginal dryness and cardiac disease. If surgery is done <55 years of age, there is a 8.6% increase in mortality by the age of 80, if at 56-60, this drops to 3.9%.

**In other words, we must think carefully before removing ovaries for a benign condition in the perimenopause.**

### Premature Menopause

Premature menopause, before the age of 40, occurs in 1% of the population. Dr. Lobo from New York reports that this is associated with an increased incidence of heart disease.

Women who have had a bilateral oophorectomy have a four-fold greater mortality. Young women require therapy with hormones, need to be carefully followed and treated with statins and healthy life style to reduce this risk.

It seems that all these reflect that since the WHI, **young** women thought that the findings related to them -when really, these women were much older; 2/3rds were over 63 years old! This resulted in many women being frightened of hormones and stopping them inappropriately. I think the current thought is to use them wisely, where indicated!

## Know Who Your Friends Are

By Donnelly Morris, RD

There are so many messages out there telling us to make friends with fibre. But what does that mean? Fibre won't buy you lunch on your birthday, fibre won't listen to your problems with a sympathetic ear; what fibre will do is help lower your cholesterol, help control your blood sugar and help you feel full longer.

Dietary fibre is the part of the food (plant material) that cannot be broken down by the human digestive system. There are two types of dietary fibre: soluble and insoluble fibre. These are found in varying amount in different plant based foods and perform different functions within the body.

**Soluble Fibre:** Bacteria in the intestine react with the soluble fibre in your diet and produce metabolites in your body that can:

- help reduce sharp increases in blood sugar following a meal
- help reduce blood cholesterol levels.

Sources of soluble fibre include oats, barley, legumes (chick peas, kidney beans, soybeans), corn, apples and citrus fruits.

**Insoluble Fibre:** This type of fibre passes through the digestive system relatively untouched. What it does do is attract water to the intestine that can:

- adds bulk and softens stool
- decreases intestinal transit time and promotes regularity

Insoluble fibre can also promote a feeling of fullness with less food consumption which in turn may prevent overeating

Sources in insoluble fibre include whole grain breads and pasta, brown rice, root vegetable and mature vegetables.

The recommended daily intake of dietary fibre is 25-35 grams per day. Canadian adults usually only eat 13-18 grams per day. The number one way to increase your fibre intake is to ensure you are getting five to ten servings of vegetables and fruits per day. Also, check the label on your favourite foods. If the food contains two grams of fibre or more, it is considered a "good source" of fibre.



L-R: Naomi Selent, Executive Director, Women's Mid-Life Health Centre; John Savoie, Director of Western Canada, AstraZeneca; Dr. Vicki Holmes, Medical Director, Women's Mid-Life Health Centre; Cheryl Dougan, Chair of the Board of Directors, Women's Mid-Life Health Centre; Sarah Nixon-Jackle, Clinic Nurse, Women's Mid-Life Health Centre

## AstraZeneca provides much needed funding for Metabolic Syndrome Pilot Project

June 26, 2008 saw us one giant step closer to making the Metabolic Syndrome Pilot Project a reality. AstraZeneca, one of the largest pharmaceutical companies in the world, announced their support through a \$100,000.00 financial partnership in the project.

Metabolic syndrome is characterized by central obesity, defined as a waist measurement greater than 80 cms for women, and two of the following: increased blood pressure or previous treatment for hypertension, high fasting blood sugar or type 2 diabetes, reduced HDL cholesterol or raised triglycerides. The pilot program is not only a first-in-Saskatchewan, but a first-*EVER*, for its use of interactive voice response (IVR) technology.

Please consult our website and upcoming issues of "Hot Flashes" for more information on this exciting project.

In the next issue of "Hot Flashes" ..... "Are you ready to make changes?"

# Mind Your Metabolism: Healthy lifestyle tips from Dr. Dean Kriellaars

By Shveta Suryavanshi, M.D.

Do you wish to know the secret to a healthy life? Eat well, exercise regularly. Simple to say, but it is difficult to make part of our daily routine. Dr. Dean Kriellaars, exercise physiologist from Manitoba preaches it and practices it. Dr. Kriellaars was the key note speaker at our May 3<sup>rd</sup> **Mind Your Metabolism: from Thick to Trim** public forum attended by over 500 women (and 2 men). The theme of his presentation was how to prevent and reverse mid life weight gain.

Key points:

- Our body needs carbohydrate, protein, fat in the right proportion. Excess of any of these will get deposited as fat. People whose diet is too low in carbs have no energy for physical activity.
- Poor diet and lack of physical activity is the leading cause of mortality in USA it has even surpassed tobacco smoking. Obesity is increasing at an alarming rate. The obesity rate in kids have increased 15 times from 1991 to 1996.
- CCW— which stands for Consumerism, Convenience and Wealth has affected our lifestyle. Convenient food is available in restaurants, supermarkets - quick but not always healthy. Consumerism is adding fuel to fire. Wealth is good but it is restricting our physical activity but not our eating habits. All the latest gizmos are doing work for us so that our Lap (sitting) time is increasing. Kids are becoming more and more sedentary thanks to electronic games, computers and TV.

Meal portion sizes are out of proportion. Our plates are getting bigger in size and so are our eating habits. Eating at restaurants is no longer a once in a month treat. Whenever Dean goes out to a restaurant with his two kids he orders one meal and the three of them share it, and his kids are teenagers! That made me feel so good, as I had recently started to order one DQ Chocolate Extreme Blizzard and one empty cup so that my two kids can share it.

## So, what are we to do?

High expectations for weight loss and too many goals all at once is a recipe for failure. He says don't take short cuts to eat well and exercise regularly. Obesity guidelines recommend 5-10 % weight loss over 3 months. What do we do? We take shortcuts; we go on crash diets and join exercise programs to lose weight quickly. The moment we go off these programs we gain it all back and plus more. Healthy living is a lifelong process not just a 6 week goal.

## His mantra for healthy life style is:

- Control portion size – buy smaller plates or invest in Diet plates available at [www.thedietplate.com](http://www.thedietplate.com)
- Eat a well balanced diet with all the food groups (keep junk food to the minimum)
- Use a pedometer for step count – very helpful. (I bought one and then two more as my kids have been competing with each other to reach their target count).

Target step count:

For adults - 8000 – 10,000 steps/day

For kids - 12000 – 15,000 steps/day

- Learn how to deal with Blips (times when you end up eating more in the name of celebrations like Thanksgiving, Christmas, other parties).
- Core strengthening exercises help with the abdominal weight gain. An easy one to do any time is pull in your belly button towards your spine for few minutes several times each day.
- Find a training partner so that you can encourage each other to exercise.

## So, today, you are going to:

**Start** with setting one small realizable goal and begin your journey towards a healthy lifestyle.

## Flax Cookies

Compliments of Donnelly Morris RD

### Ingredients:

1 cup margarine (softened)  
3/4 cup brown sugar  
1/4 cup Splenda (granular for baking)  
1 tsp vanilla extract  
1 1/2 cups all purpose flour  
1 tsp baking soda  
1/4 cup hot water  
1 cup rolled oats  
1 cup milled flax seed

### Directions:

Preheat oven to 350°F. Beat margarine, brown sugar, Splenda and vanilla together. Add flour, mix well. Dissolve baking soda in hot water and add to mixture. Stir in oats and flax. Drop by spoonful onto baking sheet. Bake for 10-12 minutes.

Makes approximately 30 cookies.

### Nutrition Information (per cookie):

Calories – 130  
Calories from Fat – 70  
Total Fat – 8 g  
Saturated Fat – 1 g  
Omega 3 – 1g  
Omega 6 – 2.5 g  
Trans Fat – 0 g  
Cholesterol – 0 mg  
Total Carbohydrate – 14 g  
Dietary Fibre – 2 g  
Soluble Fibre – 0.5 g  
Insoluble Fibre – 1.5 g  
Sugars – 5 g  
Protein – 2 g

# Why Have a Saliva Hormone Test

By Tracy Marsden, BScPharm, Rocky Mountain Analytical, Calgary AB

## When to Test Hormones

Saliva hormone testing is useful for uncovering hormone imbalance. For example: to see if you have enough progesterone to balance estrogens. If a hormone imbalance is identified, you can work with your doctor to find the right nutritional or hormone therapy.

**Reproductive Years:** Saliva hormone testing is useful for determining a baseline hormone level that can be used to help restore hormone balance after menopause. The baseline level gives you a picture of what 'normal' is for you.

**Perimenopause:** In the years just before menopause women ovulate less regularly, meaning progesterone is produced less regularly. Consequently, hormone testing during perimenopause may not be particularly useful as hormone levels tend to vary significantly from month to month. Women in perimenopause usually have an excess of estrogens over progesterone, which can result in symptoms like anxiety, sleeplessness, mood swings, and memory difficulties. [Endocr Rev. 1998 Aug;19(4):397-428]. However, some women still like to test to see if they do have an imbalance between progesterone and estrogens.

**Menopause:** Menopause is declared when a woman goes 12 months without a menstrual period. Many women manage

menopause symptoms through diet, exercise, and supplements. However, some women have significant and persistent symptoms that require hormone therapy. Prior to using hormones, it is worthwhile having a hormone test to determine the nature of the hormone imbalance. Testing helps ensure you only supplement with the hormones you need, and in the lowest dose that relieves symptoms. In other words, hormone testing helps your doctor figure out how to rebalance your hormones in the safest and most effective way.

## How to Test

Saliva collection is easy to do: first thing after waking in the morning and before eating or brushing your teeth, you simply spit into a tube until you have produced about a teaspoonful of saliva. For most people, this takes about 5 to 10 minutes. To ensure quality and accuracy of results, choose an accredited laboratory.

## How Often to Test

Symptoms are often your best guide as to when to test: if you have done a baseline test, there is seldom a need to retest unless you begin to experience symptoms. And, if you are post-menopausal and have already done a test and started treatment, there is generally no need to retest unless you experience a worsening of symptoms or new symptoms.

## Upcoming Events .... Mark your calendars!

### Ongoing - Bone Strength Assessments

The Women's Mid-life Health Centre offers wrist/tibia ultrasound bone strength screening assessments. You will receive a copy of your test results, will learn about your personal risk for osteoporosis, and receive information about prevention and treatment for healthy bones.

**How to Book your appointment:** We are not funded by the health care system and count on the generosity of donors. We ask for a donation of \$50.00 (a tax receipt will be issued for the full amount). Donations will be used to expand programming at the Centre. No one will be turned away for inability to make a donation.

**Contact Sarah for your appointment at 978-3886.**

### September 2008 - "Hot and Bothered" Women's Discussion Group

Are you interested in unravelling the mysteries of mid-life? Join this facilitated discussion group on mid-life topics of your choosing. Our next session will begin mid-September, Monday evenings from 7:00 - 9:00 p.m. for 6 consecutive weeks. Cost for the 6 sessions is \$30.00. To register, contact Sarah at 978-3886.

### September 26 - Women Building Community

**"Women Building Community Dance"** co-sponsored by the **Women's Mid-Life Health Centre** and **Cameco Women Build** will be held on Friday, September 26, 8:00-12:00pm, at Prairieland Park. Featuring the music of Magic Band. There are prizes to be won, 10:00 pm lunch and fun to be had. Tickets are \$30 each OR \$50 for 2 OR a table of 8 for just \$200. Please call Naomi at Women's Mid-Life Health Centre 978-3888 for more information or tickets.

### October 16 - Sleepless in Saskatoon - insomnia in mid-life

Join us on October 16 at TCU Place for our next public forum. Please consult our website or contact our office for more information on this event!



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*Opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of the Women's Mid-Life Health Centre of Saskatchewan.*  
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