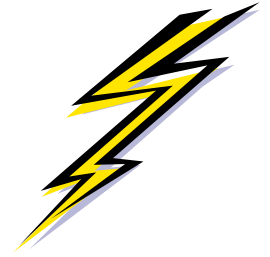




HOT FLASHES



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

August 2009 Edition

A New Look at Treating Symptoms of Pre/Perimenopause Cyclic: Progesterone Therapy for Pre- and Perimenopausal Women

By Lesley Kelly, BSc., 4th year medical student from Northern Ontario School of Medicine

What causes the symptoms of perimenopause?

Most people have the wrong impression about the causes of symptoms that many women experience during the years leading up to menopause (called perimenopause), thinking their symptoms are due to decreasing estrogen levels. In fact, estrogen levels can actually be higher during this time period ⁽¹⁾, so more attention is now being paid to fluctuations in the hormone progesterone. Women's symptoms are now being treated with Cyclic Progesterone Therapy.

What is Cyclic Progesterone Therapy?

This article focuses on the use of progesterone for women who are still having their menstrual cycle, therefore the treatment is called Cyclic Progesterone Therapy.

During perimenopause women's ovaries often are not producing eggs (called anovulatory) and this causes progesterone levels to be low ⁽²⁾. Your doctor might prescribe cyclic progesterone if you have heavy periods, night sweats or breast tenderness ⁽³⁾.

In pre-menopausal women, cyclic progesterone can be used to help with irregular periods, heavy periods, severe menstrual cramps, acne, unwanted hair and sore and lumpy breasts. Cyclic progesterone can also help to achieve fertility ⁽³⁾.

For menopausal women who are no longer having menstrual periods, progesterone can also be used to treat their hot flashes, night sweats, and osteoporosis. These women take the medication daily as opposed to cyclically because they are no longer having periods.

How do I take this medication?

Many women return to their doctor's office after starting Cyclic Progesterone Therapy (Prometrium® or Provera®) and find out that they have been taking it incorrectly. Know that you are not alone in your confusion and hopefully this article can help.

Firstly, ensure that if you are taking Prometrium® that it is taken at bedtime because a side effect of this medication, which can be a great one, is sleepiness. It is important before

starting this medication that you determine the length of your periods. If your periods are 27-30 days apart then start progesterone on the 14th day, or in other words 14 days after the first day of your period. Take the progesterone for 14 days (until the 27th day of your cycle). If your cycle is shorter, for example your cycles are 19-26 days apart, then you should start taking progesterone on day 12 of your cycle and continue to take it for 14 days until cycle day 25.

If your period starts before you have finished the 14 days of progesterone **always continue taking it for the full 14 days**. Then you must start taking the next progesterone 14 days after your period started again even though it started too early. In other words, you have to restart counting at 1 on the first day of your period no matter when it happens. Make note of these early periods because your doctor might have to increase your dose or you might need to take the progesterone for more than 14 days.

In the event that you finish your progesterone and do not get your period after 2 weeks off, just start taking the pills again for 14 days and then take 14 days off. Whenever your period returns, restart counting so that you start taking your progesterone 14 days after your period begins ⁽³⁾.

This article is a summary of a great information sheet that gives a more detailed explanation about cyclic progesterone therapy. It also contains great diagrams which are very helpful for more visual learners! You can read this detailed information sheet online at:

http://www.cemcor.ubc.ca/files/uploads/Cyclic_Progesterone_Therapy.pdf

1. Prior JC. Perimenopause: The complex endocrinology of the menopausal transition. *Endocr.Rev.* 1998;19:397-428.
2. Santoro N, Rosenberg J, Adel T, Skurnick JH. Characterization of reproductive hormonal dynamics in the perimenopause. *J Clin Endocrinol Metab* 1996;81:4,1495-501.
3. Prior JC. Information for Women: Cyclic Progesterone Therapy. http://www.cemcor.ubc.ca/files/uploads/Cyclic_Progesterone_Therapy.pdf. Accessed on July 18th 2009.

Accepting Chronic Pain

The following was written by Dr. Audrey Kinzel, Registered Doctoral Psychologist, who is in private practice and Assistant Professor in the Department of Educational Psychology and Special Education at the University of Saskatchewan. She also works at a rehabilitation centre assisting clients with pain. The content is based on research exploring the acceptance of chronic pain with ten individuals who have had chronic pain for up to twenty years.

Chronic pain is often experienced as unstoppable pain accompanied by an endless search for a cure along with suffering and reduced quality of life. However, it doesn't necessarily have to be this way. Accepting chronic pain has been shown to lessen suffering while improving the quality and meaningfulness of life. Accepting chronic pain does not mean stopping medical treatments or the search for a cure - rather, the search may continue while life is lived with pain but the focus is on living not on searching for the cure. Accepting pain involves recognizing that a cure is not currently within reach *and* a decision to continue living the very best while the pain (and search) continues. Acceptance of pain requires taking personal responsibility.

Individuals who had chronic pain and who accepted their pain identified many components of the acceptance journey which lead them to live productive lives *with* their pain. Some of these are:

1. Accepting is a **personal journey** - a journey only the one with chronic pain can take - not the physicians or physio-therapist, not the friend or family member - only the one with the pain. This journey takes time; sometimes days, weeks, or even months before a difference is noticed. With time changes will be noticed which will improve mood and lessen suffering.
2. Accepting chronic pain involves numerous choices and changes. These include:

Learning about your pain both from a medical perspective and through personal experience. Through trial and error you may discover you have less pain in a warm bath but not a hot bath, or learn that you are able to walk but not vacuum, or realize that medication is helpful. Learning through *doing* you will get to know your pain intimately and discover what helps. There will always be a strategy which will lessen your suffering!

Recognition of Choices: You didn't choose to have pain but what you do with it and how you manage it is up to you. There are always choices and options but first the choices need to be identified. Perhaps you choose to rest more or do things differently. Perhaps you take medication or get acupuncture treatments. Or perhaps you simply decide to keep your life unchanged knowing the pain will continue and you can live with it. If you believe you have no choice you will be stuck.

Adapting to the pain and any limitations. These adaptations may or may not be permanent but they will be helpful. The "I've always done it this way" approach is not helpful.

3. Possible and probable **outcomes** of accepting pain include:

Living life meaningfully: This may include socializing, participating in previously enjoyable activities or discovering new ones. Living meaningfully will likely involve working in a career that you can manage and accommodate to your pain. Or, if of retirement age, will involve volunteering or otherwise staying involved in the community. Being off work and on disability leads to a downward spiral for mood, activity, and pain levels. The key is to find a career you truly enjoy and you can manage for this will help your pain.

Managing the unknown: Many have the expectation that certain things will happen if we get injured. That is, if we get sick or injured we will recover and not have pain. Chronic pain challenges that belief. With acceptance you will become more settled with the unknown and uncertainty of life and of pain.

In order to help accept your pain it is helpful if not essential to have people on your side - to have people in your life who do not doubt your pain - and to support, guide, and cheer you on. This may include your physician, massage therapist, family, friends, a psychologist or other professionals with experience in chronic pain. Your journey will be facilitated with the support of others.

For more information on individual or group sessions contact Dr. Kinzel at 306-281-3424.

Back Alley Sally - by Yvonne Miller, May 25, 2009

All's quiet in the alley tonight. Oh how nice.
The ticking of the clock, the buzzing in her ear.
Vehicles far away humming along are all Sally hears tonight.
The neighbour's chimes blowing gently in the light breeze
are music to Sally's ears.
If only every night could be so peaceful, for Sally misses the peace so.
Sally also misses the life she once had, not that long ago.
An evening walk down to her favourite coffee spot,
the quiet peaceful homes and streets she would pass on her way.
But now poor Sally has no peace. Her sick body wracked with pain
can no longer take her where she wants to go.
Her painful feet try but fail.
Her mind is a mess and her memory fails her.
Her life is too hard here in the alley.
What will happen to Sally?
She will surely die,
All alone is her back alley.

Thank you to Yvonne who has graciously allowed us to publish her poem as a way of understanding how profound the experience is of living with chronic pain.

Sweet Potato Pancakes

I think I have just the recipe! These are SO delicious and easy! Plus they are full of Vitamin A and Vitamin C as well as low in sugar and fat - Donnelly Morris, RD (Registered Dietitian)

Ingredients:

3/4 cup cooked, mashed sweet potato (about 1/2 of a large sweet potato)
1 tbsp non-hydrogenated margarine or butter, melted
2 egg whites, lightly beaten
1 1/2 cups milk
1 cup of all-purpose flour
2 tsp baking powder
1/2 tsp salt
1/4 tsp cinnamon

Directions:

1. In a large bowl, combine sweet potato, margarine (butter) and egg whites. Stir in milk.
2. In another bowl, combine flour, baking powder, salt and cinnamon. Stir into the sweet potato mixture.
3. Heat a non-stick skillet sprayed with vegetable oil over medium high heat. When pan is hot, pour in about 2 tbsp batter to make pancakes about 3 inches in diameter. Cook on one side for about 2 minutes or until pancake starts to bubble. Turn pancake over and cook for another 2 minutes until browned.

Makes about 16 pancakes.

Nutritional Information (per pancake):

65 Calories; 2g Protein; 1g Fat (using 2% milk); 11g Carbohydrate; 2,700 IU Vitamin A

Reference: Health Canada - Recipe & Food Fact Cards

Foods that Help Fight Cancer

Thursday, October 15, 2009—7:00 p.m. to 9:00 p.m.,
Elim Tabernacle, 3718—8th Street East, Saskatoon

Join us for an evening with Leslie Beck, one of Canada's leading nutritionists and author. This presentation is co-sponsored by the Canadian Cancer Society and the Women's Mid-life Health Centre of Saskatchewan. Learn how to use foods to help fight cancer and stay healthy, active, and energetic for life!

Free admission, donations gratefully accepted.
Healthy refreshments to follow.



Mask-Her-Aid Bash

Save October 31 for a very special Hallowe'en Mask-Her-Aid Bash at the Ivy!!! Come wearing all black with a mask of your own creation or purchase a mask with your ticket! Tickets, masks and more information to come. Contact Omega Holistic Health Services 979-7609 to purchase your ticket. This event is in support of the Women's Mid-Life Health Centre of Saskatchewan



Healing Arms with Yoga

Sponsored by the Canadian Breast Cancer Research Alliance
/Qualitative Research Centre U of S

Experiencing arm problems related to breast cancer? We are looking for participants for a new research study to evaluate a gentle yoga program as a treatment option for arm problems related to breast cancer.

Free Yoga Classes at Oshun House instructed by Dr. Patricia Dewar

Fall Classes Starting September 16, 2009

Winter Classes Starting January 6, 2010

Contact: Susan Robertson 270-3076 Susan.robertson@usask.ca



Osteoporosis Canada
Ostéoporose Canada

COPN Virtual Forum on-line! The Canadian Osteoporosis Patient Network (COPN) hosted its second virtual forum *Enjoy Physical Activity with Confidence* July 15, 2009. Log on to www.osteoporosis.ca and click on the forum title to view the presentation. The forum was moderated by Dr. Famida Jiwa, Vice President of Osteoporosis Canada and led by physiotherapist Judy Murray (MScPT). Judy's presentation focused on the role of safe physical activity in osteoporosis management and prevention. Judy led several live demonstrations on how to optimize mobility and independence using safe exercise techniques.

Hot & Bothered Women's Discussion Group

Tuesdays: September 22–October 27, 2009 (7:00 p.m. – 9:00 p.m.)
912 Idylwyld Drive North, Saskatoon

Presented in collaboration with the Women's Mid-Life Health Center, this program is for women exploring the mysteries of menopause. Each session, enjoy a guest speaker and gentle physical activity for an informative, social, and stimulating evening. Topics include: nutrition and weight management, emotional health, managing menopause symptoms, relationships, fitness, sexuality, and skin care.



Contact Laura 292-7534 or email studio@oshunhouse.com to register. Fee: \$250



6 Transformative Steps to Access Your Effortless Energy

Friday, September 11, 2009– 1:00 p.m.–4:30 p.m.

The Willows Golf and Country Club, 382 Cartwright Street East, Saskatoon

With Betty Ann Heggie, one of Canada's Top 100 Most Powerful Women Hall of Fame member, discover how **you** can maximize your results by minimizing your input! Register now! Registration is limited to 40 transformative women.

Call Jo-Ann at 978-3888 to register. Cost \$100.00 for one of the best half days you will spend!

Annual General Meeting of the Women's Mid-Life Health Centre of Saskatchewan

Thursday, September 17, 2009

6:30 p.m. - Saskatoon Club (Upper Lounge) all members welcome!

417 - 21st Street East - Saskatoon

Websites to check out

www.cancerview.ca Cancer View Canada

www.colorectal-cancer.ca Colorectal Cancer Association of Canada

www.realage.com Dr. Oz and Dr. Roizen

Our website is getting a whole new look! Watch for the new website launch fall 2009! www.menopausecentre.org

New Book **Not Guilty by Reason of Menopause** by Leigh Anne Jasheway-Bryant, tackles "the change of life" with bravery and a wry sense of humour.

Ongoing Services

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.



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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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