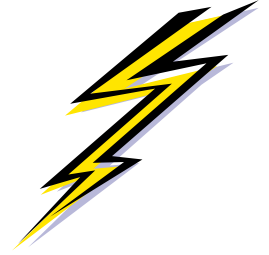




HOT FLASHES



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

March 2009 Edition

New Guidelines from the Society of Obstetricians and Gynecologists of Canada – January 2009

By Dr. Vicki Holmes, Menopause Practitioner, Medical Director WMLHC

We finally have the official stand on things that I have been supporting for the last five years! Guidelines are official statements issued by governing bodies to help doctors provide up to date care to their patients.

This is just a brief summary of the things I feel are the most important.

- 30-40% of cancer can be prevented by eating a healthy diet and maintaining a healthy weight. 7 fruits and vegetables/day (1 dark green and one orange) 6 grains, 3 dairy and 2 protein. You can follow your diet by referring to the dieticians of Canada EATracker at www.dietitians.ca
- **Hot flashes and night sweats** - Estrogen is the most effective form of management, progesterone may be helpful in the perimenopausal period. Gabapentin and Effexor are alternatives for those who do not tolerate estrogen. Women experiencing premature menopause (before age 45) should have their estrogen/progesterone replaced until the age of fifty.
- **Heart Disease** INTERHEART Study showed 94% of Cardiovascular disease can be attributed to factors we can modify! WOW! Diabetes, high blood pressure, abdominal obesity, smoking and stress. You can calculate your own risk by visiting www.Yourdiseaserisk@wustl.edu.
- **Critical period theory** - Reanalysis of data from the Women's Health Initiative Study (the study that scared everyone away from hormones) of women 50-59 showed a cardiovascular benefit in that the markers of heart disease; thickness of a layer of the carotid artery and calcium deposits in the arteries to the heart were actually much better in those on estrogen.(61% better).
- **Blood Clots** - The risks increase with age. The biggest factor was being overweight. There is solid evidence that using topical estrogen (the patch, gel or cream) does not increase this risk factor compared to oral estrogen.
- **Diabetes** - Analysis of 107 trials showed those on estrogen

had less abdominal fat, fewer new cases of diabetes, lower cholesterol and lower blood pressure.

- **Breast Cancer** - The Women's Health Initiative found that women in the 50-59 age group who had not been on HRT before entering the study, had no increase in breast cancer. However, if they had been on it previously, they had an increase after three years; 8/10,000 extra cases. This is the same risk as having your first baby after you turned thirty, did not breast feed, do not exercise, have 2 alcoholic drinks per day or are being exposed to light at night. **HOWEVER**, those on estrogen alone had an 18% reduction in new breast cancer even though 81% of the women were slightly to significantly overweight! These are risk factors in their own right. In the Million Women Study of 1,084,110 women from 1996-2001, there was no increase in past users, mild increase in those on estrogen but more (double the risk) if they used both estrogen and progesterone. Lubular cancers were most effected. The most **AMAZING** finding was in the 80,000 women using estradiol and progesterone (natural hormones) for 12 years, there was **no increase in breast cancer**. Finally we have some reasonable evidence that not all hormones are the same with regard to risk!

There is a lot more but it will have to wait for the next issue of Hot Flashes. Stay tuned.....

Women's Health Dinner and Art Auction

➡ Tickets are going fast!

On April 4, 2009, join us for this very important fundraising event – a beautiful evening featuring the highly desirable works of Canadian and Saskatchewan artists for auction. Tickets are available (\$100.00 each) by calling Naomi at 978-3888.



Ask Donnelly R.D. (Registered Dietitian)

By Donnelly Morris, RD

Question

I am 52 years old and in menopause. I am trying desperately to lose weight. I have tried everything I can think of and only lose 1 or 2 pounds. I work out 3 days a week, and eat healthy. Is this normal for my age and time of life? I want to lose 20 pounds. What can I do? ~ *Frustrated*

Answer

Unfortunately, weight gain during menopause is very common. As we age, the body tends to promote the replacement of muscle with fat and slows down our metabolism. Muscle helps us burn a lot of calories, so losing muscle mass over time can make it harder to burn off calories and easier to gain weight. Also, we tend to be less active and eat more. Whether that has to do with the aging process or hormone/mood fluctuations is unknown.

The key to successful weight loss is all about input versus output. If you are gaining weight, you are eating more calories than you are burning and if you just seem to stay the same weight with only a 1 or 2 pound fluctuation, chances are you have reached a balance in what you are eating and what you are burning off. At this point in time, there are only 2 options.

Option #1. Take stock of what you are eating. Even people who eat a “healthy diet” can be over weight because their portion sizes are distorted. Most people tend to over eat with grain products, like breads, pastas and rice, and protein, like chicken, steak and pork. For example, one serving of meat is about 2.5 oz (or 75g) that is only 1/2 of a regular, cooked chicken breast. A 6 oz steak at a restaurant is almost 3 servings of protein, whereas a typical female over 50 years of age only needs 2 servings per day. Typical protein foods, like most meats, can also be a source of fat, particularly saturated fat. Fat has more calories per gram than carbohydrate and protein combined. Looking for lean cuts of meat and trimming meat before cooking can save you quite a few calories. Alternate protein sources like beans, peas and lentils are good choices because they are low in fat and high in fibre.

Grain products are also a source of over indulgence for many of us. A lot of weight-loss programs call for the complete removal of “carbohydrates” from your daily diet. The problem with this is that your brain needs carbohydrates to function. There has to be a fine balance with carbohydrate intake. It is important to know that grain products are not the only source. Fruits and vegetables are also considered carbohydrates, however, they are COMPLEX carbohydrates. They are often lower in calories than most grain products and are good substitutes when considering the extra spoonful of rice. Serving sizes for grain products are probably the most com-

monly distorted. One serving of grain products is only 1/2 cup of rice or paste, 1 slice of bread, or 1/2 a pita. If you had a nice pasta dinner with 3 cups of pasta (or 6 servings), that is your daily requirement in one meal! When looking at grain products, the better choices are the whole grains like brown or wild rice and whole wheat pastas and breads. These contain more fibre than the white or refined versions. Fibre can play a key roll in weight loss. It helps you feel full; it helps you feel full longer; and it slows the release of food energy into your blood, which give you more of an opportunity to use it and less chance of it being stored as fat.

A few other sources of hidden calories are from juices and beverages. One glass of orange juice can contain the juice of almost 5 oranges. Most people would not sit down and eat 5 oranges. The juice contains all the calories, but none of the fibre that fills you up and prolongs the feeling of fullness longer.

Option #2. Try to increase your physical activity. 30-60 minutes a day is the general recommendation. It does not have to be all at once either—it can be broken into 10-minute intervals as well. Adding some light resistance training would also be helpful to try and build or maintain your muscle mass. Talk to a fitness professional about what kind of program would be best for you.

My recommendation is to keep a food journal for a week or two. Focus on evaluating your portion sizes taking notice of any snacking that you don’t even realize you’re doing. Sometimes the hardest part about losing weight is psychological. If you have convinced yourself that you cannot lose weight, then getting over that mind set can be difficult. You can lose weight! It SHOULD be a slow process (1-2 pounds a week is a healthy weight loss) and there will be some bad days. Don’t let them get you down. One bad day will not undo everything. There is room in a healthy diet for birthdays, holidays, and special occasions. It is all a matter of input versus output! Keep active and your portions in check!

There are some excellent tools available to the public to track their eating and activity. Dietitians of Canada has the EATracker program on-line that you can track your activity. There is also a recipe analyzer that will provide a nutritional analysis of some of your favourite recipes.

http://www.dietitians.ca/public/content/eat_well_well/english?index.asp

If you are still not having any success, talk to your doctor. She can refer you to see a registered dietitian (RD) as well.

Thanks to Oprah! Since her programs on hormones and women’s health, we have had a record number of referrals to our referral clinic!

Mexican Corn and Bean Salad

Here's a nice "Spring" recipe! Good for the first BBQ of spring!

Ingredients:

3 cups black beans, cooked
2 cups frozen corn, rinsed
3/4 cup sweet red pepper, diced
3/4 cup salsa
Juice of 1 lime
1 tbsp vegetable oil
1 celery stalk, diced
2 green onions, finely chopped
1 tsp cumin
1/4 cup fresh cilantro

Method:

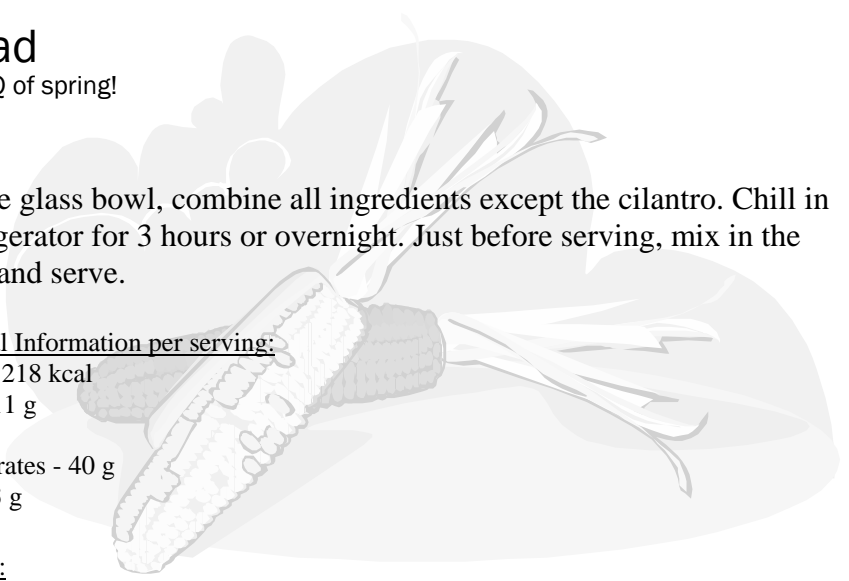
In a large glass bowl, combine all ingredients except the cilantro. Chill in the refrigerator for 3 hours or overnight. Just before serving, mix in the cilantro and serve.

Nutritional Information per serving:

Calories - 218 kcal
Protein - 11 g
Fat - 3 g
Carbohydrates - 40 g
Fibre - 8.3 g

Reference:

The Supreme Bean / Ontario Bean Producers Marketing Board



Pelvic Pain — know more about it

By Shveta Suryavanshi, M.D., Menopause Practitioner, WMLHC

Pelvic pain is a common problem in females and often goes beyond just physical discomfort. It is pain in the pelvic region, which is area between belly button and top of the thighs.

What causes pelvic pain?

There are several causes and can be related to gynecological as well non-gynecological conditions. Sometimes no cause can be found. Some examples are

- Endometriosis
- Dysmenorrhea or painful period
- Infection of uterus, ovaries or fallopian tubes (PID)
- Ovarian cysts
- Pain at the time of ovulation
- Pain during sex
- Fibroids
- Post surgical scar tissue (adhesions)
- Urological causes – infection, incontinence, interstitial cystitis, stones, cancer
- Diverticulitis, irritable bowel syndrome, constipation
- Depression

The list is long and often finding a cause is not possible but that doesn't undermine the suffering.

IT DEFINITELY IMPACTS YOUR LIFE

Pelvic pain can disrupt all aspects of a woman's life including her home, work, movement, sexual relationships and sleep. Not knowing the cause can make it all the more stressful.

To increase awareness about this complex disease the Women's Mid-Life Health Centre of Saskatchewan is presenting a **free public forum "Are you suffering in silence?" on Saturday April 25th at TCU Place from 8:30 a.m.– noon.**

Dr Jarrell, Gynecologist from the Chronic Pain Centre in Calgary, will be talking about pelvic pain, pain during intercourse, post surgical, post partum pain and management.

Dr Epp, from Saskatoon, will give a talk about urinary incontinence. Two physical therapists (Bree Rutten and Christine Epp) will present the role of physiotherapy in management of pain and urinary incontinence. As well, there will be numerous displays about available resources in the province.

You are definitely not alone. Know more about your symptoms and talk to the experts to begin a journey of awareness and healing.

Mindful Decisions about Mid-Life

By Betty-Ann Heggie

In October of 2007, Betty-Ann Heggie, dubbed the Midlife Maven, addressed the Women's Midlife Health Centre, discussing mindful decisions at midlife.

In her presentation entitled, "How's the Journey for You so Far?" she discussed getting to know yourself and accepting change to live your life "on purpose."

Since speaking at the Centre, Betty-Ann has reinvented herself as the Stiletto Chick, which is symbolic of the balanced woman – feminine but able to protect herself. The stilettos are the ultimate symbol of feminine power – power that women all too often hide away to fit into the male-dominated corporate world. In becoming the Stiletto Chick, Betty-Ann is asking women to reclaim what makes them different – to embrace the uniquely feminine instead of donning the masculine and compromising yourself to get ahead – by taking their stilettos out of the closet and putting them on for the world to see. After all, as Betty-Ann likes to say, "You can kick a lot of butt in 4-inch heels!"

This guise of the Stiletto Chick has afforded Betty-Ann the opportunity to continue to pursue her dream of inspiring women to make peace with weight, work, and wealth. Betty-Ann is clearly no stranger to the position of women in the workforce, and as a member of Canada's Top 100 Most Powerful Women Hall of Fame, she's uniquely qualified to help other women in leadership positions. She does this through the wisdom she gained during her 26 years as a high-powered corporate executive and through mentorship – or "womentorship", as she likes to call it. Her new web site, www.stillettochick.com, focuses on her goal of inspiring women to make peace with weight, work, and wealth through her six-step program, The Six Precarious Steps to Personal Enlightenment. These steps (Self-Awareness, Self-Acceptance, Self-Assurance, Self-Care, Self-Reliance, Self-Celebration) focus on the self – something that far too many women in the corporate world forget to spend time on. But by learning to embrace and work through all six steps, women will truly learn to make peace with themselves, and become unstoppable in the process.

In addition to helping women make peace with their weight, work, and wealth, Betty-Ann has been traveling extensively since she met with us, and has now started a blog that deals with both the inner and outer journeys that travel entails. For more information, or to join in with her on the conversation, visit her travel blog, "Stiletto Chick Sees the World," at www.stillettochick.typepad.com.



Websites to check out

www.thehearttruth.ca Heart and Stroke Foundation

www.yourdiseaserisk.wustl.edu Siteman Cancer Centre, Barnes-Jewish Hospital, Washington University School of Medicine

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.



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