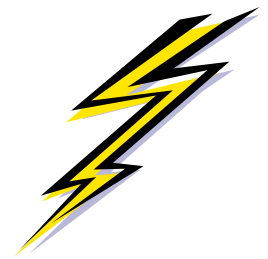




HOT FLASHES



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

April 2011 Edition

Parkinson's Disease—the Signs and Symptoms

By Linda Jean Remmer, B.A., B.S.W., M.A., R.T.C.

On December 30, 2009 I was diagnosed with Parkinson's disease at the age of 60 years. This came as a complete shock as there is no history of the disease on either side of my family. In hindsight, I had been exhibiting symptoms for years as do most Parkinson's patients. Unfortunately less than 50% are ever diagnosed by their family physician. The purpose of this article is to familiarize the reader with symptoms that are the most common, yet often go unrecognized as features of Parkinson's disease.

What is Parkinson's disease? Parkinson's is a degenerative neurologic disease that is chronic and progressive. PD does not go away and it gradually gets worse.

What happens in Parkinson's disease? PD is a group of conditions called *movement disorders* - disorders that result from a loss of the brain's control on voluntary movements.

Dopamine (a neurotransmitter in the brain) relays signals from the *substantia nigra* to those brain regions - collectively named the *basal ganglia* - that control movement, balance and coordination.

In the brain cells of people with Parkinson's, neuron cells that produce this essential substance, dopamine, die earlier than normal.

The signs and symptoms characteristic of Parkinson's disease are: tremor; rigidity; akinesia (lack of movement or loss of spontaneous movement); and bradykinesia (slowness of movement). Problems with walking and posture do not become noticeable *until 80 % of the cells of the substantia nigra have died.*

Common Symptoms (These were my specific symptoms as well).

- Sleep Apnea/Sleep disorders
- Restless Leg Syndrome
- Olfactory Dysfunction (loss of sense of smell)
- Extreme fatigue
- Impaired balance
- Hypominia (mask-like face)
- Micrographia (handwriting becomes very small)
- Symptoms on one side only
- Reduced arm swing

- Stiffness/rigidity of arms, legs, trunk
- Stooped posture
- Dragging or Limping of one leg
- "Frozen" painful shoulder
- Numbness, tingling, achiness or pain in limbs
- Foot and hand cramps (my left hand would look like a "claw")
- Loss of manual dexterity
- Hypophonia (voice becomes very soft)
- Difficulties in walking and whole body movements (getting in and out of a vehicle)
- Urination problems (urgency)
- Temperature dysregulation (my left side arm would go blue)
- Constipation

Many of these symptoms may be present 5 to 10 years before an actual diagnosis is made. John C. Morgan, MD, PhD, Associate Professor & Director, National Parkinson's Foundation Centre of Excellence, Movement Disorders Program, Department of Neurology, Medical College of Georgia, states that *Parkinson's disease can be diagnosed by the following 3 symptoms present in the patient: 1) Chronic Constipation* (autonomic nervous system affected first before external symptoms manifest); 2) **Loss of Olfaction**; and 3) **REM** (Rapid Eye Movement indicative of deep, restorative sleep) **Sleep Behaviour Disorder** (67% to 98% of patients diagnosed with Parkinson's). Family members—spouses, children, siblings-- are often the first to notice symptoms in the person with Parkinson's disease. They may notice a change in the way a person walks, stands, or in the person's expression.

Remember: Because Parkinson's disease has no cure at this time and there is no means of preventing the progression, the treatment goal is to manage the symptoms, postpone their progression, and minimize the symptoms for as long as possible.

Parkinson Society Canada www.parkinson.ca

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A Brief Overview of Calcium Supplements

By Gurpreet Nijjar, BSP, Drug Information Consultant, Saskatchewan Drug Information Service

Calcium supplementation offers a simple means of making sure you are getting the required amount of calcium daily. Ideally, dietary sources are preferred simply because they offer additional nutrients; however, this may not always be feasible for every person¹.

Generally people get approximately 300 mg of calcium daily from non-dairy sources within their diet. If you incorporate two servings of high calcium food (i.e. dairy) then you get about 900 mg of calcium from diet alone². Once you consider your dietary calcium and what level is suggested for you, then the difference can be supplemented.

For women, Canadian Osteoporosis Guidelines recommends³:

Age	Total daily intake of elemental calcium (through diet and supplements)
19 to 50	1000 mg
50+	1200 mg

There are a variety of calcium products available. Check the label to see how much elemental calcium is provided. This is an important factor to consider because it helps determine daily intake of calcium per weight of the supplement. Compare brands and prices. The most costly supplements are not necessarily the best. Often you will see

calcium products packaged with other minerals or vitamins. To date there is no conclusive evidence to support the use of additional minerals or vitamins to promote bone health other than calcium and vitamin D^{3,4,5}. Magnesium may be tried if you experience constipation from supplementation. Overall, calcium preparations packaged with vitamin D are acceptable but avoid combination products unless otherwise advised from your healthcare provider⁵.

Take no more than 500 mg of elemental calcium at one time with a full glass of water and aim to take with a meal or immediately after. Some individuals may experience stomach upset, constipation or diarrhea when first starting calcium supplementation. If you find tablets too large or hard to swallow, consider chewable or effervescent tablets instead. Calcium can interfere with the absorption of many medications⁶. This can usually be avoided by taking calcium and medications at separate times⁶.

For more information about calcium supplements, ask your pharmacist or call the Saskatchewan Drug Information Service at 966-6378 (Saskatoon) or 1-800-655-3784 (Saskatchewan).

References available upon request.



Book Review by Vicki Holmes, MD

The End of Overeating: Taking Control of the Insatiable American Appetite by David Kessler, M.D.

Dr. Kessler is a pediatrician, former Dean of the Yale Medical School, who served as a commissioner of the US Food and Drug Administration. He takes a comprehensive look at how we have developed food addictions.

He begins by looking at the alarming trend to obesity since 1980 in all race/sex groups. In 1960, the average weight of women 20-29 was 128 pounds, in 2000, 157 pounds. For 40-49 year old men for the same time period the average weight went from 142 to 169. The centre in the brain that maintains our weight has been over-ridden by addictions to sugar, fat and salt.



The author explores the world of food marketing – the intentional addition of layers of salt/fat/sugar that contribute to addiction as well as the messaging that encourages us to eat inappropriately.

The concept that our brain has been conditioned to hypereating is interesting - he describes the cue-urge-reward-habit cycle. This habit can be broken by learning the rules of disengagement and avoiding entrapment.

This book invites us to assess our personal drivers and motivates us to take a fresh approach to weight control. I highly recommend it!

Bone Healthy Nutrition

By Donnelly Sellars, RD

In an earlier issue we discussed how to add more calcium to your diet to help reduce the risk of osteoporosis. While calcium is important, there are other things you can do with your diet to help lower your risk of developing this potentially debilitating condition. (see January 2010 newsletter archived at www.menopausecentre.org)

First let's do a quick review of calcium. The Dietary Reference Intakes (DRI) say that adults between the ages of 19 and 50 need 1000 mg of calcium per day, while adults over the age of 50 need 1000 mg to 1200 mg of calcium per day for men and women respectively. The biggest source of calcium in our diet comes from dairy products like milk, yogurt and cheese. Other sources of calcium include spinach, almonds, beans, and canned salmon (with bones). Finally, there are the calcium fortified products such as orange juice with calcium and soy or rice beverages.

Vitamin D is also important to maintain bone health. However, there are a limited number of foods that either have naturally occurring vitamin D or are fortified with vitamin D. Fatty fish, such as salmon, mackerel, sardine and tuna naturally contain vitamin D while the milk and soy beverages that

we drink are fortified with vitamin D. Lately, many food companies have been adding vitamin D to their food products – such as yogurt and orange juice – to help make it easier for us to get enough of this vitamin. Osteoporosis Canada recommends a supplement of 400 to 1000 IU (international units) for adults under 50 years of age without osteoporosis and 800 to 2000 IU for adults over 50 years of age. A daily supplement of 800 IU is recommended as the minimum amount for all adults with osteoporosis. When



looking at food products, Dietitians of Canada recommend looking for labels that show greater than 20% Daily Value (DV) for vitamin D per serving.

Eating a varied and well balanced diet according to Canada's Food Guide for Healthy Eating will help you get adequate intake of two other important nutrients – protein and potassium. Not only is protein important for muscles, it also helps maintain strong bones. Examples of lean sources of protein include beans and legumes, such as chick peas or kidney beans, eggs, milk, fish and lean cuts of beef, poultry

and pork. Potassium, on the other hand, prevents your body from losing calcium. Potassium is found in many fruits and vegetables, as well as milk products. One important thing to note: If you are prone to high potassium, have a discussion with your physician before increasing your potassium intake.

Finally, let's take a look at avoiding too much salt (sodium). Too much sodium not only causes high blood pressure, or hypertension, but it is also associated with bone loss. Avoiding excess salt and salty foods is important to help improve your overall health. One of the biggest culprits for salt in our diet is processed foods. When looking at food labels, less than 200 mg of sodium per serving is considered good (in terms of sodium level), 200 – 400 mg of sodium per serving would be a food to eat less often and more than 400mg of sodium per serving is considered high in sodium and should be avoided.

For more information, please check out these other resources:

Dietitians of Canada – www.dietitians.ca

Osteoporosis Canada – www.osteoporosis.ca

Smoothie recipes:

Very Berry Smoothie

1 cup (250 mL) Milk
¾ cup (180 mL) Frozen Strawberries
¾ cup (180 mL) Frozen Raspberries
1 Tbsp (15 mL) Sugar
½ cup (125 mL) Vanilla Yogurt

Nutritional Information:

Energy: 122 calories
Proteins: 5 g
Carbohydrates: 21 g
Fat: 3 g
Fibre: 2.1 g
Sodium: 58 mg
Calcium: 15 % / 162 mg
Vitamin D: 17 %



Banana Split Smoothie

1 ½ cups (250 mL) Chocolate Milk
1 Large Frozen Banana
1 cup (250 mL) Frozen Strawberries

Nutritional Information:

Energy: 149 calories
Proteins: 5 g
Carbohydrates: 28 g
Fat: 3 g
Fibre: 2.2 g
Sodium: 76 mg
Calcium: 14 % / 153 mg
Vitamin D: 25 %



Blueberry Peach Smoothie

1 cup (250 mL) Milk
2 cups (500 mL) Frozen Peaches
¾ cup (180 mL) Frozen Blueberries
1 Tbsp (15 mL) Sugar
2/3 cup (160 mL) Peach Yogurt

Nutritional Information:

Energy: 185 calories
Proteins: 6 g
Carbohydrates: 35 g
Fat: 3 g
Fibre: 3.4 g
Sodium: 64 mg
Calcium: 16 % / 178 mg
Vitamin D: 17 %



For each variation: In blender or food processor, purée together **milk**, frozen fruit and sugar (if called for) until smooth. Add **yogurt** (if called for); blend well. Pour into tall glasses. Serve immediately. Each recipe makes 2 -3 servings

Talk and Tone for Women

The Studio at Oshun House and the Women's Mid-Life Health Centre are teaming up to bring you **Talk and Tone for Women**.

Each of **6** classes consists of 30 minutes of information with discussion and 45 minutes of physical activity and meditation exercises. Topics include:

- Managing menopause symptoms: hot-flashes/night sweats, moods swings and depression, sex and libido, weight gain, sleep, your suggestions
- Exercises to energize, for upper body strength (learn how to use light free weights), balance and core tone, meditation and relaxation (Yoga)

When: Tuesdays, April 26 - May 31, 2011
from 6:30 p.m. to 7:45 p.m.

Cost: \$75.00

Where: Oshun House Studio,
912 Idylwyld Drive North,
Saskatoon, SK (Beside the Armory Building)

For more information and to register:
Call Sarah at 306-978-3886



Not Your Mamma's Bones: Men and Women Prevent Osteoporosis and Fractures



Saturday, May 7, 2011
8:30 a.m. -12:30 p.m.
Elim Tabernacle
3718 - 8th Street East
Saskatoon SK

Learn ways to create healthy bones:
- new 2010 Osteoporosis Guidelines
- preventing fractures
- bone healthy nutrition
- balance and exercise
- accessing resources

Speakers:

Dr. K. Shawn Davison
Dr. Susan Whiting
Dr. Vicki Holmes

Robynne Smith
Gwen Thomson

No cost to attend ♣ Donations accepted ♣ Displays



Presented by the Women's Mid-Life Health Centre
and Osteoporosis Canada - Saskatoon Chapter



Web Links

- Sexual Health & Menopause www.menopause.org

New, free online resource for mid-life women from the North American Menopause Society. This online resource helps women get a handle on how menopause can affect your sex life, explores changes, treatments and partners counselling. It is divided into sections by topic. An excellent resource.

- The Heart Truth newsletter@thehearttruth.ca is a newsletter that drops into your email with a helpful heart health tip and motivation to "Achieve a heart-healthy lifestyle - one beat at a time".

This newsletter is made possible through financial support by Merck.

Hot Flashes Now Available Electronically

Like other charities, the Women's Mid-Life Health Centre works to keep up with the times on a limited budget.

We're combining both in our offer to send your copy of the Hot Flashes newsletter via email.
Please contact us at info@menopausecentre.org if you prefer this delivery option.



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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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