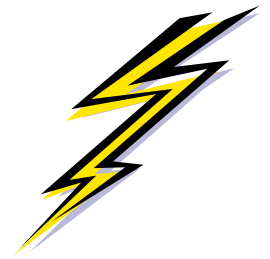




HOT FLASHES



Newsletter of the Women's Mid-Life Health Program, Women's Health Centre

Spring 2014 Edition

The Pelvic Floor Pathway: A new program for women

By Maggie Phelan, RN, NP

A new program for women with urinary incontinence and pelvic organ prolapse has started at the Women's Health Centre at Saskatoon City Hospital. The Pelvic Floor Pathway is a program intended for women who suffer from persistent, uncomplicated urinary incontinence and vaginal prolapse. Services provided in the pathway include education, assessment, conservative support and referral to a specialist when necessary.

Women can be referred to the program by their health care provider. Each woman will attend a class either at Saskatoon City Hospital or via Telehealth at a centre closest to their home. The next step in the program is to have an appointment with a nurse practitioner. Most often, the patients will see one of the pelvic floor physiotherapists in the program as part of their treatment plan.

What is incontinence?

Incontinence occurs when women unintentionally leak urine. Stress incontinence occurs with coughing, laughing, sneezing, exercising or lifting. Women with urge incontinence have a sudden and sometimes overwhelming urge to urinate even when their bladder isn't full. Sometimes there are triggers that irritate our bladders which give the sensation of wanting to empty frequently or urgently. When women have both stress and urge incontinence, it is called mixed incontinence.

Triggers that can make our bladders sensitive are:

- Caffeine such as coffee, tea, chocolate
- Alcohol
- More than 6 to 8 cups of water each day
- Spicy foods
- Citrus fruit
- Aspartame
- Smoking

What type of help with incontinence and pelvic organ prolapse can women expect from the program?

The Pelvic Floor Pathway team is comprised of two Pelvic Floor Physiotherapists (Juliet Sarjeant and Bree Rutten), two Nurse Practitioners (Celeste Begrand and Maggie Phelan), and the Medical Director (Dr. Annette Epp).

The physiotherapists can help women to improve their bladder symptoms by teaching them to properly activate and strengthen pelvic floor muscles, and re-train their bladder to empty less frequently. They also teach women how to make conservative lifestyle changes to improve their bladder function.

The nurse practitioners assess patients and evaluate symptoms to diagnose their condition, and assist the women to develop a treatment plan. Management of bladder symptoms may include providing education and counselling for lifestyle and behaviour changes, prescribing medications, and fitting a pessary, which is a removable device placed into the vagina designed to support areas of pelvic organ prolapse and stress

incontinence. The nurse practitioners also refer women to specialists when required.

All team members offer support and encouragement!

Why develop a program to assist women with incontinence and prolapse?

This program was developed as part of the Saskatchewan Surgical Initiative to improve the surgical patient experience and ensure that no surgical patient in Saskatchewan waits more than three months for surgery. Other provincial pathways that streamline care include the hip, knee, spine and bariatric pathways.

Who can participate in the Pelvic Floor Program?

Women wishing to participate can be referred to the program by their health care provider. Women can refer themselves to attend the education session only.

If you would like to refer yourself to attend the Pelvic Floor education session, please call the Pelvic Floor office at Women's Health, Saskatoon City Hospital at (306) 655-7901.

If you live in the southern part of the province, contact the Surgical Assessment Centre in Regina at (306) 766-0401.

Want to learn more about the Pelvic Floor Pathway program? Find out more at

<http://www.sasksurgery.ca/patient/pelvicfloor.html>

Prescription Treatments for Insomnia

By Melissa Dicus, Pharmacy Intern, medSask; Your Medication Information Service

Getting a good night's sleep is a challenge for many people. Insomnia is defined as difficulty falling asleep, staying asleep or unrestful sleep. It can affect your day to day life by making it hard to concentrate, causing daytime tiredness, forgetfulness, low motivation and/or irritability. Insomnia can be caused by stress, jet-lag and shift work. It can also be caused by brain injuries or illness (i.e. Parkinson's disease, stroke, depression) or a medical illness such as chronic pain. Nonprescription treatment options and important non-drug tips to improve sleep (called sleep hygiene) were provided in the Fall 2013 Edition of Hot Flashes. Sleep hygiene should always be

part of insomnia therapy whether medications are used or not.

Prescription medications are available for insomnia on the advice of your family doctor. These options should only be considered if non-drug therapy has not worked for you. Prescription medication options have more risks such as developing a need for the medication to fall sleep, and/or next day grogginess leading to falls. For those reasons, if medication is needed it should be used at the lowest effective dose, only when needed, short term (2-4 weeks) and, in some cases, should be gradually decreased before stopping.

– **Table 1: Prescription Medications for Insomnia**

	Place in Therapy	Pros	Cons	Special considerations
Benzodiazepine hypnotics i.e. triazolam, nitrazepam, temazepam	Short term therapy	Fall asleep faster and stay asleep longer	Can negatively affect natural sleep cycle, increase risk of falls, may cause next day drowsiness, risk of dependence	Must be slowly stopped to prevent withdrawal symptoms Use caution in elderly
Other hypnotics i.e. zopiclone, zolpidem	Short term therapy	Fall asleep faster and stay asleep longer	May cause next day drowsiness, risk of dependence	Preferred over benzodiazepines for elderly but still increase risk of delirium, falls therefore use with caution
Antidepressants i.e. doxepin, trazadone, amitriptyline, nortriptyline	May be useful in patients with mental illness such as depression or anxiety	Little evidence of changing natural sleep patterns; Useful in long term	Varied side effects depending on type of antidepressant	
Antipsychotics i.e. quetiapine	Not approved by Health Canada but used off-label for patients with mental illness	Very sedating	Only recommended for a patients with mental illness	Lack of evidence for use in most patients

There are some new concerns about long term use of prescriptions drugs for insomnia, specifically hypnotics, being associated with increased rates of cancer and death. The risk of both is greatest when regularly using high doses of the hypnotic drugs for a longer period of time (2-5 years). Certain diseases, mental illness or brain injury can be the cause of insomnia. These diseases can also increase the risk of death. This makes it difficult to tell if outcome of death in a study is related to the

hypnotic drug or the illness itself. Patients using hypnotic drugs usually have more illnesses than those not needing treatment for insomnia. The increased rates of cancer are not as high as the death rates but are supported by animal studies. Given the possible long term risks of using hypnotic medications, they should be used short term, only when needed, and at the lowest effective dose.

References are available on request.

Are you drinking enough?

By Donnelly Sellers, Registered Dietitian

We all know that water is an important part of our diet. Fluids help us maintain our body temperature, remove wastes, cushion our joints and organs and carry nutrients around our bodies. Our bodies contain between 50% to 70% fluid and on average we lose about 10 cups per day from regular bodily functions – perspiring, elimination of waste, even breathing. If we exercise or just spend time outside in the heat, we can lose even more. It is important to replace our losses in order to prevent dehydration, but drinking water or other fluids is not our only option!

When it comes to hydration, one of the biggest myths out there is that we must drink 8 cups of water per day to maintain adequate hydration. The reality is that our fluid needs are based on a multitude of factors – activity level, where we live (temperature and humidity levels) and even our gender. The general recommended intake for fluid is 3.7L (15 cups) per day for men over 19 years of age and 2.7L (11 cups) per day for women over 19 years of age.

Many foods are sources of fluid as well. Fruits and vegetables are delicious sources of water that hydrate as well as provide vitamins, minerals and fibre to the diet. The foods listed here provide more nutrition than juice and are tastier than plain water!

Food	% Water Content
Lettuce	96%
Cucumber	95%
Watermelon	92%
Broccoli	91%
Cantaloupe	90%
Peach	88%
Pineapple	87%
Apple	84%
Grapes	81%

Other sources of fluid that count toward our daily intake include milk, soups and even yogurt. Another common myth about adequate hydration is that caffeinated beverages like coffee and tea act as diuretics (make us lose water) and don't count towards our hydration level. New research actually shows that this is untrue – so even the tea or coffee you drink during the day counts towards your daily fluid requirements. So, while drinking water is still a healthy habit to have – a diet rich in fruits and vegetables can help you meet your fluid requirements too!

Roasted Cauliflower and Red Pepper Soup

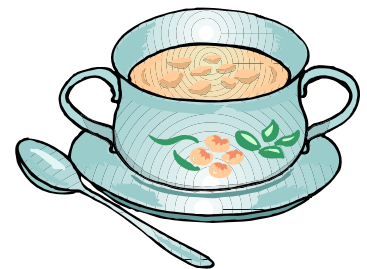
5 cups cauliflower florets (bite-size)
4 tsp canola oil (divided)
1 cup onion, finely chopped
1 cup carrots, finely chopped
2 cloves garlic, minced
4 cups low-sodium chicken broth
2 red peppers, quartered, seeds removed
2 sprigs fresh thyme (or bay leaf)

- Preheat oven to 425°F (230°C) Place peppers, skin side up on a rimmed baking sheet and roast for 10 minutes. Turn peppers over and roast for 10 to 15 minutes or until skins are blackened. Transfer peppers to a small bowl, cover tightly and let stand for about 15 minutes. When cool enough to handle, peel off blackened skin and discard. Chop roasted peppers.
- While peppers are cooling. Place cauliflower on prepared baking sheet and drizzle with 2 tsp (10 mL) of the oil. Roast in preheated oven, turning once, for 20 to 25 minutes or until florets start to caramelize and are lightly browned.
- In a large pot, heat the remaining oil over medium heat. Sauté onion and carrots for 3 to 4 minutes or until softened. Add garlic and sauté for 30 seconds. Stir in caramelized cauliflower, broth, chopped roasted peppers and thyme (or bay leaf); increase heat to high and bring to a boil.
- Reduce heat and simmer for 10 minutes to blend the flavors. Discard thyme sprigs (or bay leaf). Season to taste with pepper.

Serves 8.

Nutritional Information per Serving:

Calories 61
Protein 3 g
Fat 2.6 g
Carbohydrate 8 g
Fibre 3 g
Sodium 314 mg



Recipe adapted from: Cook! Dietitians of Canada. 2011. Published by Robert Rose Inc.

Coaching—creating more focus and meaning in our lives

By Susan Halferdahl, MCE, CHRP, Associate Certified Coach (ACC)

Think for a moment.... what would it be like to actually do those things that are important to you in your life? Or to really express that part of you that you know is inside, but isn't shining yet? Do you have habits you want to change, or ideas and intentions you want to develop? Maybe you want to exercise regularly, become an artist, be a better leader, communicate more authentically, develop a community service, or become a small business owner? What's the dream, small or large, that you've put off or even given up on?

There are many reasons for why we don't bring into being what's really important to us. There is always something else to do first, or someone else to look after, or not enough time, or it's too hard, or we can't afford it, or it's too late in life. Whatever it is for you, having a coach can help you reach past it and achieve what you believed you could not do.

For the last several years, a professional designation has been developing that brings new meaning to the term "coach". In this new profession, a coach is someone who "partners with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential". This definition of coaching comes from the International Coach Federation (ICF), a global credentialing organization that sets standards and certifies coaches who may train in a wide variety of coaching programs.

A coach provides a confidential, professional relationship in which you set goals for some aspect of the future you want to create. Goals can be focused in any number of areas. Your coach helps you determine what's right for you.

As the process to achieve the goals unfolds for the client, it allows racing thoughts to settle, and new thoughts and actions to arise. It creates focus, like cutting a path through the fog and chaos of our busy lives, building confidence in finding our way, and coming out on top of the mountain in the clear sunshine.

It takes courage to make changes. Your coach is by your side, creating a respectful, non-judgemental, trusting environment for you to explore, be challenged and grow into your potential. Coaches honor you as the expert in your life and work and support you as a creative, resourceful and whole person.

How does coaching work?

It's important to find the right coach for you (see below for websites). Once you do, make a coaching agreement to work together for a certain period of time, terms for when/how you meet, fees and expectations. Coaching can be in person, by phone or through the internet. During your coaching engagement your coach listens to you, and asks powerful questions to help you discover how to move ahead with goals.

Even small changes can be difficult to make. In our world today, having a coach is a gift that supports us in bringing more of what is meaningful to us into our lives.

To find ICF-certified coaches in Saskatchewan, go to <http://www.icf-sask.org>. To find out more about coaching, and more coaches, go to the ICF website: [Coaching - Frequently Asked Questions](http://www.icf-sask.org), or go to <http://www.coachfederation.org> and follow the links under "Need Coaching?"

Website to check out:

Diabetes Complications is an excellent resource from the U.S. National Library of Medicine, NIH National Institutes of Health. If you or someone you care for has diabetes, this website has a great deal of information that will be very helpful. www.nlm.nih.gov/medlineplus/diabetescomplications.html



Watch for news about the next Public Forum, spring 2014!

We hope to bring you a free public forum about Sleep...and how to get more and better quality!

Announcement will be on our website home page www.menopausecentre.org

Hot Flashes Now Available Electronically

The Women's Mid-Life Health Program 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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