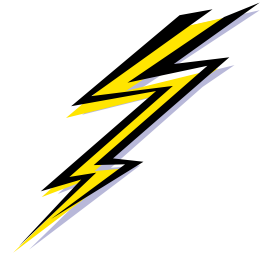




HOT FLASHES



Vasomotor Symptoms: Hot Flashes, Night Sweats

By Vicki Holmes MD

About 80% of women will experience vasomotor symptoms (VMS) during their menopause transition. The severity varies with the stage of menopause and ethnic background, with African Americans experiencing more than other races, Caucasian second and Japanese experiencing the least. A recent report from the Penn Ovarian Aging Study reported the average length of time to experience these is 11.6 years; 5 years after the final menstrual period.

A definition from a study that I read recently gave a good description for rating severity of hot flashes:

- 1) Mild – less than 5 minutes, warm, red face, and uncomfortable.
- 2) Moderate – less than 15 minutes, perspiration, clammy skin, dry mouth, tense muscles, tachycardia, irritation, agitation, embarrassment, and warmth involving the neck, ears, head, and whole body.
- 3) Severe – less than 20 minutes, warmth described as raging furnace or burning up, weak, faint, headache, chest heaviness, extreme perspiration, prickling sensation on skin, heart irregularities, anxious, and panic attacks.
- 4) Very severe – less than 45 minutes, boiling eruption, rolling perspiration, inability to breathe, faint/dizzy, leg/foot cramps, heart irregularities, difficulty functioning, distressed, nausea.

I really had no idea of the extent of effects of VMS until I focused on women referred to our clinic.

There are different patterns. Some experience more before their periods become infrequent, others are just starting to experience them at that time. Unfortunately, if you start early, they tend to last a longer time.

Certain factors may be predictors of more severity with VMS:

- 1) History of childhood abuse.
- 2) Smoking (doubles the frequency).
- 3) Weight gain in perimenopause, although during post menopause,



Cartoon courtesy of Microsoft Clipart

obese and overweight women had fewer VMS.

- 4) VMS are worse if you suffer from anxiety.

VMS are associated with other metabolic disorders that may result from previous medical conditions such as increased insulin resistance, higher triglycerides and higher LDL. Cause and effect has not been established.

The cause of hot flashes is a zone in the hippocampus (an important area of the brain) that is responsible for temperature regulation. The brain is rich in estrogen receptors and this area is especially dependent on estrogen. As our estrogen levels decline, this area becomes susceptible to a very narrow range of surrounding temperature. This means that if it is slightly warm, the hippocampus over reacts and causes dilatation of surface arterioles resulting in redness and excessive sweating. Some women experience the reverse in that they get chilled when in mildly cool temperatures. The worst seem to be the drenching night sweats which may be so bad that you have to get up and change your bedclothes.

What can be done about this?

- Common sense things like dressing in layers, having a ceiling fan in your bedroom, keeping the room cool (buy you partner a toque to wear at night!) are helpful for minor VMS.
- Avoid alcohol and caffeine that may precipitate a hot flash.
- Reduce your stress; many women find that they may get an intense flash when making a presentation or dealing with conflict.
- Regular exercise is helpful to reduce hot flashes, although while you are exercising you may need a fan.
- Maintain a healthy body weight.

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Vasomotor Symptoms: Hot Flashes, Night Sweats (continued)

There are many herbal products available that promise great relief. Studies on black cohosh, soy and mixtures of herbs have shown approximately 20-30% reduction, on the same order as placebo.

When you get VMS during the perimenopause (i.e.: you have experienced missed periods and they become unpredictable), they usually occur a few days before your period begins. At that stage, taking progesterone may be helpful to relieve the symptoms. Once the periods stop, you usually require estrogen along with progesterone (if you have a uterus) to improve your quality of life.

For those who cannot take estrogen, gabapentin and some antidepressants will reduce the hot flashes by about 60%. Clonidine is an antihypertensive that may be helpful.

A new combined drug has been developed called TSEC, which is estrogen and BZA that is used for treatment of hot flashes and osteoporosis. It is not currently available in Canada.

A newer option that I have not personally used but is now available is a Stellate Block, a procedure done by an anesthetist. This is essentially a nerve block with local anesthetic that is injected into the stellate ganglion in your neck.

Other options have been tried with varying success such as Medical Hypnotherapy. A recent study of 187 women showed significant improvement in hot flashes over 12 weeks of treatment. We are exploring this as an option for the women that we see.

Acupuncture and yoga did not show significant benefits. Relaxation training and Mindfulness Based Meditation had minor benefits on symptoms and sleep.

Many women put up with these symptoms far too long. Since they are disruptive to sleep, chronic insomnia and emotional upset as a result of that are common. Not everyone requires hormone therapy but if you feel that hot flashes are having a negative effect on your quality of life, talk to your doctor about treatment alternatives.

Solutions for the Dreaded Resolution

By Donnelly Sellars, Registered Dietitian

Oh, the dreaded New Year's Resolution! Almost 50% of us set these goals every January with the biggest goals being related to weight loss, exercise, quitting smoking, better money management and debt reduction.

Timothy Pychyl, a professor of psychology at Carleton University, says that resolutions are a form of "cultural procrastination," an effort to reinvent oneself. People make resolutions as a way of motivating themselves, he says. That being said, most people's readiness and desire to change aren't usually affected just because the calendar says it's time. This is often why a lot of resolutions tend to fail. Another key reason is that resolutions are often too broad and unrealistic. This almost always sets one up to fail – which can be very damaging to one's self-esteem.

If you have a habit that you would like to change or a goal you would like to achieve, here are a few great tips from *PsychologyToday.com*:

1. Focus on one resolution, rather than several.
2. **Set realistic, specific** goals. Losing weight is not a specific goal. Losing 10 pounds in 90 days would be.
3. Don't wait till New Year's Eve to make resolutions. Make it a year-long process, every day.
4. Take small steps. Many people quit because the goal is too big and requires too big a step all at once.

5. Have an accountability buddy, someone close to you that you have to report to.
6. Celebrate your success between milestones. Don't wait for the goal to be finally completed.
7. Focus your thinking on new behaviours and thought patterns. You have to create new neural pathways in your brain to change habits.
8. Focus on the present. What's the one thing you can do today, right now, towards your goal?
9. Be mindful. Become physically, emotionally and mentally aware of your inner state as each external event happens, moment by moment, rather than living in the past or future.
10. And finally, don't take yourself so seriously. Have fun and laugh at yourself if you slip, but don't let the slip hold you back from working at your goal.

Setting goals can be a great motivator for changing habits, but as mentioned above, they have to be realistic and achievable. This means setting SMART goals. SMART goals are Specific, Measurable, Achievable, Results-focused and Time-bound. For more information on SMART goals, check out www.eatrightontario.com and search for SMART goals!

Butternut Squash, Spinach and Feta Frittata

Adapted from *Cook! Dietitians of Canada*

Makes 12 Servings

1 butternut squash, peeled and cubed (approx. 4-5 cups)
1 pkg (300g) frozen spinach, thawed and drained
1 ½ cup potatoes, peeled and cubed
¾ cup red onion, thinly sliced
8 eggs
½ cup milk
1 cup cheddar cheese, shredded
½ cup feta cheese, crumbled
Salt and pepper, to taste

1. Preheat oven to 400°F (200°C). Lightly grease a 9x13" glass baking dish.
2. Place squash in a large microwave-safe bowl and cover with plastic wrap, leaving a corner open to vent. Microwave on high for about 5 minutes or until fork-tender. Drain off excess liquid. Gently stir in spinach, potatoes and red onion. Spread in prepared baking dish.
3. In a bowl, whisk together eggs and milk. Season to taste with salt and pepper. Pour over vegetables and stir gently to distribute. Sprinkle evenly with cheddar and feta.
4. Bake in preheated oven for 35 to 40 minutes or until eggs are set.

Nutritional information per slice:

Calories: 151; Fat: 8 g; Sodium: 192 mg; Carbohydrate: 12 g; Fibre: 2 g; Protein: 9 g

CRS: what it is and how we can manage it

By Sarah Nixon-Jackle, RN, BScN, NCMP

Do you suffer from CRS? (CRS: Can't Remember Stuff!)

Well, I do and I don't much care for it at all. Words are on the tip of my tongue and then they are gone. Names of long-time friends or co-workers are suddenly missing when I do introductions. I have perfected the "deer in the headlights" stare when someone asks me if I did what they asked me to do yesterday. This is all very frustrating to me, I felt I was so good at multi-tasking, keeping lots of balls in the air and managing to get many things accomplished in a timely manner.

Well, lo and behold, multi-tasking is not our friend. It interferes with our ability to sustain focus on a challenging task, concentrate or maintain the stick-to-itiveness to get tasks finished. This happens at the same time when our depleting estrogen is cheating our memory as well. Multi-tasking damages the process of retaining information into memory and interferes with our ability to concentrate and focus.

Memory works well if we can register information clearly, retain what is registered and then be able to retrieve the information when we need it. In our 50's we begin to experience accelerated loss of brain volume and more noticeable changes in memory and cognition. Processing information is slower, learning new things takes longer, multi-tasking is more difficult, attention to details wanes and placing an event in time and place becomes more difficult. The loss continues as we age. However it isn't all bad news. We think better, problem solve better and are able to tap into our experiential knowledge. With exercise, new brain growth occurs and consolidates memories. Neuroplasticity gives the brain the ability to adapt and change to various situations where learning and memory are involved.

So what can we do to stop CRS and retrain the brain? Here are but a few tips:

- 1) Practice strategies to assist your memory:
 - Write things down, create lists, sticky notes
 - Say names, words, tasks out loud
 - Use images, acronyms, rhymes to assist you
 - Group lists and tasks together to stimulate remembering
- 2) Get regular exercise – 20 to 30 minutes per day, 5 days per week; strength train 2 to 3 times per week. Research indicates women with high rates of physical activity have less cognitive decline
- 3) Manage chronic health conditions such as diabetes, high blood pressure
 - Limit alcohol, sodium and sugar

- Increase veggies, fruits and dairy (follow a diet plan)
 - Quit smoking
 - Take medication as prescribed
 - Keep weight in a healthy range
- 4) Get a good night's sleep
 - Maintain a sleep routine. There are many strategies to enhance sleep
 - Seek help with sleep problems such as insomnia. Cognitive Behaviour Therapy or Medical Hypnotherapy are evidence-based strategies.
 - 5) Eat a brain building diet
 - Mediterranean diet, smaller portions, fresh foods, plants and fish, less red meats, moderate oil. Google "Mediterranean diet" for resources
 - Alcohol in moderation
 - 6) Do mental activities to sharpen your mind
 - Card games, gardening, crosswords, puzzles, brain teasers, artistic pursuits, learn a new language, volunteer, meet new friends, write letters, stories or poetry
 - 7) Eliminate other causes of memory problems
 - Quit smoking
 - Achieve and maintain your optimal weight
 - Manage depression
 - Manage stress, adjust your attitude, laugh out loud, share your feelings, modify your behaviours
 - Wear a helmet to prevent traumatic brain injury when appropriate (riding a bicycle for example)

Of all the things you are doing in 2015, make Remembering Stuff a priority and work at it!

Resources:

- Lumosity www.lumosity.com
- The Dana Alliance for Brain Initiatives, Your Brain at Work, 2008
- Make Your Brain Smarter by Sandra Bond Chapman PhD, 2013
- How to Protect your Memory and Brain by Peter V. Rabins MD, MPH, John Hopkins Medicine



VESy System by Lead Pilates and Wellness: Empowering Women to take Control of their Pelvic Floor Dysfunctions through Movement

By Carmen Emel, Certified Pilates Instructor, Birth Doula and VESy Coach at Lead Pilates

Hannah*, 68, stays home instead of golfing with friends because she fears she won't make it to the 4th hole without a bathroom break. Sherrie*, 30, can't pick up her children without pain in her pelvis and low back. They wonder, "Is this my new normal?"

Some believe that emotions sit in the pelvic floor. The medical and wellness professionals supporting this theory encourage proactive approaches to healing. Helping patients search out lifestyle changes that promote continued health during physical stresses and aging may reduce the causes of urinary leakage or pelvic pain. Womanhood brings pleasure, pain, pregnancy, birth, and for some, debilitating diseases, disorders or injury. Many unknowingly guard and protect themselves long after experiences have passed; the stresses and symptoms may imprint themselves in the pelvis for decades to come. But can we do something about it? In Canada, less than 50% will even ask that question, let alone find help. They suffer silently, accepting this "new normal". However, it is possible to return to life, without having to pee a little while trying.

Dr. Bruce Crawford, Urogynecologist and creator of the VESy System of pelvic floor rehabilitation, said, "everyday, millions of women push a watermelon out of a straw and are expected to get on with life. Yet after fixing a broken leg, doctors insist on physiotherapy as soon as possible." Another caregiver states, "procedures women experience during reproductive organ radiation are horrendous. It's painful, degrading and emotionally traumatic." Without some process of instruction and support for healing, women inevitably feel effects for the rest of their lives.

In Saskatchewan, we have many helpful options provided through doctors, pelvic floor physiotherapists and other professionals. The women mentioned above found help through VESy provided by Lead Pilates and Wellness. This technology allows clients to observe and understand the activity of their pelvic floor muscles, and a simple daily program

is customized for their individual body. Women can finally take control and alleviate life altering symptoms.

Happily, after using the VESy techniques, Hannah*, recently took a vacation to New York with her husband without fear of emergency bathroom breaks or pad changes. Sherrie* rides horses and plays with her children for hours on end, continuing to gain strength. So, rather than asking "Is this my new normal?", ask "Which of these options will work for me?"

*names changed

Learn more about VESy by Lead can be found at www.vesy.leadpilates.com or by calling 306-382-7447 or emailing vesy@leadpilates.com.

Lead Pilates was the first to bring VESy to Canada, and is only one of four pelvic floor assessment facilities in the world.



Saskatchewan Drug Information Service has a new name, medSask - easier to say but the same great service. If you have questions about prescriptions, over-the-counter medications or natural products, call 306-966-6378 (Saskatoon) or 1-800-665-3784 (anywhere in Saskatchewan), 8AM - midnight Mon to Fri, 5PM - midnight weekends, holidays. **There is no charge for the service.**

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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