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AUTUMN
2004

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journey to
better health

Successful
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management

Moving on
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Omega 3:
the good oil



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The Jean Hailes National Magazine
Editor: Aleeza Zohar
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Dear Friend of Jean Hailes

Welcome - whether you have been receiving our magazine for years or whether this is your first issue. I hope that we can help you to explore your options and enjoy the journey to good health.



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2004 is shaping up as a very exciting and busy year for The Jean Hailes Foundation. We have appointed Mrs Jenny Jackson as Chief Operating Officer of The Foundation. Mrs Jackson's expertise is in nursing, business management and health education. Her work will ensure that we have the internal structures in place to enhance and expand our programs for women. It is a pleasure working with Jenny, who is totally committed to the values of The Jean Hailes Foundation in supporting women to be well informed and to have access to appropriate support and resources to find out all they can about their health choices and options.

I would also like to pay special tribute to Mrs Sarah Hardy, who resigned as Director of Education at the end of last year. Sarah's passion and enthusiasm for women's health education, together with her strong leadership of a multi-skilled team and ability to relate across the whole Foundation, with Board, management and staff, have made her a highly valued member of Jean Hailes. We will miss her wise counsel and infectious laughter and all wish her well for the future.

This issue is dedicated to helping you to improve your health...and ultimately, your lifestyle.

It includes a report on the success of the 'non dieting', behavioural modification approach to weight loss, devised by weight management consultant, Dr Rick Kausman.

This article goes hand in hand with an honest look at the challenges and obstacles that stop us from 'getting started' on the road to maintaining a healthy lifestyle and understanding what influences us so that we can make changes to our lifestyles. Find out about the difference between exercise and physical activity and the importance of looking for opportunities to move in our everyday life.

We are never too young, or too old, to improve our health.

Janet Michelmore

Janet Michelmore AO
Director



FAREWELL TRIBUTE
TO BOARD MEMBER
JOHN JEFFREYS

The Foundation has been extremely fortunate to have a wide mix of expertise and experience amongst the members of our Board. So when one of our highly valued members retires, it is always with a mixture of sadness, coupled with gratefulness for their passionate support and commitment.

At the end of 2003 our friend, accountant Mr John Jeffreys, retired from The Jean Hailes Board where he has worked tirelessly, sharing his broad business and financial experience for the past four years. However, John's involvement has spanned more than 10 years. In the early days he volunteered his time to ensure that the Education Unit's financial management was conducted professionally.

One of John's greatest assets is his ability to think outside the square on a range of issues relevant to The Foundation. He has personally made a huge difference in the areas of funding, operations, purchasing, building change and renovation, among other things. His expertise in business practices has been invaluable in creating and maintaining an organisation that aims to be cost effective, innovative and practical with a commitment to the consumer.

We will miss his astute guidance, his enthusiasm and his practical approach. Happily, John has agreed to stay in touch as a 'sounding board' for our Board members and support The Foundation from behind the scenes.



We all make New Year's resolutions: lose weight, quit smoking, cut down alcohol, exercise more and try to reduce stress in our lives. What usually happens? Three weeks into the New Year we are eating, smoking, drinking, sitting on the couch and stressed!

We know we should eat a balanced diet, stop smoking, have at least two alcohol free nights a week and increase our level of exercise. We know what lifestyle options are better for our health and wellbeing, only sometimes it is really hard to make these health choices and changes. Or is it?

Following are some guidelines about the influences and barriers that we all face when we want to make changes and some strategies on how to make these changes. Hopefully, reading this will make forming healthier lifestyle habits a whole lot easier!

What are the influences on our lifestyles?

In order to make changes we need to understand what influences our behaviour, how we function as individuals, what aspects of our environment can be used to support change and who can we turn to, to support these goals.

In reality, for behaviour to change, we need to set up our lives to support this change.

What influences our thoughts, feelings and behaviours?

Many factors will influence how easy it is to make changes towards a healthier lifestyle.

Genetics

If you have a family history of certain health-related problems, like heart disease or breast cancer, then this may provide you with real inspiration to eat a balanced diet and exercise.

You may have been born with a health problem and so have always been aware of what is the best lifestyle for you. However, even though we know we have inherited certain risks, this doesn't always make us do what is best for our health!

How can this be when we know the consequences are so serious?

Because we are human we often need more to motivate us to sustain healthier alternatives than fear. We may think 'It won't happen to me', 'I am not that overweight', or 'A few drinks every night won't hurt!'

Personality

Personality also influences how well we are able to make healthier choices. Someone who is outgoing, active and motivated will be more likely to sustain changes to their lifestyle than someone who would rather stay indoors and stick to their routine. Some of us get bored easily and need variety, while others don't like change.

Way of thinking

The way that we think also has a huge impact on motivation. If we only think in black or white, good or bad, then it becomes hard to find balance in our lives. For example, if you have this 'all or nothing' thinking pattern, you may swing from diets that cause you to starve yourself and then turn to bingeing.

If you find that you are a more emotional and sensitive person, then perhaps this influences how much you turn to food, alcohol or drugs, particularly as a comfort when you feel challenged.

We know that people who are depressed can put on a lot of weight, or alternatively they find it difficult to eat and see their weight drop below a healthy range.

Support

Support is vital to maintaining a healthy lifestyle.

For instance, we know that people who have a supportive social network are less likely to suffer depression, stress and heart disease. This seems to work in two ways. On the one hand having people who care for you and nurture you is generally good for your wellbeing. It makes you feel good about yourself. Having support also means that there is someone to talk to, offload to or seek help from, when you are trying to make changes in your lifestyle.

They may provide you with words of encouragement, divert your attention, boost your self-esteem, or they may give you strategies to call on should you need. Support can come from friends, family, partner, children, health professionals, counsellors and also from your own inner reserve (if there is any left!).

Of course sometimes people who should be supportive can sabotage our best efforts. It may be helpful to think about the people in your life who you turn to for support and ask yourself "Do they have my best interests in mind?"

How to make changes to lifestyle

Having looked at what influences our lifestyle choices, we now need to work out how to make changes. Only you can make changes to your lifestyle, no one else can do it for you. Other people may suggest healthier alternatives, but only YOU can put these in to practice.

To make these changes it is helpful to understand a little bit more about yourself, what motivates you, your goals, and what has happened in the past when you have tried to make changes in your life.

Think about the following questions. Remember, it is important to be as honest with your answers as possible.



What needs to change?

The first step in making healthier choices in your life is to identify the areas that need to be changed. Ask yourself:

- Am I overweight, do I drink too much, smoke, take drugs (prescription and non prescription) or need to exercise?
- Am I compromising my health in any way?
- Are there health related risks in my family background that I could prevent by making healthier choices in my lifestyle?

Once you know what needs changing then you can start thinking of ways to make this happen.

What has stopped you or allowed you to make changes in the past?

It is helpful to understand more about how you operate in your world. Ask yourself:

- What motivated me in the past to make changes?
- What happened in the past to stop me participating in healthy behaviours? For example, like exercising or taking up smoking/drinking again.
- What are my expectations in changing to a healthier lifestyle?
- What are my fears about making changes to my present lifestyle?

When you understand what has been helpful and what has hindered change in the past, it is important to put the helpful influences into place (if possible). If you have certain fears about making changes then you may need to explore these further and/or seek guidance and support.

What are your goals?

Okay, so you know what needs to be changed and you are also more aware of your expectations and what helps to motivate you. Now it is helpful to understand what goals you have in relation to your health and to your life.

What do you want to achieve by making these changes?

Ask yourself:

- What are my short-term goals in relation to my health? For example, to feel better about myself, to have more energy, to decrease my risk of illness.
- What are my long-term goals in relation to my health? For example, to decrease my risk of illness, to increase my life expectancy, to have more quality time with my family and friends.
- What are my short-term goals in relation to my overall life? For example, to go on a holiday within six months, to take up yoga, to eat more vegetables.
- What are my long-term goals? For example, to sell my house and move to a quieter, more peaceful area, to complete my adult education course.

Write a list of your short and long term goals. Date the list so that you can refer to it in future.

You may find that to achieve your overall life goals you need to fulfil your goals of having a healthier lifestyle. Or you may find that, in fact, your goals for your health and for your life are the same.

Am I ready?

If you are not ready for change then it will be very difficult to make sustainable changes.

I don't pretend that any of the earlier questions are easy to answer. It is difficult to know what you want to do in the future and it is difficult, sometimes, to know what will happen to your health. The next question however, is probably one of the most difficult ones to answer.

'Am I really ready for change?'

If you are not really ready to change, then it will be really difficult to maintain any changes that you try. Some people will say *'I have tried diets before, but I didn't really have my heart in it.'* Or they may say *'I wanted to give up smoking but I did it at a time when my kids were leaving home, my husband retired and I had to look after my mum.'*

Then others will say *'the time was right and I knew this time I had to put all my energies into quitting otherwise my health was really going to deteriorate'.*

Think very carefully about whether you are ready for change and whether your life is set up to support this change. When you are truly ready for change, change becomes so much easier.

Support

I have talked about the influence of support on making changes to your lifestyle, now it is important to ask yourself about the supports that you have in your life at this time. Ask yourself:

- Who can I turn to, to support any changes I make to my lifestyle?
- Where else can I get support to make these changes? For example: a medical practitioner, psychologist, support group, a friend or group of friends, education course or community health centre.

Unhelpful ways of thinking

Unhelpful ways of thinking influence our ability to make changes. We all have unhelpful ways of thinking. For instance, it is easy to think you have ruined your chances of ever losing weight because you slipped and ate that chocolate bar, cream cake and/or bag of chips!

It is easy to think that you are to blame for all the little things that go wrong, that you will never be happy with your body anyway, so what does it matter if you are overweight!

What this kind of thinking does, however, is make you feel negative, depressed and often anxious. How often do we say *'I should have said this...'* or *'I should have done this?'* We don't realise how many rules we carry in our head that guide our life and make us frustrated and anxious when we don't follow through.



The following are examples of thinking distortions. It is helpful to acknowledge the ones that you do and think of ways to challenge yourself when you think this way in the future.

- 'Black or white/all or nothing' thinking – there is no grey, just good or bad – 'I eat everything in sight, I can't be trusted around food ever'.
- Catastrophising – the worst possible thing will happen – 'It will end in disaster I know it. I could never ever cope without alcohol'.
- Personalising – it's always your fault – 'I can't get anything right'.
- Negativity – you focus on the negatives and/or the weaknesses; there are no positives – 'I fail more times than I get it right'.
- Jumping to Conclusions – predicting the future and it's bad – 'I know I will fail'.
- Rules like Should and Shouldn't – you have fixed rules that include words like should, must, can't – 'I shouldn't have had that cigarette'.

If you can identify the ways that you think that are unhelpful, then you are half way there to doing something about them. Try and catch yourself when you think in an unhelpful way and challenge yourself: *'I don't really eat everything in sight'; 'I do get things right sometimes'; 'I can think of times when I have been stressed and I haven't reached for a drink'.*

Where to from here?

The above questions may help you identify the areas that need change and ways to help change take place. At the end of the day any changes you make are really up to you.

The way we think, feel and behave involves many complex processes that are influenced by many factors. Consequently the quick fix solutions won't work.

Take change one step at a time and don't be too disheartened if you take a step backward every now and again. As long as you progress generally in the direction towards healthier choices then you are a long way from where you started – from the unhealthy to the healthier!

If you need further support it is important that you seek help and information from the many people who are out there to help you, like general practitioners, specialists, psychologists, nurses and registered support groups.

Psychologist Dr Amanda Deeks has been part of The Jean Hailes Foundation for the past four years. Here she talks about what motivates and challenges her, both personally and professionally.

My passions

My family. Making sure I am okay to be able to look after them. My work. Educating, supporting, nurturing and empowering people to help them make changes in their life if they need to.

What drives me

People's emotional wellbeing is really important to me. The desire to ease people's pain and make the world a little better for them by listening and giving them coping strategies drives me.

Why women's health

Because women are so encouraging, aware and motivated to help each other. They appreciate someone taking the time to talk to them and are interested in their own health.

What motivates me to keep going

I have set myself certain goals, both short and long-term. I want to keep learning about women's emotional and physical wellbeing and pass it on to the women who need it. I want to try and make a difference to women's lives.

What do I find challenging

Trying to find a balance as a mother, wife, friend, daughter, housekeeper, taxi driver and psychologist. I also find it challenging to practice what I preach and find time for me!

In a perfect world...

Everyone would feel it was okay to talk about their thoughts and feelings and there would be someone there for them to listen.

My hopes for women across Australia regarding their health

I would like all women to know that they need to look after their own health and wellbeing before they can look after others. To do this they need to acknowledge areas in their life that require change and work out ways to make these changes (with help if needed). Remembering that only they can make the changes, no one else can do it for them. It is so empowering when they do.

Behaviour change key to successful weight management

By Dr Rick Kausman

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Dr Rick Kausman is The Jean Hailes Medical Centre weight management and eating behaviour consultant and the Australian pioneer of the non-dieting approach to healthy weight management. Dr Kausman is the Australian Medical Association (AMA) spokesperson on this matter.

Principal of the Melbourne Weight Management Clinic, Dr Kausman is also the author of the award-winning book *If Not Dieting, Then What?* and is the creator of the healthy eating, healthy weight management web site www.ifnotdieting.com

Many people have tried, or are in the process of trying, to lose weight by following a short-term weight loss diet. World research shows that weight reducing diets and restrictive eating plans do not help people achieve their goal to lose weight and keep it off.

The facts are that in controlled settings participants who remain in weight loss programs usually lose 10% of their weight. However, 1/3 to 2/3 of the weight is regained within one year and almost all is regained within five years.

What hope does this give people who want to succeed in their weight loss goals and ultimately succeed in leading healthier lifestyles?

Eating behaviour and weight management are complex issues and there are many different factors that can contribute to an individual becoming above their most healthy weight. These variables include genetics, metabolism, age, gender, how well people are able to recognise when they are hungry or full, attitudes, beliefs, habits, self-esteem and the amount of physical activity they are able to do.

Traditionally, the goal for health professionals in managing people who are over their most comfortable weight has been to make weight loss the primary goal and to offer advice about eating less and exercising more.

Increasingly, it is obvious from the figures throughout the Western world that this message, given on both an individual and a population level, clearly has not had the desired effect.

In Australia, an estimated 67% of men and 52% of women were classified as above their most healthy weight in 1999-2000. This epidemic is part of a worldwide trend. Currently there are more than 1 billion adults around the world who are above their most healthy weight. Evidence from the USA has shown that the percentage of people who are overweight is increasing at a faster rate than ever before.

Behaviour modification is one approach to healthy eating. The aim is to help people achieve and maintain a healthy weight.

The program is based on behaviour change as the primary goal rather than focusing on weight. It involves working on the reasons why the individual person had come to exceed their most healthy weight. Importantly, it includes working on realistic behaviour change and accepting what cannot be changed.

The methods used are based on a 'non-dieting' approach within a model of acceptance and change (an approach known as 'Dialectical Behavioural Therapy'). This program aims to enable people to adopt and maintain healthy eating behaviours, emotional wellbeing, increased levels of physical activity and increased levels of nutritional knowledge.

During a study into the effectiveness of this program participants were surveyed before, during and 12 months after completing the weight management program. Results showed that the majority of participants lost weight during the program and maintained that weight loss 12 months after completing the program.

Dr Kausman's 10 top tips for healthy weight management

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1. Focus on achievable, sustainable, behavioural goals

Having the right goals are essential. Even if we are above our most healthy weight and our aim is to lose weight, it is vital to focus on goals to do with our attitudes, habits and behaviours. Allow the change in weight to come as a result of that.

2. Practice a positive attitude towards food

When people eat 'bad' food, they often feel guilty. Often this can make people eat more of that type of food, even when they no longer feel like it. Try to look at food as being 'morally neutral'. Try to think, and talk, about food as 'everyday' (rather than 'good') and 'sometimes' (rather than 'bad') food.

3. Do your best to eat slowly and enjoy

While this takes some practice, by slowing down our speed of eating, we often feel far more satisfied with significantly less food.

4. Non-hungry eating

We can all eat food when we are not really feeling physically hungry. It is quite normal to do some non-hungry eating, but when we do too much, it can tip our eating out of balance. Try to check in with your body before you eat to see if you are really physically hungry or not.

5. Do your best to not get too hungry

It is so easy to get caught up in the busy-ness and the business of life, that we can ignore our body signals that are telling us that we are getting progressively hungrier. If this happens, it is very hard to eat slowly, and we can easily eat more food than we really want.

6. Plan ahead to have some food on hand

We sometimes don't have access to a wide choice of foods. Because we are often very busy, we can leave decisions about what we are going to eat until the last minute. In this situation, it is easy to go for whatever food is most readily available (even when we don't really feel like this type of food). If you regularly find yourself in this situation, plan ahead to have some food on hand. Take a range of foods that you enjoy eating with you for the day ahead.

7. Fine-tune fat content without deprivation

It is definitely healthy to consume some fat (particularly the ones found in fish and other seafood, olive oil, nuts, seeds and avocado), and it is healthy to have some fat on our bodies. However, many people consume more fat than their bodies need. If this is the case, it is helpful to find some ways of decreasing the overall fat content. You might like to think of this as fine-tuning the fat content in a non-derivational way.

8. Nurture yourself

If we keep giving without looking after our own needs, we may become resentful, frustrated and depressed. As well as giving of ourselves to our families, our friends, our work etc., we need to make sure we are doing things for ourselves. It is very important to nurture ourselves.

9. Don't confuse the thin 'ideal' message with healthy weight messages

Health and vitality come in all shapes and sizes, and it is important to be the healthiest weight we can achieve and maintain, rather than focus on being thin at any cost. By looking after ourselves, and our bodies, in the best way we can, our weight/size will evolve to the healthiest level possible.

10. Look for opportunities to move

Physical activity has long been known to produce beneficial effects. A number of recent research studies are now showing that small amounts of physical activity are cumulative throughout the day, and whatever physical activity we can do is worthwhile.

Common reasons for non-hungry eating

- We might not be giving ourselves enough time to listen to what our body signals are telling us
- We might be confusing thirst with hunger
- We let ourselves get too hungry
- We aren't sure when to stop eating
- We're filling up, but not feeling satisfied
- 'Just in case I get hungry later'
- The clock says it's breakfast/lunch/dinner time: 'meal-time' eating
- Almost any emotion or feeling can trigger non-hungry eating
- We are meeting certain needs
- The food tastes great
- We're feeling bored or tired
- We worry we might offend someone if we don't eat
- Our parents always told us to finish everything on our plate
- We're bombarded with advertising and marketing
- We eat as a reward
- We eat out of habit
- We eat because it's there
- It brings back memories
- We eat quickly
- We eat to solve a problem, fill a gap or put off doing something
- Any combination of the above and others

Source: 'If Not Dieting, Then What?' by Dr Rick Kausman

Dr Kausman has been part of The Jean Hailes Medical Centre for four years. The following is an insight into his background as well as what motivates and challenges him.

What led to my particular theories on weight loss?

Over the years I was struck by how many people were having difficulty with their weight. People were put on strict diets, prescribed appetite suppressants, even given injections. I was determined to find a better way to help people achieve and maintain a healthy weight.

Common themes about people's weight struggles that I encountered

I noticed four key factors:

1. People's days were being influenced, and sometimes completely affected by, their bathroom scales
2. Lots of people were feeling guilty after eating a chocolate biscuit – but ended up eating four more anyway
3. A huge number of people were bombarding their brains with bad body thoughts – with bottoms, bellies, boobs and almost any body part taking the brunt.
4. Most people thought they were weak-willed when they couldn't sustain getting up at 5.30am in the morning in the middle of winter to go for a swim!

My philosophy on food

Awareness without deprivation. What most people, including some health professionals, forget is that our bodies are actually very good at regulating how much food we need and sending signals to tell us when we are hungry or full. But many people have lost the ability to tune into their bodies and listen to those signals. Saying to yourself, 'I am allowed to have whatever I really feel like, as long as I do the best I can to listen to whether I really feel like it or not!'

What motivates me

I have been given a wonderful opportunity to make a difference to many people's lives. My patients continue to inspire me to do the best I can.

What is challenging

The huge number of vested interests wanting to sell a one-size-fits-all product, rather than empowering people with what they need to make a difference.

My message to women

Equip yourself with the knowledge and skills to make your own choices. Focus on the things that you can do, to achieve what you want to achieve. This is an empowering approach, which has a positive flow-on effect.

International No Diet Day, on May 6, is a day to:

- Accept, enjoy and look after our bodies and ourselves
- Reject diets that endanger our health and stop us from eating well and enjoying life
- Focus on being healthy at any weight rather than thin at any cost

STUDY

RELATIONSHIP BETWEEN WEIGHT AND RISK FACTORS FOR DIABETES AND HEART DISEASE

Dr Meyer and Dr Teede at the Monash University Department of Medicine, Melbourne are conducting a study into the relationships between body weight and risk factors for diabetes and heart disease in women. Women who are overweight are at increased risk of developing diabetes, stroke and heart disease later in life. Risk factors for these conditions can be detected early and the processes leading to diabetes and heart disease delayed or prevented with lifestyle change and sometimes medication.

We are looking for women who are premenopausal (age range 16-42), overweight, non smokers and not pregnant. They must have a regular menstrual cycle, not take the oral contraceptive and not suffer from diabetes.

If eligible, the study Doctor will take a medical history and perform a simple physical examination. Participation will involve 2 visits on consecutive days for 1-2 hours. They will include a comprehensive measure of blood sugar levels called an oral glucose tolerance test (OGTT). In addition blood will be taken to measure hormone levels, test for diabetes, cholesterol and blood clotting factors. We will also look at the health of your blood vessels using a painless ultrasound, as well as performing a detailed assessment of your blood pressure by fitting a blood pressure device that you wear at home for 24 hours. These results will be provide to you and your nominated doctor and all tests are completed at no cost.

If you are interested in the study please call either Dimitra Kotsopoulos or Dr Caroline Meyer on (03) 9554 8022

REPORT ON HABITS STUDY (FEB 2004)

HORMONE THERAPY (HT) AFTER BREAST CANCER – IS IT SAFE?

The management of menopausal symptoms in women after breast cancer is important. Due to improved survival after breast cancer, the number of women who experience menopausal symptoms has increased. Hormone therapy is one of a range of options to manage menopause symptoms.

The study

The HABITS study aimed to evaluate whether hormone therapy (oestrogen and progestin) is safe in women WITH a previous breast cancer. Undertaken in Scandinavia and other parts of Europe, this was an open, randomised, clinical trial with women allocated either to HT or best treatment without hormones.

Planned for 5 years, the study was halted after 2 years. Why?

After 2 years researchers found an 'unacceptably' high risk for a new breast cancer event in the HT group. The intention was to recruit 1300 women to the study, but this was not achieved.

- More than 345 women who'd had breast cancer were part of the study
- 26 out of 174 women in the HT group had a recurrence compared with 7 out of 171 women in the non HT group

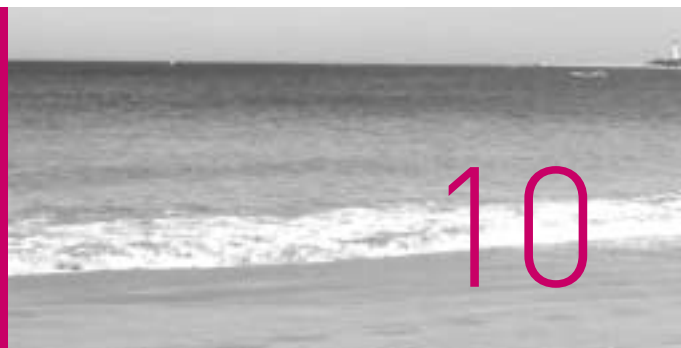
These results contrast to those of a comparable study conducted simultaneously in Sweden, involving a similar number of breast cancer survivors. This second study has reported no increase in risk of breast cancer recurrence in women who were randomised to HT versus those randomised to best non hormonal care. At this point we do not know why the results from the two studies are so different.

Conclusion

Based on what we know at this time, recommendations for HT use after breast cancer remain unchanged ie HT use should only be considered by women who have severe symptoms that significantly impair quality of life. Their decision to use HT should be made after a discussion about what is known of their individual risk with their doctor.

MOVING ON HEALTH

By Endocrinologist Dr Helena Teede



Okay, so now you've begun addressing some of the important barriers we all face when trying to take up the challenge to improve our lifestyles. You've learnt the importance of behavioural change as a long-term approach to changing your eating habits.

Now it's time to focus on physical activity, not exercise, there is a difference.

Physical activity is any muscular activity that involves significant movement of your body or limbs. Exercise is planned or structured and involves repetitive movements designed to improve or maintain physical fitness. Whilst we may focus more on exercise the critical issue remains that we just don't do as much physical activity as we need.

FACTS

We are getting larger

We are less fit

We are getting less active progressively as the technological revolution continues to automate routine physical activity

We spend more hours of our day inactive with increasing time spent watching home entertainment

Our children are very inactive in general

Why do we need to bother?

Some diseases associated with being overweight and inactive include:

- Diabetes
- High blood pressure
- High cholesterol
- Heart disease
- Stroke
- Osteoarthritis
- Cancers (breast, womb, bowel and others)
- Polycystic ovaries
- Incontinence

Controlling body weight and improving physical activity can help reverse or prevent these issues. Physical activity is a critical component of energy balance. Taking a healthy approach to your life encompasses both focusing on physical and psychological wellbeing.

Enjoy it, feel better and stay healthy.

Most of us are aware of the importance of being physically active. Thirty minutes of walking most days (5-6 days per week) is a good start. As it becomes increasingly obvious that incidental activity (what you do all day, everyday) is vital, a broader approach to exercise is needed.

Whilst it is estimated that in the past women would have walked approximately 16,000 to 18,000 steps daily to complete essential tasks such as gathering food, wood, grinding, cooking, washing, today white collar workers walk approximately 4,000 – 5,000 steps or 1 – 1.3 km per day.

No wonder we are getting bigger. It has been estimated that we need to walk around 10,000 steps per day for weight maintenance with an additional 2,000 – 4,000 for weight loss.

How?

By developing a positive, motivated attitude to take small, simple, sustainable steps to improve your health. Changing your lifestyle can only be addressed in a lasting way by accepting it as your own responsibility and challenge.

Think of it as a duty you owe yourself. To optimise all those years of good, healthy living you wish to put ahead of you. Like a well thought out financial plan for the future, your well thought out health plan for the future is **your responsibility**. You can seek support and professional help, but it is still your money, or in this case your health.

So what small steps can I take?

Incidental activity

- Think of opportunities to move NOT movement saving strategies
- Vacuuming is not a pain, it is fantastic exercise *(no, I am not joking)*
- Mow the lawns yourself
- Take pleasure in washing the car by hand with a bucket *(on the lawn)*



- Hang up each piece of clothing, after you iron it, separately
- Throw away the remote control on the TV *(you won't miss it after a week)*
- Every time you get in the car, think could I walk instead
- Walk the children/grandchildren to or from school *(they need it too!)*
- Walk to the park every weekend
- Get a dog and walk regularly
- Always take the stairs when possible
- Park further away in the car park
- Walk with a friend *(you are six times more likely to persist if you have a commitment to others)*
- Make it fun, a social physical activity with friends *(try belly dancing)*
- 30 minutes every day is great *(BUT 5 -10 minutes here and there throughout the day is a great start!)*
- Try using a pedometer *(a small device that counts the number of steps you take, it helps you become aware of your activity throughout the day and is widely available – around \$30)*

Are we going backwards to go forwards?

Looking for opportunities to move, instead of relying on time saving technology, may sound like the opposite of what we have achieved in the modern world. But it is cheap, effective and at the very least makes you feel that the house and garden chores are worthwhile!

The message is simple. Use it or lose it!!

If we automate everything to save time, we need to spend more time, effort and money finding alternatives for our required daily activity. So, doing things the old-fashioned way, with a bit of elbow grease, could be the best thing – for your home and for your health.

Conflicting priorities

As mothers, partners, daughters, sisters, role models, family taxi drivers and workers, we are well aware of how hard it can be to make time to move or to exercise. Making it part of your routine can help and trying the tips above are a good start. But, initially, it is a matter of priority. Just as you eat, brush your teeth and wash each day, it's important to schedule in time to move. There is no compromise on this. We owe it to ourselves for our physical and psychological wellbeing.

Our Future

Once we acknowledge the absolute priority of movement in our daily lives then we need to work out how best to prioritise physical activity in our daily lives. We are role models for today's youth, who are amongst the most sedentary in our society. As a society we are already suffering significant health consequences of our inactive lifestyles. We simply must reverse these trends.

Ideas to get moving

An inspirational trend is catching on in our schools, called *the virtual bus*, where the bus driver stops the bus and walks all the children the last kilometre to school every morning. Elsewhere, parents organise rosters to walk groups of children to school each day. These measures are simple, but the benefits are great, on both a physical and a social level. Why not see how you can incorporate regular movement for your family or community?

The 10,000 Steps Challenge is another initiative aiming to provide an opportunity for local businesses in Rockhampton, Queensland, to participate in a work-specific physical activity challenge. The program provides an opportunity and a platform for employees and employers to take positive steps towards better health. The motto of this program is every step counts! For further information please call 10,000 Steps Rockhampton on 07 4930 6751.

Enough said, must go. It's midday and I still have 5,000 steps to go!

These guidelines, developed by Active Australia through extensive consultations with a wide range of experts in physical activity, refer to the minimum levels of physical activity required for good health. They are not intended for high level fitness or sports training. For best results combine with healthy eating. In general, this means eating a wide variety of foods including plenty of breads and cereals (preferably wholegrain), vegetables (including legumes) and fruits. It also involves choosing foods that are low in fat, particularly saturated fat, and also low in salt. Only a moderate amount of sugars and foods containing added sugar should be chosen, and for those who drink alcohol, it should be done in moderation.

Dietary Guidelines for Australians can be obtained from government departments of health or community health centres.

Think of movement as an opportunity, not an inconvenience

Any form of movement of the body is seen as an opportunity for improving health, not as a time-wasting inconvenience.

Be active every day in as many ways as you can

Make a habit of walking or cycling instead of using the car, or do things yourself instead of using labour-saving machines.

Dr Helena Teede has been part of The Jean Hailes Medical Centre for 10 years. Here she talks about the challenges she faces everyday, as well as her passion for women's health.

My passions

My family, including my husband and my two girls, work satisfaction, making a fundamental difference, educating people, communicating with others.

Why women's health

This is an area where much can be achieved through education and self empowerment to inspire women to take charge of their own health and wellbeing and avoid illness or be an active participant in managing it.

Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days

Moderate-intensity activity includes things such as a brisk walk or cycling. Combine short sessions of different activities of around 10 to 15 minutes each to a total of 30 minutes or more. The 30 minutes total need not be continuous.

If you can, also enjoy some regular, vigorous exercise for extra health and fitness

Vigorous exercise makes you 'huff and puff'. For best results, this should be added to the above guidelines on 3 – 4 days a week for 30 minutes or more each time.

Seeking medical advice

Although there's no age barrier to carrying out vigorous activity, medical advice is recommended for those who have been previously inactive, who have heart disease, or close relatives with heart disease, or who have other major health problems.

For more information about the National Physical Activity Guidelines please call 1800 020 103.

My motivation

I'm driven to find a workable solution to big picture problems that I find important. I want to engage others to work together as a team to resolve these issues, no matter how complex, whether through research, clinical care or education – or all three areas.

My challenges

Motherhood, time management and the balance between family and work.

In a perfect world...

I would spend enough relaxed, enjoyable time with my family and have a satisfying career, be fit and happy.

My message to women about their health

Given that most of our common ailments that affect quantity and quality of life are lifestyle related, to educate and inspire women to take charge of, and responsibility for, their own health and wellbeing.



Mr Fahad Hanna

Osteoarthritis is a major cause of ill health in the population, with women being affected more commonly than men. Osteoarthritis involves loss of joint cartilage, which usually acts as a cushion protecting each joint. There is little evidence that available drug or lifestyle treatments alter the disease's progression.

In earlier studies we have shown that postmenopausal women who have used estrogen therapy (ET) for more than 5 years have more knee joint cartilage than age-matched non-users. More recently we have shown a positive relationship between blood testosterone levels and joint cartilage in healthy men, suggesting that sex hormones may have a protective effect against the risk of osteoarthritis.

Knee Cartilage Study

Factors affecting knee cartilage volume and bone size and change over time in otherwise healthy postmenopausal women

The aim of this study is to determine the hormonal factors, blood inflammatory markers and lifestyle factors that affect knee cartilage volume and bone size in healthy, non-hysterectomised women in their middle years and how these facts are related to cartilage loss over time.

We are using MRI technology to measure the volume of cartilage each woman has in her knee joint and then measuring change in cartilage after 3 years. To date we have completed over 100 baseline MRI assessments. This project forms the basis of a PhD being undertaken by Mr Fahad Hanna at The Jean Hailes Foundation.

Research outcomes: testosterone patch in Australian women

The findings of the study of the effects of testosterone skin patch therapy for the treatment of low libido in surgically menopausal women was presented at the American Society for Reproductive Medicine in October 2003 by Professor Susan Davis.

The aim of this study was to evaluate the effectiveness and safety of a testosterone patch compared with a placebo patch in surgically menopausal women with low libido who at the same time were being treated with oestrogen patch therapy in Australia and Europe. Participants were randomly assigned to treatment with either the testosterone patch or an identical placebo patch twice weekly. The main outcomes of interest were change in sexual desire and the frequency of satisfying sexual activity from a daily diary. Other outcomes included effects on personal distress and mood and wellbeing.

At 24 weeks there was a significant improvement from baseline in the sexual desire score in testosterone treated women compared with placebo (16 vs 6 units, $p < 0.05$). The average change for women receiving testosterone was equivalent to a 71% increase over baseline ($p < 0.05$). There was a 43% increase in the frequency of total satisfying sexual activity for those receiving testosterone versus placebo with the mean change for the testosterone group being a 115% increase over baseline.

Testosterone also resulted in a significant change versus placebo for orgasm, sexual arousal, sexual responsiveness, sexual self-image and sexual concerns and a significant reduction in personal distress compared with placebo. Average testosterone levels were at or near the upper limit of the reference range at week 24. There were no clinically significant changes in any of the laboratory measures, and overall, reports of side effects were similar in the placebo and treatment groups.

Summary

This prospective study has shown that amongst Australian and European surgically menopausal women the testosterone patch was well tolerated and significantly improved sexual satisfaction. Testosterone patches have not been approved for the use in women in any country to date but are likely to be available in the near future.

OESTROGEN-ONLY ARM OF THE WOMEN'S HEALTH INITIATIVE STUDY HALTED

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Professor Susan Davis

The oestrogen only arm of The Women's Health Initiative study has been stopped after 7 years because a beneficial effect of hormone therapy on heart disease risk was not observed in the study. Furthermore, a small increase in strokes was noted, hip fractures were reduced and importantly breast cancer was not increased.

The Women's Health Initiative (WHI) is a very large study with 2 arms focusing on hormone therapy (HRT). Commencing in the United States of America in 1997 the study examined the role of long-term use of oral hormone therapy in women aged 50-79 years in preventing heart disease. It did not address the benefits of hormone therapy for the relief of menopausal symptoms.

The first arm of the study, the combined oral oestrogen plus progestin therapy arm of the study, was stopped in 2002. At this stage women had been participating for 5.2 years on average. It was stopped because there was a slightly greater rate of invasive breast cancer among the women taking the hormone therapy compared with women on the study who were not taking the hormone therapy but were taking a placebo (dummy) therapy.

Jean Hailes Director of Research, Professor Susan Davis said, "We have now been informed that the

second arm of the WHI study, in which women were treated with oestrogen only (versus placebo) has been stopped, before the intended completion date in 2005."

"This study is important because it adds further to our understanding of the risks and benefits of hormone therapy. Our understanding to date is that there is no increase in risk of cardiac events or of breast cancer in this oestrogen only arm of the study. We await the release of exact data," she said.

WHI researchers have begun a detailed analysis of the data from the oestrogen-alone study and expect to report full results in the next two months.

A safety monitoring committee was responsible for ensuring that neither the women treated with hormone therapy, nor the women taking the placebo, were put at risk because of treatment or lack of treatment.

The Jean Hailes Foundation reconfirms that short-term use of hormone therapy for the management of menopause symptoms that unacceptably impair a woman's quality of life remains a reasonable option. However, long term use of hormone therapy for women over 50 years of age is rarely indicated.

Each individual woman should weigh up the benefits and risks of hormone therapy in consultation with her health practitioner.

Participation involves:

1. A survey about your interest in and commitment to physical activities, as well as your life background, and
2. Some fun thinking skill tasks.

If you are between 38 and 62 years of age you can take part, regardless of your level of physical activity.

For further information please contact Chris on 03 9639 8993.

This study is approved by the Human Research Ethics Committee, University of Melbourne, HREC 020656

EDUCATION UPDATE



Dr Sheilagh Cronin, Royal Flying Doctor Service and Mandy Hudson, The Jean Hailes Foundation

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The Jean Hailes Education Unit is unique in Australia in its translation of the latest research findings into practical health and lifestyle approaches for all women and their families. By resourcing women, and their health professionals, we hope to achieve changes in attitude and culture that encourage women to make and implement informed choices about their own health care.

For Women

Community Seminar

Women Powering Through Midlife

May 5, 7:30pm – 9:45pm

Keysborough, Victoria

In partnership with The Rotary Club of Mordialloc

Speaker Request Program

The Jean Hailes Foundation Speaker Request Program aims to inform the community about women's health. It provides speakers who are health educators and who offer high quality, up to date health information to groups and organisations. To arrange a speaker for your group or organisation please call us on 03 9562 6771 or tollfree 1800 151 441.

Bone Health Website & CD-ROM

Osteoporosis is an old person's disease - true or false?

Osteoporosis affects us all as we get older but it can also affect people well before old age. Find out more about your bones on our new website www.bonehealthforlife.org.au.

Targeting women at all life stages, this website explores the causes, diagnosis, prevention and management of Osteoporosis. Written by Research Endocrinologist Dr Mary-Anne Papalia, this clear, comprehensive, evidence-based material contains separate consumer and health professional sections.

The website has a matching CD-ROM and the first 1,000 are FREE! Order your CD-ROM by contacting Kellie Armstrong on 03 9562 6771 or tollfree on 1800 151 441.

For health professionals

National launch of Midlife Resource Kit – good news for women across Australia

Launched in Brisbane in March at the Royal Flying Doctor Service training day, The Foundation is proud to announce that its Midlife Resource Kit, previously available only in Victoria, is now available to health professionals across Australia.

The kit has been described as 'an unbelievably good resource' and 'an example of best practice in both planning and implementation'.

All health professionals who took part in the evaluation felt that having access to the kit had improved their confidence and ability to conduct community education sessions about midlife and related health issues.

'It's a wonderful opportunity to be able to use such a great kit, to enhance much needed information, to so many people requesting it' said one of the health professionals involved.

Developed in consultation with a rural steering committee of community health professionals and focus groups of women from rural and remote areas in Victoria, the kit includes two manuals combining up to date information on midlife health issues with practical teaching strategies, a CD-ROM and video.

For further information and/or to purchase resource kits please call tollfree 1800 151 441.

Training for health professionals in rural & remote areas

As part of its national focus The Jean Hailes Foundation is committed to providing professional development, in the field of midlife health, for health professionals working in rural and remote areas of Australia. The Foundation recently partnered the Royal Flying Doctor Service (RFDS) Queensland to up skill health professionals working in the RFDS Rural & Remote Women's Health Program. Participants also received training in the newly launched Rural & Remote Resource Kit for Health Professionals and will now be able to take this information to the communities they service.

What are the qualities of active people?

In line with The Jean Hailes Foundation's philosophy in promoting healthier lifestyles, we are pleased to inform you that The University of Melbourne is running a study about the lifestyles and health of adults (38 – 62 years of age).

Investigators are interested to know how you try to achieve an active lifestyle in your busy lives. Feedback will provide invaluable insights into how we can help others to live more active, healthy and fulfilling lives.



OMEGA 3: THE GOOD OIL

By Dr Alice Murkies, co-author of *Color Me Healthy: why you should eat almost everything*

"Why should I eat more oil? It doesn't make sense", Marianne, a patient, asked me.

I agree. It does seem strange. Guess what? Fat is necessary - our bodies need fat. Fats supply essential fatty acids, such as linoleic and alpha-linolenic acid, which our body cannot make. These are needed for normal health and growth. Fat is needed for absorption of fat-soluble vitamins. These include vitamin A, D, E and K.

I'll give you an example. Serving spinach with a drizzle of olive oil. The oil assists the absorption of the fat-soluble vitamins and anti-oxidants, like beta-carotene, from the spinach. Interesting isn't it?

Our balance of oil intake has shifted over the years. We are consuming more omega 6 chain fatty acids, found in corn oil, safflower and sunflower oil, and less omega 3 chain fatty acids, found in seafood, flaxseed or soybean oil, walnuts and pecan nuts.

"Does it matter?" Marianne asked.

Yes, it does. The Heart Foundation is now recommending two fish meals per week, as populations who eat diets high in omega 3 fatty acids have a reduced risk of heart disease. Increasing the ratio of omega 3 - omega 6 fatty acids suppresses inflammation and may be helpful with arthritis.

I guess the answer is eating a varied, colourful diet in moderation.

Fish and Oil

Pink-fleshed fish, such as salmon, ocean trout, sardines and (to a lesser extent) tuna are rich in PUFAs (polyunsaturated fatty acids), especially Omega 3s. Oily fish from cold waters - including salmon, mackerel and herring - are particularly valuable food.

Canned fish - salmon and sardines in particular - are among the easiest and cheapest sources of omega 3 and calcium. Canned fish is a perfectly acceptable snack or first course.

RECIPE: STEAMED SALMON CUTLETS

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This method can be adapted to white fish, although we prefer salmon or ocean trout. It can be cooked on a plate or in a steaming basket and is ideal for one or two people. If using cutlets, be sure to trim away the fatty end flaps if they have not already been trimmed. The fish tastes much better without them.

Ingredients

2 salmon fillets or cutlets

Half lemon or 1 - 2 tablespoons of dry white wine or Chinese rice wine

1 slice fresh ginger, slivered

1 or 2 spring onions, cut across

Method

Put the fish on a dinner plate. Scatter over the ginger and spring onions, then add the wine or lemon juice. Cover with a saucepan lid the size of the plate, or use another plate.

Set the plates over a pot of simmering water. Allow to cook for 5 minutes, then carefully lift the lid or top plate and check the fish. Turn it over, cover again and cook for another two minutes.

If the fish is not cooked through, allow another minute or remove the plates from the heat and allow to rest for two minutes more.

Serve with plenty of freshly ground pepper and a wedge of lemon. Sliced tomato and raw onion are optional extras. Delicious on wholemeal bread.

Variation

Wrap the fish in lettuce or spinach leaves and cook in a steaming basket.

From *Color Me Healthy: Why you should eat almost everything* by Rita Erlich and Dr Alice Murkies

Available for purchase from The Jean Hailes Foundation



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A WOMAN OF WORTH

Alma Davis

(1918 - 2004)

In any new venture, along with passion and dedication, a multitude of skills, talents and expertise is needed to succeed. When The Jean Hailes Foundation was set up, following the death of Australian women's health pioneer Dr Jean Hailes in 1988, there was plenty of medical and scientific 'know-how'. After all, the team who came up with this unique way of honouring the lifelong work of Jean Hailes were all medical colleagues who shared her passion and vision regarding women's health in Australia.

Alma Davis was not a scientist, doctor or educator, but her business acumen and working knowledge of the medical industry (daughter Sue Davis was among those first colleagues and is now Director of Research), coupled with her patience, kindness and passion made her an ideal candidate to help with the book-keeping in those all-important first years. In those early days everyone involved in setting up The Foundation worked voluntarily. Everything Alma gave was because she was deeply committed to a vision.

Alma's enthusiasm never waned. She made herself available for The Foundation whenever necessary, and put her heart and soul into helping The Foundation grow to where it could begin to stand on its own two feet. The fact that The Jean Hailes Foundation stayed financially solvent in those early days and successfully negotiated financial audits in 1992-4 was in no small part due to Alma's skills and expertise.

Despite her important and regular involvement over the years, Alma always kept a low profile, contributing her time and expertise without seeking recognition.

As with most people of considerable life experience, Alma had strong views on many issues. However, she rarely offered advice unless she thought it would be of direct benefit and then only in a positive and helpful way.

Alma continued to help with the finances at least until 1996, by which time the organisation had grown to a size that necessitated more formal financial management arrangements.

Vale Alma, we are forever grateful.

Peter Rogers

Director