

# NEWS

**NOVEMBER  
2002**

Your Emotional  
Health and  
Relationships  
at Midlife and  
Menopause

Making Informed  
Decisions

**NAVIGATING  
THE HORMONE  
THERAPY MAZE**

The Jean Hailes  
Foundation:  
Recognised as a  
Clinical Centre of  
Research Excellence



The Jean Hailes Foundation gratefully acknowledges the support of The Commonwealth Department of Health and Aged Care

## News

- 2 Navigating the Hormone Therapy Maze
- 10 Your Emotional Health and Relationships at Midlife and Menopause
- 14 Making Informed Decisions
- 16 Centre for Research Excellence at The Jean Hailes Foundation
- 17 Could You – Swim For Your Life?
- 18 What's Happening with the Sue Ismiel International Study into Women's Health and Hormones?
- 20 Update on Education
- 22 National and International Influence
- 23 Update on Research
- 24 Update on Medical Centre

# 2



Navigating the Hormone Therapy Maze

What's Happening with the Sue Ismiel Women's Health Study?

# 18



# 14

Making Informed Decisions



The Jean Hailes Foundation Newsletter  
Editor: Aleeza Zohar  
Queries: tollfree 1800 151 441

*Front cover: Elizabeth Mazeyko, Program Officer, Community Language Program (The Cancer Council Victoria) talking to women at the Multicultural Women's Health Day held in Shepparton last month*

*Photography in this newsletter is by Trevor Phillips, Nigel Clements and Communications Factory*

# Dear Friend of Jean Hailes

The world has been forced to focus yet again on issues of terrorism and Australia is now in the forefront. The recent tragic events in Bali and at Monash University have left us all with a feeling of great sadness. Our hearts go out to grieving families and friends who have lost loved ones.



1

On the subject of women's health worldwide, the US study findings about hormone therapy (HT) was a confusing time for women around the world, who were left wondering what they should do about their menopause management.

The Jean Hailes Foundation sprang into action immediately following this announcement. Our Research Unit, headed by Associate Professor Susan Davis, put together factual information and a statement from The Foundation.

Our Medical Centre, headed by Dr Sue Reddish, including our medical and administration staff handled the rush for appointments. And our Education Unit, headed by Sarah Hardy, literally took thousands of phone calls and disseminated hundreds of packs of information to women across the country.

My personal thanks go to the whole Jean Hailes team for moving so quickly on this issue. They put aside school holidays, small babies and other plans to analyse the results of the study and put pen to paper to make statements on behalf of The Foundation so that women around Australia could understand the situation. Special thanks go to Henry Burger, Sue Davis, Helena Teede, Liz Farrell and Natalene Muscat, our new National Communication Manager, who all worked tirelessly on our behalf and formed a cohesive and dynamic expert team.

In all we were able to clarify the issues, encouraging women to ask questions about their own health care. In many ways this experience highlights the need for us all to be vigilant in seeking out information. We have seen a change in the way people deal with things. No longer do people simply blindly accept information given to them – on anything, not just their health. Today, we as consumers are demanding accurate and up to date health care information from trusted and reputable sources.

In this newsletter you will find good, basic information on navigating your way through the menopause maze. I hope this is helpful in assisting your decision-making on your journey through midlife.

On other issues I am thrilled to announce that The Jean Hailes Foundation has been awarded a Clinical Centre for Research Excellence (CCRE). This highly prestigious grant, awarded every five years, is a major acknowledgement by the Federal Government of The Foundation's significant contribution to the field of women's health in research, education and training. The Centre will be led by Susan Davis, Director of Research.

Over the next five years funding from the grant will provide an opportunity for comprehensive and multidisciplinary research into the major health issues affecting Australian women from the mid reproductive years.

The Jean Hailes Clinical Centre for Research Excellence will surely help us to create healthier futures for each and every woman in Australia.

I encourage you to read our update on the Sue Ismiel International Study into Women's Health and Hormones. In our last newsletter we told you the exciting news that we were starting the world's most comprehensive study into women's health funded by the extraordinary vision and generosity of Sydney businesswoman, Sue Ismiel. The study is underway and we bring you the latest information.

I'd like to take this opportunity to acknowledge our Board members. The Jean Hailes Foundation Board is fortunate to have vibrant, dynamic and hands-on Board members, who collectively, form a highly professional team with varied experience who are all committed to The Jean Hailes Foundation and its vision.

As we get closer to the end of the year and the holiday season approaches I wish you all a happy and fun filled festive season.

Take care of yourself as much as you take care of your families.

We look forward to your ongoing interest and support in 2003.

*Janet Michelmore*

**Janet Michelmore AO**  
Director

## Navigating the Hormone Therapy Maze



Around the world much debate has taken place in regard to hormone therapy (HT) – also known as hormone replacement therapy (HRT) - since the results of the benchmark Women's Health Initiative (WHI) trial in the US, which was prematurely halted this year. The results were published in the Journal of the American Medical Association in July.

This feature aims to explain menopause, outline the WHI trial and explore the variety of choices available to women at this time in their life.

The science of HT has been plagued with ongoing controversies and studies that are confusing to women who are struggling with conflicting information. Doctors, gynaecologists and women's health clinics worldwide have been inundated with a deluge of women who want up to date, credible information so they can make the decisions for their own personal health situation.

What does all this mean for the estimated 600,000 Australian women (or approximately 40% of women aged 45 – 64) who were taking HT prior to the US trial being stopped?

Just as each woman's experience with menopause is different, so too is the rationale behind her decision about whether to take hormone therapy (HT).

### About menopause

Menopause, known also as the "change of life", is literally the very last menstrual period in a woman's life. It is said to have occurred when a woman has not menstruated (had a period) naturally for 12 consecutive months.

Menopause is a natural event. At menopause a woman's ovaries no longer release an egg every month, she stops having periods and she is no longer able to have children naturally. As the ovaries are the main source of female hormones (oestrogen, progesterone and testosterone), the levels of these hormones drop considerably, affecting other parts of her body.

Menopause usually occurs between the ages of 45 and 55. Among Australian women, the average age is about 51 to 52

years. However, there are some women who experience menopause much earlier and others may still be menstruating in their late fifties.

The age at which a woman goes through menopause is not influenced by race, height, the age that she experienced her first period, the number of children she has had, or whether she used the contraceptive pill as a method of birth control. However, cigarette smoking can influence the age at which a woman may go through menopause with smokers and even former smokers reaching menopause an average of two years earlier.

Menopause that occurs before the age of 40 is called premature menopause. It may occur spontaneously as a result of early failure of the ovaries or be caused surgically when a woman has her ovaries removed, or caused chemically by chemotherapy for cancer.

As the average life span for Australian women, other than indigenous women, is now about 80 years and increasing, women are now living around one third of their lives after menopause.

Before menopause occurs there are usually two to six years of menstrual variation, known as the perimenopause. It is during this time that some women may experience menopausal symptoms. There is a great variation in women's experiences of menopause. In some women, physical symptoms like hot flushes and night sweats are predominant, while other women may have few or no physical symptoms but experience significant psychological symptoms.

Between 10 and 20 percent of women have no symptoms, 60 percent experience mild to moderate symptoms and 10 to 20 percent have severe symptoms.

Common symptoms include hot flushes and night sweats. Some women report vaginal dryness/discomfort, irritability, tiredness, reduced sex drive (libido), lack of self esteem, forgetfulness, aches and pains, sleeping difficulty and headaches.

### About your hormones

Hormones are chemical messages passing from one part of the body to another. Sex hormones work together in an intricate pattern to make the reproductive cycle function properly, and they also play a role in your overall health.

The major female sex hormones are oestrogen and progesterone. They are produced primarily by your ovaries during your reproductive years.

### Why does menopause happen?

As a woman approaches menopause, hormone levels increasingly fluctuate and often a woman notices changes in her menstrual cycle. For example:

- cycles may become longer, shorter or totally irregular
- bleeding may become lighter or
- bleeding may become unpredictable and heavy

*(Women with unpredictable or heavy bleeding should seek advice from their health practitioner as soon as possible).*

Changes in the hormone levels can also contribute to some of the symptoms that might be experienced at this time. This process can take up to six years in some women.

Eventually the hormone levels fall to a level where menstruation stops altogether and menopause is reached.

A woman needs to continue using contraception for a further 12 consecutive months after the last natural period.

**There are many ways to manage this time in your life. Hormone therapy is just one of these.**

### About hormone therapy

Hormone therapy (HT) replaces some of the natural female hormones that the ovaries stop producing after menopause. Three different hormones may be involved, depending on the woman's needs: oestrogen, progesterone and testosterone.

Oestrogen is the main hormone prescribed to relieve menopausal symptoms and for women who have had a hysterectomy, this is all that may be needed. In women who still have their uterus, oestrogen alone can overstimulate the cells lining the uterus causing an increased risk of endometrial cancer (cancer of the uterus). This risk is reduced by giving the hormone progesterone along with the oestrogen. It is given in a synthetic form known as a "progestin" or "progestagen". Women experiencing loss of libido, lack of energy and ongoing fatigue, even when taking oestrogen therapy, sometimes benefit from low dose testosterone replacement.

Oestrogen and progesterone are produced in the ovaries during a woman's reproductive life. At menopause levels of these hormones fall dramatically until, in postmenopausal years, small amounts of each are produced by the adrenal glands instead of the ovaries and also in fat cells.

Testosterone is produced by the adrenal glands and the ovaries. Production declines gradually over a woman's life, but is significantly reduced in women who have had both ovaries removed.

There are benefits and risks associated with using HT and research continues in this area.

### How is it prescribed?

There are different ways of taking HT and different combinations of the three hormones; oestrogen, progesterone and testosterone. HT can be prescribed as tablets, patches, skin gel, implants, oestrogen injections, vaginal preparations such as creams, tablets or pessaries (suppositories) or ring for local application inside the vagina.

The tablets are taken orally on a daily basis. The patch is applied to the skin on the lower body once or twice weekly, the gel is applied daily and the implant (hormone pellet) is inserted under local anaesthetic beneath the skin and usually lasts 4 - 6 months. In all the non-oral routes the hormones are absorbed directly into the blood stream whereas with tablets they are absorbed through the intestine first.

**Short term use of hormone therapy (HT)**

Short term use of HT may be useful for women experiencing troublesome symptoms of menopause by:

- Offering relief from night sweats and hot flushes
- Reducing vaginal dryness
- Improving sleep disturbance
- Improving a sense of well being

Symptoms disappear in most women within about five years after menopause and so short term HT is all that is required assuming that there are no other medical reasons.

**HT and early menopause (surgical or natural)**

The risks of developing osteoporosis or heart disease are considerably higher for women with early menopause than for women reaching menopause within the usual age range. This is due to the long term effects of declining oestrogen. It is therefore very important that these women seek advice from their health practitioner. To minimise these risks, women with early menopause are often prescribed HT until such a time as they would have gone through a natural menopause (50-51 years of age). There is no evidence that these women are exposed to any risks greater than if their own natural hormones were present, to the age of 50. To not have oestrogen for significant periods of time, especially before the age of 45 years, can put women at risk of significant health problems.

**The Women's Health Initiative (WHI) trial****Aim of the study**

The study looked at the long term use of oral HT in older women in the United States for the prevention of disease.

There were 16,608 women (who were postmenopausal and had a uterus) who randomly received either Prempro (0.625mgs of conjugated equine oestrogen + provera 2.5mgs) or a placebo (dummy pill).

**Why was the study stopped?**

The study was stopped after an average of 5.2 years participation because the incidence of invasive breast cancer exceeded the safety level set by the WHI.

However, the oestrogen only arm (for women without a uterus) of the study remains ongoing. This part of the study has not been stopped early, as the risks do not outweigh the benefits. We should have more information on these results in the next few years and we await these results with interest.

**POINTS TO REMEMBER ABOUT THIS STUDY**

- This study only looked at the long term use of oral hormone therapy (HT) in older women for the prevention of disease.
- It did not address the role of HT in younger postmenopausal women using HT short term (five years or less) for relief of symptoms.
- We do not know at this time if these results apply to other HT preparations including oestrogen patches, gels, implants and other progestins.

# The Women's Health Initiative (WHI) results at a glance

5

## BREAST CANCER

There was a small increase in invasive breast cancers.

### What does this mean?

There were 38 cases in the HT group versus 30 in the placebo (dummy pill) group, per 10,000 women over 12 months.

There was an increase in risk of 8 per 10,000 women on HT per year.

## CARDIOVASCULAR (HEART) EVENTS

There were 37 cases in the HT group versus 30 in the placebo group, per 10,000 women.

There was an increase in risk of 7 per 10,000 women on HT per year.

*Note: There was no difference in coronary heart disease deaths, coronary artery surgery or angioplasty.*

## STROKE

There was an increase in stroke

### What does this mean?

There were 29 cases in the HT group versus 21 in the placebo (dummy pill) group.

There was an increase in risk of 8 per 10,000 women per year.

## VENOUS THROMBOSIS (BLOOD CLOTS)

There was a significant increase in venous thrombosis.

### What does this mean?

There were 34 cases in the HT group versus 16 in the placebo (dummy pill) group per 10,000 women.

There was an increase in risk of 22 per 10,000 women per year.

*Note: Most occurred early, with a declining trend over time. This is less than the usually quoted figure of a 3-fold risk increase.*

## COLORECTAL (BOWEL) CANCER

There was a reduction in colorectal (bowel) cancer.

### What does this mean?

There were 10 cases in the HT group versus 16 in the placebo (dummy pill) group per 10,000 women per year.

## OSTEOPOROTIC FRACTURES

There was a reduction in vertebral and hip fracture rates

### What does this mean?

For hip fractures there were 10 cases in the HT group versus 15 in the placebo (dummy pill) group per 10,000 women.

## WHERE TO NOW?

- Short term use of HT (up to 5 years) for menopause symptoms remains a very reasonable option when the benefits and risks are weighed up in each individual woman. This especially applies to younger women with early menopause.
- Combined oestrogen/progestin therapy is not recommended to prevent disease.
- It is important that ALL women using HT should be reviewed annually by their prescribing physician. Risks and benefits can be discussed for that individual woman.

# 6

## THERE ARE MANY WAYS TO MANAGE THIS TIME IN YOUR LIFE

Decisions about therapies depend on your current symptoms and their severity, your current health status, your long term health risks and your personal life expectations. Research shows that a healthy lifestyle increases the chances that women at midlife will have fewer problems with heart disease, diabetes type 2, weight management, osteoporosis and symptoms of menopause.

### Nutrition

The evidence of the health benefits of eating a variety of foods is getting stronger and stronger. Studies about health at midlife suggest that eating less salt, sugar and saturated fat may help to reduce hot flashes. Importantly, it also appears that a healthy diet helps to lower the chances of developing heart disease, the most common killer of women in Australia.

### Healthy eating

Diet has many roles apart from the nutritional value. The foods we eat and perhaps more importantly, the foods we avoid, have a far reaching impact on our health and wellbeing.

The ideal nutritional intake for a woman at midlife should be low in saturated fat (as found in animal fat), sugar and salt (as found in many fast foods), high in fibre (cereals, grains, rice, fruit and vegetables) and rich in calcium. Drinking less alcohol may also help to reduce some of the symptoms associated with menopause.

### Nutritional tips for women at midlife:

- Eat a variety of foods, preferably foods in season.
- Eat 5-7 different vegetables per day.
- Include vegetables from the cabbage family: cabbage, broccoli, brussels sprouts, as they are associated with lower incidences of cancers of breast, bowel and pancreas.
- Eat 1-3 pieces of fresh fruit per day.
- Try to include protein at every meal: either an animal protein - fish, eggs, dairy products, lean meats or poultry or a combination of vegetable proteins:
  - grain and a legume such as tofu and rice, pasta and chickpeas, corn tortillas and red kidney beans.
  - grain and a nut such as nut spread on bread, rice and cashews, pasta and pesto sauce.
- Fish 3-5 times a week. This can include canned fish, such as salmon, sardines and tuna.
- Ensure adequate fibre intake by eating fruit, vegetables, wholegrains and legumes. Oat or rice bran can be included for additional fibre, if needed.
- Include a variety of whole grains such as rice, oats, rye, corn and wheat in the form of cereals, pasta and breads.
- Use cold-pressed olive oil for cooking (macadamia oil is also suitable).
- Essential fatty acids can be included in the diet in the form of seeds and nuts (preferably raw and unsalted) or cold pressed oils for salad dressing.
- Reduce saturated fats by trimming fat off meats and skin off chicken, choosing lean cuts of meat, using low fat dairy products and avoiding coconut and palm oils.
- Use low-fat dairy products, particularly yoghurt.
- Limit/reduce caffeine.
- Drink 1.5 to 2 litres of water per day.
- Limit alcohol intake
- Regularly have foods containing phytoestrogens (plant oestrogens) – these weak plant oestrogens in dietary form include soy, legumes and other food sources that improve cholesterol levels and lower blood pressure, potentially reducing the risk of heart disease.

## Phytoestrogens

Phytoestrogens are compounds found in plants and herbs. When eaten they bind to oestrogen receptors and may act in a similar way to oestrogen. However, phytoestrogens are much weaker, so their effects are different from those of hormones found in Hormone Therapy (HT).

### Phytoestrogens have been found to have a

- heart disease prevention action
- possible anti-cancer properties (but more research is needed)
- possible role in the prevention of osteoporosis (more research is needed).

Soy products are the most reliable source of phytoestrogens and are the most researched among the plants containing these compounds. Legumes generally are also a good source of phytoestrogens.

Phytoestrogens in dietary form are largely considered to be safe. Here are some suggestions for incorporating phytoestrogens in your diet:

- Eat tofu at least twice a week: marinate and add to stir fry meals, or on grilled kebabs; bake in oven with vegetables; cook in soups and then puree; order tofu if eating Asian style cuisine.
- Cook soybeans or buy tinned soybeans and add to salads and casseroles – they have a nutty texture. For added flavour when cooking soybeans, add an onion chopped in half, 1-2 bay leaves, 1-2 celery sticks and black peppercorns to the water.
- Use breads that have soy flour as a major ingredient with linseed (watch the fat content in the bread).
- Sprinkle soy grits onto cereals, yoghurt, fruit etc.
- Add 1-2 dessertspoons of linseed to breakfast cereal, on yoghurt, smoothies or fruit.
- Use soymilk that lists whole soybeans in the ingredients (need calcium enriched, low fat).
- Use legumes, such as lentils, chickpeas and kidney beans – canned are fine.
- Use sprouts – these are even higher in phytoestrogens than the legumes from which they are sprouted.
- Soy sauce is not a good source of phytoestrogens.

Isolated phytoestrogen supplements do not have the same cholesterol lowering or blood pressure benefits as diets rich in phytoestrogens and less is known about their safety profile, therefore currently dietary sources are the most ideal way to obtain phytoestrogens.

## Nutritional supplements

Vitamins and mineral supplements can be used low dose as part of a healthy lifestyle, but they should never replace a good varied diet. Multivitamin preparations are recommended rather than high dose select vitamin preparations that may cause an imbalance of nutrients. Remember that all of the vitamins and minerals that you might need at midlife are in fact found in a wide range of foods including fruits, whole grains and vegetables.

The literature shows reduced incidence of disease is linked to diets rich in Vitamins E, C and Pro Vitamin A. However these effects do not appear to be associated with using supplements of these vitamins.

More emphasis needs to be placed on a diet low in saturated fat, with more breads, cereals, fruits and vegetables, and more calcium-rich foods, as well as maintaining a healthy body weight by balancing food intake and regular physical activity.

To better inform yourself about using supplements speak to your health practitioner or a dietitian.



## Important nutrients

### Calcium

Eating foods rich in calcium is particularly important for you at midlife. It is not only important for your bones but is also used by other parts of the body, such as the heart and muscles.

The total dietary calcium intake, including calcium supplements, for a menopausal or postmenopausal woman should be at least 1200 mg - 1500mg a day.

#### Some dairy foods that are rich in calcium include:

- Milk
- Yoghurt
- Cheese – cheddar and cottage

#### Some non-dairy foods that are rich in calcium include:

- Tinned fish with bones
- Broccoli, spinach and silverbeet
- Soy products
- Grains and cereals
- Sesame seeds especially unhulled (about 9 times richer in calcium) and tahini
- Chickpeas and hummus
- Fruit including dried figs and lemons

The consumption of diverse and balanced meals rich in nutrients, including antioxidants and phytoestrogens, is recommended for the prevention of cardiovascular disease and cancer.

### Vitamin B6

Vitamin B6 (pyridoxine) can be very useful for the relief of fluid retention and sore and swollen breasts. It needs to be taken with a good source of Vitamin B complex, particularly if taken long term (more than four weeks). This facilitates its absorption and protects against the possibility of depletion of other B group vitamins. Excessive consumption of vitamin B6 can cause nerve damage.

Vitamin B complex may be useful for some women as part of the treatment for depressed feelings.

### Evening Primrose Oil

Evening Primrose Oil is an essential fatty acid and is usually recommended for the treatment of breast pain, fluid retention, aching joints and premenstrual tension. It does not appear to improve menopausal symptoms. It is expensive and effective alternatives include cold pressed linseed oil or safflower oil (10-20mL daily).

### Lifestyle

During perimenopause and menopause there are many ways that you can nurture yourself and maintain your health.

Along with regular Pap tests and breast care (mammograms) you may find that improved lifestyle habits including attention to healthy nutrition and exercise may well help with the maintenance of long term good health and the prevention of disease. For many women this may be all that is required.

Research shows that a healthy lifestyle increases the chances that women at midlife will have fewer problems with heart disease, diabetes type 2, weight management, osteoporosis and symptoms of menopause.

### Exercise

Physical exercise needs to be accessible, affordable and easily incorporated into daily life. Appropriate weight bearing exercise (where bone and muscle are challenged) of long duration (about 30 minutes) at least three times a week is beneficial.

#### Some examples of this kind of exercise could include:

- walking briskly for 30 minutes
- appropriate weights (including leg and arm lifts with weights)
- progressive resistance strength training
- riding a bike
- playing tennis
- skipping using a rope
- aerobic exercises
- dancing

Swimming is a great non-weight bearing exercise for the back and heart and overall muscle workout even though it is not weight bearing. Sexual activity is also a good form of exercise.

Regular exercise also helps to prevent cardiovascular disease, high blood pressure and reduces the severity of non-insulin dependent diabetes and can contribute to the management of these conditions. Exercise can also contribute to the development of muscle mass and in turn, stability, leading to a reduction in falls.

The feeling of relaxation and well being that comes with exercise helps us to cope better with stress in our everyday lives. Exercise is also six times more likely to continue if it is undertaken with friends when it can become an enjoyable pastime rather than a chore.

*Please note: next issue we will feature further information and practical tips on how to keep active.*

### Herbal remedies

Herbal remedies are used around the world and many have been used for centuries.

These herbs or herb mixtures can be dried and combined with boiling water to make teas and infusions, concentrated in alcohol, water or vinegar to make tinctures or extracts, or made into tablets and powders.

Herbal remedies are a valuable and viable option for many women in the management of perimenopausal symptoms, such as hot flushes, night sweats and vaginal changes.

Not all the symptoms experienced by women in midlife are the result of declining oestrogen levels. Herbal therapies may manage mood changes such as anxious thoughts and depressed feelings, as well as fatigue and low energy.

### Buying herbal products over the counter

#### It is important for women using herbal remedies to remember:

- Many of the herbal products available over the counter are not what a traditional herbalist would prescribe.
- Some of the herbal products may contain herbs which should not be used in conjunction with pharmaceutical hormone therapies but do not carry such a warning.
- Experimenting with 'over the counter' preparations may be more costly than seeing a trained herbalist/naturopath.

The best way to use herbal remedies for the treatment of symptoms of menopause is under the guidance and advice of trained natural therapists.

It is important to seek the advice of a qualified natural therapist if you are using natural therapies. While natural medicines and therapies generally do not suppress symptoms or cause side effects if they are used properly, not all natural medicines are free from potentially harmful effects.

Along with the other therapies outlined above, women at midlife may have a variety of practitioners and methods to choose from.

#### The following are some examples you might find useful:

- Keeping a diary and writing down your thoughts and concerns.
- Yoga which includes postures that help stretch the muscles, and breathing exercises that will increase the flow of oxygen and meditation.
- Massaging your ears can give your head and ears a relaxed feeling.
- Visualisation calls on the imagination to find images to heal the mind and the body.
- Therapy and counselling give a woman an opportunity to understand how her behaviour can affect her health.

Meditation can be particularly helpful for relaxing and finding peace of mind. It can involve a variety of techniques such as taped voice or music, chanting and concentration on breathing.

## CONCLUSION

### Making informed decisions about menopause

While menopause is a normal biological event that affects every woman, there is enormous variation in how each woman experiences and views this transition, both in physical and psychological terms.

Your experience may well be influenced by your health and wellbeing, as well as the environment and culture in which you reside.

# Your Emotional Health and Relationships at Midlife and Menopause



In the past, menopause was often viewed negatively and women going through menopause were portrayed as irrational, neurotic and even psychotic. Today, our understanding is more balanced and more positive.

Much has been written about menopause – in books, in the media, in information pamphlets. It is a subject that has attracted considerable attention.

In the past, menopause was often viewed negatively and women going through menopause were portrayed as irrational, neurotic and even psychotic.

Today, our understanding is more balanced and more positive and is based not only on the women who come to health practitioners, but also on large community studies across the full spectrum of women, many of whom do not need to seek specialist help during menopause.

One woman's experience of menopause may not be the same as another's.

## Wellbeing

Hot flushes, sleep disturbances, vaginal changes, irritability, anxiety and depression are all commonly reported symptoms of menopause. However, while menopause can be directly linked to hot flushes and vaginal changes, there is debate among researchers about its role in depression and anxiety. Menopause does not happen in isolation in a woman's life, but at a time when many other things are happening that may affect her emotional wellbeing.

## INFLUENCES ON HER EMOTIONAL HEALTH AND WELL BEING MAY INCLUDE:

- ageing and midlife
- life events (such as partner retiring or parents dying)
- age and stage of children
- children leaving and coming home (the revolving door)
- marital status and relationship satisfaction
- psychological state, including history of emotional/psychological health
- socioeconomic status
- social role
- employment
- health status
- cultural background
- diet
- substance use (including caffeine and alcohol)

## Mood Changes

### Depressed Feelings

Many theories have debated the link between hormones and depression. When all of the research is summarised it appears that oestrogen and testosterone are likely to account for a small percentage of the depressed mood women experience around the time they become menopausal. Women who have had a hysterectomy are more likely to experience depression than women who have had a natural menopause. It may also be that physiological changes such as hot flushes and night sweats have a secondary or roll-on effect on the feelings and thoughts of women at this time. It is important to remember that depression at this time of life is also influenced by previous episodes of depression, stress, relationship satisfaction, self esteem, body image, social and cultural factors.

## Anxious Thoughts

Anxious thoughts involve extreme feelings of fear and worry. When intense anxiety is experienced over a length of time and interferes with daily life, then anxiety can be perceived as a problem that may require both medical and psychological treatment. Symptoms of anxiety may include a racing heart, rapid breathing, sweating and dizziness. There are many different kinds of anxiety such as panic attacks, phobias, social and generalised anxiety. Some menopausal symptoms are similar to anxiety-type symptoms such as hot flushes, sweating, awareness of breathing and 'crawling skin'. If a woman is worried, it is important for her to discuss the symptoms with a health practitioner or psychologist to seek clarification.

### WHAT YOU CAN DO

- Keeping a diary can help you identify thought patterns, which can then be more easily discussed and challenged
- Relaxation techniques are a valuable tool
- Talking to friends, family or a trusted health professional can also be worthwhile

## Self Esteem

Self esteem is what we believe and feel about ourselves and the way we evaluate ourselves. It may be built on our roles and relationships, our body image, and our feelings about health. Self esteem can be based on the perceptions that other people have of us, as well as our own view of ourselves. It is learned and comes from childhood, friends, family, as well as our comparisons with others and life experiences.

People who have high self esteem focus on their achievements and successes, while people who have low self esteem tend to focus more on their failures.

If women going through menopause have low self esteem they are often more vulnerable to depressed feelings, anxious thoughts and increased health problems.

### WHAT YOU CAN DO

Ways to improve self esteem can include:

- Challenging unreasonable expectations you may have of yourself
- Taking time to do something you really want to do just for you, that is, to be SELF-ish
- Participating in lifestyle courses
- Reviewing your lifestyle and relationships. (Abusive relationships – physical, emotional, financial, mental and/or social can lead to loss of self esteem)

## Stress

Stress occurs when we feel threatened or cannot cope with a situation.

Life is busy and it is important to take time out to deal with influences that may be causing the stress. Some things that make people feel stressed include traffic, crowds, technology, relationships, children, family, mobile phones, work deadlines, poor health and events such as Christmas.

While a little stress is beneficial, too much stress can impact on health and wellbeing. Some women may perceive menopause and midlife as stressful experiences. There may be a sense that the person a woman knew herself to be before menopause has changed, and now she is not so sure of what to expect from either her body or her emotions. What seemed to be a body that was controllable and reliable is now breaking out in a sweat at the most inconvenient times, or periods are irregular and unpredictable.

It is important to identify what makes you feel stressed and try to make changes to lessen the feelings of stress.

### WHAT YOU CAN DO

- Identify and challenge thoughts and influences that make you feel stressed
- Increase your activity, if possible. Walking is a particularly good way of alleviating stress because activity increases the flow of chemicals in the body called endorphins, which improve mood
- Get a good sleep
- Eat regularly
- Eat a balanced diet

## Body Image

Body image refers to the way we think, feel and picture our body. At menopause there is often a shift in fat deposits from the lower (buttocks and thighs) to the central body (stomach region). Negative body image may appear to be a problem for some women going through menopause, particularly their distress at a perceived increase in weight.

These negative feelings can also influence self esteem and sexuality.

Further, society's negative views of ageing women can be very undermining.

Changes to the body associated with menopause, such as hot flushes, have the potential to make women feel differently about their body image. Some women going through menopause report that they do not know their body any more: "I used to know what to expect from my body, now it is like my body is not under my control."

## Relationships

It is hard to know if menopause influences relationships, or relationships influence the experience of menopause.

### Talking to family and friends

When you experience changes associated with menopause it can be confusing and challenging for family members as well as for you. The best thing you can do is talk to your family about these changes.

#### SOME THINGS YOU CAN SAY ARE:

- I am experiencing changes to my body and emotions I cannot explain or control
- Sometimes I might get sad or grumpy/short tempered and it seems like there is no reason. I am sorry if I take it out on you. You need to tell me or say something like: I've noticed you seem sad or grumpy, is everything ok?
- The best thing you can do for me when you notice I am sad or bad/short tempered is:
  - Leave me alone
  - Tell me
  - Ask me to talk about it
- I am learning more about the changes to my body and emotions as a result of menopause and I would really like to talk to you about these so we can learn together

Changing family relationships with a partner, with children, parents and friends may occur around midlife. For some women, these changing relationships may cause disruption, anxiety and feelings of loss. Other women may embrace their freedom and take up new roles and interests.

## Relationships with children

When a woman becomes menopausal the role of mother often undergoes a transition. Menopause means that a woman can no longer physically have children, but it also occurs at a time when grown up children are becoming independent and leaving home. For some women, this change in role is perceived as a terrible loss, while others have new roles to occupy and look forward to. For some women, this change/loss in role can be quite devastating and may lead to depressed feelings and anxious thoughts, while others are happy to move forward.

If you have young children you may also find this time challenging as you learn to manage some of the physical and emotional changes associated with menopause and cope with the ongoing demands of raising young children.

### Relationship with self

A woman's experience of menopause can be influenced by the role she plays during this life stage. Attitudes of Western society to ageing often lead a woman to believe she no longer has a role to fulfil after menopause. Having many roles to fulfil can increase positive well being and a woman experiences better health, especially if these roles are considered by her to be important. Ultimately it depends how you feel about your role and how important you believe it is to have a purpose in life.

#### WHAT YOU CAN DO

- Think about your roles in life
- Ask yourself if you are happy with these roles and whether you want to make any changes

## Culture

The culture in which you live may impact on your experience of menopause just as it may determine your lifestyle to a large extent.

In some cultures a woman's life is likely to involve much more physical activity and/or will traditionally have a diet that contains more plant oestrogens which may decrease the frequency of hot flushes.

In Australia in the 1990's the average life expectancy for women was about 80 years. As a result, a large proportion of women will live almost a third of their lives after menopause. For indigenous women however, the picture is unfortunately very different. In the 1996 Australian Bureau of Statistics Census, the projection for 1999-2000 showed the life expectancy for indigenous women in Victoria to be 63.5 years. For these women health issues are related to the problems of heart disease, diabetes and respiratory diseases and menopause may have less relevance.

However, perhaps the most important influence a culture has on a woman's experience of menopause is in the way the culture views women and the importance of their fertility and its attitude in general to ageing.

In Asian cultures, menopause is regarded as a natural event and women are not apprehensive of its onset.

Occasionally, in some cultures, this time of life can bring an almost mystical status, as postmenopausal women are thought to possess healing and supernatural powers. Alternatively, in a youth orientated society, it may be seen only in terms of losses.

#### WHAT YOU CAN DO TO SUPPORT YOUR EMOTIONAL HEALTH AND WELL BEING:

Along with your own tried and true techniques you can use some of the strategies and coping skills that are mentioned below:

- Keep a diary of your thoughts and feelings
- Identify and challenge negative thoughts about yourself
- Learn and practise relaxation techniques
- Make a list of your positive strengths and attributes
- Take time out to do something special
- Increase your physical activity
- Eat a balanced diet and eat regularly
- Set aside time to problem solve
- Identify your role/s and whether changes and additions need to be made
- Talk to trusted friends, partners and family members
- Seek further support from a trusted health practitioner



# 14

## MAKING INFORMED DECISIONS

By Sarah Hardy, Education Director

Women are faced with a number of health issues throughout their lives, especially during midlife. Decisions may need to be made concerning menopause, issues to do with sexuality and relationships, maintenance of health in the longer term and specific prevention of conditions such as osteoporosis and heart disease.

As every woman is different, how will you know if you're making **informed** decisions? Gathering information, thinking about options, knowing what it is you value and attuning yourself to all that you have learned about your body will help you make decisions that are appropriate for you.

Gathering information and talking with your health practitioner can assist you in making an informed decision.

### CHOOSING A HEALTH PRACTITIONER

Developing a partnership with your health practitioner will depend on a level of trust that insists on:

- Mutual respect
- Clear communication
- Shared responsibility

While it may take time and effort to establish this partnership, in the end it will be in your best interests to choose carefully.

When choosing a health practitioner you could take into account:

- Their expertise
- How accessible they are (eg location, appointment times and fees)
- Their ability to listen, empathise and communicate skillfully
- Their willingness to involve you in the decision making process around your health care

### WHY EVIDENCE MATTERS

Information about health can be obtained from a variety of sources: family, friends, the media as well as health care professionals. With the advent of the World Wide Web, information is available more readily, making it increasingly hard to judge competing claims. The task is even harder when health claims are made with the underlying purpose of promoting a particular product.

### TO GREATLY ASSIST IN COMPARING TREATMENTS AND DECIDING WHAT IS RIGHT FOR YOU, ASK YOURSELF A SERIES OF QUESTIONS:

- What could happen if I did nothing at all?
- What treatment or intervention choices are available to me?
- What are the possible risks and benefits of the different choices?
- How do the benefits and risks weigh up for me?
- Have I now gathered enough information to make my decision?





### YOU NEED TO ASSESS THE CHOICES AVAILABLE TO YOU BASED ON BEST EVIDENCE FROM CLINICAL TRIALS AGAINST:

- Resources available to you (such as access to services and cost)
- Your own personal values (does a particular treatment fit with my lifestyle and how I choose to take care of myself?)

### INTERPRETING CLINICAL TRIALS

It is more difficult than you would expect to prove that a particular treatment prevented something from happening or relieved a particular condition. The results from using a particular treatment should be better than no treatment at all or using something that is already known to be helpful. Remember there are all kinds of reasons why people recover or do not get sick (such as spontaneous remission and 'strong' genes).

To filter out effects NOT related to the treatment itself, high quality scientific studies must have a similar group (control group) that did not receive the treatment but are similar in most other respects (anecdotal evidence can be persuasive but not conclusive).

The riskier or more powerful the treatment being considered, the more important it becomes to understand the results of scientific studies. This understanding can then help you balance the risks and the benefits of a particular health care decision.

### RESOURCES TO HELP YOU UNDERSTAND CLINICAL TRIALS

A valuable guide has been published in Australia. "Smart Health Choices – How To Make Informed Health Decisions" is written by Judy Irwig, Les Irwig and Melissa Sweet and published by Allen & Urwin. This 1999 book provides a readable background to understanding and interpreting clinical trials and supports the idea of informed decision making by addressing such issues as:

- Health advice can be harmful
- Your body, your choice
- Stories vs studies
- Evaluating the evidence
- Improving your health care

At the end of the day, the principles underlying the questions are easy to grasp. This book will give you the added assurance of up-to-date scientifically informed decision making.

*Special acknowledgement: Some of the material from this article has been provided by Rick Hudson, Policy and Planning Unit - Ministry of Health, British Columbia, Canada*

## Open Letter to Women

It is often difficult to know how to judge competing claims when it comes to women's health. Yet again conflicting information about hormone (replacement) therapy has been in the news. So how can women know what to believe?

As women navigate their way through the issues raised in the media about midlife health we should be encouraging women to become more media aware, clear about what is more relevant to them, the context of the information being presented and the media's need to capture our interest with headlines and dire warnings. The more confident women are, the more questions they will ask and the greater the empowerment to make informed decisions.

I and other health educators note the generational shift from women being reactive to proactive when it comes to decisions about their health care. When a woman accesses health services she is not the sum of her illnesses but the sum of her wellness, life experiences and expectations. My hope is that women value their health enough to continue to ask, question and trust what they believe is best for them.

### **Sarah Hardy**

Director of Education  
The Jean Hailes Foundation

# Centre for Research Excellence at The Jean Hailes Foundation

# 16

### **Women around Australia are set to benefit from a Clinical Centre of Research Excellence (CCRE) to be established at The Jean Hailes Foundation.**

The highly prestigious grant awarded every five years is a major acknowledgement by the Federal Government of The Foundation's significant contribution to the field of women's health in research, education and training, and clinical services.

Over the next five years funding from the grant will provide an opportunity for comprehensive and multidisciplinary research into the major health issues affecting Australian women from the mid reproductive years.

The research will consider multiple aspects of women's midlife health including the major health consequences of treatment for breast cancer and how to deal with them, particularly menopausal symptoms; the links between oestrogen and androgens and cardiovascular disease, dementia and osteoarthritis; and new ways of assessing sexual health in women of all ages.

The outcomes of this research will form the basis of national education programs for health care providers and the community.

### **The team of chief investigators is headed by:**

**Associate Professor Susan Davis**, Director of The Jean Hailes Foundation Research Unit. The team of investigators includes:

#### **Dr Robin Bell**

Women's Health Epidemiologist

#### **Professor Jayashri Kulkarni**

Professor of Psychiatry, The Alfred Hospital

#### **Professor Evan Simpson**

Director, Prince Henry's Institute of Medical Research

#### **Associate Professor Flavia Cicuttini**

Research Rheumatologist, Monash University

#### **Professor Henry Burger AO**

Director, The Jean Hailes Foundation

#### **Ms Janet Michelmore AO**

Director, The Jean Hailes Foundation

The Jean Hailes Foundation wants every woman in Australia to benefit from this research and will specifically address neglected areas that are major causes of ill health amongst women in our communities. Top priority will be to locate outcomes, which will significantly improve the health and quality of life of every woman in the Australian community, across all social, ethnic and geographic divides.

# COULD YOU – SWIM FOR YOUR LIFE?

Swim For Your Life...  
And Create Healthier Futures  
for Australian Women

Join patron Nicole Livingstone in an open water swim on Saturday 14 December in Brighton at 10am and help raise funds for women's health in Australia.

Beginners can opt for the 400 metre 'swim for your life'. The serious swimmer can try the Nicole Livingstone 1.2km classic swim. For the really adventurous (or crazy) there is the 4km long distance swim.

All proceeds of this event are being donated to The Jean Hailes Foundation to create healthier futures for women.

This inaugural open water 'swim for your life' charity event is the brainchild of local Victorian triathlete and Director of Cousins Travel, Gina Harris.

Gina is an Australian World Triathlon representative and is also responsible for the annual open water swim calendar. She is currently the only woman in her age group (45-49) to represent Australia at the upcoming World Championships in Mexico and she is committed to women's health and has organised this event as a way of giving something back to the community. Next year she hopes that this will become a national event.

## THANKS TO

Blazer  
Brighton LSC  
Carroll McKeddie Real Estate  
Club Med  
Good Deeds Conveyancing  
Hamilton Productions  
Finishline Timing

Lane 4 Speed Suits  
Live and Direct Solutions  
Lots of Ideas Marketing  
Middle Brighton Baths  
Perri Cutten  
Stellar Finance  
Tom Putt Photography  
Towelex



Associate Professor Susan Davis (left) with Gina Harris, Director of Cousins Travel

There are fantastic prizes to be won, including a weekend for two at Club Med Lindeman Island, Lane 4 wetsuits as well as prizes for all race finishers.

The swim will be held at the Brighton Life Saving Club (Melway Ref 67 C12) 10am on Saturday 14 December. Registration is between 8 and 9:30 at Middle Brighton Baths (Melway Ref 67 C10)

**Entries close 6 December; please note there will be no entries on the day.**

**Cost is \$35.**

There will be a free barbeque for all participants and supporters after the race.

Race entry forms and further information is available to download from the website: [www.swimforyourlife.asn.au](http://www.swimforyourlife.asn.au)

The Jean Hailes Foundation gratefully acknowledges the following supporters of the 'Swim For Your Life' Charity Event:

In particular, The Foundation wishes to thank **Gina Cousins**, Director of Cousins Travel, for her long time support and her vision in creating a fun athletic event aimed at raising money for and awareness of the importance of women's health.



## What's Happening with the Sue Ismiel International Study into Women's Health and Hormones?

### The vision

When successful businesswoman, Sue Ismiel, was starting out in business she used her optimism, confidence and sense of wellbeing to help her create and sell her homemade, natural hair removal product, Nads Hair Removing Gel. With her three daughters by her side, Sue Ismiel is director of a thriving, multi-million dollar export company called Sue Ismiel and Daughters.

Today Sue Ismiel's vision and passionate concern for a healthier Australia has seen her use her phenomenal business success to give back to the community by investing in women's health and helping to create healthier futures for Australian women.

## The launch

The Jean Hailes Foundation embarked on the most comprehensive study into women's health, The Sue Ismiel International Study into Women's Health and Hormones, in April this year, thanks to the generosity and incredible forward vision by Sydney businesswoman, Sue Ismiel.

The Federal Minister for Health and Ageing, The Hon Kay Patterson launched The Sue Ismiel International Study in Melbourne. On congratulating and thanking Sue Ismiel on behalf of all Australian women for demonstrating her commitment to women's health by generously donating the funds for this study, the Minister commented that "this is a great example of cooperation between research, between the business community and between government".

## About the Study

Associate Professor Susan Davis, Director of Research and her highly specialist team are investigating the role hormones play in women's health and wellbeing.

The Sue Ismiel Study will establish a base platform or 'normal' hormone levels for women at different ages and different stages of life and examine the relationships between women's hormones and various general health concerns, most notably depression.

## SUE ISMIEL STUDY TO DATE

### Recruitment so far

The aim is to include 2000 women in the study, with ages ranging from 18 to 75 years. Recruitment is well under way, with 1250 women in the study, with some age categories nearly completed (35-44 years, 45-54 and 55-64 years).

The most important feature of this study is that the women asked to participate are randomly selected by Roy Morgan Research from across Victoria. This means that our results will be truly representative of women in our community and will give us a broad understanding of the health of Australian women.

### A word of thanks

We are grateful to our collaborators, Roy Morgan Research and Mayne Health Dorevitch Pathology, who have enabled women to participate throughout regional Victoria.

The success of the study will rely heavily on the goodwill of women who are asked to participate, firstly by completing questionnaires to give us information about their health and wellbeing and providing us with a blood sample for measurement of hormone levels. For all participants, especially those living in the country, we recognise that their involvement in the study has required a real effort and we are very grateful to them.

### What happens next?

Once we have achieved full participation the research team will begin to evaluate the hormone findings and determine what levels are normal for women at different ages, and how hormones relate to mood, well being and other important health aspects.

### A NOTE TO WOMEN AUSTRALIA WIDE: RECRUITMENT IS STILL OCCURRING.

We are particularly keen to recruit young women (aged 18-34 years) and older women aged 65 years and over. This is not a study for which we can call for volunteers, as we need to recruit women at random across the community. However, if you are contacted by Roy Morgan Research and asked to participate, we ask that you do so, in the knowledge that you will be helping women worldwide to feel better about themselves.



The Jean Hailes Foundation is committed to providing ongoing, up to date, clinically relevant health care information, including physical, emotional and psychological health, to GPs, allied health professionals and the community.

The Education Unit has a number of events throughout the year to educate both health professionals and the community.

The last few months have been particularly busy for the Education Unit due to the WHI findings being released. The information has affected all areas of Education including all printed resources, which have since been reviewed, updated and reprinted.

**Information on women's health issues includes:**

- Menopause: Your Questions Answered
- Considering Your Options at Menopause
- Menopause: Known Also as the Change of Life
- Hormone Therapy
- Emotional Wellbeing: Menopause & Midlife
- Breast Health: The facts without the Fear
- Women and Heart Disease
- Osteoporosis: Can be Prevented, Can be Managed
- Incontinence: Don't Despair, it Can be Managed
- Premenstrual Syndrome - PMS

### New Menopause Resource

We have a new resource available for purchase by individuals or by community groups. The video "*Why Me? Essential Information on Menopause*" answers questions about menopause, explains the latest treatments and the benefits of lifestyle changes. The video has been produced to help you understand the hormonal chaos going on inside your body. Women who have reached menopause discuss different methods of management - nutrition, exercise, hormone therapy and complementary therapies and tell you how your quality of life can improve if the symptoms are managed. Cost is \$25 + GST & P/H.

For your copy of any of our brochures or to order the video please contact the Education Unit on 03 9562 6771 (1800 151 441 tollfree). You can also download the brochures from our website [www.jeanhailes.org.au](http://www.jeanhailes.org.au).

## What do you need to know about your health?

The Jean Hailes Foundation, specialists in women's midlife health care, is offering the community a range of health seminars to complement its innovative, world-class research and excellent clinical care. Run by professional health educators, the sessions are an opportunity to find out the latest on:

- **Informed decision making:**
  - healthy choices
- **Midlife health**
- **Menopause**
- **Nutrition, lifestyle & exercise**
- **Emotional health & wellbeing**
- **Sexuality**
- **Hormone therapy (HT)**
- **Natural therapies**
- **Breast health**
- **Osteoporosis**
- **Incontinence**

Visit our website [www.jeanhailes.org.au](http://www.jeanhailes.org.au) for further health-related information.

The JEAN HAILES Foundation  
Encouraging women to invest in their health.  
Call The Jean Hailes Education Unit on 03 9562 6771  
or tollfree on 1800 151 441 to:

- Find out about local community health seminars
- Obtain a free information pack
- Book a speaker for your local organisation or group (bilingual educators available)



## Multicultural Health Day in Rural Victoria

With forty eight per cent of its residents coming from culturally diverse backgrounds, Shepparton was a fitting location for a Multicultural Women's Health Day, organised jointly by The Jean Hailes Foundation, the Cancer Council Victoria's Community Language Program and PapScreen Victoria.

Thanks to the hard work of many women, including Vicki Mitsos from the Goulburn Ovens Institute of TAFE, the event exceeded all expectations with 260 women coming together to learn about Pap tests, breast health and menopause in ten languages.

As rural women from diverse cultures have limited access to health information in their own language, the aim of the day was to break down these barriers and provide culturally sensitive information in a fun-filled, relaxed and interactive way.

A team of Community Language Program bilingual health educators and two interpreters ran information sessions in the following languages - Greek, Italian, Arabic, Macedonian, Turkish, Filipino, English, Punjabi and Albanian.

The sessions focused on three key health messages:

**Menopause is a natural part of life that can be managed**

**The best protection against cervical cancer is a Pap test every 2 years**

**Becoming familiar with the look and feel of your breasts will help you to notice any abnormal changes**

After hearing from the Minister for Youth Affairs and Education Services, the Honourable Monica Gould, emotions were running high as the women, in memory of those who have died from breast cancer, released 260 balloons.

Elizabeth Mazeyko from the Community Language Program said, "Remember, it doesn't matter what country we have come from, we are all women and we need to keep informed about women's health and help each other to understand our bodies."

The Community Language Program's bilingual health educators can provide free education sessions in 18 different languages (minimum of five women in a group). For more information on organising a session on Pap tests, breast health or menopause please contact Betul Kinali on 03 9635 5357.





The Jean Hailes Foundation's prime concern is Australia, but we are also very proud of the contribution of our work globally.

The Foundation participates in international, multi-centre studies as well as initiating or collaborating in national and local research.

#### **10th World Congress on the Menopause in Berlin**

June 2002

**Sarah Hardy** Director of Education

*Midlife – Understanding the Change.*

An Interactive CD- ROM for Australian Women

**Susan Davis** Associate Professor, Director of Research

*Premature ovarian failure*

Contemporary management of sexual dysfunction in the menopause: androgens and female sexuality

**Sonia Davison** Endocrine Registrar

Pulsed testosterone therapy: pharmacokinetics and safety of inhaled testosterone in postmenopausal women

**Rebecca Goldstat** Research Coordinator

*Transdermal testosterone therapy improves wellbeing, mood and sexual function in premenopausal women*

#### **American Endocrine Society Annual Meeting**

June 2002

**Sonia Davison** Endocrine Registrar

*Pulsed testosterone therapy: pharmacokinetics and safety of inhaled testosterone in postmenopausal women* (poster)

#### **2002 National Indigenous Women's Health**

Adelaide, August 2002

**Sara Knight** Community Nurse Educator

*Menopause, Benefits of Lifestyle Factors*

#### **Endocrine Society Annual Meeting**

September 2002

**Sonia Davison**

Endocrine Registrar

*Pulsed testosterone therapy: pharmacokinetics and safety of inhaled testosterone in postmenopausal women* (poster)

#### **6th Australasian Menopause Society Congress**

Sydney, October 2002

**Sarah Hardy** Director of Education

*Multi-disciplinary approach: evidenced through a premature menopause project*

**Susan Davis** Associate Professor, Director of Research

*Androgen levels in normal and oophorectomised women*

**Sonia Davison** Endocrine Registrar

*Pulsed testosterone therapy: pharmacokinetics and safety of inhaled testosterone in postmenopausal women*

#### **North American Menopause Society Annual Meeting**

Chicago, October 2002

**Susan Davis** Associate Professor, Director of Research

*Safety and Tolerability of Transdermal Testosterone Therapy versus Placebo in Surgically Menopausal Women Receiving Oral or Transdermal Oestrogen*

### **Congratulations**

**Rebecca Goldstat**

Awarded the Robert B Greenblat Prize – an international young investigator's award from the International Menopause Society, presented in Berlin in June.

**Helena Teede**

Recipient of a five year Clinical Career Development Award from the National Health and Medical Research Council (NHMRC).

**Sara Knight**

Qualified for her Masters in Public Health.

**Susan Davis**

Recipient of the Barbara Gross Award, for the best free communication at the Australasian Menopause Society (AMS) Annual General Meeting 2002.

**Satisfied with your libido?**

**No Matter Where You Are, We Need You!**

Having completed many studies involving women of all ages, we are aware of the huge percentage of women suffering with sexual problems and the disastrous effects these can have on a woman's self confidence, relationship with her partner and ultimately her state of mind.

Vast numbers of women across Australia endure symptoms such as low libido and reduced sexual pleasure every day and many do so in silence believing it is just their lot and something they will have to live with. The truth is, in many cases there are treatments that can help if a woman's specific needs can be identified.

A woman's sexuality is complex and is affected by many factors, including knowledge, environment, cultural and religious beliefs, relationship with her partner and also by her health and hormonal status. The condition of decreased sexual function in women has only been recognised in recent years and, as such, it is important that we find ways of determining the different influential factors and develop methods to improve medical care in this area.

We have therefore developed a questionnaire that would provide a valuable tool that could then be used during research studies and in general practice to give doctors insight into a woman's specific needs so that the best treatment available can be provided.

Before it can be put to general use we need to complete a study to validate the new questionnaire.

**To do this we need your help!**

So a comparison can be made, we are currently seeking women who are satisfied with their libido. So, if you are between 18 and 65, sexually active at least twice a month and you are happy with your sex life, this is your chance to do something for the hundreds of women who aren't. The study simply involves completing a daily sexual activity diary and a few questionnaires over one month. It will only take up two minutes out of your day. The study can be completed by correspondence so no matter where you are in Australia you can take part.

**For information, please call Samantha at The Jean Hailes Research unit on (03) 9543 9463 or email your name and phone number to [sam.wilson@jeanhailes.org.au](mailto:sam.wilson@jeanhailes.org.au)**

**AUSTRALIAN WOMEN MAKE A MAJOR CONTRIBUTION TO BREAST CANCER RESEARCH**

The Jean Hailes Foundation Research Unit is enabling eligible women throughout the Australian community, who have the approval and support of their doctors, to participate in the ATLAS breast cancer and tamoxifen duration study.

**ATLAS IS ADDRESSING THE QUESTION:**

Should women who have had breast cancer be treated with tamoxifen for more than 5 years?

**ATLAS IS COMPARING 10 YEARS OF TAMOXIFEN TREATMENT WITH TREATMENT FOR 5 YEARS.**

The outcome of the study will establish whether the longer treatment with tamoxifen will further improve survival of women following initial treatment for breast cancer.

Australian women are responding to this opportunity to join with other women, worldwide, to participate in ATLAS. The study is providing these women with the opportunity to have a voice in the future of those women who are presently at risk of developing breast cancer (which could include their daughters).

**MORE ELIGIBLE WOMEN ARE NEEDED**

If you have been taking tamoxifen for about 5 years, following breast cancer, are now clinically free of cancer and you, and

your treating doctor, are uncertain whether you should continue taking tamoxifen beyond about 5 years, then you could consider ATLAS.

- There are no tests or extra visits required.
- You would remain in the care of your treating doctor.
- Your further treatment, to stop or continue tamoxifen after taking it for about 5 years, would be randomly allocated. This means that you would have an equal chance of either being allocated to stop or to continue tamoxifen (there is not a placebo used in the study).

If you have been taking tamoxifen for about 3 to less than 5 years, you can be registered for possible, future participation in ATLAS. You and your doctor would be contacted at your 5-year treatment time so that you could both further consider ATLAS then. Eligible women are invited to contact The Jean Hailes Foundation's Research Unit for further ATLAS information on **1800 809 517** (tollfree). Or visit **[www.jeanhailes.org.au](http://www.jeanhailes.org.au)**

ATLAS is coordinated in Australia by the Australian New Zealand Breast Cancer Trials Group.

ADVANCES IN THE TREATMENT OF BREAST CANCER  
DEPEND ON RESEARCH

## The Jean Hailes Medical Centre For Women

### Leaving...

The Jean Hailes Foundation bids farewell to Pam Fradkin and Sue Wigg. After many years in general practice, the last few at The Jean Hailes Medical Centre, Pam Fradkin has decided to retire and Sue Wigg, an Endocrinologist, is moving to New South Wales. Both Pam and Sue's commitment to women's health has been outstanding and both staff and clients will miss their dedication, humour and kindness. We wish them well with their new pursuits.

### Welcome back to...

Mandy Deeks, Psychologist, who is returning from maternity leave.

## The Jean Hailes Diabetes and Cardiovascular Risk Clinic

The Jean Hailes Foundation and Medical Centre for Women take immense pride in developing initiatives that respond to the needs of women in the community.

Commencing December 4th 2002

Open Wednesday evenings 5.00pm - 9.00pm

- by appointment

### Specialising in

- Diabetes assessment, management and follow up
- Gestational diabetes (pregnancy)
- Polycystic ovarian syndrome
- Cardiovascular risk assessment

### Why are we opening a Diabetes and Cardiovascular Risk Clinic?

This new addition to our services for women is in direct response to enormous demand in the community as evidenced in the facts from Diabetes Australia, listed below. Cardiovascular disease is the leading cause of death in postmenopausal women. Diabetes is a major risk factor for cardiovascular disease and, in many cases, is directly related to lifestyle and weight issues affecting women at midlife. Effective diabetes management requires an integrated approach between general practitioners, specialists and allied health professionals. The diabetes nurse educator is an essential link, providing education and feedback, thus empowering women to become actively involved in their own management. It is hoped that The Jean Hailes Diabetes and Cardiovascular Risk Clinic will give women and their health professionals another avenue for managing a major Australian health concern.

### According to Diabetes Australia

- Diabetes is now the world's fastest growing disease
- In Australia, the incidence of diabetes is increasing rapidly and it is a leading cause of death
- There are 500,000 adults in Australia who have diabetes and experts predict that there are a further 500,000 who are undiagnosed
- Every 10 minutes someone is diagnosed with diabetes
- Females with type 1 diabetes have 10 times the rates of cardiovascular mortality compared with non-diabetic females
- The incidence of diabetes in pregnancy is increasing, particularly in ethnic populations
- Risk factors for type 2 diabetes, such as obesity and lack of physical activity are increasing in Australia
- Australians with untreated diabetes experience a reduced life span and higher rates of eye, heart and kidney disease and stroke compared with non-diabetic Australians
- Total cost of diabetes is likely to exceed \$1 billion annually (or about \$2,800 per diagnosed case)



25

Opening this new clinic will enable us to offer a wider range of management options for women within a multidisciplinary team approach. This means that you, as a client, are treated as a 'whole' person, not just for a 'symptom' that you may present with. You can be confident that your lifestyle, culture, values and beliefs, nutrition and anything else that makes you unique, will be taken into consideration in your management.

Our multidisciplinary team includes Endocrinologists, Diabetes Nurse Educator, Weight Management Specialist, Physiotherapist and Dietician, whom you can access on site.

The Diabetes and Cardiovascular Clinic will be available for women of all ages. A referral will be necessary on the first visit.

The Foundation is delighted that this initiative has been developed and will be coordinated by Specialist Endocrinologists, Carolyn Allen and Kati Matthiesson, Diabetes Nurse Educator, Jenny Szymanski and Medical Centre Director, Sue Reddish.

#### **New for next year...**

#### **Commencing in March 2003**

You will be able to join in a group workshop, run by Physiotherapist Margaret Sherburn, to learn how to manage continence and/or osteoporosis. Both workshops will offer practical tips and guidelines on pelvic floor exercises and weight bearing exercise. It is planned that these workshops will run on a regular basis.

For more information please call The Jean Hailes Medical Centre for Women on (03) 9562 7555.

Recommended Website

**[www.pofsupport.org](http://www.pofsupport.org)**

### **PREMATURE OVARIAN FAILURE SUPPORT GROUP**

Premature Ovarian Failure (often called Premature or Early Menopause) is an endocrine disorder affecting women under 40, causing infertility and menopause symptoms.

This website contains a wealth of information and support, designed to help you learn about POF, stay up to date with the latest research, meet other women with POF, take control of your health care and guide you through the various aspects of living with premature ovarian failure.

## **Women's Health Invest in Your Future**

The Jean Hailes Foundation is committed to creating healthier futures for all Australian women

Linking groundbreaking research with clinical practice, practical health and lifestyle programs and resources for women

**[www.jeanhailes.org.au](http://www.jeanhailes.org.au)**

**For further information  
please contact:**

**The Jean Hailes Foundation**

PO Box 1108, Clayton South Vic 3169

**Telephone: 03 9562 6771**

**Tollfree: 1800 151 441**

**The Jean Hailes  
Medical Centre and Research Unit**

173 Carinish Road

Clayton

Victoria 3168

**Medical Centre: 03 9562 7555**

**Research Unit: 03 9543 9612**

**The Jean Hailes Education Unit  
Level 1, 7 Audsley Street**

Clayton South

Victoria 3169

**Education Unit: 03 9562 6771**

[education@jeanhailes.com.au](mailto:education@jeanhailes.com.au)

**Privacy Statement**

Due to recent changes in Australian privacy laws your permission is required for The Jean Hailes Foundation to continue sending you information about our activities. You will continue to receive information unless you indicate otherwise. If you wish to be removed from our mailing list, or would like to make changes or additions to your contact details, please contact us on 03 9562 6771 (1800 151 441 tollfree).

**NEW LOOK WEB**

Creating and maintaining an up to date, highly informative and responsible health website is something that The Jean Hailes Foundation takes very seriously.

The Jean Hailes website has proven to be an important resource for people wishing to find out about seminars, research projects and medical information and it is also a well used resource for GPs. Also, it is often a first introduction to our services for people who live in rural and remote areas of Australia, as well as used internationally.

The website has grown in size as The Foundation has grown. This has been a good thing, but it has meant that the website hasn't necessarily grown in the most user friendly manner.

The website went through an update about 18 months ago, giving it a fresh look and easier accessibility to finding information. But, as The Foundation continued to grow, it became apparent that the information could be presented in a more logical sequence and so we have undergone an exciting, dynamic and refreshing website update, that not only includes fresh colours but lists the information by topic rather than which section of The Foundation it falls under.

Finding information is as easy as opening the front page and clicking on a topic or typing a word into the search function.

The Jean Hailes Foundation is also proud to announce that its website has achieved "Health on the Net Foundation (HON)" status. This is a gold standard endorsement of our website by the widely recognised international, not-for-profit, Swiss HON organisation and The Jean Hailes Foundation is bound by the HON Code of Conduct Principles.

We hope that you have many hours of happy surfing on our new look, updated website. We are happy to receive your comments and suggestions.

[www.jeanhailes.org.au](http://www.jeanhailes.org.au)

THE JEAN HAILES FOUNDATION NEWSLETTER IS DESIGNED TO BE INFORMATIVE AND EDUCATIONAL. IT IS NOT INTENDED THAT THE JEAN HAILES FOUNDATION NEWSLETTER PROVIDE SPECIFIC MEDICAL ADVICE OR REPLACE ADVICE FROM YOUR HEALTH PROFESSIONAL. THE JEAN HAILES FOUNDATION DOES NOT ACCEPT ANY LIABILITY TO ANY PERSON FOR THE INFORMATION OR ADVICE (OR THE USE OF INFORMATION OR ADVICE) WHICH IS PROVIDED IN THIS NEWSLETTER OR INCORPORATED INTO IT BY REFERENCE. INFORMATION IS PROVIDED ON THE BASIS THAT ALL PERSONS READING THE NEWSLETTER UNDERTAKE RESPONSIBILITY FOR ASSESSING THE RELEVANCE AND ACCURACY OF ITS CONTENT.

© THE JEAN HAILES FOUNDATION. APART FROM FAIR DEALING FOR THE PURPOSES OF PRIVATE STUDY, RESEARCH, CRITICISM OR REVIEW, AS PERMITTED UNDER COPYRIGHT LEGISLATION, NO PART MAY BE REPRODUCED OR REUSED FOR ANY COMMERCIAL PURPOSES.

DESIGN: JANE KLEIMEYER DESIGN 03 9421 2428