

NEWS

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2003

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Therapy:
where to now?

Type 2 diabetes:
common and
controllable

Osteoporosis:
the big steal



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The Jean Hailes National Magazine
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Dear Friend of Jean Hailes

It is no wonder that The Jean Hailes Foundation has changed and grown since it began in 1991. It's had to, just to keep up with the constantly evolving landscape of Australian women's health.

With women's changing roles we want to be in the best possible shape – healthy, happy and full of vitality – in order to make the most out of life. Today, we are more proactive about our health care. We are demanding more from our health care professionals.



Since July last year, when the benchmark Women's Health Initiative (WHI) trial in the US was halted prematurely, women are increasingly becoming more aware of their options and choices in healthcare and management.

In the past year science research has exploded with new studies, information and results that relate to women. For better or worse women's health has taken a front seat in the health arena.

How do we, as women, know what to believe and how do we make crucial decisions about our midlife health? How do we become aware of the issues and decisions and our available options? And how do health providers ensure that there is a seamless delivery of accurate information to the community?

Maintaining quality of life as we age depends critically on disease prevention and early detection, especially in light of the rapid ageing of the Australian population.

We need to become clear about what is relevant to us as individuals, to take personal responsibility for our health care, to consider the context of any information and the media's need to capture our interest with headlines.

We need confidence in order to question and become empowered enough to make informed decisions regarding our health. We need confidence in our health practitioners in order to build an open relationship where the health professional recognises a woman's, possibly diverse, perspectives and backgrounds.



(Left)
Professor Susan Davis
(Right)
Dr Robin Bell

At Jean Hailes we are committed to looking after women as the sum total of their wellness and life experiences, not just the sum of their illnesses.

An exciting piece of news at Jean Hailes is the appointment of Professor Susan Davis to the Jean Hailes Chair of Women's Health. This appointment will be within the Department of Obstetrics and Gynaecology, Monash University and will be based at The Jean Hailes Foundation.

The Chair of Women's Health adds to the status of The Foundation, with recognition from the highest academic body in the community, of the contribution we make to the discipline of women's health. It also reflects the highly significant value placed on the discipline of women's health as a whole.

Professor Davis will continue in her role as the Jean Hailes Director of Research and, most importantly, she will identify and act upon opportunities for advancing women's health in Australia.

Congratulations also to Epidemiologist Dr Robin Bell, who has been appointed Deputy Director of Research at The Foundation.

I continue to be constantly amazed at the passion and dedication of everyone involved at Jean Hailes. It is not just individual staff, volunteers or colleagues, but the enthusiasm and fervor of the whole team, who make positive changes happen daily, that deserves praise. We are proud to work with organisations across Australia, as well as individuals who advise us on the development of our programs.

There is no doubt Jean Hailes is a richer place for everyone's involvement and it is proof that together we can do it better.

Wishing you and your family a wonderful and safe festive season.

Janet Michelmore

Janet Michelmore AO
Director

2 Hormone Therapy: where to now?

The last 12 months have seen an enormous amount of research on Hormone Therapy (HT) presented in medical literature and reported in the press.

The Women's Health Initiative (WHI) study, especially, has produced a series of reports on the effects of HT on women's health. Some of the analyses from the WHI study have shown that long term use of combined oral HT have had negative effects on aspects of health such as risk of breast cancer, stroke and dementia.

Although women may be alarmed by the reporting of these research findings in the press, it is important to realise that these findings are contributing to our full understanding of the health effects of HT.

The concepts discussed in the research reports are often complex, and understanding the added contribution of HT to the background risk of developing a condition such as breast cancer, is difficult.

New findings must also be interpreted in the light of what has already been established in previous studies. It is important that women are kept informed of new findings so that they can be fully involved with their doctor in the decision making about their individual use of HT.

A key role of The Jean Hailes Foundation is the translation of the research reports appearing in the medical literature, into language that is accessible to everyone. As reports are released, summaries are prepared into both hard copy and loaded onto our website. Our aim is to assist women to work through the issues that are identified in new studies and put them into the context of our current understanding.

July 2002 – Breast Cancer

In July last year women around the world were shocked to learn that oral HT may not be safe in the long term.

The WHI trial, which looked at the long term use of oral HT in older women in the United States for the prevention of disease, 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.

In this study 16,608 women (who were postmenopausal and had a uterus) randomly received either Prempro (0.625mgs of conjugated equine oestrogen + provera 2.5mgs) or a placebo (dummy pill). The oestrogen only arm (for women without a uterus) of the study remains ongoing. So far, risks have not been found to outweigh benefits. We will see these results in the next few years.

May 2003 – Dementia/Stroke

More detailed information became available about the outcomes of the WHI study regarding the effects of the combined oral oestrogen/progestin therapy in postmenopausal women.

One study showed a small increase in risk of stroke in users of oral combined HT compared with non users.

The increase in risk translates to 1 extra case for every 200 women treated for 5 years.

The second study was restricted to women over the age of 65 and showed an increased risk of dementia in the women receiving combined oral HT that translated to 1 extra case for every 100 women being treated over 4 years. Of note, these women started HT late in life and these findings may not relate to women who start HT at the time of menopause.

While these studies are important, they are specific to the type of HT used in this older group of women and may not necessarily apply to the use of oestrogen alone, non oral HT or other oral therapies. We await further studies to answer these questions.

The findings may not apply to the more conventional use of HT in the younger woman around the time of menopause for symptom relief.

The findings of the study reinforce to women the importance of the use of HT being tailored to individual needs, addressing all potential benefits and risks.



June 2003 – Breast Cancer

This report reconfirms the same known increased risk of breast cancer as the original 2002 study report in users of oral combined (conjugated equine oestrogen 0.625mg/d and medroxyprogesterone acetate 2.5mg/d) HT compared with non users.

The increase in risk translates to 8 extra cases (41 women versus 33) for every 10,000 women treated for one year.

Of note, the rate of breast cancer was 33 for every 10,000 women/year for women treated with placebo.

Women aged 50 – 69 should have a regular mammogram and examination for this.

Women on oral combined (conjugated equine oestrogen 0.625mg/d and medroxyprogesterone acetate 2.5mg/d) HT have a higher incidence of abnormal mammogram reports requiring further tests, although the large majority of these reports are not cancer.

August 2003 – Coronary Heart Disease

Again, this is not a new study but a more detailed report on heart disease and HT expanding on the original results.

The report describes a small increase in risk of fatal and non fatal heart attack in users of oral combined HT, most of whom are several years past menopause, compared with non users.

The research was using a specific HT, which may not apply to other forms of therapy prescribed around the time of menopause for symptom relief. Further research is needed.

It is important to remember that in Australia coronary heart disease is the number one killer of both men and women overall. After midlife, a woman's risk of heart disease increases.



August 2003 – Breast Cancer

Results published for a study of over 1 million UK women aged 50 - 64 years who had provided information about their use of HT prior to a screening mammogram and were followed up for cancer incidence and death.

The study reported findings in relation to risk of breast cancer for women on combined oral therapy very similar to those of the WHI study in 2002 and 2003.

The findings provide further information about the risk of breast cancer with HT.

For 1,000 women who go through menopause aged 50 and who do not take HT, 27 breast cancers would be expected to be diagnosed by the age of 55 years.

If the 1,000 women had 5 years of combined oral HT, a total of 34 breast cancers (an extra 7 cancers) would be expected.

This is the first report of an increased risk of breast cancer for women taking oestrogen alone (oral, skin patch or implant), progesterone or tibolone.

The authors estimated that, if 1,000 women took oestrogen alone for 5 years, there would be a total of 28.5 cases of breast cancer (an extra 1.5 cases per 1,000).

An increase in risk, similar to that of oestrogen only, was also observed for progesterone alone and tibolone.

In a previous publication the authors of the study themselves have urged people to be cautious in interpreting the findings from this study. This is because the design of the study is weaker than the WHI randomised trial, so the conclusions are not as reliable.

HT in Australia is prescribed for the management of symptoms that significantly impair a woman's quality of life. Based on the findings of this study continued use for this purpose remains appropriate where the woman is fully informed about the associated risks.

Hormone Therapy in perspective

All the reports add a further piece of information about HT. They emphasise the importance for women on HT or considering the use of HT, to be clear in their own mind that the benefits exceed the risks for them at a particular stage of their lives. Regular discussion and review with their prescribing practitioner, in the light of new information, is needed.

These studies remind us that any decision about HT is an individual one and should be made after each woman is informed about her individual risks, benefits, needs and concerns in consultation with her prescribing practitioner.

Summary:

- Combined oral oestrogen/progestin therapy is not recommended to prevent heart disease and is associated with a small increase in risk of heart disease and stroke in older postmenopausal women.
- Short term use of combined oestrogen/progestin therapy (for the management of menopause symptoms that unacceptably impair one's quality of life) is a reasonable option. But the benefits and risks need to be weighed up by each individual woman.
- Women who have prolonged symptoms may choose to continue oestrogen/progestin therapy after balancing the small risks of ongoing HT with quality of life issues on an individual basis.
- These studies tell us nothing about the use of oestrogen/progestin for women who undergo an early menopause (before the age of 40). It is generally recommended that such women use HT until they approach the average age of menopause and then at that time review their need for ongoing treatment in the light of their personal risk.
- It is important that all women using any form of HT should be reviewed at least annually by their prescribing health practitioner. Risks and benefits and other alternatives can be discussed at this time for that individual woman.

Making Informed Decisions

When considering therapies for menopausal symptoms and deciding what is right for you, ask yourself a series of questions:

- How much do my symptoms impact on my quality of daily life?
- What treatment/intervention choices are available to me?
- What are the possible benefits or risks of the different choices?
- How reliable is the evidence for these proposed benefits or risks?
- How do the benefits and risks weigh up for me?
- Have I now gathered enough information to make my decision?

Women need to assess the choices available, based on best evidence from clinical trials and to consider:

- Resources available (ie cost and access to services)
- A woman's personal values

What to ask your health professional

It is important to visit a health professional with some questions already planned. Write your questions down. This will promote clear and concise communication between you and your practitioner. It is often a good idea to book a longer consultation time.

Some examples may be:

- Are the findings of these studies relevant to my situation and my treatment?
- What treatment/intervention choices are available to me?
- What are the possible benefits and risks of the different choices?
- What might happen if I stop taking my HT immediately?
- Where else can I gather information? ie websites, services, printed material
- How often does my treatment need to be reviewed?
- Do I need to have a mammogram?
- Should I stop my HT prior to having a mammogram?
- What will happen if I have an abnormal mammogram?

Conclusion

The Jean Hailes Foundation concurs that new information from American studies released reconfirms that the use of HT after menopause should primarily be used for short term symptomatic relief in women with significant symptoms.

The Jean Hailes Foundation is committed to undertaking research in this area and keeping up to date with new research findings and communicating these findings to women and their families.

The Jean Hailes Foundation's aim is to assist women to become well informed so that they can be active participants with their health professionals, in decision making about issues that affect their health and wellbeing.

Midlife – Choices for Health and Wellbeing

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A unique interactive health and lifestyle resource to support Australian women



An important resource designed for women approaching midlife and beyond, the interactive CD-ROM is practical, user friendly and fun.

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The CD-ROM contains information on:

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- Herbal Therapies
- Therapies to manage symptoms
- Emotional Health
- Nutrition
- Relationships & Lifestyle issues
- Hormone Therapy
- Self Management
- Osteoporosis
- Cardiac Disease
- Meditation

Type 2 diabetes: common and controllable

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Are you at risk for diabetes?

Over one million Australians have diabetes – half of them unaware. In addition, two million Australians have the early signs of diabetes, known as pre-diabetes.

In fact, almost one in four Australians aged 25 years and over have either diabetes or pre-diabetes, both of which are associated with substantial risk of the complications of diabetes, including heart disease. Much of the increase is attributed to the rise in obesity and our sedentary lifestyle.

Health concerns for women

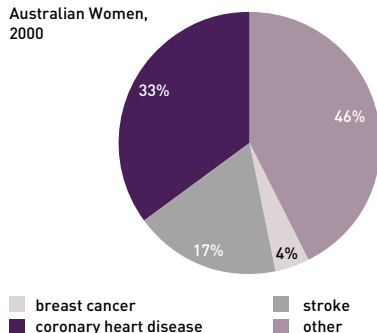
Breast cancer is the number one health concern among women. Only 8 per cent list heart disease and stroke as their greatest health risk.¹

In fact, 50 per cent of deaths in Australian women are attributed to a combination of coronary heart disease and stroke. Breast cancer makes up only 4 per cent. Heart disease and stroke are complications of diabetes.

Good news!

The good news is that with lifestyle changes, people who are at risk for diabetes or pre-diabetes may reduce their chances of developing Type 2 diabetes and its associated complications.

Cause of Death:
Australian Women,
2000



What is diabetes?

Diabetes is a condition in which there is too much glucose (a type of sugar) in the blood because the body's method of converting glucose into energy is not working as it should. Blood glucose levels are controlled by a hormone called insulin.

Type 1 diabetes

This type of diabetes used to be called Insulin Dependent Diabetes Mellitus or Juvenile Onset Diabetes and occurs when the body does not make insulin. It usually affects people under 30 years of age, but can occur at any age. Type 1 diabetes affects approximately 10 -15 per cent of people with diabetes.

Type 2 diabetes

This type of diabetes used to be called Non Insulin Dependent Diabetes Mellitus or Mature Age Onset Diabetes. It usually occurs in people who are over the age of 50 years and have a family history of diabetes. Being overweight and inactive also increases your risk.

In people with Type 2 diabetes (85 - 90 per cent of all diabetes) the body does not use insulin properly, does not produce enough insulin or both.

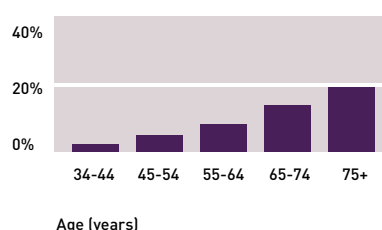
Gestational Diabetes

Gestational diabetes can develop during pregnancy and usually disappears after the birth of the baby, but women who have had gestational diabetes are at greater risk of developing Type 2 diabetes.

Pre-diabetes

In pre-diabetes (sometimes called impaired glucose tolerance, or impaired fasting glucose) blood glucose levels are higher than normal, but not at the level of diabetes. People with pre-diabetes are at increased risk of developing Type 2 diabetes.

Prevalence of Diabetes
in Australian Women
1999-2000





Who is at risk of developing Type 2 diabetes?

People who:

- Are over 45 years of age and have high blood pressure, are overweight or have a family member with diabetes
- Are over 55 years of age
- Have heart disease or had a heart attack
- Have/had gestational diabetes
- Have pre-diabetes
- Have Polycystic Ovarian Syndrome
- Are over 35 years of age and are an Aboriginal or Torres Strait Islander or are from Pacific Islands, Indian subcontinent or Chinese cultural background

Signs and symptoms of Type 2 diabetes

- Increased thirst
- Slow healing of cuts
- Frequent urination
- Itching, skin infections
- Feeling tired and lethargic
- Blurred vision
- Constant hunger
- Unexplained weight loss

THE GOOD NEWS IS THAT WITH LIFESTYLE CHANGES, PEOPLE WHO ARE AT RISK FOR DIABETES OR PRE-DIABETES MAY REDUCE THEIR CHANCES OF DEVELOPING TYPE 2 DIABETES AND ITS ASSOCIATED COMPLICATIONS.

Diabetes, Midlife and Menopause

The risk of developing pre-diabetes, diabetes and heart disease increases significantly at midlife and beyond.

As women age, weight gain is common. Weight gain, particularly concentrated around the abdomen, is associated with a greater risk of developing Type 2 diabetes.

Cardiovascular disease is the leading cause of death in postmenopausal women. Diabetes significantly increases the risk of developing cardiovascular disease.

Complications of diabetes

Diabetes related complications include damage to the blood vessels and nerves that often cause problems to the eyes, kidneys, heart and feet.

However, the risk of developing such complications can be minimised by:

- Managing blood glucose levels
- Managing cholesterol and triglycerides (blood fats)
- Not smoking
- Managing high blood pressure
- Appropriate foot care
- Regular medical reviews to check the backs of eyes, blood pressure, kidney and nerve function

ALMOST ONE IN FOUR AUSTRALIANS AGED 25 YEARS AND OVER HAVE EITHER DIABETES OR PRE-DIABETES.

MAKING SENSIBLE LIFESTYLE CHANGES



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A healthy lifestyle reduces the risk of developing Type 2 diabetes and forms the cornerstone of management once a person has been diagnosed with diabetes.

Reducing the risk: making sensible lifestyle choices

People with diabetes are advised to attend an Accredited Practising Dietician to discuss their nutritional requirements. Dieticians can be accessed through local Community Health Centres. A list of Private Practice Dieticians can be obtained from the website www.daa.asn.au or by phoning 1800 812 942.

The guidelines below aim to reduce the risk of developing Type 2 diabetes.

Eating Healthy

Healthy eating is the basis of managing and preventing diabetes. The *Dietary Guidelines for Australian Adults (2003)* recommends:

1. Enjoy a wide variety of nutritious foods by eating plenty of vegetables, legumes, fruit and wholegrain cereals. It is important to also include lean meat, fish, poultry and/or alternatives. Reduced fat dairy products are preferred and water is the best fluid option.
2. Take care to limit saturated fat and moderate total fat intake, choose foods low in salt and limit alcohol if you choose to drink. Only moderate amounts of sugars and foods containing added sugars are recommended.
3. Prevent weight gain by being physically active and eating according to your energy needs.
4. Care for your food through preparing and storing it safely.

Keeping physically active for good health

Everyone can benefit from regular physical activity. *The National Physical Activity Guidelines for Australians* recommend a minimum of 30 minutes of moderate activity on most days of the week, plus being as active throughout your day as possible.

- Think of movement as an opportunity, not an inconvenience.
- Be active every day in as many ways as you can.
- Put together at least 30 minutes of moderate intensity physical activity on most, preferably all, days.
- If you can, also enjoy some regular, vigorous exercise for extra health and fitness.

Choosing an activity

Recent research has shown that even the most inactive or sedentary people can gain health benefits if they become even slightly more active.

Small increases in daily activity can come from little changes carried out throughout the day. For example, making a habit of walking or cycling instead of driving or riding in a car; doing some gardening; walking up stairs instead of using the lift or an escalator; and/or doing things by hand instead of using labour-saving machines. All these things can add to the level of daily physical activity.

It is important to remember that some activity is better than none, and more is better than a little.

Choose an activity that you enjoy doing and one that will fit into your daily routine. You can exercise with a friend or a group or on your own. There are many activities that cost little or nothing. Start with moderate levels of activity and work your way up. If you can't do 30 minutes in one go, try to be active for 10 minutes, three times a day.

Being active in lots of little ways, using any chance for physical activity as an opportunity to improve health, is likely to provide health advantages to most people, irrespective of age, weight, health condition or disability.

CHOOSING AN ACTIVITY

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It is important to remember that some activity is better than none, and more is better than a little.

Now, get moving!

Regular exercise actually increases your energy levels over time. And, you'll sleep better as well.

Please note: People with diabetes should consult their health professional before starting a physical activity plan.

7 steps to good health: reducing the risk of developing Type 2 diabetes

- | | |
|--------|---|
| Step 1 | Follow a healthy eating plan (moderate in fat, low in saturated fat, high in fibre inclusive of a variety of health foods). |
| Step 2 | Have regular planned physical activity. Aim for 30-45 minutes on most days. |
| Step 3 | If you are at risk of developing Type 2 diabetes discuss this with your doctor. You will require a glucose tolerance test. |
| Step 4 | Have your blood pressure and cholesterol checked and treated if high. |
| Step 5 | If you drink alcoholic beverages, do so in moderation. |
| Step 6 | Do not smoke. |
| Step 7 | Maintain a positive 'stay well' attitude |

World Diabetes Day – November 14

Awareness of your blood glucose levels is a key in preventing diabetes. If you think you are at risk of diabetes or pre-diabetes please discuss with your doctor at your next visit.

The Jean Hailes Foundation gratefully acknowledges the use of the latest facts and statistics from Diabetes Australia – Victoria. For further information and support contact Diabetes Australia – Victoria on 1300 136 588 or log on to their website at www.dav.org.au. Diabetes Australia's website is www.diabetesaustralia.com.au

Reference:

¹Pilote L, Hlatky MA. Attitudes of women towards hormone therapy and prevention of heart disease. Am Heart J 1995;129:1237-1238.

OSTEOPOROSIS: THE BIG STEAL

10

Osteoporosis is often called the silent thief. It robs calcium and steals support from bones causing them to break or fracture more easily than normal bones. Often, the first sign of problems is a broken bone from seemingly minimal trauma.

Together with arthritis and other musculoskeletal conditions, osteoporosis is the seventh National Health Priority Area set by the Commonwealth Government in 2002. \$11.5 million has been committed over the next four years to focus on the research, prevention and treatment of osteoporosis and associated diseases.

Can this silent thief be stopped? While there is no cure for osteoporosis, new research suggests that there is much we can do to improve our bone health.

Osteoporosis Facts

- Osteoporosis affects 1.9 million Australians: 32 per cent of osteoporosis sufferers are women aged 45 – 64.
- Osteoporosis affects 1 in 2 women and 1 in 3 men over the age of 60 years.
- Only half of women diagnosed with osteoporosis had discussed the long term health risks of the disease with their physician. 72 per cent said they would have taken preventative therapy earlier if they had known they were at risk.
- This study also found that although 1 in 2 women will be affected by osteoporosis, 8 out of 10 women do not feel personally at risk of the disease.
- Only 1/3 of Australian women get the basic amount of calcium they need in their diet to help prevent osteoporosis. *(National Nutrition Survey, 1995)*
- In 2002 Osteoporosis became a National Health Priority Area. The World Health Organization has defined osteoporosis as a priority health issue affecting more than 150 million people worldwide, and filling more hospital beds than any other disease.

From: *The Burden of Brittle Bones: Costing Osteoporosis in Australia*
by Access Economics P/L, Sept 01

Causes of osteoporosis

- Bone is a living tissue, with new bone continually being made and old bone being replaced. The balance between these two processes can vary throughout life.
- During childhood, the rate of bone growth is greater than bone removal
- Many factors affect this bone turnover including: good nutrition especially calcium, adequate exposure to vitamin D, (primarily from sunlight) maintaining adequate levels of oestrogen and testosterone and getting plenty of exercise.
- Between the ages of 20-35 bone gain and loss is quite stable, however after the age of 45 bone loss starts to increase, especially in women. For women, this increase in bone loss is related to lower levels of oestrogen, which occurs during the menopausal years. Women who go through early menopause (before the age of 40) experience this bone loss at an earlier age.
- An increase in bone loss is also part of the ageing process. In both sexes the older you are the more likely it is that your bones will become brittle and fracture.

Risk Factors

While everyone should follow good bone habits, those at risk should be extra vigilant. The aim should be to reverse risk factors that we have some control over such as, diet, smoking, exercise and caffeine intake and consult with health professionals on the risk factors beyond our control.

Risk factors include:

- Advanced age
- Small or thin build
- Family history
- Low levels of oestrogen (women) and testosterone (women and men)
- Early menopause



- Certain medications such as glucocorticosteroids (ie prednisolone), excess thyroid hormone, anticonvulsants and anticoagulant medications
- Chronic diseases of lung, kidney and bowel
- Rheumatoid arthritis
- *Low calcium and vitamin D intake and/or absorption
- *Physical inactivity or excessive exercise
- *Smoking
- *Excessive caffeine and alcohol

**indicates risk factors that can be reduced*

What can be done?

- A balanced diet rich in calcium is important throughout life. 2-3 serves per day of dairy products ie a glass of milk and a tub of yoghurt should provide most of your daily requirements.
- Weight bearing and strengthening. Any activity that requires the bones to fully support the body's weight, such as jogging, dancing and weight training. Using weights on your arms and legs while doing exercise increases the beneficial effect on bones. Exercise should be regular and ongoing, aiming for at least 30 minutes of exercise on most days of the week.
- Stop smoking.
- Limit alcohol and caffeine intake.
- Discuss oestrogen therapy with a physician where appropriate.
- A small number of foods such as fortified dairy products, egg yolks, saltwater fish and cod liver oil contain some Vitamin D, but the levels are quite low. We also need exposure to sunlight to ensure we get a sufficient amount. Vitamin D deficiency is very common in Australian women, especially during winter. Sun exposure on the hands and face for 10 – 15 minutes each day, avoiding the hours between 11am – 3pm, is all that is needed to maintain Vitamin D levels.

Managing osteoporosis

There are medications available to help slow down bone loss and reduce the incidence of fractures. Many of the prevention tips are also important in the treatment of osteoporosis.

Exercise

Bones, like muscle, need exercise to gain strength. Exercise is important not only for good bone health but also helps prevent falls. A regular exercise program can improve posture, strength and coordination. For those who have not exercised recently or have osteoporosis, it is a good idea to develop a program with a health professional such as a physiotherapist.

Exercise tips

- Start slowly and progress gradually
- Do something you like
- Exercise with a friend
- Buy a dog to take on walks
- Pay up front: you're more likely to keep going
- Keep an exercise diary and schedule your exercise routine in at the start of each week
- Be aware of pain

Is osteoporosis an inevitable part of ageing?

Breaking a hip or shrinking in height used to be accepted as simply part of ageing. We now know there are measures that can be taken to improve our bone health, both in the prevention and treatment, of osteoporosis.

Prevention of osteoporosis should be a life long commitment, with healthy bone habits starting in early childhood. A person's peak bone density is usually achieved at about 20 years of age. The higher the person's bone density at this stage, the greater protection they will have against osteoporosis later in life.

While it is optimal to start these habits at an early age, it is never too late. The aim for those past peak bone mass is to maintain bone mass and slow further loss.

With an ageing population, osteoporosis is on the rise. But we no longer have to accept it as a natural part of ageing. By improving our bone health from a younger age and throughout our lives, we can prevent, or at least slow down, osteoporosis.

The Jean Hailes Foundation has recently set up a support group for women with osteoporosis. For further information please call Nikki McGrath on 03 9562 6771 or Toll Free on 1800 151 441.

Color Me Healthy: Why you should eat almost everything

by Rita Erlich and Dr Alice Murkies

Available for purchase from The Jean Hailes Foundation



Dr Alice Murkies



Six ways to increase calcium consumption

- Have yoghurt for a mid morning snack
- Add cheese to salads: shaved parmesan and rocket, parmesan in caesar salads, cubes of gruyere or emmental in mixed salads
- Eat canned salmon and sardines, bones and all
- Put cheese on toast instead of jam for breakfast
- Use yoghurt in cucumber salads
- Add freshly grated parmesan to pasta and vegetable soups

Did you know?

Not all cheese is a good source of calcium. Cottage cheese is not, neither is fetta. Best sources are harder cheeses, such as gruyere, cheddar, emmental, gouda and parmesan. Italian parmesan is the best of all: because of the way it is made, it is one of the richest sources of calcium. Its fat content is roughly similar to that of reduced fat cheddar.

Vitamin D and calcium

Vitamin D is essential in the metabolism of calcium and phosphorous, and in that way may prevent osteoporosis. Vitamin D can also be classed as a hormone because it can be made in our skin under the influence of ultraviolet light from the sun. Even in Australia, people can be at risk of vitamin D deficiency if they have less than 15 minutes daily sun exposure.

There are only a few food sources. Cod liver oil is best. Fish, particularly oily fish, are good sources. These are the fish that come from cold waters, in areas of the world where sunlight can be limited. Eggs are good sources and so are margarine and butter.

Be careful of vitamin D supplements. Too much in a supplemented form can be toxic.

RICOTTA AND SILVERBEET TORTE

Silverbeet, also known as Swiss chard, is more robust in texture and flavour than spinach. It is an excellent source of folic acid.

Ingredients (for 6 – 8 wedges)

1 bunch silverbeet (about 450 g leaf weight when trimmed)

400 g ricotta

6 tablespoons grated parmesan

3 eggs

1 large onion

2 tablespoons olive oil

sprig fresh tarragon (optional)

salt, pepper, nutmeg

METHOD

Wash the silverbeet thoroughly. Trim the stalks. Cook the leaves in an abundance of boiling salted water until just done, then drain. When cool, squeeze dry and chop finely.

Dice the onion finely and cook gently in two tablespoons of the olive oil until very soft and golden. Allow to cool.

Mash the ricotta with a fork and whisk well, before adding cooled chopped onion and chopped silverbeet. Add chopped tarragon (or other herbs), then beat in the 3 eggs. Add 5 tablespoons of parmesan and mix well.

Put in a round baking tin well oiled with the remaining olive oil and bake in moderate oven for about 50 minutes, until cooked. It will cook like a cake, rising and with the edges pulling away when it is ready. Leave to cool enough to unmould, then serve, cut into wedges. As good warm as it is cold.



Update on Education

The Jean Hailes Foundation aims to prevent, reduce or postpone many of the health issues affecting women at midlife by preventative health education and information, particularly through nutrition and lifestyle and through early detection and intervention.

The Education Unit focuses on translating the latest research findings into practical health and lifestyle approaches for all women and their families.

Midlife – Choices for Health and Wellbeing

In response to requests from women across Australia for greater access to up to date, educational resources on midlife women's health issues, The Foundation has developed a unique, interactive CD-ROM.

Written and designed by a team of national and international education, health and medical specialists, the CD-ROM was developed in partnership with a rural steering committee, including health professionals from across Victoria.

Designed for women approaching midlife and beyond this CD-ROM will give women the opportunity to update their health knowledge in the comfort and privacy of their own homes.

Midlife – Choices for Health and Wellbeing is available at a cost of \$12 (including postage).

To order, phone Toll Free: 1800 151 441 or order online at www.jeanhailes.org.au.

Bone Health

The Jean Hailes Foundation is currently developing an osteoporosis website and CD-ROM. *Bone Health for Life* will be launched at the end of March 2003. Both the website and CD-ROM will provide evidence based information about the causes, diagnosis, prevention and management of osteoporosis, including the risks and benefits of pharmaceutical interventions. There will be an emphasis on providing practical lifestyle tips on exercise and nutrition and links to appropriate resources across Australia.

Those interested in the CD-ROM can contact the Education Unit on 9562 6771 or Toll Free on 1800 151 441 and leave their details.

Professional Development

The Jean Hailes Foundation aims to inform and update health professionals working with and supporting women by addressing key health issues.

The Foundation collaborates with many professional bodies in order to develop relevant and timely clinical education programs that can be accessed by health professionals across Australia, including training, workshops and speaker requests.

In addition, our professional development program ensures that leading specialists regularly update Jean Hailes Medical consultants with current best practice on women's health.

RESOURCES

Smart Health Choices: How to make informed health decisions.

By Judy Irwig, Les Irwig and Melissa Sweet
(Allen and Unwin, 1999) RRP \$19.95

This book will provide you with the tools for assessing health advice, whether it comes from a specialist, general practitioner, naturopath, the media, the Internet or a friend. It shows you how to take an active role in your health care and to make the best decisions for you and your loved ones based on personal references and the best available evidence.

Healthy Women: Getting the balance right

By Hazel Edwards (ChoiceBooks) RRP \$25.00

Find out:

- How women cope with the loss of a breast after mastectomy.
- If women ever get enough sleep after having a baby.
- Do older women have an active sexual life?
- How many women actually like their own bodies?

Sharing their 'health balancing act' include the ABC's Julie McCrossin, Lorraine Elliott MP, Qantas chairman Margaret Jackson, Antarctic station leader Marilyn Boydell, former Olympic swimmer Julie McDonald and academic Professor Lois Bryson, among others.



Sue Ismiel and daughters

THE SUE ISMIEL INTERNATIONAL STUDY INTO WOMEN'S HEALTH AND HORMONES

Early last year, successful Sydney businesswoman, Sue Ismiel, committed \$600,000 to fund world-first research into the link between women's hormones and depression.

Sue emigrated from Syria at 15 and overcame her lack of English to create a multi-million global export operation that began with one simple homemade product. Nad's Natural Hair Removal Gel was created in Sue's own kitchen in response to her daughter's need for a product that would not irritate her sensitive skin.

Today, thanks to Sue's vision for a healthier Australia, we are a step closer to finding out the relationship between women's hormones and depression.

Study update

The Sue Ismiel study is a large, cross sectional study of the relationship between wellbeing and hormone levels in a population-based sample of Victorian women.

The women are aged between 18 and 75 years and have been recruited by the Roy Morgan Research group from a large sample, originally identified using the electoral role. Because of this recruitment technique, we know that the women in the study are representative of the adult female Victorian population.

Recruitment began in May 2002 and was completed in July 2003, with a total of 1,433 women. We are extremely grateful to the women who helped us with this study, as it involved filling out a series of questionnaires and giving us a blood sample for the measurement of the hormone profile.

For women living in country Victoria, this may have involved travelling to a regional centre for collection of the blood sample. We are indebted to Mayne Health Dorevitch Pathology for assisting us with the collection and transport of blood samples across the state.

The process of collating and analysing the data from the study has now begun. Stay tuned for some exciting world first results to be reported in 2004.

UPDATE ON THE JEAN HAILES NHMRC CENTRE OF CLINICAL RESEARCH EXCELLENCE (CCRE)

Hormones and the development of dementia

Dementia is now the fourth most important cause of disability adjusted years of life lost (DALYS) in women in western countries and is expected to be the leading cause of disability by the year 2016.

Decline in brain function (memory and other processes) is an inevitable feature of normal ageing, but the degree of deterioration varies within the older population. For several years emphasis has been on identifying risk factors for dementia, Alzheimer's disease, cognitive impairment and cognitive decline, with targets being early disease detection, and where possible, disease prevention. Known factors influencing the decline in cognitive performance are age, level of education, aerobic fitness, gender and hypertension.

In women, the effects of the body's oestrogen production and oestrogen therapy have been investigated with some, but not all, studies indicating a positive association between oestrogen and cognitive function. Oestrogen directly influences nerve cell growth and brain chemical systems.

Is there a relationship between hormones and memory?

However, clinical studies of the relationships between oestrogen and memory have provided conflicting findings. Most recently, the Women's Health Initiative Memory Study (WHIMS), a large American study, reported that continuous combined oral conjugated equine oestrogen and medroxyprogesterone acetate resulted in a substantial and clinically important decline in the memory score in 6.7 per cent of women aged over 65 years taking hormone therapy (HT) compared to 4.8 per cent taking placebo.

In contrast, other studies have reported improvement in verbal memory with HT. The use of different ways of measuring memory in each of these studies has made it difficult to draw meaningful conclusions.

UPDATE ON RESEARCH

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UPDATE - (CCRE CONTINUED)

INTERNATIONAL CLOT RESEARCH: THE SERENITY SURVEY

Detecting Dementia

Inflammatory markers are proteins that can be measured in the blood that increase markedly with infection or any inflammatory process, such as rheumatoid arthritis.

A recent focus has been on changes in inflammatory markers after menopause and whether these have a role in, or are predictive of, memory decline.

High blood levels of inflammatory markers have been found to be predictive of increased cardiovascular disease risk. Of the inflammatory markers studied in relation to cognitive decline, most interest has been placed in C-reactive protein (CRP) and interleukin-6 (IL-6).

Hormone and memory study

One of the major projects being undertaken by the Jean Hailes Research team addresses the effects of hormones on memory.

We will measure cognitive function using a battery of tests that measure a broad range of brain functions in 400 women aged 18 to 75 years and study the relationships between age, hormone levels, inflammatory markers and menopause status. All the participants will be re-evaluated 4 years later and we will investigate the extent to which the rate of change is associated to ageing, hormonal change, use of HT or inflammatory marker levels.

We believe these findings will play a significant role in unravelling the mystery of memory and cognition.

Women across Australia are needed to participate in a worldwide study led by The Jean Hailes Research Unit and Monash University, in collaboration with international researchers from France.

The study will look at the impact natural menopause, as well as hormone therapies (HT), may have had in contributing to the risk of developing thrombosis. Currently, there is insufficient data on the influence of female hormones at the time of menopause and from HT after menopause.

To participate in this study you must:

- Be postmenopausal
- Aged under 60
- Have experienced previous blood clots in the legs or lungs.
- We are looking for women who have both had, or not had, HT during menopause. They need to have had a previous clot.

The results will provide important information on the risk of blood clots around menopause, as well as on clot risk factors, including HT. One of the important questions is whether skin patch is safer than tablet HT after menopause.

Participation in this study will only involve contacting us by phone, and if interested, completing a self administered questionnaire. Personal details remain strictly confidential.

If you are interested in participating, or want further details, please contact the Jean Hailes Research Unit on 03 9543 9463.



Profile Dr Desiree Yap

The Jean Hailes Foundation is extremely proud of the multidisciplinary team of health professionals who consult at the Medical Centre for Women.

Specialist Obstetrician and Gynaecologist, Dr Desiree Yap, was the World Health Organization (WHO) China SARS Infection Control Team Leader from May to July this year. Her team's role was to provide technical assistance to the Chinese in the area of infection control – the processing of those who might be infected, their isolation, as well as the protection of

health staff from the disease. Issues included patient accommodation, ventilation and airflow, hand washing, clothing for personal protection – and how to use it – and equipment prioritisation.

Dr Yap holds a Master in Public Health and Tropical Medicine. Her special interest is in women's health, public health, community development and Indigenous and Refugee health. Previously, she has worked in rural and remote parts of Australia, as well as in Asia, Europe and the Middle East.

Below is her description of arriving in Beijing at the peak of the SARS epidemic.

Only 25 people got off the usually busy Hong Kong-Beijing Dragon Airbus 300 flight. Passengers and crew wore surgical masks. I didn't bother. We'd had our temperatures checked going through Hong-Kong transit. Besides, there was only one other person in my section of the plane.

There was barely any staff and no air conditioning in the deserted airport – just one immigration officer to process us.

The masked WHO driver drove me into Beijing in what should have been typical Friday night peak hour. It was empty. Hotel check in required another temperature check. This happened daily.

Restaurants were closed. Cinemas were closed. Gyms, swimming pools, the Great Wall and Mao Tse Tung's tomb were all closed. Streets and shopping centres were deserted. Disease brings fear – fear of your neighbours, your friends, even your family. Taxi

drivers slept in their cabs, frightened to go home, in case a passenger had infected them. Hospital staff worked shifts, quarantined together in cheap hotels when not on duty. Elsewhere, people were placed in isolation for two weeks – just for coming from Beijing, even those without fevers.

Every house had to record the family's temperature and present an activity diary to the Party representative, who collated it and passed it up the hierarchy.

Temperature checks were carried out at all train and bus stations, airports and major traffic points. One person registering a fever in a bus resulted in the whole bus being quarantined. A town of 10,000 residents was quarantined. Hospitals were closed, with staff, patients and visitors impounded inside for two weeks – food and drink were passed through guarded gateways.

Breaking quarantine was punishable by death.



Ways you can be a friend of Jean Hailes

Giving A Gift for Life

One of the ways in which individuals can support The Jean Hailes healthier futures for women vision is through a bequest.

Over the last 10 years The Foundation has benefited from a number of legacies from generous benefactors. However, while The Jean Hailes Foundation is rich in the quality of its research, clinical service and community education, The Foundation continues to rely on philanthropic support, over and above Federal Government funding and fee for service.

Bequests can be large or small and do not need to be cash. Other options include shares, bonds, property or a percentage of an estate.

However you might choose to remember Jean Hailes in your Will, a bequest can make a real difference and will contribute towards ensuring healthier futures for all women in Australia.

In planning for the future we ask you to consider something we all may take for granted – our health and the health of future generations of Australian women.

For further information on how you can make a bequest please contact Janet Michelmore on (03) 9562 6771.

Workplace Giving

A new way to give is through the Workplace Giving Program.

Workplace Giving is the process of making regular donations through your employer's payroll system. As an employee, you can nominate an amount to give from your salary each month – no matter how small.

Workplace Giving Programs are cost effective, easy to implement and are a wonderful innovation for charities, such as The Jean Hailes Foundation, as it allows forward planning for the use of funding in long term programs.

Employers may choose to match employee donations or donate a specified amount. Many employers are finding that productive community oriented partnerships are mutually beneficial to both business and charity, helping employers to boost morale.

To initiate a Workplace Giving Program please see your employer. Information is available from The Australian Charities Fund www.australiancharitiesfund.org.au

Our thanks to you!

We are very grateful to so many of you who took the time to fill out our questionnaire in the last issue of The Jean Hailes News and sent it back to us.

We received over 1,000 replies and are indebted to our dedicated volunteers who tirelessly entered the data for us to analyse.

Congratulations

We are delighted to congratulate Mrs Gwen Merrill of Wheelers Hill in Victoria, who has won a weekend for two at any Mercure/All Seasons Hotel in Australia or New Zealand. She just needs to find the time to take her husband away for some fun and relaxation!

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