

THE JEAN HAILES  
NATIONAL MAGAZINE

**NEWS** SUMMER  
2004

The  
JEAN HAILES  
Foundation   
*Creating healthier futures for women*

WOMEN AND HEART  
DISEASE: WHAT YOU NEED  
TO KNOW

UNDERSTANDING  
NATURAL THERAPIES

WHY IS SMOKING AN  
IMPORTANT HEALTH  
ISSUE FOR WOMEN AND  
HEALTH PROFESSIONALS?

ABOUT CHOLESTEROL



The Jean Hailes Foundation gratefully acknowledges the support of the Australian Department of Health and Ageing

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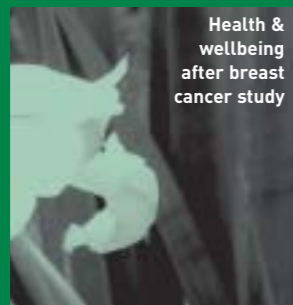


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The Jean Hailes National Magazine  
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## Dear Friend of Jean Hailes

Welcome to our second issue for 2004. I hope you enjoy reading our feature stories and continue on your journey to better health.

The Jean Hailes vision is about ensuring women have accurate health information to allow them to make healthy life choices.

We believe that the best way to do this is through a continuous chain of information that relates current research into education programs for women and health professionals across the country.

It is also about consulting Australian women and health care providers, to address emerging health concerns for women and their communities.

From humble beginnings over 12 years ago in Melbourne, we can now proudly look at our record of health programs stretching right around Australia.

How do we do this?

Strong leadership and guidance from our dedicated Board, together with a vibrant team of highly skilled educators, researchers and clinicians who are passionate about women's health, has ensured that the vision remains focussed. Yet, it allows for flexibility to both shape, and listen to, women's health issues and trends.

While we do not have offices in each state, we establish national partnerships and relationships with health organisations, service providers, government, health professionals and local community organisations in far-flung places.

Speaking about relationships, I am delighted to tell you about an exciting partnership between The Jean Hailes Foundation and Tetley tea that we hope will benefit women Australia wide.

Tetley tea are committed to putting back into women's health and approached us to create a general health and wellbeing website that is easy to navigate, simple to understand and life inspiring.



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Together, we have produced an informative, educational and eye-catching website, designed specifically for women, providing practical advice and guidance on achieving physical and emotional wellbeing.

I invite you to visit [www.tetleywellbeing4life.com.au](http://www.tetleywellbeing4life.com.au) and pick up some health tips and practical ideas to suit even the busiest lifestyle.

Finally, I would like to congratulate our Endocrinologist Dr Sonia Davison, who has won three prestigious national and international awards in recent months. These awards are for her work with the Sue Ismiel International Study into Women's Health and Hormones. We look forward to releasing the results of this vital research during 2005.

As 2004 draws to a close, I wish you and your families a safe, healthy and happy festive season and all the very best for 2005.

Best wishes,

*Janet Michelmore*

Janet Michelmore AO  
Director

## Women and heart disease: what you need to know

**Do you, like many women, believe that heart disease is more a concern for men?**

Most women would not think of heart disease as their biggest health threat. Yet, key findings in a report from the Australian Institute of Health and Welfare show that only 1 in 4 women correctly identified heart disease as the main cause of death for Australian women.

While heart disease is the leading cause of death in Australia for both men and women, there are surprising differences in the heart disease statistics between the two.

Men are more likely to die at a younger age from heart disease, but from the age of 65 a woman's chance of dying from heart disease is greater than a man's.

Interestingly, in Australia the number of heart failure deaths is 1.7 times higher in women than in men. This may be because women are generally older than men when symptoms develop.

### Bonus heart health years

Women develop heart disease later in life than men. On average women gain about 10 – 15 years and hormones seem to play a protective role in women before menopause. Effectively, this gives women a 10 year gift of time to make positive changes in their lifestyles that men simply don't have.

Risk of developing heart disease increases with age, so women become more at risk after menopause.

Early menopause, natural or surgical, may double a woman's risk for heart disease. While younger women may be at a lower risk, risk increases if they smoke, have a family history of heart disease at a young age or have high blood pressure, high cholesterol levels, and especially if they have diabetes.

### Explaining cardiovascular disease

Cardiovascular disease (CVD) is a disease of either the heart or major blood vessels (arteries) supplying the heart, brain or other parts of the body. Each year more than 26,000 women are likely to die from cardiovascular disease, with heart attack and stroke being the major causes.

In 2002, according to the Australian Institute of Health and Welfare, CVD claimed the lives of more than 1 in 3 Australians.

### Explaining coronary heart disease

From early in life fatty, cholesterol deposits (plaques) gradually build up in the walls of arteries. This process is exacerbated by many other risk factors for coronary heart disease. Over time it eventually causes narrowing of the blood vessels causing reduced blood flow to the heart muscle and other vital organs including the brain. These cholesterol plaques can rupture at any time and all of a sudden cause overlying blood clots to form. The acute formation of a blood clot on a cholesterol plaque can cause blockage of an artery leading to chest pain (angina), heart attacks and stroke.

### What is a stroke?

Stroke is a blockage or rupture of a blood vessel in the brain causing damage to surrounding brain tissue.

A stroke can sometimes be preceded by a severe headache, dizziness and confused speech, but can occur without warning. The symptoms of a stroke depend on which area of the brain has been affected. Weakness or paralysis down one side of the body, loss of speech, loss of swallowing reflex and sometimes unconsciousness may occur. Hospital treatment is required immediately.



### What is a heart attack?

When an artery to the heart muscle becomes completely blocked, an area of heart muscle is starved of oxygen and that part of the muscle is damaged as a consequence.

Women may also commonly experience chest pain or discomfort, but are more likely than men to have other warning signs, particularly shortness of breath, fatigue, insomnia, indigestion, nausea, vomiting, back or jaw pain, or feeling anxious.

### You can make a difference

Did you know that 90% of cardiovascular disease is due to lifestyle factors? The good news is that these risk factors are largely reversible.

You can make a huge difference to your heart health by changes in nutrition, activity levels and lifestyle.

It's never too late to take steps against heart disease. By taking action, older women and those with heart disease, can reduce their risk of developing heart related problems.

## Warning signs

Women may experience slightly different warning signs than men.

Typical warning signs include:

- Chest discomfort or uncomfortable pressure, fullness, squeezing or pain in the centre of the chest that lasts longer than a few minutes, or comes and goes
- Spreading pain in one or both arms, back, jaw or stomach
- Cold sweats and nausea

Prompt medical review with these types of symptoms is critical.

Because these symptoms are non-specific and have many other possible causes, both a woman and her health professional may not immediately think the symptoms are heart related.

If a woman has some of these symptoms she may require further tests. It is important to discuss the context of these symptoms with your health professional, as they may or may not indicate a medical condition.

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## Women and heart disease: what you need to know *continued*

### Risk factors

#### Heart facts

- Each year almost 12,500 women in Australia die from heart disease.
- Three out of four women aged 18 years and over have at least one major risk factor for developing heart disease that they can do something about.
- One in ten women have three or more risk factors for developing heart disease.
- For a 40 year old woman the risk of having heart disease at some time in their future life is one in three.
- In Australia the number of women who die from heart failure is one and a half times higher than the number of men.
- If a close relative had coronary heart disease before the age of 65 you are four times more likely to develop it prematurely.
- Coronary heart disease develops over time and can start as early as the teenage years. Unless treated it continues to worsen until symptoms develop in later life.

- Cigarette smoking
- Physical inactivity
- High blood pressure
- High blood cholesterol
- Being overweight
- Diabetes
- Ageing
- Family history

Risk factors do not cause symptoms and unless regular checks for blood pressure, cholesterol and diabetes occur, they are often undetected. Formulation of an individual screening and prevention plan should be discussed with your doctor.

With the exception of ageing and family history, these risk factors have a 90% chance of being improved with a change of lifestyle.

The more risk factors you have the greater the risk. Importantly, smoking, diabetes and some blood cholesterol patterns are even more potent risk factors for heart disease in women than they are in men.

High blood pressure is common in Australian women, especially after menopause. Over the age of 65, women are more likely to develop high blood pressure than men.

Women often have lower blood cholesterol levels than men for much of their lives, but tend to catch up in their sixties. This is thought to be partly due to the reduction of hormone activity after menopause.

Women are less likely to seek a check on risk factors of established cardiovascular disease.

Whatever your age, you can take action to protect your heart health. So, start taking steps to improve your heart health now. Discuss risk factors with your health professional and actively seek out screening where appropriate.

#### The link between smoking and heart disease

Cigarette smoking is the leading preventable cause of heart disease in women.

Smoking causes more than 50% of heart disease in women at midlife. Nicotine suppresses the secretion of oestrogen, which contributes to earlier menopause. Smoking, combined with the contraceptive pill, increases the risk even further.

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#### Did you know?

Just one year after quitting smoking your risk of heart attack falls to half that of a smoker.



Eat more than five servings of fruit and vegetables a day, and eat fish at least once a week.

#### Resources

The National Heartline provides information on leading a healthy lifestyle, heart surgery and life after a heart attack.

Call tollfree on 1300 36 27 87 or log on to their website [www.heartfoundation.com.au](http://www.heartfoundation.com.au)

#### Tips to reduce your risk of heart disease

- Quit smoking
- Maintain normal blood pressure, cholesterol and blood sugar levels – have regular check ups
- Maintain a healthy weight
- Incorporate physical activity for 30 minutes, most days of the week
- Keep fat intake to a low proportion of your daily calories
- Eat more than five servings of fruit and vegetables a day, and eat fish at least once a week
- Talk to your doctor about low-dose aspirin therapy if you are in a high-risk category
- Try to reduce stress with exercise and relaxation techniques

## What is cholesterol?

Cholesterol is a fatty substance produced naturally by the body and is found in our blood. It is essential for the function of every cell in the human body but is a problem when there's too much of it in the blood.

About two thirds of the cholesterol in our blood is made by the liver. Much of it also comes from foods, especially those high in saturated fats.

## What is high density lipoprotein (HDL) and low density lipoprotein (LDL) cholesterol?

Cholesterol appears in the blood in different forms. LDL cholesterol is known as 'bad' cholesterol as it tends to clog blood vessels. When a blood cholesterol reading is high it is usually because LDL levels are high.

HDL cholesterol is sometimes called 'good' cholesterol and can actually help unclog the arteries. High HDL levels can be a good sign as long as the LDL levels aren't high as well.

## What are triglycerides?

When we eat fats in food they form triglycerides that are absorbed into the blood and either burned for energy or deposited into the body's fat stores. High levels of triglycerides often go together with low levels of good (HDL) cholesterol or high levels of bad (LDL) cholesterol.

## Why is high cholesterol a problem?

A certain amount of cholesterol is necessary for the normal functioning of your body, but too much of it is dangerous, especially for your heart.

A slow build up of cholesterol in the inner linings of the heart's arteries is one of the main underlying causes of heart disease. Bad cholesterol can build up in arteries, narrowing them and making it harder for blood to flow through the arteries. Narrow arteries can become clogged, stopping the flow of blood completely. Clogged arteries may result in a lack of oxygen to the heart (a heart attack) or the brain (a stroke).

## Why is cholesterol important?

High blood cholesterol is one of the three main risk factors for Australia's greatest health problem, heart disease. The other two risk factors are cigarette smoking and high blood pressure.

## Do cholesterol and triglyceride levels vary?

Yes. Cholesterol levels tend to rise and fall from week to week. Two or three blood cholesterol readings may be needed to give you an idea of your true level. Triglycerides go up and down after each meal.

## Does menopause affect my cholesterol?

Yes. Blood cholesterol tends to rise after menopause. Women on hormone therapy may find that their blood cholesterol drops.

## What foods mainly contain high levels of cholesterol?

Food that is high in saturated fat.

## How can I reduce my cholesterol?

Reducing your cholesterol to a target level can help reduce your risk of heart disease. Lowering bad cholesterol can stop, and in some people, even reverse the damage already done

- Eat a healthy diet
- Maintain a healthy weight
- Take part in physical activity most days of the week
- Stop smoking
- Keep your blood pressure at a normal level

*Source: Heart Foundation*

Call the National Heartline 1300 36 27 87 if you would like a copy of any of the following resources.

*Free in small quantities:*

Get the Good Eating Habit  
Cholesterol, Triglycerides and Heart Disease  
Enjoy Healthy Eating: A guide to keeping your blood cholesterol in check  
The Weight Loss Checklist  
School lunch box ideas

*Costs apply to:*

Healthy Eating for the Heart \$3.30 (plus postage)  
Healthy Weight Guide \$3.30 (plus postage)



## RECIPE: BASIL PESTO

### Basil Pesto

Basil, pre-eminently the herb of summer, is a kitchen companion to tomatoes (they are a good garden companion too). It is an essential ingredient of pesto, a basil paste or sauce much favoured originally by the people around Genoa, in the province of Liguria in northwest Italy, where basil and olives flourish.

If you have a mortar and pestle, use them to make pesto. You can also make it in a food processor.

If possible, grow basil in the garden or on a balcony or in a courtyard.

### Pesto

Serves 4 – 6 for pasta

### Ingredients

- 1 clove garlic
- salt
- bunch basil
- 1 tablespoon pine nuts
- 3 – 4 tablespoons grated parmesan
- extra virgin olive oil (about half a cup)

### Method

Pound the garlic with a little salt, then add the basil leaves and pound until smooth. Pound in the pine nuts, stir in the cheese, alternating with olive oil.

If using a food processor, process the garlic first, then add the basil and pine nuts together. Turn into a clean bowl and add the cheese and oil by hand.

If not using immediately, use slightly less oil and cover the pesto with a thin film of olive oil so that it does not oxidise and lose its bright green colour.

Serve with gnocchi or pasta. Delicious also with roast vegetables, zucchini frittata, baked tomatoes, and with meat, especially lamb.

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

Available for purchase from The Jean Hailes Foundation.

Call tollfree 1800 151 441 or visit our website [www.jeanhailes.org.au](http://www.jeanhailes.org.au)

# Understanding complementary therapies

By Sandra Vilella  
Naturopath, Herbalist and Acupuncturist

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Complementary therapies have been used in many cultures for as long as history has been recorded in writing. Indeed, the essential components of many complementary therapies today form the basis for many conventional drug therapies. In this environment it is critically important to recognise the need to establish both effectiveness and safety of all therapies.

Due to a lack of regulation of both products and practitioners in the complementary field, the opportunity exists for everyone to be exploited. Yet many complementary therapies and well-trained practitioners have a great deal to offer.

Further ongoing research to establish safety and effectiveness and improvement in regulation of the industry can only be in the best interests of all consumers.

## About natural therapies

Naturopathy is concerned with treating the whole person, and the underlying cause. Often called holistic medicine, it treats the body as an integrated system, and the person is viewed as having individual physical, mental, emotional, spiritual and cultural aspects.

Treatment is adapted to meet the different needs and circumstances of each individual. This means that two women who consult a natural therapist with hot flushes may be given two totally different treatments.

Natural therapists usually ask the person a lot of questions before suggesting treatment. This has many benefits. People may be more likely to follow treatment when they are involved in locating the possible causes of their condition and in making decisions about treatment. They may be motivated to change things that contribute to their condition, and can often provide valuable information on possible causes and factors that may make the condition worse.

Naturopathy, or natural therapies, are terms that cover many different therapies or approaches, including:

**Herbal medicine** is the oldest known form of medicine, prescribing herbs for the treatment of complaints.

**Homeopathy** uses substances that, in their basic form, produce symptoms in a healthy person, but will cause a similar set of symptoms to disappear when given in a highly diluted (homeopathic) form. Homeopathy works on the principle that 'like cures like'.

**Nutrition** provides advice about diet including the use of nutritional supplements.

**Acupuncture** is based on an understanding that Qi (energy) is transported around the body through a network of channels. Therapy involves the use of acupuncture needles inserted in specific acupuncture points on these channels, to regulate the flow of Qi.

**Remedial therapy** is therapeutic massage for the treatment of muscle tension, tendon and ligament injuries. Massage techniques may include relaxation, sports massage, deep tissue, shiatsu, trigger point techniques and aromatherapy (using essential oils).

These are helpful for relaxing, increasing circulation and joint flexibility.

**Traditional Chinese medicine** includes the use of Chinese herbal medicine, acupuncture and Chinese remedial therapy.

**Osteopathy and chiropractic** are manipulative therapies based on the science of human mechanics. They are often used to treat spinal pain, as there is a strong belief that the structure of the spine greatly influences health. Chiropractic places great importance on the balance alignment of the spine. The osteopath also emphasises the role that soft tissue has on the skeletal framework and general health.

**Kinesiology** uses muscle testing to access the body's energy patterns and show where stresses are held in the system. The body 'tells' the therapist the appropriate corrections needed to rebalance the energy.

Women at midlife may decide to try a variety of complementary therapies to manage symptoms or create more comfort for themselves.



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A woman might decide to meditate, take a dance class, learn yoga, have regular massages or use aromatherapy.

Whatever way a woman might choose to take care of herself can contribute to and enhance her health and well being.

## Herbal remedies

Herbal remedies are used around the world and many have been used for centuries. Herbs or mixtures of herbs can be dried and combined with boiling water to make teas (infusions), concentrated in alcohol, water or vinegar to make extracts or made into tablets and powders.

Herbal remedies are an 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, sleep disturbances, as well as fatigue and low energy.

**The best way to use herbal remedies for the treatment of symptoms at menopause is under the guidance and advice of a qualified naturopath.**

## Are all natural therapies safe?

Women often use natural therapies because they think they are 'natural' and therefore safe. This is not always the case. There are also a few remedies, which may interfere with other prescribed medications. It is important that women tell both their health professional and natural therapist about all of their medication.

**It is important to remember that natural does not mean safe.**

When used properly, natural medicines and therapies generally do not cause side effects. Not all natural medicines are free from potential harmful effects, so it is important to seek the advice of a qualified natural therapist. Another excellent reason for seeking professional advice is to ensure that remedies are not taken indefinitely, but rather prescribed for the duration of time necessary to address the symptoms. For example, a remedy for hot flushes should only be taken for as long as a woman experiences hot flushes.

It may not be advisable to purchase over the counter natural therapies. It is preferable that a qualified natural therapist assess a woman's individual needs and her state of health before any treatment is given. Quality of medicines, especially herbal medicines also varies and is often more reliable from a practitioner.

Also, an understanding of potential interactions with other therapies is important.

## Why do some women choose natural therapies for menopause?

Many women regard menopause as a 'natural event' and prefer to take something 'natural' to treat symptoms. Some women have concerns about hormone therapy and prefer to take complementary therapies for what they perceive to be a natural event.

Some women may be interested in treating themselves for menopausal symptoms that they regard as a transitional phase that will pass and they may feel this is safe.

Evidence also suggests that some people turn to alternatives because they are disillusioned with western medicine or dissatisfied with the doctor-patient interaction.

Women may also choose to use both conventional and complementary approaches in combination to alleviate difficulties encountered at midlife.



Sandra Vilella  
Naturopath

### Naturopath's self help advice

- Add two dessertspoons of freshly ground linseed (containing phytoestrogens) to your daily diet.
- Eat tofu or legumes (pulses) (containing phytoestrogens) at least twice a week.
- Do exercise that is fun at least three times a week.
- Buy a good relaxing herbal tea and drink it!
- Make time for rest, relaxation and recreation.
- See a qualified naturopath for advice on natural therapies.

### You can try:

- Keeping a diary and writing down your thoughts and concerns.
- Yoga includes postures that help to 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 uses the imagination to find images to heal the mind and the body.
- Therapy and counselling with a qualified health professional can 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 uses a variety of

techniques such as taped voice or music, chanting and concentration on breathing.

### An example of a meditation strategy

Find a quiet place where you won't be interrupted for at least 15 minutes.

Sit comfortably, supporting your spine to be upright. You may choose to have peaceful music playing in the background.

Close your eyes and begin to focus on your breath going in and out.

As thoughts come in notice them and then let them go and return to your breathing.

Now as you breathe in visualise yourself breathing in a beautiful golden white light.

Feel this light flow into your body from your nose down your throat into your lungs and then into your entire body.

As you breathe out allow the outgoing breath to release any negative thoughts or feelings that you may be carrying.

Continue breathing in this way, allowing yourself to relax as you fill with light.

When you feel you are relaxed and your body is full of light begin to come out of the meditation.

Pay attention to the sounds around you as you come back into the room.

Sandra Vilella is a Naturopath, Herbalist and Acupuncturist. She uses herbal medicine, incorporating Chinese medicine, as well as nutritional supplements and dietary advice in her practice. Her special interest is women's health, particularly in the management of menopause. Sandra has consulted at The Jean Hailes Foundation for over five years. Here she talks about her passions, motivators, challenges, and her hopes for women.

### My passions

Good food, live music and anything that brings joy to my heart.

### What drives me

The desire to make a difference - whether it be in my work or in how I can give to people in my personal life.

### Why women's health

I love the stories and experiences that a woman brings with her to a consultation. It is the nature of women themselves rather than the health problems unique to women.

### What motivates me

My Mars Bar approach to life - I must have a balance of work, rest and play: not enough of one, or an excess of another makes for an unhappy Sandra.

### What do I find challenging

Not always knowing the answers. I also find trying to bridge the gap between natural therapies and conventional medicine to achieve a true complementary health model challenging.

### In a perfect world...

No person would go without while another can afford to be wasteful.

### My hopes for Australian women regarding their health

That the right messages get through about disease prevention and health promotion by encouraging positive changes with nutrition and lifestyle.

## WHY IS SMOKING AN IMPORTANT HEALTH ISSUE FOR WOMEN AND HEALTH PROFESSIONALS?



By Epidemiologist  
Dr Robin Bell,  
Deputy Director of Research

Cigarette smoking is the most avoidable cause of death and disability in Australia. It is an important public health issue considering that half of all smokers will die of a disease caused by smoking.

The most common health problems associated with smoking are diseases of the cardiovascular and respiratory systems, for example coronary heart disease and chronic obstructive pulmonary disease. Yet, smoking damages nearly every organ in the human body.

For almost all smokers, quitting is the single most important step that they can take to improve their future health.

Health professionals have enormous potential to help people stop smoking. Young smokers stand to gain the most benefit from quitting, however there are health benefits to quitting at any stage of life.

### Why is quitting so hard?

Smoking involves an addiction to a drug called nicotine. Smoking a cigarette delivers the first shot of nicotine from the lung to the brain within seconds. After reaching high levels during the smoking of a cigarette, blood nicotine levels drop to low levels within about two hours. If smokers are not able to smoke, they report feeling irritable, depressed and have a very strong desire to smoke.

Each smoker establishes his or her own preferred daily dose of nicotine. If the smoker tries to reduce the number of cigarettes smoked, they tend to smoke each one more completely, which negates the benefit from reducing the number of cigarettes.

Nicotine addiction is not the only factor determining whether a smoker quits or continues to smoke. The social context of the smoker, such as whether friends or family smoke, is also important.

### What helps people to quit?

Most people who try to stop smoking do not succeed on the first attempt. It can take several tries.

Simple advice by a health professional has been shown to result in quitting for 1 in 40 smokers. Yet, many health professionals are reluctant to raise the issue of smoking. They may not be confident that advice makes a difference, even though there is evidence that it does. They may not be confident they have the skills to counsel smokers and may think that there is insufficient time during a consultation.

People who are motivated enough to attend a counsellor will quit in 1 out of 13 cases.

The most effective strategy to stop smoking is the combination of drug treatment, usually nicotine replacement therapy (NRT) and behavioural support. About 1 in 5 smokers who use NRT and have intensive support will quit long-term.

### Who benefits from a smoker quitting?

Obviously the person with the most to gain from quitting is the active smoker. But non-smokers, who have been passively exposed to cigarette smoke, also benefit when a smoker quits, particularly children.

It has been estimated that passive smoking is responsible for 19% of expenditure on childhood respiratory illness, for example asthma, bronchitis and middle ear infections. Despite this alarming statistic for parents, stopping for their own health is a good enough reason to quit smoking.

### Pregnancy risks

Smoking during pregnancy directly causes harm to the unborn baby, increasing the risk of the baby being underweight, premature delivery and having a stillborn baby or baby who dies shortly after being born.

### What can you do?

If you want to stop smoking talk to your health professional about how you feel about cigarette smoking and strategies you would like to explore to help you stop.

If you are a health professional, learn about the evidence and local services available to support smokers who want to quit. Use every reasonable opportunity to counsel smokers about quitting and support those who have started the journey to becoming a non-smoker.

*Health professionals will find referenced information from this article on The Jean Hailes Foundation website [www.jeanhailes.org.au](http://www.jeanhailes.org.au) under the health professional section.*

### Smoking facts and tips for women

Each year approximately 6,000 Australian women die prematurely from tobacco caused illness.

18% of Australian women aged 14 years or over are daily smokers.

### How does smoking affect a woman's health?

Tobacco smoking is a significant risk factor for a range of disabling and potentially fatal conditions. For women, cigarette smoking increases the risk of a number of gender-specific health problems.

Women who smoke are at increased risk of cardiovascular disease. Women who smoke and take the contraceptive pill have an increased risk of heart attack and stroke, and this risk increases dramatically with age.

Smoking contributes to peripheral vascular disease (PVD), which occurs when blockages within the blood vessels prevent proper circulation. PVD can cause severe pain and may even lead to gangrene and amputation of a limb.

### Cigarette smoking is a major cause of lung cancer in women.

Smoking increases the risk of other cancers.

Women smokers are at greater risk of health problems relating to period pain, premenstrual syndrome (PMS), pregnancy and their babies' health, and menopause.

They are more likely to experience reduced fertility and delays in conceiving.

Women smokers may also face difficulties during pregnancy and childbirth. There is a greater risk of sudden infant death syndrome.

Women smokers are less likely to breastfeed. If they do, they tend to produce less breast milk and are more likely to wean their babies earlier. Smoking affects the breast milk, exposing babies to nicotine as well as altering the flavour of the milk.

Smoking increases the risk of developing chronic lung diseases such as bronchitis and emphysema. These diseases lead to progressive loss of lung function, making it harder to breathe.

Smoking contributes to osteoporosis (thinning of the bones), and women smokers have an increased risk for hip fracture.

Recent research has also found that women who are currently heavy smokers are at greater risk of having colds that last longer compared to non-smokers.

Women who smoke have more facial wrinkles than non-smokers.

### What motivates me

Curiosity.

### What do I find challenging

Keeping on top of new developments in the field – reading as much as possible.

Balancing work and other commitments.

### My hopes for Australian women regarding their health

That Australian women can lead long and healthy lives with maximal levels of wellbeing and minimal years of chronic disease or disability.

Not only would this be great for women themselves – but women have a profound effect on the health and wellbeing of their families – so what is good for Australian women is good for Australian families.



## Tips to Quit

- Within two hours there is no more nicotine in your blood.
- It is important that you want to quit and are confident you can succeed.
- Think about when and why you smoke, and plan ahead for difficult situations.
- Each craving only lasts a few minutes. Don't let this be the day that you blow it.
- Put your cigarette money in a jar and save it for a reward.
- Your taste buds and sense of smell will return.
- If you've slipped up and had a cigarette – that's okay. Most people take 3 to 4 attempts before quitting.
- Change your routine so you don't automatically reach for a cigarette.
- Practice saying, 'No thanks, I don't smoke'.
- If you're feeling tense take a walk, jog, visit the gym or listen to a relaxation tape.
- Ask your family and friends to support you while you quit smoking.
- Avoid stressful occasions when there will be cigarettes available, particularly if there will also be alcohol around.
- If you're beginning to think that 'just one wouldn't hurt' try a diversion like a walk or call a friend.
- A slip up does not mean that you have failed. It is important to work out how you can prevent it next time.
- Don't say, 'this is my last cigarette', say 'I'm not going to smoke today'. Take one day at a time.
- Brush your teeth immediately after a meal rather than smoking.
- Most withdrawal symptoms only last two to three weeks, so hang in there.
- Quit with someone else and use each other for support when things get tough.
- A pack a day smoker can save around \$3,000 after one year of quitting.

## Remember that if you can quit for a day, you can quit for good.

Source: Quit Victoria

**Quitline 131 848** - Providing telephone advice and assistance to smokers who want to kick the habit.

Ask for a free copy of the *Quit* booklet (also available in Greek, Italian, Arabic, Turkish, Chinese, Spanish, Korean and Vietnamese).

The Quit book can also be viewed online at [www.quitnow.info.au](http://www.quitnow.info.au)

You can also visit The Quit Coach ([www.thequitcoach.org.au](http://www.thequitcoach.org.au)), an interactive website brought to you by Quit Victoria, available nationally online, that can help you quit smoking and stay stopped.

## It's never too late to quit

Dr Robin Bell is an Epidemiologist who advises on the design, analysis and translation of research studies at The Jean Hailes Foundation, as well as teaching biostatistics and research methods and co-supervising several PhD students. The following is an insight into what drives and challenges her.

### My passions

Trying to stay fit and healthy myself – so practising what I preach in terms of public health!

### What drives me

Trying to do whatever I am doing as well as I can.

### Why women's health

I find it intrinsically interesting and I think it is a field where I can make a difference.

## RISING TALENT IN WOMEN'S MEDICAL RESEARCH



Dr Sonia Davison

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The Jean Hailes Foundation congratulates Endocrinologist Dr Sonia Davison, who has won three prestigious scientific awards in 2004.

Sonia received international recognition when she was awarded the highly prestigious *Women in Endocrinology Abstract Award* at this year's Annual Meeting of the US Endocrine Society in New Orleans.

She also won the *Mayne Pharma Bryan Hudson Clinical Endocrinology Award* at the Endocrine Society of Australia Annual Scientific Meeting.

Most recently, she was awarded The *Jean Hailes Foundation Memorial Prize* for best free communication by a young delegate (under the age of 35) at the Australasian Menopause Society Annual Meeting.

These awards are for her work on the Sue Ismiel International Study of Women's Health and Hormones.

Launched in 2002, the Sue Ismiel International Study of Women's Health and Hormones is one of the most comprehensive studies undertaken about the links between women's hormones and their health and wellbeing.



Sue Ismiel and daughters

Dr Sonia Davison is a 3rd year National Health and Medical Research Council PhD scholar whose research is addressing the issue of defining the role of androgens in women. She also consults once a fortnight at The Jean Hailes Medical Centre for Women in the area of gynaecological endocrinology. Dr Davison has been at The Jean Hailes Foundation almost four years and talks here about the challenges and joys of work, new parenthood and life in general.

### My passions

Being enthusiastic, my family, the colour orange, making people smile, my disco ball, dancing, singing, walking, being happy, helping people, the sun, the garden, food of all sorts, creating fabulous celebrations and tributes.

### What drives me

The desire to make a difference and to solve problems.

### Why women's health

The challenges, the rewards, the diversity of the problems encountered, the support, enthusiasm and amazing capabilities of my work colleagues, and the knowledge that my work may in some way provide for a healthier future for my granddaughters and great-granddaughters etc.

### What motivates me

Wonderful family and inspiring work colleagues. Interesting and challenging problems. The desire to make things better somehow.

### What do I find challenging

Ten month old babies who have learned to move in an obstacle and pet-filled world; trying to produce a PhD thesis whilst running after baby, obstacles and pets!

### Finish this sentence. In a perfect world...

Everyone would consider that there is another point of view; people would look after each other; we would all be united by a common goal of aiming to improve our collective future - health wise and planet wise.

### My hopes for Australian women regarding their health

I'd love for all women to take time out for themselves, put everything else on hold for a while, and take a good look at their health, hopefully with the assistance of a fabulous GP. Throw away the cigarettes, jump on the scales, book in for the mammogram or Pap test, organise to get cholesterol checked, get moving, and get planning for a healthy future.

## RESEARCH UPDATE

## HEALTH & WELLBEING AFTER BREAST CANCER STUDY

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Breast Cancer Survivors from left to right: Deanne Sutherland, Pratika Lal, Rita Marigliani

The Centre of Clinical Research Excellence (CCRE) at Monash University and The Jean Hailes Foundation recently launched a 5 year study to determine the key physical and emotional issues for women following breast cancer diagnosis and treatment.

Although breast cancer is the most common cancer in Australian women, there has been a dramatic increase in survival rates for this disease in the past decade.

The study, led by Chief Investigators Professor Susan Davis and Dr Robin Bell, will consider quality of life issues and medical factors for survivors of breast cancer.

Having breast cancer can be a devastating time of uncertainty, pain and treatment for a woman and her family. To date the focus has been on treatment and survival. Not much is known about women's individual experiences after breast cancer, or the extent to which having had breast cancer impairs a woman's quality of life.

What is known is that women who undergo chemotherapy experience more severe symptoms of menopause as a result of their treatment. Other medical conditions, such as osteoporosis, depression or changed family or social situations may also be more common after breast cancer and can have significant impact on future wellbeing.

The Jean Hailes Foundation estimates that approximately 15,000 women will participate in this Victorian-based study, the results of which will benefit women Australia wide.

### In this study we will investigate:

- frequency and severity of specific symptoms experienced by women after treatment
- effects on wellbeing and sexual health
- impact of breast cancer on relationships, family, employment and finances
- which treatments women use to manage their menopausal symptoms
- possible effects of treatment such as fractures of hip, spine or wrist; cardiovascular or cerebrovascular events; venous thromboembolic events; and reproductive history

This information is needed to develop meaningful health programs and practice guidelines to support women who have been treated for breast cancer. We will also, for the first time, document sites and rates of recurrence of breast cancer in the community.

Every Victorian woman with a new diagnosis of breast cancer after 1st June 2004 is invited to take part. Participants will be asked to fill in questionnaires at regular intervals and no travelling is required.

If you would like more information about the study please call 1800 034 348 or visit

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



Education at The Jean Hailes Foundation – sharing what we know so that you can make better decisions about your health.

## For women

### Community Seminar

*Women Powering Through Midlife*

Nov 12, 7.30pm – 10pm

Hellenic Club, Woden, ACT

In partnership with the Women's Centre for Health Matters

Phone 02 6290 2166

### The Jean Hailes Website

www.jeanhailes.org.au offers information about The Foundation and health information on a wide range of topics of interest to women such as menopause, hormone and complementary therapies, incontinence, lifestyle, nutrition, emotional health, sexuality, heart disease and osteoporosis.

Log on to our website for updated information on:

- Polycystic ovarian syndrome (PCOS)
- Hormone therapies
- Complementary therapies and testosterone

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

### Speaker Request Program

Speakers are available on women's health topics for community groups and health professionals in Melbourne and regional Victoria.

### Midlife-Choices for Health and Wellbeing - CD-ROM

Developed to assist women to make informed decisions about their health at midlife so as to enhance health and wellbeing. The CD-ROM comprises current information on menopause and options for managing menopausal symptoms, including hormone and complementary therapies, lifestyle and diet among others.

\$12 (includes postage)

### Bone Health For Life – website and CD-ROM

An innovative, evidence-based website about osteoporosis for women and health professionals. It explores causes and diagnosis, identifies 'at risk' groups, considers women at all life stages and highlights new prevention and management options.

CD-ROM \$12 (includes postage)

or visit the website

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

### Midlife Resource Kit for health professionals

Provides health professionals with a comprehensive set of resources about menopause and midlife health, a set of educational tools and resources to assist in the design and implementation of education activities, as well as resources suitable for women in the community including a video and CD-ROM.

Kit \$330 (includes GST)

Postage and handling additional \$10



## For health professionals

Further information on these programs can be found on our website [www.jeanhailes.org.au](http://www.jeanhailes.org.au) or contact Professional Development Program Manager, Julie Middleton on 1800 151 441 or by email [julie.middleton@jeanhailes.org.au](mailto:julie.middleton@jeanhailes.org.au).

### Hormone Therapy Consensus Statement issued by RANZCOG

Advice to medical practitioners regarding the use of postmenopausal hormone therapy. Further information online, under hormone therapy.

### NHMRC National Health and Medical Research Council

#### A Comprehensive Literature Review

Hormone Replacement Therapy for women at or after menopause

[www.health.gov.au/nhmrc/publications/synopses/wh34syn.htm](http://www.health.gov.au/nhmrc/publications/synopses/wh34syn.htm)

### Women's Health and Wellbeing Supervised Clinical Attachment

The Jean Hailes Foundation is offering eight Women's Health and Wellbeing Supervised Clinical Attachments in 2005. The supervised clinical attachments are in line with RACGP standards and a minimum of 10 hours is required, however two and three day attachments are encouraged. Applications will be considered from around Australia. Applications available online under health professionals at [www.jeanhailes.org.au](http://www.jeanhailes.org.au)

### Satellite Program

Hormone Therapy – a Comprehensive Update was broadcast nationally by the Rural Health Education Foundation on 26 October 2004. The program is available online, video or CD-ROM.

### Rural GP Program

In association with the Rural Workforce Agency of Victoria (RWAV), The Jean Hailes Foundation is running a program for rural doctors, *successfully working with women and their health*, to be held in Melbourne on November 13, 2004. Topics covered include assessment of well women, hormone therapy, nutrition and lifestyle, depression, contraception and violence against women.

### Menopause and Midlife Clinical Audit

The Menopause and Midlife Clinical Audit is currently under review. A new audit should be available in the new triennium 2005-2007. Expressions of interest can be registered with Julie Middleton.

### Australian Family Physician

Special menopause update in November issue of the Australian Family Physician magazine with feature articles by women's health experts at The Jean Hailes Foundation.

### NEW Online CPD Activity on Osteoporosis

GPs can now complete a professional development activity online at the Bone Health For Life website [www.bonehealthforlife.org.au](http://www.bonehealthforlife.org.au), developed by The Jean Hailes Foundation.



The Jean Hailes Foundation is  
an RACGP Accredited Provider

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The Jean Hailes Foundation congratulates Tetley on the launch of its *wellbeing4life* website and their commitment to the health and wellbeing of all Australians.



[www.tetleywellbeing4life.com.au](http://www.tetleywellbeing4life.com.au)