

NEWS



THE SUE ISMIEL STORY

**HORMONES &
DEPRESSION:
IS THERE A LINK?**

**HYSTERECTOMY –
A DECISION NOT TO
BE MADE LIGHTLY**

**RURAL WOMEN
HAVE THEIR SAY**

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Hormones &
Depression:
Is There a Link?



The Sue Ismiel Story



Rural Women Have
Their Say

Dear Friend,

I am thrilled to share with you some very exciting news, not only for The Jean Hailes Foundation but also for women Australia wide.



While we have conducted several studies into the effectiveness of testosterone in women, we are very excited to announce a major new study tracking normal levels of testosterone in women, the relationship to wellbeing and whether this varies with age.

This study has been made possible by the generosity and vision of an extraordinary businesswoman. Sue Ismiel (Nad's Hair Removal Gel) is an amazing business success, but it is her sense of community value that puts her in a class of her own.

Sue's passion for her family-run business is matched only by her passion for her family and for the well being of the community around her.

This passion and genuine concern, particularly for women's health, has led her to donate \$600,000 to make this study a reality.

I urge you to read our stories, **Hormones and Depression: Is There a Link?** and **The Sue Ismiel Story**.

What an amazing woman! On meeting her I was struck by her vision, particularly for women and their wellbeing. It reminded me of the vision my mother, the late Jean Hailes, had for women's health. For this reason I feel a tremendous sense of pride and joy in our new partnership with Sue Ismiel and Daughters. I take this opportunity to thank Sue on behalf of all Australian women.

While we have achieved so much it is hard to believe that it has been 10 years since we opened The Jean Hailes Medical Centre.

Back then this was a struggling, fledgling health centre for women on a huge mission: to offer the best health care to women, particularly those women at midlife.

Our beginning was humble and everyone, from our passionate board members to our dedicated staff members, worked tremendously hard to bring us the respect of government, funding bodies and most importantly the community.

Our success and respect didn't come easily. We didn't expect it would. But 10 years down the track I am so proud of The Jean Hailes Foundation, including the clinic, the research and education units.

We are truly crossing all boundaries, leading world research, treating thousands of women each year and educating our GPs and health professionals alongside our community members about the issues directly relevant to women today.

We would not have the respect and the success we enjoy today without your support. On behalf of board members, staff and volunteers of The Jean Hailes Foundation, thank you for sharing our vision. We hope that we have been able to assist you with health issues and we hope that we have enabled you to educate yourselves on issues relevant to you.

Our promise to you is that we will maintain our farsighted and long term commitment to research excellence. This, combined with the continued expansion of education programs for the community and health professionals and improved clinical care, is essential to improving the health of Australian women.

Growth is not just being bigger. To us it is always striving for better ways to respond to the needs of women and the community. 2002 and beyond are exciting horizons – we look forward to your ongoing interest and support.

Janet Michelmore AO

Janet Michelmore AO
Director, The Jean Hailes Foundation.

HORMONES & DEPRESSION: IS THERE A LINK?

Depression is a major public health issue.

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According to The World Health Organization depression currently affects about 121 million people and is among the leading causes of disability worldwide. There are 500,000 Australian women diagnosed with depression each year.

But many more suffer symptoms that they never report to their physicians and so they are never treated. Most women who present to their doctors with these symptoms are diagnosed as depressed and treated with anti-depressants. Or else, they're chronically unwell and labelled as women not coping with life.

A woman feels exhausted, wants to lash out at her partner or family, feels irritable and down and the last thing she feels like is sex. Could all these things be related to low hormone levels in her body?

As 'normal' hormone levels in women have never been established, it is now agreed in international scientific circles that there is an urgent need for a large-scale comprehensive study to establish just what normal hormone levels are in women and how this relates to mood and well being. Testosterone has been studied in men who have loss of testicular function, and it has been shown that they have an increased rate of depression. Such men, when treated with testosterone, report improved mood and well being.

The Jean Hailes Foundation Director of Research, Associate Professor Susan Davis believes there may be a correlation between low testosterone and depression and so she is embarking on the world's most comprehensive study into hormones in women's health ever undertaken, to look at just how hormone levels relate to mood, depression, well being and libido – The Sue Ismiel Study. With incredible generosity and vision Sydney business woman, Sue Ismiel, has donated \$600,000 to fund this important study.

Already there is strong international medical and scientific interest in this study, which could have profound implications on all women globally.

Under the guidance of Associate Professor Davis several studies have already shown that women with low hormone levels, who are treated with testosterone, have significant improvement in mood and well being. This new study will actually take a step back and establish how prevalent this is in the community, because a controlled clinic-based study is not a true indicator of the average woman in the community. By randomly recruiting thousands of women in the community, from the age of 18 – 75, a picture of the average Australian female, and her hormones, will finally emerge.

Since many women experience loss of well being, diminished mood, unexplained fatigue and low libido, the question is, do low hormone levels = depression?

About hormones

Hormones are fundamental to normal neurological function for both men and women. Even though we may associate testosterone with men and oestrogen with women, both genders actually need oestrogen and testosterone for normal function. Women actually have more testosterone in their blood than oestrogen and it is testosterone that is converted in the female body to make oestrogen. If our bodies don't have the building blocks of testosterone we can't make enough oestrogen. We need enough hormones in our brains to interact with other chemicals in the brain to have effects on mood and well being.



Photography: Nigel Clements

From known studies it appears that as women approach menopause, testosterone levels start to fall. Unlike oestrogen levels, which fall steadily during menopause, there is a gradual decline of about 50% in testosterone levels 10 or 15 years before menopause occurs. The results of The Sue Ismiel Study will probably not find many 18 year olds who are depressed because of low testosterone in their bodies, but it may find 40 – 45 year olds who do suffer depression due to lowered testosterone and it is these women who may benefit from hormone therapy instead of being treated with anti-depressants.

If a relationship can be established between hormones, particularly between low testosterone and depression, the management of many women currently being treated for depression may be revolutionised. This needs to be approached with caution because it is inappropriate to treat depressed women with hormones if they should have anti-depressants and the same is true in reverse. If the relationship is established between low testosterone and depression, many women will have the opportunity for a higher quality of life and general well being well into their latter years. This will not only affect women, but their partners, their families and their workplace.

With the appropriate doses of testosterone designed specifically for women (most commonly prescribed as implants, patches, tablets and creams), depression may potentially be easier to treat. However, Associate Professor Davis cautions women not to use testosterone treatments designed for men. Pharmaceutical companies are currently looking at developing testosterone therapies

for women, making this new research urgent because there needs to be clear guidelines as to who should be treated before any products become available on the market, or many women risk being inappropriately treated with testosterone therapy.

The Sue Ismiel International Study into Women's Health and Hormones will:

- Establish normal ranges for levels of the most frequently measured hormones in women of differing ages
- Define the relationship(s) between the various hormones and measures of well being and sexual interest in women
- Develop biochemical and clinical definitions of hormone deficiency in women.

The causes of testosterone deficiency

Women who have their ovaries removed lose 50% of their testosterone. Women who have loss of adrenal function also lose 50% of their testosterone. This includes women treated with prednisolone for asthma or rheumatoid arthritis, which suppresses adrenal function. Women who have pituitary disease have lower testosterone levels and ageing itself is a cause of testosterone deficiency. What this study will do is confirm the belief that testosterone declines with age in hundreds of women, not in tens as in previous studies.

The Future

According to Associate Professor Davis, women want to feel better. They want to know that when they're 55 they will be at the peak of their lives, not sitting by the fire knitting because that's all they feel capable of achieving.

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Ten years ago Sue Ismiel was a medical records keeper in Western Sydney - today she owns one of Australia's fastest growing private companies and multi-million dollar export business, Sue Ismiel and Daughters.



THE SUE ISMIEL STORY

“This is a great example of cooperation between research, between the business community and between government.”

Senator the Hon Kay Patterson
Federal Health Minister for
Health and Ageing



Sue Ismiel, a Syrian migrant, created her natural hair removal gel in response to her daughter's need for a product that would not irritate her sensitive skin. She spent a year perfecting her 'green goo' in her kitchen. Her creation uses lemon juice, sugar and water among other ingredients and does not need heating or chemicals to work.

Friends encouraged Sue to sell her product, Nad's Natural Hair Removing Gel, commercially and it is now a household name in Australia and the United States.

Her company aims to help women feel good about themselves, perhaps that is why, she explains, "I am drawn to make a difference in this particular field of women's health".

The Sue Ismiel International Study into Women's Health and Hormones is Ms Ismiel's first investment in the future of women's health - a project she is keen to see succeed.

Reflecting on her major achievements Sue asks herself how women are able to reach their full potential, enjoy a relationship or flourish in their career if they are suffering from depression. "I could not have achieved what I have today had I been depressed. I came to this country at the age of fifteen without a word of English. For me, it has taken optimism, confidence and a sense of well being to be successful".

So, she says, consider the lost opportunities, the lost productivity, and the human and economic cost of female depression.

Sue Ismiel's vision for a healthier Australia has seen her use her business success to "say thank you to Australian women" for supporting her business and helping it to where it is today.

"I am keen to give something back to the community", she says simply. "Being a woman with three daughters I think it is important to contribute towards the health of future generations of women".

Sue Ismiel urges Australian women "to participate in this research by The Jean Hailes Foundation, because you are not only helping yourselves, but our future generations. Surely, contributing a little time for such potential rewards is the greatest investment any woman can make".

Please note that women cannot volunteer to participate in this study, as the recruitment is selectively random to ensure that the women enrolled are representative of the average Australian female population. The Jean Hailes Foundation asks only that if you are contacted to participate that you do so, in the knowledge that you will be helping women worldwide to feel better about themselves.

Senator the Hon Kay Patterson, Federal Minister for Health and Ageing on launching The Sue Ismiel International Study into Women's Health and Hormones:

"I think this is a great example of cooperation between research, between the business community and between government. This is a very generous offer, of \$600,000, towards a study looking at hormonal influences on depression in women. It is a great commitment to the Australian community, but in particular to Australian women.

I want to say thank you to Sue Ismiel on behalf of the Australian people, and particularly Australian women, for the generosity and foresight in choosing The Jean Hailes Foundation as the place to put her money and her trust. We're looking forward to seeing some tremendous results from this research."

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HYSTERECTOMY – A DECISION NOT TO BE MADE LIGHTLY

A hysterectomy is an operation to remove the uterus or womb from a woman.

Having a hysterectomy is major surgery. Deciding to have a hysterectomy should only be made after being given adequate information about why, how and what the consequences may be. It is important that each woman thinks about how she feels about losing her uterus or womb.

A total hysterectomy means that the whole of the uterus including the body of the uterus and the cervix are removed. A total hysterectomy does not mean to remove the ovaries. Occasionally a subtotal hysterectomy is performed where the cervix is retained because the woman's cervix is very sensitive to touch and plays a role in her sexual arousal.

Why is a hysterectomy performed?

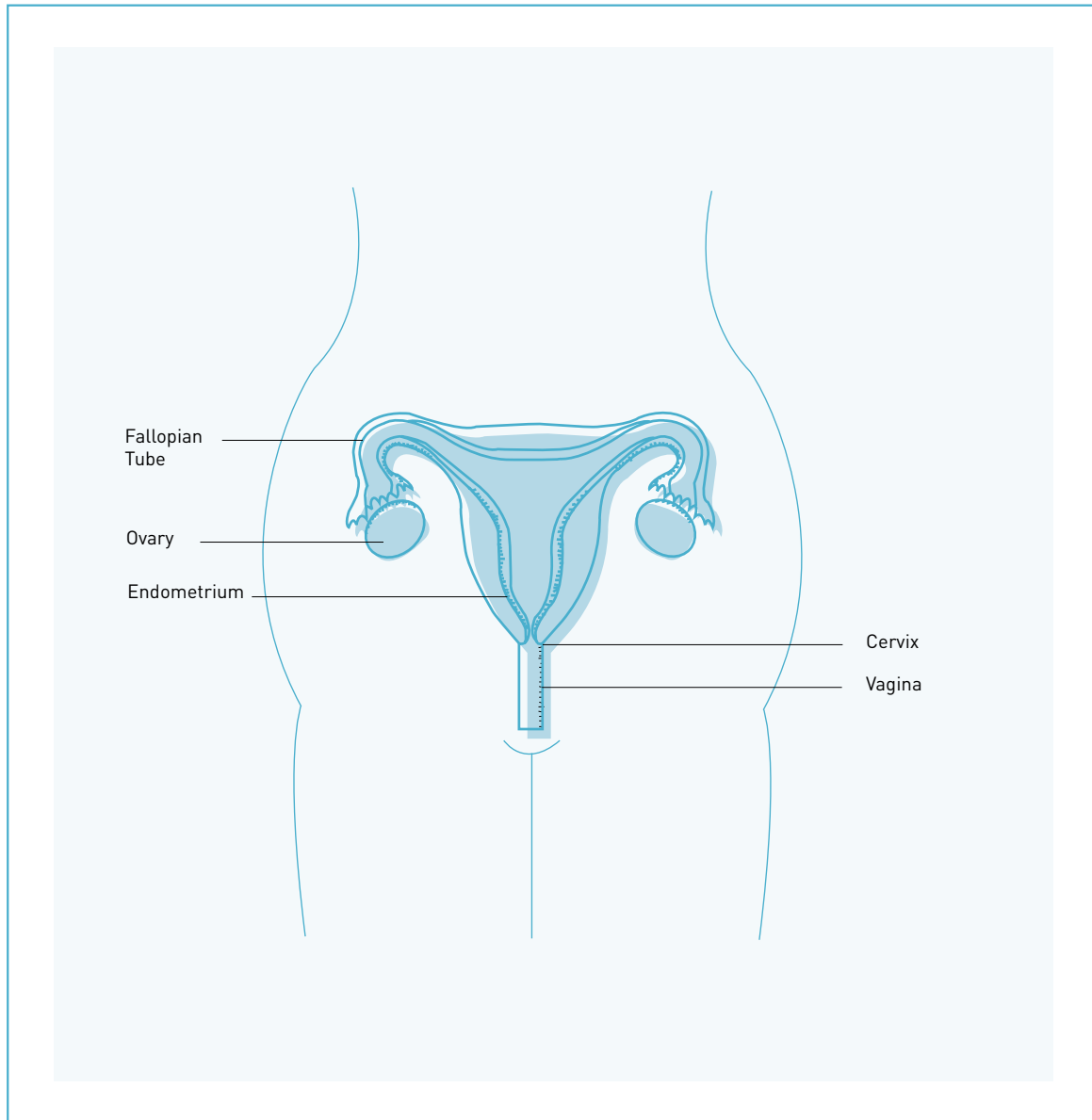
- Cancer of the cervix, uterus, ovaries or tubes
- Uncontrollable continuous uterine bleeding – rare
- Heavy or persistent bleeding – various causes, some included in list
- Severe chronic pelvic pain – various causes included in list
- Endometriosis – severe
- Pelvic Inflammatory disease ie chronic infections of tubes & pelvis
- Fibroids particularly if there are multiple (many) fibroids, the uterus is large or fibroids are growing rapidly
- Adenomyosis – endometriosis in uterine muscle
- Uterine prolapse

EMERGENCY MUST DO AT ONCE

There are three ways a hysterectomy may be performed:

- Abdominal technique with an incision either across the lower abdomen or an up and down midline incision
- Vaginal – where the procedure is performed completely through the vagina
- Laparoscopic or laparoscopic and vaginal – performed through key-hole surgery either completely or in combination with the vaginal approach

THE FEMALE REPRODUCTIVE SYSTEM





HYSTERECTOMY – A DECISION NOT TO BE MADE LIGHTLY

The decision as to which method of hysterectomy is most appropriate depends on:

- The reason for hysterectomy
- The facilities/equipment available in the local/regional hospital
- The skill in laparoscopic hysterectomy or your local hospital may not have the required laparoscopic equipment

If a woman is unsure of whether to have a hysterectomy or not she should seek a second opinion.

Sometimes it is appropriate to take time over making the decision except when there is cancer or uncontrollable life-threatening bleeding.

For most women hysterectomy relieves their symptoms and improves their quality of life. Often women say, "I wish I had done this years ago". However, a small number of women take time to recover following hysterectomy. This may be for many reasons. Some of which may be due to:

- Complications following the operation such as infection or bleeding prolonging recovery
- Adjusting to the loss of her uterus and end of her ability to have a child particularly if childless
- Concern about her femininity and sexuality particularly if the ovaries were also removed
- Becoming menopausal if the ovaries were also removed before the periods had stopped
- Feeling unhappy about how she was treated by her doctor and/or the hospital staff

If a woman is struggling with her feelings and well being she should seek help from a qualified practitioner.

DECIDING TO HAVE A HYSTERECTOMY

Questions to have answered by your doctor:

Why is your hysterectomy necessary?

What is/are the reason/s to do it?

How will it be done?

What type of hysterectomy is recommended?

Is it necessary to take out the ovaries as well?

How long will the operation take and how long will I be in hospital?

What are the potential complications of this operation?

Are there tests needed to be performed before the operation including will a blood transfusion be necessary?

How long after the operation do I need to recover and how long will I need to be off work?

What can I expect postoperatively?

Are there any other options instead of hysterectomy?

Conclusions

Hysterectomy has become a much safer operation because of modern anaesthesia and analgesia and improved techniques.

Hysterectomy is still a necessary operation for the indications outlined.

Each woman should find out as much as she can about hysterectomy before making a decision and she should also explore what having a hysterectomy means to her.

RURAL WOMEN HAVE THEIR SAY

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How do women living in rural and remote parts of Australia access health information?

For every woman the experience of menopause is different. This is a snapshot of rural women's responses relating to their feelings about menopause.



When a trip to the local store could be as much as a three hour drive away, finding accessible, up to date, non-biased and accurate health information becomes a challenge. While the Internet has provided a world link for people who are isolated, it is sometimes difficult to access appropriate and accurate health care information quickly.

Over a year ago The Jean Hailes Foundation established a Victorian Rural Steering Committee, comprising 12 health care workers, to advise on the needs of women living in rural and remote areas of Victoria. In this way The Foundation was going directly to the source – women in rural and remote areas.

The committee conducted over a dozen focus groups, with more than 100 women in total being consulted in rural and remote parts of Victoria and found that:

As women are part of an ageing population health services will need to be shaped to meet their needs and encourage their active participation.

Information on menopause, Hormone Replacement Therapy (HRT), natural therapies, weight management, sexuality, depression and stress management are the main priorities of the 40 – 60 year old women in these rural areas.

Women wanted up to date interactive information which could be used in a group or on their own.

It was these rural women who suggested a CD Rom as their preferred method of gaining information.

A CD Rom entitled Menopause - Understanding the Change, which includes up to date and interactive health information based on a decision-making model, is currently being produced as a direct result of these focus groups.

Have you had any other signs and symptoms that you believed were associated with your menopause?

Women's Responses:

Sexual desire	Feeling like 'killing' someone
Dry/brittle hair	Confusion
Disturbance	Itchy/dry skin
Insomnia/Sleep	Bladder control
Change of body shape	Anxiety level
Depression	Out of control
Only able to concentrate on one thing at a time	Indecision
Emotional, sensitive, easily upset cries easily	Bloated
Sore breasts	Weight gain
Acne	Relationship stress
Feeling cool	Changes in menstrual cycle

For some women signs and symptoms are predominantly physical and for others emotional or psychological. How and when did you work out that your symptoms were to do with the process of menopause?

Women's Responses:

- An allergist told me it was menopause
- Talking to friends
- I started having symptoms when I was 33, now I'm 68.
- It was only when I got a really obvious sign, a 'hot flush', that I realised that I was going through menopause
- Reading about menopause; the Internet

Signs and symptoms experienced by some women are minor, for others severe. How did the signs and symptoms of menopause affect you physically/emotionally/psychologically in relation to family, primary relationship, sexual relationship, friends, work and recreation?

Women's Responses:

Family/Primary Relationship

- Grumpy
- Family withdrawing
- Ability to cope with grown up children
- Family ready to 'commit' her
- Felt like I could kill anyone in the family on certain days
- My husband was the top of my 'hit' list

Sexual Relationship

- Very dry, uncomfortable
- Not the same excitement

Friends

- Friends of the same age group were very supportive
- Some friends didn't understand because they had no signs themselves

Work

- Work colleagues all younger and thought it was funny
- Same age work colleagues understood and we could talk together
- I felt less tolerant at work
- I was more controlled at work (than at home) but still felt impacted

Recreation

- Hard to enjoy when having hot flushes all the time
- When grumpy not many people want to be around you
- My level of activity revolved around how much sleep I'd had

RURAL WOMEN HAVE THEIR SAY

“I am still okay, I can have fun
and get on with life”

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HEALTH CARE PROVIDERS

The Steering Committee looked at what aspects of the women's Health Care Providers care was positive and supportive as opposed to that which was unsupportive and negative.

Women's Responses:

- My doctor encouraged me to go on HRT but was happy for me to try alternatives first
- I found difficulty in accessing caring women doctor's in rural area
- Going to a women's health doctor helped me for specifically women's and mental health issues
- Finding a female GP who would take the time to listen to my issues was great
- My GPs attitude was poor and I wouldn't ask about this issue again
- The GPs attitude was 'you're okay, nothing to worry about' or 'don't worry about hot flushes, it's a woman's thing'

THE MEANING OF MENOPAUSE

The 'meaning' menopause is given within a culture can vary. For some it is a valued time, a coming of age and wisdom, something that is to be celebrated. For others it is closely aligned with the negative stereotypes of ageing and is something that is unacknowledged, shameful and silenced. As you come into your menopausal years what feelings, thoughts and beliefs did you have during this time of transition?

Women's Responses:

- Glad when it's over
- Fearful, anxious
- I worry that because I've had lots of gynaecological problems and haven't had kids that I'll get symptoms earlier or worse
- You are going to have a tough time because mum did
- Parents never talked about it
- Positive about periods finishing; thought that because I was fit and healthy that I wouldn't get the symptoms so when they came I was quite shocked
- Felt a sense of freedom
- A new chapter of life
- No more wolf whistles
- Invisible as a female; Men aren't going to look at me and find me attractive
- Hair, wrinkles, fat tummy – physical appearance
- I am still okay, I can have fun and get on with life
- Being prepared, anticipating possible symptoms means that it is not as bad as if I wasn't prepared

Did this change for you throughout the process?
In what way?

Women's Responses:

- Yes, I can live through this
- Not the end of the world
- There is help available if you know where to go and who to ask for help

If you are now postmenopausal have your feelings/thoughts/beliefs about menopause changed?

Women's Responses:

- Yes, thoughts and beliefs have definitely changed mainly because I found a very sympathetic woman GP to listen to about me
- I found out I did not have to go through this on my own

Were you able to freely discuss these issues with anyone? If so, with whom? If not, for what reasons?

General Responses:

- Many women felt that they had been able to freely discuss their feelings with someone once they had found someone who could understand where they were coming from and what they were on about
- Some women found benefit from attending women's groups
- Female GPs were found to be supportive
- Friends going through the same thing were also supportive
- Husbands or partners may feel that the answer is to go on HRT

WORKING TOGETHER

We would like to thank our steering committee for their effort and dedication in getting this project off the ground and for the time they put in to set up the focus groups in their areas and collate the results.

We would also like to thank all of the rural women who took part in the focus groups. Your contribution will make a difference to the health information available to all women living in rural and remote parts of Australia.

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

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

In February we ran a **Menopause into the Millennium** conference for GPs in metropolitan Melbourne. In March we continued our commitment to providing community seminars in rural areas, this time in Cowes, Victoria, for women (and their partners) over 35 titled **Love, Life, Libido**. In early May we ran a menopause information session called **Powering on Through Midlife** at the Melton Community Hall. In May we also ran a community seminar and a **Menopause into the Millennium** conference for GPs and allied health professionals in Bairnsdale. In all community seminars we partnered local health groups to reach out to women in the area.

UPCOMING EVENTS INCLUDE

MAY - DECEMBER, 2002

Community Menopause Information Sessions

Sessions around Melbourne, usually on a weeknight. In partnership with community organisations such as health centres, women's regional health services and others. Learn about menopause: What is it? What are the symptoms?; Treatment Options including HRT and Naturopathic remedies.

Please call Jane Bowman, Project Manager, Community Education, The Jean Hailes Foundation on (03) 9562 6771 for further information.

NEW WOMEN'S HEALTH BROCHURE

Emotional Well Being: Menopause & Midlife

This brochure is a valuable addition to our wide range of women's health brochures. It covers topics such as depression, anxiety, stress, relationships, sex, self esteem and body image from a psychological viewpoint. For your copy please contact the Education Unit on 9562 6771 or you can download it from our website www.jeanhailes.org.au.

PAPERS PRESENTED

Sarah Hardy

Director of Education

Sarah Hardy recently presented a paper at the Australasian Menopause Society conference on the **Multicultural Menopause Program**.

Sarah also presented a paper at the Fifth WONCA World Conference on Rural Health on **Developing Menopause Education Resources to Reflect the Needs of Rural and Remote Women**.

Sara Knight

Community Educator

Sara Knight presented a paper in Brisbane at the 2001 National Indigenous Women's Health Conference on **Menopause and Hormone Imbalance**.

Sara also presented two papers at the Australasian Menopause Society conference late last year: **Partnerships in Menopause Education and Women's Health Issues Amongst Indigenous Australians**.

VICTORIAN RURAL STEERING COMMITTEE

Dr Kaye Birks School of Rural Health, Jenny Davidson Glenview Community Care Inc, Tessa Davies Delatite Community Health Service, Sue Fletcher Mitchell Community Health Services, Andrea Green East Grampians Health Service, Kristine Hogg Robinvale District Health Service, Pauline McGee Moyne Health Services, Robin Northey Primary Care Division Swan Hill District Hospital, Alma Ries Gippsland Women's Health Service, Carolyn Ripper Lakes Entrance Community Health, Karen Templeton Central Gippsland Health Service, Mary Paula Williamson Northern District Community Health Service

THE JEAN HAILES MEDICAL CENTRE FOR WOMEN

Introducing...

The Jean Hailes Medical Centre for Women is delighted to announce the appointment of three new members to its' growing medical and allied health team.

Miss Jai Kesari

Plastic, Cosmetic & Hand Surgeon

Areas of expertise:

Skin lesions (dermatoscope) -
Moles, Cancers, Melanomas, Hand surgery
Cosmetic surgery - Breast reduction & Augmentation,
Blepharoplasty, Facelifts, Rhinoplasty, Otoplasty,
Abdominoplasty, Labioplasty

Marilyn Cobain

Psychologist

Areas of expertise:

Sexual dysfunction counselling
Anxiety, Depression
Marriage guidance counselling

Dr Sylvia Lim-Tio

Endocrinologist

Areas of expertise:

Hormone management, Premature ovarian failure,
Polycystic ovarian syndrome,
Diabetes and general Endocrinology,
Research

OTHER SPECIALISTS AVAILABLE FOR REFERRAL

Breast Surgeon

Jenny Senior

Dietician

Jenny Davidson

Endocrinologists

Carolyn Allan
Susan Davis
Henry Burger
Amanda Vincent

Gynaecologists

Elizabeth Farrell
David Healy
Jude MacNaughton
Max Michael
Desiree Yap

Outpatient Hysteroscopy

David Healy
Max Michael

Naturopath

Sandra Villeda

Physiotherapist

Margaret Sherburn

Weight Management Consultant

Rick Kausman

Please note that referrals to our specialists can be made by your own GP.



The ATLAS Study**Early Breast Cancer and Tamoxifen Duration****A recruiting success story**

The ATLAS Study is an important, international clinical trial addressing the question: Should women who have had early breast cancer be treated with tamoxifen for more than five years? ATLAS is comparing 10 years of tamoxifen treatment with the usual five years of treatment.

20,000 women worldwide are needed to take part in ATLAS.

The Jean Hailes Foundation Research Unit has been a recruitment centre for the ATLAS Study for the past 12 months. During this period the Research Unit has been the leading centre for Australia and New Zealand. This is a great achievement for The Jean Hailes Foundation.

The success is primarily due to the innovative recruiting strategy devised by Director of Research, Associate Professor Susan Davis and successfully implemented by Jo Bradbury, ATLAS Research Coordinator. The strategy involves creating awareness about ATLAS amongst all eligible women in the Australian community instead of the usual practice of recruiting women solely through hospital clinics.

Associate Professor Davis feels that by giving all eligible Australian women the opportunity to participate in ATLAS it gives them a voice in the future of those women who are presently at-risk of developing breast cancer (which could include their daughters).

We know that tamoxifen taken for five years helps prevent recurrence of breast cancer and improves survival. However it is not known whether women would benefit further by taking tamoxifen for a longer period.

The outcome of ATLAS will establish whether the longer treatment with tamoxifen will further improve survival of women following early breast cancer, guiding physicians in their future treatment of women with breast cancer.

More eligible women are needed

If a woman and her treating physician are uncertain whether she should continue taking tamoxifen beyond five years she should consider ATLAS. If she is eligible she can be enrolled in the study where her further treatment, to stop or continue taking tamoxifen, will be randomly allocated. This means that a woman who participates in ATLAS will have an equal chance of either stopping or continuing tamoxifen for a further five years. Tamoxifen will be provided free to those women who are allocated to continue on it.

There are no tests or extra visits required for ATLAS. A woman who participates will remain in the care of her physician who, when reviewing her annually, will provide brief information to ATLAS as to her well being.

Women can participate in ATLAS after about five years of tamoxifen treatment.

Women who have been taking tamoxifen for two to less than five years can be registered and then further consider participation at their five year treatment time.

The approval and support of a woman's physician is required for her participation and registration.

Any woman who has been taking tamoxifen for two to about five years as follow-up treatment for early breast cancer is invited to contact the Research Unit for further information on ATLAS.

ATLAS INQUIRIES: 1800 809 517 (toll free) or visit www.jeanhailes.com.au

BOND RESEARCH PROJECT**Female volunteers aged 50 years and over needed****Help in the fight against osteoporosis**

The University of Melbourne together with the Royal Melbourne Hospital is seeking volunteers for a study aimed at improving exercise prescription for women at risk of osteoporosis.

TO BE ELIGIBLE YOU MUST:

- Have diagnosed osteopenia of the hip
- Be at least 5 years past menopause and not currently on HRT
- Be able to attend an exercise program 3 times a week for 12 months, at 1 of the following YMCA centres in the Melbourne metro. Area. (Ascot Vale, Ashburton, Macleod or Northcote)
- Not currently involved in an organised exercise program

For further information please contact Elin Wee on 03) 8344 8127 (Tuesday, Wednesday or Friday).

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The Jean Hailes Foundation recommends the following new books useful to health and life stages.

COLOR ME HEALTHY

Why you should eat almost everything

By Rita Erlich & Dr Alice Murkies (2001)

Its message is simple and positive: eat (almost) everything. Variety is the spice of life and the key to healthy living. This is the book that makes eating variety easy, by presenting the world of food as rainbows.

Each color-coded chapter contains information about the foods of that color, recipes, hints, ideas as well as information about what nutrients are in each food and what is currently known about their benefit. Suggests what to order in restaurants and what else to eat if you don't like particular ingredients.

Available from bookstores and through
The Jean Hailes Foundation
\$35 + \$7 p&h.

MY PARENTS ARE GETTING OLDER

By Ro Saxon & Shirley Anderson (2001)

As our parents age there are many issues to be considered. And when trying to combine the everyday demands of work and your own family with caring for your parents, it's easy to feel overwhelmed.

The authors take a step-by-step view through the stages and problems facing older people and their adult children, and reveal what is likely to be happening from a physical, mental and emotional point of view.

Available at major book stores retailing for less than \$30.

CALM EATING

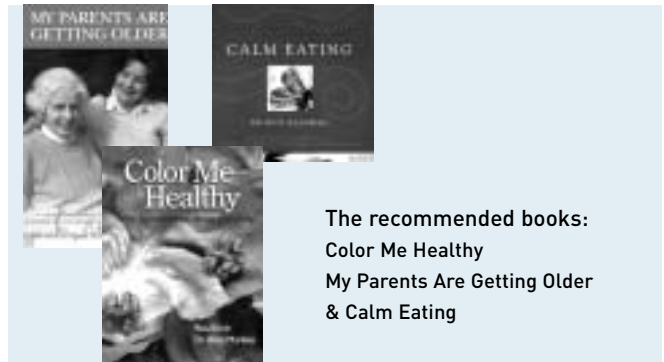
By Dr Rick Kausman (2001)

Anyone who's ever felt out of control around food will recognise that to relax and enjoy food without guilt is a difficult goal. Calm eating describes a gradual change of attitude to achieve this.

It's about having a healthy and happy relationship with food. And it's about achieving long-term change by succeeding at small steps along the way.

This book gives essential tips not only to achieve and maintain a healthy, comfortable weight, but also on how to relax and enjoy food.

Available from bookstores and Dr Kausman's web site
www.ifnotdieting.com



The recommended books:
Color Me Healthy
My Parents Are Getting Older
& Calm Eating

Breakfast Partnership A Winner For Women's Health

Eighteen months ago The Jean Hailes Foundation formed an exciting joint venture with leading food company Uncle Tobys, that saw the development of a breakfast cereal specifically targeting the nutritional requirements of women 40+, called Healthwise™.

According to Janet Michelmore, Director of The Jean Hailes Foundation, the creation of Healthwise™ for women 40+ was a logical result of the shared vision between The Jean Hailes Foundation and Uncle Tobys.

The link between exercise and diet, especially for women as they age, is extremely important. "Specifically, more emphasis needs to be placed on a diet low in saturated fat, with more breads, cereals, fruits and vegetables and more calcium-rich foods, as well as maintaining a healthy body weight by balancing food intake and regular physical activity", says Associate Professor Susan Davis, who is Research Director at The Jean Hailes Foundation.

"Our partnership with Uncle Tobys has proven to be a winner with women 40+ who know they are eating a breakfast cereal put together using scientific nutritional input from our researchers", says Janet Michelmore.



"The way forward in the future for The Jean Hailes Foundation is to work with leading successful, innovative businesses who share a commitment for improving women's health".

YOUNG AND EXPERIENCING MENOPAUSE?



YOUNG AND EXPERIENCING MENOPAUSE?

In August last year The Jean Hailes Foundation ran a seminar on early menopause that led to an overwhelming response from the public.

The Foundation is proud to announce the first support group for women dealing with issues relating to early menopause.

Women who would like to become a member of Early Menopause Australia (EMA) Support Group can fill out the following registration form. For further information about early menopause please contact the Education Unit on 9562 6771 or visit our website www.jeanhailes.org.au.

**Please fill in the registration form and send it to:
EMA at PO Box 4061, Hopetoun Gardens 3162
or email your details to:
early_menopause_australia@hotmail.com**

REGISTRATION FORM

Yes, I would like to become a member of the Early Menopause Australia (EMA) Support Group and enclose my \$25 membership fee which entitles me to 4 newsletters a year, biannual seminars, 6 free meetings per year and all the benefits of being part of EMA.

No, I would not like to become a member of EMA, but I would like to make a donation, please accept my donation for the amount of \$_____.

Method of payment

Cash (payable at the next EMA meeting)

Cheque (made payable to Early Menopause Australia or EMA) (sorry we cannot accept credit cards)

Name _____

Address _____

Suburb _____

State _____ Postcode _____

Phone number _____

(Home) _____

(Work) _____

(Mobile) _____

Please cut off this portion and post with payment to
PO Box 4061 Hopetoun Gardens 3185

For further information
please contact:

The Jean Hailes Foundation
PO Box 1108, Clayton South Vic 3169
Telephone: 03 9562 6771

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Thanks to our wonderful supporters

Our work is only possible because of the generous support of government, charitable trusts and private donors.

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- Uncle Toby's
- Sue Ismiel and Daughters
- Australasian Menopause Society

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