



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

APRIL 2015 Over 20 years of strengthening links between women & providing access to information

MENOPAUSE

Menopause – the last menstrual period – typically occurs between the late 40s and early 50s. “It’s a transitional time in a woman’s life, in the same way that puberty is,” says Bronwyn Buckley, the health promotion officer at Women’s Health Queensland Wide.

“Menopause has also been identified as a time when women can be vulnerable to developing emotional and mental health issues such as depression and anxiety.”

A 2012 study published in *Climacteric* found that women with psychological and social stressors and severe hot flashes were more at risk of developing anxiety during the menopause transition.

Stressors that may affect women at this time include:

Period issues

When women are approaching menopause it is common for their menstrual cycle to change. Many women experience irregular periods that stop and start with no apparent pattern. Other women experience heavy bleeding at this time. All of these changes in a woman’s periods can make her feel less confident about having adequate sanitary protection when it is required. Women in certain workplaces may find it difficult to make frequent toilet visits to change sanitary protection frequently.

Bladder issues

Menopause is also a time when women can experience urinary incontinence issues. The drop in



the level of oestrogen that occurs at this time can aggravate existing pelvic floor weakness resulting in stress incontinence – passing urine when coughing, sneezing, laughing or during physical exertion. Like irregular or heavy periods, urinary incontinence can also cause women to worry about the location and availability of toilets and what they will do if they have an ‘accident’. “Women experiencing urinary incontinence can become very self-conscious and start to disengage from social events,” explains Bronwyn. “The less we engage in social activities the more detrimental it is to our overall health and well-being.”

Hot flashes

The symptoms of hot flashes (flushed skin, sweating and heart palpitations) can be extremely troublesome for women. As many of these symptoms are highly visible it is often difficult for women to hide or disguise them. Consequently, women may find hot flashes very embarrassing, particularly if they occur in a work or social situation. It may be hard to explain what is occurring to younger female or male colleagues/guests. Women can start to feel anxious about their next hot flush and what they will do if it is during an important meeting, an appointment or intimate encounter. They may even start to

IN THIS EDITION MENOPAUSE

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avoid situations where they are more likely to experience a hot flush.

Sleep disturbances

Night sweats (hot flushes that occur at night) can play havoc with a woman's sleep patterns. "Often women will be woken from their sleep by a night sweat and have to change their sheets and their night clothes," explains Bronwyn. "After being woken they may experience difficulty in getting back to sleep, which leads to sleep deprivation." Sleep deprivation can affect many aspects of a woman's health including her immune system, memory and importantly her ability to cope with other stressors.

Poor memory and concentration

Women at menopause often report that their memory and concentration suffers. They may forget things more easily or find it difficult to concentrate on the task at hand. Misplacing items like the house keys, mixing up appointment times, putting things away in the wrong place and forgetting common words are all incidents that women report. For working women experiencing poor memory and concentration can undermine their confidence in their ability to do their job professionally. They may feel they are disorganised or not working as effectively or efficiently as they could be.

Children

As women are now older when they have their first child, many will have teenage children at the time they go through menopause. Teenagers are looking to express their individuality and find their independence at this stage in their life. This can bring with it many challenging behaviours such as experimenting with alcohol, drugs and/or sex, absences from home or school or a breakdown in normal communication. All of these behaviours can cause mothers a great deal of stress and anxiety.

Elderly parents

In addition to having teenagers, many women experiencing menopause also have ageing parents or parents-in-law who require care. "These women are often caught between generations, raising their own family and providing care to elderly parents," explains Bronwyn. For some women having to take on this caretaker role comes at a time when they thought they would have less responsibility. "Their children are older and they have a little bit of free time but suddenly this long awaited free time is taken away again with having to care for elderly parents," explains Bronwyn.

Finances

The global financial crisis has left some women less financially secure. Women who had planned an early retirement might now be faced with working for many more years. For other women separation or divorce might mean a poorer financial position, even having to rebuild their financial future.

How women can help themselves

It is quite common for women to use alcohol as a way of coping with the stressors of the menopausal transition. "While alcohol does help women de-stress, women need to explore healthier strategies besides having a glass of wine every night," explains Bronwyn. Healthier strategies include:

Limiting caffeine

Women suffering from fatigue as a result of disturbed sleep or experiencing brain fog, often look to caffeine as a stimulant. While a small amount of caffeine is okay and can help women feel alert, too much caffeine can in fact be detrimental. Caffeine is a stimulant and increases the amount of the hormone adrenalin in the body. As a result too much caffeine can cause anxiety-like symptoms such as heart palpitations and flushing of the skin. Therefore, limiting the amount of caffeine can improve anxiety symptoms. Caffeine is found in coffee, tea, chocolate, cola and some energy drinks.

Exercise

Regular exercise is a great way for women to manage stress and anxiety. When we exercise our body releases endorphins, chemicals that make us feel happier and calmer. In addition, participating in regular exercise also helps women maintain a healthy weight and keeps their bones strong, both important factors for menopausal women. Taking up regular exercise can also be a way for women to get out and about again if they have not been participating in activities or events due to issues with anxiety. "Participating in

a group sport can be particularly beneficial," explains Bronwyn. "It gives people a sense of belonging and they are more likely to commit to it longer term."

Managing underlying health conditions

If women are experiencing health problems such as hot flushes or night sweats, urinary incontinence or heavy bleeding they can see their GP. Managing night sweats, for example, can contribute to a better night's sleep which can help women cope with other menopausal symptoms. Similarly, not worrying about incontinence or bleeding issues can be a weight off a woman's mind.

Relaxation

There are many different forms of relaxation that women can participate in including yoga, meditation, tai chi, progressive muscle relaxation and visualisation. Practised regularly they can help reduce anxiety levels, lower blood pressure and improve concentration.



Keep the mind active

Women who feel their memory has declined can participate in activities that keep the brain active. "Doing crosswords, Sudoku, learning a new language, learning new skills, all stimulate the brain," explains Bronwyn.

By recognising the stressors that can contribute to anxiety at this stage in a woman's life, women can hopefully experience a smoother menopausal transition.

For more information visit: <<http://www.womhealth.org.au>> or call the **Health Information Line: 1800 017 676.**

Kirsten Braun

Women's Health Queensland Wide

This article was first published in Health Journey 2013 Issue 4. Reproduced with permission.



NEXT NEWSLETTER TOPIC

'DISCRIMINATION'

DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

Share your insights with over 400 health & community organisations and other women in Queensland.

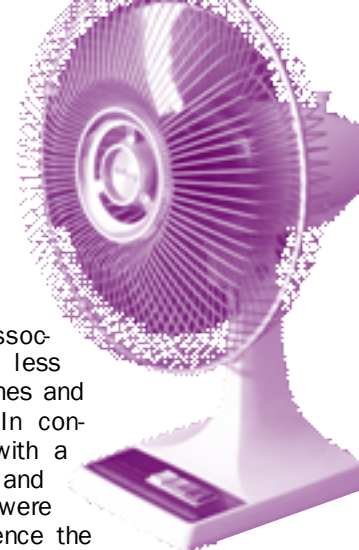
We welcome articles, news items, and other non-profit submissions.

Contact us asap prior to deadline at: coordinator@qwhn.asn.au for full submission guidelines.

DEADLINE: 5 June 2015

Moderating Menopause Symptoms

There is now good evidence that diet can affect the severity of menopausal symptoms.



Menopause marks the end of the fertile phase of a woman's life, and it can either occur spontaneously (natural menopause) or surgically. The median age of natural menopause is 48–52 years.

There are a number of symptoms associated with menopause, although some women may not experience any of these. Hot flushes and night sweats (Vasomotor Menopausal Symptoms [VMS]) are shown to be associated with menopause. Some women may also experience depression, anxiety, irritability, mood swings, joint pains, migraines, and urinary incontinence during menopause.

Using data from the mid-age cohort (born 1946–51) of the Australian Longitudinal Study on Women's Health (ALSWH), we found several patterns in how women experience menopause symptoms:

- 11% experienced hot flushes and night sweats during pre-menopause, and these symptoms increased in severity during the menopausal transition then decreased markedly after menopause.
- 29% experienced severe VMS that peaked during post-menopause and remained severe for up to ten years after menopause.
- The majority experienced only occasional VMS during perimenopause, and although the symptoms increased up to the time of menopause, they were unlikely to rise to severe levels and tended to decline in post-menopause.

Findings from this study show how vasomotor symptoms during the menopausal transition can be different for each woman.

Identifying these patterns in menopausal symptoms may help guide the optimal management options. Women can now choose from an expanding repertoire of management options, including hormonal and non-hormonal, as well as complementary and alternative medications.

Another management strategy may be through diet. There is now good evidence that diet can affect the severity of menopausal symptoms experienced by women.

Menopausal symptoms are known to be more severe in women with high alcohol consumption, and those who are overweight, have sedentary lifestyle, and smokers. Previous evidence suggested that the inclusion of soy in the diet, along with reducing fat, could help to reduce symptoms.

The findings of a new study (again using ALSWH data) shows that a diet rich in fruit and vegetables, and other Mediterranean-style foods (pasta, garlic and red wine), but with less meat and

sweets, is associated with less severe hot flushes and night sweats. In contrast, women with a diet rich in fat and refined sugar were likely to experience the symptoms. This finding suggests that diet could help many women to manage their menopausal symptoms successfully.

The Mediterranean and fruit-based diets are also high in fibre and lower in saturated fats. This combination results in a lower concentration of oestrogen in the blood, and also less overall variation in the levels of the female hormones. It is the abrupt changes in hormone concentration that lead to the symptoms.

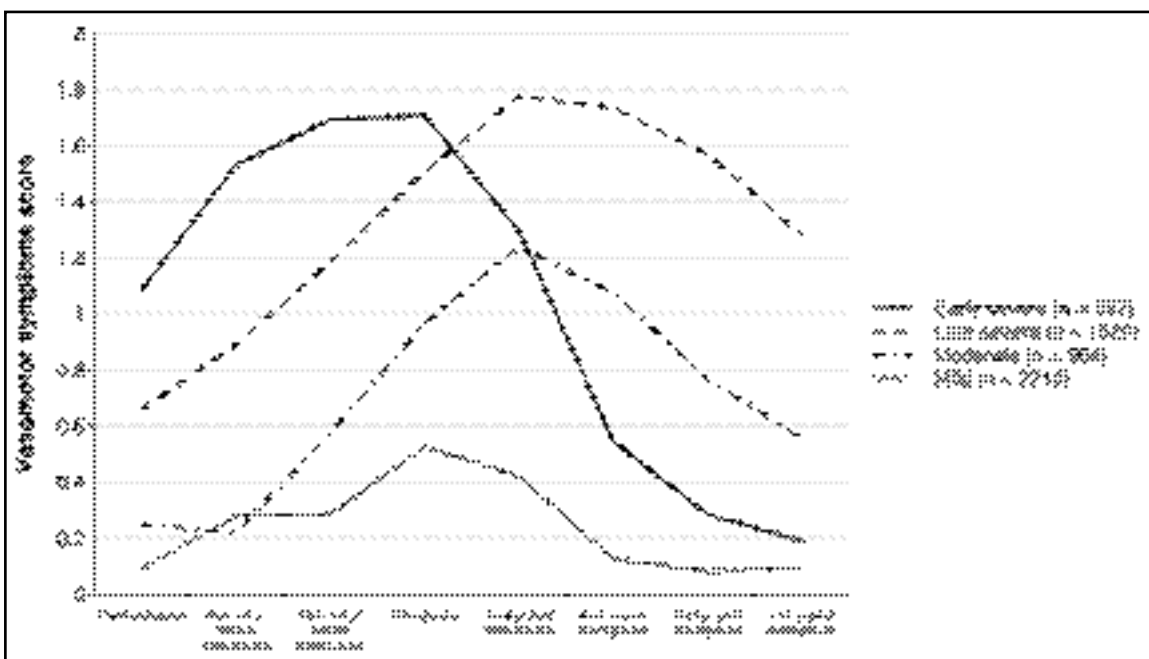
Diets that contained large amounts of saturated fat were associated with higher oestrogen and more severe symptoms. Diet was also found to be strongly linked to lifestyle; the women reporting an unhealthy diet were also less likely to participate in regular exercise. This may also have an effect on the severity of the symptoms.

For women looking to reduce menopausal symptoms without resorting to hormone therapy, we advise increasing the amount of vegetables in the diet, while also cutting out some saturated fat, such as that found in processed foods or red meat.

processed foods or red meat.

To find out more about menopause, visit the ALSWH website: <http://www.alswh.org.au/resources/menopause>.

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Director
Australian Longitudinal Study on Women's Health
Tel: (07) 3346 5224



Patterns of vasomotor symptoms by age at menopause Source: Menopause (2012) Vol:15(9)

women's
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australian longitudinal
study on women's health

Perimenopause are we there yet?



Did you know that the medical definition of menopause is simply when it's been 12 months since your last menstrual period? After that point, a woman is classified as postmenopause. The time leading up to menopause is called perimenopause, when many 40-something women experience fluctuations in their menstrual cycle, PMS-like symptoms (sore breasts, bloating, headaches, mood swings), tiredness, forgetfulness, hot flushes and weight gain). Perimenopause can last anywhere from one to ten years, with the average time being four to six years. During this time, your hormone levels become erratic which leads to a range of symptoms. Unfortunately, there is no way to predict how long perimenopause will last but we do know it varies between women and between women in the same family.

So what can you do? The first step is to examine your lifestyle; make sure you are eating a healthy balanced diet and getting enough physical activity. Now is the perfect time to take stock of your health and make small changes where necessary. You should also make sure you always use contraception until 12 months after your last period to avoid unwanted pregnancy.

If your symptoms are severe or if they are interfering with your quality of life, seek help from your health professional. Possible therapies include the combined oral contraceptive pill, hormone replacement therapy, the Mirena intrauterine device (IUD) (to treat heavy bleeding) or natural therapies prescribed by a trained naturopath.

More information on menopausal symptoms, treatment and management options can be found at: <http://jeanhailes.org.au/health-a-z/menopause>.

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jeanhailes.org.au
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How can I eat healthy in my late 40s and early 50s?

Nutrition quality and other lifestyle factors need centre focus at this time. Many women's lifestyles slow down, metabolic rate naturally decreases, and body composition shifts, with muscle mass decreasing and fat stores increasing. Accompanying changes in hormones can distribute body fat around the waist area – a risk factor for developing certain chronic diseases – along with the well-known 'kilo creep'. Unfortunately, there are no quick fixes.

What are some mistakes not to make during these years?

- Avoid skimping on essential food groups – follow the Australian Dietary Guidelines to ensure your body receives the right amount of vitamins, minerals, fibre, and antioxidants, all essential for good health. Visit: www.eatforhealth.org.au.
- Avoid fad/crash diets – they are not sustainable and excessive decrease in kilojoules alone slows down metabolic rate.
- Don't skip meals – they help maintain a healthy weight, and make you less likely to choose unhealthy snacks.

What are good tips to keep my body in top condition?

- Eat well and enjoy food – focus on quality not quantity.
- Include heart-healthy fats – women aged 45 and over are 4 times more likely to die of heart disease than breast cancer. Visit: www.heartfoundation.org.au/healthy-eating/fats/.



food files
with
Maria Packard
NUTRITION MANAGER, HEART FOUNDATION

- Drink water – keep a regular pattern of drinking water throughout the day. A normal decline in kidney function with age, plus hormonal changes, decreases thirst perception.
- Keep active – maintaining muscle mass increases metabolic rate making for a higher potential to burn kilojoules.
- Try a food diary – helps track goals, plus any appetite and weight changes.

How can I check if my changes are effective?

- Set up regular health checks with your GP – know your risk factors!
- Review weight management goals regularly – speak to an Accredited Practising Dietitian for personalised advice on how to achieve these goals. Visit: www.daa.asn.au for information.

Lesbians and menopause

Challenging the negative, stereotypical perceptions of menopause and the narrow view of women at mid-life

By **Jenny Kelly** RN RM PhD

Research on menopause has largely been conducted from a medicalised and heterosexist perspective and, as a result, lesbians' experiences remain unknown and invisible.

Whilst working as a women's health nurse in a regional women's health centre, I became acutely aware of the heterosexist nature of printed menopause information as I searched unsuccessfully for material that did not assume heterosexuality. It was then that I decided to explore lesbians' experiences of menopause as a PhD topic.

In this article, I share the views expressed by many of the participants in that study who challenge the negative, stereotypical perceptions of menopause and add a new positive dimension to the current narrow view of women at mid-life. As a registered nurse, midwife and postmenopausal woman, I realise that menopause is an individual experience and often presents us with a range of physical and emotional challenges. I do not wish to downplay or trivialise the difficulties some women experience at this stage of life.

In my thesis I discussed menopause as a social construction and focused on the issues identified as important by 116 perimenopausal and postmenopausal lesbians from every Australian state and territory.¹ Much of the existing information for women at mid-life focused on the negative issues associated with menopause, such as dry vaginas, painful sexual intercourse, hot flushes, severe mood swings and loss of libido. Results from the study highlighted that these issues were of little relevance or concern for many of the participants.²

Four major themes emerged: body image and menopause, sex and sexuality, hormone replacement therapy (HRT), and health services and homophobia. In terms of body image, over a quarter of the participants explained how a lesbian identity afforded them a sense of freedom from many of the pressures placed on women to conform to stereotypes of shape, beauty and fashion. Many women spoke about the importance of developing fitness and strength at this stage of life in

contrast with the mainstream focus on weight and shape.

Much of the mainstream literature identified male partner sexual problems as one of the key determinants in women's decreased interest in sex at this stage of their lives. Not surprisingly, results of this study did not report such problems. Forty-three per cent of participants reported no change in their level of sexual interest and/or desire at menopause and less than half (48%) of the participants reported a decrease in frequency of sexual activity.

Feminists have long been aware and critical of the medicalisation of women's lives. A great deal of the literature on menopause reflects a biomedical model of health and women are often prescribed HRT for management of troublesome 'symptoms' of menopause (e.g. hot flushes and night sweats). Many lesbians in the study, although experiencing physiological changes related to menopause, did not seek medical intervention, whereas 16% were taking HRT. Some participants suggested that HRT may be more popular with heterosexual women, and several spoke of the role HRT plays in perpetuating the role of 'compulsory heterosexuality'.³

Lesbians are likely to use a range of health care providers in their search for more holistic and less discriminatory care. Almost one quarter of participants (24%) indicated that they relied on a variety of health care professionals (e.g. GPs, naturopaths, Chinese herbalists) rather than one main provider. Thirty-nine per cent of participants were health professionals or worked in the health industry. Many of these women spoke of the homophobia and discrimination they experienced in their workplaces. Although lesbians do not face specific health risks as a result of their sexual orientation, the effects of homophobia have detrimental effects on their health and well-being.

The results of this study challenge negative, stereotypical views of lesbians and menopause. My hope is that by centring lesbians' positive experiences of menopause in this way, heterosexual women may see that societal patriarchal construction (in terms of the body, notions of femininity and the negative views so often internalised about the end of our fertile



years) is in fact avoidable. The findings confirm the many benefits for lesbian feminists who are attempting to defy heteropatriarchy and live autonomous, self-defined lives. The voices of the women in this study present us with challenges and exciting choices. I encourage all of us to take up these challenges.

Jenny Kelly is a registered nurse and midwife and currently works as a health researcher in North Queensland. Her professional background is multidisciplinary, with qualifications and experience in adult education, women's studies and public health. Jenny is committed to research that improves outcomes for underserved and marginalised populations, particularly those in rural and remote locations. She can be contacted at: thursdayis@optusnet.com.au

References

1. Kelly, J. (2003) 'Lesbians' experience of menopause', PhD thesis, Deakin University, Geelong. Available at: <<http://dr.o.d.e.a.k.i.n.e.d.u.a.u./ese.rv/DU:30023189/kelly-lesbians-experience-2003.pdf>>. Accessed 2 February 2015.
2. Kelly, J. (2005) *Zest for Life: Lesbians' Experiences of Menopause*. Spinifex Press, North Melbourne.
3. Rich, Adrienne (1980) 'Compulsory heterosexuality and lesbian existence', *Signs* 5 (4) 631-660.

snapshot

NATIONAL WOMEN'S HEALTH POLICY



“Menopause is a significant life stage for all women... In the post-menopausal years, violence against women, while increasing, is still under-reported.”
(pp. 59-67).

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women's Health Policy 2010, DoHA, Canberra.



what's on?

Important Events and Conferences



**24–27 MAY
2015**

13TH NATIONAL RURAL HEALTH CONFERENCE 2015 – DARWIN

PEOPLE PLACES POSSIBILITIES

This is the most important biennial event on the agenda of those interested in the health and well-being of people in rural and remote areas. The conference will have a strong focus on the social determinants of health, and presenters from sectors including education, employment, Indigenous affairs, community services, housing, transport, agriculture, fishing and mining will have an important place on the program. It will feature research reports, reviews of successful health-related services, arts-and-health presentations and analysis of some of the key policy issues of the day impacting on rural well-being.

FOR INFORMATION visit: <<http://www.ruralhealth.org.au/13nrhc/>>.

**26–27 MAY
2015**

BIENNIAL NATIONAL HOMELESSNESS SUMMIT – SYDNEY

DEVELOPING THE INTERVENTION AND INTEGRATION STRATEGIES TO BREAK THE CYCLE OF HOMELESSNESS

Reflecting on the complex interplay of issues that result in homelessness, the 2015 National Homelessness Summit will bring together government representatives, academics and community organisations to provide an integrated response to combating homelessness in Australia that addresses policy implications, funding services and strategies specifically targeted at high-risk and vulnerable groups.

FOR INFORMATION visit: <<http://www.informa.com.au/conferences/health-care-conference/biennial-national-homelessness-summit>>.

**29–30 JULY
2015**

AUSTRALIAN COMMUNITY WORKERS CONFERENCE – MELBOURNE

Bringing together a faculty of prominent industry experts, the event will provide timely and in-depth insights for community work practitioners and their companies into the fields of organisational, community and professional development.

Reflecting the theme of 'Many occupations, one profession', the event will not only enhance the knowledge and skills-base of community workers, but will also bring together the whole sector for knowledge exchange and network building.

FOR INFORMATION visit: <<http://www.informa.com.au/conferences/health-care-conference/australian-community-workers-conference>>.

**12–14 AUG
2015**

16TH INTERNATIONAL MENTAL HEALTH CONFERENCE – GOLD COAST

The theme of the 16th International mental health conference is 'Mental health future for all', across the broad spectrum of mental disorders including anxiety, depression, post-traumatic stress disorders, bipolar, depression and suicide. This conference will bring together leading clinical practitioners, academics, service providers, and mental health experts to deliberate and discuss mental health issues confronting Australia and New Zealand. Topics include: early intervention and treatment advances; recovery oriented practice; e-health, technology and social media; suicide prevention and support; child, youth and family mental health promotion and services; demands for an ageing population; targeted services for vulnerable groups; Indigenous mental, social, emotional and environmental health; LGBTI mental health promotion and resilience; workplace health and well-being.

FOR INFORMATION visit: <<http://anzmh.asn.au/conference/index.html>>.

**25–27 SEPT
2015**

19TH AUSTRALASIAN MENOPAUSE SOCIETY CONGRESS – CANBERRA

Differing opinions have been published regarding the link between hormone levels and mood disorders. At the 2015 19th AMS Congress in Canberra, the focus will be on 'Menopause – Mind over Matter' with topics ranging from how memory works and normal age-related cognitive decline, why women are more at risk of dementia and reducing the risk, HRT and its links with cognition, also androgens and cognitive function. Other topics will pick up on the latest in managing menopause and more, including strategies to improve well-being.

FOR INFORMATION visit: <<http://www.menopause.org.au/health-professionals/ams-congress-2015>>.



omen's health on the net

Hot Spots on the Internet for Women

MINDSPOT CLINIC

<http://mindspot.org.au/>

The MindSpot Clinic is a free service (funded by the Australian Government) for Australian adults with stress, worry, anxiety, low mood or depression. They provide mental health Screening Assessments, Treatment Courses or help people find local services that can help. The team of mental health clinicians is based in Sydney, and provides free internet or telephone services to Australian adults.

The website includes information about types of anxiety and depression and a

brief anxiety quiz and depression quiz.

For information visit the site or call 1800 61 44 34.

HEALTHIER. HAPPIER.

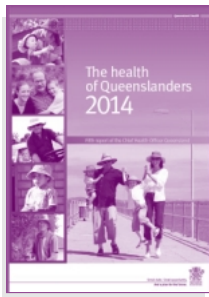
<http://healthier.qld.gov.au/>

The Queensland Government's Healthier. Happier. site now has some great fitness workouts to get you sitting less and moving more. Free to use, you won't need fancy equipment and you can complete them in your own home.

There are three workouts to choose from: beginner, low-intensity and moderate intensity. Each takes you

through basic cardio, upper-body exercises, lower-body exercises and abdominal work. Together, these can combine to a 15-minute or 30-minute workout when you're ready. There are also mini workouts to help get you started, including: TV ad workout; Get Moving; Move with a friend; Feel Good; Over 60s. If you prefer, download the printable programs of each workout, which explain the exercises in detail.

Before you begin, make sure you check out the introduction video for tips. Remember, small positive changes can make a big impact on how you look and feel.



The health of Queenslanders 2014

'The health of Queenslanders' is released every two years to report on the health status and burden of disease of the Queensland population.

We are a healthy state:

- outliving much of the world — of 187 countries, Queensland ranked among top 10
- living longer — a gain of about two years in the past decade
- death rates going down — 14% decrease in a decade, and a larger decline in premature deaths
- smoking less, breathing easier — over a decade, smoking decreased by 26% ...

But not in every way:

- diabetes increasing — prevalence increased by 25% over the past 12 years
- gaining weight — average adult Queenslanders gained about 3kg in a decade and obesity rates increased 2.5 times over two decades — by measurement 28% of children are overweight or obese and 65% of adults
- dementia rising — the number of cases likely to increase more than fivefold by 2050
- young minds troubled — anxiety and depression a leading cause of disease burden, with suicide the leading cause of death in young people
- poor diet choices — more than one-third of daily energy intake derived from energy-dense, nutrient-poor foods such as sugary drinks, snack foods and confectionery.

And not every person is healthy:

- death by disadvantage — about 2500 premature deaths associated with socioeconomic disadvantage
- high Indigenous Queensland death rates — about 60% higher than the non-Indigenous rate
- smoking during pregnancy — 15% smoked at some time and about 40–50% of teenagers and Indigenous Queensland women doing so
- wide disparity in outcomes ...

Females

Burden of disease

- The leading causes of total female disease burden were low back pain, coronary heart disease and other musculoskeletal disorders.
- The leading causes of:
 - premature death were coronary heart disease, stroke and breast cancer
 - disability were low back pain, other musculoskeletal disorders and major depressive disorders.

Deaths

- There were 12,784 female deaths in 2010 and 30% (3,854 deaths) were premature. Two-thirds of the premature deaths were avoidable ...
- The leading causes of death were coronary heart disease, stroke, dementia, lung cancer and chronic obstructive pulmonary disease.

Cancer incidence

- There were 10,422 new cases of cancer diagnosed in females in 2011. The female incidence rate was 31% lower than the male rate.
- The leading cause of new cases diagnosed was breast cancer (28%) followed by melanoma (13%), colorectal cancer (12%), and lung cancer (8%).

Long-term conditions

- About 1 in 4 (28%) of all females reported a respiratory condition with hay fever, asthma and chronic sinusitis the leading causes. Females were 9% more likely to report a respiratory condition than males.
- About 1 in 4 (28%) of all females reported a musculoskeletal condition with arthritis and back pain the leading causes. Females were 8% more likely to report a musculoskeletal condition than males.
- In addition, 1 in 8 females reported a mood disorder, 1 in 12 reported migraine and 1 in 20 an anxiety disorder with prevalence of each higher than male prevalence ...

Risk and protective factors

Females have lower prevalence of many risk factors than males including the two with the greatest impact on the development of chronic disease — smoking and obesity. Smoking rates in females are relatively low but obesity rates are high — 28% of adult females were measured as overweight in 2011–12 and 29% obese. Furthermore, the rate of overweight and obesity is increasing. Although females have a better nutrition profile than males, only about half eat sufficient fruit each day and about 1 in 8 sufficient vegetables ... However, females are less active than males, with 53% meeting the recommendations compared with 61% of males.

This article is comprised of extracts from: Queensland Health. The health of Queenslanders 2014. Fifth report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2014. The full report is available at <www.health.qld.gov.au/CHO_report>.

mouth matters

with
LAURELYN HIGGINS
Registered
Dental Hygienist



How does menopause affect my oral health?

Are intermittent hot flushes and sleepless nights driving you crazy? Known as the 'change of life', menopause also brings about some changes in the mouth due to fluctuating hormone levels. They can range from a dry mouth and altered taste to a risk of periodontal (gum) disease.

Periodontal disease is an infection of the tissues that surround and support the teeth. If untreated, it can cause tooth loss. Some warning signs include red, swollen gums that bleed when cleaning the teeth or eating hard foods.

Osteoporosis is a condition of reduced bone density or mass. The leading cause is a drop in oestrogen production after menopause. Studies suggest that osteoporosis may lead to tooth loss because the bone density which supports the tooth may be decreased.

Both osteoporosis and periodontal disease can have serious consequences for the jawbone and teeth. It's vital that menopausal women take care of their bodies and their oral health. Here are some simple steps that can be taken:

- Talk to your doctor about a bone density scan.
- Ask your dentist or hygienist to conduct a screening for periodontal disease.
- Follow an individualised dental home care plan to prevent or control the disease.
- Continue with regular dental check-ups, disease screenings and maintenance.

For more information about menopause and dental problems:

<www.perio.org/consumer/women.htm>

<www.perio.org/consumer/other-systemic-diseases>

<www.ada.org.au/publications/natdentup11.aspx> January: 'Women's Unique Dental Needs Overlooked'.

Menopause in the bedroom

Menopause does not have to mean the end of your sex life.



Tonight many women will find themselves burning up and getting hot and sweaty between the sheets; but for all the wrong reasons. Hot flushes and night sweats are two common symptoms of menopause that affect some women as they approach middle age.

But another less talked about symptom of menopause is its impact on women's sex lives. Most women will experience some changes in sexual function as they age due to thinning of the vaginal walls and dryness. In addition, some women find that their libido (sexual desire) decreases around this time. However, health experts are reminding older women and their partners that menopause does not have to mean the end of their sex lives for ever.

Dr Elizabeth Farrell is a gynaecologist at the Jean Hailes Foundation for Women's Health. "Many women seem to think that menopause signals the end of their sex lives but this is not necessarily true." says Dr Farrell. "If you want to have sex but you're having problems with pain, discomfort or lack of desire, you should talk to your partner and ideally see a health

professional together. There is a range of treatment options available — you don't just have to 'put up with it'. It's also important to note that not everyone will see a low-sex or no-sex relationship as a problem, and that's fine too. As long as you and your partner are both happy, that's the main thing."

For more information on how menopause can impact your relationship and sex life, go to: <http://jeanhailes.org.au/health-a-z/menopause/sex/>.

Related resources:

- 'Making your 40s fabulous: your hormones, libido and health'
Jean Hailes video: <http://jeanhailes.org.au/resources/>
- 'Menopause: what you need to know'
Jean Hailes video: <http://jeanhailes.org.au/resources/>

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Far North Qld Representative: Romina Fujii

West Qld Representative: Kim Hurlé

South Qld Representative: Karin Cheyne

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

Please contact the QWHN Coordinator Marea Hawken on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au



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MEMBERSHIP

To become a member of QWHN, simply fill in this application and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation (if applicable):	
MEMBERSHIP FEES: Individual (unwaged or student) — \$5.50; Individual (waged) — \$11.00; Organisation — \$33.00	

Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2015–30 June 2016)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/we hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website www.qwhn.asn.au)

Signature

Date

TAX INVOICE
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