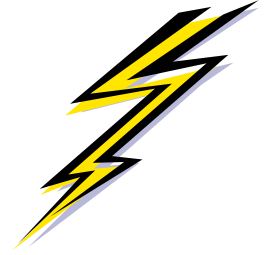




# HOT FLASHES



Newsletter of the Women's Mid-Life Health Centre of Saskatchewan

March 2010 Edition

## Guidelines for Managing Menopause and Osteoporosis Part II

By Dr. Vicki Holmes, Medical Director, Women's Mid-Life Health Centre

This is the second part of the Guidelines published by the Society of Obstetricians and Gynecologists in January 2009. Part 1 appeared in the March 2009 edition of *Hot Flashes*.

### 1. Urogenital Health

Some women find the tissues of the vulva and vagina become dry. This is due to loss of collagen and fat tissue from reduced estrogen, causing the vulva and vagina to thin and flatten with diminished secretions. The hood that protects the clitoris begins to shrink which exposes it to irritation from clothing, prolonged sitting or sexual contact. These symptoms worsen with time, increasing as time progresses since your last period. These symptoms affect 3% of women in pre-menopause to 47% of women who are 3 years past menopause. In addition to making it uncomfortable to have sex, this can also make women more susceptible to urinary and vaginal infections. The good news is this can be successfully reversed by using vaginal estrogen. Even for those on systemic estrogen, 40% also require vaginal estrogen.

The information about Stress Incontinence (loss of urine with coughing, laughing or sneezing) is somewhat controversial. In some studies, incontinence became slightly worse with estrogen taken by mouth but not applied to the skin. Urge Incontinence (having a strong urge to void and losing urine on the way to the bathroom) was somewhat improved with estrogen. The best way to reduce stress incontinence is to maintain your healthy weight.

### 2. Mood, Memory and Cognition

**Depression:** Estrogen applied to the skin improves depression in the perimenopause. Estrogen is less effective in the post menopause but is helpful as an add-on therapy to antidepressants.

**Cognition:** While women may have decline in verbal fluency, episodic memory, word finding and recall, executive function is not affected: we really *don't* lose our capacity to think! What has really become apparent is the timing of treatment. It is protective when used at the time periods quit but harmful if used for the first time in women above 65. A somewhat frightening study looked at women who had had one or both ovaries removed at a young age - mid 40's. Those who were not replaced with estrogen had a 46% increase in cognitive impairment or dementia and a 68% increase in Parkinson's disease.

### 3. Osteoporosis

Your age, your bone mineral density, as well as your history of prior fracture and steroid use are combined to give an estimate of the risk of having a fracture in the next 10 years. Your risk is HIGH if greater than 20%, moderate if between 10% to 20% and low if less than 10%. This guides medical practitioners to treat each woman appropriately. Additional risk factors included by the World Health Organization are parental hip fracture, smoking, rheumatoid arthritis, and alcohol use. A study using 1,000 mg of Calcium and 400 IU of Vitamin D showed a 29% reduction in hip fractures, while estrogen therapy showed a 42% reduction in hip fractures. Since that time, we know that more Vitamin D is needed; 1,000 IU and sometimes even more is required to achieve adequate blood levels of Vitamin D. Interestingly, those with low Vitamin D levels have a higher risk of falls.

Medications used to treat osteoporosis are very effective:

- i. Estrogen in the WHI trial showed a 34% reduction in hip and vertebral fractures;
- ii. Alendronate showed a 54% reduction in hip fractures at three years, 55% in vertebral fractures;
- iii. Residronate showed similar reductions to Alendronate;
- iv. Zoledronic Acid given by intravenous once a year showed 70% reduction in vertebral fractures and a 41% reduction in hip fractures over 3 years.
- v. Teriparatide, a parathyroid hormone given subcutaneously over 21 months, showed a dramatic improvement in bone micro-architecture that resulted in a 65% reduction in vertebral fracture and 53% reduction in non-vertebral fracture.

Everyone can improve their risks by getting adequate Vitamin D, Calcium, and exercise. Quitting smoking, and reducing alcohol and coffee also have very positive effects.

It is very encouraging that the Society of Obstetricians and Gynecologists has come out with such good information. To access more information about osteoporosis, check out to the Society's web site at [www.sogc.org](http://www.sogc.org) and click on "Guidelines, Menopause and Osteoporosis Update 2009".

---

# For Good Health Choose Fats with Care

By Donnelly Morris, Registered Dietitian

Have you ever purchased a “low-fat” or “non-fat” product? If you have, what was the reasoning behind your choice of purchase? We often hear that we need to decrease the amount of fat in our diet. Products marketed as “low fat”, “non-fat” and “fat free” are becoming more and more common in our local grocery stores. While there are certainly benefits to decreasing the amount of fat we eat, research has shown that the type of fat we eat is also very important. There are three main types of fat in our diet.

## The Bad Fats

- Saturated fats are primarily found in animal and processed food products. Too much saturated fat in the diet can increase your chance of a heart attack or stroke and raise your bad cholesterol levels. Sources of saturated fat include butter, cheese, meat products and processed foods made with lard, palm or coconut oil.
- Trans fats are typically found in commercially processed foods and baked goods, deep fried foods and foods containing hydrogenated fats and oils. These fats will not only raise your bad cholesterol, they will also lower your good cholesterol.

## The Good Fats

- Unsaturated fats are primarily found in liquid vegetable oils, non-hydrogenated margarine, nuts, and fish. Unsaturated fats can be broken down even further to monounsaturated and polyunsaturated fats. Unsaturated fats are very heart healthy and can help lower your bad cholesterol.
- Essential Fats are one particular group of polyunsaturated fats, called omega-3 fats (or omega-3 fatty acids). They are considered to be essential fats, meaning our bodies need these fats to keep running smoothly, but cannot make them on its own. Therefore we must consume these fats as part of our diet.

Unfortunately North Americans typically do not eat enough omega-3 fats to enjoy the health benefits they provide. Research has shown that omega-3 fats can help in reducing the inflammation of certain chronic conditions such as rheumatoid arthritis and inflammatory bowel diseases like colitis and Crohn's disease. Also, adequate intake of omega-3 fats may help lower the risk of other chronic conditions such as heart disease, cancer and arthritis. Omega-3 fats are also highly concentrated in the brain and appear to be important for brain memory and performance.

Like unsaturated fats, omega-3 fats can be further broken down into three different fatty acids:

- ♦ Alpha-linolenic acid – ALA
- ♦ Eicosapentaenoic acid – EPA
- ♦ Docosahexaenoic acid – DHA

ALA is the most common omega-3 fat found in food. It occurs naturally in certain plants such as ground flaxseed, flax oil, walnuts, soybeans, canola oil and hemp seeds. EPA and DHA are the naturally occurring fats found in fish, particularly fatty fish like salmon, trout, mackerel, sardine, and anchovy. Other fish provide smaller amounts of EPA and DHA. There are also many products on the market right now that have added omega-3 fats. These products include eggs, milk, yogurt, pasta and bread. When choosing foods with added omega-3, make sure to read the labels carefully! It is important to choose foods that are also low in saturated fat and excess sugar.

Another source of omega-3 fats is through dietary supplements, such as fish oil or flax oil liquids and capsules. Supplements are a good way to boost your omega-3 intake, particularly if you are not a fish eater. However, caution should be taken before starting a supplement regime. It is recommended that you consult your physician or pharmacist before taking any supplements. Omega-3 supplements, like any supplement, may react with certain medications.

So how much omega-3 fat does a person need? For the average adult with no history of heart disease, the American Heart Association recommends eating fish at least twice per week. It is also important to include a variety of other omega-3 foods like flax, walnuts, non-hydrogenated canola or soy margarine and omega-3 fortified foods in your diet every day. Here are some tips to include omega-3 fats into your diet:

- ♥ Use soybean or canola oil in salad dressings and recipes;
- ♥ Include canned fish like salmon, sardines and light tuna in your diet;
- ♥ Substitute ¼ cup of ground flaxseed for ¼ cup of flour in bread, pizza dough, muffin, cookie or meatloaf recipes;
- ♥ Replace 1 egg with 1 tablespoon of ground flaxseed and 3 tablespoons of water in your favourite recipes;
- ♥ Add walnuts or shelled hemp seeds to salads, cereal, muffins, cookies and breads.

For more information check out these websites:

- ♥ American Heart Association: [www.americanheart.org](http://www.americanheart.org)
- ♥ Heart and Stroke Foundation of Canada: [www.heartandstroke.ca](http://www.heartandstroke.ca)

---

## Salmon with Dilled Sour Cream (Serves 4)

Recipe adapted from: *The New Chatelaine Cookbook* by Monda Rosenberg

4 - 3 oz salmon steaks, about 1 inch thick  
1/2 cup low-fat sour cream\*  
2 tablespoons non-hydrogenated margarine  
1/2 teaspoon dry dill weed  
Pinch of pepper

\* to decrease fat content, use non-fat sour cream, plain low-fat or non-fat yogurt. \* To up the omega-3 content, use an omega-3 fortified yogurt.

1. Preheat oven to 450°F (230°C). Place the salmon steaks in a shallow baking dish. Stir the remaining ingredients together in a bowl. Spread over top of the steaks.
2. Bake, uncovered, in the centre of the oven for 12 to 15 minutes.

Nutritional Information: Calories 190; Protein 23.6 g, Fat 16.9 g; Omega-3 1.9 g; Carbohydrate 3g

# Ways to be Cool, When You're Not

By Mai Kubrak, 4th Year Nursing Student

The exact cause of hot flashes is unknown; however there are triggers that can bring on a wave. Keep track of your hot flashes in a journal to help identify some of your triggers and avoid them in the future. It may be helpful to include the time of day, what you were doing or eating, and how you were feeling.

## Common Triggers

- alcohol
- stress/feelings of anxiety
- smoking
- spicy food
- caffeine
- hot temperature (inside or outside)
- hot food or drink
- hot bath or shower



## Tips to Relieve Hot Flashes

If you experience mild to moderate hot flashes, here are some lifestyle changes you may consider trying out.

### Layer Up. To Cool Down

- Dress in layers to make it easier to remove a layer of clothing as you get warmer, or add a layer if you're feeling cool.
- Some women find relief sticking their hands into cold water during or after a hot flash to cool down.

### In the Bedroom

- Keep the room cool for sleeping by turning down the thermostat.
- Keep a fan on your side of the bed (so the cold doesn't bother your partner as much).
- Check out "hot flash sleepwear" which is made from a special fabric that pulls moisture and perspiration away from the skin onto the surface of the fabric where it evaporates.
- Place an ice pack under your pillow. When you experience a hot flash simply turn it over to lie on the cool side.

### Move It

Regular exercise helps reduce stress (which is a trigger for a hot flash) and promotes better sleep.

### Just Breathe

When you feel a hot flash coming on, try this relaxing breathing technique: breathe in through the nose and out through the mouth slowly.

### Alternative Therapies

Alternative Therapies may be used for the treatment of mild hot flashes. Keep in mind that using any type of herbal or over-the-counter preparation carries the possibility of side effects and interaction. Speak with your healthcare provider prior to trying any of these remedies:

- **Black Cohosh** (may be marketed as Remifemin): an herbal supplement used to manage hot flashes; symptom relief is expected around 8-12 weeks.
- **Isoflavones**: weak, plant-based substances which can act as estrogens in the body to manage mild hot flashes; commonly found in soy foods and soy supplement pills. Caution is advised for women who have or are at risk for breast cancer and endometrial cancer. There is insufficient reliable information regarding effects of isoflavones on hormone sensitive cancers.
- **Non-prescription topical progesterone cream**: marketed for mild hot flashes, available in various doses, formulations and sites for application.

### Prescription Therapy

Prescription therapy is targeted for women with persistent to severe hot flashes. Each of these medications carries side effects and contraindications which may not be appropriate for all women. Speak to your healthcare provider to determine the best option for you.

- **Estrogen Therapy**: the only therapy approved by Health Canada for treatment hot flashes.
- **Estrogen Progesterone birth control pill**: is appropriate for women who are non-smokers and going through perimenopause.

### Non-Hormonal Therapies

- Antidepressants such as venlafaxine (Effexor), desvenlafaxine (Prestiq), paroxetine (Paxil), fluoxetine (Prozac).
- Anticonvulsants such as gabapentin (Neurontin).

## Hormone Therapy: Science or Celebrity

9:00 a.m. to 12:00 noon, Saturday, April 17, 2010  
Elim Tabernacle, 3718-8th Street East, Saskatoon

Hormone Replacement Therapy has been in the news more in the past few years than ever before. This influx of information can be confusing.

The health care professionals at the Women's Mid-Life Health Centre recommend a rational approach based on strong scientific research. If you want to know more, the *Hormone Therapy: Science or Celebrity* forum is the place for you.

While there's no admission charge, donations are gratefully accepted. Healthy refreshments will be served.

For additional information call (306) 978-3886.



## Indulge Yourself

You'll find delights galore at Sole ~~Soul~~ of a Woman ... an evening of replenishment

The Women's Mid-Life Health Centre invites you to enjoy this fundraiser from 7 to 10 p.m. March 24 at the Darrell Bell Gallery.

For further details and tickets visit [www.picatic.com](http://www.picatic.com)

Please watch the website ([www.menopausecentre.org](http://www.menopausecentre.org)) or call (306) 978-3888 for details.

# Why is Oral Health Important for Women?

By Cynthia Ostafie, Dental Health Educator, Oral Health Program, Public Health Services

Women have special oral health requirements during unique phases in their lives. Changes in hormones during menopause exaggerate the way gums react to [plaque](#), a sticky layer of germs that form on teeth, gums and tongue. Plaque can cause bad breath, cavities and gum disease.

Research has linked gum disease to several health problems that affect women. Because [gum disease](#) is a bacterial infection, it can enter the bloodstream and may be a factor in causing health complications with heart disease, respiratory problems and diabetes.

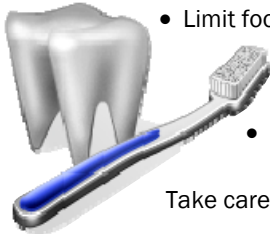
Studies have also suggested a link between osteoporosis and bone loss in the jaw. When combined with gum disease, osteoporosis speeds up the process of bone loss around the teeth. This can lead to tooth loss.

Gum disease is often painless, so women may not realize they have it until it reaches an advanced state. Gums that are inflamed, bleeding and swollen are not healthy. So, women need to be especially thorough when brushing and flossing every day.

During menopause, some women can experience changes in taste or dry mouth, which is a burning sensation in the mouth. It is important to consult your physician and dentist with minor symptoms to ensure that it is not a sign of a more serious condition.

Some tips for good oral health are:

- Use a fluoride toothpaste and brush your teeth, gums and tongue twice a day with a soft-bristle toothbrush.
- Floss once each day.
- Limit foods and beverages that contain sugar.
- Limit foods and beverages that are high in acid, which can cause dental erosion.
- Avoid all tobacco products.
- Have a dental check-up every year.



Take care of your teeth and gums and your whole body will **SMILE !!**



## Dance Back in Time

Get ready to dust off your bell bottoms and boogie in your platform dancing shoes at a Vegas-style disco.

The 70's and 80's make a comeback when the eight piece band Studio 54 plays live at The Ivy on Thursday, April 1st.

It's a glitzy Pink Lime Party at a new time of year, with proceeds coming to the Women's Mid-Life Health Centre of Saskatchewan.

To add an element of surprise to your escape from the everyday, we're keeping silent about the goodies on the auction block.

You get down for a \$35 ticket. The doors open at 8:30 p.m.

To start your long weekend off right, buy your tickets at:

[www.picatic.com](http://www.picatic.com)

The Ivy Restaurant and Lounge (306) 384-4444

Women's Mid-Life Health Centre (306) 978-3888



### Hot Flashes Now Available Electronically

Like other charities, the Women's Mid-Life Health Centre works to keep up with the times on a limited budget. We're combining both in our offer to send your copy of the Hot Flashes newsletter via email.



Women's Mid-Life Health Centre  
of Saskatchewan

227-230 Avenue R South  
Saskatoon SK S7M 2Z1  
P: (306) 978-3888  
E: [info@menopausecentre.org](mailto:info@menopausecentre.org)  
F: (306) 978-7801

*Opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of the Women's Mid-Life Health Centre of Saskatchewan.*

**ISSN 1705-9593 (Print) ISSN 1705-9607 (Online)**