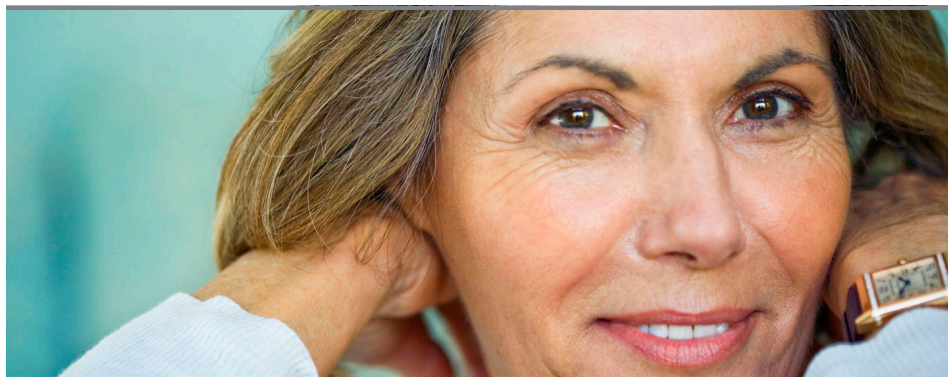


Hot Flashes Newsletter

Produced by Women's Mid-Life Health Program

Vaginal Health and Menopause

By Brenda de Bakker RN, NCMP



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Menopausal and postmenopausal women who experience troublesome vaginal symptoms often do not discuss these with their healthcare providers. This is because of a misconception that these symptoms are part of aging, so there are no options available to help the situation, and the subject is often embarrassing for many.

All women who are transitioning through menopause or in the post-menopausal years should consider bringing these symptoms to their next doctor visit, rather than accepting the situation.

Estrogen has a strong influence on a woman's vaginal health. Consequently, the lack of estrogen and the prolonged time without estrogen brings about symptoms of vaginal dryness, itching, burning, discomfort and pain with intimacy, urinary incontinence and increasing urinary tract infections. The term vaginal atrophy is the medical term to describe menopause and these vaginal changes/issues described by women.

Many menopausal symptoms will resolve as a woman ages and becomes menopausal. For instance 90% of women with hot flashes will find they resolve approximately 9 years after menopause. This is not the case for genitourinary symptoms. In fact these symptoms are more likely to worsen over time if not addressed.

For many women these problems can have a negative impact on their quality of life. Today, there are increasingly numerous options available to manage a woman's vaginal health.

For those women who are experiencing mild symptoms or those who wish to use non-hormonal options it is recommended to start with vaginal moisturizers and lubricants.

Moisturizers should be used regularly 1-3 times a week. A vaginal moisturizer is meant to assist the cells with retaining moisture much like any hand or body moisturizer on the market.

There are several over-the-counter vaginal moisturizers like Replens, RepHresh, Vagisil, Feminase, Zestica, and K-Y Silk. It is important to review a product's ingredient list and look for hyaluronic acid as this has been shown to be effective in treating vaginal dryness. It is also important to avoid parabens, propylene glycol, and glycerin free products as these additives can be irritating to the skin. Coconut, mineral, and olive oils are other natural options for vaginal moisturizers that are effective and low cost. These oils can also be used as lubricants.

Lubricants are to be used with sexual activity to improve comfort and lubrication. There are numerous over the counter products available in three different categories - water, silicone, or oil bases.

Essentially, a woman should try various products to decide what they prefer to use.

For those women with more advanced vaginal symptoms, there are prescription low dosed estrogen products and DHEA available. These medications are very effective and can be used safely by all women including those who have had a medical history of cancer.

The options available for low dose estrogen vaginal treatments include vaginal suppositories, creams, and vaginal rings. DHEA is available in a cream or a suppository.

The medicinal and non-medicinal options have been mentioned but there are many other options including pelvic floor physio, lifestyle choices, and numerous other factors to consider with your healthcare provider.

The menopause journey is very individualized - not every woman has the same experience. This is also why it is a benefit to discuss these symptoms with your healthcare provider and start a treatment plan together.

Reference:
Menopause Practice - A Clinician's Guide 6Th Edition - Article: State P.Vaginal Hyaluric Acid as Effective as Vaginal Estriol for Dryness. Arch. Gynecol.Obstr. Dec, 2013.

Androgens and Menopause

By Angela Baerwald PhD, MD, CFPC

Androgens are being recognized for playing important roles in women's health and well being, despite being produced in smaller quantities in women compared to men.

There are different types of androgens produced within the ovaries, adrenal glands and skin in women: Testosterone (T), dehydroepiandrosterone (DHEA), dehydroepiandrosterone sulphate (DHEAS), and androstenedione (A4).

Androgens are secreted into the blood-stream where they are primarily bound to 2 proteins: sex hormone binding globulin (SHBG) and albumin. Androgens that are not bound to proteins travel freely in the blood, enabling their activity in target tissues. Enzymes present in the skin, ovaries and adrenals can convert androgens from one type to another, leading to the biologically active form known as Dihydrotestosterone (DHT). Alternatively, androgens can function as precursor hormones which are then converted to estrogens. Enzymes present in the liver, muscles, fat, skin, kidneys or bones convert metabolites (breakdown) forms of hormones which are eventually excreted in the urine. Certain situations, such as obesity, Polycystic Ovarian Syndrome (PCOS), Insulin Resistance, and Congenital Adrenal Hyperplasia (CAH) can result in overproduction of androgens. By comparison, conditions which affect the functioning of the pituitary gland, adrenal glands, ovaries, and thyroid may lead to reduced androgen levels.

Women produce the greatest amount of androgens in their 20s-30s, followed by a gradual decrease. By age 40, androgens have decreased by 50% and by age 50, a further 25% reduction in androgens has occurred. Symptoms associated with the reduction in androgens as women age include decreased sex drive (i.e., libido) and decreased ability to have an orgasm (i.e., arousal). It is thought that low androgens interact with levels of a chemical in the brain, dopamine, to reduce sex drive. In addition to hormones, there are several other factors which influence sexual desire including closeness and communication in a relationship, as well as anxiety, and depression. Hypoactive Sexual Desire Disorder (HSDD) is the term used to describe decreased sexual desire, not



caused by another condition. When a woman reaches menopause at roughly age 51, a reduction in estrogen occurs much more abruptly to undetectable levels compared to the gradual reduction in androgens. As a result, there is a greater proportion of androgens to estrogens in the body. The imbalance of greater androgens compared to estrogens can result in facial hair growth, acne, and scalp hair loss (male pattern baldness).

Androgens, in addition to estrogen, play an important role in maintaining the structure and function of the genitourinary tract. As a woman ages and her androgen levels fall, she may notice anatomic/structural changes that occur in her vagina, labia, clitoris, urethra, and bladder. The cervix and vaginal tissues can thin (i.e. atrophy), shrink, and become dry. The pelvic floor muscles may become weak, such that the vagina and bladder can start to protrude through the vagina outside the body, referred to as a prolapse. These symptoms can be very bothersome, both physically and emotionally for women. Intercourse can become more painful and less enjoyable; bleeding during and after intercourse can occur. Some women experience more vaginal or urinary tract infections. Testosterone is thought to maintain metabolic function, muscle and bone strength, cardiovascular health as well as mood and cognitive function. Decreased testosterone function with age may therefore contribute to decreased metabolism, decreased bone density, depression, cardiovascular disease, as well as changes in concentration and memory.

A great deal of research is currently underway to understand the roles of androgen and the use of androgen medications in women as they reach menopause. There is much we don't know about the use of androgen supplementation in women, including long term risks versus benefits. Potential risks of androgen therapy include abnormal

hair growth, acne, irreversible deepening of the voice, as well as alterations in liver function and cholesterol. It is important to remain physically active, mentally engaged, maintain a balanced diet, and minimize substance use (smoking, alcohol, recreational drugs) to optimize our health and sexual function as we age. Androgen use, more specifically testosterone, is only approved in postmenopausal women with hypoactive sexual desire disorder (HSDD). Women using testosterone therapy are advised to use transdermal treatments (eg. patches, creams). It is recommended that they undergo bloodwork every 6 months to monitor their response to treatment and to ensure that androgen levels in their blood are not too high. If women do not notice a benefit by 6 months, they should discontinue use.

In summary, the production of androgens in women and interaction of androgens with other hormones and chemicals in the body is a very complex phenomenon. All women do not produce hormones equally. As a result, a treatment one woman receives may not be appropriate for another woman. If you have questions or concerns regarding menopausal symptoms, it is important to discuss them with your health care provider. A number of supports are available to you. Stay tuned for more information regarding the use of androgen therapy in women in the future!

References:

Davis et al. 2019. Global Consensus Position Statement on the Use of Testosterone Therapy for Women. JCEM 194(10): 4660-4666

Position Statement: The 2017 Hormone Therapy Position Statement of the North American Menopause Society. Menopause 24(7): 728-753

Food Inflation: Navigating Rising Costs

By Nikole Tattre RD, CNSC



As the end of 2021 draws near, those who track spending may have noticed that their grocery bill has increased astronomically in the past year. According to Canada's Food Price Report 2021, it was anticipated that food prices would rise by 3.5% this year, which means the average family of four would spend nearly \$700 more on groceries compared to 2020. It comes as no surprise that Covid-19, which wreaked havoc on the 2020 economy, and continued to affect food prices throughout the past year. This is due to changes in demand, slowdowns and closures of food plants and distribution centres, and labour shortages. We are now also seeing climate change affecting the 2021 growing season in Canada, particularly on the prairies. It is safe to assume that food costs are going to continue to rise, which is why trimming your grocery budget - while still providing nutritious meals for your family - may be top of mind.

On a positive note, COVID-19 shutdown brought families back into their homes and kitchens and fostered the lost art of cooking and eating together at home. Pre-pandemic, Canadians were spending 38% of their food budgets on restaurants and food service with the remaining 62% being spent at grocery stores and markets. At the height of the pandemic, the spending at restaurants and food services plummeted to merely 9% of the average Canadian's food budget. Although this has recovered somewhat, maintain an eat-at-home-when-ever-you-can approach is a sure way to not only save money, but also maintain control of the nutritional value of your food. Although many are once again working outside of the home and there is no longer time for sourdough, gardening, and cooling everything from scratch, finding easy recipes with inexpensive ingredients will shave off dollars. For instance, a stir fry made with frozen vegetables and a protein source can easily be whipped up in the

amount of time it takes a driver to pick up and deliver takeout meal and costs a fraction of the restaurant price. Also, the amount of salt, sugar, and fat you use at home can be drastically reduced.

The types of food you buy may also help in saving money. The 2021 watch-list items, meaning the items projected to increase the most in cost were bakery, meat, and vegetables. These comprise the staples in many Canadian's homes and generally provide valuable nutrition. Diversifying your family's diet may help reduce the impact these foods have on your grocery bill. Try substituting half the ground beef in a recipe for equal parts of cooked mashed lentils. Consider skipping the pre-made muffins and cooked from the store and make your own in large batches once a month. Try purchasing mostly in-season vegetables and look for "imperfect" products which are often sold at a discounted price. Trust your ability to create meals using sale items and be willing to experiment in the kitchen, rather than building your grocery list from what's listed on a recipe.

Additional tips for budgeting include looking at flyers and going to one store which has more of the items you need on sale, seeking out coupons through flyers or online, and using points and rewards programs or cash-back credit cards. Although food prices may seem out of control, you can maintain some control by being conscious of food trends and making deliberate purchasing decisions, even if it means getting a little more creative in the kitchen.

Reference:

<https://www.dal.ca/sites/agri-food/research/canada-s-food-price-report-2021.html>

Pumpkin (or Squash) Mac 'n Cheese



Try this autumn-inspired, hearty recipe if you're looking for a budget-friendly family meal.

Ingredients:

1	can	canned salmon, drained
2	cups	elbow macaroni (use whole wheat if available)
1/4	cup	non-hydrogenated margarine or butter
2	Tbsp.	flour
2	cups	milk (use cow's milk or substitute unsweetened plant-based beverage)
1/2	tsp	pepper
1/4	tsp	nutmeg
1	tsp	ground mustard
1	cup	pumpkin puree (can substitute with frozen pureed butternut squash)
1	cup	shredded cheddar cheese (use more if you like it cheesy)

Heat oven to 350 degrees F.

Make elbow macaroni *al dente* according to package directions. Drain and set aside. Melt butter in a medium saucepan over low-medium heat. Stir in flour and continue to stir until smooth. Stir in milk and bring to a simmer. Continue to stir for 1 minute until thickened. Remove from heat. Stir in pepper, nutmeg, and mustard. Add in pumpkin puree and 3/4 of the cheese, stirring until melted. Add macaroni to the cheese mixture. Pour into baking dish. Top with remaining cheddar cheese.

Bake for 30 minutes or until bubbly.

Meal idea: Serve with baked chicken thighs and cooked frozen vegetable. This meal is sure to be popular among children and grandchildren.

What is Permaculture?

by Rod McLaren, Saskatoon

Mid-Life Matters Series

Watch for Dr. Renee Morissette and Dr. Angela Baerwald on CTV News at Noon with Jeff Rogstad. A series of short segments, Midlife Matters, on women's health topics will be presented on some Tuesdays during the noon show. Each topic will have a handout which will be on our website

www.womensmidlifehealth.ca

Along with health concerns during the COVID-19 pandemic, have come an increased concern for food security. This has spurred new interest in gardening, and "Permaculture".

What is Permaculture? Permaculture is much more than a method of gardening; - it is a way of thinking, of understanding, and of viewing the world in which we live. The concepts incorporated into Permaculture were first developed during the 1980's in Australia by Bill Mollison and his colleague, David Holmgren. As an ethical philosophy, Permaculture encourages care of earth, care of community, care of the future. As a way of viewing the world, it requires examination of naturally occurring patterns. As an approach to agriculture, it relies on recognition of the finite nature of the world's resources and of our place as one element not above nor outside but rather within and part of nature. Rather than seeking to merely sustain our current circumstances, Permaculture encourages active regenerative methods to restore what has been damaged with the previous methodology.

How does that fit into the renewed interest in gardening? Permaculture can provide a framework through which to assess the way we live our lives and impact our environment. New fads often prompt consumption without consideration for the effects it has on the environment and gardening has the potential to do that. Any walk down the aisle of a store selling gardening-related items will demonstrate the way we are enticed to buy not necessarily how to grow.

So how does that relate to you? Well, let me tell you a bit about me. I grew up on a farm in Saskatchewan, and gardening has been part of my life. My partner, Lily, is a retired Registered Nurse. She came from China with a background that involved growing one's own food. In retirement, the two of us have devoted an increasing amount of our time and energy into gardening and growing. Why, you ask? Our gardening pursuit gives meaning to our lives; - after all what could be more important than providing our bodies with nourishing food?

How does Permaculture fit into this? Well, that depends on how deep one wants to get into the subject. If one's goals are to grow food, either as a novice who has never tried gardening, or if one already has experience and wants to hone one's techniques, there are excellent resources close at hand. The University of Saskatchewan offers online courses, posts and videos. <http://gardening.usask.ca>

From someone with hands-on experience here in Saskatoon, be sure to check out Jared Regier's incredible website and online courses. <http://www.vegetableacademy.com>

If you have been inspired to go for broke, then check out that online Permaculture course offered by Verge Permaculture in Calgary; - I highly recommend it. <http://vergepermaculture.ca>

See you in the garden, folks.

Online Therapy Unit Service, Education and Research

For More Information, visit www.onlinetherapyuser.ca or call 306-337-3331

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