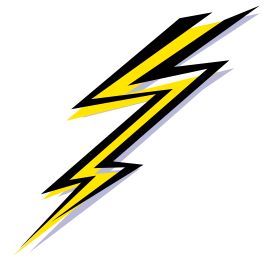




HOT FLASHES



Newsletter of the Women's Mid-Life Health Program, Women's Health Centre

Fall 2013 Edition

A Woman's Brain

By Vicki Holmes, M.D.

One of the things that I have loved about my brain in the past was that I was a great multi-tasker. It was very useful and a source of pride. No one would ever accuse me of having a perfect memory but I would challenge myself for sure. Mostly I would constantly challenge myself relentlessly. As it turns out, I am not alone; almost every woman I know is the same. Unfortunately, these are just the very things that we have been doing for years that make our brains vulnerable to aging at an accelerated rate!

Sarah, Sandra and I have just returned from the NAMS (North American Menopause Society) annual convention. An amazing woman, Sandra Bond Chapman PhD, Founder and Chief Director of the Center for Brain Health at the University of Texas in Dallas addressed our conference.

She reported that women's brains are vulnerable for many reasons, including lack of sleep, hormonal changes, caregiver burnout, stress and grief. Chemotherapy, head injury, strokes, and addictions further compromise our brain function, especially our frontal lobe area. Our frontal lobe is critical for novel thinking, planning, reasoning, decision-making, judgment and managing emotions.

Contrary to what we used to believe, we now know that our brains have plasticity - the capacity to grow and remodel; during learning and memory formation, the brain builds or remodels tiny structures on the surface of its nerve cells to store new information. Our brains are adaptable, trainable and repairable. (My husband will be particularly interested that I am trainable!)

She has developed techniques to help

improve blood flow that improves brain function by 12% as well as improving connectivity (capacity for the communication of the front to the posterior part of the brain) by 14%.

The tasks that she recommends will improve strategic thinking, reasoning and integration, and mental flexibility and innovation. By improving our capacity to think globally rather than focusing on small details, we actually think more clearly and will eventually do better on the details.

It doesn't need to be said, but we all know some of the basics; eat nutritiously, sleep, exercise, and be sociable. Strategic thinking not only protects against cognitive impairment but it helps prevent beta amyloid from being deposited. (That is the protein that clogs up our brain in Alzheimer's.) Strategic thinking can increase the networks of the two critical areas - the hippocampus and frontal lobe that results in higher order thinking.

It turns out that as we age, we do some things better. Slow thinking is a good thing when pondering critical life issues. Exploring different perspectives may provide new ideas and demonstrates integrative reasoning capacity.

There are three key frontal lobe strategies that are responsible for higher order brain functioning:

Strategic Attention & Reasoning:

blocking useless information such as constantly checking emails, responding to interruptions, eliminating distractions when having conversations.

Integrated Reasoning: the ability to learn something new and appreciate how

it relates to the global picture. Having friendly debates is an example that would stimulate this type of thinking.

Mental Flexibility: innovation that includes not only coming up with novel ideas but also being able to explore and appreciate others solutions. Even ordering something other than your favourite food at a restaurant or reading articles out of your area of interest can have a benefit.

We need to have silence to allow our brains to rest. Many of us are aware that we remember something we have been struggling with such as remembering someone's name later when our brain is at rest.

We must give up multi-tasking. It leads to shallow thinking, errors and weakens our higher order thinking capacity. It increases our stress as well that has negative consequences.

I love lists. Dr. Chapman suggests tackling two major vital tasks each day rather than getting distracted by doing the simple, less important tasks that give us joy in crossing something off the list. This will prevent procrastination on the important things; the easy things can get done during breaks.

Dr. Chapman describes these techniques in her book MAKE YOUR BRAIN SMARTER. There is a lot more to this book that will certainly challenge you to think about how you live your life. Two thumbs up! If you still want more, for \$5,200 you can attend 6 sessions at her clinic. More details are available at the Center for Brain Health's website: www.brainhealth.utdallas.edu.

Nonprescription Treatments for Insomnia

By Joanne Fontaine, Pharmacy Intern, medSask; Your Medication Information Service

Insomnia is a common problem and can occur for many reasons such as stress, medications, poor sleeping habits, or other medical conditions.¹ It may include difficulty falling asleep, staying asleep,² continuously waking up, and not feeling rested when you wake up in the morning.³ Not getting enough sleep can affect the mind and body, as well as your enjoyment of life. There are several things you can try to improve sleep without medication. These include: 1, 2,3,4,5

- Avoid napping throughout the day

- Avoid alcohol, caffeine, large amounts of fluids, and smoking within a few hours of going to bed
- Make the bedroom sleep friendly – as little light and noise as possible, no TV, electronics, or food in bed. Keep the bed for sleep and sex only
- Get regular exercise but not right before bed
- Try to go to bed at the same time every night. Going to bed earlier when not tired or staying up later when you are tired can make things worse
- Other non-medication therapies

include relaxation, sleep restriction therapy, and counseling on understanding and changing thinking about sleep

There are several herbal and nonprescription medications used for insomnia. These are summarized in Table 1. For best effect with nonprescription medication¹ :

- Use the lowest effective dose
- Use short term (no longer than 14 days); long term use has not been studied
- Gradually discontinue if used long term

Table 1: Herbal and Nonprescription Medications for Insomnia

	<i>Dose</i>	<i>Effectiveness</i>	<i>Side Effects</i>	<i>Evidence</i>
Herbals				
Valerian	400-900mg 1-2 hours before bed ^{1,6} Studies have only been done for up to 28 days, long term effect are not known ⁶	May improve overall sleep and the time it takes to fall asleep ^{1,6} Possibly effective ^{1,6}	Morning hang over feeling, dry mouth, intense dreams, excitability, stomach upset, some reports of liver damage, and withdrawal ^{1,6}	Evidence is limited ^{1,6} Few studies
Melatonin	0.3-5 mg 30 minutes before bed ⁷ Safe when used up to 6 months ⁵	May be effective in increasing total sleep time, preventing day time fatigue, reduced time to fall asleep ^{1,3} Questionable effectiveness ^{7,8}	Daytime drowsiness, headaches, dizziness, irritability, reduced alertness, confusion, situational depression, nausea and vomiting ^{7,9}	Evidence is weak ^{1,5}
Others: chamomile, eleuthero, passion flower, reishi, skull-cap, wild lettuce, hops, and St. John's wort. ⁴		Lacking evidence to support their efficacy ¹		Lacking evidence to support their efficacy ¹
Sedating Antihistamines				
Doxylamine (eg: Unisom-2)	25 mg 30 minutes before bed ^{1,10}	Improves a person's ability to sleep, improves time and quality of sleep, and decreases the amount of times a person wakes up through the night ¹	Drowsiness, morning hangover feeling, feeling drugged, headache, increased heart rate, and central nervous system stimulation ^{1,10} and tolerance	Less well studied than diphenhydramine ¹
Diphenhydramine (eg: Nytol)	12.5-50mg 30-60 min before bed ¹	Improves the start of sleep, waking up at night, time and quality of sleep overall ¹	Morning drowsiness, grogginess, delirium, urine retention, dry mouth, dizziness ^{1,11} and tolerance	Little evidence that it helps with insomnia ⁵
Other: orphenadrine, clemastine, and dimenhydrinate (gravol)		Not generally intended to be sleep aids but have sedating properties.		

References available upon request

Caffeine!

By Donnelly Sellers, RD

Did you know that globally, caffeine is the most widely consumed stimulant? Caffeine is naturally found in over 60 plants – but we often associate it with coffee, tea, soft drinks and energy drinks. Nowadays, synthetic caffeine is being added to anything from gum to chocolate bars. When consumed, it can increase mental alertness and make you feel more awake. In more sensitive individuals, it can also cause upset stomach, rapid heart rate and irritability. People who often consume caffeine on a regular basis can develop a tolerance and may experience side effects like headache or drowsiness if they suddenly stop having it.

Health Canada recommends that adults limit their caffeine intake to no more than 400 mg per day. This is the equivalent to about three 8-ounce cups of regular coffee.

Below is a list of common food sources of caffeine:

Food	Serving Size	Caffeine (mg)
Coffee, brewed	250mL (1 cup or 8 oz)	80-180
Espresso, brewed	30 mL (1 oz)	64-90
Cappuccino or Latte	250mL (1 cup or 8 oz)	45-75
Decaffeinated coffee	250mL (1 cup or 8 oz)	3 – 15
Iced Tea, sweetened	1 can (341-355 mL)	15-67
Tea, leaf or bag (black, flavoured black)	250mL (1 cup)	43-60
Tea (green, oolong, white)	250mL (1 cup)	25-45
Herbal 'teas', all varieties	250mL (1 cup)	0
Energy drink, various types	250mL (1cup)	80-125
Diet cola	355 mL (1 can)	25-43
Cola	355 mL (1 can)	30
Chocolate covered coffee beans, dark or milk chocolate	60 mL (1/4 cup)	338-355
Chocolate, dark	1 bar (40 g)	27
Milk chocolate bar	1 bar (40 g)	8-12
Chocolate milk	250mL (1 cup)	3-5

*Source: Dietitians of Canada (www.dietitians.ca)

Tropical Morning Smoothie

Serves 4

Instead of coffee in the morning, try this great wake-up smoothie for breakfast! The carbohydrates from the fruit and milk will give your brain the energy it needs to get the day going!

2 cups (500 mL)	1% Milk
1½ cups (375 mL)	Mango or peaches, peeled and chopped
1	Frozen very ripe banana
2 tbsp (30 mL)	Unsweetened shredded coconut
1 cup (250 mL)	Low-fat vanilla yogurt

In blender, combine milk, fruit and coconut. Purée until smooth. Add yogurt and pulse just until blended. Pour into tall glasses and serve immediately.

Nutrition information: Calories: 189 Fat: 3.4 g Sodium: 100 mg Carbohydrates: 34 g Fibre: 2.2 g Protein: 8.2 g

Caffeine reaches its peak at about 1 to 1½ hours after ingestion. However, it has a half-life of five hours. This means that five hours after ingestion, half of the caffeine is still floating around your body! This could have major implications to your sleep cycle, as caffeine is known to affect the time it takes to get to sleep and decrease total sleep time. This is definitely something to consider before you reach for that second Double Double of the day!

In terms of the overall safety of caffeine, at this point in time it appears that a moderate intake of caffeine does not increase the risk of developing cardiovascular disease, osteoporosis and cancer. Also, contrary to popular belief, caffeinated beverages do not cause dehydration – especially if a tolerance for caffeine has been developed.



Live Well With Chronic Pain, a new program of Live Well with Chronic Conditions, SHR

This program is for caregivers and people experiencing chronic pain such as:

- Chronic muscle and skeletal pain (chronic neck, shoulder, back pain, etc.)
- Whiplash injuries
- Chronic regional pain syndromes
- Repetitive strain injury
- Chronic pelvic pain
- Post-surgical pain that lasts beyond 6 months
- Neuropathic pain (often caused by trauma)
- Neuralgias (such as post herpetic pain, and trigeminal neuralgia)
- Post-stroke or central pain
- Persistent headaches
- Inflammatory Bowel Disease
- Diabetes neuropathy
- Severe muscular pain due to conditions such as Multiple Sclerosis

The goal of the program is to help people manage their symptoms and their daily lives. This is accomplished using information available, as well as learning new skills, and developing more confidence to manage and cope with chronic pain. All this combined will help you gain more confidence in handling your own health problems. Giving and receiving support from others in the group who are experiencing similar health problems is a shared value.

The workshop group meets for 2 ½ hours once a week for 6 weeks. FREE! The sessions are led by specifically trained volunteers, many of whom also live with chronic pain.

Contact:

Live Well CDM Program

Phone: 306-655-LIVE (306-655-5483)

Fax: 306-655-6758

Rural Central Booking:

1-855-250-7070 (toll free phone)

Fax: 306-682-4417



Introducing Sandra Wegner, M.D.

I am happy to have this opportunity to say hello and introduce myself. My primary job is to be a wife to my wonderful husband, Leon and a mother to our six children. I have been practicing medicine since my graduation from Family Practice in 1996. I work in a local medical office in Saskatoon on a part-time basis. My passions in life are to serve my God, my family and other people that come across my path. I love caring for my children, teaching and helping others through their problems in life, photography, spending time in nature, jogging, being with and riding horses, gardening, sewing simple projects and knitting.



I am thrilled to now be in this new position as a NAMS (North American Menopause Society) Certified Menopause Practitioner working at the Women's Mid-Life Health Program at City Hospital in Saskatoon. Having passed the NAMS certifying examination, I have also had practical on-the-job training with Dr. Vicki Holmes and Sarah Nixon-Jackle for almost a year. Vicki and Sarah have taught me not only about the practical management of menopausal issues, but also about caring for women in a gentle, compassionate and comprehensive manner. Our secretary Kathy is a joy to work with, doing a great job of office administration and scheduling. All four of us work well together and it is my joy and pleasure to now be part of this team. It is so incredible to have a position and a work environment that does not even seem like work. I tell people that going to work is like going to a happy event with some friends. I trust that the women that come through our doors feel welcome, have their concerns heard and dealt with in a caring and professional manner. Our reward is seeing how grateful you women are to have this Women's Mid-Life Health Program to come to and have your concerns addressed.

Hot Flashes Now Available Electronically

The Women's Mid-Life Health Program 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. Please contact us at info@menopausecentre.org if you prefer this delivery option.



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