your Health

Fact versus fiction

Jean Hailes
For Women’s Health
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Jean Hailes for Women’s Health takes a broad and inclusive approach to the topic of women’s health. This booklet generally uses the terms ‘women and girls’. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.
Do you regularly have pain in the area below your belly button and above your legs? This is known as pelvic pain. A lot goes on in the pelvic area; it’s home to your bowel, bladder, ovaries, uterus (womb), and more.

That’s why when you have pelvic pain, it’s important to be sure that you’re in charge. Know the differences between the common causes, learn what’s normal and what’s not, and know when to seek help. It’s a myth that you simply have to put up with the pain.

Persistent (or chronic) pelvic pain can be described as pain that is present on most days for six months or more.

For women with this type of pain the steps to getting the right diagnosis can be bumpy, according to Jean Hailes gynaecologist Dr Janine Manwaring. But help is available.
Persistent pelvic pain: different strokes for different folks
Dr Manwaring says there is a lack of awareness when it comes to persistent pelvic pain. As a result, pain can sometimes be downplayed or dismissed by both the medical community and the general community.

“A lot of it comes down to getting the right information and knowing who the right people are to get in touch with,” she says.

So here are some of the conditions that cause persistent pelvic pain, some tips on how to spot the differences between them and when you need to see a trusted doctor.

Period pain
Period pain is very common for women and girls. While research varies a lot on just how widespread it is, one Australian study found it affects 93% of female senior high-schoolers.

The pain strikes when muscles in the uterus contract, and often feels like cramping or heaviness in the pelvic area, lower back or stomach.

“If your period pain lasts longer than the first one or two days of your period, if it doesn’t improve with period pain medications and/or the Pill, or if it’s stopping you from going about your life, then you should see your GP,” says Dr Manwaring.

Endometriosis
In endometriosis (pronounced end-o-me-tree-oh-sis), cells that are similar to those that line the uterus (the endometrium) grow in other parts of the body – typically in the pelvic area such as on the bowel, bladder or ovaries.

These cells undergo the same menstrual changes as those inside the uterus, but unlike period blood, have no way of escaping. So cells
build up, causing problems such as pain, scarring and inflammation.

Three out of four women with endometriosis experience pain, and this pain can occur immediately before your period, during your period, or during or after sex.

**Adenomyosis**

Often referred to as the ‘sister’ condition of endometriosis, adenomyosis also involves problematic cell growth. But this time, the cells grow into the muscle wall of the uterus.

Symptoms of adenomyosis are sometimes similar to endometriosis – abnormal or heavy menstrual bleeding, painful periods (often after years without pain) and pain during sex.

**Irritable bowel syndrome (IBS)**

The exact cause of IBS is still not 100% clear. It’s thought that the muscle wall of the bowel becomes sensitive and contracts unevenly, resulting in pain and bloating. This type of pelvic pain typically improves after passing wind or stool and is often managed by avoiding potential food triggers and reducing stress.

“However, if you see blood in your stool…, or if you experience extreme diarrhoea, incontinence, or unexplained weight loss, see your GP,” says Dr Manwaring.

**Pelvic muscle pain**

Pelvic muscle pain can feel like you have an ongoing cramp in your pelvic area most of the time, says Dr Manwaring. It often gets worse with exercise, especially core-strengthening exercises such as pilates, sit-ups or crunches, she points out.

“Women can often find some relief by lying in the foetal (curled with knees to chest) position, using a heat pack, doing pelvic muscle stretches and seeing a pelvic floor physiotherapist,” she says.

**Bladder pain & urinary tract infections (UTIs)**

Affecting more than 50% of women during their lifetime, another common cause of pelvic pain is UTIs. The pain typically experienced with a UTI occurs when passing urine; a burning sensation and/or lower abdominal pain.

Although UTIs are common, if left untreated they can develop into more serious kidney infections. If your symptoms persist for more
than 24 hours and include fever, chills, back pain, nausea or vomiting, you should see your doctor immediately.

The other common type of bladder pain is called interstitial cystitis (also known as painful bladder syndrome). This type of pain is different from a UTI. There is irritation, but no infection.

Painful bladder syndrome is common in women with endometriosis.

Vulval pain
Pain related to the vulva (the external part of the female genitalia) can occur due to irritation and inflammation of this sensitive body part. It’s not just due to candida (thrush). There are many different causes of vulval irritation, and different ways to manage it. Other related conditions include vulvodynia – a chronic condition that can last for months or years. In fact, the pain of vulvodynia can be so severe that using tampons, having sex or even sitting down for long periods is very difficult.

Whatever you do, get proactive and don’t let pelvic pain control you.

Key advice for persistent pelvic pain
1. If you feel as if you’re not being listened to by your current doctor or health professional, or would like a second opinion, don’t be afraid to ask another expert for advice.
2. The best approach in managing persistent pelvic pain is care by a multidisciplinary team. This is a group of health professionals from different fields, such as physiotherapy and gynaecology, who can work together to help you.
3. Keep track of your symptoms in a way you can easily access when talking to different health professionals (such as a diary).
4. Find evidence-based and reliable online/print health material and strategies to care for yourself.
5. Always remember that you’re not alone. Don’t feel like you can’t seek help. There are people who will listen to you and take you and your symptoms seriously.

For more on pelvic pain please go to www.jh.today/peri3
As we get older, we might cringe at some of the urban myths about pregnancy that some of us believed as young girls. For some, toilet seats and public pools were seen as being not only responsible for harbouring sexually transmissible infections (STIs), but unwanted sperm. Of course, neither is true. What is true is that if you are sexually active, and don’t wish to get pregnant, you need to use a reliable form of contraception and continue to use it for 1-2 years after menopause. Some contraception also provides protection against sexually transmitted diseases. There’s a wide range of choices of contraceptives on the market, meaning you can find something that suits you.

So we asked Jean Hailes specialist women’s health GP, Dr Amanda Newman, about some common contraception myths.
Perfect timing?
You’re aroused and your partner is too, but you don’t have a condom handy (if your partner is male, that is). So instead of using any contraception, your partner says he will withdraw his penis just before he reaches orgasm.

This is the withdrawal method – and it’s a myth to consider it an effective contraception method. “In fact, it’s not a form of contraception at all,” says Dr Newman. “If your partner doesn’t get the timing right, you’re at risk of unplanned pregnancy,” she says.

Even if your partner does withdraw before ejaculating, Dr Newman points out that conception is still possible; sperm is also in the small amount of lubricating fluid released from the penis before ejaculation. “It’s hard to be totally involved in the fun of having sex if half of your mind is wondering whether he can withdraw in time,” she says.

Not a chill pill
Oops! On Saturday night you forgot to take your contraceptive pill. On Sunday you forgot again. You figure it’s not a big risk.

That’s a myth. “For the Pill to maintain maximum effectiveness, it absolutely needs to be used regularly,” says Dr Newman.

If you miss a pill, read the guidelines in your pill packet – you will need to use another form of contraception, or abstinence, for a period of time. The risk of an egg being released and meeting a sperm is greatest in the week after taking the placebo tablets.

In future, to help you remember your pill each night, set a routine; take it when you set your alarm, or clean your teeth.

Slippery slope
It’s a myth to say that it’s okay to use oil-based lubricants such as petroleum jelly, lotions, olive, coconut or baby oil with condoms.

These lubricants can weaken condoms, and make them vulnerable to ripping or breaking, says Dr Newman.

Instead, look for water-based lube for condoms.
Pregnancy and periods
This is one of the oldest myths about contraception. Although ovulation most often occurs in the middle of your cycle, there’s no guarantee that will happen every month, says Dr Newman.

“The time of ovulation can differ from month to month and be disrupted by outside influences such as stress, medications and illness,” she says.

It’s also important to remember that sperm can live up to five days in a woman’s body. “So if you happen to ovulate early in your cycle, or if you have a long period and a short cycle between periods, then unprotected sex during menstruation may leave you at risk of unplanned pregnancy,” says Dr Newman.

An IUD is ‘not for young women’?
An intra-uterine device (IUD) contains copper or a hormone called progestogen. It is almost 100% effective in preventing pregnancy. Once inserted via the vagina into your uterus by your doctor, it is usually left in place for several years. Periods might become lighter or stop completely.

“A generation ago it used to be thought that IUDs were best for women who had already had a baby,” says Dr Newman. “Now we think they are a wonderful choice for women of all ages.”

It’s almost a case of ‘set and forget’, as the IUD shouldn’t be felt during sex.

“Make a habit of checking your IUD strings at the end of every menstrual period,” says Dr Newman. “If you cannot feel the strings, see your doctor as soon as you can and avoid sex until you’re sure that the IUD is properly in place.”
Breastfeeding bottom line
Even though you may not have established a regular menstrual cycle after giving birth, you may still be ovulating while breastfeeding. So contrary to popular belief, breastfeeding is not effective for birth control.

The bottom line? “You should use contraception once your baby is six weeks old,” says Dr Newman.

You may need to use a form of contraception different from what you used prior to your pregnancy, so see your GP to discuss this.

Let’s talk about protection
1. Remember, it only takes one unprotected sexual encounter to put yourself at risk of unplanned pregnancy or contracting or transferring a sexually transmissible infection (STI).

2. Though methods such as the contraceptive pill and IUD are very effective in helping to prevent unplanned pregnancy, they do not protect against STIs – to do this, you would need to use condoms or dental dams.

3. In any case, don’t ever let a sexual partner talk you into having unprotected sex.

4. If you plan to use a condom, the best approach is to have a frank conversation about its use with your sexual partner before you are naked or in the middle of foreplay. You could say, for instance: “I’m really attracted to you, but before things go too far I want to talk about protection, because I wouldn’t ever think about having unsafe sex.” Use with a hormonal contraceptive, such as the Pill, for for greater protection.

For more on contraception please go to www.jh.today/sex2
It's Saturday night. You’re almost ready to head out with friends to see a movie.

You already went to the bathroom 10 minutes ago, but figure that you should empty your bladder once again before you leave. Just in case nature calls…

Bladder business
Did you know that going ‘just in case’ will train your bladder to hold smaller amounts of urine, and weaken your bladder’s withholding power in the long run?

The truth is that even your bladder has not been spared from all the
leaky myths that abound in matters of our health – they exist only to confuse us.

The more you know about your waterworks, the more you can be in control of your bladder health.

So let’s go ahead and set the record straight on five of the more common bladder myths and bring you in tune with your bladder and pelvic floor.

It’s best to empty your bladder often ‘just in case’ – for example, before going into the cinema or on a long car ride.

Incorrect. Going ‘just in case’ may train the bladder to hold smaller amounts of urine. Then, when you really need to, it’s harder to hold on. Your bladder is a reservoir. Its job is to store urine until an appropriate time and place that suits you to empty it.

It’s better to hover over, rather than sit down, on public toilet seats.

In truth, your bladder actually empties itself much better when you are seated and relaxed on the toilet. If you need to, use a disposable toilet seat cover or put down some loo paper, but don’t get into the habit of hovering over the toilet. Remember, you can’t catch an infection from a toilet seat.
For optimal health, you should drink two litres of water a day, in addition to all your other fluids. Unless instructed otherwise by your doctor, aim to drink 1.5-2 litres of fluids in total every day. This includes everything that you drink, not just water. Tap water is still the recommended choice for optimal hydration, but other beverages such as decaffeinated tea and coffee, even soups, count. There is no evidence to suggest that drinking more than two litres of fluids a day is necessary.

Once you reach a certain age, it’s too late to strengthen your pelvic floor. It’s never too late! As long as a muscle can work, you can always improve how well it functions.
It’s OK to leak a bit of urine when you go to gym or for a jog – at least you’re exercising, right? Wrong! Unfortunately, this type of bladder leakage tends to worsen over time, so it’s best to change your exercise routine and seek help from a pelvic floor physiotherapist, with the aim of returning to these types of exercises later. If you have issues such as incontinence or pelvic organ prolapse, you’ll need program of exercises that aims to get you back to your usual fitness activities.

Pelvic logic: how to keep it in tip-top shape

1. Regardless of whether you have had children, every woman should be exercising her pelvic floor muscles every day. This helps to prevent bladder and bowel leakage, and pelvic organ prolapse (in which your bladder, bowel, vagina or uterus can ‘drop down’ and sit lower than usual). Tie your pelvic floor exercise in with a daily task such as brushing your teeth, standing at the train station or sitting on the bus – make it non-negotiable!

2. Investing in your pelvic floor health might also improve your sex life. Many women report that strengthening the pelvic floor muscles leads to greater pleasure from penetrative sex and more intense orgasms. The vaginal walls are layered with the pelvic floor muscles. So exercising these muscles can increase blood supply and nerve activity in this area which, in theory, can all lead to greater pleasure.

For more on bladder health please go to www.jh.today/bb
You have a relationship with someone who brings you more harm than good. You’re exhausted and emotionally drained. Your self-esteem suffers, you’re disrespected, and you might even be depressed.

Yet you continue your relationship because of an ‘invisible bond’ that seems to exist between you and the other person. Or perhaps you’re unable to break the bond for financial or emotional reasons.
Facing facts
In all probability, it’s a toxic relationship.

You believe that you just can’t escape from this vicious cycle.

But the good news is that there are ways to change this debilitating situation and reclaim your life.

Let’s understand what a toxic relationship is, and what the signs are that you’re in one.

We spoke to Jean Hailes clinical psychologist Gillian Needleman to find out.

What is a ‘toxic relationship’?
A toxic relationship is “basically an unhealthy relationship or friendship,” says Ms Needleman. The relationship could be with a friend, family member, or even a partner or ex-partner. “You’re unable to have a meaningful and positive connection with the other person and this often leaves you questioning yourself.”

Often, we can be caught unawares by this. “It can take a while to realise that a particular friendship or relationship is unhealthy,” says Ms Needleman.

How to spot the signs
Emotional manipulation, guilt-tripping or constant criticism are key signs to look out for when working out if a relationship is toxic, says Ms Needleman.

Toxic relationships can also cycle through destructive patterns. One common scenario is where there is no giving back or gratitude from the other person.

Does it measure up?
How you feel before or after spending time with a person is also a great way to measure if your relationship with them is healthy or not.

“In a toxic friendship scenario, you might always feel emotionally drained after seeing them; it can be a real energy drain, a feeling of heaviness,” says Ms Needleman.

The impact of a toxic relationship should not be underestimated, Ms Needleman points out. It can affect your sense of self and identity, damage your self-esteem, and even lead to feelings of depression and/or anxiety.
A matter of degrees
If you find yourself feeling overwhelmed and starting to believe that you can’t escape the toxic relationship – or at least, bring it to a level that is bearable for you – it’s important to keep in mind that many relationships (even healthy ones) go through stages where these types of behaviours occur.

However, in healthy relationships, the good aspects far outweigh the bad, and problems are usually resolved.

Steps toward change
Now that you’re aware of this unhealthy balance, you can try to free yourself once and for all. Depending on the type of toxic relationship you’re experiencing, you can either steer a new course by taking a few positive steps or you can try to take a few steps to get out of the relationship safely.

The great escape?
Keep in mind though that ‘escaping’ doesn’t necessarily mean that you have to completely disappear from the other person’s life.

Whether you try to steer a toxic relationship to a healthier place – or simply say goodbye to it – depends a lot upon the nature of the relationship and your commitment to the person.

“If you’ve just met someone and they’re constantly putting you down, or guilt-tripping you into doing things you wouldn’t normally do, it can be much easier to leave,” says Ms Needleman.

However, when you have a toxic relationship with your parent, sibling or ex-partner, for example, the emotional bonds are often a lot tighter and harder to let go, she says.
“Many people don’t want to cut a family member off, and often, this is where it may be better to put the relationship at a distance,” says Ms Needleman. “Find the place where it is still functional, but also manageable by you too.”

“Work out a boundary that keeps you safe, mentally and emotionally healthy, and keeps the relationship at a level that’s manageable.”

**Getting back to the basics:**

**R-E-S-P-E-C-T**

A lack of respect is often at the core of a toxic relationship; the other person does not respect who you are and who you want to be, says Ms Needleman.

“But if you can change a toxic relationship…then you may be able to bring respect back into the relationship and be able to maintain it,” she says.

Remember, any type of abuse is not okay. If needed, get help to make change. If you feel like you’re in any danger, call a free counselling service such as **1800 RESPECT** for advice.

**Three steps toward changing a toxic relationship to a healthy one**

1. **Identify the emotions and how the relationship triggers them.** Be intuitive and aware of what’s going on for you. Separate yourself from the relationship. Work out what you’re feeling.

2. **Work out and establish your ground rules.** Consider what is reasonable for you, or what you’re prepared to accept in the relationship. You may be able to work out your ‘ground rules’ by yourself, or with the help of a supportive friend, GP or therapist.

3. **Protect your boundaries.**

   If it’s safe to do so, let the friend know why you’re doing this.

Have a friend ‘on call’, keep yourself healthy and take time to recover and debrief yourself after a tough interaction. If you ever feel physically or mentally threatened, consider asking for help. If you’re considering leaving an abusive partner, putting a plan in place with the help of a counsellor or friend is an important step towards change.

For more on mental health please go to www.jh.today/mind12
When it comes to good bone health, the myth that we should only focus on calcium doesn’t give us the whole picture.

Standing tall
Besides calcium – and weight-bearing exercise – science shows that vitamin D plays a crucial role in our bone health. This hardworking
soldier joins forces with calcium to increase calcium absorption in our bodies.

Vitamin D not only fortifies our bones, but it also plays a key role in reducing our risk of brittle bones (osteoporosis).

**The vitamin D scene in Australia**

Despite our reputation as a sun-soaked country, Australian rates of vitamin D deficiency are alarmingly high – and more widespread in women than men. Research suggests almost 40% of women in Australia may be vitamin D-deficient, and this jumps to 58% during winter and spring.

To help us get acquainted with vitamin D, we spoke to Accredited Practising Dietitian Kim Menzies.

**Will the real vitamin D please stand up?**

There is a lot of emerging and interesting research on vitamin D, but one of its most important and recognised roles is safeguarding our skeletons.

“Vitamin D has an essential role in bone health and that’s largely because it increases calcium absorption from the intestine,” says Ms Menzies. “When we talk about calcium’s important role, we need to talk about calcium and vitamin D because their relationship is so closely intertwined.”

As well as helping to grow and maintain a strong skeleton and reducing our risk of conditions such as osteoporosis, vitamin D is important for controlling calcium and phosphate levels in your blood, which aid muscle strength.

“Our understanding of this amazing vitamin will continue to unfold in the years ahead,” says Ms Menzies.
How do you get enough vitamin D?
Among the things that we already know is that this nutrient bucks the trend of other vitamins. We can actually make vitamin D ourselves, by exposing our skin to sunlight. This is why levels are typically lower in winter and spring, when our stores are running out. (Also, check out page 20 to find out if you’re at greater risk of vitamin D deficiency.)

Vitamin D is also present in some foods, and of course, supplements.

But what is the best way to obtain vitamin D? Through sunshine, diet or supplements?

Let the light shine
For most women, one source shines through – most of our vitamin D comes from the sun.

Nevertheless, how much is enough and how much is too much? “We must weigh up the benefits of sun exposure against the risk of skin cancer,” Ms Menzies says. “There are ways women can improve their vitamin D levels safely.”

To produce enough vitamin D safely, you need 5-15 minutes of sun exposure 4-6 times a week outside the peak UV time of 10am-2pm, says Ms Menzies. You can do this by simply exposing the bare skin of your hands, arms and face.

These guidelines are for Australia in general. Other factors such as where you live and the time of year also affect how long you can safely stay in the sun without sunscreen or other protection.

Search online for when UV rays are at their strongest, or try the the Cancer Council’s SunSmart app, which can track weather and UV conditions in your area.

Top up through food
Vitamin D is also available through your diet, but diet alone cannot supply the recommended levels, says Ms Menzies.

“We get about 5-10% of vitamin D from food,” she says. “Sources of vitamin D include salmon, tuna, mackerel and herring, and smaller amounts are present in beef liver, cheese and egg yolk.”

With so many sources of vitamin D coming from animal products, this means that vegans in particular are potentially at higher risk of deficiency.
“In Australia, vegetable oil spreads [margarines], by law, need to be fortified with vitamin D. Some milks are also fortified with vitamin D, but this is voluntary,” Ms Menzies says.

**The place of vitamin D pills**
As for supplements, Ms Menzies explains that they have an important place for people who are deficient and need extra vitamin D to correct it. However, this needs to be directed by a doctor.

**Parting advice**
Whether it’s via sunshine, food or supplements, getting enough calcium as well as enough vitamin D is vital for protecting your bones, says Ms Menzies. “There’s no point in focusing on one without the other,” she says.

**Who is most at risk of vitamin D deficiency?**
1. People with naturally dark skin (the pigment melanin reduces the skin’s ability to produce vitamin D from sunlight).
2. People who are unable to be outdoors at daytime for age/health reasons.
3. Nightshift workers, or those who wear protective clothing for work all day when outdoors.
4. People who cover their bodies for religious, cultural or other reasons.
5. Those who avoid the sun for medical reasons, eg, skin cancer history.
6. People aged 70-80+ years (ageing reduces vitamin D production in skin).
7. People with a health condition affecting vitamin D absorption from the diet; eg, inflammatory bowel disease or cystic fibrosis.

The above at-risk people are advised to talk to their trusted doctor.

For more on bone health, please go to www.jh.today/bones
It’s a myth that you can’t do anything to slow down the brain’s ageing process. While nothing can replace a happy and healthy lifestyle that embraces balance more than excess, there are other ways to nourish your memory and mind.

There’s a particularly brain-friendly approach to eating that combines the principles of two other well-researched diets – the Mediterranean diet and the DASH (Dietary Approaches to Stop Hypertension) diet. This combined approach is called the MIND diet. Just like these popular ways of eating, the MIND’s main focus is vegetables and wholefoods, yet it has a distinct point of difference.

The MIND way of eating also singles out specific brain-healthy food groups and the science supports that it can help slow down the ill-effects on brain health that age can bring.
Research continues to crush dietary myths
Jean Hailes naturopath Sandra Villella says that the research on the MIND diet is promising, and particularly important given dementia is the second-leading cause of death of women in Australia (behind heart disease).

“A research study on 80-90 year-olds found that after almost five years, those who closely followed the MIND diet had brains that were the equivalent of being 7.5 years younger than those who didn’t eat according to its principles,” says Ms Villella.

Another study, of almost 1000 people aged 58-98, found that those who stuck closely to the MIND diet had a 53% reduction in the risk of getting Alzheimer’s disease. What’s more, those in the study who followed the MIND diet only modestly still benefited substantially, reducing their risk of getting Alzheimer’s by 35% compared to those who followed the diet’s rules poorly.

Keeping a broad MIND: the ‘rainbow’ range
The MIND diet is practical. The idea that you need to spend a fortune on superfoods is a myth. Instead, it’s all about sticking to a nutritious food spectrum.

Accredited Practising Dietitian Kim Menzies says a key factor of the MIND diet is its emphasis on a range of healthy foods, as well as the quality of the diet overall, rather than individual nutrients.

“Research studies continue to highlight the importance of having a wide range of foods including colourful fruit, vegetables and legumes, as well as different types of wholegrain cereals, protein sources and plant-based oils,” says Ms Menzies. “I encourage people to try and ‘eat a rainbow’ across the week.”

Turning green
Green leafy vegetables are a star player in the MIND diet. That’s because they pack a nutritional punch. Filled with brain-loving nutrients such as folate and flavonoids, a 2018 study found that eating a daily serve of green leafy vegetables (eg ½ cup of cooked spinach/kale or 1 cup of raw
lettuce) was associated with slower age-related mental decline.

**Reversing brain-age with berries**

When it comes to nourishing your memory and mind, you’ll never go wrong with berries – especially blueberries. They are low in sugar, high in antioxidants and are anti-inflammatory.

Ms Villella explains that blueberries are a rich source of the antioxidants called polyphenols – plant compounds linked with a beneficial impact on ageing.

Fresh or frozen, Ms Villella recommends adding blueberries or other deeper-coloured fruits to your breakfast every morning.

**Fancy some fish fats?**

Did you know that your brain is 60% fat? So it’s no surprise that the fats you eat can affect brain health. Eating good sources of healthy fats, such as omega-3s found in oily fish, can help to control inflammation and oxidation – important factors in protecting the brain.

Twenty years of research have indicated that omega-3s – in particular, the omega-3 called DHA – may help delay cognitive ageing, including Alzheimer’s disease. Plus, a 2017 analysis of the research concluded that eating more fish helped to halt age-related memory decline.

Just one fish meal per week is enough to lower your risk of dementia, according to some research.

The best fish and seafood for the brain are the ones with the highest amounts of these omega-3
fats: sardines, mackerel, herring, salmon, trout, tuna and calamari. “Linseeds, hemp seeds and chia seeds are also plant sources of omega-3 fats,” says Ms Villella.

As for omega-3 fats or fish oil supplements, evidence shows they do not hold the same benefit as food sources of omega-3.

Other major players
The other major players of the MIND diet include other vegetables, nuts, beans, wholegrains, poultry, olive oil and wine (in small amounts).

Keeping it balanced for brain health
1. Just as nutrients can nourish the brain, there are foods that can have the opposite effect when eaten too often. For instance, a study of older people with significant memory loss found that a diet high in processed foods was associated with some level of mental impairment.

2. It is increasingly recognised that eating patterns that reduce the risk of heart disease may also protect against the development of dementia, especially Alzheimer’s disease.

3. Some human studies have also shown that obesity is linked to the risk of developing a mild cognitive impairment, as well as dementia and Alzheimer’s disease. While the exact reason behind the link is still largely unknown, future research may look at factors such as insulin resistance, imbalanced gut bacteria and inflammation.

For more on healthy eating please go to www.jh.today/mind15
Jean Hailes for Women’s Health

Jean Hailes for Women’s Health provides high-quality, trusted information, to assist you to make decisions about your health. We use the latest research to develop our website and resources on a range of topics, including:

- bladder and bowel
- bone health
- breast health
- cardiovascular health
- endometriosis
- fertility and pregnancy
- health checks
- healthy living
- Indigenous health
- menopause
- mental and emotional health
- natural therapies and supplements
- polycystic ovary syndrome (PCOS)
- periods
- sex and sexual health
- vulva, vagina, ovaries and uterus.

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