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Jean Hailes is committed to bringing you the most recent evidence-based information. All articles go through rigorous review with experts and references are available upon request.
You’ve got to look after yourself. That’s the blunt message my mum, Jean Hailes, used to say to me as we were growing up.

Mum was right. For women in particular, the reality is that if we don’t look after ourselves no one else will.

What we eat is core to this. On an almost daily basis, we’re faced with conflicting messages about what we should and shouldn’t be eating. It still confuses me, even though I work in the industry!

What I do know is that small changes reap big rewards.

As our healthy eating story shows on pages four and five, taking a little time to think about the mix of food in our diet can make a significant difference to the quality of our lives in years to come. The trick is to make a few changes now, however small. As women and mothers we have a big influence on our family and on the wider community. Our changes have a massive trickle-down effect.

I know what you’re thinking, though. This is easier said than done!

Take it from me, I still struggle to eat the “right” foods all of the time but I now have some reliable tricks up my sleeve.

At work, in my second drawer, I have a bag of almonds as my snack stash. No more jelly babies! On the way home in the car, I have a banana at my reach otherwise the temptation to eat chocolate is too great. To improve my intake of vegetables I now try to have a salad before dinner. And as for limiting the amount of wine I drink, filling a wine glass with sparkling mineral water and a slice of lemon helps slow me down.

Sure, we also need to think about all of the other factors that help us achieve a happy and healthy life and stave off chronic disease (the topic of exercise is for another time!). But we can at least start by having a “now” moment with food, not leaving it until later, when it really is too late.

Janet can be contacted on 1800 JEAN HAILES (532 642)
Book review

Happiness by Design: Finding pleasure and purpose in everyday life

The pursuit of happiness has reached cult-like status, with scores of self-help books available on everything from learning to love yourself to thinking positively and living honestly. While some may have merits, it is important that advice is also based on some kind of evidence-based research.

Paul Dolan, author of Happiness by Design, is familiar with the rigours of research. He is a professor of behavioural science at the London School of Economics. Dolan approaches his book with an intellectual and engaging break down of not just what makes us happy, but why and how you can improve your levels of satisfaction with yourself and your role in the world.

Dolan provides context by bringing together diverse and extensive research. Simple insights ring true, such as the fact that finding a balance between pleasure and purpose in your pursuits will grant you more happiness.

And one of the keys to happiness? Don’t try too hard to pursue this somewhat-elusive emotion. Focus on the things that make you happy, and try not to get frustrated when you’re not basking in joy.

New Active Learning Modules for Health Professionals

Jean Hailes provides a range of continuing professional development activities for GPs, nurses and other health professionals.

Jean Hailes has launched a new, interactive online learning platform for health professionals, offering access to structured, quality education at any time. The Active Learning Modules (ALMs) aim to achieve changes in performance, knowledge, skills, behaviours and attitudes.

Each ALM:
• contains a minimum of 6 hours of structured learning (40 RACGP QI&CPD Category 1 points)
• provides a variety of learning modalities
• is designed to encourage active learning with at least two-thirds interactive and/or experiential learning modes

The ALMs will launch on the Jean Hailes website, starting with professional education in the areas of PCOS and menopause.

Clinical attachments

Jean Hailes offers supervised clinical attachments in women’s health at our medical centre in Clayton, Victoria. Health practitioners can gain invaluable experience observing consultations with our team of specialists.

Participants can apply for up to three half-day sessions. The Jean Hailes SCA program is an accredited professional development activity.

For more information, and to apply, please go to: jeanhailes.org.au/health-professionals/supervised-clinical-attachment

For more information, go to the Health Professionals section of the Jean Hailes website jeanhailes.org/health-professionals
Women’s Health Week

Jean Hailes launches its third annual Women’s Health Week with a range of events across Australia from September 7 to 11.

Reaching major cities as well as rural and remote areas, Women’s Health Week helps educate and inspire women to make good health a priority.

This year, Jean Hailes is focussing on what women want to know about their health. It’s time to get rid of the elephant in the room and get talking about women’s health. More than 3,325 women and health professionals told us what they worry about when it comes to their health. During Women’s Health Week we will be exploring these topics.

You can get involved in Women’s Health Week by hosting an event in your community. By hosting an event, you are helping to get the women in your life talking about their health. You will be supported by free Jean Hailes resources, videos and promotional material.

What Were We Thinking!

Any parent can testify to the daunting experience of bringing home a newborn. While it’s one of life’s most exciting milestones, it can also be filled with anxiety and doubt.

What Were We Thinking! is an interactive Blog and App that equips new parents with some of the practical skills (like settling and wrapping) as well as the emotional skills (like building confidence as a parent) to transition smoothly into new roles.

The Blog is an innovative way of connecting with new parents across Australia and the App is an interactive tool with quizzes, videos and activities that guides parents through the first 100 days of their baby’s life.

Jean Hailes is looking for new parents to share their experiences on the What Were We Thinking Blog. If you would like more information on becoming a blogger, send an email with some basic details about you and your family to wwwwtblog@jeanhailes.org.au

For more information, visit jeanhailes.org.au/what-were-we-thinking
Eating for life

There’s a simple way to prolong life and reduce the risk of some diseases. And it doesn’t require an expensive course of supplements or cutting back on calories.

What is a wholegrain?
Eating a little more brown rice, oats, corn and other tasty grains might help you live a longer and healthier life. These are all part of the wholegrain family – grains that contain three essential layers. Combined, these three layers are rich in soluble and insoluble fibre, protein, carbohydrates, omega-3 fatty acids, B group vitamins, minerals and antioxidants.

Wholegrains are food in their natural state. During the food manufacturing process, these grains are often broken down to make them easier to prepare or digest. When wholegrains are refined and made into white flour and other cereals, some of the nutrient-rich layers are removed.

What’s the big deal?
Research from Harvard University shows that increasing the amount of wholegrains in a balanced diet can potentially lower the risk of chronic diseases, including cardiovascular disease (which affects the heart and blood vessels), and lower the rate of mortality. More than 100,000 people in the United States were monitored over more than a decade. Researchers found that for every 28g of wholegrains eaten daily, the risk of premature death was reduced by 5% and the rate of cardiovascular disease was reduced by 9%.

What’s particularly notable was that this reduction in chronic illness was independent of other lifestyle and dietary factors such as weight, age and factors such as smoking and frequency of exercise.

Jean Hailes naturopath Sandra Villella points to the other benefits of wholegrains. These grains are a rich source of dietary fibre. They help the growth of good gut microbiota and digestive system health. High fibre diets help to quickly remove cancer-causing compounds in the bowel. The phytochemicals in wholegrains might also help reduce the risk of Type 2 diabetes, according to research. A study found that eating two to three serves of wholegrains a day, compared to about one serve a week, dropped the chance of Type 2 diabetes by 20-30%.

A balanced diet
A serving of wholegrains is simple to achieve. A serve is equivalent to around ½ cup of muesli, two slices of wholemeal bread or ½ cup of wholemeal pasta.

“It’s important to include wholegrains as part of a balanced diet,” says Ms Villella.

For people who are coeliac or gluten intolerant, they can still eat brown rice, corn or buckwheat (even though it’s not a true grain, it’s still a healthy choice).
The new healthy eating pyramid from Nutrition Australia, a non-profit organisation, recommends that around 70% of our diet consists of vegetables, fruit, legumes and grains.

**Simple swaps**

<table>
<thead>
<tr>
<th>Swap this…</th>
<th>For this…</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 slices white bread</td>
<td>2 slices wholegrain bread</td>
</tr>
<tr>
<td>½ cup pasta</td>
<td>½ cup wholemeal pasta</td>
</tr>
<tr>
<td>1 packet potato chips</td>
<td>2 cups air-popped popcorn</td>
</tr>
<tr>
<td>½ cup white rice</td>
<td>½ cup brown rice</td>
</tr>
<tr>
<td>1 cup refined cereal</td>
<td>½ cup muesli</td>
</tr>
</tbody>
</table>

**Barley Salad**

**Ingredients**
- 2 cups barley
- 4 cups water
- 1 red capsicum, diced finely
- 1 red onion, diced finely
- 1 bunch fresh mint, finely chopped
- 1 bunch flat leaf parsley, finely chopped
- 1 corn cob
- 1 large carrot, cut into thin strips
- 1 handful snow peas
- ½ cup almonds, roughly chopped

**Dressing**
- Juice ½ large lemon
- 3-4 dessert spoons of tamari (wheat free soy sauce)
- 3 dessert spoons extra virgin olive oil

**Method**
Place barley and water in saucepan, bring to the boil, reduce heat and simmer with lid on for 20-25 minutes until the water is absorbed. Leave to sit in pot with lid on for a further 5 minutes. Chop capsicum, onion, herbs and place in a large salad bowl. Steam the corn. Add the cooked vegetables and chopped almonds to the salad.

Combine the dressing ingredients in a screw-top jar and shake with lid on to combine. Add the cooked barley to the salad bowl while still hot. Add the dressing and stir well to combine the flavours. This salad keeps well in the fridge and tastes even better the next day.

**Serving suggestions**
Serve on its own or with feta, chicken or marinated tofu. The barley and almonds make up a complete protein serve but, if you like, you could add cooked Puy lentils for a vegetarian variation. This recipes works well for lunches served with canned fish or tofu.

Serves 4-6

**Nutritional information**
Barley is an easy and tasty way to include wholegrains into your daily diet. This salad contains no animal fat, and incorporates a variety of vegetables including nutrient rich green leafy vegetables. The lemon juice in the dressing allows the iron from leafy vegetables, to be better absorbed.

This salad is also great for lowering cholesterol. Researchers from the University of Toronto developed a cholesterol-lowering diet called the ‘Portfolio Diet’ that was able to reduce cholesterol levels just as effectively as low dose statin drugs.
Stopping the stress cycle

Being busy may make us feel valued but it can also be bad for our health. Learn how to slow down with these simple tricks.
We are getting busier. According to the Australian Bureau of Statistics, the number of women in employment has increased significantly since the 1970s. Being in paid work has given women more opportunities. The downside is that most women are still bearing a heavier load than men in caring for children and doing housework. Add to that the increasing dependence on mobile phones, tablets and computers. At least eight out of 10 Australians admit to checking work emails out of hours, doing an average of an additional 6.6 hours of unpaid work a week.

Not every woman actually wants to be on the busy bandwagon. They simply might not have a choice. “Some women thrive on competition and some women shy away from it,” says Jean Hailes psychologist and Head of Translation Dr Mandy Deeks. “Competition is not always a bad thing as it can be motivating, but if it starts to affect your mental and emotional health and you find yourself under increasing stress that you can’t escape from, that is going to impact on your health at some stage.”

According to a recent survey by the Australian Psychology Society, which investigated stress and wellbeing in Australia, we are experiencing much higher levels of stress than we did two years ago. Being constantly busy means you may not have any time to yourself. Having too many commitments can leave you feeling mentally exhausted, stressed out and lacking the energy to actually enjoy yourself.

The body’s response to stress

When you’re feeling stressed, your body can go into “fight or flight” response, a natural response to fear or anxiety that results in adrenalin and a hormone called cortisol being pumped into your bloodstream. It’s your body’s way of getting you out of danger from a real or perceived threat.

This response raises your blood pressure and rate of breathing, sending blood pumping to your muscles in case you need to get away quickly. Non-essential functions such as immune response and digestion tend to stop or slow down.

Being in this state places a great deal of stress on your body and it is designed as a temporary, emergency measure, not a daily occurrence. Jean Hailes endocrinologist Dr Sonia Davison says that stress can have negative long-term consequences. “If work, family or health, or the combination, is causing you stress then this can adversely affect your health, for example by causing poor sleep, anxiety disorders and lethargy. These in turn can lead to lowered wellbeing and an increased risk for depression.”

How to slow down your mind

Mindfulness is the non-judgemental focus and acceptance of your current thoughts, emotions and physical feelings. Simply put, it allows you to live in the present moment, safe in the knowledge that your thoughts or feelings cannot harm you.

Mindfulness has long been used as part of Buddhist meditation practise and is now widely accepted in modern psychology practices.

Mindfulness exercises can train you to recognise, reduce and tolerate unpleasant, frightening or painful feelings, thoughts and sensations. With practise, mindfulness helps you feel more in control of your emotions, instead of feeling they are in control of you! Try these techniques:

• 1 minute breathing exercise: Concentrate fully on breathing in slowly, holding your breath for a count of 6, and then exhaling slowly. Listen to the sound of your breath, feel your diaphragm rising and falling. Do this for 1 minute to begin with then increase as you feel comfortable

• Being still and present: Find a comfortable place to sit and concentrate on your breathing. If thoughts come into your head, notice them but don’t dwell on them. Think “that’s a sad thought” or “that’s a painful thought” and let it drift away. Do this for 2-3 minutes, it takes practise but eventually you will realise you are an observer of these feelings and they will not have the same hold or effect on you

• Walking and being present: Go for a short walk somewhere you are comfortable. Concentrate on the physical sensations you feel: your feet touching the ground through your shoes, your leg muscles moving, your breath moving slowly in and out of your body. Concentrate on how it feels to be present in your body as you walk and breathe
The first step in combatting stress

Reducing or combatting stress is hard to do, says Dr Davison, but recognition that stress is excessive or affecting you adversely is a key first step. “A good strategy is discussing stress levels and causes with someone else - a counsellor or GP is a great start,” she says.

Taking the time to identify the signs you are pushing it too hard can be helpful, says Dr Deeks. “For some the signs may be feeling tired more often, irritable or grumpy, lacking in energy and foggy in your thinking. Once you know your triggers you can then put things in place which you know help you.”

Ways to reduce stress

Being well rested and eating a balanced diet is the first line of defence. Regular physical activity throughout your life not only reduces your blood pressure, it also reduces your chances of having a stroke and cuts your risk of cardiovascular disease in half. Moderate exercise such as brisk walking has been shown to help you deal with depression, stress and anxiety, help you sleep better and boost energy levels.

This doesn’t mean you have to hit the gym but aim for 30 minutes a day and build up slowly. Any activity that gives a small but noticeable increase in breathing and heart rate will do. “It is vital you find ways to put breaks into your life,” says Dr Deeks. “That can be a 10 minute cup of tea on your own or a walk around the block.”

Putting yourself first sometimes is not necessarily selfish, it’s essential for your wellbeing. “Tackling stress is good for your health! A critical part of this is having time for yourself, doing things that you enjoy, and having the time to do this without others putting demands on you,” says Dr Davison.

How to wind down

- Ask yourself if you are getting real pleasure or value from your activities, or are they simply filling your spare time and giving you something to brag about?
- Remember, being busy is not the same as being important or valuable
- Take time out for yourself, away from your phone or computer
- Recognise your stress triggers and actively think of ways you can combat them
- Learn how to “switch off” – we all need time out to recharge our batteries
- Taking time out talking to your friends, having a laugh and having fun all release “feel good” hormones into your body
- Sleep more – try to get at least 8 hours per night
- Do something physical, just 30 minutes moderate activity per day will release “feel good” endorphins and reduce your risk of a range of chronic health conditions
When it comes to health, every woman has an elephant in the room. Let’s talk about what women want to know.

WOMEN’S HEALTH WEEK
Let’s talk.
7-11 September 2015

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* For terms and conditions go to womenshealthweek.com.au
Jean Hailes is supported by funding from the Australian Government
Risk and the realities

The word “cancer” understandably conjures up negative and emotive thoughts. But understanding your rate of risk might put your mind at rest.

Most of us have been guilty, at some point, of worrying that an unusual ache or a strange bruise might be a sign of cancer. Breast cancer, in particular, can be one of women’s greatest concerns. According to statistics, one in eight women will develop it over their lifetime.

But compare that to rates of cardiovascular disease (CVD), the range of conditions affecting your heart, circulation or blood vessels. It is estimated that one in four women will develop it over their lifetime. So why don’t we lie awake at night worrying about the health of our heart?

Risk by numbers

Statistics and numbers about risk are often presented in different ways and can be quite confusing, says Jean Hailes psychologist and Head of Translation Dr Mandy Deeks.

“Some reports will talk of a 1 in 10 risk and some might use a percentage figure such as 10% risk,” says Dr Deeks. “These mean the same thing, but 10% seems larger and more risky than the 1 to some people. At other times we hear of complex calculations and terms such as relative risk versus absolute risk – so you have to know what the two mean to be able to think, ‘Am I at risk here?’”

The number we usually see quoted is absolute risk. This reflects the probability of you being diagnosed with a condition over the whole of your lifetime. It may be expressed as a percentage or as odds. A risk rate of every 1 in 25 people, for instance, translates to a 4% risk. If you have additional risk factors, such as being a smoker or a family history of the condition, this will raise your absolute risk.
Emotional baggage
So, why are so many of us much more frightened of cancer than we are of CVD? CVD is the single largest killer of women in Australia. It is responsible for 50% of female deaths in Australia, compared to the 4% who will die due to breast cancer.

“It can be influenced by emotions,” says Jean Hailes psychologist Dr Mandy Deeks. “If we make an emotional connection to something and we become frightened of it, this can also affect how we perceive risk,” she says. “Something like breast cancer is talked about so often, we hear stories of women we know with breast cancer, we are frequently reminded of it. It is so close to you that it can make you feel you might also be at risk.”

Heart disease, on the other hand, is more commonly associated with men. “Women may not connect with it in the same way, they do not fear it,” says Dr Deeks. “Women see images of a man having a heart attack and may not be as inclined to protect themselves or get the check ups they need.”

How can I reduce risk?
According to Cancer Council Australia, up to one-third of all cancers could be linked to a poor diet, inactivity and an unhealthy body weight. For CVD, the Heart Foundation cites the main risk factors as smoking, high blood pressure and cholesterol levels and obesity.

If you can change some of these aspects of your health, you may be able to reduce your future risk of being diagnosed with a serious condition. Knowing this can help alleviate anxiety and help you feel more in control of your health.

What cancers are Australian women most concerned about?
Let’s look at the five cancers that cause Australian women most concern, their risk factors and ways to reduce your risk.

**BREAST CANCER**
- The most common type of cancer in women in Australia
- 1 in 8 (or 12.5%) will be diagnosed by the age of 85
- 47 are diagnosed with breast cancer each day in Australia
- The 5 year survival rate in Australia is 89%

**CAUSE**
Unknown, but the following risk factors have been identified: family history, inherited mutation of genes (BRCA2, BRCA1 & CHEK2), increasing age, obesity, lack of exercise, excess alcohol consumption and exposure to radiation.

**WAYS TO REDUCE RISK**
Limit alcohol intake, quit smoking, maintain a healthy weight, eat a diet rich in fruit, vegetables and wholegrains, get regular exercise and limit radiation exposure. Seek medical advice if you have a family history.

**OVARIAN CANCER**
- 1 in 81 (or 1.23%) will be diagnosed by the age of 85
- Every 10 hours a woman in Australia will die of ovarian cancer
- The 5 year survival rate in Australia is 43%

**CAUSE**
Unknown but risk factors may include: family history, increasing age, being of Northern European or Ashkenazi Jewish descent, early onset of periods, childlessness, infertility, having first child after 30, having some fertility treatments or never having taken oral contraceptives.

**WAYS TO REDUCE RISK**
Limit alcohol intake, quit smoking, maintain a healthy weight, eat a diet rich in fruit, vegetables and wholegrains, get regular exercise and limit radiation exposure. Seek medical advice if you have a family history.
SKIN CANCER

- Australia has the highest rates of skin cancer in the world, with 95-99% of cases being caused by sun exposure
- Skin cancer accounts for 80% of all new cancer diagnoses each year
- The 5 year survival rate for Australian women is 94%

CAUSE
Known risk factors: having skin sensitive to ultraviolet (UV) radiation or burns easily. Having a high number of moles (more than 10 on arms or 2000 on the body) or many unusual moles. Having a family history of skin cancer, or if you have spent a large amount of time outdoors without skin protection.

WAYS TO REDUCE RISK
Reduce sun exposure by covering up with protective clothing, high-level sun cream and a hat. Avoid the hottest part of the day and don’t sunbathe. Avoid using solariums or sunlamps. Limit alcohol intake, quit smoking, maintain a healthy weight, eat a diet rich in fruit, vegetables and wholegrains, get regular exercise and limit radiation exposure.

CERVICAL CANCER

- 1 in 62 (or 1.61%) will be diagnosed by the age of 85
- 226 women died from cervical cancer in 2012
- Deaths from cervical cancer have halved since 1991, when a national screening program was introduced

CAUSE
The main risk factors are having persistent infection with high-risk types of human papillomavirus (HPV) and smoking.

WAYS TO REDUCE RISK
Get regular PAP tests to detect small changes in the cells of the cervix. Early detection is the key to successful treatment and in most cases can prevent cancer forming. Get the HPV vaccine, which prevents development of the virus responsible for cervical cancer. Limit alcohol intake, quit smoking, maintain a healthy weight, eat a diet rich in fruit, vegetables and wholegrains, get regular exercise and limit radiation exposure.

BOWEL CANCER (COLORECTAL)

- 1 in 15 (or 6.67%) women will be diagnosed by the age of 85
- Bowel cancer is one of the most common cancers in Australia for both men and women
- The 5 year survival rate in Australia is 66%

CAUSE
Known risks are inflammatory bowel disease, increasing age, inherited genetic risk, smoking and obesity.

WAYS TO REDUCE RISK
Report any changes in bowel movement to your GP. Early warning signs may be blood in stools. Bowel cancer has been linked to undiagnosed polyps. Limit alcohol intake, quit smoking, maintain a healthy weight, eat a diet rich in fruit, vegetables and wholegrains, get regular exercise and limit radiation exposure.

You should see your doctor if you do notice a change in your body or in your general state of health. If you’re worried, take positive action.

For more information about avoiding heart disease
heartfoundation.org.au
You’re not alone

Domestic violence is often difficult to understand and even more challenging to resolve. But there are ways that abuse can be tackled.

Abusive relationships can be found right across Australia, in major cities, regional towns and remote areas. Research suggests that it is likely that someone you know will experience abuse. One in six women in Australia will experience physical or sexual violence from their current or former partner. One in four women will experience emotional abuse.

Knowing and understanding the hallmarks of an abusive relationship – and knowing what to do if you or someone in your life is being abused – is the first step in taking control.
**Types of abuse**

Violence comes in many forms but the underlying characteristics of abuse are fear and control.

Although there are circumstances where women are violent in relationships with men, the most common threat is abuse against women by a male intimate partner or ex-partner.

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**Controlling behaviour**

Characterised by the abusive partner controlling what the victim does, who she sees and talks to and where she goes. It can also include controlling cashflow. “Controlling behaviours usually increase in a subtle way. They can start by seeming to be a need for closeness... but progress to over-control and demanding behaviours, then include controlling with retribution,” says Professor Kulkarni.

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**Physical**

Can involve a range of actions such as hitting, pushing, slapping, choking or pulling hair and may involve the use of weapons.

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**Emotional**

Deliberately undermining the confidence of the victim. This involves humiliation, threats, put-downs and ridicule. Professor Jayashri Kulkarni, Professor of Psychiatry at Monash University says, “Emotional abuse is often a weapon that can be wielded with no visible scars.”

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**Social**

Involves isolating the victim from their support networks by not allowing them to see their family or friends. This can include putting down or criticising the victim’s family and friends, which can often lead to the victim distancing themselves from their social network.

Jane Fisher, psychologist and Jean Hailes Professor of Women’s Health at Monash University, has conducted research into the common aspects of domestic violence (which is sometimes known as intimate partner violence or family violence). “Violence is most predominant in relationships where there are rigid gender-based stereotypes about roles, responsibilities and rights. In my experience, coercion, control and violence are most likely to occur in relationships in which there is little recognition of individual rights.”

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**Sexual**

Can involve a range of behaviours that are characterised by unwanted forced sexual contact with either the domestic partner or with others.
Seeing the signs

It is helpful to be able to recognise the signs of abuse that might be happening to you or to those close to you. “There is always a question raised in my mind when a woman says to me that there are things she cannot discuss with her partner because she is uncertain how he will respond… or that she feels frightened of him,” says Professor Fisher. Another sign that someone might have an abusive partner is if they have, without explanation, stopped spending time or communicating with friends and family. Cutting off contact with friends and family could be a symptom of controlling behaviour.

In addition to the physical effects, violence can also have long lasting and severe effects on a victim’s mental and emotional wellbeing. Women and families who are in an abusive situation often experience severe anxiety that can result from constantly living in fear. This can lead to very poor self-esteem. “Intimate partner violence is associated consistently with increased risk of mental health problems, including depression, anxiety, post-traumatic stress disorder, suicidal ideas and behaviours, and substance abuse among women,” says Professor Fisher.

Domestic violence can also have a profound effect on children who find themselves in an abusive household. Research has shown that for small children, mental and emotional growth can be impacted, leading to problems with behaviour and language development.

But it is not just young children who suffer. One of the best predictors of children growing up to become abusers or victims of domestic violence is whether or not they grow up in a home where domestic violence is prevalent. “Children raised in this way seek out abuse later in life because they don’t know another model,” says Professor Kulkarni.

Are you in an abusive relationship?

If you are worried about the behaviour within your own relationship, ask yourself:

- Do I ever feel frightened of my partner?
- Are there things I couldn’t tell him because I am worried that he will get angry or lose his temper?
- Do I feel free to make financial decisions or do I have to get his permission in order to spend any money?
- Am I worried that if I am late home he will think I have been seeing someone else?
- Does he check my phone to see who I have been talking to?

Answering yes to any of these questions indicates that it might be helpful to have a conversation with someone you trust about how things are going in your relationship. You can also call 1800 RESPECT (1800 737 732) to discuss your relationship.

1800 RESPECT is a confidential service where you can have a private and anonymous conversation with an experienced counsellor.

Preventing abuse

Preventing domestic violence is a complex issue. Acting violently towards a partner – be it physically or emotionally – is always a choice. Men’s behaviour change groups, which focus on taking responsibility for anger and abusive behaviours, have been known to successfully reduce cases of abuse by some men. Stopping the cycle is also essential to stop men passing on abusive tendencies to a new generation.
How to help
Witnessing abusive behaviour or recognising signs of violence in a family member or friend can be distressing. But intimate partner violence rarely works itself out and usually won’t end unless action is taken to stop it.

If you suspect that someone close to you is a victim of intimate partner violence, it can be helpful to tell them that you are concerned and that you can be trusted. This can be done by asking open-ended questions and responding in a non-judgemental way. For example, you could ask, “It sounds as though you are worried about how ‘X’ will react, does he sometimes lose his temper?” The next question you ask should be based on the response to the first, for example, “Do you ever feel frightened?” Above all, letting the person know that they are not alone and that you support them is key.

“Disclosure is rarely done all at once and is a slow, step-by-step process. It is important to ask the person whether they would like any help and then to permit them to guide what might or might not be helpful to them. It is always important to demonstrate that you believe them and not to dispute or dismiss their confidences. Confrontation is not helpful and might increase the risk [of danger],” says Professor Fisher.

Confronting an abusive person can be dangerous, especially if they are affected by drugs or alcohol. “Call the police and report the abusive behaviour,” says Professor Kulkarni. “Don’t just let abusive behaviour go on – but do be aware of your own personal safety.”

The decision to leave an abusive situation is often a difficult one. There are many barriers that can stand in the way of a woman trying to leave a violent relationship that must be overcome before they can leave safely. There can be fears about safety, financial pressures, family pressures, legal issues or even religious considerations.

There are systems in place that can help to keep you safe if you are the victim of intimate partner violence. A Family Violence Intervention Order (FVIO) is a court order that can help protect you and your children from a family member who is abusive. If you need immediate help, call the police for assistance. The police can help to intervene in the immediate problem and help you to apply for an FVIO. Remember, you are never responsible for the violence committed against you.

Finding crisis care in your area

VIC  Safe Steps Family Violence Response Centre 1800 015 188
NSW  Domestic Violence Line 1800 656 463
TAS  Domestic and Family Violence Counselling & Support 1800 633 937
SA   Domestic Violence Crisis Service 1300 782 200 or 131 611 for after-hours crisis care
ACT  Domestic Violence Crisis Service (02) 6280 0900
QLD  DV Connect Women’sline 1800 811 811
WA   Women’s Council for Domestic & Family Violence Services crisis care 1800 007 339
NT   Darwin House Women’s Shelter (08) 8945 1388

Mental & emotional health
Jeanhailes.org.au/health-a-z/mental-emotional-health
Dr Elizabeth Farrell is the Medical Director of Jean Hailes for Women’s Health, Head of the Menopause Unit at Monash University and has been a gynaecologist for more than 35 years.

Dr Farrell talked with us about the most common issues she sees, changes to her practice and getting to know her patients.

What are the most common health complaints that women bring to your clinic?

Heavy periods, menopause symptoms, loss of libido and painful sex, prolapse, breakthrough bleeding on the pill, breakthrough bleeding on HRT, menopause after cancer, vulval problems.

What changes are you seeing in your practice?

Some women are having risk-reduction surgery because they have a family history of breast and ovarian cancer, a BRCA gene or a history of a BRCA gene, so [to reduce their risk of breast and ovarian cancer] they may have a bilateral mastectomy and they’ll have a hysterectomy and their [fallopian] tubes removed.

It is only in the last couple of years that the gynaecological oncologists have been referring patients to me prior to their surgery to discuss their [menopause] management plan and sometimes to help the woman make her decision. I mainly discuss the ins and outs of her hormone replacement therapy.

There are a lot more people being diagnosed with BRCA. People are taking the opportunity to gain that knowledge and get information about how they can reduce their risks [of cancer]. If you’ve got young children and you’ve got this strong family history, you want to be around to see your grandchildren.

What is your approach with patients?

The reason why I’m always running late with patients is that I’m nosy! I like to know who they are; I like to know all about them. If they come in with a vulval problem, I don’t just talk about the vulval problem.

A lot of my practice is intuitive in the sense I [get to know] how people look, how people relate. If someone walks in a certain way, I will notice. And it’s how people tell you their stories. The words they use, and just asking all [the right] questions, you may not need to do anything else.

Patients feel that you’re interested in them and you want to find some way of helping them. I also take a comprehensive patient history... what that person does, if they were born somewhere else, how long they’ve been here. This gives me some background.

What is the best way for people to approach an appointment with their doctor?

If you’ve got big issues, you should ask for a longer appointment and get an extended consultation. I need patients to tell me what they feel, not their diagnosis. What are you feeling? How do you describe what’s happened?

What is one of the things you are most proud of?

I’ve got some patients where I have three generations. I’ve got the grandmothers, the mother and the daughters and I’m now seeing some of the young women that I delivered. So that’s really nice. That’s really lovely to be given that honour. And it is an honour. I’ve got 90 year olds and I’ve got young women. So it’s a very privileged position to be in.

Dr Farrell is a member of the Order of Australia for services to medicine in the field of women’s health.
There are steps that you can take to ensure you’re giving your body the best possible chance to conceive.

Before you conceive
Good health is important for a successful conception and a healthy pregnancy. Being overweight can cause hormonal changes that interfere with ovulation and reduce a woman’s fertility. Women who are very overweight (those with a BMI above 30) may experience a range of fertility complications. They may take longer, than average, to conceive and are more likely to experience infertility.

In men, being overweight is also linked to lower fertility, due to a combination of hormone problems and sexual dysfunction, something more common in men with a BMI over 30.

Smoking can also be a significant barrier to falling pregnant. Research shows that women who smoke are 1.5 times more likely to take more than a year to fall pregnant than non-smokers.

The good news
While these facts may seem daunting, there is good news. Being proactive with your health can make a difference.

For women with a BMI above 30, losing 5-10% of their body weight can significantly improve their chance of conceiving and reduce the risk of pregnancy complications. Many of the negative effects of smoking are reversed within a year of quitting.

Timing also plays an important part in successful conception. A woman’s most fertile days are the two days leading up to and the day of ovulation.

Many women may experience changes, such as a change in vaginal mucus and abdominal pain, when they are ovulating. An ovulation calculator or an ovulation predictor kit can also help you to work out when you might be ovulating.

While you are pregnant
Maintaining a healthy weight throughout pregnancy is important for your health and the health of your baby. Women who have a BMI above 30 are more likely to:

- develop high blood pressure or diabetes during pregnancy
- have induced labour
- be delivered by caesarean section
- have a baby weighing more than 4.5kg at birth
- have a child who is at increased risk of future childhood and adult weight and health issues

Before trying for a baby, it is a good idea to see your doctor for a preconception health check. For more information visit yourfertility.org.au
The big questions on ageing

What are the issues for women as they age?
I think most people have underestimated the rate at which the community is ageing. They don’t realise that since the mid-1980s, life expectancy has been going up steadily by about 12 months every 5 or 6 years. It would be fabulous if all these extra years were spent in good health but they’re not in many cases. It used to be: how do we prevent a heart attack in a 40 or 50 year old. Now, it’s: how do we delay the onset of disability in older people. It’s not all physical disability that’s the issue. It’s not all strokes and heart attacks. The rates of depression in older people are just amazing. I guess what I’m saying is that there are physical issues, there’s mental issues but also there’s the brick wall of dementia.

What can you do now to push back the onset of illness in later life?
It’s not an area that has been nearly as well studied as preventing [illness] in the young. You will be able to make a difference by the routine things that prevent heart attacks and strokes: keeping blood pressure under control, treating high cholesterol after a heart attack.

What are the biggest health concerns facing older people?
I think the biggest one is dementia. People are living longer but once you get to between 85 and 90, there’s such a high risk [of developing] dementia. Stroke and heart failure are also important.

What are the messages for women to stay healthy as they age?
Be proactive. Don’t just drift into old age. Your life will change when you retire and your children aren’t around. It is a time to develop new interests and make up for things that are no longer going to be part of your life.
Diet is particularly important, so is physical exercise, but so many people’s joints give up and that’s a really big issue. Maintaining good health is a really important thing as is maintaining a network of social connections.

And what about for health professionals?
Manage the heart risk factors. We can largely prevent heart attack and stroke by keeping people’s blood pressure under control and their cholesterol levels down. We can also help by being sensitive to the onset of depression and cognitive decline.
It’s not a matter of prolonging survival, it’s a matter of keeping as many healthy years as we can. That is going to take research because research hasn’t been done in this age group before.
A week in the life of…

Joanna, 50 years of age, Melbourne: I keep fit by walking, gardening, playing netball and seeing a personal trainer for an hour once a week. I love cooking and entertaining and going to the movies. My father, who is in the early stages of dementia, lives with my husband and me.

### Breakfast
Across the week, my breakfast consisted of either WeetBix with skim milk or a couple of pieces of toast with marmalade and marmite, a piece of fruit and a cup of instant coffee.

### Lunch
Lunches were either an omelette with tomato, avocado and prosciutto, a bowl of pumpkin or tomato soup with some toast, or some poached eggs. On day six, lunch was a BBQ steak, roasted vegetables, coleslaw, a slice of pavlova and a glass of wine.

### Dinner
Across the week, dinners consisted of: meatloaf and steamed vegetables; a piece of salmon with stir-fried vegetables; Vietnamese chicken curry; some take-away pizza, two squares of dark chocolate; penne pasta with bacon, olives, chilli, mushroom and anchovies with some salad, three squares of dark chocolate; some leftover salad and feta; and shepherds pie with steamed vegetables. Over the week, I also had a glass of wine (or more) each night, a couple of gin and tonics and a beer.

### Snacks
My snacks are usually light ricotta with honey, a protein bar, a small slice of home-made ginger cake and cheese and biscuits. I also drink a cup of tea every day and have a glass of water on the go all the time.

### Activity
I did a 3km walk up and down steep hills on four days. I did my weekly personal training session, which consists of cardio, weight and strength training and I played a game of netball.

Sandra Villella, Jean Hailes Naturopath, takes a look at Joanna’s week:

**Breakfast** I love that Joanna includes wholegrains in her breakfast. Changing to wholegrains can decrease your risk of heart disease. Instead of marmalade or marmite on toast, it’s better to include a more nutrient-filled nut spread, such as almond spread.

**Lunch** It’s good that Joanna includes vegetables with each meal. You should aim to eat at least five serves of vegetables each day. Including a serve of brassicas, such as broccoli, may help to reduce the risk of some women’s cancers.

**Dinner** Joanna has a good focus on protein in each meal. Maybe she could try the rainbow meatloaf recipe on the opposite page! It’s also great that she includes fish in her diet. Ideally, you should be eating three serves of fish a week. It’s full of omega-3 fatty acids, essential for a healthy heart and mind. Sometimes, Joanna exceeds the healthy consumption of alcohol guidelines. The Cancer Council Australia recommends drinking no more than two drinks every day.

**Snacks** It’s important to include foods that are rich in calcium and ricotta is a great low-fat snack. Home-made “sometimes food” like Joanna’s ginger cake is often better than a store bought alternative.

**Activity** Joanna has an excellent combination of cardio exercise, impact exercise and some strength training. Research recommends to aim for at least 2.5 hours of exercise a week.

**The big picture** Growing evidence indicates that brain health is closely linked to cardiovascular health, and cardiovascular risk factors are also risk factors for cognitive decline. If Joanna has any concerns about dementia herself, she should look at reducing risk factors such as high blood pressure, high blood sugar and smoking. Joanna appears to be physically fit and have a balanced diet. She also appears to engage with friends and family which is also important for brain health. I love that Joanna goes to the cinema, that’s great for happiness and wellbeing.

See Joanna’s week in detail bit.ly/1LTvFvH
Rainbow meatloaf

A gluten-free, family friendly way to include more vegetables into your diet.

Ingredients
- ½ - ¾ cup fresh hazelnuts
- 1 large carrot
- 1 zucchini
- 1 medium beetroot
- 1 onion (brown or red) chopped
- Olive oil
- 500g lamb mince
- 1 egg, lightly beaten
- Small bunch of fresh thyme, leaves only
- Salt and pepper

Method
Preheat oven to 180 degrees and line a loaf tin with baking paper.
Grind hazelnuts in a food processor to a breadcrumb-like consistency.
Wash vegetables (scrub or peel beetroot) and grate into a large bowl. Sauté onion in a few teaspoons of olive oil until lightly browned. Add to vegetables.
Add the lamb and mix to combine. Stir in the egg and add enough of the ground hazelnut meal until the mixture is slightly firm. Add in the thyme and season with pepper and salt.
Bake in oven for 1 hour until golden on top. Allow to cool for a few minutes before slicing.

Nutritional Value
This recipe is a gluten-free, family friendly way to include more colorful, antioxidant-rich vegetables into your diet.
Most people do not eat the recommended five vegetables and two pieces of fruit per day. Research shows that a diet high in fruit and vegetables has numerous health benefits and is associated with decreased risk of high blood pressure, some cancers and chronic diseases.
Red meat is a good source of protein, iron and zinc, as well as vitamin B12, great for brain and nerve function.
Eating lots of meat has been linked to an increased risk of some cancers. Research recommends that adults eat no more than 500g of red meat each week, and very little (if any) processed meat such as salami.
This meatloaf contains 500g of red meat and feeds 4-6 people, providing 80-125g of red meat per person, consistent with these recommendations.

Side serves
A dollop of tomato chutney adds a splash of colour and entices the kids with its hint of sweetness.
Toss together a quick green salad: try baby spinach leaves, pine nuts and currants dressed with a splash of olive oil and balsamic vinegar.
We want to hear from you!

How do you use Jean Hailes to help with your health? We would love to hear your stories so we can share them with others in the next issue of the magazine and on our website. Please send them via email to:

janelle.carrigan@jeanhailes.org.au

About Jean Hailes

Founded in 1992, Jean Hailes for Women’s Health reflects the enduring legacy that Dr Jean Hailes made to women’s health. Jean had a far-sighted vision to improve the quality of women’s lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia. Today, Jean Hailes is Australia’s leading and most trusted women’s health organisation combining clinical care, evidence-based research and practical education for women and health professionals. It aims to translate the latest scientific and medical evidence in order to inspire positive change in women by improving their physical and emotional health and wellbeing.

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