Letting go
How to beat chronic pain

NATURAL THERAPIES
What you need to know before your visit

SLEEP TIGHT
Ways to get a better night’s rest
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**Our Commitment**

Jean Hailes is committed to bringing you the most recent evidence-based information. All articles go through rigorous review with experts. References are available upon request.

**Acknowledgement**

Jean Hailes for Women’s Health gratefully acknowledges the support of the Australian Government.

**Every donation counts**

Secure donations can be made online at jeanhailes.org.au or call toll free on 1800 JEANHAILES (532 642)

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Welcome!

‘Koala’. That was my nickname when I was a little girl, thanks to my wonderful ability to just curl up and sleep whenever and wherever. That was then.

Now? Well, I’m usually not prone to attacks of the “green-eyed monster”, but when I hear someone talking about the wonderful night’s sleep they just had, I’m simply envious.

Since having children and reaching menopause, I’ve really struggled with sleep – at one point I was even waking up with anxiety attacks during the night, which were related to hormonal changes during menopause.

These days, I sleep better when I walk the dogs for around 45 minutes, five days a week, and avoid all alcohol and rich food. I know I’m not the only one with these issues. There’s been a lot of chatter around the topic lately – what is enough sleep, what is too much, should we be sleeping as well as eating like our ancestors? Many women are asking, “why am I always so tired during the day?”

To help us try to make sense of sleep, for this issue of our Jean Hailes Magazine we spoke to Dr Bei Bei, a clinical psychologist, sleep researcher and lecturer at Monash University. It was fascinating to hear her insights and advice, and we’re delighted to be able to share them with you here on pages 6 to 8.

It came as a bit of a surprise to me to discover that women have a lot more trouble with sleep than men. But it all made sense after reading this and learning just what effect our different bodies, brains and stages of life have on our sleep patterns. Hopefully we’ll all sleep better for having this knowledge!

Janet Michelmore AO
Executive Director
Jean Hailes news

What Were We Thinking!

You may have noticed a bit more happening on our What Were We Thinking! (WWWT) smartphone app and blog for new parents. New entries are now posted twice a week from our parent bloggers and our team of expert moderators. Since its launch last year, 22 new mums and dads have shared their first-hand trials and triumphs of parenthood.

It’s been a fantastic time of growth for this wonderful tool for new parents. We share our blog entries on the Jean Hailes Facebook page and Twitter feed, but if you haven’t seen the WWWT app or blog, go to our website homepage, scroll down and you’ll see WWWT there at the bottom-right.

“The app helps new mums and dads with the practical skills of parenting.”

The app helps new mums and dads with the practical skills of parenting, from settling babies to building routines, as well as tips for helping parents adjust to changes in their relationship. You can download the iOS app for free on our website from the app store (Android is on the way).

Learn more at jeanhailes.org.au/what-were-we-thinking

Supervised Clinical Attachment Program
Jean Hailes offers supervised clinical attachments (SCA) in women’s health at our Medical Centres in Clayton and Epworth Freemasons in Victoria. Health practitioners can gain invaluable experience observing consultations with our team of specialists.

Priority will be given to those working in several key areas including: rural and remote Australia; ATSI health; areas of high need (such as CaLD populations); and populations with specific health needs. The Jean Hailes SCA program is an accredited quality improvement professional development activity.

Webinar program
The live health professional webinar program launched in late 2015 to great success. A total of 900 health professionals registered for the live menopause and continence updates with more than 400 people viewing the content in the webinar.

New Jean Hailes workplace hub
The newest addition to the Jean Hailes website will inspire, engage and educate you and your workforce. The Workplace hub offers a wide range of health information and resources aimed at making workplaces healthier and happier. Wellness at work is a growing, exciting and important topic, especially considering a third of our lives are spent there.

Discover how health can influence the workplace and, in turn, how the workplace can influence health. To expand your existing wellbeing programs, get our free email updates and news, build a women’s health program or tailor initiatives to meet your organisation’s objectives, please visit our website.
Women’s Health Week
Planning is already well underway for our fourth annual Women’s Health Week, which this year happens from 5-9 September and focuses on the theme ‘Am I normal?’.

We were thrilled with the success of last year’s WHW – it grows bigger every year! From all over Australia, more than 10,000 people registered to take part, getting women of all ages and cultural backgrounds talking about their ‘elephant in the room’. There were also more than 200 WHW events held by groups across the country. We’re reaching out to even more communities this year.

Women’s Health Week is all about educating and inspiring women to make their health a priority. It is of course the very reason the late, great Dr Jean Hailes founded this organisation. In her words: “If a woman is in good health, her family, community and the society around her also benefit”.

You can get involved in Women’s Health Week by hosting an event in your community, for which you will be provided with free Jean Hailes resources and promotional materials. Subscribe or plan your event at womenshealthweek.com.au

An informative but fun book on the gastrointestinal tract – is that possible? Yes, don’t adjust your glasses, that’s correct. Gut is a European bestseller that’s now available in Australia. It’s a chatty look at the complex process of digestion and how it affects our bodies and our minds.

The author, young German scientist Guilia Enders, is enrolled in a PhD program in gastroenterology at Goethe University in Germany. Her enthusiasm with our inner workings is combined with solid knowledge.

Enders explains in simple terms how we digest our food, the importance of gut bacteria and how this gut ‘flora’ develops. She also delves into newer research on the link between the gut and anxiety and depression. A 2013 study on the effect of intestinal care on the health of human brains surprised researchers, writes Enders: “After four weeks of taking a cocktail of certain bacteria, some of the areas of the subjects’ brains were unmistakably altered, especially the areas responsible for processing emotions and pain.”

Gut is a great read for anyone who’s interested in leading a healthier life by understanding the basic processes of their body.

For more information visit jeanhailes.org.au/health-professionals

It’s free to register!
A healthy GUT

The digestive system plays an important role in your health, both physically and mentally. Here's how you can improve it.

Our digestive system is the engine that fuels your body. It breaks down and absorbs all the food and fluids you consume into nutrients. Depending on what you’ve eaten it can take up to 72 hours for food to travel the length of the digestive tract (which includes the stomach, the small intestine and the large intestine).

The important role of the gut

While every step of the digestive system is important, the large intestine plays a very special role in keeping us healthy. Within this part of the body, often simply called the gut, tiny organisms called microbiota or flora help maintain gut health by taking the energy produced from the fermentation of carbohydrates.

Human gut microbiota is made up of more than 1000 different species of bacteria. We often have negative associations with bacteria. While you’ll find plenty of bad bacteria in food that’s been left out at room temperature too long, interestingly, there are also many good bacteria.

These organisms aren’t just essential for our digestive health; research shows that they’re also important for the immune system, including the prevention and relief of some allergies as well as metabolic disorders such as obesity and diabetes.

There are also other benefits to having a healthy gut, says Jean Hailes naturopath Sandra Villella. “Scientists are now recognising the link between gut health and mental health. New studies are showing that microbiota can influence stress-related behaviours such as anxiety and depression.”

Gut’s best friend - fibre

One of the best ways to encourage good overall health is to eat a balanced whole food diet with lots of fibre-rich foods. There are many benefits to eating high fibre foods, including regular bowel movements, helping you feel fuller, reducing blood glucose and cholesterol levels and reducing the risk of several diseases, including colorectal cancer and cardiovascular disease.

There’s also a specific benefit to the gut: “Some fibre helps feed good bacteria,” says Ms Villella. Examples of foods that are good sources of fibre include rye bread and cereals; brown rice; legumes; fruit and vegetables (skin on where possible); and nuts and seeds.

“Women should try to aim to eat at least 25g of fibre a day,” says Ms Villella. A wholemeal slice of bread has about 2g of fibre, a large apple has around 5g and a cup of cooked chickpeas has around 12g. “Eating the recommended two serves of fruit and five serves of vegetables each day and selecting high fibre grains, cereals, seeds and nuts will help you to reach the recommended amount,” she says.

Prebiotics and probiotics

“One of the best ways to feed the good bacteria is to eat foods that are rich in probiotics and prebiotics,” says Ms Villella. Many of us have heard of probiotics, the live bacteria found in fermented dairy products and often sold in capsule form in pharmacies. Probiotics introduce good bacteria into the gut and can be useful, for example, to restore gut health after a dose
Scientists are now recognising the link between gut health and mental health.

of antibiotics, which tend to wipe out good and bad bacteria.

Prebiotics, on the other hand, aren’t actually bacteria. They’re some of the dietary fibre found in plants, which stimulates the growth and activity of good bacteria. Specific foods that are rich in prebiotics include garlic, onions, asparagus, artichokes, legumes, sunflower and pumpkin seeds and brassica vegetables (such as cabbage, cauliflower and broccoli).

“Prebiotics basically act as a fertiliser for healthy bacteria that’s already in the gut,” says Ms Villella.

Of course, for those with health issues or on restricted diets, it’s important to seek advice from a health professional before changing your eating habits.

Recipe: An easy breakfast

Bircher muesli

Serves 2-4
Prep 15 mins

Method
Grate the apple. Mix with rolled oats, nuts, seeds and cinnamon. Add yoghurt and mix to combine. Cover and place in fridge overnight.

In the morning, if a moister consistency is desired, add extra yoghurt, milk, soymilk or apple juice.

Serve with a selection of fruit.

Will keep in fridge for 2-3 days. The ingredients absorb the liquid so extra yoghurt (or other liquid) will need to be added on later days.

Nutritional value
It’s often said that breakfast is the most important meal of the day. Studies show that skipping breakfast affects how much energy we expend. Without it, we’re more likely to move less and burn less calories.

This dish contains whole foods that nourish and restore the gut microbiota. Raw rolled oats are a great source of resistant starch, which nourish good bacteria. Oats also help with appetite control and make us feel full for longer. Red apples, berries, plums and linseeds are rich in disease-fighting antioxidants called polyphenols. Pepitas and sunflower seeds are rich in the prebiotic galactooligosaccharides and almonds are a prebiotic-like food. Yoghurt containing live cultures of good gut bacteria may help by temporarily colonising the gut.

3 THINGS TO KNOW

1. We need good bacteria to ensure we digest food properly.
2. Good bacteria can be found in many foods such as legumes and vegetables.
3. Fibre is particularly good at nourishing good bacteria.
If you think your dreams can be confusing, try making sense of the advice around sleep.

It seems that every other week the findings of yet another study are being released. Seven hours is better than eight. Sleep too much and our risk of type 2 diabetes increases. Sleep too little and that may give us diabetes too. You can make up your sleep debt by staying in bed longer. No you can’t.

It’s no wonder that so many of us are worried about sleep. Unfortunately for women, one fact around sleep that remains consistent is that we generally draw the short straw ahead of men when it comes to sleep disturbances.

Why? Firstly, women are more prone to mental health issues such as depression, which can affect sleep. Latest figures from the Australian Bureau of Statistics reveal that, while 9.9% of men experienced high or very high levels of psychological distress in 2014-15, 13.5% of women surveyed were affected by it, most prominently women aged 18-24.

Secondly, our changing physiology also puts women at greater risk of sleep disturbance. Hormonal shifts due to the menstrual cycle, childbirth and menopause can all play a part.

Clinical psychologist, sleep researcher and lecturer at Monash University and the Royal Women’s Hospital, Dr Bei Bei, says usually there is “not just one or two single factors” that contribute to a woman’s sleep disorder.

“A good understanding of what is contributing is really important,” says Dr Bei, who is also co-chair of the Insomnia and Sleep Health Special Interest Group of the Australasian Sleep Association.

Hampering this understanding, however, is the fact that sleep disorders in women are often underdiagnosed, says Dr Bei.

“Snoring and sleep apnoea have been associated with men who are middle-aged and overweight, but can be overlooked in women,” she says.

Sweet dreams

When it comes to sleep, women have different challenges than men. But there are ways to get a better night’s rest.

Menstrual cycles and sleep

The luteal phase of a woman’s menstrual cycle, which occurs in the second half of the cycle, between ovulation and menstruation, can change a woman’s sleep cycle, especially with accompanying symptoms of premenstrual syndrome (PMS) or its more severe form, premenstrual dysphoric disorder.

“There are a lot of individual

“There’s not a magical number or fixed number of hours of sleep for anyone”

Dr Bei Bei

Sweet dreams

When it comes to sleep, women have different challenges than men. But there are ways to get a better night’s rest.
Sweet dreams

Differences in menstrual cycles and how women sleep,” says Dr Bei. “A lot of people say ‘my sleep doesn’t change at all’, but there are also women who say [their] sleep definitely gets worse before their periods, particularly women who experience premenstrual dysphoric syndrome. If they struggle with PMS, then their sleep can potentially be part of the complaint.”

However, what is important to bear in mind, says Dr Bei, is that the amount of sleep needed can not only vary widely between individuals, but can also change within the individual. There is no ‘one size fits all’ model across ages or genders.

“There’s not a magical number or fixed number of hours of sleep for anyone,” she says. “Even for a single person across their lifespan, the amount of sleep that they need to be OK and functioning during the day can be different; even from week to week, it can fluctuate to some degree.”

Don’t worry!

Worrying about getting enough sleep can worsen the situation. “Sleep happens naturally,” says Dr Bei. “If you try too hard to sleep, if you worry about sleep too much, you actually work yourself up, which can make sleep even harder to occur.”

Dr Bei says if you aren’t suffering from any other health condition that may affect your sleep, such as depression or chronic fatigue, then the best way to tell whether or not you’re getting enough sleep is how you feel during the day and how you feel when you wake up.

“You might find that when you’re driving you can’t stay awake, you’re nodding off while watching TV, you can’t think straight, you feel sleepy all day – then you’re likely not getting enough sleep.”

If you had trouble falling asleep the night before, don’t try putting yourself to bed earlier to catch up on lost sleep. If you’re not tired, this can lead to problems.
Sweet dreams

“In the context of insomnia, we discourage people going to bed earlier or staying in bed longer to make up for sleep loss,” says Dr Bei. “What happens when you’re not sleepy in bed and you try hard to sleep, it gets even harder and you get this anxiety about not being able to sleep and over time that’s how insomnia can potentially develop.”

Quality over quantity

Here’s something you might not know about ‘catching up’ on sleep: the brain cleverly makes up for it by going for quality over quantity. “You can’t make up for the sleep that you lost by staying in bed for longer because your brain will actually catch up on your sleep by sleeping deeper, rather than longer,” says Dr Bei. “So you actually recharge your sleep by sleeping better, not by sleeping more.”

Dr Bei Bei

In sleep, it’s unclear whether menopause is the actual cause of these changes. Ageing also affects sleep patterns. A notable change is our body clock; it governs how early or late we like to go to sleep and wake up and it ticks earlier as we age. In adolescence our body clock tends to be later, which is why many adolescents tend to stay up late and sleep in.

With the advancing years comes a shift in what is termed a person’s ‘sleep drive’. As we age, our sleep drive weakens. Poor sleep in older people can be worsened by medical conditions. “It’s not that older people need less sleep, but that there are many things that can cause them to sleep less,” says Dr Bei.

For those people wishing for more hours in the day who are hoping to copy history’s famous short sleepers, the bad news is that this gift is usually genetic. “There are people who are naturally short sleepers and they function well,” says Dr Bei. “There’s actually a genetic component to the amount of sleep that we need to function.”

So, in short, if you’re feeling tired during the day despite following good sleep hygiene – avoiding caffeine near bedtime, keeping your bedroom quiet and dark, keeping your bedtime hours regular – then you may need more sleep. If that doesn’t help, then a visit to your GP might. But whether you sleep for five hours or 10, if you feel healthy and energetic during the day, then rest assured, you need not worry – you can sleep easy.

5 THINGS TO KNOW

1. There’s no set number of hours of sleep that works for everyone. Margaret Thatcher, the former British PM, said that she slept just four hours a night, provided she had one night a week to sleep longer. But many adults say they need about seven to nine hours a night.

2. Worrying about getting enough sleep can make the situation worse. Don’t try to fight it.

3. The best way to tell if you’re getting enough sleep is how you feel during the day.

4. Your brain will catch up on sleep by sleeping deeper, rather than longer.

5. If you’re worried about your sleep cycles, see your doctor to talk about concerns.

More about sleep at jeanhailes.org.au/healtha-z/healthy-living/sleep-and-fatigue
Save the date!

WOMEN’S HEALTH WEEK
5-9 SEPTEMBER 2016

WOMENSHEALTHWEEK.COM.AU

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• Download our free event guide
• Start planning your event!!

We will support you with ideas and resources - stay tuned!
Australians spend about $14 billion a year on natural therapies—that's a vast range of treatments we seek outside of traditional medicine. It could be anything from massage to acupuncture to treat physical and mental issues. There's no doubt that natural therapies are popular but women still have many questions. A 2015 Jean Hailes survey, "What do women want to know," revealed that nearly 75% of respondents want more information about the safety and effectiveness of natural therapies and supplements.

Naturopathy and acupuncture are two of the most popularly used natural therapies in Australia. We’re visiting natural therapists just as often as we visit traditional medical professionals. There is also an upward trend in patient referrals from GPs, particularly for acupuncture. Here’s a guide of what to expect when you visit a naturopath or an acupuncturist.
Naturopathy
Naturopathy is an umbrella term for a healing system that looks at all aspects of a person’s health. Naturopathy aims to optimise or restore health or slow down or prevent further disease.

Training and registration
Naturopathy is an unregistered profession, so the standards of training can vary between each therapist. Some complete a full-time Bachelor of Health Sciences degree, while others may have studied for a diploma of varying length. Ask what level of training the therapist has undergone and what types of treatment they offer. There are a number of associations naturopaths can join, each has its own standards and code of ethics. The four main associations are the Australian Natural Therapists Association (ANTA); National Herbalists Association of Australia (NHAA); Australian Traditional Medicine Society (ATMS); and the Australian Naturopathic Practitioners Association (ANPA).

Consultation
During your first visit you’ll be asked a range of questions about your health history. Bring along any scans, test results (including blood tests or pathology) and X-rays. There will be discussion about all aspects of your health – how you are feeling mentally, physically and emotionally. Identifying lifestyle factors that may be negatively impacting your health, such as diet, nutritional deficiencies or stress, will be covered.

Treatment
Options vary between different naturopaths but most use herbs, nutrition, diet and lifestyle advice, with other therapies added on. You can expect to be referred to another practitioner or medical specialist if your naturopath is concerned about any specific aspect of your health.
Acupuncture

Acupuncture has been part of the ancient Eastern health system known as Traditional Chinese Medicine (TCM) for over 2500 years. Small sterile needles are inserted into specific points in the body to stimulate and regulate the ‘life energy’ or ‘Qi’ (in TCM) or to stimulate the nervous system (in non-TCM). A range of other healthcare practitioners have also started using acupuncture needles as part of their treatment.

Training and registration

Acupuncture is a regulated health profession. Acupuncturists must either be registered with the Chinese Medicine Board of Australia (CMBA) or be endorsed for acupuncture by the Medical Board of Australia (MBA). A list of registered practitioners can be found on the website of the Australian Health Practitioner Regulation Agency (AHPRA). The title acupuncturist is protected by law. Practitioners can only call themselves an acupuncturist if they’re registered with the CMBA or endorsed by the MBA. Acupuncturists must adhere to strict standards.

Traditional Chinese Medicine (TCM) Acupuncture is performed by a therapist registered with the CMBA using the TCM model of health and disease. In Australia, all TCM acupuncturists have to be degree qualified, with most having a Bachelor of Health Sciences degree or above.

Medical acupuncture is acupuncture performed by a registered medical practitioner, as distinct from TCM acupuncture. This type of acupuncture is practised by a growing number of GPs who have undertaken a postgraduate training course after their medical degree.

Dry needling is used by some practitioners who insert needles into the skin for therapeutic purposes, but who are not registered acupuncturists. Physiotherapists and osteopaths might use it, for example. Training varies but can be as little as a one day session.

Consultation

TCM acupuncture sees the body as being affected by patterns of disharmony that can have a negative impact on health. Bringing the body back into balance involves restoring the harmonious flow of ‘life essence’ or ‘Qi’. Your practitioner may examine your tongue, take your pulse and may perform a physical examination.

Medical acupuncture is an adaptation of TCM acupuncture. It uses evidence-based medicine and the principle that inserting needles stimulates the nervous system, encouraging pain relief and healing. Laser acupuncture may be used instead of needles.

Dry needling is needles inserted into the body to stimulate the nervous system, encouraging pain relief and releasing tight, painful muscle tension.

Treatment

All forms of acupuncture involve inserting fine sterile needles into key points in the body. Depending on the practitioner, needles can be either gently or vigorously moved. This should be pain-free but might cause some discomfort for some people.

Jean Hailes says

There is a growing body of evidence showing acupuncture to be effective in helping to treat some conditions including lower back pain, neck pain, infertility and menstrual pain. Other clinical studies have reported mixed results or found acupuncture to be ineffective. Some conditions are treated based on the results of thousands of years of traditional use, but not necessarily backed by evidence.

3 THINGS TO KNOW

1. Natural therapies are very popular in Australia and include naturopathy and acupuncture
2. Naturopathy is an unregistered profession, so look to the main associations for recommendations
3. Acupuncturist training varies so go to AHPRA for a list of qualified practitioners

For more information visit jeanhaitles.org.au/health-a-z/natural-therapies-supplements
Pain. We’ve all felt it, it’s a part of life and to be honest, it serves a purpose. Pain is nature’s way of keeping us from damaging our bodies or to make us rest until we have healed an injury.

The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage”.

Chronic or long-term pain is not fully understood by the medical community, meaning treatment and management are often not available or appropriate. Chronic pain is our nation’s third-most costly health problem, yet it’s not considered an official disease or a public health issue.

As many types of chronic pain can’t be seen during an operation or on scans, those affected may find getting a correct diagnosis for their pain challenging. Dr Susan Evans, a gynaecologist, laparoscopic surgeon and pain medicine physician at Pelvic Pain SA, explains this can be a particular problem for women. Pelvic pain is more common in women than men. The pain isn’t visible, may vary with her hormonal cycle and isn’t part of the shared life experience of those around her. “It is easy for her symptoms to be dismissed as psychological, especially when a cause for

Women’s symptoms are unfortunately often considered psychological if a cause cannot be found.
Beating pain

the pain isn’t visible,” says Dr Evans, who specialises in the management of persistent pelvic pain. “With persistent pelvic pain, this can mean unnecessary tests or procedures, and an unacceptable delay in effective treatment.”

Types of pain

Short-term or acute pain is the type you experience after an injury and usually passes within three months. The pain is often easily managed with painkillers. Some cases of acute pain can progress to chronic pain if not treated properly, but in general this type of pain is well understood and managed.

Long-term or chronic pain is much more complicated. It continues long after an injury or trauma has healed and often occurs for no known reason. With chronic pain, the nervous system changes, causing hypersensitivity and rewiring of the pain pathways, so that constant persistent pain may be experienced with no obvious cause.

If you suffer from chronic pain you’re not alone; it’s estimated that this debilitating condition may affect one in five Australians during their lifetime. This includes children and adolescents, most of whom will have to miss out on school and sporting activities, leaving them feeling left out and isolated.

Why is chronic pain different from acute pain?

Pain is a complex, subjective experience and can really only be understood by the individual experiencing it. A person’s personality, attitudes and belief can strongly affect their experience of pain, according to Pain Australia.

Chronic pain can continue long after your body has healed itself from trauma or be due to an ongoing condition such as osteoarthritis, endometriosis or cancer. Often there is increased and unexplained nerve activity in the surrounding tissues, with normal actions such as touching the skin causing severe pain. In these cases the nervous system appears to have gone into ‘overdrive’, and the pain tends to get worse with time.

The areas of the brain that process pain are also involved in our emotions, appetite, sleep, anxiety and memory—this is why pain can have a far-reaching effect. This also explains why people seem to experience and cope with pain differently.

In some cases, no actual physical cause can be found for chronic pain, with X-rays, scans and diagnostic tests all coming back normal. This can be incredibly frustrating for the person experiencing the pain, as doubt can be cast on their pain, making them feel as though no one believes them.

Dr Mandy Deeks, psychologist and Deputy CEO of Jean Hailes for Women’s Health says that women who haven’t had a diagnosis for their pain might feel frustrated, helpless and hopeless. “It can be exhausting if you have tried many different treatments or ways to ease the pain and nothing is working,” says Dr Deeks. “Many women have reported to me they are sick of people thinking they are crazy or making it up.”
The costs associated with chronic pain are not just financial; it puts you at much greater risk of suffering a range of other issues such as anxiety, depression and social isolation. Living with chronic pain can play havoc with many aspects of your life, although some people simply appear better able to cope than others.

Pain is a complex, subjective experience and can really only be understood by the individual experiencing it.

**MEDICATIONS**

The first port of call for most people in pain is to get over-the-counter (OTC) or prescribed painkillers (analgesics). There are different types of analgesic available. It’s important to speak to your doctor about what type of pain relief is best for you as many painkillers have side effects.

**Paracetamol**

No one actually knows how paracetamol works but it appears to block the production of chemicals called prostaglandins, which are involved in pain and high temperatures.

**Opioids**

Opioids bind to receptors (opioid receptors) throughout your central nervous system and body, altering your brain chemistry and decreasing how much pain you feel. They tend to only be used for severe pain, due to their addictive nature. Morphine, oxycodone and codeine are commonly prescribed in the short term.

**Non-steroidal anti-inflammatory drugs (NSAIDS)**

NSAIDS such as aspirin and ibuprofen reduce inflammation, temperature and pain. They block the production of prostaglandins, which trigger many of the changes in your tissues when you injure yourself.

**Antidepressants and antiepileptic drugs**

These may be prescribed for some types of neuropathic pain, such as shingles or damage caused by chemotherapy.
Beating pain

Non-drug management of pain
Most people find that using a combination of methods helps them to cope with their pain. Reducing the fear and anxiety associated with your pain, and learning to accept it, has been shown to help reduce symptoms.

• Transcutaneous electrical nerve stimulation (TENS) – a low-voltage current is sent through points on the skin to scramble the pain signals and encourage your body to produce natural pain-relief chemicals
• Physical therapies – stretching, walking, or any activity that improves your mood will help with pain. When you exercise, your body releases feel-good hormones that help quell pain sensations
• Cognitive behavioural therapy (CBT) – this therapy can teach you to change how you think and feel about your pain. It is easily learnt at home and can be a highly useful tool in coping with chronic pain
• Meditation or finding meaningful pastimes you enjoy can take your mind off the pain and reduce anxiety
• Gentle relaxing activities such as yoga can help take the focus off your pain
• Massage can help reduce pain caused by soft tissue injuries (avoid for joint pain)
• Hot/cold packs can relieve localised muscle pain

“When you’re in constant pain, it may seem best to stay at home on the couch, or give up work. However, reducing activity makes pain worse,” says Dr Evans. “You need to give your brain something to think about that isn’t pain. Keeping busy with high-motivational activities that you really enjoy improves your quality of life and reduces pain,” she says. “Daily gentle exercise is the best non-drug treatment for pain.”

Dr Deeks encourages women to seek out the right support. “It’s important to find health professionals who are understanding and caring, who listen to what you’re experiencing rather than dismissing you.”

3 THINGS TO KNOW
1. Long-term or chronic pain can sometimes be difficult to diagnose
2. It’s important to find a health professional who takes your concerns and questions seriously
3. In addition to pain medication, there are many things you can do to reduce pain

Find healthy living tips at jeanhailes.org.au/health-a-z/healthy-living
What prompted you to become interested in the area of public health?
The fact that public health can benefit a large number of people. And public health focused on prevention and addressing risk factors of disease is very cost effective, so that’s attractive to me. A very compelling example of a public health program that’s had a very large effect is the expanded immunisation program in low to middle-income countries that has helped to reduce child mortality rates sharply.

Have you found any differences in the health issues affecting women in Australia compared to those in Vietnam?
Social and professional support is crucial for women’s mental health. Women in Australia receive better support from the government healthcare system and academic research, but it seems women in Vietnam receive more financial and practical support from their families, friends, colleagues and neighbours.

What does a typical day at the JHRU involve for you?
It’s quite different but usually I start the day with a meeting with [unit director] Professor Jane Fisher. I spend quite a lot of time on data analysis and publication writing. Usually we have lunch together in the unit so that’s time for us to socialise.

Is there any special project in particular that you’re working on at present?
At the moment I’m working on many, but two major projects. The first one is a trial in Vietnam that we have just been funded by the National Health and Medical Research Council for four years. Led by Professor Fisher, we will develop a universal intervention to improve women’s mental health in the perinatal period [the time just before and after birth] that can be used in a wide range of resource-constrained settings.

The second project is my Early Career Fellowship, which analyses studies from more than 100 low-and-middle income countries...it’s a very huge database, about child health and development and women’s health.

What is it like to work with Professor Jane Fisher?
She is the combination of a world-leading researcher on women’s mental health, a very successful leader, a great mother of four children and a successful psychologist. She’s so gentle and so supportive to me and to everyone in my unit, it gives me a sense like working in a family.

If you could change one thing in the world, what would it be?
I’m from Vietnam and the country has suffered from a lot of war. I understand exactly how the war affects people. I really want to stop every war in the world. In my country it still affects many aspects of the economy, mental health as well. A lot of people, like my father, still have a lot of mental health problems, like post-traumatic stress disorder.

Do you believe mental health problems are a larger problem in Vietnam than in Australia?
Yes I think so. The war made our economy very low so that [creates] a lot of difficulties for people. Also some stress from the war still remains. I was born after the war but my father was a soldier so I still can understand a lot from him.

For more information about the work of the Jean Hailes Research Unit visit med.monash.edu.au/sphpm/jean-hailes
There are many research studies on women’s health happening every day in all corners of our country. Usually this research looks at a specific health issue, or investigates a particular treatment or age group, giving us valuable insight and building our knowledge. But what about the bigger picture?

What if we could cast a net across the whole of Australia? Not only that, what if we could capture the whole lifespan of women – young, mid-life and older women – and revisit these women year after year? What stories would this research tell us? What would we learn about our own health, our community’s health – about our grandmothers, mothers, sisters and daughters?

For the past 17 years, Associate Professor Deborah Loxton has been doing exactly that: looking at the bigger picture. Assoc Prof Loxton is the deputy director of the largest and longest-running study on women’s health in Australia: the Australian Longitudinal Study of Women’s Health (ALSWH).

Together with a large team, Assoc Prof Loxton has been collecting and analysing survey data from over 58,000 women across four separate groups from all around the nation. “It’s not just the size and scope of the study that sets it apart, it’s that it will never really stop. We will keep collecting research, keep analysing the results.”

**FAST FACTS ON WOMEN’S HEALTH IN AUSTRALIA**

- The life expectancy of girls born between 2003-2005 is 83 years, compared to 78 years for boys.
- In 1996 a third of young women smoked. By 2013, less than one in five smoked.
- The rate of young women with sleep problems or back pain have doubled since 1996.
- Rural women often show strength and good coping skills when faced with hardships such as drought.
- Of women aged 65 years or over, 69% consider themselves to be in good, very good or excellent health.
- Heart disease is the leading cause of death and disability for older women.
analysing the results, and it will continue well after my own retirement!” says Assoc Prof Loxton.

The ALSWH is a unique collection of research that spans broadly as well as deeply. “We’re looking at the social, psychological, physical and environmental factors that determine good health and ill health in women throughout their adult life,” says Assoc Prof Loxton.

In essence, it’s about combing through the fine details with a big-picture approach – and it’s a challenging task to undertake. “What I’ve learnt over the years is that as soon as you scratch the surface, you see that women’s health and wellbeing is so much more complex than it first seems.”

What has the study uncovered?

“One of the most shocking results to me is the increasing rates of obesity, not just within a generation but across generations,” says Assoc Prof Loxton. The study found that while 20% of young women in 1996 were overweight or obese, this had increased to 33% of young women by 2013. What’s more, there’s a worrying trend that their weight gain is likely to increase as they enter mid-life, which poses risks to heart health, life quality and life expectancy.

Older women not acting ‘old’

The ALSWH is now in its 20th year. The oldest original study participants are now in their 90s and completing their 15th survey. Assoc Prof Loxton says that these surviving women are doing reasonably well and providing encouraging insight into what it’s like to live as an older woman in Australia.

“It’s been a real eye-opener to see the vast range of activities that older women are involved in. They are still volunteering into their 70s and 80s, and they have active social and family lives. These results really buck the stereotype of how our society views 90 year olds – they are not necessarily frail or in nursing homes, they are involved with the community, so that’s been really fantastic to discover.”

The stress of young adulthood

On the other end of the age spectrum, the study revealed that almost 50% of young women struggle with high levels of psychological distress. “We knew that mental health was a common issue across the country, but we simply weren’t prepared for how much it affects women between 18 and 23 years [of age].”

The next step for the ALSWH research team is working out why this is happening and what we can do about it. “We don’t have the answers just yet, but we have a few research papers and reports coming out in the near future, so watch this space,” says Assoc Prof Loxton.

In spite of her in-depth knowledge of the study, or perhaps because of it, Assoc Prof Loxton still feels hopeful for women’s health in Australia. “The fact that we’re able to identify which health issues are a concern for women and investigate them is reassuring,” she says. “We can use the study to not only shine a light on what issues women are experiencing, but to point the way to potential solutions as well.”

To find out more about the study, visit alswh.org.au

If you’re experiencing depression or anxiety and need help urgently, please call Lifeline on 13 11 14
A week in the life of Linda

On rising, warm water with apple cider vinegar or lemon juice. 1 large coffee with milk. Across the week I have a combination of: 2 large mushrooms, 2 small organic eggs fried in olive oil and coconut oil, spinach and garlic. Or 1 small egg and mushrooms with leafy vegetables.

A combination of salad with some of the following: lettuce or other leafy greens; mushrooms; red capsicum; celery; spring onions; avocado; puffed quinoa or chia; sliced warm or cold meats or cooked haloumi; roasted root vegetables and eggplant; fresh herbs. Olive oil and lime juice.

A salad combination similar to lunch, only different protein including beef, lamb, chicken and fish.

Handful of almonds or cashews, maybe an apple or seasonal fruits. I also drink a large glass of herbal tea every day and several litres of filtered water. I tend to have a maximum of 3 glasses of red or white wine a week.

I love walking my dog around the local inner city streets or along the river 3-4 km daily. I also practise yoga at home 3-4 times a week, as well as classes. I love to spend time with my friends, whether it be dining out, retreats for personal development, or dinners at home.

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Linda’s diet It’s great to hear that Linda is feeling better as a result of her efforts. This type of eating plan can be challenging to stick to but everyone can learn something from Linda’s approach. A diet free from grains and low in dairy can often ease digestive upsets for people as it avoids foods (eg dairy and gluten) that some people can be intolerant to.

Some people benefit from a grain-free diet. My concern is that it may mean a reduction in dietary fibre and the benefits they provide in restoring and nourishing good gut bacteria. It’s important to include other fibre sources including seeds, nuts, root vegetables and fruit. Linda substitutes bread with a seed-rich bread or cracker, which is great. Linda includes a variety of vegetables in her diet. Ideally at least 5 serves of vegetables should be consumed a day. Cruciferous vegetables (brassica family) or vegetables in the broccoli family are often avoided by people with digestive issues. This family of vegetables is particularly beneficial for women, however, and regularly eating foods from this family is associated with a reduction of some cancers. Broccoli is particularly recommended. It’s great that Linda includes herbs in her salads. Fresh herbs, such as handfuls of parsley, coriander or mint not only add flavour but are an additional source of a green leafy vegetable. Aromatic herbs also aid digestion and reduce gas. Linda also does well to include a source of protein at every meal. Many people don’t consume enough protein.

Linda’s activity Walking daily is a good source of cardio exercise. If Linda is walking at least half an hour at least 5 days a week she meets the guidelines of accumulating 2.5-5 hours of moderate exercise a week. Yoga is muscle strengthening. The guidelines recommend muscle strengthening activities at least twice a week.
Red rice, roast vegetable and aduki bean salad

by Sandra Villella, Jean Hailes Naturopath

Serves 6
Prep 20 mins, cooking 60 mins

Ingredients
1 cup dry aduki beans or 1-2 cans aduki beans, drained and rinsed in water; or substitute with red kidney beans
2-3 beetroot peeled and cut into wedges
2 sweet potatoes peeled, cut in halves and sliced or cut into wedges
2-3 cloves garlic, peeled and flattened with flat part of knife
1 bunch baby carrots peeled, or 6-10 small orange or purple carrots cut in halves
Olive oil
2 cups (400g) raw/dry red rice or substitute with brown rice
1 bunch asparagus
1 bunch continental (flat leaf) parsley leaves, finely chopped
1 purple onion, diced finely
½ cup pepitas (pumpkin seeds)
½ cup pecans or hazelnuts, roughly chopped

Dressing
50 ml extra virgin olive oil
50 ml tamari (gluten free) or soy sauce
50 ml of mirin
½ teaspoon sesame oil

Method
If using dry aduki beans, soak 1 cup of beans in water for 6 hours or overnight. Drain and rinse with fresh water. Place in a saucepan, with lid on, with about 4 cups of water. Bring to boil, reduce heat and simmer for 50-55 minutes (beans are ready when they can easily be mashed).

Preheat oven to 200ºC/220ºC fan-forced. Roast beetroot and sweet potato tossed with olive oil and garlic for 45-60 minutes (depending on oven) until beetroot is cooked and sweet potato slightly golden. Toss carrots with olive oil and bake for about 30 minutes, until browned and tender. (Vegetables can even be cooked ahead of time.)

Cook the red rice according to the packet (2 cups of rice in 3 cups of water). Bring to boil in a saucepan, with lid on, and simmer 15-20 minutes (when water is absorbed). Allow to stand 5-10 minutes.

To prepare asparagus, hold each spear by the middle and bend the base with the other hand until the woody part snaps off. Steam for 5 minutes, until tender but still vibrant green.

In a large bowl, place warm rice and add the parsley, purple onion, pepitas and pecans and toss well. Add cooked or canned beans and gently toss through. Place in a large flat salad bowl. Arrange baked vegetables and asparagus on top.

For the dressing, place all of the ingredients in a jar and shake well. Dress just prior to serving and gently toss to combine.

This makes a large salad and is a complete meal. It will serve 6 people as a meal, or 8 as a side dish combined with additional protein such as chicken, boiled eggs, fish or tofu.
About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women’s Health reflects the enduring legacy that Jean made to women’s health. She 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. We aim to translate the latest scientific and medical evidence in order to inspire positive change in women by improving their physical health and wellbeing.