

# Health Journey

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## Editor's view

During the past 15 years, a lifestyle-disease epidemic has been sweeping across Australia. The number of people with chronic illnesses such as heart disease, cancer, diabetes and asthma is rising at an alarming rate. What is most concerning about this is that in many cases, these diseases could be avoided if we made healthier lifestyle choices on a day-to-day basis.

There are more than two million women living in Queensland. According to the Office for Women, more often than not, the chronic diseases that affect us occur as a result of preventable risk factors such as smoking, being overweight, physical inactivity, our increasingly sedentary lifestyles, poor nutrition, alcohol misuse, high blood pressure, and high cholesterol.

Making sure we all have access to information that helps us make informed decisions about our health is something the team at Women's Health values. That is why we were thrilled to support the health promotion and prevention forum that was held at the Queensland University of Technology last month. A team of health promotion experts and academics came together to discuss the possible ways Queensland's health organisations can respond to the lifestyle-disease epidemic.

One of the key points the panel raised was how important it is to seek help when you are making lifestyle changes to improve your health. Finding support, whether it is online, in the community or one-on-one with a health professional can really make a difference. In keeping with this, we were pleased to host two events for new mothers during Postnatal Depression Awareness Week (18-24 November). Mums and their bubs joined us in Brisbane for a day of lawn bowls and Bollywood dancing, and for a morning picnic and pram walk.

One in seven new mums and one in 20 new dads are diagnosed with postnatal depression each year. That's about 1800 Australian parents each week. We hope that by spreading awareness and breaking down stigmas more people will seek help for mental-health conditions such as these.

Research shows more people are heading online for information and support. Earlier this year, the Government launched a new e-Mental Health Strategy. A suite of web- and mobile-based services have emerged as a result. In this issue, you can read about the initiative and find out how to access some of these new tools.

This month, we are also pleased to announce the launch of our new website. Check it out at [www.womhealth.org.au](http://www.womhealth.org.au) and let us know what you think by leaving a comment on our Facebook page.

  
Joanna Egan



### About us

Women's Health Queensland Wide Inc (Women's Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland. Services include:

- **Health Information Line**  
A free information and referral service for Queensland women
- **Health information** and free lending library via [www.womhealth.org.au](http://www.womhealth.org.au)
- **Health education** for community and health professionals

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# Is sugar sickeningly sweet?

• The Heart Foundation's nutrition manager,  
• Deanne Wooden, questions whether the proof  
• is in the pudding when it comes to the health  
• risks of sugar.

Since the obesity epidemic first peeked over the horizon in the 1980s, until today, when we are inarguably in the thick of it, we have been looking for something to blame. In the early days, fat was the culprit. Then attention shifted to 'carbs' – think back to the Atkins and South Beach diets. And now, it seems, sugar has become the root of all dietary evil and there are claims it is linked to obesity, type 2 diabetes and cardiovascular disease. But, is sugar really that bad? Do we need to cut it out of our diets completely?

## What is sugar?

Sugar is a simple type of carbohydrate. It may be called different names, for example sucrose, glucose, fructose, and lactose. In whichever form it is consumed, the body ultimately converts it into glucose. High glucose levels can damage cells and have wide-ranging health effects, however the body is very good at tightly regulating its glucose levels (except under special conditions, such as diabetes).

There are two different types of sugary foods and drinks - those that contain natural sugars, such as fruit (fructose) and dairy (lactose), and those that contain added sugars, usually in the form of sucrose. Foods containing natural sugars are typically rich in nutrients including vitamins and minerals and, in many cases, dietary fibre. Foods containing added sugars include confectionery, soft drinks, cakes, biscuits and pastries.

## Is sugar to blame for Australia's obesity epidemic?

Has sugar played a larger role than fat, protein and other forms of carbohydrates in Australia's obesity epidemic? Since the 1970s, we've seen a vast increase in the consumption of sugar-laden soft drinks and a dramatic rise in obesity. It is a concern that children and adolescents are getting a greater proportion of their energy intake (up to 25 per cent) from sugars, especially soft drinks, than from other sources. However, overall, the increase in sugar from soft drinks has been accompanied by a decrease in sugar in other forms, so total sugar consumption has not actually increased.

## Does sugar cause heart disease and type 2 diabetes?

There's no doubt that sugar-sweetened beverages are associated with type 2 diabetes and even heart disease. Studies show women who consume more than one soft drink a day have a 24 per cent increased risk of diabetes and recent Australian research has found initial signs of heart disease in children as young as 12 who have a high intake of sugary drinks. However a causal link between high sugar intake per se and chronic disease is yet to be found.

## So, will avoiding sugar help you lose weight?

Weight gain is caused by eating more energy (or kilojoules) than the body uses in physical activity. So to achieve and maintain a healthy weight, individuals need to focus on eating fewer kilojoules and moving more. Removing sugar from the diet often leads to weight loss, but rather than this being about sugar, it is more likely due to cutting out foods such as confectionery, soft drinks, cakes, biscuits and pastries; foods which tend to be high in kilojoules without significant nutritional benefits. It makes sense that limiting these foods will improve health, but removing 'natural' sugars found in nutritious foods such as yoghurts, milk, high-fibre breakfast cereals and even fruit, is not recommended. In summary, the best strategy is to refer to the recommendations outlined in the Australian Dietary Guidelines, which are based on the best available scientific evidence:

- eat only moderate amounts of sugars, and
- limit those foods that are high in added sugar and low in nutrients, such as carbonated soft drinks, confectionery, cakes and biscuits.



## Is fructose a special case?

Fructose has recently been described as a particularly toxic form of sugar. Some claim that due to differences in the way fructose is metabolised compared to sucrose, it has a much greater impact on weight gain. Quality research has proven otherwise. The fact is that fructose does not play a large role in our Australian food supply and because rates of obesity and chronic disease are so high in Australia, we can assume there are more causes than fructose consumption.



# Staying high and dry: your guide to pelvic-floor health

## • Maintaining a healthy pelvic floor • can help keep you in control of your • plumbing.

More than a quarter of all Australians experience bladder or bowel control issues (incontinence). Women account for eighty per cent of all urinary incontinence sufferers. One in eight women suffers faecal incontinence and one in three who've had a baby experiences some form of urine leakage.

Many of the symptoms of incontinence can be treated, managed and even cured with the right help however research shows more than 60 per cent of Australians with bladder or bowel weakness suffer in silence. "It's a very personal issue for many women, so to go and speak to someone about the fact that you're leaking urine, you're having gas control issues or you're soiling is very difficult," says Brisbane-based continence physiotherapist and author Sue Croft.

Incontinence often occurs when a person's pelvic floor muscles do not function as effectively as they should, and it can impact upon every aspect of their life. "Our confidence, our self-esteem, our dignity, can all be shattered if there is an upset to something as basic as our continence control," Sue says.

Adopting and maintaining simple preventative measures can help women avoid many types of pelvic floor dysfunction,

including incontinence, pelvic pain and pelvic organ prolapse (the displacement of the bladder, bowel or uterus). Strengthening a weak pelvic floor can help women overcome existing problems. "These conditions can be very anxiety producing, but they are treatable," says Sue. "Making changes can definitely make a difference."

## Getting to know your pelvic floor

Your pelvic floor is a thick layer of muscles that stretches like a hammock from your coccyx (tailbone) to your pubic bone, supporting your pelvic organs. It has muscular bands (sphincters) that wrap firmly around the urethra and anus to allow you to control the release of urine, faeces and flatus (wind). The pelvic floor muscles work with the deep abdominal (stomach) and back muscles to stabilise your spine, to support your baby during pregnancy and to assist with the birthing process. They are also important for sexual function and in women, contracting (squeezing) the pelvic floor muscles can contribute to sexual arousal.

## Common pelvic floor problems

If your pelvic floor muscles become stretched or weakened, your pelvic organs may no longer be fully supported and you may lose control of your bladder or bowel movements. For some women, the pelvic floor muscles can also become too tight. This condition is less common, but it can lead to pelvic pain and make it difficult for you to

empty your bladder or bowel completely. Symptoms of pelvic floor dysfunction include:

- Accidentally leaking small amounts of urine when you cough, sneeze, bend, lift, laugh, exercise or play sport. This is known as **stress incontinence**.
- Losing urine for no apparent reason, feeling a sudden and urgent need to urinate or needing to urinate more frequently than you should (under normal circumstances, women who drink 2L of fluid a day should urinate between 5 and 7 times). These symptoms can indicate that you have an **overactive bladder** or a condition called **urge incontinence**. This occurs when the bladder holds less urine than it should (the normal capacity of an adult woman's bladder is 350–500ml).
- Feeling an urgent need to defecate, leaking faeces, soiling yourself before you reach a toilet or accidentally passing wind. These symptoms describe a condition known as **faecal incontinence**.
- Finding it difficult to empty your bladder or bowel, or experiencing pain during sexual intercourse. These symptoms can occur when your **pelvic floor muscles are too tight**.
- Feeling a bulge or ache in your vagina, finding it difficult to keep a tampon in place, or sensing heaviness, discomfort, pulling, dragging or dropping in your pelvic region. These symptoms can indicate **pelvic organ prolapse**. This occurs when one or more of your pelvic organs (your bladder, bowel or uterus) become displaced and sag down into your vagina. It is very common in Australia and occurs in about one in ten women. Symptoms tend to become exacerbated towards the end of each day and if left untreated, they will generally worsen over time. For more information about prolapse, read our **Genital Prolapse** fact sheet at [www.womhealth.org.au](http://www.womhealth.org.au).

## How healthy is your pelvic floor?

Many people wrongly assume pelvic floor problems only affect women who have experienced pregnancy, childbirth or menopause. However, women also have an increased risk if they have experienced one or more of the following risk factors: obesity, frequent heavy lifting, regularly undertaking high-impact exercise, gynaecological surgery, chronic back pain, trauma to the pelvic region, ageing, or frequent straining caused by chronic coughing, sneezing or constipation.

"Pelvic floor problems can affect women at any age," says Sue. "If you start having episodes of giggling incontinence as a teenager, or you lose urine while you're playing sport, or even if your mother trained you to empty your bladder frequently because she herself had bladder issues, then you can start sneaking off to the loo without realising it's an issue," says Sue. This could lead to frequency and urgency issues, and even urge incontinence later in life.

A woman's risk of developing pelvic floor problems increases with each pregnancy and delivery. "You can experience stress incontinence during pregnancy or you can have frequency issues because of the weight of the uterus, the fact that your baby is dancing around on top of your bladder, and because of the hormonal changes that take place in your body," Sue says. Pelvic nerves and muscles can also be damaged during birth, increasing your risk of prolapse and associated incontinence.

By practising pelvic floor muscle exercises and making simple life changes, between 60 and 80 per cent of women can significantly improve, or even cure, their symptoms of stress incontinence. "There is a common perception that once you've had a vaginal delivery it's 'normal' to have continence issues but it absolutely is not," says Sue. "There are definitely things that can be done, and the earlier you start doing them, the better."

## What can you do to protect your pelvic floor?

**Practice pelvic floor muscle exercises:** Like other muscles in your body, your pelvic floor can be strengthened with regular exercise. Building pelvic floor strength enables the muscles to better support your pelvic organs, improves your bladder and bowel control and can stop accidental urine, faeces or wind leakage. It can also reduce your risk of prolapse, improve your recovery from childbirth and gynaecological surgery, and increase your sexual sensation. A continence physiotherapist can help you learn how to exercise your pelvic floor.

**Brace before risky activities:** Counteract the downward force from activities such as coughing, sneezing, blowing your nose, lifting, pushing and pulling by engaging your pelvic floor muscles before you do them. To do this, gently pull in your lower abdominal muscles and tighten your vagina and anus. It's important to note that women can over-brace and over-tighten their pelvic floor muscles so if you experience any pain while bracing, seek help from a health professional.

**Eat a balanced diet:** Being overweight or chronically constipated places extra stress on the bladder and bowel. Maintaining a healthy weight and improving constipation by drinking 2L of fluid a day and adding more fruits, vegetables and fibre to your diet can help you avoid pelvic-floor dysfunction. Staying away from caffeine, alcohol and artificial sugars can also help. These substances irritate the bladder, causing it to store less urine than it should and increasing how often and how urgently you need to urinate.

**Learn good toilet habits:** Many women go to the toilet "just in case". Doing this often can train your bladder to hold less urine than it should. Instead, you should only go to the toilet when you need to and you should empty your bladder or bowel completely, and without straining. The easiest way to do this is to sit on the toilet with your feet flat on the ground or elevated on a small footstool or some toilet rolls, so your knees are slightly higher than your hips. Keep the natural curvature of your back but lean slightly forward at the hips and place your hands on your knees. Relax your abdominal muscles and bulge your abdomen out. This opens and relaxes your anal sphincter. When you are finished, contract your pelvic floor muscles before you stand up.

**Avoid risky fitness regimes:** Some exercises can be damaging to your pelvic floor. If you experience, or are at risk of developing, pelvic floor problems, avoid high-intensity, high-impact exercises such as running, jumping and boxing. Sit-ups, curl-ups, crunches, full planks, double-leg lifts and heavy weights also place downward pressure on your pelvic floor. To make your fitness program pelvic-floor-safe, switch to exercises such as swimming, walking and seated cycling. Use lighter hand-held weights and support your pelvic floor by sitting on a Swiss ball while you do your repetitions. Remember to maintain good posture during exercise, exhale with every effort and brace your pelvic floor muscles while doing exercises that put pressure on them.

## Where to go for help

A GP, physiotherapist or continence nurse can discuss the best treatment and management options for you. To speak confidentially with a continence professional, you can call the National Continence Helpline on 1800 33 00 66 (8am–8pm Monday to Friday). They can help you locate your nearest continence physiotherapist or nurse. Alternatively, you can visit [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au).

For information about pelvic floor health, continence, and bladder and bowel conditions, visit [www.bladderbowel.gov.au](http://www.bladderbowel.gov.au); [www.continence.org.au](http://www.continence.org.au); or [www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au), or pick up a copy of Sue's books, available at [www.suecroftphysiotherapist.com.au](http://www.suecroftphysiotherapist.com.au).

# Fast facts: Fibroids

- More than half of us will develop fibroids before we're 50. Many of us will never know about it, while others will experience painful, heavy periods, and some will have pregnancy complications.



Fibroids are very common in women of reproductive age. They are benign growths that form in and around your uterus, either singularly or in groups. They can vary significantly in size – from being smaller than a seedling and invisible to the naked eye, to being as large as 20cm in diameter, or about the size of a rockmelon.

## What causes fibroids?

It's not known exactly why fibroids occur. "They probably have partly a genetic and partly an environmental cause," says Brisbane-based obstetrician and gynaecologist Dr Graham Tronc, who helped found the Brisbane Fibroid Clinic in 2001. He explains that they generally don't appear until after women ovulate for the first time and they tend to decrease in size after women undergo menopause. As a result, researchers believe the sex hormones oestrogen and progesterone affect their development and growth.

## Who is at risk of developing them?

Fibroids are very common in women aged 20 and older. They grow at varying rates until the onset of menopause, when they tend to decrease in size. By the age of 40, about 40 per cent of Australian women have one or more fibroids and by the age of 50, up to 70 per cent have had fibroids. Factors that increase your risk of developing them include a family history of fibroids; the early onset of menstruation; obesity; diabetes; age (your risk of developing fibroids increases in your late reproductive years); having never been pregnant; polycystic ovarian syndrome (PCOS); and hypertension (high blood pressure).

## How do you know if you have fibroids?

Many women with fibroids experience no symptoms and can go through life without even knowing they have them. Often, fibroids are detected incidentally during a routine gynaecological exam or while a pelvic ultrasound or surgical procedure is being performed for another condition. If symptoms do occur, you may experience heavy, long and painful periods, spotting between periods, pelvic pressure or discomfort during sex. The size and bulk of your fibroids may cause swelling in your lower abdomen and place pressure on your lower back, bladder or bowel.

## What are the health complications?

One of the most common conditions is anaemia (a reduction in your red blood cells). This occurs if your fibroids cause an excessive loss of menstrual blood. Anaemia can lead to breathlessness, paleness, and feelings of fatigue. Other complications include bladder and bowel problems. These occur when large fibroids cause your uterus to bulge and press against your pelvic organs, causing feelings of fullness or discomfort, constipation or an increased need to urinate. In very rare instances, fibroids can also become cancerous.

Fibroids can compromise your fertility if they interfere with the implantation of a fertilised egg – the egg may try to implant on top of a fibroid or have difficulty implanting because the fibroids have changed the shape of your uterus. During pregnancy, fibroids that place pressure on the placenta can reduce placental blood flow, causing a higher risk of miscarriage and premature delivery. Fibroids situated in the lower part of your uterus can affect delivery if they obstruct the baby as it moves down your birth canal. This can increase your risk of needing a caesarean section.

## How can fibroids be treated?

Generally, if fibroids aren't causing any problems they don't require treatment; they simply need to be monitored. If they are large or cause unwanted symptoms, there are a number of treatment options you can discuss with your GP or gynaecologist. "The treatment of fibroids should depend on where the fibroid is, whether it is growing and if so, how rapidly, what the patient's symptoms are (if any), and whether she desires to conserve her fertility," says Graham.

The contraceptive pill may be prescribed to treat symptoms such as heavy menstrual bleeding. Pressure symptoms caused by large fibroids may be relieved using a procedure known as uterine fibroid embolisation, which is performed under local anaesthetic. It involves an interventional radiologist threading a tube into the artery that supplies the fibroid with blood, and blocking it, which causes the fibroid to shrink.

If surgery is required, your gynaecologist may be able to remove the fibroids but leave uterus in place. This procedure is called a myomectomy and it can be performed vaginally – using an operating telescope that is inserted into the uterus through the cervix – or via abdominal surgery, where the fibroid is removed through a keyhole or open incision in the lower abdomen. Another surgical option is a hysterectomy, which involves the removal of your uterus.



# TALKING TECHNOLOGY

## Mental health support is now at your fingertips

- Australians are turning to technology for mental health support more than ever before.

As a result, the Australian Government launched the new *e-Mental Health Strategy* in July. It sets out to increase all Australians' access to mental health services through the development of new telephone, web and mobile-based self-help tools. In doing so, it aims to give people experiencing mental health issues more places to go to for evidence-based information and round-the-clock support.

Each year, one in five Australians aged from 16 to 85 experiences a mental health issue but only one-third of them seek help. "Anything we can do to help people take the first step in asking for help is a good thing," says Mark Butler, Minister for Mental Health and Ageing. He says online services are valuable resources for people suffering mild or moderate mental health conditions who don't have access to face-to-face services, or are reluctant to use them, due to limited providers offering services in their area, transport difficulties, a lack of time, or a fear of stigma.

As part of the *e-Mental Health Strategy*, the Government developed a new, online mental-health portal called *mindhealthconnect* ([www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au)). The site provides information, support and pathways to therapy. "This portal allows people to access information and treatment in their own time, in an environment in which they're comfortable," Mark says.

The *mindhealthconnect* website is one of many e-mental-health services that have emerged in Australia during the past year. Developed with input from psychologists, counsellors and mental-health experts, most of them target high-prevalence conditions such as stress disorders, anxiety and depression, and are designed specifically to help people with mild to moderate symptoms. Some provide simple strategies to help people self-monitor their condition and self-manage unhelpful thoughts and behaviours, others facilitate real-time interactions between users and trained clinicians, and some include first-hand accounts from people who've experienced living with a mental-health condition.

While e-mental health services are a good first step to take on your road to recovery, it's important to remember they shouldn't stop you from seeking professional help when you need it.

## Get connected . . .

### Talking Anxiety

Developed by national mental-health charity SANE Australia, this app aims to help users cope with their anxiety disorder. Featuring tips for managing symptoms, as well as a video library filled with first-hand accounts from people who've experienced the day-to-day challenges of living with an anxiety disorder. This app is a reliable source of information and support – it explains what anxiety is, how it can be treated, and how family and friends can help.

### myCompass

[www.mycompass.org.au](http://www.mycompass.org.au)

This interactive web-based program offers users the building blocks they need to manage symptoms of stress, anxiety and depression. Developed by researchers and clinicians from the Black Dog Institute and funded by the Australian Government, it allows users to track their mood, learn coping techniques, read real-life experiences and work through learning modules that help build resilience and promote wellbeing. It includes an SMS and email service that delivers motivational messages to users.

### Reach Out Central

[www.reachoutcentral.com.au](http://www.reachoutcentral.com.au)

This online game helps people aged from 16 to 25 improve life skills such as communication, problem solving and optimistic thinking. Players begin by recording their mood, before engaging in real-life scenarios, played out in virtual settings. To progress through the levels, players interact with characters that have their own needs and objectives. Proven to build coping skills, resilience and life satisfaction, this game shows players how their thoughts, feelings and actions can affect their day-to-day life.

### e-couch

[www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au)

This interactive program features reliable, up-to-date information about emotional problems – including what causes them, how to prevent them and how to treat them. It includes exercises and toolkits packed with strategies designed to help users improve their emotional state while they tackle challenges such as divorce, relationship breakdown, grief and loss. Users learn coping strategies drawn from cognitive, behavioural and interpersonal therapies, as well as relaxation techniques.

### eHeadSpace

[www.eheadspace.org.au](http://www.eheadspace.org.au)

This service provides online and telephone support and counselling to young people nationally. Users between the ages of 12 and 25 can email, chat online, or speak to a counsellor about their mental-health concerns. Clinicians are available 16 hours a day, from 9am–1am, and all conversations are confidential and anonymous. Young people can discuss topics such as feelings of isolation, worries about drug and alcohol use, and concerns about their friends and family.



## Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column features answers to some of them.

**Q: I have been told I have pelvic congestion syndrome. What does this mean?**

**A:** Pelvic congestion syndrome is a common cause of ongoing pelvic pain in women under the age of 45 who have experienced two or more pregnancies. It occurs when pelvic veins - those associated with the uterus or ovaries – become enlarged, swollen or dilated.

During pregnancy, the ovarian and pelvic veins dilate to accommodate increasing blood flow to the uterus as it enlarges. Sometimes these veins fail to return to their previous size after pregnancy. The valves inside them may also become weak, allowing blood to flow backwards and pool in the vein. This can cause congestion, bulging, pressure and discomfort. The condition is rare in women who have never experienced pregnancy, however women with polycystic ovaries, hormonal dysfunction, or varicose veins on their vulva may be more at risk.

Women with pelvic congestion syndrome typically experience deep pelvic or uterine pain, which is often described as a 'heavy' or 'dull' ache. Pain often worsens throughout the day and with prolonged standing. Women can experience sharp pains when they change their posture, walk, lift heavy objects, or engage in other activities that increase pressure within the abdomen. They are more prone to painful menstruation and can experience pain during or following sexual intercourse, and during subsequent pregnancies.

Varicose veins in the pelvis can also cause urinary symptoms such as irritable bladder, urinary urgency, urge incontinence and an increased need to urinate during the night. These symptoms can worsen during menstruation.

Pelvic congestion syndrome is difficult to diagnose because dilated pelvic vessels are often missed during investigations. This is because women usually lie down for a pelvic examination, temporarily relieving bulging veins and thus concealing the problem.

If pelvic congestion syndrome is suspected, women may be referred to an interventional radiologist, who can perform either a modified pelvic venogram (an X-ray that involves the use of contrast dyes to reveal pelvic congestion) or an MRI (a scan that uses magnetic fields and radio waves to take pictures of the body's interior).

Treatments include the use of analgesics (for pain relief) and oral contraceptive pills (to reduce the frequency of menstruation). If symptoms are severe, women may require embolisation. This is a non-surgical procedure that involves the radiologist injecting tiny coils and a hardening solution into the vein to collapse and permanently close it. Embolisation can often be performed at the same time as the venogram or MRI.

Surgical treatments include hysterectomy and the removal of the ovaries. Tying off or removing the affected veins is another option, but this may provide less benefit and cause side effects.

# call our Health Information Line

A free information and referral service for Queensland women

**3839 9988**  
**1800 017 676**  
(toll free outside Brisbane)

Staffed by nurse/midwives