

WOMEN'S HEALTH

We provide a variety of services relating to health issues affecting women.

Breast cancer

Breast cancer is the most common form of cancer to affect New Zealand women and the second most common form of cancer to cause death. Seven New Zealand women are diagnosed with breast cancer every day. Up to 10% of breast cancers appear to be hereditary but most are diagnosed in women with no family history of the disease and not everyone with the gene will develop cancer. Breast cancer affects women of all ages but the risk increases with age.

Breast screening and breast self-examination

Education about self-examination, early detection and screening has reduced the incidence of breast cancer in New Zealand. Regular examination of your breasts will help you become familiar with how they normally look and feel. Any changes to your breasts will then be more evident. If you find any changes consult a health professional. Your GP can also perform a breast examination during your regular health check.

More information

Visit the Breast Cancer Foundation NZ here for more information.

Cervical screening

A woman's best protection against developing cervical cancer is to have regular cervical screening.

Cervical screening tests for the presence of human papilloma virus (HPV). HPV can trigger changes to the cervix which may progress to cervical cancer. If HPV is found, further testing is recommended, either with a cervical sample (formally called a smear) or with specialist review. Changes to cells in the cervix happen very slowly – so cervical screening allows early detection, follow-up testing and early treatment.

For more information on cervical screening and smears, click here.

Cystitis/UTI

Cystitis is an infection in the bladder caused by bacteria that usually live harmlessly in the bowel. While children and men can also get cystitis, it is most common in women. Because the infection usually only affects the bladder it is called a lower urinary tract infection (UTI). Cystitis is most often caused by the bacteria known as E coli (Escherichia coli) that get into the urethra from the surrounding skin (the urethra is the tube from the bladder used when passing urine). As the urethra is nearer to the anus in women than it is in men, it is easier for the bacteria to get transferred into the urethra.

While cystitis is often very painful, for most women it usually clears up within a few days. However, some women are more prone to getting UTIs than others and may get recurrent infections. The symptoms of cystitis include a stinging or burning sensation when urinating, the need to urinate frequently or urgently even if you pass very little or no urine, urine that is cloudy or dark coloured, and may have a strong smell or blood in the urine. You may also have

pain or tenderness in the lower back or lower abdomen and a general feeling of being unwell. If you have a fever, it can mean that the infection has reached the kidneys and you should go to your doctor immediately. As the symptoms of cystitis are very similar to those of other infections such as sexually transmitted infections (STIs) like chlamydia, it is important that you go to your doctor or visit a Family Planning clinic or a sexual health clinic. The doctor will ask you to provide a sample of urine that will be tested on site or sent to a laboratory.

HPV

Genital human papillomavirus (HPV) infection is one of the most common sexually transmitted infections (STIs) which affects both men and women.

Contracting HPV and genital warts

Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected making it hard to know when you first became infected. Using latex condoms the right way every time you have sex can lower your chances of getting HPV, but HPV can infect areas that are not covered by a condom – so condoms may not give full protection against HPV.

HPV and the risk of developing cervical cancer

Women with a persistent infection with a high-risk HPV type are at risk of cervical cancer. In some instances, persistent infection with the high-risk types of HPV may ultimately progress to invasive cancer if not detected and treated.

HPV vaccine

HPV immunisation protects you against nine types of the virus. The vaccine is most effective if you get it before you start having sex or any sexual contact, however it is still worth getting immunised even if you have started having sex. Together, the HPV vaccine and cervical screening are your best protection against cervical cancer.

More information

For more information visit The NZ HPV Project here.

Heart disease

Heart disease is a term used to describe a number of diseases which affect the heart and/or the blood vessels in the heart. Heart disease is one of the leading causes of death internationally and in New Zealand for both women and men. How men and women experience heart disease differs due to biological and social factors.

Ischemic heart disease

The most common form of heart disease is ischemic heart disease. Ischemic heart disease (also known as coronary artery disease) is a condition in which plaque builds up in the coronary arteries, narrowing and hardening the arteries and limiting blood supply and oxygen to the heart. Decreased blood flow can lead to angina (intermittent chest pain), or a heart attack, when complete lack of blood flow results in permanent heart damage.

How to reduce your risk of heart disease:

- Aim for a <u>healthy weight</u>
- Be <u>physically active</u> everyday
- Stop smoking
- Choose nutrient rich foods
- Reduce stress
- Limit alcohol
- Manage high blood pressure and high cholesterol

Manage diabetes

More information

For more information on heart disease and heart attacks in New Zealand, including how to reduce your risk, visit the Heart Foundation here.

Menopause

Menopause is the cessation of menstruation or last period. It marks the end of a woman's fertile years when the ovaries produce lower levels of the reproductive hormones oestrogen and progesterone. The average age for menopause in New Zealand is 51.5 years but it can occur anytime between the ages of 42 and 56. Perimenopause is the period of five or so years up to the last period when menstruation becomes irregular or occurs less often and eventually ceases. During this time hormone levels change and changes begin to occur in the body. After menopause the body achieves a new hormonal balance, however during the transition phase, the changes in hormone levels can have a number of effects on women.

Symptoms

How menopause affects individual women is influenced by biological and social factors, including genetics, physical and mental health, diet, lifestyle, and social and cultural attitudes toward older women.

Menopause experiences vary among individual women, and among different cultures. Some of the common reported symptoms are:

- Irregular periods (when periods come closer together or further apart), and when blood flow becomes lighter or heavier
- hot flushes
- night sweats
- headaches and migraines
- disturbed sleep patterns
- vaginal dryness
- joint pain
- fatigue
- short-term memory problems
- dry eyes
- dizziness
- itchy or 'creepy' skin
- mood swings
- anxiety and irritability
- lower libido or sex drive
- · difficulty concentrating and making decisions

Hot flushes and night sweats

Up to 80% of women experience hot flushes but they tend to go away within one to two years. Common triggers for hot flushes are caffeine, alcohol, and spicy food. Traditional or natural remedies that women have reported to be useful include a diet rich in legumes, grains, nuts and seeds, sage tea, black cohosh, or acupuncture.

Hormone replacement therapy

After menopause it is normal to have lower levels of oestrogen and progesterone. Hormone replacement therapy (HRT) (usually a combination of progesterone and oestrogen) may be prescribed for women during perimenopause; following surgically induced menopause; and sometimes post-menopausally. Hormone replacement therapy artificially boosts hormone levels with the aim of alleviating some of the conditions caused by diminished levels of oestrogen and progesterone. While hormone replacement therapy is effective at addressing some symptoms, it also carries serious risk. HRT use for prevention of chronic disease is not recommended.

Weight loss

Keeping your weight within a healthy range isn't just about living longer, it's also about your quality of life – or how well you feel. For more information on calculating your ideal weight and how to lose weight, click here.

Do women lose weight differently than men?

Yes and no. Men often lose weight more quickly than women. But, over time, weight loss usually evens out between women and men. Men may lose weight more quickly because men usually have more muscle, while women may have more fat. Because muscle burns more calories than fat, men may be able to burn more calories at rest than women.

Because men are larger than women on average and have more muscle to support, men can usually eat more calories while still losing weight, compared to women. Portion control may be especially important for women. In one study, women who ate smaller portions of food (and less food overall) had lower BMIs than women who limited or avoided a certain type of food. This approach seems to work better for women than men.

How does the menstrual cycle affect weight loss?

The menstrual cycle itself doesn't seem to affect weight gain or loss. But having a period may affect your weight in other ways. Many women get premenstrual syndrome (PMS). PMS can cause you to crave and eat more sweet or salty foods than normal. Those extra calories can lead to weight gain. And salt makes the body hold on to more water, which raises body weight (but not fat).

Also, while your menstrual cycle may not affect weight gain or loss, losing or gaining weight can affect your menstrual cycle. Women who lose too much weight or lose weight too quickly may stop having a period, or have irregular periods. Women who have obesity may also have irregular periods. A regular period is a sign of good health. Reaching a healthy weight can help women who have irregular periods to have cycles that are more regular.

How does menopause affect weight loss?

It can be harder to lose weight after menopause. In fact, many women gain an average of 5 pounds after menopause.5 Lower estrogen levels may play a role in weight gain after menopause. But weight gain may be caused by your metabolism slowing down as you age, less-healthful eating habits, and being less active. You also lose muscle mass as you age, so you use fewer calories.

How can I avoid gaining weight as I get older?

Women usually need fewer calories than men, especially as they age. That's because women naturally have less muscle, more body fat, and are usually smaller than men. On average, adult women need between 1,600 and 2,400 calories a day. As you age, you need to take in fewer calories to maintain the same weight. You can also keep your weight healthy by increasing how much physical activity you get.

Periods and PMS

Menstruation, or a woman's period, is normal vaginal bleeding that occurs as part of a woman's monthly cycle. Every month, a woman's body prepares for pregnancy. If no pregnancy occurs, the uterus, or womb, sheds its lining. The menstrual blood is partly blood and partly tissue from inside the uterus. It passes out of the body through the vagina. As girls go through puberty, periods usually start between age 10 and 16 and continue until menopause.

As well as vaginal bleeding, you may also have one or more of the following:

- abdominal or pelvic cramping
- bloating and sore breasts
- lower back pain
- food cravings
- mood swings and irritability
- headache and fatigue

Heavy periods

Menorrhagia is the term given to periods that are long and heavy. Menorrhagia affects 10-15% of women and is one of the main reasons for having a hysterectomy. It may involve periods that are prolonged, lasting for longer than seven days, and/or excessive bleeding with flooding or clots.

PMS

Premenstrual syndrome (PMS) is a collection of physical and mental symptoms which women experience to a greater or lesser degree before their menstrual period each month. Approximately 5% of women experience severe premenstrual symptoms which include depression, anxiety, irritability and loss of confidence, and physical symptoms including bloating and mastalgia and this can be known as premenstrual dysphoric disorder (PMDD). There is no clear agreement on the best management of PMS. A wide range of treatment options are promoted with varying levels of evidence.

Causes

No one knows for sure what causes PMS. As the symptoms start mid-cycle after ovulation (when the egg is released) it is thought that the hormonal changes which normally occur during each menstrual cycle may produce a variety of symptoms.