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Autor: Steinemann, Nelly
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Health Corner

Women's Health Taken out of the Closet

People do put up with a lot health-wise. I leave it open whether there is a gender difference. In my work I see many women with health issues that can and should be addressed – if only we would talk about them. I try and ask my patients about these potential problems. But often time is short and after having dealt with the cough, the rash and the sprained ankle, the 15 minute appointment is over. In this article I mention some of the unmentionables. There is no guarantee of cure for everything, but you may be surprised at what often can be done. There may not be a quick solution, this is just an encouragement to speak up and seek advice. Stop reading now if you are fainthearted, or if you don't like detailed anatomical descriptions.

Hot flushes trouble the majority of women around menopause, sometimes before, and often for many years after. Twenty years ago many of us took HRT, Hormone Replacement Therapy, which was great. Then it got into disgrace as there was an increase in the risk of heart attacks, strokes, breast cancers and blood clots. Who wants that? Wouldn't it be better to put up with a few flushes, even if it's ten every night? Well by the same logic, you best not get into a car as one person dies every day in a car crash in NZ. We have learnt since that whilst the risk is there, its degree depends on the woman's health, her family history and very much on how long HRT is taken for. In most women, HRT only adds a very minor risk during the first five years. In those cases where HRT is definitely not recommended, there are several other medications which can give substantial relief.

Pain with intercourse can happen at any age. I briefly mention three groups – teenagers who have recently become sexually active, women after childbirth and older women. In teenagers, it is often related to being tense, causing a lack of natural lubrication, anticipation of pain and involuntary contraction of muscles, leading to a vicious circle. Rarely there is a hymen or some change in vaginal anatomy that makes penetration difficult. After delivery, women may have scarring. Another cause is low estrogen levels when breastfeeding which causes dryness.

Both can be helped. Lack of estrogen after menopause also causes dryness of the vagina, which can take the joy out of intimacy. Many couples use KY jelly with more or less success. There are more specific lubricants, e.g. Sylke. Better still for many is using a small dose of estrogen vaginally twice a week, which builds up the vaginal lining and makes it 'young again'. Ask your friendly GP.

Urinary incontinence. When I ask women about this, a large number know what I am talking about. So many don't do sports because they experience leakage with exercise, and also with coughing or sneezing. Others have bladder spasms as soon as they think about going to toilet. Fumbling with the key to get into the house may just be too much, resulting in a wet patch in the underwear or worse. Please talk about it. Depending on the type of incontinence, your GP may recommend pelvic floor exercises, medications to stop bladder spasms or refer you to a specialist. There, you might have the interesting experience of 'urodynamic studies' which help determine the kind of incontinence you experience and the best treatment. Often, a 'sling' will be inserted in a small operation, which changes the bladder angle and helps greatly in most cases. As always, the success is not 100%, but the chance of improvement is good.

Vaginal discharge is considered by many as part of being a woman. It often doesn't have to be. Some is 'normal', especially that stretchy, clear discharge, like egg white, that happens in the few days before ovulation. Some women naturally do have more discharge than others. See your health professional if it is itchy, or has a bad odour, or is blood stained. Occasionally discharge and / or irritation can be self-inflicted, be it through vigorous washing, soaping or 'douching'. There are still women who feel the vagina needs to be rinsed out, like you rinse your mouth. That's certainly not the case and causes more harm than good.

Heavy and / or painful periods can often be helped. There are many treatments around for both. There is a good chance that you and your health practitioner can find what's right for you. Often it's a matter of first identifying a cause. It is beyond this page to go into details, and this discussion is just an encouragement

to get medical attention. One thing I would like to mention though: there is an IUD called 'Mirena' which releases a female hormone. It has revolutionised the treatment of both heavy and painful periods over the past 15 or so years. I have many patients who tell me 'if only I had done this years ago'. Do get medical attention if your periods trouble you.

PMS (Premenstrual syndrome) also known as PMT. The literature says that it affects at least a third of women; I believe it is higher than that. The symptoms often get worse for women in their 30s. It is hard enough to make some sense of this bewildering condition for those who experience it, let alone for their loved ones and colleagues. Why should this pleasant, tolerant, happy woman turn into a monster for several days before her period, sometimes into the period as well, and then very suddenly be herself again at the flick of a switch. Women may have unpleasant physical symptoms during this time too, like bloating, headaches, and sore breasts, but it's the emotions that are incomprehensible to the woman herself and the people around her. DO talk about it, Google it or see your health provider. Relief is possible, by measures you can take, and/ or by taking some supplements or medications.

A dark patch in your life. I feel this article should mention abuse, be it emotional, physical or sexual. It may be current, recent or in distant years. Whatever happened, if you feel it was / is wrong, it IS wrong. Some women think of this constantly, feel worthless and even guilty about it, or tell themselves they should just get over it. Nobody can take the experience away from you, but health professionals may be able to help you work out ways to feel better about yourself and discuss actions you might take if the abuse is ongoing. Talking to someone and sharing the emotions can start your recovery. This paragraph applies to men just as much as it does to women.

I hope I have encouraged one or two women to share their women's health issues and work on an improvement.

By Nelly Steinemann

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nelly.steinemann@swiss.org.nz.