

# Women's Health

With the busy lifestyles that we all lead today it can be easy to overlook your health. Generally, we only become aware of any health issue when something happens such as illness or pain prompting action, by which time, the situation is already there, GP surgeries are increasingly busy places too, so getting an appointment can take time

A modern pharmacy offers an excellent alternative to an initial GP visit, with well-trained health professionals and support staff, can be the ideal place to go and discuss your health concerns. Today's pharmacist is extremely knowledgeable in a wide range of common women's health issues and are happy to take the time to help by offering a confidential consultation in a private room. Best of all, this service is available without an appointment and is free of charge.

Through discussion, the pharmacist will be able to offer advice and support together with a recommendation on next steps. This may be regarding types of medicines or their suitability or interactions with other medication, or lifestyle changes that may help or perhaps a recommendation that you should see a doctor.

Whilst there are a myriad of different conditions and symptoms that walk through the door of a typical pharmacy every day, some of the most common for women are: -

- Migraine
- Dysmenorrhea (Period related issues)
- Osteoporosis

Let's have a look at these in more detail: -

## Migraine

Probably the most common condition seen at the dispensary counter, Migraine is a real condition, just like asthma, diabetes or epilepsy. Although not life threatening, it has been found to have a greater impact of quality of life than conditions such as heart disease and diabetes. The World Health Organisation classifies migraine as the 12<sup>th</sup> leading cause of disability worldwide among women and the 19<sup>th</sup> overall

Once into adulthood, migraine becomes three times more common in women than in men. This is due in large part to the hormonal changes in women from puberty to menopause. The highest prevalence in women is around age 40, then tailing off in the post-menopausal years.

## **Causes**

Whilst the precise cause of migraine is unknown, it is generally accepted that it relates to the abnormal functioning of nerve cells that affect the brain's ability to process information such as pain, light, sounds and other sensory stimulants or triggers

Triggers can come from a variety of different sources: -

- Environmental (examples)
  - Can be light related, ie Bright, Flickering of different types of light
  - TV/ Computer screens
  - Weather
  - Loud or persistent noise
- Dietary (examples)

- Up to 20% of attacks may be diet related (low scientific evidence)
- Skipping meals
- Foods which are high in the amino acids tyramine and/ or phenylethylamine
  - Cheese (hard or mouldy types)
  - Chocolate
  - Alcohol (Beer and red wine particularly)
  - Caffeine (coffee, tea, etc.; although caffeine can be used to prevent migraine, down to personal tolerance)
- Hormonal
  - Oestrogen fluctuations due to menstruation or through use of oral contraceptive pills or HRT can sometimes trigger migraine
  - Conversely, migraine susceptibility can decrease during pregnancy when oestrogen levels are high
  - In the main, migraine attacks lessen post menopause (although can increase in the years preceding it).

## Treatment

The key to successful treatment is to establish correct diagnosis of migraine and eliminate other potential causes. Seeking advice from the pharmacist at an early stage and reviewing current medication may prove hugely beneficial in identifying and / or preventing “medicine overuse headache”. There are many over the counter medications that the pharmacist in conjunction with your GP can discuss.

- Aspirin - traditional first line of defence, has anti-inflammatory properties that can help alleviate many of the physical symptoms of migraine
- Paracetamol - as effective as aspirin, but without the anti-inflammatory effects
- Combinations - drugs that contain aspirin or paracetamol along with another agent such as codeine or caffeine (risk of “overuse headaches with codeine based products so best avoided)
- Non-steroidal anti-inflammatory drugs (NSAID's)  
Generally used for more severe migraine attacks; evidence shows Ibuprofen to be highly effective. Soluble forms may act quicker than tablet form for those where stomach issues are part of their migraine episode.

There are many successful prescription-only options for migraine which I discuss in my article on migraine. Check out [www.whelehans.ie](http://www.whelehans.ie) for more information on Migraine.

## **Dysmenorrhoea (Period related pain)**

Dysmenorrhoea can be a debilitating problem in women of reproductive age. The condition can be separated into Primary and Secondary

**Primary** is identified where there is no underlying condition causing the symptoms. Any pain is generally related to a women’s monthly menstrual cycle and usually presents as recurring cramp like symptoms, or abdominal or pelvic pain once her flow starts.

**Secondary** is indicated when the symptoms are caused by another condition and then perhaps aggravated by menstrual activity. It more likely to occur in women over 40 and causes may include endometriosis, fibroids, endometrial polyps, pelvic inflammatory disease, and use of an intrauterine contraceptive device.

## Causes

The pain associated with primary dysmenorrhoea is believed to be caused by uterine contractions and ischaemia and appears to be related to excess production of endometrial prostaglandin. This can cause contraction of bronchial, bowel, and vascular smooth muscle, resulting in bronchoconstriction, nausea, vomiting, diarrhoea and high blood pressure.

## Risk Factors (examples)

- Weight fluctuation – being underweight or overweight increases risk
- Women who started menstruation at a young age (11 or under) are at higher risk
- Smoking can increase risk by 50%
- Stress

## Treatment

Basic analgesics like paracetamol would be the traditional starting point for treatment. However, the most effective results come from non-steroidal anti-inflammatory drugs (NSAID's), which offer a higher level of pain relief in 70% – 90% of cases.

There are many effective over the counter solutions that the pharmacist can offer, depending on the individual. The pharmacist can also discuss the potential use of Oral Contraceptives as these can offer a double benefit in managing the condition and preventing pregnancy, so, may prove ideal for some.

## Osteoporosis

Osteoporosis is a condition where bones lose density causing them to become weak and more likely to fracture. About 50% of women will fracture a bone due to osteoporosis. Whilst the condition can affect any age group, it is most common in post-menopausal women.

## Causes of osteoporosis

Up to our mid-20s our skeleton is strengthened, but from our 40s onwards our bones gradually lose their density as a natural part of ageing. The breakdown of bone is quicker in women who have been through the menopause. This is because of a lack of the hormone oestrogen. Oestrogen reduces the amount of bone broken down and so helps to protect against osteoporosis. In women, oestrogen is made in the ovaries from puberty until the menopause. Anything that reduces the number of years that a woman produces oestrogen may increase the risk of osteoporosis. These include:

- an early menopause (before the age of 45)
- a hysterectomy before the age of 45 (especially if both ovaries are removed)
- excessive exercising - this can reduce your hormone levels resulting in periods stopping for a prolonged time

Other factors include: -

- age - the risk increases as you get older
- family history of osteoporosis, particularly a history of hip fracture in a parent
- a very low body mass index
- excessive alcohol consumption or smoking
- low levels of vitamin D or dietary calcium

Osteoporosis can also target women yet to reach menopause. In these cases, a reduction in oestrogen production caused through a medical condition or by taking some medication may

cause early onset.

## Self Help

There are many “low impact” activities such as swimming, walking, golf which can be of real benefit in improving balance, coordination and develop muscle strength. All these can reduce the risk of falling and fracturing a bone.

Eating a diet rich in calcium is important for maintaining healthy bones. Dairy products (including low and non-fat) and green leafed vegetables are good sources of calcium. The body also needs vitamin D to absorb calcium properly. Vitamin D is found in certain foods, including cod liver oil, oily fish such as sardines and herrings, margarine and egg yolks. It's also made by your skin when you're in the sunlight. The National Osteoporosis Society recommends about 20 minutes of sun exposure to the face and arms, every day during the summer, to provide you with enough vitamin D for the year.

There are a variety of medications available, all of which are only available on prescription. These are primarily aimed at slowing down bone loss and in some cases, promoting the growth of new bone cells. Taking the lead from the GP, the pharmacist will be able to discuss the various alternatives available. There are many successful prescription-only options for osteoporosis which I discuss in my article on osteoporosis Check out [www.whelehans.ie](http://www.whelehans.ie) for more information on osteoporosis.

## Know your numbers

Many pharmacies now offer a range of screening and can complement services offered through GP surgeries and pharmacists will refer to the patient's GP where results are not as recommended. A simple screening procedure in a pharmacy, that might take 20 minutes can give you vital information regarding blood pressure, cholesterol, diabetes, iron levels, food intolerance amongst others (all available in Whelehans). These instant results can help in a preventative way and will help you get the most out of any activity you choose but also, can be an early alarm call if somethings not quite right.

**Disclaimer: Information given is general; Please ensure you consult with your healthcare professional before making any changes recommended**

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