

A SIMPLE GUIDE

To Healthy Living

JUL-SEP 2017 ISSUE 53

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Eastern Community Health Outreach



**AN
INVITATION
TO HEALTH
SCREENING**

Register for our next
round of check-ups!

**MENOPAUSE
& AGEING**

When it comes, how
can you handle it?

**LIVING WITH
DIABETES,
MENTALLY**

Find out how to build up your
strength to combat diabetes mentally

Menopause and Healthy Ageing



AUTHOR DR THOMAS KING, Consultant Endocrinologist, Changi General Hospital & KK Women's and Children's Hospital

MENOPAUSE IS A NORMAL PART OF THE AGEING PROCESS. IT OCCURS WHEN WOMEN STOP MENSTRUATING (HAVING PERIODS) FOR MORE THAN 12 MONTHS. WHAT SHOULD WE KNOW ABOUT IT TO BE READY TO DEAL WITH THIS NATURAL ONSET?

Menopause happens when the ovaries stop producing a hormone called oestrogen and eggs are no longer released. During the time (a few months or several years) before menopause, also known as peri-menopause, women may experience less regular periods. Oestrogen levels fall and symptoms such as muscle pain, hot flushes, night sweating, vaginal dryness, mood changes and a lack of interest in sex may occur. Singaporean women generally experience fewer symptoms than western women, but each woman's experience is unique and some can suffer severe and distressing symptoms.

Over time, hot flushes do reduce in frequency and generally disappear within 5 years. Lifestyle management measures, such as stress management and exercise, can often improve symptoms for mild to moderate hot flushes. Women with severe symptoms, or those who do not see an improvement with lifestyle management, should see their doctor to exclude other causes and to discuss treatment options. A blood test may be necessary to confirm the diagnosis if you are under the age of 45.

In Singapore, menopause occurs at an average age of 49, but it can happen any time between the ages

of 45 and 55. For a small number of women menopause occurs earlier, and if it happens before you are 45 it is called early menopause. Before the age of 40 it is called premature menopause, or premature ovarian insufficiency. Some medical treatments and procedures such as chemotherapy, radiotherapy and surgeries that involve the ovaries can cause premature menopause.

Apart from the psychological effects, the main problems that are associated with premature menopause are reduced fertility, osteoporosis and an increased risk of cardiovascular disease. If premature menopause occurs, you should see your doctor to discuss hormone replacement therapy options, which reduce the risk of these complications.

When oestrogen levels fall there is a rapid drop in bone density, which subsequently stabilises after 2 years. Whilst this is a natural part of ageing, osteoporosis is more common after the menopause, and it can be a useful time to focus on





fracture prevention. Even if you haven't been physically active before, adopting an active lifestyle after the menopause will help to protect your bones. Weight-bearing exercises and resistance exercises are particularly important for improving bone strength and helping to prevent osteoporosis. Maintaining a healthy body weight, eating a calcium rich diet and taking vitamin D supplements (especially if you are not exposed to much sunlight) can all help to protect your bones. Smoking and excessive alcohol consumption are both detrimental to bone health and should be avoided. If either of your parents have suffered a hip fracture, then you may also be at risk of a fracture. If you think you may be at risk, you should talk to your doctor about a bone density test (DXA scan) to screen for osteoporosis.

In summary, menopause is a normal part of ageing, but one that affects every woman differently. If you are experiencing symptoms that have not responded to lifestyle changes, talk to your doctor about further treatments. All women experiencing premature menopause (cessation of periods before the age of 40) should see their doctor to discuss treatment that can prevent complications, which includes osteoporosis prevention. Remember, menopause is a natural process that every woman has to undergo and you are not alone!

TIME OUT

TAKE A MOMENT TO LEARN ABOUT MENOPAUSE

AUTHOR DR LINSEY UTAMI GANI, ECHO Programme Director

Dear Readers,

We are zooming ahead into the second half of 2017! I hope this year has been a fruitful one so far. This time, we have the privilege of hearing from one of our Endocrinology Specialists – Dr Thomas King – about the life changes that all females have to go through, the menopause. While it is a natural part of ageing, there are things we can do to make this transition as smooth as possible. Conditions such as osteoporosis are often a forgotten part of the post-menopausal process and we hope to bring some attention to this with the help of our physiotherapist, in her article on managing brittle bones with exercise. Read about how depression may affect up to 20% of patients suffering with diabetes and how paying attention to our mental well-being will in turn help us deal with this chronic illness better. We would also like to share the importance of having a good GP that you can call on. The GPFIRST programme is a novel GP-Hospital partnership that will enable you to access a GP for an early assessment and treatment of indicated medical problems. We encourage you to access the link: www.gpfirst.com for more information.



Last but not least we look forward to seeing you in our ECHO screening programmes, so remember to come and bring along your friends and loved ones as well!

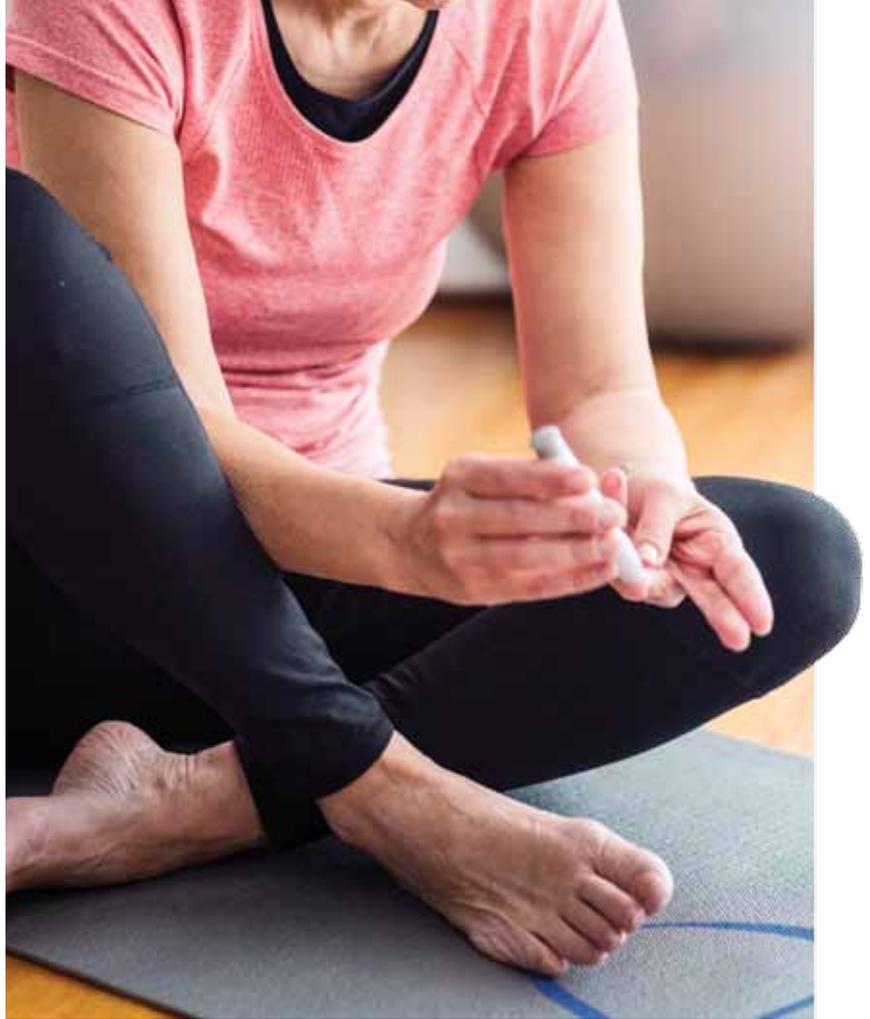


LIVING WITH DIABETES



AUTHOR STEFANIE CAI, Clinical Psychologist,
Health Wellness Programme, Eastern Health Alliance

PEOPLE WITH DIABETES OFTEN FIND IT DIFFICULT TO ADJUST TO THEIR NEW LIFE. IT IS NATURAL TO FEEL SHOCK, DENIAL, SADNESS, FEAR, ANGER, FRUSTRATION OR LONELINESS. MS STEFANIE CAI, CLINICAL PSYCHOLOGIST, HELPS US UNDERSTAND MORE ABOUT WHAT CHANGES WE NEED TO EXPECT AND HOW TO KEEP OUR HEADS UP WHEN DEALING WITH THIS CONDITION.



Diabetes is a chronic condition in which the body makes too little insulin or cannot use it properly. This raises the blood glucose level and causes a widespread disturbance of the body's energy processes.

LIFE AFTER A DIAGNOSIS

Living with diabetes can be tiring and worrying. Having diabetes means that you have to look after yourself every single day without a break. It also means that you have to adopt a new lifestyle to manage your condition, such as being careful with what you eat, checking your blood glucose level and using insulin. It is no surprise and very understandable that many people find this ordeal emotionally draining, and may develop difficulties with mood, anxiety and adjustment.

DIABETES AND MENTAL WELLBEING

Adjusting and coping with diabetes is stressful. Over time, managing diabetes itself can take a toll. This increases the risk of developing depression and/or anxiety. The good news is, these

conditions are identifiable and can be effectively treated.

It is important to recognise and acknowledge your feelings. Here are some tips that may promote psychological wellbeing:

- **Talk to someone.** It is helpful to talk to your friends, family, or GP. Health professionals such as counsellors may also be helpful, as they are trained to provide support. Remember – asking for support is not an indication of weakness or failure.
- **Monitor your stress levels.** If you are stressed, the hormones your body produces in response to stress may cause a rise in your blood sugar levels.

Monitor your stress levels by keeping a record book.

Record your stress levels on a scale of 1 to 10 every time you record your blood sugar levels.

Once you notice a pattern, learning relaxation techniques or exercise can often help relieve stress and lower your blood sugar levels.

- **Be active.** If you are a member of a group in the community (e.g. church, community centre), try to stay involved so that you continue to meet people as well as do something you enjoy.
- **Ask for help.** If you notice that you have low mood or prolonged stress, talk to your doctor so that a treatment plan may be arranged.



Do not be embarrassed to seek support if you find yourself struggling with life with diabetes. Try some of these tips and remember that professional help is within reach - you just have to ask for it!





PART 1

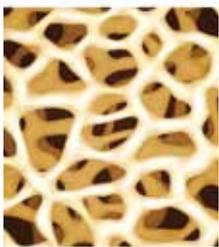
BREAK-ME-NOT: MANAGING BRITTLE BONES WITH EXERCISE

AUTHOR KIYOTO ONG KAI XUAN, Physiotherapist, Changi General Hospital

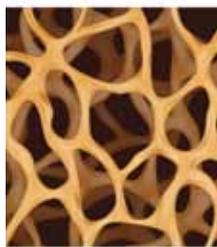


OSTEOPOROSIS MEANS “POROUS BONE.” IT IS A DETERIORATIVE BONE HEALTH CONDITION THAT OCCURS WHEN THE BONES BECOMES WEAK. FIND OUT WHO ARE AT RISK AND HOW WE CAN PREVENT THIS COMMON CONDITION.

Osteoporosis occurs when the body does not produce bones as fast as it loses them. On a microscopic level, a healthy bone structure resembles a honeycomb; an osteoporotic bone looks like a honeycomb with holes and spaces unusually larger. With lesser bone material and looser bone structure, osteoporotic bones are weaker and more susceptible to breaking.



Normal Bone



Bone with Osteoporosis

WHO IS AT RISK?

Generally, those aged over 50 years, especially females who are experiencing menopause are prone to having osteoporosis. Individuals who are small built or thin in size, have low calcium or vitamin D intake, consume alcohol excessively, smoke or have sedentary lifestyles are also at risk. Osteoporosis can also be contracted via certain medications and diseases and can be hereditary. If the above description fits you and you have a history of fracture, it is recommended that you seek advice from your healthcare provider to conduct a bone density test.

IS EXERCISE ENCOURAGED?

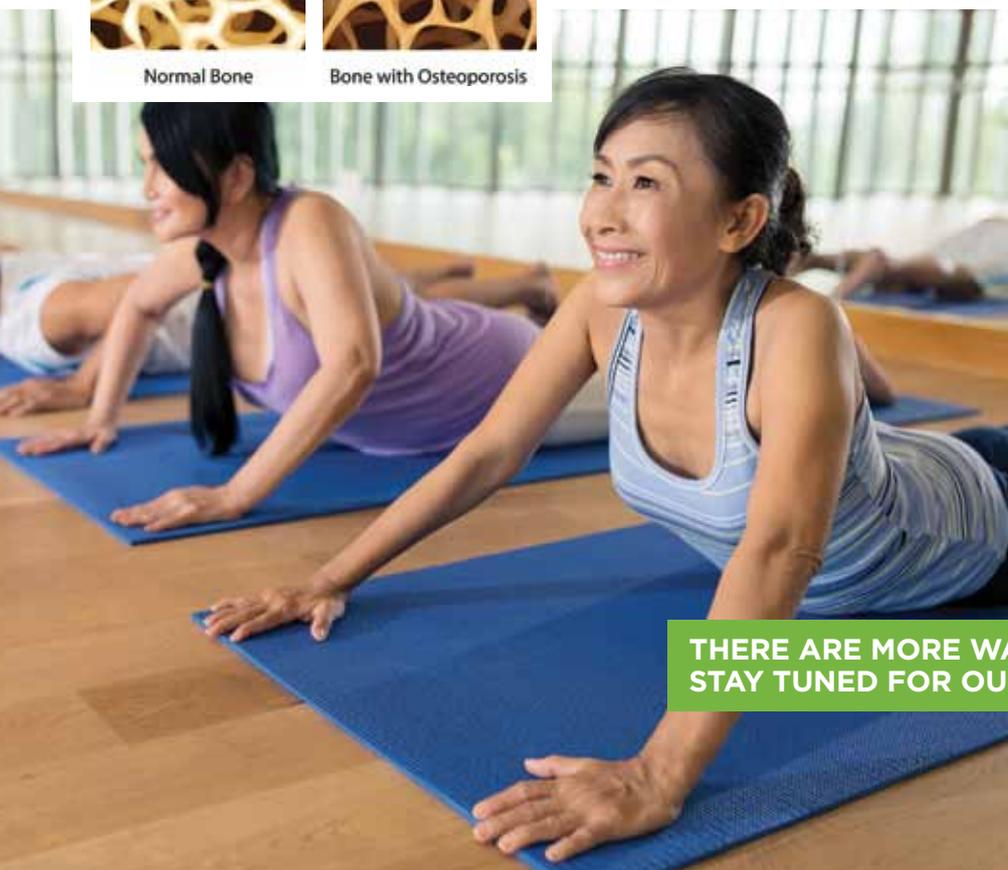
Contrary to popular belief, osteoporosis can benefit from exercise. Activity helps the bones from getting weaker. However, the stress that your bones undergo needs to be at appropriate levels for them to strengthen and regenerate.

EXERCISING THE RIGHT WAY

For prevention of osteoporosis or weakening of osteoporotic bones, weight-bearing exercises are highly recommended. These can be in the form of light impact exercises as simple as standing up from sitting, walking and even dancing. Stairs climbing, hiking, light jogging, weight lifting exercises in standing, squats or lunges are also good options for a greater challenge. Resistance training can build stronger muscles to increase our balance and stability, reducing the risk for falls and injury to the vulnerable bones. Gym machines or free weights can aid in strengthening the muscles while in weight bearing positions.

EXERCISING THE SAFE WAY

Extra caution needs to be taken in order not to overload the bones up to their breaking point. It is therefore very important to exercise with proper techniques and postures. Be careful to avoid bending or twisting the spine too much into extreme positions as this may cause unnecessary stress. Gradual and appropriate progression of exercise intensity is also essential to prevent overloading the bones too quickly or too soon. Exercise intensity should be varied depending on age, gender and bone strength. When in doubt, it is recommended to seek advice from a physiotherapist or a healthcare professional. Let's break out of osteoporosis, not our bones!



THERE ARE MORE WAYS TO STRENGTHEN YOUR BONES. STAY TUNED FOR OUR TIPS IN THE NEXT ISSUE!



EAT RIGHT!

Home Recipes



AUTHOR **BRYAN TAN**, Sous Chef, Dietetic & Food Services, Changi General Hospital



Pineapple Fish Curry

YIELDS 4

RECIPE ANALYSIS (PER SERVE):

	Per Portion
Calories (kcal)	262
CHO (g)	16.8
Protein (g)	32.8
Fat (g)	7.6
Cholesterol (mg)	115.7
Sodium (mg)	353
Fibre (g)	4.5

INGREDIENTS:

Vegetable oil	1 tablespoon
Onion, finely chopped	1
Ginger, finely grated	thumb-sized
Garlic cloves, finely chopped	3
Shrimp paste	1 teaspoon
Red chilli, shredded (de-seeded if less spicy is preferred)	2 (small)
Lemongrass stalks, split, then bruised with a rolling pin	2
Medium curry powder, mixed with 50ml water	2 heaped tablespoons
Coriander, stems finely chopped	1 small bunch
Water	200ml
Low-fat evaporated milk	200ml
Fish fillet, cut into 4 portions	350g
Cherry tomatoes	100g
Pineapple, fresh, cut into chunks	100g
Whole prawns, frozen raw, deveined	220g
Green peas	30g
Lime, halved	1
Salt	pinch
Black pepper	pinch

METHOD:

- 1) Heat oil in a wide-bottomed pan or wok. Add onions and stir fry over medium heat until softened for about 5 minutes.
- 2) Add ginger, garlic, shrimp paste, chilli and lemongrass to the pan/wok and stir-fry over high heat for about 2 minutes.
- 3) Add curry powder mixture to the pan/wok while stirring. When ingredients start to stick together, add coriander stems and remaining water. Bring sauce to a simmer then add evaporated milk and stir to combine. Bring to a simmer again.
- 4) Place fish, cherry tomatoes and pineapple chunks in the sauce and cover pan/wok with a lid for 5 minutes.
- 5) Remove lid and arrange prawns evenly throughout the sauce. Sprinkle peas over sauce and squeeze half a lime over the fish and prawns. Cover pan/wok again and simmer for 3 more minutes or until the fish and prawns are cooked.
- 6) Season with salt and pepper. Squeeze other half of lime over fish and prawns, if desired. Sprinkle coriander leaves over the dish and serve with brown rice.

SHARE YOUR RECIPES!



Send in the recipes of your home-cooked food to the ECHO team! Our Dietitian from Changi General Hospital will review and provide suggestions to make it better and healthier and share the recipes in A Simple Guide!

Guidelines for recipe submission

1. The recipes should include ingredients and methods
2. All ingredients should have a unit of measurement (e.g. 1 teaspoon oil, 150g skinless chicken fillet)
3. Each recipe should indicate how many people the dish serves
4. The cooking equipment used to cook the dish should be mentioned (e.g. pot, non-stick pan, wok)


GPFIRST

MAKE YOUR FAMILY DOCTOR YOUR FIRST STOP!

AUTHORS LYNDIA LEE & PRISCILLA GOH, Primary Care Integration



WHEN A FEVER OR A BOUT OF MILD DIARRHOEA HITS, WHO DO WE CALL? FOR SOME RESIDENTS, IT MAY BE THE ACCIDENT & EMERGENCY DEPARTMENT (A&E) AT THE NEAREST HOSPITAL. VISIT TO A&E FOR THESE GENERALLY MILD AND NON-EMERGENCY MAY NOT BE NECESSARY. YOUR GP CAN TREAT MOST OF THESE CONDITIONS.

“**I** think GPs generally treat things like coughs and fevers only, right?” Some people may have the impression that GPs’ treatments are limited to these acute illnesses like cough and colds; but your friendly neighbourhood GPs can treat a wide range of medical conditions including chronic conditions like diabetes and hypertension.

GPFIRST PROGRAMME: A GP-HOSPITAL PARTNERSHIP

In January 2014, Eastern Health Alliance (EHA), and CGH A&E, partnered with our eastern GPs and launched the GPFfirst programme to encourage patients to first visit their family GP for mild-to-moderate / non-emergency conditions (refer to right diagram) that do not require A&E attention.

So the next time, when you or a family member experience common non-emergency conditions such as shown in the box, we encourage you to visit your GP.

If a referral to CGH A&E is needed, you will be given a GPFfirst Referral Form, where you will be entitled to a \$50 subsidy off the prevailing A&E fee at CGH.

Visit us at www.gpfirst.sg for more information about the programme, list of participating clinics as well as some of the common medical conditions which can be treated at home or by your GP.

See your GP for these common conditions:

ACUTE GOUT

With the following symptoms

- A small mass of rounded or irregular shaped mass (nodules) found under the skin called “tophi”
- Joint redness
- Swollen joints
- Joint pain
- Warmth of the joint



STRAINS OR SPRAINS

With the following symptoms

- Mild to moderate pain
- Swelling with no deformity
- Bruises



There is no need to visit the hospital when you have a strain or sprain.

CONJUNCTIVITIS

With the following symptoms

- Redness in the white of the eye or inner eyelid
- Increased amount of tears
- Thick yellow discharge that crusts over the eyelashes, especially after sleep
- Green or white discharge from the eye
- Itchy eyes
- Burning eyes
- Blurred vision



The list above is not in order of severity, nor is it exhaustive. To know more about various common conditions and how your GP can help you, visit www.gpfirst.sg

Key terms and conditions:

- This scheme is open only to participating GP clinics in eastern Singapore. Polyclinics are not included.
- The original GPFfirst referral forms must be produced together with the Patient’s NRIC/passport/workpasses, at the point of registration at the CGH A&E.
- The \$50 subsidy will only be applicable at CGH A&E.
- The programme is subject to change without prior notice.

ANNOUNCEMENT: 2017 HEALTH SCREENING DATES

Attention all ECHO Participants, remember to check your mailbox! You should be receiving a letter from ECHO Programme, between 4-6 weeks prior to the first health date. Register for health screening at your respective constituency's venue/s today!

Note: If you wish to update your mailing address, please email to ECHO@cgh.com.sg or contact our ECHO coordinators during office hours.



SPREAD THE NEWS! If you have family members, friends or relatives residing in the following constituencies, please encourage them to register for the ECHO health screening!

HOW TO REGISTER?

- 1) Log on to www.echohealth.com.sg for online registration when registration starts, payment by VISA / MASTERCARD only.
- 2) Register in-person @ respective CCs listed (right) when registration starts. Bring along your NRIC, together with your cash payment to register.

Screening Site	Health Screening		Registration Start Date
	Day 1	Day 2	
Kampong Ubi CC	19 Aug (Sat)	-	1 Jun 2017
Kg Chai Chee CC	16 Sep (Sat)		
Kaki Bukit CC	23 Sep (Sat)		
Fengshan CC	7 Oct (Sat)		
Bedok CC	21 Oct (Sat)	22 Oct (Sun)	15 Jul 2017
Eunos CC	28 Oct (Sat)	-	
Changi Simei CC	11 Nov (Sat)	12 Nov (Sun)	

CONTACT ECHO!

Please keep your subject: ATTN to ECHO Programme

✉ Mailing Address: 5 Tampines Central, Tampines Plaza
#08-01/05, Singapore 529541

@ E-mail Address: ECHO@cgh.com.sg

🌐 Website: www.echohealth.com.sg

☎ Telephone: 6788 8833

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