

MEDIA  
PLANET

# WOMEN'S HEALTH

A MediaPlanet supplement distributed with The Irish Independent | **November 2008**



# Foreword

## Women's Health in Ireland



The Women's Health Council  
Comhairle Shláinte na mBan



**Geraldine Luddy**  
Director, Women's Health Council

Although society is moving towards equality, it is still essential that women's health receives particular attention as gender is a critical determinant of health. Research shows that women and men not only experience different types of health issues, they can also experience the same health issues in quite different ways.

Cardiovascular health is a key example of this phenomenon. While chest pain is considered a 'typical' symptom among men, it may not necessarily be present in women. Instead, women may experience symptoms such as neck, shoulder or abdominal discomfort, fatigue, nausea or vomiting. Women need to be aware that they are as likely as men to get heart disease, and should take steps to reduce the risks of incurring cardiovascular health problems.

The risk factors for women's health are often very different to those which affect men. Research has found that although women generally drink and smoke less than men, they are slightly more likely to be obese and are less likely to exercise than men. In promoting good health, healthy lifestyle choices are essential; many of the risk factors for cancers and cardiovascular disease are associated with lifestyle. Women have a longer life expectancy than their male counterpart; they will spend more years as older people and will have to combat the higher levels of ill health suffered by the older generation.

Regarding health issues that solely affect women, the menopause often has a significant effect on many women's well-being. In some cases it can have severe symptoms, most commonly hot flushes, night sweats, mood swings and irritability. This year The Women's Health Council published *The Menopause and Me*; the largest body of research ever carried out on the menopause in Ireland.

The study found that the menopause has a substantial effect on women's lives and women felt that they needed more information and support around the menopause. The Council's website [www.whc.ie/menopause](http://www.whc.ie/menopause) covers all aspects of the menopause, and includes a downloadable information booklet, produced in conjunction with the HSE.

The multiple roles women occupy in society also affect their health, often negatively. As well as participating in the labour market, women in the 21st century are mothers, daughters, partners and carers. Women play a key role in looking after the health of the entire family, often being responsible for the health of other family members; visits to the doctor or dentist, making sure that medicine is being taken and taken correctly, and ensuring that the family has a healthy diet. Looking after women's health directly translates into looking after the health of the family unit.

Health policy must therefore be 'gender proofed' to ensure that it examines particular health needs of women and men in detail; gender neutral health policy assumes that women and men are affected in a similar way by ill health. Supporting women in this way will ensure that the real-life experience of women is captured, and, as the Women's Health Council has previously pointed out, improved health status for women has the added benefit of translating to improved health status for the population as a whole.

The Women's Health Council (WHC) is a statutory advisory body to Minister for Health and Children. The WHC involves health professionals, policy makers and consumers in its structures. It has adopted the WHO definition of health, which states that 'Health is a state of complete physical mental and social well being.'

## Contents

- 03: Healthier by Nature** Chemical free hygiene
- 04: Diabetes** Dr. Gerald Tomkin diabetes & the importance of monitoring your glucose levels
- 05: Testing for ketones** Helen Burke, advanced nurse practitioner in diabetes looks at ketone testing in Type 1 diabetes
- 06: Diabetes and Your Eyes** AMD Detection & treatment
- 07: Osteoarthritis** A look at the treatments for osteoarthritis
- 08: Cervical Cancer** Symptoms and treatment
- 09: Breast Cancer** Symptoms and treatment
- 10: The Menopause and Me** A study by the Women's Health Council of Ireland
- 12: Understanding Eczema** The Eczema Society of Ireland takes us through the management of this common skin condition
- 14: Coping with Incontinence** An in-depth look at the symptoms and treatment
- 15: Physiotherapy and Bladder Control** Physiotherapist Cinný Cusack explains the significant affect of exercise on incontinence

## Women's Health

A supplement from MediaPlanet

**Project Manager:** Eva Ryan

**Design:** David Franklin

**Text:** BeCreative

**Print:** The Irish Independent

### MEDIA PLANET

MediaPlanet is a pan-European, Swedish owned publishing company that specialises in producing and publishing special interest information. Since our humble beginning in Stockholm in 2002 the company has experienced a rapid growth into 18 European cities as well as the United States and Hong Kong. In 2007 MediaPlanet published more than 500 papers on various topics across Europe. In 2008 Swedebank voted MediaPlanet Company of the Year in Sweden.

Contact Auria Bohn, Country Manager (Ireland) on:

**T:** +353 1 8230230

**F:** +353 1 8558809

**E:** [info.ie@mediaplanet.com](mailto:info.ie@mediaplanet.com)

**W:** [www.mediaplanet.com](http://www.mediaplanet.com)

MP Publishing Ltd, Unit 8 Liberty Corner/Foley Street, Dublin 1.

Stockholm • Oslo • Helsinki • London • Zurich • Madrid • Amsterdam • Berlin • Milan • Dublin • Tallinn • Brussels • New York • Riga • Geneva • Malmo • Hong Kong • Warsaw



# Healthier by nature

**W**hat we put onto or next to our skin in terms of toiletries and cosmetics have become much more important to many women. But how many of us are aware of the impact that some feminine hygiene products can have on our skin's health?

Many traditional cosmetics and toiletries can contain animal-based ingredients, petrochemicals and synthetic perfumes which can be harmful to both our health and the environment. Many women choose products made from only natural and organic ingredients. Unfortunately however, there are many women out there that may not realise that their tampons are made from chlorine-bleached rayon and could also be doused with synthetic fragrances. The sanitary pads and panty liners that they use may

also be made predominantly from plastics that are chlorine bleached and filled with super absorbent-polymer gels.

About 90 per cent of materials used to make conventional pads and liners actually originate from crude oil, including plastics such as polyethylene and polypropylene and super absorbent polymers (SAP). Studies have shown that the use of these materials in such products can cause health issues such as vulval contact dermatitis (or Allergic Feminine Irritation), the symptoms of which are similar to thrush and many women often mistakenly treat it as such. One in six gynaecologists say that women notice that these symptoms are at their worst at the time of their monthly period, suggesting that their choice of sanitary protection is the aggravating factor.

As well as advising patients to switch to cotton underwear, many gynaecologists also recommend Natracare products, as they contain no plastics or SAP and allow the skin to breathe. Since 1989, Natracare has produced truly natural and organic femcare products that are high quality, comfortable and easy to use. Synthetic and plastic filled femcare products are not just bad for our health but also bad for our planet. Every year over 45 billion items of feminine hygiene are disposed of somewhere! Because of the high plastic content, incineration can result in potentially toxic releases, while burying them in a landfill means that the plastics persist in the ground for centuries. We are generally now more aware that after years of simply throwing things away, out of sight is not out of mind. Every year 91% of Irish household waste is consigned to a landfill; much of this waste

coming from our bathrooms in the form of disposable razors, cotton buds, wipes, nappies and femcare products.

At heart, we all want to be greener consumers. It is worth considering that one packet of conventional sanitary pads is equivalent to the plastic of four carrier bags. Truly natural femcare products are totally chlorine free, made with sustainable, renewable materials and free from plastics and petrochemicals, which means that they are over 90 per cent biodegradable. There are products to suit everyone: certified organic cotton tampons, natural pads and panty liners that have soft organic cotton top sheets and biodegradable bio-film base layers, and handy organic cotton wipes that contain organic and natural plant extracts and no petrochemicals or parabens.



**natracare** healthier by nature

## Pure Organic Cotton next to your skin

**Natracare certified organic pure cotton tampons, organic cotton wipes and natural sanitary pads and panty liners, are made from only totally chlorine-free, natural and sustainable biodegradable materials.**





# Diabetes and blood sugar measurements

“ Meticulous control of blood sugar, cholesterol and blood pressure, together with healthy diet, exercise and avoidance of cigarettes, can allow a person with diabetes to live a normal life

Diabetes is a condition which arises when there is insufficient insulin, a hormone secreted by the pancreas gland. Insulin has many functions but is best known for its ability to lower blood sugar by converting the sugar in the blood, which is either absorbed from food or produced by the liver, into energy for immediate use or storage as fat. The original discovery was sweet urine but more recently methods were discovered to measure sugar in the blood. Uncontrolled diabetes destroys the blood vessels and it is now beyond doubt that meticulous control of blood sugar, cholesterol and blood pressure, together with healthy diet, exercise and avoidance of cigarettes, can allow a person with diabetes to live a normal life span without diabetic damage.

The achievement of excellent diabetic control can only be obtained in the majority of patients by careful monitoring of blood sugar and adjustment of treatment. This is particularly so in the case of people who need insulin to control their condition. Hand-held blood glucose monitors have been developed which give accurate readings of blood sugar from a finger prick and they have revolutionised the control of the insulin-dependent diabetic person. Intensive control, doing up to seven finger pricks a day,

allows many people with diabetes to have near normal blood sugars, even in the case of highly trained athletes such as Steve Redgrave, who won gold medals in five successive Olympic Games, his last success as a person with diabetes treated with insulin.

The mature person with Type 2 diabetes, whose main problem is not a lack of insulin but rather a resistance to the insulin due in large part to obesity, usually has blood sugars which are much easier to control and there has been some discussion about the necessity for these patients to measure their own blood sugars. The younger Type 2 person with an erratic life style may find his or her blood sugars much more difficult to control and knowledge of blood sugars through finger pricks can often allow them to take extra medication to cope with the large meal and so maintain near normal blood sugars. On the other hand the elderly patient, who has a very fixed routine lifestyle, usually gains little from repeated blood sugar measurements but still may like to monitor their blood sugar to get the feedback necessary to continue enthusiasm in looking after their diabetes.

The blood glucose meter has, to a large extent, allowed the person with diabetes to take control

of their condition in a way that was not possible with urine testing. The cost of blood glucose monitoring is of course an extra expense and in hard times may be questioned, but, the prevention of the complications of diabetes makes the cost well worth while.

Pregnancy poses a special problem for the person with diabetes because meticulous control at conception and throughout pregnancy results in a much better outcome for the baby. Indeed an outcome almost the same as if the person did not have diabetes, whereas poor control of diabetes during pregnancy is associated with many complications and a poor foetal outcome. The advent of the glucose meter has made a huge difference to the ease of management of diabetic pregnancies.

The body is amazing in the way that it controls blood sugars throughout 24 hours at levels which vary only slightly between fasting for many days and, for example, a huge Christmas dinner. This fine control mechanism is being slowly unravelled with the hope of designing drugs that may improve insulin resistance.

The design of an artificial pancreas, which would have the ability to continuously measure blood

sugar and deliver insulin according to the blood sugar, in the same way as occurs in the person who does not have diabetes, has proved very difficult. Pumps that would be suitable have been available for many years and indeed are already being implanted for the administration of insulin directly into the liver, mimicking the pancreas which secretes insulin directly into the liver. The glucose sensor has been the difficulty, but already implantable sensors are available. Although they only work for a few days, these sensors have demonstrated marked superiority over the finger prick in identifying times during the 24 hours when blood sugars are considerably out of control. This knowledge has led to improved control.

In conclusion blood glucose meters have revolutionised the management of the insulin-dependent patient and many non-insulin-dependent Type 2 diabetic patients. The burden of diabetes remains high but the advent of an artificial pancreas, hopefully in the next few years, will dramatically change the experience of living with diabetes.

**Professor Gerald Tomkin MD**

Diabetes Institute of Ireland, Beacon, Sandyford, Dublin 18

## Free Blood Glucose Screening at Boots

- Have you ever been tested for diabetes?
- Do you have a family history of diabetes?

The Diabetes Federation of Ireland estimates that over 200,000 people in Ireland have diabetes and that over 50% of them are unaware that they have the condition.

This number of people with diabetes is expected to rise dramatically in the next ten years due to the current trends of increasing obesity levels, a major risk factor for type 2 diabetes.

**Boots is offering free blood glucose screening in all of its pharmacy stores nationwide on Friday 14th November to mark World Diabetes Day. \***

The screening involves a simple blood glucose test which only takes a few minutes and is carried out by a member of Boots pharmacy staff. Results from the test, which indicates the level of glucose in the blood (a screen for diabetes), are available within minutes.

See [www.boots.ie](http://www.boots.ie) to find your nearest Boots store.

\*Quote "Womens' Health" to claim your free blood glucose screening. Screenings subject to appointments being available.



Trust



# Testing for Ketones and Type 1 Diabetes

## Helen Burke

Advanced nurse practitioner in diabetes at University Hospital Galway (UHG)

Around 200,000 people in Ireland have diabetes, of which there are two types. The first of these is Type 1 diabetes, and this occurs when the cells in the pancreas fail to produce insulin, resulting in excessive glucose levels in the blood. Type 2 diabetes is typically associated with people over the age of 40, although younger people are now also afflicted. Type 2 diabetes is also more common in patients who are obese. Treatment of Type 2 diabetes is achieved through a combination of diet and exercise, oral hypo-glycaemic medications, and often insulin treatment.

People with Type 1 diabetes need to inject insulin to regulate their blood glucose levels. Management of Type 1 diabetes is achieved through a combination of insulin treatment, blood glucose monitoring and a low fat, healthy diet which incorporates five portions of fruit and vegetables per day. 45 minutes of exercise daily, which may be taken as three 15 minute sessions, is also recommended.

Healthcare professionals dealing with people

with Type 1 diabetes aim to provide education, to enable them to self-manage their diabetes. This includes self-monitoring of blood glucose levels, injection technique, dietary and lifestyle advice, and sick-day management. One aspect of this education is teaching people about the nature of ketones, how to test for their presence, and what to do when they are present. Ketones occur when the body uses fat for energy instead of carbohydrates. This breakdown of fat in the body results in the formation of ketones.

"Ketones are toxic acids that appear first in the blood, and then eventually overflow into the urine," says Helen Burke, advanced nurse practitioner in diabetes at University Hospital Galway (UHG). "The accumulation of these acids in the body over time will lead to a condition called diabetic ketoacidosis (DKA)".

Anyone with Type 1 diabetes is at risk of developing ketones, and their presence usually reflects a deficiency of insulin. They are also a warning sign for patients to detect illness.

"Measurement of ketones is an important aspect of sick day management in Type 1 diabetes," stresses Burke. "Every patient with Type 1 diabetes is taught how to monitor either their urine or their blood ketone levels at diagnosis, and it is an important part of their management, along with glucose monitoring, diet and exercise, giving insulin, etc."

"I advise people to check for ketones when they are feeling unwell, regardless of blood glucose levels, and especially when their blood glucose levels are high," says Burke. There are two different methods of checking for ketones. They can be checked in the urine or in the blood. There is a special meter that can be used to monitor blood ketone levels and blood glucose levels. These can be obtained from your diabetes centre.

The advantage of checking for ketones is that it offers extra information during sick day management, and helps to minimise the likelihood of developing DKA. Other symptoms that can occur with ketones, include a fruity smelling

breath, thirst, passing a lot of urine, stomach pain, and vomiting. If detected early, people can manage the situation at home themselves.

Each Diabetes Centre in Ireland has their own policies on sick day management and it is important for the person with diabetes to be familiar with these guidelines.

General rules include:

- Check blood glucose and ketone levels every two-four hours.
- Never stop taking insulin. Even if you are not eating during illness, more glucose is usually required.
- Drink lots of water.
- If you are not eating, replace your regular diet with alternatives that are easily tolerated, such as milky drinks, soup, ice-cream, or fruit juice.

People are advised to contact their GP or Accident and Emergency Department if they are unable to follow their sick day rules, or if blood glucose and ketone levels continue to rise despite efforts to manage it.

## Optium Xceed – for extra reassurance



NEW!  
Preset time  
and date

For patients monitoring blood glucose who need the extra reassurance that checking blood ketones provides.

- Fast 3-second blood glucose testing, with tiny sample size (0.3µL)
- Large backlit display
- Large memory with averaging
- Allows early detection of rising blood ketone levels

To find out more and reserve your demonstration meter call 1800 776633

**Optium Xceed™**  
Blood Glucose Monitoring System  
Extra reassurance.

**Abbott**  
A Promise for Life



# VISION



## Diabetes & Your Eyes

**Lynda McGivney-Nolan**

FAOI, practicing optometrist

All people with Diabetes, both Type 1 and Type 2, are prone to developing problems with their eyes. The longer a person has diabetes, the higher the risk of developing complications with their eyes. The poorer a person's management of their diabetes, the worse those complications are and the faster they occur. So a well managed long-term diabetic can have a better visual prognosis than a badly managed, more recently diagnosed diabetic.

The main complications associated with diabetes in the eye are:

- Diabetic Retinopathy; this being one of the leading causes of irreversible blindness in the developed world
- Cataracts
- Changes to your spectacle prescription
- Glaucoma

Diabetic Retinopathy (DR) is a condition caused by the complications that arise from changes in the blood vessels supplying the retina, which is found at the back of the eye. The elevated sugar levels cause the blood vessels to swell and leak. It occurs in four stages ranging from mild to severe. In the early stages, these small haemorrhages will clear up themselves, particularly if you watch your sugar control. At the severe stage, these haemorrhages are more prolific which leads to scarring and nerve damage, and will eventually lead to vision loss.

The key to managing healthy vision in diabetics starts with access to regular eye checks. However, diabetics can be waiting for up to three years for these checks, during which time Diabetic Retinopathy can develop from a mild to a severe form, leading to permanent damage to the retina and possible vision loss. A full, annual eye examination is required and this can be done by your local independent optometrist. Along with your regular sight examination and glaucoma test, a detailed examination of the back of your eye can be carried out. The optometrist will put special drops into your eyes to dilate the pupil. Using special equipment and

techniques, the optometrist will examine the retina in great detail, assessing the level of diabetic retinopathy. Your optometrist can also photograph the back of your eye and keep a record of how your retina is looking at that particular time. Sometimes, if your optometrist is not happy with how your eyes are looking, they can use this photograph to refer you back to the diabetic clinic for an appointment with an ophthalmologist. The big advantage of visiting your optometrist to have this done is that there are no waiting lists; an appointment can be made within a few days, and if necessary, a speedy referral can be made, thus saving time and saving sight.

It is important to remember, should your optometrist find a problem, timely referral to an ophthalmologist even in the advanced stages of diabetic eye disease increases your chances of preventing vision loss by 95%. Should you experience any of the following symptoms, visit your optometrist immediately:

- Blurred Vision,
- Spots or streaks in front of your eyes,
- Poor night vision or
- Vision loss.

Where treatment is required, your ophthalmologist will carry out laser surgery to photo-coagulate the leaking blood vessels and seal them off. The ophthalmologist may also have to carry out a vitrectomy, where the fluid inside the eye which has become damaged by the leaking blood vessels is removed and replaced with a special saline solution. There are also many new treatments available to successfully treat other eye problems and these treatments are now being used to treat Diabetic eye disease.

The key to keeping Diabetic Eye Disease at bay and your eyes healthy involves careful management of your diabetes, maintaining good blood sugars and regular eye examinations with your optometrist.

For further information in Diabetic Retinopathy please go to [www.optometrist.ie](http://www.optometrist.ie)

## Age Related Macular Degeneration

**Mr John Fenton FRCSI**

Consultant Ophthalmic Surgeon

Age related macular degeneration (AMD) is the leading cause of visual loss and new cases of blindness in Irish women.

AMD is a degenerative eye disease that affects the macula – the central part of the retina that is responsible for the “straight ahead” vision and gives the ability to see in colour and fine detail. The macula is necessary for everyday visual activities like reading, driving, telling time, watching TV, shopping or recognising faces. In women with AMD, if the macula becomes damaged, central vision deteriorates and can eventually become lost.

AMD is most common in women over 60 years of age, particularly those with a family history and in those who have smoked. Recent evidence suggests that the use of hormone replacement therapies may protect against the severe forms of AMD.

Dry AMD is the most common form of the condition and develops and progresses slowly. Wet AMD is more serious and is caused by leaky blood vessels developing beneath the macula. While Wet AMD is less common, it can however cause a more rapid loss of vision.

Early detection and screening are essential. Early detection of the disease is essential to allow prompt referral to a retinal specialist. While there are simple clinical tests available to identify the early symptoms of AMD, a definitive diagnosis can best be made through a specialised digital photographic and clinical examination by a trained Ophthalmologist or Eye Surgeon.

New digital imaging called Telescreening is now available to Irish GPs and Optometrists at the Leeson Eye Institute. This is followed by online referral to a Consultant Ophthalmologist. This allows for expert retinal evaluation, reduces waiting times for referral and allows early intervention and treatment, thereby reducing the risk of visual loss.

### Treatment

There are many treatments available for different forms of the disease, varying from simple dietary changes such as vitamin supplementation to complex injection treatments and lasers for the more severe sight-threatening forms. New forms of advanced medications called anti-VEGF treatments are now available. Now for the first time we have potential to restore and preserve vision for those most severely affected.

Mr John Fenton is a Consultant Ophthalmic Surgeon with LaserVision, The Leeson Eye Institute.

# Osteoarthritis

## Dr. Philip E. Carolan

Sports Medicine Physician & Family Practitioner,  
The Clontarf Clinic, 63 Clontarf Road, Clontarf



Osteoarthritis by definition is a form of chronic arthritis that is characterised by cartilage degradation and joint space narrowing. It is a very common condition and according to a recent study by The World Health Organisation, knee osteoarthritis has become the fourth most likely cause of disability in women. It is most prevalent in people over the age of 45, with women being more prone to developing the condition than men. There are a number of risk factors which include ageing, being over weight, genetic factors, a history of trauma (joint injuries) and certain medical conditions which damage the cartilage. The most common symptoms are pain, stiffness, crepitus (grinding of the joints), bone enlargement, joint swelling and restricted movement due to structural changes and muscle weakness. Diagnosis of the condition is made using a detailed medical history, examination,

and sometimes the use of x-ray. Blood tests and joint fluid analysis may help with diagnosis.

The treatment of osteoarthritis aims to alleviate pain, improve function and slow the rate of progression of the disease. In the early stages of the disease, both weight loss and physiotherapy programmes can play a vital role in treatment. Initially pain management using paracetamol is beneficial and Non Steroidal Anti-Inflammatory Drugs (NSAIDs) also play a role in the treatment of severe pain associated with osteoarthritis. It is important that this should only be used over short periods of time and with the lowest dose possible. Glucosamine and Chondroitin tablets may limit the progression of the disease.

Interventional treatments are also available. These include injection therapy and surgery. A newer treatment Viscosupplementation (syn-

ovial fluid replacement) has come onto the market. This treatment involves an intra-articular injection of hyaluronic acid (such as an injection into the knee joint) and is suitable for people with significantly symptomatic osteoarthritis, especially those who have not responded adequately to conservative treatment. The Cochrane review of clinical trials found that Viscosupplementation is an effective treatment for osteoarthritis of the knee, with beneficial effects on both pain and function. The effectiveness is especially noticed five to thirteen weeks after the injection is administered and may last for up to six months.

Osteoarthritis is a condition that can be managed with lifestyle modifications, exercise, and by pharmacological means, either oral or injection therapy. With the newer Viscosupplementation injections, surgery can now be delayed.

“Osteoarthritis is a condition that can be managed with lifestyle modifications, exercise, and by pharmacological means. With newer technologies, surgery can be delayed.

For further information on osteoarthritis and knee pain visit [www.myknee.ie](http://www.myknee.ie)

## CHIROPRACTORS ARE SPINAL HEALTHCARE SPECIALISTS

- As primary healthcare providers, chiropractors are qualified to treat people of all ages without referral from a GP.
- Safe and effective, chiropractic is the third largest healthcare profession in the world.
- Chiropractic services delivered by members of the CAI are covered by the major health insurers (BUPA, VHI, HSA, and Garda Society).
- Members of the CAI are required to complete continuing education to remain up-to-date and maintain high standards.
- For a full list of CAI chiropractors in your area please contact the association at <http://www.chiropractic.ie/> or alternatively see our listings in the Golden Pages.

CHIROPRACTIC  
ASSOCIATION  
IRELAND





# Cervical Cancer

## symptoms and treatment

The Women's Health Council  
Comhairle Shláinte na mBan



Cervical cancer affects the neck of the womb (or cervix). Ireland has been experiencing a slow increase in the cervical cancer mortality rate in recent years. Last year 81 women died from cervical cancer. The number of cervical cancers diagnosed has also been increasing, with an additional 56 cases in 2005 compared to 2004.

Around 95% of cervical cancers are linked with the Human Papilloma Virus (HPV). Most women who are infected with HPV will not develop cervical cancer; the infection only increases the risk. Sexually transmitted infections such as herpes, gonorrhoea and chlamydia also increase the risk of cervical cancer. Other recognised risk factors include smoking and long-term use (more than 8 years) of the oral contraceptive pill.

Unfortunately, the early stages of cervical cancer do not usually cause any symptoms. Where symptoms are present, the most common is ab-

normal bleeding, for example between periods or after sexual intercourse. In postmenopausal women who have stopped their periods, there may be new bleeding. Other symptoms include abnormal vaginal discharge, pelvic or back pain, pain when urinating, or blood in the stool or urine.

Routine cervical cancer screening is the most important measure for the prevention and early detection of cervical cancer. 'CervicalCheck' is the National Cervical Screening Programme in Ireland, implemented by the National Cancer Screening Service. Since September 1st 2008 free smear tests are available every three years for women aged 25 to 44 and every five years for women aged 45 to 60. A vaccine against HPV infection offers a new preventative measure against cervical cancer, but it is most effective if given to girls before they become sexually active (i.e. before they are exposed to HPV). Attending routine smear tests will still

be essential for women who receive the HPV vaccination.

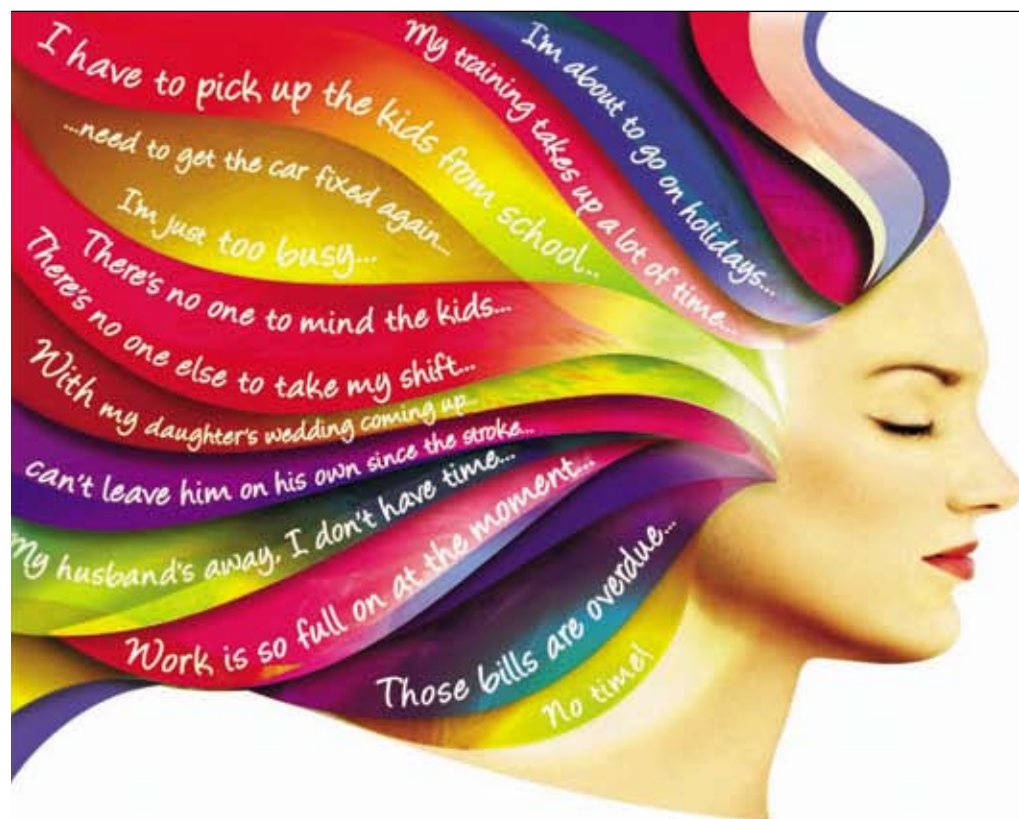
Very early stage cervical cancer can often successfully be cured with surgery alone. Surgery to cure cervical cancer and preserve fertility can be conducted if the cancer is caught early enough. The main treatments for early stage and some advanced cervical cancer are surgery and radiotherapy. Chemotherapy may also be given along with radiotherapy, this is known as chemoradiation. Chemoradiation can improve the survival rate by 10% when compared with radiotherapy alone. The adverse effects however, are much greater.

The treatment depends on the woman's age, her desire to have children, and the type and stage of the tumour. Improvements in cancer treatments are constantly being made, and the range of treatment options are increasing. As a result, the volume of research on the effectiveness of

these treatments is increasing, leading to more complex decisions on the best treatment option. The Women's Health Council hopes their recently published review of cancer treatments will provide a comprehensive overview of treatments for breast, ovarian and cervical cancer to a wide audience, and in particular to women, service providers, researchers and policy makers.

Further details about CervicalCheck are available from [www.cervicalcheck.ie](http://www.cervicalcheck.ie) or Freephone: 1 800 45 45 55.

References are available on request. The publication "Cancer Treatments: A review of the bio-medical evidence on breast, ovarian and cervical cancer" is available from the Women's Health Council website, [www.whc.ie/publications](http://www.whc.ie/publications). A fact sheet on cervical cancer, which summarises the findings from the above review is also available from the website.



**BREAST CANCER  
WON'T WAIT!**  
**...everything else can.**



Marie Keating

FOUNDATION

For more information contact: [www.mariekeating.ie](http://www.mariekeating.ie)

The Marie Keating Foundation's message is  
**Breast Cancer won't wait.....**

EARLY DETECTION IS VITAL TO SURVIVING BREAST CANCER



# Breast Cancer

## symptoms and treatment



There are now several treatments available for coping with Breast Cancer, the most common form of cancer affecting women

Breast cancer is the most common cancer in women. It accounts for 28% of all cancer in women in Ireland. Around 2,300 women are diagnosed with breast cancer each year in this country, with 624 women dying from the disease in 2007.

The exact cause of breast cancer is not known, although there are some known risk factors associated with developing the disease. The strongest risk factor (apart from being female) is increasing age. Other risk factors include having a family history of breast cancer, early menstruation or late menopause, not having children or having your first child after age 30, obesity in post-menopausal women, and alcohol consumption.

The first symptom of breast cancer is often a lump in the breast, although the majority of lumps are benign (not cancerous). Breast screening or mammography can be used to investigate women who have found a lump, as well as women with no breast complaints.

Women are also encouraged to be aware of how their breasts normally look and feel, so that any unusual changes can be recognised and checked by a General Practitioner.

Treatment of breast cancer usually begins with surgery. This can range from removing the whole breast (mastectomy) to breast conserving surgery which concentrates on removing the cancerous tissue only. As breast cancer can spread to the lymph nodes in the armpit, these are often also removed during surgery. There is now a new technique that enables surgeons to identify whether lymph nodes are likely to be affected by cancer and should be removed, or if further surgery can be avoided. This technique focuses on the analysis of the sentinel lymph node. This is the first node that would be affected if the cancer were to spread. If during surgery it is found that this node has not been affected, surgeons will know that removal of the other nodes is not necessary. Surgery also determines whether the woman would benefit from additional therapies such as chemothera-

py, radiotherapy, hormone therapy and/or biological therapy.

The benefits of chemotherapy appear to be greater in younger breast cancer patients. There are many different chemotherapy drugs and combinations of drugs available. Chemotherapy drugs known as anthracyclines offer superior survival benefits compared with non-anthracycline regimens. However, they are more toxic, and may cause damage to the heart and their suitability for each woman must be considered.

Radiotherapy after surgery reduces the risk of local recurrence of breast cancer by two thirds and should be started as soon as possible after surgery. A new technique known as Intra-operative radiotherapy gives a single high-dose of radiation directly to the tumour bed during surgery. Current research of this new technique is encouraging.

Hormone therapies can also be beneficial for some women depending on the type of breast

cancer they have. Tamoxifen, for example, can reduce the risk of breast cancer recurring by 46%. The biological therapy known as Herceptin® can reduce the risk of some types of breast cancer recurring by 47%.

Decisions on the best treatment for breast cancer are often complex. Many factors have to be considered before deciding on the best programme of care for each woman; the woman's age and whether she is postmenopausal, the type, stage and grade of the cancer, and the woman's general health.

References are available on request.

The publication "Cancer Treatments: A review of the bio-medical evidence on breast, ovarian and cervical cancer" is available from the Women's Health Council website, [www.whc.ie/publications](http://www.whc.ie/publications).

A fact sheet on breast cancer treatment, which summarises the findings from the above review is also available from the website.

## Large selection of Post Mastectomy Protheses, Bras & Swimwear



[www.bravelleshop.com](http://www.bravelleshop.com)

E-mail: [pauline@bravelleshop.com](mailto:pauline@bravelleshop.com)

### Medical Cards are accepted.

Just ask your GP for a prescription for two bras per year and we will process the application for you.

### VHI covered.

Patients covered by VHI are entitled to claim back the cost of one prosthesis, two bras and a swimsuit each year.

**Mail order services available • Free fitting services**  
**Clinics held locally - telephone for details of when we will be in your area**

**Bravelle**  
 1 The Glen, Ballyneety, Co. Limerick,  
 Ireland  
 Tel: (061) 351886  
 Mob: (087) 9397899

# The Menopause and Me

A research study by  
The Women's Health Council

The menopause is not an illness but a major life event and a natural part of every woman's life cycle. Hot flushes, mood swings and sleepless nights are just a few of the symptoms associated with the "the change" as it is commonly known. These symptoms are a result of the hormonal changes associated with the transition through menopause.

The Women's Health Council recently published "The Menopause and Me", the largest body of research ever carried out on the menopause in Ireland. The study found that the menopause has a substantial effect on women's lives and women felt that they needed more information and support around the menopause. In fact, over half of all women who have experienced the menopause feel that it had a significant effect on

their lives, and just over half of women over the age of 35 consider themselves informed about the menopause.

The research also found that 59 per cent of women aged 35-54 wanted more information about the menopause, and only eight per cent said that the menopause had "no effect" on their lives. The majority of women found it difficult to identify when exactly their menopause began. Two in every three women aged 40 and over attended their GP to confirm their menopausal status.

There are a variety of ways to manage the effects that the menopause has on a woman's life, including diet changes, exercise, medication and alternative therapies.

A healthy diet may help to minimise mild symptoms. A bio-medical review conducted as part of the research found evidence that regular, moderate physical activity may relieve symptoms, and that women with a normal weight have fewer hot flushes than those who are overweight.

Menopausal women who tried acupuncture reported a decrease in the severity of their nighttime hot flushes as did women who practiced yoga.

However, it is Hormone Replacement Therapy (HRT) that still remains the most effective treatment for menopausal symptoms. According to the research a total of nineteen per cent, or nearly one in five menopausal women in Ireland are using or have used HRT.

The Women's Health Council are urging women to utilise their local GP for information, support and advice on the menopause. They recommend making healthy lifestyle choices, such as giving up smoking or drinking too much alcohol. Other interventions that may be helpful in managing hot flushes are to keep cool by dressing in layers and avoiding potential triggers like caffeine and spicy foods.

The Council has launched a website at [www.whc.ie/menopause](http://www.whc.ie/menopause) which includes easily accessible information on all aspects of the menopause, a forum for discussing issues of common interest and a downloadable information booklet, produced in conjunction with the HSE. Copies of the booklet can also be ordered free of charge by calling the HSE Infoline on 1850 24 1850.

## Menopausal Relief with Magnotherapy



LadyCare is a small, powerful, static magnetic device that simply attaches discreetly and comfortably to your underwear. LadyCare is a safe, drug-free product designed to go on helping reduce the symptoms of menopause . . . **for as long as you need it!**

LadyCare may help to reduce the following symptoms of menopause:

- Fatigue & trouble sleeping
- Bloating & bladder problems
- Muscle tension & sore joints
- Weight gain, memory lapses
- Hot flushes & heart palpitations
- Mood swings & irritability
- Loss of libido, painful intercourse



Available from selected healthstores & pharmacies  
For stockists please contact (01) 6262315





# Menopause Patch

Menopause Patch is a new drug-free product which contains plant extracts rich in phytoestrogens – natural plant estrogens, as opposed to hormone supplements.

By applying the patch to the skin, symptoms such as mood swings, hot flushes, night sweats, anxiety, depression and loss of libido can all be alleviated, providing a wonderful sense of normality, naturally.

Menopause Patch is totally natural. It is not a medicine, but a carefully formulated holistic application that causes no harmful side effects and can be used as frequently as required.

Many of the natural ingredients used in Menopause Patch, such as black cohosh and ginger, have been long associated with helping to relieve symptoms of the menopause. The patch also contains gotu kola which helps stimulate cell growth and oat seed for nourishing the nervous system.

Safe and simple to use, each patch is effective for up to 24 hours, offering a natural solution to help better manage symptoms of the menopause.

Menopause Patch is available in packs containing a 30 day supply.

Call us on +44 01629 817035 or visit our website and quote the promotional code "IRISH" to receive a 50% discount on the RRP - £14.99 instead of £29.99.



[www.naturalpatches.co.uk](http://www.naturalpatches.co.uk)

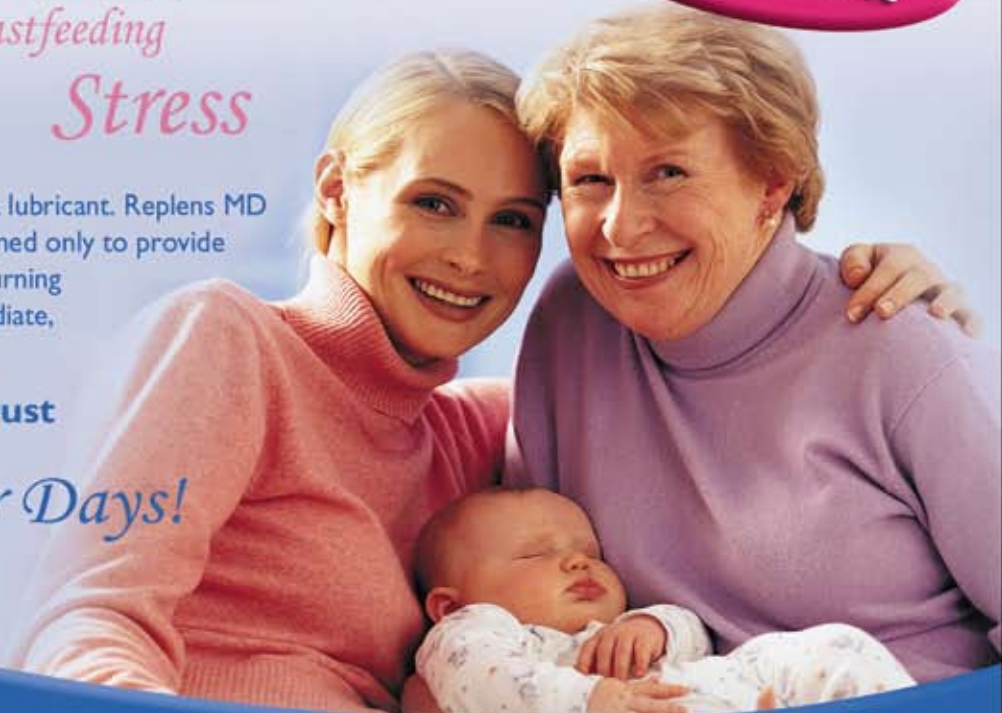
## Suffering from *Vaginal Dryness* due to *Menopause* *Breastfeeding* *Childbirth* *Medication* *Stress*

Available in all Pharmacies

Replens MD Long-Lasting Vaginal Moisturiser is a true moisturiser, not a lubricant. Replens MD delivers continuous moisture for up to 3 days, while lubricants are designed only to provide temporary lubrication for intimacy. When you experience the itching, burning or pain associated with vaginal dryness, reach for Replens MD for immediate, soothing relief that lasts for days.

The Vaginal Moisturiser More Women Can Trust

*Lasts for Days!*



Oestrogen Free • Immediate • Soothing

# REPLENS<sup>TM</sup> MD

LONG LASTING  
Vaginal Moisturiser

For Direct Orders  
Freephone 1800 42 62 82  
or Email: [orders@kora.ie](mailto:orders@kora.ie)



# UNDERSTANDING ECZEMA



## What is eczema?

The word eczema comes from a Greek word that means to effervesce or bubble or boil over. Eczema is the most common inflammatory disease of the skin and affects many millions of adults and children world-wide. Eczema is a common, recurring, non-infectious, inflammatory skin disease in which the skin becomes red, dry, itchy or scaly and may even weep, bleed or crust over. It can be infected by bacteria or viruses. Other names for eczema include atopic dermatitis and atopic eczema. Eczema cannot be cured, but it can be managed.

## What are the causes?

Thanks to ongoing genetic research over the past two years we now have a better understanding of the condition. It is now widely accepted that hereditary factors play a role in the onset of childhood atopic eczema. There is often a family history of atopic conditions such as asthma, eczema and hay fever. If both parents have eczema, there is an 80 per cent chance that their children will too. It is also accepted that environmental factors known as triggers may play a part in the onset of atopic eczema. These triggers include irritants, allergens and stress.

### Irritants

Tobacco smoke, chemicals, weather (hot and humid or cold and dry conditions) and air conditioning or overheating are all possible irritants. Avoid materials that feel itchy such as wool clothing. Try to wear soft fabrics such as cotton, which tends to be less irritating. It is also a good idea to wash all new clothes, linens, and towels before using them for the first time.

### Allergens

This includes house dust mites, moulds, grasses, plant pollens, foods, pets, clothing, soaps, shampoos and washing powders, cosmetics and toiletries. Ingredients such as alcohol, astringents, and fragrances may trigger or worsen eczema.

### Stress

Emotional stress is a well-known trigger of eczema flare-ups. Patients can have difficulties with anxiety, anger and hostility caused by having eczema. This only adds to the problem. Learning to reduce stress may lessen the frequency and, hopefully, the intensity of the flare-ups.

If all regular treatment and avoidance of trigger factors fails, you should look to your diet for answers. This is more successful in children under five years of age and should only be done in consultation with a doctor and dietician. Common foods that provoke allergies are cow's milk, eggs, chicken, tartrazine (and similar colourings) and nuts. It has been suggested that people with eczema may be more prone to peanut allergy. It is important to be aware that some over the counter emollients contain groundnut oil (refined peanut oil). It is rarely used in emollients available on prescription.

## Treatment

Very dry skin needs to be constantly moisturised to protect the skin barrier and prevent further dryness. There are a variety of moisturisers and emollients on the market. A good daily care routine is vital for managing the condition.

### Steroids

It is very likely that your GP or dermatologist will at some stage prescribe a steroid for eczema treatment. As eczema can vary in intensity, there are different levels of steroid treatments available. If used correctly they are very effective.

### Anti-Histamines

Oral anti-histamines are useful in aiding a child to sleep as they have a sedating effect. They are best used before bedtime and are only effective for short term use. Always follow medical advice on usage.

### Phototherapy

Phototherapy (ultraviolet A or B light therapy) may be used when all other avenues of topical and oral treatments have been exhausted. Phototherapy works by controlling cells in the skin that allow skin cell development. By controlling the rate at which skin cells develop, it is possible to control the scaling and sloughing of skin that is associated with eczema.

### Antibiotics

Oral antibiotics may be used for skin infections that arise at the site of an eczema flare-up. Skin infections are indicated if white or yellow pus oozes from the affected site. Topical antibiotics

can also be used when the skin is broken to help prevent infection and to treat mild infections. Consult your doctor if you think your outbreak calls for an antibiotic

### Wet Wraps

As the name implies, wet-wrap therapy involves wrapping wet bandages around the affected skin. The steps recommended by your dermatologist may differ slightly to accommodate the patient's specific needs.

### Complimentary Therapies

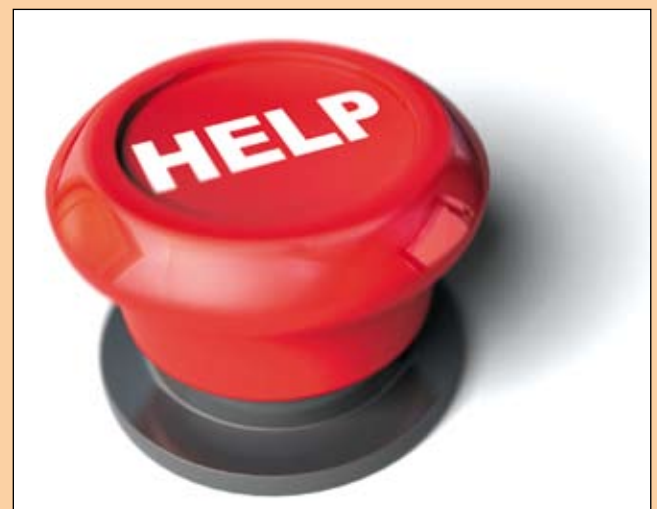
If you want to try complementary therapies it is important to go to a properly registered practitioner and check that any medication or creams you are given have a list of ingredients.

For further information and advice on Eczema contact the Irish Eczema Society c/o Carmichael Centre for Voluntary Groups, Carmichael House, Nth Brunswick Street, Dublin7.

Email: [info@eczemaireland.org](mailto:info@eczemaireland.org)  
[www.eczemaireland.org](http://www.eczemaireland.org)

“ Eczema is the most common inflammatory disease of the skin and affects many millions of adults and children worldwide. It is now widely accepted that hereditary factors play a role in the onset of childhood atopic eczema.

## What to do in an emergency



The most useful information you can possess with regards to allergies and asthma is to know what to do in the case of an emergency.

A severe allergic reaction, often triggered by food, is known as anaphylaxis, or more commonly anaphylactic shock. This can be a terrifying experience during which the sufferer will exhibit a number of symptoms, such as swelling of the throat and mouth, difficulty swallowing, hives, flushing, stomach cramps, nausea, weakness and unconsciousness. If you suspect that you or someone else is having an anaphylactic reaction, it is necessary to call an ambulance immediately. The patient will need a shot of adrenaline to be administered by a medical professional.

For more information on how to avoid anaphylactic shock, developing a crisis plan, the school environment and life saving alert jewellery go to [www.irishanaphylaxis.org](http://www.irishanaphylaxis.org) or call Helpline 0818300238)

The Irish Anaphylaxis Campaign: Fighting for those with potentially fatal food allergies  
**[www.irishanaphylaxis.org](http://www.irishanaphylaxis.org)**  
**Helpline: 0818300238**



For people with serious medical conditions, medical alert jewellery is an essential part of their Healthcare.

In the event of an emergency, if you are unable to speak for yourself, the details engraved on your medical alert jewellery will help medical personnel swiftly to assess and treat your condition.

This could mean the difference between life and death.

01 8138208

[www.icemedicaljewellery.ie](http://www.icemedicaljewellery.ie)



**Suppliers of Quality Sterling Silver Medical Alert Jewellery**

NATIONAL SEMINAR

# LIVING WITH ANAPHYLAXIS

**Saturday 29th November 2008**

Clarion Hotel, Dublin Airport, Co Dublin

9.15am - 4.00pm

**Key Speakers:**

**Professor Jonathan Hourihane** CUH

**Paula Mee** Nutritionist

**David Reading** UK Anaphylaxis Campaign

**Tony Humphries** Clinical Psychologist

Places for this event must be booked in advance by completing & returning the Booking Form opposite.

This event is open to people aged 16 yrs & over.  
Seminar hosted by The Irish Anaphylaxis Campaign  
Supporting those living with life-threatening allergies

## BOOKING FORM

Name:

Address:

E-mail:

Telephone:

Mobile:

If you intend purchasing lunch at the Hotel on the day (not covered by entrance fee), please indicate by entering Yes or No in the box.  
Please advise if you have any special dietary requirements.

Please return completed Booking Form and Payment (of €10 per person) to:

**P.O. Box 542, Ballinlough, Cork  
by October 31st 2008.**

If enclosing a cheque/postal order, please make payable to The Irish Anaphylaxis Campaign.

# Coping with Incontinence

## Dr Barry O'Reilly

Uro-Gynaecologist at Cork University Hospital and  
Chairman of The Continence Foundation of Ireland

**O**ne in six Irish women suffer from urinary incontinence, whether from overactive bladder where they get an unstoppable urge to go to the toilet straight away, or from stress incontinence where the sufferer leaks urine when they laugh, cough or sneeze.

### What is overactive bladder syndrome?

An overactive bladder occurs when the bladder contracts suddenly without you having control; this occurs when the bladder is not full.

Overactive bladder syndrome is a common condition where no cause can be found for the repeated and uncontrolled bladder contractions. Overactive bladder syndrome is sometimes called an "irritable bladder".

Symptoms of overactive bladder include:

- **Urgency:** A sudden, urgent desire to pass urine and inability to put off going to the toilet.
- **Frequency:** Going to the toilet more than seven times a day. In fact in many cases this exceeds seven times a day.
- **Nocturia:** Waking to go to the toilet more than once at night.
- **Urge incontinence:** This occurs when leaking of urine occurs before you can get to the toilet.

Overactive bladder syndrome is extremely common. According to recent studies, around one in six adults report some symptoms of an overactive bladder. Symptoms vary in their severity, with one in three people with an overactive bladder experiencing episodes of urge incontinence. Bladder training alone can

often cure the problem, while in other cases, medication may also be advised to relax the bladder.

Simple lifestyle measures can help you deal with the problem.

- **Getting to the toilet:** Make this as easy as possible. If you have difficulty getting about, consider a handrail or a raised toilet seat. A commode in the bedroom may make life a lot easier.

- **Caffeine:** Caffeine has a diuretic effect (will make urine form more often). Caffeine may also directly stimulate the bladder to make urgency symptoms worse. It may be worth eliminating caffeine from your diet for a week to see if symptoms improve. If symptoms do improve, you do not need to give up caffeine but should certainly limit your intake.

- **Alcohol:** In some cases, alcohol, as with caffeine, can heighten the symptoms and the same action should be taken.

- **Drink normal quantities of fluids:** It may seem sensible to cut back on the amount of fluid that you intake. However, this can make symptoms worse as the urine becomes more concentrated which may irritate the bladder muscle. Aim to drink about two litres, or about six to eight cups, of fluid per day, and more in hot climates and hot weather.

- **Go to the toilet only when you need to:** Some people get into the habit of going to the toilet more often than they need in order to avoid "getting caught short". However, again, this tactic can actually make symptoms worse in the long-run. If you go to the toilet too often

the bladder becomes accustomed to holding less urine. The bladder may then become even more sensitive and overactive at times when it is stretched a little.

### What is Stress Incontinence?

The muscles of the pelvic floor support the bladder and usually help keep it closed or open as necessary. Stress incontinence occurs when these muscles become weak. In the case of stress incontinence, when sudden, extra pressure or stress is placed on the bladder, it cannot remain closed in the way that it normally would, and some urine leaks out. This leakage happens during normal everyday activities, and most often when you cough, sneeze, laugh, exercise or change position. Whether you leak a small or a large amount of urine, stress incontinence can be embarrassing and distressing.

Stress incontinence can be triggered by pregnancy, childbirth or the menopause. In cases where the problem develops while you are pregnant or after childbirth, in most cases it usually improves with time. Sometimes the problem reoccurs and the sufferer may need to consider surgery.

### Treating Stress Incontinence

- **Pelvic floor exercises:** Many people suffer from a mixture of urge and stress incontinence. Pelvic floor exercises are the main treatment for stress incontinence. This treatment involves exercises to strengthen the muscles that wrap underneath the bladder, uterus and rectum.

- **Surgery:** In cases where pelvic floor exercises have been unsuccessful, surgery may be required. Whether you choose to have surgery will depend on how stress incontinence

affects your daily life and the quality of your life. It is important to remember that surgery is not a suitable option for everybody.

Continence problems appear to be far down the list of priorities in this country, despite the fact that 680,000 people in Ireland are estimated to suffer from incontinence, more than cancer and cardiovascular disease combined. The figure is an estimate only because no study to assess actual numbers has been carried out in Ireland. The Continence Foundation of Ireland has prepared a feasibility document to devise a national continence strategy in Ireland and has submitted it to the Department of Health and Children and the Health Service Executive. The CFI was formed by a group of 10 independent gynaecologists and urologists in Ireland with an interest in female incontinence and pelvic floor reconstructive surgery.

If you are going to the toilet more than eight times a day, you may have continence issues. You should visit your GP who may refer you to a continence advisor.

For more information on incontinence and how it can be managed, please visit the Continence Foundation of Ireland's website at [www.continence.ie](http://www.continence.ie)





# How physiotherapy can improve bladder control

## Cinny Cusack

Clinical specialist physiotherapist

Physiotherapist Cinny Cusack looks at the significant affect exercise and physiotherapy can have on the management of the difficulties incontinence sufferers face.



Physiotherapy for incontinence is aimed at restoring the strength and function of the pelvic floor muscles. Forty per cent of women do not tighten the correct muscles so it is essential that every sufferer be given their own exercise programme from a Chartered Physiotherapist. There is a 70% success rate if you exercise regularly and correctly.

### Stress Urinary Incontinence

Stress incontinence causes leaking from the bladder when you cough, sneeze or exercise. It is associated with weakness of the pelvic floor due to pregnancy, childbirth and menopause.

### Urgency

Urgency occurs when you have an overwhelming desire to pass urine.

### Urge Incontinence

Urge incontinence is caused by over-activity of the bladder muscle, giving a strong sensation of urgency and a feeling that you may not reach the toilet in time.

### Faecal Incontinence

Faecal incontinence means that there is leakage of wind and or stools from the back passage. This may be accompanied by a strong feeling of urgency. It is also associated with weakness of the pelvic floor due to damage during childbirth.

### Difficulty emptying the bowel

Difficulties emptying the bowel may be caused by over stretching the pelvic floor muscles, so that they no longer support the rectum while emptying the bower. It can also be caused by the muscles working incorrectly.

### Pelvic Floor Muscles (PFM)

The pelvic floor muscles are like a trampoline supporting the bladder in the correct place. These muscles should react automatically to close the bladder when you cough or sneeze. When these muscles are damaged they are no longer as effective as they should be.

### Abdominal muscles

The deep muscles of your abdomen support your spine and pelvic floor. These muscles provide a

“girdle of strength” around your pelvis. Good posture will help activate these muscles.

To successfully deal with incontinence using physiotherapy treatment everyone needs an individual exercise programme.

- To find the correct muscles, imagine stopping the flow of urine or passing wind
- Think of the pelvic floor as a lift, and squeeze the muscle upwards and forwards
- Completely relax between squeezes
- Keep breathing

### To increase strength:

- Squeeze the PFM hard then add 3 more squeezes
- Aim for holds of 6-8 seconds. Aim for 3 groups of 10 squeezes

### To improve endurance:

- Do a slow, gentle lift of the PFM
- Aim to hold for 10 seconds or longer. Repeat

### To train the muscle to react quickly:

- Do 10 fast squeezes

### To prevent leaks whilst coughing, lifting etc.:

- Do a maximum PFM hold and keep squeezing when coughing
- Exercise once a day until the muscles feel tired
- Squeeze harder and longer
- Use Exercises when standing, walking and lifting
- Drink normally: 1 ½ litres of fluid a day
- Avoid tea, coffee, fizzy drinks and alcohol
- Watch your weight
- Avoid constipation
- It may take up to three to six months to train the muscles.

To find a Chartered Physiotherapist in the area of continence phone The Irish Society of Chartered Physiotherapists (ISCP) on 01 402 2148.



# every **venture** tells a story



POPPY, SCARLET AND THEIR 'METRO' FROM THE NEW VENTURE 07 COLLECTION

**WHAT WILL YOURS SAY?** In a one hour studio session, our talented Venture photographers will bring your story to life. We'll then create a contemporary piece of art that will transform your home. Whatever it is that makes you and your family who you are, a Venture New Generation Portrait will reveal it. For more information call now, Dublin North 01 813 8010 and Dublin South 01 284 1114, or visit [www.thisisventure.ie](http://www.thisisventure.ie) now.

 **venture**  
NEW GENERATION PORTRAITS