

JULY NEWS AT



Welcome to July and the second part of 2024!

As we enter the 2nd half of the year it is good to reflect on what you have achieved in 2024 so far. For some people it could be a goal like losing a certain amount of weight or for others it could be that they have regularly attended sessions and stuck to their plan. If you have achieved your goal so far well done. If not or if you haven't set a goal now is the time to reflect.

What is one area you would like to work on in your health. It could be something as simple as drinking more water. So, you need to look at what you currently do, what your goal is (make it measurable) and then write out the steps to get you there. The biggest part of reaching a goal is to check in on your progress. Without checking in you don't know if you are on track to reach your goal. So, what will your goal be for the next 6 months. The time will pass with or without doing something you want to do. Make the time count! This Month we will be discussing menopause, Parkinson's disease and so much more.

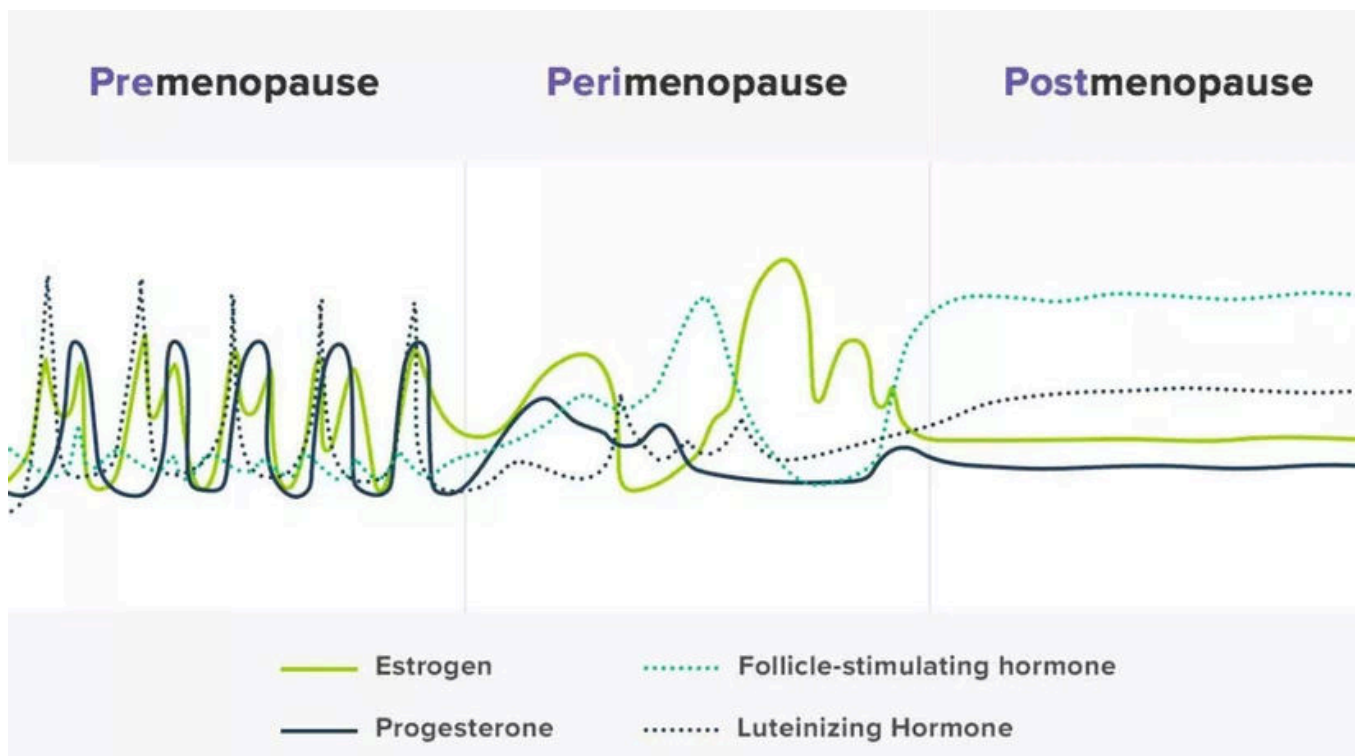
Have a great July!

The Role of Exercise Throughout the Menopausal Transition

WITH MIKAELA

WHAT IS THE MENOPAUSAL TRANSITION?

Many people already have some understanding of the menopausal transition, but don't exactly know the physiology behind what is happening in the body, and how this can affect their health and wellbeing. Menopause can be defined as the phase from the final menstrual period until 12 months later. Post menopause is defined as the time after menopause (more than one year following the final menstrual cycle). Most women reach menopause naturally between the ages of 45-55yrs. Perimenopause is the time prior to becoming menopausal, and can vary in length, generally lasting 5-10 years. This time is when a woman's menstrual cycles are no longer predictable. The reason for these varying cycles relates to varying hormone levels, namely the fluctuations of estrogen, progesterone, FSH and LH (as seen in the graphic below).



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SYMPTOMS & RISK FACTORS

Due to the unpredictable fluctuations in hormones during perimenopause, there are a wide range of symptoms that women can experience during this time. Erratic peaks in estrogen common in the early stages of perimenopause, often coincides with symptoms of headaches, body composition changes and breast tenderness. In later stages of perimenopause and into menopause, women often experience symptoms associated with low estrogen, such as fatigue, hot flashes, muscle weakness, sleep disturbances, cognitive processing changes and joint stiffness. During post menopause, women can still experience symptoms of low estrogen as described above. This usually resolves within 2-5 years.






Cardiovascular disease risk: Due to the estrogen decline during menopause, there are direct effects on the blood vessels including increased stiffness of arteries and inflammation of blood vessel walls. These hormonal changes also play a role in increased weight around the organs, increased blood pressure, insulin resistance, and cholesterol levels. These physiological effects on the body, in combination with reduced physical activity usually occurring during this stage of a woman's life, leads to increased risk of heart disease and stroke.

Osteoporosis risk: There is decreased bone formation with the decline in estrogen in late stage of the menopausal transition, into the post menopause stage. Commonly women have a reduced level of physical activity and muscle mass at this stage of life, therefore causing a reduced mechanical stimulus to build new bone cells. This in combination with Vitamin D deficiency and poor calcium absorption, this leads to low bone mass, and unfortunately many diagnosis of osteopenia and osteoporosis. Some women can lose up to 3-5% of bone mass annually, for 5-8 years after their final menstrual cycle. This low bone mass can significantly increase risk of fractures.

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WHAT TYPE OF EXERCISE WILL BENEFIT WOMEN DURING THE MENOPAUSAL TRANSITION AND BEYOND?

-  Resistance (strength) training in menopausal and postmenopausal women has been proven to improve muscular strength and mass, bone strength, functional capacity, quality of life, inflammatory markers, and waist and hip measures. It has also led to reductions in frequency in hot flashes and fat mass. It is important to note, that in order to maintain and improve bone and muscle mass, the intensity and frequency of the strength exercise matters!
-  Impact exercise in combination with strength exercise can significantly improve bone density in the hip and spine in menopausal women. It is important to have an exercise professional to determine if and which impact exercises are suitable for you, as this depends on your fracture risk, balance and other medical history.
-  Continuous aerobic exercise (traditional cardio) has been shown to improve total body fat and waist to hip ratio, and of course cardiorespiratory fitness, thus reducing cardiovascular disease risk.
-  High intensity interval training (HIIT) in menopausal women has been shown to decrease blood pressure, improve cholesterol levels and fasting blood sugar levels, cardiorespiratory fitness, and quality of life. One study has indicated that HIIT on an exercise bike yields greater results than running.
-  Sprint interval training (SIT) comprises usually of 8–12sec sprints followed by 8–12sec recovery. SIT in women in the menopausal transition has shown significant reduction in artery stiffness, fat mass and decreased resting heart rate. It has also led to increases in muscle mass and aerobic fitness.

Exercise is crucial for people living with Parkinson's Disease (PD). Here are some key benefits

- Maintaining Balance and Mobility: Regular exercise helps preserve balance and mobility, which are essential for daily living.
- 2.5 hours of exercise per week has been shown to slow the decline in quality of life for people living with PD.
- Has a positive impact on PD symptoms and physical and mental wellbeing
- Exercise can have a Neuroprotective effect

Types of exercises to complete

AEROBIC EXERCISE
3 TO 5 TIMES PER
WEEK FOR 30MINS

STRENGTH EXERCISE
2 TO 3 TIMES
PER WEEK



BALANCE EXERCISES
2-3 TIMES PER WEEK.
THESE CAN BE
COMPLETED IN YOUR
STRENGTH PROGRAM

**FLEXIBILITY
EXERCISES**
DAILY TO ASSIST
LIMB MOVEMENT -
HOLD STRETCHES FOR
20-30SEC

Using your EPC sessions

If you have a care plan with sessions from your GP please look to use them now. Often people forget about their sessions and then try and use them all before 31st of Dec and we can't fit all your sessions in. These sessions are great to use for your program reviews throughout the year. Have a chat to Kerri about your referral.

EPC SESSIONS

Remember to use your EPC sessions in a calendar year. Don't leave it until the end of the year. Use them now for a program review and testing to see how you are going with your exercise program.



Client Shout Out

CATHY

A massive shout out to Cathy. Week after week she masters the BOSU despite all effort of the BOSU to throw her off. Cathy you are a legend. You have improved in your strength, stability and fitness. Well Done. You deserve our Shout Out!
Keep up the awesome effort!

Balance classes



If you are looking to improve your balance and stability then our Balance classes are for you. Lucy takes you through your paces on a Monday at 10am. You will work on your ankle stability, balance and body awareness in space. These sessions look at reducing your risk of falling as you train your reflexes and body awareness in different positions.

If you are interested in attending our group sessions, have a chat with Kerri or Lucy.

Have a Great July Everyone!