



## Gone with the wind?

How breast cancer changes young women's lives

**Young women today have high expectations of the life ahead of them. They no longer have to choose between a career or a family – they can have both. And they are more likely than ever before to set ambitious goals for themselves as they map out their lives. So when breast cancer strikes, it's not surprising that they feel angry and cheated – as if their future has been taken away before it's even started.**

**In the second of our articles on breast cancer in younger women, we look at how the disease and its treatment travel to the very core of what it means to be a woman – from menopausal**

**symptoms to sexuality, from dating to maintaining a happy marriage, and from fertility issues to how to help your children cope with your diagnosis.**

### All change

Not only does breast cancer force you to confront your own mortality, its treatment can make you feel old before your time. Although some young women will have seen their mothers through the menopause, most will not give it a second thought until faced with the symptoms brought on by some breast cancer drugs. And women in their late thirties and early forties may find their periods disappear, never to return.

So why does breast cancer treatment so often bring on menopausal symptoms? The answer is oestrogen. As many breast cancers are stimulated by oestrogen, treatment often includes drugs such as tamoxifen, which works by blocking its effect on breast cancer cells to stop them growing, and Zoladex, which 'switches off' the production of oestrogen from the ovaries. Chemotherapy can also cause changes in the ovaries.

One major difference between a drug-induced menopause and a natural one is that in the latter the symptoms come on gradually over several years, while breast cancer treatment often brings them all on at once, and very rapidly. "I had just about everything!" says Sue Stenzel, who was 41 when diagnosed. "My periods stopped, I had hot flushes, day and night sweats, mood swings, aching bones, thinning hair (once it had grown back after chemo), general tiredness and lack of libido. I felt that after all the surgery and treatment the last straw was being hurried headlong into an early menopause."

Resentment at having to deal with this sudden onslaught is a common theme amongst women who had breast cancer at an early age: "I don't feel old enough to

go through this,” says Janet Cooper, 38. “It upsets me to think that after everything I’ve been through I should have to go through the menopause so young and have the option of having more children taken away.”

So what can you do to help yourself through this uncomfortable time? The medical profession remains divided on the best types of remedy – particularly when hormone replacement and some phyto- (plant-derived) oestrogens can potentially exacerbate the conditions that cause oestrogen receptor-positive breast cancer. But there are solutions that can help. Let’s look at some of the most common problems.

For anyone who doesn’t know, vaginal dryness is not just about lack of lubrication during sex. The body’s natural emollients usually keep that whole area down there nice and comfortable without us even having to think about it, but low oestrogen levels can disturb the natural balance, and suddenly even walking can be painful.

If this becomes a problem for you, it’s worth trying a vaginal moisturiser like ReplensMD. It’s a hormone-free gel which provides long-lasting relief from symptoms of vaginal dryness, itching, irritation and (where applicable) painful intercourse. If you use it regularly, three times a week, it not only provides continual relief but can also help encourage the return of natural secretions. The active ingredient in ReplensMD is purified water, which is slowly released from the gel as it clings to the vaginal walls, until the cells to which it clings are naturally shed. A specially designed applicator allows you to place ReplensMD exactly where it needs to be.

ReplensMD is now available on prescription from your GP, or you can buy it and other vaginal moisturisers from your chemist. However, as some contain oestrogen, which can be absorbed into the bloodstream, it is best to check with your cancer specialist whether they are suitable for you.

If you do experience discomfort during sexual intercourse, water-based lubricants such as KY Jelly, Astroglide or Sylk can help. Several Amoena Life readers have told us how thrilled they are with Sylk. It contains nothing artificial, because it is derived from a natural plant source, so it’s safe to use and non-irritating. Just a few drops is enough to mimic your natural lubrication and can also help stimulate natural secretion. It’s colourless, non-sticky and water-soluble, making it pleasant to use.

And finally if you’re finding that your sex drive isn’t what it was, lubricants alone won’t help. Talk to your doctor who may be able to prescribe testosterone implants, which could help bring back that loving feeling.

Another major menopausal symptom is hot flushes and night sweats. These happen because the body is unable to control temperature in the normal way. If you haven’t experienced them it’s almost impossible to imagine the discomfort and inconvenience they cause. They do eventually settle down, often disappearing completely after a year or two. But this is little consolation when you’re holding down a responsible job, rushing around after young children or trying to maintain the intimacy in your marriage. Thankfully there are some remedies that can help you through this sticky patch and we take a look at these in detail in our feature Meltdown on page 24.

It doesn’t stop there, though. Many women also experience brittle nails, thinning hair, tiredness, aching joints, weight gain, mood swings and irritability. There’s a lot of help

and advice out there in the form of books and websites about the menopause in general and specifically for women undergoing treatment for breast cancer. Breast Cancer Care's website has some very useful advice (see Contacts below). As the charity points out, different treatments work for different women, and it can be a case of trial and error before you find something that is right for you. Whatever you choose, it's best to talk to your medical team before trying anything new. But perhaps the most important thing to bear in mind is that usually these symptoms are temporary – once your treatment ends, they should gradually disappear.

### **Move over darling**

It is rare for women to report no change at all in their intimacy with their partner during treatment for breast cancer. Even when body image is not affected, the drugs prescribed can lower the libido, and often intercourse is uncomfortable. And it's not easy to separate the physical from the emotional, as the roller-coaster experience takes its course.

Sometimes women feel so unhappy with their appearance that sex is simply no longer on the agenda – at least temporarily. "I was conscious of my scar and also I wasn't happy with the weight gain," says Chris B. "I found sex very painful after both the breast surgery and hysterectomy, and pushed away any affection from my husband for a long time. I just couldn't stand being touched and would shrink away if he tried to give me a hug or kiss." Dawn Gasson felt that her relationship with her husband became strained because her negative body image meant she didn't want to make love as frequently. Unfortunately, her reconstruction only made matters worse. She found out just a few days before the operation that her husband didn't want her to go ahead with it and now, she says, "our sex life has become nil because he can't bear to touch or look at the scarring on my stomach and around my breast."

The emotional impact of breast cancer can also drive a wedge between couples. Tasmin Betty thinks that her relationship with her husband was affected because "I feel he cannot understand the level of fear about cancer or any possible future recurrence, because he hasn't had cancer himself." Her experience is echoed by Sue Green. She says that her breast cancer put a strain on her entire relationship with her husband, who "didn't understand my worries, especially when I was waiting for chemotherapy, and still can't understand my utter desolation at probably not being able to conceive any more."

Because relationships and intimacy are so specific to the individuals concerned, general advice is often difficult to come by. Talking to other young women in similar circumstances can help, and charities such as Relate offer expert counselling for sexual problems or relationship worries in general. Making sure you are comfortable physically when making love – which may mean trying new positions so that there is no pressure on your scars, wearing sexy lingerie to make you feel more attractive, or ensuring that you use a good vaginal lubricant – is essential. It's also vital that you and your partner talk to each other about your concerns, whatever they are. For a more in-depth look at the impact of breast cancer on relationships, see our feature *The power of love* in issue 19 of Amoena Life.

It's not all bad news though. Some women, like Vanessa Williams, say that they experienced little or no change to their sex life after mastectomy: "As I had opted for

a bi-lateral mastectomy, I was balanced and felt quite comfortable with my prostheses. But I felt much less sexy and attractive – even though my husband's behaviour proved that it was all in my mind! I still do miss my breasts and the loss of a large erogenous zone – but we have discovered other ways of having fun in bed!"

And some couples actually experience an improvement. "It brought us closer and in a funny sort of way brought the fun back. I think we'd been through a phase of taking each other for granted and my diagnosis made us both appreciate (and remember!) things we liked in each other before," says Jan H. "He's always been great regarding the sexual side of life and never bothered about my lack of a breast."

### **Maybe baby**

Chemotherapy sometimes causes infertility by damaging the ovaries and decreasing the amount of hormones they make. Whether this kind of infertility occurs and how long it lasts depends on the drug used, the dose given, and the woman's age. Surgery and radiotherapy do not reduce fertility, and the effect of hormone therapy (such as tamoxifen) is still unclear.

For a young woman who has yet to have a child, someone who has not yet completed her family, or a woman who has deferred the decision to become pregnant while she concentrated on her career, the news that she might be infertile can be devastating. Angela Brain was in her late 30s and single when diagnosed. When told she would be infertile after her treatment she remembers wailing in the oncologist's office. She still finds it difficult to discuss now. "Words well and truly fail me," she says. "Thinking about it frequently reduces me to tears. Since I was small I always thought that I would have a family. I sometimes feel like I have a hole inside. I feel like I am grieving."

June, also in her late 30s, had not yet started a family: "My husband had really wanted a child and here I was not able to give him this. When I was prepared to take the risk of getting pregnant two years down the line, he was scared for my health and went off the idea, which caused problems between us. I really felt like I had been cheated out of something big in my life. A lot of people thought I should just be grateful to be alive and that wanting a child was rocking the boat too much. But they weren't standing in my shoes."

As is often the case with breast cancer treatment, the services offered in the UK to women concerned about their fertility vary from region to region. Sue Green says that she received no counselling, and was simply told that if she had Zoladex injections to shut down her ovaries there was a chance that she would still be able to conceive after chemotherapy. "I wish I had been brave enough to press for referral to a fertility specialist before my chemotherapy, and I even toyed with the idea of refusing to have chemotherapy," she says. "I can't stress strongly enough how little support or information I received with the issue that I was most concerned about. Even though my periods have returned I still don't know if there is any possibility that I can have any more children. When I ask I just get told that there is very little statistical data on the subject and I have just got to wait and see. I am left feeling that at the age of 37 there is very little time left for this. I haven't been told whether or not taking tamoxifen would inhibit me getting pregnant, just that you shouldn't take it if you are pregnant."

Ruth Brown hadn't made up her mind whether or not she wanted children at the time of her diagnosis. "I was asked for my feelings on the subject and I replied 'undecided but would like the choice'. They said 'fair enough', and so my treatment will be for two years initially, at which point we stop and I can say whether I want to have children. If the answer is 'no' or 'undecided' then I think my treatment continues. For me, the important thing is that I have the choice."

Fortunately for many women, medical advances in recent years mean that they do have a choice. Several studies have shown that getting pregnant after successful treatment for breast cancer doesn't increase the risk of cancer recurrence, at least in women who had small tumours and negative lymph nodes. Many doctors still suggest that women wait two years after diagnosis before trying for a baby. The two-year period is used because most recurrences happen during that time.

If you are at all concerned about how your fertility may be affected by breast cancer treatment, you must insist upon a consultation with a fertility specialist. From IVF to egg or ovary banking, there are various options to consider, but they must be considered before your treatment begins.

There are, of course, cautionary considerations. Any treatment that involves ovarian stimulation could have an adverse effect on cancers that are oestrogen-receptor positive, and some doctors believe that repeated cycles of IVF can increase a woman's lifetime risk of developing breast or ovarian cancer. Breast Cancer Care's website provides an excellent source of information on this topic.

But what if you are actually pregnant when diagnosed? It's a nightmare scenario for any woman – can she carry the pregnancy to term without damage to the baby or risk to herself? Will treatment during pregnancy damage the baby? The answer depends on how far the pregnancy is advanced. If a woman is in her first three months of pregnancy, doctors would most likely recommend a termination. At this point the foetus is growing very rapidly and chemotherapy would significantly damage it. Another consideration is that it would be dangerous for the woman herself to postpone treatment until her third trimester. If diagnosis takes place in the final three months of pregnancy, however, there is thought to be minimal risk to the foetus from chemotherapy and it is therefore considered relatively safe. If a woman is in her second trimester she will need to discuss her options carefully with her medical team. Surgery is unlikely to harm the foetus, although it is not likely that radiotherapy would take place at any point during pregnancy due to the risk of scattered radiation to the baby.

Kate Drummond was eight and a half months' pregnant when diagnosed. "My baby was induced before I started treatment," she says. "I was very glad that he was ready to come out. I really don't know what I would have done if I had been in early pregnancy when diagnosed."

Sheila James was thirteen weeks' pregnant with her first child upon diagnosis, and after detailed discussion with her specialist and her husband, she decided to have a termination. "I can honestly say that was the worst day of my life," she says. "We had wanted this baby so much, and were so excited about becoming parents. At the time I was shocked, confused and very angry. But there was no choice – to carry on with the pregnancy without treatment would almost certainly have meant that my cancer

would have been too advanced to be successfully treated once the baby was born. And to have treatment would have damaged the baby. I know now that it was the right decision.”

Andrea Howl was 20 weeks' pregnant on diagnosis, and had a mastectomy whilst pregnant, plus two courses of chemotherapy. “Baby Madeleine was delivered by caesarean section at 32 weeks so that she would have the minimum of exposure to chemotherapy. She was fine, although I do feel really guilty about having the chemo and I don't know if I will ever tell her about it.”

### **Lost for words**

Ask most women who are mothers and, no matter how much they love their partner, they will tell you that there is no greater love than that which they feel for their children. For them, telling the children about their breast cancer is one of the toughest aspects of dealing with the disease. “I have a son of 5 years old, so it was very difficult to accept that Mummy was not well sometimes and couldn't play with him. He also found it scary when I got very tired because he didn't understand it. He was aware that his grandfather had died and expressed his worries many times that I might die,” says Catrin Lewis.

Children react differently according to their age. However, nearly all the women we spoke to said that, whatever age their children at the time of diagnosis, they felt it was important to be honest with them and as clear as possible about what was happening and what it might mean for the future. Anne Tipping sums up the feelings and reactions of most of the women we spoke to: “I decided to be completely honest with my children [aged 9 and 12] right from the start. I sat them down after school on the same day of my diagnosis and told them everything about the cancer and the following surgery. I felt it was the worst thing in the world to tell your children, but now I know it was the right decision. My youngest just cried and cried, whereas my 12-year-old looked extremely angry as if it was so unfair. After the initial shock, they did ask lots of questions and we have kept them involved in everything – even picking bras from the Amoena catalogue – ever since.”

With hindsight, Anne feels that the whole experience has brought them closer together as a family. “I feel very protective, and want them around me more than before. Hugs and kisses seem so much more important to me and I don't shout at them so often, which can't be a bad thing!”

Reassurance is a key aspect of helping children come to terms with their reactions to what you're going through. And psychologists confirm that telling them the truth, sooner rather than later, and at a level they can understand, is vital.

Austrian psycho-oncologist and family therapist, Dr Horst Sekerka, talks about his experiences with young families coping with cancer. “Children often notice more than we think but cannot express it. When cancer is diagnosed, they realise something is wrong. The family is anxious and the mother is suddenly in hospital – it must be explained to them.” But how much do you tell them? “You don't have to tell them everything you know,” continues Dr Sekerka, “but you must answer all their questions. It is important to sense when a child has been given enough information and cannot understand any more. We adults tend to want to pass on all our

knowledge to others, but children are usually satisfied with a brief explanation. This could be: 'Mummy is in hospital because she has something wrong with her breast. It has to be removed'."

Although it is not always appropriate to describe the full extent of the disease to a young child, Dr Sekerka says we should never underestimate children's sensitivity to our distress. "It's true that when one person in the family is ill, the whole family is ill. Small children can be reassured by saying 'when you were unwell recently, we looked after you. Now Mummy needs help because she is unwell'."

Seeing a progression in their mother's healing can also help. "There will be the time when Mummy is well enough to eat soup again, when her dressing is changed for the first time, when the wound heals. For children, what matters is what they can see. Once they see progress in their mother's behaviour they are convinced that she is recovering."

There are some excellent resources that can help you and your children through this difficult time. Breast Cancer Care has published a book called *Talking with your children about breast cancer*, which takes a comprehensive look at what children can understand at different ages about a serious illness like cancer, and how they may respond. Illustrated with quotes, it gives ideas about how to talk with your children and what other parents' experiences have been.

Another great book is *The Secret C*, by clinical psychologist Julie Stokes. Aimed at children from seven to ten, the book can be used to help children talk about their thoughts and fears. It is available from Winston's Wish (see Contacts below). Breast Cancer Care's website is also helpful, and your breast care nurse should be able to suggest other publications and resources.

However you choose to handle it, you may be surprised at how well your children cope. "My son didn't like me going into hospital but apart from that he reacted very well," says Jane Kerindi. "Children live for today and they have shown concern when I have felt poorly. If anything breast cancer has brought us closer. Being at home with the children has helped me to realise how valuable this time is with them."

### **The dating game**

Dating can be tough enough for any single woman, but following a diagnosis of breast cancer it can be downright intimidating. Is the first date too soon to bring up the subject of breast cancer? What exactly should you say? How do you tell him that you have lost a breast, that you might not be able to have children and that you may lose your hair during chemo? How should you react if your partner doesn't handle the news well? These and many other concerns were raised by the women who helped us with our research for this article.

Although some women are able to be philosophical about it, many feel extremely nervous about starting a new relationship since their diagnosis. "It's been very difficult for me," says Vanessa Quaily. "I have had a couple of boyfriends since treatment and when I tell them, they often back off. Because I'm still in the early stages and do not know if the disease has gone for good, it has been very difficult for partners to deal with."

Lee Baynes split with her husband after 14 years of marriage. On becoming newly single, she said, “I thought that was it – over for me from then onwards. Then after about nine months I felt, why not? I started dating by advertising in the local paper. I went out with many people for social evenings, giving myself confidence going out in my wig. It was just after I had finished my last treatment in March 1999 that I met my new partner from the daily paper. I was scared to tell him as previous males I had met ran a mile but he was very understanding.”

So when *should* you tell your partner? Most of the women we spoke to agreed that, although it's tough to talk about cancer on your first date, it's the best way to find out if they'll stick around. Andrea Price was diagnosed with breast cancer aged 34. She met a man one month after her diagnosis and started what was to be a two-year relationship with him. “A lot of women worry about when to tell a new partner about their diagnosis,” she says. “I think it is really a communication and intimacy issue. When you are comfortable enough to be vulnerable with the other person, then I think it is time to share that information.”

“If you tell a man that you are involved with that you have a health problem and he is no longer interested, then he is not the one. It doesn't matter what point in time in the relationship you tell him. You don't want to waste any more time with someone who is not going to be supportive of you emotionally or physically.”

Andrea was about to start chemo when she met Steve. “Within the first week of the relationship I said ‘Look, this is the deal.’ I didn't know how sick I was going to be, or if I was going to lose my hair. He said ‘Well I guess I want to be there whatever happens’. I knew from that point that I had found a loving man.”

It seems like good advice. June, who is going through a divorce, says she is finding that “if you are confident and accept your situation and yourself, then other people will react the same way in return.”

Some women decide to remain single while they are undergoing treatment. “I don't want the extra hassle of helping someone else cope with my illness,” says Charlotte Slater. “Once I feel more secure about what the future holds for me, I know I'll be better able to commit to a relationship.”

But others recommend the right partner as the perfect tonic. Jean Noble has known her current partner, Robert, since they were at school together. “We hooked up again after 19 years of not seeing each other. He knew about my cancer before we met up again. I was really self-conscious and would wear tops all the time to hide my lack of boob and scars! That lasted about a week, then I realised he loved me for who I was, not what I looked like. He really doesn't care, and makes me feel so good about myself I really forget that I only have one boob and have had cancer when I'm around him. He has turned my life around this year. Yes he does worry that the cancer might come back but we are just making the most of what we have now and we are able to talk about our fears openly.”

### **One step at a time**

The shock of a diagnosis of breast cancer when you are in your 20s, 30s or 40s – the prime of your life – can be devastating. “Breast cancer turns your life upside down,”

says Amanda Galloway, who was diagnosed aged 33. "It leaves no stone unturned. It touches everything."

Our first report on breast cancer in pre-menopausal women, *Never too young*, looked at how to cope with the shock of diagnosis, reaching out to other women like you, and how the disease impacts on your career, finances and job prospects. Here, we have discussed the emotional and physical effects. While we know that more research is needed into the causes of, and specific treatments for, the disease in younger women, there are some encouraging developments out there.

Pharmaceuticals company Roche announced in May the results of its HERA study, which reveals that the risk of breast cancer returning was cut by almost half when patients with early stage HER2 breast cancer were treated with a combination of Herceptin and standard chemotherapy. Breast cancer in younger women is often the aggressive, HER2 positive type. Professor Ian Smith, who is head of the breast unit at the Royal Marsden Hospital in London, heralded this as "a milestone in the treatment of breast cancer."

With specialist support groups, websites and charities like the Lavender Trust concentrating their efforts on younger women, and now that more effective and targeted treatments are becoming available, younger women can feel that their needs are not going unrecognised. "I'm confident that I can get through this with the help of my medical team," says Sharon Walters, 28. "I've gone through the anger, the resentment and the sadness. Now I want to focus on my future." And while no-one would call breast cancer a blessing, a lot of the women we spoke to told us that when they were forced to re-evaluate their lives they found a different balance, inner wisdom and a new direction.

Cheryl Taylor, 29, explains: "When I was told I had cancer, I thought 'my God, I'm going to die'. But when I'd got over the initial shock, I realised it was far more likely that I would live. And it has made me appreciate every second of every day. Now I don't just say that my husband and my two little children are the most important things in my life – I make sure I show them. I treasure our time together and I realise how lucky I am that I got the chance to celebrate my youth and my life – things that most of us take for granted."

## Contacts

*The Secret C*, by Julie A Stokes, illustrated by Peter Bailey, is available from Winston's Wish, Clara Burgess Centre, Bayshill Road, Cheltenham, GL50 3AW Tel: 01242 515157

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

Breast Cancer Care/The Lavender Trust  
210 New Kings Road, London, SW6 4NZ  
Tel: 0808 800 6000

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

[www.lavendertrust.org.uk](http://www.lavendertrust.org.uk)

**Special Feature**

2005 marks Amoena's 30th birthday. Join us as we take a nostalgic look back over the last three decades.



Often described through the 80's and early 90's as the decade that taste forgot, the 70's are currently enjoying a mini-revival as we now remember with misty-eyed nostalgia a time of psychedelic wallpaper, G plan furniture and outlandish outfits.

Dedicated followers of fashion were wearing fringed shawls, flared

trousers and halterneck tops while trying to master the art of walking in enormous platform shoes. And even though it was difficult for anyone over the age of 12 to look good in hot pants, plenty of us tried. Meanwhile, men camped it up in velvet trousers and satin jackets – a look that even Julian Clary would struggle to pull off today. We girls spritzed on Charlie perfume and applied frosted blue eyeshadow by the ton, while the guys splashed Brut all over and sprouted rakish sideburns.

But while fashion was free and easy and feminism was in full swing (this was, after all, the decade when Women's Libbers encouraged us to burn our bras), breast cancer was still a taboo subject. Breast surgery was quite literally radical – as one reader described it, more mutilation than operation; follow-up care was non-existent and breast forms were about as subtle as Gary Glitter's dress sense.

Thankfully however, not all students spent their summer holidays experimenting with LSD and free love. One young Bavarian student, Cornelius Rechenberg – who spent his summer working in a prosthesis factory – became convinced that he could make a better breast form than the inflatable and oil-filled options that were standard at the time. His experiments involved boiling up silicone in his mother's kitchen and, while perhaps not as mind-bending as making dope cakes, this resulted in the world's first silicone breast form. Not only was it streets ahead of anything else available back then, silicone was also the launch-pad for the wide range of breast forms and cosmetic enhancers that are on the market today.

During the **1980s** flares were exchanged for drainpipes, heels became sharper, and shoulder pads got bigger and bigger. Hair was big, too, and the hole in the ozone layer widened, as women used copious amounts of hairspray to get that 'just sculpted' look! Many of us, in a moment of insanity – possibly brought on by the fumes from all that hair-spray – felt compelled to wear leggings (or worse still, leggings with pixie boots). They were remarkably popular and endured way beyond a

lot of other trends – even though they actually only suited the 1% of the population with legs like cocktail sticks.

Leotards – or anything in Lycra – became the thing to be seen *not* exercising in, although thankfully legwarmers, made famous by the TV show Fame, didn't live forever! And what about that curious specimen – the body? Like a babygro for adults, they were basically elongated vests with poppers at the crotch. At best fiddly and uncomfortable and at worst chest-flattening, many of us spent hours stranded in the Ladies with our heads wedged between our knees trying to re-fasten ourselves after what should have been a quick trip to the loo.

Yuppies in their sharp suits made loadsamoney, touting their Filofaxes and closing deals on mobile phones the size of a small overnight case. It's hard to believe that, cumbersome and unreliable as they were, these 'housebricks' actually started the mobile communications revolution.

Women with breast cancer were also discovering it was good to talk. With the introduction of specialist breast care nurses and improved follow-up treatments following diagnosis, breast cancer was no longer a hidden subject, and women were finally able to get the support they needed.

In 1989, Amoena opened its doors in the UK, to support the work that breast care nurses had started and to ensure that post-mastectomy products were available to what was becoming a more demanding and knowledgeable market. And with the emphasis very much on increased choice, Amoena launched its mail order service, allowing women to browse through the range and choose products to try in their own homes, in their own time.

If the 70s and 80s were all about extravagance and excess, the **90's** saw the emergence of grunge as a fashion trend. Suddenly it was good to look a bit grubby, and style's demise seemed complete when wearing a shell suit (perhaps with matching bum bag) was made acceptable by those fashion icons Wayne and Waynetta. But let us not forget that this was also the era of the supermodel, and Cindy, Naomi, Claudia, Linda and Helena budged up a bit to allow the 17-year-old Kate Moss to join them on their pedestal. Maybe Linda now regrets saying she wouldn't get out of bed for less than £10,000, but it's true to say that the cult of celebrity was rising.

The 90s also brought us underwear as outerwear. Who can forget Madonna's pointy bra and lads looking cool (or completely ridiculous, depending on your point of view) wearing their trousers halfway down their backside, exposing more than a glimpse of their Calvin Klein pants? And that wasn't the only place where underwear was being flashed. Wonderbra billboard ads caused chaos on the roads, as men became distracted by super-sized images of impossible supermodel cleavages, thanks to clever construction and conspicuous padding.

Unfortunately, mastectomy bras at that time were more "Hello Grandpa" than "Hello Boys"! Limited in style and design and with straps wider than the M3, they came in any colour as long as it was white, and were as sensible as the shoes your mother used to make you wear for school.

However, as the decade progressed, thankfully so did the choice. Recognising that not every woman wanted the Hattie Jacques "Ooh matron!" look, mastectomy bras became prettier and swimwear racier. Breast forms had come on a long way, too. Women quite literally jumped for joy (because they now could without risk of losing their breast form) when Amoena first introduced the self adhesive prosthesis. And all

this could now be sampled at Amoena's Hampshire head office, thanks to its newly-opened showroom and fitting service.

Amoena also launched its customer newsletter, Inform. Originally intended as a four-page publication to keep customers informed about product updates, it has grown into a glossy life-style magazine. The recently re-christened Amoena Life would be at home on any coffee table, in the doctor's waiting room, or joining a stack of well-thumbed favourites in the downstairs loo!

So where are we now? The **noughties** have so far seen us throwing away our curlers and getting out the straightening irons. Fashion has been fairly wearable, although not everyone has loved the trend for flashing your bra straps under a little vest top. At the beginning of the decade everyone was wearing black stretchy trousers, and designer jeans have never been so popular. Big name sportswear is being worn by all and sundry, even by those who have surely never even seen the inside of a gym. And thanks to Britney and other style influencers, midriffs everywhere have been liberally displayed – some more liberally than others, while hipsters have swung so low that flashing your thong was inevitable.

In breast care, breast-conserving surgery has meant fewer radical mastectomies, while nearly all women are offered the option of reconstruction following surgery. Breast forms come in such a wide variety of shapes and sizes that there really is something for everyone, while new innovations are being launched all the time. Amoena's lingerie has got a bit more 'naughty' too, with the introduction of thongs, sexy satin and lace, and exotic colours.

But perhaps the strongest fashion trend at the moment is the **70s revival**. We're all wearing flared trousers again – only now we call them bootcut or kickflares. Platform shoes are going to be everywhere this winter, as are bell sleeves, ponchos and skinny shirts. And lipgloss has never been so popular. With Charlie's Angels on the big screen, Farrah's flicks and curls are replacing poker-straight hair, and actress Sienna Miller is the style icon of the boho chick. Amoena's 2006 swimwear collection also pays homage to the past, with a hint of 70s retro-styling.

In fashion, then, what goes around comes around, but thank goodness breast awareness, breast cancer treatments and products have continued to forge ahead. Amoena is proud to have been part of this development, and we look forward to another 30 years of helping women after breast surgery.

## In Contact

**Do you have a story you'd like to share or some words of encouragement for other readers? Send your letters and photographs for inclusion in Amoena Life to: Rhoda White, Editor, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail [agrhw@amoena.com](mailto:agrhw@amoena.com)**

### Keep Smiling

I was diagnosed with Grade III breast cancer in January 2004 and now that my treatment is complete I would like to share with other sufferers how I got through the past 12 months.

Since my diagnosis I have become a more positive person. I have learnt not to dwell on the past and think 'why me?'. Instead I always look to the future and move on. It is the best way. What has happened has happened, it is in the past, you can't change it.

I won't lie, chemotherapy was tough, but I had unbelievable support from family and friends. I was treated at The Royal Marsden Hospital in Surrey, which is pretty ironic as I work there. This could have been a problem, but personally I found it a great comfort to be treated by people I knew and trusted. I had complete confidence in my care and never doubted the staff's abilities.

Since attending a Cancer Help Group, it has been brought to my attention that many cancer patients worry about their treatment, is it the right treatment and do the staff know what they are doing? My response would be trust the medical staff, don't get stressed, they know what they are doing and are 100% behind you. Just concentrate on getting better, take things easy and be selfish, let others do the housework and the shopping and don't feel guilty.

I used to be a 'stressed out, takes things personally' sort of person before my diagnosis, but now I am much more relaxed and a stronger woman for my experience. Cancer has shown me that there are so many more important things in life, like a loving husband, supportive family and wonderful friends to appreciate. So I'm enjoying every moment, laughing and smiling, as I'm so glad to be alive.

**Janet R**

### Calling planet earth

I have just finished reading your lovely magazine and wish someone had given me a copy sooner. Since my mastectomy 10 weeks ago I have felt like an alien from another planet. Apart from my sister and one friend – fellow aliens – I have had no other aliens to talk to. It is so interesting to hear other ladies' views and experiences.

My sister had breast cancer eight years ago and she is 12 years older than me. I am 51. It had always been in the back of our minds that we might both have 'those' genes so I took my three yearly mammogram check-ups very seriously and when I was recalled after my last one I was terrified. They initially thought it was just calcifications, but a very painful set of biopsies came back confirming cancerous cells dotted (like fine grains of salt) all over my right breast. They recommended a mastectomy and removal of all lymph nodes – I have never felt so "numb" in all my

life, I just could not believe it.

On the day of my operation my husband and daughter came with me. An hour before, I had to change in to my gown and put on my white knee length stockings. I sat on the bed, legs crossed, hugging a fluffy white cushion and my daughter told me days later that I looked like a “frightened child”. She said she wanted to cry and hug me and tell me I would be okay – instead she told jokes – that’s my girl! She knew how terrified I was. At 51 years I had never been in hospital before, never had a serious illness and never had an anaesthetic – it was the most frightening day of my life!

When I came back to my room, they were still there waiting for me. I actually remember feeling guilty for putting them both through such a horrible time. Almost as though I had done it on purpose or it was my fault that this had all happened and I was responsible for their suffering. At the same time I felt like a victim. I didn’t feel ill before my operation and I hadn’t found a lump. I thought someone had made a terrible mistake and that I would get a reprieve at any time, but I didn’t and the days closed in on me. As the hours counted down to my operation, I felt like a convicted criminal going to the electric chair – I really did not think I would ever see my friends and family again!

This awful thing has intruded into our lives and made us all very sad and confused. My husband has been my rock and if there is anything good to come out of all this, it is our strengthened love and commitment to each other.

**Helen B**

### **Life is wonderful**

I was referred to a breast care centre in 1996 after experiencing breast pain and, after having a mammogram, was told there was nothing to worry about. While I was at the centre I was asked if I would be interested in taking part in the IBIS trial of tamoxifen as I had a family history of breast cancer. I agreed and took part in the trials for five years.

Two years later, in May of this year, I felt a lump just behind the nipple. The breast care centre were able to see me almost straight away and after a couple of biopsies and a mammogram, I was told I had breast cancer. I was not shocked by the diagnosis as my mother had died from breast cancer at a very young age when I was a small child and somehow I had always mentally prepared for this to happen to me. I made the decision to have a mastectomy rather than a lumpectomy, as I wanted to be as sure as it was possible that there was no risk of a recurrence.

I was told by one of my doctors that I had been taking tamoxifen, not the placebo, during the trial period. I had several lymph nodes removed and was overjoyed to hear that they were clear so I did not need radiotherapy or chemotherapy, but I am now taking tamoxifen again. Just one thing bothers me: in March 2001 I had to have a hysteroscopy and curettage due to abnormal bleeding as I was past the menopause. The surgeon advised me to stop taking HRT, which I did, but now I wonder was this condition a result of the tamoxifen trial?

Finally, I believe a positive attitude is vital in the recovery from illness. One of the books I found very helpful was “Cancer Positive, the role of the mind in tackling

cancers” by Dr James Colthurst, published by Michael O’Mara Books Ltd. Using some of the suggestions in this book I made plans and booked holidays and visualised seeing my new grandchildren growing up. I also became much more aware of the household chemicals that I had been using and switched over as far as possible to more environmentally friendly products.

I am so thankful that I have so far come out of the whole experience just minus a breast and I can’t wait to have the other one reduced, as all my life I have hated having large breasts, then I can really splash out on some of your wonderful lingerie.

I could go on about the love and affection that has been showered on me by my husband, family and friends, but I will end by saying how wonderful life is.

**Maureen W**

### **One Man’s View**

Even after forty years, it was an invitation no red-blooded man could resist as my wife cautiously said, “see if you can feel anything here”.

All seemed normal to me, but she was concerned, and a visit to the GP seemed for the best. The doctor’s immediate referral, followed swiftly by a first appointment at the breast care centre, started us on a journey similar to the one taken by my sister seven years earlier.

At the end of that first examination the sympathetic body language of the young doctor and the wonderful specialist nurse almost made words unnecessary, but, and as if from a distance, we heard their devastating news anyway.

Left alone for a moment or two we told each other at once that we could win – defeat was not an option – and we held hands to face the foe.

Then further extensive tests confirmed that both breasts had malignant tumours. In gentle, but matter-of-fact language, the surgeon answered all our questions and offered the options, but we knew what was necessary and my wife confirmed her choice immediately after admission.

The hospital staff talked me through their procedures at every stage: pre-op, recovery, chemo and radiotherapy – they could not be faulted. By their concern, gesture and straight talking every person made it plain to me that they were on my wife’s side. Seven months later my wife emerged from her ‘tunnel’.

The enemy still lurks, but we’re holding hands more strongly and black humour helps us to accept the new shape with its missing bits. Her blonde thatch is thickening and throughout it all, it has never crossed my mind that my wife would be less feminine or desirable.

**Edward C**

### **Everybody’s Moonwalking!**

I’m writing to thank you for your support – quite literally – when I entered this year’s Moonwalk wearing nothing on top but my Amoena bra. You can probably imagine that walking around London all night in just your bra is a daunting prospect, but for me it was made worse by the fact that the Playtex bra sent to me by the organisers went nowhere near covering my breast form, despite my asking for a bra suitable for

a prosthesis. However, your fabulous new sports bra came to my rescue and this, together with my Contact breast form, meant I felt as confident baring all as my non-prosthesis wearing friends.

The Moonwalk raises money for breast cancer research. I had walked it two years ago for a friend of mine – this time I was walking for myself. The atmosphere was tremendous, imagine if you can 14,000 women and 1000 men winding their way through the streets of London while wearing decorated bras. Cars would stop and ask what we were walking for, others put money into the hands of walkers. Yet more sounded car horns as they went by and the looks of astonishment from passing bus passengers made us laugh!

Time ticked by and soon we were on the last few yards to the finish line. Relatives and friends were hugging each other, knowing that there had been a personal goal to achieve and a reason behind what they were doing. Many had messages on their backs – “In memory of mum” or “For nan” or even “For me”. Walking a marathon was one way of doing something positive and we had made it.

Thank you Amoena for giving me the confidence to do this. I can honestly say that without your support I would have worn my T shirt, but I wore only my bra all night and I could do this because I was confident that the combination of your new sports bra and your Contact prosthesis would see me through – and they did.

**Sue M**

**‘Real models’ Race for Life** Many of you will recognise this group of “Race for Lifers” as none other than our 2005 real models. Not content with helping women to see how they can look lovely in Amoena lingerie and swimwear following mastectomy, our models entered the Bournemouth Race for Life that took place on 19 June. “When you’ve been treated for breast cancer you really want to do whatever you can to give something back”, says Pauline Polley. “Whether that’s modelling clothes to give other “sufferers” self-confidence or helping to raise money to research new cures and treatments, there are so many different ways you can get involved. Doing the Race for Life is so much fun, and the atmosphere was brilliant.” Pauline and her pals raised approximately £1000.

### **Just what I wanted to hear**

I just wanted to say what a brilliant article it is that you have just published about younger women getting breast cancer.

In April 2002 I was 40, had a mastectomy, chemotherapy and radiotherapy. I was OK, but what I desperately wanted to hear is that other people who got pre-menopausal breast cancer had gone on to survive more than 5 years! At the time I lost two friends to breast cancer who were in their early forties and couldn't seem to see a long life for me being possible. Reading the letters from women who are in their 70s and 80s now who had breast cancer much earlier in life has given me what I wanted to hear - basically that I might live to see my twins grow up and even get to see any possible grandchildren.

A big thank you.

**Hilary B**

**Keep fighting**

My story begins when I was 23 years old. I had just had my eldest daughter, who was 18 months. I found two small pea size lumps in my right breast. I went to the doctor who told me not to worry, it could just be dried milk from having a baby.

After about a year going backwards and forwards to the doctors and hospital they decided to do a sample test to try to find out what it was. After a week I was told I'd have to go within 24 hours to have my right breast removed and lymph nodes. I had the operation in August 1980. There was no counselling then, it was just the operation and "here is your new false boob". You were sent home to get on with it.

It was about 3 months later that I missed my period. I went to the doctors and I was pregnant with my youngest daughter. They said that if I gave birth I could die. I asked lots of questions about if anything could be passed on to the baby. They said no, but I could die. Again I refused to get rid of my baby. My daughters are now 27 and 24 years old. I was 25 when I had my operations and I'm now just 50 years old.

My only anger is to the doctors who only think it happens to women over 40 – it doesn't. I hope you will print my letter to tell others who are in their 20s to keep fighting.

**Mrs A H**

**Thanks for highlighting our needs**

Firstly, it was great to see the last two issues presenting ladies who had had breast cancer and the fact that they were modelling in your catalogue this year. It gives you confidence in the product when you see them on 'real women'.

I would like to thank you, very much, for your article "Never too young?". I thought it was only me who felt like I was banging my head against the wall! I found my lump at the beginning of January last year. I went to see my GP and although he did refer me for an ultra-sound and needle biopsy, his initial statement was: "I wouldn't worry too much, you are only young, you breast fed your children and don't smoke!".

This was not going to stop me. The registrar told me the same thing and, because she wasn't able to "get anything from the lump", told me not to worry as "no news is good news"!

After that I got lost in the 'system' - or maybe forgotten about! Things began to get moving in the March. I was given a mammogram the first week, then a core-biopsy the second week and my results in the third. It was quite a shock when I was told I had "cancerous cells"! At 36 you don't expect to have to deal with the fact that your life could come to a sudden end – that is supposed to happen during retirement age, isn't it?

We had to decide - there and then - whether I was going to have a lumpectomy or mastectomy. I couldn't have reconstruction" as there wasn't "enough time - I was only allocated a "one and a half hour slot". To be honest, I was reeling from the results and the surgeon might well have been talking in Chinese for all I could take in!

Needless to say I was on a roller-coaster ride to goodness knows where and desperately wanted to get off. I don't have time to go yet, I have two young children

and a wonderful husband. We have plans to make! The only way I managed to 'deal' with the whole scenario was with the support of Gary, my best friend and husband rolled into one.

I opted for a mastectomy. Gary reassured me over and over again that he loves me for who I am and we would fight this demon together. I felt I was one of the lucky ones, I didn't need to have any treatment as my tumour was caught early. Gary's love and support; and my sense of humour has helped me through the dark days.

However, it saddens me that women in their 30's are given very little support. The breast care nurses were lovely but it wasn't the support that I needed. I needed to speak to someone my age who had been through the same thing I was going through.

I was also shocked to find that, although there seem to be more women in their 30s being diagnosed, there is very little emphasis on it. Breast cancer affects women of all ages. It was something I felt so strongly about I contacted my local newspaper and gave an interview. I still feel that breast cancer is a taboo subject; it is surprising how many people shy away when you want to talk about it. There are so many of us out there who have survived this demon and this should be celebrated!

Why aren't we given the option to have a mammogram? Cost! Why aren't we given the opportunity to be screened? We are not classified in the 'certain age group'! So, thank you, once again, for highlighting such an important topic.

My love and best wishes to all ladies out there, of all ages.

**Adele W**

### **Calling other younger women**

I read the piece on younger women with breast cancer - very good. I would be most interested in forming a group or getting in touch with 'younger women', like you suggested. I was misdiagnosed because of my age and feel very strongly about this.

**Sue**

***If others are interested in getting in touch with Sue or in helping to form a group for younger women, please write C/O Rhoda White, Editor, Amoena UK Ltd, Freepost, Eastleigh, Hampshire, SO53 4BJ and we will forward your letters on to Sue***

### **Herceptin – a different perspective**

Congratulations on providing a much needed forum for us. I would like to make one point regarding page 8 of Issue 20. You state that "Currently, Herceptin is only used to treat primary breast cancer as part of clinical trials."

I am on Herceptin as I have HER2 positive breast cancer. I was diagnosed in 1994 and treated but the cancer returned in Jan 2003 as secondaries in liver and bone. I followed a regime of Arimidex and chemotherapy but the cancer 'kicked off' again in December (2003) and treatment was more chemo and Herceptin. I am now officially in remission thank goodness. As you can see from this I do not have primary cancer nor am I in a clinical trial (not that I am aware of anyway).

Thanks.

**Jan**

**Editor's note: To clarify, Herceptin is used to treat secondary/advanced breast cancer. Currently the only time it is used to treat primary breast cancer is as part of clinical trials.**

### **Not all husbands understand**

Many thanks for your latest issue, your magazines are always interesting and helpful.

I would like to comment on the letter from Helen H which I found very moving. She is so grateful to her husband who has been so supportive and it's good to know that some husbands are like that. Unfortunately my husband is not. It's six years since I had a mastectomy and he has never talked about it, or acknowledged how difficult it was to go through the operation and chemotherapy/radiotherapy. The only time he held me was just before the operation, and later he even told me to "stop wallowing in self pity".

I have a good support group at the hospital and good friends so I am coping well but I wish my husband was more like Mr H.

**Lynn C**

### **A new direction**

I really enjoyed your article on complementary therapies, as this was something I had never considered before. However, on reading about how various therapies have helped other readers I am now thinking of giving aromatherapy massage a go. I must admit stress was always a problem for me, and I'm hoping that the relaxing massage, plus the beneficial effects of the essential oils, will help me to relax as well as assisting my body to heal itself. I've even found out that some therapies are available free of charge at my local cancer centre – so thank you very much for pointing me in a new direction.

**Pam S**

### **Therapies that work for me**

I was diagnosed with breast cancer last July, and have had surgery and am now having a course of chemotherapy. I decided not to take anti-sickness drugs and as a consequence of this I was feeling very sick. Acupuncture was recommended to me – it was amazing and I was only sick for 1 hour instead of 8 and my nausea in the next few days was much less. It doesn't work for everyone and it's not usually on the NHS. But at £32 a session (only one needed per chemotherapy cycle) it was worth it to me. I have it a few days before my infusion. They put seeds in pressure points in my ears to prolong the effects and it works wonderfully!

I also use homeopathic remedies, prescribed by my homeopathic doctor. This is on the NHS in Bristol and some other areas, and it's definitely worth asking your GP if you can be referred. I think these reduce the hot flushes and make me sleep better. Also, hopefully they are improving my immune system. My oncologist knows about these remedies and is happy for me to continue with them.

I went on a creative writing course run by Bristol Cancer Help Centre and this was very helpful in enabling me to think about my emotions and express them. Group therapy is also something that I found to be immensely helpful, and has resulted in

my having a group of new friends who want to talk about cancer freely and without embarrassment or worry over depressing other people.

I also have massage (shiatsu) and healing. Both help me relax and take time for myself, and make me feel very happy and surprisingly healthy.

**Nicola**

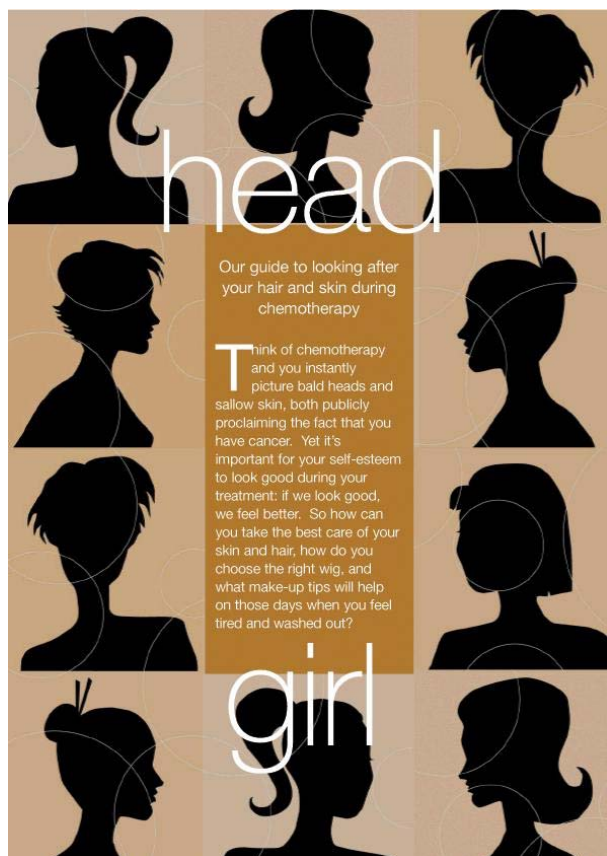
**I love my Light Weight breast form**

Many thanks to you for another excellent issue of Amoena Life.

I really am grateful for all the features that you have covered and find readers' letters very helpful. I am writing to tell you that I have just purchased the Tria Aire Light Weight breast form (featured on page 19 of issue 20) and I just love it! I find the light-weight form much more comfortable, especially when gardening and working. My previous breast form was heavy and made my chest sore.

In reply to Joan P, I was 60 when diagnosed with breast cancer. Like Joan, my knees were also very stiff but I try to have a long walk every day and have been feeling much better these last few months.

**Ruth H**



## Head Girl

Our guide to hair and skin care during chemotherapy

**Think of chemotherapy and you instantly picture bald heads and sallow skin, both publicly proclaiming the fact that you have cancer. Yet it's important for your self-esteem to look good during your treatment: if we look good, we feel better. So how can you take the best care of your skin and hair, how do you choose the right wig, and what make-up tips will help on those days when you feel tired and washed out?**

It's no use telling a woman whose hair is falling out that this is just temporary and all for the best in the long run. Hair is the outfit we never take off – even though we might not always feel it's our 'crowning glory', most of us would agree that our

hair style, colour and length reflects who we are and the way we want to be seen. So it's tough to find your hair falling out, and to realise that even if it grows back quickly you will have to accept that after the baldness will come a period when it will be very short indeed. Many of the women we've interviewed over the years have told us that they dreaded losing their hair far more than losing a breast. But there are steps you can take to minimise the impact of hair loss, and some women get through chemo with their hair relatively unaffected.

Wigs are a somewhat sensitive subject, too. For some they represent the chance to have fun with new hairstyles, lengths and colours – a bit like raiding the dressing-up cupboard. But others just can't take them seriously, dreading the 'dead cat' look, or remembering how they cringed when their mothers tuned in to the wig vibe in the 70s (so embarrassing!). But wigs have come a long way since Jason King camped it up on our TV screens. And with a little know-how you'll be amazed at what the right wig can do for your looks and your self-confidence.

Make-up can be another minefield. If you're suffering from sweats the last thing you want is foundation streaking down your face. And while you'd like to get some definition back into your features, you're petrified of ending up with heavily-pencilled caterpillars where your eyebrows used to be. Yet unless you're a committed 'no make-up' woman, now is not the time to abandon cosmetics. Trust us - a lighter touch can work wonders, and knowing the colours that really make your looks 'pop' is a great place to start.

## Cruel to be kind

For most women who have breast cancer, chemotherapy is part of their treatment. Chemotherapy kills cancer cells by interfering with their ability to divide and

reproduce themselves. The affected cells become damaged and eventually die. As the drugs are carried in the blood, they can reach cancer cells all over the body. One of the side effects is that chemotherapy also attacks healthy cells, and this affects your skin and hair. The good news is that, unlike cancer cells, healthy cells quickly regrow and any side effects are usually temporary.

Reducing the blood flow to the scalp during chemo sessions can help the hair follicles to stay healthy and thereby prevent or reduce hair loss. This is where the 'cool cap' can be very effective [for more information about the cool cap, see our article *Chemical Assault* in Amoena Life issue 17]. The cool cap is only successful if used with every course of chemotherapy, and it only works with certain types of drugs. However, women who have managed to keep most of their hair thanks to this method are usually very glad they persevered.

### **The right care**

Whether you lose your hair or not, treatment can still make it dry and brittle. In its booklet *Coping with hair loss*, the charity CancerBACUP advises you to consider having your hair cut short before your treatment starts. This reduces the weight of hair pulling on the scalp, so it can be effective in reducing hair loss. Going straight from long, flowing locks to a pixie crop might be a bit of a shock, though, so if you have long hair you might want to have it cut in stages.

Now, more than ever, you need to take extra special care of your hair and scalp. That means treating yourself to some of the many mild and gentle shampoos and conditioners on the market – the more moisturising, the better. When you brush your hair, make sure you do it gently. If it's long, never brush or comb it from root to tip – always hold the hair and brush any tangles from the ends first, to protect the roots (this is an excellent tip for anyone, whether or not they're having chemotherapy). And now is the time to invest in a big, chunky, plastic, wide-toothed comb. At night, wearing a hairnet, soft cap or turban around your head will collect any loose hairs. And it goes without saying that it's not a good idea to perm your hair, as this can make it more dry and brittle.

Treat all heated styling aids with great caution - excessive heat from hairdryers, heated rollers, straighteners or curling tongs will over-dry your hair and make it break. Don't plait your hair or wear it in a tight band, as this can pull on your scalp as well as damaging and breaking hair. And avoid sleeping in curlers for the same reason.

To help your hair from the inside, stock up on fruit and vegetables, oily fish, nuts and pulses – all great skin and hair food. And you've heard it before – drink plenty of water, have alcohol in moderation, and try to build some relaxation into your life. You could also massage your scalp gently, to improve blood supply to the hair follicles.

Anyone who regularly colours their hair, particularly to cover grey, will be dreading their 'roots' showing through. Don't despair - you can still colour it, but make sure you only use tints or hair dyes made of natural colourants, such as henna or vegetable products. Your hairdresser should be able to advise you on the best products. A good alternative if you simply want to disguise roots or colour re-growth is a tinted styling mousse.

## Hair today...

On the other hand, radical though it may seem, you may prefer to shave your head completely, even before you start losing your hair. Many readers have told us that this gave them a sense of control over what was going to happen, and they felt it was preferable to waiting for their hair to fall out.

We asked TV presenter and style guru Patrick Swan, who works with breast cancer patients at the London Haven, for his thoughts. “You have to be very positive that even if your hair does come out, it is going to come back,” he emphasises. “One cannot be told that often enough and you must reinforce it in your own mind.”

Patrick advises facing up to hair loss, rather than trying to avoid the issue. “Get rid of your hair when you can’t cope with how it is coming out. Don’t do the not brushing, not washing, thinking it will last longer – that is just a fallacy.”

## ... wig tomorrow?

If you do lose your hair, or shave it off, what are the options available to you? The Sinead O’Connor look isn’t for everyone. These days there are many different styles and colours of wigs to choose from, and they’re much more natural looking and comfortable to wear than in the past. In fact, many of the latest styles are incredibly realistic – some even incorporate dark roots for that ‘regrowth’ effect. And thankfully there’s now also a good selection of wigs for black women.

“I think wigs have their place,” continues Patrick. “It is a great opportunity to have longer hair if you want it. The biggest mistake is to forget that you should use your fingers to style them as opposed to a brush or comb. When wigs are shaken before they are put on and then worked with the fingers, it gives a more realistic look. If you have a fringe naturally then it will look right on your wig, but don’t feel you have to have a fringe just to make your wig look more natural.”

We asked Lynne Harris, sales and marketing director of Britain’s leading wig specialist, Trendco, for some tips on choosing and wearing a wig. Trendco supplied the wigs that look so fantastic on the models in our photo shoot for this feature, all of whom had lost their hair through chemo.

## *Real or synthetic?*

Probably the first concern that many people have is whether to buy a synthetic fibre wig or one made from human hair. Lynne points out that there are pros and cons for both types. While human hair wigs are more expensive, “they do look and feel more natural, allowing you to style them as you would your own hair,” she says. “You can use straighteners, curling tongs and heated rollers on a human hair wig to create a different look.

“Human hair wigs will not frizz. They feel soft and natural to the touch, and they can be coloured. However, like your own hair, they can become porous and dry, and if coloured they might fade. A human hair wig definitely needs more maintenance than a synthetic one – it’s really a matter of personal preference.” And it’s good news that this type of wig no longer needs to be dry cleaned, but can be washed and styled at

home or by your stylist.

All synthetic wigs are made from a modacrylic fibre which is extremely easy to care for and always looks good. “These come in many styles, colours and prices to suit most individuals” continues Lynne. The style is heat-sealed into the hair so that they can be hand-washed with shampoo, left to drip-dry overnight and are then ready to wear. Hair-spray can be used if necessary; however, avoid using too much as this makes the hair look dull and unnatural.

Any salon or wig specialist will give you advice on after care, or your wig fitter will show you, and you should always receive an after care leaflet with your purchase. “Some salons will include the cost of styling in their initial prices,” says Lynne. “Here at Trendco, if a wig needs a fringe trimming or the wig thinning out a little we do not charge for this. It is usually done at the time of the consultation.”

### ***Choosing your wig***

Lynne advises that if you don't want the wig to change your appearance, it's a good idea to choose the same volume of hair as you had before. “Too much hair can make it look more as though you are wearing a wig,” she says. “If in doubt, choose a wig with slightly less hair than you had before. Remember that the wig can be cut and styled to suit your needs by your hairdresser or the wig consultant.”

When it comes to colour, for a natural look choose your own colour or one shade lighter. “If the hair is darker than your natural colour it can look strange to your friends and draws attention to the change. Generally a change to a lighter colour will be less noticeable.”

An alternative approach is to treat this as an opportunity to try a completely different style or colour, to have a little fun and to surprise your family, friends and colleagues. “Experimenting with cut, colour and shape has never been easier, thanks to the wide range of realistic-looking wigs available,” says Lynne. Our models proved that your choice of wig can make a huge difference to the way you're perceived.

Here are some tips for making the most of your looks while being a bit adventurous!

### ***Face shape***

Your hair should frame your face, and the cut or style should make the most of its shape. There are lots of tricks that can help your face look slimmer, fuller, shorter or broader. Talk to your hairdresser about what's best for you.

The 'ideal' face shape is **oval**. Usually any style and any length suits this face shape, except perhaps heavy, straight fringes or centre partings that can make the forehead seem wider.

The **round** face needs a style with height and narrowness. Chin-length, wispy cuts that frame the face; chunky, layered styles that fall onto the face; layered fringes, and asymmetric long wispy styles across the face will all help to offset roundness and slim the face. Avoid round shapes (short bob); tight perms; solid fringes that create too much width at the cheeks; very short styles that accentuate roundness of face, or

flat hair on top of the head.

**Oblong** faces need a style that will shorten them. A jaw-length style can work – but make sure it's not shorter than that or your face will seem even longer. Layered and asymmetric fringes work very well for long faces – think Liz Hurley and Helena Christensen. Layering the hair at the side of the face helps to give width, as does an off-centre parting. Avoid very long, straight styles and 'up-dos' with short backs and sides, as these will lengthen the face.

Straight styles with extra volume, curl or wave at the jawline suit **triangular or heart-shaped faces**. The aim is to widen the jaw and reduce the breadth of the forehead (an asymmetric fringe is good for that). Mid-length styles are best. Avoid full styles across the temples; high hair, which exposes a weak chin; hair pulled severely off the face, and heavy or very straight fringes that add width to the forehead.

Softening a **square face** requires texture, layering, wispy cuts or curl. Go for a style that frames the face; brush the hair forward to soften angles and create narrowness and softness. Avoid square cuts – e.g. a bob that finishes at jaw length; geometric shapes; deep cut, straight fringes and centre partings.

### ***To wig or not to wig?***

Not everyone wants to wear a wig, especially daily, and the good news is that headwear is currently very popular. In summer you can choose from funky bandanas and baseball caps or beautiful headscarves, and if your chemo is in winter you'll find that headwear is an essential way to stay warm. Turbans are an excellent option for wearing around the home, and for going out you can choose from cute beanies, Chelsea caps for 60s cool, fedoras and floppy 70s hippy girl hats, or tap into fashion's Russian moment and pick a hat with faux-fur trim! Whatever you go for, it's good to know you can still keep up with current trends at the same time as keeping your head covered.

When choosing headwear, the best way to work the look is to try to make sure it coordinates with the rest of your outfit – that way it won't be so obvious, and you'll look a lot more 'together'. Another way to make headwear look more natural is to attach a fringe – Trendco has a great selection.

Sheila Wilson, owner of Luscious Lids, knows how important it is for women to have another option to wearing a wig. When her sister was going through chemo, Sheila – a skilled dressmaker – designed a range of headwear to help her to look good during her treatment. Sheila has now launched a successful business offering a wide range of headwraps, turbans and head bands by mail order. Because she makes all the products herself she can adapt them to suit individual requirements, and can also make headwear that will match a specific outfit as long as the material is suitable. See contacts below.

### **Time for a rethink?**

When your hair finally starts to grow back – hooray! – you can be faced with a range of other issues to grapple with, such as a scaly, itchy scalp, and how to make the 'skinhead' look work for you. It's best not to use medicated shampoos, as they can result in further irritation. Instead, keep it moisturised – you can even wash your hair

and scalp with aqueous cream (available from your chemist). As your hair becomes longer, move onto a very mild shampoo that's designed for frequent use, and don't forget conditioner.

You may be desperate to start tinting and perming again, and this is OK if hair and scalp are in good condition. However, if your hair is breaking or not growing normally, unusually dry or rough to the touch, or if your scalp is scaly, sore or irritated, you need to wait before dashing to your colourist or raiding the chemist's shelves. If you do decide to colour your hair, it's best to do a patch test on a small, hidden area to assess the outcome before treating the whole head.

Many women report a change in the colour or texture of their hair when it grows back. Sometimes women whose hair used to be straight are faced with springy curls, which is the result of the chemotherapy drugs distorting the hair follicle. Patrick Swan is positive about curls: "You get the perm you always dreamt of! Having curly hair gives you more options as you become more mature. A mature woman needs fullness around her face. It makes you look younger. And it's never been easier to straighten your hair with irons or chemical treatments, if you do want to get back to straight hair."

This is a great time to re-think your style or colour. "It is the forced Trinny and Susannah 'dreaded moment' when you are discovered trying to look the way you looked 15 years ago," continues Patrick. "I always say it is a chance to take a realistic look at yourself and it stops you staying stuck in the look you first scored in!"

So how will you know when to stop wearing your hat or wig? When can you rush to the hairdresser for the first cut? What's the best way to reintroduce colour? Patrick says you need patience at first – you've got to just let the hair grow. "Don't feel you need to have a shape put into it immediately. The first quarter to half inch of hair might have a slightly burnt feeling or look, and you really want to let it grow to about two to three inches before getting it cut. Choose a style that brings the hair onto your face, and as soon as you can part it somewhere other than in the centre it will have a stylish and modern appearance. Don't be afraid to play around and experiment."

When it comes to colour, Patrick's advice to women who have been colouring their hair dark for many years is to rethink, because dark hair can make you look older. "Go to your hairdresser or colourist, because that is what a professional is for, and go to the best you can afford. If your scalp is still sensitive, a mixture of highlights and lowlights will allow you to have the colour without the chemicals touching the scalp."

### **Looking after your skin**

Many women's skin becomes very dry during chemotherapy. Again, gentle products are best, and plenty of moisturiser – your favourite cream, applied more frequently, or treat yourself to something special. "There is nothing wrong with a very basic and inexpensive cream like aqueous cream, paraffin liquid or E45," says Patrick. Avoid sun damage, too; use a high SPF cream every day – even in winter. If you are in doubt about any of the ingredients used in cosmetics or skincare, the Campaign for Safe Cosmetics' website ([www.safecosmetics.org](http://www.safecosmetics.org)) lists the manufacturers which have pledged to eliminate toxic or damaging substances from their products.

We've heard it before, but it's true – we should all drink more water. Patrick believes that drinking plenty of water and juice really does help plump up the skin, but don't guzzle it all down in one go. "You can't just down a litre of water, that will just flush you through. Sip it steadily throughout the day."

### Let's make up

This is definitely not the time to abandon make-up. "It's an absolute must if you have very short hair," says Patrick. If you want to know the make-up that will work best for you now, read on!

Patrick is in no doubt about which is the most important item in your make-up bag. "Lipstick," he says. "It's the first thing a woman should have in her repertoire as she gets older. When it comes to lipsticks I always recommend that women wear a tinted lip gloss. Even if you have vertical lines around your mouth, if you pencil your mouth in and use a lip gloss in the centre of the mouth it will make your lips look fuller and you will look younger." Use a soft pencil in a tone that matches your natural lip colour – not a harsh brown or red – and aim to pencil along the outline of the mouth with light strokes, then blend the colour across the entire lip with a lip brush. Glosses are great fun. You can choose from clear or something with pearlised pigment, or a coloured gloss that compliments your skin tone. And gloss will bring light to the face, which is much less ageing than matt lips.

As to lipsticks, says Patrick, "nothing looks more ageing than a hard mouth! Modernise your lip colour." Are you still using the day-glo pink you used in the 80s? Or the pearly beige that worked when you left school? Make-up has come a long way, and so have you. "If you are nervous about making the change, always put your old favourite lip colour on first, then apply either a brighter or a softer one over it to make the transition from the old to the new easier."

So much for a precious pout. What other tips can Patrick share with us? "Another big problem that women have is that they tend to fade as they get older. Establishing an eyebrow will define the eye area and make you look younger. I always recommend using a powder if possible, as opposed to a pencil. Pencils contain grease, which can melt if you have hot flushes, and powder produces a more natural effect anyway." Practise with a matt shadow and a stiff, angled brush (slightly dampened) – and don't go too dark: even women with black brows should try a very deep, cool brown rather than jet black. Most make-up companies offer brow kits – those from Estee Lauder and BeneFit are particularly good. Perfect brows should begin in line with the centre of your nostril, and arch up to their highest point directly above your iris. To find out how far your brow should extend, place a pencil in a diagonal line from the side of your nostril, taking it past the outer edge of your eye and up to the brow. The eyebrow should stop here. Ideally your brow should be slightly thicker on the inside, arching gently and tapering towards the outside. When drawing in an eyebrow use light, feathery strokes, not a continuous hard line. And build up slowly – remember, less is more!

If you are skilled and have good eyesight then you could try false eyelashes but, says Patrick, "most women can't see that close. If you use mascara, only put it on your top lashes, as emphasising the lower lashes can drag your face down and cast shadows under your eyes."

To further emphasise your eyes, Patrick recommends trying a soft kohl pencil in brown or grey to line the inside rims of the eyelids – upper and lower. “This may look a bit startling at first, but when the eye fluid softens it the colour acts as a stain and provides a reference point which makes the lashes stand out a bit.”

And right up there with lipstick is good old blusher. “It can perk everyone up. Cream blushers make more sense than powder – particularly if you are having hot flushes. They blend into the skin, while powder can cake if you get sweaty and sit on top of the face. If you are feeling pale and washed out, cream blush wins hands down over tinted moisturiser or foundation.” And what if flushes are a real problem? “Flushes do play havoc with cosmetics,” says Patrick. “You can’t put anything on that is going to stay on. Just use tissues to blot, and apply some loose powder, with the finest tint of colour, with a puff. This will create the look you would get with foundation.” And be ready to reapply frequently – although not heavily.

Patrick is also a big fan of concealers. “I prefer them to foundation. As you mature, often the inside corners of your eyes recede and you can get shadows around there. If you dot a little light, yellow-based concealer (pink-based concealers can emphasise the bluey tint of shadows) on the inside corner next to the nose, and on the lower lash line nearest the nose, and use your middle finger to gently press it into the skin, this will pull the eye out and make you feel younger and more awake. Never put concealer around the outside of your eye if you have lines.”

If you’re not sure about make-up or are nervous about trying new looks, why not ask for expert help? Our real life models for this feature were made up by Sylvia McLean and Marilyn Ferguson from the charity Look Good Feel Better. Formed 11 years ago by the cosmetics industry to help women combat the visible side-effects of cancer treatment, the charity’s aim is to greatly increase women’s self-confidence at a very difficult time in their lives. Trained volunteer beauticians hold beauty makeover workshops in 36 hospitals across the UK, where women are shown how to give themselves a beauty make-over, using the latest products donated by participating companies. The women are then given 17 full-sized products to take home. Contact Look Good...Feel Better (see contacts) to find out about workshops near you. But if your hospital doesn’t offer this, you can visit the beauty counters at your local John Lewis store for a free make-up consultation. Their consultants can advise on your best colours and update you on the latest shades and trends.

### **A trick of the eye**

Great accessories – earrings, necklaces, scarves – are a real investment for any woman, particularly as she gets older. Right now, fashion is having a big costume jewellery moment, with the emphasis on chunky and ethnic jewellery, or delicate handmade beaded pieces in semi-precious stones, all in stunning colours, so it shouldn’t be difficult to find some inexpensive pieces that suit you. Pearls – row upon row of them – are making a big come-back this winter, too – freshwater ones are a bargain alternative to sea pearls and more lustrous than fakes.

But why accessorise? Brightness, contrast or some interesting detail draws the eye upwards, giving a lift and a point of interest to the face. Anyone who has seen or read *The Girl with the Pearl Earring* will know that this works for any woman, at any age. But it’s particularly important when your hair is temporarily less lovely than you would like.

However, Patrick Swan preaches restraint with accessories too. “If you naturally wear these things you will always benefit from them. If it isn’t your nature you might feel that you can’t figure it out. It isn’t about embellishing yourself with bells and whistles: if you are a bohemian type then layers and ethnic touches like dangly earrings will work for you. If you’re a person who likes everything to be classic and neat, then you probably won’t feel comfortable with big jewels and scarves.” But you could have some fun trying out different looks – and ask for advice in your favourite store. You never know, you might surprise yourself!

### **Goodbye to bad hair days?**

Whether or not you’re having chemotherapy, all of us have days when we look less lovely than we would like. But it’s great to know that, armed with a few tricks of the trade, we can help nature along without making it seem too obvious. This is when it’s sensible to take Patrick Swan’s advice – don’t abandon your make-up, and if you’re a make-up virgin now’s the time to give it a try. A little concealer, a gentle blusher, some lipstick or gloss, will even out a sallow complexion and bring light and warmth to your face.

And while hair loss is without doubt one of the most distressing side effects of chemo, perhaps our experts have helped persuade you to experiment a little more boldly with the options available for coping with it – whether you choose hats, scarves or wraps, or explore the wonderful world of wigs.

Hateful though it is, hair loss following chemotherapy is only temporary – it will grow back, along with your eyebrows and eyelashes, and your skin will return to normal. And when it does, you may well find that you’re a lot bolder and braver with your appearance than you were before!

### **Contacts**

**Trendco Wigs**, Sheridan House, 112/116 Western Road, Hove, BN3 1DD.

Tel: 01273 774977

email: [infor@wigsattrendco.co.uk](mailto:infor@wigsattrendco.co.uk)

website: [www.trendco.co.uk](http://www.trendco.co.uk)

Supplies a wide range of wigs, scarves and hair accessories. Call for a free catalogue or for information on your nearest stockist.

**Luscious Lids**, 14 Briarswood Rise, Dibden Purlieu, Southampton, SO45 5SW.

Tel: 023 80848687

email: [Sheila.Wilson@lusciouslids.com](mailto:Sheila.Wilson@lusciouslids.com)

website: [www.lusciouslids.com](http://www.lusciouslids.com)

Supplies a range of turbans, scarves, headbands and headwraps.

**Look Good...Feel Better**, Albany House, Claremont Lane, Esher, Surrey, KT10 9DA

Tel: 01372 470900

email: [info@lookgoodfeelbetter.co.uk](mailto:info@lookgoodfeelbetter.co.uk)

website: [www.lgfb.co.uk](http://www.lgfb.co.uk)

A free service offering skin care and make-up advice to women following breast cancer

**John Lewis Partnership,**

website: [www.johnlewis.com](http://www.johnlewis.com)

Offer a free fashion advisory service at most of their stores. Fashion consultations are by appointment only. Make-up demonstrations are also available at many of their cosmetic counters.

**Patrick Swan,**

Tel: 020 7837 8363

email: [Patrick@patrickswan.com](mailto:Patrick@patrickswan.com)

website: [www.patrickswan.com](http://www.patrickswan.com)

Offers expert hair, make-up and style advice and also works with breast cancer patients at the London Haven.

**Blackcare UK Limited,** 42 Forest Way, Woodford Green, Essex, IG8 0QB

Tel: 020 8252 2488

email: [info@blackcareuk.com](mailto:info@blackcareuk.com)

website: [www.blackcareuk.com](http://www.blackcareuk.com)

Supplies wigs for Afro-Caribbean women.



## Meltdown

How to keep your cool when hot flushes strike

Oh no, it's happening again. You're starting to feel hot. Do you say anything? Ask someone to open a window? Or hope no-one will notice you're beginning to perspire and your face is 'glowing'? Looking round the room, you can see that no-one else seems to think it's getting hotter – it's just you, having another hot flush.

If this scenario is familiar, you know how uncomfortable and embarrassing it can be. When you've had breast cancer, hormonal therapies and sometimes chemotherapy can send your body into premature menopause, and one of the most

distressing symptoms of this is the dreaded hot flushes and night sweats. They happen because your body is unable to control temperature in the normal way and, although they usually settle down after a couple of years, for many women they're the worst menopausal symptom of all, and they'd give anything to find a cure.

### The heat is on

So what can you do to help keep your cool when your body temperature's rising? With hot flushes caused by tamoxifen, often something as simple as trying a different brand can help: Amoena Life reader Joan Hughes found that by switching to Nolvadex D she could almost totally eliminate them. And knowing when to expect flushes can help you to be better prepared. Breast Cancer Care advises keeping a note of when you have them, to help identify a pattern or any triggers that you may be able to avoid.

The basic common-sense precautions are easy to take, such as wearing natural fibres that can absorb moisture, and layering clothing and bedclothes so you can adjust the temperature according to your needs. And fans of style queens Trinnie & Susannah's *What Not to Wear* programme will know about the 'sweat pads' (or dress shields) that can be bought from John Lewis from £2.40 a pair. Stick these to your clothes and they will absorb sweat from the underarm area and stop it showing through the fabric. Our grandmothers were no strangers to these, in the days before anti-perspirants when fine fabrics couldn't easily be dry-cleaned.

### No sweat!

Night sweats can also be a problem. Raymonde Burke was diagnosed in 2003, and this was one of her biggest headaches. She says she found a "miracle cure" in the Chillow, a pad that you use with your pillow that absorbs body heat and helps keep your temperature constant.

The Chillow, from Soothsoft, is designed to be used with your existing pillow. This ingenious slim pad stays at room temperature and helps keep you cool when you sleep by absorbing heat from your body and releasing it into the air around you. It doesn't need to be refrigerated but if you want to be extra cool you can pop it in the

fridge for 30 minutes before you go to bed. Chillows are designed to last for years, and only need to be activated once, by simply filling with four pints of tap water. But never fear, the water doesn't slosh around – it's fully absorbed into the foam core of the Chillow, which is always cool and dry to the touch. Once activated, it will keep on working, so it's always ready for use when you need it.

Already hailed as a miracle by doctors and patients alike, it is currently used by more than 30 hospitals around the UK. Designed for anyone who finds it difficult to regulate their body temperature at night, the Chillow is of particular benefit to cancer patients. Steve Dann, Macmillan radiographer at Torbay Hospital, first picked up a sample at the Macmillan Cancer Support Centre in Plymouth, and thanks to him they are now being used by many Macmillan centres across the country. "Cancer patients from our oncology unit who have sunburn-like effects from radiotherapy can borrow Chillows from the NHS. We think they're effective, safe and very economic. Both breast and prostate cancer patients suffering hot flushes from hormone-based treatment also find them useful. I've not come across anything like it," says Steve. **For further information or to order Chillow, call Soothsoft on 08700 117174 (national rate) or visit [www.soothsoft.co.uk](http://www.soothsoft.co.uk)**

Breast Cancer Care has some other tips:

- Sprays or moist wipes can help lower your skin temperature (you could add an aromatherapy oil to the spray, such as peppermint which has cooling properties or lavender which has a relaxing effect).
- Regular gentle exercise may help reduce your symptoms.
- Stop smoking. It increases the rate at which the body metabolises oestrogen (which means there is less oestrogen in the body).
- If tamoxifen is causing your hot flushes, splitting the dose may help (i.e. taking 10mg in the morning and 10mg at night).

Some women swear by complementary therapies to help relieve hot flushes. Among the many that readers have recommended, those that crop up most frequently are homeopathy, acupuncture, reflexology, chiropractic, massage, aromatherapy and meditation. Depending on which you choose, they work in a variety of ways – for example, meditation can help you achieve a feeling of inner calm that, with practice, you can return to whenever you're feeling stressed. Massage and aromatherapy can help to relax and rebalance you, which in turn can restore a feeling of serenity – the very opposite of feeling 'hot under the collar'! Janet Cooper read that acupuncture could help her through her treatment, and was delighted with the results: "The acupuncturist I went to has been so kind, caring and professional all the way through," she says. "He's listened to my worries and helped me feel better when I was feeling very ill with chemotherapy. I'm positive that it has helped with the side effects and kept me stronger and more able to cope."

Avoiding certain foods and drinks can also work – for example spicy foods, caffeine, alcohol, sugar and hot drinks. It's best to eat little and often – digesting large meals is hard work for the body and can cause your temperature to rise. And remember to drink lots of water. Experts tell us that anything from 1.5 to 3 litres a day is best – it flushes out toxins, helps with digestion and elimination, plumps up the skin and keeps us alert. Try popping your water bottles in the fridge, too. Drinking more cool drinks can temporarily lower your body temperature.

These tips are not just old wives' tales – we've heard from many women who can testify that they really work. For Pat Tasker, who was 43 when diagnosed, cutting out alcohol and caffeine certainly helped. She had read that the hard work required from the body to metabolise these drinks can raise your temperature, and in her case a minor adjustment yielded major results. Pauline Nevison said that her life was in danger of being dominated by hot flushes until she tried the hormone-balancing herbal supplement Dong Quai. And for Jane Scarsdale, "taking more regular exercise has helped me achieve a more even body temperature most of the time. I walk two or three miles a day, and attend yoga classes. Working up a bit of a sweat when exercising seems to have re-educated my body's internal thermostat, and the yoga helps keep me calm."

### Take control

Meanwhile there is some controversy surrounding the use of phytoestrogens (plant oestrogens), which may help with hot flushes, as they are thought to mimic the effects of oestrogen in the body. They are found in many fruits, vegetables and grains, and in high quantities in foods such as soya beans and linseed. The medical profession is currently undecided about the possibility that taking phytoestrogens in greater amounts than are normally found in food can increase the risk of oestrogen-related cancer recurring, so again it's best to discuss this with your medical team before taking any supplements.

Nutritionist Suzannah Olivier, author of *The Breast Cancer Prevention and Recovery Diet* (Penguin) and *Food Medicine* (Robinson), says: "Eating a variety of foods on a daily basis, such as beans, chick peas, lentils, nuts, linseeds, rye crackers, brown rice, wholemeal bread and vegetables, should be sufficient to improve menopausal symptoms over time, without resorting to phytoestrogen-rich supplements."

Some herbal remedies act like phytoestrogens, and should be treated with the same caution. Because they are classed as foodstuffs as opposed to drugs, they don't come under the same regulations as medicines and don't go through clinical trials before being put on the market. Therefore their side effects or interaction with other drugs, such as tamoxifen, may not be clear. That's why it's important to consult a registered herbalist and discuss any herbal supplements with your specialist before taking them.

If the flushes become unbearable, talk to your GP. "After two months of not sleeping and having my life taken over by sweating, I asked my doctors for help and they have prescribed a low dose of [the antidepressant] Venlafaxine," says Ruth Brown. "After two weeks on this the sweats have begun to reduce in number and intensity." And when Kate Foreman felt she couldn't face another day of discomfort, she asked her GP for Prozac after reading about it on the internet. She found it had a huge impact on her night sweats and palpitations, and now her GP is suggesting it to other women he considers to be suitable.

There are various other alternatives that are worth discussing with your doctor, and the following have all been shown to be effective – but remember to read the small print to see what side effects you may encounter with these remedies:

- Low-dose progesterone
- Clonidine
- Low-dose antidepressant drugs
- Hormone replacement therapy (HRT)

### **Cool it**

As if the discomfort and unpredictability of hot flushes isn't bad enough, if you're also wearing a breast form having something next to your skin that can get all hot and sticky can make the problem seem even worse. Amoena's research and development team wanted to come up with something that would help. The result is an ingenious new product that is already a hit with customers in the US – the Classic Light breast form with Climate Control.

Says Rhoda White, Amoena's marketing and customer services manager: "We invest a lot of time and energy in making new products like the self-supporting breast form, to make women's lives easier and more comfortable following breast surgery. Although we've come up with some brilliant innovations, if you ask women to design their own breast form most would say they'd simply make it lighter and cooler. So now we've taken this on board, and we're sure that women will be delighted with the results."

This revolutionary breast form, which is unique to Amoena, will be available from December 2005. It works by absorbing excess body heat into the cool gel layer of the Climate Control pad, while a soft textile fabric wicks moisture away from the chest wall to leave you cool and comfortable.

Although it sounds too good to be true, this product actively manages heat, reducing the temperature between the breast form and the chest wall when there is a rise in body temperature – whether it's due to hormone treatments, the menopause, physical activities, warm climates or just hot summer days in the UK (we won't talk about the other reasons your temperature may rise!). When your body temperature drops, the pad will give off stored heat, warming the body again. It all adds up to a breast form that keeps your body heat constantly at a comfortable level so you're never too hot or too cold.

Rowena Coleman brief details about suffering from hot flushes etc and has been testing product for Amoena. She says, It certainly does what it is supposed to do. When the rest of me is hot and clammy, the area under the breast form is cool, dry and comfortable".

### **Here's the science**

Most of us will simply be delighted to know that it really works. But if you want to know *how* it works, read on.

Climate Control technology is a two-part system consisting of a gel core and a special textile fabric. The gel core is a 'phase change material' (PCM) that is able to store or give off heat. In the case of Climate Control technology, when the body temperature becomes warmer, the PCM in the Climate Control pad absorbs the excess heat from the chest wall and liquefies. This results in a cooling effect between the chest wall and the breast form. Conversely, when the body temperature drops,

the material will give off stored heat, warming the body.

**Benefits:**

- Gel core absorbs excess heat from the chest wall during an increase in body temperature
- The soft textile fabric wicks moisture away from the chest wall to keep you cool and dry
- Removable pad feature allows you to exchange the Climate Control pad for a clean, dry one after swimming, exercise or periods of heavy perspiration
- Also works with all Amoena pocketed bras
- Easy to wash with Amoena Soft Cleanser
- Replacement pads available
- You can even pre-cool the pad in the fridge!
- 25% lighter than the standard Amoena range of breast forms

It all adds up to a clever little product that should help you bring the temperature down a few degrees when the heat is on!

**Keep your cool**

Although hot flushes and night sweats are awful, the good news is that they are only temporary. There will come a time when you will be a completely cool customer again. And in the meantime, we hope our tips and some of the products we've talked about here can help you.