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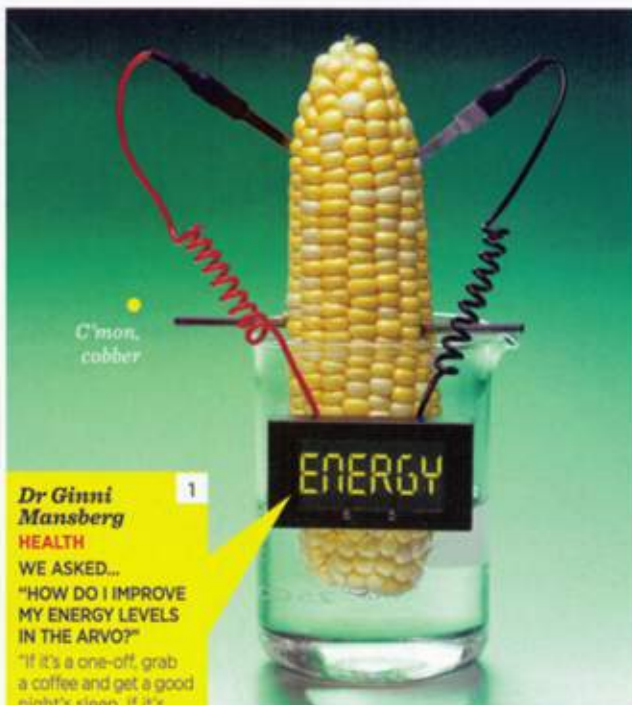
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Dr Ginni Mansberg
HEALTH

WE ASKED...

"HOW DO I IMPROVE MY ENERGY LEVELS IN THE ARVO?"

"If it's a one-off, grab a coffee and get a good night's sleep. If it's a regular occurrence, try eating low GI carbs for brekkie and lunch (a low-carb diet will leave you tired) and cut back on alcohol. If you regularly feel hungry and cranky in the afternoon, have your GP check you for Polycystic Ovary Syndrome (PCOS)."

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Leona Watson
COOKING

Director of Cheeky Food Group, she runs cooking classes and is working on her first cookbook.

3

Dr Traci Coventry
RELATIONSHIPS

The horse-loving Melbourne-based clinical psychologist counsels couples and singles.

4

Michelle Bridges
WEIGHT LOSS

The Biggest Loser trainer runs the successful 12 Week Body Transformation online program.

5

Dr Suzy Green
PSYCHOLOGY

The chirpy clinical psychologist heads up the brand-new Positivity Institute.

6

Dr Elizabeth Dawes-Higgs
DERMATOLOGY

An award-winning consultant dermatologist, she also has a private practice in Sydney.

7

Tara Diversi
WEIGHT LOSS

The co-author of *The Good Fat* and *The Good Fat Cookbook* is a nutritionist and co-owner of the English Channel.

8

Kristen Beck
NUTRITION

The nutritionist and mother of three is the director of the Beck Health and Nutrition Group, an educational company.

9

Alice LeMessurier
MONEY/CAREER

The investment adviser is MD of boutique stockbroking firm Lemsec and The Investment Stylist.

10

Nicole Walsh
YOGA

An experienced yoga teacher, she runs BodyMindLife yoga studio in Sydney's Surry Hills.

11

Jacqueline Hellyer
SEX THERAPY

The sex therapist holds workshops and sessions on sexual empowerment and is penning her third book.

12

Ray Klerck
DIET

The fitness writer, strength trainer and nutrition consultant recently coauthored *A Fist Full of Food*.

The advisory panel

Complementary Medicine

Dr Stephen Myers
Professor and director of the Natural and Complementary Medicine Research Unit at Southern Cross University, NSW.

Endocrinology/Diabetes

Dr Helena Teede
Endocrinologist at Jean Hailes for Women's Health.

Fertility

Dr Julie Lukic
Obstetrician and gynaecologist specialising in IVF infertility care.

Fitness

Kate Puma
Lecturer in exercise physiology at the Uni of Canberra, ACT.

Gastroenterology

Dr Alissa Walsh
Sydney-based gastroenterologist and hepatologist.

Gynaecology

Dr Elizabeth Farrell
Gynaecologist and founding member of Jean Hailes for Women's Health.

Mental health

Dr Anne Bulist
Professor of Psychiatry at the University of Melbourne, Vic.

Relationships

Natalie Rinehart
Relationships counsellor; author of *The Organics of Relationships*.

Weight loss

Dr Eva Kemps
Senior lecturer in psychology at Flinders University, SA.



Style

+BEAUTY FIX



Spot check

Like a clingy ex, adult acne is something you wish would just vanish completely

By Michelle Bateman

firstly, let's break the ice with a bit of four-play – the quartet of its causes (see what we did there?). It all starts with hormones that trigger a mass of sebum; then is exacerbated by the abnormal growth of the hair-follicle lining; from here, plugs form, making it harder for the sebum to naturally drain; add a bacteria called *Propionibacterium acnes* to the mix and bam! – you'll see spots...

Understanding what goes on beneath the surface only goes part of the way towards explaining why some of us get acne and others don't. This goes especially when we're talking about hormonal acne – the type that develops in our 20s and 30s. While teen acne targets the T-zone, hormonal acne is more prominent on the lower half of the face,

including the jawline, chin and neck.

"There's an increasing prevalence of hormonal acne (not just in western countries) and we need to do more work to understand why," says Professor Kurt Gebauer, a dermatologist and co-chair of the advisory group All About Acne. "It is linked to the way hormones interact with each other and stress

appears to be one of the triggers."

Other triggers may include illness, weight gain and pregnancy, and it's a common side effect of polycystic ovary syndrome.

In treatment

About 85 per cent of Australians will develop acne at some point in their lives, according to All About Acne.

With odds like that, it's no wonder so many resources are being invested in treating it.

Mild acne can often respond to something as simple as twice-daily washing with a soap-free cleanser or one containing salicylic acid, says Professor Gebauer. He recommends using Cetaphil or Neutrogena. If it's more severe, he suggests visiting a GP or dermatologist "for topical or oral therapies such as antibiotics, retinoids, fixed-combination treatments or specific oral contraceptive pills".

There are also a host of mid-range treatment options for those with mild to moderate acne. Research published in the *International Journal of Dermatology* suggests nicotinamide (a form of vitamin B), may be as effective in reducing acne lesions as the common topical antibiotic clindamycin.

Alternatively, glycolic peels – done either in a dermatologist's office or in a salon – have been used effectively for years, though studies in the journal *Dermatologic Surgery* suggest salicylic acid may have similar short-term benefits, as well as being more effective in the long run, with fewer side effects.

Blue-light therapy has got the research tick, offering effective and fast treatment of mild to

moderate acne. One study in the *Journal of Drugs in Dermatology* trialled the twice-daily use of a blue-light device along with a cleanser with a blend of salicylic acid. It found 82 per cent of participants were happy with the results after eight weeks.

Food for thought

After years of research suggesting that specific foods (ahem, chocolate) doesn't give you pimples it's now looking more likely that the opposite is true. "There have been good quality studies to show that diet can have an effect on acne," says Professor Gebauer. "That doesn't mean simply eating a healthy, balanced diet will prevent or cure acne, especially if you have the more severe forms, but we're finding that a low-GI diet in combination with acne treatment can be beneficial."

You know the drill for low-GI foods – look for nuts and seeds, avocados, whole grains like quinoa and buckwheat, a variety of legumes and vegetables. Skip foods that are highly refined or high in sugar, such as white bread and pasta, cakes and biscuits.

Under cover

When you're breaking out it can be tempting to cover up the offending spots with truckloads of make-up. Step away from the Spakilla! "Many commercial make-up brands contain comedogenic ingredients, which means they congest the skin, further exacerbating the condition," says Leslie Graham, national educator at Jane Iredale. She suggests looking for make-up labelled non-comedogenic (All About Acne also advises using mineral make-up). When covering up, Graham says using a brush helps avoid transferring oils from fingertips to face – just clean brushes daily with a mild detergent. **Easy. wh**

Clinique Anti-Blemish Solutions Spot Treatment Gel, \$32
A targeted spot treatment that can be applied directly to pimples.

Papulex Oil-free Cream, \$28.25
This cream contains nicotinamide, which has been found to reduce acne lesions.

Jane Iredale Glow Time Mineral BB Cream, \$72
Provides a medium level of coverage, without blocking your pores.

Aveda Outer Peace Blemish Relief Lotion, \$79.95
For a gentler approach, this lightweight moisturiser contains a naturally derived form of salicylic acid.

Neutrogena Acne Stress Control Power-Cream Wash, \$14.99
A gentle daily cleanser with salicylic acid and glycolic acid.

Dry, oily, radiant – which skin type are you? To find out, head to www.womenshealthmag.com.au and click on the story "10 skin types" in our beauty section for this issue.



SKIN DEEP

I have milia on my forehead. How can I get rid of it?

Carol, Robina, Qld
Milia are small white cysts that occur mostly on the face and are quite common. They're caused by a small blockage of the fine hair follicles on your skin and are not related to acne. Don't try to pick at them as you'll only traumatise your skin. If you want to get rid of them yourself then use a sterile needle or comedone extractor to gently express the contents. It can be tricky to do this yourself, so consider getting the help of a dermal therapist.

I sweat a lot – and not just when I'm working out. Deodorant doesn't cut it. Please help!

Arny, via email
Excessive sweating is caused by overactive sweat glands. Regular roll-on deodorants are only able to mask the odour with perfumes, rather than reduce sweat production. The next step is an antiperspirant, which contains aluminium to slow down sweating by plugging pores. Other options include iontophoresis for sweaty hands and botulinum toxin type A injections for sweaty armpits, (which can last up to nine months).



with WH beauty expert Dr Elizabeth Dawes-Higgs

Ask Dr Dawes-Higgs a question* at www.womenshealthmag.com.au

Would you roll this across your face?

This prickly contraption could give you the collagen boost you're after

By Michelle Bateman

a Ahh, collagen. That word is no stranger to our ears. Many factors we associate with skin are related to it. Situated in the dermis (the skin's inner layer), collagen type I (one) helps to give skin its structure and strength, says WH beauty expert Dr Elizabeth Dawes-Higgs. "Collagen is arranged mainly parallel to the skin, which helps give skin its tensile strength," she says. "But this arrangement is slightly random and loose when compared to collagen in tendons, which are much stronger."

The problem: as we age, collagen stops performing at its best; it becomes fragmented and makes skin appear thinner. Now before you go reaching for that 50-litre tub of collagen, know this: simply slapping more of the stuff on your skin won't help. "Collagen has a high molecular weight, which is too big to penetrate through the outer layer of the skin," says Dr Dawes-Higgs.

Instead, researchers have spent decades looking at ways to encourage our skin to up its own supply. And perhaps the most convincing method to date is this roller (in case you missed it, it's that spiky tool [up there] that looks more like something out of a *Game of Thrones* torture scene). The official term is "microneedling" but we prefer its less prickly moniker,

the dermal roller. The device is rolled across sections of your face up to 15 times per session (either by a dermatologist or yourself). In a review of one dermal roller, published in the *Journal of Cutaneous and Aesthetic Surgery*, the authors say its success in treating the signs of ageing and reducing scars – especially acne scars. Not looking so bad now, is it?

If needles really aren't your thing, you may like to try photodynamic therapy (PDT), suggests Dr Dawes-Higgs. PDT is a non-surgical way of treating skin cancers, sun damage and sunspots. It uses a special light that zaps your skin but only targets the abnormal cells, leaving the healthy cells alone. A study published in the *Archives of Dermatology* found PDT has a significant effect on collagen production to improve the appearance of skin. It's not a pleasant process, says Dr Dawes-Higgs, but "discomfort is mostly relieved by ice or a cooling spray".

If you're still not convinced, or for something a little cheaper, try a vitamin C serum, which has been shown to promote collagen synthesis. Topical retinoids, vitamin B3, aloe vera and marigold can all have similar effects, says Dr Dawes-Higgs. Good to know, if you can't face up to the roller.



MAKING HEADLINES

Having made its mark on skincare, collagen has crossed over to haircare, where it may help to strengthen and thicken hair. Find it in TRESemmé 24 Hour Body Shampoo and Conditioner, \$11.49 each.

Plump it up

1 Little Beauty Moisture Replenishing Facial Cream, \$22.95



2 Environ Evenescence C-Boost, \$98



3 Dermalroller, \$195

