Women's Health



WOMEN'S HEALTH REPORT

A TWICE-YEARLY PUBLICATION OF WOMEN'S HEALTH DIETETIC PRACTICE GROUP • WINTER 2022

Vasomotor Symptoms, Women's Health, and the Role of the RDN: A Brief Summary

By Elizabeth Ward, MS, RD

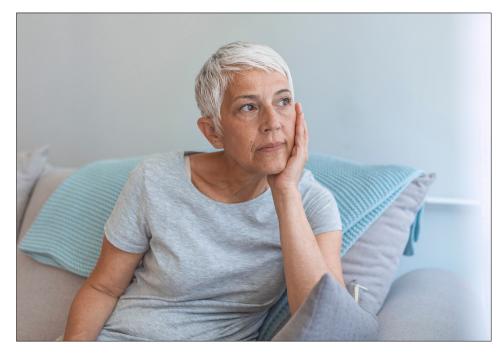
Introduction

Hot flashes are often the butt of menopause jokes, but any woman who suffers with them will tell you that hot flashes are no laughing matter. In addition to being disruptive and potentially embarrassing, a growing body of evidence suggests that hot flashes should be taken more seriously.

Hot Flashes Defined

Hot flashes, officially known as vasomotor symptoms (VMS), are sudden surges of intense heat that result in sweating and flushing. When the brain thinks the body is too warm, it triggers a chain of events to cool it down. During a hot flash, blood flows to the skin and away from the core and the brain. A hot flash lasts for about one to five minutes and can happen anywhere and at any time. (VMS are called "night sweats" when they occur during sleep). In addition to disrupting slumber, frequent or severe VMS may affect a woman's physical and mental wellbeing.

Most women experience VMS during the menopause transition – which lasts an average of four years but can last as long as a decade. Although experts don't fully understand the reasons for VMS, a decline in reproductive hormones that affect the brain's interpretation of core temperature likely plays a prominent role.¹



Vasomotor Symptoms: Future Shot?

Vasomotor symptoms are more than bothersome. They may be indicative of a woman's heart and brain health in the years to come.

Results from the Study of Women's Health Across the Nation (SWAN), a longitudinal cohort study of the menopause transition that followed 3,302 women representing five racial/ethnic groups for up to 22 years, found that frequent or persistent VMS were associated with a 50% to 77% higher risk for later cardiovascular disease (CVD) events, such as

heart attack and stroke. In the study, the association between VMS and CVD risk was not explained by standard CVD risk factors, such as elevated blood cholesterol or hypertension, or by blood levels of estradiol, a potent form of estrogen considered to be protective against CVD. The authors concluded that VMS may represent a female-specific CVD risk factor, and that women with frequent or persistent VMS warrant particular attention from medical professionals.²

Other research has found that vasomotor symptoms in midlife, particularly

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FROM THE CHAIR

CHRISTINE D. QUINN, MS, RDN, IFNCP, CDN

A New Member Year of Women's Health Opportunities



We are off to a great start for the first half of the 2022-2023 year! We began with the return of in-person FNCE®. After two years of a solely virtual experience, it was wonderful

to reconnect with old colleagues, as well as to meet new ones. I hope many were able to attend a few of the informative women-focused presentations. This year, we hope to build on those topics by providing you with additional CPEU webinars and research articles.

It was wonderful meeting some of you at the Networking Social at the DPG/MIG showcase. We received excellent feedback regarding topics that interest you, as well as suggestions on how we can improve your experience with WH DPG. After the Social, our co-networking event with the Vegetarian Nutrition (VN) DPG was a great way to close out FNCE®. We loved being able to provide our members with an opportunity to meet in person and to network with members of the VN DPG. We will be collaborating with VN in

the future starting with a joint webinar coming in January 2023. Overall, FNCE® was a wonderful experience. I would like to personally thank everyone from the executive committee who helped make it a success for WH. Special thanks to Trisha, our Membership Chair, and to Lee, our Past Chair. Thank you both so much!

For the remaining year, we have a number of webinars lined up— in addition to the joint webinar with VN, there will be a presentation on PCOS and a few others before year end. As members, you receive all webinars for free (live and on-demand) including our recent November webinar with fertility expert Dr. Jorge Chavarro titled 'Underappreciated and Controversial Issues in Nutrition and Fertility'. We are working on continuing to expand our offerings to our members, including volunteer opportunities for students, as well as mentoring/career advice from seasoned RDN members. Please contact me directly with any ideas you may have to enhance your WH membership at chair@womenshealthdpg.org.

I thank you for the opportunity to serve as your Chair for the Women's Health DPG. Our DPG would not be who we are without our wonderful members!

Women's Health is pleased to present the slate of candidates for office for the 2023-2024 year:

- Chair-elect: Jessica Kelly, RDN, LDN
- Treasurer: Jordan Lynch, MS, RDN
- · Nominating Committee Chair-elect: Carlie Saint-Laurent Beaucejour, MS, RDN, LDN

Should you wish to petition that additional candidates be included on the ballot slate, you must submit a petition to the WH Nominating Committee by contacting Carly Fenimore, at nominating@womenshealthdpg. org by January 9, 2023.

You must also have the support with signatures of 5% or 52 WH members. Petitions must include biographical information on the candidate and qualifications for the DPG/MIG leadership position. If deemed eligible for the WH leadership position by the Academy DPG/MIG Relations Team, the additional candidates will be added to a contested ballot prior to the start of online voting, beginning February 1, 2023.

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The Women's Health Report (ISSN-3233) is an online twice-yearly publication of the Women's Health Dietetic Practice Group (WH DPG) of the Academy of Nutrition and Dietetics. The WH Report features articles, as well as information on programs, materials, positions, and products for use of its readers. News of members, book reviews, announcements of future meetings, requests for information, or other items of interest to women and reproductive nutrition dietetics practitioners should be sent to the Publications Editor at publications@womenshealthdpg.org.

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We're on the web! www.womenshealthdpg.org

FROM THE EDITOR



This issue arrives just as winter approaches, causing me to reflect on the changing seasons. As women, we also experience many seasons of change throughout our

lives. Hormones assist us through puberty, childbearing, and menopause. These hormonal shifts are miraculous; they deserve to be celebrated and supported through nutrition and healthcare.

This important topic is beginning to receive the attention it deserves. This month, we'll feature content that highlights hormonal support for female athletes and further dive into the emerging research on how to support women who are experiencing vasomotor symptoms during menopause.

Nutrition plays an important role in every phase of womanhood and can be used as a tool to support hormone MICHELLE HATELY, MS, RDN, LDN

balance. For young, female athletes, eating the recommended caloric intake to support activity is crucial for maintaining a regular menstrual cycle. Consuming adequate macronutrients, such as carbohydrates and fat, is also important. Read Melissa Girgis's feature to learn more.

We're still forming an understanding of the complex hormonal shifts that occur during premenopause and menopause and how to use nutrition as a tool to support those changes. Emerging research evaluates the effect of nutrition interventions on menopausal symptoms such as hot flashes. Read on to learn more about the RDN's role in supporting these clients.

I am thrilled and honored to take over as editor for this incredible publication. I want to thank Jeani Hunt-Gibbon for paving the way as such a wonderful editor the past two years. It will be both a challenge and a pleasure to continue to share and discuss the emerging research on these issues to support your knowledge of women's health.



Continued from page 1

night sweats, may predict future cognitive decline, including Alzheimer's disease and other types of dementia. A recent study presented at the North American Menopause Society meeting in October 2022 and published in Neurology found that women with frequent VMS during sleep had more brain lesions that are typically associated with cognitive impairment. The study included 226 women, ages 45 to 67 and free of hormone therapy, and it controlled for age, race, education, smoking, body mass index, blood pressure, insulin resistance, and blood lipid levels. Most of the subjects were white and in the early postmenopausal stage, thus the findings may not apply to all women. However, it's important to note that VMS may serve as markers of brain health later in life.3

Treating Vasomotor Symptoms

VMS can interfere with sleep and affect mental and physical wellbeing, and women suffering with frequent or intense VMS should alert their healthcare provider and speak with them about treatment options. Women with obesity or who smoke cigarettes are at greater risk for VMS⁴ and may benefit from lifestyle changes to lose weight or to quit smoking.



Hormone replacement therapy and other medications can be useful for reducing VMS. Other approaches, such as cognitive behavior therapy, acupuncture, and regular physical activity, may help alleviate the negative feelings caused by persistent VMS. Herbal remedies, such as black cohosh or red clover, are touted for VMS relief, but there are no definitive studies on their efficacy. Some women find relief with foods rich in phytoestrogens, such as soy and flaxseed, but the scientific evidence is inconclusive.⁵

While VMS may be a sign of what's to come health-wise, it's yet to be determined if reducing their occurrence improves health outcomes. However, fewer VMS may help women feel better and be able to devote more time and energy to their health.

The Role of the RDN

The RDN plays a role in helping women to manage controllable risk factors for chronic illness at times of life when they are often confused and dismayed about their bodies. Recognizing VMS as a risk factor for future heart and brain disease is just one part of supporting women during midlife and beyond.

The menopause transition is marked by a loss of estrogen, which raises the risk for CVD and brain disease, even in the absence of frequent or intense VMS. Declining estrogen levels are associated with increased low-density lipoprotein (LDL) and higher triglyceride levels.⁶ In addition, estrogen is a vasodilator and a hypotensive compound, and lower estrogen levels may contribute to hypertension in midlife.⁷

Encouraging an enjoyable, plant-forward, balanced eating plan that's moderate in sodium and saturated fat and rich in fiber is helpful for controlling CVD risk factors. Including soy-based foods, such as tofu, edamame, unsweetened soy milk, and flaxseed may provide VMS relief for some women. Consuming at least two seafood-based meals weekly helps women to get the suggested intake of omega-3 fats for brain and heart health.

When working with middle aged women, it's important to consider what's going on in their lives. In addition to

managing their health, they may also be caring for aging parents and teenagers simultaneously, while juggling a career, relationships, and financial concerns. Finding a plan that best suits a woman's lifestyle is key to supporting them during the menopause transition, and beyond.

Elizabeth M Ward, MS, RD is the co-author of The Menopause Diet Plan, A Natural Guide to Hormones, Health, and Happiness.

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QUICK-AND-EASY GUIDE TO YOUR WH DPG RESOURCES & BENEFITS

WOMEN'S HEALTH DPG WEBSITE:

Access webinars, past newsletter issues, the latest updates, and more. Logging in is easy: Your username is your email address and your password is your Academy Number. http://www.womenshealthdpg.org

SOCIAL MEDIA:

Connect with your women's health colleagues:

Facebook: facebook.com/WHDPG Twitter: @WomensHealthDPG Instagram: @womenshealthdpg

NEWSLETTER ARCHIVE:

Read about women's health topics in the newsletter archive: https://www. womenshealthdpg.org/members-home/ newsletters

ANNUAL WOMEN'S HEALTH NUTRITION AWARDS:

Apply for Excellence in Practice in Women's Health, Emerging Professional in Women's Health, and Outstanding Student in Women's Health: https://www.womenshealthdpg.org/awards

DISCUSSION BOARD BENEFIT:

Melissa Nelson, WH Website/EML Coordinator Need expert advice on a pressing clinical question? Looking for a resource but don't know where to find it? Want to connect with other women's health professionals and students? Post your question to our discussion board and get the answers you need from dietitians specializing in PCOS, endometriosis, fertility, pregnancy, lactation, menopause, chronic disease, and more.

E-BLASTS:

Receive updates with the latest news and resources from the WH DPG.

WEBINARS:

Earn FREE continuing education with webinars in women's health nutrition.

To watch recordings of past webinars or register for an upcoming webinar, please visit http://womenshealthdpg.org/wh/resources/webinars/.

POLICY ACTION ALERTS:

Watch for emails with "WH DPG Take Action," and respond when you can. Your voice counts for women and our profession.

DELEGATE DISH

The HOD has completed 2 meetings so far this fall.

- August 10 meeting Navigating future practice with technology
- September 14 meeting Making Academy membership indispensable
- No October meeting due to FNCE®

I was able to provide input from our membership for both of these meetings. Thank you to all who took the time to complete the information requests that I sent. The HOD is now gathering subject matter experts (SME's) on both of these issues in order to move forward. We are currently voting on a permanent replacement HOD Director as the elected director had to step down.

BY ELIZABETH HILLIARD, PHD, RDN, IBCLC

Members may have seen an email from the Academy President discussing the details of a letter she wrote to the editor of the Washington Post. The letter was written to refute accusations made in a recently published article in the journal of Public Health Nutrition, which accused Academy leadership of making nutrition decisions for the public based on input from corporate food sponsors instead of evidence-based practice. Please take a moment to read the Academy's response if you have not already done so.

Please feel free to reach out to me if you would like to know more about what HOD is doing or if you have issues you feel the Academy should discuss.

WH DPG UPCOMING WEBINARS

January 2023

Joint Webinar WH and VN DPGs

Topic: Interactive session on vegetarian pregnancy myths and facts

Speaker: Maya Bach, MPH, RDN

Date: January 17, 2023 at 12 pm CST

February 2023

WH Webinar

Topic: 5 Simple Steps to Helping Clients Control PCOS

Speaker: Jeani Hunt, MS, RD, CD

Date: February 7, 2023 at 7 PM CST

Register Here





TRENDSETTERS & TRAILBLAZERS



Maya Feller, MS, RDN, CDN takes readers on a culinary trip around the globe with the launch of her new cookbook, Eating from Our

Roots. The cookbook features over 80 delicious, healthy recipes for heritage dishes embraced by diverse groups of people living in the United States. Maya highlights nourishing dishes from around the world with a focus on whole and minimally processed ingredients prepared with spices and flavor-enhancing techniques at home. Maya makes it easy to enjoy the vibrant flavors of your favorite cuisine, whether that's the foods you grew up eating in the family kitchen or new recipes you're discovering for the first time. Grab your copy here!



Elizabeth Ward, MS, RDN is a dietitian and mother based in Boston, MA. She is an awardwinning nutrition communicator who specializes

in women's health. She is the co-author of The Menopause Diet Plan, A Natural Guide to Managing Hormones, Health, and Happiness, and the author of Expect the Best, Your Guide to Healthy Eating Before, During, and After Pregnancy, which is in its second edition. She has also been featured on the Today Show, the Dr. Oz Show, and in hundreds of other print and broadcast interviews. Check out her fabulous books today!



Kayli Anderson, MS, RDN, DipACLM, ACSM-EP, recently launched Plantbased Mavens; a hub for women and healthcare providers to find

evidence-based guidance on plant-based nutrition, hormone health, fertility, pregnancy, intuitive eating and more. Plant-based Mavens is inclusive of all types of plant-based eaters and provides support that is woman-centered and free from diet culture. Kayli currently serves as the Secretary of the Women's Health Member Interest Group of the American College of Lifestyle Medicine and recently co-authored the first women's health lifestyle medicine textbook, Improving Women's Health Across the Lifespan.

Melanie Boehmer, MS, RDN works as a private practice dietitian (Nutrition by Mel) servicing the crossroad between women's health and performance nutrition. After recently moving to Michigan, Melanie has been invited to join the Ann Arbor Birth and Family collective as its first Registered Dietitian. She will be joining the amazing group of doulas, pelvic floor physical therapists, and educators to support women and birthing individuals in the community. Look out for her 6-8 week postpartum nourishment program launching soon. This program is geared towards the postpartum athlete looking to return to sport or movement in a way that supports both mental and physical health.

Want to be included in Trendsetters & Trailblazers?

Send your latest books or accomplishments related to women's health to publications@ womenshealthdpg.org!



Hormone Balance in Female Athletes

By Melissa Girgis, RD, LD

Within the human body, there are over 50 different hormones. Countless processes in the body including mood, metabolism, growth, sleep, blood pressure, blood sugar, body temperature, fluid balance, and sexual function and reproduction, are orchestrated by these endogenous chemicals. Hormones are created and released by multiple parts of the body, such as the kidneys, liver, fatty tissues, gastrointestinal tract, ovaries, testicles, pancreas, adrenal glands, and thyroid. When hormone balance gets disrupted, body processes can go awry. ⁷

A major area of concern related to hormone health in female athletes is the prevalence of amenorrhea, or the lack of menstruation, which is three times more common in athletes than the general population.8 Amenorrhea can be categorized as primary, in girls who get their period later than age 16, or secondary, when women who were previously menstruating stop getting a period for more than three months in a row. Many women have been erroneously counseled by their primary care doctors and gynecologists that amenorrhea is nothing to worry about, when in fact, the condition should be seen as a red flag. 8,4

Bodily stress, whether due to psychological causes, lack of sleep, inadequate caloric intake, nutrient deficiencies, environmental stressors, illness, or other reasons, is a major precipitating factor in the development of amenorrhea within the general female population.² Low energy availability (LEA), or chronically failing to take in enough calories to meet training demands, is the predominant source of stress in the majority of amenorrheic athletes.³ Overtraining or excessive exercise can also be contributing factors.⁴

Athletes participating in sports with an emphasis on body size, such as dancers and distance runners, are at particularly



high risk for amenorrhea.¹ It is a mistake, made by many physicians, coaches, parents, and others, to believe that only individuals with low BMIs or low percentages of body fat are at risk for amenorrhea. There are thin women who maintain a regular cycle, and women at normal or even high BMIs that are not getting a period when they should be.⁹ It comes down to eating enough calories to support activity level.

Inadequate caloric intake could be due to knowledge deficit and is easily corrected with education, however amenorrhea is also commonly related to body image concerns, preoccupation with weight, disordered eating patterns, or even full-blown eating disorders, including orthorexia.³

When diagnosing amenorrhea, physicians should rule out pregnancy, do a physical exam, and order routine lab tests, as well as check reproductive and thyroid hormone levels. Additionally, all women with amenorrhea should be assessed for an eating disorder as eating disorders can be fatal. Signs and symptoms of an eating disorder include electrolyte abnormalities, low blood pressure, and a slow heart

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rate.⁴ Some women are happy to skip the inconvenience of getting their period each month, unaware of the consequences. However, getting a period each month is a key sign for all pre-menopausal women that they are keeping up with the rest and nutrition that they need to be healthy.³

Hormonal changes associated with amenorrhea include low estrogen levels, low insulin, low insulin-like growth factor, low leptin, low T3 thyroid hormone, low serotonin, high ghrelin, and high cortisol levels. 4 Because of estrogen's major role in bone health, a lack of the hormone puts amenorrheic women at a three times greater risk of stress fractures in the short term, and increased risk of osteopenia and osteoporosis over time, which is likely irreversible. 3 Vaginal dryness, decreased sex drive, increased likelihood of anxiety, depression, and fertility issues, and even a higher chance of heart disease, are associated with the hormonal changes in amenorrheic women.10

An absolutely critical aspect of treating hormonal imbalances in female athletes is getting to the root cause. While birth control can be a necessary means of avoiding conception, it does not in any way correct bone density deficits or the cause of hormonal imbalances, while also making it impossible to know whether a woman would be able to have a natural period without the artificial hormones supplied by the hormonal contraceptive. ^{3,5}

Educating women and girls, coaches, physicians, gynecologists, and parents of young athletes about the vital importance of monthly menstrual periods and adequate caloric intake is the first step in cases in which a caloric deficit is the cause of amenorrhea. Ideally, amenorrheic athletes should work with a team of providers, including a dietitian (particularly one with a background in sports nutrition, eating disorders, women's health, intuitive eating and/ or Health at Every Size), endocrinologist, and mental health therapist. Cognitive behavioral therapy has been demonstrated to be effective in helping women examine and challenge some of the beliefs they hold and make the necessary changes in diet and exercise to resume menstruation.4

From a nutrition perspective, eating enough total calories is the foundation for hormonal health in female athletes. Beyond that, it is important to consider the nutrient composition of meals.

Carbohydrates and fat are frequently under-consumed in the amenorrheic population and increasing intake of these macronutrients can be helpful in resuming menstruation.¹¹ Working with a sports dietitian regarding proper fueling before, during, and after exercise is a smart strategy. Female athletes should avoid doing fasted workouts, which can put them at higher risk for hormonal disturbance. Making sure to include adequate calcium and vitamin D in the diet to support bone health is important as well. ³

Menstrual disturbances are quite common in athletes, and even women who get a period may still experience sub-clinical disruptions in hormone health, such as irregular periods (oligomenorrhea), anovulation, and luteal phase defect, which deserve to be addressed.²

Periodically checking levels of

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FNCE® 2022 Roundup

By Paige Courtier, Nutrition & Dietetics Student at the University of North Florida

At FNCE® 2022 in Orlando, FL, there were many recurring nutrition trends seen both throughout the expo and presentations. The most popular trends I observed were gut health, low-glycemic index (low-GI), plant-based diets, and high-protein products.

The most common trend observed was gut health. Each day, there was at least one presentation on the gut microbiome and related health conditions such as IBS-D, IBS-C, SIBO, and more. There were also companies promoting their gut health education courses and mobile apps. Additionally, there were many booths at the expo marketing products as "gut friendly", "high fiber" and "low FODMAP". These food items consisted of probiotic drinks and powders, dried fruits, and food items containing no FODMAPs.

Another popular trend included products claiming to be low-GI by being formulated with protein, fat and/or fiber to have less of an impact on blood glucose levels. Many products claimed to be "blood sugar friendly" containing no added sugar or low in sugar. These food items included granola, snack bars, nuts and seeds, and beverages.

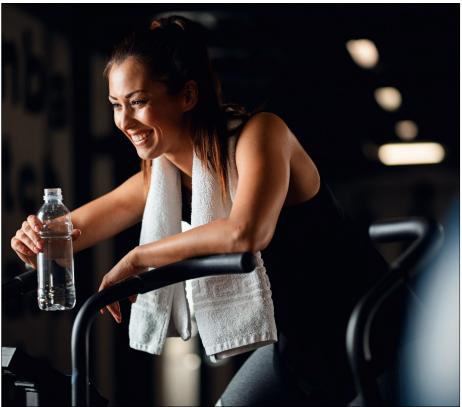
Another popular trend was plantbased products and diets. Presentations included discussions on the impact of a plant-based diet on chronic disease. Throughout the expo, there were many plant-based food and snack companies promoting plant protein beverages and powders, plant-based meat products and snack bars.

Lastly, protein was a recurring theme. Many food items were advertised as being high-protein with the expo featuring numerous types of protein powders, nutrition bars, milks, meats, seafood and plant-based meats.

I look forward to seeing what trends stick around for FNCE® 2023 in Denver, Colorado.

HORMONE BALANCE IN FEMALE ATHLETES

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reproductive and thyroid hormones can be a useful way for women to check in on what is happening in their bodies.

The concept of syncing types of sports training with specific phases of the menstrual cycle has been gaining recent popularity, however more research is needed in this area, as many studies have reported conflicting results. Given the changes in body temperature, fluid retention, metabolism, and even muscle activation over the course of the menstrual cycle. there is definite potential for varied athletic performance. Subjectively, many women feel that their performance is compromised around the time of their period due to common premenstrual symptoms, or feeling distracted by worries about leaking. 6 Many apps, including FITR Woman, designed specifically for athletes, exist to track the menstrual cycle and these can be used as a tool for women to monitor and learn more about their unique cycle.

Despite these potentially uncomfortable, or at least slightly annoying symptoms each month, women should know that eating

well, and eating enough, to assure a monthly period will in fact, enhance their performance in the long-term and promote their longevity in sport.

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RESEARCH ROUNDUP

PREGNANCY

High Caffeine Intake During
 Pregnancy May Cause Shorter
 Children. A new study found that higher than average intake of caffeine during pregnancy were associated with shorter offspring stature that persists into early childhood. The cohort study evaluated roughly 2,400 children between the ages of 4 to 8.
 The researchers state that the clinical implications were unclear. JAMA



 Vitamin B12 and Folate Levels in Early Pregnancy Tied to GDM. A recent study evaluated the effect of levels of folate and vitamin B12 and the association with gestational diabetes. The researchers found that high levels of folate with vitamin B12 insufficiency were associated with small changes in maternal blood glucose control and an increased risk of gestational diabetes mellitus. *Diabetologia*



BREASTFEEDING

• Metabolic Health Influences on Breast Milk Production. A study found that poor metabolic health in mothers was associated with lower milk production. The case-control study found that obesity and poor metabolic health are risk factors for low milk supply. Those with low milk supply were found to have a higher body mass index, higher blood pressure, higher plasma triglycerides, and insulin resistance compared to the mothers who had normal milk production. Breastfeeding Medicine



FERTILITY

• Effects of COVID-19 on Fertility
Treatments & Nutrition. A new
qualitative study evaluated the effects
of COVID-19 on fertility treatments
and nutrition. The study found that
the pandemic has led to a disruption
in fertility treatment due to clinic
closures and new limitations on how
many individuals can attend a clinic
visit. Additionally, the study found that
the first year of the pandemic greatly
disrupted food access and accentuated
stress for those trying to conceive.
Women's Health Reports



BOOK REVIEW

The Little Book of Game Changers: 50 Healthy **Habits for Managing Stress and Anxiety**

Reviewed by Jordan Stachel, MS, RDN

The Little Book of Game Changers was written by Jessica Cording, a dietitian who began to realize that many people whom she was working with had more difficulty managing their stress and anxiety levels, than their food choices. Moreso, Cording realized that helping people to get to the root cause of their worries through a nutrition-focused lens, helped them to also make better food choices.

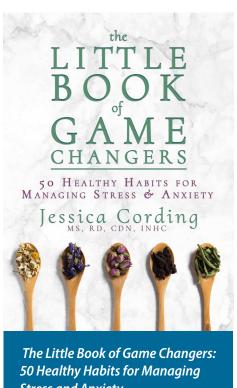
This book is broken up into "feeding" three parts of the reader: the mind, the body, and the spirit. Cording begins by focusing on how to better 'feed' the mind to get to the root cause of managing stress and anxiety through various tips on how to cultivate more mindfulness. She encourages readers to use 'EASE', which stands for energy, anxiety, stress, and emotion to help address emotions that they may be feeling.

Cording gives tangible tips for battling stress and anxiety like how to:

- · Quiet the noise by setting a five minute timer to assess our mental state and to tune into how we are feeling
- · Get into a groove with a morning and bedtime routine
- · Make time for yourself by scheduling it into your calendar
- · Identify barriers so that you can go learn to work around them

In the first section, Cording begins to relate stress levels to the foods you choose, with tips for how to reward yourself with non-food and non-drink-based items.

In the second section of this book, Cording begins to address how to nourish the body with food in ways that are focused on reducing and relieving stress and anxiety. She encourages a balance of proteins, complex carbohydrates, and healthy fats on a consistent basis and



Stress and Anxiety

By Jessica Cording, MS, RDN, CDN, INHC

\$16.95 Paperback on Amazon

delves into why each macronutrient is important for optimizing stress levels.

While this book does not focus very much on nutritional supplementation, Cording does recommend a probiotic (made up of specifically saccharomyces boulardii, bifidobacteria, and lactobacillus strains and those with a 4-10 million colony forming units (CFUs) per dose) for some individuals and discusses its importance in the gut-brain connection. However, Cording still approaches optimizing the gut-brain connection with a food-first

BOOK REVIEW

Continued from page 11

approach, emphasizing the importance of probiotic and prebiotic-rich foods to feed the gut microbiome.

Cording's top stress-busting foods include eggs, sweet potatoes, dark leafy greens, avocado, yogurt, berries, salmon, oats, olive oil, turmeric, and dark chocolate. She expands into why these various foods are important and the stress-busting properties of each. She also focuses on foods to limit, including added sugars, artificial sweeteners, and refined foods and why she believes these can be unhelpful when trying to reduce stress and anxiety levels.

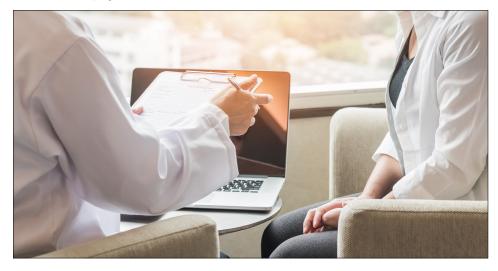
In the final section, Cording focuses on how to feed the spirit with tips addressing topics such as creating a game plan for loneliness, finding minutes for peace in the middle of a hectic day, tuning into dreams, using meditation, reading tarot cards, and more.

Throughout the book, Cording gives tangible tips for how to combat stress and anxiety in various situations and colors the book with personal anecdotes surrounding how these tips have worked in her life as well as for her clients within her dietetic practice. While the suggestions are very holistic in the way that they address the whole person (i.e., mind, body, and spirit), some of the nutritional suggestions could feel limiting to those who are not able to focus on a whole-foods approach. In addition, this book might be most successful for a reader who is at a stage in which they are wanting to address their mental and physical health and the interconnectedness of the two.

This book is also recommended for dietetic or healthcare practitioners looking for easy-to-use tips to provide to clients in a private practice-based setting. Overall, this is a quick read in a user-friendly format that leaves the reader with small, actionable takeaways to improve stress and anxiety levels in their day-to-day life.

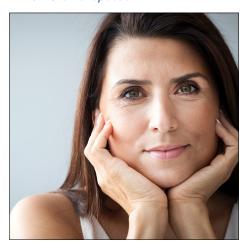
RESEARCH ROUNDUP

Continued from page 10



MENOPAUSE AND AGING

Higher Omega-3 Fatty Acids Intake
 Associated with Lower Breast Cancer
 Risk. A study published in August 2022
 found that higher intakes of marine n-3
 polyunsaturated fatty acids and total
 n-3 polyunsaturated fatty acids was
 associated with a lower risk of breast
 cancer. The study also found that higher
 intakes in alpha-linolenic acid (ALA),
 EPA, and DHA reduced breast cancer
 risk, especially among premenopausal
 women. Menopause



• Plant-Based Diets Associated with Fewer Hot Flashes. Researchers concluded that eating a plant-based, low-fat diet was associated with fewer hot flashes during menopause. The intervention cohort had an intervention of a low-fat, vegan diet with half a cup of cooked soybeans daily. The control group did not make any dietary

changes. The incidence of moderate-tosevere hot flashes decreased by 88% in the intervention group. *Menopause*

GENERAL HEALTH

 Colorful Fruits and Vegetables Help Prevent Cognitive Issues in Women. Diets high in pigmented carotenoids, found in yams, kale, oranges, carrots, and tomatoes can help prevent visual and cognitive loss in women. Carotenoids are antioxidants in the body that improve central nervous system degeneration. Lutein and zeaxanthin are two carotenoids that are very important for eye and brain health. Additionally, this review discusses how higher levels of carotenoids are associated with reduced risk of ovarian cancer, MS, wrinkles, and IBD. Nutritional Neuroscience





HILLARY WRIGHT, MED, RDN, LDN

Women's Health DPG member Hillary Wright, MEd, RDN, LDN is the Director of Nutrition at the Wellness Center at Boston IVF. She also works as a part-time senior nutritionist at the Dana Farber Cancer Institute in Boston.

Hillary received a bachelor's degree in Human Nutrition from the University of Massachusetts at Amherst, a graduate degree in Health Education from Boston University, and completed her dietetic internship at Mount Auburn Hospital in Cambridge, MA. From the very start of her career, Hillary has played an incredible role in women's health.

MEMBER SPOTLIGHT

Hillary's Career in Women's Health

By Hillary Wright, MEd, RDN, LDN

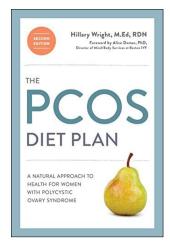
My career in women's health began the year prior to my internship when I worked for the WIC Program. Post-internship, I took an outpatient position with Harvard Vanguard Medical Association in Boston where I cared for pregnant women and those with gestational diabetes. During this time, I was having children of my own and experienced secondary infertility. This led to a consultation with a reproductive endocrinologist in our medical group. Fortunately, with some limited intervention, I was able to conceive my second son (along with a "surprise" third one!)

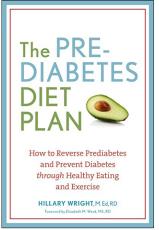
After my own experience, I started partnering with my reproductive endocrinologist to care for patients with polycystic ovary syndrome, or PCOS. In 2006, my work with women with PCOS gained the attention of psychologist Alice Domar, an international expert in women's mind-body health, and I joined the team at the wellness center at Boston IVF to provide counseling to their fertility patients. Behind the scenes it turned out to be a private practice for me, which has been a vast learning experience in itself!

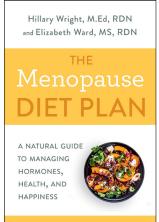
Another aspect of my career is in freelance writing. I started out writing newsletters and I came to appreciate

how underserved women with PCOS are, and how few resources are available to them, I eventually decided to write a book called The PCOS Diet Plan: A Natural Approach to Health for Women with Polycystic Ovary Syndrome in 2010 (revised 2017). Through my work with PCOS, I developed an expertise in lifestyle management of insulin resistance which led me to publish my second book, The Prediabetes Diet Plan to reach a larger population. My most recent book, The Menopause Diet Plan, came out in 2020 and was co-authored with my dear friend and colleague Elizabeth Ward. We've been friends since undergrad and this is our passion project.

I have now worked in fertility nutrition for over 20 years. Last month I had the honor of presenting "Nutrition and Mind Body Medicine Strategies to Improve Fertility Outcomes in Women" with Dr. Alice Domar at FNCE®. The presentation covered the influence of diet, supplementation, physical activity and mind-body health on fertility. In 2019, I also presented at FNCE® on lifestyle factors affecting male fertility. There's a huge demand for RDNs to support people experiencing infertility so it has been so wonderful to see so much interest in this important topic.









RECIPE

Dark Chocolate Peppermint Energy Bites

By Madeline Alfiero, RDN, LD/N

Here is a recipe that has several benefits for PCOS, endometriosis, menopause, and weight loss. This recipe includes dark chocolate, an antioxidant, that helps decrease oxidative stress, and the herb peppermint, which may reduce inflammation, hot flashes, and bloating. The recipe is an excellent source of fiber, calcium, and potassium.

Madeline Alfiero RDN, LDN, is the founder of Osea Nutrition PLLC, a dietetics private practice. She works with women struggling with hormonal imbalances, hormone-driven cancers, invasive and noninvasive plastic surgery, as well as weight loss. Madeline has been featured in publications like Forbes Health and EatingWell.

PREP TIME: 15 MINUTES

SERVINGS: 8 SERVINGS

SERVING SIZE: 2 ENERGY BITES

CALORIES: 250 KCAL PER SERVING

EQUIPMENT

- FOOD PROCESSOR
- MEDIUM SIZED BOWL
- AIRTIGHT CONTAINER
- MEASURING CUPS

INGREDIENTS

- 1 ¾ CUPS OF PITTED DATES
- ¾ CUP ROLLED OATS
- 1/2 CUP OF ALMOND BUTTER
- 1 ½ CUP DARK CHOCOLATE (70% CACAO)
- ½ TSP SALT
- ½ TSP PEPPERMINT EXTRACT
- ¾ CUP OF SHREDDED COCONUT



- 1. Place dates, almond butter, chocolate, peppermint extract, and salt into a food processor and blend for 30-45 seconds.
- 2. Using the tablespoon, divide mixture evenly into 16 balls and place in airtight container *Each ball will contain 2 tbsp of mixture.
- 3. Place shredded coconut into a bowl and roll each energy bite until well coated.
- 4. Cover container and store at room temperature.

NOTES

You can substitute any nut butter of your preference

Those with celiac disease or gluten-sensitivity should use oats labeled 'gluten-free' Energy bites will remain fresh for up to 8 days

NUTRITION

*Nutrition information is approximate and does not include other variations

Serving 2 energy bites; Calories 250 kcal; Carbohydrates 37g; Protein 5g; Fat 10g, Saturated Fat 2g, Added Sugar 8g; Fiber 4g; Folate 7.4mcg; Calcium 24.5mg; Iron 1.1mg; Potassium 252mg





MISSION

Empowering members to be the most valued source of nutrition expertise in women's health throughout the lifespan.

VISION

Optimizing the future of women's health at all ages.

MEMBERSHIP

Professionals addressing women's nutrition care issues throughout the lifespan and working to optimize women's health at all ages and life stages including preconception, prenatal, postpartum, lactation and menopause.

ANNUAL REPORT

2021-2022

Prepared by: Lee Crosby, RD, LD, Past-Chair, WHDPG

OVERVIEW 2021-2022

During 2021-2022, WHDPG focused on the following strategic planning goals:

- Maintaining and growing membership, including a pipeline for future WHDPG executive committee positions
- Providing practitioner resources to position members as women's health experts
- Streamlining processing and planning to enable executive committee members to work more efficiently in managing and promoting WHDPG

Thanks to your support and the dedication of the WHDPG executive committee and other volunteers, the 2021-2022 fiscal year was a success. Please read on for an overview of WHDPG's 2021-2022 executive committee, webinars, newsletter and communications, projects, awards, FNCE® presence, sponsorship, and finances.



MEMBERSHIP

As of May 31, 2022, WHDPG had 1,332 members:

- Active: 951
- Retired: 39
- Associate: 5
- Staff: 9
- International: 14
 Student: 309
- Life: 5

This represents an increase of 22% over the 2020-2021 membership of 1,095.

Member Benefits

- Semi-annual electronic newsletter. the Women's Health Report
- WHDPG website including
 - · Archive of past Women's Health Report issues and WHDPG webinars
 - WHDPG news and events
 - Resources specific to women's health and nutrition across the lifespan

- Student section and student-specific resources
- Interactive members-only discussion
- WHDPG-sponsored webinars, with live and recorded versions available for **CPFUs**
- Annual FNCE® WHDPG networking event
- Social media networking via Facebook, Twitter, Pinterest, and Instagram
- Four annual member award opportunities:
 - · Excellence in Practice in Women's Health
 - · Excellence in Research in Women's Health
 - Emerging Professional in Women's Health
 - Outstanding Student in Women's Health

LEADERSHIP TEAM: WHDPG EXECUTIVE COMMITTEE

The WHDPG Executive Committee guides WHDPG's strategic direction and works to serve members on a day-to-day basis. The executive committee is made up of elected officers, committee chairs and members, and Academy staff. The committee met monthly via Zoom, with smaller breakout meetings occurring throughout the year to discuss projects and issues as they arose. The past-chair, chair-elect, and chair also met in December and January to review and update the DPG's strategic plan.



Elected Officers

Chair: Lelia (Lee) Crosby, RD, LD

Past Chair: Carol Plotkin, MS, RDN, CDN

Chair-Elect: Christine Quinn, MS, RDN,

IFNCP, CDN

Treasurer: Katherine (Katie) Goldberg,

MCN, RDN, LD

Nominating Committee Chair: Mara Vitolins DrPH, MPH

Nominating Committee Chair-Elect: Carly Johnson Fenimore, MS, RD

Academy House of Delegates Representative: Elizabeth Hilliard, PhD, RDN, IBCLC, LRD

Committee Chairs

Membership Chair: Trisha Cousins, MS, RDN, LDN, CSO

Coordinators/Other Leaders

Awards Coordinator: Elizabeth Hilliard, PhD, RDN, IBCLC, LRD

Membership Retention Coordinator: Jennifer Scheinman, MS, RDN

Policy and Advocacy Leader: Dawn Ballosingh, MPA, RD, LMNT

Publications Editor: Jeani Hunt-Gibbon, MS. RD. CDN

Assistant Publications Editor and Spotlight Author: Jordan (Taffet) Stachel, RDN

Inclusion, Diversity, Equity and Access (IDEA) Liaison: Kanisha Neal, RD, CLEC

Nutrition Services Payment Specialist: Rita Kashi Batheja, MS, RDN, CDN

Social Media Coordinator: Miri Rotkovitz, MA, RD

Webinar Coordinator: Maya Feller, MS, RD, CDN, CLC

Website Coordinator: Melissa Nelson, RD

Student Liaison: Ava Scarpato

Manager, DPG Relations: Martha Huizar, MS, RDN, CLC

Executive committee members were funded to attend certain events and meetings. Early-bird FNCE® registration fees were covered by WHDPG for all executive committee members able to attend. Our policy and advocacy leader attended the Academy's Public Policy Workshop and the U.S. Breastfeeding Committee annual conference with WHDPG financial support.

AWARDS

WHDPG presented awards to members demonstrating outstanding achievements as follows:



Excellence in Practice Award: Christie Naze,
RDN, LD, CDCES



in Women's Health:
Jeani Hunt-Gibbon, MS



Outstanding Student Award: Lily McNair

WHDPG's Denise Andersen Award also paid for one randomly selected WHDPG student member to attend FNCE® 2021.

WHDPG would also like to recognize that member Mara Vitolins, DrPH, MPH, RDN, received the Academy's prestigious Excellence in Research Award.



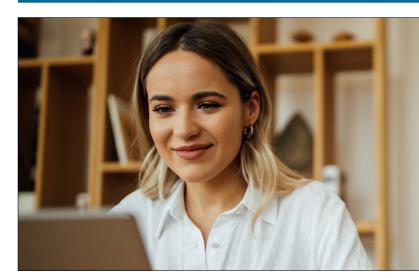
WOMEN'S HEALTH REPORT NEWSLETTER

Published twice a year, the Women's Health Report updates members on the latest in research, topics of interest to dietitians in the field of women's health, policy and Academy affairs, and the achievements of WHDPG members. Issues for 2021-2022 included the following:

- Issue 1: Prenatal Use of Probiotics. The Psychology of Food Cravings. Emerging Research on the Gut-Bone Connection. Book Review: The Bloated Belly Whisperer. Recipe: Coconut Curry Chicken.
- Issue 2: Nutrition Care for Lean Women with Polycystic Ovary Syndrome. The Estrobolome: Where Diet, the Microbiome, and Estrogen-Related Disease Converge. Book Review: Health Professional's Guide to Nutrition, Diabetes, and Pregnancy. Recipe: Mashed Banana Overnight Oats.



Women's Health Advention of Nutrition right, and Distating



E-NEWS AND E-BLASTS

WHDPG sent monthly E-news messages to all members, updating them on WHDPG and Academy events and initiatives. Free-standing E-blasts were sent separately as needed to alert members to WHDPG opportunities, such as open executive committee positions and upcoming webinars. A sponsored E-blast was also sent on behalf of Natural Cycles.

WEBINARS

The DPG sponsored two continuing education webinars, available free to members both live and on-demand:

- Vegetarian and Vegan Diets Prior to and Throughout Pregnancy: A Practical Update. Reed Mangels, PhD, RD. Jointly provided with Vegetarian Nutrition DPG. (3/14/22)
- Disordered Eating in Women: Implications Across the Lifespan. Theresa Carmichael, RDN. (4/6/22)



FINANCIAL OUTCOMES

Total Revenue: \$28,867

Total Expenses: \$12,596
Operating Excess: \$16,271

Excess was primarily due to FNCE® 2021 being virtual; no travel/lodging/in-person costs were incurred.



SPECIAL PROJECTS

IDEA Mini-Grant

Kanisha Neal, RD, CLEC, WHDPG's Inclusion, Diversity, Equity and Access (IDEA) Liaison, applied for and was awarded an Academy IDEA Mini-Grant, which she used to help students make Q&A videos with dietitians from a variety of backgrounds in support of diversity and inclusion. Those videos were shared on WHDPG social media to increase their reach.

Student Outreach and Resources

Our student liaison for the year, Ava Scarpato, presented information about the DPG to nutrition clubs at six different universities, including Drexel and Penn State, helping raise awareness of WHDPG among students. She also launched a student section of the Women's Health website. Likely as a result, our student membership increased by 15% (from 270 student members in May 2021 to 310 student members in May 2022).

INDEPENDENT CONTRACTORS

The following independent contractors were paid by WHDPG for their services:

- Alaina Buzas for Women's Health Report newsletter layout and design.
- Jeani Hunt-Gibbon, MS, RD, CDN for *Women's Health Report* newsletter lead editing.
- Jordan (Taffet) Stachel, RDN for Women's Health Report assisting editor and spotlight author.



FNCE® 2021 (VIRTUAL) ACTIVITIES

WHDPG's Spotlight Session, "Averting Alzheimer's: Nutrition Implications for Women," was among the top 5 most popular sessions at the conference.

A virtual WHDPG FNCE® networking session, "Destress and Refresh: Women's Health DPG Relax and Mingle," featured laughter yoga led by Donna Bernstein, RDN.

The WHDPG booth at the DPG/MIG showcase was staffed by executive committee members.

SOCIAL MEDIA

Connect with your women's health colleagues:

(a) @WomensHealthDPG

Facebook.com/WHDPG

Contact Us:

info@womenshealthdpg.org

SPONSORSHIP

The WHDPG executive committee thanks the following WHDPG 2021-2022 sponsor:

Natural Cycles for sponsoring an E-blast advertising a webinar about their FDA-cleared birth control application.