

Season 2 Episode 3 – Denise Ashe and Orla Walsh

INTRODUCTION

A diagnosis of breast cancer can cause a lifechanging ripple effect of impact, affecting those we love the most and those upon whom we lean, for comfort and strength in the most challenging of times. My name is Aisling Hurley and I'm the CEO of Breast Cancer Ireland and you're listening to More Than A Lump, a podcast that talks openly and honestly to a selection of guests about their very personal connections to breast cancer – be it through their career choice, their own first-hand experience of the disease, or through sharing the experience of close family members. My conversations will centre on how breast cancer has informed their perspective on life, love, family, health, their goals, and aspirations. Although each story is utterly unique, the one common thread that runs through each one, is that breast cancer is more than a lump.

This episode of More Than A Lump is proudly supported by Goodbody, a leading financial services firm that has been serving and growing client relationships for nearly 150 years. Breast Cancer Ireland is one of the strategic, charity partners that Goodbody works with, in an effort to provide educational resources and financial support.

Speaker 1 ([00:14](#)):

At the age of 36, Denise was diagnosed with triple negative breast cancer. Although an enormous shock from the start Denise was determined that cancer was not going to hold her back from living her best life. And so as we launched this year's great pink run, which takes place on October 9th in Dublin, October 16th, in Kilkenny Castle Park and which can be done virtually in between, I'm delighted to welcome Denise here today to talk about how exercise and running has played a big role in her recovery. Denise is joined today by nutritionist or Walsh who a kindly provided us with a set of nutritional tips to help prepare for the event. And we will chat through these tips as well as talk about other dietary concerns to those diagnosed. Ladies you're both very welcome here today and thank you for agreeing to be part of more than a lump podcast before we focus on preparing for the great pink run. I wonder if I could turn to you Denise and ask you to share with our listeners a little bit about your own story. Take us back to that June, 2017, when you did find that lump.

Speaker 2 ([02:07](#)):

Thank you Aisling and thank you very much for inviting me on to your podcast. I'm delighted to be here. Uh, yeah. So back in 2017, it was actually April, uh, I found a lump in my breast. Um, wasn't overly concerned about it. Uh, so I had a lump in my left breast, uh, a few years beforehand. I had a lump in my right breast, so that turned out to be a fluid filled cyst. So it wasn't overly concerned. Mm-hmm <affirmative> it was re remedied with a course of antibiotics at the time. Yeah. So I thought maybe something similar again. Mm-hmm <affirmative> so I went to see my GP. Um, she examined me and, uh, she decided to put me on a course of antibiotics. So two weeks later, um, I had finished the course of antibiotics. The pain had subsided, but the lump had remained. And if anything had got a bit bigger.

So, uh, I was sitting in work one day and I thought, gosh, you know, do I leave it maybe? Or what do I do? So I made a call to my GPS office and spoke to the secretary, got a call back from GP asking me to come in mm-hmm <affirmative>. So I went over to my GP. s my GP. She's an incredible

lady. And I owe a lot to her. She examined me and I kind of knew by the expression on her face, uh, that she was a little bit concerned. Mm. Uh, she's a breast cancer survivor herself. Okay. So she was, uh, very aware. Um, she sent me up to St. Vincent's hospital for, uh, further consultation. So went up to Vincent's. It was a few weeks later. I kind of put it to the back of my mind.

Didn't really think much of it. Um, got up to Vincent and, uh, had a triple assessment. This was all new to me. Mm-hmm <affirmative> I, I had no idea. I thought this was all, you know, what you do. <laugh> yeah. Uh, so I had a triple assessment, um, I suppose for anybody that doesn't know what that is, it's a, a mammogram, an ultrasound and a biopsy. Um, so I had to obviously leave and wait for results. Um, I think it was a week, maybe two weeks later, mm-hmm <affirmative> went back up for the results. And at that stage I was told they were inconclusive. Um, Janice Walsh was, uh, the oncologist, uh, that I was dealing with there. And she had told me that there was a sign of a cancer showing. So at that stage there was mention of cancer, but I still naively, uh, didn't kind of, you know, I wasn't phased really by it.

I was kind like, ah, no, I don't think so. Yeah. No, I don't think that that doesn't happen to me. No. So, um, I had, I think it was two or three more biopsies that day and, um, I was bandaged up and at that point, my only concern was whether I could go into the mosh pitching slain, I was going to guns and roses. <laugh> a couple of days later. And that was, uh, my biggest concern at the time. So, uh, off I went, um, now a few days later, I suppose it did sink in and I, I did get a little bit anxious, so went back up and that's when I got the news floor.

Speaker 1 ([05:01](#)):

And what diagnosis did you have?

Speaker 2 ([05:02](#)):

Triple negative breast cancer at 36 years of age. Yeah. Uh, never in a million years. Would've thought that that would've happened to me. Yeah.

Speaker 1 ([05:12](#)):

And we often find as well, knowing about your story for so many years and knowing of others like triple negative breast, cancer's not a huge amount of research there. Hadn't been a lot of research done. There is now more research coming down the pipeline, but it's one of those, uh, subtype breast cancers where it's the age, old chemo surgery, radiation therapy, that's all that's on offer.

Speaker 2 ([05:31](#)):

Absolutely. And I didn't, uh, I suppose I wasn't aware, um, you know, what the treatment plan was for, for, for cancer infer, Janice, she took a pen and paper and she wrote down a number of, of things on the paper. And, uh, there was a couple of different forms of treatment and she circled chemotherapy. And at that stage I just broke down. I just remember saying to her, that's the one I didn't want. I know, you know, so, um, anyway, she, uh, she's such a wonderful person. Uh, she was so reassuring. She said, I promise you that I will get you. Right. It might take a year ready your life. Yeah. But I'm gonna get you there. And those words were enough to, I suppose, reassure me. So dust myself down, pulled myself together and uh, okay. Bring it on. Yeah.

Speaker 1 (06:19):

Yeah. And how many weeks of chemo did you have to

Speaker 2 (06:22):

Undertake? Uh, so I had chemo, um, every fortnight and I had four rounds of Taxol and four rounds of AC. Um, and, uh, it was super effective. So I had a three and a half centimeter tumor and it shrunk it down to a pinhead. Wow. So I had surgery afterwards. Yeah. Um, and thankfully only had to have a lumpectomy. Uh, I say only a lot of my friends and people that I've met have had to have a mastectomy. Yeah. So I felt lucky, uh, that I had, uh, you know, a lumpectomy was sufficient for me. Yeah. Um,

Speaker 1 (06:54):

And it is very much, and it's something we've come across so many times. It's not one treatment fits all. It's now very much personalized and tailored treatment plans for everybody that's diagnosed because regardless of your diagnosis, whether you have five women in the room who have had triple negative diagnosis, their treatment plan would be completely different because of their genetic profiling. Mm-hmm, <affirmative>, you know, Absolut and that's yeah. Where we've come a long way in relation to how we treat yeah. Different patients.

Speaker 2 (07:19):

It was wonderful for me because, um, you know, it, it was stages. Yeah. So I knew I had to get through the chemotherapy. Yeah. Then my next hurdle was the surgery and then the radiation. Yeah. But I knew there was an end sight, you know, and this, you know, I knew within a year, just under a year that I'd have all that behind me. Mm-hmm

Speaker 1 (07:38):

<affirmative>. And knowing you and knowing you, when you were going through your treatment, I remember running was your passion. It was beforehand and it became it very much. So during your treatment, you still ran, you showed up and ran for our great pink run, leading out everybody in one of those years when you were going through your treatment. And is that something you would tell people, you know, to find, I suppose, the niche find that piece of exercise that you like and absolutely. Yeah. Persevere,

Speaker 2 (08:02):

Uh, for me, uh, it was a savior. Um, I had just run the marathon. I, uh, the October beforehand, uh, I felt I was the fittest healthiest. I'd been in my life. Um, I'm vegetarian. Mm-hmm <affirmative> I rarely drank don't smoke. Uh, I was exercising at that stage five times a week. Uh, you know, be it running or circuit training. I felt so good. That's why I was so floored when I was diagnosed. Uh, but in hindsight I think back and I was so tired, uh, for a few months beforehand, but I thought it was that marathon took a, took a lot outta me. Um, but in hindsight, my body was, was tired, I think, because I had cancer.

Speaker 1 (08:42):

Yeah. Yeah. We have, uh, a podcast coming up next week, um, about how mindset and trying to sort of have a positive mental attitude does help you through the kind of the dark days, because everybody is different and everybody copes in a different way, you know? So if did you was running your mechanism to kind of right. If I go out here and do, you know, whatever it is, 20 minutes, a half an hour, whatever your body can hold up to that, that kind of gets you through.

Speaker 2 (09:07):

That was huge for me. Yeah. I had, um, being so fit beforehand. Uh, I think that stood to me with my recovery and my chemotherapy, because a few days after I would have my treatment, I'd meet up with the girls. So I'm part of a lady's running group called kill tail ladies on the run. Yeah. Uh, it's a, it's a huge social outlet for me. Um, and, uh, you know, we, we do our long runs every Saturday morning. Uh, I still stuck to that. The girls would be maybe running, you know, anything up to an hour and a half. I'd meet them for maybe 25, 30 minutes put on the bandana, get out. Yeah. Uh, the coffee and breakfast was my goal afterwards, you know, and the chats, uh, it was huge mentally for me, mm-hmm <affirmative> because I suppose two, two reasons it was benefiting me, uh, health wise for my body and my recovery, but mentally I felt I was keeping routine. And that was huge for me if I had a stopped running. Um, and you know, I suppose lay in bed all day every day. Uh, it would've affected me a lot more mentally mm-hmm. Uh, so I, I tried to stick to routine. Did the school runs, went to work, did all those bits, you know? Yeah. Were your

Speaker 1 (10:10):

Guilty ladies, were they shocked at your diagnosis? Did a lot of them sort of have to have a, a, a wake up call for themselves?

Speaker 2 (10:17):

Yes, most definitely. I was the first, uh, actually, sorry, there was another lady that had been diagnosed with, with cancer beforehand. Uh, but, uh, I suppose, uh, I was, I was the younger, uh, younger girl in the group. Um, and none of my friends were breast aware. None of them checked themselves. Yes. Uh, now they all do mm-hmm <affirmative> and I still get people contacting me, uh, you know, through Instagram. And that saying only before I came across your story, I found a lump, you know, uh, I wasn't aware, you know, so,

Speaker 1 (10:48):

And it is that staggering statistic that, you know, 23% of women are under the age of 50, you know, between 20 and 50 years of age, which is shocking. It's huge. Yeah. It's huge. And, you know, we have breast check the government agency that offers you the free mamos when you're 50 plus years of age, but there's nothing for younger people. So it is about making sure that women, regardless of their age, um, should be breasted aware. They need to understand and know their own norm and then check themselves regularly. Because as we've always said, early detection is key.

Speaker 2 (11:14):

Absolutely. And I think that goes with, uh, any, any aspect of your health, if you feel anyway, you know, uh, you know, unwell or something's a little bit different, uh, you know, you need to see a GP, do you need a second opinion on it? You do, but now all the girls check themselves brilliant regularly. Yeah's

Speaker 1 ([11:31](#)):

Great. Yeah. Brilliant. Yeah. And that's it, you know, most people, that's why we're called more than a lump podcast. Is it, there are eight signs and symptoms to a breast cancer diagnosis. You know, the lump is just one, there are seven other signs. And oftentimes I talk to people and, you know, you'd say yes, fatigue can be a, a real sign leading into it. But then it's like, you know, like this, the orange peel on the SI underside of the breast or one breast slightly larger than the other and things like that, the public are not aware of mm-hmm <affirmative>. And hence, it's one of our ambitions, I suppose, in breast cancer, Ireland through our education outreach. When we go and talk at schools with, you know, TDY classes and teachers and community groups is just about understanding and knowing what good breast health is all about. Mm-hmm <affirmative>, if you know, what's normal today, if the abnormality arises, you, you know, you go to your GP it's spot and detected early, it's much, much more

Speaker 2 ([12:13](#)):

Positive. I think people are more open to speaking about it. It's not as embarrassing as it would've been deemed years ago. Uh, you know, we all talk about it now. Uh, people openly, uh, even my daughter, I've a 16 year old daughter. She was 11 when I was diagnosed. Yeah. Uh, she's very aware as well. Uh, you know, uh, so yeah, I think absolutely, uh, we're all at the stage now where, uh, we're all able to talk about it and we're, I, I continuously encourage them. I'm on their back though, then. Yeah,

Speaker 1 ([12:39](#)):

Absolutely. Absolutely. Turning to you Orla. I know we were going to talk about getting ready to eat well and hydrate as part of our preparation for great pink run. But I wonder, could you talk to us about your own interactions with people going through treatment for cancer and maybe chat to me about some of the advice that you give?

Speaker 3 ([12:54](#)):

Um, so I see people during and after in my clinic, and I suppose during it's a different story because if they're going through treatment, um, so for example, chemo, they will have, um, you know, you're really under symptom management there. Yeah. So it's kind of going, okay, what are your symptoms at the moment and how do we use diet to help those symptoms? Yeah. Um, it's also, and it's really important that people know that it's also about maintaining your weight and trying to avoid weight loss. Yeah. Um, and I always say, maintain your weight. And then I go, no, no, no, sorry. I meant avoid weight loss. Yeah. Because people do gain weight and that can be part and parcel of, um, you know, the treatment can, can do that. Um, but it's avoiding weight loss is such a big one. Um, and I think people it's, it was based educating about that.

So when it comes to symptom management and then avoiding weight loss that's during, and then afterwards, especially now, I, again, I'm not talking about, there's no research to back up what I'm saying. Um, but when I see younger women come in, um, there's a lot of, I think younger women can actually deviate towards nutrition a little bit more and younger women can start perhaps using food in a unhealthy way and can build fears around certain foods. Um, I suppose in some ways it's logical, you know, that if they can pinpoint it, oh, listen, I, I got breast cancer because I ate a lot of hand sandwiches when I was younger or Presca with the girls. <laugh> and if you can pinpoint and say, that's why it happened. If you gave that up, then it wouldn't happen again. And it's, there's an education piece there to help people, not fear food and realize actually you can still have hams and Prosecco and, you know, it's, it's, it's kind of that education piece and what research is actually telling us.

Yeah. And I suppose that's why one of my biggest piece of advice for anyone is don't Google, you know? Yeah. Cause if you Google diet and cancer, you get a whole heap of misinformation. Mm-hmm <affirmative>. And unfortunately the misinformation is damaging in lots of ways, because for example, um, it's, it's building in a fear around food where there didn't need to be a fear or that person's now gonna give up that food. And actually that food is really important because that food, we know research, for example, dairy, we know that when people consume more dairy they're at reduced risk of cancer, uh premenopause or can foods high in cancer are protective, both pre and posts. Mm-hmm <affirmative>. But it's, it's not just that, because again, you got cancer cuz you were actually lo lucky you didn't get cancer because you didn't eat enough cheese. Yes.

You know, so even outside of that, it's kind of going, okay, well, when you take that food out, are you actually unknowing, inviting other issues? So if you take, for example, the, the dairy food out, are you now going to go down the route where you're gonna develop osteoporosis? Yeah. And you're going to be, um, cured from your breast cancer and maybe never have it again. And that will be a story. You'll tell people when I was in my thirties, I had found a lump and, but you will have to stop running when you're 60 because you have this diagnosis of yeah. So it's, it's the worrying thing is, is that people Google it, they then have, um, fears that shouldn't be there. They take something out that's actually protective and they take something out and it leads to other issues. Mm-hmm <affirmative> so that's my role, I suppose, is it's helping bust nutrition myths. Yeah. And kind of help people rebuild a relationship with food, especially if they didn't have a relationship with nutrition before and they want one, but they want a healthy one. Mm-hmm <affirmative> because what we don't want is for that person to go down and more, what's called a orthorexic route where it's about clean eating and you know, and there's misinformation there. Cause I would love to see a bit of research on that on women and the, just the risk of eating disorder. Yeah. You know, after diagnosis. Absolutely.

Speaker 1 ([17:06](#)):

And I oftentimes, I mean, and you probably back this up, um, Denise is drinking chemotherapy. You tend to lose your taste. Mm-hmm <affirmative> yeah. Your sense of taste. So that is I suppose, a tricky one. And how would you advise people when they're going through their treatment? Having chemo to still eat healthily?

Speaker 3 ([17:22](#)):

Yeah. So it's healthy is also, you want to eat, that's something that's good for your body and for your soul. Yeah. Um, and you're trying to avoid weight loss. So it, it, it, some people lose their taste and other people are like, that just tastes weird. Yes. And all of us or that's metallic. Yeah. Or no, that just, just tastes gross to me now. And I suppose it's to, I would encourage people to, this is, this is the, now it will change. Yeah. And, um, you know, to keep trying these foods, but you have to experiment. And I would say one of the most important things is the nearly to shop every few days or get someone else to shop for you every few days, because you're, it's, it's such a whirlwind when people are going through that. They're like, no, no, I love it today. You know? Yeah. It's like

Speaker 1 ([18:07](#)):

Pregnancy.

Speaker 3 ([18:08](#)):

I was about to liken it, but I didn't didn't want to puppy, but it's very like that. They're just like, I can't look at eggs. And then all of a sudden they're mad for the eggs. So I would just roll with the punches, keep on trying. And sometimes people need lots of taste from their food in order to, um, for them to get any enjoyment from food. And some people they're quite the opposite. They're like no plain bland food. Yeah. And some people deviate towards more salty food and some people more sugary and are sweeter tasting. So it's just kind of ask yourself, what is it that I want, you know? Um, but again, you know, it's about keeping those energy levels up. So from a very basic point of view, I always get people to, um, I say it, you know, in a kind of a tongue in cheek way, but don't eat naked carbs.

Okay. Dress them in protein or dress them in fats. The reason being is that if carbohydrates are released quite quickly into your bloodstream, your energy goes up and it goes down. And during this time you want as much energy as possible. Cause you're fatigued, whether it's radiotherapy or surgery or it's chemo. So it's about getting the carbohydrates and combining it. Okay. So you're having your toast, have your eggs, or have your peanut butter, or have your beans that you're, you're dressing that carbohydrate in a protein source, in a fat source with some fiber and just keeping your energy levels and protecting your energy levels as much as possible. Mm

Speaker 1 ([19:30](#)):

Mm. And then I suppose post-treatment and the likes of Denise out the other way out the other side and you know, wanting to go out and exercise or wanting to, what advice would you give, especially now, I suppose you've provided us with fantastic nutritional trips for the great pink run this year. What's your advice to people who are starting off on a fitness journey as regards, um, healthy eating, you know, good like not diet per se, but good, healthy eating.

Speaker 3 ([19:56](#)):

Okay. So one of the most important things is just to focus on food as, and it, it's not all the time, some of the time, so that the bulk of your food is whole foods. It's not processed foods. And if you do that, you'll naturally eat more fiber. And 80% of us don't eat enough. Fiber you'll naturally eat less sugar. And most of us eat too much sugar and you'll naturally eat less salt, which most of us eat too much salt. And if you focused on whole foods, so foods are one ingredient foods you can Rob from a

farm, your diet is going to absolutely improve regardless of what else happens. Yeah. And that's probably the most important thing. I'd encourage people to focus on what to include rather than exclude. Yeah. Because if we, if we, for example, go, do you know what I'm going to cut down a chocolate, it's all you'll think about. And you'll be obsessed about it and you'll think of chocolate all day long. Yeah. But if you go, okay, well I'm just gonna include more fruit. You might notice that if you're eating more fruit, you might be eating less chocolate actually. Exactly. So

Speaker 1 (20:58):

Your desire for that sugar burst is gone. Cause you gotta get in, in the fruit,

Speaker 3 (21:01):

But you're not also mentally saying you're not allowed have it. Yeah. So it's about being inclusive. Um, and rather than excluding things. Um, so if you focus on those two things you'd be doing well and then just the carbs, protein fats and fiber at each meal. So that would be because I think people do that well at dinner time, perhaps they have not enough carbs or they have too much carbohydrate at dinner time and not enough vegetables, but generally people have carbs, protein, fats and fiber at dinner. They don't necessarily have that at breakfast. They may not even eat breakfast. Yeah. And they might not even do that at lunch. For example, if you had Fe soup and brown bread, healthy choices, but whereas the fats, whereas the protein. So it's always kind of including those, uh, bits and pieces. But I would also just be aware that there's a lot of nutrition myths, especially around diet and cancer.

Um, and you know, one of the bigger things that most people have to do is reduce our salt intake. Okay. But yeah, even you really, really, yeah. But that's much more important than necessarily the sugar element, but yet the sugar gets all the highlights and the, it does the headlines. Um, so it's, it's a funny one that, you know, there's a lot of nutrition myths out there. And the problem with me always having to bust nutrition myths is that I also don't get enough time then to say, okay, but the research is showing X, Y, and Z. Okay. Um, and I suppose as well, and I say it in, and it, which each person I'll probably say it a little bit differently, but when people come into me and they've had a diagnosis of cancer and just say, it's, it's gone, they've got the all clear.

I go, okay, well, you know, we have to protect you against all the other diseases now. Um, and they're always a bit horrified. I'm like, yeah, like heart disease is coming to get you, you know, we need to start running this way. Um, and it's just to be aware that sometimes when you get a diagnosis and a condition it's disease, you focus in solely on that. I, you know, we all do, um, I do. Everyone does, but it's just to know that, you know, sometimes we have to take a step back and go, okay, well, heart disease is a big issue for women. Yeah. Um, and you know, it's, it's the biggest killer of women mm-hmm <affirmative> so it's kind of go step back and go, okay, well, I, I need to nourish myself with regards to every condition or disease, not just this one that perhaps scares me the most, a

Speaker 1 (23:25):

Blip that has a as landed on my doorstep. Mm-hmm <affirmative> yeah. Yeah. And then, and cholesterol, everything is, you know, it's a vicious circle then, you know, as you get older, you have to

watch your cholesterol. Therefore you have to watch the foods that you take in as well to avoid having any medication.

Speaker 3 ([23:38](#)):

Yeah. So, and I think it's, it's unnecessary medication because I suppose, you know, there's medication that some people and breast cancer survivors will be on medications quite often for life. And it's going acknowledging I need that, but I don't want to add more and more and more things here and diet can help with whole Rema things and including mental health. And we know that if we eat better and Mediterranean style diet with a omega threes, lots of fiber that has a really positive impact on our mental health mm-hmm <affirmative>. So it's, it's not just looking at it again from a physical health point of view. Yeah. But a mental health point of view as well. Yeah.

Speaker 1 ([24:14](#)):

Well, my goodness. Well, I've had a lesson now today, so thanks for that. <laugh>, I'll be certainly looking at my own intake. Um, and I suppose one of the big things on while you're both here is I suppose we're in the midst of great pink run preparation. We're getting ready. People are out there, you know, starting their fitness regimes. I mean, one of the key things about great pink run is it's not necessarily an event just for those that have been diagnosed with breast cancer, because while it affects the individual themselves personally, it's the knock on effect to their families, their friends, you know, the communities that they live and the work colleagues that they have with them. And it's a great opportunity. And especially I suppose, this year, because we've been virtual for the last two years, it's lovely to see us back in a physical sense in October the ninth and the 16th. Um, cuz it allows people to come together again and be that pink tribe that they've always been. I mean, there's a great sense of camaraderie. I mean, you know, yourself, Denise having led out one of the ears and your family on the sidelines cheering you on. I mean it's hugely emotive.

Speaker 2 ([25:10](#)):

Oh it was incredible. It was one of the most emotional experiences I've ever had. Um, it was just the sea of pink was incredible. Uh, but also it was just the element of love and support and encouragement from all these people, uh, for the likes of myself and the support of my family or everybody else that was, uh, you know, is affected by it. Uh, it, it was just, it's amazing. And I really recommend, uh, that everybody should take part in it and

Speaker 1 ([25:40](#)):

You don't have to be a marathon runner like Denise to take part, you can be a Walker like me, or you can bring your toddlers and a stroller. Like it is something for everybody. I remember over the years, uh, we've had one gentleman who's done it every year up until 2019 when we had to stop, uh, Patty Bohan, he's now 84, 85. I mean dressing in pink, the most extraordinary pink costumes. He would come in year on year that his daughter would help him, um, help him source. But he was out there doing his 5k, doing his 10 K, but it is everybody it's men, women, children. I mean, we know statistically breast cancer affects 1 0 9 William women during their lifetime. It does affect one of 1000 men. It's rare, but you know, it still is there mm-hmm <affirmative>. And I often find, you know, with men, I often say a lot of men be they partners or husbands were the people who detected their

partners cancer. And so it's so important that men and women understand good breasts, understand what they're looking for to, to aid each other and, or like, tell me this. So for somebody that's about to take on the 5k or the 10 K in fact who is new to running and new to getting themselves prepared, what advice would you give them from a nutritional point of view?

Speaker 3 (26:43):

Okay. So from a nutrition point of view, you need to focus on the two main things are hydration and carbohydrates. Okay. Okay. So carbohydrates are king carbohydrates are the petrol we put in the car. Um, it doesn't really matter if you have protein that day. It doesn't really matter if you fat that day or even some fiber. The most important thing is carbohydrates and water. So I would encourage people in the lead up to make sure they're well hydrated. We've all gone out for a run. And you're like, I don't know why. I just feel unbelievable like a gazelle today. And there's other days we've applaud like an elephant and we're like, go, what is it? And that's probably those two bits. Okay, it's your hydration. Wasn't as good. And your carbohydrates didn't have enough. So with carbohydrates, we store them our, our tank, uh, for that petrol is in our muscles and a little bit in our liver.

So we need to make sure that we're eating carbohydrates. Um, especially the day before we're having them at every meal and we're having them the morning off the run with hydration. I would even focus on it in the few days, leading up to it and everything counts. Don't worry, tea and coffee are hydrating. Um, but anything you can suck up through a straw really is a fluid and we will add to it. So, but make sure you're getting the water into, um, on the morning, you're likely to be nervous. Very few people aren't nervous before they go for a run. And you can often see the portion at these are quite full and there's a bit of a cue, um, before you go out to race. So I'd encourage people to pull back on the fiber, especially in the morning before the run. So often people would be like, I had a bowl of muiy and added extra nuts and seeds and loads of fruits, and you're guaranteed to have the SCORs and do that.

So what I'd encourage people to do is pull back in the nuts and seeds, pull back in the fruit and veg in the morning of the run, keep a plane, keep it simple and you know, quick release carbohydrates. In other words, process carbohydrates are probably the best thing to have that morning. Okay. So hydration and carbohydrates focus on those two things and you're going to not only run well, but when we run well, we enjoy it a little bit more. Yeah. So that's important. So if someone is walking it or, um, running it at, and if it's five or 10 K, it doesn't matter. We all want to enjoy it as much as possible. Yeah, definitely. And we do that if we're well hydrated and we've eaten enough carbohydrate and then post run post run. Well, the, the number one natural, uh, sports recovery drink is milk.

Yeah. So what we usually recommend for people is a point of milk because it's got that elusive 20 grams of protein that we're looking for, which stimulates our muscles and our bones to, uh, grown repair in response. Um, it has water and electrolytes in it. So we reh rehydrate well. So milk is more hydrating than water and it's got carbohydrates that help refuel the tanks. So refuel our muscles in our liver with carbohydrate, um, depending if you're running a little bit longer. So the 5k, a point of milk is fine. If you're running 10 K or if you're not very fit in running 5k, um, or running 5k extremely fast, you might need a pint of milk and some fruits or a cereal bar with that. Um, and you know, that could be a smoothie either which most people tend to love, um, or a chocolate milk or a strawberry milk is the other one.

Um, but certainly a point of milk is a great recovery. And then what I'd recommend is just following up with a meal quite soon after, um, if you are having alcohol, I would encourage you to avoid alcohol until you pee. Okay. So if you are going to have a point or celebrated PROCO or a rose or something, just make sure you pee first, so drink enough water so that you urinate and then you can, uh, have it. Um, why, because you don't want to have it in a dehydrated state or else you end up in a state. <laugh> is my

Speaker 2 ([30:33](#)):

So interesting.

Speaker 3 ([30:34](#)):

It is. It's just my rule of thumb. You can have it once you pee.

Speaker 2 ([30:37](#)):

Yeah.

Speaker 1 ([30:38](#)):

And Denise as always great pink. Ron is a real family occasion. You know, we have them young and old and in push chairs and on Tris, et cetera. Who will you have with you this year?

Speaker 2 ([30:47](#)):

Oh, well, every year I have my Colta ladies pink and black. Uh, the girls are going to join me. Uh, my work colleagues always take part and of course my family, uh, hopefully I can get my daughter, uh, back out now she's 16. So we'll see <laugh> if we can get her away from the phone for a while. Uh, hopefully fingers crossed.

Speaker 1 ([31:06](#)):

Yeah. So we look forward to seeing you made dear, uh, great pink run and you all with your family, please, God, um, just run, walk, jog. That's what great pink run is all about. So thank you both so much for joining our podcast today. It's been a pleasure having you.

Speaker 2 ([31:18](#)):

Thank you very much. Thanks.

Speaker 1 ([31:20](#)):

This podcast is brought to you in partnership with Goodbody. Ireland's longest established stockbroking firm, supporting initiatives that have a lasting impact. The information in this podcast is based on the personal stories of those. We have chatted to. If you are concerned in any way, please contact your GP immediately, or you can contact us at [breast.cancer, ireland.com](mailto:breast.cancer@ireland.com).

