

HIGHLIGHTS FROM THE 16th WOMEN'S HEALTH CONFERENCE, GOLD COAST, FEBRUARY 2009

PCOS – a global disease: **Dr Diana Mansour**

More than 90% of oligomenorrhoea is due to PCOS, and 30–50% of amenorrhoea.

LH/FSH ratio >3:1 occurs in only 40% and is a marker for infertility, indicative of the severity of the oligomenorrhoea and more likely in slim women. Miscarriage risk is also raised in 65% of these women. The greater the interval between periods the greater the degree of insulin resistance.

If COC is contraindicated, endometrial protection is afforded by any of the progestogenic methods (e.g. Provera (MPA) 10 mg daily for 10 days, 3-monthly).

Lifestyle factors are important. Even 5–10% weight loss is associated with 30% reduction in visceral fat.

Clomiphene and/or metformin or rosiglitazone leads to ovulation in 30–60%. Ovarian drilling may be effective for 18 months. Metformin has marginal benefits in women with metabolic syndrome, particularly the obese, and improves menstruation, though clomiphene is superior for ovulation. Metformin also reduces hirsutism, though COC is more effective.

Menopause and HRT update: **Prof Helena Teede**

Alternatives for management include Venlafaxine with 37% reduction in hot flushes at 37.5 mg, and 61% with 75–150 mg. Four randomised controlled trials have shown 50% reduction with Gabapentin at 300–900 mg nocte.

Bioidenticals are combination hormone therapies, including testosterone, DHEAS, estrone and progestogen. Beware using these as there are no TGA regulations regarding their use and no safety and efficacy data is available.

Red Clover is not more efficacious than placebo. EPO, Ginseng and St John's Wort have no proven advantage.

Black Cohosh may have marginal benefits for mild symptoms, but can be hepatotoxic and may block the action of aromatase inhibitors in breast cancer treatment.

Maternal health and disease in the offspring

Prof Julie Owens

INTERVENTIONS	
Mother in pregnancy	Emerging outcome in offspring
Ca supplementation	↓lipids & ↓BP
Omega-3	↑cognition
Stopping smoking	↓BMI

Perspective on breast cancer treatment

Assoc Prof Fran Boyle & Assoc Prof Owen Ung

Overall 5 year survival is 88%. Being screened can reduce the risk of dying from breast cancer by more than half.

Tamoxifen is used both pre- and post-menopausally for 5 or more years (continuing therapy improves control). Aromatase inhibitors are indicated post-menopausally with risk of osteoporosis and vaginal dryness. May be given initially if the risk is high, or switched after 2–3 years of Tamoxifen, or after 5 years.

Her2 positive cancers are generally more aggressive and metastatic, but are more susceptible to certain therapies.

BRCA testing facilitates access to MRI surveillance, allows tailoring of adjuvant therapy, and chemoprevention can then be offered to affected siblings.

There is no evidence that pregnancy worsens prognosis in breast cancer.

Topical oestrogen is absorbed more systemically when the vaginal epithelium is atrophic, making on/off treatment more problematic than continuing therapy.

Ovarian disease – current practice

Assoc Prof Jim Nicklin

The majority of ovarian cancers are epithelial ovarian cancer, with more than 75% presenting at late stage in the post-menopause.

Tumour markers are CA125, CEA, CA19-9, post-menopausally.

There is a probable role for screening in the familial ovarian cancer syndromes, including BRCA1 & 2, with annual TV USS & CA125, probably 6-monthly. Prophylactic oophorectomy confers a substantial reduction in subsequent ovarian and breast cancer in this group.

Germ cell tumours comprise 20–25% of cancers of the ovary. They grow rapidly and become symptomatic earlier, with 75% at Stage 1 at diagnosis. Younger women from puberty to 30s are affected. Most need chemotherapy, but there is a high cure rate.

Reminder

The catch-up program for Gardasil vaccination has been extended to December 2009. Any dose given after this date will no longer be free.

STIs in women – what's new? **Stuart Aitken**

Chlamydia is the most common bacterial STI worldwide, with notification rates having increased 4-fold between 1997 and 2005. Screening doesn't sustainably reduce community prevalence. A contact tracing program is essential. A survey of Australian women revealed more than half wouldn't inform their partner of infection. While over 90% of women 15–24 years visit their GP at least annually, only 7% are tested for chlamydia.

Note: *Clinic 275 has ceased routine contact tracing of chlamydia diagnosed by external practitioners. Treating the current partner is of prime importance.*

Mycoplasma Genitalium is an emerging pathogen in male urethritis, but no approved commercial assays are available. Treat with Azithromycin (1 g stat) or Moxifloxacin (10 days) if resistance suspected.

Ureaplasma urealyticum causes NSU in men and has a possible association with pre-term birth and chronic lung infection in neonates. Treat with Azithromycin 1 g stat or Tetracycline 100 mg bd 1 week.

Atopobium Vaginae is associated with bacterial vaginosis and is highly resistant to Metronidazole.

Bacterial vaginosis treated with a stat dose of Metronidazole has 60% efficacy, but recurrence is high. A course of 400 mg bd for 5–7 days has higher clearance and lower recurrence rate. Clindamycin orally or PV can also be used.

Endometriosis: **Assoc Prof Maneesh Singh**

The incidence of endometriosis is rising: 8–15% of all women and 21–47% of those with infertility have confirmed evidence. In endometriosis the functional layer of the endometrium and endometriotic lesions are rich in nerve fibres, when normally they are absent. Hormonal therapy eradicates uterine nerve fibres, but not the ectopic ones.

Novel treatments include aromatase inhibitors, HCG treatment twice weekly and pregabalin particularly for vulvodynia.

The future heralds use of urine or serum markers for screening purposes. Increased levels of a protein, y-synuclein, has been noted in ectopic endometrial tissue, raising the possibility of its use in screening.

Phytoestrogens – effects on the cardiovascular and reproductive system: **Prof Helena Teede**

Dietary soy containing phytoestrogens has beneficial effects on the cardiovascular system, but evidence suggests this is related to vegetable protein in soy rather than isolated phytoestrogens. There doesn't appear to be any difference between soy +/- phytoestrogens and placebo effect on menopausal symptoms.

Caution is advised in taking soy for women on Tamoxifen, as soy may block its mode of action by blocking the receptor.

LNG-IUD and its role in women's health

Dr Diana Mansour

The device has many beneficial non-contraceptive effects including reducing the incidence of fibroids and need for associated surgery. One study reports dysmenorrhoea reduction from 60% to 29% after 3 years. It may cause regression of endometrial hyperplasia and may help protect the endometrium in Tamoxifen users.

Dose is equivalent to 60 ug LNG (2 POP) a week up to the first 6 months, decreasing to 12 ug by 5 years.

Effective with liver enzyme inducers and may be used in Von Willebrand's Disease and with Warfarin.

May be considered where fibroids are <4 cm and ideally not submucous. A reduction in uterine size and to some extent in the fibroids occurs in two-thirds of women. Amenorrhoea incidence is reduced in fibroids with spotting continuing up to 12 months. **Consider changing the device at 3 years if bleeding recurs.**

In women over 45 years may be continued until menopause if amenorrhoeic. Change at 5 years if used as HRT. Continue until symptoms return if used for control of menorrhagia.

Bleeding problems may be managed either with MPA 10 mg/day cycling every 21 days for 3 months or COC. Changing the IUD may resolve the problem.

Reminder: *check IUD position if bleeding pattern changes significantly. Consider possible intra-uterine pathology and screen for possible STI.*

Note: *Mirena needs to be positioned in the uterine cavity to be effective. However, it still exerts its effect when the stem is in the canal and the arms are above the internal os, but there is a higher expulsion rate and the IUD could be felt at intercourse.*

Practicalities of modern management of heavy and painful periods: **Prof Ian Fraser**

NICE recommendations for medical treatment of heavy menstrual periods, in order: LNG-IUD, Tranexamic Acid, COC, Prostaglandin Inhibitors (particularly if associated pain, diarrhoea, headaches).

Future therapies include continuous combined E-P Vaginal Ring that will last 12 months and mifepristone.

2009 SHine SA Education Meetings

Tuesday 9 June

Evaluating breast symptoms

Dr Melissa Bochner, Breast Surgeon

Tuesday 1 September

Men's business: advances in reproductive technology

Dr Kelton Tremellen, Reproductive Medicine Specialist

Thursday 12 November

Experiences with IUDs

Dr Melissa Sandercock, Gynaecologist