



MENOSOC 2022

21st Annual Academic Sessions of Menopause Society of Sri Lanka

New Frontiers in Post Reproductive Health

Save the Date

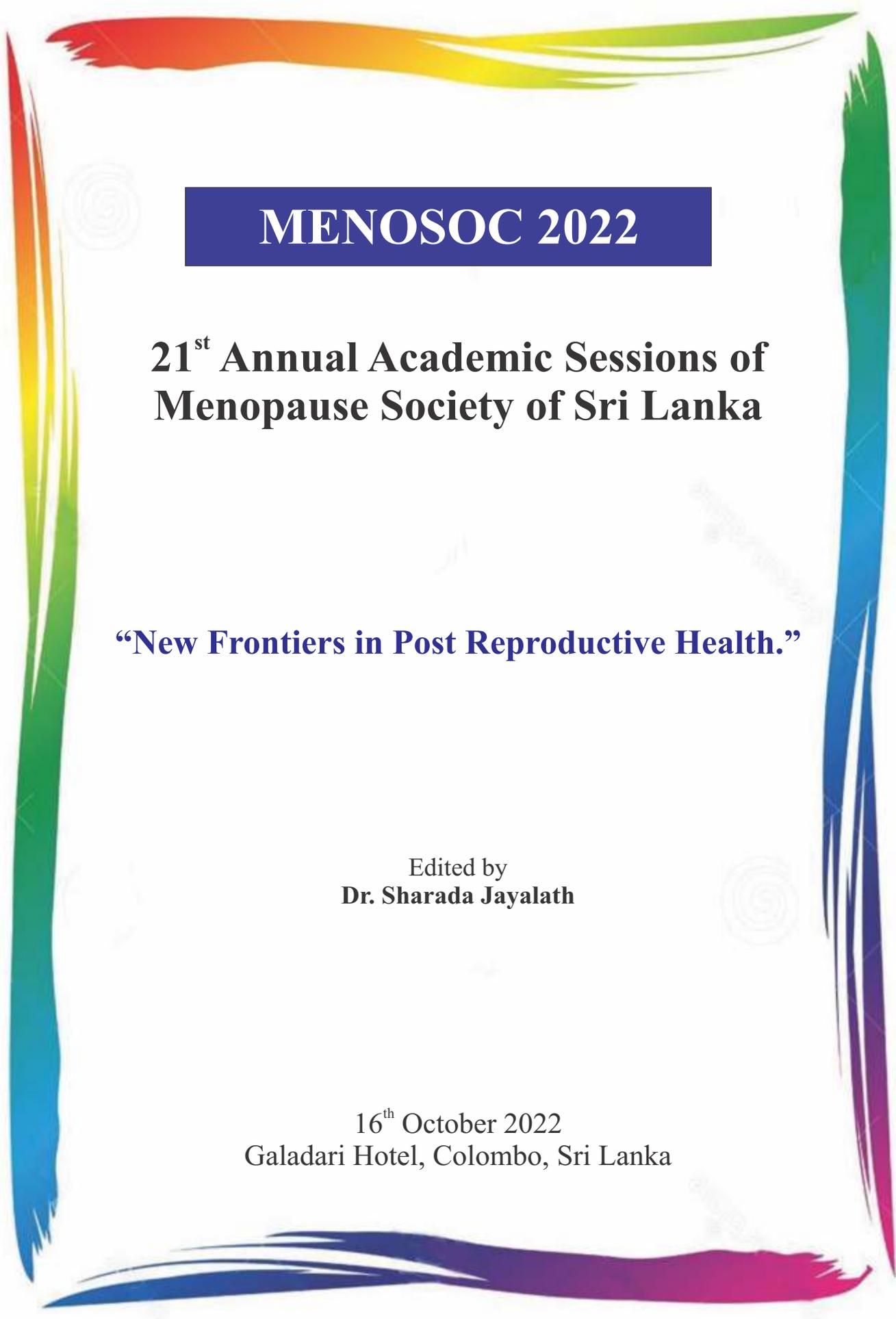


16th October 2022, Galadari Hotel, Colombo, Sri Lanka



Programme and Abstracts





MENOSOC 2022

21st Annual Academic Sessions of Menopause Society of Sri Lanka

“New Frontiers in Post Reproductive Health.”

Edited by
Dr. Sharada Jayalath

16th October 2022
Galadari Hotel, Colombo, Sri Lanka



Editorial Note

These Proceedings include the full papers, slides, or abstracts of all the invited presentations (Oration, Endowment Lecture, Plenary Lectures and Symposia) and free papers of the 21st Annual Academic Sessions of Menopause Society of Sri Lanka received by the Scientific Committee. The free papers and abstracts have been formatted to achieve uniformity in presentations, but no editorial amendments have been made. No responsibility is assumed for any claims, instruction, methods, or drug dosages contained in the abstracts: it is recommended that these should be verified independently.

Editorial Committee.

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MESSAGE FROM THE CHIEF GUEST



It is my pleasure and privilege to share this message as the Chief Guest at the Inauguration of the 21st Annual Academic Sessions of the Menopause Society of Sri Lanka 2022.

The United Nations Population Fund (UNFPA) is the lead United Nations Sexual and Reproductive health (SRH) agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA follows a life cycle approach to consider the Menstrual health and SRH needs of girls and women from pre-menarche to post menopause. UNFPA is committed to improve the quality of life of Sri Lankan women of menopausal age, advancing their health and wellbeing, enabling strengthening of their agency, and breaking down the stereotypes associated with ageing.

In Sri Lanka women make up the majority of the older population (60 years and above) and will continue to do so. In 2012, the total population of Sri Lanka was 20,359,439 and there were 2,524,570 (12.4%) people living above the age of 60 years, of which women accounted for about 56% of the total aged population. Key challenges faced by post-menopausal women are limitations of information on menopause, post-menopause and gendered aspects of health care; unequal access to health services, as health systems inadequately cater to the gendered needs of older women; cultural traditions and attitudes that limit access to sexual and post reproductive health services in older age; and the risks of violence faced by older women. It is critical that Sri Lanka addresses these challenges and maximizes the opportunities of a growing older population that will determine whether society will reap the benefits of the “longevity dividend”.

The ongoing socio-economic crisis has exacerbated the status of post-menopausal and older women in Sri Lanka warranting a gendered approach to improving their access to health services and mental health and psychological support services, across the humanitarian and development nexus. In this context, UNFPA's life-cycle perspective calls on professional bodies, policy makers and civil society to invest in the various phases of life, especially at key transition points with heightened risks to well-being and windows of opportunity.

UNFPA's support to post-menopausal women follow a multisectoral approach and has included the design of “the menopause flip chart for health workers” to talk to women about positive post reproductive health including a good health, sexual life and mental health. There is also an ongoing survey on issues faced by post-menopausal women, being conducted by the Menopause society with UNFPA in Sri Lanka. Further, UNFPA's efforts integrate the nuanced challenges faced by older women with disabilities, members of minority groups, those who live in rural areas, and those who have low socioeconomic status.

These Annual Sessions brings together key stakeholders in this field and therein presenting an opportunity to discuss and design actions towards streamlining service delivery and strengthening multisectoral coordination to better the services provided to women after menopause. I take this opportunity to place on record our appreciation and admiration for the outstanding work and dedication of the Menopause Society of Sri Lanka to better the lives of these women, through knowledge generation on health-related issues, expanding the academic programmes in these areas and through the education of healthcare workers, private sector and the general public.

I would also like to reiterate UNFPA Sri Lanka's fullest commitment to provide support towards Sri Lankan women of menopausal age to enhance agency and confidence in their lives and pledge our continued support to all future endeavors of the Menopause Society of Sri Lanka.

Kunle Adeniyi
Representative
United Nations Population Fund

MESSAGE FROM THE GUEST OF HONOUR



I am sending this message for the 21st Annual Academic Sessions of the Menopause Society of Sri Lanka (MENOSOC), feeling pleased and honoured to be doing so. I am grateful for the activities organized and services offered by the MENOSOC, while working together with the Ministry of Health over the years, in developing services for women's health.

In Sri Lanka's effort to achieve Universal Health Coverage, providing services for women to experience a healthy menopause is of utmost importance. Maintenance of women's health at optimum throughout the course of their lives will not only ensure gender equality but it will also help us to maintain our achievements in strong health indicators.

In the present era, physical, mental, social, and spiritual well-being of women experiencing menopause is compounded with multiple on going epidemiological and economic challenges. I am certain that the MENOSOC has chosen this year's theme as "New Frontiers in Post Reproductive Health", probably considering all these new dimensions. I hope that the scientific deliberations of these sessions will provide the necessary knowledge and skills for Sri Lankan participants to better manage the health of women who are experiencing menopause and this scientific gathering will set the groundwork necessary to provide further recommendations as needed by the Ministry of Health to improve services offered to women.

I am grateful for the members of the Menopause Society of Sri Lanka for their continuous collaboration and support provided to the Ministry of Health in dealing with issues related to women's health. I would like to take this opportunity to congratulate the President and Members of the MENOSOC and extend my best of wishes for the 21st Annual Academic Sessions, hoping for its success.

Dr. Asela Gunawardhane,

Director General of Health Services,
Ministry of Healthcare and Nutrition,
Sri Lanka

MESSAGE FROM THE GUEST OF HONOUR



It is a privilege for me to send this message to the Annual Scientific Sessions of the esteemed Menopause Society of Sri Lanka. I wish to thank the President and the Council for inviting me as the Guest of Honour.

With the improvements in the quality of life and the socioeconomic circumstances in our country, the life expectancy of women at birth is now approaching 80 years, which means that most women spend a third of their lives in the post-menopausal period. It is therefore vital to ensure that women remain healthy and active after they reach menopause.

Your Society has been dedicated to the promotion of a healthy life for Sri Lankan women after menopause. And it is to your great credit that you have actively served and strived to improve the quality of life and the living standards of middle-aged women for decades. I am aware of the multiple educational and awareness creating activities that the Society generously conducts for health professionals, private sector organizations, media personnel and the general public. Further the YouTube channel and the website of the Menopause Society designed to educate the community on ways to improving life after menopause are being viewed with immense interest by many thousands. The very informative books that you have published as well as the electronic productions, developed in collaboration with WHO and UNFPA, for education of health personnel are extremely valuable resources.

This scientific session will be another significant effort at disseminating and documenting new knowledge on menopause, to doctors and other healthcare teams as well as all others interested in menopause. It is beneficial to everyone to be a part of this, as enhancing the quality of life of women after menopause will contribute in many ways to improve the lives of the whole family. This in turn will contribute to the betterment of Sri Lankan society as a whole and more particularly the disadvantaged segments.

I wish the more strength for your Society to accomplish its avowed mission because a healthier population, while being important by itself, is also a valuable index of human development.

Wishing the Menopausal Society and the Annual Sessions all success.

Dr. Palitha Abeykoon,

Former Chairmen of National Authority on Tobacco and Alcohol in Sri Lanka,
International Public Health Expert,

WHO Director General's Special Envoy for COVID-19 Preparedness and Response for SEAR

MESSAGE FROM THE PRESIDENT MENOPAUSE SOCIETY OF SRI LANKA



I am deeply honoured and privileged to welcome you all to the 21st MENOSOC conference to be held on the 16th of October 2022 at Hotel Galadari, Colombo. The conference will be held under the theme of “New Frontiers in Post Reproductive life”. We have planned an interesting line-up for the academic programme, which will address the fundamental topics in relation to our theme including and not restricting to the modern managements of menopausal issues. There will be plenary lectures, a MENOSOC oration, Guest lectures and oral presentations which I believe are to cover a wide scope of the subject.

The scientific committee headed by Prof. Piyusha Attapattu has done an excellent job with aligning the content of the academic programme, meeting our goals and visions for this year. The pre congress workshop on “Vaginal Surgeries” will be conducted by Dr. Hara Pattanaik from India on the 15th of October 2022 at De Soysa Maternity Hospital, Colombo. The post congress workshop on “Basic Hysteroscopy for beginners” will be conducted by Dr. Madura Jayawardena and Dr. Prabodhana Ranaweera on the 20th of October 2022 at Colombo South Teaching Hospital, Kalubowila. I warmly invite all of you to join us on the said days, for it'll be an experience of a lifetime.

I would like to take the opportunity of thanking our Chief Guest Mr. Adeniyi Kunley, Country Representative, UNFPA, Dr. Asela Gunawardena, Director General of Health Services, and Dr. Palitha Abeykoon, a reputed public health personality, for gracing the inauguration with their presence. I am thankful to all the local speakers for their interest and commitment evident by their undying enthusiasm, and for their participation at the congress. I extend my gratitude toward all the foreign delegates who are present here in Sri Lanka in person and joining us on-line despite the recent circumstances involving our country. Your presence gives us strength. Those who are present in-person are namely, Dr. Suchithra Pandith, Dr. Shobhana Mohandas, President of the Indian Menopause Society, Brigadier General Dr. Suraiyia Rahaman, Vice President of the Bangladesh Menopause Society and Dr. Hara Pattanaik Consultant, Obstetrician and Gynaecologist from India. I am thankful to Prof. Rubina Hussain, President of Pakistan Menopause Society for joining on-line.

A congress of this nature would not be possible without the help of our dedicated council members. Prof. Piyusha Attapattu, Dr. Mangala Dissanayaka have been phenomenal in organizing the congress alongside a team of competent personnel, including Dr. Sharada Jayalath, a hardworking young specialist who did the editorial work, tirelessly. My sincere thanks go to Dr. Darshana Abeygunawardena, Dr. Champa Nelson, Dr. Janaki Karunasinghe, Dr. Madura Jayawardana, Dr. Shiromali Dissanayaka, Dr. Chanil Ekanayake, Dr. Harsha Attapattu, Dr. Thivanka Munasinghe and Dr. Dasanthi Akmeemana for their unwavering support in making this congress a success.

The guidance provided by the past presidents Dr. M. D. P. Gooneratne, Dr. Hemantha Perera and Dr. (Mrs.) Marline Abeywardena, is very much appreciated. I'd like to give my tribute to the late Dr. Rohana Perera, one of the past Presidents of our Menopause society, who left us too soon.

I'd also like to appreciate and thank all the pharmaceutical companies for their generous contributions amidst these trying times. Last, but not least, I wish to appreciate Mrs. Buddhini Geekiyanage for her hard work and commitment. I sincerely hope this conference will serve its purpose, helping with the utmost deed of sharing expertise clinical matter amongst us, and that you'd all leave with more knowledge than you'd come with.

Thank you!

Dr. Sanath Akmeemana,
President, Menopause Society of Sri Lanka

MESSAGE FROM THE PRESIDENT ELECT MENOPAUSE SOCIETY OF SRI LANKA



The Menopause Society of Sri Lanka is once again conducting the Annual Academic Sessions – MENOSOC 2022, on 16th October 2022.

Since its inception in the year 2000, the Menopause Society has come a long way, now a fully-fledged National Society, contributing in a multitude of ways to optimizing the health of post-reproductive women. The society now liaises with local healthcare and academic organizations such as the Ministry of Health, Family Health Bureau and the Postgraduate Institute of Medicine and international bodies especially UNFPA, WHO and regional organizations such as South Asian Federation of Menopause Societies (SAFOMS) and Asia Pacific Menopause Federation (APMF) in attempting to enhance its activities

This year's Annual Scientific Sessions includes a comprehensive and interesting programme on peri and post reproductive women's health, emphasizing on common and important areas and disseminating new knowledge. The varied topics discussed will address the current developments in bone health, brain and cognition, cardiovascular disease, hormone replacement therapy, malignancies and other interesting areas related to menopause and the current economic constraints in Sri Lanka. A SAFOMS session will comprise three speakers of SAARC region, and several overseas delegates are expected to participate in this programme. A case discussion will permit postgraduate trainees to present along with the specialists. The Menosoc oration will be delivered by Prof. Suchitra Pandit, India. The pre-congress workshop by the overseas specialist Dr. Hara Pattanaik has been of immense value to both specialists and trainees. The free papers will disseminate new knowledge among the participants.

This year's annual sessions will undoubtedly contribute to enhancing the knowledge regarding menopause in specialists, specialist trainees and all participants.

I wish to thank all who contributed in making this event a success, and hope that all of you will gain something worthwhile by participating.

Prof. Piyusha Atapattu,
President Elect,
Menopause Society of Sri Lanka

MESSAGE FROM THE SECRETARY MENOPAUSE SOCIETY OF SRI LANKA



It is my great pleasure to welcome all to MENOSOC 2022. Initially, COVID-19 pandemic and then followed by economical crisis of the country almost made MENOSOC 2022 an impossible task. Amidst all the obstacles the organizing committee manage to organize an interesting and very informative one day program under the theme of “New Frontiers in Post Reproductive Health”

I thank all the members of the organizing committee for organizing this event and the international faculty who are visiting our country during this very difficult times. I am sure the knowledge gained from the annual scientific conference of the Sri Lanka Menopause Society MENOSOC 2022 will help to improve the quality of care of millions of women in post reproductive age.

Dr. Madura Jayawardane,
Secretary,
Menopause Society of Sri Lanka.

MESSAGE FROM THE EDITOR MENOPAUSE SOCIETY OF SRI LANKA



It gives me a great pleasure to compose this message for the 21st Annual Academic Sessions of the Menopause Society of Sri Lanka – MENOSOC 2022. In the midst of economic crisis of the country, it is not a small task to organize a conference such as this one, involving many distinguished speakers from foreign and local faculty.

This year, we focus on our theme “New Frontiers in Post Reproductive life”. The programme would cover many aspects of menopause. Updates on frequently spoken topics covering post reproductive health issues would help to revise the knowledge of our delegates. Topics such as PCOD, Androgen therapy, Endometriosis, Breast cancer, Effects of COVID-19 and Osteoporosis will indeed make the programme more colourful. I'm sure the Pre-congress workshop on Vaginal surgery and the Post-congress workshop on Hysteroscopy would be very useful for our emerging young energetic specialists to uplift their clinical skills as well.

I'm certain this year's conference would be a great success.

Dr. Sharada Jayalath

Editor, Menopause Society of Sri Lanka

MESSAGE FROM THE CHAIRMAN ORGANIZING COMMITTEE



I would like to extend my warm welcome to all the participants and the speakers of the 21st Annual Academic Session of the Menopause Society of Sri Lanka – MENOSOC 2022.

This year Annual Academic Sessions will be conducted with the participation of eminent local and international speakers under the theme of “New Frontiers in Post Reproductive life”.

Menopause society of Sri Lanka provides education, information and guidance to health care professionals who deals with all aspects of post reproductive health. Annual Academic Session is the key event out of many programmes and events organized throughout this year under the presidency of Dr. Sanath Akmeemana.

This year session will be much beneficial for specialists, trainees and all the health care staff to improve their standards in caring women in menopause age group.

Finally, I wish to thank all the council members who contributed in making this event a success and I hope that participants enjoy the outstanding conference.

Dr. Mangala Dissanayake
Chairmen, Organizing Committee

MESSAGE FROM THE CHAIRMAN OF ACADEMIC ACTIVITIES



The most important activity in the academic calendar of the Menopause Society of Sri Lanka is the Annual Scientific Sessions. This year, the Menopause Society of Sri Lanka is hosting the 21st Annual Academic Sessions of Menopause Society of Sri Lanka (MENOSOC 2022) on 16th of October 2022 at Hotel Galadari, Colombo. This time the theme is “New Frontiers in Post Reproductive life”.

The academic programme of a high standard aims to discuss the updates of the management of common menopausal problems as well as areas that are not discussed frequently. The MENOSOC Oration will be delivered by Dr. Suchitra Pandith, Senior Consultant Obstetrician and Gynaecologist from India, on “Ultra low dose MHT: A boon for individualizing therapy”. Dr. M.D.P. Gooneratne Endowment lecture will be delivered by Dr. Hara Pattanaik, Senior Consultant Obstetrician and Gynaecologist from India, on “Mature women: What do they want?”

I am delighted that we could share the knowledge of the experts from India, Pakistan and Bangladesh. I like to take this opportunity to thank all local and overseas resource persons for their participation and contribution. I also wish to thank the President Dr. Sanath Akmeemana, President elect Dr. Piyusha Atapattu and the Council of the Menopause Society for their support. The guidance by Dr. M.D.P. Gooneratne, Dr. (Mrs.) Marlene Abeywardena, Dr. Mangala Dissanayake and Dr. Hemanth Perera was invaluable.

This event would not have been possible without the generous contributions from our sponsors. Mrs. Buddhini Geekiyanage was a pillar of strength in helping me in organizing everything in a very methodical way.

Finally, I would like to thank all the participants for coming here to make this event a success.

Dr. Harsha Atapattu
Chairman, Academic Activities
Menopause Society of Sri Lanka

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Prof. Piyusha Atapattu

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Dr. Theshani Mallawaarachchi

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Left to right

Seated – Dr. Hemantha Perera, Dr. M.Sathanandan, Dr. Mrs. Marlene Abeywardena, Dr. M.D.P Gooneratne, Dr. Champa Nelson, Dr. Sanath Lanerolle, Dr. Sanath Akmeemana, Prof. Piyusha Atapattu, Dr. Rohana Haththotuwa, Dr. Mangala Dissanayake, Dr.Madura Jayawardane

Standing – Dr. Sharada Jayalath, Dr. T. Kadotgajan, Dr. (Mrs.) Janakie Karunasinghe, Dr. Dasanthi Akmeemana, Dr. Darshana Abeygunawardane, Dr. Thivanka Munasinghe, Dr. Chaminda Mathota, Dr. Harsha Atapattu, Dr. Shiromali Dissanayake, Dr. U.G. Kariyawasam

Absent – Dr. Rukshan Fernandopulle, Dr. Prasad Rannulu, Dr. C.D.Ekanayake, Dr. Ruwan Silva, Prof. W.I Amarasinghe, Dr. Samanthi Premaratne, Dr. Dilhar Samaraweera, Dr. Diluk Senadheera, Mrs. Chandrika Haththotuwa, Mrs. Wasantha Perera, Ms. Manel Amarasinghe, Dr. Chaminda Kandeuda, Dr. Teshani Mallowarachchi, Dr. Danushka Kotigala.



21st Annual Academic Sessions of Menopause Society of Sri Lanka

PROGRAMME

7.15 a.m. Registration

7.30 a.m.-8.30 a.m. Free Papers

9.00 a.m.-10.30 a.m. Inauguration

9.00 a.m. National Anthem

9.05 a.m. Traditional Lighting of Oil Lamp

9.10 a.m. **Welcome Address by the President of Menopause Society of Sri Lanka**
Dr. Sanath Akmeemana

9.20 a.m. **Address by the Guest of Honour**
Dr. Asela Gunawardena, Director General of Health Services

9.25 a.m. **Address by the Guest of Honour**
Dr. Palitha Abeykoon, Former Chairman of National Authority on Tobacco and Alcohol in Sri Lanka, International Public Health Expert, WHO Director-General Special Envoy for COVID-19 Preparedness and Response for SEAR

9.30 a.m. **Address by the Chief Guest**
Mr. Kunle Adeniyi, The Country Representative, UNFPA

9.40 a.m. **MENOSOC ORATION - Ultra Low Dose MHT - A boon for Individualising therapy - Dr. Suchithra Pandith, Consultant Obstetrician & Gynaecologist, India**

10.20 a.m. **Vote of Thanks by the Secretary of Menopause Society of Sri Lanka**
Dr. Madura Jayawardane

10.30 a.m.-10.50 a.m. Tea

10.50 a.m.-11.50 a.m. **MENOSOC Symposium 1 - Hormones and Reproductive Organs**

10.50 a.m. **PCOD And Menopause**
Dr. Darshana Abeygunawardana, Consultant Obstetrician & Gynaecologist, Base Hospital Homagama

11.10 a.m. **Androgen Therapy For Women New Evidence**
Dr. Madura Jayawardane, Consultant Obstetrician & Gynaecologist, CSTH

11.30 a.m. **Endometriosis And Menopause**
Dr. Sharada Jayalath, Acting Consultant Obstetrician & Gynaecologist, Base Hospital Udugama.

11.50a.m - 12.50 p.m. **MENOSOC Symposium 2 - New Approaches in the Management of Menopause**

11.50 a.m. **Vasomotor Symptoms**

Dr. Janakie Karunasinghe, Consultant Obstetrician & Gynaecologist, CSHW

12.10 p.m. **Surgical Options and Breast Reconstructions**

Dr. Kanchana Wijesinghe, Consultant Surgeon, CSTH

12.30 p.m. **Preventing Dementia: Is It Possible?**

Dr. Chaturi Suraweera, Consultant Psychiatrist, NHSL

12.50p.m - 1.30 p.m. **Dr. M. D. P. Gooneratne Endowment Lecture**

12.50 a.m.- **Mature Women: What Do They Want?**

1.30 p.m. *Dr. Hara Pattanaik, Consultant Obstetrician & Gynaecologist, India*

1.30 p.m.-2.10 p.m. **Lunch**

2.10 p.m.- 3.10 p.m. **SAFOMS session - Ovary and Menopause**

2.10 p.m. **Preserving Ovarian Function: Why And How?**

*Brigadier General Dr. Suraiya Rahman,
Vice President, Bangladesh Menopause Society*

2.30 p.m. **Covid and Ovary**

Prof. Rubina Hussain, President, Pakistan Menopause Society (Online)

2.50 p.m. **Ageing Ovary, Fertility And Offspring**

Dr. Shobhana Mohandas, President, Indian Menopause Society

Plenary Lecture 1

3.20 p.m.- **HRT, Where Are We Now? -**

3.40 p.m. *Dr. M.D.P Gooneratne, Founder President, Menopause Society,
Consultant Obstetrician & Gynaecologist.*

3.40 p.m.-4.40 p.m. **MENOSOC Symposium 3 – Recent Updates**

3.40 p.m. **Enviromental Effects On Ovarian Function**

*Prof. Piyusha Atapattu, Professor in Physiology,
Faculty of Medicine, University of Colombo*

4.00 p.m. **Recent Progress In The Treatment of Osteoporosis**

*Dr. Sachith Abayaratna, Senior Lecturer in Pharmacology,
Faculty of Medicine, University of Colombo*

4.20 p.m. **Novel Therapeutics in oncological management of carcinoma**

of breast in post menopausal women - *Dr. Umagowry Saravanamuttu,
Consultant Oncologist, Apeksha Hospital, Maharagama.*

Plenary Lecture 2

4.40 p.m.- **Managing Menopause Under Economic Constraints**

5.00 p.m. *Dr. Mangala Dissanayake, Consultant Obstetrician & Gynaecologist,
Genral Hospital Kaluthara*

Case Based Discussion

5.00 p.m.- 5.30 p.m. *Dr. Chanil Ekanayake and Dr. Harsha Atapattu*

5.30 p.m.- 5.40 p.m. **CLOSING CEREMONY**

5.40 p.m. **Tea**

FACULTY - MENOSOC 2022



Prof. Suchithra Pandith, Professor in
Obstetrics and Gynaecology, India



Dr. Hara Pattanaik, Consultant
Obstetrician and Gynaecologist, India



Brigadier General Dr. Suraiya
Rahman, Vice President, Bangladesh
Menopause Society



Prof. Rubina Hussain, President
Pakistan Menopause Society



Dr. Shobhana Mohandas, President
Indian Menopause Society



Dr. M.D.P. Gooneratne, Founder
President, Menopause Society of
Sri Lanka

FACULTY - MENOSOC 2022



Prof. Piyusha Atapattu, Professor in Physiology, Faculty of Medicine, University of Colombo, Sri Lanka



Dr. Managala Dissanayake, Consultant Obstetrician and Gynaecologist, General Hospital Kalutara, Sri Lanka



Dr. (Mrs.) Janakie Karunasinghe, Consultant Obstetrician and Gynaecologist, Castle Street Hospital for Women, Sri Lanka



Dr. Harsha Atapattu, Consultant Obstetrician and Gynaecologist, De Soysa Maternity Hospital, Colombo,



Dr. Darshana Abeygunawardana, Consultant Obstetrician and Gynaecologist, Base Hospital



Dr. Madura Jayawardane, Senior Lecturer and Consultant Obstetrician and Gynaecologist, Colombo South Teaching Hospital, Kalubowila, Sri

FACULTY - MENOSOC 2022



Dr. Sharada Jayalath, Acting Consultant
Obstetrician and Gynaecologist, Base
Hospital Udugama, Sri Lanka



Dr. Kanchana Wijesinghe, Consultant
Surgeon, Colombo South Teaching
Hospital, Kalubowila, Sri Lanka



Dr. Chathuri Suraweera, Consultant
Psychiatrist, NHSL, Colombo,
Sri Lanka.



Dr. Sachith Abayaratna, Senior Lecturer
in Pharmacology, Faculty of Medicine,
University of Colombo, Sri Lanka



Dr. Umagowry Saravanamuttu,
Consultant Oncologist, Apeksha
Hospital Maharagama, Sri Lanka

ABSTRACTS OF SCIENTIFIC PROGRAMME

PCOD AND MENOPAUSE

Dr. Darshana Abeygunawardana, Consultant Obstetrician and Gynaecologist, Base Hospital Homagama, Sri Lanka

Polycystic ovarian syndrome is a common hormonal, metabolic and reproductive disorder. This disorder is very complex with broad spectrum of clinical manifestations and associated morbidities. However, this complexity is not fully explained by the term "polycystic ovarian syndrome". Over the last few decades, significant efforts have been made to come to a consensus about classification of the condition though it is still controversial. Currently, criteria agreed upon are predominantly based on expert opinion thereby allowing a focus for disagreement among researchers. Diagnosing PCOS at the extremes of age that is in the adolescents and peri- and post menopause is even more challenging due to some physiological changes in these special groups which mimic some phenotypes explained with the disease. Changes of menopausal transition on the long-term health consequences of PCOS is yet to understand. Research into PCOS in peri- and postmenopausal woman has been limited. Current evidence supports that PCOS phenotype improves with ageing and cardiometabolic risk profiles between women with PCOS and controls is found to be less significant during peri- and post menopause. Though cardiometabolic risk profiles of PCOS patients and of the general population seem to disappear after menopause, it is not clear whether the phenotype improvement helps in minimizing other long-term health risks

ANDROGEN THERAPY IN WOMEN- WHAT, WHEN AND WHY?

Dr. Madura Jayawardane, Senior Lecturer and Consultant Obstetrician and Gynaecologist, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Androgens are believed to have an important biologic role in women, particularly in regulation of libido and sexual arousal, although much about their function on other systems in women is unknown. Testosterone, the primary ovarian androgen, had been used to treat carefully selected postmenopausal women with Hypoactive Sexual Desire Disorder.

There are no clearly established indications for testosterone (Androgen) therapy for women, despite these clinicians widely use androgen preparations for alleviation of variety of symptoms. At present, only evidence-based indication for testosterone therapy for women is for the treatment of Hypoactive Sexual Desire Disorders (HSDD). Available data supporting a moderate therapeutic effect for HSDD, but not for any other symptoms or clinical conditions or for disease prevention.

Testosterone deficiency may be considered among the underlying cause of Hypoactive Sexual desire. Globally near 16 million women over 50 years of age experience with low sexual desire and near 25% of them are diagnosed with Hypoactive Sexual Desire Disorders (HSDD). Surgically menopausal women following abrupt decline of ovarian androgen production do experience HSDD. Testosterone replacement is linked to statistically as well as clinically proven significant improvements in the frequency of satisfying libido and sexual activity. Meta-analysis of available data shows no severe adverse events during physiological testosterone use, yet safety of long-term testosterone therapy has not been established.

Prior to initiate testosterone therapy, accurate diagnosis of HSDD is essential and blood total testosterone levels should not be used for diagnostic purpose. Treatment should only be with formulations that achieve pre-menopausal blood concentrations of testosterone. Currently there is no pharmaceutical products to meet these demands in females, therefore only feasible option is regular testosterone level assessment with judicious use of male testosterone formulations except compounded testosterone.

POSTMENOPAUSAL ENDOMETRIOSIS (PME)

Dr. Sharada Jayalath, Acting Consultant Obstetrician and Gynaecologist, Base Hospital Udugama, Sri Lanka

Pelvic endometriosis is a common disease affecting reproductive age women. It has estrogen dependent pathology and become less active following menopause due to lack of estrogen production during menopause. There are reported cases of postmenopausal endometriosis (PME). However, exact pathophysiology is not well defined. Further, the clinical picture of PME is not clearly identified. Most of the data available is from case reports and case series. According to available data, the prevalence of PME is less than 3%. The pathogenesis of PME poses an intellectual challenge as it occurs in the absence of menstruation and during a state of ovarian inactivity. The prevailing opinion is that postmenopausal endometriosis is likely a persistence or recurrence of pre-existing premenopausal disease.

HOT FLUSHES IN MENOPAUSE

Dr. (Mrs.) Janakie Karunasingha Consultant Obstetrician and Gynecologist, Castle Street Hospital for Women Colombo, Sri Lanka

HOT FLUSHES in Menopause is considered as a normal physiological event in women aged forty-five to fifty-five years. Hot flushes (HF) are the most common complication of menopause with a wide range of prevalence between 20 - 80%. Even though various methods can improve HF including hormone therapy and non-hormone medication, physiological interventions such as cognitive behavioral therapy, mindfulness-based stress reduction and hypnotherapy are studied extensively in recent research. Hormone therapy is considered the principal treatment. However, there are concerns about the risk of breast cancer, cardiovascular diseases, stroke, venous complications, and thromboembolism. Possible side effects and cost associated with long term use should be considered in non-hormonal medication. Recent studies indicate the use of physiological interventions reduce the severity of HF, improve the sleep quality, reduce night sweats, depression, and anxiety in postmenopausal women. Studies also shown the efficacy of cognitive therapy and behavioral therapy is stronger for natural menopausal symptoms than for treatment induced menopausal symptoms. Since there is a wide range of variations in the prevalence of menopausal symptoms and the percentage of women seeking treatment relates to ethnicity and cultural differences, a single global protocol may not be appropriate for its management.

SURGICAL OPTIONS AND BREAST RECONSTRUCTIONS

Dr. Kanchana Wijesinghe, Consultant Surgeon, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Breast cancer is currently the most common cancer among women in Sri Lanka and worldwide, with demographic trends indicating a higher incidence among the postmenopausal women. The management of breast cancer has evolved into a multidisciplinary evidence-based specialty whilst the surgical management continues to be the definitive treatment.

Breast cancer surgery has undergone profound changes over the years, evolving from aggressive and mutilating surgery to less invasive approaches. Today, the aesthetic satisfaction of the patient coupled with the oncological safety is the goal of the modern breast surgeon. For patients with early-stage breast cancer, breast conserving surgery (BCS) followed by radiation has been validated as a safe alternative to mastectomy with better aesthetic outcomes. BCS has also become an option for locally advanced tumors with the advent of neo adjuvant chemotherapy.

The birth of onco-plastic breast surgery has led to more extensive resection of the breast with better aesthetic results overcoming the limitations of BCS. Mastectomy still remains a valid surgical alternative in selected cases and is usually associated with immediate reconstruction. Management of the axilla has also evolved into a more conservative approach. However, the optimal management of the axilla continues to be a controversial topic.

Breast surgery is a critical step in the treatment journey of breast cancer patients. We are witnessing a trend towards less invasive surgery with an emphasis on optimizing the aesthetic outcomes while achieving a sound oncological clearance.

PREVENTING DEMENTIA: IS IT POSSIBLE?

Dr. Chathuri Suraweera, Consultant Psychiatrist, NHSL, Colombo, Sri Lanka

Dementia is a syndrome in which there is cognitive decline beyond that can be explained by the usual sequelae of biological ageing. It is the seventh leading cause of death among all diseases and one of the significant causes of disability and dependency among older people globally. It has many physical, psychological, social, and economic impacts on people with dementia, their carers, families, and society with the impact on women is significant. 65% of deaths due to dementia are women, and disability-adjusted life years due to dementia are approximately 60% higher in women than in men.

More than 55 million people have dementia globally, with approximately ten million new cases yearly. According to World Health Organization, deaths due to Alzheimer's disease and dementia in Sri Lanka were 6,939 or 5.98% of total deaths in 2020. Currently, no approaches have been proven to treat or prevent Alzheimer's disease and related dementias effectively. However, as with many other diseases, there may be interventions that can be implemented to reduce the risk of developing dementia.

PRESERVING OVARIAN FUNCTION: WHY AND HOW?

Brigadier General Dr. Suraiya Rahman, Vice President, Bangladesh Menopause Society

Ovarian activity is not only a clue to youthful feminization, but also the key towards all other healthy activities & wellbeing in women. Previously ovarian preservation was centered around fertility preservation, but newer thoughts & windows are opening up to meet the challenges of ovarian preservation for wider utilization.

Preservation of fertility in girls & young women with cancers & other serious diseases that affect the ovaries, remain important priority to improve their long-term health & wellbeing. Oocyte & embryo cryopreservation are established methods. But in most countries of the world ovarian tissue cryopreservation (OTC) remains experimental until 2019. Freezing ovarian cortical tissue & later replacement has now resulted in at least 100 live births (Anderson et al:2017)

However, OTC preserves more than just the reproductive potential, it restores the ovarian endocrine function. Scientists & clinicians contemplate that the entire female reproductive cycle can be obtained with this, which will act at the HPO axis, producing natural essential hormones at safer & lower levels. In a female population with an increased prevalence in the loss of ovarian function due to induced POI & aging, there is now a need to develop new treatments & provide new opportunities to utilize the enormous surplus of follicles that most female are born with & overcome major health issues associated with lack of ovarian hormones. Cell/tissue-based hormone replacement therapy (HRT) by the use of stored ovarian tissue could be one such option comprising both induction of puberty in pre-pubertal POI girls, treatment of POI & premature menopause & as primary prevention at the onset of menopause.

In this connection we may explore entirely new applications for the potential utilization of OTC including HRT, social freezing, culture of immature oocytes making an 'artificial ovary', & a modern ovarian resection for women with PCO.

Previously suggested transposition of the ovary to reduce radiation dose (Gabbala et al:2014), & GNRH analogues to suppress ovaries during chemotherapy (Lambertini et al 2015) may come into discussion in this connection.

Last but not the least is the precautions at gynaecological/pelvic surgery. Utmost care should be taken not to harm/damage the ovaries, its vasculature, not to do unnecessary handling or removal of any part of it without realizing its consequences.

EFFECT OF COVID 19 ON REPRODUCTIVE HEALTH

Prof. Rubina Hussain, President, Pakistan Menopause Society

The outbreak of 2019 novel coronavirus disease (COVID-19) became a major pandemic threat worldwide. This presentation focuses on the potential risks on reproductive health through studies on female reproductive system including pregnancy, fertility outcome, ovarian reserve and ovarian malignancies.

As per our literature review, the virus was found to specifically recognize receptors via the S protein on the surface of cell membranes, angiotensin-converting enzyme 2 (angiotensin I-converting enzyme 2, ACE2) and modulate cell membrane fusion between virus and host. These are found on cell membranes of the gonads. Studies have found that infection of covid-19 in pregnant women can have an adverse pregnancy outcome in obese and hypertensive women because of the increased risk of coagulopathy. In post covid-19 patients undergoing IVF treatment showed lower levels of ovarian follicles and AMH levels.

More studies are needed to see long term impact of covid-19 on ovarian function, in relation to pregnancy outcome, fertility issues esp. in terms of ovarian reserve and malignancies in post-menopausal women.

HRT - WHERE ARE WE NOW?

Dr. M.D.P. Gooneratne, Founder President, Menopause Society of Sri Lanka

Menopausal Hormone Therapy (MHT) is the most effective treatment for symptoms associated with menopause, especially vasomotor symptoms, and urogenital syndrome. In addition, there are benefits like reduced fractures, risk for type 2 diabetes, cardiovascular disease. It may also reduce other symptoms, like mood changes, sleep disturbances and changes in libido. Women's Health Initiative (WHI) and Million Women Study (MWS) and a few others raised concerns about safety of MHT. Longer follow up of these and recent studies have shown that benefits far outweigh the risks, when given to women younger than 60 years or within 10 years of menopause. Risks also depend on the type, dose, route of administration, and the type of progestogen used. Use of low dose and ultra-low dose has revealed high safety profile and therapeutic efficacy. Improved transdermal delivery systems have resulted in clinical improvement comparable to oral hormone therapy with better compliance and less adverse effects. Newer Selective Estrogen Receptor Modulators (SERM) like Bazedoxifene prevents osteoporosis, maintains favorable lipid profile with no adverse effects on breast and endometrium. Combination of an estrogen and Bazedoxifene called Tissue Selective Estrogen Complex (TSEC) has a better profile of tissue selectivity. Since the publication of WHI and MWS there has been a marked drop in HRT prescriptions, and slight improvement in HRT use in recent years has been offset by increase in price and non-availability.

ENVIRONMENTAL POLLUTION: A LOOMING THREAT TO OVARIAN FUNCTION

Prof. Piyusha Atapattu, Professor in Physiology, Faculty of Medicine, University of Colombo, Sri Lanka

Environmental pollution encompassing air, water and soil is rapidly escalating globally, leading to climate change and associated detrimental consequences, including negative outcomes on health, fertility and longevity.

Women's ovaries are particularly vulnerable as the number of germ cells present in the ovary is fixed during fetal life and the cells are not renewable, which have implications on infertility, birth defects and early menopause. The deleterious effects on ovaries can be observed at several stages of reproductive life in females, from fetal life to puberty and maturity.

Many environmental pollutants have been shown to adversely affect ovarian function including heavy metals, cigarette smoke, bisphenols and phthalates from plastics, pesticides and toxic gases. The effects on the ovaries are modulated via diverse mechanisms including epigenetic mechanisms, expression of non-coding RNAs, steroidogenic dysfunction, action of endocrine disruptors (EDs) an enhancing oxidative stress, leading to a range of physiological processes involved in hormonal homeostasis and germ cell and embryo quality.

Increasing awareness and further research as well as formulating sustainable plans of actions are immediate necessities to combat the growing threat of health effects by environmental pollution.

RECENT PROGRESS IN THE TREATMENT OF OSTEOPOROSIS

Dr. Sachith Abayaratna, Senior Lecturer in Pharmacology, Faculty of Medicine, University of Colombo, Sri Lanka

Osteoporosis is a chronic bone disease characterized by aberrant microstructure which leads to reduced bone mass and increased risk of fragility fractures. Osteoporotic fractures are a major cause of morbidity and mortality in the elderly population in the world. One in two women and one in five men over the age of 50 years will sustain a fracture during their remaining lifetime, resulting in a significant annual health cost. Anti-resorptive drugs, especially, bisphosphonates, are currently the treatment of choice in most patients. However, they do have limitations and adverse effects, which, to some extent, helped the development of newer, and more potent anabolic drugs such as teriparatide and romosozumab. In patients with high or very high risk for fracture, sequential or combined therapies may be considered with the initial drugs being anabolic agents. Despite these advances, management of osteoporosis remains suboptimal, and only around one-third of patients presenting with a fragility fracture receive appropriate diagnostic assessment and therapeutic interventions.

NOVEL THERAPEUTICS IN ONCOLOGICAL MANAGEMENT OF CARCINOMA OF BREAST IN POSTMENOPAUSAL WOMEN

Dr. Umagowry Saravanamuttu (MBBS, MD), Consultant Clinical Oncologist, Apeksha Hospital, Maharagama

Menopause does not cause breast cancer, but the risk of developing cancer increases as a woman ages. With higher incidence of comorbidities, breast cancer management often differs from the management of younger women. Surgery is the primary treatment for early-stage breast cancer and radiotherapy reduces the risk of local recurrence. Axillary Lymph node positivity, Oestrogen hormone receptor, Her 2 neu epithelial receptor status and co morbidity determine the adjuvant treatment after surgery.

Node negative, Hormone positive and Her 2 negative breast cancers are treated with oral Anastrozole for 5 years which reduces the risk of relapse. Addition of Trastuzumab targeted therapy in Her 2 positive breast cancer reduces the recurrence by 50 %. Hormone receptor and Her 2 receptor negative breast cancer patients (Triple negative) are treated with single or combination chemotherapy.

Goals of metastatic breast cancer management are longest survival with good quality of life and fewest side effects. Treatment has changed substantially over time with the introduction of targeted therapy, biological therapy, and immunotherapy. Combination of Fulvestrant (selective Oestrogen receptor down regulator) and Anastrozole can be used as first line treatment for metastatic breast cancer in postmenopausal women. CD4/6 check point inhibitors when combine with Fulvestrant improve the median survival up to 34.4 months. Treatment with chemotherapy Taxons and dual targeting with monoclonal antibodies Trastuzumab and Pertuzumab in Her 2 positive metastatic breast cancer increased median overall survival up to 18 months.

Novel drugs Olaparib and Talazoparip (PARP inhibitors) are another option for Triple negative, BRACA gene mutated breast cancer patients as an alternative to chemotherapy. Immunotherapy Pembrolizumab can be used in MSI-H and dMMR gene mutated cancers and PD -L1 positive breast cancers.

Personalized treatment of breast cancer will continue to evolve as biomarkers continue to become elucidated and validated through clinical trials.

MANAGING MENOPAUSE UNDER ECONOMIC CONSTRAINS

Dr. Mangala Dissanayake, Consultant Obstetrician and Gynaecologist, General Hospital, Kalutara.

Women will play an important role in the development of the economy in addition to their social responsibilities. Despite the important role women play in the economy and the society, women living in poor countries will suffer more than other categories during the economic crisis. Women in poor countries are more likely than men to spend their income on food, education, and healthcare for their children – creating powerful, positive, and measurable benefits to society. Unlike the women in menopausal age, impact due to economic constraints on the pregnant and lactating mothers and young women are more prominent and visible. Negative effects on health and menopause due to economic constrains will take years to appear. Health issues during the economic crisis may aggravate the existing problems like non-communicable diseases which are rampant at this age group. Stress and lack of health care will increase the cardiovascular morbidity. Nutritional deprivation in post reproductive age will cause low immunity status with higher risk of infections. Adding to the problem, food deprivation also leads iron, calcium, and protein deficiencies with huge health consequences. In addition, unrest and social disruption adversely affect the mental health and worsen the quality of life.

During the economic decline higher unemployment especially among the older women leads higher level of exploitation in legal and illegal economy. In addition, violence and sexual exploitation will adversely affect the overall health. It is important prepare a contingent plan to reduce the negative effects on post reproductive health and to expand the economic opportunities to this vulnerable group during this critical period.

FREE PAPER ABSTARCTS

OP1

PREVALENCE OF MENOPAUSAL SYMPTOMS AMONG PERIMENOPAUSAL AND POSTMENOPAUSAL WOMEN IN URBAN SRI LANKA

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Aims and Objectives

Women facing climacteric and menopause undergo drastic changes in health giving rise to various signs and symptoms. Many of these symptoms negatively impact the quality of life in postmenopausal women. This study was conducted to assess the prevalence of menopausal symptoms and associated health issues.

Method

We conducted a cross sectional study among women aged between 45 and 60 years in a gynaecology clinic in a tertiary care hospital. A Sinhalese version of self-administered menopausal rating scale (MRS) consisting of 11 symptoms under three dimensions was answered by the participants along with a background survey.

Results

Total number of participants were 72; out of which, 21 (29.1%) were premenopausal. The mean age at menopause was 51.4 (SD 2.8). The mean score among the participants was 18.8 (SD 3.2). A subgroup analysis revealed mean score was much higher (20.2) among the post-menopausal group than the premenopausal group (15.4). And this was statistically significant ($p = 0.007$). Out of the three domains in the MRS, the highest score was obtained for somatic symptoms (7.7) followed by psychological symptoms (6.1) and urogenital symptoms (5.4). 73.3% women had muscle or joint pains which was the commonest while 66.2% had physical and mental exhaustion and 65.1% had sleep disturbances. However, most severely perceived symptom was hot flushes. Nonetheless, none of the respondents were on any form of menopausal hormonal treatment.

Conclusion

As the prevalence of menopause related symptoms is much higher, education of the healthcare staff on proper diagnosis and management of these symptoms cannot be overemphasized.

OP2

COMPARISON STUDY ON PREVALENCE OF PERI-MENOPAUSAL SYMPTOMS AMONG MIDDLE AGED WOMEN IN KANDY DISTRICT SRI LANKA WITH A SAMPLE OF SAME AGED WOMEN PRESENTING TO THREE GENERAL PRACTICES IN UNITED KINGDOM.

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Background

During midlife years, most women experience “peri-menopausal symptoms” (PMS) as a result of natural decline in sex hormones.

Objectives

Objective of this study was to describe and to compare the prevalence and the severity of PMS experienced by midlife women in Sri Lanka with a sample of midlife women in United Kingdom (UK).

Methods

Two descriptive cross-sectional studies were done in Kandy, Sri Lanka (2015) and UK (2019) with the participation of 864 and 145 midlife women respectively. In both settings, interviewer administered questionnaire was used for data collection and Menopause Rating Scale (MRS) which is a validated tool was used to collect data about the prevalence and severity of PMS.

Results

Overall prevalence of PMS among Sri Lankan women and UK women were 92.6% and 93.1% respectively. The most common four symptoms experienced by both groups of women were joint & muscular discomfort, physical and mental exhaustion, hot flushes & night sweats and sleep problems. The mean of total MRS score among Sri Lankan Women was 9.6 (SD 7.6) while UK women scored 12.6 (SD 7.70). The UK women had a higher score in total MRS and in all 3 subscales than the Sri Lankan women.

Conclusions

The prevalence of PMS is high in both groups. There is similarity in the pattern of symptomatology among both groups. However, the severity of experience of PMS were higher among UK women than in SL women.

OP3

KNOWLEDGE ON MENOPAUSE AND SOURCES OF INFORMATION AMONG MIDDLE AGED WOMEN IN KANDY SRI LANKA

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²Professor of Family medicine, Department of Family Medicine, University of Sri Jayewardenepura.

Background

Menopause is an important turning point in a midlife woman's life. Having an idea about their knowledge on menopause would be helpful in managing their problems effectively.

Objectives

Objective of this study was to describe the knowledge on menopause and sources of information among middle aged women in Kandy.

Methods

A descriptive community based cross sectional study was done from October 2014 to September 2015. 864 midlife women in the age range of 45 to 60 years, from the district of Kandy were selected randomly using a multistage stratified cluster sampling. An interviewer administered questionnaire was used for data collection. The investigator set the cut off score of satisfactory knowledge as 60%.

Results

The mean knowledge score was 50.29 (SD 9.38). 65.4% of the women had an unsatisfactory level of knowledge. Their knowledge on basics of menopause (mean 63.27) and osteoporosis (mean 64.21) was comparatively better but the knowledge on HRT (mean 18.73) was very poor. The most common source of information in this population was friends and relatives, followed by electronic media and print media while only 21.6% had received information from doctors.

Conclusions and recommendations

Knowledge among the majority (65.4%) of women was unsatisfactory. Respondent's knowledge was very poor on HRT and only 38.5% of the women were aware about it and education on this aspect is recommended. Their knowledge on osteoporosis and healthy lifestyle measures were comparatively better. The doctor's contribution for health education was inadequate and recommended discussing midlife issues with perimenopausal women during routine consultations.

OP4

GENITO-URINARY TRACT SYMPTOMS AMONG POSTMENOPAUSAL WOMEN IN MANNAR DISTRICT

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²*General Sir John Kotelawala Defence University*

Aims and Objectives

Research into female genitourinary symptoms is very limited in South Asia. Therefore, our objective was to study vaginal and lower urinary tract symptoms in postmenopausal women and compare it with women of reproductive age at a community setting in Sri Lanka.

Methods

A cross-sectional analytical study at community level is currently being conducted in Mannar alongside the Primary Health Care System Strengthening Project (PSSP). The two groups were postmenopausal women and women in the reproductive age. The validated Tamil ICIQ-FLUTS and ICIQ-VS questionnaires was used to assess vaginal and lower urinary tract symptoms.

Results

The basic characteristics of the two groups, postmenopausal group (n=54) versus reproductive age women (n=53) were age (SD) [56.4 (5.1) versus 40.4 (5.0)], BMI (SD) [25.5 (4.0) versus 26.0 (5.0)] and median parity (interquartile range) [3 (2-4) versus 2 (2-3)] respectively. The postmenopausal women had significant urinary flow symptoms (urgency, frequency, nocturia and dysuria) compared to reproductive age women [3 (2-4.2) versus 2 (1.5-3), p=0.04]. There was no difference in voiding symptoms [0 (0-0) versus 0 (0-1), p=0.19] or incontinence symptoms [2 (1-3.2) versus 2 (1-4), p=0.74]. There was also no difference in vaginal symptoms [0 (0-4.5) versus 2(0-5), p=0.43] and sexual symptoms [0 (0-0) versus 0 (0-0), p=0.72].

Conclusions

The presence of significant urinary flow symptoms in postmenopausal women was anticipated. However, the absence of a significant difference in other genitourinary tract symptoms in this interim analysis may be due to the relatively small difference in age between the two groups.

OP5

KNOWLEDGE AND PERCEPTION REGARDING MENOPAUSE AND MENOPAUSAL HORMONE THERAPY AMONG NURSES AND NURSING STUDENTS IN COLOMBO GROUP OF HOSPITALS

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Aims and objectives

Assess knowledge and perception regarding menopause and menopausal hormone therapy (MHT) among nurses and nursing students.

Methods

A descriptive cross-sectional study was conducted using a self-administered questionnaire among nurses and nursing students in Colombo group of hospitals. Knowledge on menopause and MHT were each scored of 15.

Results

There were 137 participants (89 nurses and 48 nursing students). Mean age(+S.D.) and service duration were 31.2±8.94 and 9.28±9.3 years respectively. 86.1% had formal education on menopause. Mean scores for knowledge on menopause and MHT were 6.36±2.91 and 5.12±2.52 respectively. 51.8% and 80.3% were aware of the associated cardiovascular and osteoporosis risks. 54.7% knew the necessity of perimenopausal contraceptives. 68.6% were unaware of the need for evaluating postmenopausal bleeding. Awareness of the associations of MHT with breast cancer, endometrial cancer, and deep vein thrombosis was 64.2%, 62%, and 30.7% respectively. Nurses scored better than nursing students in knowledge on menopause ($p<0.001$) and MHT ($p<0.011$). Age or service duration had no association with scores. Participants perceived menopause as an unpleasant condition (46.7%) not requiring treatment (66.4%). 50.4% believed that benefits of MHT outweigh risks. Most participants recognized an inadequacy in their knowledge on menopause (73.7%) and MHT (85.4%). A striking 97.8% expressed a need for training on menopause and MHT.

Conclusion

Both nurses and nursing students had significant deficits in knowledge of menopause and MHT despite the majority receiving formal education. Educating nurses and nursing students on menopause and MHT is paramount to improving the healthcare of the growing menopausal population of Sri Lanka.

OP6

A RARE CASE OF LOCALLY ADVANCED CERVICAL CANCER ASSOCIATED WITH COMPLETE UTERINE PROLAPSE – CASE REPORT.

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Introduction

Carcinoma of the cervix and a prolapsed uterus are common diseases in developing countries, but their association is quite rare (1). The treatment of cervical cancer has been protocolled, but the management of uterovaginal prolapse associated with carcinoma of the cervix is not standardized and therapy strategies vary considerably among authors. We report a rare case of cervical cancer associated with complete uterine prolapse which is managed with radical vaginal hysterectomy.

Case report

An 88-year-old mother of six delivered vaginally, presented to a local hospital with a history of a lump in the vulva for eight-year duration complicated with severe vaginal bleeding. On physical examination, a complete third-degree uterine prolapse with a fungating, exophytic papillary cervical tumor was noted which extending to the outer half of the vagina (FIGO stage IIA) with bleeding from ulcerated areas in the tumor (Fig. 1). A low-grade of cysto-rectocele was evident and rectal examination revealed no infiltration of the parametria. A biopsy of the lesion was performed revealing keratinizing squamous cell carcinoma of the cervix. Laboratory tests showed severe anemia for which the patient received a transfusion for her severe anemia.

The patient was then referred to the gynecological oncology institute. At the time of her presentation, the patient had no significant past medical or surgical history. A computed tomography (CT) scan of the Head, Chest, Abdomen & Pelvis reported no evidence of distant metastasis. As the patient's quality of life was severely compromised by the prolapse gynecology oncological team planned to proceed with a palliative vaginal hysterectomy after assessing the patient's fitness for the surgery. She underwent radical vaginal hysterectomy with upper vaginectomy and posterior colpoperineorrhaphy under spinal anesthesia (Fig. 2). Other than bladder injury which occur during surgery and repaired at the same time, there were no other complications occurred during the operative period and she recovered uneventfully. Histological report confirmed her diagnosis of squamous cell carcinoma of the cervix with vaginal involvement (FIGO stage IIA). All resection margins of the surgical specimen were clear and vaginal shavings were also free of tumors. She was reviewed in the clinic one month and three months after the surgery and there was no evidence of local or distant metastasis.

Conclusion

Although uterovaginal prolapse is a benign condition, when it's associated with suspicious symptoms like vaginal bleeding, coldness with a foul odor, and ulcerating lesions, biopsies must be performed before treatment.

OP7

AN APPROACH TO MAKE A DIAGNOSIS OF PRIMARY ADNEXAL ADENOCARCINOMA OF VULVA

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Introduction

Carcinoma of vulva are a notably common, representing 3-5% of all female genital tract malignancies. Primary adenocarcinoma of vulva accounts for 1% of all malignant neoplasms of the vulva. Adnexal adenocarcinomas of the vulva are even more rare, accounting for less than 0.1% of all vulvar carcinomas. Secondary deposit in vulva from remote organs need to be excluded before arriving at a diagnosis of primary adenocarcinoma of vulva.

Case history

A 76yr old woman came with progressively enlarging growth involving each labia majora and labia minora. The lesion had spread as much as the vestibule without involving vagina. It posteriorly extends to the anal orifice with no clinical sphincter deficiency. Cervix was normal on palpation. Histology of biopsy from lesion revealed an adenocarcinoma of vulva without evidence of adjacent extramammary Paget's disease. The likely possibilities were primary adnexal adenocarcinoma or secondary lesion due to a breast, intestinal tract or lung cancer. MRI abdomen pelvis, chest revealed enlarged pelvic and distant lymph nodes. Mammogram, colonoscopy and cystoscopy had been unremarkable.

Discussion

Adenocarcinoma of the vulva may originate from adnexal structures, mammary-like glands and more commonly from Bartholin's glands. While Most of adenocarcinomas of vulva are associated with extra mammary Paget's disease, Primary adnexal adenocarcinomas without an associated Paget's disease, like in this case is uncommon. The diagnosis of primary adnexal adenocarcinoma of vulva is based on medical records, morphology and immunohistochemistry. The rarity and histologic variability may additionally account for the issue in the diagnosis of primary adenocarcinoma of vulva. These tumors spread to lymph nodes extensively and carry a poor prognosis, 56% disease-free survival without nodal involvement decreases to 9% if the nodes are involved. Primary treatment modality of this type of tumour is surgical excision of the vulva (radical vulvectomy). they are known for radio-resistant, and the benefit of chemotherapy is unknown.

ACKNOWLEDGEMENTS

Herewith we acknowledge with deep gratitude:

- *Dr. Hara Pattanaik, Consultant Obstetrician & Gynaecologist, for conducting the pre congress workshop*
- *Our sponsors who made it possible for us to have this event in such grand style.*
- *Ms. Buddhini Geekiyanaige who has been invaluable to all activities of the Menopause Society over the years.*
- *Mr. Rajitha Bandaranayake, Mr. Chulaka Ellepola who is always with us providing the support.*
- *Mr. Nalina Wanasinghe, the Event Organizer, for his tireless work.*
- *SLCOG Office staff, who have helped us all along while sharing the same office space.*
- *Dr. Ama Nadee, Dr. Pasini Chandrasinghe for excellent compeering.*
- *Dr. Harsha Abapattu and staff of De Soysa Maternity Hospital for organizing the pre congress workshop on Vaginal Surgery.*
- *Dr. Madura Jayawardena and staff of Colombo South Teaching Hospital for organizing the post congress workshop on Basic Hysteroscopy.*
- *Printers Litrain for the quality printing for the programme and abstract book in such a short time.*
- *Mr. Lalith – Studio Ama for excellent photography*
- *Mr. Bukshan Mohomad – Travel Partner*
- *All others who supported us in innumerable small ways to make this event a success.*
- *Hotel staff of Galadari Hotel*



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- Management of Mastalgia ^{1,2}
- Menopause Symptoms ^{3,4}
- Management of Pre-menstrual Syndrome ^{5,6}
- Management of Gestational Diabetes ^{7,8}



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Reference: 1. Mariani M. The resolution of cyclical breast problems. *Am Fam Physician* (Internet). 2008 Apr;76(4):531-5. Cited Available from: <http://www.aafp.org/afp/070408/531.html>. 2. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome. *Br J Obstet Gynaecol*. 1992;99(10):1117-21. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/1319123>. 3. Prasad S, Prasad S, Prasad S, Prasad S, Prasad S, Prasad S, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>. 4. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>. 5. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>. 6. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>. 7. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>. 8. Srinivasan CA, Minkin PS, Polyzoidou SA, Sherrill W, Harrison DJ, Park JH, et al. Evening primrose oil for premenstrual syndrome: a pilot study. *Acta Obstet Gynecol Scand*. 2011;90(12):1287-91. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21822723>.

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