

GYNAECOLOGY & OBSTETRICS UPDATE

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Website for Patients MrMalak.com

Issue 101st

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**HOSPITAL
DOCTOR**

AWARD

1st runner up

**UK best
Continence Team**

**Eastbourne
Urogynecology
Team**

M Malak, A Grimston,
J Andrews, N Lawton,
A Spirou, W Fletcher

Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (1ry & recurrent), frequency, urgency and recurrent cystitis

**NHS Clinical
Excellence
Award
2005 2006 2007
2008 2009
(achieving the highest
local Award)**

The 101st Issue

**Progress and Summary
of clinical management over
100 "Update" issues**



PCOS: Polycystic Ovary Syndrome

++ Polycystic ovary syndrome (PCOS) is the most common endocrine disturbance, affecting 15% of women in the UK [A GP may see few PCOS patients per week]. The definition of PCOS has been much debated, while the cause of PCOS appears to be multifactorial; insulin-insensitivity plays a major role

++ The **Rotterdam consensus** diagnostic criteria, long-term health risks of PCOS [diabetes, cardiovascular diseases, endometrial cancer etc.] and recommended investigations are discussed in **issues 19 & 33**

++ **Lifestyle advice with appropriate attention to diet and exercise are the mainstay management for young women with PCOS [Issues 19 & 33]**

++ **Metformin should not be used in PCOS initial management [Issues 35 & 77]**

++ **Cochrane review in 2010 supported the above management**

Menopause and HRT

++ Menopause is the cessation of menstruation. It is recognized to have occurred after 12 consecutive months of amenorrhoea. One-off elevated FSH and low oestradiol **should not be used to diagnose menopause. Two elevated FSH levels and reduced estradiol levels 6 weeks apart are essential [Issue 2].**

++ **Contraception [Issues 7 & 38]: All women at the climacteric should be advised to continue contraception after their menopause (cessation of their periods) for:**

- **One year** if their menopause started after the age of 51.
- **Two years** if their menopause started before the age of 51.

++ **HRT advice [Issues 54 & 92]: It should be individualized assessing the risks (Issues 29, 34, 54, 61, 76 & 69) against benefits. Consider local HRT first for local symptoms. If systemic HRT is given [licensed for vasomotor symptoms]; the lowest dose and the shortest duration should be considered (normally up to 2 years).**

++ **HRT given for premature menopause should be continued to the age of menopause [50/51] whatever the duration of therapy [Issue 54 & 93]**

++ **Testosterone Therapy [Issues 18 & 57]: 300 micrograms/24 hours is licensed in UK only for women who suffers from low sexual desire, are up to age of 60, had uterus and ovaries removed and on oestrogen only therapy.**

Postmenopausal Bleeding

Patients, not on HRT or if bleeding continues after stopping HRT, should be referred: **Issue 73**