

Student Led Seminar

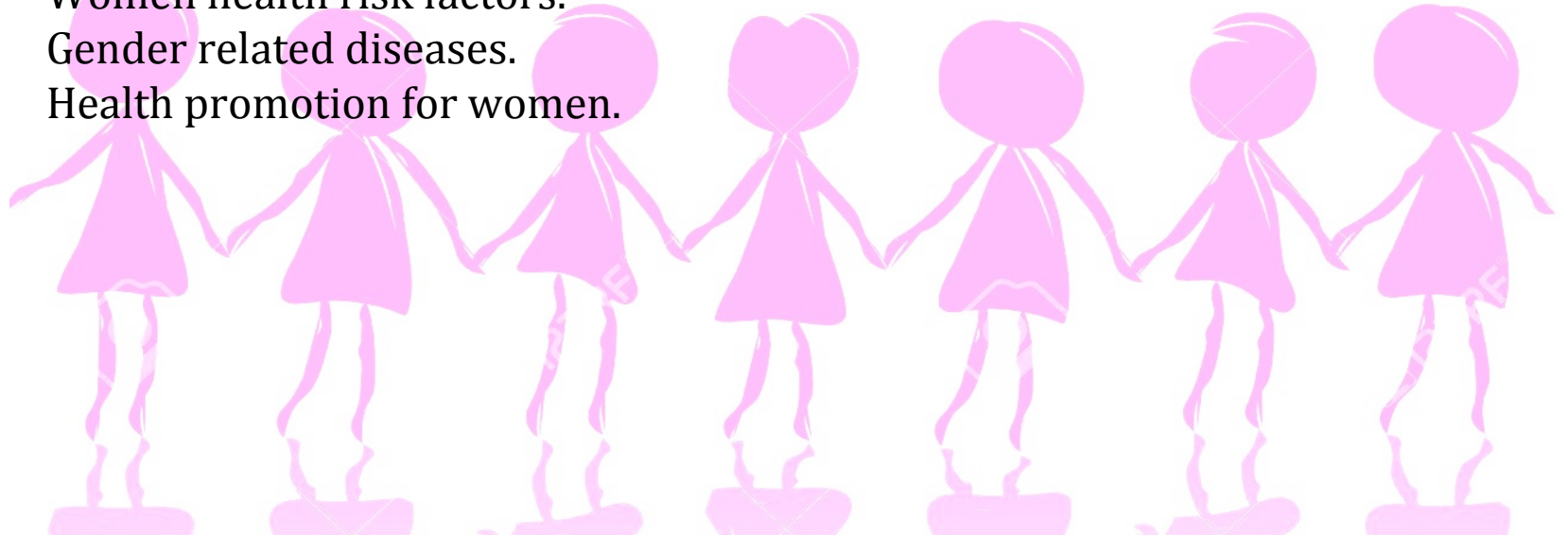
Group 5 - Women Health

Women's Health



Objectives:

1. Menopause (HRT)
2. Contraceptives
3. Common Gynecologic issues (PCO, DUB, Amenorrhea)
4. Women health risk factors.
5. Gender related diseases.
6. Health promotion for women.





Menopause & Hormonal replacement therapy

Shatha Alzahrani

Menopause

Is defined as the absence of menstrual periods for 12 months.
-The average age of menopause is 51 years old.





Symptoms & Complications

Symptoms of Menopause

Systemic

- Weight gain
- Heavy night sweats

Headache

Psychological

- Dizziness
- Interrupted sleeping patterns
- Anxiety
- Poor memory
- Inability to concentrate
- Depressive mood
- Irritability
- Mood swings
- Less interest in sexual activity

Palpitations

Breasts

- Enlargement
- Pain

Skin

- Hot flashes
- Dryness
- Itching
- Thinning
- Tingling

Joints

- Soreness
- Stiffness

Back pain

Urinary

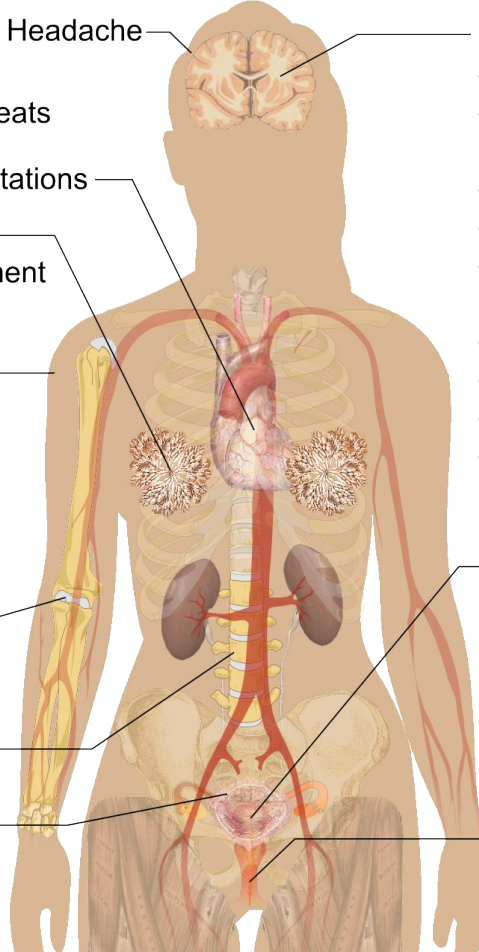
- Incontinence
- Urgency

Transitional menstruations

- Shorter or longer cycles
- Bleeding between periods

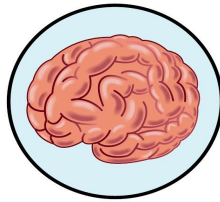
Vaginal

- Dryness
- Painful intercourse

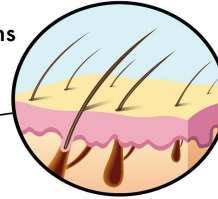


Menopause

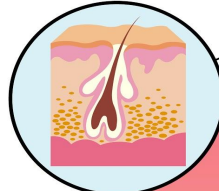
Symptoms and Complications



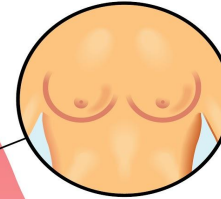
Changes in mood and irritability



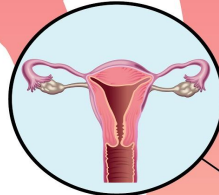
Thinning of scalp hair



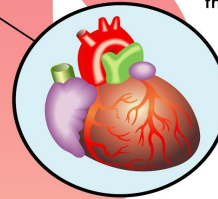
Loss of elasticity and thinning of the skin



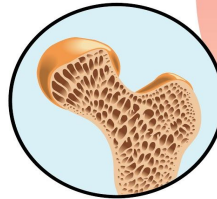
Loss of firmness of the breast



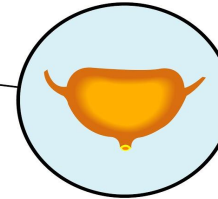
Amenorrhea and increased risk of vaginal infections



Risk of heart damage



Osteoporosis risk



Urinary incontinence and increased risk of urinary tract infections



Hormonal Replacement Therapy



Hormonal Replacement Therapy:

treatment with estrogens to relieve menopausal symptoms or osteoporosis.

Types of HRT

Estrogen Therapy: Doctors generally suggest a low dose of estrogen for women who have had a hysterectomy.

Combined: for women who still have their uterus.

case

A menopausal woman came to the clinic complaining of **hot flashes** and asking you to give her HRT.

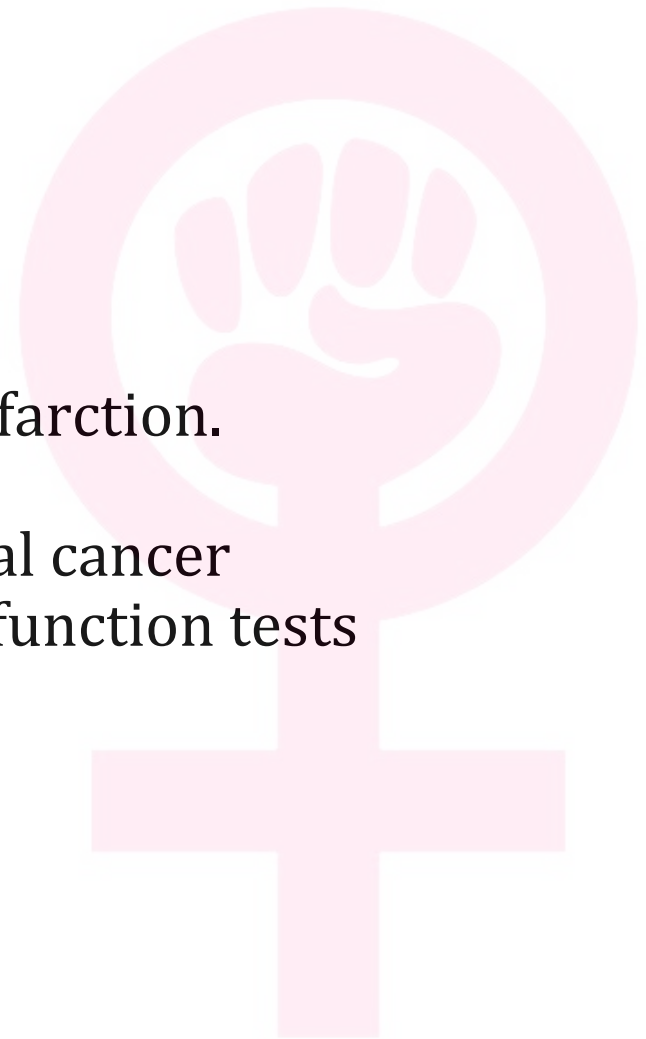




Contraindications

Contraindications:

- undiagnosed abnormal vaginal bleeding
- active thromboembolic disorder.
- Active or recent angina or myocardial infarction.
- Uncontrolled hypertension.
- suspected or active breast or endometrial cancer
- active liver disease with abnormal liver function tests





Risks & benefits

HORMONE REPLACEMENT THERAPY (HRT) – RISKS AND BENEFITS

HRT is still an effective short-term treatment for menopausal symptoms, but has risks as well as benefits

THE RISKS



2 more women get
BREAST cancer



1 more woman gets
OVARIAN cancer



HRT can also affect **womb cancer** risk, but this depends on many factors including type of HRT



It can also increase the risks of other conditions, such as **heart disease** and **strokes**

THE BENEFITS



HRT reduces the symptoms of the **menopause**



It can make a significant difference to a woman's **quality of life**



It may slightly **reduce the risk** of bowel cancer and some other diseases



If you have any questions or concerns about taking HRT, talk to your GP



Risks of HRT:

- Estrogen increase the risk of **uterine cancer** and Adding progestin decreases the risk of uterine cancer.
- Combined hormone therapy increases the risk of **heart attack**.
- Increase the risk of stroke and ***deep vein thrombosis (DVT)***.
- Combined hormone therapy is associated with a small increased risk of **breast cancer**



Benefits:

- Reduction of osteoporosis
- HRT may reduce palpitations, improve sleep and may improve mood.
- Reducing the risk of colorectal cancer



Side effects



Side effects:

- Bloating
- breast tenderness or swelling
- nausea
- headaches
- vaginal bleeding

Life style modifications

- Don't smoke
- Control blood pressure
- Control cholesterol
- Control triglycerides
- Prevent diabetes
- Exercise regularly
- Maintain healthy weight or lose weight if overweight
- Improve nutrition
- Reduce stress





Contraception

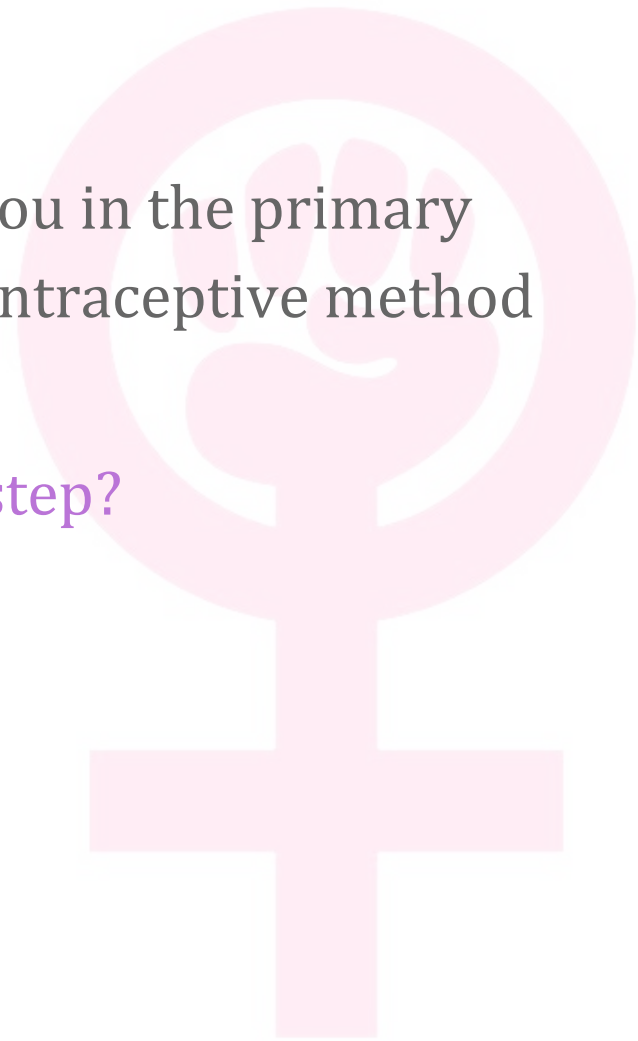
Rasha Alanazi

Contraception



A 30 years old woman G2P2 presented to you in the primary care clinic with questions about the best contraceptive method suitable for her

What would be the most appropriate next step?



Contraceptive Counseling

First ask few questions:

- Age
- Menstrual history
- Breastfeeding
- **PMHx**: STDs, VTE, breast/cervical cancer and migraine
- **DHx** and allergies
- **SHx**: smoking
- **FHx**: breast or cervical cancer



Try to determine which type is suitable for the patient based on history and patient preferences

Describe the method in more details:

- How it works.
- Effectiveness
- Side effects.

Discuss other options

Summarize



Common gynecological disorders

“
Menstruation
Menopause
Mental breakdowns
notice how all
women's problems
begin with **men**.
GIRLFROMPARIS | TUMBLR

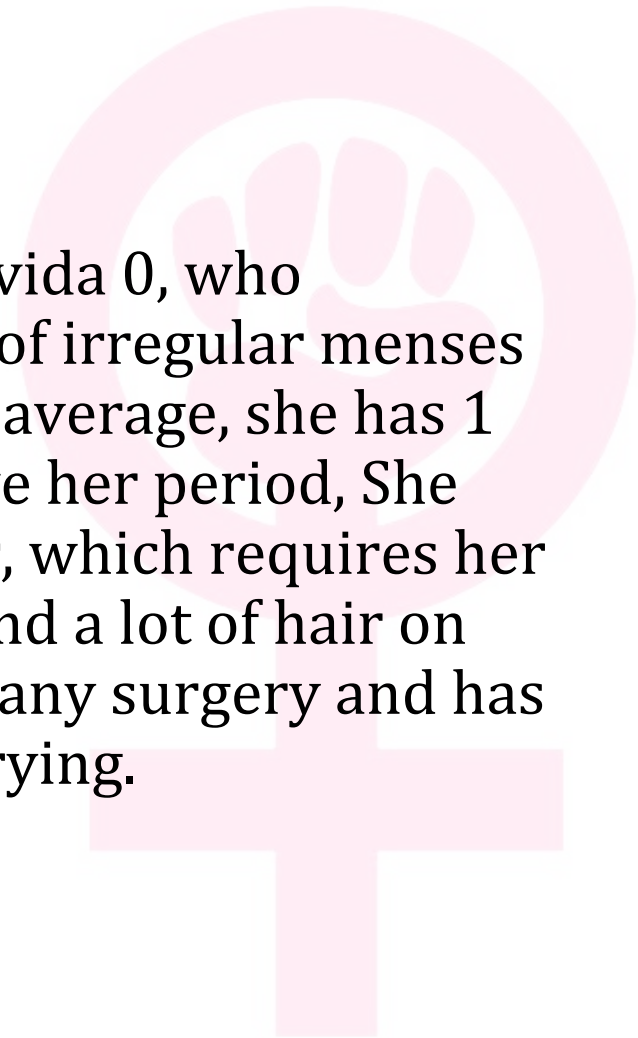
”

Haifa Al-otibi



Case

§A 25-year-old morbidly obese female, gravida 0, who presented to the your office for evaluation of irregular menses since menarche. The patient stated that on average, she has 1 period every 6 months. When she does have her period, She also complained about excessive facial hair, which requires her to shave at least once every several days, and a lot of hair on her abdomen and arms. She has never had any surgery and has never conceived, despite several years of trying.



What do you know about...?



What do you know about...?

Clinical Characteristics of Polycystic Ovary Syndrome among Saudi Women

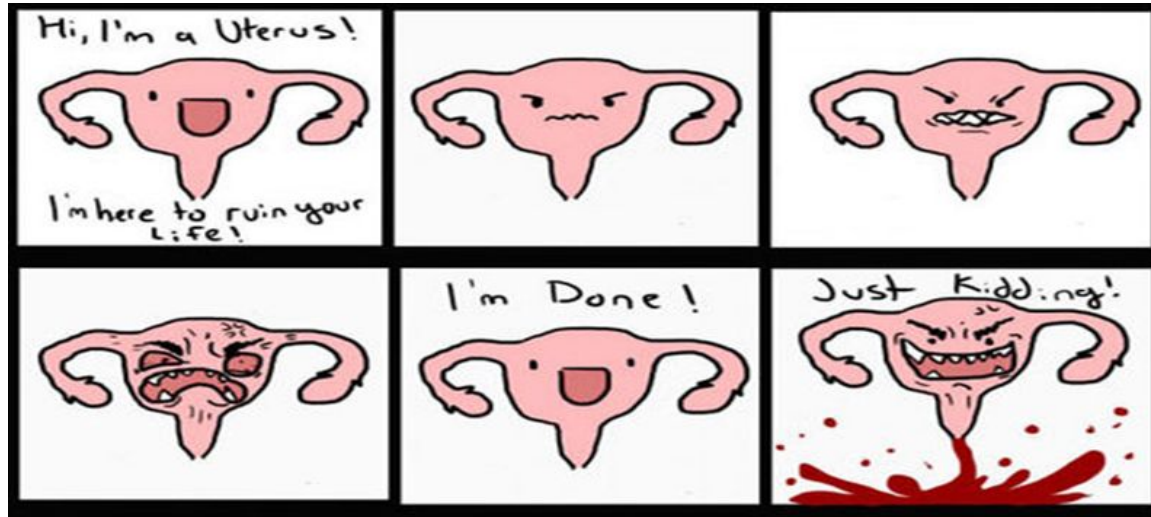
Polycystic ovary syndrome (PCOS) is the most common cause of infertility. Clinical presentation of the PCOS varies widely, and it is a complex presentation. We decided to study the most common clinical features of polycystic ovary syndrome among Saudi women. This would help the health care provider to diagnose the disorder early to prevent many metabolic complications associated with it. Moreover, The studies on PCOS in the Saudi populations are very few.

It is a retrospective study. 182 charts of Saudi women diagnosed with polycystic ovary syndrome using Rotterdam criteria were reviewed. The initial data of the PCOS women in reproductive age group (18-45 years old) attending the infertility and gynecology clinics at King Khalid University Hospital in Riyadh (affiliated with King Saud University) between 2005 -2013 We concluded that BMI>25 Kg/m² and menstrual irregularities are the most alarming clinical presentation in young Saudi females in their reproductive age with a high likelihood of having PCOS, especially if it is associated with a history of infertility. These cases should be recognized and managed early to avoid associated metabolic complications



Dysmenorrhea

[#Watch the video to answer the following questions.](#)





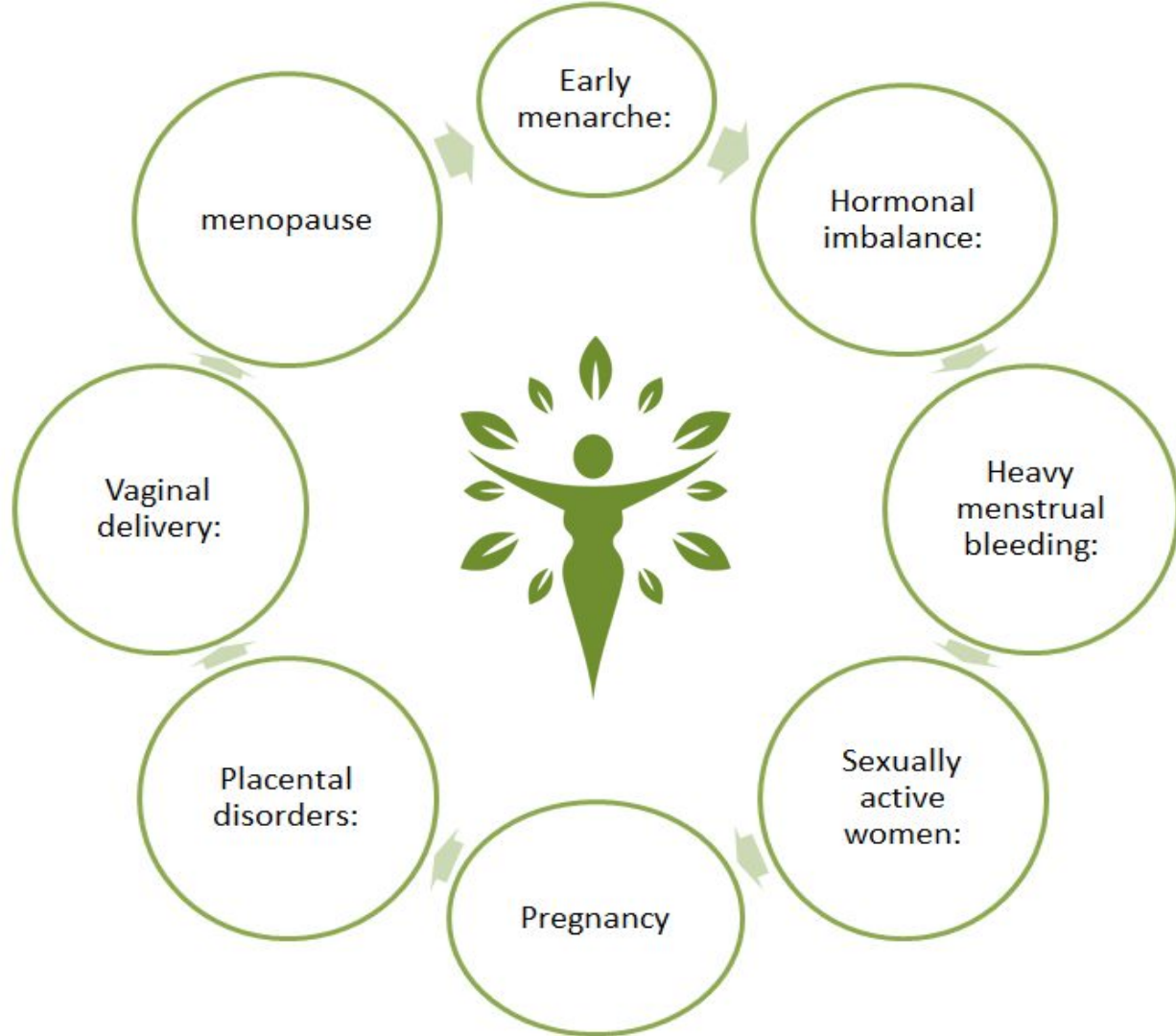
Women's health Risk Factors

Areej Alanazi

Women's health Risk Factors

what makes a female more susceptible to some health issues more than men





- **Early menarche:**

increased risk of breast cancer later in life

A study showed association between early menarche and depression

- **Hormonal imbalance:**

PCOs lead to endometrial hyperplasia which may lead to cancer in some women

- **Heavy menstrual bleeding:**

Iron deficiency anemia.

- **Sexually active women:**

Due to female anatomy

they are at risk for UTI, sexually transmitted disease, Cervical cancer.



- **Pregnancy:**

Hyperemesis gravidarum risk for malnutrition and dehydration, Anemia, could be ectopic pregnancy risk for rupture and bleeding or molar pregnancy risk for metastases, Gestational diabetes, preeclampsia lead to eclampsia

- **Placental disorders:**

Risk for bleeding, c-section, hysterectomy, puerperal sepsis.

- **Vaginal delivery:**

Uterine Bleeding (Postpartum Hemorrhage), episiotomy.

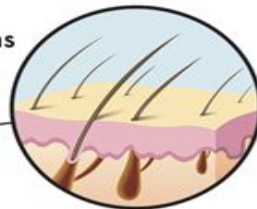


Menopause

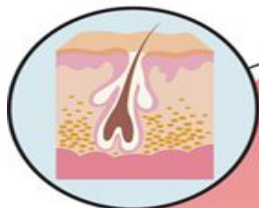
Symptoms and Complications



Changes in mood and irritability



Thinning of scalp hair



Loss of elasticity and thinning of the skin



Loss of firmness of the breast



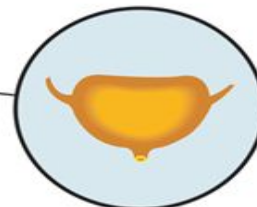
Amenorrhea and increased risk of vaginal infections



Risk of heart damage



Osteoporosis risk



Urinary incontinence and increased risk of urinary tract infections

Gender Related Diseases “Epidemiology”

Jumanah Albeeybe

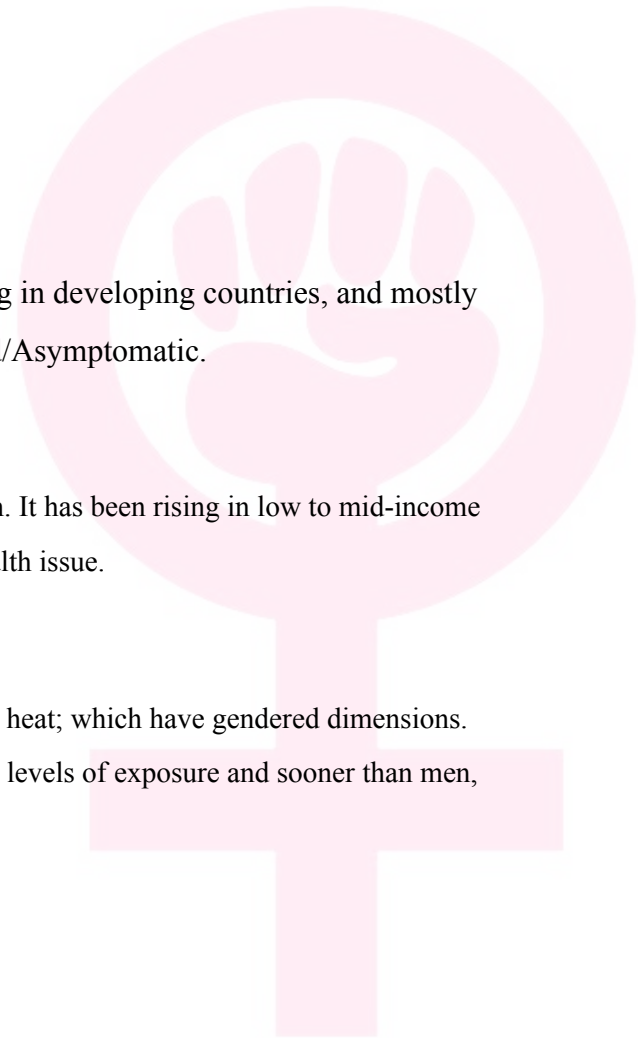


1)NCD:

CHD 1 in 4 female/male will die of CVD & it is considered the largest killer. Increasing in developing countries, and mostly associated with dyslipidemia and smoking. 70-89% of population dies of CHD undiagnosed/Asymptomatic.

DM the prevalence of DM in adults over 18 reached 8.5% in 2014 and half of them are women. It has been rising in low to mid-income countries. It's the major cause of blindness, ESRD, HF and stroke. Also, an important maternal health issue.

COPD It is strongly associated with tobacco and the use of solid fuels for cooking, light and heat; which have gendered dimensions. Evidence has found that women are more likely to suffer adverse respiratory consequences at lower levels of exposure and sooner than men, resulting in the development of COPD.



2) Tumors:

BRCA #1 leading cause of death; where 1 in 8 women (12%) in U.S are being diagnosed. About half of these cases occurred in economically developing countries. **Pathophysiology:**

5-10% Mutations of the *BRCA1* and *BRCA2* genes are the most common due to +ve family history. On average, women with a *BRCA1* mutation have a **55-65%** lifetime risk of developing breast cancer. For women with a *BRCA2* mutation, the risk is **45%**. They tend to develop in **younger** women. About **85% of breast cancers** occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.

Prostate #1 cancer in men as 101.6 per 100.000 men are diagnosed.

Lung CA as second leading cause of death for both gender, 51.5 per 100.000 and 69.8 per 100.000 women and men are affected respectively. It is mostly due to **tobacco smoking**.

The rest are: Colorectal, Cervical and Stomach CA for females, and CRC then Hepatic for males.

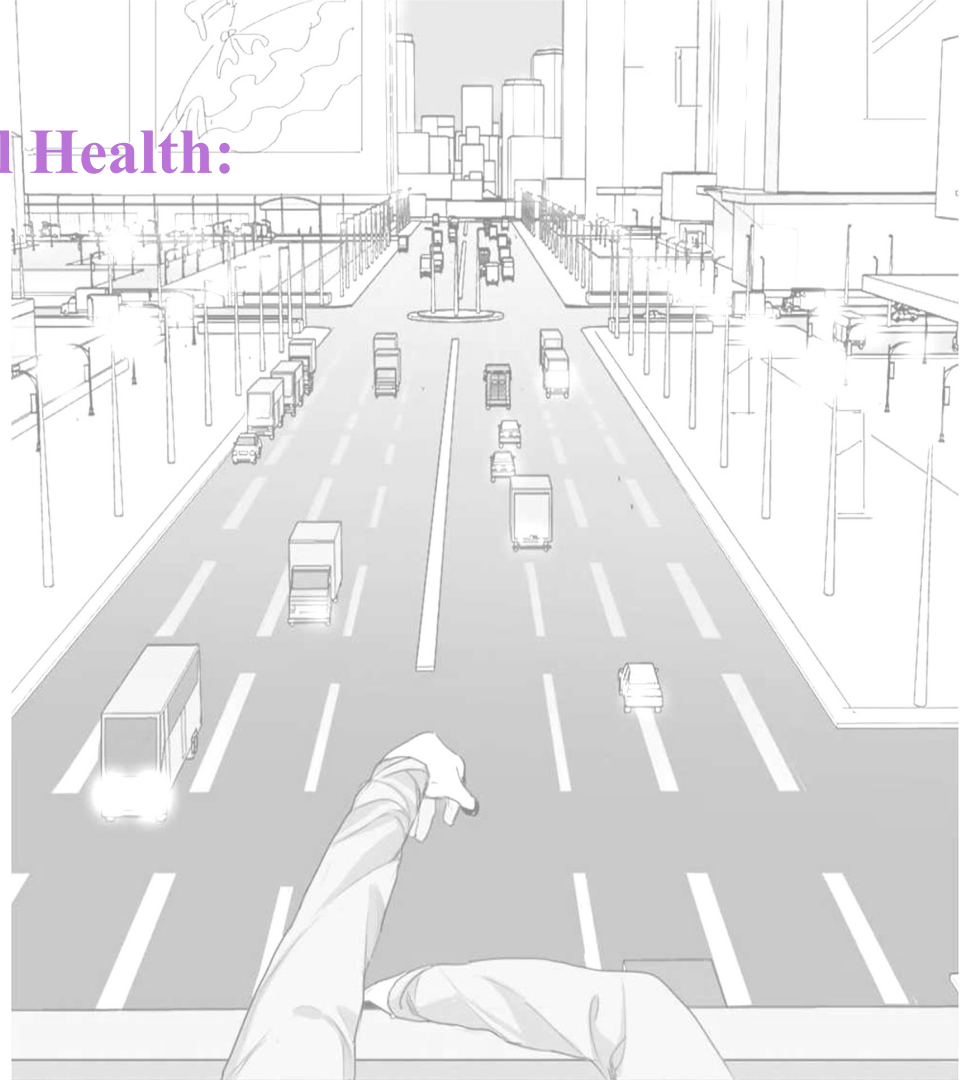
3)Mental Health:

Suicide

There were an estimated **804 000 suicide deaths** worldwide in 2012. This indicates an annual global age-standardized suicide rate of 11.4 per 100 000 population (**15.0 for males** and **8.0 for females**).

The major differences between high-income countries and low- and middle-income countries (LMICs) are that:

- **Young adults and elderly women in LMICs have much higher suicide** rates, while
- **Middle-aged men in high-income countries have much higher suicide** rates than middle-aged men in LMICs.





Health Promotion

Tasneem AL-Ahmari

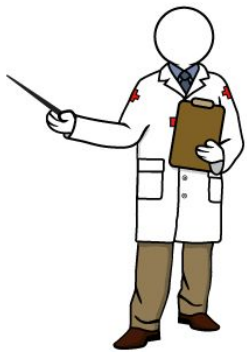


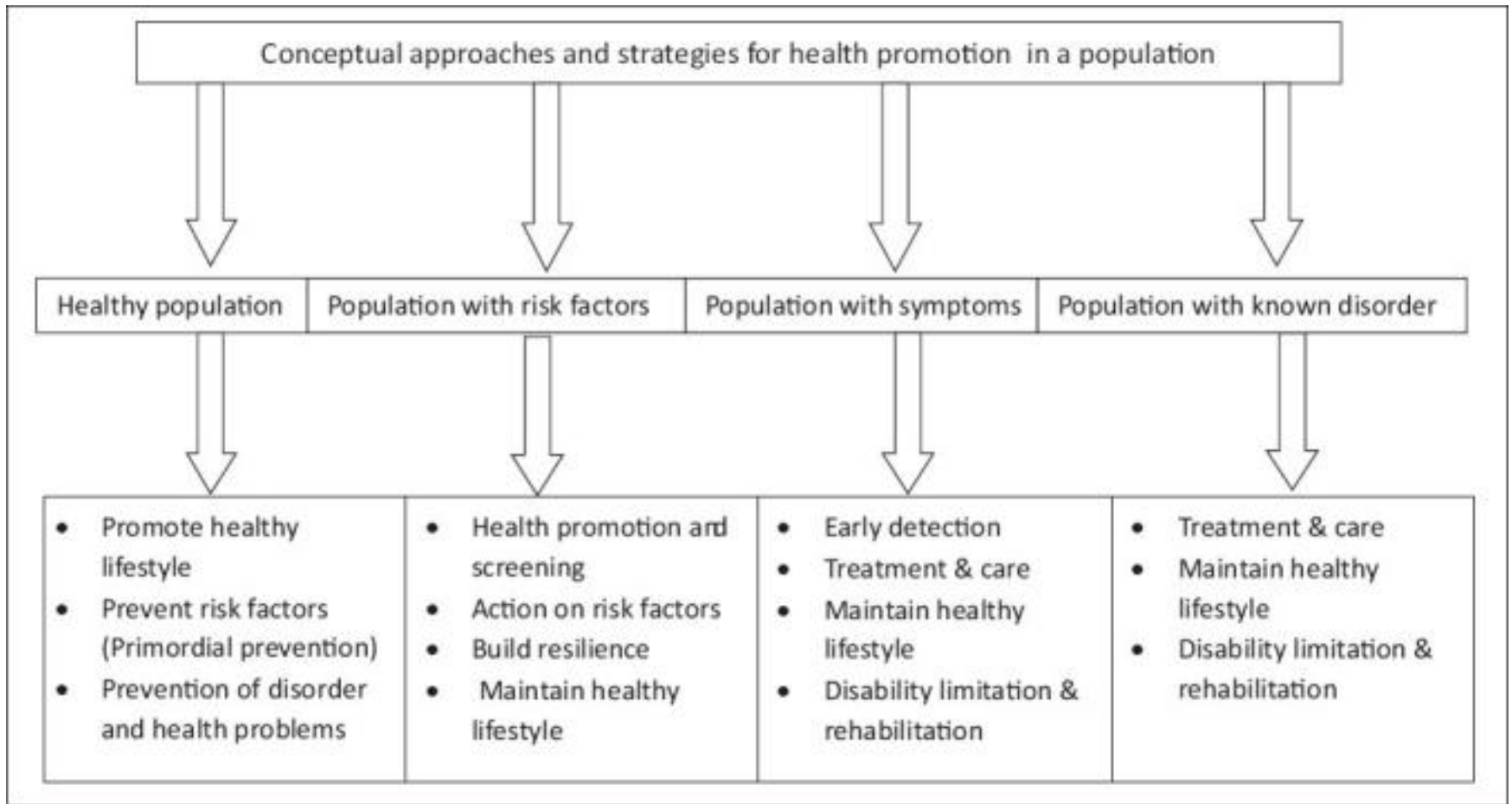


Health Promotion (Behaviors)

Vs

Health Education (Awareness)





Health Promotion Action Means:

- 1- Build Healthy Public Policy**
- 2- Create Supportive Environments**
- 3- Strengthen Community Actions**
- 4- Develop Personal Skills**
- 5- Reorient Health Services**
- 6- Moving into the Future**



1- Build Healthy Public Policy



BUILD-A-MIND

Imagine if ..



Defined Obstacle



Public Policy



Unlock Better Health





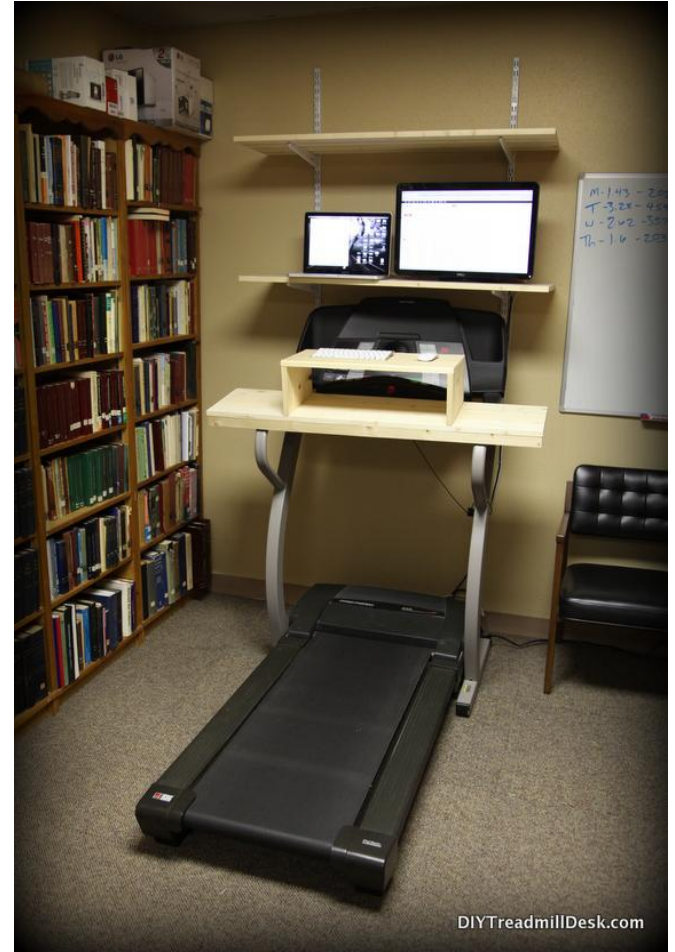
2- Create Supportive Environments

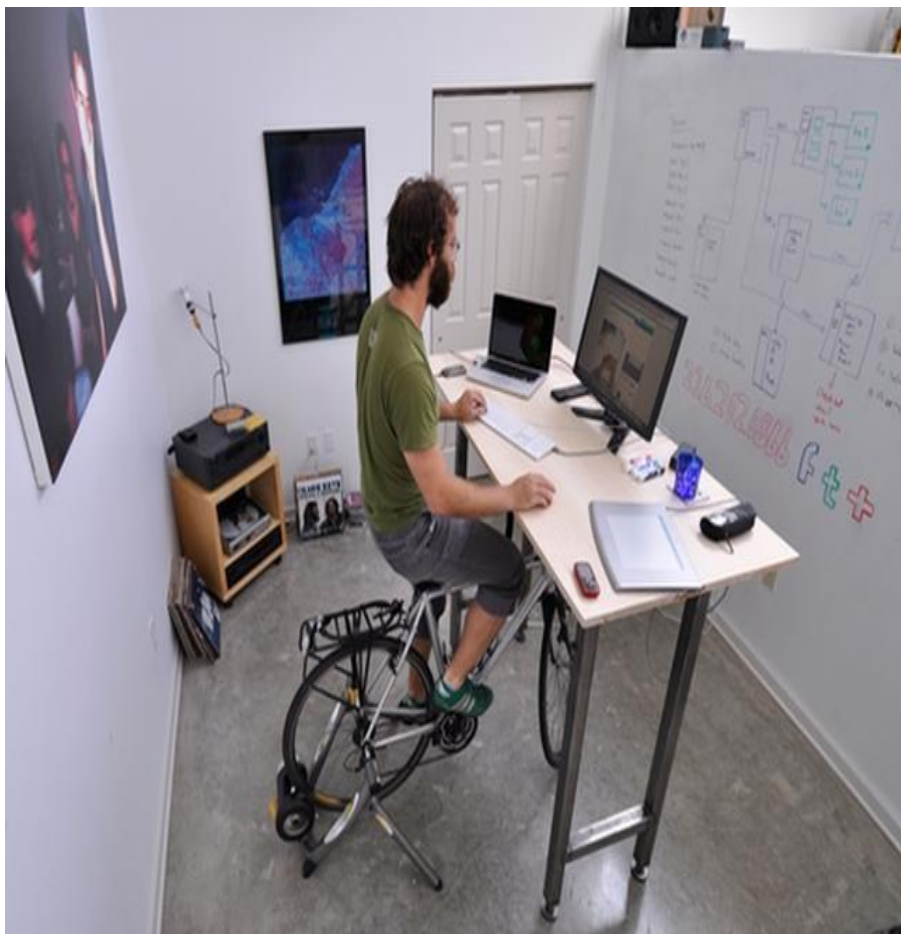
- Changing patterns of life, work and leisure have a significant impact on health.
- Work and leisure should be a source of health for people.



Personal Level

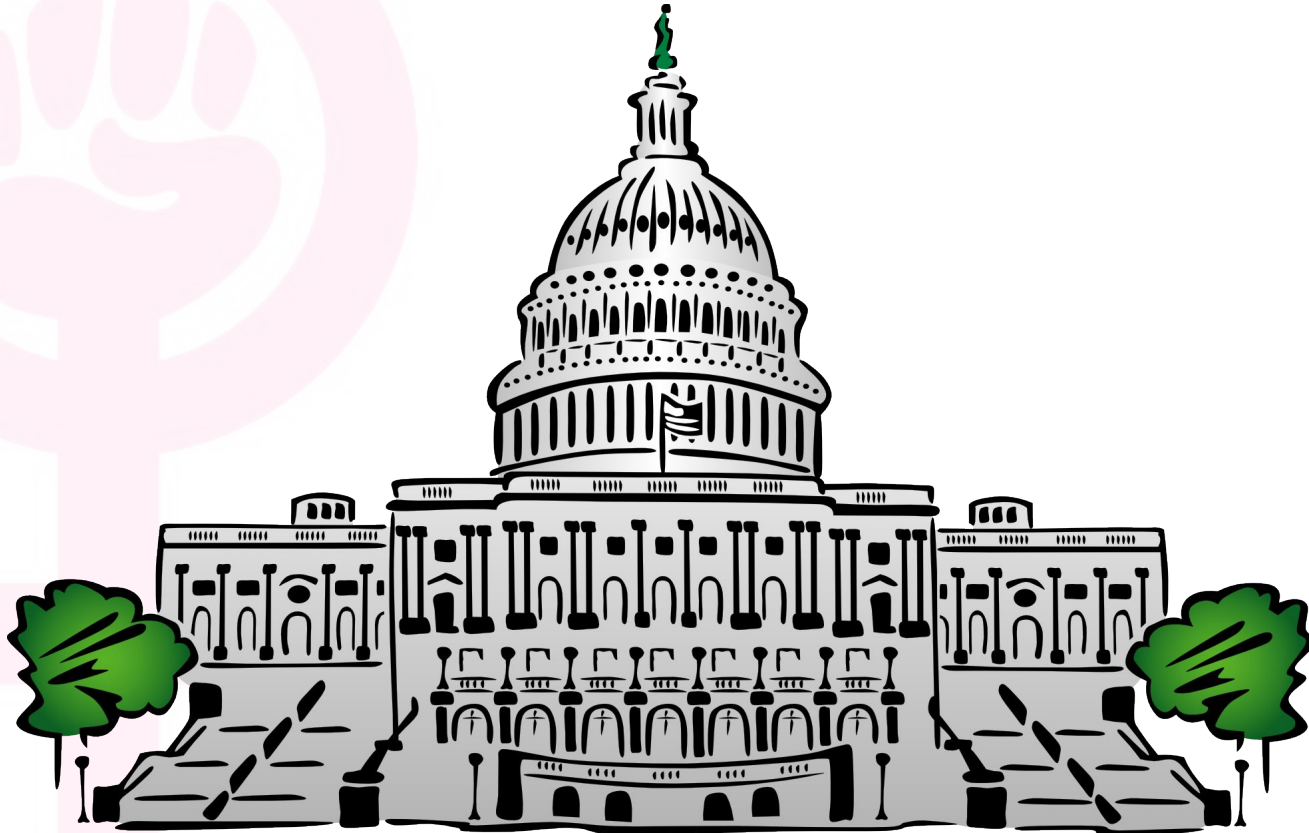
**WHAT
CAN  DO?**

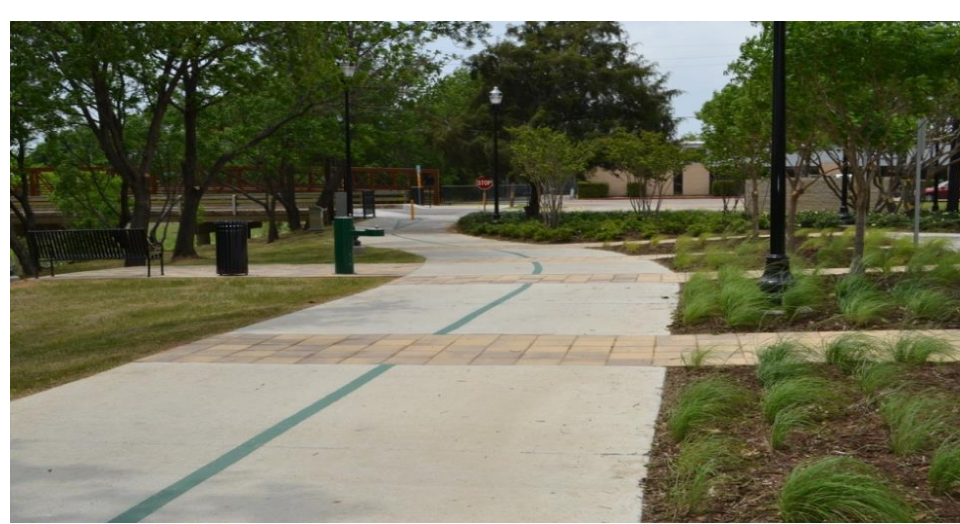






Governmental Level





HEALTHY CHOICES Restaurants



3- Strengthen Community Actions

E.g

- Funding Volunteer physical activity events
- Providing freely accessed patient educational website



This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Other Strategies

Strategy 1. Community-wide [campaigns](#)

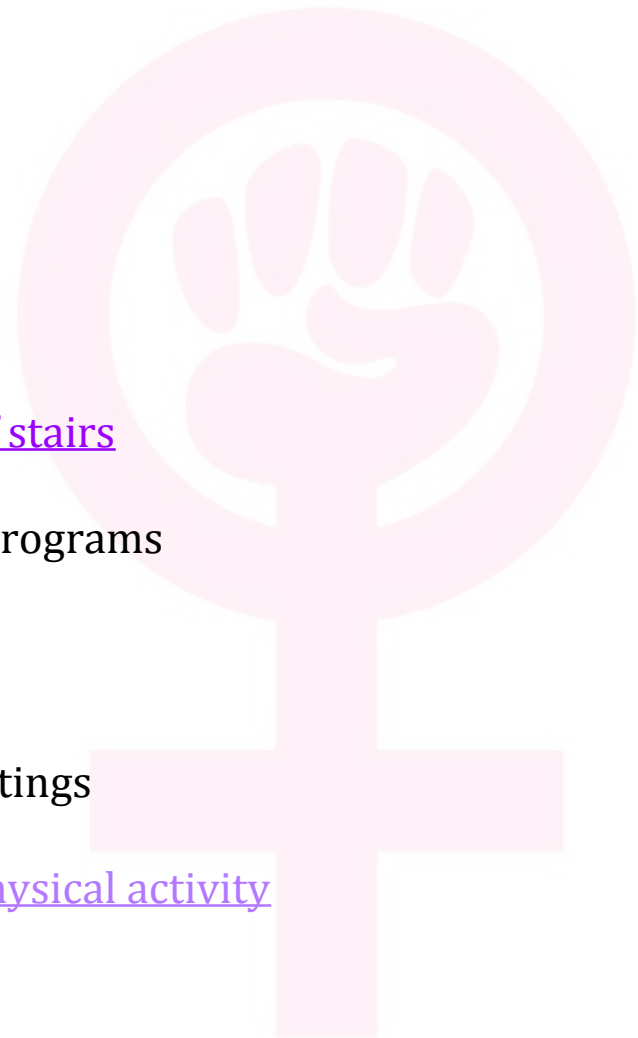
Strategy 2. Point-of-decision prompts to [encourage use of stairs](#)

Strategy 3. Individually adapted health behavior change programs

Strategy 4. [Enhanced school-based physical education](#)

Strategy 5. Social support interventions in community settings

Strategy 6. [Creation of or enhanced access to places for physical activity combined with informational outreach activities](#)



4- Develop Personal Skills



We are all responsible .. to continue learning

5- Reorient Health Services

- Increase **public access to all information** necessitating effective citizen decision making.
- Increase **citizens partnership in planning** and implementing health services.

6-Moving into the Future

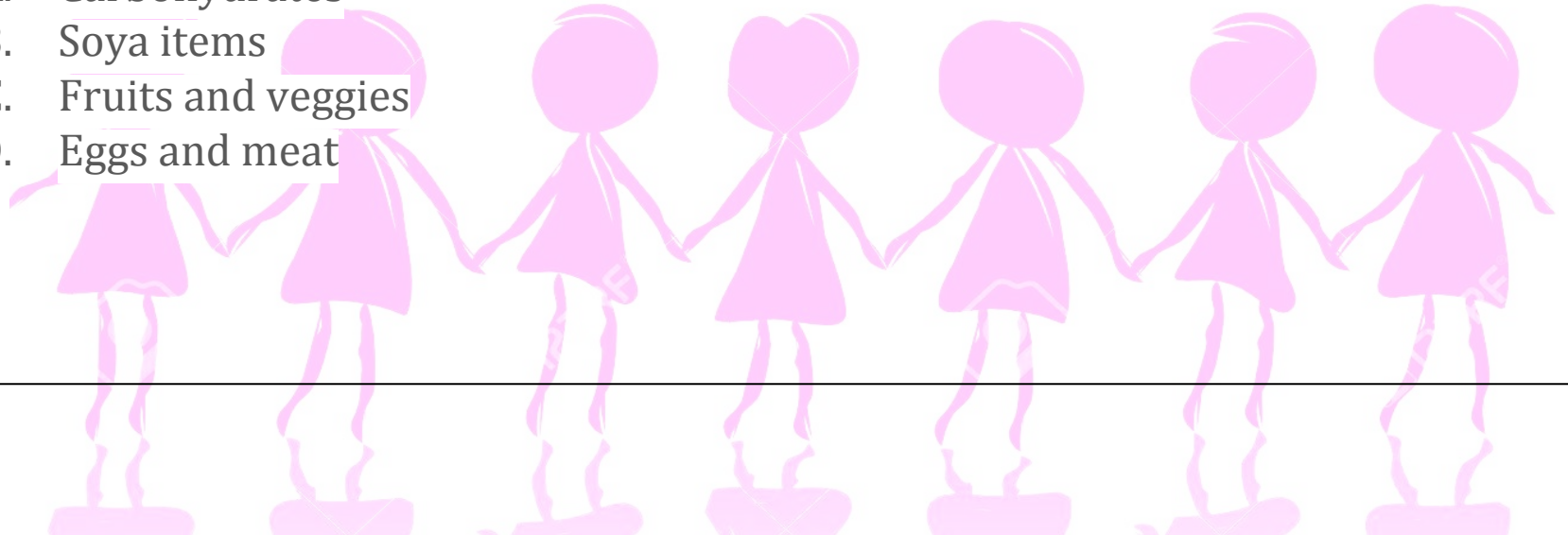
Health is created and lived by people within the settings of their everyday life ..



MCQs

1. A diet rich in the following controls menopause symptoms:

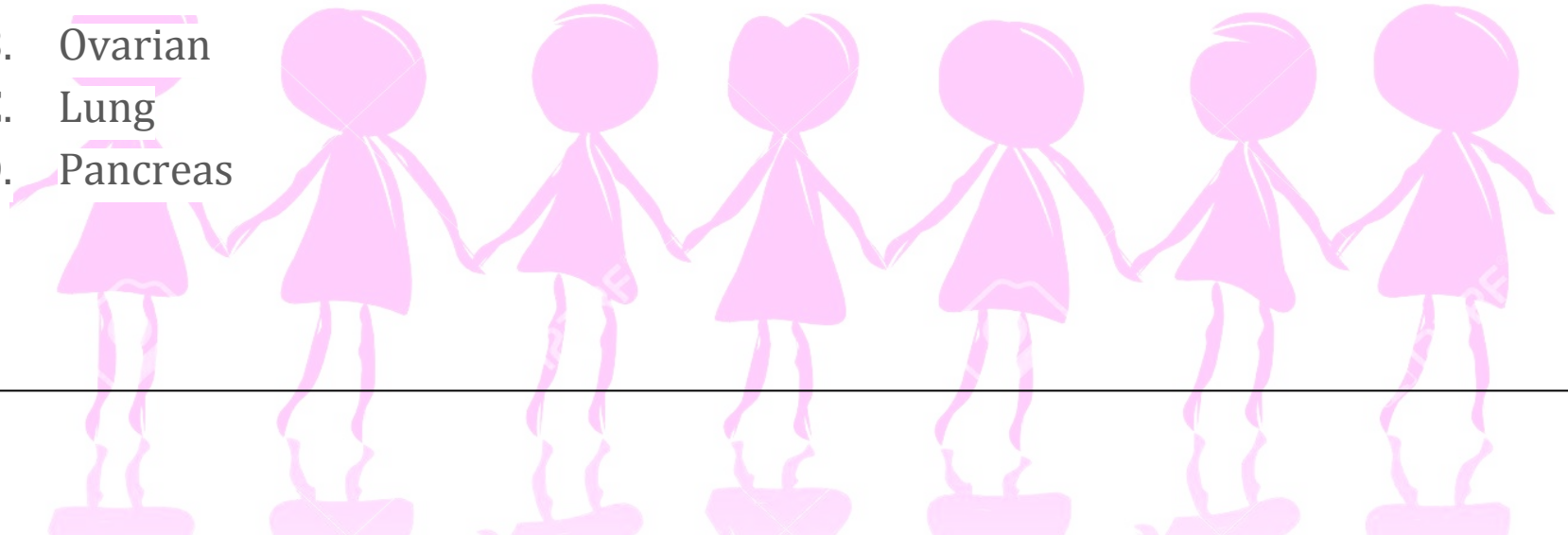
- A. Carbohydrates
- B. Soya items
- C. Fruits and veggies
- D. Eggs and meat



MCQs

2. Which one of the following tumors shares the same gene mutation as BRCA?

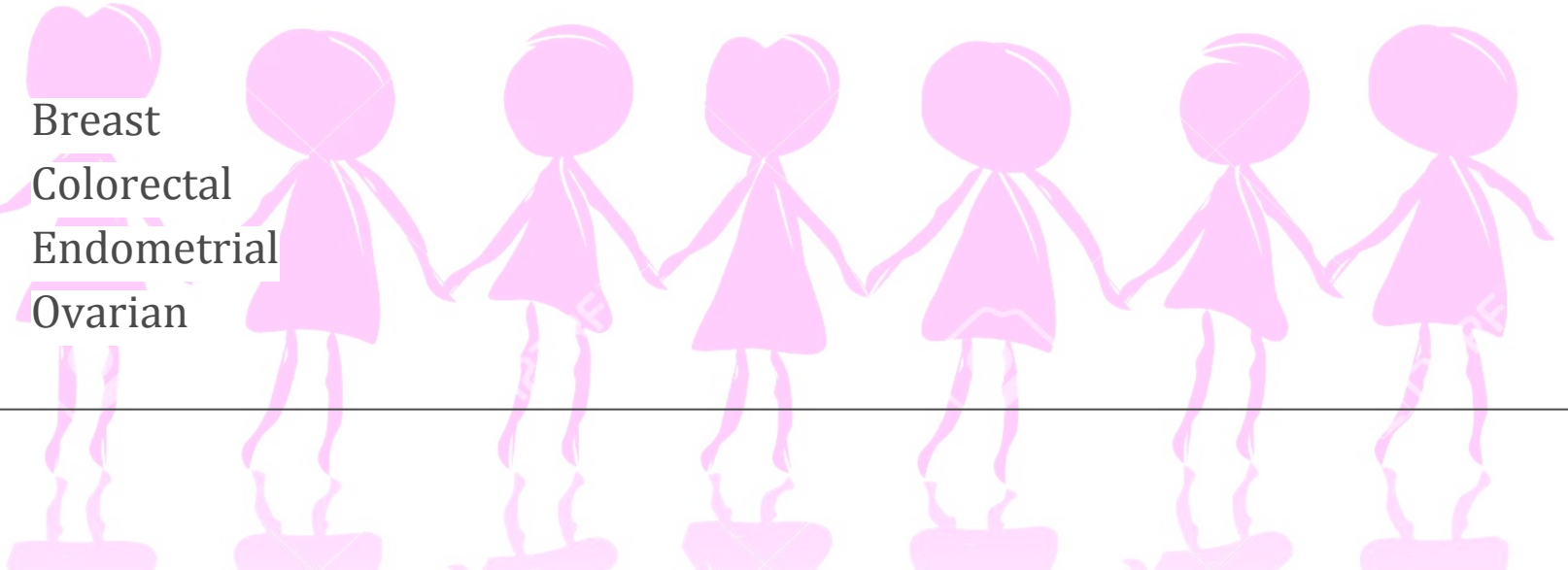
- A. Cervical
- B. Ovarian
- C. Lung
- D. Pancreas



MCQs

3. A woman came requesting for combined oral contraceptive pills. She wants to know if there is any link to cancer. Which one of the following cancers is she at risk of?

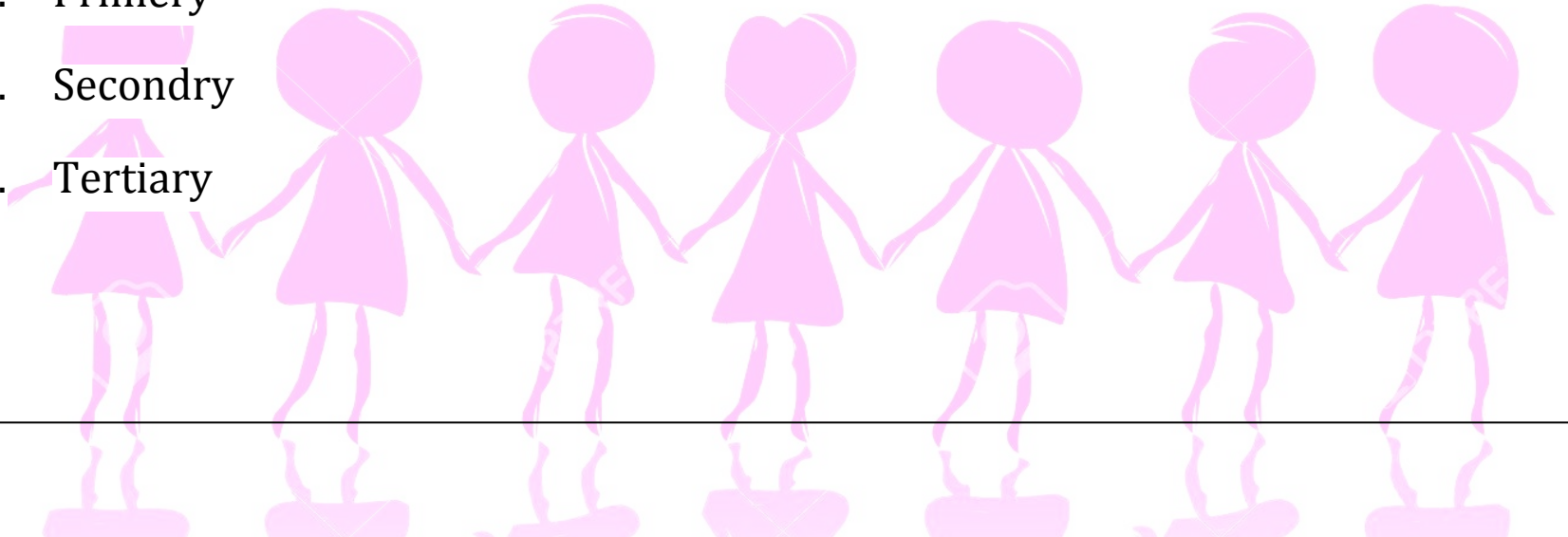
- A. Breast
- B. Colorectal
- C. Endometrial
- D. Ovarian



MCQs

4. This type of dysmenorrhea occurs later in life and is related to problem with the reproductive organ ?

- A. Primery
- B. Secondary
- C. Tertiary



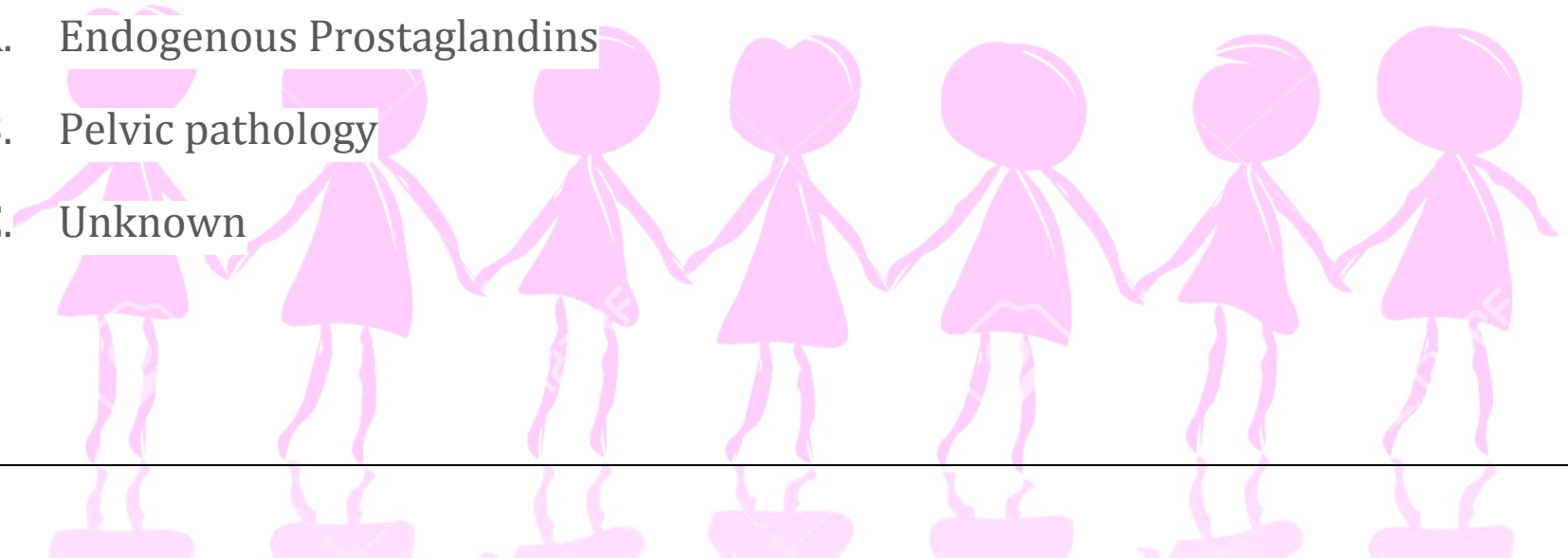
MCQs

5. The main cause of the primary dysmenorrhea is :

A. Endogenous Prostaglandins

B. Pelvic pathology

C. Unknown





Feedback

The image features the word "Feedback" in a large, bold, sans-serif font. Each letter is a different color: 'F' is pink, 'e' is lime green, 'e' is purple, 'd' is orange, 'b' is yellow, 'a' is light blue, 'c' is lime green, and 'k' is pink. Below the letters, several hands of different skin tones (light, medium, and dark) are visible, each holding one of the letters from underneath. The background is plain white.

Thank you for
listening.



References

<http://www.who.int/mediacentre/factsheets/fs312/en/>

<https://www.cdc.gov/heartdisease/facts.htm>

http://www.breastcancer.org/symptoms/understand_bc/statistics

<http://www.medicinenet.com/menopause/article.htm>

<http://www.webmd.com/menopause/guide/menopause-hormone-therapy#1>

<http://emedicine.medscape.com/article/256806-overview>