

WOMEN'S HEALTH CAPSULE

“Understanding Menopause”

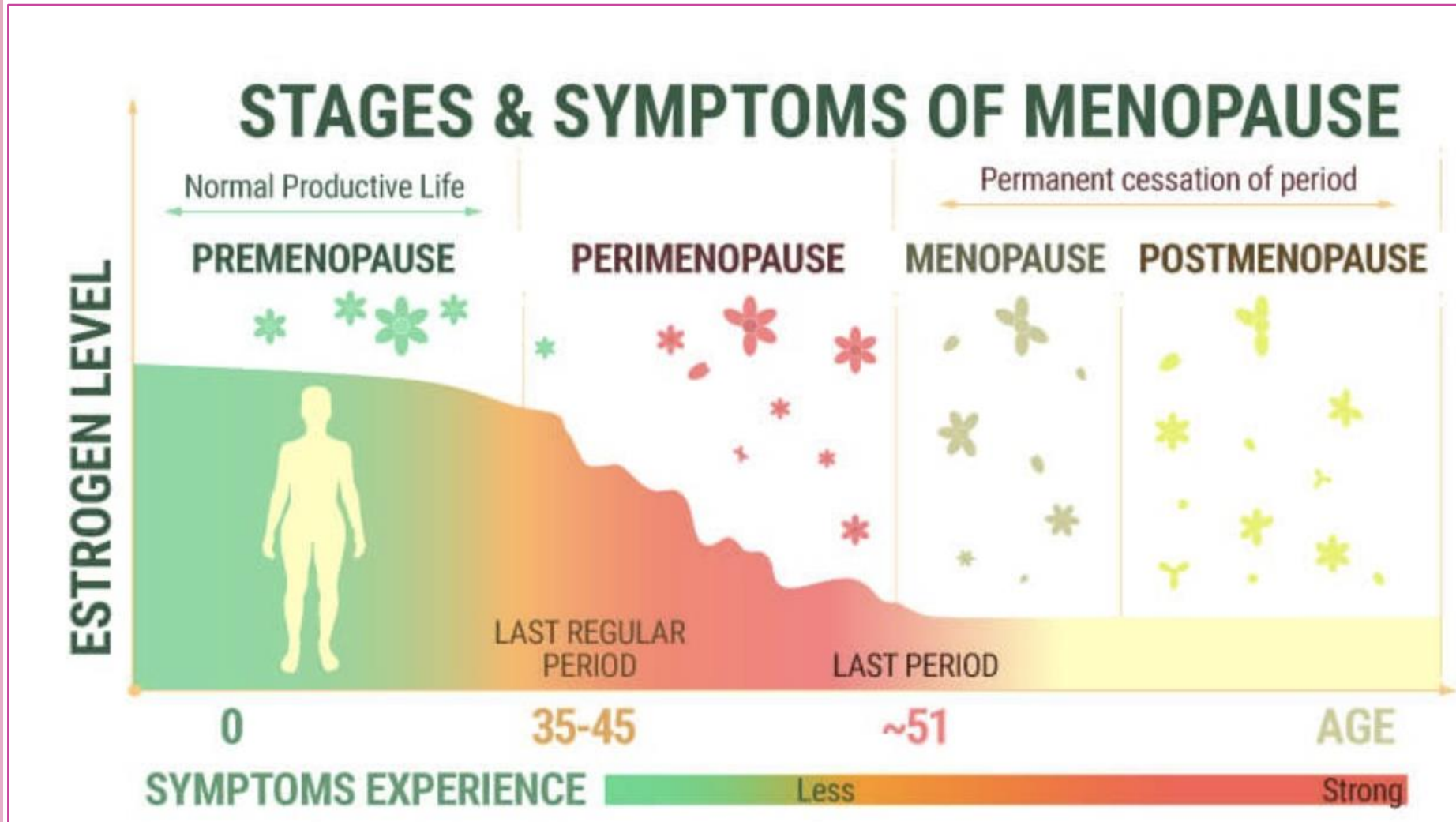
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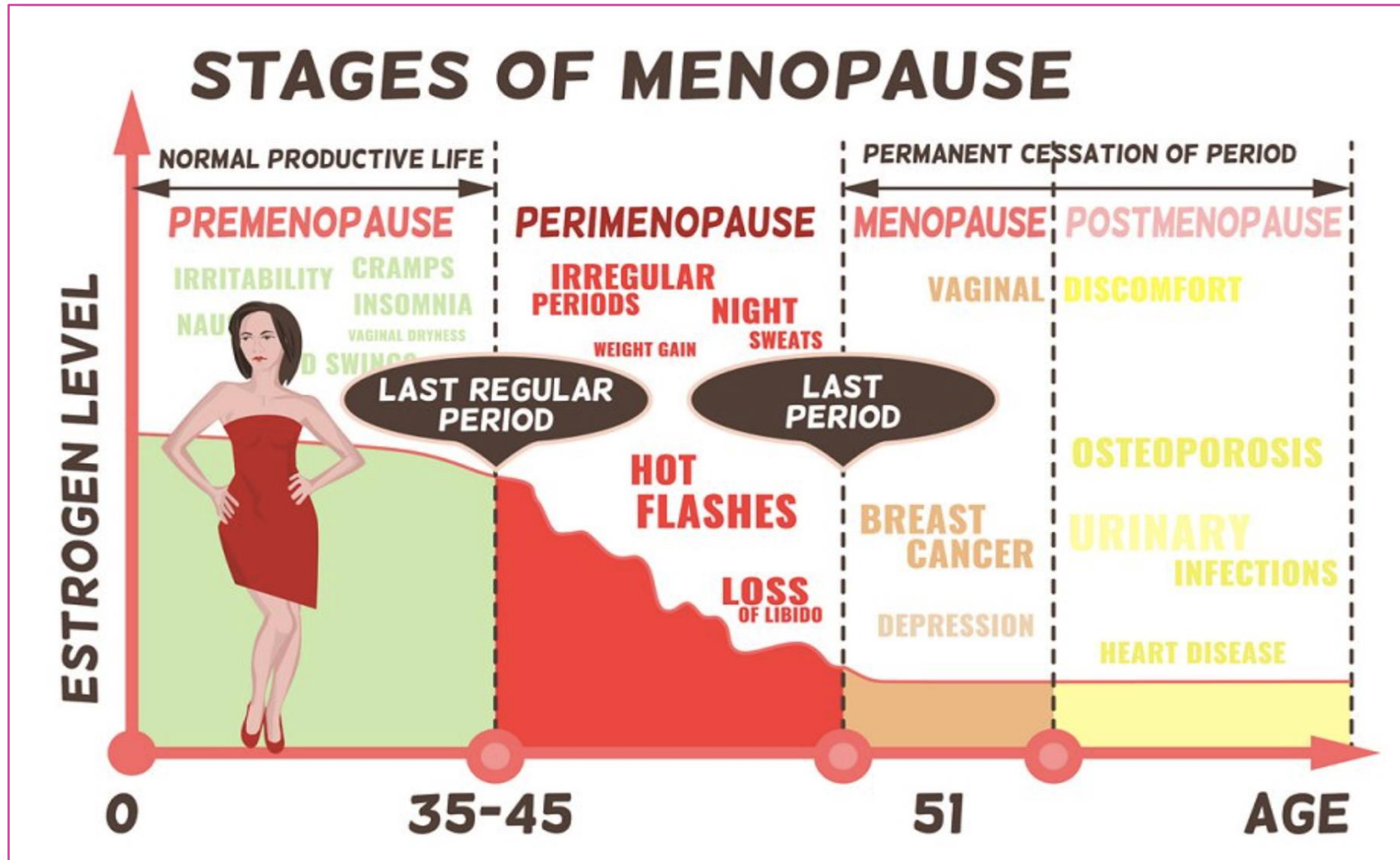
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What is menopause?



- Natural menopause
- Surgical menopause

Symptoms of menopause



Effects of menopause

1. Period alterations

2. Mood changes

3. Bone health

4. Hot flushes/night sweats

5. Sleep disorders

6. Memory loss

7. Vaginal symptoms

8. Urinary infections

9. Loss of drive

10. Dryness of skin and Hair loss

Common Triggers:

- Warm environments (i.e., hot weather, saunas)
- Devices that give off heat (e.g., fireplaces, hair dryers, heaters)
- Stress
- Anxiety
- Hot and spicy foods and drinks
- Smoking cigarettes
- Overconsumption of caffeine, alcohol, and sugar
- Diet pills

Hot flushes/night sweats

3 in 4 women

How to Relieve Hot Flashes?

- Air-conditioning or fans
- Open windows
- Ice water
- Cold shower
- Slow, deep breathing exercises and taking your time
- Lightweight garment
- Breathable clothes and dressing in layers for easy relief
- Going for a walk



Psychological Factors

- Past mental illness
- Stress
- Past trauma
- Relationship issues
- Coping with change

Behavioral Factors

- Smoking
- Alcohol consumption
- Poor diet
- Inadequate exercise
- Stimulant use

Health Factors

- Diabetes
- Thyroid disease
- Early menopause
- Heart disease
- Sleep disorders
- Cancer Lupus

Mood Changes

1 in 4 women

How to Prevent Mood Swings?

- ✓ Opt for **foods rich in phytoestrogens and vitamin E**, such as soy, whole grains, and fish.
- ✓ Consider **stress-reduction techniques**, such as meditation or yoga.
- ✓ **Exercise regularly** to boost serotonin levels.
- ✓ Get a **good quality sleep** at night.



X **Cut down** on caffeine and other stimulants.



Sleep disorders

Tips for a Good Night of Sleep

- Go to bed only when sleepy
- Sleep only in the bedroom
- Get up at the same time each morning
- Discontinue caffeine and nicotine
- Exercise daily
- Avoid alcohol
- Limit fluid intake in the evening
- Practice relaxation techniques

Risk Factors of Osteoporosis

- Being a woman
- Age of 50+
- Family history
- Being Caucasian, Asian, or Latino
- History of fractures
- Chronic conditions
- Unhealthy lifestyle habits



Symptoms of Osteoporosis

- Bone fractures
- Bone pain and tenderness
- Weak and brittle nails
- Height loss
- Spinal deformities



Bone health

1 in 5 women

- Wear appropriate, flat shoes
- Wear glasses with the correct prescription and have this checked regularly
- Avoid having loose rugs and carpets or trailing electrical flexes; repair any torn floor coverings
- Make sure the home is well lit
- Be extra careful when taking medicines, especially sleeping pills and sedatives that may cause drowsiness, making a person more likely to trip or stumble
- Anyone who experiences dizziness or is at risk of falling should talk to their doctor about how their medications might affect this
- Anyone who needs to get up during the night to visit the toilet should consider using a chamber pot to avoid the risk of falling in the dark; otherwise, leave some lights on where possible and make sure the route from the bed to the toilet is safe and clear of items that could cause a fall

How to Prevent Osteoporosis

- ✓ Eat **foods** rich in calcium, vitamin D, proteins, and phytoestrogens.
- ✓ **Exercise regularly** to maintain a healthy weight and strong bones.
- ✗ Limit your intake of **alcohol** and quit **smoking**.



Health Risks

Menopausal women experiencing excess weight gain are at risk of **cardiovascular disease** and **psychological issues**, such as depression or anxiety.

Measuring Weight Gain

The most common tool in measuring weight gain is a **Body Mass Index (BMI)**, which takes into account weight and height.



BMI Scale

- **Normal weight:** 18.5 – 24.9 kg/m²
- **Overweight:** 25.0 – 29.9 kg/m²
- **Obesity:** 30.0 kg/m² and higher

Weight gain

How to Prevent Weight Gain

- ✓ Follow a wholesome diet with foods rich in **phytoestrogens**, and **calcium**.
- ✓ Keep a **daily log** of your food intake to control cravings
- ✓ **Exercise** regularly for at least 30 minutes, 5 times a week.



- ✗ Limit your intake of **refined sugars** and **saturated fats**.

Symptoms of Vaginal Dryness



- Itching
- Painful intercourse
- Frequent urination
- Light bleeding after sex
- Burning and irritation



Vaginal dryness

Stress-relieving activities



Phytoestrogenic diet



Regular sex



Top 6 Alternative Therapies to Cure Vaginal Dryness



Salt in the bath



Herbal teas



Topically-applied herbs



Symptoms of Incontinence

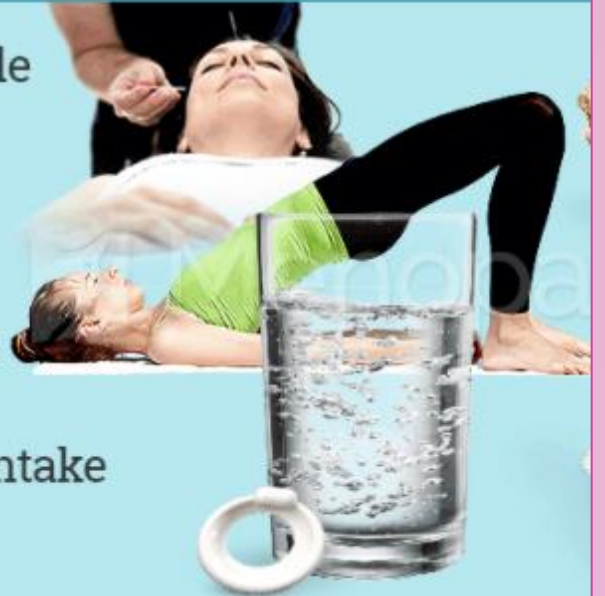
- Leaks while sneezing, laughing, coughing, or lifting objects
- Involuntary leaks after a sudden urge to urinate
- Constant dribbling of urine
- Frequent urination



Urinary incontinence

Finding Relief

- Pelvic floor muscle exercises
- Bladder training
- Yoga
- Pessary
- Avoid spicy foods
- Good hydration
- Spread out fluid intake
- Acupuncture



What can be done to reduce the effect of these symptoms ?

- Changes in diet
- Exercise
- Yoga/meditation/ breathing exercises
- Weight management
- Supplements- Calcium, D3, Vitamin B complex

Diet for Menopause

FOODS TO EAT DURING MENOPAUSE

Soy products



Beans & legumes



Whole grains



Foods rich in calcium



Foods rich in vitamin D



FOODS TO AVOID DURING MENOPAUSE

Sweets



Stimulants



Spicy foods



FOODS FOR MENOPAUSE

					
ALMONDS	BROCCOLI	OATS	CUCUMBER	CHIA SEEDS	TEMPEH
					
CARROTS	CHICKPEAS	WATERMELON	HEMP SEEDS	WALNUTS	SPIRULINA
					
FLAX SEEDS	YAMS	BLUEBERRIES	LEAFY GREENS	MILLET	SEA VEGETABLES
					
EDAMAME	QUINOA	FIGS	SESAME SEEDS	GREEN BEANS	LENTILS

When to visit your gynecologist?

- Annual check up- Blood test, Pap smear, Sonography, Mammography, BMD
- Abnormal periods– Perimenopausal phase
- Postmenopausal bleeding
- Debilitating menopausal symptoms

What medications are available for treatment of menopausal symptoms?

- Hormonal replacement therapy: Oral/ patch/ creams
- Medicines specific for symptoms: Hot flushes, bone loss, vaginal dryness
- Alternative therapies- Acupuncture

Questions

Thank you!



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WOMEN'S HEALTH CAPSULE

“Understanding Pelvic organ prolapse”

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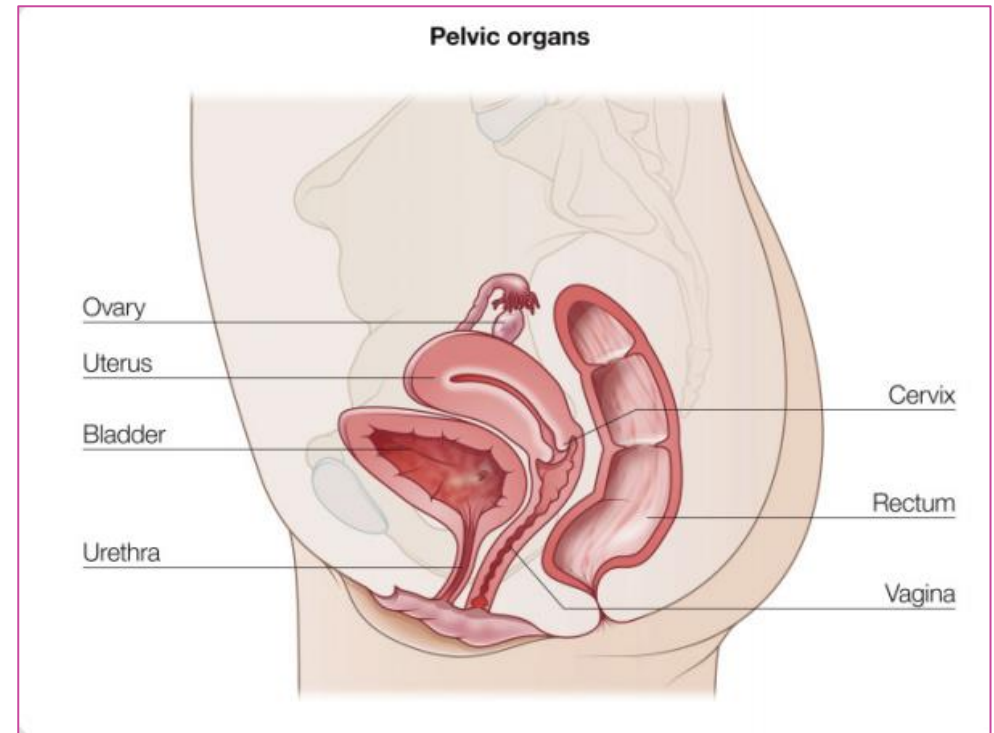
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What is pelvic organ prolapse?

- “Falling” of the pelvic organs into the vagina.
- The organs within a woman’s pelvis (uterus, bladder and rectum) are normally held in place by ligaments and muscles known as the pelvic floor. If these support structures are weakened by overstretching, the pelvic organs can bulge (prolapse) from their natural position into the vagina. When this happens, it is known as pelvic organ prolapse. This occurs when the pelvic floor muscles, connective tissue and ligaments weaken or tear.

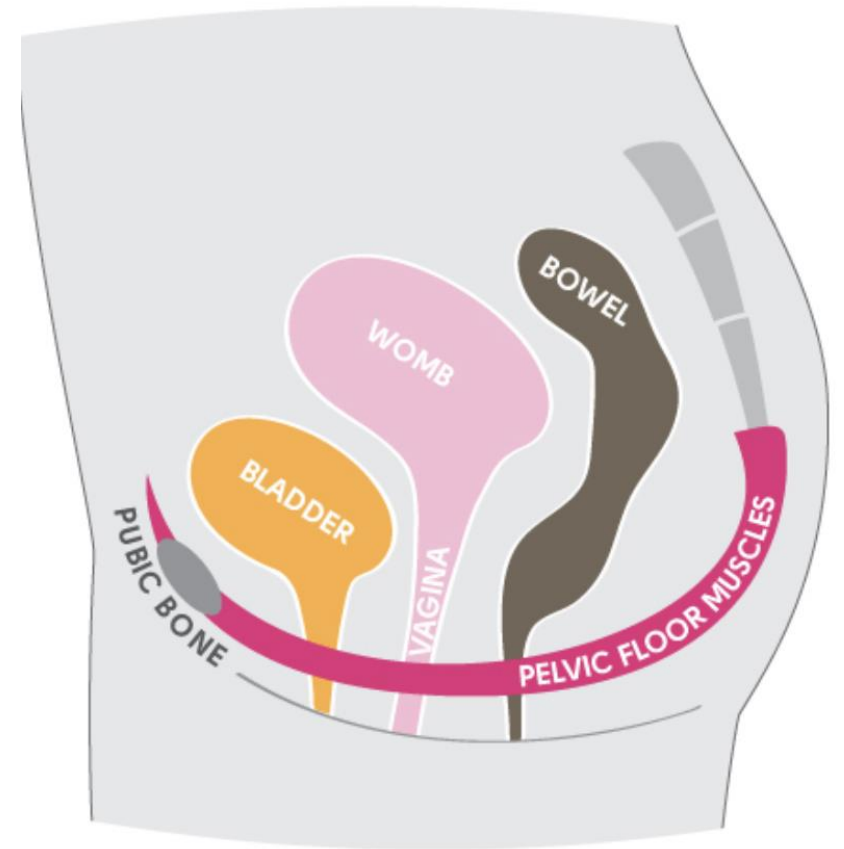


Why does it happen?

Toned pelvic floor "hammock"



Droopy pelvic floor "hammock"



Why does it happen?

“Half of women over 50 will have some symptoms of pelvic organ prolapse and by the age of 80 ; more than 1:10 will have had surgery for prolapse”

Normal delivery (prolonged labour, big baby, asst delivery, multiple births)

Older age, after menopause.

Being overweight

Constipation, persistent coughing or prolonged heavy lifting

Following hysterectomy

Natural tendency/Genetics

Types of prolapse

Anterior wall prolapse (Cystocele)

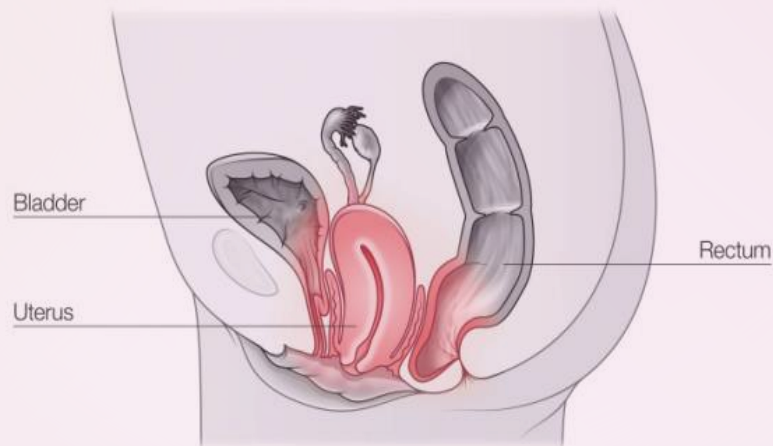


Posterior wall prolapse (Rectocele) –
when the back wall of the vagina bulges.

Posterior wall prolapse (Rectocele)



Prolapsed uterus



- Vault prolapse

Symptoms

- No symptoms
- Sensation of a lump 'coming down'
- Backache, heaviness or a dragging discomfort inside your vagina.
↑standing/sitting for a long time/at the end of the day; ↓on lying down)
- See a lump or bulge outside vagina (sore, ulcerated or infected)

Symptoms

- Urine symptoms: Pass urine more frequently { have difficulty in passing urine or a sensation that your bladder is not emptying properly { leak urine when coughing, laughing or lifting heavy objects { have frequent urinary tract infections (cystitis).
- Bowel symptoms: Low back pain, constipation or incomplete bowel emptying. You may need to push back the prolapse to allow stools to pass.
- Sex may be uncomfortable, lack of sensation

How to diagnose?

- Vaginal examination (lying down/standing)
- Speculum examination
- Urine test for infection
- Ultrasonography for post void urine
- Special tests: Urodynamics

Treatment

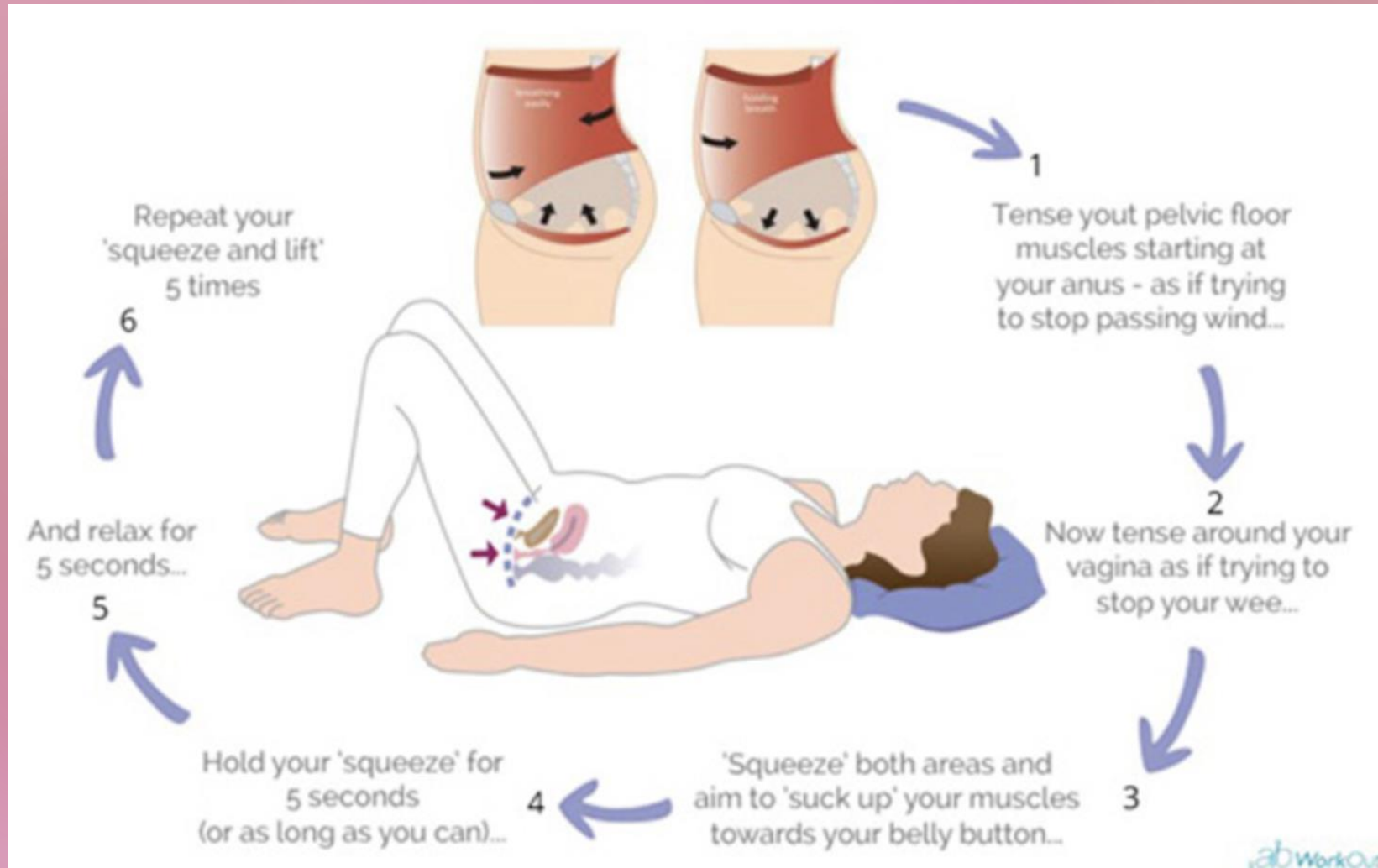
- Wait and watch- small prolapse with no symptoms, mild estrogen cream
- Lifestyle changes
- Physiotherapy with Pelvic floor exercises
- Vaginal pessaries
- Surgery

Treatment: Lifestyle changes

- losing weight if you are overweight
- managing a chronic cough
- stopping smoking
- avoiding constipation
- avoiding heavy lifting
- avoiding physical activity such as trampolining or high-impact exercise

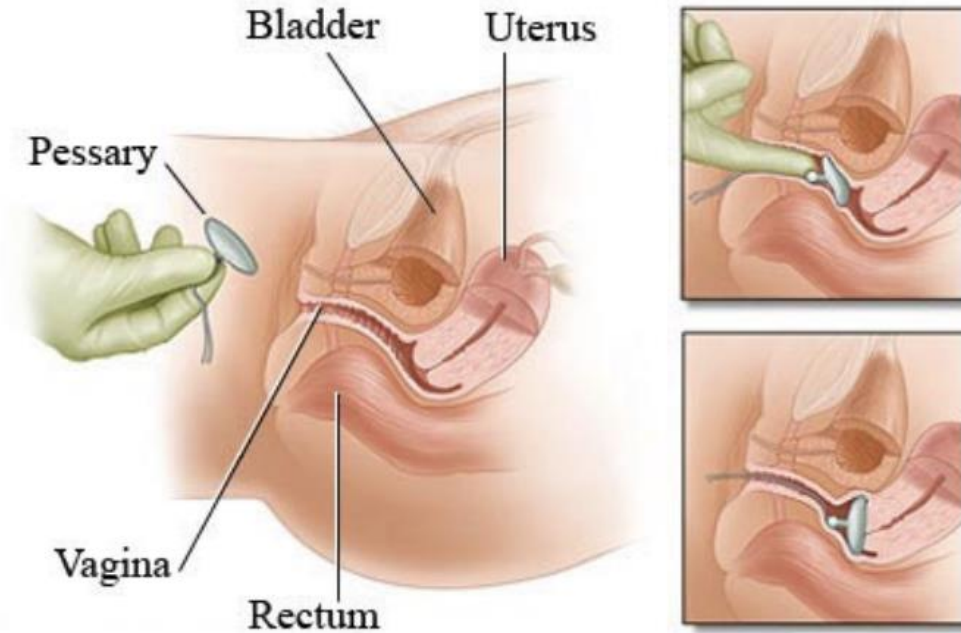


Treatment: Pelvic floor exercise



Treatment: Pessary

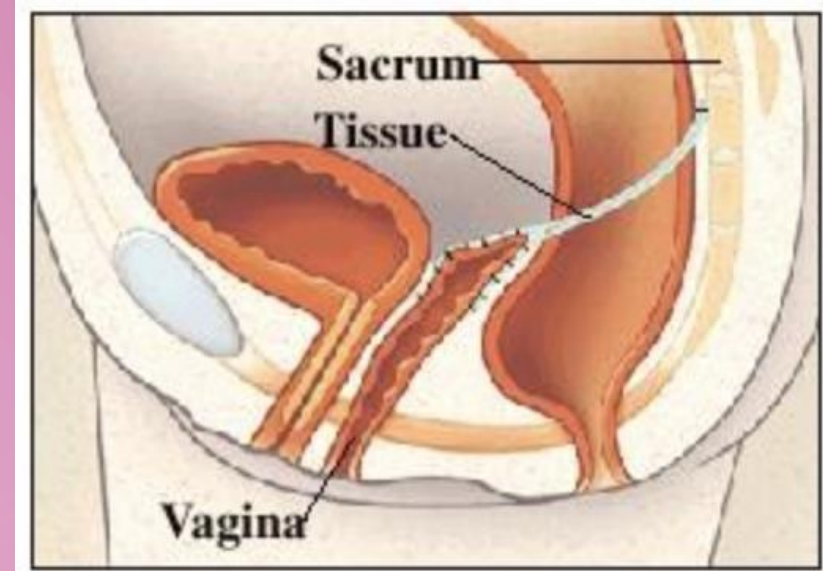
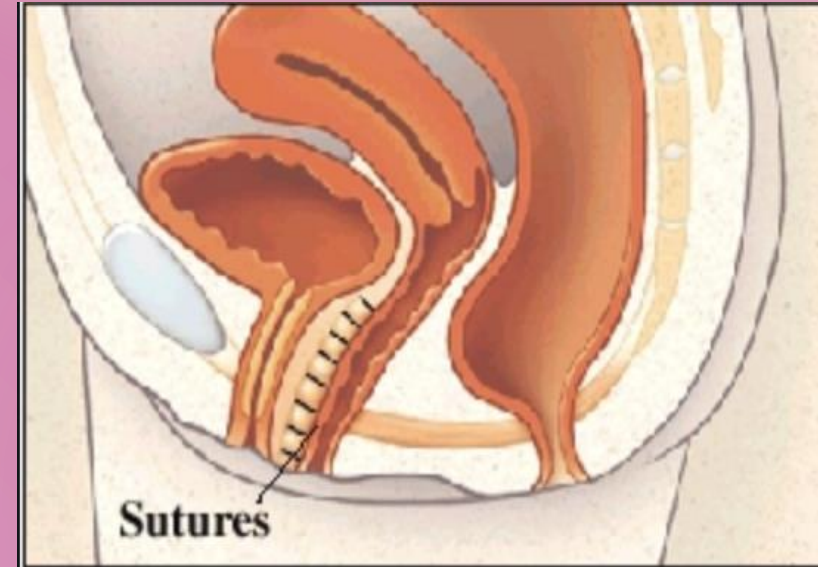
- Young prolapse (want children)
- Don't want surgery
- Medical conditions making surgery risky



Important points:
Correct size, cleaning, check ups

Treatment: Surgery

- A vaginal repair operation: Vaginal
- Uterus removal - vaginal/ laparoscopic
- Operation to lift up uterus and/or vagina +/- mesh
- Operation to seal the vagina



Will it happen again?

- About 25–30 out of 100 women having surgery for prolapse will develop another prolapse in the future.
- There is a higher chance of the prolapse returning if you are overweight, constipated, have a chronic cough or undertake heavy physical activities.
- Prolapse may occur in another part of the vagina and may need repair at a later date.

What might happen if I don't have an operation?

- Prolapse may remain the same or get worse, or sometimes even improve over time.
- Advanced prolapse cannot be expected to improve without a pessary or surgery.
- Prolapse is not life-threatening although it may affect the quality of your life.
- Urinary bladder prolapse, advanced prolapse if left untreated may affect the kidneys

Key points

- Prolapse is very common.
- Mild prolapse often causes no symptoms and treatment is not always necessary. However, you should see your doctor if you think you may have a prolapse.
- Prolapse can affect quality of life by causing symptoms such as discomfort or a feeling of heaviness. It can cause bladder and bowel problems, and sexual activity may also be affected.
- Prolapse can be reduced with various lifestyle interventions including stopping smoking, weight loss, exercise and avoiding constipation, as well as avoidance of activities that may make your prolapse worse such as heavy lifting.
- Treatment options to support your prolapse include physiotherapy, pessaries and surgery.
- How severe your symptoms are and whether you choose to have surgery will depend on how your prolapse affects your daily life. Not everyone with prolapse needs surgery but you may want to consider surgery if other options have not adequately helped.
- Surgery for prolapse aims to support the pelvic organs and to help ease your symptoms. It cannot always cure the problem completely. There are several possible operations; the most suitable one for you will depend on your circumstances



Thank you!

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WOMEN'S HEALTH CAPSULE

“Ovarian cysts”

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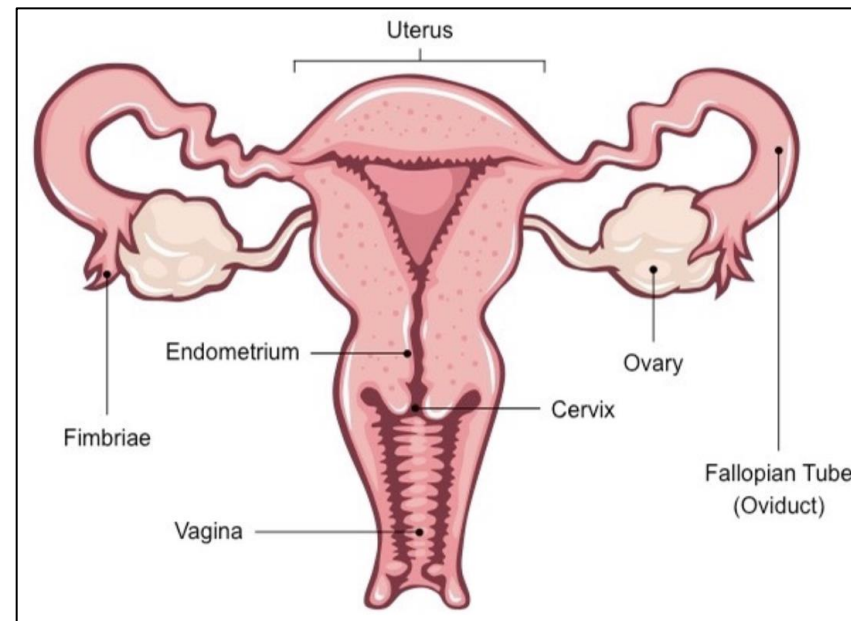
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What are ovaries?

Ovaries are a woman's reproductive organs that make female hormones and release an egg from a follicle (a small fluid-filled sac) each month. The follicle is usually about 2-3 cm when measured across (diameter) but sometimes can be larger

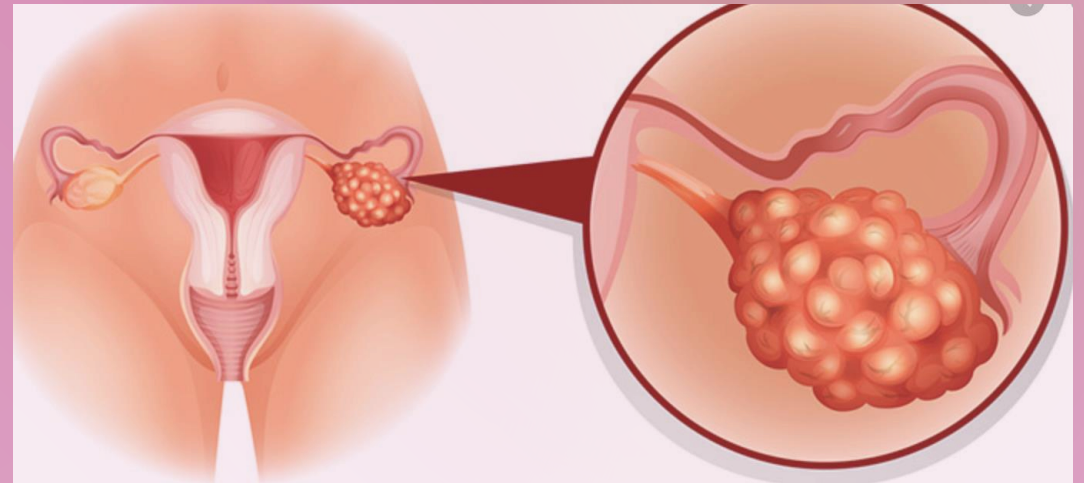


What is an ovarian cyst ?

An ovarian cyst is a larger fluid-filled sac (more than 3 cm in diameter) that develops on or in an ovary. A cyst can vary in size from a few centimetres to the size of a large melon. Ovarian cysts may be thin-walled and only contain fluid (known as a simple cyst) or they may be more complex, containing thick fluid, blood or solid areas.

Very common

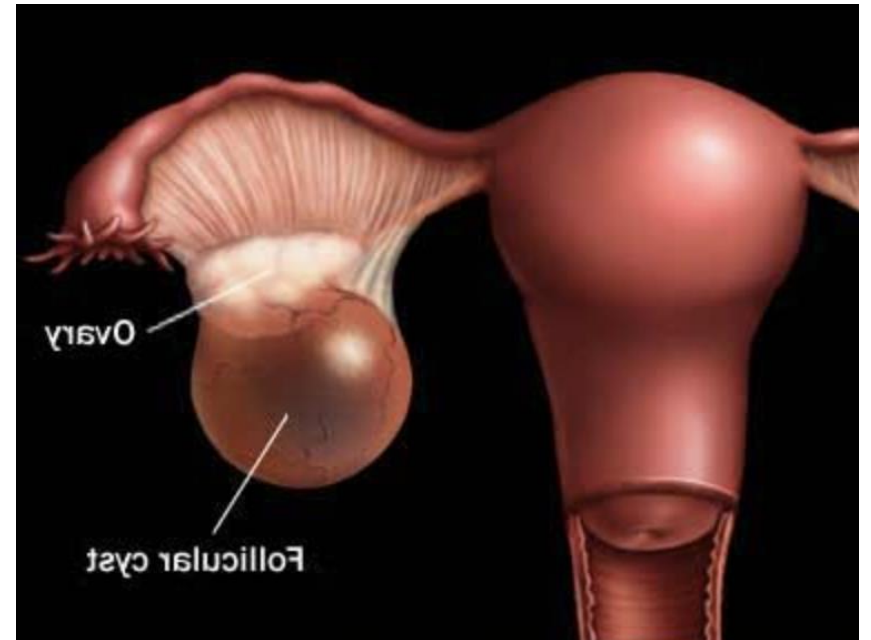
1 in 10 need surgery



Types of ovarian cyst

Simple cyst

- which is usually a large follicle that has continued to grow after an egg has been released
 - most common cysts to occur
 - most disappear within a few months
 - can recur
- < 5cm :- no treatment , follow up, repeat USG
- > 5 cm:- May be offered MRI/CT scan, Surgery to remove cyst

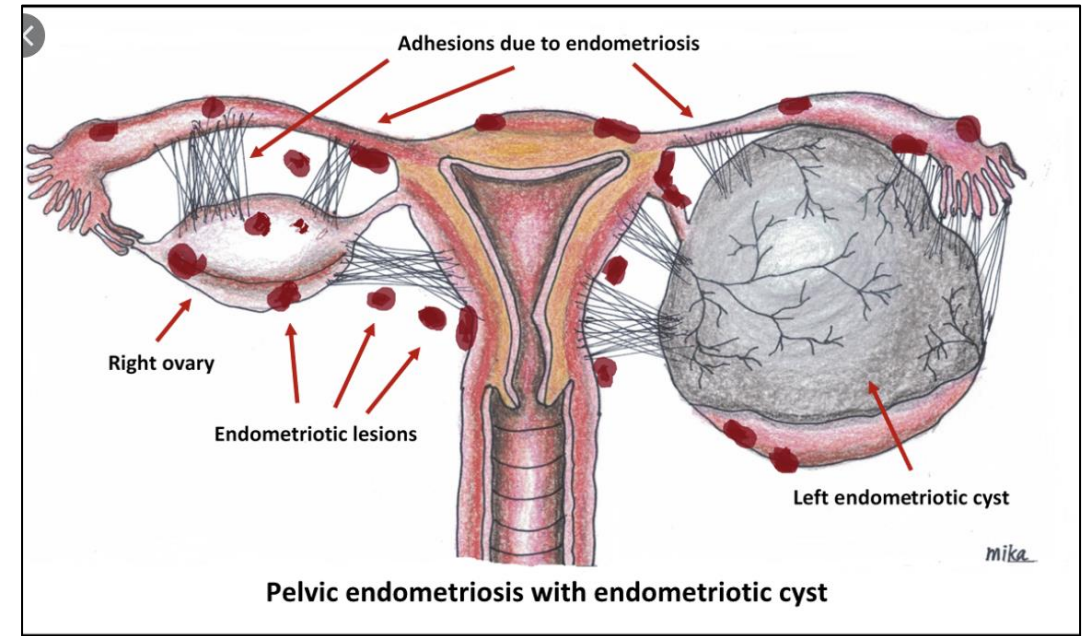


Types of ovarian cyst

Endometriotic cyst

Condition in which cells of the lining of the womb are found outside the womb, sometimes causes ovarian cysts and these are called endometriomas

- Can recur
- To be treated



Types of ovarian cyst

Dermoid cyst

- Dermoid cyst, which develops from the cells that make eggs in the ovary, often contains substances such as hair and fat.
- - need to be removed at any age and any size

What symptoms will I have?

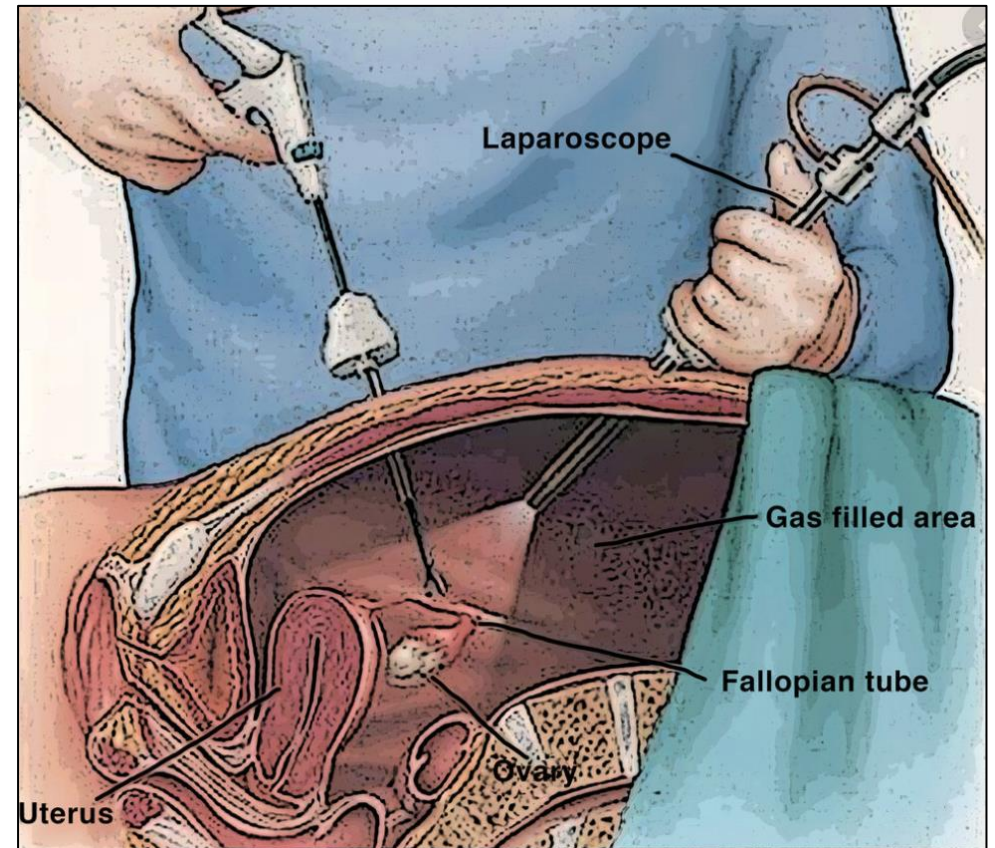
- No symptoms!
- lower abdominal pain or pelvic pain
- painful periods, or a change in the pattern of your periods
- pain during sex
- pain related to your bowels
- a feeling that you want to pass urine urgently and more frequently
- a change in appetite or feeling full quickly
- a distended (swollen) abdomen
- difficulty in becoming pregnant which may be linked to endometriosis

What to expect when I visit my gynecologist?

- Questions:- general health, periods, pain in your lower abdomen, contraception family history of ovarian or breast cancer.
- Examination:- abdomen, internal (vaginal) examination.
- Tests:- Ultrasound scan to look at your ovaries.
- Further tests based on type of cyst

What type of surgery will I be offered ?

- You will usually be offered laparoscopic (keyhole) surgery, which is less painful afterwards than a laparotomy (open surgery)
- You can leave hospital earlier and will recover more quickly.
- A laparotomy (open operation) : if very large or suspicion of cancer.
- Removing fluid from a simple cyst (aspiration) is of little benefit as the cyst is likely to fill up again, although it may be done to help to determine what type of cyst it is.



Will my ovaries be removed if I have an operation?

- Your ovaries are unlikely to be removed. The ovaries produce important hormones before the menopause and therefore in most cases only the cyst is removed.
- There are some circumstances where the ovary may need to be removed, for example if the cyst is very large or has completely replaced the entire ovary. The ovary may also need to be removed if the cyst has twisted so much that the ovary's blood supply has been cut off, or, rarely, if there is a suspicion that the cyst may be cancerous.
- Your gynaecologist should discuss the pros and cons of removing ovaries before surgery.

What if I am pregnant and my ultrasound scan has shown that I have a cyst?

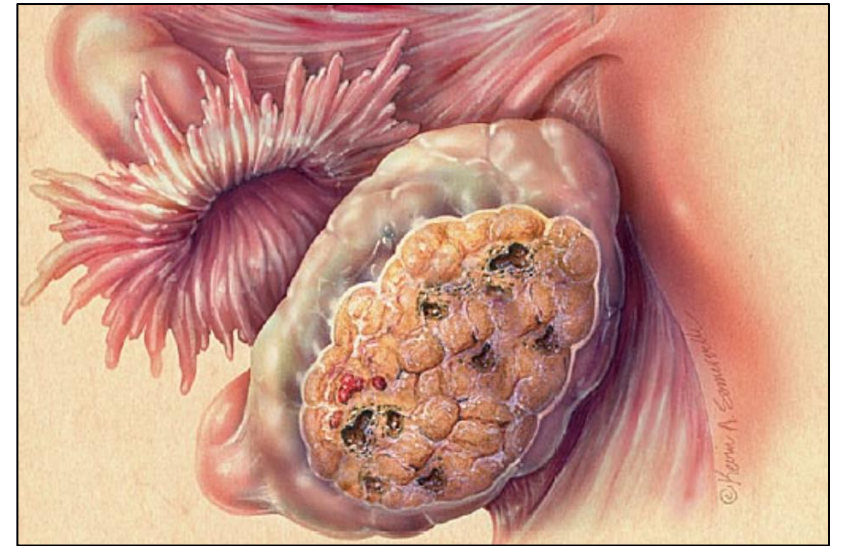
- Simple ovarian cysts are often found on the ultrasound scan during pregnancy and most will disappear as pregnancy progresses.
- If the cyst is large or complex, you may be offered further scans during pregnancy and a scan after your baby is born.
- An operation to remove the cyst during pregnancy would only be recommended if you have pain thought to be due to the cyst, or, very rarely, if cancer is suspected.

Menopause and ovarian cyst

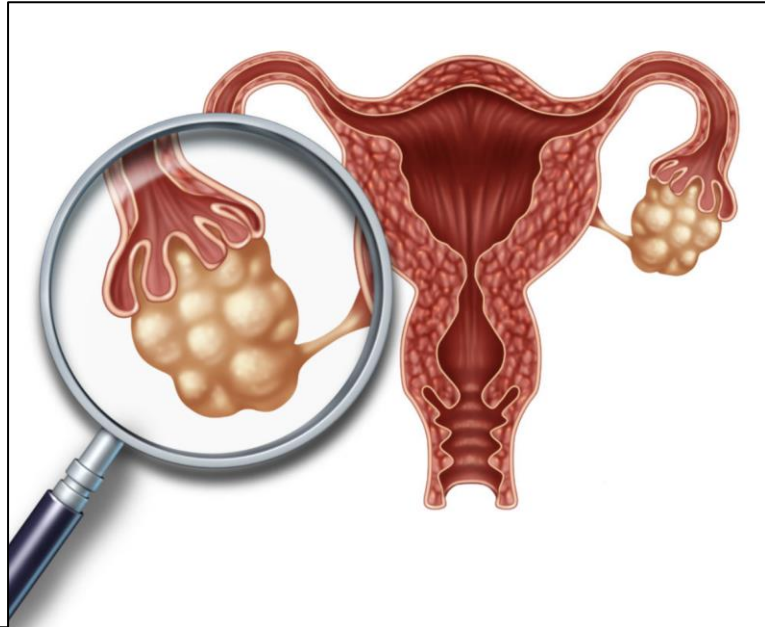
- Ovaries become inactive in menopause
- Little function of ovaries remain . 5-20% of them still develop cysts
- Cancer must be ruled out (blood test CA125, sonography, MRI/CT scan)
- Surgery is the mainstay of treatment

What does ovary cancer treatment entail?

- Depends on the stage of disease
- Surgery +/- chemotherapy
- Surgery includes removal of uterus , tubes, ovaries and small pieces of omentum , peritoneal lining



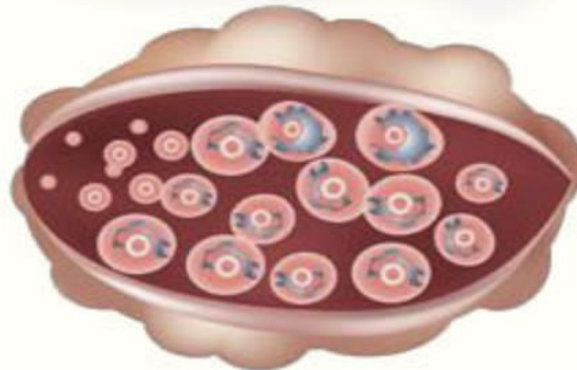
Is PCOS same as ovarian cyst?



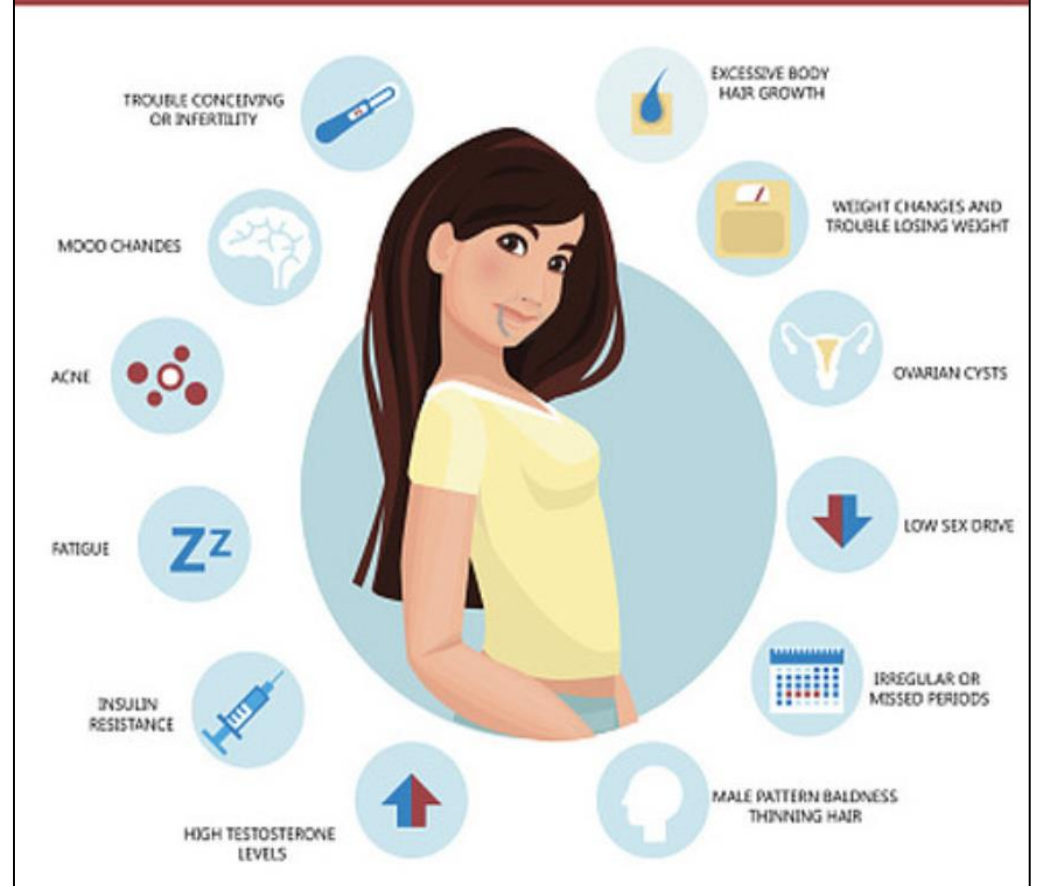
Normal ovary



Polycystic ovary



PCOS SYMPTOMS



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WOMEN'S HEALTH CAPSULE

“Cervical cancer: Screening and Prevention”

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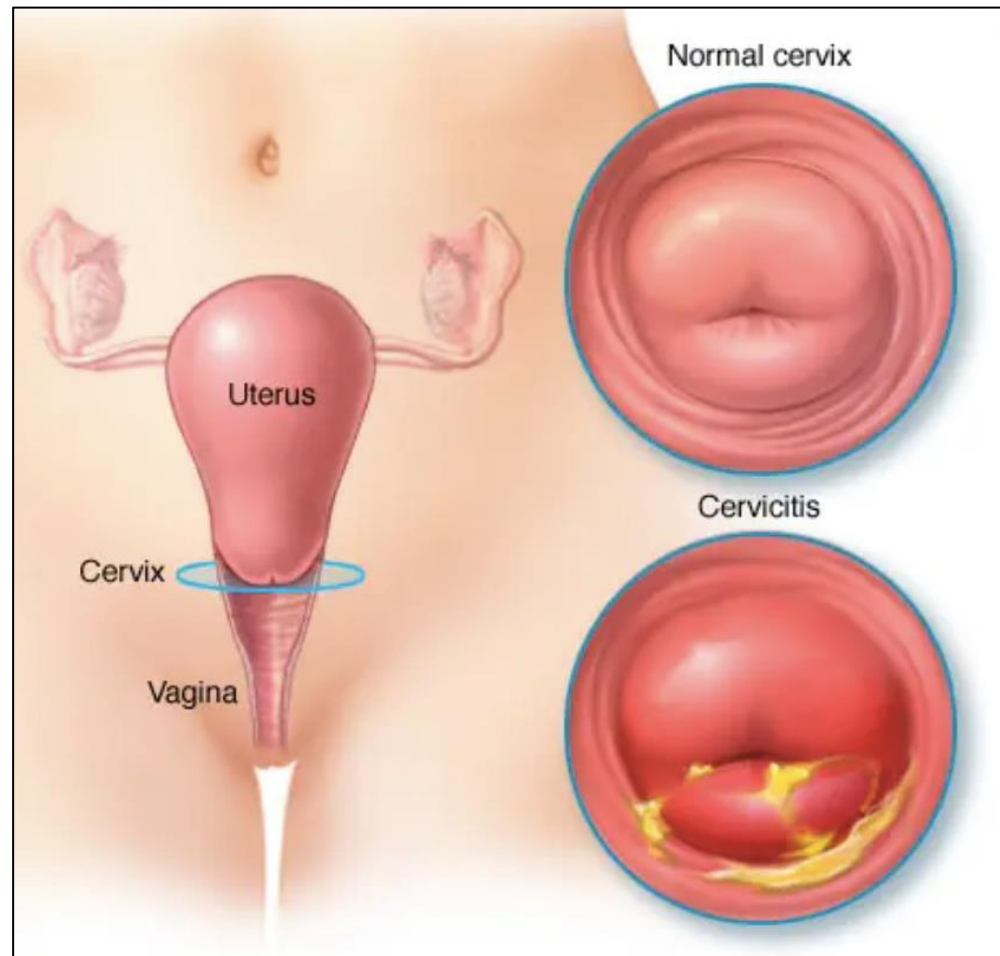
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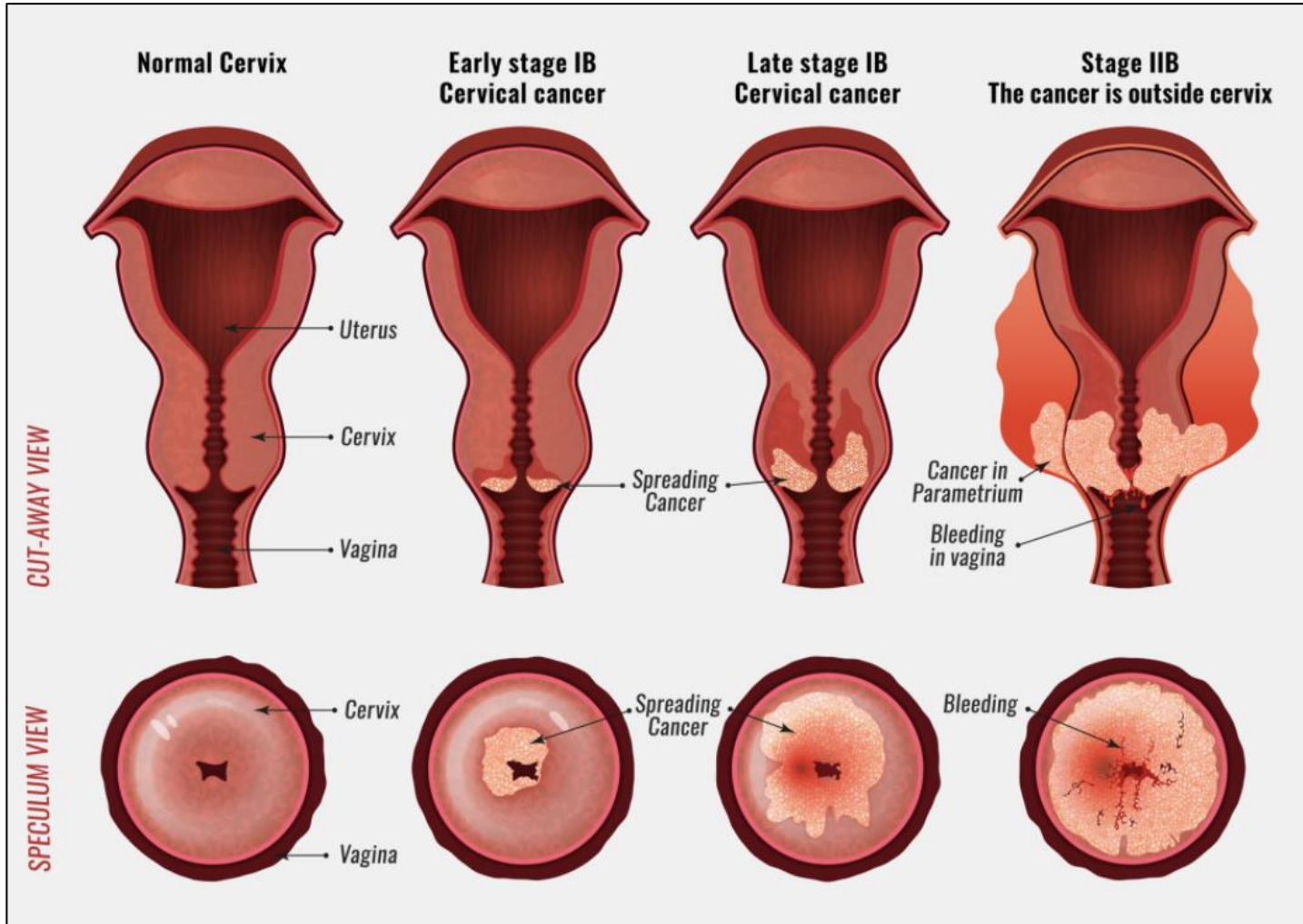
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What is a cervix?



What is cervical cancer?



4 - 23 in 1 lakh women

Peak age of incidence in India is 55-59 yrs

Symptoms

10 WARNING SIGNS OF CERVICAL CANCER



Unusual vaginal discharge



Abnormal vaginal bleeding



Heavier & longer menstrual cycle



Discomfort while urinating



Loss of bladder control



Pain during intercourse



Constant fatigue



Pelvic pain



Unexplained weight loss



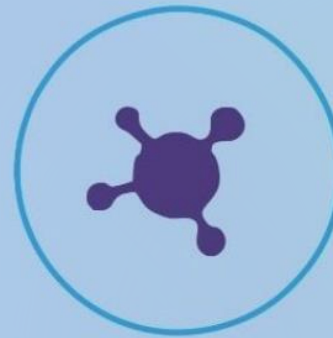
Leg pain



Risk factors of cervical cancer



Multiple Sexual Partners



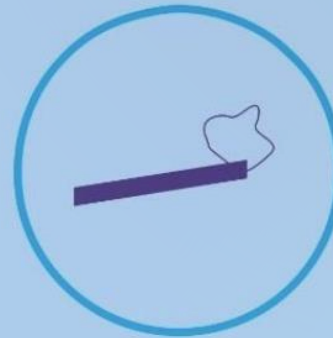
Weak Immunity



Contraceptive Pills



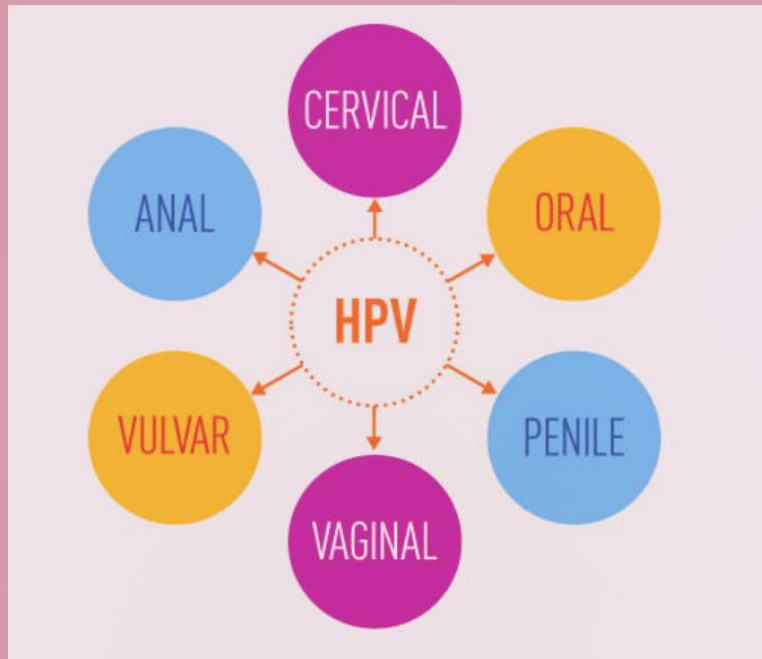
High Number of Pregnancies



Smoking



STDs (Sexually Transmitted Diseases)



HPV Risk Factors

Sexual Behavior
risk of infection is higher in people with multiple sex partners

Weakened Immune System
people with HIV/AIDS have a higher risk of HPV infection

Personal Contact
unprotected contact with warts may cause transmission

Age
genital warts are more common in young adults

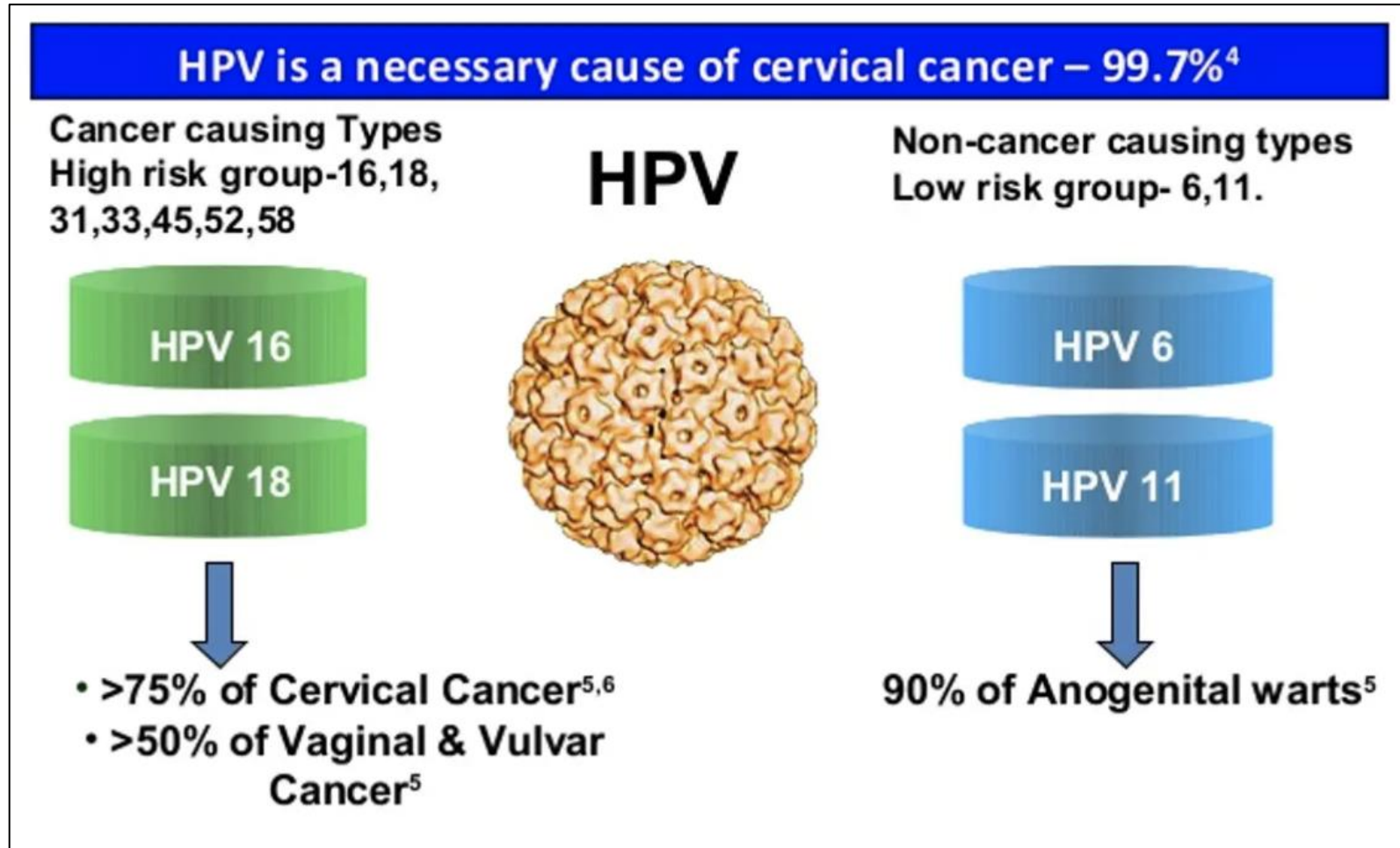
Damaged Skin
punctured skin increases chances of developing warts

What is HPV?

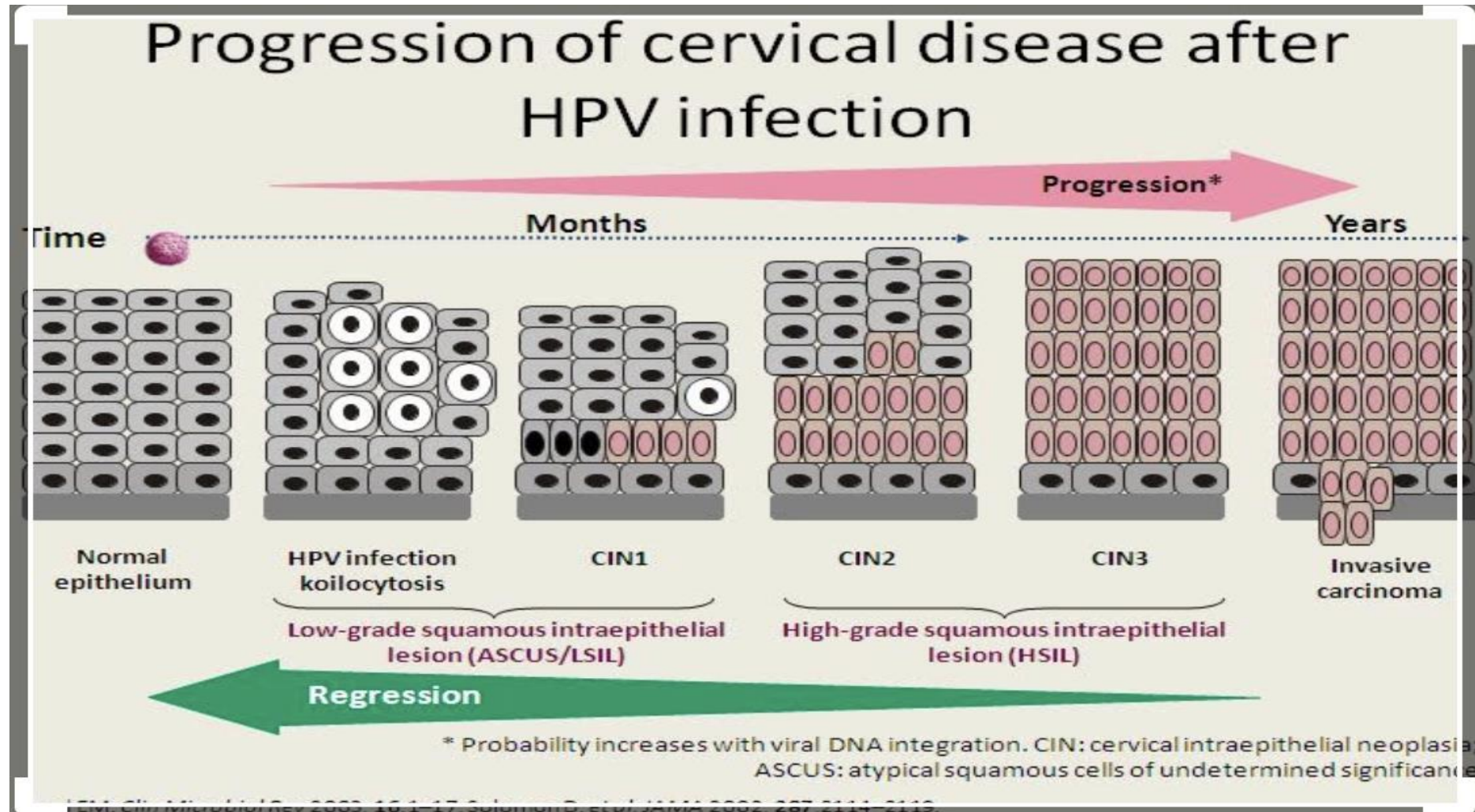
Human papilloma virus



Why is HPV important?



Course of cervical cancer



What is meant by screening test?

- Screening is looking for cancer **before a person has any symptoms**. This can help find cancer at an early stage. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.
- It is important to remember that your doctor does not necessarily think you have cancer if he or she suggests a screening test. Screening tests are given when you have no cancer symptoms.
- If a screening test result is abnormal, you may need to have more tests done to find out if you have cancer. These are called diagnostic tests.

When to do screening?

▪ **If You Are 21 to 29 Years Old**

- You should start getting Pap tests at age 21. If your Pap test result is normal, your doctor may tell you that you can wait three years until your next Pap test.

▪ **If You Are 30 to 65 Years Old**

- **A Pap test only.** If your result is normal, your doctor may tell you that you can wait three years until your next Pap test.
- **An HPV test only.** This is called *primary HPV testing*. If your result is normal, your doctor may tell you that you can wait five years until your next screening test.
- **An HPV test along with the Pap test.** This is called *co-testing*. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test.

▪ **If You Are Older Than 65**

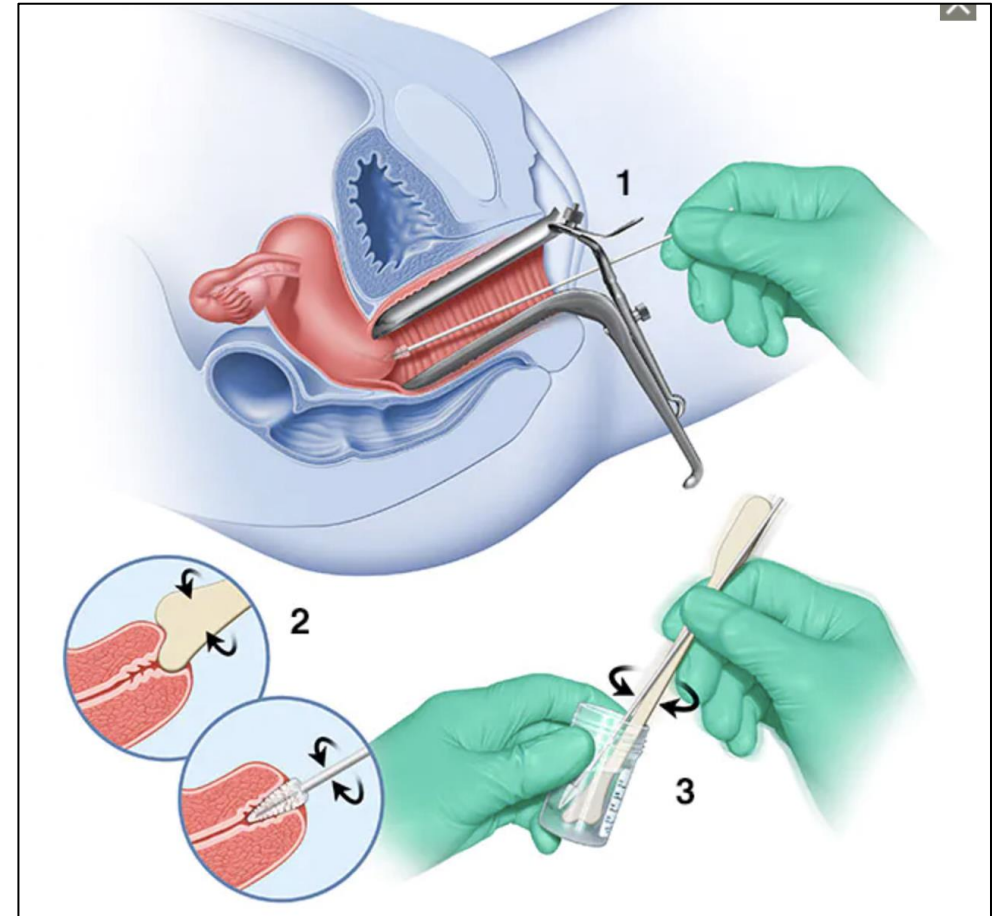
- Your doctor may tell you that you don't need to be screened anymore if—
- You have had normal screening test results for several years, or
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

What tests are available to screen for cervical cancer ?

- The Pap test (or Pap smear) looks for *precancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus

What to expect when you go the gynecology clinic for a Pap smear?

- A plastic or metal instrument, called a *speculum*, to widen your vagina. This helps the doctor examine the vagina and the cervix and collect a few cells and mucus from the cervix and the area around it. The cells are sent to a laboratory.
- If you are getting a Pap test, the cells will be checked to see if they look normal.
- If you are getting an HPV test, the cells will be tested for HPV.
- Test results take 7- 10 days



Should I do any preparation for the test?

- You should not schedule your test for a time when you are having your period. If you are going to have a test in the next two days
- You should not douche (rinse the vagina with water or another fluid).
- You should not use a tampon.
- You should not have sex.
- You should not use a birth control foam, cream, or jelly.
- You should not use a medicine or cream in your vagina.

What to expect with the test result?

▪ Pap Test Result

▪ Normal

- A normal (or “negative”) result means that no cell changes were found on your cervix. This is good news. But you still need to get Pap tests in the future. New cell changes can still form on your cervix.
- Your doctor may tell you that you can wait three years for your next screening test if you received a Pap test only. If you also received an HPV test, and the result is negative, your doctor may tell you that you can wait five years for your next screening test.

▪ Unclear (ASC-US)

- It is common for test results to come back unclear. These all mean the same thing—that your cervical cells look like they could be abnormal. It is not clear if it’s related to HPV. It could be related to life changes like pregnancy, menopause, or an infection. The HPV test can help find out if your cell changes are related to HPV. Ask your doctor what to do next.

▪ Abnormal

- An abnormal result means that cell changes were found on your cervix. This usually does not mean that you have cervical cancer. Abnormal changes on your cervix are likely caused by HPV. The changes may be minor (low-grade) or serious (high-grade). Most of the time, minor changes go back to normal on their own. But more serious changes can turn into cancer if they are not removed. The more serious changes are often called “precancer” because they are not yet cancer, but they can turn into cancer over time. In rare cases, an abnormal Pap test can show that you may have cancer. You will need other tests to be sure. The earlier you find cervical cancer, the easier it is to treat.

▪ HPV Test Result

▪ Negative

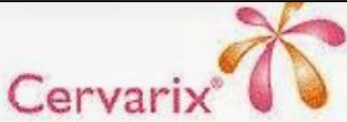

- A negative HPV test means you **do not** have an HPV type that is linked to cervical cancer. Your doctor may tell you that you can wait five years for your next screening test.

▪ Positive

- A positive HPV test means you **do** have an HPV type that may be linked to cervical cancer. This does not mean you have cervical cancer now. But it could be a warning. The specific HPV type may be identified to determine the next step.

How do I reduce my risk of getting cervical cancer ?

Vaccination

GUIDE TO UNDERSTANDING THE AVAILABLE CERVICAL CANCER VACCINES		 Cervarix®	 GARDASIL®
TYPE		BIVALENT VACCINE	QUADRIVALENT VACCINE
PROTECTS AGAINST		HPV TYPES 16 AND 18* <small>*HPV 16 AND 18 ARE REPORTED CAUSES OF 70 PERCENT OF CERVICAL CANCER</small>	HPV TYPES 16, 18, 6, AND 11** <small>**HPV 6 AND 11 CAUSE 90 PERCENT OF GENITAL WARTS, WHICH IS ONE OF THE MOST PREVALENT SEXUALLY-TRANSMITTED INFECTIONS IN THE WORLD.</small>
VACCINATION SCHEDULE (THREE DOSES ARE REQUIRED OVER A SIX-MONTH PERIOD)		DOSAGE AT 0, 1, AND 6 MONTHS	DOSAGE AT 0, 2, AND 6 MONTHS
AGE INDICATION		10 YRS OLD ONWARDS	9 YRS OLD ONWARDS
PRICE RANGE	PRICE VARIES FROM DOCTOR TO DOCTOR, BUT YOU CAN EXPECT A QUADRIVALENT VACCINE TO COST MORE THAN A BIVALENT ONE.		
INELEGIBILITY	THE VACCINE SHOULD NOT BE GIVEN IF: PREGNANT PATIENT IS ALLERGIC TO OTHER VACCINES OR ANY COMPONENT FOUND IN THE VACCINE PATIENT HAS A MODERATE TO SEVERE ILLNESS		
SIDE EFFECTS			
PAIN AT INJECTION SITE		✓	✓
SWELLING		✓	✓

When should I take the vaccine?

- HPV vaccination is recommended for preteens aged 11 to 12 years, but can be given starting at age 9.
- HPV vaccine also is recommended for everyone through age 45 years, if they are not vaccinated already - new virus strain exposure , reduced efficacy.
- < 15 yrs : 2 doses 0, 6-12 m
- > 15yrs : 3 doses 0,2,6 m

HPV vaccination prevents new HPV infections, but does not treat existing infections or diseases. Hence, the HPV vaccine works best when given before any exposure to HPV.

Myth: Once I take the vaccine I don't need cervical cancer screening

You should get screened for cervical cancer regularly, even if you received an HPV vaccine!!

What treatments are available for pre-invasive and invasive cervical cancer?

- Early atypical changes: Cauterization, excision, cryotherapy(freezing)
- Late atypical changes: Conization, hysterectomy
- Invasive cancer: According to stage surgery, chemotherapy and radiotherapy

Take home points:-

- HPV vaccine must be included in the immunization schedule and can be given up to 45 yrs of age.
- Cervical cancer screening must be done for all women - it is easy , painless and to be done only once in 3 yrs
- Prevention is better than cure!



Thank you!

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WOMEN'S HEALTH CAPSULE

“Endometrial Cancer: Screening and Prevention”

Dr. Latika Chawla

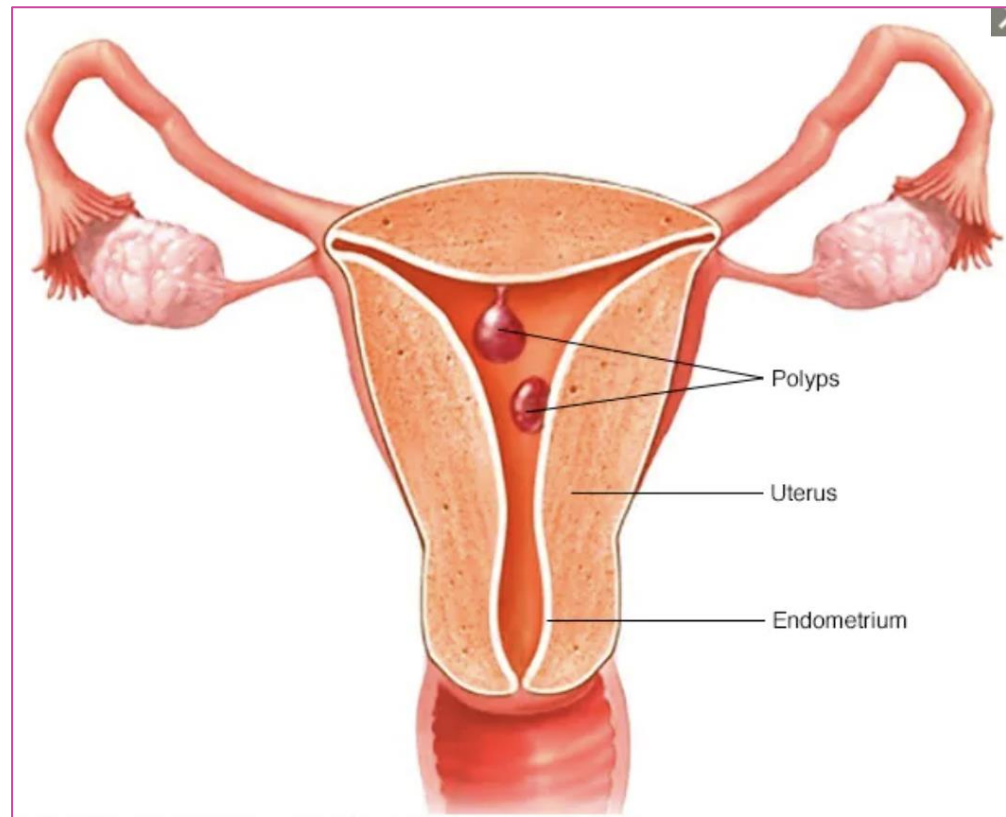
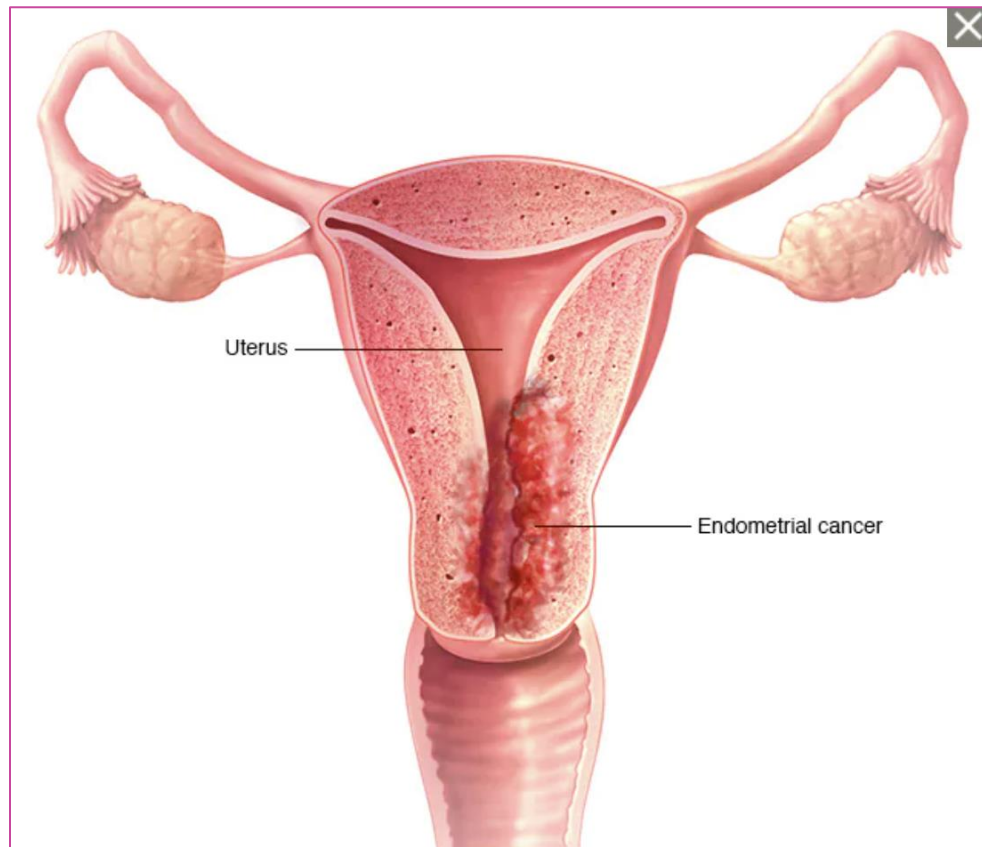
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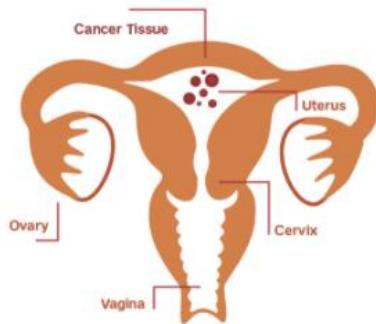
What is cancer of the uterus ?



Stages of uterine cancer

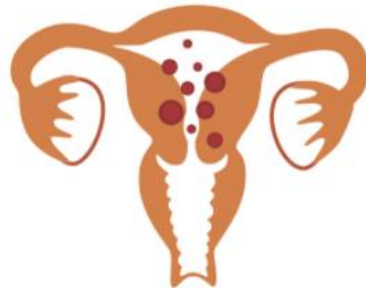
Uterine Cancer

Stage 1



Cancerous cells are found only in the uterus.

Stage 2



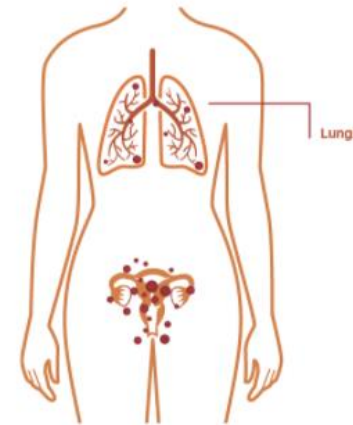
The cancer has spread to the cervix (opening of the uterus).

Stage 3



The cancer has spread outside the uterus to the nearby lymph nodes, ovaries, fallopian tubes, or vagina. It has not spread to the bladder, rectum, outside the pelvis.

Stage 4



The cancer has spread to the bladder, rectum, or outside the pelvis, such as the lungs or abdomen.

105 /1,00,000 women

Average age of diagnosis is 60 years

Risk factors

- Changes in the balance of female hormones in the body : Estrogen > Progesterone
- More years of menstruation.
- Never having been pregnant.
- Older age - As you get older, your risk of endometrial cancer increases. Endometrial cancer occurs most often after menopause.
- Obesity - Being obese increases your risk of endometrial cancer. This may occur because excess body fat alters your body's balance of hormones.
- Hormone therapy for breast cancer.
- Family history :- An inherited colon cancer syndrome.

Taking combined oral contraceptives actually reduces the risk of developing endometrial cancer in later life

Symptoms

- Vaginal bleeding past the menopause. This can range from spotting to more heavy bleeds. This is the **most common symptom** of endometrial cancer.
- Bleeding after having sex (postcoital bleeding).
- Bleeding between normal periods (intermenstrual bleeding) in women who have not gone through the menopause.
- Early symptoms that occur in some cases are:
 - Pain during or after having sex.
 - Vaginal discharge.
 - Pain in your lower tummy (abdomen).

All the above symptoms can be caused by various other common conditions. However, if you develop any of these symptoms, you should see your doctor.

What investigations will I be asked to do ?

Transvaginal ultrasound (TVUS) scan

- The mean endometrial thickness in postmenopausal women is much thinner than in premenopausal women.
- TVUS using a 3-mm cut-off has high sensitivity for detecting endometrial cancer

Endometrial biopsy

- A definitive diagnosis in PMB is made by histology. In the past, endometrial samples were obtained by dilatation and curettage.
- A sample is now usually obtained by endometrial biopsy taken during a hysteroscopy.

All other methods of sampling the endometrium will miss some cancers.

Hysteroscopy

- Hysteroscopy and biopsy (curettage) are the preferred diagnostic technique to detect polyps and other benign lesions.
- Diagnostic accuracy for hysteroscopy is high for endometrial cancer, polyps and submucous myomas

NB: many women also have a CXR, blood tests (FBC and LFTs).

Hysteroscopy

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Further tests to detect spread

If endometrial cancer is confirmed then further tests may be advised to assess if the cancer has spread. For example, [a computerised tomography \(CT\) scan](#), [a magnetic resonance imaging \(MRI\) scan](#), [a chest X-ray](#), [blood tests](#), an examination under anaesthetic of the uterus, bladder or rectum, or other tests. This assessment is called staging of the cancer.

The aim of staging is to find out:

- How much the tumour has grown and whether it has grown into other nearby structures such as the cervix, bladder or rectum.
- Whether the cancer has spread to local lymph glands (nodes).
- Whether the cancer has spread to other areas of the body (metastasised).

Treatment modalities

- Surgery is the main treatment for cancer of the inside lining of the womb (uterus)
- Radiotherapy or chemotherapy are also used in some circumstances. The treatment advised for each case depends on various factors such as the stage of the cancer (how large the cancer is and whether it has spread) and your general health.
- Treatment with progesterone is used in some types of endometrial cancer. It is generally not used in the initial treatments but may be considered if the cancer spreads or comes back after those treatments.
- Treatment aims to **cure** the cancer. Most cases of endometrial cancer are diagnosed at an early stage. There is a good chance of a cure if it is treated in the early stages.
- Treatment aims to **control** the cancer. If a cure is not realistic, with treatment it is often possible to limit the growth or spread of the cancer so that it progresses less rapidly. This may keep you free of symptoms for some time.
- Treatment aims to **ease symptoms**. For example, if a cancer is advanced then you may require treatments such as painkillers or other treatments to help keep you free of pain or other symptoms. Some treatments may be used to reduce the size of a cancer, which may ease symptoms such as pain.

Why is it important to detect early?

- Stage 1: the cancer is contained within the muscle wall of the womb. Most women can be completely cured. **95 out of 100** women diagnosed at Stage 1 will live for five years or more.
- Stage 2: the cancer has spread into the neck of the womb (cervix). More than **75 out of 100** women diagnosed at Stage 2 will live for five years or more.
- Stage 3: the cancer has spread outside the womb, but only as far as the tissues around the womb. **40 of 100** women diagnosed at Stage 3 will live for five years or more.
- Stage 4: the cancer has spread further around the body. Around **15 out of 100** women diagnosed with Stage 4 cancer will be alive after five years.

Can I prevent it?

- **Talk to your doctor about the risks of hormone therapy after menopause.**
- **Consider taking birth control pills.** Using oral contraceptives for at least one year may reduce endometrial cancer risk. The risk reduction is thought to last for several years after you stop taking oral contraceptives. Oral contraceptives have side effects, though, so discuss the benefits and risks with your doctor.
- **Maintain a healthy weight.** Obesity increases the risk of endometrial cancer, so work to achieve and maintain a healthy weight. If you need to lose weight, increase your physical activity and reduce the number of calories you eat each day.

How do I screen for endometrial cancer?

- Gynecology visit for abnormal menstrual periods
- ANY post menopausal bleeding should be brought to notice of your gynecologist
- Annual health check up with Sonography of the pelvis
- Pap smears as per schedule

Thank you!



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WOMEN'S HEALTH CAPSULE

“ Abnormal Periods ”

Dr. Latika Chawla

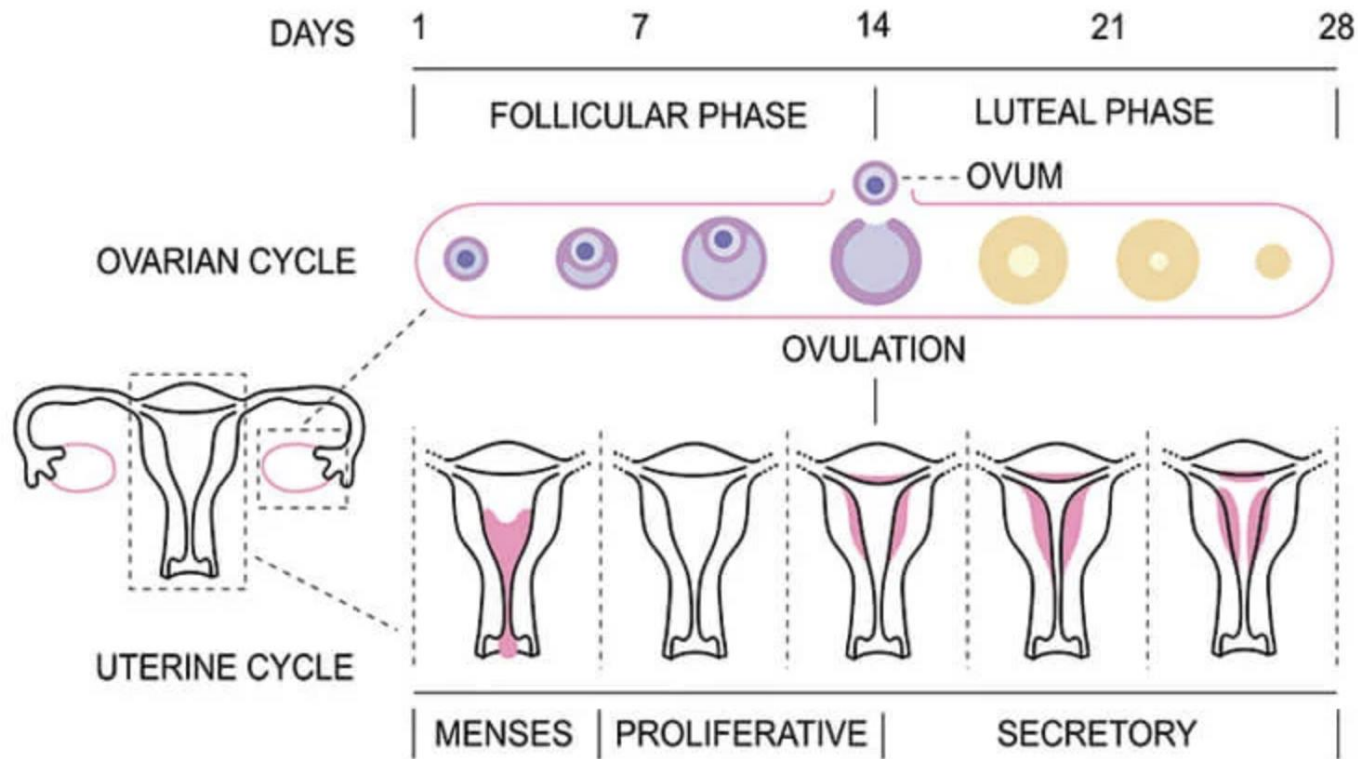
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Normal periods



Most women have menstrual periods that last four to seven days. A woman's period usually occurs every 28 days, but normal menstrual cycles can range from 21 days to 35 days.

What are abnormal periods?

Examples of menstrual problems include:

Periods that occur less than 21 days or more than 35 days apart

Missing three or more periods in a row

Menstrual flow that is much heavier or lighter than usual

Periods that last longer than seven days

Periods that are accompanied by pain, cramping, nausea or vomiting

Bleeding or spotting that happens between periods, after menopause or following sex

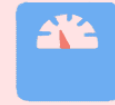
Types of abnormal periods

- **Amenorrhoea** is a condition in which a woman's periods have stopped completely. The absence of a period for 90 days or more is considered abnormal unless a woman is pregnant, breastfeeding, or going through menopause (which generally occurs for women between ages 45 and 55).
- Young women who haven't started menstruating by age 15 or 16 or within three years after their breasts begin to develop are also considered to have amenorrhea.
- **Oligomenorrhea** refers to periods that occur infrequently.
- **Dysmenorrhoea** refers to painful periods and severe menstrual cramps. Some discomfort during the cycle is normal for most women.
- **Abnormal uterine bleeding** may apply to a variety of menstrual irregularities, including: a heavier menstrual flow; a period that lasts longer than seven days; or bleeding or spotting between periods, after sex, or after menopause.

▪

Causes

10 Common Reasons for a Missed or Late Period



Weight changes



Illness



Profound stress



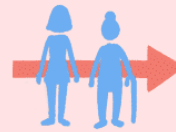
Medications



Extreme exercise



Recently started periods



Perimenopause and menopause



Breastfeeding

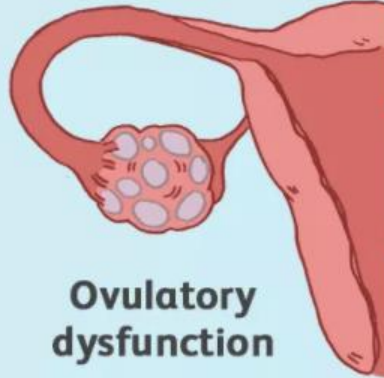


Changes in your schedule

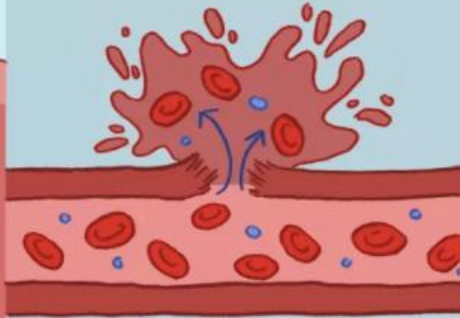


Ectopic pregnancy

Common Causes of Heavy Menstrual Bleeding



Ovulatory dysfunction



Bleeding disorders



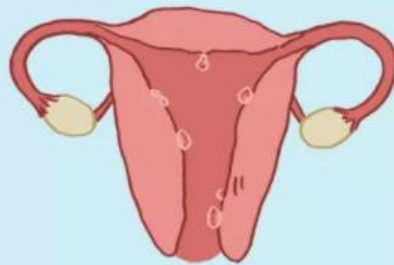
Uterine adenomyosis



PID



Uterine fibroids



Uterine polyps



Cervical cancer



Endometrial cancer

Reducing risk of irregular periods...

1

Try to maintain a healthy lifestyle by exercising moderately and eating nutritious foods. If you have to lose weight, do so gradually instead of turning to diets that drastically limit your calorie and food intake.

2

Make sure you get enough rest.

3

Practice stress reduction and relaxation techniques.

4

If you are an athlete, cut back on prolonged or intense exercise routines. Excessive sports activities can cause irregular periods.

5

Use birth control pills or other contraceptive methods as directed.

6

Change your tampons or sanitary napkins approximately every four to six hours to avoid infections.

7

See a doctor for regular check-ups.

When to see your doctor?

Severe pain during your period or between periods

Unusually heavy bleeding (soaking through a sanitary pad or tampon every hour for two to three hours) or passing large clots

An abnormal or foul-smelling vaginal discharge

High fever

A period lasting longer than seven days

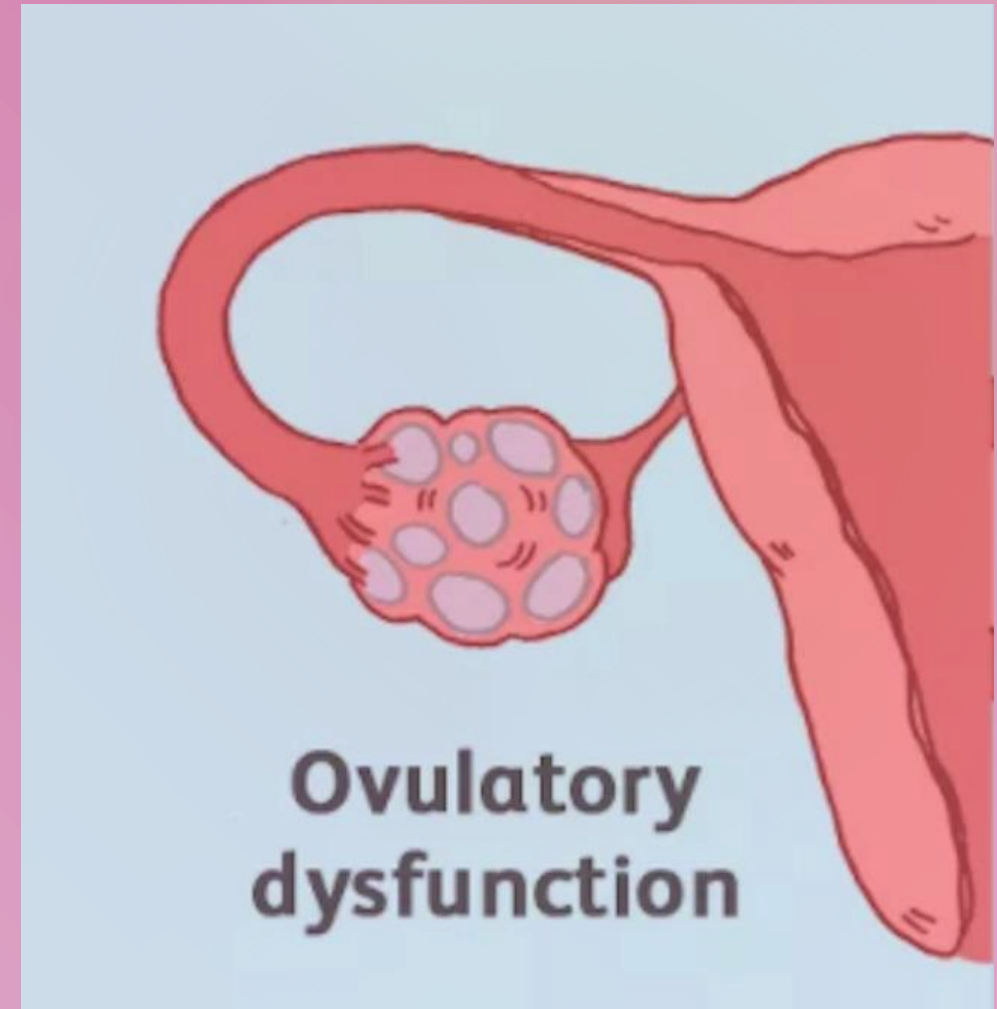
Vaginal bleeding or spotting between periods or after you have gone through menopause

Periods that become very irregular after you have had regular menstrual cycles

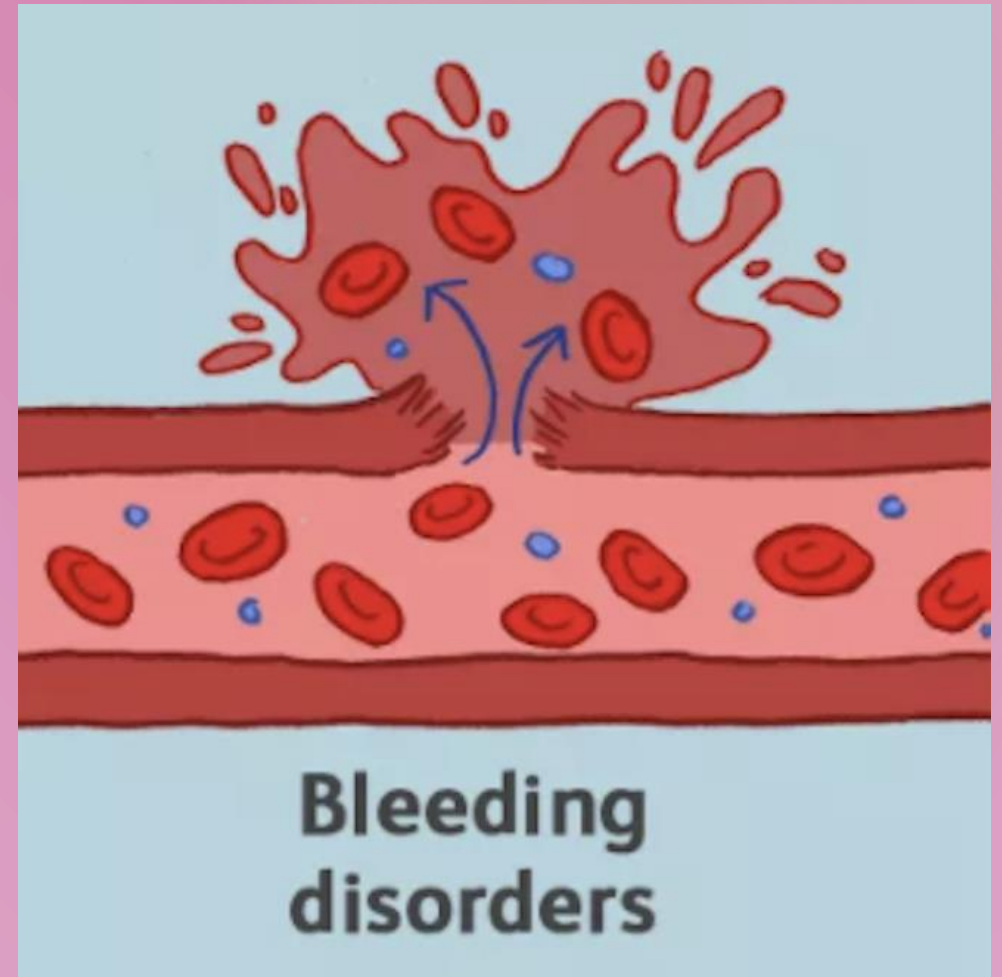
Nausea or vomiting during your period

You should also see a doctor if you think you might be pregnant.

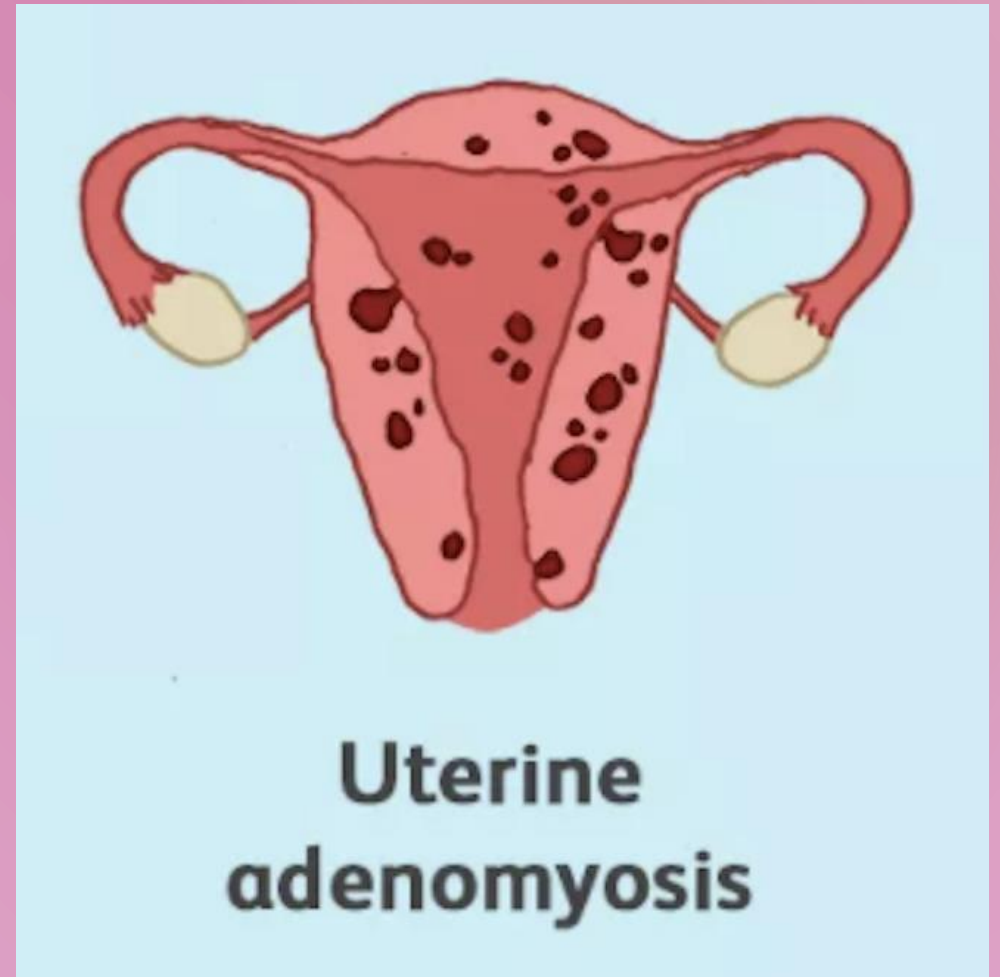
- **PCOS and obesity:** In cases of PCOS, overweight, or obesity losing weight may help stabilize menstruation. A lower weight means the body does not need to produce so much [insulin](#). This leads to lower testosterone levels and a better chance of ovulating.
- **Thyroid problems**
- **Puberty and Menopause**



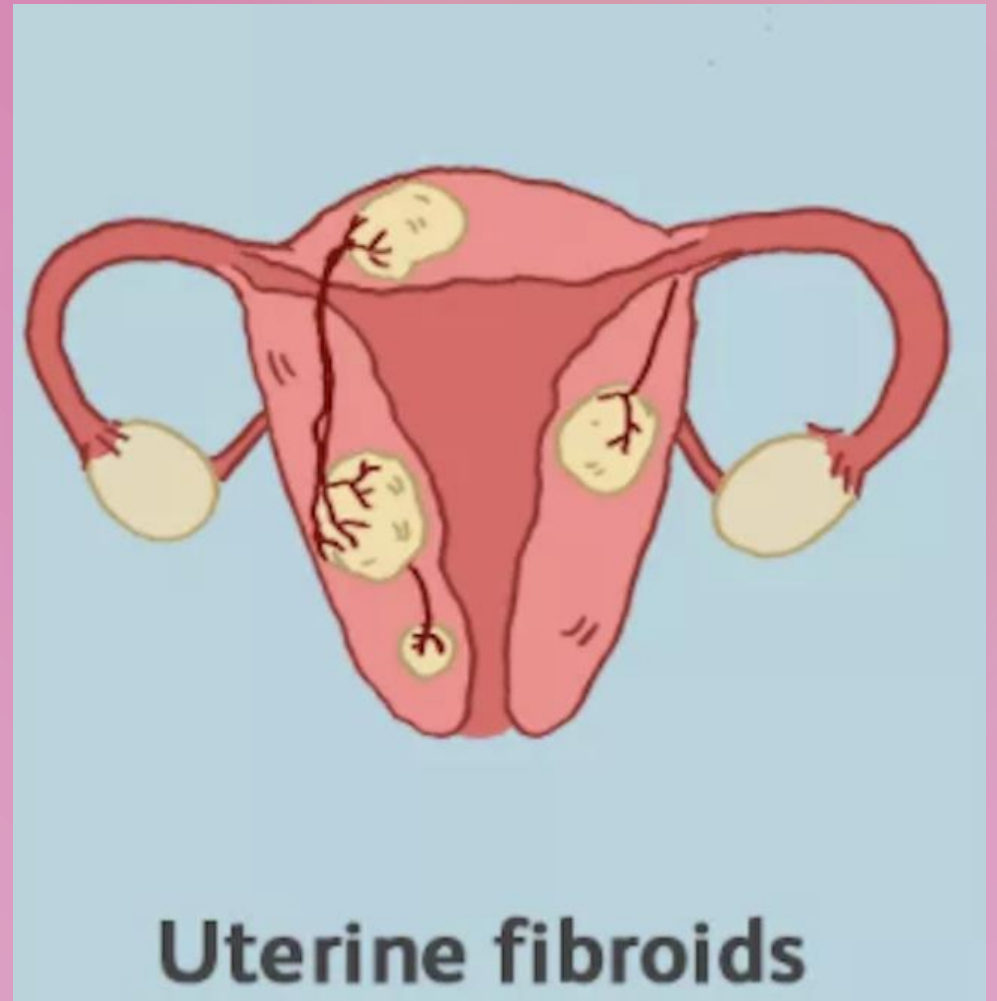
- Diagnosed with blood investigations, family history
- Treated with medications : to take during periods



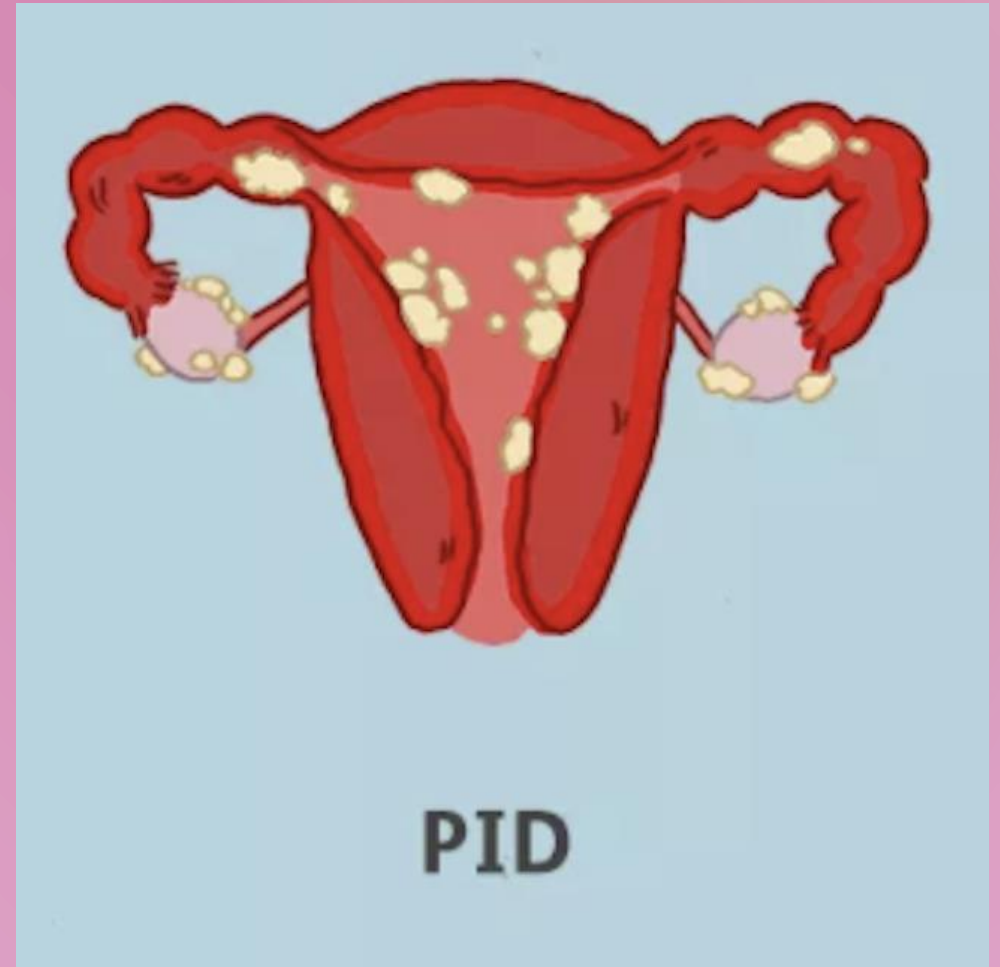
- Significant adenomyosis presents as heavy bleeding, severe pain during periods, inability to conceive
- In women who have completed their family, removing the uterus is the treatment.
- Medical treatments can help symptoms but not treat.



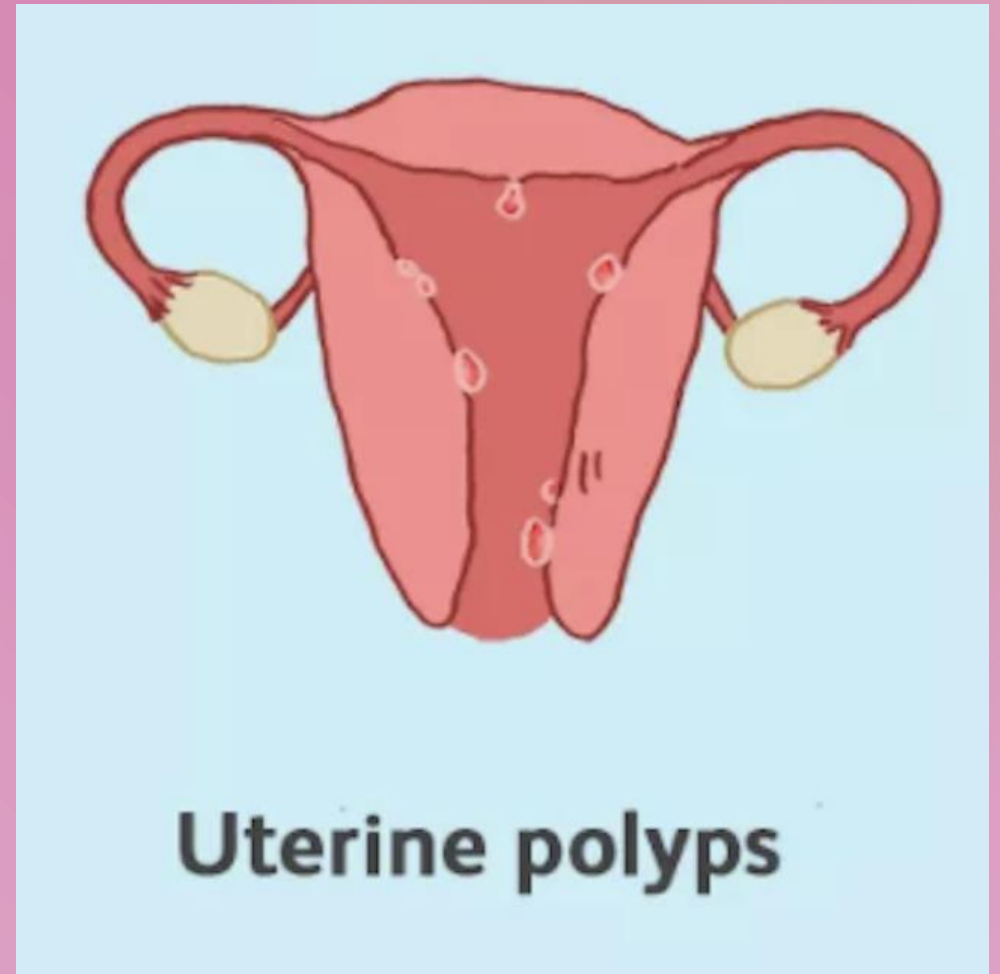
- Extremely common cause of abnormal periods
- Can cause heavy bleeding, painful bleeding, intermenstrual bleeding, difficulty in conceiving
- Surgical removal of fibroids is the treatment.
- Medical management is temporary



- Usually in younger age group, sexually active, multiple partners, diabetes, immune suppressive
- Fever, pain, discharge
- Prolonged treatment with antibiotics
- May affect fertility



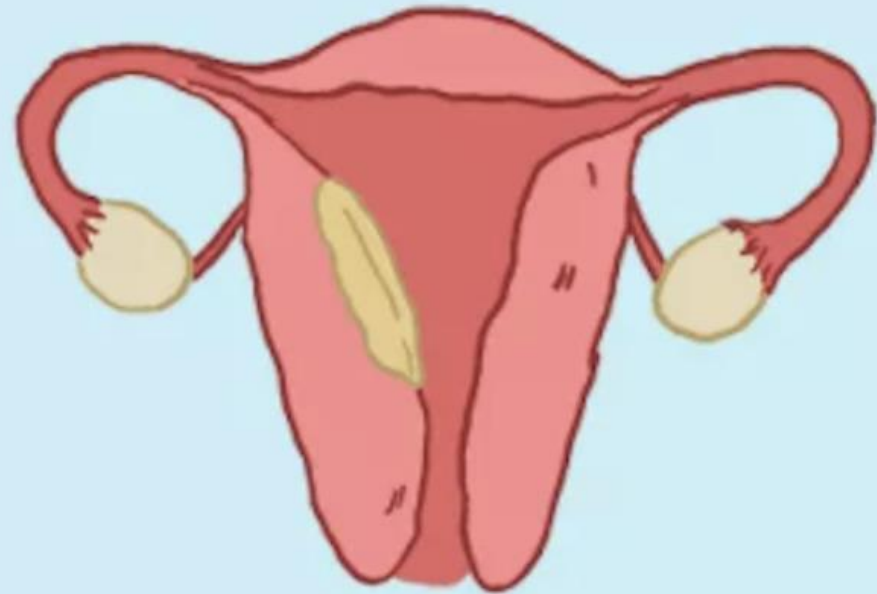
- Irregular spotting, Post coital bleeding, prolonged bleeding
- Surgical removal
- Long standing polyps : atypia



- Post coital bleeding, heavy bleeding, abnormal discharge
- HPV vaccine
- Pap smear



- Irregular periods, post menopausal bleeding
- Early diagnosis
- Surgical treatment



Endometrial cancer

What treatment is done for abnormal periods?

- Treatment, if needed, will depend on the cause.
- **Puberty and menopause:** Irregular periods that occur during puberty or as the woman approaches menopause do not usually need treatment.
- **Birth control:** If irregular bleeding is due to contraception, and it continues for several months, the woman should talk to a health care professional about other options.
- **PCOS and obesity:** In cases of PCOS, overweight, or obesity losing weight may help stabilize menstruation. A lower weight means the body does not need to produce so much [insulin](#). This leads to lower testosterone levels and a better chance of ovulating.
- **Thyroid problems:** Treatment for the underlying problem is likely to be prescribed. This may include medication, radioactive iodine therapy or surgery.

- **Stress and eating disorders:** Psychological therapy may help if emotional stress, an eating disorder, or sudden weight loss have triggered irregular periods. This may include relaxation techniques, stress management, and talking to a therapist.
- **Medication**
- The doctor may prescribe metformin, an insulin-lowering oral drug for [type 2 diabetes](#), which can help ensure [ovulation](#) and regular periods - PCOS
- A low-dose birth control pill that containing a combination of estrogen and progesterone may help. This will decrease androgen production and will help to correct abnormal bleeding.
- Alternatively, taking progesterone for 10 to 14 days each month is likely to regulate the periods.

Thank you!



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WOMEN'S HEALTH CAPSULE

“Understanding Ovarian cancer”

Dr. Latika Chawla

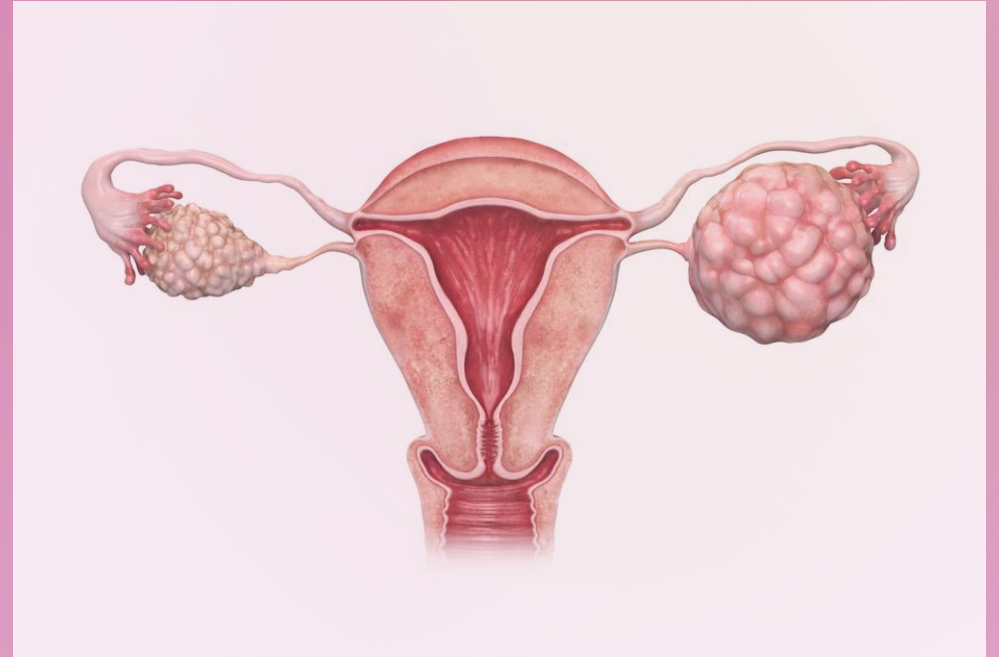
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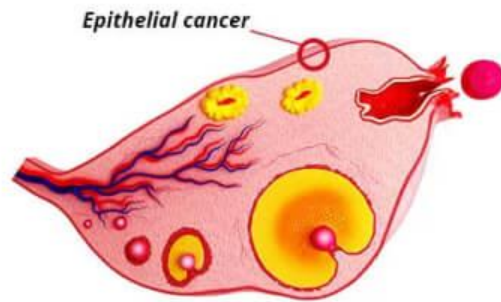
Mumbai

What is cancer ?

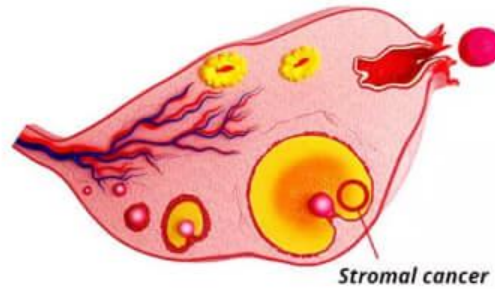
- Cancer is a disease of cells in the body.
- Normally cells grow and multiply in an orderly way, with new cells made only when they are needed.
- When someone has cancer, this process goes wrong and cancer cells grow and multiply too quickly. As they multiply and grow, the cancer cells damage healthy tissue.
- Ovarian cancer : Primary , Secondary



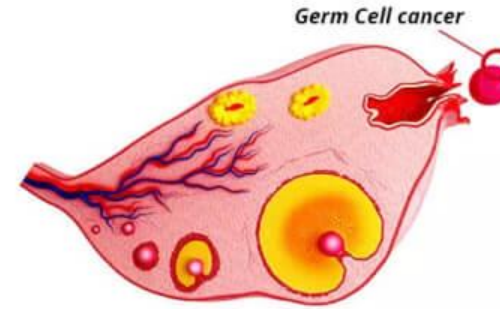
Three Types of Ovarian Cancer



Epithelial ovarian cancer is a tumor that starts on the outside of the ovary. The majority of cancer-causing ovarian tumors are epithelial.



Stromal cancer starts from ovarian cells that make hormones. Doctors can typically diagnose these early. They make up about 1 percent of ovarian cancer.



Germ cell cancer starts in the egg cells. These tumors are very rare, making up less than 2 percent of ovarian cancers. They occur in younger women and girls.

COMMON SYMPTOMS OF OVARIAN CANCER INCLUDE:

Bloating – Increased abdominal size / persistent bloating
(not bloating that comes and goes)

Eating – Difficulty eating / feeling full quickly

Pain – In pelvic or abdominal areas

Urinary symptoms – Urgency or frequency

OCCASIONALLY, THERE CAN BE OTHER SYMPTOMS SUCH AS:

Changes in bowel habits

Abnormal bleeding

Extreme fatigue

Unexplained weight loss



Any bleeding after the menopause should always be investigated by a doctor.

Ovarian Cancer

Early Stage Symptoms



frequent urination



abdominal bloating



feeling full quickly when eating



pelvic pain

Advanced Stage Symptoms



changes in bowel habits



fluid collection



pain with intercourse



back pain

Risk Factors for Ovarian Cancer

INCREASED RISK FOR OVARIAN CANCER

Increased age

Family history of cancer

Hereditary cancer syndromes

Obesity

Having never given birth

Hormone replacement therapy

Increased numbers of lifetime ovulatory cycles

DECREASED RISK* FOR OVARIAN CANCER

Bilateral salpingo-oophorectomy

Oophorectomy

Bilateral salpingectomy with ovarian retention

Hysterectomy

Tubal ligation

Use of oral contraceptives

Breastfeeding

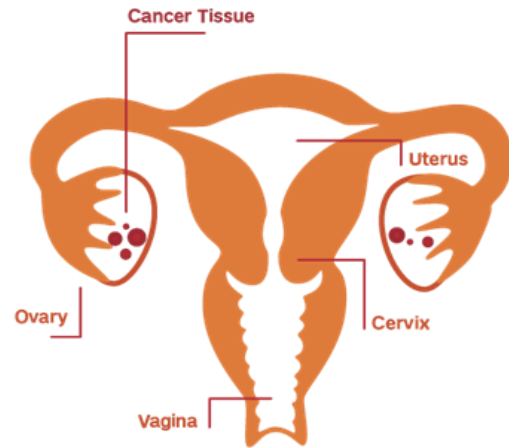
* There are risks and benefits associated with all medical interventions and they should be discussed with a health care professional.

How to diagnose ovarian cancer ?

- TVS: Ovarian cancer may be suspected if an ovary appears abnormal on an ultrasound scan.
- Abnormal blood tests : CA 125
- You are likely to be offered a CT scan (computed tomography scan) of your abdomen and pelvis.
- Sometimes you may be advised to have a biopsy (the taking of a small sample of tissue for examination). This may be done with you awake in the X-ray department or as a keyhole operation with a general anaesthetic. If your abdomen is swollen with fluid (called ascites) you may be advised to have this drained. This is usually done under ultrasound guidance. The removed fluid may be checked for cancer cells. If cancer is confirmed, you will be referred to a specialist gynaecology cancer centre to plan treatment.

Ovarian Cancer

Stage 1



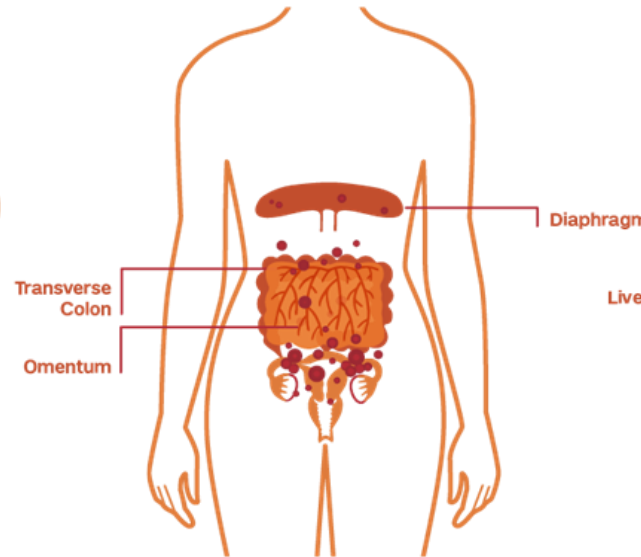
Cancer is found in one or both ovaries.

Stage 2



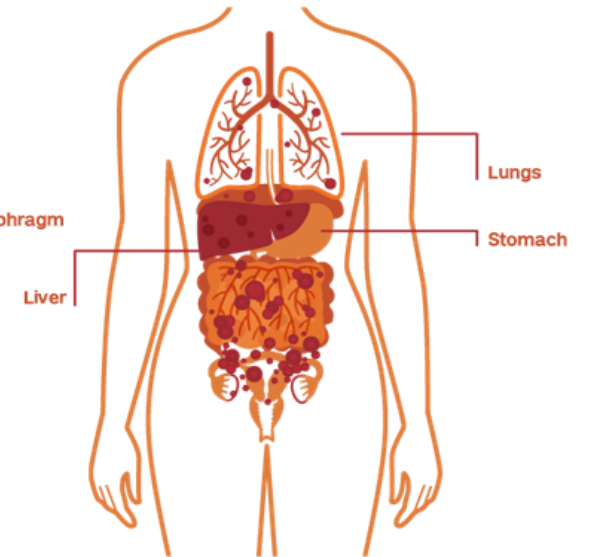
Cancerous cells have spread from the ovaries to other parts of the pelvis, such as the fallopian tubes or uterus.

Stage 3



Cancerous cells have spread outside the pelvis to the nearby lymph nodes, diaphragm, intestines, or liver.

Stage 4



The cancer has spread beyond the abdomen, such as to the lungs or spleen.

Cancer cells are graded according to how they look under a microscope. The cancer can be low grade (slow-growing in appearance), moderate grade (more abnormal than low grade) or high grade (fast-growing in appearance).



What are the treatment options?

Surgery

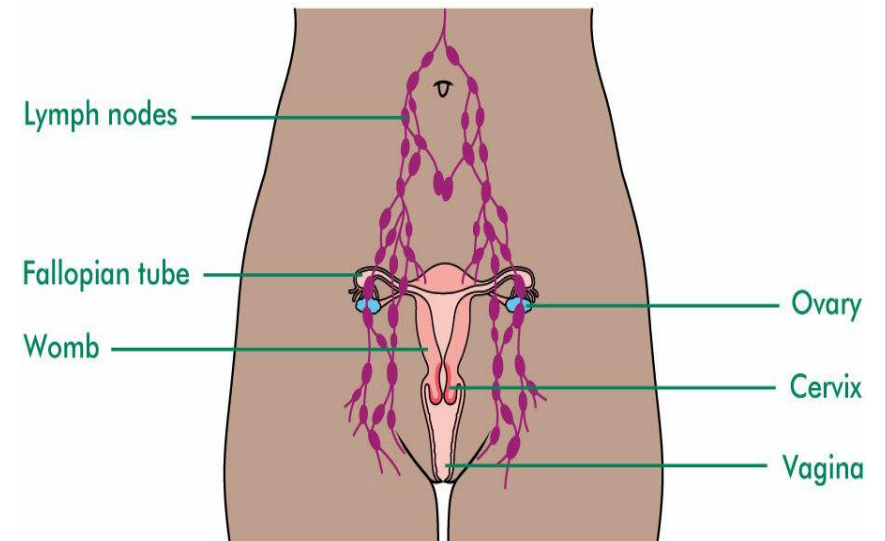
Chemotherapy

Radiation

Supportive

Surgery

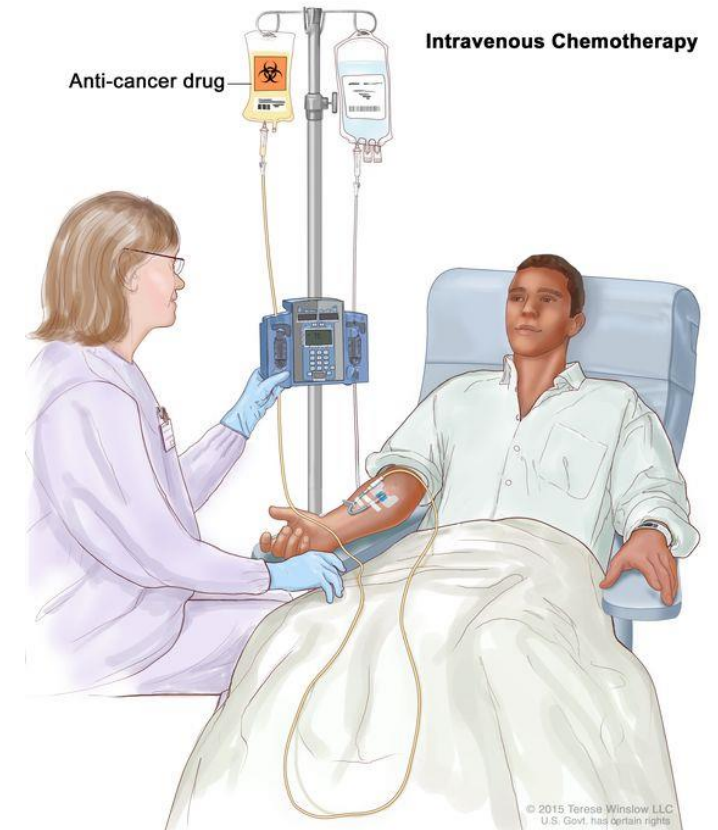
- **The type of surgery will depend on the cancer stage and grade**
- Removing both ovaries and the fallopian tubes (called a bilateral salpingo-oophorectomy), the womb and cervix (called a total hysterectomy) and the layer of fatty tissue in the abdomen known as the omentum (called an omentectomy). Biopsies and some lymph nodes may also be taken from your abdomen and pelvis.
- This helps to give an accurate idea of the stage the cancer has reached and to decide whether you need further treatment.
- If the cancer has spread to other areas of your pelvis or abdomen, your surgeon will remove as much of the cancer as safely possible. The less cancer left in your body after surgery, the more likely chemotherapy is to work.
- Surgery may not always be possible because of where the cancer is or if you are not well enough for an operation. If this is the case, your specialist team may recommend chemotherapy to shrink the tumour and relieve symptoms.



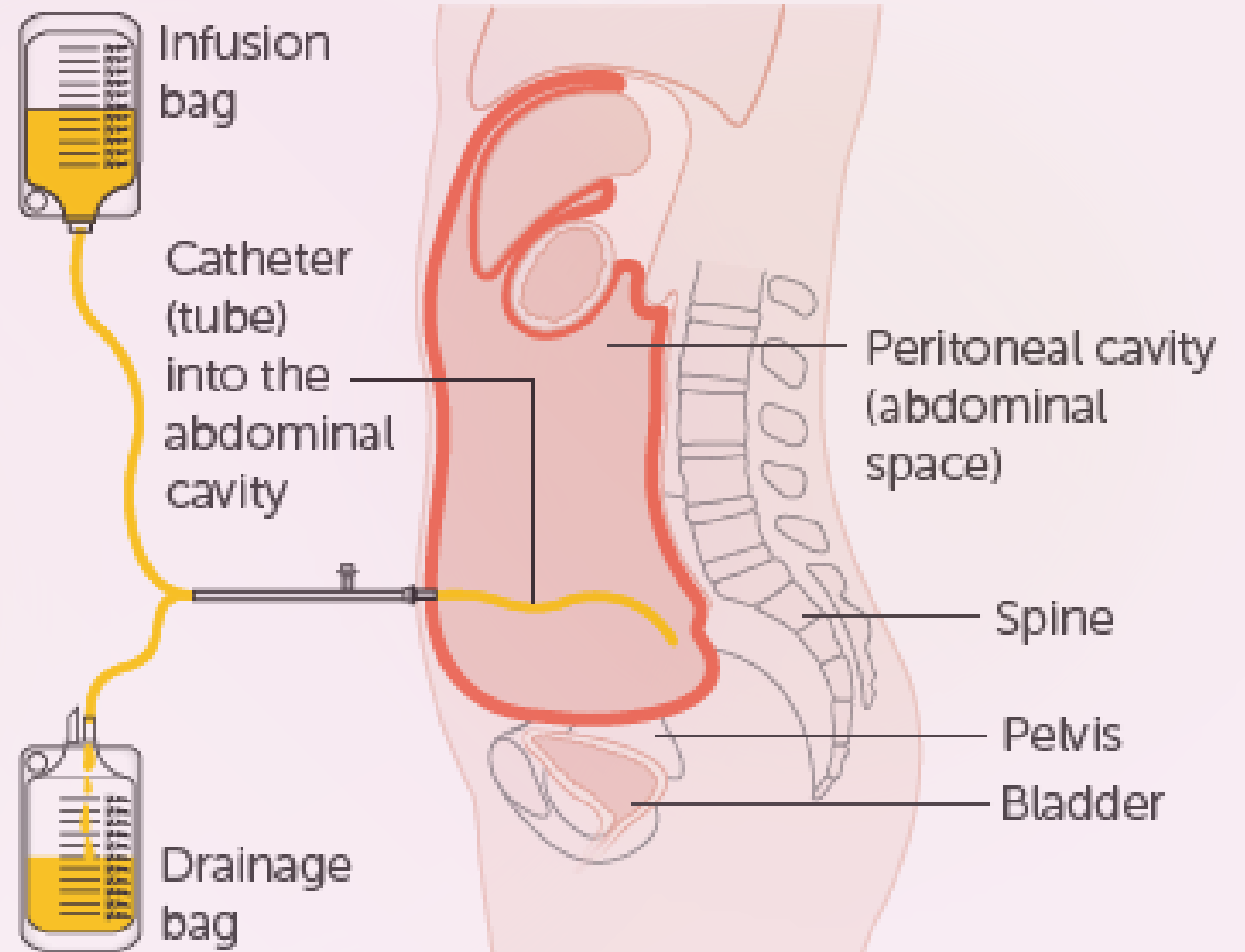
Chemotherapy

- Chemotherapy treats cancer by using anti-cancer (cytotoxic) drugs to kill cancer cells.
- Before/ After surgery
- Single drug or a combination of drugs.
- How is it given?
- What are the side effects?

The main side effects of chemotherapy are caused by its effect on the healthy cells in your body. Side effects may include nausea and vomiting, loss of appetite, tiredness, a sore mouth, hair loss, numbness or tingling in the hands and feet, and an increased risk of getting infections. Often these side effects can be well controlled with medication.



Intra-peritoneal chemotherapy



Radiotherapy

Radiotherapy is a treatment that uses high-energy radiation beams to target rapidly growing cancer cells.

Radiotherapy is not often used in the treatment of ovarian cancer but your specialist team may recommend it in some circumstances such as for shrinking a secondary tumour and/or for treatment of pain



Supportive therapy

- You may not be well enough to have the treatment/s described above or you may decide against anticancer treatment. If so, you should discuss your wishes with your healthcare professionals.
- You will be offered treatment to relieve symptoms. This is known as supportive or palliative care.

What is the follow up ?

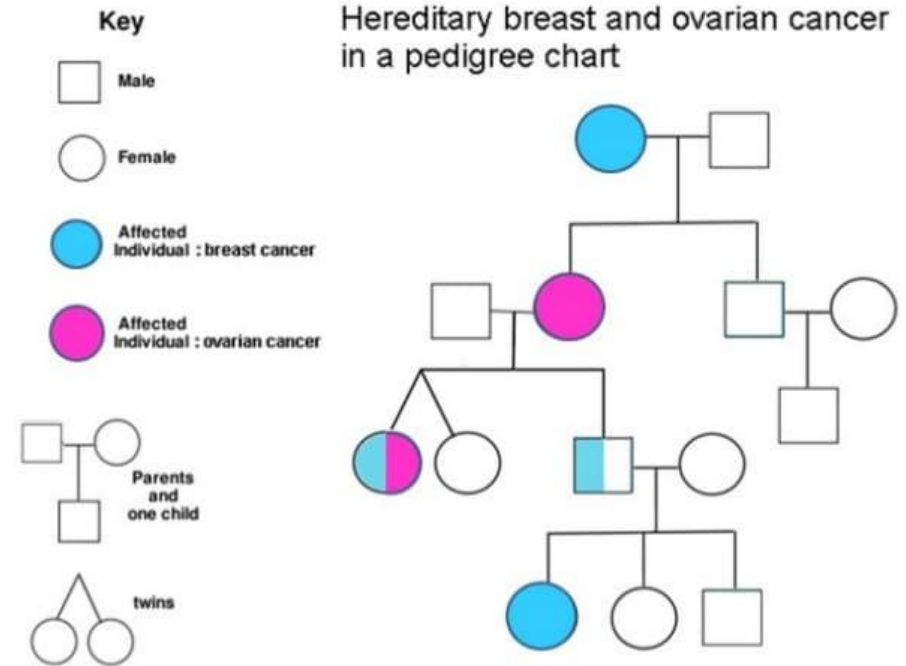
- Clinical follow-up
- CA125 blood test - in response to treatment, the level of CA125 will gradually fall and return to a normal value
- Imaging scans such as chest X-rays or CT or MRI (magnetic resonance imaging) scans - these techniques will look for signs of cancer in your pelvis, abdomen and chest.
- For the first couple of years you will have follow-up appointments every 2-3 months. If all remains well, the visits will then become less frequent and you may only be seen once or twice a year for up to 5 years. It is important to attend these follow-up visits even if you are feeling well, as cancer can return even when you have no symptoms.

What is recurrence of cancer?

- Cancer cells start multiplying again even after complete treatment
- Options: Further chemotherapy with different drugs/ combination of drugs
- New types of cancer treatment :
 - 1. Target blood vessels
 - 2. Hormonal drugs.
 - 3. Drugs under trials

Family history of ovarian cancer

- Family history plays a very important role in whether or not a woman will develop ovarian cancer.
- Women with a first-degree relative with cancer are at **more than twice** the risk of developing ovarian cancer compared with a woman with no such family history.
- Women with hereditary ovarian cancer tend to develop the disease around **10 years sooner** than do women with nonhereditary ovarian cancer.



Genetic counselling and testing

BRCA1 mutation

Breast cancer:
50% to 65%
Males: 1.2%

Pancreas cancer:
1-3%

Ovarian cancer:
40% to 65%

Prostate cancer:
9%

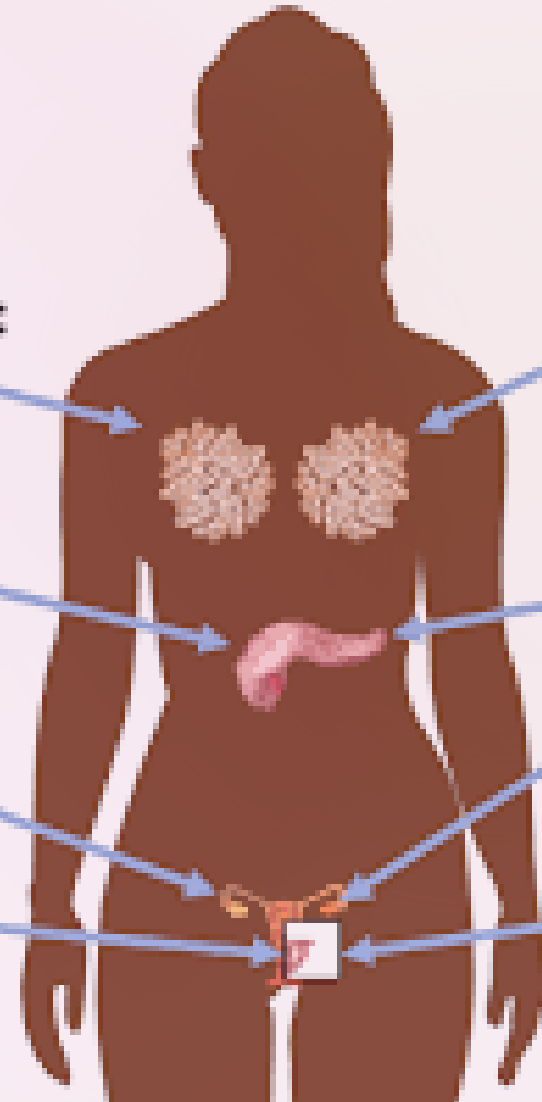
BRCA2 mutation

Breast cancer:
40% to 55%
Males: Up to 9%

Pancreas cancer:
2-7%

Ovarian cancer:
15% to 25%

Prostate cancer:
15%



Screening in women with familial ovarian cancer

- Screening for women with a *BRCA1* or *BRCA2* gene mutation
- Monthly breast self-examinations, beginning at age 18
- Clinical breast examinations performed twice a year by a health care team or nurse, beginning at age 25
- Yearly **magnetic resonance imaging** (MRI) scans of both breasts, between ages 25 and 29.
- Yearly mammogram and breast MRI, between ages 30 and 75.
- Pelvic (gynecologic) examination, trans-vaginal **ultrasound**, and CA-125 blood test every 6 months, beginning at age 30 to 35. It should be noted, however, that screening is not yet able to find most early ovarian cancers.
- Consideration of prophylactic salpingo-oophorectomy, between ages 35 and 40, and once a woman is done giving birth to children

Reducing risk of cancer in familial ovarian cancer

Risk-reducing surgery

- A prophylactic, bilateral mastectomy, which is the preventive **surgical removal of both breasts**, can lower the risk of breast cancer by more than 90%. Only about 3% of breast cancers associated with *BRCA* mutations are diagnosed before age 30, so most women with a *BRCA* mutation could consider surgery after 30. However, bilateral mastectomy is an invasive and irreversible procedure.
- A prophylactic salpingo-oophorectomy, which is the **preventive surgical removal of the ovaries and fallopian tubes**, can lower the risk of ovarian cancer by approximately 90%. It may also help lower the risk of breast cancer by 50% for women who have not been through menopause. A special procedure to look for microscopic cancer in the ovaries and fallopian tubes is recommended after this surgery.

Chemoprevention

- Cancer chemoprevention is the use of drugs to stop or keep cancer from developing.: Tamoxifen, Raloxifene
- Taking oral contraceptives, or birth control pills, for 5 years may lower the risk of ovarian cancer for women with *BRCA1* or *BRCA2* mutations by up to 50%.

Summary

- Identify risk factors and symptoms
- Visit your doctor if there is breast/ovary/colo rectal cancer in your family to know your risk
- Any post menopausal bleeding **MUST** be reported
- The most important factor in survival in a patient is **EARLY** diagnosis and treatment

Annual Gyn Health check up

Clinical examination

Ultrasound examination : Abdomen , Pelvis

Blood tests: CA 125

Breast examination

Mammography

Pap smear

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WOMEN'S HEALTH CAPSULE

“Urinary problems in menopause”

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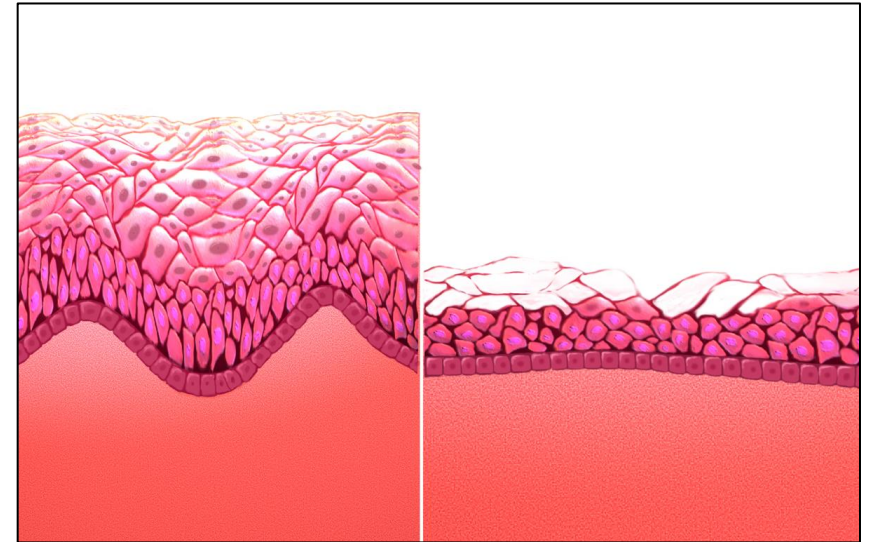
Mumbai

Atrophic vaginitis and urethritis

■
Physiological and structural changes that occur within the vulvovaginal mucosa lead to the condition

Subsequent to a marked postmenopausal decline in estrogen, or a loss of estrogen secondary to some treatments (e.g., oophorectomy, pelvic radiation, certain chemotherapy drugs), vaginal thinning occurs, increasing vulnerability to inflammation and infection.

A decline in estrogen alters the vaginal flora, which permits bacterial overgrowth, sometimes accompanied by vaginal discharge.⁹ These changes are also responsible for dyspareunia, which has the potential to lead to a loss of sexual interest and activity

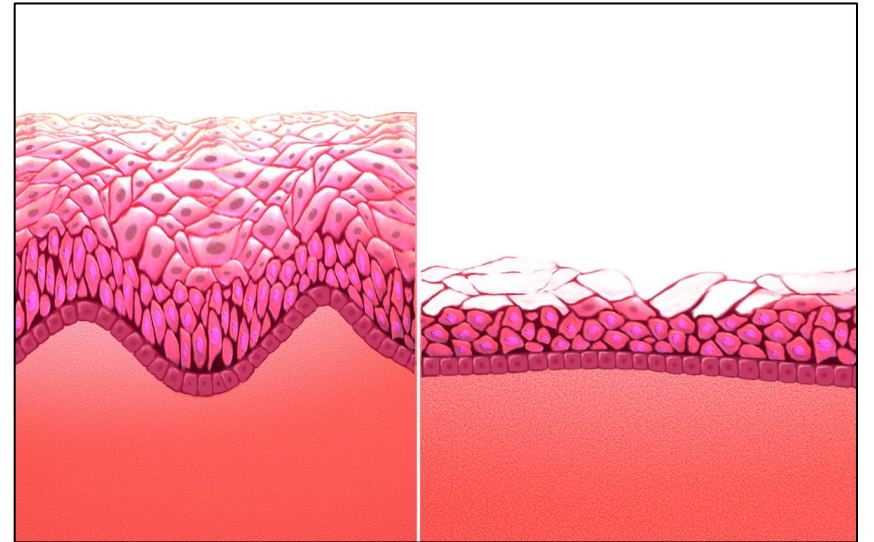


Atrophic vaginitis and urethritis

■
Diagnosis is chiefly clinical

Symptoms: including vaginal dryness, burning, pruritus, abnormal discharge, and dyspareunia.

Symptoms may be more prominent in those with diabetes, women who have a lower body mass index, and those who are younger at the time of menopause



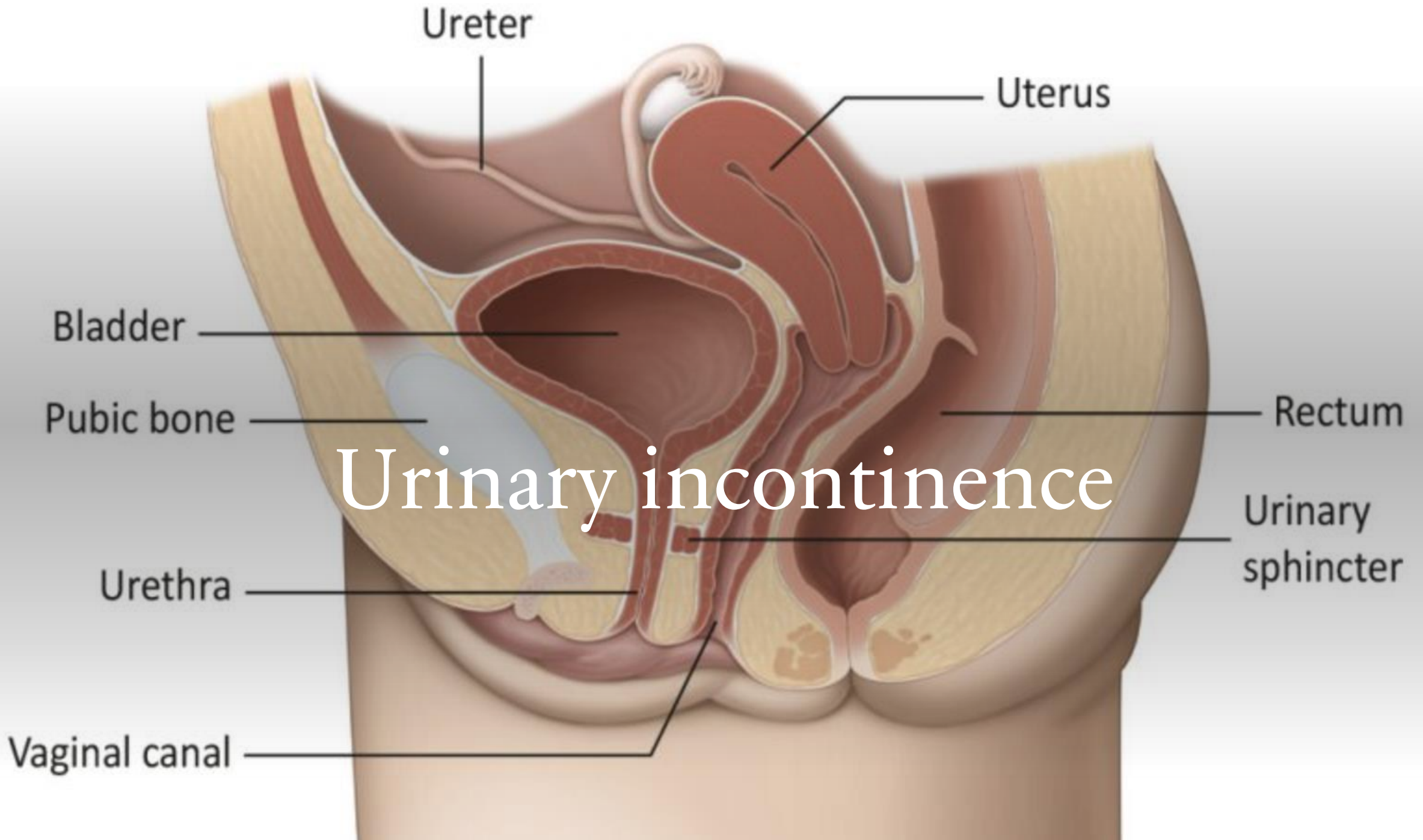
Atrophic vaginitis and urethritis

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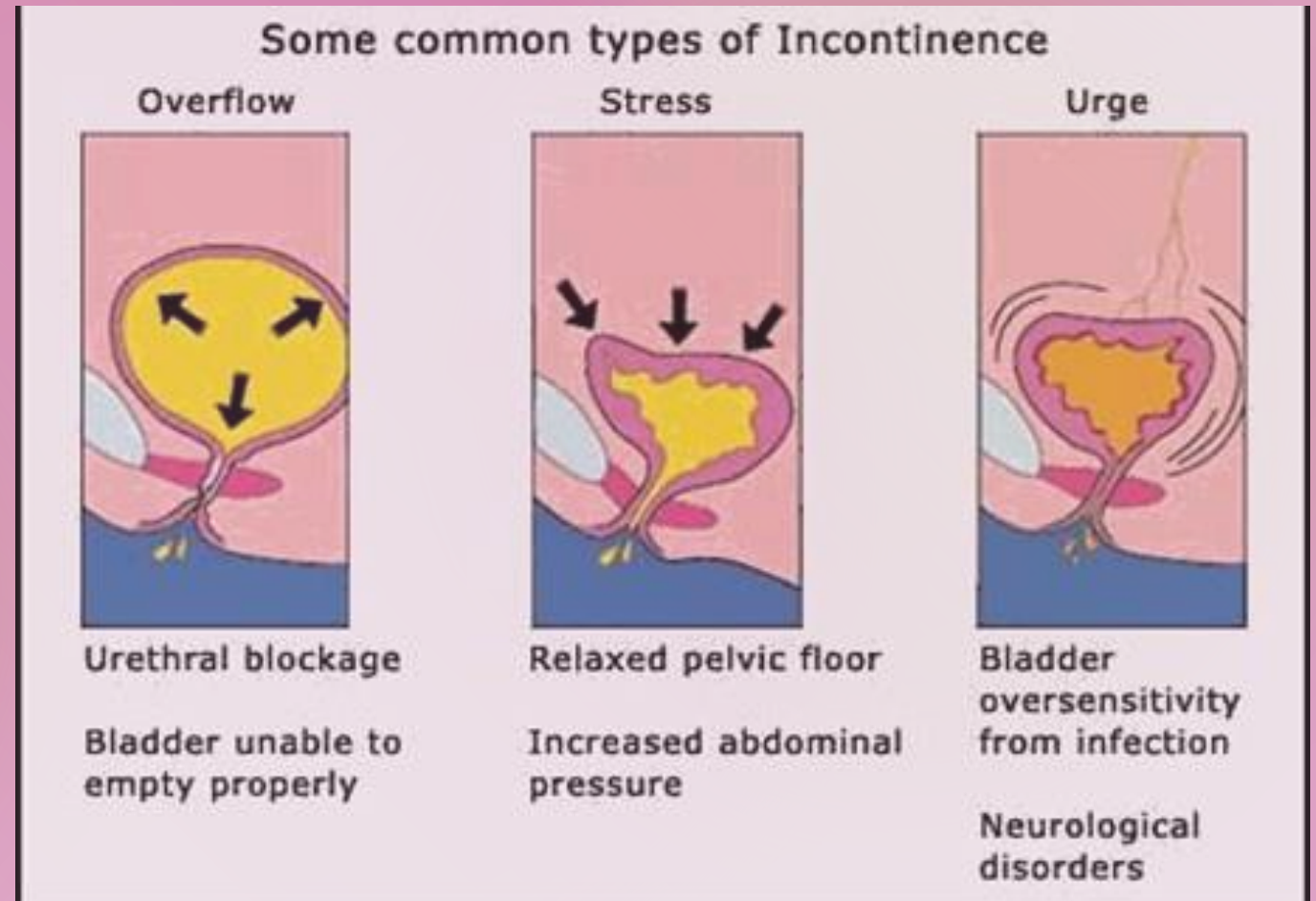
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Types



Urinary incontinence

Any involuntary or unwanted loss of urine

- Types of urinary incontinence :
 - Stress incontinence
 - Urge incontinence
 - Mixed incontinence

Urinary incontinence

FAQs by your doctor

Do u take any medication?

Do you smoke?

Do you drink too much alcohol/tea/coffee

Any surgery?

Bowel habits?

Delivered a baby?

Menopause?

Urinary symptoms

1. How often do u go to the toilet?

2. Do you leak urine?

3. Does urine leak when you cough, laugh or sneeze?

4. Do you wake up at night to pass urine

5. Do you need to hurry to reach the toilet when you have the urge to pass urine?

6. Do you feel like you have not emptied your baldder completely after passing urine?

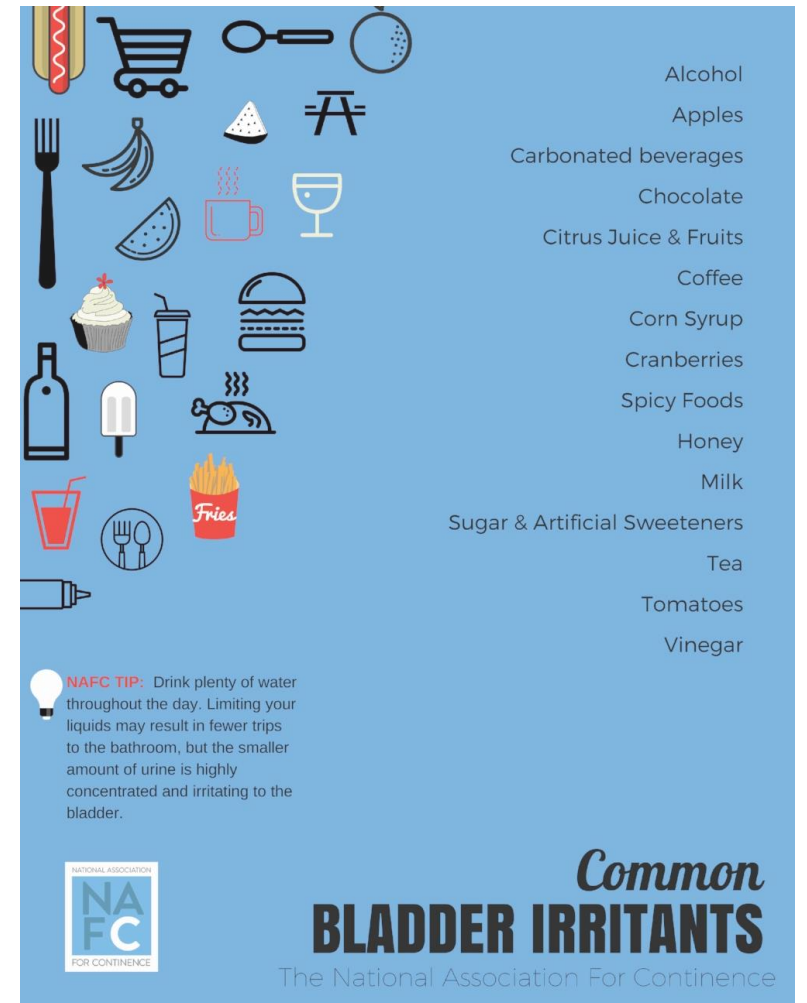
Tests

- Bladder diary
- Urodynamics
- USG

Management

Lifestyle

Kegel exercises



The infographic features a collection of colorful icons representing various food and beverage items. These include a hot dog, a shopping cart, a spoon, a citrus fruit, a fork, a banana, a slice of watermelon, a fork and knife, a slice of watermelon, a mug of coffee, a wine glass, a cupcake, a soft drink cup, a burger, a bottle, an ice cream cone, a roasted chicken, a glass of juice, a fork and spoon, and a container of fries. To the right of these icons is a list of common bladder irritants. At the bottom left, there is a lightbulb icon next to a tip about drinking water. At the bottom center is the NAFC logo, and at the bottom right is the title 'Common BLADDER IRRITANTS' and the organization's name.

- Alcohol
- Apples
- Carbonated beverages
- Chocolate
- Citrus Juice & Fruits
- Coffee
- Corn Syrup
- Cranberries
- Spicy Foods
- Honey
- Milk
- Sugar & Artificial Sweeteners
- Tea
- Tomatoes
- Vinegar

NAFC TIP: Drink plenty of water throughout the day. Limiting your liquids may result in fewer trips to the bathroom, but the smaller amount of urine is highly concentrated and irritating to the bladder.

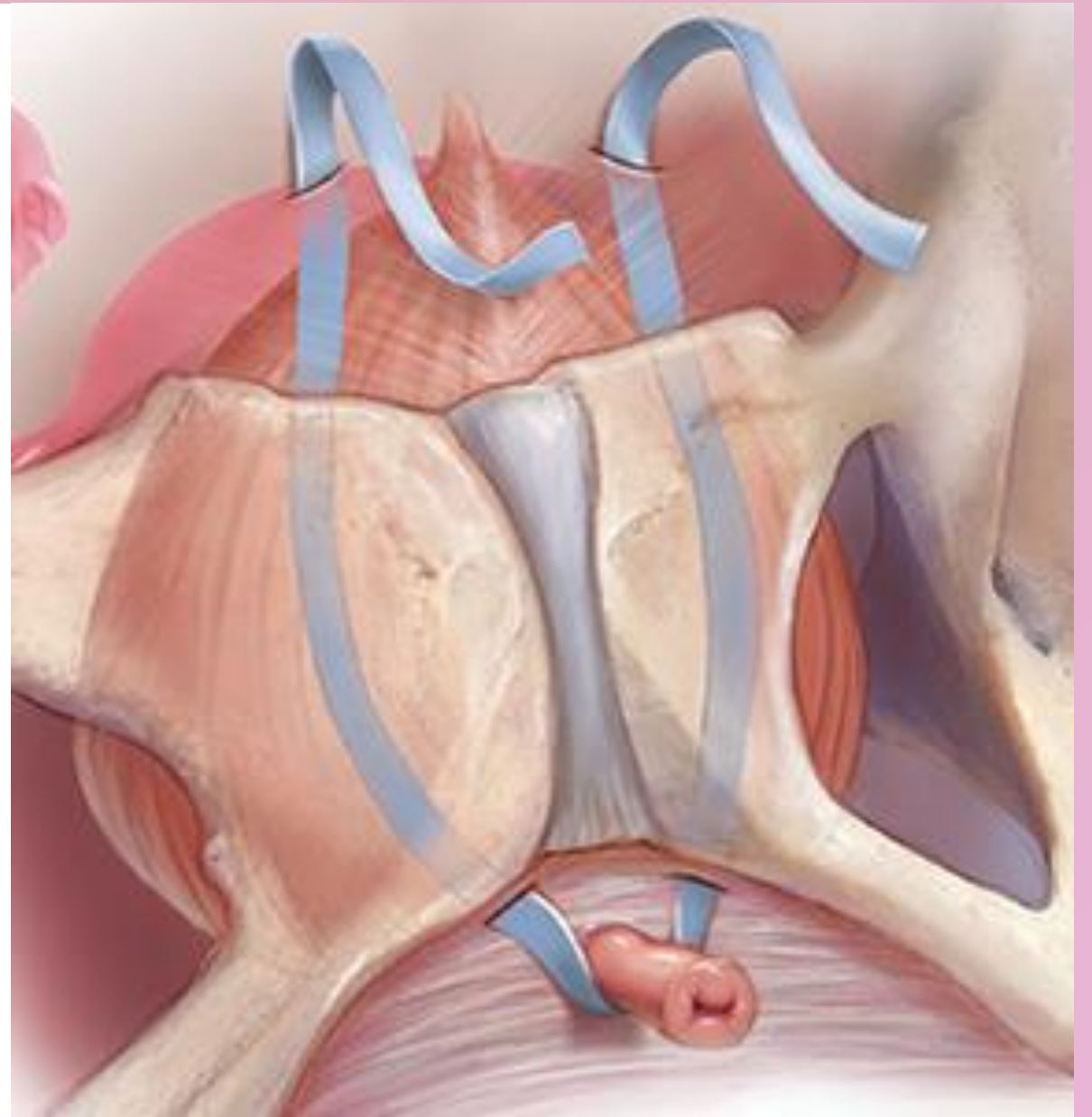
Common BLADDER IRRITANTS
The National Association For Continence

Treatment

- Anticholinergics
- Estrogen cream
- Diabetes management
- Surgery

Surgery

- Uterus removal and tightening
- Pull up the uterus
- Pull up the bladder



Urinary tract infection in menopause

- Similar symptoms
- Role of lifestyle management
- Antibiotics- culture
- Alkalinising agents
- Cranberry extracts
- A/w diabetes

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WOMEN'S HEALTH CAPSULE

“Bone health in menopause”

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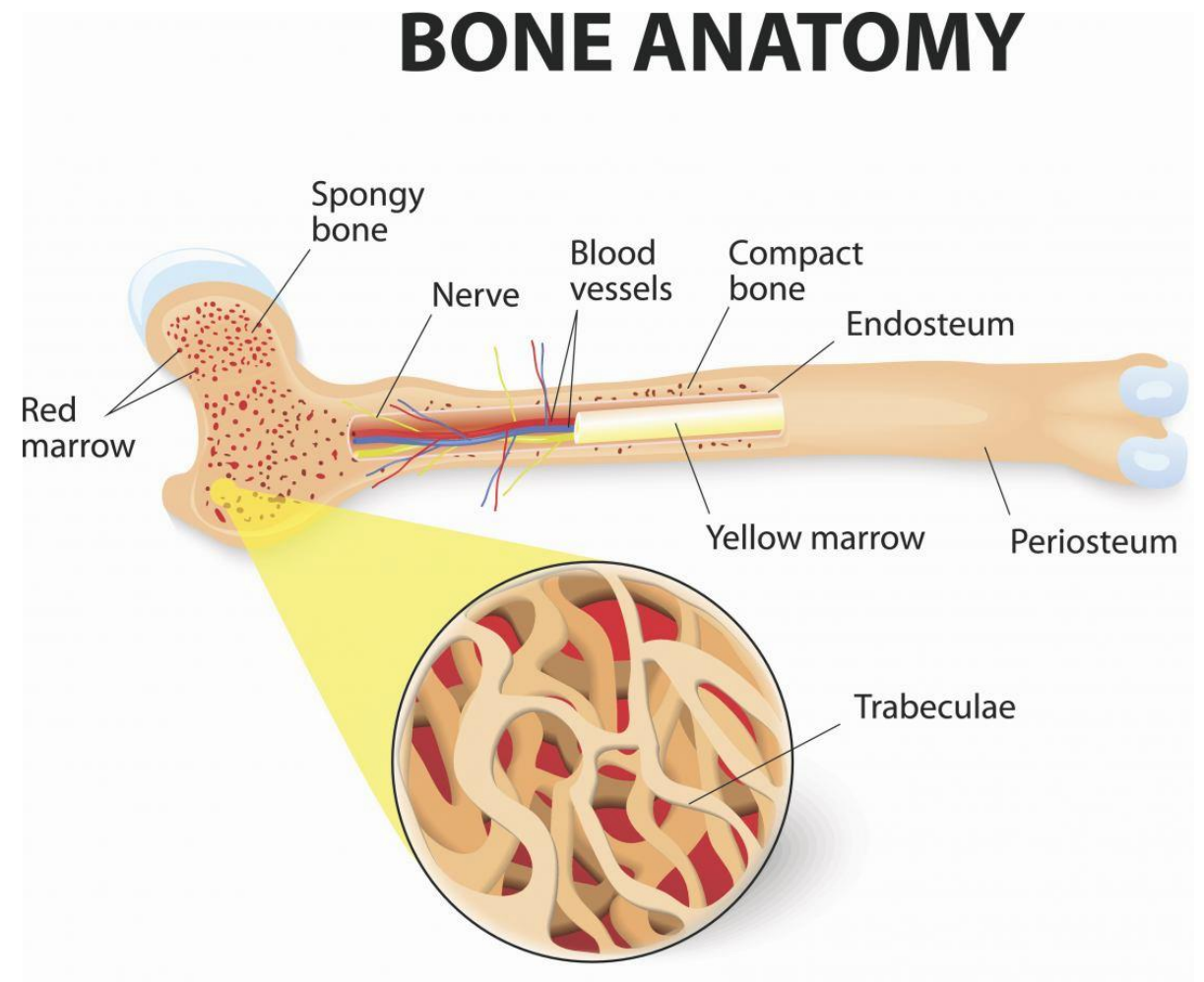
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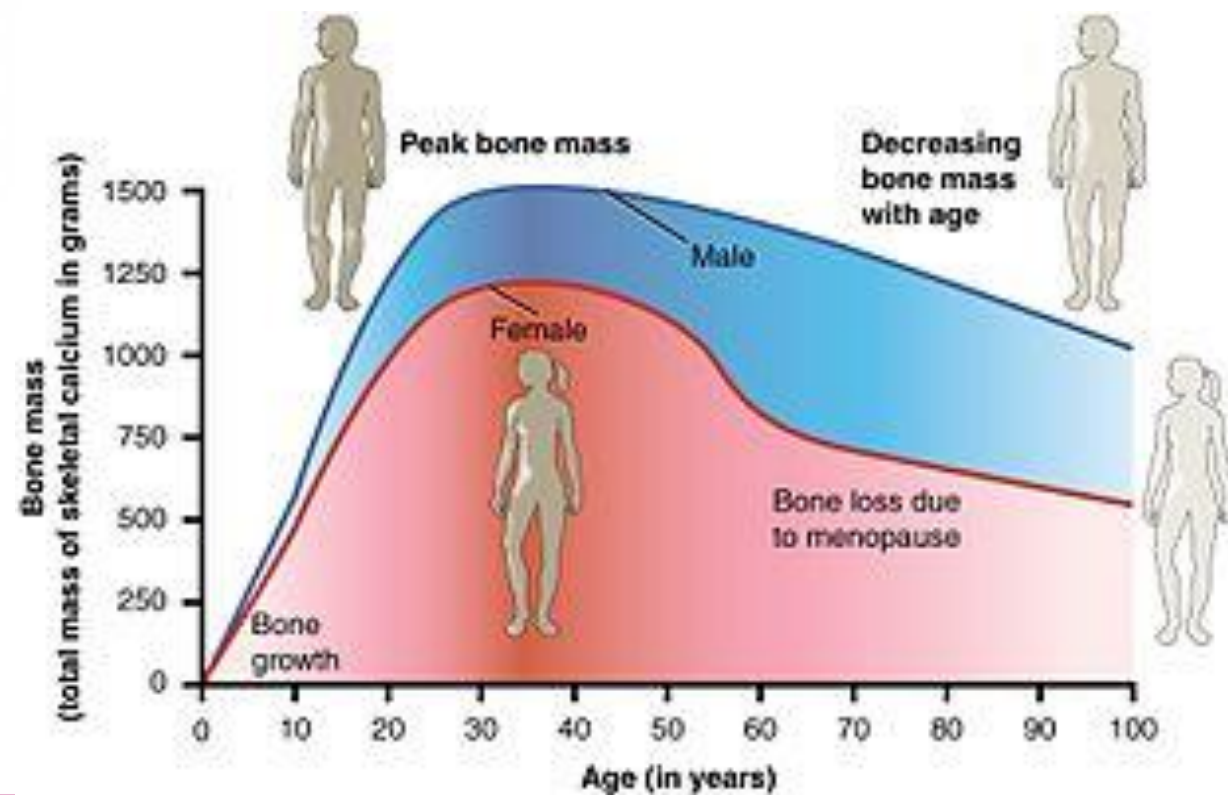
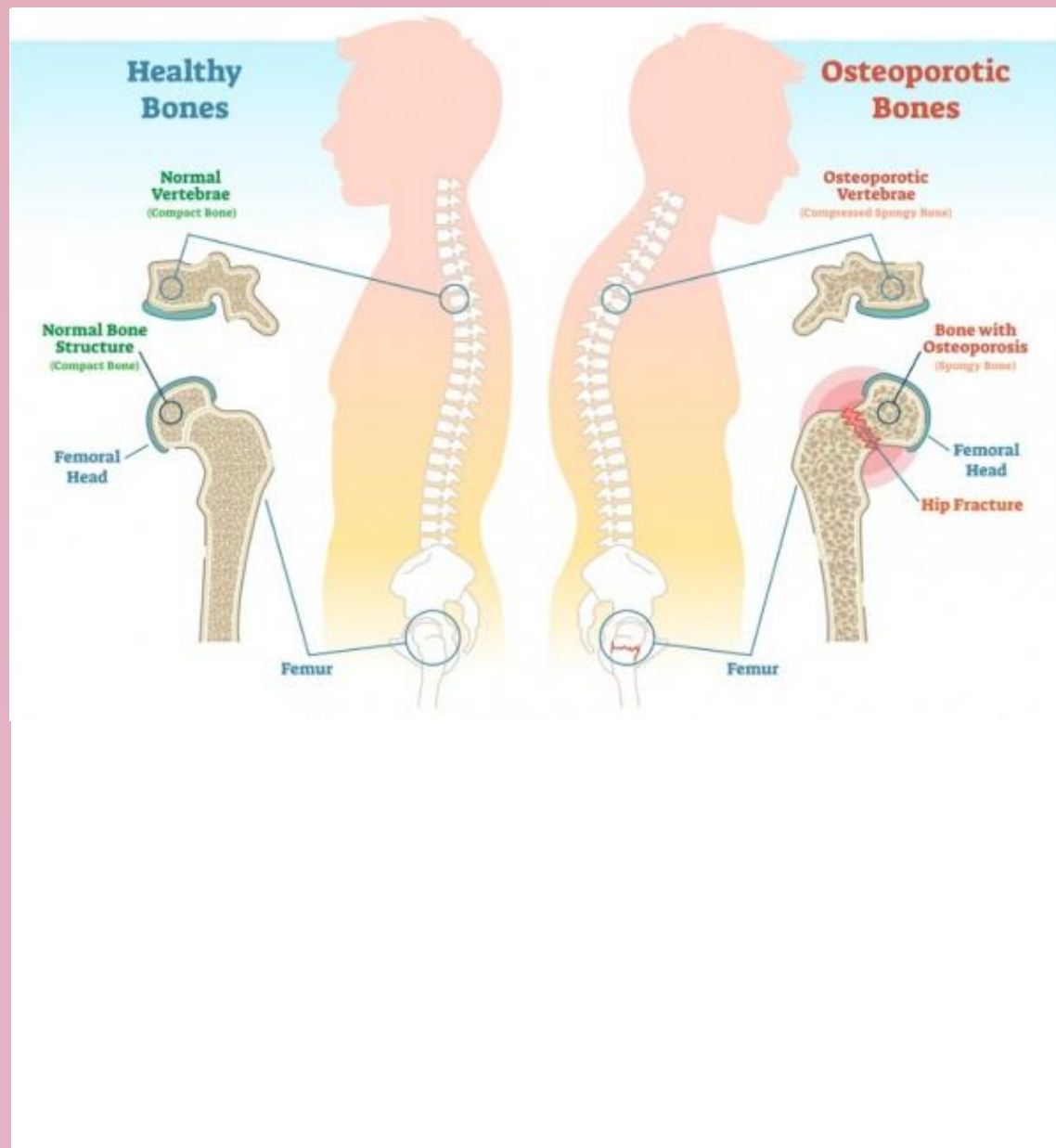
Consultant Obstetrician and Gynecological Endoscopic Surgeon

Mumbai

What is bone health?

- Bone is living tissue with its own blood and nerve supply.
- The core of bone is strong enough to resist fracture when falling from your body height but is light enough to move easily. A healthy skeletal structure keeps your body intact.
- Bone renews itself constantly. Cells in your body remove the old bone and replace it with new bone. In healthy bone, before menopause, the production of new bone happens more than the removal of old bone. The opposite happens after menopause when ovaries stop the production of the hormone estrogen. This leads to increased removal of bone which decreases bone strength.
- Other age-related changes also impact bone health.





What is osteoporosis ?

- Osteoporosis is diagnosed when bone health declines and reduces bone strength.
- Falling can cause a fracture of the forearm, spine or hip. Osteoporosis does not cause symptoms until a bone is broken, which is why it is referred to as a “silent disease.”
- Previously, osteoporosis was only diagnosed when a fracture occurred.
- Prevention of osteoporosis related fractures is the main reason why we should care about bone health.
- It is estimated that, on average, women lose up to 10 per cent of their bone mass in the first five years after menopause.
- Research suggests that about **one in two women** over the age of 60 years will experience at least one fracture due to osteoporosis.



Risk factors

- **being female:** Osteoporosis is more common in women than in men—about 80% of cases affect women.
- **being older:** As we age, our bones naturally lose some density and become weaker.
- **having a family history of osteoporosis**
- **having a history of broken bones**
- **having a small, thin frame:**
- **being white or of Asian or Latino heritage:**
- **menopause:** Menopause is marked by a steep drop in estrogen, which is a female sex hormone that protects bones. When estrogen levels decrease, bones may lose density and become prone to fractures.
- **Eating a diet low in calcium and vitamin D:**
- **Being inactive:**
- **Smoking:**
- **Consuming large amounts of alcohol:**
- **Medications:** long term steroids, anti-epileptic drugs

Symptoms

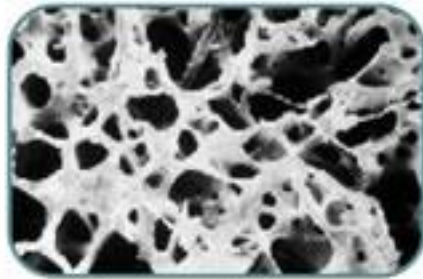
- For most people, the first indication that they have osteoporosis is a fracture.
- These fractures may cause a loss of height, and you may notice your spine starting to hunch forward.
- Neck or low back pain caused by a fractured or collapsed vertebra
- Dental x-rays that show the loss of bone in the jaw can also be a sign of osteoporosis.
- The problem is, when fractures occur, osteoporosis is already in an advanced stage.

Diagnosis

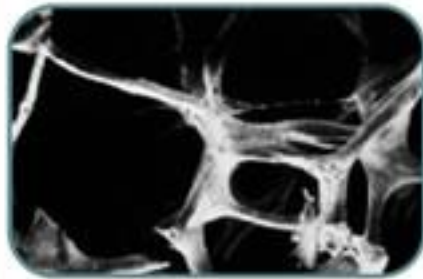
- Osteoporosis is best diagnosed using a specialised X-ray technique called dual energy X-ray absorptiometry (DXA or DEXA). A DXA scan measures bone density (or thickness), usually at the lower spine and at the upper part of the hip.
- The results of a DXA scan are reported as a Z-score and a T-score. The Z-score compares your bone mass with what would be expected for a person of your age. The T-score shows how much your bone mass varies from that of a young person with peak bone mass. T-scores are interpreted as follows:
 - between 1 and -1 indicates normal bone density
 - between -1 and -2.5 indicates osteopaenia - this means some bone density loss, but not enough to be called osteoporosis. Even though the bones are less dense, the risk of fracture with minimal trauma is very low
 - less than -2.5 indicates osteoporosis - substantial loss of bone density means a much higher risk of having a fracture with minimal trauma.



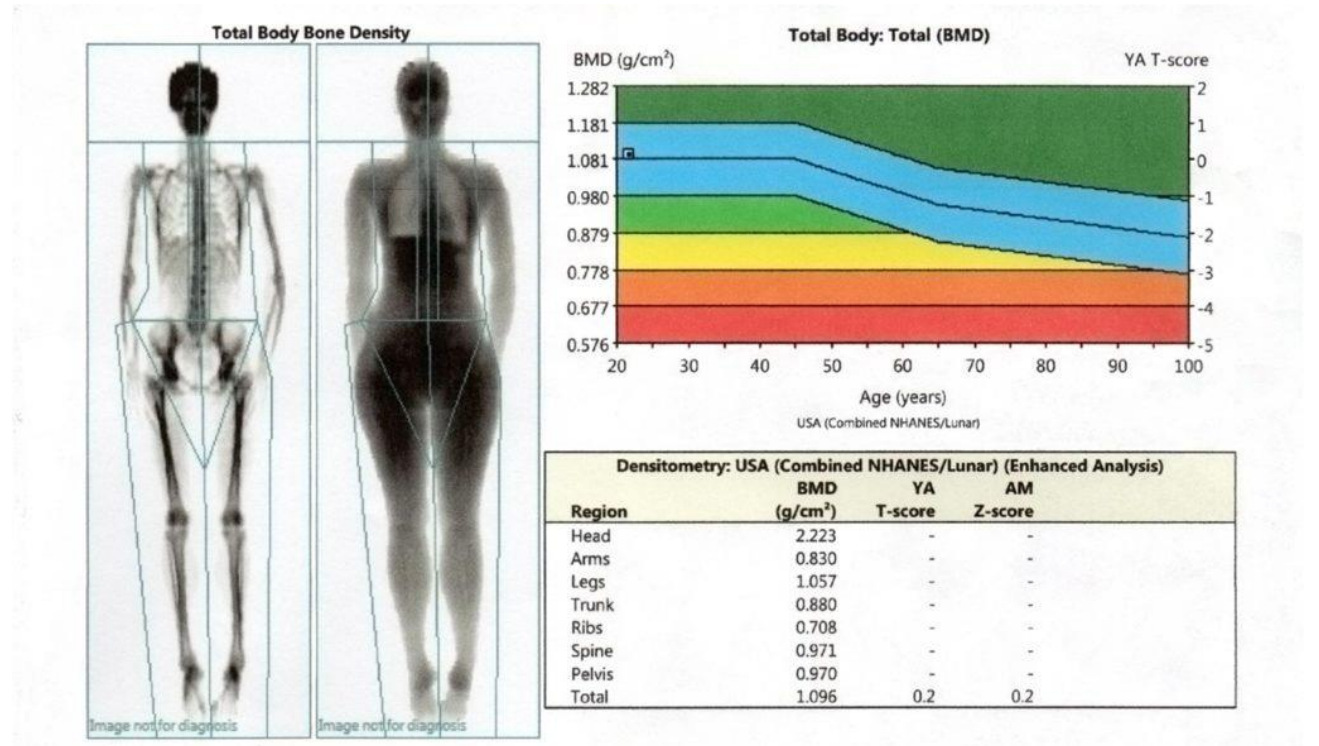
DEXA scan



Normal Bone



Osteoporotic Bone



Treatment : Hormone therapy

- Hormone therapy [[estrogen](#)] is believed to be useful in preventing or alleviating the increased rate of bone loss that leads to osteoporosis. However, using hormone replacement therapy for [prevention of osteoporosis](#) alone -- not to treat menopausal symptoms -- is not recommended by the FDA.
- If you are using hormone therapy only for osteoporosis prevention, be sure to talk to your doctor so you can weigh the benefits of hormone therapy against your personal risk and consider other medications for your bones. If needed, your doctor can prescribe different treatments to help prevent osteoporosis.

Other medical treatments

- Bisphosphonates.
- Raloxifene (Evista).
- Teriparatide (Forteo) and abaloparatide (Tymlos)
- Denosumab (Prolia, Xgeva)

Prevention

-
- Exercise
- Eat foods high in calcium. Getting enough calcium throughout your life helps to build and keep strong bones.
- Supplements.
- Vitamin D.
- Medications.
- Estrogen.
- Other preventive steps. Limit alcohol consumption and do not smoke. Smoking causes your body to make less estrogen, which protects the bones. Too much alcohol can damage your bones and increase the risk of falling and breaking a bone.

Diet

Calcium is necessary to build strong bones so a calcium-rich diet rich throughout life is essential. Excellent sources of calcium are milk and dairy products (low-fat versions are recommended), canned fish with bones like salmon and sardines, dark green leafy vegetables, such as kale, collards and broccoli, calcium-fortified orange juice, and breads made with calcium-fortified flour.

When your diet lacks calcium and your body requires it for normal functioning (calcium is also involved in blood clotting and cell signalling), the nutrient is removed from its storage place in the bones.

The U.S. recommended daily allowance (RDA) of calcium for adults with a low-to-average risk of developing osteoporosis is 1,000 mg (milligrams) each day. For those at high risk of developing osteoporosis, such as postmenopausal women and men, the RDA increases up to 1,200 mg each day.

AVOID:

Caffeine: High caffeine intake (more than four cups of coffee per day) inhibits calcium absorption and leads to calcium loss through the urine

Sodium: Consuming too much salt causes loss of calcium through the kidneys.

Diet

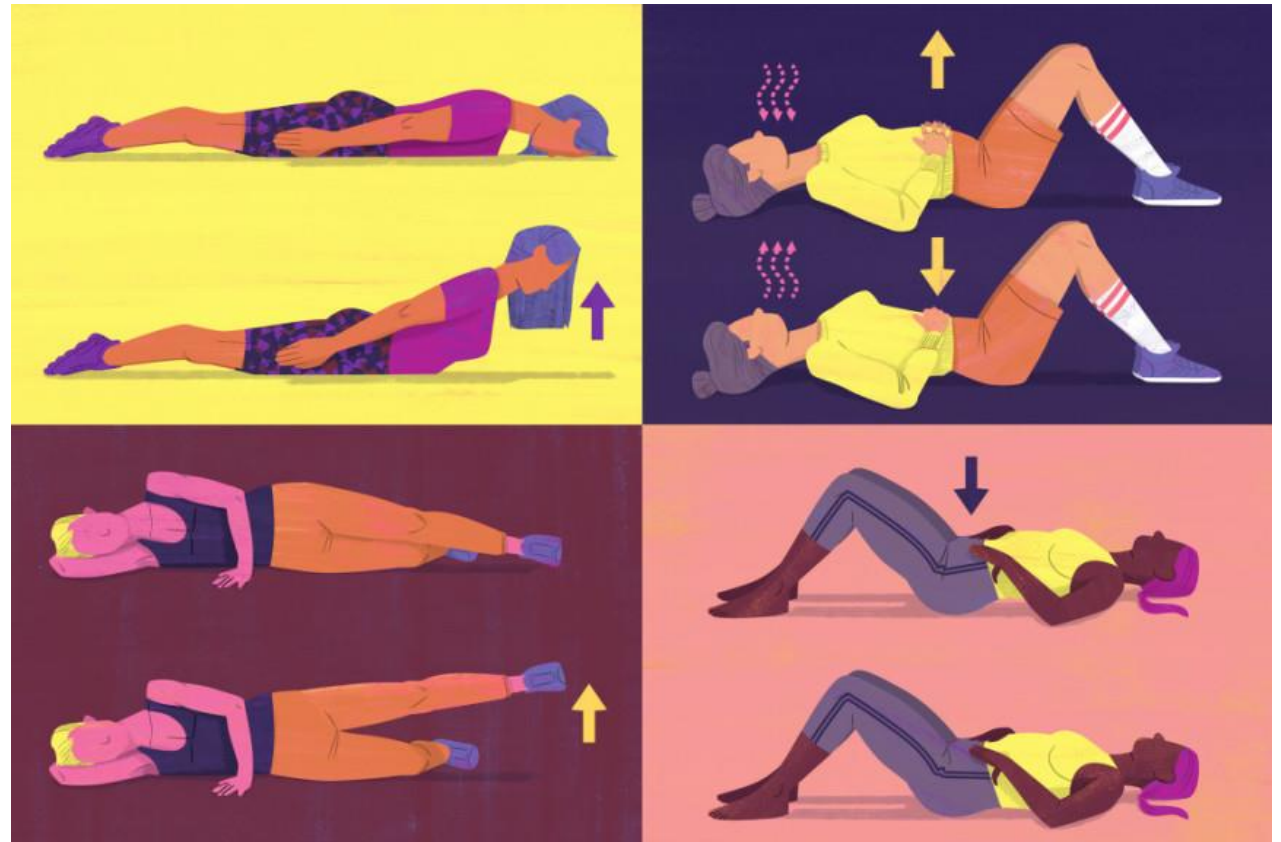
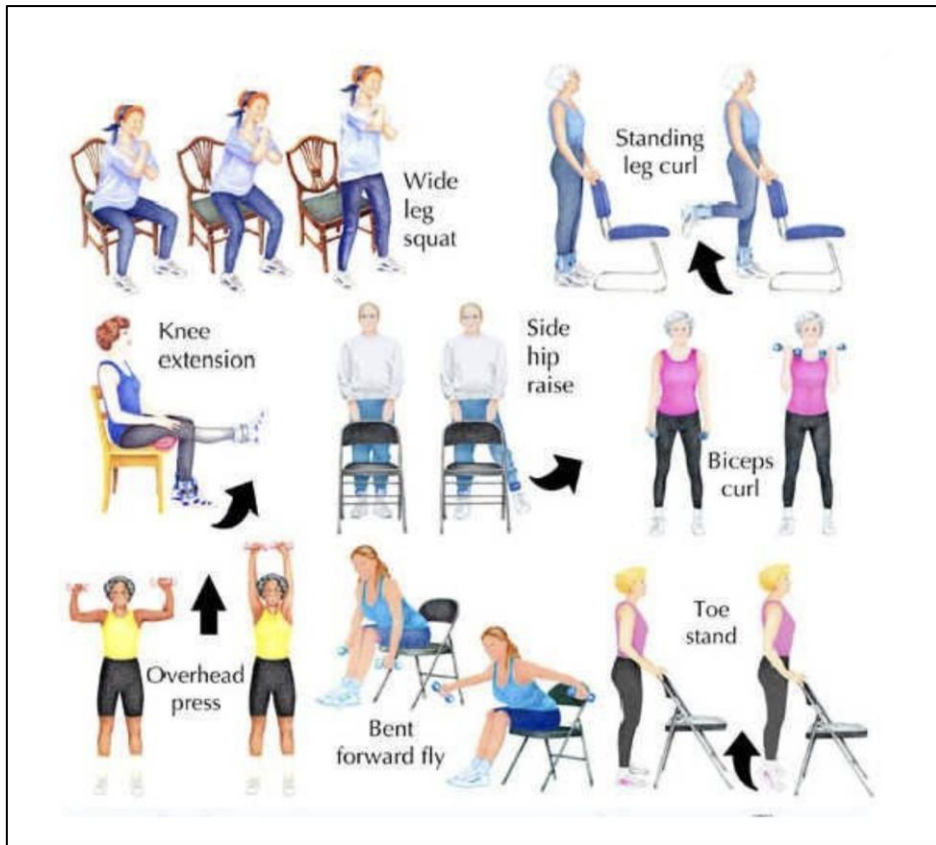
•VITAMIN D

- Your body uses vitamin D to absorb calcium. Being out in the sun for a total of 20 minutes every day helps most people's bodies make enough vitamin D.
- You can also get vitamin D from eggs, fatty fish like salmon, cereal and milk fortified with vitamin D, as well as from supplements.
- People aged 51 to 70 should have 600 IU daily. More than 4,000 IU of vitamin D each day is not recommended.
- Talk to your doctor to see how much is right for you because it may harm your [kidneys](#) and even lower bone mass.

Weight bearing exercises

- Weight-bearing exercises are activities that make your muscles work against gravity.
- Walking, hiking, stair-climbing, or jogging are all weight-bearing exercises that help build strong bones. Thirty minutes of regular exercise (at least 3 to 4 days a week or every other day)
- Older women and men who engage in regular exercise may experience decreased bone loss or even increased bone mass.

Weight bearing exercises



How do I protect myself if I have osteoporosis?

Prevention of fall:

- Remove loose household items, keeping your home free of clutter.
- Install grab bars on tub and shower walls and beside toilets.
- Install proper lighting.
- Apply treads to floors and remove throw rugs. Non-slip backings on rugs.
- Well-lit walkways.
- Avoiding slippery areas, especially ice.
- Wearing shoes with rubber soles.
- Maintaining the best possible vision.
- Asking your healthcare provider whether any of your medications might cause dizziness or increase risk of falling.

Bone friendly lifestyle

- Optimise dietary intake of calcium
- Only supplement with calcium tablets if unable to do so by eating foods rich in calcium such as milk, yogurt, and green leafy vegetables
- Optimise blood levels of Vitamin D.
- Dietary intake of 1 gram protein per kilogram of body weight per day.
- Weight bearing exercise (such as walking) for 30 minutes most days of the week.
- Add balance exercises and strength training when possible.
- Avoid smoking.
- Limit the amount of alcohol you drink.



Thank you

Supplements

- Calcium: Tab Shelcal 500 mg once a day ; Tab Cipcal once a day
- Protein powder:
- Nutralite all plant protein
- Oziva all plant protein
- Proteinex (contains sugar)