



Menosoc

Newsletter of the Menopause Society of Sri Lanka

September 2012, Volume 02, Issue 03



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Editorial

Rethinking menopause

The global interest in the older population has shown a sharp increase recently. This could be attributed to the awareness of the changing pattern of the population pyramid, compelling the society to focus on the health needs of the older generation which hitherto received little attention. The management of problems in the elderly has gained prominence in this surge of attention to the older people. In Sri Lanka elderly medicine is becoming a new specialty, with the establishment of the board of study in geriatrics in the PGIM.

However, in comparison, women of postreproductive age group have received far less attention. This includes a vast group of healthy and active women of middle age who are not included in the healthcare-receiving older or younger counterparts, who seem to be isolated in many aspects of healthcare. The Menopause Society of Sri Lanka is doing a great service, by striving to bring the health needs of this group of postmenopausal women into limelight.

For centuries it was thought that a woman ceased to be functionally useful in her late forties, when she ended her reproductive life and deteriorated to the state of an 'old woman' after years of repeated child bearing, exposure to harsh environment and personal neglect. However, this is far from true in this day and age. Usually a woman reaches menopause in her late forties or early fifties, at a time when she is considered to be in her 'prime'. This is a time when she is mature in age and in experience, able to make important decisions, respected, financially stable and usually at the peak of her career, self confident and wise, and still good looking and sexually active!

Thus it is the responsibility of the society to nurture the women of postreproductive age, who have done so much to the society and are still continuing to serve a multitude of functions. Maintenance of physical and psychosocial wellbeing is vital for the optimum functioning of women of this age group, just like in any other group of people.



Dr. Piyusha Atapattu
Editor
Menopause Society of
Sri Lanka

The Menopause Society has come forward to promote a conceptual change on menopause in our country; the healthcare workers by educating regarding the different aspects of menopause; the general public by disseminating menopause-related health messages via popular media and addressing other target groups; the future generation by including menopause related subjects to different curricula and the nation as a whole by attempting establishment of policy changes regarding menopause.

The Menopause Society wishes to have the support of everyone, in this tremendous task of providing a better life for the post reproductive women, by empowering them as members of our society and contributing in whatever capacity to its progress. More information regarding the Menopause Society of Sri Lanka is available on our website www.menosoc.sl.org.

May there be a better life for women after menopause!

Our aims are:

- * To raise awareness of the menopause and its management
- * To provide unbiased information
- * To help women make informed decisions about their own health and wellbeing with healthcare professionals
- * To inform healthcare professionals

We can help you if:

- * You are approaching or going through the menopause
- * You have had a hysterectomy or premature menopause
- * You are post-menopausal
- * You are interested in mid-life issues
- * You are a healthcare professional with an interest in the menopause

Join us..

Our members receive quarterly newsletters and have access to our information service.

To join us please contact:

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Message from the President

I am grateful to the Council and all members of the Menopause Society of Sri Lanka for the trust placed on me by electing me as the President for the term 2012-2014. Sri Lanka Menopause Society founded ten years ago has blossomed into a society of great responsibility and repute, which is actively involved in the health of post reproductive women. The image of the society has increased very much after the enormous amount of activities carried out by the society during the last two years under the leadership of dynamic Dr. Hemantha Perera ably assisted by Dr. Mangala Dissanayake, its Secretary. We are also fortunate that we have with us Dr. M. D. P. Goonaratne the Founder President who has made great contributions and commitment to improve the lives of postmenopausal women not only in Sri Lanka but in the region, as he will be inducted the President of the South Asian Federation of Menopause Societies later this year.

As we are all aware the life expectancy of females in Sri Lanka has increased over the years and now is around 78 years. A woman who reaches menopause around 51 years will be spending about one third of her life in the postmenopausal period. With the increase in population there will be a large number of women in this age group in Sri Lanka. Estrogen deficiency which affects all the organ systems of the woman leads to many conditions ranging from metabolic syndrome to osteoporosis. Psychological disturbances and dementia are also common in the menopausal age. The Menopause Society of Sri Lanka has a major role to play in making women aware of menopause and its problems and management of its complications.

With a view of multidisciplinary approach to manage menopausal problems, we are pleased to have a strong Council not only with obstetricians and gynaecologists, but also physicians, community physicians, health administrators, social workers, and media personnel. Collective wisdom and support from the



Dr. Rohana Haththotuwa
President
Menopause Society of
Sri Lanka

Council Members would enable us to reach the objectives of the Society. The Menopause Society is actively involved with educational programmes to the doctors, nurses, midwives, and the public. It also conducts programmes through the media and disseminates knowledge through the press and books. Recently a very successful educational programme was conducted in Anuradhapura which was well attended and appreciated. Second edition of Midwives' Handbook will be published very soon, and Doctor's Manual is in preparation.

The membership of the Menopause Society is open to everybody including lay people who are concerned with problems of the menopausal woman. Hence I request all the members to encourage others who could be of help to the Society and who would benefit from the Society to become members and make the Menopause Society of Sri Lanka strong so that we could assist in providing a better healthy life, physically, mentally and socially for our women from midlife onwards.



The next SAFOMS President is from Sri Lanka!

Dr. M. D. P. Goonaratne will be inducted the President of the South Asian Federation of Menopause Society (SAFOMS) at the 2nd Biennial SAFOMS Conference to be held from 29th of November to 2nd December in Karachi, Pakistan.

Dr. Goonaratne is the Founder President of the Menopause Society of Sri Lanka. He brings pride and glory to our country and the Menopause Society of Sri Lanka by being elected to this coveted post.

Congratulations Sir!

Are women at a higher risk for CHD?

Diagnostic problems

Men and women with chest pain are often diagnosed differently. Although chest pain is the commonest symptom of CHD, atypical symptoms like nausea, vomiting, jaw pain have been observed in women. Many women with CHD have stiffening and narrowing of small vessels supplying the heart, which is termed microvascular dysfunction. Hence in those women with chest pain, coronary angiogram does not show any occlusion as it detects large vessel stenosis and occlusion.

In the Global Registry for Acute Coronary Syndrome (GRACE) women were twice as less likely to have normal vessels as men and less likely to have left main vessel or three vessel disease.

Because of this diagnostic dilemma, women with CHD are treated differently. A study by the American College of Cardiology found that women with unstable angina or non ST elevation MI were less likely to receive cardiac catheterization or undergo revascularization procedures. They are less likely to be prescribed early aspirin, statins, beta blockers, ACE inhibitors, and antiplatelet therapy.

Prognosis

Many studies on CHD show greater mortality among women than in men with myocardial infarction even after adjusting for risk factors. Significantly greater rates of death and re-infarction were observed in women compared with men at 6 weeks and 1 year after myocardial infarction (MI), even after adjustment for age and co-morbidities. In-hospital death rate in women after MI was more prominent around menopause than in late menopause. Women presenting with ST Elevation MI (STEMI) have much higher in-hospital mortality than men. Women have a higher mortality after per cutaneous intervention (PCI) and higher complications such as bleeding, and more complications after CABG.

Estrogen deficiency at menopause plays a major role in this grave disparity among women and men regarding CHD. However, other factors unique to women like cyclical vascular changes in the endometrium and other parts, and vascular changes in pre eclampsia may



Dr. M. D. P. Goonaratne
*Consultant Obstetrician and
Gynaecologist.*
*Founder President,
Menopause Society of
Sri Lanka*

also contribute. In addition a relationship between vasomotor symptoms at menopause and CHD has been demonstrated.

Prevention

Lifelong pattern of healthy living is the mainstay in preventing CHD in women. Avoidance of tobacco usage, balanced healthy diet, moderate exercise and maintaining proper body weight are important. Prevention and treatment of other risk factors like, hypertension, diabetes, hypercholesterolemia play a role in prevention strategy.

Analysis of WHI studies show benefit of estrogen in reducing CHD in women if started soon after menopause before vascular changes occur. Following premature loss of ovarian function estrogen is indicated for prevention of CHD and osteoporosis, if serious contraindications are not present. However, there is no place for estrogen therapy for secondary prevention of CHD.

Health workers and women should be educated regarding atypical symptoms of MI in women, and strategies to prevent CHD. In this context the Menopause Society of Sri Lanka has started workshops for healthcare workers islandwide which should contribute immensely to reduce problems related to CHD.

Ischemic heart disease (IHD) in women - a physician's perspective

The last two decades have seen a growing awareness on IHD in women. Many scientific communications have been presented and published, emphasizing the sex differences in pathophysiology, presentation, treatment and outcomes in IHD in women. However, data is limited to support such differences and many questions remain unanswered. In spite of concerns regarding strategies for prevention and treatment, cardiovascular clinical trials continue to enroll fewer women than men.

Paradoxes in pathophysiology?

Three paradoxes have been described with regard to sex differences in IHD. First, women have a higher prevalence of angina compared to men, yet have an overall lower prevalence of atherosclerosis and obstructive coronary artery disease (CAD). Second, symptomatic women undergoing coronary angiography have less extensive and severe CAD despite being older with a greater risk factor burden. Third, despite relatively less extensive CAD, women have a more adverse prognosis compared to men. According to these three paradoxes, it is possible that an alternative, sex-specific pathophysiology is responsible for IHD in women, given our understanding that IHD and its complications arise from obstructive CAD. To explain these observations a number of abnormalities in the coronary vascular structure and functions have been proposed. These include positive remodeling (compensatory vessel enlargement), diffuse atherosclerosis (versus plaque), coronary endothelial dysfunction and microvascular disease. Advanced cardiac imaging including intravascular coronary ultrasonography, coronary artery calcium score, computed tomography scanning and magnetic resonance angiography have been used to study pathophysiology. Although these hypotheses may be correct, still there is no sufficient evidence to confirm them.

Poorer outcomes?

Sex differences in mortality appear to occur in sub groups of women patients. These sub groups include patients with ST segment elevation myocardial infarctions (STEMI) and younger patients with MI. Older patients and patients with non STEMIs do not appear to fare worse than men. It is possible that sex differences in vessel size and collateral formation put women at greater risk than men after STEMI. In contrast to the expectations that pre menopausal women should be more advantaged in terms of survival, they are not. It is possible that these younger women have aggressive disease due to multiple risk factors, have secondary or unknown causes for MI.



Dr. Dinithi Fernando
MBBS, MD, MRCP

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Differential treatment?

A sex bias in health care delivery with regard to treatment of women with CAD has been reported for years. Data from United Kingdom and United States of America suggest disparities in treatment between men and women. According to these data, women with angina are less likely to be referred for coronary revascularization or to receive preventive therapy. Again, these differences have been studied only in sub groups of women with IHD and not across the whole spectrum of IHD.

Future directions?

There is renewed interest in cardiovascular health of women. Clues about pathophysiology of IHD in women are few and as a result comprehensive explanations on epidemiology, presentation and outcomes are not yet available. After years of focusing on estrogen as the protector of cardiovascular health in younger women, other pathways, both biological and non biological, should now be considered.

Further reading

1. Vaccarino V. Ischemic heart disease in women - many questions, few facts. *Circ Cardiovasc Qual Outcomes* 2010; 3:111-115.
2. Merz CNB. Women and ischemic heart disease - paradox and pathophysiology. *JACC: Cardiovascular Imaging* 2011; 4: 74-7**.

Annual Scientific Conference of the Menopause Society of Sri Lanka - July 2012

Once again, the Annual Scientific Conference of the Menopause Society of Sri Lanka was successfully held from 27th-28th July 2012 at the Galadari Hotel, Colombo, with many distinguished overseas and local speakers providing a wealth of new knowledge on menopause-related subjects.

The grand opening ceremony had Dr. Firdosi Rustom Mehta, Country Representative - WHO as the Chief Guest and Professor Mary Ann Lumsden, the Past President of British Menopause Society as the Guest of Honour. Dr. Jaideep Malhotra delivered the oration "oestrogen from womb to tomb". The guests were treated to a magnificent cultural show and reception at the conclusion of the ceremony.



Cultural show



Council members with the special invitees



Fellowship

Pre-congress and post-congress workshops

The Pre-Congress Workshop on Perimenopausal Pelvic Pathology was held in Colombo South Teaching Hospital on 27th July 2012 with renowned local and overseas faculty participating as resource persons. Dr. Rajendra Sankpal and Dr. Vivek Salunke contributed as overseas speakers.

The Post-Congress Workshop on Female Sexual Dysfunctions conducted at the Teaching Hospital, Kandy was a great success, conducted by Prof. Alessandra Graziottini, Director, Center of Gynecology and Medical Sexology of H. San Raffaele Resnati, Milan, Italy.



Prof. Srinath Chandrasekera conducting the hands-on workshop on cystoscopy



Some participants at the pre-congress workshop



The Annual Academic Sessions at the Galadari Hotel, Colombo

Several eminent overseas faculty including Professor Mary Ann Lumsden, Professor Alessandra Graziottini, Dr. Meeta Singh, Dr. Jaideep Malhotra, Dr. Udaya Nagasekar, Dr. Arun Kumar Singh and Dr. Indrani Lodh and many Sri Lankan experts in a variety of fields related to menopause, contributed to the success of the conference, which was participated by specialists, postgraduate students and doctors. The topics discussed at the Academic Sessions encompassed general problems associated with menopause-eg. hot flushes and cosmetic problems, gynaecological pathologies-eg. dyspareunia, pelvic floor dysfunction, urinary incontinence, malignancies, other co morbidities, eg, cardiovascular disease, osteoporosis, alzheimers disease, inflammation, visual problems and management options-endoscopy, hormone replacement therapy, phytoestrogens, endoscopy, fertility assistance and SERMs. Several oral communications on research related to menopause were presented by postgraduates trainees and young researches.



Ms. Madhavi Dharmadasa and Mrs. Wasantha Perera busy at the registration desk



Professor Alessandra Graziottini explaining with Dr. Rohana Haththotuwa and Dr. Hemantha Perera as chairs



Symposium on cardiac risk in postmenopausal women. (Dr. M. D. P. Goonaratna, Dr. Anindu Pathirana, Dr. Dinithi Fernando, Professor Mary Ann Lumsden and Dr. Hemantha Perera)



Dr. Ananda Ranatunga delivering his lecture. Drs. Sanath Lanerolle and H. Atapattu are chairing



Mrs. Dasanthi Akmeemana addressing the gathering



Participants at tea



On Sunday the 29th, the overseas visitors were treated to a sightseeing tour via Pinnawala Elephant Orphanage to Kandy, which culminated in the national pagent Kandy Esala Perehera

The Annual General Meeting of the Menopause Society of Sri Lanka - 28th of July 2012

Dr. Rohana Haththotuwa was a proud and happy man on the 28th of July, 2012, when he was unanimously elected as the president of the Menopause Society of Sri Lanka for years 2012 and 2013. This was at the Annual General Meeting of the Menopause Society of Sri Lanka held at the Galadari hotel, Colombo.

Dr. Hemantha Perera, the outgoing president, described the activities and achievements in the preceding year, and expressed his deep gratitude to all who contributed to the activities of the Menopause Society. Dr. Mangala Dissanayake, outgoing Secretary and Dr. Madhava Karunaratna, outgoing Academic Chairman presented their reports which elaborated the numerous activities commenced and successfully concluded in the past year. Mrs. Chandrika Haththotuwa presented the Treasurer's Report which amply revealed the considerable amount of funds accrued by the Society by the different activities undertaken.

The new Council too was elected unanimously and represented members from many fields with a variety of interests. The new President addressing the gathering pledged to continue the good work commenced and called for the support of everyone to conduct the planned activities and take the Society to new heights.



Outgoing president Dr. Hemantha Perera congratulating the new president Dr. Rohana Haththotuwa watched by a smiling outgoing secretary Dr. Mangala Dissanayake



The outgoing treasurer Mrs. Chandrika Haththotuwa reading out the treasurer's report



The newly elected council posing for a photograph



Academic chairperson Dr. Madhava Karunaratne reading out his report. Dr. Mangala Dissanayake is in the background



Dr. Rohana Haththotuwa and his wife lighting the oil lamp watched by Dr. Hemantha Perera and Mr. Kingsley Rathnayake

The first meeting of the new Council of the Menopause Society commenced with the national anthem and traditional lighting of the oil lamp on 5th August 2012 at the Ninewells Hospital amidst a meal of kevu kribath. The new President Dr. Haththotuwa welcomed the Council Members. The new Council was enthusiastic in continuing the previous activities of the last Council as well as encroaching into new areas. The future programmes, in addition to continuing the current activities, would also include the education of personnel of armed forces as well as general public. Emphasis was also given to attempting to make a media breakthrough and make the general public more aware of menopause-related health.

MENOSOC Workshops on post-reproductive health for midwives and nurses

Kegalle - 21st of August 2012

The workshop in the office of the Kegalle Regional Director of Health Services was graced by the Regional Director of Health Services Dr Gamini Seneviratne. The resource persons included consultant obstetricians and gynaecologists including the President of the Menopause Society Dr. Rohana Haththotuwa, Dr. M. D. P. Goonaratne, Dr. T. B. Dissanayake, Dr. Mangala Dissanayake, Dr. Prasad Rannulu and Dr. Harsha Atapattu, Consultant Psychiatrist Dr. M. Sumanathissa and Senior Lecturer and Specialist Physician Dr. Piyusha Atapattu. The programme included a comprehensive coverage of menopause-related health problems, including gynaecological, psychological and medical aspects. The programme ended with lunch for all participants.



Prof. W. I. Amarasinghe handing over a certificate to a participant



Drs. Harsha and Piyusha Atapattu making their presentations



Anuradhapura - 2nd - 3rd September 2012

The MENOSOC public programme conducted in affiliation with the Anuradhapura Rotary Club was attended by over 100 participants. Many problems requiring public awareness were addressed including menopause and its consequences, cancer detection, genitourinary problems associated with menopause, gender-based violence, metabolic syndrome, diabetes, osteoporosis, lifestyle modification and management of menopause. Dr. Rohana Haththotuwa, Dr. Hemantha Perera, Dr. Mangala Dissanayake, Mr. Mahanama Dodampegama, Dr. Harsha Atapattu, Dr. M. D. P. Goonaratne and Dr. Ariyasena Gamage contributed as speakers. The programme concluded with a discussion with active participation of the audience. The programme was followed by the monthly Council Meeting of the Menopause Society. The resource persons participated in a cultural tour following the Council Meeting. The eventful day culminated in a wonderful evening of music and dinner hosted by the Rotarians.

The workshop for midwives was held the following day at the office of the Anuradhapura Regional Director of Health Services, patronized by the Provincial Director of Health Services Dr. Palitha Bandara and the Regional Director of Health Services Dr. Keerthi N Samarawickrama. Dr. Rohana Haththotuwa, Dr. Hemantha Perera, Dr. Mangala Dissanayake, Dr. Harsha Atapattu, Dr. M. D. P. Goonaratne, Dr. T. B. Dissanayake, Dr. Prasad Rannulu and the Consultant Psychiatrist, Dr. Vajira Dharmawardana participated as resource persons for the day's activities.



Mr. Dodampegama delivering his lecture



Participants, some resource persons, their family members and Rotarians listening intently



Resource persons, Drs. Goonaratne, Haththotuwa, Samarage, Atapattu and Dissanayake on a religious tour

My encounter with menopause - a non-medical perspective

My first encounter with menopause was the episodes experienced by my mother. A great personality, she went through almost all the symptoms and difficulties of the condition except osteoporosis. We watched in helplessness the changes that occurred during the time despite various treatments, as it was always late starting treatment especially for symptoms of menopause. Some understood her condition yet others misunderstood her. The strains however started to show in her later years. This was a time of good learning for the family.

Recollecting all the great old ladies who touched our hearts especially when we were growing up in the village, we never even suspected they had any difficulty reaching this milestone in life. I used to wonder later what could be their secret. Is there a mechanism in humans to replace anything we are deprived, like hormones, by having a hidden stock somewhere in the body? It is for sure that women are deprived of their hormones during menopause, yet I have come across quite a number of ladies sailing through this phase of life with ease. Definitely in the village many handle their hot flushes and depression well, only falling victim to osteoporosis due to a poor diet. Some of them probably are not aware of the condition at all and accept it as part of old age. The common element we could observe in all these who "sail through with ease" is their attitude to life and the way they deal with it in a peaceful manner.

Happiness definitely plays a part and one tends to imagine that there is a system in the human body of auto correction when the mind is peaceful and happy. Probably deep study of the scripture of every religion and philosophy may shed light on this as menopause is as old as Eve. Amazon.com sells at least three books on the experience of menopause and there are number of testimonials and studies with regard to the reduction of the intensity of symptoms in a calm and tranquil mind. The tragedy of this condition as I see is a lady, who works hard building up a career and a beautiful family. At the time she should be congratulated and looked upon like a queen for all her efforts, she is loaded with unnecessary baggage of undesirable symptoms which can have an adverse effect on relationships.

When there are hot flushes others don't understand why she is feeling hot all the time on a very cool night. When the slightest thing upsets her, she is totally misunderstood and is blamed for actions that were not intended. The tolerance level she had when everyone in the house (including the husband) was growing up is not there for her during her time of tackling these difficult symptoms. In my mind it is the greatest injustice when



Mr Mahanama Dodampegama
Council Member,
Menopause Society
of Sri Lanka

others don't know what menopause can do to a lady and when others don't rally around to help her through this period, especially the husband.

When my wife underwent hysterectomy, little more than ten years ago, I knew what she was getting in to and how I should manage the situation. She managed so well that she is now so energetic and enthusiastic and keeps my daughter and I entertained all the time. Love is the greatest healer of all times, with no exception towards menopause. It is great to know that you will not have to fear pregnancy and it is great to be able to say good bye to the three-day suffering per month (at 50 years you have spent 3 years menstruating! $(50-12(\text{puberty}) \times 3(\text{days}) = 3.75 \text{ years})$). Be happy, understand, and take remedial measures and treatment when necessary and then it is something to look forward to, a quality way of life.

If women and their families become aware of menopause rather than treating it as signs of old age or part of karma, there are very many options now available to deal with the situation ensuring quality of life at the time they need it most. The Menopause Society of Sri Lanka has pioneered the campaign of not only creating awareness among the general public but has initiated islandwide programmes to disseminate the latest scientific and practical methods of dealing with it to the medical and paramedical fraternity. Every citizen in the country is duty bound to assist in propagating awareness of menopause which will definitely create a pleasant environment to the ladies who may manifest the symptoms and need medical advice and guidance. It can be a mother, sister, wife, or a friend, let's team up to lend a hand by understanding and showing we care.

2ND BIENNIAL SAFOMS CONFERENCE
(SOUTH ASIAN FEDERATION OF MENOPAUSE SOCIETY)
&
3RD PMSCON 2012
(PAKISTAN MENOPAUSE SOCIETY CONFERENCE)

WOMEN'S HEALTH THROUGH THE LIFE CYCLE

Organized by
South Asian Federation of Menopause Society

Co Organizer
Pakistan Menopause Society

Supported by
The British Menopause Society

Royal College of Obstetricians and Gynaecologists
International Representative Committee of Pakistan

Society of Obstetricians & Gynaecologists of Pakistan

Organizer
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Meeting the challenge of menopause

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ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
International Representative Committee of Pakistan

Pakistan Menopause Society

Society of Obstetricians & Gynaecologists of Pakistan

30th November - 02nd December
Hotel Marriott, Karachi-Pakistan

www.safoms.org www.pkms.pk info@pkms.pk

Future Activities of MENOSOC 2012

September 28th
World Bank Project review in Maskeliya

October 30th
Workshops on post-reproductive health for midwives and nurses - Avissawella

November 27th - December 3rd
Participation in SAFOMs and induction of Dr. M. D. P. Goonaratne as President of SAFOMS

December 17th
Workshops on post-reproductive health for midwives and nurses - Galle

IOF Regionals KUALA LUMPUR 12

3rd Asia-Pacific Osteoporosis Meeting

KUALA LUMPUR CONVENTION CENTRE 13-16 December 2012

Annual Symposium

German Menopause Society

16.-17. November 2012

Frankfurt am Main
Maritim Hotel

IMSCON 2013

organized by
Cuttack Chapter, Odisha

Dates : 8th to 10th February 2013

Venue : Puri, Odisha

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