Pakistan Menopause Society

ANNUAL PMS CONFERENCE 2026

22nd & 23rd August 2026 | Mövenpick Hotel, Islamabad

Embrace the Change: Empowering Women Through Menopause

E-ABSTRACT BOOK



In Collaboration with

WATOG | PRHPS PCOS, Adolescent & Reproductive Health Society of Pakistan | IVF Society of Pakistan | SOGO | ENDOMETRIOSIS & ADENOMYOSIS SOCIETY

Solvurs Events | Tours | Foods

For Information

Conference Secretariat: +92 337 513 0888 | Event Manager +92 300 231 0300

www.pakistanmenopausesociety.com/pms-2026 query@pakistanmenopausesociety.com | abstract2026@pakistanmenopausesociety.com



اللّٰهُمَّ اشْفِنِي شِفَاءً لَا يُغَادِرُ سَقَمًا

إِنِّي مَسَّنِيَ الضُّرُّ وَأَنْتَ أَرْحَمُ الرَّاحِمِينَ

"O Allah! Grant me a healing that leaves behind no illness. Indeed, distress has touched me, and You are the Most Merciful of those who show mercy."

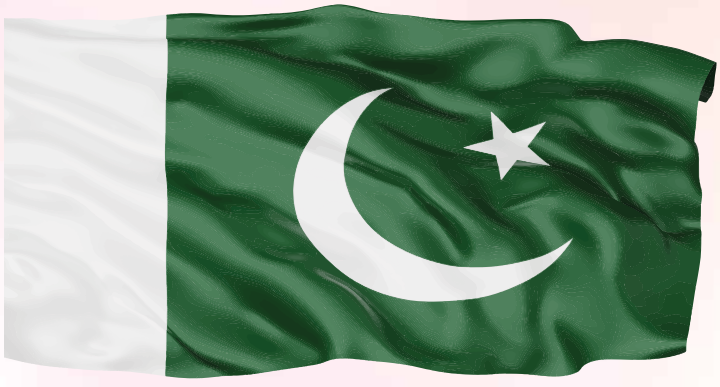
(Surah Al-Anbiya: 83)

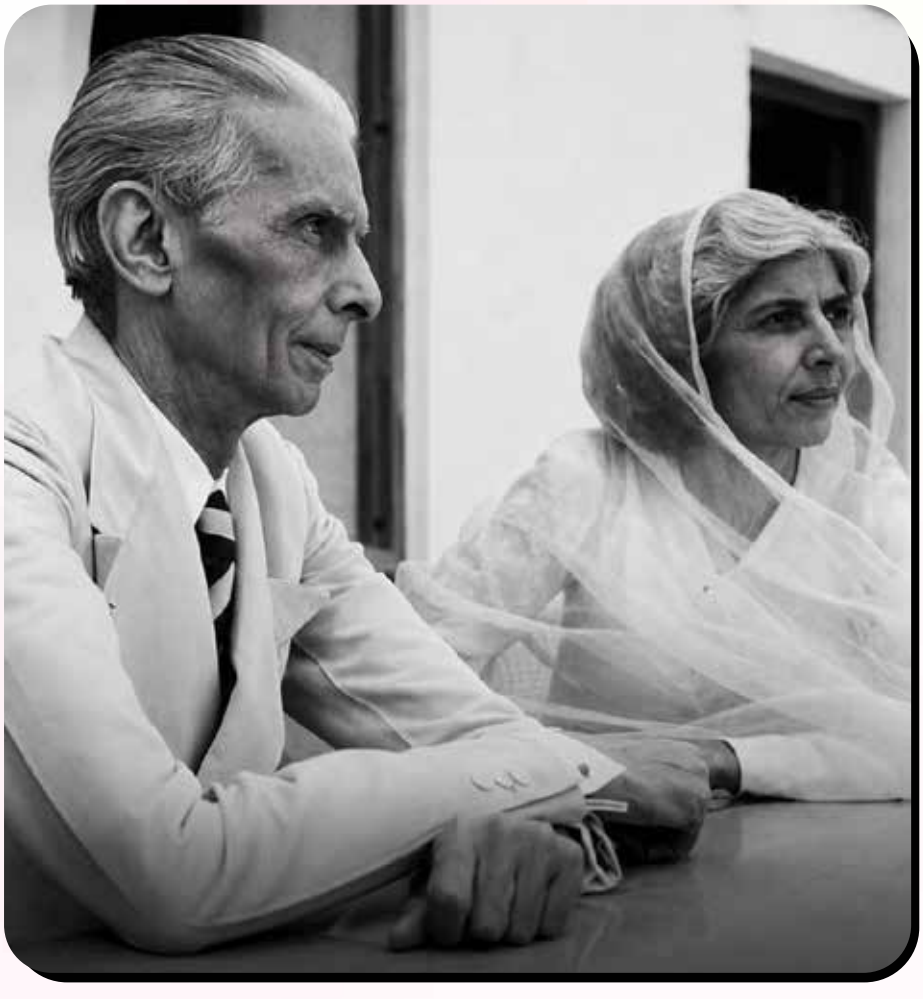
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No Nation Can Rise to The Height of Glory

Unless Your Women are Side by Side with you

Quaid-e-Azam Muhammad Ali Jinnah

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MESSAGES



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PROF. RUBINA HUSSAIN

PATRON

As Patron of the Pakistan Menopause Society and its Immediate Past President, it fills me with immense pride to witness the continued growth of this Society and the calibre of scholarship it now commands. Over the years, our journey has been shaped by unwavering dedication to advancing menopause care and awareness across Pakistan. This conference stands as a testament to the commitment of our invited speakers, oral free paper presenters, and e-poster researchers, whose valuable contributions continue to enrich this evolving field. I commend the organising committee especially Prof Syeda Batool for their untiring efforts and extend my heartfelt appreciation to every contributor. My warmest wishes for a scientifically rewarding and truly memorable conference

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PROF. DR. SYEDA BATOOL MAZHAR

CHIEF ORGANIZER PRESIDENT | PMS PAST PRESIDENT SAFOMS

As the President of Pakistan Menopause Society and Chief Organiser of this conference, it is a my privilege and pleasure to write the foreword for our e-abstract book. It is dedicated to the advancement of menopause health across our nation. This Abstract Book stands as a testament to the scholarly rigour of our invited speakers, alongside our accomplished oral free paper and e-poster presenters, whose collective contributions continue to enrich the discourse surrounding women's health during this profoundly significant phase of life.

I extend my deepest and most sincere gratitude to the scientific committee chaired by prof Nabia Tariq, the reviewers, our organising secretary Dr Zahra Muslim and indeedevery individual whose unwavering diligence has brought this endeavour to fruition. As the landscape of menopause care continues to evolve globally, the Pakistan Menopause Society remains resolutely committed to fostering excellence in research, education, and clinical practice. My heartfelt felicitations for the team effort of the PMS Council, conference organising committee and looking forward to a memorable scientific conference.

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PROF. NABIA TARIQ

CHAIR SCIENTIFIC COMMITTEE

It is my great pleasure to welcome you to the Pakistan Menopause Society (PMS) Annual Conference 2026. The scientific programme has been thoughtfully designed to address the latest advances in menopause management. Through keynote lectures, debates, panel discussions, research presentations and interactive preconference workshops we hope to foster meaningful dialogue, encourage collaboration, and inspire innovation.

In addition to this two-day conference in Islamabad, the Pakistan Menopause Society has also organized a series of pre-conference hands-on workshops across Pakistan over the past four weeks. These interactive sessions provided young clinicians and trainees with valuable practical learning opportunities, equipping them with the knowledge, skills, and confidence to better understand menopause and support women in navigating the physical, emotional, and health challenges associated with this important stage of life.

I wish you an inspiring, productive, and memorable conference.

Professor Nabia Tariq
Chair, Scientific Committee
Pakistan Menopause Society Annual Conference 2026



DR. SAIMA ZUBAIR

ORGANISING SECRETARY

Dear Delegates, Assalam o Alaikum!

Menopause is a pivotal time in a woman's life and our responsibility as healthcare providers is to guide, protect, and empower.
This book is a testament to the passion and scholarship of our members.
May these abstracts inspire collaboration, learning, and better care for the women we serve.
I thank all authors and speakers for contributing to this scientific forum.
May PMS 2026 be a platform for change, innovation, and hope.
Let's work together to ensure that menopause is not the end, but a new beginning.

Embrace the Change: Empowering Women Through Menopause

Dr. Saima Zubair
MBBS, MMCH, FRCOG
Organizing Secretary
Pakistan Menopause Society Annual Conference
22-23 August 2026, Mövenpick Hotel, Islamabad



DR. ZAHRA MUSLIM

ORGANISING SECRETARY

It is with profound gratitude that I have had the privilege of contributing to this Abstract Book and to the organization of this conference, a testament to the intellectual rigour and clinical advances of our doctors in menopausal health.
The abstracts reflects painstaking research and extensive literature review towards advancing women's health through this pivotal phase of life.I extend my heartfelt gratitude to the authors, reviewers, and organising team whose diligence made this compilation possible. As we strive to further menopause awareness and evidence-based care across Pakistan, I trust this collection will inspire meaningful discourse and continued scholarly pursuit. My warmest wishes for a truly enriching and successful conference.

Dr. Zahra Muslim
MBBS, FCPS, BTC-ISUOG
Organizing Secretary
Pakistan Menopause Society Annual Conference
22-23 August 2026, Mövenpick Hotel, Islamabad

PMS 2025-2027

CABINET



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ORGANIZING COMMITTEE



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Organizers

PMS 2026

Chief Organiser

Prof. Dr. Syeda Batool Mazhar

Organization Overview

All PMS Council Members

Advisory

Prof. Ghazala Mahmud | Prof. Rizwana Chaudhri | Prof. Rubina Hussain

Organising Secretaries

Dr. Saima Zubair | Dr. Zahra Muslim

Scientific Committee

Prof. Nabia Tariq | Prof. Dr. Syeda Batool Mazhar | Prof. Sadaqat | Prof. Rubina Sohail

Fund Raising

Dr. Saima Zubair | Prof. Rubina Mushtaq | Prof. Sumbul Sohail

Reception & Transport

Dr. Ayesha Rafay | Dr. Qurat ul Ain (FGSH) | Dr. Sabeen Aslam

Registration

Prof. Zartaj Hayat | Dr. Sadia Aftab | Dr. Saima Zubair

Entertainment

Prof. Saadia Khan | Prof. Nosheela Amjad | Dr. Saima Zubair | Prof. Zartaj Hayat

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PMS 2026

Exhibition

Dr. Saima Zubair | Prof. Ghazala Sadiq | Dr .Nabila Salman

Preconference Workshops

Prof. Azra Awan | Dr. Zahra Muslim | Dr. Saima Zubair

Audio Visual

Prof. Zartaj | Dr. Zahra | Dr. Majida | Prof. Jaweria Faisal | Tehmina Yousaf

Inaugural

Prof. Dr. Syeda Batool Mazhar | Prof. Nabia Tariq | Dr. Zahra Muslim | Dr. Tahira Khalid

Media Committee

Prof. Dr. Syeda Batool Mazhar | Dr Saima Zubair

Website & Social Media

Dr. Zahra Muslim | Dr. Saima Zubair | Solvurs Team

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International Faculty

Prof Dr. Steven R. Goldstein

Past President (International Menopause Society)
Past President (North American Menopause Society)

Prof. Dr. Nick Panay

Past President (International Menopause Society)

Brig Dr Sumiya Rehman

President
SAFOMS

Prof. Suvarna Satish Khadilkar

Chair FIGO
Committee on Women at Menopausal age 2024-2027

Dr. Akaninyene Eseme Bernard Ubom

President
WATOG

Dr Leila Agrawal

Norton Cancer Institute, Louisville
USA

Dr. Saadat Ahsan

BMS Registered Menopause
Specialist and Trainer

Dr. Bismeen Jadoon

Consultant Obstetrician & Gynaecologist
BMS Certified Menopause Specialist

SCIENTIFIC PROGRAM



SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: Mental Health | Session 1.1 | 08:30 – 09:30 AM

Chair / Co-Chair: Prof. Dr. Sadaqat Jabeen, Prof. Dr. Nadira Sultana, Dr. Mona Kanwal, Dr. Saadat Ahsan, Prof. Dr. Sadia Habib

Moderator: Dr. Hadia Aziz

Time	Topic	Speaker
08:30 AM – 08:38 AM	Comparison of Subjective Memory Loss and cognitive symptoms Between Perimenopausal and Postmenopausal Women using EMQ-R.(88)	Dr. Zainab Maqsood
08:39 AM – 08: 47AM	Exploring Modifiable Factors Effecting Cognitive Function in Postmenopausal Women: A Systematic Review (38)	Prof. Dr. Gulshan Ara
08:48 AM – 08:58AM	Mental Wellbeing During Menopause: PMDD & PMS "Understanding the Biology, Clinical Impact, and Evidence-Based Management" (65)	Dr. Saadat Ahsen (UK)
08:58 AM – 09:08 AM	Mental Health in Midlife: Challenges, Transitions, and Opportunities (58)	Prof. Dr. Sadaqat Jabeen
09:09 AM – 09:19 AM	Balancing Mental Health in Midlife! An Emotional Roller Coaster	Dr. Rabia Asghar
09:19 AM – 09:29 AM	Restoring Health & Happiness in Menopause	Prof. Dr. Mowadat Rana

Theme: Debate | Session 1.3 | 09:30 – 10:10 AM

Motion: This House Believes — "Psychiatric Misdiagnosis of Menopause is the Biggest Scandal in Women's Health Today"

Moderator: Prof. Dr. Zartaj

Topic	Speaker
For	Prof. Dr. Sadia Pal
Against	Dr. Bismeen Jadoon (UK)

SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: Plenary | **Session 1.5** | **10:15 – 11:15 AM**

Chair / Co-Chair: Prof. Dr. Rashid Latif, Prof. Dr. Ghazala Mahmud, Prof. Dr. Furrukh Zaman, Prof. Dr. Javed Akram, Prof. Dr. Nusrat Shah

Moderator: Prof. Dr. Sadia Khan

Time	Topic	Speaker
10:15 AM – 10.30 AM	Demography of Menopausal Women in Pakistan: An Emerging Public Health Priority	Dr. Saima Hamid
10:30 AM – 10:54 AM	Abnormal Uterine Bleeding in Peri and Postmenopausal Women: An Update on How to Evaluate the Uterus	Dr. Steven R. Goldstein (Online)
10:55 AM- 11:10 AM	Post Menopausal Cardiometabolic Challenges	Prof. Dr. Javed Akram
	Pearls of Wisdom	Prof. Dr. Rashid Lateef

Tea Break / E-Poster Viewing

11:15 AM – 11:30 AM

SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: Bone health, Sarcopenia, Lifestyle | Session 1.2 | 08:30 AM – 09:30 AM

Chair / Co-Chair: Prof. Dr. Shahid Rao, Prof. Dr. Naheed Bano, Dr. Zubair un Nisa, Prof. Dr. Bushra Kantt, Prof. Gul Rukh Qazi, Dr. Nighat Shaheen

Moderator: Prof. Dr. Shams un Nisa Sadia

Time	Topic	Speaker
08:30 AM – 08:38 AM	The Interplay of Menopausal Symptom Severity Affecting Physical Activity and Probable Sarcopenia Among Postmenopausal Women in Pakistan: An Explanatory Sequential (94)	Dr. Fauzia Amir
08.39AM – 08:47AM	Navigating the Change: Relationship Between Health-Promoting Lifestyles and Symptom Severity in Peri- and Postmenopausal Women (80)	Dr. Amara Arooj
08:48AM – 08.56 AM	Cross-sectional analysis of validity between anthropometric and functional screening model vs. Standardized DEXA scan for measurement of sarcopenia in post-menopausal.(52)	Prof. Dr. Nosheela Amjad
08.57AM – 09:07AM	The Bone: Osteoporosis Prevention and treatment	Dr. Mustafa Bhalli
09.10AM – 09.20AM	Sarcopenia: Are we making Progress in midlife	Prof. Dr. Sumbal Sohail
Q&A and Chair Remarks		

SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: Obesity & Misc | Session 1.4 | 09:30 AM – 10:10 AM

Chair / Co-Chair: Maj. Gen.Dr Viqar, Prof. Dr. Gulshan Ara, Prof. Dr. Fehmida Shaheen, Prof. Dr. Saadia Sultana, Brig. Dr. Maimoona Mushtaq

Moderator: Dr. Sheeba Shahnaz

Time	Topic	Speaker
09:30 AM – 09:38AM	Menopausal Obesity: A Growing Concern in the Rawalpindi-Islamabad Region: Management Strategies	Prof. Dr. Ghazala Sadiq
09:39AM – 09:47AM	Menopause-Induced Obesity: A Myth or Reality? Diverse Mechanisms and Prevention (29)	Prof. Dr. Shumaila Tanveer
09:48AM – 09.56.AM	Menopausal Weight Gain and Management (18)	Prof. Dr. Maimoona Mushtaq
09:57 AM – 10:05 AM	Screening of Psychological Distress in Peri- and Postmenopausal Women in Tertiary Care Setting (63)	Dr. Falak Khalil

Theme: Plenary Combined Session 1.5 | 10:15 AM – 11:15 AM

Tea Break / E-Poster Viewing

11:15 AM – 11:30 AM

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SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: Pelvi-Perineology, GSM & Sexuality **Session 1.7** **11:30 AM – 01:00 PM**

Chair / Co-Chair: Prof. Dr. Danish Saddiqui, Prof. Dr. Shugufta Tahir, Prof. Dr. Azra Awan, Prof. Dr. Shamsun Nisa Sadia, Prof. Dr. Sadia Khan

Moderator: Dr. Zahra Muslim

Time	Topic	Speaker
11:30 AM – 11:38 AM	Frequency and Risk Factors Associated with Genitourinary Syndrome of Menopause (GSM) in Peri and Postmenopausal Women by Using VVSQ & VHI Score (61)	Prof. Dr. Humaira Noreen
11.39PM – 11:46 AM	Surgical Outcomes and Quality of Life Improvements in Postmenopausal Women Undergoing Vaginal Vault Prolapse Repair (44)	Dr. Saeeda Bano
11:47AM – 11:57 AM	Genito-Urinary Syndrome of Menopause: Beyond "Just Aging". A Hidden Burden in Postmenopausal Women	Prof. Dr. Shugufta Tahir
11:58 AM – 12:08 PM	Impact of Urinary Incontinence on quality of Life of women in Pakistan: A Qualitative Analysis	Dr. Novera Chughtai
12:10 PM – 12:20 PM	Long-Term Outcomes and Quality of Life (QoL) Following Mid-Urethral Sling Surgery at AKU: A 14-Year Review in the Context of the Mesh Debate	Dr. Urooj Kashif
12:21 PM – 12:31 PM	Beyond Hormones: Functional and Nonhormonal Approaches to Female Sexual Wellness (30)	Dr. Salva Nadeem
12:31 PM – 12:42 PM	Beyond Vaginal Dryness: Genito Urinary Syndrome of Menopause	Prof. Dr. Danish Saddiqui
	Q&A and Panel Discussion	

SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: SAFOMS | **Session 1.9** | **01:00 PM – 01:45 PM**

Chair / Co-Chair: Brig. Surriya Rehman, Prof. Sumbal Sohail, Prof. Dr. Aziz un Nisa, Prof. Dr. Nusrat Shah, Prof. Dr. Aliya Bashir, Prof. Dr. Shumaila Tanvir

Moderator: Prof. Dr. Shabnum Shamim Asim

Time	Topic	Speaker
01:00 PM – 01:12 PM	Newer MHT! Hope for millions of women	Dr. Savurna Hadilkar India (Pre-recorded/Online)
01:13 PM – 01.25 PM	Digital Menopause health	Brig. Surriya Rehman Bangladesh (Pre-recorded/Online)
01:25 PM – 01.35 PM	Metabolic shift leading to obesity challenges in Menopause (2)	Prof. Dr. Furrukh Naheed
01:35 PM – 01.45 PM	Menopause in Pakistan: Challenges, Myths, and Solution (41)	Prof. Dr. Ayesha Siddiqua

Lunch Break

01:45 PM – 02:30 PM

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SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: Menopause Management & MHT Session 1.8 11:30 AM - 01:00 PM

Chair / Co-Chair: Prof. Dr. M. Tayyab, Prof. Dr. Shamsa Humayun, Prof. Dr. Rubaba Abid, Dr. Humaira Shaheen, Prof. Dr. Nighat Shah

Moderator: Prof. Dr. Zartaj Hayat

Time	Topic	Speaker
11:30 AM – 11:38 AM	Time for a Change: Current Updates on Vasomotor Symptoms (32, 40)	Prof. Dr. Rubina Mushtaq
11:38 AM – 11:47 AM	Oral Micronised Progesterone Monotherapy for Vasomotor Symptoms in Perimenopausal and Postmenopausal Women: An Updated Systematic Review and Meta-analysis of Randomized (56)	Prof. Dr. Rubaba Abid Naqvi
11:48 AM – 11:56 AM	Comparative study of SSRIs Versus Non SSRIs therapy in postmenopausal women with vasomotor symptoms(78)	Dr. Bushra Iftikhar
11:56 AM – 12:04 PM	Assessment of Knowledge, Attitudes and Practices related to Menopause and Menopausal Harmone Therapy among lady Doctors practicing as Gynaecologists in South Punjab (42)	Dr. Humaira Shaheen
12:05 PM – 12:15 PM	Beyond Oestrogen: Redefining Menopause Treatment with Fezolinetant – Real-World Experience from a Small Clinical Cohort	Dr. Bismeen Jadoon
12:16 PM – 12:26 PM	Body identical versus bio identical MHT: Are they different	Prof. Dr. Shamsa Humayun
12:28 PM – 12:38 PM	Current MHT guidelines and issues in Pakistan Context	Prof. Dr. M. Tayyab
Q&A and Chair Remarks		

SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: GBV, Law, Caregivers Burnout **Session 1.10** **01:00 PM – 01:45 PM**

Chair / Co-Chair: Prof. Dr. Fariha Farooq, Prof. Dr. Nosheela Javed, Prof. Dr. Humaira Noreen, Dr. Tehmina Yousaf, Prof. Naeema Utman,

Moderator: Dr. Sadaf Sheikh

Time	Topic	Speaker
01:00 PM – 01:11 PM	GBV in midlife South Asian perspective	Prof. Dr. Rubina Sohail
01:11 PM – 01:22 PM	Money matters inheritance and Sharia for women	Ms. Humaira Massih Uddin
01:22 PM – 01:30PM	Caring for Care givers- Distress assessment of Caregivers of Elderly. (mixed method study on informal and formal care givers) (72)	Dr. Razia Safdar
01:30PM – 01:38 PM	Symptom Onset in Relation to Hormonal Decline Across the Menopause Transition-A Local Cohort Analysis (54)	Dr. Tahira Nasreen
Q&A and Chair Remarks		

Lunch Break

01:45 PM – 02:30 PM

SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: Gyne Oncology | **Session 1.11** | **2:30 PM – 4:00 PM**

Chair / Co-Chair: Prof. Dr. Fareed Zafar, Brig. Dr. Ambreen Anwar, Brig. Dr. Tariq Sarfraz, Dr. Shaheen Zafar, Dr. Nabila Sulman

Moderator: Dr. Saima Zubair

Time	Topic	Speaker
02:30 PM – 02:38PM	Clinicopathological Profile and Treatment Patterns of Gynecological Malignancies in Postmenopausal Women: A Five-Year Retrospective Study in Hayatabad Medical Complex Peshawar (89)	Dr. Huma Sethi
02:39 PM – 02:47PM	Patterns of Post-Treatment Surveillance in Endometrial and Ovarian Cancer Survivors: A Real-World Cohort Study (26)	Dr. Maria Aslam
02:48 PM – 02:58 PM	Emerging Advancements in Endometrial Cancer Management: Role of Sentinel Lymph Node Mapping	Brig. Dr. Saira Saeed
03:00 PM – 03:10 PM	Outcomes of Total Laparoscopic Hysterectomy in Gynecological Malignancies: A 6-Year Retrospective Study of a Single Surgeon's Experience (83)	Prof. Dr. Shazia Fakhar
03:11PM – 03:21 PM	Hereditary Cancer Syndromes: Identifying Risk, Saving Lives.	Brig. Dr. Tariq Sarfaraz
03:22PM – 03:32PM	Hormones and Cancer: Separating Fear from Facts	Dr. Shaheen Zafar
03:33 PM – 03:41 PM	HPV vaccination: Saving lives beyond 40	Dr. Saima Zubair
03:42PM - 03:52PM	Menopause and Sexual Health Care for Breast Cancer Survivors	Leila Agrawal USA (Pre-recorded/Online)
Q &A & Comments by chairs		

SATURDAY – HALL A

SATURDAY 22nd August 2026

Theme: Cardiometabolic Health & PMOS **Session 1.13** **4:00 PM – 5:00 PM**

Chair / Co-Chair: Prof. Dr. Saqib Sadique, Dr. Osama Ishtaiq, Prof. Shabnum Asim Shamim, Prof. Dr. Arshad Chohan, Prof. Dr. Zartaj Hayat

Moderator: Prof. Dr. Javeria Faisal

Time	Topic	Speaker
04:00 PM – 04:08 PM	Effects of a Standardized Saffron Extract Supplementation on Psychological and Physiological Symptoms of Perimenopause: A Multicentre Randomized, Double-Blind Trial(87)	Dr. Fouzia Afridi
04:08 PM – 04:18PM	Quality of life Among Post-Menopausal Women: A multicenter Study	Prof. Dr. Tayyaba Wasim
04:20 PM – 4:30 PM	Optimizing Cardiometabolic Health in Midlife	Dr. Osama Ishtiaq
04:30 PM – 04:40 PM	Menopause and PMOS. The Metabolic Triple Threat	Prof. Dr. Shabnum Shamim Asim
04:40 PM – 04:50 PM	Thriving Through Menopause: A Critical Window for Chronic Disease Prevention (66)	Prof. Dr. Samina Naeem
Q &A & Comments by chairs		

SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: WATOG: Menopause Decoded: A Practical Guide for Early-Career Gynecologist

Session 1.12 — 02:30 PM – 04:00 PM

Chair / Co-Chair: Prof. Dr. Rubina Sohail, Prof. Dr. Ayesha Siddiqua

Moderator: Dr. Mahad Baloch

Time	Topic	Speaker
02:30 PM - 02:55 PM	Welcome	Dr. Mawra Mughal
	Introduction to PATOG	Prof. Dr. Rubina Sohail
	Address by President WATOG	Dr. Akaninyene Eseme Bernard Ubom
	Vote of Thanks	Dr. Zahra Muslim
	Shield presentation	Prof. Dr. Rubina Sohail Prof. Dr. Ayesha Siddiqua
	Group picture	
03:00 PM - 03:10 PM	Menopause and Beyond. Are we missing the window of opportunity??	Dr. Mawra Mughal
03:10 PM - 03:20 PM	Menopause: Clinical Essentials for Young Gynaecologists	Dr. Zahra Muslim
03:20 PM - 03:30 PM	"Menopause Redefined: Empowering Tomorrow's Women, Training Today's Doctors"	Dr. Akaninyene Eseme Bernard Ubom
03:30 PM - 03:40 PM	Menopause Clinic or Well Woman Clinic: Choosing the Right Model of Care	Prof. Dr. Rubina Sohail
Q &A & Comments by chairs		

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SATURDAY – HALL B

SATURDAY 22nd August 2026

Theme: Aesthetics, LASER | **Session 1.14** | **04:00 PM – 05:00 PM**

Chair / Co-Chair: Dr. Rohina Gul, Dr. Ghazala Bashir, Prof. Dr. Ghazala Sadiq, Dr. Salva Nadeem, Prof. Nargis Shabana

Moderator: Dr. Maryam Iqbal

Time	Topic	Speaker
04:00 PM - 04:10 PM	Separating evidence from Marketing in Menopause care Restoring intimate Health at menopause:	Dr. Rohina Gul
04:10 PM - 04:20PM	Regenerative Medicine in women health (10)	Prof. Dr. Shaila Anwar
04:20PM - 04:30PM	Use of Erbium Laser in Vaginal Atrophy After Menopause	Dr. Maryam Iqbal
04:30PM - 4:40 PM	Bridging the Language gap in menopause care. A digital health model for urdu speaking women	Dr. Kausar Tahir
Q&A and Chair Comments		

INAUGURAL

at 07:00 PM - 08:00 PM

CONFERENCE *Dinner*

at 08:00 PM - 10:00 PM

SUNDAY – HALL A

SUNDAY 23rd August 2026

Theme: Workplace and Social challenges at Menopause

Session 2.1 — 08:30 AM-09:30 AM

Chair / Co-Chair: Prof. Dr. Nazli Hameed, Prof. Dr. Shugufta Sial, Dr. Ayesha Rafey, Prof. Dr. Jehan Ara Saeed,Prof. Dr. Saima Qamar,

Moderator: Prof. Dr. Gulshan Ara

Time	Topic	Speaker
08:30 AM – 08:38 AM	Role of Lifestyle Intervention in Prevention and Management of Menopause Associated Weight Gain and at the mental health of women(37)	Dr. Sheh Bibi
08:38 AM – 08:51AM	Challenges Faced by Perimenopausal and Menopausal Women at the Workplace (76)	Dr. Beenish Altaf
08:52 AM – 09:00AM	Mindful Menopause- Empowering women through culture & creativity (24)	Dr. Noshina Kiani
09:00AM – 9:10AM	GSM! Beyond Vaginal Dryness	Prof. Dr. Nazli Hameed
09:10AM – 9:20AM	Knowledge without a doorway: Pakistani women in midlife today.	Prof. Dr. Nabia Tariq
09:21 AM – 9:28AM	Menopause: Experience of Premature Ovarian Insufficiency at a Peadiatric and Adolescent Gynecology Clinic (6)	Dr. Iffat Ahmed
Q&A and Chair Comments		

Theme: Debate — Session 2.3 — 09:30 – 10:10 AM

Motion: POI is a diagnosis we are getting completely wrong

Moderator: Dr. Zahra Muslim

Topic	Speaker
For	Dr. Haroon. Latif
Against	Prof. Dr. Shehla Baqai

SUNDAY – HALL A

SUNDAY 23rd August 2026

Theme: Fertility, POI, MHT | **Session 2.5** | **10:10 AM -11:15 AM**

Chair / Co-Chair: Dr. Syed Sajjad, Dr. Nasim Ashraf, Dr. Rizwan Malik, Dr. Yasmin Sardar, Prof. Dr. Gen. Abeera Chaudhary

Moderator: Dr. Fatima Naseem / Dr. Saima Zubair

Time	Topic	Speaker
10:10 AM – 10:22 AM	POI where do we stand today	Prof. Dr. Nick Panay UK (Pre-recorded)
10:23 AM – 10:33 AM	IVF in poor responders	Prof. Dr. Yousaf Latif
10:34 AM – 10:44 AM	Fertility in Advanced Reproductive Age: The Ageing Uterus and Its Implications	Prof. Dr. Syeda Batool Mazhar
10:45 AM – 10:55 AM	Can we reverse ovarian aging?	Prof. Dr. Saqib Sadique
10:56 AM – 11:07 AM	Empowering Midlife Women Through Lifestyle Modification & cardiometabolic Health	Prof. Dr.Nusrat Shah
Q&A and Chair Remarks		

Tea Break / E-Poster Viewing

11:15 AM – 11:30 AM

SUNDAY – HALL B

SUNDAY 23rd August 2026

Theme: Oral Free Papers (OFP) | **Session 2.2** | **08:30 AM - 09:30 AM**

Chair / Co-Chair: Dr. Quratul Ain, Dr.Shahnaz Nawaz, Dr. Gulafshana Hafeez, Prof. Dr. Nabila Amin, Prof. Dr. Irum Sohail

Moderator: Dr. Beenish Khurrum

Time	Topic	Speaker
08:30 AM – 08:38 AM	Comparison of Mirabegron and Solifenacin for the Management of Urge Incontinence in Menopausal Age Group (31)	Dr. Ishil Bangash
08:38AM – 08:43AM	Coorelation of serum magnesium deficiency with polycystic ovarain syndrome among Pakistani females (25)	Dr. Soha Amir
08:45 AM – 08:53 AM	Barriers in Mental Health Issues at Midlife in Female Health Professionals (43)	Dr. Qurrat ul Ain
08:54 AM – 09:02 AM	Improving Sexual Function After Surgical Menopause: A Meta-Analysis of Transdermal Testosterone Therapy in Women Receiving Estrogen Replacement (73)	Dr. Naheed Maqbool
09:03 AM – 09:11 AM	Urinary incontinence and urinary tract infection: temporal relationships in postmenopausal women (14)	Dr. Sobia Azeem
09:12 AM - 09:20AM	Association Between Dietary Habits and Vasomotor Symptoms Among perimenopausal and Postmenopausal Women(51)	Dr. Shahana Sajjad
Q&A and Chair Remarks		

SUNDAY – HALL B

SUNDAY 23rd August 2026

Theme: Menopause Literacy and Health Practices: Bridging the Awareness Gaps

Session 2.4 — 09:30 AM-10:10 AM

Chair / Co-Chair: Prof. Dr. Aisha Malik, Prof. Dr. Rubina Mushtaq, Dr. Saeeda Bano, Prof. Dr. Brig. Faiqa, Dr. Nazneen Akhtar

Moderator: Dr. Khansa Iqbal

Time	Topic	Speaker
09:30 AM – 09:38 AM	The Paradox of Proximity: Menopause Awareness & Symptom Burden in a Transitional Rural Community of Islamabad - A Mixed-Methods Study (7)	Dr. Raza Qazi
09:39 AM - 09:47 AM	Impact of Menopausal Symptoms on Quality of Life and Coping Strategies Among Postmenopausal Women (39)	Dr. Madiha Iqbal
09:48AM – 09:56 AM	From Hot Flashes to Whole Foods: Assessing Menopause Awareness and the Utilization of Phytoestrogen-Rich Diets Among Middle-Aged Women (62)	Dr. Majida Zafar
09:57 AM – 10:05 AM	Awareness and Healthcare-Seeking Behavior Regarding Menopausal Symptoms Among Rural Postmenopausal Women: A Cross-Sectional Study(90)	Dr. Nargis Ansari
Q&A and Chair Remarks		

SUNDAY – HALL B

SUNDAY 23rd August 2026

Theme: Chronic Disease Burden | **Session 2.6** | **10:15 AM - 11:15 AM**

Chair / Co-Chair: Prof. Dr. Shehla Baqai, Prof. Dr. Nabia Tariq, Prof. Dr. Shamsa Rizwan, Prof. Shaila Anwar, Dr. Shamaila Naeem

Moderator: Dr. Zainab Maqsood

Time	Topic	Speaker
10:15 AM– 10:25 AM	Perimenopausal Health in LMICs: Towards Structured Health Services (45)	Prof Dr Shehla Baqai
10:26AM– 10:34 AM	Breaking the Silence: Auditing Whistleblowing Culture in Gynecology and Obstetrics (5)	Dr Sadia Shamsher
10:35 AM – 10:43 AM	The Drying Lens of Menopause: Ocular Surface Changes in Perimenopausal and Menopausal Women (86)	Dr Inayat Mumtaz Khan Niazi
10:44 AM – 10:52 AM	Planetary Crisis, Waste, and Women's Health: Advancing Zero-Waste Practices for a Healthier Future (59)	Dr Adeela Bashir
10:53 AM – 11:02 AM	Cardiometabolic Outcomes in Women with Premature Ovarian Insufficiency and Surgical Menopause: A Systematic Review	Dr. Wajiha Ujala
11:03 AM – 11:10 AM	Beyond Hot Flashes: Breaking the Silence in Women's Midlife Mental Health	Lft. Col. (R) Dr. Zainab Abbas
Q&A and Chair Remarks		

Tea Break / E-Poster Viewing

11:15 AM – 11:30 AM

SUNDAY – HALL A

SUNDAY 23rd August 2026

Theme: AUB in the Menopause Transition: Separating Physiology from Pathology

Session 2.7 — 11:30 AM -12:30 PM

Chair / Co-Chair: Prof. Dr. Sadiah Ahsan Pal, Dr. Nadeem Zuberi, Prof. Dr. Uzma Sohail
Prof. Dr. Humaira Mahmood, Prof. Dr. Ruqia Sultana,

Moderator: Dr. Sadia Aftab

Time	Topic	Speaker
11:30 AM – 11:38 AM	Frequency of Gynecological Malignancies Among Women Presenting with Postmenopausal Bleeding at a Secondary Care Hospital in Talagang, Pakistan: A Pilot (17)	Dr. Tehseen Ikram
11:39 AM – 11:47 AM	Effectiveness of Linzagolix in Heavy Menstrual Bleeding Among Women of Reproductive Age(20)	Dr. Tanveer Fatima
11:48 AM – 11:58 AM	Role of hysteroscopy in post-menopausal bleeding	Prof. Dr. Fariha Farooq
12:00 PM – 12:10 PM	Endometrial cancer- Evolving paradigms (69)	Prof. Dr. Humera Mahmud
12:11 PM – 12:21 PM	Bleeding Beyond the Expected: AUB in Perimenopause and Post menopause	Dr. Nadeem F. Zuberi
Q&A and Chair Remarks		

SUNDAY – HALL B

SUNDAY 23rd August 2026

Theme: PMS Council Academic Session — Session 2.8 — 11:30 AM - 12:30 PM

Chair / Co-Chair: Prof. Dr. Syeda Batool Mazhar, Prof. Dr. Rizwana Chaudhri
Prof. Dr, Alia Bashir, Dr. Tahira Khalid, Prof. Dr. Talat

Moderator: Prof Dr Rubina Mushtaq

Time	Topic	Speaker
11:30 AM – 11:40 AM	Menopause 2026: From Symptom Control to Precision Healthy Ageing Through Evidence-Based Individualized Menopause Care (68)	Prof. Dr. Ayesha Malik
11:41 AM – 11:50 AM	Dementia: Update	Prof. Dr. Alia Bashir
11:51 AM – 12:00 PM	Menopause Clinic for Women With Low Socioeconomic Status(71)	Prof. Dr. Nighat Shah
12:01 PM – 12:15 PM	Good Clinical Practice in Menopause	Prof. Dr. Shams un Nissa Sadia
Discusion		

Theme: Presidential Combine Session — 12:30-02:00 PM

Closing and Acknowledgements — 02:00 PM – 03:00 PM

Lunch 03:00 PM

SUNDAY – HALL A Joint session

SUNDAY 23rd August 2026

Theme: Presidential Session: "Women's Health Across the Lifespan: Uniting Global and National Perspectives on Menopause and Beyond"

Session 2.9	12:30-02:00 PM

Chairs: Presidents of Societies, PUGA, IRC RCOG, WATOG, EAS, SAFOMS, PRHCP, IVFS, SERM, FIGO, ASPIRE and DG MNHSR&C

Moderator: Dr. Saima Zubair

Closing and Acknowledgements	02:00 PM – 03:00 PM

Lunch 03:00 PM

ABSTRACTS



1.Demography of Menopausal Women in Pakistan: An Emerging Public Health Priority (Plenary)

Name: Dr Saima Hamid
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hamid.saima0@gmail.com
Program and Research Lead, Population Council Pakistan

Abstract

Pakistan is experiencing a major demographic transition driven by declining fertility, improved survival, and increasing life expectancy. While national health priorities have traditionally focused on maternal, newborn, and reproductive health, relatively little attention has been paid to the growing population of women transitioning beyond their reproductive years. Menopause, once considered primarily an individual biological event, is emerging as an important demographic and public health issue that warrants greater policy attention. We examine the demographic profile of menopausal women in Pakistan and discuss its implications for health systems, healthy ageing, and non-communicable disease (NCD) prevention.

The analysis draws upon data from the Pakistan Population and Housing Census 2023, the Pakistan Demographic and Health Survey (PDHS) 2017–18, and national population projections. Age-specific estimates of menopause from the PDHS were applied to the 2023 population structure to estimate the size of the menopausal population. The findings indicate that Pakistan currently has approximately 16–17 million menopausal or post-menopausal women, a number that is expected to grow steadily as population ageing accelerates. With the average age at menopause estimated at 47–49 years, millions of Pakistani women are projected to spend nearly one-third of their lives in the post-menopausal period.

Menopause needs to be viewed within Pakistan's broader demographic and reproductive health context. Despite gradual fertility decline, Pakistan continues to experience relatively high fertility, low contraceptive prevalence, substantial unmet need for family planning, and high levels of unintended pregnancy. Consequently, many women reach menopause after multiple pregnancies and prolonged exposure to reproductive health risks. However, once women exit their reproductive years, they receive little attention within the health system, which remains predominantly oriented toward maternal and child health.

This compounds the relationship between menopause and the growing burden of NCDs. Declining estrogen levels are associated with increased risks of cardiovascular disease, osteoporosis, diabetes, metabolic disorders, and mental health conditions, all of which contribute substantially to morbidity among older women. The demographic profile also reveals that the majority of menopausal women—particularly those living in rural areas—have limited formal education, underscoring the need for accessible, community-based health communication and service delivery strategies.

The findings argue for adopting a life-course approach to women's health, recognizing menopause as an integral component of healthy ageing rather than the end of reproductive health services. Policy priorities are to integrate menopause management within women health agenda. As Pakistan enters an era of population ageing, addressing the health needs of menopausal women is essential for improving women's health across the life course and achieving equitable, comprehensive, and sustainable health systems.

2.Post Menopausal Cardiometabolic Challenges

Name: Prof Javed Akram
CEO Akram Medical Complex

3.Abnormal Uterine Bleeding in Peri and Postmenopausal Women: An Update on How to Evaluate the Uterus

Name: Prof Dr. Steven R. Goldstein
steven.goldstein@nyulangone.org
Past President IMS

4.Mental Wellbeing During Menopause: Pmdd & PMS "Understanding The Biology, Clinical Impact, And Evidence-Based Management".

Name: Dr Saadat Ahsan.
Saadat.Ahsan@nhs.net
Southgates Medical Centre, Kings Lynn, Norfolk, East of England, UK

Abstract:

Background

Premenstrual syndrome (PMS) is a common yet frequently under-recognised condition affecting women of reproductive age. It is characterised by cyclical physical, psychological and behavioural symptoms occurring during the luteal phase of the menstrual cycle, with symptom resolution following menstruation. While many women experience mild symptoms, moderate to severe PMS and premenstrual dysphoric disorder (PMDD) can have a profound impact on quality of life, relationships, occupational functioning and mental wellbeing. Despite increasing recognition, PMS remains underdiagnosed, and misconceptions surrounding women's hormonal health continue to delay appropriate diagnosis and management.

Objectives

To review current evidence regarding the pathophysiology of PMS, discuss contemporary approaches to diagnosis, and provide an evidence-based overview of current management strategies applicable to everyday clinical practice.

Methods

This presentation is based on a narrative review of current national and international guidelines, including those from the British Menopause Society (BMS), Royal College of Obstetricians and Gynaecologists (RCOG), Faculty of Sexual and Reproductive Healthcare (FSRH), together with recent peer-reviewed literature examining the neurobiology, diagnosis and management of PMS and PMDD.

Results

Emerging evidence suggests that PMS results from an abnormal neurobiological response to normal cyclical hormonal changes rather than abnormal hormone concentrations. Altered sensitivity of GABA-A receptors to allopregnanolone, serotonergic dysregulation, genetic susceptibility and neuroendocrine mechanisms appear to play important roles. Accurate diagnosis relies on recognising cyclical symptom patterns, excluding alternative medical and psychiatric conditions, and confirming symptoms using prospective symptom recording. Evidence-based management includes lifestyle interventions, cognitive behavioural therapy, selective serotonin reuptake inhibitors, hormonal therapies aimed at suppressing ovulation, and specialist multidisciplinary care for severe or treatment-resistant cases.

Keywords: Premenstrual syndrome; PMDD; Women's health; Menstrual cycle; Neuroendocrinology; Serotonin; Evidence-based management.

Conclusion:

Improved understanding of the biological basis of PMS has transformed its management from symptom recognition to targeted, evidence-based treatment. Early diagnosis, individualised management and multidisciplinary care can significantly improve quality of life and reduce the burden of disease. Increasing awareness among healthcare professionals is essential to improve patient outcome.

5.Fertility in Advanced Reproductive Age: The Ageing Uterus and Its Implications

Name: Prof Dr Syeda Batool Mazhar
batoolmazhar@yahoo.com
President PMS, Immediate Past President SAFOMS

Abstract:
As more women delay motherhood, impaired ovarian and uterine function are major challenges faced by clinicians due to an aging reproductive system. Ovarian ageing is well recognised while the effect of age on endometrial function is increasingly understood as an important factor influencing implantation rate, pregnancy rate, and overall female fertility. Adequate endometrial function is critical for successful establishment and maintenance of pregnancy in advanced maternal age patients and improve their reproductive outcomes. There are fewer published studies pertaining to uterine ageing, suggesting that this area remains under-explored. Improving our knowledge of endometrial aging from the biological and clinical perspectives would broaden understanding of the role of uterine ageing in age-related female infertility.
The age-related mechanisms affecting the uterus and the endometrium including uterine shrinkage, diminished blood supply, impaired endometrial architecture, altered cell components, thin endometrial linings, and molecular mechanisms will be discussed.. Understanding the mechanisms of uterine aging can help clinicians practicing ART in implementing evidence-based measures to improve the outcomes for IVF.

6.Restoring Health & Happiness in Menopause

Name: Prof Dr Mowadat Rana
Professor of Psychiatry & behavioural Sciences

7.Mental Health in Midlife: Challenges, Transitions, and Opportunities

Name: Prof Dr Sadaqat Jabeen
drsadaqatjabeen@gmail.com
EX-HOD Obstetrics and gynaecology Department LRH, Peshawar

Abstract:
Background:
Midlife, typically between 40 and 60 years of age, is a unique developmental stage characterized by profound biological, psychological, and social transitions. Contrary to the popular concept of a "midlife crisis," evidence suggests that this period is better understood as a normal transition that may present both challenges and opportunities for growth. In women, the menopausal transition contributes significantly to mental well-being through fluctuating estrogen levels that influence neurotransmitter systems involved in mood regulation, cognition, and sleep.
Objectives:
To provide an evidence-based overview of the mental health challenges encountered during midlife, differentiate menopause-related psychological symptoms from psychiatric disorders, and highlight the pivotal role of gynecologists in early recognition, counseling, and multidisciplinary management.
Content:

Hormonal fluctuations during the menopausal transition affect serotonin, dopamine, GABA, glutamate, and acetylcholine pathways, contributing to mood disturbances, anxiety, sleep disruption, and cognitive complaints commonly described as "brain fog." These biological changes often coincide with psychosocial stressors including caregiving responsibilities, empty nest syndrome, career stagnation, financial pressures, relationship changes, chronic illness, and increasing awareness of aging and mortality. Women in midlife frequently belong to the "sandwich generation," simultaneously caring for aging parents and supporting adult children, increasing the risk of chronic stress and burnout.

Although transient emotional distress is common, clinicians must distinguish menopause-related symptoms from major depressive and anxiety disorders. Persistent low mood, anhedonia, suicidal ideation, severe functional impairment, and risky behaviors warrant comprehensive psychiatric assessment. Validated screening instruments such as PHQ-9, GAD-7, Menopause Rating Scale, and Greene Climacteric Scale facilitate early identification.

Current recommendations from the North American Menopause Society (NAMS), NICE, and RCOG emphasize holistic, individualized care. Lifestyle modification, sleep optimization, stress reduction, cognitive behavioral therapy, psychoeducation, and family support constitute first-line interventions. Menopausal hormone therapy is not an antidepressant but may improve mood indirectly by relieving vasomotor symptoms and improving sleep when initiated appropriately in eligible women during early menopause. Gynecologists are often the first healthcare professionals consulted for emotional concerns and therefore play a critical role in empathetic listening, screening, exclusion

Conclusion:

Conclusion: Mental health concerns during midlife are common, multifactorial, and highly treatable. Reframing midlife as a transition rather than a crisis, combined with early recognition, evidence-based management, and multidisciplinary collaboration, enables women to navigate menopause with resilience and improved quality of life. Holistic, patient-centered care empowers women to transform midlife

8.“Newer MHTs: Hope for Million Women”

Name: Prof. Dr. Suvarna Khadilkar, India
suvarnakhadilkar2@gmail.com
Chair Menopause Committee FIGO

“Newer MHTs: Hope for Million Women,” presents an evidence‑based overview of modern menopausal hormone therapy (MHT) with a focus on safer, physiological formulations. Using the “6 Rights” framework — “Right Estrogen, Right Progesterone, Right Dose, Right Regimen, Right Duration, Right Route” , individualized therapy for optimal outcomes is discussed.

Newer estrogens, particularly 17β‑estradiol hemihydrate, are highlighted as “chemically & biologically identical to endogenous estradiol... with minimal liver load,” offering superior metabolic and vascular safety compared with conjugated equine estrogens. Among progestogens, dydrogesterone and micronized progesterone demonstrate the most favorable profiles, with multiple cohort studies showing lower risks of breast cancer, VTE, and cardiovascular disease than synthetic progestins such as MPA and norethisterone. Risk may be lower with dydrogesterone or micronized progesterone than with synthetic progestogen.

Clinical data show strong efficacy: sequential E/D reduces hot flushes by up to 86%, continuous E/D improves vasomotor symptoms, and both regimens significantly increase lumbar spine and femoral neck BMD. Endometrial safety is consistently excellent.

The “timing hypothesis” is reinforced—MHT initiated within 10 years of menopause confers cardiovascular benefit, while therapy is mandatory in POI until the natural age of menopause to prevent CVD, osteoporosis, cognitive decline, and premature mortality.

Overall, newer E/D□based MHT offers a safe, effective, and well□tolerated option for millions of symptomatic women.

9.Good Clinical Practice in Menopause

Name: Prof Dr Shamsun Nisa Sadia
ssadia116@gmail.com
HOD obstetrics & Gynaecology, RIH, Rawalpindi

Abstract:

E x e c u t i v e S u m m a r y

Diagnosis:

Clinical history is central. In healthy women aged ≥45 years with typical symptoms, menopause is usually diagnosed clinically

without laboratory testing. Serum FSH is reserved for suspected premature ovarian insufficiency, early menopause or diagnostic uncertainty. Assessment should address menstrual pattern, symptom burden, quality of life, comorbidities and red flags.

Lifestyle & Psychosocial: Promote balanced nutrition, adequate calcium and vitamin D, regular aerobic and resistance exercise, restorative sleep, weight management, smoking cessation and caffeine moderation. Cognitive Behavioural Therapy, mindfulness, stress management and family support should be integrated where appropriate.

Menopausal Hormone Therapy (MHT): It is the most effective treatment for vasomotorsymptoms and supports genitourinary and bone health. Estrogen alone is appropriate after hysterectomy; women with an intact uterus require endometrial protection with progesterone or progestogens. Treatment should be individualize using

the lowest effective dose and suitable route.

Non-Hormonal Treatment: Selective Serotonin Reuptake Inhibitor (SSRIs), Serotonin -Norepinephrine Reuptake Inhibitor (SNRIs), gabapentin, oxybutynin and neurokinin-receptor antagonists may be used when MHT is contraindicated or declined. Vaginal moisturizers and lubricants are first line for genitourinary symptoms. Complementary supplements require caution because evidence is limited.

Abnormal Bleeding: Postmenopausal, postcoital, persistent intermenstrual or un

scheduled bleeding requires prompt investigation, guided by bleeding pattern, endometrial thickness and individual risk.

Special Populations: Women with premature ovarian insufficiency, early menopause, complex comorbidities or hormone-sensitive cancers require individualized specialist care.

Keywords:

Endometriosis; Pakistan; Good Clinical Practice; Pain Management; Fertility Preservation

10.Menopause: Clinical Essentials for Young Gynaecologists

Name: Dr Zahra Muslim
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Information Secretory PMS

Abstarct:

Background

Few trials have reshaped clinical practice as abruptly as the Women's Health Initiative (WHI), whose 2002 findings led to a near-collapse in the use of menopausal hormone therapy (MHT) worldwide within a matter of years. More than two decades of subsequent follow-up, together with a more refined understanding of pharmacology and the emergence of novel non-hormonal agents, now warrant a considered re-examination of

that original risk framework. This lecture consolidates the current evidence for the practising and trainee gynaecologist, setting out what may now be regarded as established and what remains genuinely unresolved.

Discussion

The 2024 synthesis of WHI's 24-year follow-up, led by Manson and colleagues, found no association between MHT and all-cause, cardiovascular, or cancer mortality, and reaffirmed that the balance of benefit and risk is most favourable in women under 60 years or within ten years of their final menstrual period. A point still underappreciated in routine practice is that MHT is not a single, interchangeable intervention: the choice of progestogen and the route of estrogen delivery are independent variables under direct prescriber control. Micronized progesterone is associated with a lower breast cancer signal than synthetic progestins, while transdermal estrogen avoids the first-pass hepatic effect largely responsible for the excess thrombotic risk seen with oral preparations. Skeletal and genitourinary outcomes respond consistently to treatment; cognitive outcomes do not, and the divergence between the WHI Memory Study and subsequent trials in younger women remains an open question. Fezolinetant and elinzanetant, acting on the neurokinin pathway implicated in vasomotor symptoms, now offer a credible option for women in whom hormonal therapy is unsuitable, including breast cancer survivors on endocrine treatment. Equitable access to this evolving evidence base, however, remains far from assured.

Conclusion

Contemporary menopause care is moving away from uniform, age-based prescribing toward decisions grounded in formulation, route, and individual risk — clinical judgement that should form part of the essential training of every young gynaecologist.

11.The Bone: Osteoporosis Prevention and treatment

Name: Dr. Mustafa Bhalli
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Shifa College of Medicine

Abstract:

Postmenopausal osteoporosis affects an estimated one in three women over 50, yet remains underdiagnosed until it presents as a fragility fracture — by which point mortality and disability outcomes are severe. Gynaecologists manage the hormonal transition at its origin; orthopaedic surgeons typically see the disease only at its costliest endpoint. This talk offers an orthopaedic perspective on prevention, to strengthen collaboration between the two specialties.

12.Gender Based Violence(GBV) in Midlife Women – A South Asian perspective

Name: Prof Dr Rubina Sohail rubina95@gmail.com
Founder Chair of Mahfooz Maa Initiative, Past President SAFOG

Abstract:

Gender-based violence (GBV) is increasingly recognized as a major public health and human rights issue; however, its impact on women in midlife remains largely overlooked in clinical practice, research, and policy. In South Asia, where deeply rooted gender norms, economic dependence, caregiving responsibilities, and social stigma continue to shape women's lives, violence frequently persists well beyond the reproductive years. Yet healthcare services remain predominantly focused on younger women, leaving many experiencing intimate partner violence, psychological abuse, coercive control, financial exploitation, neglect, and elder abuse without recognition or support.

The menopausal transition represents a period of profound biological, psychological, and social change. Vasomotor symptoms, sleep disturbances, sexual dysfunction, mood disorders, and chronic health conditions may coexist with or be exacerbated by violence, resulting in poorer physical health, increased anxiety and

depression, reduced quality of life, and diminished healthcare-seeking behaviour. Despite these associations, routine screening for GBV in menopause and midlife clinics is uncommon across South Asia.

This presentation explores the epidemiology and unique manifestations of GBV among midlife women in the South Asian context, examining the intersection of menopause, cultural expectations, socioeconomic inequalities, and ageing. It highlights the evidence linking violence with adverse reproductive, sexual, mental, and cardiometabolic health outcomes, while identifying barriers to disclosure, diagnosis, and access to care.

The session advocates for a life-course, trauma-informed, and rights-based model of care in which obstetricians and gynaecologists move beyond symptom management to become advocates for women's safety, dignity, and healthy ageing. Practical strategies for integrating GBV enquiry into menopause and well-woman clinics, strengthening multidisciplinary referral pathways, and fostering collaboration with mental health, legal, and community support services will be discussed.

Recognizing and addressing GBV during midlife is not only essential for improving menopause care but also for advancing gender equity, healthy ageing, and the broader agenda of women's health in South Asia. The menopause consultation may represent one of the last regular opportunities for healthcare professionals to identify hidden violence and transform the trajectory of a woman's later life.

13.Sarcopenia: Are we making Progress in midlife

Name : Prof Dr Sumbul Sohail
Consultant OBGYN Zia u Din University, Karachi

14.HPV Vaccination - Saving Lives Beyond 40

Name: Dr Saima Zubair
Saimazubair111@yahoo.com
Joint Secretory PMS

Abstract:

Background

Cervical cancer remains one of the leading causes of cancer deaths in Pakistani women. Pakistan achieved a milestone in public health by launching HPV vaccination for first time through EPI for 9 to 14 years old gilrs as a single dose. While we often associate HPV vaccination with adolescents, the burden of HPV-related disease does not stop at 40. Women in midlife and perimenopause are still at risk of new HPV infection, persistence of latent virus, and progression to precancerous lesions. With increasing life expectancy, sexual health, and delayed screening, protecting women beyond 40 is now a critical public health need.

Objectives

1. Understand the epidemiology of HPV infection and cervical cancer risk in women >40 years
2. Debunk myths about "too late for vaccination" in midlife women
3. Learn current guidelines on HPV vaccination and catch-up schedules for women 27-45 years
4. Discuss the role of vaccination along with screening for comprehensive cervical cancer prevention in menopause clinics

Key Content Points

1. HPV Beyond 40: Why midlife women are still vulnerable - new partners, reactivation of latent HPV, and waning immunity
2. Science of the Vaccine: Nonavalent HPV vaccine - safety, efficacy, and immunogenicity in women 27-45 years. Data from clinical trials and real-world evidence
3. Global Guidelines Update: WHO, ACOG, SOGP stance on vaccination up to age 45. "Catch-up" vs "risk-based" approach
4. Pakistan Context: Burden of cervical cancer, low screening rates, and how vaccination can be integrated into menopause/well-woman clinics

5. Clinical Counseling: Addressing fears - "Is it safe at 45?", "Will it help if I'm already sexually active?", "Cost vs benefit"
6. Take-home: Vaccination + Screening = Double protection. We must shift from "HPV vaccine for teens only" to "HPV protection for all women across the lifespan"

Conclusion

Menopause is not the end of preventive care. HPV vaccination beyond 40 offers a tangible way to save lives, reduce anxiety, and empower women to take control of their health. As women's health providers, we have a duty to offer this protection at every stage.

Key Message: It's never too late to prevent cervical cancer.

Keywords

HPV Vaccination, Cervical Cancer Prevention, Women's Health, Menopause, Midlife, Catch-up Immunization

15.Genito-Urinary Syndrome of Menopause: Beyond "Just Aging". A hidden burden in postmenopausal women.

Name: Prof Dr Shagufta Tahir
drshaguftatahir@gmail.com
Founder & President of PUGA.

Abstract:

Genito- Urinary syndrome of Menopause is a chronic condition which arise in women after five or six years of menopause. This condition was first given a name in 2014 when It presents itself as a group of symptoms involving the bladder, vagina, and urethra. These symptoms may start earlier due to a deficiency of estrogen. Early menopause may be due to primary ovarian insufficiency, postsurgical menopause, or cancer treatment. During menopause, the ovaries stop making as much estrogen. This change may make the tissues around the vagina thinner and drier, tear more easily, or feel sore. The bladder may become more sensitive, leading to leaks or infections. Other things can cause estrogen levels to drop, even before menopause. These include: • Breast or pelvic cancer treatments • Surgery to remove both ovaries • Certain medications • Breastfeeding.

How to Diagnose GSM? There's no special blood test or scan for GSM. It's usually diagnosed by asking questions about symptoms and doing a pelvic exam. They may check for infections or other problems, but GSM is mostly diagnosed based on how a woman feels and after examination of the vagina, vestibule, and urethra for signs of tissue thinning and inflammation.

The most common presentation is: • Vaginal dryness or soreness • Pain during sex • Itching, burning, or tightness in the vagina • Light bleeding after sex • Burning or pain when peeing • Feeling like you need to pee more often or more urgently • Leaking urine (called incontinence) • More urinary tract infections • Vaginal discharge that is pathological due to the altered vaginal flora • Opportunistic infections, such as fungal infections, become common.

Unfortunately there is a gap between the symptoms and treatment-seeking by patients, mostly due to the unavailability of services and lack of knowledge. There is a need to do more sessions for public awareness, especially so that health care providers are educated to provide knowledge to women. Routine inquiry about GSM symptoms during gynecological examination may significantly improve the diagnosis rate.

Management strategies for GSM have evolved over time, with both hormonal and non-hormonal therapies showing efficacy. The effectiveness of local vaginal estrogen therapy is the gold standard treatment, particularly in moderate to severe cases, due to its targeted action and minimal systemic absorption. Non-hormonal options, including vaginal moisturizers and lubricants, were found to be beneficial in mild cases or in women with contraindications to estrogen therapy. Emerging therapies such as selective estrogen receptor modulators and vaginal laser treatments show promise; however, their long-term safety and cost-effectiveness

require further evaluation.
Another key aspect highlighted is the impact of GSM on quality of life, particularly sexual health and interpersonal relationships. Dyspareunia and decreased lubrication often contribute to reduced sexual satisfaction and avoidance of intimacy, which may have psychological and relational consequences. Addressing GSM, therefore, requires a holistic approach that includes patient education, counseling, and individualized treatment planning.

16.Impact of Urinary Incontinence on quality of Life of women in Pakistan: A Qualitative Analysis

Name: Novera Chughtai
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Aga Khan University Hospital Karachi

Abstract:
Objective: This study seeks to explore the lived experiences and viewpoints of individuals with urinary incontinence (UI) and evaluate how the condition affects their quality of life. Through comprehensive interviews, the research aims to identify the physical, emotional, and social effects of UI experienced by affected individuals. A particular emphasis is placed on gaining a deeper understanding of the cultural and contextual factors that may influence these experiences among Pakistani women. This research seeks to fill a gap in existing international questionnaires, which often overlook the religious aspects relevant to our cultural norms and spiritual context. The results will contribute to the development of a culturally sensitive and population-specific assessment tool.
DESIGN: Qualitative study
STUDY SETTING AND DURATION: All participants were recruited from the Urogynecology Clinics at Aga Khan University Hospital between October 2024 and March 2025.
METHODS: Fifteen audio recorded interviews were conducted. A qualitative content analysis using an inductive approach was conducted to organize and interpret the study's findings.
RESULTS: Six primary themes were identified, including (1) Impact on daily life activities (2) Impairment in religious practices (3) Influence on social and interpersonal relationships (4) Psychological impact (5) Coping mechanisms (6) Barriers to effective healthcare engagement.
Conclusion:
The study results indicate that UI has a substantial impact on various aspects of women's lives, affecting not only physical health but also emotional well-being, social engagement, daily activities, and religious practices. The study highlights that women utilize various coping strategies to manage their condition, yet encounter significant barriers in accessing effective healthcare services. These insights emphasize the importance of developing culturally appropriate assessment tools that incorporate religious aspects.

17.Long-Term Outcomes and Quality of Life (QoL) Following Mid-Urethral Sling Surgery at AKU: A 14-Year Review in the Context of the Mesh Debate

Name: Dr Urooj Kashif
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Aga Khan University Hospital Karachi

Abstract:
Objective:
To evaluate the long-term safety and effectiveness of mid-urethral sling (MUS) surgery for stress urinary incontinence (SUI), with a specific focus on mesh-related complications in a South Asian population where such data are scarce.

Materials and Methods
A retrospective review was conducted of 408 women who underwent TVT and TOT at Aga Khan University Hospital, Karachi, between 2009 and 2023. The primary outcome was to assess MUS safety through postoperative complications, while secondary outcomes included objective cure, overall success rates, and QoL improvement measured by UDI-6 and IIQ-7. Data were analyzed using SPSS v19, with logistic regression performed to identify predictors of treatment failure.
Results
At 12 and 30 months, objective cure rates were 94.85% and 94.36%, and overall success rates were 97.8% and 96.62%, respectively. QoL scores improved significantly at follow-up ($p < 0.05$). Mesh-related complications were infrequent, decreasing from 3.9% at 1 month to 1.2% at 30 months. In our cohort, increasing age and postmenopausal status were the only significant predictors of objective failure after MUS, while pelvic organ prolapse was the sole predictor of poorer subjective cure at both 12 and 30 months.
Conclusion:
Mid-urethral sling surgery is a safe and effective treatment for stress urinary incontinence, demonstrating high objective cure and overall success rates with sustained quality-of-life improvement. Mesh-related complications were uncommon and declined over time. Age, menopausal status, and pelvic organ prolapse were identified as key predictors of failure, highlighting the importance of patient-specific factors in determining long-term outcomes.

18.Beyond Vaginal Dryness: Genitourinary Syndrome of Menopause (GSM)

Name: Prof Dr Danish Siddiqui
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Abstract:
This is a comprehensive review of one of the most common yet under-recognized consequences of estrogen deficiency in women. The presentation emphasizes that GSM extends far beyond vaginal dryness and encompasses a spectrum of genital, sexual, and urinary symptoms that significantly impair quality of life but are frequently overlooked due to cultural stigma, lack of awareness, and under-reporting.
The presentation begins by highlighting the burden of menopausal symptoms in Pakistani women, drawing on epidemiological data from rural Sindh demonstrating a high prevalence of vasomotor, psychological, bladder, and vaginal symptoms. Despite this burden, healthcare-seeking behavior remains low, reinforcing the need for greater education and proactive clinical screening.
The evolution of terminology from "vulvovaginal atrophy" to Genitourinary Syndrome of Menopause (GSM) reflects a broader understanding of the condition as a chronic, progressive disorder involving the vulva, vagina, lower urinary tract, and sexual function. The presentation reviews the pathophysiology of estrogen deficiency, describing epithelial thinning, depletion of glycogen, disruption of the vaginal microbiome, increased vaginal pH, reduced blood flow, collagen degradation, and tissue fragility, which collectively produce the characteristic clinical manifestations of GSM.
Clinical manifestations are categorized into genital symptoms (dryness, burning, irritation), sexual symptoms (dyspareunia, decreased libido, impaired arousal), and urinary symptoms (urgency, frequency, dysuria, recurrent urinary tract infections, and stress incontinence). The presentation also broadens the differential by reviewing numerous causes of hypoestrogenism beyond natural menopause, including premature ovarian insufficiency, surgical menopause, lactation, chemotherapy, pelvic radiation, endocrine disorders, and chronic systemic illness.
Management is presented as an individualized, long-term strategy guided by symptom severity, patient preference, contraindications, sexual activity, and oncologic history. Initial therapy includes lifestyle

modification, pelvic floor rehabilitation, vaginal lubricants, and moisturizers. For moderate-to-severe disease, local vaginal estrogen is highlighted as the gold standard because of its excellent efficacy, minimal systemic absorption, and favourable safety profile. Alternative therapies including vaginal DHEA (prasterone), ospemifene, energy-based laser therapy, and platelet-rich plasma (PRP) are reviewed, with balanced discussion of their mechanisms, indications, benefits, limitations, and current evidence. Emerging treatments are presented cautiously, emphasizing the need for stronger long-term clinical data before routine adoption.
The presentation concludes by reinforcing that successful management of GSM should extend beyond symptom relief to restoration of vaginal health, normalization of the vaginal microbiome and pH, preservation of tissue integrity, improvement in sexual function and quality of life, and prevention of recurrent infections and progressive atrophy. Early recognition and sustained, evidence-based management are essential to improving the long-term health and well-being of menopausal women.

19.Metabolic shift leading to obesity challenges in Menopause.

Name: Prof. Farrukh Naheed
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Baqai Medical University

Abstract:

The trends in global weight gain and obesity (especially in menopausal women) are rapidly creating a tremendous burden on health care system. In Menopause, hormonal transition accelerates fat distribution to visceral depots and worsen metabolic complications. Preclinical obesity is an alarming situation particularly in perimenopausal women that increases the future health risk but existing obesity in a menopausal women due to alteration in FSH Estrogen along with high concentration of cytokines.Obesity will be considered as a chronic disease state cause by excessive adiposity leading to metabolic syndrome in menopausal state. Obesity represents as a standalone illness, fueling a rise in global morbidity and mortality for NCDs (Type II Diabetes Mellitus and Cardiovascular disease,etc). Moreover menopausal women are found to be more at risk particularly in South Asia region. The obvious reasons are genetic predisposition, lack of exercise and carbohydrates as a predominant dietary component. That's why
inspite of low BMI, they have high truncal, abdominal and visceral obesity and are at high risk for obesity related challenges. Life style modifications, exercise with therapeutic options like Metformin and GLP-1 are the options along with MHRT to improve the quality of life by weight reduction.
Conclusion:
Estrogen plays a vital role in systemic energy homeostasis. Its deficiency is linked to lower energy expenditure resulting more visceral fat and lowering lean mass. This hormonal transition enhancing androgen influence on visceral adiposities accelerating insulin resistance and dyslipidemia. Lifestyle modifications, MHRT with therapeutic options improves QoL of menopausal women.

20.Menopause in Pakistan: Challenges, Myths, and Solution (41)

Name: Prof Dr Aisha Siddiqa draisha100@gmail.com
President Elect SOGP, FIGO Trustee for the Asia–Oceania Region

Abstract:

Background:
With increasing life expectancy, Pakistani women now spend nearly one-third of their lives after menopause. Despite its profound impact on physical, psychological, and social well-being, menopause remains a neglected aspect of women's healthcare due to cultural stigma, misconceptions, and limited access to specialized services.
Objective:

To examine the challenges of menopause care in Pakistan, dispel common myths, and propose evidence-based, culturally appropriate solutions to improve women's health and quality of life.
Methods:
This presentation integrates current international evidence with over three decades of clinical experience in Pakistan to explore barriers to menopause care and identify practical strategies for improving clinical practice and health policy.
Results:
Major barriers include poor awareness, social stigma, inadequate physician training, lack of dedicated menopause clinics, and the absence of national guidelines. Common myths—such as menopause being a condition that must be silently endured or that menopausal hormone therapy is universally unsafe—often delay effective treatment. Evidence supports individualized care through lifestyle modification, menopausal hormone therapy when appropriate, non-hormonal therapies, preventive screening for osteoporosis and cardiovascular disease, mental health support, and patient education. Strengthening healthcare provider training, establishing menopause clinics, developing national guidelines, and expanding public awareness are essential to improving care.
Conclusion:
Breaking the silence surrounding menopause is essential to improving the health and well-being of Pakistani women. A coordinated national approach that replaces myths with evidence, empowers women through education, and integrates menopause care into routine healthcare is urgently needed.

21.Money matters inheritance and Sharia for women

Name: Ms. Humaira Massih Uddin
Lawyer based in Islamabad, LLM in Public International Law from the University of London, LLB (shariah and law)

Abstract:
Depriving women of economic rights and financial freedom is a recognized form of gender based violence (GBV). Economic Violence is perpetuated in many forms. Preventing spouse from having a career/working. Wilfully ensuring economic dependency. Non Maintenance. Depriving women from lawful inheritance. Rights to land, housing and property are essential to women's equality and well being according to office of the United Nations High Commissioner for human rights (OHCHR).It is through depriving women of economic rights that other human rights violations occur. A Survey commissioned by NCSW revealed that 50.6% women in Pakistan do not receive shares in inheritance and this despite the fact that the Supreme Court observed in 1990 that, Women relinquishing inheritance rights is not recognized under Islamic and Pakistani law and is opposed to public policy. [PLD 1990 SC 1].The Sariah guarantees the Muslim woman's rights to earnings, ownership, inheritance, dower and Maintenance. The Muslim Family Laws Ordinance MFLO 1961 and Family Courts Act FCA 1964 act together to provide women legal remedies to women in matters of maintenance and Mahr and also for the recovery of Dowry articles if deprived. In 2012 a new section was introduced in the Pakistan Penal Code PPC to criminalize the act of depriving women of their lawful share in inheritance. The law of Inheritance ensures that women get an equitable share when their relatives pass away. The way forward is to create as much awareness as possible especially among the women of all their legal rights specially those pertaining to their economic wellbeing.

22.Beyond Oestrogen: Redefining Menopause Treatment with Fezolinetant Real-World Experience from a Small Clinical Cohort

Name: Dr Bismeen Jadoon
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Consultant Gynaecologist | BMS Certified Menopause Specialist (UK)

Abstract:
Background
Vasomotor symptoms (VMS) are among the most common and debilitating manifestations of menopause, significantly affecting quality of life, sleep, mood, and daily functioning. While menopausal hormone therapy (MHT) remains the gold standard for many women, a substantial proportion are either unable or unwilling to use oestrogen-based therapies. Fezolinetant, a first-in-class neurokinin-3 (NK3) receptor antagonist, offers a novel non-hormonal therapeutic option by targeting the hypothalamic pathways responsible for thermoregulatory dysfunction.
Objective
To evaluate the real-world effectiveness, safety, and tolerability of fezolinetant in women with moderate-to-severe vasomotor symptoms attending a specialist menopause service.
Methods
This observational evaluation included a small cohort of menopausal women prescribed fezolinetant in routine clinical practice. Patients were reviewed at baseline, 3 months, and 6 months following initiation of treatment. Outcomes included patient-reported symptom improvement, quality of life, treatment tolerability, adverse events, and serial liver function tests (LFTs), performed in accordance with recommended monitoring guidance.
Results
Women reported a marked reduction in the frequency and severity of vasomotor symptoms, with corresponding improvements in sleep quality, daily functioning, and overall quality of life by 3 months. These benefits were sustained at the 6-month follow-up. Treatment was well tolerated, with no serious adverse events reported. Importantly, serial liver function tests remained within normal limits throughout the follow-up period, with no clinically significant hepatic abnormalities identified. No patients discontinued therapy because of adverse effects.
Conclusion
Our early real-world experience suggests that fezolinetant is an effective and well-tolerated non-hormonal treatment for menopausal vasomotor symptoms, with significant improvements in patient-reported quality of life and no clinically significant changes in liver function over six months of follow-up. Although limited by the small cohort size and observational design, these findings support the growing evidence for fezolinetant as an important therapeutic option for women who are unable or choose not to use hormone therapy. Larger prospective studies with longer follow-up are warranted to further establish its long-term safety and effectiveness.
Keywords: Menopause, Vasomotor Symptoms, Fezolinetant, Neurokinin-3 Receptor Antagonist, Non-Hormonal Therapy, Quality of Life, Liver Function Tests, Real-World Evidence.

23.Overview of Female Genital Tract Cancers: Challenges and Opportunities in Midlife Women

Name: Prof M AlFareed Zafar
President SOGO

Abstract:
Background
Female genital tract (FGT) cancers constitute a significant burden of morbidity and mortality among women

worldwide. In Pakistan, they remain a leading cause of cancer-related deaths, yet awareness and early detection rates are low. The major FGT cancers include cervical, endometrial, ovarian, vulvar, and vaginal cancers. With increasing life expectancy and changing lifestyle patterns, women in midlife and menopause are particularly vulnerable. This period offers a critical window for intervention through screening, vaccination, and risk assessment. Despite advances in prevention, late presentation is common due to lack of symptoms, stigma, and limited access to healthcare. As OBGYNs and menopause practitioners, we are uniquely positioned to address this gap during routine well-woman visits.

Objectives

1. To review the epidemiology, risk factors, and clinical presentation of the five major FGT cancers.
2. To highlight age-specific risks in women > 40 years and in the menopausal transition.
3. To discuss current strategies for prevention, screening, and early diagnosis in the Pakistani context.
4. To emphasize the role of menopause clinics in comprehensive cancer prevention and patient education.

Key Content Points

1. Cervical Cancer: Remains the second most common cancer in Pakistani women. Strongly linked to persistent HPV infection. Pakistan's recent EPI launch of single-dose HPV vaccine for 9-14 year girls is a milestone, but women >40 remain at risk due to new exposure or reactivation of latent HPV. Screening with Pap smear, VIA, and HPV DNA testing is still underutilized.

2. Endometrial Cancer: Most common in postmenopausal women. Risk factors include obesity, diabetes, hypertension, nulliparity, and unopposed estrogen. Presents as postmenopausal bleeding and requires high index of suspicion.

3. Ovarian Cancer: Called the "silent killer" due to vague symptoms like bloating and early satiety. Peaks in 50-70 years. BRCA and Lynch syndrome account for 10-15% of cases. No effective population screening exists.

4. Vulvar and Vaginal Cancers: Less common but increasing. Associated with HPV, lichen sclerosus, and immunosuppression. Often present with itching, ulcers, or bleeding.

5. Pakistan Context & Opportunities: Low screening rates, late-stage diagnosis, and limited awareness are major barriers. Menopause and midlife clinics provide an ideal platform for "one-stop" preventive care: counseling on HPV vaccination up to age 45, clinical examination, ultrasound, and referral for abnormal symptoms. Integrating cancer prevention into menopause care can shift the paradigm from treatment to prevention.

Conclusion

FGT cancers are largely preventable and treatable when detected early. The menopause years should not be seen as the end of preventive care, but as an opportunity to empower women with knowledge and services. As healthcare providers, we must adopt a lifespan approach: vaccinate, screen, educate, and refer.

Keywords
Female Genital Tract Cancers, Cervical Cancer, Ovarian Cancer, Endometrial Cancer, Menopause, Screening, HPV Vaccination, Women's Health, Pakistan

24.New Developments in Endometrial Cancer Care – The Role of Sentinel Lymph Node Mapping

Name: BRIGADIER DR. SAIRA SAEED
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Head of Department, Gynaecology & Obstetrics Combined Military Hospital, Rawalpindi

Abstract:

Background:

Endometrial cancer is now the most frequently diagnosed gynecologic cancer in developed countries, and rates are climbing due to obesity, metabolic conditions, and longer life expectancy. For years, the standard surgical approach for early-stage cases involved removing the uterus, ovaries, and tubes along with a full pelvic and often para-aortic lymph node dissection. While removing lymph nodes helps determine stage, large trials have not shown that it improves survival. At the same time, it brings notable downsides: lymphedema in 1 out of 4-5 patients, lymphocysts, potential nerve damage, and longer surgery. Because of this, the field has moved toward more focused staging methods. Sentinel lymph node mapping has become a major step forward, allowing us to stage disease accurately while cutting down on complications and maintaining patient safety.

Methods:

This summary is based on current data and guidelines discussed in the presentation on SLN mapping for endometrial cancer. The method relies on how the uterus drains lymph fluid. The tracer is typically injected into the cervix. Indocyanine green with near-infrared imaging is now the most commonly used tracer because it gives clear, real-time visualization. Blue dye and radioactive tracer are other options. According to the SLN protocol, all identified sentinel nodes are removed. If no sentinel node is found on one side of the pelvis, a side-specific lymph node dissection is done to avoid missing disease. Equally important is ultrastaging in pathology. Instead of standard slides, sentinel nodes are cut into multiple sections and tested with special stains to pick up very small deposits like micrometastases or isolated tumor cells that routine examination would miss.

Results:

Research shows SLN mapping is highly reliable for apparent stage I endometrial cancer. The FIRES trial and other studies found sensitivity over 97% and a negative predictive value above 99% for detecting lymph node spread. With ICG, bilateral mapping is achieved in 85-95% of cases. Because of ultrastaging, about 10-15% of patients are upstaged due to low-volume disease, which helps guide adjuvant therapy more precisely. By avoiding complete lymphadenectomy, lymphedema drops to less than 5% and surgery time is shorter. What started as an approach for low-risk endometrioid cancers is now being used in intermediate- and high-risk types like serous, clear cell, and carcinosarcoma, provided the full algorithm is followed. There is also growing interest in combining SLN results with molecular subtypes — POLE mutated, MMR deficient, NSMP, and p53 abnormal — to tailor surgery and treatment even further.

Conclusion:

Sentinel lymph node mapping is changing how we manage endometrial cancer. It gives accurate staging, helps decide who needs additional treatment, and greatly lowers surgical risks compared to full lymph node removal. With improvements in imaging, robotic surgery, and molecular testing, SLN mapping is moving toward becoming the standard for most patients with clinically early disease. More research is still needed to confirm long-term outcomes in high-risk groups and to standardize how ultrastaging is done.

25.Menopause 2026: From Symptom Control To Precision Healthy Ageing Through Evidence-Based Individualized Menopause Care

Name: Prof Dr Aisha Malik
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Chairperson & Head, Department of Obstetrics & Gynaecology
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Abstract:
Objective

To provide a contemporary evidence-based update on menopause management, highlighting recent advances in individualized menopause care, menopausal hormone therapy (MHT), non-hormonal therapies, and strategies that promote healthy ageing.

Content Summary

Menopause is increasingly recognized as a major determinant of long-term women's health, extending beyond vasomotor symptoms to include cardiovascular disease, osteoporosis, sarcopenia, cognitive health, metabolic dysfunction, sexual wellbeing, and genitourinary syndrome of menopause (GSM). Contemporary international recommendations advocate individualized assessment and shared decision-making to optimize clinical outcomes.

This State-of-the-Art lecture will review current evidence regarding appropriate patient selection for MHT, timing of initiation, route of administration, treatment duration, and individualized benefit-risk assessment. Recent evidence concerning cardiovascular safety, breast cancer, venous thromboembolism, bone health, and cognitive outcomes will be critically discussed. The presentation will also examine emerging non-hormonal therapeutic options, including neurokinin-3 receptor antagonists, selective serotonin reuptake inhibitors (SSRIs), serotonin–noradrenaline reuptake inhibitors (SNRIs), gabapentin, cognitive behavioural therapy (CBT), and evidence-based lifestyle interventions. Advances in the management of GSM, multidisciplinary menopause clinics, digital health, artificial intelligence, and precision medicine will also be explored, with particular emphasis on their application in low- and middle-income countries.

Conclusion:

Modern menopause care has evolved from symptom management to comprehensive healthy-ageing strategies. Individualized, evidence-based management integrating hormonal therapy, non-hormonal interventions, lifestyle modification, and multidisciplinary care can substantially improve long-term health outcomes and quality of life for midlife women while supporting informed, shared clinical decision-making.

Keywords: Menopause; Healthy Ageing; Menopausal Hormone Therapy; Genitourinary Syndrome of Menopause; Precision Medicine; Women's Health.

26.Outcomes Of Total Laparoscopic Hysterectomy In Gynecological Malignancies: A 6-Year Retrospective Study Of A Single Surgeon's Experience

Name: Prof Dr Shazia Fakhar
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Head of Obstetrics & Gynaecology Shifa International Hospital Ltd., Islamabad

Abstract:
Objectives:

To evaluate the outcomes of a single surgeon who offered total laparoscopic hysterectomy (TLH) as the index surgical procedure for diagnosed gynecological malignancies.

Methods:

A retrospective review of total laparoscopic hysterectomy and bilateral salpingo-oophorectomy with surgical staging was performed over a six-year period (2019-2024). Data was collected in an Excel database, focusing on the indication for surgery, complications, and conversion to open hysterectomy. Primary outcomes included postoperative histological diagnosis and conversion from laparoscopy to laparotomy. Secondary outcomes included post-surgery survival and disease recurrence.

Results:

A total of 667 laparoscopic hysterectomies were performed, of which 186 (27.8%) were for gynecological malignancies. The mean patient age was 63.8 years, with postmenopausal bleeding being the most common presenting symptom. Histopathology revealed uterine cancer in 147 (79.0%) patients, ovarian cancer in 31 (16.7%), and cervical cancer in 8 (4.3%). All procedures were completed laparoscopically, with no conversions to laparotomy or intraoperative complications. Mean operative time was 122 minutes and mean hospital stay was 2.2 days. No adjuvant therapy was required in 122 (65.6%) patients. Neoadjuvant chemotherapy was administered to 31 (16.7%) patients, adjuvant chemotherapy to 29 (15.6%), adjuvant radiotherapy to 9 (4.8%), and combined adjuvant chemoradiotherapy to 26 (14.0%). Seven deaths occurred during follow-up until December 2024, none attributable to surgical complications.

Conclusion:

Laparoscopic hysterectomy is a safe and minimally invasive procedure for the management of gynecological malignancies. It offers favorable outcomes with better patient satisfaction and a lower overall complication rate.

27.Hereditary Cancer Syndromes – Identifying Risk & Saving Lives

Name: Professor Brig ® Dr Tariq Sarfraz, Sitara-i-Imtiaz (Military)
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Abstract:

Background:

Approximately 5–10% of all malignancies arise from inherited pathogenic germline variants that confer a markedly increased lifetime risk of cancer. Early recognition of hereditary cancer syndromes (HCS) has transformed oncology by enabling risk prediction, targeted surveillance, preventive interventions, and precision therapeutics. Histopathologists play a pivotal role in identifying patients who may harbor hereditary cancer syndromes through recognition of characteristic morphological features, judicious use of immunohistochemistry, and appropriate molecular studies / genetic evaluation.

Objective:

To provide an evidence-based overview of the common hereditary cancer syndromes, highlight clinicopathological clues that should raise suspicion, and discuss contemporary approaches to diagnosis, molecular studies / genetic testing, surveillance, and preventive management.

Methods:

This presentation reviews current evidence and international recommendations, incorporating recent updates from the WHO Classification of Tumours, the National Comprehensive Cancer Network (NCCN), the European Society for Medical Oncology (ESMO), and other contemporary consensus guidelines. The focus is on high-impact hereditary syndromes encountered in routine clinical practice, including Hereditary Breast and Ovarian Cancer syndrome (BRCA1/BRCA2), Lynch syndrome, Li-Fraumeni

syndrome, Von Hippel–Lindau syndrome, and Familial Adenomatous Polyposis and selected hereditary endocrine and gastrointestinal cancer predisposition syndromes.

Results:

Recognition of specific clinical, pathological, and molecular features facilitates timely identification of individuals requiring genetic counselling and germline testing. Universal screening strategies, particularly mismatch repair (MMR) immunohistochemistry or microsatellite instability testing in colorectal and endometrial carcinomas, have substantially improved the detection of Lynch syndrome. Identification of pathogenic BRCA1/2 variants has expanded opportunities for personalized treatment with PARP inhibitors while guiding prophylactic risk-reducing surgery and cascade testing of family members. Advances in next-generation sequencing (NGS) have enabled multigene panel testing, increasing diagnostic yield while presenting new challenges in interpretation, including variants of uncertain significance. Multidisciplinary collaboration among pathologists, oncologists, surgeons, geneticists, and genetic counsellors remains essential for optimal patient care.

Conclusion:

Hereditary cancer syndromes represent one of the most preventable causes of cancerrelated morbidity and mortality. Early recognition of pathological red flags, combined with appropriate use of Molecular studies / genetic testing and evidence-based surveillance strategies, allows identification of at-risk individuals before cancer develops or at a curable stage. The integration of molecular pathology, precision oncology, and hereditary cancer risk assessment is redefining modern cancer care. Increased awareness among clinicians and pathologists can translate into earlier diagnosis, improved survival, and meaningful cancer prevention for patients and their families.

Keywords:

Hereditary cancer syndromes; Germline mutations; BRCA1; BRCA2; Lynch syndrome; Mismatch repair deficiency; Precision oncology; Molecular pathology; Genetic counselling; Cancer prevention.

28.Hormones and Cancer: Separating Fear from Facts

Name: Dr Shaheen Zafar

Sindh Institute of Reproductive Medicine (SIRM)

Abstract:

One needs to understand the benefits, risks and current guidelines of HRT

HRT is replacing the hormones which are lost during perimenopause and after menopause as esterogen only or combined with progesterone in the forms of pills , patches , gels or creams

The main benefits of replacing is relieving menopausal symptoms, preventing osteoporosis and cardiovascular events

It also has a very significant role in premature ovarian failure

The women without uterus need esterogen only and women with uterus must have it combined with progesterone to prevent endometrial carcinoma

The cancer types which are of concern are breast , endometrial, ovarian, and colorectal cancers

Hormone sensitive tissues respond to esterogen and progesterone and prolong exposure may promote tumour growth by binding to nuclear receptors ,stimulating unchecked cell growth and mutations which may very according to genetic factors

The maximum benefit of HRT is achieved when it is started before age 60 or within 10 yrs of menopause

In context of cancer the risk modifiers are family history, personal history of cancer or thrombosis, Body Mass Index and duration of therapy
Breast cancer risk increase 1.3 times of natural occurrence only after 5 yrs use of HRT while all other risk factors increase the risk 1.5 to 2 times
Endometrial cancer risk is declined with combined esterogen and progesterone
Evidence for ovarian cancer is mixed but absolute risk remains low
Some studies have shown protective effects for colorectal cancer with combined HRT
Cervical cancer has no association with HRT use
The decision making should be shared considering patients values and preferences
Short term use of HRT outweighs risks while long term needs careful evaluation
Venous thromboembolism risk increases marginally with combined therapy
The Research is emerging in bio identical hormones, tissue selective esterogen
More studies needed for long terms outcomes.

29.Quality of life Among Post-Menopausal Women: A multicenter Study

Name: Prof. Dr. Tayyaba Wasim
HOD OBGYN AIMC/ Jinnah Hospital Lahore

Abstract:

Objective

To assess the quality of life (QOL) among post-menopausal women using a standardized menopause-specific instrument and to determine the association of menopausal symptoms with selected demographic factors in a multicenter setting.

Methods

This cross-sectional study was conducted on 570 post-menopausal women attending outpatient departments of selected hospitals. Women aged 45–70 years with natural menopause were included. Data were collected using a structured questionnaire for sociodemographic variables and the Menopause-Specific Quality of Life Questionnaire (MENQOL) to assess vasomotor, psychosocial, physical, and sexual domains. Statistical analysis was performed using SPSS-25.

Results

The majority of participants (85.3%) were aged 45–70 years. The mean age at menopause was 49.9 $\pm$ 2.6 years. Normal BMI was observed in 30.6% women, while 66.7% were working and 52.9% were graduates or above. Only 1% had a history of hormone replacement therapy use. Vasomotor symptoms were less frequent, with 73.6% reporting no hot flushes, though sweating moderately affected QOL in 53.3%. Psychosocial symptoms affected QOL mildly to moderately in 42.9%, while physical symptoms were highly prevalent, including tiredness (71.4%), lack of energy (84.3%), and weight gain (87.5%). Vaginal dryness affected 86.3% of women. Age >60 years, BMI, education, and working status showed significant association with symptom severity ($p < 0.05$).

Conclusion

Post-menopausal women in Pakistan experience substantial impairment in quality of life, predominantly due to physical and sexual symptoms. Advancing age, higher BMI, and occupational factors significantly influence symptom severity. There is a critical need for structured menopause-focused clinical services and community awareness programs.

30.Current MHT guidelines and issues in Pakistan Context

Name: Prof. Dr. M. Tayyab
Dean & HOD OBGYN at Al-Aleem Medical College, Gulab Devi Hospital Lahore

31.Optimizing Cardiometabolic Health in Midlife

Name: Dr. Osama Ishtiaq
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Abstract:
This presentation is a comprehensive, evidence-based guide to protecting heart and metabolism through the decades that matter most, esp in the Ages 40 to 60. Evidence says that 1 in 3 midlife adults has metabolic syndrome, around 50% of first heart attacks occur before age 65 and 3-8% of muscle mass losts per decade after 40. Risk factors cluster include Blood pressure, LDL cholesterol, and fasting glucose often rise together in this window, compounding cardiovascular risk. The four drives of behind midline risk include Visceral Fat Accumulation, Insulin Resistance, Sarcopenia (muscle loss), and hormonal shifts (menopause). The payoff is disproportionate. Cardiometabolic health describes how well your blood pressure, blood sugar, cholesterol, and body composition work together. When several of these drift out of range at once, cardiovascular disease and type 2 diabetes risk rise sharply — far more than any single factor alone. Improving Nutrition, regular exercise, improving sleep, reducing stress, reduction of smoking and weight reduction, all help in the improve cardiovascular health and well being.

32.Menopause: Workplace & Social Challenges in Midlife

Name: Prof. Muhammad Arshad Chohan
CEO/Dean CRAFT institute of Reproductive Health

Abstract:
Menopause is a normal biological transition, yet for many women it occurs during one of the most demanding and productive phases of life. At midlife, women may simultaneously carry professional responsibilities, family commitments, childcare, care of ageing parents and household expectations. Menopausal symptoms—including hot flushes, sleep disturbance, fatigue, mood changes, cognitive difficulties, musculoskeletal and genitourinary symptoms—can therefore have consequences extending well beyond physical health.
This presentation explores the often-overlooked workplace and social dimensions of menopause. Although menopause itself does not inevitably impair work ability, symptom severity, workplace conditions, occupational stress and lack of support can influence concentration, confidence, productivity, attendance and career decisions. Inflexible working arrangements, uncomfortable environments, inadequate privacy and access to facilities, shift work and fear of stigma may further amplify the burden.
The social challenge is compounded by the silence surrounding menopause. Women may hesitate to discuss their symptoms because of embarrassment, cultural expectations or fear of being perceived as less capable. In the Pakistani context, these challenges may be particularly relevant where midlife women are expected to simultaneously fulfil multiple professional, familial and social roles.
A menopause-friendly environment does not necessarily require major resources. Awareness, open communication, supportive leadership, reasonable workplace adjustments, access to healthcare and a culture free from stigma can make a meaningful difference. As gynaecologists, our responsibility extends beyond diagnosis and treatment to recognising the occupational, psychological, social and relational impact of menopause.
The central message is simple: menopause should not mark the end of a woman's productive years. By

breaking the silence, supporting midlife women and adapting workplaces to their needs, we can retain experience, protect dignity and enable women to continue to thrive.

33.Menopause Clinic for Women With Low Socioeconomic Status

Name: Prof Dr Nighat Shah
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Abstract:

Menopause is a natural biological transition that significantly affects the physical, psychological, and social well-being of women. In Pakistan, women from low socioeconomic backgrounds face considerable barriers to accessing menopause-related healthcare due to limited awareness, inadequate counseling, and the scarcity of affordable specialized services. To address this gap, the Subah Nau Menopause Clinic was established at Jinnah Postgraduate Medical Centre (JPMC) as the country's first public-sector menopause clinic providing comprehensive, free-of-cost care for underserved women.

This cross-sectional observational study aims to evaluate menopausal symptoms among women with surgical, medical, premature ovarian insufficiency (POI), and natural menopause, while assessing improvements in their quality of life following dedicated clinical care. The study also emphasizes the importance of increasing awareness regarding menopause and advocates for the establishment of specialized menopause clinics for women from disadvantaged communities.

The findings highlight a high prevalence of menopausal symptoms among women of low socioeconomic status, with limited healthcare access and poor awareness contributing to unmet health needs. The dedicated menopause clinic provides holistic services, including menopause education, counseling, hormone therapy, management of sexual and genitourinary concerns, psychosocial support, osteoporosis and cardiovascular disease prevention, and breast and gynecological cancer screening. These services are expected to improve health outcomes and enhance quality of life for women in the transformation phase of aging.

Conclusion:

The study concludes that integrating menopause services into existing public healthcare systems is essential for reducing healthcare disparities, promoting healthy aging, and ensuring equitable access to specialized menopause care for women in low-resource settings.

34.Menopause, Postmenopausal Obesity & PCOS: A Metabolic Triple Threat

Name: Prof Dr Shabnam S Asim
Professor at MMU-MUST, Karachi

Abstract:

Background:

Postmenopausal obesity, menopause, and Polycystic Ovary Syndrome (PCOS) represent a convergence of metabolic risk across the female lifespan. Each condition independently promotes insulin resistance, chronic low-grade inflammation, and altered sex steroid metabolism. However, when combined, they create a synergistic “metabolic triple threat” that significantly increases the burden of cardiovascular disease, type 2 diabetes, hormone-related malignancies, and adverse surgical outcomes. PCOS, affecting 8-13% of reproductive-age women, establishes early metabolic dysfunction that often persists and evolves after menopause. Menopause removes the protective effects of 17β-estradiol, leading to accelerated visceral fat accumulation and reduced energy expenditure. Obesity amplifies both processes through adipose-derived inflammation and aromatase activity. Despite this overlap, clinical care often remains siloed and reactive. Recent 2024-2025 data provide new insights into shared mechanisms and targeted therapies.

Objective:

To review the shared pathophysiology of menopause, postmenopausal obesity, and PCOS, and to synthesize current 2024-2025 evidence on screening, lifestyle, pharmacologic, and hormonal management strategies for clinicians managing midlife women.

Methods:

A narrative review was conducted of peer-reviewed literature from 2024-2025, including cohort studies, randomized controlled trials, and proteomic analyses. Key sources included updates on dietary patterns, GLP-1/GIP receptor agonists, hormone therapy timing, and inflammatory biomarkers in postmenopausal and PCOS populations. Clinical guidelines and surgical outcome data were also incorporated.

Results:

Shared mechanisms center on estrogen dysregulation. Menopause causes abrupt estrogen decline leading to central adiposity and metabolic slowdown, while PCOS involves relative estrogen excess with dysfunctional signaling and hyperandrogenism. Both states activate NF-κB pathways in adipose tissue, increasing TNF-α, IL-6, and CRP. Proteomic studies in 2025 confirmed consistent elevation of inflammatory markers in obese postmenopausal women. Clinically, the combination doubles to triples risk for major adverse cardiovascular events and T2DM. Metabolically healthy obesity does not confer protection after menopause.

Management updates highlight a tiered approach. First-line therapy remains lifestyle: plant-predominant, low-insulinemic diets and combined aerobic plus resistance training preserve lean mass and improve insulin sensitivity. Second-line pharmacotherapy is now dominated by GLP-1/GIP agonists such as tirzepatide and semaglutide, which achieve >15-20% weight loss. Retrospective 2025 data suggest synergistic effects when combined with hormone therapy in symptomatic women, with 45% achieving ≥20% weight loss versus 18% with GLP-1 alone. Hormone therapy is not indicated for weight loss but, when started within 10 years of menopause, reduces abdominal fat and improves insulin sensitivity. For BMI ≥35, bariatric surgery remains most effective, with attention to timing around the menopause transition. Emerging therapies including metformin and anti-inflammatory agents are under investigation.

Conclusion:

PCOS represents an early-life metabolic setup that menopause unmasks and obesity amplifies. A proactive, lifespan approach is required. By targeting insulin resistance and inflammation through early lifestyle intervention, timely use of GLP-1/GIP therapy, and selective hormone therapy, clinicians can mitigate long-term cardiometabolic risk.

In Pakistan with rising trends of obesity in all ages, awareness and management of PCOS/PMOS aggressively at age 25 is effective prevention for complications at age 55.

Keywords: Menopause; Postmenopausal Obesity; PCOS; Insulin Resistance; GLP-1; Hormone Therapy; Inflammation; Metabolic Syndrome

35.Thriving Through Menopause: A Critical Window for Chronic Disease Prevention A Clinical and Public Health Perspective

Name: Prof Dr Samina Naeem
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MNCH Department, Health Services Academy

Abstract:

Background: Pakistan is experiencing a demographic transition, with increasing life expectancy resulting in a growing population of women spending nearly one-third of their lives in the postmenopausal period. Menopause is associated with declining estrogen levels that increase the risk of cardiovascular disease, osteoporosis, obesity, type 2 diabetes, mental health disorders, and selected cancers. Despite its significant health implications, menopause remains under-recognized in Pakistan, where women's health programs

predominantly focus on maternal and reproductive health, with limited attention to the health needs of peri- and postmenopausal women.

Objective: This review aimed to examine the burden of menopause-related health problems in Pakistan, synthesize current evidence on the risk of chronic disease during the menopausal transition, and identify opportunities to integrate menopause care into public health policies, primary healthcare, and healthy ageing initiatives.

Methods: A narrative review of peer-reviewed literature, national reports, and international guidelines was undertaken. Evidence from published studies, the World Health Organization, the International Menopause Society, and national policy documents was synthesized to examine the epidemiology of menopause, cardiometabolic health, bone health, cancer prevention, mental health, lifestyle interventions, menopausal hormone therapy (MHT), and health system responses relevant to Pakistan.

Results: Evidence demonstrates that the menopausal transition represents a critical opportunity for early identification and prevention of chronic diseases. Estrogen deficiency contributes to adverse metabolic changes, increased cardiovascular risk, reduced bone mineral density, vasomotor symptoms, sleep disturbances, anxiety, depression, and impaired quality of life. In Pakistan, limited awareness, sociocultural misconceptions, inadequate provider training, fragmented menopause services, and scarce local research contribute to delayed diagnosis and poor utilization of preventive care. Integrating menopause assessment into primary healthcare, strengthening preventive screening for cardiovascular disease, osteoporosis and cancers, promoting healthy lifestyles, and ensuring appropriate use of menopausal hormone therapy for eligible women could substantially improve long-term health outcomes. Investment in locally generated evidence, digital health innovations, and multidisciplinary models of care is essential for informing policy and strengthening menopause services within the broader agenda of women's health, healthy ageing, non-communicable disease prevention, and Universal

Conclusion:

Menopause should be recognized as a public health priority in Pakistan. Integrating evidence-based menopause care into primary healthcare and NCD programmes, supported by local research, preventive screening, provider training, and digital health innovations, can improve healthy ageing, reduce chronic disease burden, and enhance the quality of life of Pakistani women.

36.Dementia: Updates

Name: Prof Alia bashir
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Abstract:

Dementia is a progressive clinical syndrome characterized by decline in memory, thinking, behaviour and functional independence. It affects approximately 57 million people worldwide, with nearly 10 million new cases annually; more than 60% of affected individuals live in low- and middle-income countries. Recent advances are reshaping prevention, diagnosis and treatment. The 2024 Lancet Commission identified 14 modifiable risk factors and estimated that addressing them across the life course could prevent or delay about 45% of dementia cases. Important targets include limited education, hypertension, diabetes, smoking, obesity, physical inactivity, depression, social isolation, hearing loss, untreated visual loss, high low-density lipoprotein cholesterol, excessive alcohol use, traumatic brain injury and air pollution.

Diagnosis is moving from a symptom-based approach toward earlier, biology-supported detection. Updated

Alzheimer's disease criteria incorporate validated biomarkers from cerebrospinal fluid, positron-emission tomography and increasingly accurate blood tests, including plasma phosphorylated tau. These developments may improve diagnostic confidence, identify disease before advanced functional decline and support appropriate selection for disease-modifying therapy.

Therapeutic progress includes anti-amyloid monoclonal antibodies, particularly lecanemab and donanemab, for selected patients with mild cognitive impairment or mild dementia due to Alzheimer's disease. These agents modestly slow clinical decline but do not cure dementia. Careful patient selection, confirmation of amyloid pathology, counselling and magnetic resonance imaging surveillance are essential because of amyloid-related imaging abnormalities, including cerebral oedema and haemorrhage.

Despite biomedical progress, person-centred care remains fundamental. Early recognition, control of vascular risks, physical activity, cognitive and social engagement, caregiver education, management of behavioural symptoms and advance care planning should be integrated into equitable, multidisciplinary dementia services.

37.Menopause Clinic or Well Woman Clinic - Choosing the Right Model of Care

Name:Prof Dr Rubina Sohail rubina95@gmail.com
VP Punjab PMS, Founder Chair of Mahfooz Maa Initiative, Past President SAFOG

Abstract:

The increasing longevity of women has transformed menopause from a relatively brief transition into a gateway to several decades of post-reproductive life. Yet healthcare delivery for midlife women remains fragmented, with symptoms, cardiometabolic risk, bone health, sexual health, mental wellbeing, cancer prevention, and healthy ageing frequently addressed in isolation. This raises an important question: should healthcare systems establish dedicated menopause clinics, or should they adopt a broader well-woman model of care?

A dedicated menopause clinic offers focused expertise in the assessment and management of vasomotor symptoms, genitourinary syndrome of menopause, premature ovarian insufficiency, osteoporosis risk, sexual dysfunction, and individualized use of menopausal hormone therapy and non-hormonal treatments. Such services are particularly valuable for women with complex symptoms, medical comorbidities, contraindications to hormone therapy, or treatment-resistant problems.

However, menopause represents more than symptom management. The menopausal transition is a critical window during which cardiovascular disease, metabolic dysfunction, obesity, diabetes, osteoporosis, and certain cancers become increasingly relevant. A well-woman clinic therefore provides an opportunity to move beyond a disease- and symptom-focused approach toward integrated prevention, risk assessment, screening, lifestyle intervention, reproductive and sexual health, mental wellbeing, and healthy ageing.

Rather than viewing these models as competing alternatives, the optimal approach may be an integrated, tiered model of care: a well-woman service providing comprehensive preventive healthcare across midlife, supported by specialist menopause expertise for women requiring complex management. Such a model should be multidisciplinary, evidence-based, person-centred, accessible, and adaptable to local healthcare resources.

For obstetricians and gynaecologists, this represents an important evolution in professional responsibility. Our role should not end with reproduction. The repeated contact we have with women across their life course provides a unique opportunity to transition from treating gynaecological disease to preventing chronic disease and promoting healthy longevity.

The question, therefore, is not simply "Menopause Clinic or Well-Woman Clinic?" It is: "How can we redesign women's healthcare so that menopause becomes an opportunity for prevention rather than the beginning of chronic disease?"

38.Menopause and Beyond: Are We Missing the Window?

Name: Dr Mawra Mughal
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Assistant Professor, Allama Iqbal Medical College, Jinnah Hospital Lahore

Abstract:
Menopause marks a major biological transition rather than simply the cessation of menstruation. The menopausal transition is accompanied by profound changes in estrogen-dependent systems, with consequences extending beyond vasomotor symptoms to cardiovascular, skeletal, metabolic, genitourinary and potentially cognitive health. Yet clinical practice frequently remains symptomfocused, with insufficient attention to the opportunity for early risk assessment and prevention. The concept of a "window of opportunity" challenges the traditional view of menopausal hormone therapy (MHT) as merely a treatment for hot flushes. Current evidence suggests that, in appropriately selected healthy women younger than 60 years or within 10 years of menopause onset, the benefit–risk profile of MHT is generally favorable for menopausal symptoms and prevention of bone loss. Importantly, the timing, route, dose and formulation of therapy influence its risk profile. However, "menopause and beyond" should extend well beyond the decision to prescribe hormones. Midlife provides an opportunity to identify cardiovascular risk factors, protect bone health, address genitourinary and sexual health, optimize lifestyle, and recognize psychological and cognitive concerns. At the same time, evidence does not support using MHT solely for primary prevention of cardiovascular disease or dementia. This presentation explores whether clinicians are missing this critical window—and proposes a proactive, individualized and life-course approach to menopause care, shifting the focus from treating symptoms alone to preserving long-term health and quality of life.

39.Menopause Redefined: Empowering Tomorrow's Women, Training Today's Doctors

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40.Female sexual dysfuction at and after mid life / perimenopause

Name: Dr Rohina Gul
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ASPIRE Country representative, Member of ASPIRE Education committee

Abstract:
Background: Female sexual dysfunction (FSD), particularly hypoactive sexual desire disorder (HSDD), is a common yet under recognized condition among midlife women. Ageing, menopause, hormonal changes, chronic diseases, psychological factors, relationship dynamics, and sociocultural influences collectively contribute to diminished sexual desire, arousal, and satisfaction. These changes can significantly impair quality of life, emotional well-being, and intimate relationships if left unrecognized and untreated.
Objective: To review the physiological, psychological, and social determinants of female sexual dysfunction in midlife and summarize current evidence-based approaches for its assessment and management.
Methods: This study provides a narrative overview of female sexual dysfunction with a focus on HSDD and menopause-related sexual changes. The diagnostic features of HSDD, hormonal alterations associated with menopause, vulvovaginal changes, partner-related and psychosocial factors, and available therapeutic options, including hormonal, non-hormonal, psychotherapeutic, and supportive interventions.
Results: Female sexual function gradually declines with increasing age and duration of relationships, with

reductions in sexual desire, arousal, orgasmic function, and overall sexual satisfaction, alongside increased dyspareunia. Menopause contributes substantially through estrogen deficiency, resulting in vaginal dryness, vulvovaginal atrophy, reduced genital blood flow, urinary symptoms, and painful intercourse. However, hormonal changes alone do not explain sexual dysfunction. Depression, chronic illnesses such as diabetes and hypertension, body image concerns, cultural beliefs, inadequate sexual education, relationship conflicts, lack of intimacy, and male partner sexual dysfunction also play critical roles. Diagnosis of HSDD requires persistent reduction in sexual interest accompanied by significant personal distress. Management should therefore adopt a biopsychosocial approach. Hormonal therapies, including estrogen, tibolone, testosterone, and vaginal dehydroepiandrosterone (DHEA), may improve symptoms in selected patients. Non-hormonal pharmacological options such as Filbanserin and bremelanotide offer
additional treatment for appropriate candidates. Psychotherapy, cognitive behavioral therapy, sex therapy, mindfulness, and couple counseling remain fundamental components of comprehensive care. Supportive measures including vaginal lubricants, dilators, pelvic physiotherapy, and selected energy-based therapies may further improve vulvovaginal symptoms. Aesthetics has taken over most of modern treatments including laser, PRP, HIFU and fillers for vagina

Conclusion: Female sexual dysfunction in midlife is multifactorial and requires individualized, patient-centered management rather than a solely hormone-based approach. Early recognition, sensitive communication, education, and multidisciplinary treatment addressing biological, psychological, relational, and sociocultural factors can substantially improve sexual health, emotional well-being, and overall quality of life in menopausal and perimenopausal women.

Acknowledgement:
LIFE (Lahore institute of Fertility and Endocrinology) , Hameed Latif hospital Lahore.

41.Regenerative Medicine In Women Health

Name: Prof. Dr Shaila Anwar
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Hameed Latif Teaching Hospital & Rashid Latif Khan University Medical College

Abstract:

Background:

Regenerative medicine is an evolving field that aims to restore, replace or regenerate damaged tissue or organs by using non invasive treatment modalities. In obstetrics and gynaecology, regenerative therapies offer innovative solutions for the conditions that have traditionally relied on symptomatic management or invasive surgical intervention. Female reproductive tract undergoes dynamic changes across the life span caused by pregnancy, childbirth, gynaecological pathologies and iatrogenic factors. Pelvic floor disorder, a major health issue, negatively effect the quality of life of a woman. Aesthetic and regenerative gynaecology treats pelvic floor dysfunctions and related disorders like stress incontinence, dyspareunia, vaginal dryness, atrophic vaginitis and sexual dysfunction.

Objective:

To review the current application, therapeutic potentials and future prospects of regenerative medicine in women's health.

Methods:

Regenerative approaches in gynaecology primarily focus on pelvic floor dysfunction and related disorders by using minimally invasive energy-based devices like CO2 lasers, Er YAG laser, radiofrequency and HIFU. Lipofilling, chemical peels, labial fillers and platelet rich plasma (PRP) therapy are also being used.

Results :

In urogynecology, regenerative approaches including PRP, stem cells and laser assisted tissue remodeling have

shown benefits in stress urinary incontinence, vaginal atrophy and pelvic floor dysfunction. These therapies have better patient compliance, shorter duration of treatment and quick recovery time.

Conclusion:

In urogynecology, regenerative approaches including PRP, stem cells and laser assisted tissue remodeling have shown benefits in stress urinary incontinence, vaginal atrophy and pelvic floor dysfunction. These therapies have better patient compliance, shorter duration of treatment and quick recovery time.

42.GSM! Beyond Vaginal Dryness

Name: Prof. Dr. Nazli Hameed
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Head of Obstetrics & Gynaecology Shalamar Hospital, Lahore

Abstract: Genitourinary Syndrome of Menopause: Recognizing and Managing Urinary Symptoms in Clinical Practice.

Genitourinary Syndrome of Menopause (GSM) is a common yet underdiagnosed consequence of estrogen deficiency that frequently affects the lower urinary tract. Urinary urgency, frequency, dysuria, recurrent urinary tract infections, and incontinence are often overlooked or misattributed, leading to delayed diagnosis and suboptimal care.

This presentation will review the pathophysiology, clinical evaluation, and evidence-based management of urinary symptoms associated with GSM. Practical strategies for diagnosis, patient counseling, and the use of hormonal and non-hormonal therapies will be discussed, enabling clinicians to deliver timely, individualized care and improve quality of life for menopausal women.

43.Knowledge, attitudes and practices toward perimenopausal and postmenopausal symptoms among Pakistani women

Name: Prof Dr Nabia Tariq
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Chair Scientific Committee PMS conference 2026
Consultant OBGYN Maroof International Hospital, Islamabad

Abstract

Background: Pakistani women now spend a substantial part of adult life after the final menstrual period, yet little is known about what they understand of this transition.

Aim: To measure knowledge, awareness, attitudes and practices relating to perimenopausal and postmenopausal symptoms among women aged 40 years and above in Pakistan, and to identify factors associated with knowledge.

Methods: After IRB approval a cross-sectional online survey conducted between 10 May and 8 July 2026. A bilingual (English and Urdu) self-administered questionnaire measured awareness, a 34-item knowledge scale covering basic facts, 20 symptoms and 10 complications, a separate 3-item misconception index, attitudes and health-seeking practices. Associations were tested by analysis of variance with Kruskal–Wallis confirmation and Benjamini–Hochberg correction, then by multivariable linear regression with heteroscedasticity-consistent standard errors.

Results: Of 454 respondents, 419 (92.3%) had heard of menopause and 367 (80.8%) of perimenopause. Mean knowledge was 24.24 (SD 8.07) of 34. Symptom recognition reached 75.1% of maximum but complication recognition only 59.4%; stroke was identified by 174 women (38.3%). Only 28 respondents (6.2%) rejected

all three misconceptions. Among 91 perimenopausal women, 44 (48.4%) believed contraception unnecessary while 27 (29.7%) used any method. Perimenopause awareness, belief that lifestyle change helps, symptom experience and education independently predicted knowledge ($R^2=0.265$).
Conclusion: Awareness is widespread but shallow. Misconceptions, need targeted correction rather than general health messaging.
Keywords: perimenopause; menopause; knowledge; attitudes; Pakistan

44.Can We Reverse Ovarian Aging?

Name: Prof Dr Saqib Siddiq
CEO Mid City Hospital, Lahore

Abstract:

Low ovarian reserve is natural after the age of 35.causes may be genetics, past ovarian surgery, cancer treatment and smoking. Sometime no exact cause is found. Aging: Egg supply & quality drops faster as women get older with a sharp decline after age 37.
There are two important question's the patient usually ask, can I still have a baby with low ovarian reserve & can ovarian again be reversed?
In this presentation management of low ovarian reserve is discussed. Following management options with evidence will be discussed one by one
Life style modification

45.Empowering Midlife Women Through Lifestyle Modification

Name: Prof Dr Nusrat Shah
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Vice Chancellor, SMBBMU, Larkana

Abstract:

Midlife presents a unique intersection of psychological, physiological, and social transitions for women. Often labeled as a "midlife crisis," this period commonly coincides with the menopausal transition, compounding stress through symptoms like insomnia, mood fluctuations, and metabolic shifts, alongside the demands of the "sandwich generation." While medical and hormonal interventions are vital tools, targeted lifestyle modification forms the essential foundation for long-term health, emotional resilience, and vitality.
This session addresses actionable, evidence-based lifestyle strategies tailored for clinicians managing midlife women in Pakistan. We will explore how structured physical activity—combining resistance training to preserve bone density and lean muscle with low-impact cardiovascular exercise—can significantly mitigate cortisol spikes and hot flashes. Nutritional strategies will focus on anti-inflammatory diets, optimizing protein intake, and managing insulin resistance, which frequently accelerates during perimenopause and menopause. Furthermore, the talk will emphasize sleep hygiene protocols and mind-body techniques, such as mindfulness and structured breathing exercises, to restore parasympathetic balance.
Crucially, the presentation will address cultural contextual factors specific to our population, where family caregiving duties often lead to self-neglect among women. Clinicians will gain practical counseling frameworks to guide patients toward sustainable habit formation, boundary setting, and self-care without guilt. By equipping healthcare providers with these tools, this presentation aims to shift the narrative around midlife from one of crisis to an opportunity for proactive health transformation and improved quality of life.

46.POI Where Do We Stand Today

Name: Prof Nick Panay
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Past President IMS

47.IVF in Poor Responders

Name: Dr Yousaf Latif Khan
Hameed Latif Hospital, Lahore

48.Hysteroscopy in the Evaluation of Postmenopausal Bleeding: A Clinicopathological Correlation Study at a tertiary care Hospital

Name: Prof Dr Fareeha Farooq
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Cochairperson & HOD Akhtar Saeed Medical & Dental College Lahore

Abstract:

Background: Postmenopausal bleeding remains a significant clinical concern, necessitating precise diagnostic interventions to rule out malignancy and identify common aetiologies such as endometrial atrophy, polyps, or hyperplasia . This study aims to assess the diagnostic efficacy of hysteroscopy by correlating visual findings with reference histopathological examinations . A retrospective analysis was performed on women presenting with abnormal uterine bleeding, wherein diagnostic hysteroscopy served as the primary investigative technique. Given the imperative to optimize diagnostic precision in this demographic, hysteroscopy is critical for its superior ability to provide direct, magnified visualization of the uterine cavity, which mitigates the inherent limitations of traditional, blind sampling methods and allows for the accurate localization of suspicious areas. By facilitating targeted biopsy of these detected abnormalities, this approach significantly enhances diagnostic accuracy and overall diagnostic yield, thereby ensuring a definitive clinicopathological diagnosis that is essential for optimizing subsequent therapeutic decision-making . The procedure demonstrates high sensitivity and specificity in detecting intrauterine pathologies, offering a substantial diagnostic advantage over conventional dilatation and curettage .Furthermore, this technique provides essential diagnostic clarity, aligning with established guidelines from the American College of Obstetricians and Gynecologists and the Royal College of Obstetricians and Gynaecologists, which highlight the imperative of hysteroscopic evaluation to reliably exclude focal intrauterine pathology in the management of postmenopausal bleeding . Despite these clinical advantages, identifying malignant transformation requires rigorous histopathological confirmation, as findings such as endometrial polyps or hyperplasia often necessitate differentiation from potential carcinomas . This approach reduces the frequency of repeated hospital visits and minimizes the need for formal anesthesia, as minor lesions such as endometrial polyps can be managed concurrently with the diagnostic procedure.

Methods

This study, conducted at Farooq Hospital Lahore, analyzed 50 patients presenting with postmenopausal bleeding who underwent operative hysteroscopy and subsequent endometrial biopsy to evaluate the diagnostic correlation between visual assessment and histopathological outcomes.This retrospective study utilized well-collected, historical clinical data and structured records of prior hysteroscopic inspections to evaluate the diagnostic accuracy of the procedure in identifying common intrauterine abnormalities. The clinical records were systematically audited to compare visual diagnostic impressions with definitive reports obtained from laboratory histological analysis

Objective:

Parameter	Result
Total patients	50
Mean age	54 years
Age range	50–68 years
PMB as presenting complaint	48 (96%)
Benign lesions	37 (74%)
Premalignant lesions	9 (18%)
Malignant lesions	4 (8%)
Premalignant + malignant lesions	13 (26%)

To evaluate the diagnostic accuracy of hysteroscopy in detecting intrauterine pathologies and to correlate these findings with histopathological outcomes to determine the procedure's

sensitivity and specificity in identifying endometrial abnormalities within this high-risk demographic patient population.

Results:

A total of 50 women with postmenopausal bleeding were included. The mean age was 54.3 ± 4.6 years. Histopathological examination revealed 37 (74%) benign, 9 (18%) premalignant, and 4 (8%) malignant lesions. The most common hysteroscopic finding was thickened endometrium (50%). A statistically significant correlation was observed between hysteroscopic findings and histopathological diagnosis ($\chi^2 = 37.55$, $p < 0.001$).

Table 1. Study Results

Conclusion

Hysteroscopy is safe minimal invasive, and valuable diagnostic tool for evaluating women with postmenopausal bleeding. It enables accurate assessment of the uterine cavity, facilitates targeted biopsy, and demonstrates good clinicopathological correlation with histopathological findings. Routine hysteroscopy with histopathological confirmation should be considered an integral component of the evaluation of postmenopausal bleeding

Keywords: Postmenopausal bleeding, Hysteroscopy, Histopathology, Endometrial hyperplasia, Endometrial carcinoma.

49.Perimenopausal Health in LMICs: Towards structured Health Services

Name: Maj Gen ® Prof Dr Shehla Baqai
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OBGYN Department Bahria University

Abstract:

Perimenopause represents a pivotal biologic and psychosocial transition yet paradoxically , it remains one of the most neglected phases in women's health, particularly in the LMICs. At a time when women globally are living longer, the growing burden of non-communicable diseases, the failure to address perimenopausal health systematically represents a major missed opportunity in preventive medicine, chronic disease mitigation and healthy ageing. The talk will explore structural gaps, health system challenges, policy blind spots surrounding perimenopausal care. It proposes a practical doable framework for structured perimenopausal healthcare services.

Conclusion:

The talk outlines actionable strategies for clinicians, academic institutions, professional societies and policy makers to establish equitable evidence based women healthcare services that promote healthy ageing and improve quality of life for millions of women across LMICs.

50.Endometrial cancer- Evolving paradigms

Name: Prof Dr Humera Mahmood
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Clinical and radiation oncology, Atomic energy cancer hospital NORI Islamabad

Abstract:
Endometrial cancer is significant because of its relatively high incidence and mortality in the world and its staging and treatment are continuously evolving.
The staging system of endometrial cancer changed remarkably in 2023. It's no longer dependent on anatomical extent of the disease alone but now it's based on molecular and biological profile of the disease as well.
This has led to upstaging or downstaging of the disease with consequent modification in management plan. In 2009 the staging was simple but now it takes into account aggressive vs non-aggressive histopathology, focal vs extensive lymphovacsular space invasion, ovarian deposits with or without high-risk features, gene mutations including POLE, MMR/MSI, P 53, ER, PR and Her 2 neu status.
Above factors not only determine prognosis but management plan is driven by all the above features. Whereas Grade 1,2 endometrial histopathology, POLE mutation, focal or no LVSI are associated with better prognosis, downstage the disease and treatment needs to be deescalated., grade 3 endometrial cancer, aggressive histopathologies, extensive LVSI and P53 mutation are associated with worse prognosis, upstage the disease and treatment needs to be escalated. dMMR/MSI high represents intermediate prognosis.
Just like staging, treatment modalities have also undergone tremendous advancement including laparoscopic surgery, chemotherapy, immunotherapy, antiHer 2 treatment, and advanced Radiotherapy techniques including IMRT/ VMAT, SRS/SBRT, SFRT and MR based brachytherapy.
At Atomic Energy Cancer Hospital NORI Islamabad, the new staging system has been implemented along with adoption of advanced radiation and systemic treatment. All the complicated cases are discussed in site specific multidisciplinary tumor boards.
Hence there has been Paradigm shift in endometrial cancer management, combining anatomical, histopathologic, and molecular features to improve prognostic accuracy and guide individualized therapy.
Conclusion:
While promising, its implementation is limited by molecular testing availability and interobserver variability, and ongoing validation in diverse populations is needed. The role of histopathologist is very important. All the patients should be discussed in MDTs.

51.Bleeding Beyond the Expected: Navigating AUB in Perimenopause and Postmenopause – Evidence, Controversies, and Clinical Wisdom

Name: Dr Nadeem F Zuberi
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Abstract: Background:Abnormal uterine bleeding (AUB) affects up to 70% of perimenopausal and 10% of postmenopausal women, representing a dominant clinical challenge in menopause practice. Despite established guidelines, significant controversies persist regarding endometrial thickness thresholds, the necessity of biopsy in asymptomatic women, and the optimal investigation of menopausal hormone therapy (MHT)related bleeding.

Objective: To synthesize current best evidence on AUB management, critically appraise controversial diagnostic paradigms, and propose a risk-stratified, patient-centered algorithm for the practicing gynecologist.

Methods: This presentation critically reviews contemporary literature, including the FIGO PALM-COEIN classification, advances in 3D power Doppler ultrasonography, and comparative data on blind versus hysteroscopically-directed endometrial sampling. Emerging evidence on the performance of endometrial thickness cut-offs and the rising burden of HRT-related referrals is examined.

Results: Transvaginal ultrasound remains the first-line imaging modality, yet the traditional 4–5 mm threshold for postmenopausal bleeding requires reconsideration for interpretation; 3D vascular indices may enhance predictive accuracy in thin endometria. Hysteroscopy with directed biopsy has superseded blind sampling as the diagnostic gold standard, particularly for focal pathology. The levonorgestrel-releasing intrauterine system demonstrates 71–95% bleeding reduction and significantly curtails hysterectomy rates. While MHT-related unscheduled bleeding is common, reflexive urgent cancer pathway referral disproportionately escalates healthcare utilization without improving cancer detection in low-risk populations.

Conclusions: Optimal AUB management demands diagnostic precision, acknowledgment of threshold limitations, and nuanced interpretation of bleeding in MHT users. A risk-adapted, shared decision-making approach—grounded in robust evidence and clinical acumen—remains the cornerstone of contemporary gynecological practice in menopause.

Keywords: Abnormal Uterine Bleeding, Perimenopause, Postmenopause, Endometrial Thickness, MHT, Hysteroscopy

52.Ethics & Law regarding ART in Pakistan for older, perimenopausal women

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Abstract:

Objectives: to explore the legal situation regarding ART in Pakistan and ethical issues related to it
Results: While IVF using the husband's sperm & wife's eggs is permissible in Pakistan, donor insemination and surrogacy is not permitted. However edd donation is permissible in Iran & other Muslim countries. Ethical issues related will be discussed
Conclusions : Gynaecologists in IVF and Ulema/ religious scholars,other stakeholders and the Legal fraternity need to have workshops and conferences on this topic. To keep abreast of this ever developing field, involving ijtehad, and developing guidelines in Muslim countries

53.Evolution of Menopausal Hormone Therapy: Body-Identical vs Bioidentical MHT

Name: prof Shamsa Humayun
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Abstract:

The rapid evolution of menopausal hormone therapy over the last two has created a lot of confusion among clinicians and patients regarding the concepts of body-identical and bioidentical hormones. This presentation explores the scientific basis, regulatory considerations, and clinical implications of these terms in contemporary menopause care. Body-identical hormones are FDA-approved formulations of estradiol and micronized progesterone. These are chemically identical to endogenous human hormones and manufactured

under stringent quality, safety, and efficacy standards. While the term bioidentical includes regulated pharmaceutical products and compounded bioidentical hormone therapy (cBHT). The compounded bioidentical hormones lack standardized manufacturing processes, regulatory oversight, and robust evidence for safety and effectiveness. Current evidence supports the preferential use of approved body-identical hormone therapy, particularly transdermal estradiol and micronized progesterone, owing to their favorable metabolic profile, lower risk of venous thromboembolism, improved tolerability, and consistent bioavailability. Existing guidelines advocate individualized therapy based on symptom burden, age, time since menopause, cardiovascular and breast cancer risk assessment, and shared decision-making. The evolution of MHT reflects a paradigm shift from generalized prescribing to precision menopause care, emphasizing evidence-based selection of hormone formulations and routes of administration while discouraging the routine use of unregulated compounded preparations. A clear understanding of the distinction between body-identical and compounded bioidentical hormones is essential to optimize patient counseling, promote informed decision-making, and ensure the safe, effective, and personalized management of menopausal symptoms.

54.Menopause and Sexual Health Care for Breast Cancer Survivors

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ORAL FREE PAPER ABSTRACTS



1.Comparison of Subjective Memory Loss and cognitive symptoms Between Perimenopausal and Postmenopausal Women using EMQ-R.

Name: Dr Zainab Maqsood zainab_bhutta@yahoo.com
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Abstract:
Background: A frequent symptom of the menopausal transition, brain fog can negatively impact quality of life and include subjective memory complaints and concentration issues.. The Everyday Memory Questionnaire-Revised (EMQ-R) was used in this study to examine everyday memory complaints between perimenopausal and postmenopausal in women of pakistan .
Method: One hundred women enrolled, who visited the gynecology outpatient department of Holyfamily Hospital. Fifty perimenopausal women (age 35-45) and 50 postmenopausal (age 45-55) women were enrolled in this comparative cross-sectional study. The 13-item Everyday Memory Questionnaire-Revised (EMQ-R), which includes retrieval and attentional subscales, was used to measure subjective cognitive symptoms.

Results: The study included 100 women, 50 of whom were perimenopausal and 50 of whom were postmenopausal. The postmenopausal group's mean age was substantially greater than the perimenopausal group's (52.1 ± 3.2 vs. 43.5 ± 2.8 years, $P < 0.001$).
The most often reported cognitive symptoms were missing booked appointments (45%), forgetting where personal belongings were kept (68%), difficulty finding the proper word during conversation (74%), and forgetting recent talks (61%). About 58% of participants said that memory problems affected their day-to-day activities, 42% said they had a negative influence on their ability to function at work, and 29% said they had an impact on their social connections. The mean EMQ-R total scores of the postmenopausal group were considerably higher than those of the perimenopausal group (22.8 ± 8.1 vs. 18.4 ± 7.3, $P = 0.006$). Similarly, the mean retrieval subscale score was considerably higher among postmenopausal women (15.9 ± 5.6 vs. 12.8 ± 4.9, $P = 0.003$).

Increasing age ($\beta = 0.31$, $P = 0.01$), poor sleep quality ($\beta = 0.37$, $P = 0.002$), and moderate-to-severe vasomotor symptoms ($\beta = 0.29$, $P = 0.01$) were all independently linked to higher EMQ-R total scores on multivariable linear regression analysis, while body mass index and educational level did not significantly correlate with subjective memory complaints.
Conclusion:
During the menopausal transition, Pakistani women frequently experience subjective memory difficulties. The EMQ-R scale seems to be a helpful instrument for evaluating cognitive symptoms associated with menopause and may help identify women who have clinically severe memory retrieval issues early on.

2.Exploring Modifiable factors effecting Cognitive Function in Postmenopausal Women: A Systematic Review

Name: Gulshan Ara Saeed gulshanzaheer@gmail.com Shifa College of Medicine

Abstract:
Background:
The progressive extension of the average female lifespan has precipitated an unprecedented global expansion of the postmenopausal demographic. Cognitive decrements are increasingly recognized as salient sequelae of the menopausal transition and concomitant biological aging. This deterioration constitutes a critical determinant of health-related quality of life, functional independence, and overall well-being in the geriatric population. The aetiology of this decline is multifactorial and understanding factors influencing cognitive function in

postmenopausal women, could identifying avenues for future investigative and therapeutic endeavours.
OBJECTIVES: To identify factors associated with cognitive function of post menopausal women through systematic review and meta-analysis.
Search strategy: We searched Medline, Embase, CINAHL and Cochrane for studies on factors linked to cognitive function in post menopausal woman
SELECTION CRITERIA: Studies reporting odds ratios or raw numbers for symptom presence or severity were included.
Data collection and analysis: Studies were combined for meta-analysis, reporting odds ratios and 95% confidence intervals. Quality assessment was performed to quantify the risk of bias.
RESULT: Several modifiable factors appear to affect cognitive function in postmenopausal women, with the strongest evidence pointing to sleep, physical activity, cardiometabolic health, and some aspects of menopausal hormone therapy, while dietary and supplement evidence remains limited or mixed . The literature also shows that cognitive symptoms around menopause are shaped by interacting factors including vasomotor symptoms, mood, anxiety, and obesity, rather than by estrogen loss alone
Conclusion:
Sleeep, Physical activity and cardiometabolic health are important barriers to cognitive decline in postmenopausal women

3.The Interplay Of Menopausal Symptom Severity Effecting Physical Activity and Probable Sarcopenia Among Postmenopausal Women In Pakistan: An Explanatory Sequential

Name: Dr Fouzia Amir
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Abstract:
Objectives: To determine the prevalence of probable sarcopenia and examine its association with menopausal symptom severity and physical activity among postmenopausal women, and to explore women's perceptions, barriers, and facilitators related to maintaining muscle health after menopause.
Methods: An explanatory sequential mixed-methods study will be conducted at the Gynecology Outpatient Department of Shifa International Hospital, Islamabad. In the quantitative phase, 246 postmenopausal women aged 45–65 years will be recruited using consecutive sampling. Menopausal symptom severity will be assessed using the Menopause Rating Scale (MRS), probable sarcopenia using the SARC-F questionnaire and handgrip strength, and physical activity using the International Physical Activity Questionnaire–Short Form (IPAQ-SF). Quantitative data will be analyzed using descriptive and inferential statistics, including logistic regression. In the qualitative phase, 10–15 purposively selected participants will undergo semi-structured interviews guided by the Health Belief Model. Interviews will be analyzed using Braun and Clarke's thematic analysis, and findings from both phases will be integrated.
Results (expected Outcomes): The study is expected to identify a measurable burden of probable sarcopenia among postmenopausal women and demonstrate that greater menopausal symptom severity and lower physical activity levels are associated with an increased likelihood of probable sarcopenia. The qualitative findings are expected to reveal limited awareness of sarcopenia, perceived barriers to regular physical activity, and facilitators that may promote healthy aging and muscle health. The findings may support the integration of simple screening tools such as the MRS, SARC-F, handgrip strength assessment, and IPAQ-SF into routine gynecological care for the early identification and prevention of sarcopenia.
Conslusion: Expected conclusion would be that greater menopausal symptom severity and lower physical activity levels are associated with an increased likelihood of probable sarcopenia and limited awareness of the disease contributes to poor muscle health.

4.Navigating The Change: Relationship Between Health-Promoting Lifestyles and Symptom Severity In Peri- And Postmenopausal Women

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Abstract:

Background and Objective:

Menopause marks the end of the reproductive years when a woman's menstrual cycle stops permanently. At the same time, the years surrounding it mark profound endocrine changes. This transition, known as perimenopause, is characterized by erratic ovarian activity and changes in estrogen levels, leading to varied physical and psychological symptoms. As lifestyle has a profound impact on people's health in general, including many menopausal symptoms, this study aimed to determine the relationship between health-promoting lifestyle behaviours and the severity of menopausal symptoms in perimenopausal and postmenopausal women from the general population.

Methodology:

This cross-sectional, analytical study was conducted over a one-month duration (June 2026) among perimenopausal and postmenopausal women from the general population. A sample of 57 eligible women was included through convenience sampling. Data were collected via a structured questionnaire converted to a Google Form, having four sections. These were demographic profile, reproductive characteristics, Modified form of health promoting lifestyle profile II| (HPLP-II), and menopause rating scale (MRS). Statistical analysis was performed using SPSS Version 26.0 to evaluate the relationship between health-promoting behaviors and menopausal symptoms among the participants.

Results:

Among the 57 participants, 39 (68.4%) were classified as perimenopausal and 18 (31.6%) were postmenopausal.

The mean HPLP-II score was 31.10 ± 7.62 in perimenopausal women and 31.72 ± 6.60 in postmenopausal women. The mean MRS score was 10.38 ± 6.22 among perimenopausal women and 13.67 ± 7.77 among postmenopausal women, indicating that postmenopausal women reported more severe menopausal symptoms. Pearson's correlation analysis demonstrated a weak negative correlation between HPLP-II and MRS scores in both groups. In the perimenopausal group, the correlation coefficient was $r = -0.161$ ($p = 0.326$), while in the postmenopausal group it was $r = -0.186$ ($p = 0.461$). Neither correlation reached statistical significance.

Conclusion:

An Inverse relationship was observed between health-promoting lifestyle behaviors and menopausal symptoms. However this association was weak and did not reach statistical significance. These findings indicate that although adoption of health-promoting lifestyle behaviors may be associated with a lower burden of menopausal symptoms, larger studies are needed to clarify relationship.

5.Cross-sectional analysis of validity between anthropometric and functional screening model vs. Standardized DEXA scan for measurement of sarcopenia in post-menopausal

Name: Prof.Nosheela Amjad kashafqayyum3199@gmail.com
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Abstract:

BACKGROUND:

With an augmenting generalized life expectancy, the number of menopausal women has also increased significantly. Sarcopenia is prevalent but frequently underrecognized condition among post-menopausal women, contributing to frailty, frequent falls and subsequent disability and reduced quality of life. Although Dual-Energy Xray Absorptiometry (DEXA) is a reference standard for assessing skeletal muscle mass, its high

cost and limited availability restrict widespread screening. Simple anthropometric measurements and functional performance tests may provide practical, inexpensive alternative .However its diagnostic accuracy and value in post-menopausal women remains insufficiently researched.

OBJECTIVE:
To verify the validity of simple anthropometric and functional screening model for measurement of sarcopenia using DEXA scan derived muscle mass as standard.

METHODOLOGY:
A cross-sectional diagnostic accuracy study was conducted among naturally postmenopausal women with a body mass index (BMI) below 30 kg/m² at Pakistan Institute of Medical sciences, MCHC, Unit 1. Participants underwent standardized measurements of mid-upper arm circumference, calf circumference, and mid-thigh circumference. Muscle function was evaluated using handgrip strength, gait speed, and the five-times chair stand test. Whole-body DEXA scanning was performed to determine appendicular skeletal muscle mass, and sarcopenia was diagnosed according to established international criteria. Correlation analysis was used to assess the relationship between anthropometric measures and DEXA-derived muscle mass. Receiver operating characteristic (ROC) curve analysis was done to determine the diagnostic performance of individual measurements and combined screening models, with calculation of sensitivity, specificity, positive predictive value, negative predictive value, and optimal cutoff values.

Results:
A combination of limb circumference measurements and functional performance tests demonstrated stronger diagnostic accuracy than any single anthropometric measure alone. However, by comparison, anthropometric measures yielded valid comparable results to a standard DEXA scan. The resulting anthropometric screening model is anticipated to identify postmenopausal women with sarcopenia with high sensitivity while remaining simple, inexpensive, and feasible for routine clinical use.
Conclusion:
Conclusion: A validated anthropometric-functional screening model could provide an accessible alternative to DEXA for identifying postmenopausal women at risk of sarcopenia, particularly in resource-limited healthcare settings. Adoption of such a tool may facilitate earlier diagnosis, timely intervention, and improved musculoskeletal health outcomes.

6.Menopausal Obesity A Growing Concern In Region Rawalpindi-Islamabad: Management Strategies.

Name: Prof Dr Gazala Sadiq
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Abstract:
Objectives: Assessing menopausal obesity impact on QoL and mental health in terms of depression, and anxiety among women in Rawalpindi-Islamabad and review available management options.
Methods : This cross sectional, observational and quantitative study was carried out at Quaid e Azam International Hospital and Al Sadiq Saad Shaheed Hospital for period of three months BMI of all participants fulfilling criteria was calculated , underweight women with BMI less than 25 were excluded . A total number of 500 participants were included in the study Qol was determined through a self-administered Performa evaluating prevailing levels of depression and anxiety among participants, using authentic tools.

Results and Discussion

Taking WHO classification of obesity into account 28 % participants were healthy with BMI <25, another 30.4 % were caetegorised as overweight having BMI of 25-30 .Those having Class 1 Obesity with BMI ranging between 30-35 were 29.59% ,those with Class 2 Obesity BMI between 35-40 were 8.8% and only 3.2 % were morbidly obese with B MI >40.In this study 56.8 % women were observed to be associated with different levels of depression , among them 15.6% had BMI <25. Overweight participants with BMI 25-30 were 17.2% ,obesity class 1 were 12.8% and obesity class 2 were observed to be 8.0%.however only 3.2% of morbidly obese women suffered from depression. Anxiety was observed in 60% of participants, among these 12.4% were healty with BMI <25. Another 16.4 % were overweight,14.0% were in category Obesity class 1,whereas 11.60% were in obesity class 2 and 5.6% were morbidly obese.

Menopausal obesity significantly impairs QoL, increasing visceral fat (8%), depression (50% higher risk), and cognitive issues . Management focuses on lifestyle changes, pharmacotherapy, and addressing comorbidities. Presentation will cover management options including lifestyle modifications, pharmacological treatments GLP-1 agonists, semaglutide, tirzepatide and surgical interventions will be discussed.

Conclusion:

Menopausal obesity severely impacts QoL, increasing risks of metabolic and psychological issues. Early intervention with lifestyle modifications and pharmacological options can mitigate risks. There is a need for region-specific guidelines on managing obesity in menopausal women to improve outcomes.

7.Menopause Induced Obesity, A Myth Or Reality? Diverse Mechanisms And Prevention

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Abstract:

Menopause and obesity go hand in hand. More or less all of the menopausal women experience some sort of weight gain in the first few years of menopausal life. Menopause is not only the transition from irregular ovarian activity to complete amenorrhea, but it brings with it the package of postmenopausal symptoms in which obesity is quite a prominent one along with vasomotor symptoms and changes in quality of life. This allows a woman to believe that menopause is probably the sole reason of weight gain. Where genetics do play a definitive role, progressive decline in the levels of many hormones like estradiol (E2) and dehydroepiandrosterone (DHEA) result in fat redistribution, increasing visceral and abdominal adiposity. Metabolic rate at rest slows down thus putting women's health at the risk of cardiometabolic complications and mental health issues. Variations in estradiol (E2) and follicle-stimulating hormone (FSH) play a role in influencing central nervous system (CNS) control of food intake and energy expenditure. Reduced physical activity and diet composition also play an integral role in pathogenesis of obesity. This undue weight gain can be avoided by prioritizing physical activity, improvised dietary strategies including protein and fiber intake which helps maintain lean muscle mass, supports metabolism, and reduces hunger. Strength training exercises, sleep optimization and stress management can help control stress-related weight gain and regulate insulin and caloric intake.

Conclusion:

Weight gain during menopausal age is concerning and justified but obesity is a chronic disease associated with an increase in cardiovascular and metabolic risks. By implementing, education and healthy lifestyle these risks can be avoided.

8.Menopausal weight gain and. Management

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Abstract:
Menopause weight gain is largely driven by a combination of aging, hormonal shifts, and lifestyle factors. While decreasing estrogen causes fat to accumulate around the abdomen rather than the hips, the natural loss of muscle mass slows your metabolism.Why It HappensHormonal Shifts: Declining estrogen levels alter how your body processes fat, shifting storage primarily to the midsection. It can also affect insulin sensitivity, making your body slightly more resistant to weight loss.Metabolism & Muscle Loss: As you age, lean muscle naturally decreases. Because muscle burns more calories than fat, your basal metabolic rate drops. If your caloric intake stays exactly the same as in your younger years, weight gain will likely follow.Lifestyle & Sleep: Symptoms like hot flashes can disrupt sleep, and a lack of restful sleep often leads to higher cortisol (stress hormone) levels and an increase in sugary cravings.How to Manage and PreventPrioritize Strength Training: Incorporate resistance or strength training at least twice a week. This builds the lean muscle mass required to keep your metabolism functioning efficiently.Adjust Calorie Intake: Because your body burns fewer calories, you must reduce your overall intake or boost your daily physical activity to maintain a caloric deficit.Eat Mindfully: Focus on fiber-rich, less processed foods like fruits, vegetables, and whole grains. Limit simple sugars, sugary beverages, and alcohol, as they contribute heavily to empty calories and visceral fat.Manage Stress and Sleep: Prioritize good sleep hygiene, and use stress-reduction techniques to help lower cortisol, which is directly linked to abdominal fat.For personalized advice tailored to your specific health profile or to explore treatment options like Menopausal Hormone Therapy (MHT), consider reaching out to a local healthcare provider, registered dietitian, or certified personal trainer. For region-specific dietary recommendations, you can utilize the Canada's Food Guide to build a customized nutrition plan.If you are experiencing other severe menopause symptoms, consider consulting the Menopause and U platform for comprehensive, localized lifestyle tools and support resources.The reality of menopause weight gain - Mayo ClinicThe hormonal changes of
Conclusion:
Management may include Hormone therapy in selected cases

9.Screening of Psychological Distress In Peri And Postmenopausal Women In Tertiary Care Setting

Name: Dr Falak Khalil
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Abstract:
Background
Psychological discomfort such as depression and anxiety is rapidly being recognised as a major health problem for peri- and post-menopausal women. Hormonal changes during the menopausal transition are associated with emotional, cognitive and behavioural changes that have a profound effect on quality of life. While there is increasing evidence on the burden of menopausal depression, psychological symptoms are still under-recognized and under-diagnosed in normal gynaecological practice, particularly in low- and middle-income countries. Early detection using proven screening technologies may allow for early intervention and improved clinical results. The purpose of the present study was to find out the proportion of undiagnosed psychological distress in peri- and post-menopausal women attending a tertiary care hospital using Patient Health Questionnaire-9 (PHQ-9) and Menopause Depression (MENO-D) screening scale.

Methodology
This hospital based cross-sectional analytical study was conducted on 382 peri- and post-menopausal women of 45–60 years of age who visited the Maternal and Child Health Out Patient Department of Pakistan Institute of Medical Sciences (PIMS), Islamabad. The participants were selected by successive sampling.
Socio-demographic information, reproductive and clinical factors, awareness of menopause, depression screening using PHQ-9 and the MENO-D scale were obtained using a structured interviewer-administered questionnaire. Women with PHQ-9 $\geq$ 10 were further assessed using the MENO-D test. Data were analysed using IBM SPSS Statistics version 26.0. Descriptive statistics, chi-square tests, independent t-tests, and binary logistic regression analyses were performed and statistical significance was determined at $p < 0.05$.

Results
Mean age was 51.4 $\pm$ 4.3 years and 56.0% of the individuals were postmenopausal. 30.9% of subjects reported clinically significant psychological distress (PHQ-9 $\geq$10). Among this group, 73.7% had never been diagnosed or treated for depression before and were classed as having undiscovered psychological distress. The most prevalent symptoms mentioned were sleep disturbance (61.0%), hot flashes (58.6%), irritability (75.4%), anxiety (72.9%) and diminished motivation (62.7%). Lower education level, absence of adequate knowledge about menopause, moderate to severe sleep disturbance, and past psychiatric history were independently linked with undiscovered psychological distress ($p < 0.05$).
Conclusion:
Conclusion Psychological distress was widespread among peri- and postmenopausal women with a large proportion of cases staying unreported despite contact with tertiary healthcare providers. Routine mental health screening with the PHQ-9, complemented with menopause-specific assessment with the MENO-D scale, should be included into normal gynaecological practice to assist early diagnosis

10.Frequency and Risk factors associated with Genitourinary Syndrome of Menopause (GSM) in peri and postmenopausal women by using VVSQ &VHIscore

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Abstract:
Background:Genitourinary Syndrome of Menopause (GSM),replaces vulvovaginal atrophy, atrophic vaginitis in 2014, is a group of changes that happen in the tissues of the urinary and genital area because of a lack of oestrogen.
Objective: To determine frequency and risk factors associated with GSM among perimenopausal and postmenopausal women by VVSQ&VHI score seeking care at public sector hospital
Methodology:This cross-sectional study was conducted at the Department of OBGYN, HFH, Rawalpindi, over a period of three months. A total of 200 peri- and postmenopausal women were enrolled by non-probability consecutive sampling technique. Women receiving hormonal or non-hormonal menopausal replacement therapy were excluded.Data were collected using two validated research tools: the VVSQ and the VHI The Vulvovaginal Symptoms Questionnaire(VVSQ) is a validated 21 item questionnaire designed to assess symptoms associated with GSM that and the impact of these symptoms on quality of life. Participants responded to each item according to their symptoms, and the cumulative score was used to determine the overall burden of GSM.
The Vaginal Health Index (VHI) is a clinician-administered objective assessment tool used to evaluate vaginal health, consisting of five clinical parameters: vaginal elasticity, vaginal fluid volume (secretions), vaginal pH, epithelial integrity, and vaginal moisture. A total VHI score of 15 or less is generally considered indicative of

vaginal atrophy and suggestive of GSM.Data were entered and analyzed using SPSSversion 27.0. Descriptive statistics summarized demographic characteristics. Continuous variables were expressed as mean±standard deviation while categorical variables were presented as frequencies and percentages.

Results:The study population predominantly comprised women aged45-55 years(49%).Most women were multiparous(89%), while56% were postmenopausal, 44%were perimenopausal. Assessment using the Vaginal Health Index(VHI) demonstrated that 36.5% met the criteria for whereas63.5% had normal vaginal health status.

The most frequently reported vulvovaginal symptoms evaluated by VVSQ was vaginal dryness(50.5%), followed by dyspareunia(27.5%),decreased vaginal lubrication(20.5%), vaginal irritation(12.5%),Less commonly reported symptoms include vaginal discharge(6.5%), urinary urgency(6.0%), dysuria(5.0%)andstress incontinence(4.5%).

Among women diagnosed with GSM, hypertension was the most common associated comorbidity(58%), followed by obesity(44%) and diabetes mellitus(32%) suggesting high burden of cardiometabolic

Conclusion:

GSM was common, affecting more than one-third of the study population. Routine screening and early management are essential to improve symptoms and quality of life in perimenopausal and postmenopausal women.

11.Surgical Outcomes and Quality of Life Improvements in Postmenopausal Women Undergoing Vaginal Vault Prolapse Repair

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Abstract:

Background: Post-hysterectomy vaginal vault prolapse is a complex pelvic floor defect that significantly impairs the quality of life, comfort, and psychological well-being of postmenopausal women. Selecting the optimal surgical approach is critical to achieving long-term anatomical correction while minimizing perioperative morbidity in this aging population.

Objectives: To evaluate the anatomical success rate, postoperative complications, and subjective quality of life improvements in postmenopausal women undergoing surgical repair for post-hysterectomy vaginal vault prolapse, comparing outcomes across three surgical approaches: sacrospinous fixation (SSF), vaginal vault suspension (VVS), and colposacropexy.

Methods: This 5-year retrospective cohort study evaluated 110 postmenopausal patients undergoing SSF (n=73), VVS (n=20), or colposacropexy (n=17). Baseline demographic characteristics and perioperative metrics (blood loss, operative time, hospital stay) were recorded. Anatomical objective success and prolapse staging were assessed using the Pelvic Organ Prolapse Quantification (POP-Q) system. Subjective quality of life and symptom relief were measured using standardized pelvic floor questionnaires (PFIQ-7, PFDI-20). Postoperative complications and pain scores were tracked. Continuous variables were analyzed using ANOVA with Welch adjustment and Tukey HSD tests; categorical variables were analyzed using Fisher's Exact Test.

Results: Patient age differed significantly across cohorts ($p<0.001$), with VVS patients tracking older. Mean follow-up was longer for colposacropexy (22.1±6.8 months) than SSF (17.1±6.6) or VVS (20.5±7.1; $p=0.007$). SSF demonstrated the lowest blood loss (211.6±75.2 ml), shortest operative time (1.62±0.41 units), and briefest hospital stay (2.14±0.36 days). Conversely, colposacropexy incurred the highest blood loss (394.1±83.5 ml), longest operative duration (3.29±0.47 units), and longest hospitalization (3.71±0.40 days). Complications and pain scores were similar across groups ($p>0.05$). Objective success based on POP-Q criteria was highest for colposacropexy (100%) and SSF (91.8%), with VVS lower at 70% ($p=0.006$). Advanced baseline prolapse (stages 3–4) was more frequent in colposacropexy (94%; $p=0.007$).

Conclusions: Surgical outcomes vary by procedure and baseline severity. SSF offers optimized operative efficiency and lower blood loss, whereas colposacropexy achieves superior anatomical success in advanced defects. Baseline prolapse severity and patient age should strictly guide surgical selection, though all approaches demonstrate acceptable safety profiles.

Conclusion:

Surgical repair of vaginal vault prolapse provides excellent anatomical correction and significantly enhances the functional quality of life for postmenopausal women. Standardized surgical management tailored to menopausal physical changes is key to long-term pelvic floor health.

12.Beyond Hormones: Functional and Nonhormonal Approaches to Perineal Restoration in Menopause

Name: Dr. Salva Nadeem Zuberi
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Abstract:

Background: Genitourinary Syndrome of Menopause (GSM) significantly impacts the quality of life, sexual function, and perineal health of postmenopausal women. While topical estrogen is a cornerstone of therapy, many patients have contraindications, prefer nonhormonal options, or require adjunctive treatments to address complex symptoms. This presentation explores the expanding landscape of nonhormonal and regenerative therapies for comprehensive perineal restoration.

Objective: To review the physiological changes of the menopausal perineum and provide a clinical overview of effective nonhormonal interventions, ranging from topical therapies to advanced regenerative medicine techniques.

Methods: A clinical review of current literature and procedural techniques addressing functional and anatomical perineal restoration is presented. Therapies discussed include vaginal moisturizers and lubricants, energy-based devices, and regenerative options such as platelet-rich plasma (PRP), hyaluronic acid fillers, fat grafting, carboxytherapy, and exosome therapy.

Results: Nonhormonal therapies effectively alleviate symptomatic dryness, dyspareunia, and discomfort. Emerging regenerative techniques, including PRP and fat grafting, demonstrate promising improvements in the Vaginal Health Index and reduced Female Sexual Distress Scores, although robust RCTs are still needed. Novel, non-invasive therapies like carboxytherapy and Caress Flow Therapy have shown positive impacts on subjective symptom scores, while exosomes and vaginal threads represent new frontiers in tissue regeneration and structural support.

Conclusion:

A multimodal, patient-centered approach to perineal restoration is essential. Nonhormonal and regenerative therapies are valuable tools that can significantly improve vaginal health, comfort, and sexual wellness, offering effective solutions for menopausal patients for whom conventional hormones are insufficient or unwanted.

13.Caring for Care givers- Distress assessment of Caregivers of Elderly. (mixed method study on informal and formal care givers)

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Abstract:
Old age comes with decline in intrinsic capacities physically , emotionally & combination of chronic disease results in functional disability. This population needs health care and social care more in developing countries. According to some estimates 29% of older population is care dependent globally. Care can be formal and informal. While caring for elderly care givers(formal, informal) face physical emotional , social and financial issues . Stress and fatigue are very common among care givers and emotional strain on informal care givers is an added stress.
Methodology
This is Cross sectional study. Mixed methodology used to collect data from formal and informal care givers. "Care giver Risk Screen tool" was used as recommended and used by hospitals and by agencies providing home care to assess the level of stress. Tool was piloted and quantitative data was collected from 96 respondents in Rawalpindi / Islamabad (formal, informal). Questionnaire was divided broadly in Four domains of health issues, social, emotional, and financial issues along with socio demographic component. Descriptive analysis and comparative analysis was done using SPSS and results presented in frequencies and %ages. Chi square test of independence was used to know significant association of different variables. To get in depth findings and magnitude of distress qualitative component was added with open ended questions and analyzed on thematic streams.
Results;
According to estimates 84.4% of care givers were informal category with 51% females. Most frequent age group was 26 to 35 years (40%) and 39% were with higher educational attainments. Highest number of informal workers were taking care of mother 42% and then Mother in Laws. There was no health issues in 54.2% and 47% had some social issues and 50% had emotional issues related to feelings of stress, depression and strain on family relationship and minority reported financial issues. On Chi square test of independence education level of care giver is significantly associated with emotional issues ($P < 0.028$) social issues (0.053) and financial issues (0.001). educational level is insignificant with health
Conclusion:
It is exhaustive while giving care to elderly population . Although care giving physical, social and psychological well being at risk but satisfaction on contributing towards society and monitory gains for formal caregivers. It is important to provide RESPITE CARE to care givers. Care givers should take a break to

14.Symptom Onset in Relation to Hormonal Decline Across the Menopause Transition A Local Cohort Analysis

Name: Tahira Nasreen
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Abstract: Background: Hormonal reduction symptoms—particularly vasomotor, mood, sleep, and genitourinary changes typically begin during perimenopause, when oestrogen and progesterone fluctuate sharply. Postmenopause is characterised by stable low hormone levels, and symptoms often persist but rarely begin de novo. Understanding local patterns of symptom onset supports earlier recognition and timely intervention.
Aim: To evaluate the distribution of menopausal status among women receiving hormone replacement therapy (HRT) in a local UK cohort, and to determine whether symptom onset is more commonly associated with

perimenopause or postmenopause.
Methods:
A retrospective review of 180 women receiving HRT in a local menopause service (Worcestershire NHS Trust). Women were categorised as:
Perimenopausal (irregular cycles, fluctuating hormones)
Postmenopausal (≥12 months amenorrhoea)
Symptom onset was recorded based on clinical documentation at first presentation.
Results:
Of the 180 women on HRT:107 (59%) were perimenopausal, 73 (41%) were postmenopausal.
Perimenopausal women were significantly more likely to report initial onset of vasomotor symptoms (hot flushes, night sweats), mood disturbance, sleep disruption, and cycle‐related bleeding changes.
Postmenopausal women more commonly reported persistent symptoms rather than new onset.This distribution indicates that nearly 3 out of 5 women begin experiencing symptoms before menopause, aligning with endocrine physiology where rapid hormonal fluctuation—rather than absolute deficiency—drives symptom emergence.
Conlusion:
In this local cohort, perimenopause accounted for the majority of symptom onset among women ultimately treated with HRT. These findings reinforce the need for earlier recognition of perimenopausal symptoms, proactive counselling, and timely initiation of therapy. Local data support national guidance emphasising perimenopause as the critical window for symptom development

15.Time For A Change: Current Updates On Vms In Menopause

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Abstract:
Objective:
To evaluate the efficacy, safety and clinical role of fezolinetant, a selective neurokinin-3 (NK3) receptor antagonist, in the management of moderate-to-severe vasomotor symptoms (VMS) associated with menopause, with particular emphasis on women who are unsuitable for menopausal hormone therapy (MHT).
Study Methodology:
A narrative review of published Phase III randomized controlled trials, including SKYLIGHT-1, SKYLIGHT-2, SKYLIGHT-4 and MOONLIGHT-3, together with the 2024 BJOG pooled analysis, FDA regulatory data and recent menopause literature, was undertaken. Evidence regarding the efficacy, safety, impact on health-related quality of life, and current clinical indications of fezolinetant was comprehensively reviewed and critically appraised.
Results:
Vasomotor symptoms (VMS), particularly hot flushes and night sweats, affect nearly 80% of women during the menopausal transition and are a major contributor to diminished quality of life. Persistent symptoms are associated with sleep disruption, mental fatigue, impaired cognitive performance, depressed mood, irritability, sexual dysfunction, and reduced participation in social activities. The need for an effective non-hormonal therapy has emerged because a substantial proportion of symptomatic menopausal women are either ineligible for or unwilling to receive menopausal hormone therapy (MHT). Although menopausal hormone therapy (MHT) remains the gold standard for managing VMS, its use is limited in women with estrogen-dependent malignancies, a history of venous thromboembolism or stroke, active liver disease, unexplained vaginal

bleeding, and in those who decline or are unsuitable for hormone-based treatment. Fezolinetant acts centrally by selectively blocking hypothalamic NK3 receptors, restoring thermoregulatory balance without estrogen exposure. Phase III SKYLIGHT trials, initiated in 2019, enrolled naturally menopausal women aged 40–65 years experiencing at least seven moderate-to-severe hot flushes daily. The studies demonstrated significant reductions in both the frequency and severity of VMS, with improvements in menopause-specific quality of life and patient-reported outcomes from Week 1, sustained through Weeks 4, 12 and 52. Based on these findings, fezolinetant received US FDA approval in 2023 for the treatment of moderate-to-severe menopausal VMS.

Conclusion:
Fezolinetant is an effective evidence-based, non-hormonal treatment option for moderate-to-severe menopausal vasomotor symptoms, particularly for women who cannot receive or prefer not to use menopausal hormone therapy. Published clinical trials support its efficacy, safety and beneficial impact on quality of life.

16.Oral Micronised Progesterone Monotherapy for Vasomotor Symptoms in Perimenopausal and Postmenopausal Women: An Updated Systematic Review and Meta-analysis of Randomized

Name: Dr Rubaba Abid Naqvi
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Abstract:
Background and Aim: Vasomotor symptoms (VMS), hot flushes and night sweats affect up to 80% of women during the menopausal transition. Oral micronised progesterone (OMP), a bioidentical progestogen with a favourable cardiovascular and thrombotic safety profile, has been investigated as a non-estrogenic monotherapy for VMS. However, RCT evidence remains limited, and no formal meta-analysis has synthesised these data. This study aimed to systematically review and meta-analyse placebo-controlled RCTs evaluating OMP monotherapy for VMS in perimenopausal and postmenopausal women.
Methods: PubMed, Embase, and ClinicalTrials.gov were searched from inception thoroughly.. Eligible studies were randomised placebo-controlled trials of OMP monotherapy reporting VMS outcomes. The primary outcome was the change in composite VMS score; secondary outcomes included VMS frequency, severity, sleep quality, and adverse events. Pooled estimates were calculated using a random-effects model. Risk of bias was assessed using the Cochrane RoB 2 tool.
Results and Conclusions: Quantitative synthesis of efficacy and safety outcomes is ongoing. This meta-analysis will provide the most comprehensive evidence to date on the role of OMP monotherapy in VMS management and inform clinical decision-making for women seeking non-estrogenic treatment options.
Conclusion:
This meta-analysis will provide the most comprehensive evidence to date on the role of OMP monotherapy in VMS management and inform clinical decision-making for women seeking non-estrogenic treatment options.

17.Comparative study of SSRIs Versus Non SSRIs therapy in postmenopausal women with vasomotor symptoms

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Abstract:
Background:

Vasomotor symptoms, including hot flashes and night sweats, affect a significant proportion of postmenopausal women and can impair quality of life. Although menopausal hormone therapy remains the most effective treatment, it is not suitable or acceptable for all women because of contraindications, adverse risks, or personal preference. Selective serotonin reuptake inhibitors (SSRIs) have emerged as an effective non-hormonal alternative for symptom relief.

Objective:

To compare the efficacy and safety of SSRI therapy with non-SSRI management in reducing vasomotor symptoms among postmenopausal women.

Methods:

Study Design: Prospective comparative observational study.

Study Setting: Department of Obstetrics and Gynecology, tertiary care teaching hospital.

Study Duration: 12 months (including recruitment, treatment, follow-up, and data analysis).

Study Population: Postmenopausal women attending the gynecology outpatient department with moderate to severe vasomotor symptoms.

Sample Size: 100 participants, divided into two groups:

Group A (n = 50): SSRI therapy (Escitalopram 10 mg once daily or equivalent as per treating physician).

Group B (n = 50): Non-SSRI management (lifestyle modification with or without other non-SSRI non-hormonal treatment according to standard institutional practice).

Results:

Primary outcome will be the change in frequency and severity of vasomotor symptoms using a validated menopausal symptom score. Secondary outcomes will include quality of life, treatment adherence, adverse effects, and patient satisfaction. Data will be analyzed using appropriate statistical tests, with a p-value <0.05 considered statistically significant.

Conclusion:

Conclusion: This study aims to compare the effectiveness and tolerability of SSRI and non-SSRI management for postmenopausal vasomotor symptoms and may help guide evidence-based treatment decisions for women who are not candidates for hormone therapy.

18.Assessment of Knowledge,Attitudes and Practices related to Menpause and Menopausal Harmone Therapy among lady Doctors practicing as Gynaecologists

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Abstract:

Introduction

Menopause is a natural stage in a woman's life, defined as the permanent cessation of menstruation resulting from loss of ovarian function. It is associated with vasomotor symptoms, sleep disturbances, mood changes, genitourinary symptoms, and an increased risk of osteoporosis. Menopausal Hormone Therapy (MHT) remains the most effective treatment for vasomotor symptoms and genitourinary syndrome of menopause. However, concerns regarding its risks and benefits continue to influence clinical decision-making and prescribing practices.

Rationale

As life expectancy increases, a growing number of women spend a significant portion of their lives in the postmenopausal period. Gynaecologists play a key role in counseling and managing menopausal women. Their knowledge, attitudes, and practices directly affect the quality of care provided. Assessing these factors among gynaecologists in South Punjab can help identify educational needs and improve menopause-related healthcare

services.
Objectives
To assess knowledge regarding menopause and MHT among gynaecologists in South Punjab.
To evaluate attitudes toward menopause management and MHT. To assess current clinical practices related to menopausal care. To identify barriers affecting the use of MHT.
Methodology
Study Design: Cross-sectional descriptive study. Study Population: Practicing gynaecologists in South Punjab.
Data Collection Tool: A structured questionnaire consisting of:
Demographic information Knowledge-related questions Attitude assessment using a Likert scale
Practice-related questions Significance of the Study
This study will provide insight into the current understanding and management of menopause among gynaecologists in South Punjab. The findings may support the development of targeted educational programs, promote evidence-based practice, and improve the quality of care for menopausal women.
Conclusion:
Assessing gynaecologists' knowledge, attitudes, and practices regarding menopause and MHT in South Punjab is essential for improving women's health care. The study will highlight gaps, barriers, and educational needs, guiding targeted training and evidence-based management. Ultimately, better awareness and practice can enhance menopausal counseling, treatment decisions, and patient outcomes overall.

19.Clinicopathological Profile And Treatment Patterns of Gynecological Malignancies In Postmenopausal Women: A Five-Year Retrospective Study In Hayatabad Medical Complex Peshawar

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Abstract:
OBJECTIVE:
To determine the clinicopathological profile and treatment patterns of gynecological malignancies among postmenopausal women managed at a tertiary care teaching hospital over five years.
STUDY METHODOLOGY:A retrospective descriptive study was conducted at the Department of Obstetrics and Gynaecology, Hayatabad Medical Complex, Peshawar, Pakistan. Hospital records of postmenopausal women diagnosed with gynecological malignancies between January 2021 and December 2025 were reviewed. Demographic characteristics, presenting symptoms, histopathological diagnosis, cancer type, stage, treatment modality, and clinical outcomes were extracted using a structured data collection form. Descriptive statistics were used to summarize the findings.
RESULTS:
During the five-year study period, gynecological malignancies accounted for a considerable proportion of major gynecological surgeries. Ovarian carcinoma was the most frequently encountered malignanc(38 %), followed by endometrial 26% and cervical carcinoma 11.5% Most patients presented with postmenopausal bleeding, abdominal pain, or abdominal distension. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, staging laparotomy, and cytoreductive surgery were the commonest surgical procedures. Depending on disease stage and histopathological diagnosis, many patients received adjuvant chemotherapy and/or radiotherapy. Advanced-stage disease was frequently observed among women with ovarian carcinoma, whereas endometrial carcinoma was more often diagnosed at an earlier stage.
CONCLUSION:
Gynecological malignancies remain an important health problem among postmenopausal women, with ovarian

carcinoma being the most common malignancy in our setting. Early recognition of symptoms, timely referral, multidisciplinary management, and improved awareness may facilitate earlier diagnosis and improve treatment outcomes.

20.Patterns of Post-Treatment Surveillance in Endometrial and Ovarian Cancer Survivors: A Real-World Cohort Study

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Abstract:
Background
Advances in the treatment of endometrial and ovarian cancers have resulted in a growing population of long-term survivors, emphasizing the importance of evidence-based post-treatment surveillance. Current international guidelines recommend risk-adapted follow-up strategies; however, surveillance practices vary considerably across institutions, particularly in resource-limited settings. Real-world evidence describing surveillance patterns and their relationship with recurrence detection and survival remains limited.
Objectives
To evaluate post-treatment surveillance practices among survivors of endometrial and ovarian cancers, assess adherence to institutional follow-up protocols, and examine their association with recurrence detection and survival outcomes.
Methods
A retrospective cohort study was conducted at a tertiary gynecologic oncology centre. Women with histologically confirmed endometrial or epithelial ovarian cancer who completed primary curative treatment between 2017- 22 were included. Demographic characteristics, tumor features, treatment details, surveillance schedules, investigations performed during follow-up, recurrence characteristics, and survival outcomes were extracted from medical records. Surveillance modalities included clinical examination, serum tumor markers, and radiological imaging. Kaplan–Meier methods were used to estimate disease-free survival (DFS) and overall survival (OS), while Cox proportional hazards regression identified predictors of recurrence.
Conclusion:
Real-world surveillance following treatment for endometrial and ovarian cancers demonstrates considerable variation in follow-up intensity and investigation use. Most recurrences were detected during the early post-treatment period and were prompted by clinical symptoms or targeted imaging rather than routine testing

21.Effects of a Standardized Saffron Extract Supplementation on Psychological and Physiological Symptoms of Perimenopause: A Multicentre Randomized, Double-Blind Trial

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Abstract:
Background
Perimenopause is associated with vasomotor, psychological and physical symptoms that substantially impair quality of life. Hormone replacement therapy is not suitable for all women, highlighting the need for effective non-hormonal interventions. This study evaluated the efficacy and safety of a standardized saffron extract (Safr'Inside) for the management of perimenopausal symptoms.
Methods

In this multicentre, randomized, double-blind, placebo-controlled trial, healthy perimenopausal women received either Safr'Inside or placebo for 12 weeks. The primary outcome was the change in Green Climacteric Scale (GCS) total score. Secondary outcomes included GCS subscales, Pittsburgh Sleep Quality Index (PSQI), Profile of Mood States (POMS), Short Form-36 (SF-36), patient satisfaction and safety. Safety assessments included adverse events, vital signs and laboratory investigations.

Results

Safr'Inside produced a significantly greater reduction in total GCS score than placebo after 12 weeks (adjusted mean difference −18.3 points; 95% CI −20.3 to −16.0; $p < 0.0001$), corresponding to a very large effect size (Cohen's $d = 1.62$). Significant improvements were observed across the psychological and physical GCS domains, while night sweats improved significantly; however, between-group differences for overall vasomotor symptoms and loss of interest in sex did not reach statistical significance. Significant improvements were also observed in mood and several quality-of-life domains. Overall sleep quality improved numerically, with significant benefits in subjective sleep quality and daytime dysfunction. Safr'Inside was well tolerated. No serious adverse events occurred, and adverse events were mild, infrequent and comparable between groups. No clinically meaningful changes were observed in vital signs or laboratory safety parameters.

Conclusions

Twelve weeks of supplementation with Safr'Inside significantly improved overall perimenopausal symptoms, particularly psychological and physical symptoms, together with mood and several aspects of quality of life, while demonstrating an excellent safety profile. These findings support standardized saffron extract as a promising non-hormonal nutritional approach for the management of perimenopausal symptoms.

22.Use of Erbium Laser in vaginal atrophy after menopause

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Abstract:

Objectives:

Vaginal atrophy after menopause can be a frustrating symptom for women and has imaginable impact on quality of life. Most women do not find much relief in using merely lubricants. Estrogen cream is not freely available in Pakistan, and hence, women suffer from genitourinary symptoms without any option. A lot of myths and fears are prevalent for hormone replacement therapy (HRT) use in the country. Women are not open to HRT options because of fear of cancer. Premature ovarian insufficiency is prevalent in the country due to PCOS. Young women have no choice but to live with symptoms for a long time, which not only affects their marital relationship but also leads to depression and frustration knowing that estrogen creams are not available and not much treatment is available for them. There is a need for a non-invasive option for these women for this under-reported and often stigmatized condition. This study aims to evaluate the efficacy of erbium vaginal laser in the management of symptoms of vaginal atrophy (vaginal dryness and dyspareunia) over some time.

Design: Prospective Analysis

Methods:

The study was performed on women suffering from vaginal atrophy symptoms due to natural or surgical menopause using Erbium laser (Fotona). The results were assessed using the vaginal health index score (VHS) and visual analogue score (VAS) at 3 months, one year and again at 18 months and then at 24 months. 50 patients were selected after ruling out all contraindications (use of estrogen cream lubricants three months before the start of the study). Women with acute infections, scars, uterovaginal prolapse, and any irregular bleeding were excluded. Post-menopausal women were considered if they had an FSH of more than 40 or no

periods for a year.
Interventions:
• Erbium vaginal laser (3 sessions 4-6 weeks apart) using Fotona machine on factory settings (wavelength of 2940 msec to treat these patients.
• The procedure was performed in OPD settings without anaesthesia
• RenovolaseTM mode was used with a laser spot size of 7mm with a pulse at a frequency of 1.6 Hz and fluence of 6 J/cm2. R11 probe is used with angular probe and inserted in speculum in vagina, and three rounds are done followed by treatment of the vestibule using PSO3.
Main Outcome Measure(s): improvement in VHIS and VAS score at 3 months, 12 months, and 18-24 months any side effects faced immediate and long-term
Results: This was a prospective longitudinal study done on women of postmenopausal status presenting with vaginal atrophy symptoms in the outpatient department of a private medical center.There was a significant decrease in the VAS score ($p < 0.01$) and an increase in the VHIS score ($p < 0.01$) at one year; however, the effects seemed to deteriorate after 18-24 months of follow-up. One patient took only one session and dropped out due to relocation to another country, and two patients did not continue beyond one session due to intolerance to heat and fear of burns. One patient was lost to follow-up.
Conclusions:
• The results suggest a significant improvement in the improvement of symptoms of vaginal dryness and dyspareunia. However, the results did not last beyond 24 months.

23.Bridging the Language Gap in Menopause Care: A Digital Health Model for Urdu-Speaking Women

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Founder of Menara Health.

Abstract

Menopause remains a significantly under-discussed and under-supported life stage among Pakistani and South Asian women, compounded by limited access to culturally and linguistically relevant health information. Existing digital health solutions for menopause are predominantly English-language, leaving a substantial gap for Urdu-speaking populations who often manage symptoms in silence, and thus deepening existing health inequalities for a population already underserved by mainstream digital health tools.
The presentation will describe the design, deployment, and early impact of Menara Health — the only Urdu-language digital health platform supporting women through menopause — and explore its potential as a scalable model for culturally responsive menopause care. Menara Health delivers menopause support through three integrated functions: symptom tracking, multilingual health education, pathways to clinical care, and creating a community support network, built specifically for Urdu-speaking users alongside six additional languages.
Beyond the platform's clinical function, the talk will address the broader physical, mental, and emotional impact of unsupported menopause. Ranging from untreated physical symptoms to the anxiety, isolation, and loss of confidence that can follow when women have no language-appropriate outlet to understand what they are experiencing. By giving women a private, stigma-free space to track symptoms and access education in their own language, Menara Health helps restore a sense of control and wellbeing during a life stage too often endured in silence.
The presentation will also explore the workplace and societal dimensions of menopause support — how equipping women with accurate information and coping tools can improve workplace retention, performance,

and confidence during a career stage where many women otherwise disengage or exit the workforce. When women are supported through menopause, the benefits extend outward: to families, workplaces, and communities that rely on their continued participation and wellbeing.
Menara Health has achieved ORCHA accreditation (UK/EU), meeting internationally recognised standards for clinical safety, data privacy, and usability, and has received two international awards in women's digital health innovation. The talk will conclude that language-specific, accredited digital health platforms offer a replicable framework for closing the health inequality gap for underserved linguistic communities, with direct relevance to Pakistan's Urdu-speaking population.

24.Role of Lifestyle Intervention in Prevention and Management of Menopause Associated Weight Gain and at the mental health of women

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Abstract:
Background
Menopause is associated with estrogen deficiency, resulting in increased visceral adiposity, reduced lean muscle mass, and metabolic alterations that predispose women to weight gain and cardiovascular risk. Lifestyle modification is considered the cornerstone of weight management during menopause; however, evidence supporting its effectiveness continues to evolve.
Objective
To evaluate the effectiveness of a structured lifestyle intervention in preventing weight gain and improving metabolic health among postmenopausal women.
Methods
A randomized controlled trial was conducted involving 60 postmenopausal women aged 45– 60 years with a body mass index (BMI) $\geq$25 kg/ m^2. Participants were randomly assigned to either a lifestyle intervention group or a control group receiving standard care. The intervention included individualized dietary counseling, at least 150 minutes of moderate-intensity aerobic exercise per week, twice-weekly resistance training, and behavioral counseling for six months. Primary outcomes included changes in body weight, waist circumference, and BMI Secondary outcomes included quality of life, physical activity levels, and metabolic parameters.
Results
After six months, women in the intervention group demonstrated significantly greater reductions in body weight (-4.3 kg vs. -0.8 kg), waist circumference (-5.2 cm vs. -1.1 cm), and BMI compared with the control group ($p < 0.05$). Improvements were also observed in fasting glucose, lipid profile, physical fitness, and menopause-related quality of life and there was significant improvement with the mental states of women they felt happier, were more social then before and getting better night sleep , the complains before associated with weight gain were decreased like improvement in daily life activities more active and energetic ,decrease bowel complain. No serious adverse events were reported. Hormone therapy was used only when clinically indicated for symptom relief such as vasomotor symptoms and symptoms of atrophic vaginitis or any active complain at that moment and was not associated with significant weight reduction but also not associated with weight gain. They were also given therapy with vitamin D and calcium for long term effects of menopause like osteoporosis and Bisphosphonates as required in patient.
Conclusion:
Structured lifestyle interventions combining healthy nutrition, regular aerobic and resistance exercise, and behavioral support are effective in preventing and managing menopause associated weight gain. Early

implementation of these evidence-based strategies improves metabolic health, reduces cardiovascular risk, and enhances quality of life in postmenopausal women. Lifestyle modification should remain the first-line

25.Challanges Faced By Perimenopausal and Menopausal Women At Workplace

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Abstract:

Background:

Perimenopause and menopause are significant transitional phases in a woman's life, often accompanied by physical, psychological, and emotional symptoms that may adversely affect occupational performance and overall workplace well-being. Despite the increasing participation of middle-aged women in the global workforce, menopausal health remains under-recognized and insufficiently addressed within organizational settings.

Objective:

This study aims to explore the major challenges faced by perimenopausal and menopausal women in the workplace and to assess the impact of menopausal symptoms on work performance, psychological well-being, attendance, and professional engagement.

Methods:

A cross-sectional descriptive study was conducted among employed perimenopausal and menopausal women across various professional sectors. Data was collected using a structured self-administered questionnaire converted into google form comprising demographic characteristics, menopausal status, workplace experiences, symptom severity, organizational support, and coping strategies. Quantitative data was analyzed using descriptive and inferential statistical methods to identify associations between menopausal symptoms and workplace-related outcomes.

Results:

A total of 67 working women participated, most of whom were married (74.6%), highly educated, and employed in the public sector. The most common menopausal symptoms were joint/muscle pain (52.2%), fatigue (46.3%), mood swings (34.3%), and anxiety/stress (31.3%). Fatigue was the most frequently reported workplace concern, reducing productivity in 41.8% of participants. Only 10.4% reported adequate workplace support for menopause. Common coping strategies included a healthy diet (49%), exercise (40%), and taking work breaks (37%). Participants most frequently recommended flexible working hours (46%), supportive management (37%), and counselling services (34%) to improve workplace support.

Conclusion:

Addressing menopause-related workplace challenges is essential for promoting gender-inclusive and health-supportive work environments. Increased organizational awareness, policy development, and occupational health interventions can improve the quality of life and professional experiences of these women. This research may help to the development of evidence-based strategies aimed at enhancing workplace inclusivity,

26.Mindful Menopause- Empowering women through culture & creativity

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Abstract:

Menopause remains highly stigmatised within many South Asian communities, where cultural taboos, language

barriers and limited culturally appropriate information can prevent women from seeking support. To address these inequalities, Yorkshire Women's Forum CIC designed Mindful Menopause-a six-week, community-based programme combining evidence-based menopause education with creative health approaches.

For the pilot project, fifteen South Asian women participated in weekly two-hour sessions delivered bilingually within a trusted community setting. The programme explored body awareness, nutrition, movement, sleep, treatment options and emotional wellbeing using the Wellness Wheel. Alongside health education, participants engaged in creative activities inspired by Frida Kahlo, using storytelling and art to explore identity, resilience, menopause and lived experience. Pre- and post-programme questionnaires, weekly reflections and qualitative feedback evaluated changes in knowledge, confidence and wellbeing.

Participants demonstrated significant improvements across all outcome domains, with average scores increasing by 1.2 points ($p < 0.001$). The greatest improvements were observed in confidence and empowerment (+1.53), menopause knowledge (+1.48) and emotional wellbeing (+1.17). Every participant reported increased understanding of menopause, greater confidence discussing symptoms with healthcare professionals and improved knowledge of nutrition and treatment options. Qualitative findings highlighted reduced stigma, increased peer support and a renewed sense of hope. Creative methods enabled conversations around trauma, family, spirituality and cultural identity that traditional educational approaches rarely achieve. Participants described feeling validated, less isolated and better equipped to advocate for their own health.

This programme demonstrates that culturally tailored, community-led menopause education can successfully improve knowledge, self-efficacy and emotional wellbeing among South Asian women. Integrating creativity with evidence-based health education created psychologically safe spaces that encouraged engagement, reduced stigma and strengthened trust in healthcare services. The model is low-cost, scalable and transferable across communities experiencing health inequalities and offers an innovative approach to improving menopause care through culturally responsive public health practice.
Conclusion:
Mindful Menopause demonstrates that culturally responsive, creative and community-based menopause awareness & education can reduce stigma while improving knowledge, confidence and emotional wellbeing. Embedding creativity alongside clinical education offers an innovative, scalable model for engaging underserved communities and advancing more equitable menopause care across diverse populations.

27.Menopause Before Menopause: Experience of Premature Ovarian Insufficiency at a Pediatric and Adolescent Gynecology Clinic

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Abstract:
Background: Premature ovarian insufficiency (POI) in adolescents and young adults is an uncommon but life-altering condition characterized by impaired ovarian function before the age of 40 years. In adolescents, POI may present as primary amenorrhea, delayed puberty, or secondary amenorrhea, often posing diagnostic and management challenges. Early recognition is essential to optimize pubertal development, bone health, reproductive counseling, and psychosocial well-being.
Objective: To describe the clinical presentation, etiological spectrum, diagnostic evaluation, and management of adolescents and young adults diagnosed with POI at a dedicated Pediatric and Adolescent Gynecology

(PAG) clinic.
Methods: A retrospective review of the clinical log was conducted for all adolescents and young adults diagnosed with POI at the PAG clinic between January 2021 and December 2025. Demographic characteristics, age at presentation, presenting complaints, hormonal profile, imaging findings, underlying etiologies, treatment provided, and follow-up outcomes were reviewed and analyzed.
Results: Presenting complaints included primary amenorrhea, delayed puberty, secondary amenorrhea, and menstrual irregularities. Identified etiologies included chromosomal abnormalities, gonadal dysgenesis, autoimmune disorders, post-treatment ovarian failure, and idiopathic causes. Hormone replacement therapy was initiated in the majority of patients for pubertal induction and maintenance of long-term health. Fertility counseling and psychosocial support formed integral components of care. Delayed diagnosis and multiple healthcare encounters before referral were common findings.
Conclusion:
POI remains a rare but important cause of amenorrhea in adolescents and young adults. Experience from our PAG clinic highlights the heterogeneity of presentation and etiology, emphasizing the importance of timely referral, multidisciplinary care, and long-term follow-up to optimize health outcomes in this vulnerable population.

28.Comparison of Mirabegron And Solifenacin for the Management of Urge Incontinence In Menopausal Age Group

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Abstract:
Objective: To compare efficacy and tolerability of Mirabegron and Solifinacin in urge incontinence in menopausal women.
Methodology: This RCT was conducted in the Maternal and Child Health (MCH) Center, Unit II, Pakistan Institute of Medical Sciences
(PIMS), SZABMU (Shaheed Zulfiqar Ali Bhutto Medical University), Islamabad in two years from December 2020 to January 2022. A total of
63 patients each were randomized to receive Mirabegron (Group-A) or Solifinacin (Group B). Primary outcome was efficacy which was
assessed by micturations per 24 hours, urge episodes, urges in incontinence and nocturia. The final outcome was measured on 3-monthfollow-
up.
Results: The mean age was 48.0 ± 5.2 years in Mirabegron and 50.7 ± 6.1 years in Solifinacin group. In Solifinacin group 4 (6.3%) patients
still experienced urine leak compared to none (0.0%) in Mirabegron group (p-value, 0.04). The rate of night urination and micturition also
found greater in the Solifinacin group. The number of protective garments used per day was significantly greater in the Solifinacin group (pvalue,
0.001). After 3 months of therapy, more patients from Solifinacin group experienced drowsiness as sedation, and constipation than
those in Mirabegron group (p- value, <0.001). Few cases were experiencing confusion/delirium, palpitations in Solifinacin group (p-value,
0.04) as noted on 3-month followup.
Conclusion:

Mirabegron is better than Solifinacin in the management of urge incontinence in older women. Mirabegron was also found more tolerable.

29.Coorelation of serum magnesium deficiency with polycystic ovarain syndrome among Pakistani females

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Abstract:

Background: Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder among reproductive-aged women, especially in South Asian countries including Pakistan. It is characterized by hormonal imbalance, metabolic disturbances, and elevated insulin levels. Nutritional deficiencies have been linked to PCOS symptoms and complications. Magnesium, a key electrolyte, plays an important role in regulatory mechanisms, immune function, and inflammation.

Objective: To assess serum magnesium trends in relation to PCOS status and to determine the correlation between serum magnesium deficiency and PCOS among Pakistani women.

Methodology: This descriptive cross-sectional study included 120 women: 60 with PCOS diagnosed by Rotterdam criteria and 60 healthy controls. Demographic data, dietary habits, and blood samples were collected. Serum investigations were done and data was analyzed using t-tests and chi-square tests.

Results: Mean age was 28.95 $\pm$ 6.33 years in the PCOS group and 31.28 $\pm$ 8.50 years in controls. Significant differences were found in serum FSH ($p < 0.005$) and serum prolactin ($p = 0.015$). Low serum magnesium levels were observed only in the PCOS group, though the difference between groups was not statistically significant. Chi-square tests showed significant associations between PCOS status and education level ($p = 0.02$), drug history ($p = 0.002$), broiler chicken consumption ($p = 0.005$), fruit and vegetable intake ($p = 0.009$), and consumption of magnesium-rich foods.

Conclusion:

Serum magnesium levels were lower (<1.5 mg/dL) in PCOS subjects compared to controls, suggesting a possible link between low magnesium and PCOS pathophysiology. However, the overall difference in magnesium levels between groups was not statistically significant.

Key words : PCOS ,Serum Mg, Micronutrient, Metabolic, Risk Factor

30.Barriers in mental health issues at midlife in female health professionals

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Abstract:

Objective: To determine and evaluate the barriers faced by female health professionals in midlife while dealing with their mental health.

Study Design: Descriptive (Cross Sectional) research

Methods: All the participants were female doctors in their midlife at different health care level of hospitals in Pakistan. They work at different positions in different departments. Information was collected using structured questionnaire and that was analysed by survey website/App.

Results: Total there were 25 participants. All of them were female working in health profession as doctors

their ages were between 40- 60 years. Among them 70.83% experienced mental health issues in last year, anxiety followed by burnout, depression and insomnia were the common problems. While 29.1% did not experience any symptom related to mental health problem. Eleven among them thought that they were having good mental health while 1(4%) having poor mental health and 2(8%) rated their mental health as excellent.16% of them thought that they would likely to seek help from professionals for mental health issue. Only 4% thought that their work life was balanced while 28% perceived it as an unbalanced work life. One of them never took time for self care activities , 44% once in week and 32% once in a month took out time for own self care. In past one year 16 % sought some professional help for their mental health. 36% felt that their workplace did not provide support for mental health, 32 % felt it somewhat supportive only 8% found it very supportive. Based on their own mental health 32% would not recommend health profession as a carrier to others. They suggested that their employer can make workplace better by listening and understanding their problems, appreciating good workers, providing good rest rooms and by giving them regular vacations.
Conclusion:
Middle aged female health professionals are living a very demanding and stress full life. Because of unbalanced work life they experience mental health issues but seek less professional care. Employers should take effective steps to improve the workplace making it comfortable and supportive for their employees.

31.Improving Sexual Function After Surgical Menopause: A Meta-Analysis of Transdermal Testosterone Therapy in Women Receiving Estrogen Replacement

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Abstract:
Background: Compromised sexual function is a common and distressing consequence of surgical menopause, even among women receiving systemic estrogen therapy. Transdermal testosterone can be proposed as an adjunctive treatment to improve sexual function and reduce sexual distress in this population.
Objective: To evaluate the efficacy of transdermal testosterone in women with post-surgical hypoactive sexual desire disorder (HSDD) receiving systemic estrogen therapy after surgical menopause through a meta-analysis of randomized controlled trials.
Methods: A systematic literature search was conducted in PubMed, CINAHL, Web of Science, and China National Knowledge Infrastructure (CNKI). Randomized controlled trials comparing transdermal testosterone with placebo in surgically menopausal women receiving systemic estrogen therapy were included. Risk of bias was evaluated using the Cochrane Risk of Bias 2 (RoB 2) tool. Outcomes assessed included sexual desire using the Profile of Female Sexual Function–Sexual Desire domain (PFSF-SD), satisfying sexual events (SSE), and sexual distress using the Personal Distress Scale (PDS). The pooled mean differences (MDs) with 95% confidence intervals (CIs) were calculated using random-effects models, with statistical heterogeneity assessed using the I^2 statistic.
Results: Five randomized controlled trials with 2,168 randomized participants were included. Transdermal testosterone significantly improved SD (pooled MD 6.04; 95% CI: 5.84–6.23; $I^2 = 0\%$). The intervention also significantly increased the number of SSE, with (pooled MD 1.11; 95% CI: 0.81–1.42; $I^2 = 69.1\%$). It significantly reduced personal distress, demonstrated by a pooled reduction in PDS scores of 10.01 points (95% CI: −18.44 to −1.58; $I^2 = 78.9\%$).
Conclusions: Transdermal testosterone use is associated with significant improvement of sexual desire, an increase in satisfying sexual events, and a reduction in sexual distress in women with HSDD receiving systemic estrogen therapy after surgical menopause. These findings support transdermal testosterone as an effective therapeutic option for supporting sexual function in

32.Urinary Incontinence And Urinary Tract Infection: Temporal Relationships In Postmenopausal Women

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Abstract:

Introduction:

Urinary incontinence (UI) and urinary tract infections (UTIs) are two relatable but distinct conditions that have a high prevalence and impose a great impact on the quality of life for older women.Throughout the process of aging, particularly when moving from premenopausal to postmenopausal status, the female body has remarkable physiological and hormonal changes that render women vulnerable to such urological complications.

Objective:

To find out how urinary incontinence and urinary tract infections among postmenopausal women

Methodology:

This cross-sectional study was conducted at the Obstetric and Gynaecology Department, Unit 2, Lady Willingdon Hospital, Khairpur Mir from Oct 1, 2023, to March 1, 2024. Data from 200 postmenopausal women aged 50 years and above were retrospectively collected, focusing on those with urinary incontinence (UI), urinary tract infections (UTIs), or both. The studyincluded women with complete medical records, excluding those with prior urological surgeries orneurogenic bladder disorders. The data were analyzed using SPSS, employing descriptive statistics and various tests to explore the relationship between UI and UTIs.

Results:

Stress UI was the most common (41%), followed by urgency UI (34.5%) and mixed UI (24.5%). UTIs were present in 76% of participants, with 46% experiencing recurrent UTIs. Urgency UI was significantly associated with UTIs ($p = 0.032$), and comorbidities like diabetes and hypertension also showed significant associations with UTIs. However, there was no significant difference in the severity of UI between women with and without UTIs.

Conclusion:

In conclusion, this study underscores the strong temporal relationship between urinary incontinence (UI) and urinary tract infections (UTIs) in postmenopausal women, with urgency UI showing a particularly significant association with recurrent UTIs. The presence of comorbidities like diabetes and hypertension further exacerbates this relationship. These findings highlight the need for targeted interventions addressing both UI and underlying comorbidities to mitigate UTI risks, thereby improving the quality of life for postmenopausal women.

33.Association Between Dietary Habits and Vasomotor Symptoms Among perimenopausal and Postmenopausal Women

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Abstract:

Association Between Dietary Habits and Vasomotor Symptoms Among Perimenopausal and Postmenopausal Women

Background

Menopause is a natural biological transition associated with declining estrogen levels and is commonly

accompanied by vasomotor symptoms, including hot flushes and night sweats, which can adversely affect women's quality of life. Growing evidence suggests that dietary habits may influence the frequency and severity of these symptoms. Diets rich in fruits, vegetables, whole grains, legumes, and soy products have been associated with fewer menopausal symptoms, whereas diets high in processed foods, saturated fats, spicy foods, and caffeinated beverages may worsen vasomotor symptoms. However, limited evidence is available regarding this association among Pakistani women.

Objective

To determine the association between dietary habits and vasomotor symptoms among perimenopausal and postmenopausal women attending the Department of Obstetrics and Gynecology, Holy Family Hospital, Rawalpindi.

Methods

A hospital-based cross-sectional study was conducted among perimenopausal and postmenopausal women attending the Department of Obstetrics and Gynecology, Holy Family Hospital, Rawalpindi. A total of 75 women aged 45–60 years were enrolled using non-probability consecutive sampling. Data were collected using a structured questionnaire comprising sociodemographic characteristics, dietary habits assessed through a food frequency questionnaire, and vasomotor symptoms assessed using the Menopause Rating Scale (MRS). Data were analyzed using SPSS version 27.0. Descriptive statistics were used to summarize participant characteristics, while the Chi-square test and logistic regression analysis were performed to determine the association between dietary habits and vasomotor symptoms. A p-value of <0.05 was considered statistically significant.

Results

A total of 75 perimenopausal and postmenopausal women participated in the study. The mean age of the participants was 52.3 $\pm$ 4.8 years. Among them, 46 (61.3%) were postmenopausal and 29 (38.7%) were perimenopausal. Moderate-to-severe vasomotor symptoms were reported by 43 (57.3%) participants. Approximately 56.0% of women reported regular consumption of fruits and vegetables, while 48.0% frequently consumed caffeinated beverages and 44.0% reported frequent intake of fried and processed foods. Women consuming a healthy diet rich in fruits, vegetables, whole grains, legumes, and soy products had a significantly

Conclusion:

Conclusion Healthy dietary habits were significantly associated with reduced frequency and severity of vasomotor symptoms among perimenopausal and postmenopausal women attending Holy Family Hospital, Rawalpindi. Encouraging increased consumption of fruits, vegetables, whole grains, legumes, and soy-based foods while reducing the intake of processed foods, fried foods, and caffeinated beverages may

34.The Paradox of Proximity: Menopause Awareness & Symptom Burden in a Transitional Rural Community of Islamabad — A Mixed-Methods Study

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Abstract:

Background - Despite increasing urban expansion in Pakistan, menopause remains poorly understood and seldom discussed within many rural and peri-urban communities. Mohra Nur, a rural settlement located within close proximity to major tertiary-care institutions in Islamabad, presents a unique context for examining how physical access interacts with cultural silence to shape menopause-related awareness and experiences.
Methods - A mixed-methods exploratory study was conducted using convenience sampling of women aged $\geq$ 30 years (n=15). Quantitative data were collected using a modified 23-item Greene Climacteric Scale and

analyzed through descriptive statistics and correlation matrices. Qualitative insights were obtained through focus group discussions (FGDs) facilitated via a semi-structured interview guide and analyzed thematically using Braun and Clarke's method. A brief educational session on menopause was delivered after data collection.

Results - Participants reported a moderate-to-high symptomatic burden (mean score 29.9/69), with psychological (mean 1.50) and somatic symptoms (mean 1.35) most prominent. Fatigue (2.27), joint pain (2.07), and loss of interest (2.00) were the highest-severity symptoms. Strong correlations were found between concentration difficulties ($r=0.84$), anxiety or panic attacks ($r=0.70$), and overall symptom severity.

Qualitative analysis revealed six major themes: (1) menopause as an unrecognized phenomenon; (2) cultural silence and lack of generational knowledge pathways; (3) absence of familial or communal support structures; (4) reliance on spiritual healers and home remedies; (5) emotional and psychological distress; and (6) physical and cognitive deterioration. Across narratives, menopause held no meaningful position in household dialogue, and health-seeking behaviours were minimal despite proximity to healthcare facilities.

Conclusion - Findings highlight a paradox in which infrastructural proximity to healthcare does not translate into menopause awareness or utilization of services. In this transitional rural community undergoing rapid urban integration, women continue to rely on familiar cultural pathways and longstanding silence surrounding menopause. Culturally grounded, community-centered, and proactive educational approaches are essential to improving menopause literacy and health-seeking behaviour in similar settings.
Conclusion:
Findings highlight a paradox in which infrastructural proximity to healthcare does not translate into menopause awareness or utilization of services.

35.Impact of Menopausal Symptoms on Quality of Life and Coping Strategies Among Postmenopausal Women

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Abstract:

Objective(s)
To explore the lived experiences of postmenopausal women regarding the impact of menopausal symptoms on their quality of life and to identify culturally relevant coping strategies adopted to manage these symptoms.
Study Methodology
A qualitative exploratory study was conducted among postmenopausal women attending the Gynecology Outpatient Department of a tertiary care hospital in Pakistan. Participants were recruited through purposive sampling to ensure diversity in age, educational status, and socioeconomic background. In-depth, semi-structured interviews were conducted until data saturation was achieved. Interviews were audio-recorded, transcribed verbatim, translated where necessary, and analyzed using Braun and Clarke's thematic analysis approach. Ethical approval was obtained from the Institutional Review Board, and informed written consent was obtained from all participants.
Results
The analysis generated five major themes:
Theme 1 — Physical Symptom Burden (13/13 participants)
Theme 2 — Psychological Distress (11/13 participants)

Theme 3 — Diminished Quality of Life (10/13 participants)
Theme 4 — Limited Coping Strategies (13/13 participants)
Theme 5 — Barriers to Professional Help-Seeking (9/13 participants)
Participants described hot flushes, excessive sweating, disturbed sleep, fatigue, joint and body aches, urinary complaints, mood fluctuations, irritability, anxiety, forgetfulness, and reduced sexual desire as symptoms that negatively affected their daily routines, household responsibilities, marital relationships, social interactions, and emotional well-being. Many women perceived menopause as a natural phase of ageing and accepted their symptoms without seeking medical advice.
Common coping strategies included offering prayers (Namaz), recitation of the Holy Quran, dua and zikr for emotional comfort; seeking reassurance and advice from husbands, daughters, sisters, friends, and elderly female relatives; using traditional home remedies and herbal preparations; consuming milk, yoghurt, and calcium-rich foods; avoiding spicy foods, tea, and excessive caffeine; maintaining hydration; walking and light household activities; relaxation and positive thinking; and self-medication with over-the-counter pain relievers. Healthcare consultation was generally delayed until symptoms became severe or interfered significantly with daily functioning. Participants consistently highlighted inadequate awareness regarding menopause and expressed the need for counselling and reliable information from healthcare professionals.
Conclusion:
Menopausal symptoms substantially impair the physical, psychological, social, and sexual dimensions of women's quality of life. Pakistani women predominantly rely on family support, religious practices, and traditional self-care measures to cope with these challenges, while professional healthcare is often sought late. Integrating culturally sensitive menopause education and routine counselling into

36.From Hot Flashes to Whole Foods: Assessing Menopause Awareness And The Utilization Of Phytoestogen-Rich Diets Among Middle-Aged Women

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Abstract:
Background
Menopause is a natural physiological change with diminishing oestrogen levels resulting in vasomotor, psychological and musculoskeletal symptoms severely affecting quality of life of women. Hormone replacement medication remains the gold standard in the treatment of menopausal symptoms, but fears of long-term safety have led to a renewed interest in nutritional alternatives. Phytoestrogens are plant-derived chemicals that exist naturally and have estrogen-like biological activity, and have been proved to be effective in lowering menopausal symptoms. There is increasing scientific evidence, but knowledge about phytoestrogen-containing foods among middle aged women is still low, particularly in underdeveloped nations. The aim of this study was to investigate knowledge of phytoestrogen-containing foods and intake of phytoestrogen-rich diets in peri- and post-menopausal women.
Methods
The study was a community-based cross-sectional analytical study done among 388 peri-and post-menopausal women aged 40–60 years utilising stratified random sampling. Data were obtained by a validated interviewer-administered questionnaire that included socio-demographic information, awareness of phytoestrogen, knowledge of dietary sources, frequency of food intake, perceived advantages and barriers, and the Menopause Rating Scale (MRS). The data were analysed using IBM SPSS Statistics version 26.0. Descriptive statistics were used to summarise the characteristics of the participants and Chi-square tests, independent t-tests, Mann–Whitney U tests and binary logistic regression analyses were used to assess factors

related with adequate awareness. Statistical significance was set at $p < 0.05$.

Results

The mean age of the participants was 49.8 ± 5.4 years and 57.0% were post-menopausal. Only 41.2% of women had heard about phytoestrogens and 28.1% of them knew their significance in treating menopausal symptoms. The most common dietary sources identified were soybeans (72.4%), chickpeas (69.3%) and lentils (63.1%), but awareness of flaxseeds (38.4%) and sesame seeds (42.5%) remained low. Lentils and whole grains were the most frequent sources of phytoestrogens, while products based on soy were rarely ingested. The mean Menopause Rating Scale score was 17.6 ± 6.8, which indicated that symptom severity was mainly moderate. Adequate knowledge of phytoestrogens was independently related to higher

Conclusion:

While these dietary treatments may have health advantages, awareness and use of phytoestrogen-containing foods among peri- and post-menopausal women were inadequate. Higher awareness levels were substantially associated with educational attainment, healthcare counselling and urban residence . Community oriented nutrition education programmes and regular dietary counselling should be incorporated

37.Awareness and Healthcare-Seeking Behavior Regarding Menopausal Symptoms Among Rural Postmenopausal Women: A Cross-Sectional Study

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Abstract:

Methods: A hospital-based cross-sectional study was conducted among postmenopausal women attending the Department of Obstetrics and Gynecology at Abdullah Shah Institute of Medical Sciences, Sehwan. A structured questionnaire was used to collect information regarding demographic characteristics, knowledge of menopause, awareness of menopausal symptoms, and patterns of healthcare utilization. Data were analyzed descriptively.

Results: Although the majority of participants recognized menopause as the permanent cessation of menstruation, awareness of its associated symptoms was markedly inadequate. Common menopausal manifestations, including hot flushes, night sweats, sleep disturbances, mood changes, anxiety, depression, joint pain, vaginal dryness, urinary complaints, and sexual dysfunction, were poorly recognized. Most women attributed these symptoms to ageing, psychological illness, or other medical conditions rather than menopause. Consequently, many initially sought care from general practitioners or psychiatrists instead of gynecologists. Menopause-specific counseling was uncommon, contributing to delayed diagnosis, inappropriate treatment, and diminished quality of life.

Conclusion:

Conclusion: Rural postmenopausal women demonstrate poor awareness of menopausal symptoms, resulting in inappropriate healthcare-seeking behavior and delayed access to appropriate care. Community-based awareness programs, menopause counseling, and capacity building of primary healthcare providers are essential to improve early recognition, timely referral, and overall quality of life among postmenopausal women.

38.Whistleblowing, Speaking Up for Safety: Ethics, and Professionalism in Obstetrics and Gynaecology

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Abstract:
Obstetrics and gynaecology lies at the heart of human life's major transitions: conception, birth, reproduction, ageing, and death. With rapid medical advances come complex ethical challenges, from protecting women's basic health and human rights to managing new reproductive technologies. Since 1985, FIGO has guided this work through its Committee on Ethical and Professional Aspects of Human Reproduction and Women's Health. Its mandate is to support practitioners and stimulate ethical discussion across high- and low-resource settings. At the core of this mandate is professionalism: the duty to prioritize patient safety and dignity, even when systems make that difficult.
Context
Safe and effective maternal and newborn care is essential to health outcomes. However, recent cases of avoidable harm show what happens when concerns go unheard. In healthcare, "whistleblowing" or "speaking up" means raising concerns about risks to trigger corrective action.
In obstetrics and gynaecology, this often occurs in hierarchical, high-pressure environments with strong power gradients and challenging workplace cultures. Speaking up is usually an altruistic act intended to expose poor practice and protect patients. Yet it frequently leaves the individual isolated, labeled as disloyal, and exposed to distress.
Key Issues
Two factors determine whether speaking up leads to improvement or silence. First, organizational culture must value transparency over reputation. Defensive responses, blame, and fear of backlash suppress disclosure. Second, psychological safety is critical. Staff must feel able to raise concerns without fear of reprisal and trust that leaders will respond with empathy and action. FIGO's Ethics and Professionalism Guidelines emphasize that ethical practice requires not only technical skill but also courage, integrity, and accountability. Leaders who model these values build trust and enable open disclosure. Without them, systemic problems persist.
Discussion
Reviews of adverse maternal and newborn outcomes consistently identify missed opportunities for early reporting. Expectations of perfection, combined with workplace pressures, can drive compliance and silence. This creates a conflict between the ethical duty to protect mothers and babies and organizational pressures to maintain reputation. Power in these settings often operates subtly through rules, norms, and fear of exclusion, allowing serious issues to remain hidden. Shifting to a culture of learning, compassion, and approachability is therefore essential.
Conclusion
Professionalism in obstetrics and gynaecology demands more than adherence to guidelines. It requires systems that support those who speak up. Embedding psychological safety, responsive leadership, and transparency allows ethics to move from document to practice. The cost of speaking up is carried by individuals, but the cost of silence is carried by women, babies, and families. Safe maternity care depends on ensuring that every voice can be heard.
Keywords: FIGO, Ethics, Professionalism, Whistleblowing, Patient Safety, Maternal Health, Psychological Safety

39.The Drying Lens Of Menopause: Ocular Surface Changes In Perimenopausal and Menopausal Women

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Abstract:
BACKGROUND & OBJECTIVE

Dry eye syndrome (DES) is a multifactorial ocular surface disorder caused by a loss of tear film homeostasis. Women experience a significantly higher prevalence of DES, particularly during midlife, which indicates the regulatory role of sex steroid hormones on the Lacrimal Functional Unit. The perimenopausal and menopausal changes result in a drastic decline in systemic estrogen and androgen levels, precipitating meibomian gland dysfunction, chronic subclinical ocular inflammation, and corneal epithelial damage.Clinical data evaluating dry eye changes and severity in our settings is very limited.This study aimed to determine the frequency and severity of dry eye syndrome using the Ocular Surface Disease Index (OSDI) and to assess the association of these ocular symptoms within the perimenopausal and menopausal women

MATERIALS & METHODS

This cross-sectional study was conducted at the Gynecology Unit 1, Holy Family Hospital, Rawalpindi over period of 1 month (June 2026) . Patients aged 40 to 65 years meeting the criteria for perimenopause or menopause were recruited. Exclusion criteria included primary autoimmune conditions, active ocular infections, contact lens wear, or recent intraocular surgery. Data were collected regarding demographics, menstrual history, and systemic confounders using the standardized 12-item OSDI questionnaire through both online Google form and printed questionnaires for participants who were unable to use smartphones.

The OSDI categorizes patients into four groups: normal (0-12), mild (13-22), moderate (23-32), or severe (33-100). Statistical analysis was performed using SPSS Version 26.0.

RESULTS

Of the 116 women initially enrolled, 74 participants met the eligibility criteria, the OSDI score was 28.8 ± 17.6, indicating an overall moderate burden of dry eye symptoms. Based on OSDI severity classification, 15 (20.3%) participants had normal ocular surface status, 14 (18.9%) had mild dry eye, 17 (23.0%) had moderate dry eye, and 28 (37.8%) had severe dry eye symptoms. Overall, 59.5% of participants showed moderate-to-severe dry eye disease, demonstrating a high prevalence of clinically significant ocular surface symptoms among women undergoing menopausal transition.

Conclusion:

Dry eye symptoms were highly prevalent among perimenopausal and menopausal women, with nearly three-fifths of participants showed moderate-to-severe disease on OSDI assessment. These findings support the incorporation of routine ocular symptom screening into the clinical evaluation of women during the menopausal transition to facilitate early diagnosis and appropriate management.

Keywords: Dry Eye Syndrome, Perimenopause, Menopause, Ocular Surface Disease Index.

40.Planetary Crisis, Waste, and Women's Health: Advancing Zero Waste Practices for a Healthier Future

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Abstract:

The escalating planetary crisis comprising climate change, pollution, and biodiversity loss, poses significant threats to human health, with women experiencing unique vulnerabilities across the course of their life, especially during pregnancy and the postmenopausal period. Climate-related stressors like rising heat, air pollution, and exposure to toxic waste increase risks of maternal health, pregnancy complications, and for postmenopausal women, these lead to mental health impacts, exacerbated vasomotor symptoms, and increased risk of cardiovascular diseases, chronic diseases and malignancies.

Waste crisis is exacerbating all aspects of planetary crisis especially for climate-vulnerable countries like Pakistan. This waste crisis, is partly a result of irresponsible consumption and irresponsible disposal practices of an increasingly consumption-driven society. The healthcare sector also contributes to the environmental

crisis through substantial waste generation. Approximately 85% of healthcare waste is classified as non-hazardous is further contributing towards the global waste crisis.

Health professionals are uniquely positioned to break this cycle by integrating Zero Waste principles into clinical practice, healthcare facilities, and patient education. Zero Waste gnerating little or no waste through responsible production, responsible consumption, and responsible disposal practices. This presentation will examine the links between the planetary crisis, global waste crisis, and women's health, with particular emphasis on postmenopausal health. It will also explore practical, evidence-informed strategies that healthcare providers can adopt to minimize waste, promote sustainable healthcare practices, and empower patients to make environmentally responsible choices. Experience of Campus waste minmising through a Zero Waste Project will be shared as an example.

Health care professionals can not only play their role by minimising waste by adopting ZW practices, they can also help educate and motivate the future generations of health professionals as well as their patients, to adopt and promote ZW practices as a collective social and civic responsibility.

By embracing sustainable healthcare, we can simultaneously improve women's health outcomes, reduce the environmental footprint of healthcare, and contribute to a healthier planet for future generations.

Conclusion:

Health care professionals can play their role by adopting ZW practices, they can also promote ZW practices as collective social and civic responsibility. By embracing sustainable healthcare, we can simultaneously improve women's health outcomes, reduce

41.Cardiometabolic Outcomes in Women with Premature Ovarian Insufficiency and Surgical Menopause: A Systematic Review

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Abstract:

Background

The ovaries stop producing estrogen abruptly in premature ovarian insufficiency (POI) and surgical menopause, rather than through the gradual decline seen in natural menopause. This sudden loss of ovarian hormone production is thought to carry meaningful consequences for cardiovascular and metabolic health, since estrogen plays a protective role in vascular function, lipid metabolism, and glucose regulation. A number of studies have examined these associations over the years, but the findings are scattered across the literature, vary in methodology, and have not been drawn together into a single coherent picture. This systematic review sets out to consolidate the existing evidence on cardiometabolic outcomes in women affected by POI and surgical menopause.

Methods

This review was conducted in accordance with the PRISMA 2020 guidelines. We searched PubMed/MEDLINE, Scopus, Embase, and Web of Science from database inception to the present, combining MeSH terms and free-text keywords covering premature ovarian insufficiency, surgical menopause, cardiovascular disease, hypertension, diabetes mellitus, dyslipidaemia, and metabolic syndrome. Observational studies involving adult women with POI or surgical menopause that reported at least one cardiometabolic outcome were eligible for inclusion. Study selection, data extraction, and quality appraisal—using the Newcastle–Ottawa Scale—were each carried out independently by two reviewers, with disagreements resolved through discussion.

Results

The included studies collectively point to an elevated burden of cardiometabolic disease among women with

POI and surgical menopause, spanning cardiovascular disease, hypertension, diabetes mellitus, dyslipidaemia, metabolic syndrome, stroke, and, in some cohorts, higher mortality. That shows, the evidence base is not without its limitations: study designs, follow-up durations, and outcome definitions vary considerably, and several important gaps remain—particularly around the role of age at onset, hormone replacement therapy use, and long-term follow-up data.

Conclusion

Taken together, the evidence suggests that women who experience premature loss of ovarian function face a heightened cardiometabolic risk profile that warrants closer clinical attention. These findings support earlier and more systematic cardiovascular risk assessment in this population, alongside timely preventive strategies and individualized counselling. Further well-designed, longitudinal studies are needed to clarify the magnitude of risk, identify modifiable factors, and inform evidence-based management guidelines.

42.Beyond Hot Flashes: Breaking The Silence In Women's Midlife Mental Health

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Abstract:

Objective(s): To synthesize clinical and epidemiological evidence on the psychological impact of menopause, highlight global disparities in recognition and care, and propose actionable strategies for clinical practice and policy.

Study Methodology: A narrative synthesis was conducted, integrating findings from large cohort studies (e.g., SWAN), WHO reports, and recent clinical reviews. Neuroendocrine mechanisms, psychosocial dimensions, and cross-cultural perspectives were analyzed to frame menopause as a global mental health priority.

Results: Mood disorders peak during perimenopause, mediated by estrogen withdrawal and sleep disturbance. Cognitive complaints, including memory lapses and concentration difficulties, exacerbate distress. Evidence demonstrates significant effects on family dynamics, workplace productivity, and broader economic costs. Disparities in recognition and care are pronounced between high- and low-resource settings, reflecting cultural silence and stigma.Conclusions: Menopause is not merely a biological transition but a silent mental health burden with global implications. Routine screening, counseling interventions (CBT, mindfulness, peer support), lifestyle strategies, and workplace accommodations are essential. Policy initiatives must destigmatize menopause and integrate midlife mental health into public health agendas.

Conclusion:

Menopause is not merely a biological transition but a silent mental health burden with global implications. Routine screening, counseling interventions (CBT, mindfulness, peer support), lifestyle strategies, and workplace accommodations are essential. Policy initiatives must destigmatize menopause and integrate midlife mental health into public health agendas

43.Frequency of Gynecological Malignancies Among Women Presenting with Postmenopausal Bleeding at a Secondary Care Hospital in Talagang, Pakistan: A Pilot

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Abstract:

Background:

Postmenopausal bleeding (PMB) is an alarming symptom that warrants prompt evaluation because it may indicate underlying gynecological malignancy. Although most cases are caused by benign conditions, a

significant proportion are associated with endometrial or cervical cancer. Limited local data are available regarding the frequency of gynecological malignancies among women presenting with PMB in secondary care hospitals in Pakistan.

Objective:
To determine the frequency of gynecological malignancies among women presenting with postmenopausal bleeding at a secondary care hospital in Talagang.

Methods:
This descriptive cross-sectional pilot study was conducted at a secondary care hospital in Talagang, Pakistan. Fifty consecutive postmenopausal women presenting with vaginal bleeding after at least 12 months of amenorrhea were enrolled. All patients underwent detailed history taking, general and pelvic examination, speculum examination, transvaginal ultrasonography, and histopathological evaluation of suspicious cervical or endometrial lesions according to standard clinical practice. The primary outcome was the frequency of histopathologically confirmed gynecological malignancies. Data were analyzed using descriptive statistics, and results were expressed as frequencies and percentages.

Results:
A total of 50 women with postmenopausal bleeding were included in the study. Histopathological examination confirmed gynecological malignancy in 5 (10%) patients. Endometrial carcinoma was diagnosed in 3 (6%) patients, while cervical carcinoma was identified in 2 (4%) patients. The remaining 45 (90%) patients had benign causes of postmenopausal bleeding, including endometrial atrophy, benign endometrial pathology, cervical lesions, or other non-malignant conditions. Endometrial carcinoma was the most frequently diagnosed malignancy in this cohort. Every patient with suspected malignancy underwent appropriate diagnostic evaluation before confirmation of the final diagnosis.
Conclusion:
his pilot study found that 10% of women presenting with postmenopausal bleeding had gynecological malignancy. Endometrial carcinoma was the most common malignancy, followed by cervical carcinoma. These findings emphasize that every woman with postmenopausal bleeding should undergo prompt clinical evaluation and appropriate histopathological assessment to ensure early diagnosis and management

44.Effectiveness of Linzagolix in Heavy Menstrual Bleeding Among Women of Reproductive Age

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Abstract:
Background: Heavy menstrual bleeding (HMB) is a common gynecological complaint among women of reproductive age and significantly affects physical health, emotional well-being, social functioning, and quality of life. Structural and estrogen-dependent gynecological disorders such as uterine fibroids, endometrial polyps, adenomyosis, and endometriosis are important contributors to HMB. Linzagolix is an oral gonadotropin-releasing hormone (GnRH) receptor antagonist developed for the management of estrogen-dependent gynecological disorders, particularly uterine fibroids and endometriosis-associated symptoms.
Objective: To evaluate the effectiveness of linzagolix in reducing heavy menstrual bleeding in women aged 20–45 years with underlying fibroids, polyps, adenomyosis, or endometriosis.

Methodology: A prospective interventional study can be conducted among reproductive-age women presenting with HMB and diagnosed with fibroids, polyps, adenomyosis, or endometriosis. At shaikh zyed women hospital larkana out door and indoor patients, duration of study is 6 months Eligible participants would receive linzagolix according to a standardized treatment protocol and be followed for 3–6 months. Baseline and post-treatment menstrual blood loss, hemoglobin level, pain symptoms, and quality-of-life scores would be compared. Statistical analysis would determine the significance of change in HMB and associated symptoms after treatment.

Results: Linzagolix is expected to significantly reduce menstrual blood loss by suppressing ovarian estrogen production, inducing a hypoestrogenic state, and decreasing the activity of estrogen-dependent uterine lesions. Improvement in hemoglobin level, reduction in dysmenorrhea and pelvic pain, and better quality of life are anticipated, especially in women with uterine fibroids and adenomyosis.

Conclusion:

Linzagolix appears to be an effective medical treatment for heavy menstrual bleeding in women with estrogen-dependent gynecological disorders. Its oral route, rapid onset of action, and reversible suppression of gonadotropin secretion make it a promising option for HMB management, particularly when surgery is undesirable or needs to be delayed.

E-POSTER ABSTRACTS



1.The Silent Symptoms: Sexual Health, GSM and the Menopause Experience of South Asian Women in the United Kingdom

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Abstarct:

Genitourinary Syndrome of Menopause (GSM) is one of the most common yet under-recognised consequences of menopause, affecting vaginal, urinary and sexual health. Despite its significant impact on quality of life, intimate relationships and emotional wellbeing, many women continue to suffer in silence.

Among South Asian women, cultural stigma, limited health literacy, misconceptions surrounding menopause and discomfort discussing sexual health can create additional barriers to seeking care. Drawing on clinical experience supporting South Asian women in the United Kingdom, this presentation will explore the unique challenges these women face, the cultural factors that influence help-seeking behaviour, and practical strategies for improving diagnosis, communication and treatment.

The session will review evidence-based management of GSM, including non-hormonal therapies, vaginal oestrogen and holistic approaches to sexual wellbeing, while highlighting the importance of culturally sensitive, patient-centred care.

GSM is highly prevalent yet frequently under-recognised and undertreated among South Asian women. Common symptoms include vaginal dryness, dyspareunia, urinary symptoms and recurrent urinary tract infections, all of which may significantly affect wellbeing and intimate relationships. Cultural stigma surrounding sexual health, limited awareness of GSM, misconceptions regarding menopause treatments and reluctance to discuss intimate symptoms contribute to delayed presentation and reduced treatment uptake. Evidence-based interventions, including vaginal moisturisers, lubricants, local oestrogen therapy and patient education, can substantially improve symptoms and quality of life when offered within a culturally sensitive framework.

Conclusion:

Improving awareness of GSM and addressing cultural barriers to care are essential for optimising sexual health outcomes in South Asian women. Healthcare professionals should adopt proactive, culturally sensitive approaches to discussing intimate health concerns and providing evidence-based treatment options.

2.Systematic Review on the Efficacy of Soya Isoflavones on Improvement of Menopausal Symptoms

Name: Dr Arzoo Gul Bangash
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Khyber Teacching Hospital, Khyber Medical College,Peshawar,Pakistan

Abstract:

Objectives: To evaluate the efficacy of soya isoflavones in reducing frequency and severity of hot flashes, improving mood, and attenuating vaginal atrophy symptoms in menopausal women.

Methods: A systematic search of PubMed, Cochrane Library, Scopus, and EMBASE (1990–2023) identified 15 eligible RCTs (n = 1,200). Primary outcomes included hot flash frequency/severity, Greene Climacteric Scale scores, and vaginal health indices. Random-effects meta-analysis was conducted; heterogeneity assessed by I^2 statistic.

Results: Soya isoflavone supplementation significantly reduced hot flash frequency (MD: -1.8/day; 95% CI:

-2.6 to -1.0; $p < 0.001$; $I^2 = 52\%$) and severity (SMD: -0.58; $p = 0.003$). Mood improvement was observed in 4 of 5 psychological outcome studies. Vaginal dryness scores improved moderately (SMD: -0.41; $p = 0.04$). No serious adverse events were reported.

Conclusion:

Soya isoflavones demonstrate clinically meaningful benefit for vasomotor and psychological menopausal symptoms with a favorable safety profile. Heterogeneity across dosing protocols warrants standardized dosing guidelines.

3.Post Menopausal Endometriosis

Name: Dr Hina Ayesha Nadeem
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Well Women's Clinic, DHA2, ISLAMABAD

Abstract:

Objective: Case study of post menopausal endometriosis

Study Methodology: Case report

Result: Endometriosis can persist even after menopause

Conclusion: Early and timely use of suitable treatment can prevent from deblitating effects of endometriosis

4.Relationship between Vitamin D deficiency and different types of Polycystic Ovary Syndrome

Name: Dr Shafaq Fatima
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Abstract:

Objective: To investigate the relationship between serum Vit D3 levels and different types of Polycsytic ovary syndrome

Methods: It is a cross sectional study conducted over a period of 6 months at KRL Hospital, Islamabad after taking ethical approval. Total 150 premenopausal females who were presented to us in gynaecology OPD with menstrual irregularity were included in the study. Baseline characters include Age, Marital status, Parity and BMI. Females were categorized into 4 different types of PCOS (A/B/C/D) on the basis of Rotterdam's criteria (clinical symptoms, ultrasound features, Biochemical markers) and then serum Vitamin-D3 Levels were checked. Those who had vitamin D3 deficiency were given supplementation with vitamin D for 3 months and then followed up by seeing changes in BMI and improvement in the clinical symptoms of PCOS. Data was analyzed using SPSS version 22.

Results: They will be discussed later in conference.

Conclusions: It will be discussed later in conference.

5.Conservative Management of Cin2: A Single-Centre Audit of Guideline Adherence and Clinical Outcomes In a UK District General Hospital

Name: Dr Nayab Saad
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Abstract:

Background

Conservative management of cervical intraepithelial neoplasia grade 2 (CIN2) is an accepted option for

carefully selected women, particularly those wishing to preserve fertility. Safe implementation relies on adherence to national guidance and structured surveillance to detect regression or progression. This audit evaluated current practice and clinical outcomes in women managed for CIN2 within a UK colposcopy service.

Objectives

To determine the proportion of women with CIN2 offered and choosing conservative management, assess adherence to national guidance, including multidisciplinary team (MDT) discussion and surveillance, and evaluate clinical outcomes.

Methods

A retrospective audit was conducted of women with histologically confirmed CIN2 diagnosed between 1 January and 31 December 2022. Electronic records were reviewed until discharge, histological regression, or progression requiring treatment. Women who underwent immediate excisional treatment or had incomplete records were excluded. Data collected included eligibility for conservative management, uptake of surveillance, MDT discussion, follow-up compliance, and clinical outcomes.

Results

Forty-three women with CIN2 were included. Conservative management was offered to 32 (74%), with 9 (28%) choosing surveillance. All eligible women were offered conservative management in line with NHSCSP guidance. Follow-up compliance was 100%, with all women attending scheduled surveillance. Of those managed conservatively, 6/9 (66.6%) were discussed at MDT. Histological regression to CIN1 or normal occurred in 4/9 (44.4%), persistence of CIN2 in 1/9 (11.1%), and progression to CIN3 in 4/9 (44.4%).

Limitations

The small number of women managed conservatively limits statistical analysis and comparison with published studies. These findings should therefore be interpreted as descriptive but provide useful real-world insight into conservative CIN2 management in routine clinical practice.

Conclusion:

Conservative management of CIN2 was delivered in line with national guidance, with excellent follow-up compliance. Histological regression occurred in almost half of women, while a similar proportion progressed to CIN3, emphasising the importance of careful patient selection and structured surveillance. Greater MDT involvement may further strengthen clinical decision-making.

6.Beyond the fear; A stepwise management of Vaginismus

Name: Dr Salva Nadeem
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Abstract:

Background: Genito-Pelvic Pain/Penetration Disorder (GPPPD) represents a paradigm shift in the DSM-5, unifying vaginismus and dyspareunia into a single diagnosis. This condition involves significant difficulties with vaginal penetration, marked pelvic pain, anticipatory anxiety, and pelvic floor hypertonicity, creating a debilitating vicious cycle that profoundly impacts patients' quality of life, relationships, and reproductive health.

Objective: This presentation aims to reconceptualize GPPPD through a comprehensive biopsychosocial framework, emphasizing diagnostic precision and a structured, multidisciplinary treatment algorithm for the aesthetic and regenerative gynecologist.

Methods & Materials: We review the applied anatomy of the pelvic floor, focusing on the bulbocavernosus, levator ani, and pubococcygeus muscles. A systematic diagnostic approach is outlined, incorporating detailed history-taking, pain mapping via the Q-tip test, digital examination for hypertonicity, and severity grading using the Lamont and Pacik scales. We categorize etiologies into biological triggers (infections, lichen sclerosus), hormonal/structural factors (GSM, endometriosis), and trauma/iatrogenic causes.

Results: Effective management requires a multidisciplinary team. A stepwise approach progresses from least to most invasive: pelvic floor physical therapy (biofeedback, electrical stimulation), progressive desensitization with vaginal trainers, pharmacotherapy (topical hormones, gabapentin), and advanced interventions including botulinum toxin Type A injections and vestibulectomy for neuroproliferative cases.
Conclusion:
GPPPD is a complex, multifactorial disorder requiring a holistic and personalized strategy. By adopting this evidence-based framework, clinicians can significantly improve patient outcomes and restore quality of life.

7.Post-Hysterectomy High-Grade Serous Ovarian Carcinoma Associated With Serous Tubal Intraepithelial Carcinoma (Stic): A Clinicopathological Case Report

Name: Dr zunaira hafeez
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Abstract:
Background:
High-grade serous carcinoma (HGSC) is the most common and aggressive subtype of epithelial ovarian cancer. Emerging evidence indicates that many HGSCs originate from precursor lesions in the distal fallopian tube, particularly serous tubal intraepithelial carcinoma (STIC).
This has important implications for risk-reduction strategies during benign gynecological surgery.
Case Presentation:
A 45-year-old multiparous woman presented with rapidly progressive abdominal distension, pelvic heaviness, anorexia, and early satiety for two months. She had undergone total abdominal hysterectomy for a giant benign leiomyoma two years earlier, with preservation of both ovaries and fallopian tubes. Examination revealed a large abdominopelvic mass equivalent to a 30-week gestation.
Serum CA-125 was elevated (457 U/mL). Imaging demonstrated a giant multiloculated complex right adnexal mass measuring approximately 17 × 20 × 28 cm with mixed cystic and solid components.
The patient underwent staging laparotomy with excision of
the adnexal mass, right salpingo-oophorectomy, and
omentectomy. Histopathological evaluation confirmed high-grade serous carcinoma of the ovary with associated serous tubal intrepithelial carcinoma (STIC) in the right fallopian tube, supporting a tubal origin of the malignancy.
The patient was referred for adjuvant chemotherapy and remains on regular follow-up.
Discussion:
This case supports the growing body of evidence that many ovarian HGSCs arise from fallopian tube precursor lesions.
It highlights the potential preventive role of opportunistic salpingectomy during hysterectomy for benign disease and emphasizes the need for individualized decision-making regarding adnexal conservation.
Conclusion:
The identification of STIC in association with HGSC reinforces the fallopian tube origin theory of ovarian serous carcinoma. Opportunistic salpingectomy at the time of benign hysterectomy may represent an effective ovarian cancer risk-reduction strategy while preserving long-term health outcomes.

8.Ovarian Mucinous cystadenocarcinoma

Name: Dr Romaisa Safdar
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Abstract:
Background: Ovarian mucinous cystadenocarcinoma is a rare malignant epithelial ovarian tumor accounting for 3–5% of ovarian cancers. It commonly presents as a large unilateral ovarian mass with nonspecific symptoms and is often diagnosed at an early stage.
Methods:We present a case series of five patients with ovarian mucinous cystadenocarcinoma managed at Avicenna Hospital, Lahore. Clinical presentation, staging, histopathological findings, treatment, and outcomes were reviewed.
Results:The patients were aged 18–50 years. Common presenting complaints included abdominal pain, abdominal distension, weight loss, and gastrointestinal symptoms. Tumor sizes ranged from 12–21 cm. Three patients had Stage IA disease, one had Stage IC3 disease, and one had Stage III disease. Histopathology confirmed mucinous cystadenocarcinoma in all cases. All patients underwent complete surgical staging, while advanced-stage patients received adjuvant chemotherapy. Favorable outcomes were observed in early-stage disease.
Conclusion:Ovarian mucinous cystadenocarcinoma is an uncommon ovarian malignancy that frequently presents as a large unilateral mass. Early diagnosis, complete surgical staging, and appropriate adjuvant therapy are key determinants of prognosis. Our case series highlights the excellent outcomes achieved in patients with early-stage disease.
Keywords: Ovarian mucinous cystadenocarcinoma, ovarian cancer, mucinous carcinoma, surgical staging, case series.

9.Cultural Beliefs and Shame: The Hidden Burden of Urinary Incontinence in Pakistani Women – A Qualitative Study

Name: Dr.Fatima Naz Awan
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Abstract:
Background / Objectives: Urinary incontinence (UI) is a prevalent global health issue, with a significant burden reported in Asia. In Pakistan, UI carries a profound social stigma, causing women to suffer in silence due to shame and cultural barriers to seeking care . While existing research confirms its impact, few studies have deeply explored the intricate interplay between specific cultural norms, religious practices, and the psychosocial burden of shame in this population.
Methods: A qualitative phenomenological approach was employed. Through purposive sampling, 15 women diagnosed with UI were recruited from urogynecology clinics. Data was collected through in-depth, semi-structured interviews conducted in Shifa International Foundation OPD. The interviews explored themes including the impact on religious activities, social and interpersonal relationships, psychological well-being, and barriers to healthcare. The data was analyzed using thematic analysis to identify significant patterns and meanings
Results
Fifteen postmenopausal women aged 49–70 years participated in the study. Time since menopause ranged from 2–20 years, with a BMI of 20–35 kg/m². Eleven participants had natural menopause, while four had surgical menopause.
Thematic analysis identified four key themes. Religious practices were the most affected, with participants reporting repeated ablution, interrupted prayers, and fear of impurity due to urine leakage. Social and interpersonal impacts included avoidance of social gatherings, travel, and physical activities because of embarrassment and fear of leakage. Psychological consequences encompassed shame, anxiety, reduced self-esteem, and diminished quality of life. Barriers to healthcare seeking included normalization of urinary

incontinence as a consequence of ageing, cultural stigma, embarrassment discussing symptoms, and limited awareness of available treatment options.

Conclusion:

Urinary incontinence substantially impairs the quality of life of postmenopausal women, affecting religious practices, social participation, and psychological well-being. In the Pakistani sociocultural context, stigma and misconceptions contribute to delayed healthcare seeking. These findings highlight the need for culturally sensitive awareness programs, routine screening, and patient-centred counselling to facilitate early

10.Educational Status as a Determinant of Contraceptive Method Choice Among Women of Reproductive Age

Name:Dr Sabrina Yousaf
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Shifa College Of Medicine

Abstract:

Background: The selection of contraceptive methods is often shaped by social and educational factors. In settings where women's educational attainment remains limited, understanding how education influences contraceptive choices is essential for improving reproductive health strategies. This study aimed to examine the relationship between women's educational status and the type of contraception used among women of reproductive age.

Methods: A descriptive cross-sectional study was conducted in the Department of Obstetrics and Gynecology, Khyber Teaching Hospital, Peshawar, from July to December 2023. A total of 144 women aged 18–40 years who were currently using contraception were enrolled through non-probability consecutive sampling. Data regarding the type of contraceptive method and level of education were collected and analyzed using SPSS version 25. The association between educational attainment and contraceptive method was assessed using chi-square tests, and $p \leq 0.05$ was considered significant.

Results: The mean age of participants was 30.1 ± 5.6 years, and the mean duration of contraceptive use was 3.2 ± 1.7 years. One-third of the women were uneducated, 48(33.3%), followed by those with primary education, 42(29.2%). Implants were the most commonly used method, 42(29.2%), followed by condoms, 34(23.6%). A statistically significant association was observed between educational level and the choice of contraceptive method ($p = 0.036$).

Conclusion:

Educational background appeared to play a key role in shaping contraceptive preferences among women of reproductive age. Strengthening female education and awareness programs might support more informed reproductive health decisions in this population.

11.Clitoral Hood Carcinoma: An Unusual Site with Diagnostic Challenges

Name: Dr Noor Ul Huda Fatima
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Abstract:

Background

Squamous cell carcinoma (SCC) of the clitoral hood is a rare subtype of vulvar malignancy, representing approximately 2% of vulvar tumours. Its partially concealed anatomical position within the vulvar cleft predisposes it to late detection. Presenting symptoms — persistent pruritus and localised soreness — closely mimic benign conditions such as lichen sclerosus and contact dermatitis, resulting in prolonged empirical treatment before histological diagnosis. The midline location is significant as bilateral inguinal lymphatic

drainage has implications for surgical staging. Recognised risk factors include human papillomavirus (HPV) infection, lichen sclerosus, and smoking. This case underscores the need for early biopsy in postmenopausal women with persistent vulvar symptoms unresponsive to treatment.

Case Presentation

A 52-year-old postmenopausal woman, para 4, presented with a four-month history of vulvar pruritus and soreness over the clitoral region, having used multiple over-the-counter preparations without relief. Examination revealed a firm, irregular lesion over the clitoral hood with tenderness and dysuria. Baseline investigations — complete blood count (CBC), liver function tests (LFTs), renal function tests (RFTs), urine examination, and viral markers — were unremarkable. She underwent examination under anaesthesia (EUA) with excisional biopsy under saddle block. Two tissue fragments (1.0×0.8 cm and 2.0×1.0 cm) were submitted in blocks A and B. Histopathology (H&E stain, 100×) showed neoplastic squamous tissue with hyperchromatic nuclei, keratin pearl formation, and a lymphocytic infiltrate. Excision margins were clear. Well-differentiated SCC of the clitoris was confirmed. The patient was referred for multidisciplinary oncology review for staging and further management.

Conclusion:

Clitoral hood carcinoma is rare and frequently diagnosed late due to anatomical concealment and overlap with benign vulvar conditions. Any persistent vulvar lesion in a postmenopausal woman unresponsive to standard treatment must be biopsied promptly. Early histological diagnosis enables timely intervention and improves oncological outcomes.

12.To determine the frequency of uterine fibroids among women presenting with infertility

Name: Dr. Javeria Salim
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Abstract:

A cross-sectional study was conducted from October 25, 2020, to April 25, 2021, involving 148 infertile women recruited through consecutive sampling. Participants underwent ultrasound evaluation to detect uterine fibroids. Data was analyzed using SPSS version 20. Mean ± SD was calculated for quantitative variables, and frequencies and percentages for categorical variables. Associations between fibroids, age, and BMI were evaluated using chi-square tests. Binary logistic regression was performed to assess the independent effects of age and BMI on fibroid presence. Statistical significance was set at $p < 0.05$.

Results:

The mean age of participants was 29.5 years, and the mean BMI was 24.3 kg/m². Uterine fibroids were identified in 20.9% of participants. Although a higher prevalence was observed among women aged 30–40 years (26.1%) compared to those aged 20–30 years (16.5%), the difference was not statistically significant ($p = 0.151$). BMI also showed no significant association with fibroid presence ($p = 0.797$). Logistic regression revealed age as a significant predictor (OR = 1.08, 95% CI: 1.01–1.16, $p = 0.028$), while BMI was not ($p = 0.612$).

Conclusion:

Uterine fibroids are relatively common among infertile women. Although bivariate analysis did not show significant associations with age or BMI, multivariate analysis identified increasing age as an independent risk factor. These findings highlight the need for further research using larger and more diverse cohorts.

13.Risks of Selected Fetal Adverse Pregnancy Outcomes at Advance Maternal Age

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Abstract:
Place and Duration: Obstetrics & Gynaecology department of Alkhidmat Hospital Kohat and Qazi Hussain Ahmad Medical Complex, Nowshera for duration of six months from November 2020 to April 2021.
Materials and Methods: This single-centered retrospective study was conducted on 220 postpartum women in the study group (≥35 years) and 170 control group postpartum women (20-34 years) who delivered at Obstetrics
& Gynaecology department of Alkhidmat Hospital Kohat and Qazi Hussain Ahmad Medical Complex, Nowshera
after 28 gestational weeks. Individuals who met the inclusion criteria were enrolled and sampled based on randomized control sampling technique for both control and study groups. Data extraction checklist and pretested
questionnaire were used for data collection from the maternal charts. Adverse pregnancy outcome and advanced
maternal age was correlated adjusted relative risks and strength with a 95% confidence interval. SPSS version 20
was used for data analysis and considered p-value >0.05 as a statistical standard.
Results: The adverse neonatal outcomes include low birth weight, preterm birth, and stillbirth with a prevalence
38 (17.4%), 46 (20.8%), and 31 (14.2%) respectively in the study group. In the control group, the incidence of low
birth weight, preterm birth, and stillbirth was 21 (12.6%), 15 (14.6%) and 6 (3.5%) respectively. The stillbirth
(ARR=3.16 95% CI (1.29–6.03) and preterm deliveries (ARR=2.71 95% CI (1.79–3.86) risk had significantly
higher prevalence compared to control group advanced age pregnancy. Insignificance association was found between low birth weight and advanced maternal age.
Conclusion:
Stillbirth and preterm birth was the adverse fetal outcome significantly related with advanced maternal age pregnancy. There was no significant association between low birth weight and advanced maternal age.

14.Knowledge, Attitude and Practice regarding bone health among pre and post menopausal women

Name: Dr Saba Rauf
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Abstract:
Background: Bone health is an important determinant of healthy aging in women. During the perimenopausal and postmenopausal periods, declining estrogen levels accelerate bone loss, increasing the risk of osteopenia, osteoporosis, and fragility fractures. Adequate knowledge regarding bone health, including nutrition, physical activity, vitamin D, calcium intake, and screening, is essential for the prevention of these conditions. In Pakistan, limited awareness and inadequate health education may contribute to poor bone health practices among middle-aged and older women.
Objective: To assess the knowledge regarding bone health among Pakistani perimenopausal and postmenopausal women and to determine the sociodemographic factors associated with their level of knowledge.

Methods: A hospital-based cross-sectional study was conducted among 200 perimenopausal and postmenopausal women aged 40–65 years attending the gynecology outpatient department of a tertiary care hospital in Pakistan. Participants were recruited using consecutive sampling. Data was collected using a structured and validated OAKT questionnaire assessing knowledge related to bone health, including risk factors for bone loss, dietary calcium and vitamin D, physical activity, sunlight exposure, bone mineral density screening, and preventive strategies. Descriptive statistics summarized participant characteristics and knowledge scores. Associations between knowledge and sociodemographic variables were analyzed using the Chi-square test with a p-value of <0.05 was considered statistically significant.
Results: A considerable proportion of Pakistani perimenopausal and postmenopausal women have inadequate knowledge regarding bone health, particularly concerning osteoporosis prevention, calcium and vitamin D requirements, weight-bearing exercise, and bone mineral density screening. Higher educational level, urban residence, and prior exposure to health education are anticipated to be associated with better knowledge scores. The average baseline OAKT score was 8.8 out of 20. Most of the respondents (84.5%) were married, had attended primary education (56.9%) and belong to middle-income group defined by the range The result showed that 20.7% had adequate knowledge range for osteoporosis, while 79.3% had inadequate knowledge range.
Conclusion:
This study identify knowledge gaps regarding bone health among women during the menopausal transition. The findings guide the development of targeted educational interventions and public health strategies to improve awareness, promote preventive behaviors, facilitate early screening, and reduce the future burden of osteoporosis and osteoporotic fractures in Pakistan.

15.Assessment of mental health among postmenopausal women

Name: Dr Ghazala agha
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Abstract:
Objective: To assess the mental health status of postmenopausal women by evaluating menopausal symptom severity and anxiety and depression using the Menopause Rating Scale (MRS) and the Hospital Anxiety and Depression Scale (HADS).
Study Methodology: A descriptive cross-sectional study was conducted among 130 postmenopausal women aged 45–65 years. Participants were recruited through a nonprobability consecutive sampling technique. Socio-demographic and anthropometric data were collected using a structured questionnaire. Menopausal symptoms were assessed using the Menopause Rating Scale (MRS), with total scores categorized as none/little (0–4), mild (5–8), moderate (9–15), and severe (≥ 16). Mental health was evaluated using the Hospital Anxiety and Depression Scale (HADS), comprising anxiety (HADS-A) and depression (HADS-D) subscales. HADS scores were categorized as normal (0–7), borderline/mild (8–10), moderate (11–14), and severe (15–21). Data were analyzed using descriptive statistics and are presented as mean $\pm$ standard deviation (SD) and frequencies with percentages.
Results: The mean age of the participants was 55.28 $\pm$ 6.19 years, while the mean BMI was 27.02 $\pm$ 1.38 kg/m^2. The mean MRS score was 13.42 $\pm$ 7.01, indicating an overall moderate burden of menopausal symptoms. Based on MRS classification, 13 (10.0%) participants had none/little symptoms, 19 (14.6%) had mild symptoms, 56 (43.1%) had moderate symptoms, and 42 (32.3%) had severe symptoms. The mean HADS-A score was 8.68 $\pm$ 4.38. Anxiety levels were normal in 53 (40.8%), borderline/mild in 34 (26.2%), moderate in 29 (22.3%),

and severe in 14 (10.8%) participants. The mean HADS-D score was 9.12 ± 4.20. Depression levels were normal in 46 (35.4%), borderline/mild in 41 (31.5%), moderate in 30 (23.1%), and severe in 13 (10.0%) participants. Overall, 75.4% of women experienced moderate-to-severe menopausal symptoms, while 59.2% and 64.6% exhibited at least borderline anxiety and depression symptoms, respectively.

Conclusion:

A substantial proportion of postmenopausal women experienced moderate-tosevere menopausal symptoms accompanied by clinically relevant anxiety and depressive symptoms. These findings underscore the need for routine psychological screening alongside menopausal assessment in clinical practice. Integrating mental health evaluation into postmenopausal care may facilitate early identification, timely intervention, and improved quality of

16. Association Of Vitamin D Deficiency With Dexa-Determined Sarcopenia In Postmenopausal Women: A Cross-Sectional Comparative Study

Name: Prof Nosheela Amjad
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Abstract:

Background:

Sarcopenia, characterized by progressive loss of skeletal muscle mass and function, is an increasingly recognized complication of aging and menopause. Estrogen deficiency reduced physical activity, and nutritional inadequacies, particularly vitamin D deficiency, may contribute to accelerated muscle loss in postmenopausal women. Dual-energy X-ray absorptiometry (DEXA) is considered a reliable method for quantifying appendicular lean muscle mass and diagnosing sarcopenia.

Objective:

To determine the prevalence of sarcopenia among postmenopausal women using DEXA and evaluate its association with serum vitamin D levels.

Methods:

A comparative cross-sectional study was conducted among naturally postmenopausal women attending a tertiary care hospital. Participants underwent DEXA scanning to assess appendicular skeletal muscle mass and bone mineral density. Sarcopenia was diagnosed according to established diagnostic criteria using DEXA-derived appendicular lean mass adjusted for height. Serum 25-hydroxyvitamin D concentrations were measured and categorized as deficient, insufficient, or sufficient. Muscle strength and physical performance were also assessed using handgrip dynamometry and gait speed. Associations between vitamin D status and sarcopenia were analyzed while adjusting for age, BMI, physical activity, and comorbidities.

Expected Results:

Vitamin D deficiency is significantly associated with lower muscle mass and a higher prevalence of sarcopenia. Women with deficient vitamin D levels demonstrated reduced muscle strength and poorer functional performance compared with those having sufficient vitamin D levels.

Conclusion:

Early identification of sarcopenia using DEXA, together with assessment of vitamin D status, facilitated timely interventions to preserve muscle health, improve functional independence, and reduce frailty among postmenopausal women. These findings support routine screening and targeted vitamin D optimization as part of comprehensive menopausal care.

17.The effectiveness of periodic reminders of lifestyle interventions on menstrual cycle irregularity in women with PCOS compared with routine care

Name: Dr Amina Abdullah
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Abstract:

Background

Polycystic ovary syndrome (PCOS) is a common endocrine disorder affecting women of reproductive age and is a leading cause of menstrual irregularity. Insulin resistance, hyperandrogenism, and central obesity contribute to disrupted ovulatory cycles. Although lifestyle modification is the first-line treatment, poor adherence limits its effectiveness. This study aims to evaluate whether periodic reminders of lifestyle interventions improve menstrual regularity in women with PCOS compared to usual care.

Objective

To determine the effectiveness of periodic reminders of lifestyle interventions on menstrual cycle irregularity in women with PCOS compared with routine care.

Methods

A randomized controlled trial will be conducted at the Department of Obstetrics and Gynecology, Holy Family Hospital, Rawalpindi. Sixty women aged 18–35 years with diagnosed PCOS, body mass index ≥ 27 kg/m², and waist-to-hip ratio >0.85 will be enrolled and randomly allocated into two groups. The intervention group will receive individualized dietary advice focusing on low glycaemic index foods, 30 minutes of daily brisk walking, and periodic telephonic reminders. The control group will receive one-time lifestyle counseling. Menstrual patterns and anthropometric parameters will be assessed at baseline, 3 months, and 9 months.

Results

Thirty women with PCOS were enrolled, with 15 participants in each group. Baseline age, BMI, and waist-to-hip ratio (WHR) were comparable between groups ($p > 0.05$).

At 3 months, 60.0% (9/15) of women in the intervention group achieved regular menstrual cycles compared to 26.7% (4/15) in the control group ($p = 0.04$). At 9 months, menstrual regularity was observed in 80.0% (12/15) of the intervention group versus 33.3% (5/15) of the control group ($p = 0.01$).

The intervention group demonstrated significantly greater reductions in BMI ($p = 0.02$) and WHR ($p = 0.03$) at 9 months. Adherence to lifestyle modification was significantly higher in the intervention group and positively correlated with menstrual cycle regularity ($p < 0.05$).

Conclusion:

This study is expected to demonstrate that periodic reminders enhance compliance with lifestyle modifications and improve menstrual regularity in women with PCOS. Such an approach may serve as a cost-effective and scalable strategy for managing PCOS-related menstrual irregularities, particularly in resource-limited settings.

18.Abnormal Uterine Bleeding and Fertility Concerns in a Tertiary Care Setting: A Cross-Sectional Study at the Department of Obstetrics

Name: Dr Aliya
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Hoky Family Hospital

Abstarct:

Background

Abnormal uterine bleeding (AUB) is one of the most common gynecological disorders affecting women of reproductive age and accounts for a substantial proportion of outpatient gynecology visits. Beyond its impact on quality of life, AUB is increasingly recognized as an important contributor to subfertility due to underlying

structural abnormalities, ovulatory dysfunction, endometrial pathology, and endocrine disorders. Limited local data are available regarding the relationship between AUB and fertility concerns in Pakistani women, highlighting the need for institution-based evidence.

Objective

To determine the frequency of fertility concerns among women presenting with abnormal uterine bleeding and to describe the underlying clinical characteristics in a tertiary care setting.

Methods

A descriptive cross-sectional study** was conducted in the **Department of Obstetrics and Gynaecology, Holy Family Hospital (HFH), Rawalpindi**, over a period of **three months (April to June 2026)**. A total of **25 women** aged **18–40 years** presenting with abnormal uterine bleeding were enrolled using consecutive non-probability sampling.

Detailed demographic information, menstrual history, obstetric history, fertility status, clinical examination findings, pelvic ultrasonography, and relevant laboratory investigations were recorded using a structured data collection proforma. Causes of AUB were categorized according to the **FIGO PALM-COEIN classification**. Data were entered and analyzed using **SPSS version 26**. Descriptive statistics including frequencies, percentages, means, and standard deviations were calculated.

Results

A total of **25 women** with abnormal uterine bleeding were included in the study. The mean age was **31.6 ± 4.8 years**. Heavy menstrual bleeding was the most common presenting complaint (**44%**), followed by irregular menstrual cycles (**32%**), intermenstrual bleeding (**16%**), and prolonged menstrual bleeding (**8%**).

Overall, **11 (44%)** participants reported fertility concerns. Primary infertility was observed in **6 (24%)** women, secondary infertility in **3 (12%)**, and recurrent pregnancy loss in **2 (8%)**. According to the FIGO PALM-COEIN classification, **leiomyoma (32%)** was the most common etiology, followed by **ovulatory

Conclusion:

Abnormal uterine bleeding is frequently associated with fertility concerns among women attending tertiary care gynecology services. Incorporating routine fertility assessment into the evaluation of reproductive-aged women with AUB may facilitate early diagnosis and timely management, thereby improving reproductive outcomes. Larger prospective studies are recommended to further evaluate this association

19.Lifestyle Patterns in Adolescent Girls with Polycystic Ovary Syndrome versus Healthy Controls: A Comparative Cross-Sectional Study at a Tertiary Care

Name: Dr Aqsa Nosheen
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Abstract:

Background

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder affecting adolescent girls and is associated with menstrual irregularities, hyperandrogenism, obesity, insulin resistance, and adverse reproductive outcomes. Lifestyle factors, including dietary habits, physical activity, sleep quality, and sedentary behavior, play a significant role in the development and progression of PCOS. Understanding these modifiable risk factors during adolescence may facilitate early intervention and reduce long-term metabolic and reproductive complications. ([ScienceDirect][1])

Objective

To compare lifestyle patterns among adolescent girls diagnosed with PCOS and age-matched healthy controls

attending a tertiary care hospital.

Methods

A comparative cross-sectional study was conducted in the **Department of Obstetrics and Gynaecology, Unit-II, Holy Family Hospital, Rawalpindi**, over **three months (April–June 2026)**. Adolescent girls aged **13–19 years** diagnosed with PCOS according to the International Evidence-Based Guideline were recruited and compared with age-matched healthy controls. Information regarding dietary habits, physical activity, sleep duration, screen time, body mass index (BMI), and menstrual characteristics was collected using a structured questionnaire. Data were analyzed using SPSS version 26. Continuous variables were expressed as mean ± SD, while categorical variables were presented as frequencies and percentages. A p-value <0.05 was considered statistically significant.

Results

Adolescents with PCOS demonstrated significantly less physical activity, higher consumption of energy-dense processed foods, longer daily screen time, and poorer sleep quality than healthy controls. The PCOS group also had a significantly higher mean BMI and waist circumference. Menstrual irregularity and clinical hyperandrogenism were substantially more frequent among adolescents with PCOS. These findings suggest that unhealthy lifestyle behaviors are strongly associated with the clinical manifestations of PCOS during adolescence.

Conclusion

Adolescent girls with PCOS exhibit less healthy lifestyle patterns than their healthy peers, particularly regarding physical activity, nutrition, and sedentary behavior. Early identification of these modifiable risk factors and implementation of targeted lifestyle interventions may improve

20. Women's Experiences of Menopause in South Asia: Seasonal Changes, Work, and Healthcare

Name: Eman Asif
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Independent Researcher

Abstract:

Background

Menopause affects an increasing number of women globally, with women spending nearly one-third of their lives in post-menopause. Despite growing attention to menopause as a public health issue, evidence from South Asia remains limited and predominantly biomedical, with little research centring women's own accounts of this transition. Less is known about how women experience and navigate menopause in their everyday lives and how symptoms intersect with environmental conditions, domestic responsibilities, professional work, and healthcare experiences. This study explored the lived experiences of peri- and post-menopausal women in Pakistan and India.

Case Presentation

Ten women aged 45–67 years from Pakistan (n=7) and India (n=3), including peri-menopausal (n=3) and post-menopausal (n=7) participants, took part in online semi-structured interviews using a Feminist Participatory Action Research approach. Participants represented diverse occupational backgrounds, including homemakers, home-based entrepreneurs, and salaried professionals. Interviews were analysed inductively using thematic analysis, with reflexive journaling informing data collection and interpretation.

Participants described diverse embodied experiences, including vasomotor symptoms, irregular and heavy bleeding, cognitive changes, sleep disturbances, and pain, often identifying these symptoms as the most salient aspects of menopause. Environmental heat and seasonal changes were frequently perceived to intensify symptoms. Menopause intersected with domestic responsibilities and professional work in different ways, affecting concentration, productivity, and everyday routines. Healthcare experiences were often characterised

by dismissal, limited information, and fragmented pathways to care, leading many women to rely on home remedies, exercise, spirituality, self-education, and informal support networks. Participants also highlighted substantial gaps in menopause awareness and expressed a desire for more accessible information and support. Experiences varied considerably, even among women sharing similar social, occupational, and environmental contexts.

Conclusion:

Menopause was experienced as a heterogeneous transition, with biological symptoms, environmental conditions, everyday responsibilities, and healthcare experiences intersecting in diverse ways. These findings underscore the importance of context-sensitive, person-centred approaches to menopause and the need for greater awareness, information, and support for women in South Asia.

21.Beyond Survival: Knowledge, Attitudes, and Practices Regarding Menopausal Health Among Female Gynecological Cancer Survivors

Name: Dr filza Javed
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Holyfamily hospital Rawalpindi

Abstract:

Background:

Advances in the diagnosis and treatment of gynecological cancers have significantly improved survival, resulting in a growing population of long-term survivors. However, surgery, chemotherapy, radiotherapy, and endocrine therapy frequently induce premature or treatment-related menopause. Menopausal symptoms can substantially impair physical, psychological, sexual, and social well-being, making awareness and appropriate management integral components of comprehensive survivorship care.

Objective:

To assess the knowledge, attitudes, and practices (KAP) regarding menopausal health among female gynecological cancer survivors and identify factors associated with awareness and symptom management.

Methods:

A descriptive cross-sectional study was conducted among 50 female gynecological cancer survivors attending oncology and gynecology outpatient clinics. Women aged ≥ 18 years who had completed primary cancer treatment and experienced natural or treatment-induced menopause were enrolled. Data were collected using a structured, validated questionnaire assessing sociodemographic characteristics, cancer history, menopausal symptoms, knowledge, attitudes, and health practices. Data were analyzed using descriptive statistics, Chi-square test, and multivariable logistic regression, with statistical significance set at $p < 0.05$.

Results:

The mean age of participants was 49.6 ± 8.1 years. Ovarian cancer was the most common malignancy (42%), followed by cervical (32%) and endometrial cancer (26%). Treatment-induced menopause was reported by 74% of participants. Adequate knowledge regarding menopausal health was observed in 56%, whereas 44% demonstrated limited knowledge. Although 76% expressed a positive attitude toward seeking menopause-related healthcare, only 48% reported receiving menopause counseling after cancer treatment. The most frequently reported symptoms were hot flushes (80%), sleep disturbances (68%), joint and muscle pain (62%), mood changes (58%), vaginal dryness (50%), and decreased libido (42%). Healthy lifestyle practices were reported by 52%, while 38% used non-hormonal measures for symptom relief. Higher educational attainment and previous menopause counseling were independently associated with better knowledge and healthier practices ($p < 0.05$).

Conclusion:

Gynecological cancer survivors demonstrated moderate knowledge but suboptimal menopausal health practices

and limited access to menopause counseling. Integrating structured menopause education, routine symptom assessment, and evidence-based management into survivorship care has the potential to improve symptom control, quality of life, and long-term health outcomes.

22.Are We Still Reluctant to Prescribe Hormone Replacement Therapy?

Name: Prof Bushra Iftikhar
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Karachi institute of medical sciences

Abstract:
Hormone replacement therapy (HRT) is the most effective treatment for menopausal symptoms and offers additional benefits for urogenital health and bone. Despite updated evidence supporting it's safe use in appropriately selected women, reluctance to prescribe systemic HRT persists among many clinicians.
Objective:
To assess the prescribing practices and attitudes of obstetricians and gynecologists (OBGYNs) regarding HRT.
Methods:
A questionnaire-based survey was conducted among 50 OBGYN specialists. Participants were asked about their current prescribing practices for menopausal hormone therapy, including systemic HRT, local estrogen therapy, and non-hormonal alternatives.
Results:
Among the 50 respondents, only 20% reported prescribing all forms of HRT routinely, including systemic estrogen-based therapies where clinically indicated. The remaining 80% preferred prescribing local vaginal estrogen preparations or non-hormonal alternatives for menopausal symptom management. The reluctance to prescribe systemic HRT appeared to be influenced by persistent concerns regarding long-term safety, fear of adverse effects, and varying levels of confidence in interpreting current evidence and guidelines. These findings suggest that misconceptions surrounding HRT continue to influence clinical decision-making despite evolving recommendations supporting individualized therapy.
Conclusion:
The survey highlights ongoing hesitancy among OBGYN specialists to prescribe systemic HRT. Although local therapies and non-hormonal options remain appropriate for selected patients, eligible women may not be receiving the most effective treatment for menopausal symptoms. Strengthening medical education, improving awareness of contemporary evidence, and promoting guideline-based, individualized prescribing

23.Association Between Severity of Menopausal Symptoms and Lipid Profile Among Perimenopausal and Postmenopausal Women: A Cross-Sectional Study

Name: Dr Sidra Naseem Malik
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Holy Family Hospital Rawalpindi

Abstract:
Background: Menopause is associated with hormonal changes that contribute to vasomotor, psychological, and urogenital symptoms, as well as alterations in lipid metabolism that increase cardiovascular risk. Although dyslipidemia is common during the menopausal transition, the relationship between the severity of menopausal symptoms and lipid profile remains inconsistent across studies, particularly among South Asian women. This study aimed to evaluate the association between menopausal symptom severity and lipid profile among perimenopausal and postmenopausal women.
Methods: A cross-sectional analytical pilot study was conducted among perimenopausal and postmenopausal women attending the gynecology outpatient department of a tertiary care hospital. Menopausal symptoms were

assessed using the Menopause Rating Scale (MRS), while fasting lipid profile parameters, including total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), and triglycerides, were measured using standard laboratory methods. Data were analyzed using SPSS version 26. Descriptive statistics were calculated, and Spearman's rank correlation test was used to determine the association between MRS scores and lipid profile parameters. A p-value of <0.05 was considered statistically significant.

Results: A total of 18 women were included in this preliminary analysis. The mean age-adjusted Menopause Rating Scale (MRS) score was 14.11 ± 7.72, with a median of 14.50 and a range of 2–26. Spearman correlation analysis demonstrated no statistically significant association between menopausal symptom severity and total cholesterol ($r = 0.037$, $p = 0.892$), LDL cholesterol ($r = -0.062$, $p = 0.820$), HDL cholesterol ($r = 0.010$, $p = 0.970$), or triglycerides ($r = 0.244$, $p = 0.361$). Although triglycerides showed a weak positive correlation with MRS scores, the association was not statistically significant.

As the current sample size is limited, larger adequately powered studies are required to further investigate this relationship and clarify its clinical significance.

Conclusion:

Conclusion:In this preliminary pilot sample, menopausal symptom severity was not significantly associated with lipid profile parameters. These findings suggest that symptom severity alone may not reliably predict dyslipidemia in perimenopausal and postmenopausal women.

24.Frequency and Stages of Gynecological Malignancies Presenting To A Tertiary Care Hospital

Name: Dr Farnaz Zahoor
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lady reading hospital, Peshawar

Abstract:

Objective: To determine the frequency and stages of gynaecological malignancies presenting to a tertiary care hospital and to assess their association with demographic and clinical variables.

Study Design: Cross-sectional study.

Place and Duration of Study: Department of Gynaecology, Lady Reading Hospital, Peshawar, from 02 February to 02 August 2025.

Methodology: Following ethical approval, 89 female patients with gynaecological cancers that were verified histopathologically and aged 20 years or older were included in the study using non-probability consecutive sampling. We used a standardised proforma to gather information on clinical and sociodemographic factors. The FIGO classification was used for tumor staging. We used SPSS version 20 to analyse the data. Categorical variables were shown as frequencies and percentages, whilst quantitative values were shown as mean $\pm$ SD. A significant result was determined by applying the chi-square test with a p-value ≤ 0.05.

Results:

Ages ranged from 50.17 ± 18.46 years on average. The majority were married 71 (79.8%), lived in urban areas 62 (69.7%), and did not smoke 67 (75.3%). A total of 33 cases (37.1%) of cancer were ovarian, 26 cases (29.2% of cervical cancer), and 25 cases (28.1% of uterine cancer). Stage II occurred 20 times (22.5%), Stage I 21 times (23.6%), and Stage III 28 times (31.5%). Pap smears, family history, marital status, smoking, sexual partners, domicile, education, socioeconomic class, and cancer type or stage were not shown to be statistically associated.

Conclusion: Most patients presenting with gynecological cancers had already progressed to an advanced stage, with ovarian cancer being the most common. There was no statistically significant correlation between clinical or sociodemographic variables and cancer stage or type.

25.Knowledge, Attitudes, and Practices Regarding Hormone Replacement Therapy Among Gynecologists and Postmenopausal Women In Khyber Pakhtunkhwa

Name: Dr naila tahir
dr.nailatahir@gmail.com
MTI Bacha Khan Medical College & Mardan Medical Complex, Mardan Khyber Pakhtunkhwa, Pakistan.

Abstract:
Objective: To evaluate the knowledge, attitudes, practices, perceptions, and treatment patterns related to hormone replacement therapy (HRT) among gynecologists and postmenopausal women in Khyber Pakhtunkhwa, Pakistan.
Study Methodology: A cross-sectional questionnaire-based study was conducted from January to April 2026 among 151 participants (gynecologists and postmenopausal women) using convenience sampling. A structured questionnaire assessed gynecologists' HRT knowledge confidence, guideline use, prescribing practices, counseling methods, and perceived barriers, alongside patients' awareness, treatment status, concerns, family and media influence, and willingness to use HRT. Data were analyzed using frequencies, percentages, median and interquartile range, Chi-square, Kruskal–Wallis, and Mann–Whitney U tests, with $p < 0.05$ considered significant.
Results: Among gynecologists, 119 (78.8%) frequently encountered postmenopausal women, yet only 15 (9.9%) were very confident in HRT knowledge while 82 (54.3%) were somewhat confident. For prescribing, 92 (60.9%) offered HRT only after evaluating individual risks, 26 (17.2%) preferred non-hormonal treatment, and 21 (13.9%) avoided HRT. Leading barriers were cardiovascular concerns (53.0%), family history of hormone-sensitive cancers (42.4%), and contraindications (41.1%); 86 (57.0%) provided no written or digital resources. Among patients, 133 (88.1%) were receiving no menopause treatment and only 6 (4.0%) used HRT. Most had only basic knowledge (62.9%), and 100 (66.2%) had never discussed HRT with a doctor. Nonetheless, 96 (63.6%) might consider HRT with more information and 50 (33.1%) definitely would.
Conclusion:
HRT uptake was low, physician confidence moderate, counseling limited, and patient awareness inadequate. Low uptake appeared driven by insufficient counseling and awareness rather than refusal. Strengthening guideline-based training, patient-centered communication, and culturally appropriate educational resources may improve informed menopause care.

26.Empowered Women, Informed Choices: Association Between Women's Empowerment and Contraceptive Use

Name: Dr Marium Riaz
Mariumriaz45@gmail.com
KRL Hospital, Islamabad.

Abstract:
Background: Women's empowerment plays a crucial role in reproductive decision-making and family planning practices.
Objective: To determine the association between women's empowerment and contraceptive use among reproductive-age women.
Methods: A cross-sectional study was conducted among married women using a structured questionnaire assessing socioeconomic status, decision-making autonomy, and contraceptive practices.
Results: Higher levels of education, financial independence, and participation in household decision-making were significantly associated with increased contraceptive use.
Conclusion: Women's empowerment positively influences contraceptive uptake and should be strengthened through education and community-based interventions

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E-POSTERS

Topic	Presenter
The Silent Symptoms: Sexual Health, GSM and the Menopause Experience of South Asian Women in the United Kingdom (03)	Dr. Farrah Ahmed
Systematic Review on the Efficacy of Soya Isoflavones on Improvement of Menopausal Symptoms (08)	Dr. Arzoo Gul Bangash
Post Menopausal Endometriosis (12)	Dr. Hina Ayesha Nadeem
Relationship between Vitamin D deficiency and different types of Polycystic Ovary Syndrome (15)	Dr. Shafaq Fatima
Conservative management of cin2: A single-centre audit of guideline adherence and clinical outcomes in a uk district general hospital (16)	Dr. Nayyab Saad
Beyond the fear; A stepwise management of Vaginismus (19)	Dr. Salva Nadeem Zuberi
Post-hysterectomy high-grade serous ovarian carcinoma associated with serous tubal Intraepithelial carcinoma (stic): a clinicopathological case report (21)	Dr. Zunaira Hafeez
Ovarian Mucinous cystadenocarcinoma (27)	Dr. Romaisa Safdar
Cultural Beliefs and Shame: The Hidden Burden of Urinary Incontinence in Pakistani Women - A Qualitative Study (34)	Dr. Fatima Nawaz Awan
Educational Status as a Determinant of Contraceptive Method Choice Among Women of Reproductive Age (35)	Dr. Sabrina Yousaf
Clitoral Hood Carcinoma: An Unusual Site with Diagnostic Challenges (36)	Dr. Noor Ul Huda Fatima
To determine the frequency of uterine fibroids among women presenting with infertility (46)	Dr. Javeria Salim
Risks of Selected Fetal Adverse Pregnancy Outcomes at Advance Maternal Age (47)	Dr. Javeria Saleem
Knowledge, Attitude and Practice regarding bone health among pre and post menopausal women (49)	Dr. Farrah Ahmed
Assessment of mental health among postmenopausal women (50)	Dr. Ghazala agha

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Topic	Presenter
Association of vitamin d deficiency with dexa-determined sarcopenia in postmenopausal women: a cross-sectional comparative study (53)	Prof. Dr. Nosheela Amjad
The effectiveness of periodic reminders of lifestyle interventions on menstrual cycle irregularity in women with PCOS compared with routine care (55)	Dr Amina Abdullah
Abnormal Uterine Bleeding and Fertility Concerns in a Tertiary Care Setting: A Cross-Sectional Study (57)	Dr Aliya
Lifestyle Patterns in Adolescent Girls with Polycystic Ovary Syndrome versus Healthy Controls: A Comparative Cross-Sectional Study at a Tertiary Care (60)	Dr Aqsa Nosheen
Women's Experiences of Menopause in South Asia: Seasonal Changes, Work, and Healthcare (67)	Dr Eman Asif
Beyond Survival: Knowledge, Attitudes, and Practices Regarding Menopausal Health Among Female Gynecological Cancer Survivors (70)	Dr Filza Javed
Are We Still Reluctant to Prescribe Hormone Replacement Therapy? (77)	Dr Bushra Iftikhar
Association Between Severity of Menopausal Symptoms and Lipid Profile Among Perimenopausal and Postmenopausal Women: A Cross-Sectional Study (82)	Dr. Sidra Naseem
Frequency and stages of gynecological malignancies presenting to a tertiary care hospital (84)	Dr Farnaz Zahoor
Knowledge, attitudes, and practices regarding hormone replacement therapy among gynecologists And postmenopausal women in khyber pakhtunkhwa (92)	Dr Naila Tahir
Empowered Women, Informed Choices: Association Between Women's Empowerment and Contraceptive Use (98)	Dr. Marium Riaz

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PRE-CONFERENCE WORKSHOPS

1

Urogynecology - Urodynamics Interpretation

DR. MADIHA IQBAL

Institute: Hayatabad Medical Complex

Date: 22nd July 2026 City: Peshawar/KP

2

VIA and PAP smear An important tool for cervical cancer screening in low resource Areas.

Prof. Dr. Humaira shaheen

Institute: NFH / KFC Conference Hall

Date: 5th August 2026 City: DG Khan

3

Menopause and Women Wellbeing

Prof. Uzma Sohail

Institute: Bolan Medical College

Date: 06th August 2026 City: Quetta

4

Pelvic Pain of Endometriosis in Perimenopause

Dr. Zubair Un Nisa Butt

Institute: Auditorium DHQ Hospital

Date: 7th August 2026 City: Mianwali

5

Guardians of her health: Defeating cervical cancer by screening through VIA- a low cost screening tool and Colposcopy- A step ahead

Prof. Dr. Nosheela Javed

Institute: MCH Training Center, PIMS

Date: 8th August 2026 City: Islamabad

6

Beyond The Prescription: The Art Of The Menopause Conversation

PROF. DR. GULSHAN ARA SAEED

Institute: Shifa College of Medicine

Date: 10th August 2026 City: Islamabad

7

Cognitive Behavioral Therzapy (CBT) - An alternative to Medication in Menopause

Dr. Ambreen Anwer

Institute: Bahbud Maternal & Child Hospital

Date: 11th August 2026 City: Rawalpindi

8

Practical HRT for the busy clinician

Dr. Fauzia Afridi

Institute: Khyber Teaching Hospital

Date: 12th August 2026 City: Peshawar

9

Urodynamics Interpretation

Prof. Dr. Shakila Yasmin

Institute: Quaid-e-Azam Medical College

Date: 12th August 2026 City: Bahawalpur

10

Navigating Abnormal uterine bleeding in Midlife: A Practical Stepwise Guide

Prof. Shams un Nisa Sadia

Institute: Riphah International Hospital

Date: 13th August 2026 City: Islamabad

11

ANEMIA - OLD FOE, NEW MANAGEMENT

Maj. Gen. prof. Viqar ashraf

Institute: Pak Emirates Military Hospital(PEMH)

Date: 14th August 2026 City: Rawalpindi

12

Navigating menopause with confidence: Medical, lifestyle & Natural support

Dr. Qurat-ul-Ain

Institute: Federal govt. Polyclinic Hospital

Date: 15th August 2026 City: Islamabad

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13

Menopause One Stop Clinic

Brig. (R) Ambreen Anwer

Institute: Islamabad Gynae Centre

Date: 15th August 2026 City: Islamabad

14

Comprehensive Menopause Care: Practical Skills for Evidence-Based Clinical Practice

Prof Dr Humera Noreen

Institute: Holy Family hospital

Date: 15th August 2026 City: Rawalpindi

15

Role of Lifestyle Intervention in Prevention and Management of Menopause Associated Weight Gain and at the Mental Health of Women

Prof. Dr. Ayesha Sadiqah

Institute: DR. Najma Ghaffar Hospital & Research Institute

Date: 17th August 2026 City: Quetta

16

Multidisciplinary Approach to Healthy Menopause Transition

Dr. Naila

Institute:MTI – MMC Mardan

Date: 18th August 2026 City: Mardan

17

Beyond the bleed: A practical approach to postmenopausal bleeding

Dr. Fauzia Afridi

Institute: Khyber Teaching Hospital

Date: 19th August 2026 City: Peshawar

18

Post-Menopause in Practice: Colposcopy and Cervical Biopsy – Clinical Cases

Prof. Dr. Shamsa Rizwan

Institute: PAF Hospital, Fazaia Medical College

Date: 19th August 2026 City: Islamabad

19

Understanding Menopause: Integrating Menopausal Hormone Therapy (MHT) and Cognitive Behavioural Therapy (CBT) in Patient Care

Dr. Yasmeen Mehmooda

Institute: Medicsi OPD 2, Islamabad.

Date: 20th August 2026 City: Islamabad

20

Operative Hysteroscopy: Fundamentals to Advanced Techniques

Prof. Fareeha Farooq

Institute: Farooq Teaching Hospital, Akhter Saeed Medical College Islamabad

Date: 21st August 2026 City: Islamabad

21

Urogynaecology Essentials: From Assessment to Surgical Management

Prof. Dr. Azra Saeed Awan

Institute: Gynae OT (OT-I) FFH, Rawalpindi

Date: 21st August 2026 City: Rawalpindi

22

Role of Lifestyle Intervention in Prevention and Management of Menopause Associated Weight Gain and at the Mental Health of Women

Prof. Dr. Saima Ashraf

Institute: Nishtar Medical University

Date: 21st August 2026 City: Multan

23

Does CGM Helpful in Transforming the Woman Health in Midlife

Prof. Dr. Farrukh Naheed.

Institute: Fatima Hospital

Date: 27th August 2026 City: Karachi

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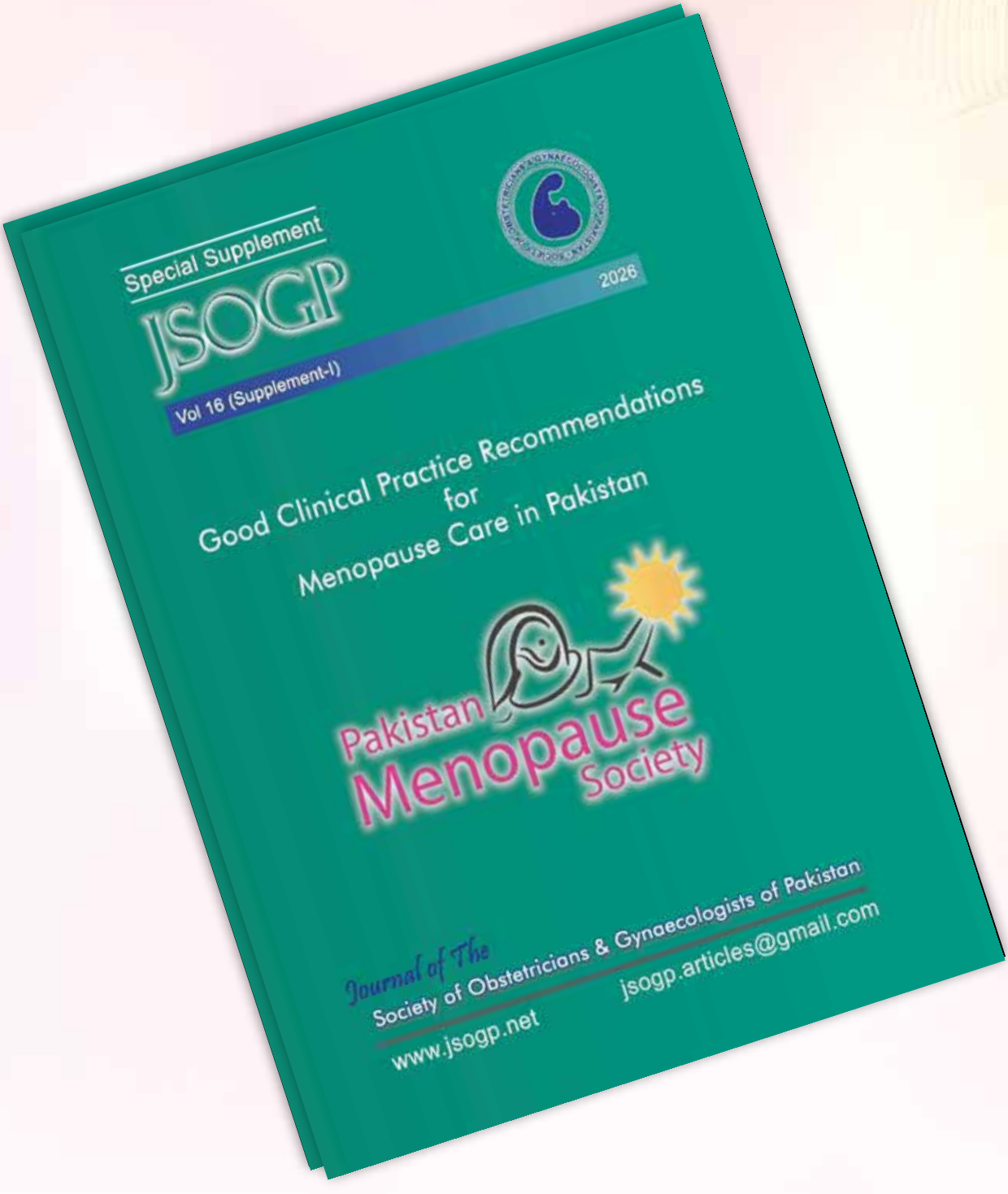


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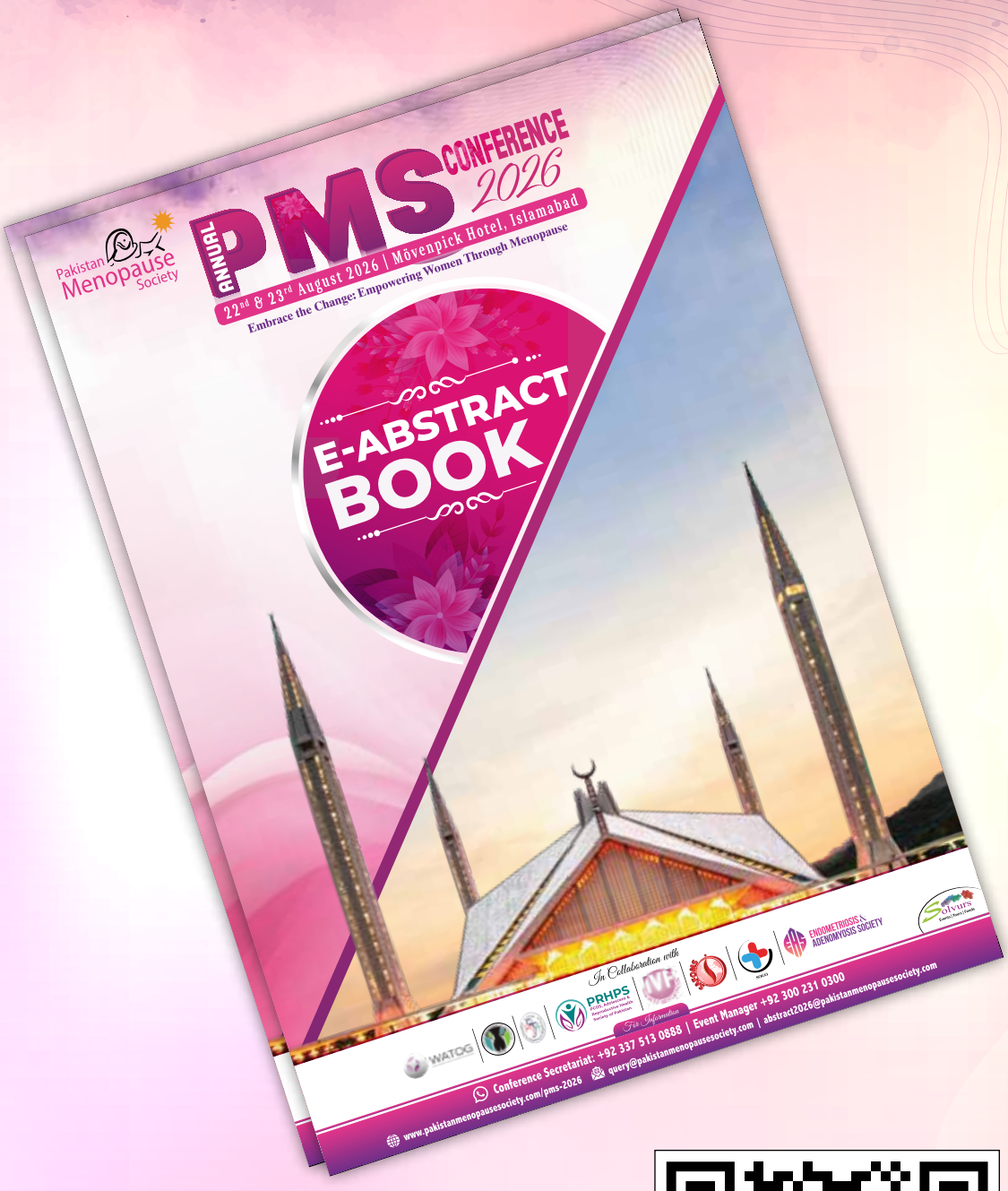
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