

PREMATURE OVARIAN INSUFFICIENCY (POI): A NEED FOR OPTIMIZED MANAGEMENT

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BACKGROUND AND OBJECTIVE

Our dedicated menopause clinic was set up in May 2018 aiming primarily to support women with POI after cancer treatment. Prior to this they were seen in general gynaecology clinic by the same clinician. We wanted to carry out a review of POI cases to assess their management and identify any areas of improvements.

METHODS:

The electronic case records of POI were reviewed to understand the etiologies, hormonal treatment, fertility management and their follow ups from 2017 to 2020.

RESULTS: (Number and Age)

- A total of 90 women were referred to the menopause clinic with suspected or diagnosed POI, during the study period.
- The average age of women at the onset of POI was : 27yrs (13-39)

RESULTS: CARE IN OUR UNIT

Referrals

- GP
- Oncology
- Haematology
- Macmillan Nurses
- Internal

Fertility referrals

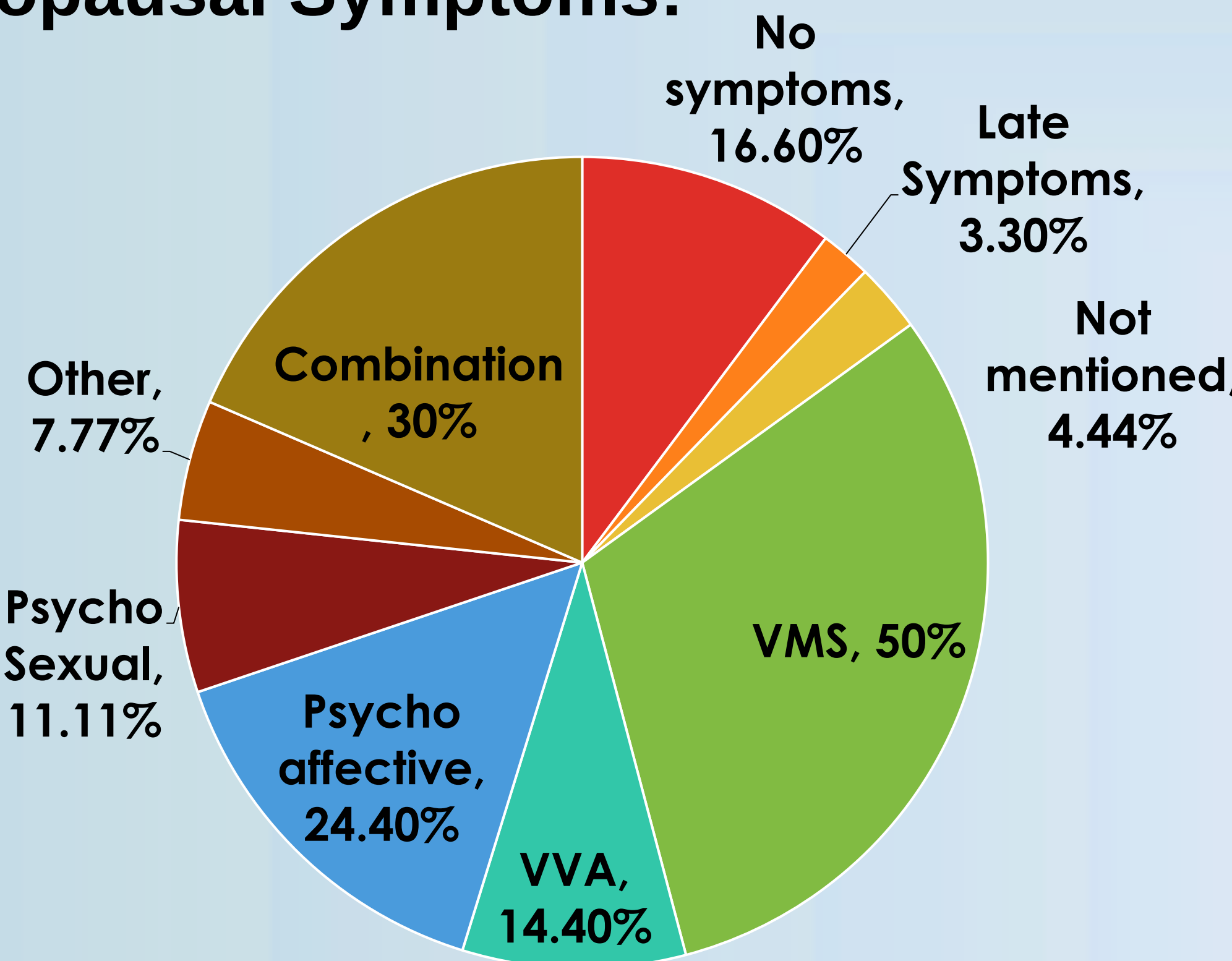
Fertility Management

- 31/90(34.4%) were parous women.
- 41/59(69.5%) had fertility input
 - Counselling only
 - Frozen Ovaries/embryos/eggs
 - Surrogacy/Adoption
- 18/59 (30.5%) women did not consider fertility referral.

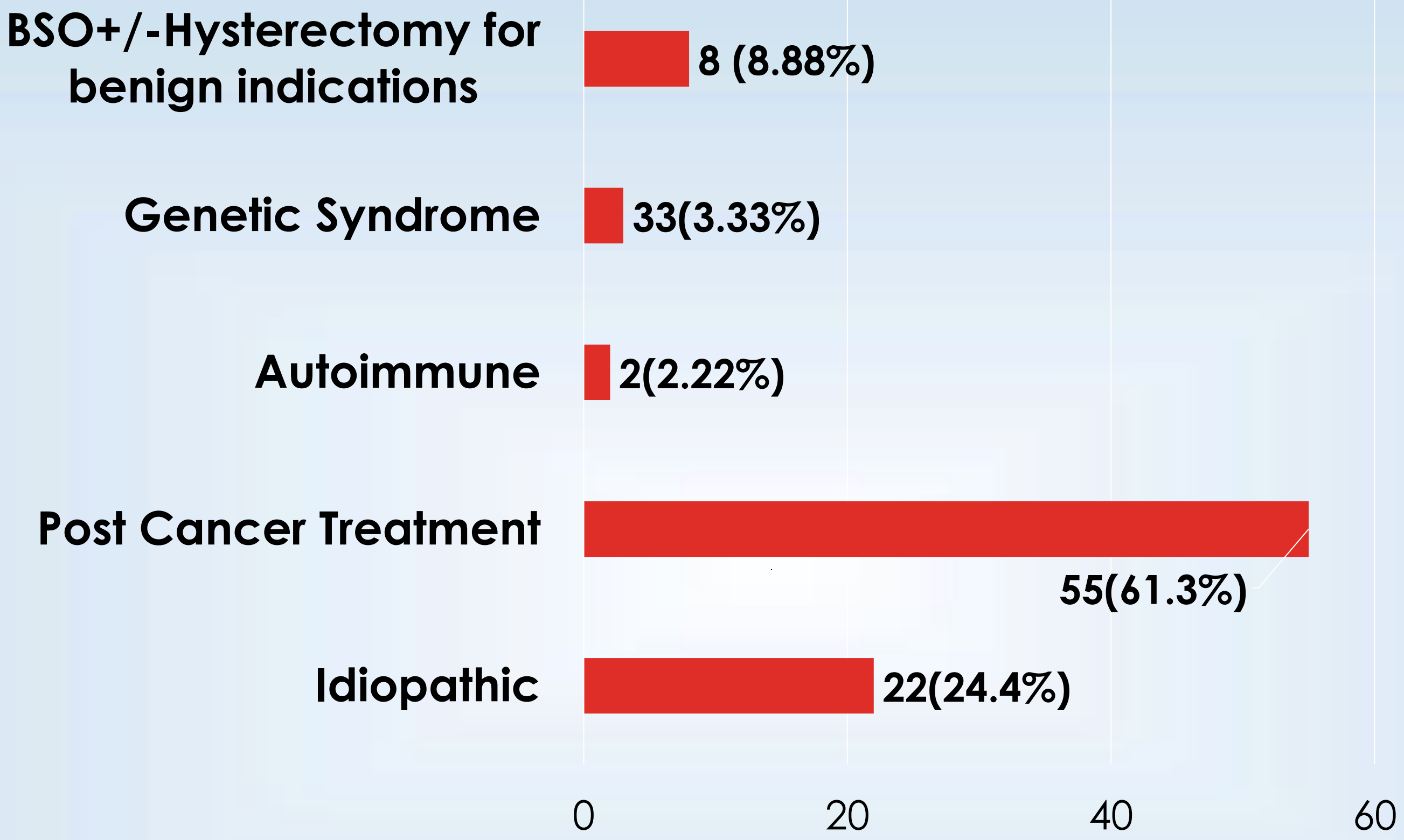
No separate service or referrals were made for emotional and psychological support

Menopause clinic Assessment and Investigations

Menopausal Symptoms:



Etiology



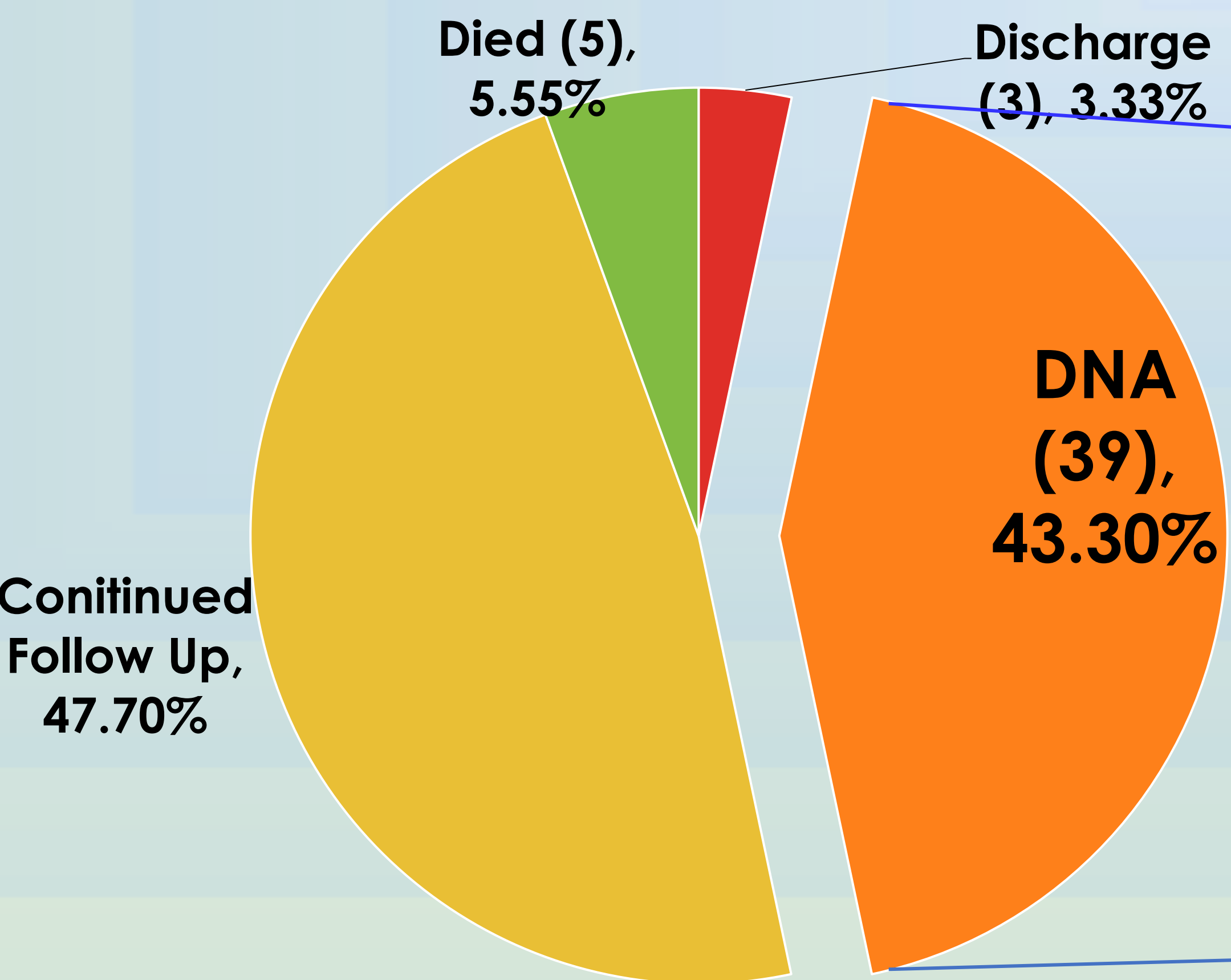
Bone Health

- 30 patients out of 77 (38.9%) women either had osteoporosis or osteopenia on their baseline DEXA scan
- 13/90 (14.4%) did not had DEXA scan for various reasons.

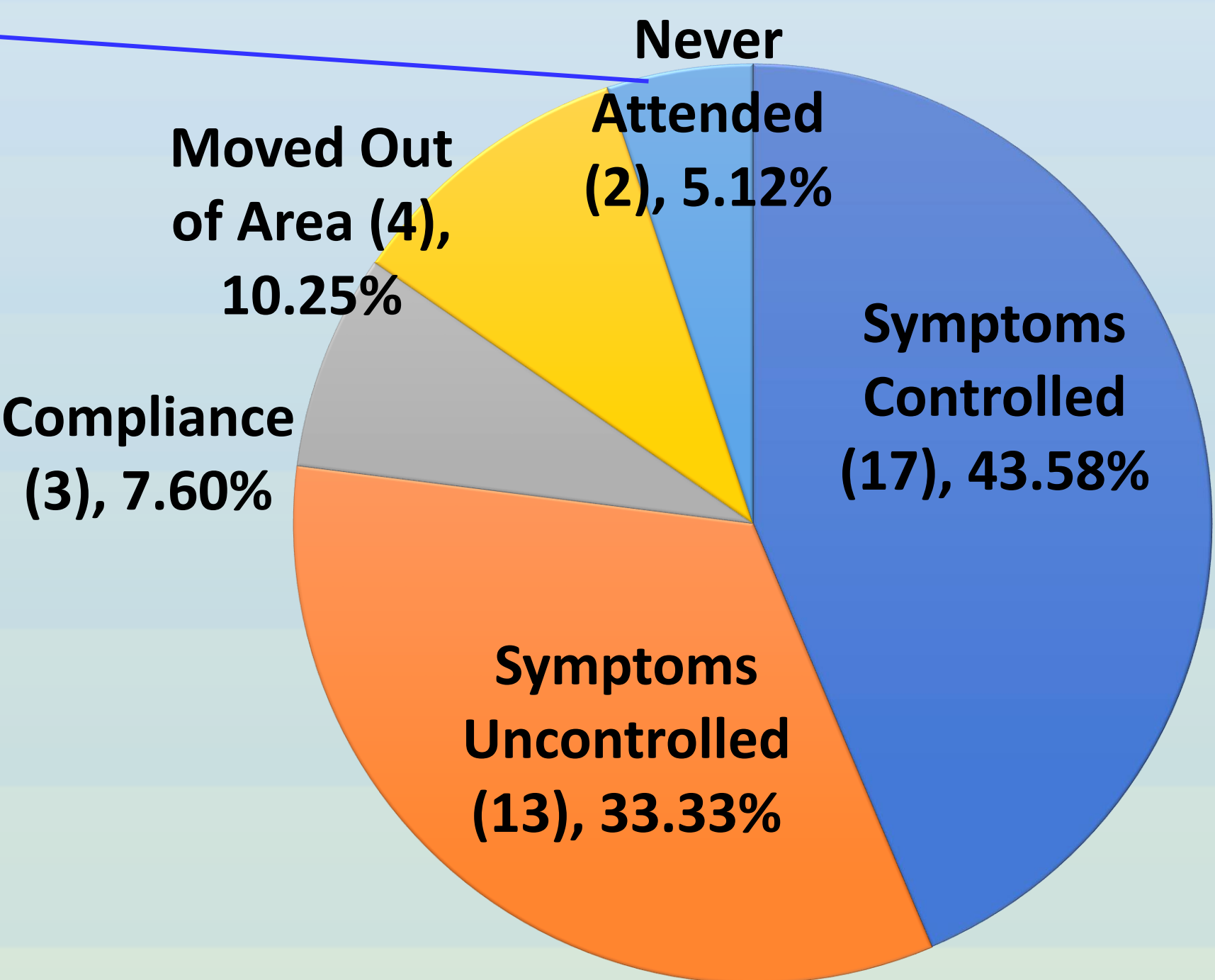
Hormonal Management

- Only 12/90(13.33%) women were given COCP at some time during their treatment during the study period.
- Choice of hormone replacement was based on women's contraceptive needs, personal or fertility preferences, side-effects, control of symptoms or availability of particular type of HRT

FOLLOW UP APPOINTMENTS



Women who did not attend the clinic



CONCLUSIONS:

- In our study the main cause of POI in women was iatrogenic (61.3% - Post cancer treatment and 8.88% -bilateral oophorectomy for benign indications).
- 16.6% of women did not had any menopausal symptoms. 82% of women who had symptoms of VVA either alone or in combination with other symptoms had radiotherapy as part of their cancer treatment.
- HRT was prescribed in majority of the cases in comparison to COCP.
- 38.9% of the women had osteopenia/osteoporosis on their baseline DEXA scan.
- 43.3% of women did not attend the clinic for the follow up appointments. This may reflect the gap in women's understanding of the condition, lack of effective hormonal and biopsychological support, difficulties in commuting from distant areas and too early referral during cancer treatment pathway.

NEXT STEPS:

- Expansion of staff supporting the menopause clinic.
- Improve women's education regarding the condition by providing them written information and creating direct electronic access to medical advice and facilitate psychological counselling.