educational status were not correlated with the total Greene score, nor the vasomotor subscore. However, regular physical activity was associated with lower total Greene score (18.1±11.6 vs. 23.8±11.8) (p=0.01) and specifically lower psychological subscore (8.9±6.1 vs. 11.9±7.1) (p=0.03). Moreover, it was demonstrated that the higher the frequency of exercise the lower the severity of the climacteric symptoms. Linear regression models showed that only regular exercise was significantly correlated with a better total Greene score (p=0.006) independent of the menopausal status. Particularly, regular exercise was significantly correlated with better psychological (p=0.006) and physical subscores (p=0.06), yet the vasomotor and sexual subscores remained unchanged.

**Conclusions:** Regular exercise was found to be the only lifestyle parameter to be associated with the severity of climacteric symptoms, especially the emotional symptoms. This finding might be used to encourage perimenopausal women to be actively engaged in physical activity beyond the well recognized virtues associated with exercise.

### 29 PREMATURE OVARIAN FAILURE: DEVELOPMENT OF AN INTERNATIONAL REGISTRY

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**Objective:** Premature Ovarian Failure (POF) is an increasingly common condition with important physical and psychological consequences. Understanding it remains under-recognized and under-researched. Here we present the development and analysis of a POF patient registry, to learn more about the symptomatology, aetiology and management of POF.

**Methods:** A retrospective analysis of 450 women with POF attending the West London Menopause and PMS Centre, London, UK.

**Results:** Average age of diagnosis was 30.3 years. 55.1% of cases were idiopathic, and 42% were iatrogenic. The most common symptoms were hot flushes (39.2%), sweating (41.5%), vaginal dryness (23.8%), depression/ anxiety (20.3%), and low libido (14.8%). 25% were asymptomatic. Iatrogenic sites of menopause: 86% felt POF requires specialist input and 44% requested ongoing hospital follow-up.

**Conclusion:** Underlying aetiology of POF can influence the presentation and long-term effects. We hope that further development of this database, both nationally and internationally, will allow a larger cohort to be studied and generate data which may be more widely applied.

### Treatment

### 30 INVESTIGATING UK AND INTERNATIONAL PRACTICES FOR MANAGING PREMATURE OVARIAN FAILURE

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**Introduction:** Premature Ovarian Failure (POF) remains a poorly understood condition, with a lack of standardised terminology and treatment guidelines. Consensus statements recommend estrogen replacement until the average age of menopause, however little is currently known about how POF is currently managed in clinical practice.

**Methods:** Questionnaire survey of 50 health professionals with an interest how POF is currently managed in clinical practice.

**Results:** Respondents were primarily gynaecologists (45%) or general practitioners (35%), and 78% felt confident in the management of POF. 62% were from the UK, 22% other European countries and 18% outside Europe. Various terminologies were used including POF (54%), Primary Ovarian Insufficiency (16%) and Premature Ovarian Dysfunction (14%). The following investigations were considered routine at diagnosis; FSH (96%), estradiol (90%), thyroid function (86%), prolactin (78%), pelvic ultrasound (56%), karyotype (50%), bone density (48%), 92% use HRT and 68% consider the combined oral contraceptive. The COCP was used more in the UK (82%) that elsewhere (52-56%). In UK respondents there was a preference towards transdermal therapy, whereas in non-European countries, the oral route was preferred. 86% recommended continuing HRT at least until the average age of menopause. Two-thirds, mainly gynaecologists, use testosterone, most commonly in symptomatic patients. 86% felt POF requires specialist input and 44% requested ongoing hospital follow-up.

**Conclusion:** In this study most health professionals agreed on duration of estrogen replacement however there is little consensus on nomenclature. Much geographic variation exists in the management of POF, particularly in the method of estrogen replacement. International guidelines on the management of POF are needed.
of laser-generated thermal impulses has been scientifically confirmed as highly successful. The hypothesis that laser photo thermal effect in the treatment of static urinary incontinence and pelvic diaphragm distension of the 1st and 2nd grade in women.

Patients and methods: Still running, this prospective pilot study enrolled 37 woman patients with history of static incontinence; vaginal delivery; Q-tip test over 30°; low score achieved by specific questionnaire; low perineometry values and residual bladder volume > 5 ccs. Procedure was preformed with Er-Yag laser XS Dynamis® (Fotona, Slovenia). Follow up was scheduled for 1, 2 and 6 months, measuring all the parameters.

Results: Preliminary results of post treatment evaluation shown significant improvement (p<0.05) in all the domains tested: reduction of ICQ-UI score (~57%); Q-tip angle (~28%) and residual bladder volume (~65%) with increased perineometry results (+1.5~2 times of basal values).

Conclusions: By employing the new method based on the photo-thermal effect of laser waves, it is possible, for women with early-stage prolapse or static incontinence, to avoid minor (sling) or major surgical interventions (vaginal hysterectomy with colporrhaphy).

33 STUDY OF PREVALENCE OF STRESS URINARY INCONTINENCE (SUI) IN PRIMARY CARE AND THE EFFECTIVENESS OF DULOXETINE

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Aim: Study prevalence of SUI in primary care in relation to age, causational factors, impact on quality of life (QL) and efficacy of conservative treatment with Duloxetine.

Method: Clinical details of women aged 20-85 attending well-women clinic with symptoms of SUI were recorded. They were offered conservative treatment including lifestyle advice, fluid intake pelvic exercises. 40 patients with significant SUI were given duloxetine 20mg B.D. for 2 weeks to be increased to 40mg B.D. with F/UP at 2, 6, 12 months.

Results: 41% experienced SUI of varying severity. Causative factors predominantly included child birth in 50-54%, Hysterectomy 39%, ageing 25%. Only 35% came for treatment of SUI. 40% did not discuss due to embarrassment. 25% accepted the symptoms as part of womanhood. 1/3 women wore protection all the time. SUI affected women's QL - social embarrassment, marital relationship, depression etc. 60% consulted GP after 2-5 years of onset, 10% under 1 year, 40% never consulted, 50% only detected on questioning. Among those given duloxetine (n=40) 50% improved after 4/52 with 20mg B.D. doses, with 70-95% reduction in SUI episodes with improved QL. 24% showed 70% reduction with 20mg but 90-95% with 40mg. 9% stopped treatment due to side effects and were referred to secondary care. 5% continued with 20mg with 75% reduction in symptoms. 4% lost F/UP.

Conclusion: 87% can be managed in primary care in collaboration with secondary care through incontinence pathway. Duloxetine is safe, cost effective avoids surgery with great patient satisfaction, and improved quality of life.

Uterine Cancer

34 HYSTEROSEOPICAL FINDINGS AND OCCURRENCE OF MALIGNANCY IN POSTMENOPAUSAL WOMEN DIAGNOSED WITH ENDOMETRIAL POLYPS: A 5 - YEAR REVIEW

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Introduction: The aim of this study was to examine the occurrence of endometrial polyps malignancy in postmenopausal women, after their diagnosis and excision by operative hysterectomy.

Material and methods: This was a 5 - year retrospective study. All medical records of postmenopausal women who underwent hysteroscopical removal of endometrial polyps, between January 2002 and December 2006, were analyzed. Patients were presented either with a complaint of postmenopausal vaginal bleeding or with abnormal ultrasound findings of endometrial polyps and/or increased thickness of the endometrium. In all cases endometrial polyps were detected by diagnostic hysteroscopy and their removal was performed by use of resectoscope.

Results: Totally, 328 postmenopausal patients 51 - 84 years old (mean age 67.3 years) were included in the study. 229 patients (69.8%) were symptomatic, while 99 (30.2%) were asymptomatic. The mean diameter of polyps ranged from 0.4 to 3.5cm. The hysteroscopic appearance of polyps was suggestive of malignancy in 13 cases (3.9%) because of the presence of multiple branching vessels. Histology established carcinomatous on their surface polyps in 9 cases (2.8%). 8 out of these 9 cases were classified as endometrioid endometrial adenocarcinomas. In one case histology revealed uterine carcinosarcoma. Three out of them had history of breast adenocarcinoma (tamoxifen users).

Conclusion: During this study period the malignancy rate of endometrial polyps diagnosed and removed by operative hysteroscopy in postmenopausal women ranges up to 2.8%. Hysteroscopic investigation in cases of postmenopausal vaginal bleeding or in cases of abnormal ultrasound findings even without symptoms, is considered necessary.

Women's Health

35 DIET INTERVENTION TO IMPROVE CARDIOVASCULAR RISK FACTORS AMONG IRANIAN POSTMENOPAUSAL WOMEN

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Cardiovascular disease is a leading cause of death and disability and remains so in the future. The aim of this study was to detect the impact of a 6-month diet intervention on cardiovascular risk factors in postmenopausal Iranian women. It was a randomized controlled trial that carried out in Ahvaz - Iran. This study started on June 2007 and was completed on May 2008. A total 64 healthy postmenopausal women recruited and randomly assigned to the intervention group (35) and control (29). Over the six months follow-up, the intervention group received five educational sessions (two face to face and three lecture discussion classes with slide demonstration) at the first month. These sessions were about menopause, cardiovascular disease and healthy diet. Every participant in the intervention group received one face to face education session at the 3rd month, and also received a telephone call at the end of each month starting with the second month. Pre-intervention and post-intervention anthropometric measurements, blood pressure, blood lipids and dietary intake were assessed. Participants in the diet group had significantly lower weight (~0.9 kg), body mass index (~0.4 kg/m²), and fasting blood sugar (~4.5mg/dl). The diet group significantly increased their daily intake of fiber (~2.3 g, P=0.05), decreased their intake of sodium (~28mg, P=0.04) and consumption of fruit and vegetable ≥ 5 serving a day (80%, P=0.03) compared to the control group. Healthy diet using educational intervention can be an effective means of reducing cardiovascular risk in postmenopausal women.

36 EFFECT OF TIBOLONE AND RALOXIFENE ON SERUM MARKERS OF APOPTOSIS IN POSTMENOPAUSAL WOMEN

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Objective: To investigate the effect of tibolone and raloxifene on the serum apoptotic markers sFas, sFasl and cyt-c in postmenopausal women.