



ASIAN SOCIETY OF CONTINUING MEDICAL EDUCATION

Women Health Wellness Conclave

Women Health Wellness Conclave was held at **Aamby Valley**, India under the banner of Asian Society of Continuing Medical Education.

The CME was designed to get all the Gynecologist & General Physician one platform for exchanging their views and sharing their clinical experiences with others about the challenges in the Diagnosis and Management of Idiopathic Recurrent Miscarriage, Future directions in RPL, Management of PCOS in Adolescent Girls, Managing PCOS associated infertility, & Management of PCOS in premenopausal women. Well known Gynecologist were invited to share their knowledge and Experience.



The Introductory speech was given by ASCME. He emphasized the main role played by Asian Society of Continuing Medical Education.

Date : 13th, 14th, 15th August 2022

Venue : Aamby Valley India

Total : 80
Participants



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AGENDA

13th August 2022 (Day 1)
Time: 2:00 p.m. to 7:30 p.m.

Topics	Timings	Speakers
Welcome speech and Introduction	2:00 p.m. to 2:15 p.m.	
Message from Chairperson	2.15 pm to 2.30 pm	Dr. Sagar Mane
Diagnosis and Management of Idiopathic Recurrent Miscarriage	2:30 p.m. to 3:30 p.m.	Dr. Sagar Mane
Break	3:30 p.m. to 4:30 p.m.	
Future directions in RPL	4:30 p.m. to 5:30 p.m.	Dr Sudhir Naik
Panel Discussion	5:30 p.m. to 5:45 p.m.	Dr. Shaliesh Mehta
Medicinal Management of Preterm Labour	5:45 p.m. to 6:45 p.m.	Dr. Girish Savant
Question and Answer Session	7:00 p.m. to 7:30 p.m.	Dr. Adam Farooq





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AGENDA

14th August 2022 (Day 2)
Time: 9:00 a.m. to 12:00 p.m.

Topics	Timings	Speakers
Welcome Address	10:30 a.m. to 11:00 a.m	Dr. Ankita Methew
Diagnosis and Management of PCOS in Adolescent Girls	11:00 a.m. to 1:00 p.m.	Dr. Sanjay Chavan
Panel Discussion	1:00 p.m. to 1:30 p.m.	Dr. Nilima Gohil
Question and Answer Session	1:00 p.m. to 1:30 p.m.	Dr. Neeraj Khare
Lunch Break	2:00 p.m. to 3:00 p.m.	
Managing PCOS associated infertility	3:00 p.m. to 5:00 p.m.	Dr. Neeraj Khare
Tea & Coffee Break	5:00 p.m. to 5:15 p.m.	
Question and Answer Session	5:15 a.m. to 5:30 p.m.	Dr. Divya Tekani





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AGENDA

15th August 2022 (Day 3)
Time: 9:00 a.m. to 11:15 a.m.

Topics	Timings	Speakers
Welcome speech and Introduction	9:00 p.m. to 9:15 p.m.	
Management of PCOS in premenopausal women.	9.15 pm to 10.00 pm	Dr. Shobha Kabra
Panel Discussion	10:00 p.m. to 10:30 p.m.	Dr. Mehjabeen Shaikh
Question and Answer Session	10:30 p.m. to 11:000 p.m.	Dr. Pramila Gupta
Vote of Thanks	11:00 p.m. to 11:15 p.m.	





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Summary of Women Health Wellness Conclave

- The ASCME was conducted at Srinagar, India. It was aimed to bring together the well-known Gynecologist and General Physician on one platform for exchanging their views and sharing their clinical experiences with each other's about the challenges in management and its associated spectrum of complications.
- In this ASCME, different topic such as Diagnosis and Management of Idiopathic Recurrent Miscarriage, Future directions in RPL, Management of PCOS in Adolescent Girls, Managing PCOS associated infertility, & Management of PCOS in premenopausal women.
- **Dr. Sagar Mane** chairperson for **Women Health Wellness Conclave 2022 (Day 1)** inaugurate Forum to discuss and share important point on given agenda topic.
- **Dr. Sagar Mane** shares some points on **Diagnosis and Management of Idiopathic Recurrent Miscarriage** that occurs Recurrent pregnancy loss (RPL) affects 0.7%– 1.9% of women, causing significant psychological harm for couples and increasing the risk of adverse obstetric conditions. We demonstrate marked variations in current RPL investigation and management across the India. ESHRE guidance recommends investigation of women with 2 losses. With regards to idiopathic RPL management, lifestyle changes and supportive care emerged as the most used tools. Progesterone and folic acid were rated as most effective, being more likely to be offered. *She also added that* Progesterone use for idiopathic RPL management was suggested in two systematic reviews and meta-analyses. A high percentage of respondents identified vitamin D and multivitamin supplementation as effective treatments they would definitely suggest, which may reflect routine antenatal care guidance. Interestingly, only ~60% confirmed vitamin D use. Whether this reflects low-dose supplementation or higher treatment doses is unclear but of interest. Aspirin appears widely utilised for idiopathic RPL management. Some evidence suggest that aspirin may increase the risk of miscarriage in women without thrombophilia and empirical treatment is not supported.
- **Dr Sudhir Naik**, who had a Discussion on **Future directions in RPL** said: Key Points for Future directions in investigating biomolecular risk factors for RM rely on integrating alternative approaches (DNA variants, gene and protein expression, epigenetic regulation) in studies of individual genes as well as whole genome analysis.
 - Leptin may play a role in preventing miscarriage and could be used as a predictor of pregnancy continuation.





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- Clinical use of markers to evaluate endometrial receptivity and serum measurements of IL-1, 8, TNF alpha has been hypothesized to improve the management of recurrent abortion.
 - Therapeutic interventions include monoclonal antibodies against the TNF- α molecule (adalimumab) or against soluble TNF- α receptors (etanercept). G-CSF was also found to have a positive effect on RPL patients.
 - G-CSF reduces the cytotoxicity and IFN- γ secretion of dNK.
- **Dr. Shailesh Mehta** Hosted **Plane Discussion session on the pervious topic.**
 - **Dr. Amol Nikam share view point on Medicinal Management of Preterm Labour:** Preterm labour is the onset of regular uterine contractions associated with progressive cervical change between viability and 37 completed weeks of gestation. The incidence is between 5% and 10% in most developed nations. Also, talk about how Management of preterm labour should be directed towards establishing the cause, ensuring delivery under optimal conditions, and consideration of the pros and cons of delaying delivery to increase gestational age. In practice, this means that women admitted in threatened preterm labour should be appropriately assessed to determine the optimal time for delivery. The decision should be based on a risk–benefit analysis for each individual. The main pharmacological considerations are whether to administer antibiotics, steroids or tocolytics.
 - **Dr. Girish Savant** conducted **Plane Discussion session on the pervious topic.**
 - **Dr. Adam Faqoor** hosted **Question and Answer session on the pervious topic.**
 - **Dr. Ankita Methew** inaugurate Forum (Day 2) on **Women Health Wellness Conclave 2022** to discuss and share important point on given agenda topic.
 - **Dr. Sanjay Chavan** discusses her experience with **PCOS Diagnosis and Management in Adolescent Girls:** PCOS is a common reproductive health disorder that affects young women as they move through puberty and into adulthood. Young women may experience a range of menstrual abnormalities and infertility, as well as other clinical complications associated with androgen excess, obesity, and insulin resistance. As such, HRQL can be significantly affected. Fortunately, there are effective medications to treat PCOS and its associated clinical symptoms. Use of adolescent-friendly clinical, mental health, and consultative cosmetology services may facilitate building an interdisciplinary team to support patients and families affected by the disorder





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Non-pharmacologic Menstrual management: Lifestyle Changes, such as weight loss and lifestyle modifications to include exercise, can contribute to improved menstrual regularity. *Pharmacologic Interventions* Menstrual management: Pharmacologic therapies are important strategies for managing the endocrine features of PCOS and combined estrogen-progesterone OCPs have been the mainstay of pharmacologic treatment for most patients who are not actively seeking pregnancy. OCPs decrease LH levels and decrease androgen synthesis while also increasing sex hormone-binding globulin levels and testosterone binding. Moderator: **Dr. Paramita Ghosh Hazari** has been same.

- **Dr. Nilima Gohil** conducted **Panel Discussion** session on the previous topic.
- **Dr. Neeraj Khare** hosted **Question and Answer** session on the previous topic.
- **Dr. Neeraj Khare** had a session on **Managing PCOS Associated Infertility**: share overview on PCOS is a complex reproductive, metabolic, and psychological disorder characterized by a variety of clinical manifestations and is a major cause of infertility. Lifestyle changes should be considered first-line treatment recommendation for PCOS related infertility, before resorting to pharmacological options. Ovulation induction is the next step, being letrozole the first choice, followed by CC. In women who have failed first line oral ovulation induction therapy, gonadotropins are the next line. For women who do not become pregnant with ovulation induction drugs or have additional infertility factors, ART or LOD can be used.
- **Dr. Divya Tekani** hosted **Question and Answer** session on the previous topic.
- **Dr. Shobha Kabra** inaugurate Forum (Day 3) on **Women Health Wellness Conclave 2022** to discuss and share important point on given agenda topic.
- **Dr. Shobha Kabra** spoke about **Managing PCOS in Perimenopausal women**: Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in women of reproductive age group, but it affects women's health and quality of life across the life course. During different stages of life, the PCOS phenotype can change, which requires a personalized diagnostic approach and treatment. With increasing age, the syndrome evolves from a reproductive disease to a more metabolic disorder. Along with various metabolic disturbances like insulin resistance and abnormalities of energy expenditure, PCOS is recognized as a major risk factor for the development of type 2 diabetes and cardiovascular disease (CVD) in later life.





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PCOS does not disappear as women get into menopause. Reproductive hormones and the lipid profile in women with PCOS differ from those in women without PCOS after menopause. Women with PCOS reach menopause a few years later and have lower serum FSH compared with age-matched controls. Moreover, the inflammatory and the metabolic parameters worsen with age, putting women with PCOS at increased risk of life-long health issues beyond menopause, especially the risk of developing CVD, arterial hypertension, and type 2 diabetes. All providers involved in the multidimensional care of women with PCOS should be aware of these long-term health risks to provide appropriate counseling, screening, and management options. This supports the need for treatment involving dietary and lifestyle modifications and insulin sensitizers in older women with PCOS who have metabolic complications.

- **Dr. Mehjabeemm Shaikh** conducted **Plane Discussion session on the pervious topic.**
- **Dr. Pramila Gupta** hosted **Question and Answer session on the pervious topic.**





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PHOTOS



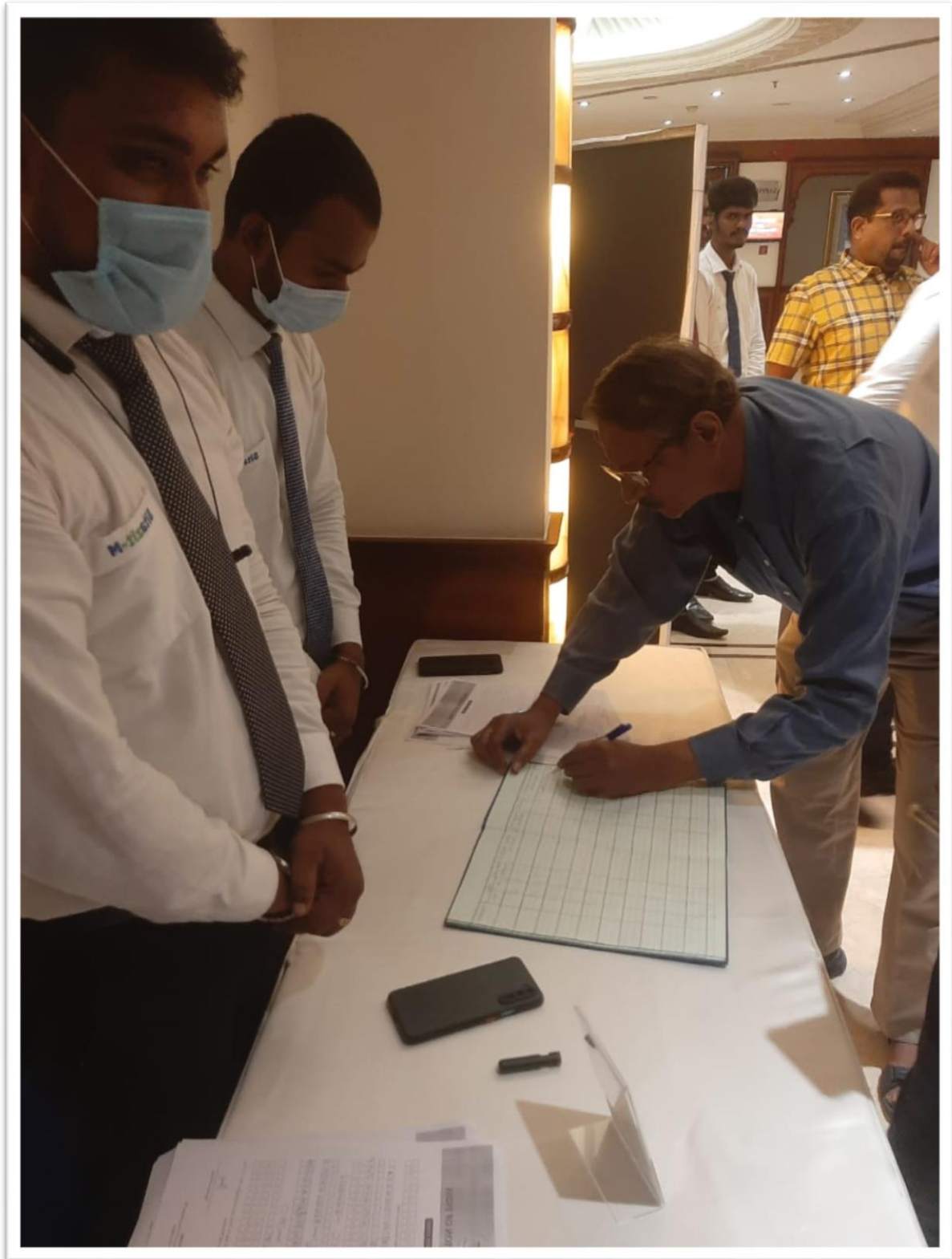
Welcome to Women Health Wellness Conclave-2022



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Registration to Women Health Wellness Conclave



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Q&A session





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Panel Discussion Session



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SESSION PPT



Welcome to Women Health Wellness Conclave



PPT Presentation on Diagnosis and Management of Idiopathic Recurrent Miscarriage

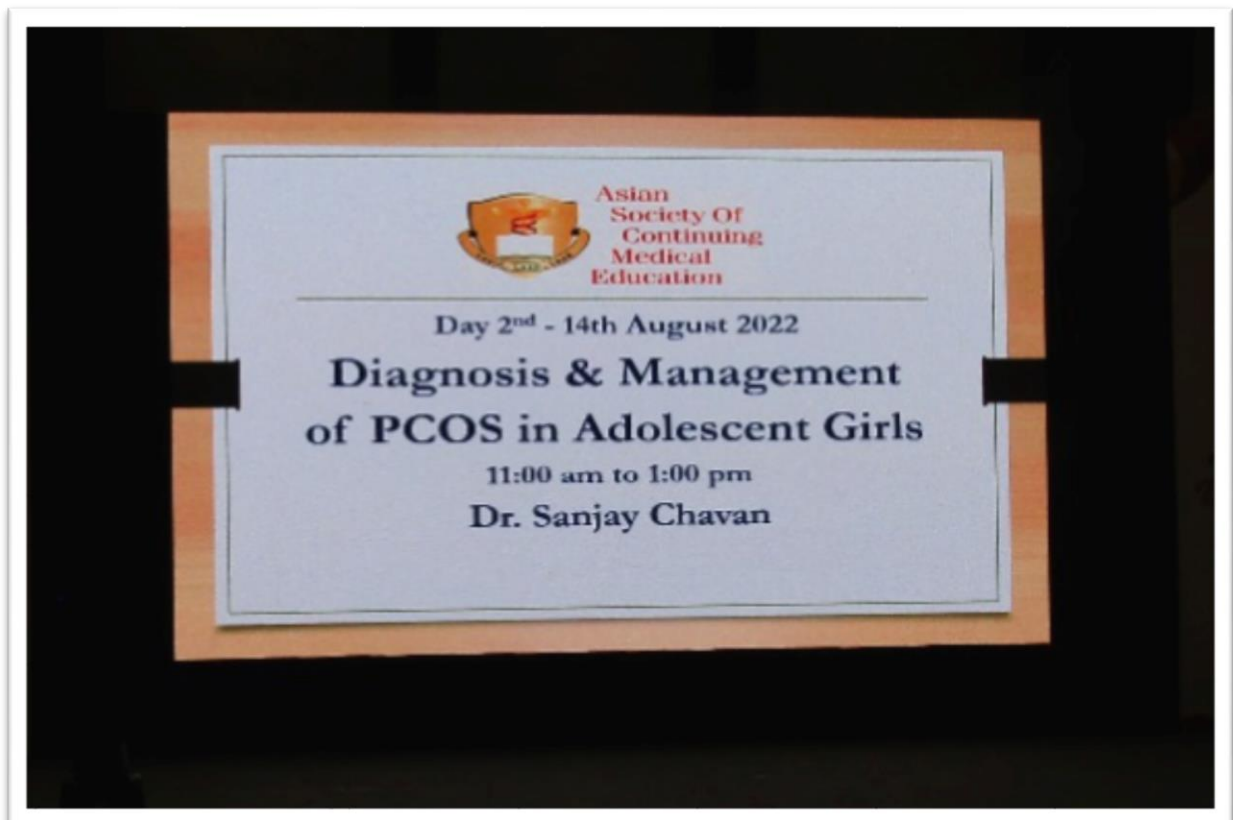




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PPT Presentation on Medicinal Management of Preterm Labor



PPT Presentation on Diagnosis & Management of PCOS in Adolescent Girls

