

AUGUST NEWSLETTER: FOCUS ON BRAZILIAN AEPCOS UPDATE MEETING

The August newsletter is dedicated to the AEPCOS Update Meeting that was held in Natal, Brazil, August 20-21, 2013..

Poli Mara Spritzer, member of AEPCOS from 2006 and Professor of Endocrinology at the University of Porto Alegre, Rio Grande do Sul, Brazil, organized the meeting and has published a comment on the meeting.

Poli Mara also interviewed Helena Teede on strategies of lifestyle in treatment of PCOS. Helena is Professor of Medicine at Monash University, Clayton, Australia, member of AEPCOS Society from 2006 and actual President of Australian Society of Endocrinology.

Because the treated issues are often controversial, we encourage comments from our members and will publish these in future newsletters. If you wish, you may send a letter to: enrico.carmina@ae-society.org

The registration form and some information about 11th Annual Meeting of AEPCOS Society are reported.

VOLUME 1, ISSUE 8

AUGUST 31, 2013

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Editorial Board

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FORTHCOMING AEPCOS MEETINGS

- Update on PCOS, Quito, Ecuador, September 25, 2013
- 11th Annual Meeting of Androgen Excess & PCOS Society, Newport, Rhode Island, USA, October 17-18, 2013

ANNUAL MEETING OF AEPCOS SOCIETY

Newport, Rhode Island, USA,



11th Annual Meeting of AEPCOS Society will be held at the HYATT REGENCY RESORT HOTEL, 1 Goat Island, Newport, Rhode Island 02840, USA, October 17-18, 2013.

The meeting will start October 17 at 4 PM to permit to people attending IFFS/ASRM meeting in Boston (that meeting is scheduled to finish October 17, at 1 PM) to can participate to AEPCOS meeting sessions. Newport is located 72 miles from Boston Convention Center (about 1 hour and 20 minutes by MA-24S). Transportation from Boston Convention Center to Newport Hyatt Regency Resort will be provided (bus leaving at 1:30 PM) but has to be reserved by September 15.

As special bonus, to people who register before October 1, a free issue of the special number of Journal Steroids reporting the main lectures of AEPCOS Beijing Annual Meeting will be distributed.

The venue of 11th AEPCOS Annual meeting, Hyatt Regency Resort Hotel, is situated on Goat Island. Surrounded by Narragansett Bay, the hotel offers the seclusion of a private island, just minutes to downtown Newport. The resort provides water shuttle (and van shuttle) to/from downtown Newport. A block of rooms at very competitive prices has been reserved for people attending the meeting.

To get these special prices, rooms should be booked by AEPCOS office before September 16, 2013.

REGISTRATION FORM

11TH AEPCOS ANNUAL MEETING

REGISTRATION ONLY

_____ AEPCOS members \$260 _____ Non AEPCOS members \$360

NEWPORT HYATT REGENCY RESORT

\$219 for night ____ October 16 ____ October 17 ____ October 18

Payment amount: \$_____ Credit card payment: ____ VISA ____ MasterCard ____ AMEX

Credit card number _____ Expiration date: ____/____

Cardholder
name _____

Online payment _____ To safely pay online, connect to: www.ae-society.org

Check payment _____ Make checks payable to Androgen Excess Society

Email, mail or fax the registration form to: Androgen Excess & PCOS Society, via delle Croci 47, 1st floor, suite 10, 90139 Palermo, Italy. Fax: +39-091328997, Email: info@ae-society.org

Only written cancellation by fax or e-mail will be accepted. For cancellations until September 1, 2013, a 50% fee will be applied. No refund will be given after that date. Registration includes welcome reception, lunch (Oct 17) 2 coffee breaks. Hotel prices include \$20 Resort Fee (parking, in room high-speed internet, water shuttle or van shuttle to/from Downtown Newport, resort activities, access to fitness center, 2 bottled waters for night) but do not include 13% combined city and state occupancy taxes.

The certificate will be issued to the name of the accredited participant.

To get registration form in word, please contact: info@ae-society.org

TRANSPORTATION TO/FROM NEWPORT

BY AIR

T.F. Green Airport - Warwick, RI (26 miles/35 minutes)

Airlines - Serviced by all major domestic airlines

Car Rental Agencies - Serviced by all major car rental companies

Public Transportation - Cozy Cab or RIPTA

Cozy Cab operates scheduled shuttle van service between T F Green Airport and Newport RI, with service every two hours from 7 am to 10 pm, and hourly service on Friday and Sunday. Additional trips run daily at 5 am and 12 midnight. Fare is \$20 per person, one-way. Call 1-401-846-2500 or 1-800-846-1502 for reservations.

BY RAIL

Amtrak Kingston Station - West Kingston, RI (18 miles/30 minutes)

Public Transportation - Reserved Car Service (401) 295-1100 or RIPTA

BY CAR

From New York City, take I-95 to the third Newport exit, picking up Route 138 east (which joins briefly with Rte. 4) and crossing the Newport toll bridge slightly north of the downtown district.

From Boston (75 miles), take Route 24 through Fall River, picking up route 114 into town.

AEPCOS UPDATE MEETING NATAL, BRAZIL, AUGUST 20-21, 2013

Past August 20th and 21th, an Update Meeting on PCOS has been organized by the AEPCOS Society and the Brazilian Endocrine Society (Sociedade Brasileira de Endocrinologia e Metabologia, SBEM), in Natal, Brazil. with the support of the Brazilian National Institute of Hormones and Women's Health. Members of AEPCOS Soc, such as David Ehrmann, Helena Teede, Enrico Carmina and Poli Mara Spritzer participated to the meeting. An audience of around ninety people attended the meeting and had actively interacted with the presenters, mainly during the Questions & Answer sessions.

The focus of the Meeting was the *"PCOS across the lifespan"*, encompassing different aspects of the syndrome that change along the time. Five symposia were organized covering the most recent advances in endocrine research and patient care on PCOS: Epidemiology, diagnosis and pathophysiology, Main topics in adolescent and young adult women, Management strategies for reproductive and metabolic consequences, Special issues and Long term health consequences. Additionally, young researchers participated on the oral and poster presentation sessions and the abstracts were published in a Supplement edition of the Arquivos Brasileiros de Endocrinologia & Metabologia, ABEM, the PubMed-indexed Journal of The Brazilian Endocrine Society, SBEM.

Some issues were of major interest and discussion, such as the diagnosis and management of PCOS among adolescents as well as AMH levels and polycystic ovaries; Changes of ovarian function during fertile age and cardiovascular risk in menopause. Psychological features and lifestyle strategies were also topics of great interest and are the subject of the interview presented in this Newsletter (Poli Mara Spritzer)



Speakers at Brazilian AEPCOS Update Meeting. From left:

Helena Teede, M.D., Monash University, Clayton, Australia;

Karen Opperman, M.D., Passo Fundo University, Passo Fundo, Brazil;

Fernando Marcos dos Reis, M.D., University of Belo Horizonte, Brazil;

Dolores Pardini, M.D., Federal University of Sao Paulo, Sao Paulo, Brazil;

Enrico Carmina, M.D., University of Palermo, Palermo, Italy;

Poli Mara Spritzer, M.D., Porto Alegre University, Porto Alegre, Brazil,



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Helena Teede, M.D.

STRATEGIES OF LIFESTYLE IN PCOS

Poli Mara Spritzer, M.D. has interviewed Helena Teede, M.D. Professor of Medicine at Monash University, about her lecture “Lifestyle strategies for reproductive and metabolic consequences of PCOS” at the Update Meeting of AEPCOS Soc, in Natal, Brazil and her recent study on the contribution of diet and physical activity to body mass index in women with and without PCOS.

Poli Mara Spritzer - It seems to be no differences among PCOS and no- PCOS women concerning diet composition. However, while healthy diet is recommended to everyone, what is the evidence for specific diets to PCOS? Is there a role for omega 3 enriched-diet, Mediterranean or low GI diets?

Helena Teede – There is no evidence in PCOS for one diet over another, but healthy food choices. The main diets that are being tested in PCOS are the low GI diets. There are some minor metabolic differences but most of the studies are short term and the differences are not clinically important. The guideline work that we did was just the medical view of all the evidences suggest again: healthy eating, lower caloric intake, smaller portions are the messages we need to give to our patients, as well as the healthy eating, with fruits, vegetables, and multiple grains. Maybe omega 3 and others have a role but there's no difference yet.

PMS – Your study shows that lifestyle changes are important in PCOS. Could you talk about strategies to improve adherence to these lifestyle changes?

HT - The principles would be that we deal with the psychological issues first, including screening for body image and self-esteem, anxiety, and depression, and make sure that we address those, then we provide simple messages about lifestyle and we need behavior change techniques. Behavior change is not complex, it's quite simple, one step at a time, with women setting goals, so the adherence goals goes, they just set their own goals and it's a good time in life for them to set those goals. They are 80% likely to achieve them and they have to be important to them.

So it is like being in a step-by-step program, once you have addressed the psychological issues, then you can look at gain in weight. And the way it works is as if they have support, if they are coming back to the doctor, they are getting weighed, they are making the small changes and they have just a brief episode of support with the consultation, we know that is productive.

The time of diagnosis is a teachable moment and also a good opportunity. We need to give them realistic goals, so the goals need to focus on being as healthy as they can. Making healthy food choices and be as physically active as they can.

Physical activity, alone, does improve insulin resistance, but doesn't necessarily cause weight loss. Most of that is the reduction in energy intake although physical activity has health benefits in PCOS because of the insulin resistance effect and can help maintain the weight if they lose weight. But the primary role is diet to calorie restriction, the smaller samples, the smaller portions sizes and the strategies they need to use to eat healthy and eat less, and move more. Peer support and the mentors may also be very helpful. Maintenance was still a problem, but we know that if we focus on prevention of weight gain, that's much easier to obtain and if they're looking to lose weight, even a small weight loss, 3 to 5 percent has helped them.

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PMS – The prevalence of obesity is high among PCOS women and have a negative impact on metabolic and reproductive comorbidities. Do you think there is a role for bariatric surgery in PCOS?

HT- Unfortunately, I think there is a role for bariatric surgery and the international recommendations for bariatric surgery tend to be for BMI over 35 with complications and one of the problems is that those who PCOS often have a BMI over 35 and from a young age and they have infertility, diabetes, hypertension, often arthritis in their knees, so they have comorbidities. PCOS is eventually all of these so they will qualify. One of the challenges is if they want to have a pregnancy, is it safe? The observational literature suggests it's a very positive outcome but there are no randomized controlled trials yet but there 500 - 600 births and that have been published or/and reported and the outcomes are much better after bariatric surgery. The other thing of concern is the duration of weight excess is also important in terms of complications, so not simply whether you're overweight but how long you've been overweight for. So if these girls are overweight from adolescence, they are at high risk again. So we do use bariatric surgery and in those who are morbidly obese. I don't advocate in adolescents because there are significant issues, but that's a personal perspective. So the guideline that we reviewed all the literature from there's not enough evidence for PCOS, but based on international recommendations we advise that over a BMI over 35 with complications, the infertility with diabetes and other complications in PCOS the bariatric surgery is reasonable as an option if you can get access safely but you must have a follow up, not just surgery.

PMS - Finally, regarding physical activity, there is some evidence suggesting that PCOS women needs to exercise more for getting health benefices. Do you think physical activity can help for specific issues such as infertility or diabetes prevention?

HT – Physical activity is good for everything. There are challenges in physical activity. The evidence at a public health level would suggest that to get the whole population moving we need public health strategies: more public transport, more opportunities to walk, more times that we have to walk and more restrictions around car transport... so there are environmental factors. But physical activity does not do a lot to weight. So it improves insulin resistance significantly and improves the AMH levels and it appears to improve ovulatory function, we don't know if it improves pregnancy outcomes but one would imagine that would. The guidelines on the evidence reviewed suggests that dietary change and physical activities with behavioral components well combined with simple messages that people can adhere to, women with PCOS would do better with a bit more vigorous exercise. So 150 minutes a week, a bit more of vigorous exercise for health benefit, but they must not do exercise with the goal of losing weight, because they would be gone, exercise needs to be for well being, for maintenance of weight, for health, "for self-esteem", but not for weight loss or they would stop.

I think lifestyle is a public health problem. And if we want to prevent PCOS from escalating in prevalence and severity, we need to look at public health measures. And universally around the world, public health includes specific interventions with education and the educated do best with education, then there are those who are less motivated do better with incentives. Public health is always a combination of education, incentives and regulation and we really need some regulations around soft drinks, around availability on high calorie food, it needs to be some regulation, so until we do that, our obesity problem and our PCOS problem will continue to get worse and conditions... and academics have a role to advocate for that.