

PRESIDENT'S MESSAGE

In an ever changing and uncertain world the need for a broad based approach to women's health remains even more important. Despite outstanding scientific advances in the treatment and understanding of gynaecological cancers, prenatal diagnosis, contraception and fertility treatments there are millions of women worldwide who are unable to access these life enhancing developments.

There are so many barriers to overcome in many parts of the world, not only in the emerging economies, but even in the 'first world'. In any country the reasons for inequality in accessing healthcare provision are multifactorial, encompassing education, money, politics, religion, as well as individual factors. So in each country the approach to improving women's health must be multidisciplinary, to enable a comprehensive approach to the issue.

Australia is one of the most advanced countries in the globe, yet inequalities in provision of women's healthcare persist. Every woman is entitled to the care she needs but there are still a wide range of factors which act as barriers, from individual or family reasons for not accessing healthcare, to user unfriendly bureaucratic or political reasons. It is puzzling and disturbing that in 2017 an individual's intimate and private sexual and reproductive choices are still the subject of public political debate, and that sex education in schools is not compulsory countrywide.

This makes ASPOG as important and relevant as it was when founded in 1973, as a professional organisation which provides a forum for learning and thinking about healthcare in a patient centred and psychosocial way.

This year ASPOG will hold its annual scientific meeting in Brisbane where these and other issues will be discussed in our usual open and friendly professional manner. We are delighted to have a group of young and enthusiastic members to carry ASPOG forwardall women.....MEN, WHERE ARE YOU?! We have achieved multidisciplinary membershipso let's have some gender diversity on the committee! The Annual General Meeting takes place at the Brisbane conference, so all nominations can be submitted before then.

Looking forward to welcoming you all to ASPOG 2017.

A/Prof Susan Carr

A Big Thank You

A big thank you to our current President, Susan Carr, for taking on an extra year as president of ASPOG. Due to unforeseen circumstances, just prior to her handing over the baton at last year's conference-she was informed the position of incoming president was vacant. So she took it up again! Professor Jane Ussher will take up leadership from August 2017.

Michelle's award

We are delighted to congratulate one of our members, Michelle Peate, for her recent 2017 Hiroomi Kawano New Investigator Award from the International Psycho-Oncology Society (IPOS). IPOS aims to foster international multidisciplinary communication about clinical, educational and research issues that relate to the subspecialty of psycho-oncology and two primary psychosocial dimensions of cancer: response of patients, families and staff to cancer and its treatment at all stages; and psychological, social and behavioural factors that influence tumour progression and survival. This award honours early career investigators for outstanding research contributions in the field of psycho-oncology. Michelle has been recognised for her high quality research in the development of resources and their evaluation.

Michelle also was recently awarded the "Best Oral Presentation" at the Victorian Integrated Cancer Services 2017 Conference for her work on developing fertility preservation decision support tools for young women with breast cancer.

Well done Michelle!

Note from the Editor

In previous editions of this newsletter I have requested publication details from the membership. However this time I only approached the Committee. And what a great response. Please see below a list of recent publications by committee members. This confirms we are very much an alive and dynamic society!

Newsletter publications

Ussher, JM., Cummings, J., Dryden, A., Perz, J. (2016) Talking about fertility in the context of cancer: Healthcare professional perspectives. *European Journal of Cancer Care*, 25 (1) 99-111 DOI 10.1111/ecc.12379.

Ussher, JM, Perz, J. Metusela, C., Hawkey, A. Morrow, M., Narchal, R., Estoesta, J. Negotiating hegemonic discourses of shame, secrecy and silence: Migrant and refugee women's experiences of sexual embodiment. *Archives of Sexual Behavior* (published online October 2016, DOI 10.1007/s10508-016-0898-9)

Parton, **C. Ussher, JM & Perz, J.** (2017) Experiencing menopause in the context of cancer: Women's constructions of gendered subjectivities *Psychology and Health* <http://dx.doi.org/10.1080/08870446.2017.1320799>

Hawkey, A., **Ussher, JM, Perz, J.,** Metusela, C. 2016. Experiences and Constructions of Menstruation Across Migrant and Refugee Women. *Qualitative Health Research* (published on-line ahead of print October DOI: 10.1177/1049732316672639).

Parton, C., **Ussher, JM, Perz, J.** (2016) Women's Construction of Embodiment and the Abject Sexual Body After Cancer. *Qualitative Health Research* 26(4):490-503 DOI: 10.1177/1049732315570130

Ussher JM, Perz J (2017) Evaluation of the relative efficacy of a couple cognitive-behaviour therapy (CBT) for Premenstrual Disorders (PMDs), in comparison to one-to-one CBT and a wait list control: A randomized controlled trial. *PLoS ONE* 12(4): e0175068. <https://doi.org/10.1371/journal.pone.0175068>

de Souza e Sousa M, Peate M, Jarvis S, Hickey M*, Friedlander M*. *A clinical guide to the management of genitourinary symptoms in breast cancer survivors on endocrine therapy.* *Therapeutic Advances in Medical Oncology Journal.* *Joint senior authors doi: 10.1177/1758834016687260 <http://journals.sagepub.com/doi/full/10.1177/1758834016687260>

Peate M, Stafford L, Hickey M. Fertility after breast cancer and strategies to help women achieve pregnancy. *Cancer Forum* 2017; 41(1): 32-39. **Invited review.**

<http://cancerforum.org.au/forum/2017/march/fertility-after-breast-cancer-and-strategies-to-help-women-achieve-pregnancy/>

Pritchard N, Kirkman M, Hammarberg K, McBain J, Agresta F, Bayly C, Hickey M, **Peate M**, Fisher J. *Characteristics and circumstances of women in Australia who cryopreserved their oocytes for non-medical indications.* *Journal of Reproductive and Infant Psychology* 2017; 35(2):108-118. doi: 10.1080/02646838.2016.1275533 <http://www.tandfonline.com/doi/abs/10.1080/02646838.2016.1275533?journalCode=cjri20>

Hammarberg K, Kirkman M, Pritchard N, Hickey M, **Peate M**, McBain J, Agresta F, Fisher J. *Reproductive experiences of women who cryopreserved oocytes for non-medical reasons.* *Human Reproduction* 2017; 32 (3): 575-581 doi: 10.1093/humrep/dew342 <http://humrep.oxfordjournals.org/content/early/2017/01/06/humrep.dew342.long>

Bilardi, JE, Walker, S, Bellhouse, Temple-Smith, M., C, McNair, R., Mooney-Somers, J., Vodstrcil, L., Fairley, CK., Bradshaw, C. (2017). *Women view key sexual behaviours as the trigger for the onset and recurrence of bacterial vaginosis.* *PLoS ONE*, 12(3): e0173637. doi:10.1371/journal.pone.0173637

PMS Media Release

A Western Sydney University study has found that couples counselling can be critical for women in the treatment of severe premenstrual symptoms (PMS).

Leading women's health researchers Professor Jane Ussher and Professor Janette Perz, from the University's Translational Health Research Institute (THRI), compared the impacts of one-to-one and couples counselling for Premenstrual Disorders (PMDs).

The results, which have been published in the prestigious PLOS ONE journal, indicate that couple-based interventions have a greater positive impact upon women's ability to cope with premenstrual distress.

As part of a three-year Australian Research Council (ARC) funded study, 83 women who suffered from severe PMS were randomly divided into three groups: a one-to-one

therapy group, a couple's therapy group, and a waiting list group.

The results revealed that couple-based interventions were the most effective in improving coping, reducing relationship difficulties and alleviating premenstrual distress.

- 84 per cent of those in the couple's therapy group reported increased partner awareness and understanding of PMS, compared with 39 per cent of the one-to-one group and 19 per cent of the wait list.
- 57 per cent of women in the couple group reported an improved relationship with their partner, compared with 26 per cent in the one-to-one group and 5 per cent of the wait list.
- There was an 18 per cent reduction in reports of intimate relationship difficulties within the couple group, compared with a 5 per cent increase in the one-to-one group to a 10% increase in the wait list.
- Increased self-care and coping was reported by 58 per cent of women in the couple's group, compared to 26 per cent in the one-to-one group, and 9 per cent of women in the wait list.

Professor Ussher says research consistently shows that relationship issues are deeply connected to women's experiences of PMS.

"Issues within a relationship can trigger PMS symptoms, just as 'that time of the month' can seemly compound and worsen existing issues," says Professor Ussher.

"It's so common to hear that women are dissatisfied by elements of their relationship – whether it is the emotional support that they receive at home, or the dishes that are left in the sink at the end of the day.

"To use the metaphor of a pressure cooker – for women who suffer from severe PMS, these issues can be left to simmer and for three weeks of every month they are able to be repressed or ignored.

"But during that one week, when PMS takes hold, suddenly it all becomes too much. The pent-up anger and resentment finally reaches boiling point and they are no longer in control – leading to significant distress, and of course, relationship issues."

As part of the research, the two therapy groups participated in five 90-minute therapy sessions over a five-month period with a female clinical psychologist, while the women on the waiting list received no immediate treatment.

Each PMDs therapy session was targeted to address the woman's experiences of PMS, introduce a range of positive coping strategies, as well as to explore the role that their relationships played in their premenstrual distress.

Professor Ussher says, following the therapy sessions, women reported lowered premenstrual distress; increased coping; the resolution of relationship difficulties; greater couple communications; and greater closeness.

"Women reported that they were less likely to 'lose control' when expressing their feelings. They had increased awareness of the potential for relationship conflict; described relationship tension as less problematic; and were more likely to talk to their partner about PMS and ask for support," she says.

These improvements were evident in both therapy groups, irrespective of whether or not their partner was involved – indicating that any psychological intervention can have positive relational impacts.

"Even if women do therapy on their own, it can still have a positive impact. The women will still learn self-care and coping strategies, will develop a better understanding of PMS, and will go home and tell their partner about the experiences in therapy," says Professor Ussher.

"However the results of this study clearly indicate that the greatest positive impact is evidenced when a women's significant other participated in the therapy sessions as well."

Professor Ussher says the research further highlights the importance of providing women with access to psychological interventions for PMDs.

As an outcome of the ongoing research in this area, a self-help information pack has been developed to provide all women the opportunity to explore the psychological symptoms of PMS, as well as learn effective problem-solving, relaxation and stress management techniques.

The self-help pack can be downloaded from: https://www.westernsydney.edu.au/pmds_selfhelp

Ussher JM, Perz J. Evaluation of the relative efficacy of a couple cognitive-behaviour therapy (CBT) for Premenstrual Disorders (PMDs), in comparison to one-to-one CBT and a wait list control: A randomized controlled trial. *PLOS ONE*. 2017;12(4):e0175068. doi: 10.1371/journal.pone.0175068.

Book Launch

I am very happy and proud to announce the release of our educational book 'Bio-Psycho-Social Obstetrics and Gynecology; A Competency-Oriented Approach'. on behalf of Harry van de Wiel, my co-editor, and the authors who have contributed to this project (from ISPOG, but also from IAWMH and NASPOG),

Please see below the flyer of the book. People can sneak preview the book on the website and buy it as an E-book or in soft-cover.



Abstract:

This book will assist the reader by providing individually tailored, high-quality bio-psychosocial care to patients with a wide range of problems within the fields of obstetrics, gynecology, fertility, oncology, and sexology. Each chapter addresses a particular theme, issue, or situation in a problem-oriented and case-based manner that emphasizes the differences between routine and bio-psycho-social care. Relevant facts and figures are presented, advice is provided regarding the medical, psychological, and caring process, and contextual aspects are discussed. The book offers practical tips and actions within the bio-psycho-social approach, and highlights important do's and don'ts. To avoid a strict somatic thinking pattern, the importance of communication, multidisciplinary collaboration, and creation of a working alliance with the patient is emphasized. The book follows a consistent format, designed to meet the needs of challenged clinicians.

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