

Welcome to the May edition of the ASPOG newsletter written to you from the sunny (and drought affected) west. Julie and I thought that this newsletter would concentrate on recent journal articles that could loosely fit into an area of interest for our members. The list is by no means exhaustive but is a wide view of the society's interests.

MESSAGE FROM THE PRESIDENT

Special thanks to Rod Petersen who with Julie Quinlivan edited this autumn edition of the Newsletter.

The Committee has had a busy half-year. Most activity has occurred behind the scenes as we completed the process of transferring to our new secretariat. The new details are outlined below.

It has been an eventful period for women's health in general as the National Women's Health Policy was launched in December 2010. The policy was generally well received because of its focus on the social determinants of women's health, but there was widespread disappointment with the lack of a clearly articulated action plan or accompanying funds. The 100th anniversary of International Women's Day was celebrated on 8 March 2011 and provided many with the opportunity to reflect how much had been achieved to advance women's rights but how much remains to be done in many parts of the world.

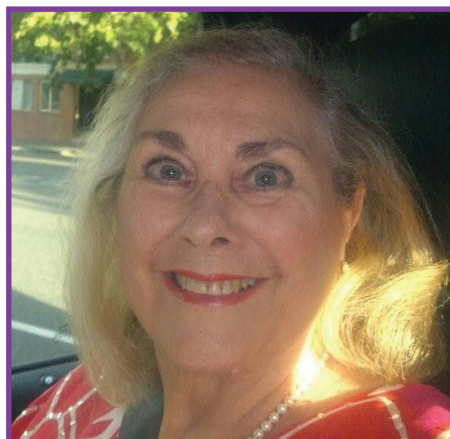
We are looking forward to our next annual scientific meeting on 29-30 July 2011. Ann Olsson has been working away in Adelaide compiling another stimulating and wide-ranging program. Jackie Stacy has had our advertising flyer re-designed and updated. The new flyer is available to members who wish to promote ASPOG at events that they may be organising or involved with. Please let us know and we will be happy to send printed flyers for display, conference satchel inserts or handouts, etc. Many thanks to Ann and Jackie for their work.

As always ASPOG welcomes contribution to the Newsletter from members. We are happy to promote events that are consistent with the society's aims and publish other items, book reviews, conference or event reports, anything that might be of interest to members. This Newsletter is full of interest. We hope you enjoy it.

Heather Rowe

Farewell to Margaret Ettridge – ASPOG Secretariat for 10 years.

Margaret Ettridge first joined ASPOG as secretariat on 27th Nov 2001. She had recently retired after 25 years working for the College of Psychiatry during which time she had come to know many who were also ASPOG members. Her own professional conference organising company had organised several ASPOG meetings when she was invited by Jeff Cubis to take over the administrative organisation of the society. Margaret has always been a loyal supporter of ASPOG and its aims. She has shown enormous patience and good will in her attempts to bring some order to the activities of an ever-changing committee consisting of busy people from all over the country. She says she has valued her time with ASPOG, having found the society and its members a cohesive and supportive group and enjoyed the many high quality conferences. Margaret will be a great loss to ASPOG: she gave so generously of her time and expertise and represents such a repository of ASPOG wisdom. Thankfully she insists that we continue to call on her for advice or pieces of the historical jigsaw. We wish her well as she enters real retirement and finds more time to be with her 6 grandchildren and, with luck, returns to her volunteering work with young patients at the Royal Children's Hospital in Melbourne. Thank you Margaret and best wishes.



Margaret Ettridge

Welcome to the new ASPOG Secretariat

Ms Bianca Scarlett assumed the role of ASPOG Secretariat on 31 March 2011. Bianca will be known to many of you as Scarlett Events, the conference organiser for recent ASPOG meetings in Adelaide, 2008 and Melbourne, 2010. We warmly welcome her and look forward to working together.

The new Secretariat address is:

PO Box 169 Parap
Northern Territory 0804
m| 0417 990 111
p| 08 8942 1240
f| 08 8942 1230
e| bianca@scarlettevents.com.au

Website

As part of the change of secretariat we have begun revamping the ASPOG website using a new website designer. The site will have a new look and improved function. It will be in a format that will enable Bianca to make easy changes and upload new material. In the past we have had to use our website hosts for revisions and updates, so the new design will allow rapid and less costly maintenance for ASPOG in future. The new website will also have a dedicated ASPOG email address.

We would be glad of suggestions about information or special features that you the members would like to see on the site. Please let us know your thoughts.

ASPOG 2011 Annual Scientific Meeting

Adelaide is once again hosting the Annual Scientific Meeting of ASPOG. Our 37th ASM promises 2 days of stimulating discussion on topics such as pregnancy and cancer, sexual abuse, sexual function and perinatal depression. On this occasion, the Derek Llewellyn-Jones Oration will be presented by Emma Sachsse, an Australian comedienne.

Please refer to the ASPOG website www.aspog.org.au for the latest information regarding the scientific program, for further details and the registration brochure.

We look forward to renewing old acquaintances and making new ones at the Rockford Hotel on 29-30 July 2011.

Ann Olsson

On behalf of the Local Organising Committee:

Heather Rowe

Bronnie Williams

Preliminary Program

FRIDAY 29 JULY 2011

SESSION 1: CULTURES

SESSION 2: SEXUAL ABUSE

SESSION 3A: FREE COMMUNICATIONS 1

SESSION 3B: MEDITATION WORKSHOP

SESSION 4: PREGNANCY AND CANCER

CONFERENCE DINNER

DEREK LLEWELLYN-JONES ORATION

TO BE PRESENTED BY EMMA SACHSSE

SATURDAY 30 JULY 2011

SESSION 5: THE BRAIN

SESSION 6: RECENT ADVANCES IN
PERINATAL MENTAL HEALTH

SESSION 7: FREE COMMUNICATIONS 2

SESSION 8: SEXUAL HEALTH

**FAREWELL DRINKS AND PRESENTATION
OF PRIZES**

INVITED SPEAKERS

Professor Marie-Paule Austin

Professor Bryanne Barnett

Dr Melissa Bochner

Dr Susan Carr

Dr Jane Elliott

Professor Jane Fisher

Dr Tabitha Healey

Dr James Hundertmark

Dr Sarah Jay

Dr Les Koopowitz

Ms Sharon Lockwood

Associate Professor Martin Oehler

Dr Ann Olsson

Dr Carolyn Roesler

Ms Emma Sachsse

Dr Anne Stephens

Dr Bronwyn Williams

Dr Lyndall Young

News from ISPOG

The 2010 Meeting of the Executive Committee (ExCo) took place in London on 22 March 2011, timed to coincide with the 1st World Congress of Obstetrics, Gynaecology and Andrology, which was hosted by the UK society BSPOGA.

The ExCo meeting was chaired by President Marieke Paarlberg (Sweden) and ten member countries including Australia (Heather Rowe) were represented. There was a long agenda but much discussion centred on two matters relating to the Journal of Psychosomatic Obstetrics and Gynecology: succession planning for the two Editors-in-Chief, who will retire in 2013, and negotiating a new contract with the publisher, Informa Health Care. The ExCo would be pleased to hear from anyone with expertise and interest in taking on an editorial position. Please contact heather.rowe@monash.edu for further details.

ISPOG Congress 2013 – Berlin

The scientific committee is calling for expressions of interest for people to organise symposia on particular topics. Country-specific symposia are also welcomed. Please see www.ispog2013.de.

REPORTS

Report on Chronic Pelvic Pain Seminar 18th Feb 2011 Sydney

WHRIA (Women's Health and Research Institute of Australia) hosted a daylong seminar at the RWH in Sydney on chronic pain. There were approximately 200 attendees of various specialties including physiotherapist, O&Gs, anaesthetists and GPs from around Australia. It was an excellent day with presentations approaching CPP from all angles. Presentations have been posted to www.whria.com.au

It was evident that there is not a lot of current research in this area but certainly a lot of dedicated clinicians who are working their way through this multidisciplinary challenge. A reminder that the international pelvic pain society has a number of useful resources which may be found at www.pelvicpain.org

Jackie Stacy

Report on the 4th World Congress on Women's Mental Health Madrid 16-19 March 2011

Building on the success of the first three congresses (Berlin 2000, Washington 2004 and Melbourne 2008), the International Association for Women's Mental Health meeting was held in Madrid earlier this year. The congress attracted researchers, policy makers, academics, consumers and caregivers gathered from across the globe -850 delegates from more than 65 countries from all continents except Antarctica! The program encompassed the psychosocial, biological, and clinical sciences in women's mental health from individual, family, community, social and global perspectives and in cultural, religious and economic contexts. The ambitious program featured the enduring social problems of war, violence, discrimination, migration, abuse, work and relationships which continue to contribute to poor mental health for women in many societies. Obstetric and gynaecological contexts were well represented. The venue for the next congress is yet to be decided, but is likely to be in South America. See www.iawmh.org for more details.

Heather Rowe

Publications:

Beyondblue has released their new clinical guidelines for "Depression and related disorders in the perinatal period". Go to www.beyondblue.org.au find the "research" tab 5th across the top, click on CPG (4th down) on the drop down menu then it is the first box titled "Depression and related..."

It is a lengthy document (128 pages) and I have not reviewed the lot but it certainly has the goods and seems easy to use. It has practice points, is easy to read and contains clinical flow charts for ease of management. You can order the book rather than cause your printer to jam. I think this will be an invaluable resource for all professionals involved in any perinatal care and will certainly add a degree of order and certainty to treatment. Note that Professor Marie-Paule Austin, who led the Guideline development, will present a paper on this topic at the ASPOG ASM in Adelaide in July.

Opioid addiction in pregnancy requires a multidisciplinary and comprehensive approach to improve both mother and baby outcomes. Maternal use of Methadone in an attempt to reduce harm to both the mother and baby by reducing narcotic use and the need for injections, has proved

to be successful. However there is still a neonatal withdrawal syndrome that causes weight loss, irritability and occasionally fatal seizures. Jones et al (NEJM 2010;363:2320-231) looked at Buprenorphine as an alternative to Methadone and found that it has similar efficacy in controlling opioid use in pregnancy but was superior in reducing the neonatal abstinence syndrome. Babies required less sedation and less time in NICU (which is a very good thing). A few clinics in Australia have significant experience with Buprenorphine and probably the one with the longest experience is in WA which has a high success rate in non-pregnant addicts.

Post menopausal hot flushes are physiological but in practice both patients and doctors still believe they have a psychological overlay to their symptoms. Estrogen replacement has been the main stay of treatment but is contraindicated in a number of clinical situations. Selective serotonin reuptake inhibitors (SSRIs) have been around for some time and have been shown to improve QOL related to hot flushes. A new SSRI called escitalopram has been subjected to a controlled trial and found to reduce the frequency, severity and QOL impact of vasomotor symptoms (Freeman et al, JAMA 2011;305:267-74).

It is interesting, in my clinical experience, that hot flushes are somehow still seen as not having a "real" basis to the symptoms. A number of years ago, there was a lot of talk about how women in the perimenopause had higher levels of depression and associated symptoms but since then a number of studies have shown that if you treat the hot flushes, the women are able to obtain a good night's sleep and the apparent increase in psychiatric orders disappears. There should be no surprise here as sleep deprivation is an excellent form of interrogation that is used by all military agencies the world over to disorientate and confuse people. Why should sleep deprivation due to hot flushes be any different?

First trimester **TOP** has been touted as causing an increase in mental disorders. Danish researchers (Munk-Olsen et al NEJM

2011;364:332-9) found that there was a difference between first time mothers and women who had a TOP (increase in the TOP women) but that this difference was present before the procedure and that the TOP had had no impact upon the psychiatric consultation rate. The authors conclude that in Denmark, where TOPs are legal and freely available, they do not carry psychiatric morbidity.

People commonly believe that **emotional status** can impact negatively upon a woman's chance of success in IVF. Boivin et al (BMJ 2011;342:d223) studied the outcome of treatment success or otherwise in women undergoing IVF and found that there was no correlation between achievement of pregnancy and the woman's state of mind or distress. Patients can be reassured and told "not to worry if you are worried".

Elderly people living alone have long been a concern to relatives. Lim and Ng in Asia Pacific Psych 2010;2:33-40 have analysed data from the Singapore Longitudinal Aging Study (SLAS) to attempt to assess the factors that lead to depressive and related illnesses in elderly women living alone. This survey was conducted in Singapore in 2004/5 via investigators going door to door asking people to fill in questionnaires. It has a 78.5% response rate and had follow-up 2 years later. Their hypothesis was that elderly women lacking a confidant would have poorer outcomes in depression. They used the geriatric depression scale and the SF12 (Mental Compact summary scale).

They found a very strong correlation between living alone and not having a confidant. Both factors then predicted loneliness independently. Loneliness predicted depression.

So, loneliness is the negative predictor that associates with living alone, lack of a confidant and psychological wellbeing. Living alone is only detrimental when you are feeling lonely and therefore programs need to be developed for this group (and I suspect men would be no different). Are there proven interventions that improve the feeling of loneliness?

The psychological impact of molar pregnancy is poorly studied in the world literature. Molar pregnancy is a rare complication of pregnancy in 1:200 to 1:2000 pregnancies depending upon ethnicity whereby abnormal placental tissue proliferates in the absence of a fetus and may lead to metastases similar to a cancer. Quinlivan et al (Psycho-Oncology 2011 in press) have studied the effect on the male partner of women who were diagnosed with this condition over a 30 year period. Questionnaires used were HADS, Sexual Health Form 12 and Satisfaction With Life Scales. The high response rate (62 %) gives credence to the finding of high levels of persisting anxiety (32% - double the normal population rate) and depression (12.5%) in the male partners. As this condition comes from the sperm multiplying in an unusual manner to develop into the molar pregnancy, it seems that it may well be this fact that weighs heavily upon the male partner's mind for many years post molar pregnancy.

And finally, **do not believe all you read in journals** as is evidenced by the fraudulent article by Wakefield in the Lancet in 1998 linking MMR vaccination to autism. The paper appeared without the due checks such an astounding link should have had. The paper has been recently withdrawn, the authors (Wakefield and Walker-Smith) have been struck off the medical registry and the Lancet has been left with "egg on face". The paper was found to be unethical - fraud was committed all for pecuniary gain.

Rod Petersen

EVENT

International Gynaecological Awareness Day 10 September 2011

The Gynaecological Awareness Network promotes support, information sharing, awareness and advocacy for women with gynecological cancers. International Gynaecological Awareness Day advances these aims. Events in Perth are planned and they encourage others to create their own events. See www.gain.org.au for further information.



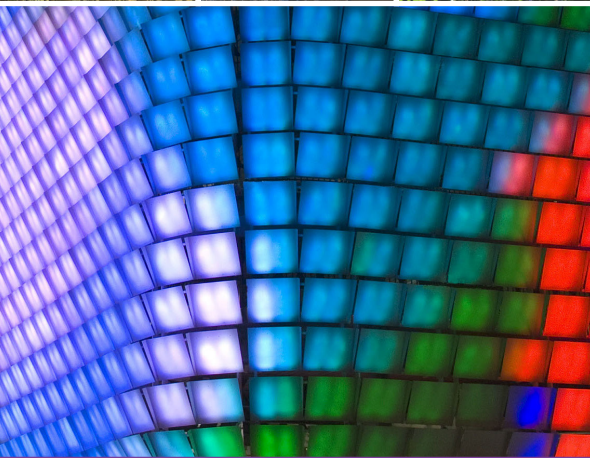
ASPOG "Shining the Light"

2011 ASM

29 - 30 July 2011 Adelaide, South Australia



Main: Adelaide Larnem Middle: Piccadilly Valley Holiday Shores Clientg Ruby's Cafe in Stirling



The Australian Society for Psychosocial Obstetrics and Gynaecology is a multidisciplinary association devoted to furthering understanding of the psychosocial aspects of health, particularly in the field of obstetrics, gynaecology and reproductive medicine.

The strength of the Society is its multidisciplinary membership and its informal, supportive meetings that foster interest in communication, counselling and psychosocial aspects of health. The Society welcomes health workers from all disciplines, e.g. medicine, midwifery, nursing, psychology, social work, social sciences, etc.

The Society holds a national congress that moves yearly between states and sometimes offshore. The topics debated reflect the Society's breadth of interests, including psychosocial aspects of puberty, fertility and infertility, contraception, pregnancy, menopause and men's reproductive health.

The objectives of ASPOG are;

- To promote the scholarly, scientific and clinical study of the psychosomatic aspects of obstetrics and gynaecology including reproductive medicine
- To promote scientific research into psychosocial problems of obstetrics and gynaecology
- To promote scientific programs designed to increase awareness of and understanding of psychosomatic problems affecting women and men during their reproductive years.

Invitation to Submit Abstracts for Papers

PLEASE NOTE: All presenters must pay registration fees to attend the Meeting.

ABSTRACT PREPARATION

1. Abstracts must be no more than 300 words.
2. Abstracts should not contain references or figures, however they may contain tables.
3. Please use MS Word 6 (or earlier: if you use a later version, please submit as an RTF file), Arial font size 11. The title is to be left justified, in upper and lower case (not CAPITALS) followed by double spacing, then author/s name/s in upper and lower case followed by organisation and city. The name of the author presenting the paper must be asterisked (see following example): **Title** (Upper and Lower Case - **not CAPITALS**) **Author** (1), **Author** (2), **Author** (3)* **(1)** organisation of author and city (one line per entry) **(2)** organisation of author and city **(3)** organisation of author and city
4. Do not use printing enhancements such as different fonts, italics, underlining, bold text etc, except for italics for non-English words or scientific names where necessary.
5. All abstracts will be printed as submitted, so should be thoroughly checked for spelling and grammar before submitting.
6. State whether eligible for ASPOG New Researcher Prize.
7. Include statement on ethical compliance.

ABSTRACT SUBMISSION

1. Abstracts must be submitted by email (as an attachment in Word)
2. Abstracts sent via fax will not be accepted
3. Please name the e-mail attachments as follows: First author's surname+initials.doc eg Citizen J.doc
4. If you are the first author on more than one abstract, please number the e-mail file as follows: Citizen J1.doc, Citizen J2.doc
5. E-mail your abstract to bianca@scarlettevents.com.au
6. E-mails MUST be received on or before 26 May 2011: you will be emailed an acknowledgment of receipt.

NOTIFICATION OF ACCEPTANCE

1. Authors will be advised by 17 June 2011 whether or not their abstracts have been accepted.
2. Successful abstracts will be published in the Meeting handbook and distributed to delegates at the ASM. Abstracts will be published only if the presenting author is a registered or invited delegate. If authors do not register by the specified date of 15 July 2011, the abstract will not appear in the program and will not be published.
3. Failure to meet the specified deadlines and guidelines may result in exclusion of the abstract from publication.

STATEMENT ON ETHICAL COMPLIANCE

Research involving human participants must be approved by a properly constituted ethics committee (NHMRC, National Statement on Ethical Conduct of Research Involving Humans, 2007). We ask that when submitting the abstract to ASPOG, you include one of the following statements, whichever is applicable:

"The submitted abstract reports on research using human participants with approval from an Institutional Human Research Ethics Committee".

"The submitted abstract does not report on research using human participants".

Statement of Ethical Compliance will not be included in abstract 300 word limit.

PRIZES

ASPOG offers two annual prizes for papers presented at the ASPOG annual meeting.

1. The "ASPOG New Researcher Prize" Applicants will be eligible for this Prize if they are within 5 years of Bachelors, Masters or PhD degree or of obtaining fellowship of a National Clinical College, and present their paper themselves at the meeting.
2. "Roger Wurm Award" Founder of ASPOG 1991 To be awarded for the best scientific presented in person at the annual meeting.