

1ST EAST COAST SYMPOSIUM ON MEN AND WOMEN'S HEALTH 2020

“Towards Equality in Health”

Auditorium IIUM Medical Centre, Kuantan

11-12 January 2020

Organised by:

Department of Family Medicine, IIUM

and

IIUM Family Medicine Association (IFMA)



TENTATIVE PROGRAMME

SCIENTIFIC PROGRAMME: 11 th JANUARY 2020 (SATURDAY) @ IIUMMC	
0800 – 0830	Delegates arrival and Registration
0830 - 0845	Welcome Message by Chairman Assist. Prof. Dr Mohammad Che’ Man
	SYMPOSIUM 1 : RISK BEHAVIOUR Chairperson: Assist. Prof. Dr Shaiful Ehsan Shalihin
0845 – 0930	Helping men quit smoking <i>Assoc. Prof. Dr. Mohd Aznan Md Aris</i> <i>Head, Department of Family Medicine IIUM / Senior Consultant FMS</i>
0930 – 1015	LGBT and me - what is our role? <i>Assoc. Prof. Dr Samsul Draman</i> <i>Deputy Dean, Kulliyyah of Medicine IIUM/ Senior Consultant FMS</i>
1015 - 1045	BREAK
	SYMPOSIUM 2 : MEN’S SEXUAL HEALTH Chairperson: Assist. Prof. Dr Mohammad Che’ Man
1045 - 1130	Sex Education for Adolescent – what and how <i>Dr. Iskandar Firzada Osman</i> <i>Head FMS Pahang/ Senior Consultant FMS KK Jaya Gading</i>
1130 - 1215	Too fast, too slow - PE and ED <i>Assoc. Prof Dr. Mohd Nazli Kamarul Zaman</i> <i>Consultant</i> <i>Urologist IIUM</i>
1215 - 1300	Lunch symposium (Pharmaniaga) : ABCD for ED – an update <i>Prof. Dr. Shaiful Bahari Ismail</i>
1300 - 1400	LUNCH AND PRAYER
	SYMPOSIUM 3 : AGING MEN Chairperson: Assist. Prof. Dr Abdul Hadi Said
1400 - 1445	Andropause – it’s not the end <i>Prof. Dr. Shaiful Bahari Ismail</i> <i>Dean, Faculty of Medicine USM/ Senior Consultant FMS</i>
1445 - 1515	Never too late to exercise <i>Assoc. Prof. Dr Nor Azam Kamaruzaman</i> <i>Consultant FMS IIUM / Marathoner</i>
1515 – 1600	Prostate diseases – what’s new? <i>Assoc. Prof. Dr. Islah Munjih Ab Rashid</i> <i>Consultant</i> <i>Urologist IIUM</i>
1600 - 1630	Tea symposium (Astella): OAB – diagnosis & management

SCIENTIFIC PROGRAMME: 12 th JANUARY 2020 (SUNDAY) @ IIUMMC	
0800 – 0830	Delegates arrival and Registration
	SYMPOSIUM 4 : WOMEN’S SEXUAL HEALTH Chairperson: Assist. Prof. Dr Suhaiza Samsudin
0830 – 0915	Female Sexual Dysfunction <i>Prof. Dr. Nik Hazlina Nik Hussain</i> <i>Head, Women Health Developmental Unit HUSM/ Senior Consultant O&G</i>
0915 – 1000	Female Circumcision – The Islamic Approach <i>Dr. Suhazeli Abdullah</i> <i>Senior Consultant FMS KK Ketengah Jaya</i>
1000 - 1030	BREAK / POSTER PRESENTATION
	SYMPOSIUM 5 : REPRODUCTIVE HEALTH Chairperson: Assist. Prof. Dr Azwanis Abd Hadi
1030 - 1115	Infertility – Current Thoughts <i>Assoc. Prof. Dr. Roszaman Ramli</i> <i>Head, Fertility Center IIUM/ Senior Consultant O&G</i>
1115 - 1200	Breastfeeding Without Birthing – Role Of Induced Lactation <i>Asst. Prof. Dr. Nurjasmine Aida Jamani</i> <i>Consultant FMS</i> <i>IIUM / IBCLC</i>
	SYMPOSIUM 6 : AGING WOMEN Chairperson: Assist. Prof. Datin Dr Fa’iza Abdullah
1200 - 1245	Incontinence and Prolapse – What are the options? <i>Assoc. Prof. Dr. Zalina Nusee</i> <i>Head, Urogynaecology unit IIUM/ Senior Consultant O&G</i>
1245 - 1345	LUNCH AND PRAYER
1345 - 1430	Update on Menopause & HRT <i>Dato’ Dr. Rozihan Hj. Ismail</i> <i>Head O&G Pahang, Department of O&G HTAA Kuantan</i>
1430 - 1500	Interactive quiz session <i>Assist. Prof. Dr Shaiful Ehsan Shalihin</i>
1500 - 1530	Lucky draw & Prize giving ceremony

SPEAKER SUMMARY

SYMPOSIUM 1 : RISK BEHAVIOUR

Chairperson: Assist. Prof. Dr Shaiful Ehsan Shalihin

Helping Men Quit Smoking

Assoc. Prof. Dr. Mohd Aznan Md Aris

Head, Department of Family Medicine IIUM / Senior Consultant FMS



Profile :

Dr Mohd Aznan Md Aris started his housemanship training at Hospital Kuala Lumpur in 1997 after completing his undergraduate studies at University Science Malaysia (USM). 3 years later, he enrolled for the Master of Medicine (Family Medicine) with the Faculty of Medicine in USM. He developed an interest in teaching there so he joined IIUM as a trainee in his third year of Master's training. After completing his study in 2004, he started working for IIUM as a lecturer for the medical students and become the course coordinator for Family Medicine posting. Currently he is the Head of Family Medicine Department, KOM IIUM and he also serves as a Senior Consultant Family Medicine Specialist at IIUM Family Health Clinic. He also actively involved in research activities and publications where he has published more than 20 articles in various journals and presented many research papers locally and internationally and received a few awards during these research competitions. He also regularly has been invited as a speaker in various local and national workshops or conferences in Malaysia.

Synopsis :

Smoking accounts for one in every five deaths in Malaysia. About 20,000 Malaysia die each years as a result of smoking, yet five million Malaysian or about 45% of adult male population—continue to smoke. Approximately 74% of people who smoke intend to quit, yet only 22% of them able to quit smoking. Smoking cessation is difficult due to nicotine addiction and withdrawal symptoms. Smokers try to quit only once every 2 to 3 years and most do not use proven treatments. Repeated, brief, diplomatic advice increases quit rates. Such advice should include a clear request to quit, reinforcing personal risks of smoking and their reversibility, offering solutions to barriers to quitting, and offering treatment. All smokers should be encouraged to use both medications and counseling. Recent developments in the pharmacotherapy of smoking cessation has led the to update the practice guidelines for treating tobacco use and dependence. Pharmacotherapy, which includes nicotine replacement therapy and non-nicotine replacement therapy, offers assistance to patients who want to stop smoking. Current use of combination pharmacology therapies has increased the success rate of quitting among the smoker.

LGBT and me - what is our role?

Assoc. Prof. Dr Samsul Draman

Deputy Dean, Kuliyah of Medicine IIUM/ Senior Consultant FMS



Profile :

Dr Samsul B Draman is one of the senior lecturer and Consultant Family Medicine Specialist in the Department of Family Medicine, International Islamic University Malaysia, IIUM. He graduated from Universiti Sains Malaysia, USM in 1997 and completed his postgraduate study in Family Medicine in 2005. Currently he has been trusted as Deputy Dean (Student Development & Community Engagement) Kuliyah of Medicine IIUM. His special interest is in LGBT where his community involvement and his research mainly based on the LGBT theme. During IIUM Takrim Day 2019 recently, he has been awarded with Community Engagement Award and also the Overall Winner of Mid-Year Flagship Achievement Award.

Synopsis :

Transgender is term relating to a person who does not conform to societal gender norms or roles. It is a rapidly growing phenomenon in Malaysia; according to available data, about 10,000 male to female transgender were recorded in 2001. In Malaysia the population of male to female transgender has been estimated about 50,000. According to Ministry of Health about 24,000 are sex workers. A large majority of this number is selling sex as a source of income.

Transgender people belong to one of the key populations at high risk of HIV infection. It is estimated that the prevalence of HIV among transgender individuals worldwide is about 19.1%. They are almost 50 times more likely to be living with HIV compared to adults of the general population. In Malaysia, based on the data from Integrated Biological and Behavioral Surveillance studies in 2012 and 2014, the HIV prevalence among the transgender community appears to be increasing from 4.8% in 2012 to 5.6% in 2014. The latest data available in 2017 is 10.7%. Factors that contribute to the high prevalence were unprotected receptive anal sex, multiple partners, lack of knowledge in HIV/AIDS and negative attitude towards HIV/AIDS and polysubstance abuse.

Although this issue is a growing societal and health issue, WHO has removed Gender Incongruence from ICD-11's list of mental illness. This is in contrast to less critical problems such as the addiction to video games which is now an official mental health condition.

American Psychiatric Association has stated that homosexuality is not a mental disorder and is not curable. Nonetheless, experience has shown otherwise; whereby homosexuality was treated and cured, a significant number of transgender with an integrative Islamic aspect to the medical approach. They were not only good at compliance on Highly Active Antiretroviral Therapy, but also has stopped practicing anal sex, being transgender or gay. A few of them have started a new life by getting married and having their own families. Some have moved into small businesses of their own. Similar to other countries, in Malaysia transgender are facing discrimination not only at community level but also in employment. As a result, they experience financial instability. These issues are addressed to a large extent through Persatuan Insaf Pahang (PIP) in Kuantan. The NGO is also assisting transgender in their physical transformation for instance, removal of their breast implants. Transgender individuals who repented and showed positive attitudes were invited to perform Umrah in Mecca and Madinah.

SYMPOSIUM 2 : MEN'S SEXUAL HEALTH

Chairperson: Assist. Prof. Dr Mohammad Che' Man

Sex Education for Adolescent – What and How

Dr. Iskandar Firzada Osman

Head FMS Pahang/ Senior Consultant FMS KK Jaya Gading



Profile :

Dr Iskandar Firzada Osman is a family medicine consultant at Jaya Gading Health Clinic, Kuantan. He obtained his medical degree from University Science of Malaysia in 1992. He completed his postgraduate degree in family Medicine USM in 1999 and in the same year obtained his MAFP/FRACGP qualification. In the year 2005, he completed his 12 months training in Fellow in Adolescent Health at Royal Children's Hospital University of Melbourne, Australia. He was awarded the Fellowship of the Academy of Family Physicians of Malaysia in 2006. He also had went for Clinical Fellow in Adolescent Medicine training at Hospital for Sick Children, Toronto, Canada in 2010. He was primarily involved in the development and national training for "Engaging Adolescent: Using HEADSS Framework" and 'Garispanduan Pengendalian Masalah Kesihatan Seksual dan Reproduksi Remaja di Klinik Kesihatan'. He is currently the head of FMS in Pahang.

Synopsis :

Sex education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgmental information (UNESCO, UNAIDS, UNFPA and WHO, 2009). It teaches adolescents about intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections (STIs), sexual activity, sexual orientation, gender identity, abstinence, contraception and reproductive rights and responsibilities (American Academy of Pediatrics, 2016).

It will equip adolescents with the knowledge, skills and values they need to make informed, positive, and safe choices about healthy relationships, responsible sexual activity, and their reproductive health and has been shown to help to prevent and reduced the risks of adolescent pregnancy, HIV, and STIs.

Sex education can be taught and shared longitudinally in schools, communities, homes and health clinics. Primary healthcare team and Primary Care doctors are in an excellent position to provide primordial, primary, secondary and tertiary preventive activities where sexual and reproductive health are concern. The challenge is on HOW to start? HEADSS as a psychosocial assessment tool, which also an engagement tool or conversation starter is the way.

Too Fast, Too Slow - PE and ED
Assoc. Prof Dr. Mohd Nazli Kamarul Zaman
Consultant Urologist IIUM



Profile :

Dr. Mohd Nazli Kamarulzaman @ Mohd Zahid started housemanship training at Hospital Tengku Ampuan Afzan (HTAA), Kuantan in 1999 after completing his undergraduate studies at University Science Malaysia. In 2000, he served HTAA and Hospital Mentakab as medical officer in the Department of Orthopedics and in June 2001, joined Kulliyyah of Medicine, IIUM as a trainee lecturer and enrolled for the Master of Medicine (Surgery) with University Science Malaysia (USM) and completed his specialist training in 2005. He started his subspecialty training in Urology under Malaysian Urology Board in Hospital University Science Malaysia in 2007 followed by Hospital Selayang. Apart from that, he also obtained Fellowship of the Royal College of Surgeons (FRCS) in Urology from University of Glasgow in 2009. Currently, he is the Consultant Urologist at IIUM medical Centre.

Synopsis :

Premature ejaculation (PE) was first report in the medical literature in 1887. Since then the incidence was rapidly increase and currently it effects up to 30% of the male population. In spike of high incidence this condition still poorly understood. Partly, due to the difficulty in conducting and interpreting research in the absence of a standardised definition of PE. Perceptions regarding what is the truly “normal ejaculation time” are various between difference cultural and socioeconomic background of the patient.

In most part of the world an enhanced awareness of sexual dysfunctions in the recent decades lead to an increase in scientific research in this field. However in conservative Asian culture most of sexual dysfunction still consider as “Taboo”. Thus, it created more obstacles in determination of actual prevalence of PE in this society. Creative awareness campaigns without confliction with local culture do help to resolve this entangle.

Although almost never cause mortality, PE can cause stress to the sufferer and partners. Subsequently lead to unhealthy relationship. Breakdown of family strongly associated with social problem to the kids. These consequent give negative economic effect to the nation. Thus, treating PE was important in supporting to develop the nation.

Traditionally, managing PE will include taking a careful and detailed medical and sexual history followed with physical examination to exclude urological, thyroid dysfunction (particularly hyperthyroidism) and neurological causes. Currently various andrology society come out with the algorithm suggests specific management plans according to the type of PE determined by the history taking. Thus it helps the physician to individualize the PE management.

Wide gap between modern and third world society in this problem should be come to the attention of primary care doctors. Appropriate strategy should be taken base on local research finding to ensure medical care meet the patient need.

SYMPOSIUM 3 : AGING MEN

Chairperson: Assist. Prof. Dr Abdul Hadi Said

Andropause – It's Not The End

Prof. Dr. Shaiful Bahari Ismail

Dean, Faculty of Medicine USM/ Senior Consultant FMS



Profile :

Dr Shaiful Bahari Ismail is a Professor of Family Medicine, Universiti Sains Malaysia (USM). He graduated from University of Malaya, Kuala Lumpur, Malaysia in 1992. He completed his postgraduate training in the MMED program (Family Medicine) in USM in 1999 and in the same year obtained his MAFP/FRACGP qualification. In the year 2006, he completed his 1-year Fellowship training program in Male Sexual and Reproductive Health at Monash University, Melbourne, Australia. His research interests are chronic diseases especially Diabetes Mellitus and hypertension, and research in the area of sexual and reproductive health. He has involved in more than 40 multicentre, multinational clinical trials mainly in the area of diabetes mellitus, hypertension, hyperlipidaemia and obesity. He has also involved in many herbal and honey trials especially in the area of sexual and reproductive health. He has more than 30 publications both at national and international level. He was appointed as the Head of Family Medicine Department in 2016 and currently is the Dean of School of Medical Sciences, Universiti Sains Malaysia.

Synopsis :

‘Andropause’ or ‘Male Menopause’ or Androgen deficiency or Testosterone deficiency or Late Onset Hypogonadism is the term that has been used interchangeably to indicate the low level of testosterone among men.

Androgen deficiency is defined as clinical and biochemical syndrome associated with advancing age and characterized by typical symptoms and a deficiency in serum testosterone levels (ISSAM). It is a syndrome characterized primarily by:

1. The easily recognized features of diminished sexual desire (libido) and erectile quality and frequency, particularly nocturnal erections.
2. Changes in mood with concomitant decreases in intellectual activity, cognitive functions, spatial orientation ability, fatigue, depressed mood and irritability
3. Sleep disturbances
4. Decrease in lean body mass with associated diminution in muscle volume and strength
5. Increase in visceral fat
6. Decrease in body hair and skin alterations
7. Decreases bone mineral density resulting in osteopenia, osteoporosis and increased risk of bone fractures

Nevertheless, it is not the end of the world for aging man that is being diagnosed as andropause. Healthy lifestyles can improve testosterone levels. Various studies on the effectiveness of testosterone replacement therapy have been published. Testosterone therapy can improve quality of life in aging men as it gives symptoms relief as well as other possible benefits such as improves insulin resistance, glycaemic control, visceral adiposity and hypercholesterolaemia in hypogonadal men with type 2 diabetes. Goals of medical treatment for androgen deficiency include restoration of sexual functioning as well as libido and sense of well-being. Additionally, androgen replacement can prevent osteoporosis and optimize bone density, maintain virilization, improve mental acuity and restore normal growth hormone levels, especially in elderly males.

Never Too Late To Exercise

*Assoc. Prof. Dr Nor Azam Kamaruzaman
Consultant FMS IIUM / Marathoner*



Profile :

Dr Nor Azam obtained his medical degree in 2000 and specialist degree in 2010, both from Universiti Kebangsaan Malaysia. He served the Ministry of Health Malaysia at various institutions in Melaka, Sabah (Tawau, Semporna, Kota Kinabalu) and Kuala Lumpur as medical officer then as Family Medicine Specialist in district of Rompin and Pekan in Pahang. He later joined IIUM Kuantan as a medical lecturer in 2018. His area of interest is on child's health and nutrition. He has been an avid recreational runner since 3 years ago concurrent with the booming of running event locally. He particularly taking part in half/ full marathon and trail run.

Synopsis :

Cardiovascular Disease (CVD) is the commonest cause of death in Malaysia and physical inactivity is one of the known attributable risk factor. Latest evidence has shown that regular exercise reduces the risk for cardiovascular death even when started in middle age. This risk reduction was similar to subjects who had maintained active physical activity from adolescence.

With more than one third of Malaysian adult are sedentary based on NHMS 2015 findings, prescribing exercise as medicine as well as for CVD prevention is an elemental skill for physicians. Determining the correct dose for initiation and optimization of exercise in non-active person must take into consideration the individual health status, capabilities, interest, resources and support. It is best to start with light to moderate intensity aerobic activity eg. brisk walking and gradually stepping-up the duration and later the frequency and intensity following the FITT principal.

The greatest challenge for beginners is to ensure sustainable physical activity hence Go-FAST (Goal oriented-Fun-Accessible-Safe-Time efficient) is the practical guidance when choosing the appropriate type of exercise. The eventual target should be achieving the WHO recommendation on physical activity for health for all one's life.

Prostate Diseases – What's New?

Assoc. Prof. Dr. Islah Munjih Ab Rashid

Consultant Urologist IIUM



Synopsis :

Benign Prostatic Hyperplasia (BPH) is a common disease among the aging man. In a multi-national prospective registry of patients with BPH, Asian patients do not only usually present with lower urinary tract symptoms but presence of sexual dysfunction is also very common. Watchful waiting, pharmacological treatment and surgical treatment have been the mainstay options of treatment.

Surgical treatment is indicated in patients with severe bladder outlet obstruction, in failure or contraindications of medical treatment, and when complications of BPH such as acute urinary retention (AUR), bladder stones, or renal impairment have occurred.

Transurethral resection of Prostate (TURP) has been the goal standard surgical treatment for BPH for very long time. However TURP is not without complications. Intra- and post-operative bleeding has been one of the complications that most of urologists would prefer to avoid. Besides that, completeness of resection and duration of operation in huge prostate are another issues of concern for most urologists. Laser operation of prostate despite the various types of laser (KTP, Holmium or Thulium) has the advantages of less possibilities of bleeding even in patients who are on anti-platelet medications. Laser enucleation of prostate such as in Holmium Laser Enucleation of Prostate (HoLEP) or Thulium Laser Enucleation of Prostate (ThuLEP) or Transurethral Enucleation of Prostate (TUEP) may reproduce the completeness of removal of prostate adenoma as in Open Enucleation of Prostate. Vaporization of prostate is another popular surgical option in managing BPH.

Are we seeing the new goal standard of surgical treatment of BPH been invented? Is TURP remains the goal standard surgical treatment for BPH? The current trends of surgical treatment of BPH will be discussed.

SYMPOSIUM 4 : WOMEN'S SEXUAL HEALTH
Chairperson: Assist. Prof. Dr Suhaiza Samsudin

Female Sexual Dysfunction



Prof. Dr. Nik Hazlina Nik Hussain
Head, Women Health

Developmental Unit HUSM/ Senior Consultant O&G

Profile :

Dr Nik Hazlina Nik Hussain is a Professor of Obstetrics & Gynaecology, Universiti Sains Malaysia (USM). She is the Head of Women's Health Development Unit, School of Medical Sciences, USM since 2010. She graduated with her first degree from the Universiti Kebangsaan Malaysia in 1990 and in 1997 completed her post-graduate training in the M.Med (O&G) programme from USM. She did her one year fellowship training in reproductive endocrinology and infertility at Royal Women's Hospital and Melbourne In-vitro Fertilization (IVF), Australia in 2006. She is currently the President for Women's Health Development Association Kelantan (since 2010) and former Vice President of Malaysian Menopause Society (2009-2011). Her main research areas are reproductive endocrinology and sexual health, traditional and complementary medicine and honey clinical trial. She is an active writer with more than 60 publications both at national and international level and has also authored/ co-authored more than 30 books in Malay and English language. She is actively involved with many studies and had received many awards and recognition in the past. She is also a life member of Malaysian Medical Association (MMA), Obstetrics & Gynaecological Society of Malaysia (OGSM), Malaysian Menopause Society (MMS), Women's Health Development Association, Malaysian Association Advisory and Lactation Consultant, Malaysian Society of the Assisted Reproductive Technology (MSART) and USM Alumni Doctor Association. She is also Member Secretary for Human Research & Ethics Committee USM.

Synopsis : Female sexual dysfunction (FSD) is a prevalent problem, afflicting approximately 40% of women. FSD is more typical as women age and is a progressive and widespread condition. Female sexual dysfunction takes different forms, including lack of sexual desire, impaired arousal, inability to achieve orgasm, or pain with sexual activity. For many women, the phases may vary in sequence, overlap, repeat, or be absent during some or all sexual encounters. Also, subjective satisfaction with the sexual experience may not require achieving all response phases, including orgasm. The etiology of sexual dysfunction is often multifactorial and may include psychological problems such as depression or anxiety, conflict within the relationship, fatigue, stress, lack of privacy, issues relating to prior physical or sexual abuse, medications, or physical problems that make sexual activity uncomfortable, such as endometriosis or genitourinary syndrome of menopause. An understanding of sexual response is helpful in the evaluation and treatment of sexual dysfunction. If sexual dysfunction is suspected, then a full medical and social history with focused question about factors that affect sexual function should be undertaken. Discovering the etiology and identifying modifiable factors that influence sexual function will help define appropriate treatment. Laboratory evaluation is rarely helpful in guiding diagnosis or treatment, it may be indicated in women with abnormal physical examination findings or suspected comorbidities. The PLISSIT (Permission, Limited Information, Specific Suggestions, Intensive therapy) method can be used to facilitate discussions about sexual problems and initiation of treatment. Women with sexual problems most often benefit from a combined treatment approach that addresses medical as well as relationship and emotional issues.

Female Genital Mutilation – The Islamic Approach

Dr. Suhazeli Abdullah

Senior Consultant FMS KK Ketengah Jaya



Profile :

Dr Suhazeli graduated from Universiti Sains Malaysia, Kelantan in 1996. Later he obtained his Master of Medicine (Family medicine) in 2004 from Universiti Kebangsaan Malaysia. He is currently the Consultant Family Medicine Specialist at Klinik Kesihatan Ketengah Jaya Dungun, Terengganu.

He involved in numerous talks nationwide particularly related to fiqh in medicine. He actively writes in his website www.suhazeli.com and several books on health related issues especially on vaccine. He has won Anugerah Khas Juri Media Kesihatan by KKM in 2018. He also actively engaged in NGO works and is the Chairman of Advisory Board of Ibnu Sina Medical Charity Organization of Malaysia (PAPISMA) from 2010

Synopsis :

Female circumcision has been debated over the decades. The debate put forward refers to the definition of circumcision as given by World Health Organization (WHO) which categorises circumcision into four different types. In the terminology of Female Genital Mutilation (FGM) as described by WHO, it is not the same as the Islamic circumcision which is part of the Malay culture in this archipelago. WHO's FGM categories have been out of practices for a long time in Malaysia, where traditional practices hurt little claws with special needles or knives. As medicine practices are evolving, current techniques employed by most of Malaysian General Practitioner utilise either sharp needle nick or curved scissors cutting at the tip apical part of clitoris (clitoral hood) or small incision to remove the thin uppermost skin above the roof of clitoris with minimal drop of bleeding. It is a simple, harmless, painless minor procedure without the need to cut the entire clitoris, or cut the inner genitals (excision of labia minora) or external genitalia (excision of labia majora) as carried out in some African Arab traditions.

The practice of FGM is quite outrageous to cause phobias among the African girls. Recently, we conducted a small survey among general practitioners in the state of Terengganu, Malaysia. Our findings were very interesting; Among 48 respondents, all were Malays & Muslim, only 56.2 % (n=27) practised female circumcision (FC) in their clinical years. Their age mean was 45.06 + 6.73 with duration mean of working as general practitioner 19.13 + 5.92. Only 31.2% (n=15) perceived that female circumcision was obligatory despite the fact that most Malaysians are Syafii scholar followers. Among respondents who were performed female circumcision, 70.4% (n=19) said the FC was not obligatory, where 29.6% (n=8) said otherwise. Among respondents who practised female circumcision (n=27), more than half 55.6% (n=15) used the method of small incision over the clitoris. On the other hand, 25.9% (n=7); 18.5% (n=5) used needle prick method and the removal of the tip of clitoris respectively. None of them used the method as described in WHO's classification of FGM. Sub analysis of among respondents whose performed FC, 48.1% (n=13) were learn their method of FC from colleagues & Seniors. Meanwhile 14.8% (n=4) of respondents learnt from O&G Specialist in proper methods. Only 11.1% (n=3) of respondents only learnt from informal observation & reading materials. Nonetheless, a quarter of respondents; 25.9% (n=7) did not have any specific references of doing FC in their practiced. In Conclusion, Female circumcision method in Malaysian perspective was different from WHO classification of FGM.

Keywords: Female Circumcision, Female Genital Mutilation, Malay

SYMPOSIUM 5 : REPRODUCTIVE HEALTH

Chairperson: Assist. Prof. Dr Azwanis Abd Hadi

Infertility – Current Thoughts

Assoc. Prof. Dr. Roszaman Ramli

Head, Fertility Center IIUM/ Senior Consultant O&G



Synopsis :

Infertility is a significant health problem affecting around 15% of couple. Infertility and its management is potentially emotionally stressful. Abnormal body mass index (BMI) and stress are major contributing factors. The role of clinical counsellor (stress management), weight reduction programme and bariatric surgery (obese and WHO Group 2 anovulation) should be considered.

The main types of female infertility include ovulatory disorders (25%) and tubal disease (20%), including endometriosis (10%). Infertility results from unexplained causes in up to 20% of cases. Male factor contributes to 50% of the issues. Declining trend of semen quality over past decades became a major concern. Fertility of a woman begins to significantly decline between the ages of 35 and sharply declines after the age of 40.

Thorough evaluation of the couple will point to a probable cause in 85% of cases. Besides hormonal profile and SFA other tests (DNA fragmentation test, AMH, diagnostic laparoscopy +/- hysteroscopy, 3D ultrasound and karyotyping) may be considered. Lifestyle changes can improve both female male fertility. However, in other cases, medical induction, laparoscopic surgery and assisted reproduction techniques including IUI, IVF/ICSI and sperm retrieval are indicated. Strategies should be employed to minimize complications (agonist trigger, dopamine agonist, single embryo transfer) and maximize success (cryopreservation).

Breastfeeding Without Birthing – Role Of Induced Lactation



Asst. Prof. Dr. Nurjasmine Aida Jamani
Consultant FMS IIUM / IBCLC

Profile :

Dr Nurjasmine Aida Binti Jamani obtained her medical degree in 2003 from Universiti Kebangsaan Malaysia. She then joined the academic trainee program and continued her postgraduate study in the field of Family Medicine in 2008. She obtained her medical specialty degree in 2012.

She has gained interest in the area of Women's Health and has involved in researches pertaining to it. She also has developed an interest in Lactation Medicine and became an International Board Certified Lactation Consultant (IBCLC) in 2016. Currently, she serves the University as a Family Medicine Specialist and Medical Lecturer in the Department of Family Medicine, Kuliyah of Medicine, IIUM.

Synopsis :

With infertility on the rise, some couple decide to adopt infants to experience parenthood. Advancement in medical science and technology, had given such women the ability to breastfeed and chance experiencing motherhood through induced lactation. Induced lactation is defined as breastfeeding in the absence of a recent pregnancy. It is a medical process where a woman who has not been pregnant or breastfeeding is able to produce breastmilk. The key hormone involved in lactation is prolactin. There are medications that can be used to help in induce lactation.

For Muslims, breastfeeding an adopted child is an issue that requires detailed guidance as it involves many aspects such as *awrah*, *mahram* relationship, inheritances and others. This presentation aims to address the ways of inducing lactation and helping women to succeed in breastfeeding without birthing.

SYMPOSIUM 6 : AGING WOMEN

Chairperson: Assist. Prof Datin. Dr Fa'iza Abdullah

Incontinence and Prolapse – What Are The Options?

Assoc. Prof. Dr. Zalina Nusee

Head, Urogynaecology unit IIUM/ Senior Consultant O&G



Profile :

Dr Zalina completed her undergraduate study at University Kebangsaan Malaysia (UKM) in 1990 and then she continued her studies in Obstetrics & Gynaecology at UKM in 1993. She joined International Islamic University Malaysia (IIUM) on 2nd July 2007. She completed her subspecialty training in Urogynaecology in 2010 and started the Urogynaecology unit at the Department of Obstetrics & Gynaecology. She became an active member of Urogynaecology society locally (MUG) as well as international level (PAUGA and IUGA). She was appointed as Urogynaecology subspecialty committee in 2011 by the Ministry of Health (MOH) to represent the university in Malaysia. She is also one of the committee members of the Malaysian Urogyn Association. Currently, she is the post graduate clinical co- coordinator for the Department of Obstetrics & Gynaecology. She is also supervising the fellowship trainees in Urogynaecology from MOH. Research is part of her duties and she had published articles in various journals. Dr. Zalina is also active in community service. She has conducted several health talks for the public as well done community services with MERCY Malaysia and IMAM.

Synopsis :

Incontinence and prolapse are not life threatening conditions; therefore only 30 % will seek medical treatment. The management of urinary incontinence is very much depending on the actual type of incontinence i.e. stress urinary incontinence (SUI), urgency urinary incontinence (UUI) or wet over active bladder (OAB), mixed (MUI) and others.

Urine analysis and bladder diary are important baseline investigations as a diagnostic tool as well as to see the treatment outcome. Urodynamic test (UDS) is only indicated in complex cases prior to surgery or post surgical complication and those failed medical treatment.

Pelvic floor muscle training (PFMT) and life style modification are beneficial for all types of incontinence. PFMT is recommended a minimum of two months for SUI before embarking on surgery. The common surgical treatment for SUI includes Burch colpo-suspension (open or laparoscopic), sling procedures (TOT, TVT, SIS) and bulking agent. PFMT and medical (anti-cholinergic and selective β 3-adrenergic receptor agonist) are the main treatment modalities for OAB and UUI. MUI is treated based on the predominant symptoms usually with conservative and medical treatment first if failed then surgery.

Pelvic organ prolapse (POP) is commonly associated with multi-parity, instrumental deliveries, big baby, chronic increased in intra-abdominal pressure (lifting heavy objects, chronic cough, constipation) and post-surgery. According to John De Lancy, vaginal wall is supported apically by utero-sacral cardinal ligaments (level 1) laterally by arcus tendinous fascia pelvis/white line (level 2) and the floor is by fusion of rectovaginal septum, pubo-urethral ligament and perineal body (level 3). Any weakness of these supports will result in prolapse of the anterior wall, posterior wall, uterus, rectum as well as concomitant SUI. The severity is staged according to pelvic organ prolapse quantification (POP Q). The management options are depending on types and severity of prolapse, patient preference and compliance, co-morbidities and other concomitant urinary incontinence, ovarian and uterine pathology.

Conservative management includes life style modification, PFMT and vaginal pessary. PFMT

is proven effective in treating POP as prophylaxis, primary treatment in mild and severe cases, pre and post operative. It can be combined with pessary treatment in severe cases of prolapse.

Vaginal pessary is effective as a primary treatment of POP, temporary measures while waiting for surgery and also as diagnostic test prior to surgery. Patient's compliance is very important to ensure they come for regular follow up. What type of pessary to use is depending on type of prolapse, severity of prolapse and patient's factor.

Reconstructive POP surgery can be performed through vaginal or abdominal approach (open laparotomy or laparoscopy) which includes vaginal hysterectomy, anterior, repair, posterior repair, perineorrhaphy, sacro-colpopexy and Manchester repair. Concomitant Sacro-spinous ligament fixation (SSF) or high utero-sacral ligament fixation is performed in severe POP to prevent recurrent. FDA currently prohibits the use of mesh in view of its complication, which involve lawsuit.

Update On Menopause & HRT

Dato' Dr. Rozihan Hj. Ismail

Head O&G Pahang, Department of O&G HTAA Kuantan

Profile :

Dato' Dr Rozihan Hj Ismail is a Consultant in Obstetrics and Gynaecology and also Pahang Head of Obstetrics and Gynaecology service, Hospital Tengku Ampuan Afzan, Kuantan, Pahang. She completed her subspeciality training in Urogynaecology in 2004. She also actively involved in academic activities where she is currently an honorary lecturer, supervisor and also examiner for undergraduate and master students in several universities such as IIUM, UM, UKM, USM and WIDAD University College.

Synopsis :

Menopausal hormone therapy (MHT) should only be used when indicated. The decision to start MHT should be individualized based on health priorities, perception on quality of life, and personal risk factors. Current guidelines emphasize the optimum time to start MHT and the concept of the oestrogen window. MHT is the most effective treatment for vasomotor symptoms (VMS) associated with menopause at any age, but benefits are more likely to outweigh risks if initiated for symptomatic women before the age of 60 years or within 10 years after menopause. Vasomotor symptoms in menopause may be a biomarker for cardiovascular disease risk and osteoporosis.

MHT is effective in the prevention of bone loss in postmenopausal women and has been shown to significantly lower the risk of osteoporosis-related fractures. MHT is effective in the treatment of vulvovaginal atrophy (VVA), now also considered as a component of the genitourinary syndrome of menopause (GSM). Low dose vaginal oestrogen may be appropriate for VVA alone. MHT initiated in early menopause may have some protective effect against Alzheimer disease in later life. MHT may be beneficial in improving mood in early postmenopausal women with depressive and/or anxiety symptoms.

Contraindications to MHT include breast/endometrial cancer, established cardiovascular disease and previous or current venous thromboembolism. When indicated, MHT is safe and effective in the majority of women if started at the right time and dose.

POSTER ABSTRACT

ABSTRACT 01

Periodic serum levels of Endothelin-1, nitric oxide and ADMA in hypertensive disease of pregnancy

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Background: Hypertension is the leading chronic cardiovascular disease (CVD) affecting 5.8 million Malaysians. The prevalence of hypertensive disorders of pregnancy (HDP) in Malaysia is approximately 23.3 per 1000 live births. It is also an independent risk factor of CVD with endothelial dysfunction postulated as the main pathophysiology with Endothelin 1 (ET-1) and nitric oxide (NO) levels proposed as markers of the underlying process. **Aims:** This study aims to determine periodic serum levels ET-1, NO and asymmetric dimethyl arginine (ADMA) in patients with HDP and its role in persistent endothelial dysfunction. **Study design:** Comparative cross sectional study. **Methods:** Thirty-six pregnant women from the following categories (i) normal pregnant women (control) (ii) chronic hypertension during pregnancy (CH) and (iii) gestational hypertension (GH) participated in this study. Blood pressure indices measurements and sample collection was done at antepartum (32 weeks) and postpartum (8 weeks). ET-1 and serum NO was measured using the Human ET-1 (Endothelin-1) ELISA Kit and Nitric Oxide (total) detection kit respectively. ADMA was measured using high performance liquid chromatography (HPLC). Maternal age and weight during booking were identified as covariates. **Results:** Serum ET-1 was significantly higher in patients with CH (55.3 pg/ml) and GH (35.6 pg/ml) compared to control (11.8 pg/ml) during antenatal and 8 weeks postpartum (CH 38.3 pg/ml, GH 29.5 pg/ml, control 1.9 pg/ml). ADMA was significantly higher in CH ($1.68 \mu\text{M} \pm 0.08$) and GH ($1.82 \mu\text{M} \pm 0.21$) compared to Control ($1.02 \mu\text{M} \pm 0.12$) during antenatal; and post partum CH ($0.59 \mu\text{M} \pm 0.04$) remained significantly higher post partum. Conversely, subjects with CH and GH had lower levels of antenatal and post partum serum NO **Conclusion:** Sustained NO/ET-1 imbalance and non-physiological levels of ADMA in persistent endothelial dysfunction may account for the increased CVD risk. Screening and early detection will improve long-term cardiovascular health.

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ABSTRACT 02

Development of a Mobile Application using Integrated Case-Based Applied Anatomy of Human Reproductive System

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Introduction: Parasites such as protozoa, helminths and ectoparasites can cause disease in humans. With regards to the male and female reproductive system, protozoa and helminths are considered the two most important classes of parasites that can produce spectrum of clinical presentation from chronic infection to infertility. **Methodology:** We are using an online app building system for Android that allows us as ordinary users to create customised projects that requires no programming at all. Styles, colours and contents can all be customised to suit our mobile application development needs. **Results:** We had utilised the mobile application as a powerful curation tool to integrate the pre-clinical science and clinical science through case-based approach from the point of diagnosis until management. **Conclusion:** The mobile application can become a source for students to get the required information pertaining to applied anatomy and clinical knowledge of human reproductive system in a personalised and mobile environment.

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ABSTRACT 03

Maternal satisfaction in postpartum women with severe maternal morbidity in Kelantan, Malaysia

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Severe maternal morbidity (SMM) is an indicator for evaluation of maternal health services and also may act as an alternative strategy to reduced maternal mortality rate. This study aimed to compare maternal satisfaction between women with and without SMM at birth and at 1-month postpartum in Kelantan, Malaysia. A prospective double cohort study was conducted in Raja Perempuan Zainab II Hospital in 2018. Postpartum women aged 18 years old and above, able to speak and understand Malay language were included. Women who delivered at other birth centres, having history of diagnosed psychiatric disorder and non-Malaysian citizens were excluded. Systematic random sampling in the ratio of 1:5 was applied based on the delivery list in the labour room with ratio of 1:1 of women with and without SMM. Malay version of Women's Views of Birth Labour Satisfaction Questionnaire was used before hospital discharge and Women's Views of Postnatal Satisfaction Questionnaire at 1-month postnatal. Independent T test, ANOVA and ANCOVA analyses were performed using SPSS S version 24.0. A total of 198 participants responded following childbirth and 193 at 1-month postpartum. There is no significant difference in labour satisfaction score following childbirth (adj. mean difference (95% CI): 1.9 (-0.65, 4.45) ;P = 0.145) between women with and without SMM after adjusting for foetal outcome and parity. However, there is a significant difference of the postnatal satisfaction score at 1-month postpartum (adj. mean difference (95% CI): 3 (0.54, 5.45); P = 0.019). The mean (SD) of Women's Views of Postnatal Satisfaction Questionnaire domains for baby feeding (0.08 (0.024) vs 0.06 (0.029); P = 0.022) and professional support (0.03 (0.022) vs 0.03 (0.029); P = 0.023) showed significant difference between women with and without SMM. Identifying these differences may lead to understanding and contributing to specific and targeted strategies for tackling the issues related to maternal satisfaction.

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ABSTRACT 04

Hand Palpation – Patient's Saviour from Advanced Cancer

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Background: Hand palpation is one of the essential steps involved in physical examination for patient presented with abdominal pain. It is essential and had been trained among medical students before eligible to practice as a medical doctor. Gastric tumor if large enough can be suspected from adequate abdominal examination in 10% of cases. It can presents as a simple non-specific abdominal pain or discomfort in 80% of cases in which can easily be missed if the doctor are not tentative enough with correct abdominal examination technique. **Case Report:** We would like to share a case of 59-year-old man, no known medical illness presented with dyspepsia for three weeks. Interestingly, he had no other associated symptoms like nausea, vomiting, abdominal distension, early satiety or alarming symptoms. He had sought medical attention to two previous clinics and was informed to have gastritis and given antacids medications but not resolved. **Results:** As in other case, in line with WHO approach in primary care, we proceed further with clinical examination from peripheral to abdominal examination. Surprisingly, there is palpable mass at his epigastric area, ill-defined in margin, firm in consistency and non-tender. We refer this case urgently to surgical team with high possibility of gastric malignancy. CECT abdomen reveals huge mass at upper abdomen arising from posterior wall of stomach. He then was successfully managed with total gastrectomy and recovers well. **Conclusion:** This case highlights the important of clinical examination in all cases comes to our attention, regardless either benign in nature or short in presentation. This case might be miss if every medical professional assume dyspepsia as gastritis and come into conclusion without proper examination. This case proved that a good and simple abdominal examination in primary care setting indeed has save the life of this gentleman who might die if the possible diagnosis has not been made promptly.

ABSTRACT 05

Consequences Of Breast Cancer On Sexuality And Sexual Function Among Women With Breast Cancer.

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Background: Sexuality often being neglected in medical care for cancer patients and sexual dysfunction is highly prevalent among women with breast cancer in Malaysia. **Aim:** To explore the consequences of breast cancer on sexuality and sexual health among the women with breast cancer. **Methods:** This qualitative study was conducted within phenomenological analysis. 14 married women with breast cancer that fulfill the criteria for female sexual dysfunction (FSD) from Kelantan, Malaysia participated in in-depth and photo elicitation interviews. The interviews were audio-recorded, transcribed verbatim and transferred to analytic computer software NVivo® for data management. The transcriptions were analysed using thematic analysis based on the sexual script theory. **Results:** Three themes are emerged. Breast cancer treatments disturbed the women's sexual response cycle leading to changes in direction of meaning of sexuality from marriage intimacy to obligation that preferred physical affection rather than penetrative intercourse. The women struggled with perceived deficiency in gendered role. A few even noticed changes in husband's sexual performance and in battling with inadequacy sentiment as a wife. Fear and guilt surfaced within the journey accompanied by the spouse's emotion of either exposing frustration or becoming more attentive towards the women. **Strengths and Limitations:** The strength of this study includes phenomenological framework using in-depth and photo-elicitation interviews helps to explore delicate and sensitive issue about sexuality thoroughly. The limitations are only Malays, heterosexually married from low to middle socioeconomic background using purposive sampling were enrolled causing the finding cannot be generalised to other population. **Conclusion:** This study highlights the burden of breast cancer and its treatment on the sexual well-being of the patient and spouse hence recognising and addressing the sexual health will improve the overall survivorship experience.

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ABSTRACT 06

Oral Bullous Pemphigoid Induced by Gabapentin: A Case Report

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Introduction: Bullous pemphigoid is a rare acquired, chronic autoimmune blistering disease; which typically produces tense and large blisters with erosions on skin or mucous membrane. It is primarily affects elderly patients in the fifth to seventh decade of life and can be fatal, particularly in patients who are debilitated, with underlying medical problems or left untreated because of misdiagnosis. There are various factors documented able to facilitate bullous pemphigoid such as physical agents, viral infections and drug intake including gabapentin. Gabapentin is an anticonvulsant drugs, but also widely used in the management of neuropathic pain especially in primary care. Even it is rare, gabapentin has been found to cause bullous pemphigoid from the previous literatures. Nevertheless, the previous reported cases were mainly involving trunks and limbs; spared the oral cavity. **Report:** We herein report a case of a 66-year-old gentleman, who presented with swollen, itchy and tender upper and lower lips with localized erythematous macular rashes over left side of his face for two days duration. He had a history of taking oral gabapentin 300mg three times a day for one week prior to the onset of the lesions. The drug was prescribed in the primary care clinic for his neuropathic pain secondary to bilateral lower limb atherosclerotic gangrene. Examination revealed multiple bullous over his swollen upper lips with desquamative gingivitis. Other system examinations were unremarkable. The offending drug was immediately ceased and he was then referred to Dermatology team for further evaluation. **Result:** The diagnosis of Gabapentin-induced bullous pemphigoid was confirmed by clinical assessment and histopathological examination. His symptoms gradually improved after a week commencement of high potency topical corticosteroid. **Conclusion:** This case illustrates the importance of adequate physical examination including detailed oral examination to look for the pathognomonic features in a case suspected to be drug induced rashes. Indeed, adequate knowledge on the side effect of the possible medication that can induce catastrophe skin problem and prompt action to withhold the precipitating drug is really essential in primary care in order to save the patient's life.

ABSTRACT 07

Factors Associated With Stress Urinary Incontinence Among Women At Klinik Kesihatan Sungai Besi

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Associate Professor Dr. Sazlina Shariff Ghazali, Department of Family Medicine Faculty of Medicine and Health Sciences University Putra Malaysia

Introduction: Stress urinary incontinence (SUI) is a condition of involuntary urinary leakage on exertion or effort such as in coughing or sneezing with documented prevalence of 8.9% and 40%. SUI is not a life-threatening event, but it can result in despair and affect the women's quality of life and sexual activities. The established potential risk factors for SUI were body mass index, obesity, parity more than one, vaginal delivery, history of hysterectomy, hormone replacement therapy, diabetes, smoking, diet and physical activity. **Methods:** A cross sectional study was conducted at Klinik Kesihatan Sungai Besi where 300 women aged 35 years and above was chosen to participate. The data which comprises of assessment and factors of SUI was collected using a self-administered structured questionnaire. Chi square test and independent t-test were used for statistical analysis to establish the association between stress urinary incontinence and its related factor. SPSS version 22.0 software was used to analysed the data. **Results:** The prevalence of stress urinary incontinence among women age 35 years and above attended Klinik Kesihatan Sungai Besi was 54%. Majority of the woman with SUI had only slight incontinence (81.5% n=132), followed by moderate incontinence (14.2% n=23), severe incontinence (1.9% n=3) and very severe incontinence (2.5% n=4). From this study, older age (mean 52.30 SD 10.423), bronchial asthma, higher body mass index (29.90 SD 7.329) plus younger age at first delivery (24.10 SD 4.767) were found to be associated with SUI. **Conclusion:** The prevalence of SUI was 54% with majority having slight urinary incontinence. Significant association of stress urinary incontinence with participant's age, age at first delivery, bronchial asthma and body mass index was established in this study. In a long run, more studies need to be done to further establish the factors that associated with stress urinary incontinence.

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