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Background: Background: Studies from several regions examined the approach to diagnosis and management of the polycystic ovary syndrome (PCOS). Limited similar data are available from the Middle East and Africa (MEA). Objective: An online survey consisting of a simple questionnaire to understand current practice for diagnosis and management of PCOS by specialists across the MEA region.

Material(s) and Method(s): A previously established questionnaire was used. It consisted of 25 questions grouped to capture information on a) the characteristics of the respondents, b) patients with PCOS seen by respondents, c) the diagnostic criteria, d) biochemical parameters for differential diagnosis of hyperandrogenism, e) long-term concerns, and, finally f) management choices.

Result(s): A total of 190 questionnaires (ESE) were available for final analysis; 59.5% and 17.4% of the respondents were endocrinologists and gynecologists, respectively; 73.7% were established, physicians. Concerning the diagnostic criteria, respondents were most likely to select menstrual irregularity as the most frequent criteria used for the diagnosis of PCOS (90.5%), although very high rates were achieved for the use of hirsutism (75.7%) and biochemical hyperandrogenism (71.4%). The most frequent biochemical parameters used for the differential diagnosis of hyperandrogenism were dehydroepiandrostenedione (52.4%) or total testosterone (45.4%). Obesity and type 2 diabetes were the principal long-term concerns for PCOS (45.1%), followed by infertility (29.9%). The most common treatments for patients with PCOS were metformin(43.8%), lifestyle modification (27.0%), and oral contraceptives (18.9%). Treatments of infertility include metformin alone, clomiphene citrate alone, or their combination prescribed by 23.1%, 9.9%, or 52.7%, respectively, whereas only 3.8% contemplated ovulation induction.

Conclusion(s): This survey provides a baseline for the perspective in diagnosing and treating PCOS in the MEA region. Some deviation is observed from mainline recommended practices. More education on PCOS diagnostic criteria and treatment of PCOS is in line with the recently published evidence international guideline.

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CATEGORY: REPRODUCTIVE ENDOCRINOLOGY

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Newly Diagnosed Thyroid Dysfunction Presented as Female Sexual Dysfunction: The First Study from Basrah, Iraq

Author Block: Samih Abed Odhaib¹, Abbas Ali Mansour¹, Haider Ayad Alidrisi¹, Mahmood Thamer Altemimi², Zainab Khalid Abdulrazzaq³ - ¹ Faiha Specialized Diabetes Endocrine And Metabolism Center (FDEMC), Basrah, Iraq - ² Thi Qar Specialized Diabetes Endocrine And Metabolism Center, Thi Qar, Iraq - ³ Arab Board of Medical Specialization, Basrah Health Directorate, Basrah, Iraq **Background:** Overt and subclinical thyroid dysfunction may present as female sexual dysfunction (FSD) due to their hormonal effect on consecutive psychiatric disorders. Our objective was to evaluate the impact of thyroid dysfunction on FSD in reproductiveaged married premenopausal women in Basrah- Iraq.

Material(s) and Method(s): We evaluated 673 reproductive-aged women with different sexually-related complaints in FDEMC. There were 229 women who fulfilled the criteria of FSD diagnosis for more than six months, excluding any women with any condition, medication, or intervention that might disturb the sexual function at any level. The 229 women were tested by a cascade of hormonal investigations, including free thyroxine (FT4), thyrotropin-stimulating hormone (TSH), total testosterone (TT) with sex hormone-binding globulin (SHBG), calculated free testosterone (cFT), estradiol (E2), and prolactin (PRL).

We had diagnosed 42 women with different thyroid dysfunction and considered them as (case group), versus 187 women with normal thyroid function and considered as (control group).

We used the Arabic Version of Female Sexual Function Index-Arabic version (ArFSFI) Scoring, which contains 19 questions in six different sexual domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). A total score of <26.55 points suggested FSD. The domains' cut-off points were (desire=4.28, arousal=5.08, lubrication=5.45, orgasm= 5.05, satisfaction=5.04, and pain=5.51). We used an independent sample t-test to study different FSFI domain scores, biochemical parameters, and some personal-related characteristics between women in both groups. Subgroup analysis in the thyroid dysfunction group was done from autoimmunity and thyroid hormone levels.

Result(s): The prevalence of subclinical thyroid dysfunction in FSD was 8.30%, compared to 10.04% for overt thyroid dysfunction. The enrolled women in both groups were nearly matched in their age, weight, parity, duration of the marriage, and FSD. All the 229 women across the two groups described severely reduced FSFI scores, markedly around the third of the cut-off values for all scores. The PRL, TT, SHBG, cFT, and E2 levels did not significantly differ in both groups.

Thyroid autoimmunity status did not affect the sexual domains scores levels between women with autoimmune thyroid dysfunction and those without.

The pattern extended to include all the studied hormones, except E2. There were normal levels of E2 for both groups, yet, women with autoimmune thyroid dysfunction had significantly higher reference E2 than women with non-autoimmune thyroid dysfunction. The pattern of nonsignificant association did not change during further subgroup analysis between women with autoimmune hypothyroidism and hyperthyroidism.

Conclusion(s): Although we get markedly reduced FSFI scores for all domains, it was not significantly different in women with any form of thyroid dysfunction compared to the control group. We could not verify any causal hormonal relationship.

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Premature Ovarian Insufficiency: Epidemiology, Aetiopathology, and Diagnostic Evaluation at Sultan Qaboos University Hospital



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