Appendix A8

Study Guide
for the Postgraduate Program (MSc)

"Women's Health"
(*"MSc in Women's Health"*)

CONTENTS OF THE STUDY GUIDE

HISTORY AND DESCRIPTION OF THE MSc "Women's Health"

The 2nd Department of Obstetrics and Gynecology of the Medical School of the National and Kapodistrian University of Athens – Aretaieio Hospital, is one of the oldest university clinics in Greece.
Aretaieio Hospital was founded in 1894 and began operating in 1898, initially as a surgical clinic. The foundation of the Aretaieio Hospital significantly advanced university-level education in Greece.

The 2nd Obstetrics and Gynecology University Clinic has consistently focused on high-level theoretical and clinical training of students, pioneering scientific research, and the provision of top-quality medical services.

Since 2000, the Menopause and Climacteric Department of the 2nd Obstetrics and Gynecology Clinic at Aretaieio Hospital has received a large number of women daily. In recent years, this has amounted to more than 2,291 women annually, all of whom are in the climacteric or menopausal stage. Women from all over Greece are treated here. Each woman undergoes an annual preventive gynecological check-up, including a gynecological exam, cytological smear (Pap test), transvaginal ultrasound, endometrial thickness measurement, breast check (clinical exam and

mammography), blood pressure monitoring, bone density and metabolism assessment, lipid, glucose, and thyroid screening.

Any pathological conditions diagnosed during these exams are either managed directly by the Menopause and Climacteric Department or referred to the relevant specialized departments of the 2nd Obstetrics and Gynecology Clinic at Aretaieio Hospital.

When necessary, such as in cases requiring hormone therapy, women are followed up more frequently—typically every 3–6 months.

The department collaborates with:

- The Angiology Laboratory of the Therapeutics Clinic at Alexandra Hospital
- The Nutrition Department at Alexandra Hospital
- The Cognitive Functions Unit of the Neurology Clinic at Aiginiteio Hospital
- The Women’s Mental Health Department of the Psychiatry Clinic at Aiginiteio Hospital

Patients are referred to these departments if medically indicated.

In this department, trainees in Endocrinology, Obstetrics, and Gynecology, as well as undergraduate and postgraduate students, receive education.

A key reason for establishing the MSc "Women’s Health" is the focus on medical specialization dealing with conditions that are unique to women, more frequent in women, more severe in women, have different causes or manifestations in women, and ultimately require different management or outcomes compared to men.

Until recently, traditional medical education on women’s health focused mainly on reproductive health and was almost exclusively provided by gynecologists. Today, education in Women's Health is interdisciplinary.

The goal of the program is prevention and quality of life, emphasizing a **holistic approach**, which extends beyond gynecology to include disciplines like general medicine, endocrinology, cardiology, orthopedics, radiology, and psychiatry.

Non-medical disciplines such as nutrition, physiotherapy, physical education, and psychology also play a crucial role in Women’s Health education.

Combining teaching with research is essential to form scientific and research teams with shared interests and to produce high-quality academic work through interdisciplinary collaboration across medical specialties with common interests in women’s pathophysiology.

Teaching will be interactive, and alongside clinical training, research and evidence-based knowledge will be promoted through the development of high-quality thesis projects.

Related academic subjects are part of disciplines such as general medicine, endocrinology, gynecology, cardiology, orthopedics, and psychiatry.

The program also targets graduates of Nursing, Midwifery, Physiotherapy, Nutrition, Physical Education, and Psychology.

As previously stated, Women's Health is supported by medical fields like endocrinology, gynecology, general pathology, cardiology, orthopedics, and psychiatry. These subjects are part of the first cycle of studies in both the medical school and other health science departments.

Personalized lifestyle approaches (nutrition – physical exercise – psychology) in women are closely connected to the curriculum of Nutrition, Physical Education, and Psychology departments.

ECTS CREDITS
To obtain a Postgraduate Diploma (MSc), a total of one hundred and twenty (120) ECTS credits are required. These correspond to coursework and the preparation of the postgraduate thesis. All courses are taught weekly and, depending on the case, include:
a) attendance and successful examination,
b) practical training in the outpatient clinics of the National and Kapodistrian University of Athens (NKUA) and in units related to the subject of the MSc, and
c) the preparation of a postgraduate thesis.

During their studies, postgraduate students are required to attend and successfully pass their courses and complete a master's thesis. The thesis is conducted in the fourth semester and is credited with 30 ECTS. Practical training in laboratories and clinics for acquiring the necessary hands-on experience is carried out during the third semester and is credited with 30 ECTS. Practical training is mandatory.

To obtain the Postgraduate Diploma, a total of one hundred and twenty (120) ECTS credits must be earned, which correspond to courses in the first and second semesters, practical training in the third semester, and the completion of the thesis in the fourth semester.

LEARNING OUTCOMES
The MSc Program *"Women's Health"* aims to train new researchers. Upon completion of the program and successful graduation, students will be able to:

- Be familiar with current knowledge
- Be familiar with new methods used in the holistic approach to women's health

- Have specialized knowledge
- Know the latest protocols
- Know the most recent data
- Be aware of new trends in women's health research
- Know ways to improve women's quality of life
- Search for, analyze, and synthesize data and information using necessary technologies
- Be capable of making decisions
- Be capable of independent work
- Promote the generation of new research ideas
- Foster free, creative, critical, and inductive thinking

COURSE CONTENT AND STRUCTURE OF THE MSc PROGRAM

The MSc program begins in the winter semester of each academic year. In case of inability to start in the winter semester, it can be transferred to the spring semester, by decision of the Department Assembly. To obtain the diploma, a total of 120 ECTS credits are required. All courses are taught weekly and may include laboratory exercises, seminars, and practical training as appropriate. The language of instruction and the master's thesis may be Greek or, in some cases, English.

During their studies, postgraduate students are required to attend and successfully complete postgraduate courses, engage in research and clinical training, write and/or present scientific papers, and complete a master’s thesis. The thesis is carried out in the 4th semester and is worth 30 ECTS. There is also the option for practical training in collaborating clinical units to gain necessary experience under the supervision/cooperation of the supervisor.

The practical training lasts one semester, is worth 30 ECTS, and is mandatory. Teaching is mainly face-to-face. Up to 10% of the total instruction may be delivered remotely (synchronously or asynchronously) for educational purposes, according to current legislation. In exceptional circumstances, a greater percentage may be delivered remotely, depending on public health guidelines issued by the Senate of NKUA and/or the President of the Medical School.

Indicative Course Program:

A. Courses

1st Semester: CLINICAL TRAINING I

Mandatory Courses	Hours/week	ECTS
Research Methodology – Statistics	3 hours × 13 weeks = 39 hrs	6
Gynecological Endocrinology	3 hours × 13 weeks = 39 hrs	8
Climacteric – Menopause	3 hours × 13 weeks = 39 hrs	8
Women's Skeletal Health	3 hours × 13 weeks = 39 hrs	8
Total	156 hours	30

2nd Semester: CLINICAL TRAINING II

Mandatory Courses	Hours/week	ECTS
Metabolic Disorders and Cardiovascular Diseases in Women	3 × 13 = 39 hrs	8
Urogenital Syndrome – Sexual Health – Mental Health – Neurological & Cognitive Disorders – Women's Dermatology	3 × 13 = 39 hrs	8
Breast and Gynecological Cancer Prevention	3 × 13 = 39 hrs	8
Women's Quality of Life (Nutrition – Supplements – Weight Management – Exercise – Fall & Sarcopenia Prevention)	3 × 13 = 39 hrs	6
Total	156 hours	30

3rd Semester: CLINICAL PRACTICE

Mandatory Courses	Hours/week	ECTS
Cases: Climacteric-Menopause & Premature Ovarian Insufficiency Clinics / Practical Training	3 × 13 = 39 hrs	8
Cases: Osteoporosis Clinic / Practical Training	3 × 13 = 39 hrs	8
Cases: Cardiovascular & Metabolic Health Clinic / Practical Training	3 × 13 = 39 hrs	8
Cases: Urogynecology / Mental Health / Breast Clinics / Practical Training	3 × 13 = 13 hrs	6
Total	156 hours	30

4th Semester: FOCUSED RESEARCH

Course	ECTS
Master's Thesis	30
Total	30

B. Course Content/Description

1st Semester: CLINICAL EDUCATION-1

Compulsory Courses

RESEARCH METHODOLOGY – STATISTICS

3 hours/week × 13 weeks

1. Evidence-based medicine – Literature search using computers **A. Gryparis**
2. Introduction to biostatistics – Definition of statistics **A. Gryparis**
3. Descriptive statistics **A. Gryparis**
4. T-Test / Chi-square test **A. Gryparis**
5. Non-parametric tests **A. Gryparis**
6. Correlation coefficients – Simple linear regression – ANOVA **A. Gryparis**
7. Multiple linear regression – Logarithmic dependence **A. Gryparis**
8. Evaluation of laboratory findings **A. Gryparis**
9. Sampling methods – Repeated measurements **A. Gryparis**
10. Types of medical research **A. Gryparis**
11. Systematic reviews – Meta-analyses **A. Gryparis**
12. Scientific article writing process **A. Gryparis**
13. Evaluation of scientific articles from journals and publication process **A. Gryparis**

GYNECOLOGICAL ENDOCRINOLOGY

3 hours/week × 13 weeks

1. Physiology of the hypothalamic–pituitary–gonadal axis in women **E. Lambrinoudaki**

2. Laboratory hormone evaluation in gynecological endocrinology **E. Lambrinoudaki**
3. Pediatric endocrinology – gonadal disorders (disorders of sexual differentiation, Turner Syndrome, precocious puberty) **S. Mihala**
4. Menstrual disorders – causes and investigation **A. Avgoulea**
5. Menstrual disorders – management **D. Goulis**
6. Contraception **S. Mihala**
7. Polycystic Ovary Syndrome (PCOS) **D. Goulis**
8. Congenital adrenal hyperplasia **P. Anagnostis**
9. Pituitary adenomas **G. Efraimidis**
10. Hypothalamic amenorrhea – anorexia nervosa – female athlete triad **N. Georgopoulos**
11. Endometriosis – adenomyosis **M. Kalampokas**
12. Premenstrual syndrome **Th. Kalampokas**
13. Thyroid and women (effects of estrogens on thyroid hormone metabolism, thyroid function changes during pregnancy, postpartum, and menopause) **G. Efraimidis**

CLIMACTERIC PERIOD – MENOPAUSE

3 hours/week × 13 weeks

1. Physiology of menopausal transition – Diagnosis of menopause and low ovarian reserve – menopausal symptoms **A. Avgoulea**
2. Long-term consequences of menopause: osteoporosis, cardiovascular disease, cognitive decline and dementia, weight disorders and sarcopenia **E. Lambrinoudaki**
3. Preventive screening of menopausal women: Pap test and HPV screening, breast screening, osteoporosis screening, endometrial screening **A. Avgoulea**
4. Randomized clinical trials and major observational studies on women's health and aging (WHI, KEEPS, DOPS, ELITE, Million Women Study, Nurses Health Study, French E3N, SWAN, ELSA, ALSWH, InterLACE) **E. Armeni**
5. Nutrition, exercise, and lifestyle during menopausal transition I**. Karagouni**

6. Hormone therapy in menopause: treatment regimens, indications, contraindications, benefits and side effects, patient monitoring, duration of therapy **E. Lambrinoudaki**
7. Premature ovarian insufficiency **S. Kalantaridou**
8. Hormone therapy in women with comorbidities (diabetes, cardiovascular disease, risk factors for cardiovascular disease, endocrine and metabolic disorders) **E. Lambrinoudaki**
9. Hormone therapy in women with comorbidities (neurological, gastrointestinal, connective tissue diseases, mood and sleep disorders) **E. Lambrinoudaki**
10. Hormone therapy in women with breast and gynecological diseases **Th. Panoskaltsis**
11. Care for menopausal women after breast or gynecological cancer **A. Avgoulea**
12. Non-estrogenic treatments for menopausal symptoms:
    1. Neurokinin receptor inhibitors, SSRIs, and other medications
    2. Systemic testosterone therapy for Hypoactive Sexual Desire Disorder
    3. Non-pharmaceutical treatments (dietary supplements, behavioral therapy, yoga, etc.) **N. Georgopoulos**
13. Hormone therapy and care for transgender women **N. Georgopoulos**

MUSCULOSKELETAL HEALTH OF WOMEN

3 hours/week × 13 weeks

1. Anatomy and physiology of the musculoskeletal system – gender differences **E. Kassi**
2. Pathogenesis and clinical presentation of postmenopausal osteoporosis **E. Kassi**
3. Diagnosis of osteoporosis – identifying high-risk women for fractures **S. Tournis**
4. Exercise in the treatment of osteoporosis and fracture prevention **S. Tournis**
5. Nutrition, supplements, and lifestyle in osteoporosis treatment **S. Tournis**
6. Treatment of postmenopausal osteoporosis – antiresorptive therapies **S. Tournis**

7. Treatment of postmenopausal osteoporosis – anabolic and new therapies **E. Kassi**
8. Surgical treatment of osteoporotic fractures in women **E. Chronopoulos**
9. Thyroid/parathyroid diseases and skeletal health in women **S. Tournis**
10. Osteoporosis in women with comorbidities (rheumatic diseases, hematological diseases, chronic glucocorticoid use, chronic kidney disease, Paget's disease) **S. Tournis**
11. Premenopausal osteoporosis **E. Kassi**
12. Musculoskeletal pain and osteoarthritis in menopause **E. Chronopoulos**
13. Sarcopenia – sarcopenic obesity in menopause **E. Chronopoulos**

2nd Semester: CLINICAL EDUCATION-2

Compulsory Courses

METABOLIC DISORDERS AND CARDIOVASCULAR DISEASES IN WOMEN

3 hours/week × 13 weeks

1. Weight management during menopausal transition I**. Karagouni**
2. Diabetes treatment in postmenopausal women **M. Apostolakis**
3. Lipid disorders in women – hormonal influences – treatment **P. Anagnostis**
4. Non-alcoholic fatty liver disease **M. Apostolakis**
5. Arterial hypertension in women **K. Stamatelopoulos**
6. Menopause and cardiovascular changes. Preventive cardiology screening and cardiovascular risk assessment in midlife women (see Maas 2024 Maturitas Female-specific CVD risk factors) **G. Georgiopoulos**
7. Female-specific cardiovascular risk factors (preeclampsia, gestational diabetes, PCOS, endometriosis, premature ovarian insufficiency, infertility, breast cancer treatments) **E. Armeni**
8. Ischemic heart disease in women / MINOCA / Takotsubo cardiomyopathy **K. Stamatelopoulos**
9. Stroke in women **G. Georgiopoulos**
10. Heart failure in women **K. Stamatelopoulos**

11. Rhythm disorders in women (supraventricular tachyarrhythmias, atrial fibrillation) **K. Stamatelopoulos**
12. Cardiovascular system and comorbidities in women (chronic inflammatory diseases, migraines, depression, dementia) **G. Georgiopoulos**
13. Cardiac rehabilitation in women **G. Georgiopoulos**

GENITOURINARY SYNDROME – SEXUAL HEALTH – MENTAL HEALTH – DERMATOLOGICAL CONDITIONS IN WOMEN

3 hours/week × 13 weeks

1. Genitourinary Syndrome of Menopause (GSM) – clinical features, diagnosis, conservative management **A. Avgoulea**
2. GSM: New treatments (Laser, PRP, hyaluronic acid) **A. Avgoulea**
3. Sexual dysfunction – diagnosis and management **N. Georgopoulos**
4. Urinary incontinence – definitions, clinical assessment, urodynamic testing **S. Athanasiou**
5. Urinary incontinence – treatment **S. Athanasiou**
6. Pelvic organ prolapse – definitions and diagnostic approach **S. Athanasiou**
7. Pelvic organ prolapse – surgical treatment and new therapies **S. Athanasiou**
8. Hair disorders in women – hirsutism, alopecia – clinical evaluation, investigation, treatment **E. Nikolaidou**
9. Acne **E. Nikolaidou**
10. Skin aging – prevention and treatment methods **E. Nikolaidou**
11. Plastic surgery and women **E. Nikolaidou**
12. Emotional disorders during hormonal transitions: adolescence, postpartum, menopause **I. Zervas**
13. Psychological support for women during menopausal transition **I. Zervas**

NEUROLOGICAL AND COGNITIVE DISORDERS – BREAST AND GYNECOLOGICAL CANCER PREVENTION

3 hours/week × 13 weeks

1. Sleep disorders in women **Th. Paparigopoulos**
2. Depression in the elderly **I. Zervas**

3. Eating disorders and weight management in women **F. Gonidakis**
4. Cognitive disorders and dementia in women **N. Skarmeas**
5. Psychotic disorders in women **I. Zervas**
6. Domestic violence and abuse against women **I. Zervas**
7. Women's mental health in the workplace **I. Zervas**

Breast and Gynecological Cancer Prevention
8. Breast cancer prevention **Th. Panoskaltsis**
9. Endometrial cancer prevention **Th. Panoskaltsis**
10. Ovarian cancer prevention **Th. Panoskaltsis**
11. Cervical and vulvar cancer prevention **M. Kalampokas**
12. Gynecological infections **K. Panoulis**
13. Abnormal Uterine Bleeding (AUB) – investigation and management **N. Vlachos**

WOMEN'S QUALITY OF LIFE (NUTRITION – NUTRITIONAL SUPPLEMENTS – WEIGHT MANAGEMENT – PHYSICAL EXERCISE – FALL AND SARCOPENIA PREVENTION)

3 hours/week × 13 weeks

1. Exercise & metabolism. Female adaptation to physical exercise in acute and chronic contexts **A. Filippou**
2. Muscle atrophy – Sarcopenia – Muscle strengthening – Methods for measuring muscle strength **A. Filippou**
3. Exercise after menopause **E. Kravvariti**
4. Identifying patients at high risk of falling – Fall prevention interventions – Physiotherapist **I. Karagouni**
5. Dietary patterns for weight management – types of diets (intermittent fasting, ketogenic diets, vegetarian diets, etc.) **I. Karagouni**
6. Dietary supplements, metabolism, and weight management **K. Panoulis**
7. Dietary supplements and menstrual cycle disorders (PMS, functional menstrual disorders, menopause) **E. Kravvariti**
8. Lifestyle changes for healthy aging in women **I.Karagouni**
9. Cardiometabolic health and dietary supplements **E. Lambrinoudaki**
10. Prevention of cardiometabolic diseases through lifestyle management (cardiovascular diseases, diabetes mellitus, MAFLD) **N. Skarmeas**

11. Prevention of cognitive decline with non-pharmacological interventions **I. Zervas**
12. Emotional health: prevention and treatment of emotional disorders through non-pharmacological interventions **E. Nikolaidou**
13. Skin health: prevention and non-pharmacological treatments. Hair health: non-pharmacological interventions **E. Nikolaidou**

COURSE CONTENT – COURSE DESCRIPTIONS

Semester A: CLINICAL TRAINING – 1
Compulsory Courses

RESEARCH METHODOLOGY – STATISTICS

In the Research Methodology – Statistics unit, students are required to become familiar with the ways to conduct clinical and laboratory research using international literature through computers.

Bibliographic research using computers is key to evidence-based medicine and forms the basis for writing both research theses and review papers required for completing the postgraduate program. Exposure to Statistics, Descriptive Statistics, and Biostatistics through tools such as the T-Test, Chi-square test, non-parametric tests, correlation coefficients, simple linear regression, ANOVA, multiple linear regression, and logarithmic regression teaches us how to evaluate laboratory findings—our own and those of other researchers—how to differentiate types of medical research, understand sampling methods, and appreciate the necessity of repeated measurements. Proper methodology and statistical processing of research results can lead to statistically significant outcomes, enabling publication in reputable international journals with a high impact factor.

GYNECOLOGICAL ENDOCRINOLOGY

The basis of the Gynecological Endocrinology module is the understanding of the control, function, and disorders of the endocrine glands, specifically:

- The Hypothalamus–Pituitary–Thyroid axis
- The Hypothalamus–Pituitary–Ovary–Uterus axis
- The Hypothalamus–Pituitary–Adrenal–Gonadal axis

We will delve into possible disorders or dysfunctions in these axes during both the late reproductive and non-reproductive phases of a woman's life, as well as pre-existing disorders from the reproductive period. Students will study the biosynthesis,

release, transport, and action of hormones from endocrine glands, their metabolism, and their regulatory mechanisms.

The module includes:

- Hormonal dynamic testing of the Hypothalamus–Pituitary–Ovary–Uterus axis
- Mechanisms of ovulatory dysfunction, menstrual disorders, and infertility
- Study of hyperandrogenism, congenital adrenal hyperplasia, pituitary adenomas, and hypogonadism within the Hypothalamus–Pituitary–Adrenal–Gonadal axis
- Thyroid disorders related to gynecological endocrinology within the Hypothalamus–Pituitary–Thyroid axis
- Parathyroid glands: etiology, diagnosis, and treatment of primary and secondary hypoparathyroidism and their impact on bone metabolism and postmenopausal osteoporosis

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CLIMACTERIC – MENOPAUSE

The climacteric period is the phase in a woman's life marked by declining ovarian function, characterized by menstrual changes and often by symptoms—most notably vasomotor disturbances. This phase lasts from 3 to 10 years prior to menopause, which typically occurs between 50–52 years of age in Mediterranean populations. Menopause is defined retrospectively after 12 months of amenorrhea and marks the transition from the reproductive to the non-reproductive stage of a woman's life.

This transition also brings psychological disturbances, due to hormonal fluctuations and fear of aging. Menopausal symptoms, primarily due to estrogen deficiency, affect around 50% of women. Atrophic changes in the skin and mucosa may lead to urogenital atrophy symptoms. Estrogen deficiency also contributes long-term to increased cardiovascular disease, osteoporosis, and cognitive decline.

After individualized clinical-laboratory evaluation, hormone therapy may be administered to women in need, significantly improving their quality of life and helping them meet the demands of longer life expectancy.

Topics covered in this unit include:

- Physiology of climacteric and menopause
- Early menopause, premature ovarian insufficiency, surgical and drug-induced menopause
- Clinical manifestations and symptomatology: acute climacteric syndrome, short- and long-term effects of menopause

- Diagnostic and therapeutic approaches: laboratory diagnosis, hormone replacement therapy (continuous combined, cyclic, systemic, transdermal, local), tibolone, and SERMs for postmenopausal osteoporosis prevention/treatment and autoimmune diseases

- **SKELETAL HEALTH OF WOMEN**
- Osteoporosis is classified into primary and secondary types. Primary osteoporosis includes: a) Postmenopausal osteoporosis, which appears in women after menopause, and b) Senile osteoporosis, which occurs in both women and men after about the age of 70. Secondary osteoporosis is caused by other conditions such as diabetes, hyperparathyroidism, sickle cell anemia, multiple myeloma, prolonged immobilization, rheumatoid arthritis, hypogonadism, hyperthyroidism, and malabsorption syndrome. Secondary osteoporosis may also result from long-term use of medications such as cortisone, thyroxine, antiepileptic drugs, heparin, etc. Postmenopausal osteoporosis typically appears after the age of 50 and is characterized by reduced bone mass and disturbed bone architecture. All these factors lead to increased bone fragility and a higher risk of fractures. Typical fractures occur with low-impact trauma, meaning they happen without strong force being applied. Osteoporotic fractures are most commonly found in the lumbar vertebrae of the spine, the wrist, and the hip. Osteoporosis is much more common in women than in men and worsens with advancing age. It presents no symptoms for a long time and is therefore called "the silent disease." Several years can pass during which osteoporosis only worsens until the first symptom appears, which is a fracture. Therefore, it is important to identify individuals at higher risk of fractures so they can receive treatment. There are several ways to diagnose osteoporosis, but routine diagnosis is done by measuring bone density (DXA) after clinical evaluation.
- Not all women are indicated for bone density measurement immediately after menopause, but premenopausal women may be indicated under certain conditions if risk factors coexist. Ideally, bone density should be measured in the spine and the dominant hip. If it is not possible to measure both sites, measurement of the spine is preferred in younger women, while in older women the hip is preferred. It is important to understand that both osteopenia and osteoporosis require regular medical monitoring and management. Medication cannot fully restore bone mass that has already been lost, nor can it repair the disturbed microarchitecture of bones. For these reasons, early prevention is especially valuable. Today, there are therapeutic approaches aimed at inhibiting further bone loss, significantly increasing bone mass, and thus significantly reducing fracture risk. Drugs used to treat osteoporosis either inhibit bone resorption or increase bone formation and are prescribed individually.
- In the section on bone health and pathology, the following will be studied: anatomy and pathophysiology of joints, bone biology, bone remodeling, genetics of osteoporosis, transmission of endocrine signals, hormones, mechanism of hormone action, hormone receptors, endocrine axes and target organs, measurements of Ca, P, Mg, Vitamin D and Parathyroid hormone, inflammatory diseases of the musculoskeletal system, autoimmune diseases and osteoclastogenesis, metabolic bone diseases and their differential diagnosis.

- Regarding diagnostic approaches to osteoporosis, imaging methods for skeletal assessment will be studied such as simple radiography, bone densitometry, dual-energy X-ray absorptiometry (DXA), pQCT, clinical osteoporosis assessment with the FRAX tool, and clinical evaluation of bone densitometry.
- Regarding therapeutic approaches, anabolic and antiresorptive drugs will be studied, such as bisphosphonates, teriparatide, denosumab, strontium ranelate, and other newer drugs.
- Finally, some diseases and medications that affect bone metabolism will be studied such as osteoporosis and corticosteroids, calcium, thyroid and bones, MEN 1 syndrome and bones, skeletal manifestations of Turner syndrome, bone effects of thyroid-stimulating hormone and its disorders, dental implants, osteoporosis treatment, and bone effects.

- **2nd Semester: CLINICAL TRAINING-2**
- **METABOLIC DISORDERS AND CARDIOVASCULAR DISEASES IN WOMEN**
- During menopause, the drop in estrogen levels affects women's metabolism and cardiovascular system. Initially, total cholesterol and LDL cholesterol increase, while HDL cholesterol decreases. At the same time, there is a marked increase in abdominal fat tissue, and conditions arise that predispose to metabolic syndrome, prediabetes, and diabetes, as carbohydrate metabolism becomes deregulated and the body’s insulin sensitivity decreases.
- The effect of estrogens on the cardiovascular system may appear through changes in risk factors such as blood pressure, body weight, insulin resistance, lipid profile, and hematological factors. Estrogens have a protective effect on the formation of atheromatous plaques in blood vessels and thus on coronary artery disease and stroke. Therefore, prevention of cardiovascular diseases by modifying risk factors and lifestyle is important. Cardiometabolic risk factors include hypertension, obesity, dyslipidemia, diabetes, smoking, and consumption of fats, salt, and alcohol. Proper diet combined with physical activity can limit all predisposition factors for cardiovascular diseases.
- In the section on Metabolic Syndrome-Diabetes, students will cover topics such as metabolic syndrome-obesity, insulin resistance, prediabetic states-type II diabetes during menopause transition, effects of hormone therapy on insulin resistance-prediabetes-diabetes.
- In the section on Metabolism-Lipid Profile, disorders of the lipid profile during menopause transition and the effects of hormone therapy on the lipid profile will be analyzed.
- In the section on Cardiovascular Risk, cardiovascular effects of premature ovarian failure, prevention of cardiovascular diseases in postmenopausal women, the role of hormone therapy in cardiovascular disease prevention, risk reduction with non-hormonal therapy, and hormone therapy and cardiovascular risk will be analyzed.

- **UROGENITAL SYNDROME - SEXUAL HEALTH - MENTAL HEALTH – NEUROLOGICAL AND COGNITIVE DISORDERS – SKIN PATHOLOGY IN WOMEN**

- Low estrogen levels during menopause result in a reduction of vaginal epithelial cells and glycogen and lactobacilli production. The microbial flora is disrupted, increasing infection incidence throughout the urogenital area. Additionally, estrogen decline reduces fibroblast activity and collagen production. These changes lead to thinning of the vaginal mucosa, which becomes pale and less elastic. Symptoms of urogenital atrophy include dryness, frequent urination, itching and burning sensations, dyspareunia, and sexual dysfunction. Urogenital atrophy is a chronic condition affecting the quality of life and sexual health of many women and requires long-term management.
- During menopause, atrophy also occurs in the skin. Besides thinning and loss of density, the epidermis shows an even greater reduction in lipid levels, resulting in loss of elasticity, increased dryness, wrinkles, and sagging. Additionally, increased androgen production causes hair loss and oiliness of the scalp, as well as acne and hirsutism on the face.
- Moreover, during menopause and perimenopause, women complain of decreased concentration, memory impairment, difficulty multitasking, symptoms of depression, low self-esteem, irritability, and anxiety. Night sweats in some women can contribute to insomnia, fatigue, irritability, and poor concentration due to disturbed sleep.
- In the section on skin-mucosa pathology and sexual health, topics such as skin and mucosa atrophy, urogenital menopause syndrome, hormonal and non-hormonal therapy, and decreased sexual desire will be covered.
- In the section on mental health and neurological and cognitive disorders, topics such as menopause and mental health, research and prospects, psycho-emotional instability, neurological disorders, cognitive disorders, depression, dementia/Alzheimer’s disease, management tools for cognitive and psycho-emotional disorders, pharmacological treatment of cognitive disorders, and pharmacological treatment of psycho-emotional disorders will be covered.

BREAST CANCER AND GYNECOLOGICAL CANCER PREVENTION
BREAST CANCER UNIT

Estrogens appear to promote breast cancer. Men develop breast cancer 100 times less frequently than women. Women who have had a longer reproductive period in their lives, such as early menarche and late menopause, are considered to have a slightly increased risk for breast cancer. The same applies to women who use hormones for a long time through contraceptive pills, multiple attempts of in vitro fertilization, and hormonal therapies with estrogens. Therefore, hormone therapy should be given individually to ensure the safety of the woman alongside all the benefits that hormone therapy may provide. In this unit, we will study the preventive laboratory and radiological screening that must be done for every woman before and during hormone therapy. Additionally, the incidence of breast cancer in pre/perimenopausal women with and without hormone therapy will be studied. Finally, emphasis will be given to the therapeutic management of climacteric symptoms in women with breast cancer during menopause.

GYNECOLOGICAL CANCER UNIT

During the perimenopausal and postmenopausal periods, women treated for gynecological cancers such as endometrial cancer, cervical cancer, ovarian cancer, vaginal cancer, and vulvar cancer may need hormone therapy. This unit will study in which cases hormone therapy can be given as well as the preventive laboratory and radiological gynecological system screening that precedes these treatments. More specifically, the following will be studied: Hormone therapy and the incidence of gynecological cancer in the pre/perimenopausal period, hormone therapy and the incidence of other cancers in the pre/perimenopausal period, and the therapeutic management of women with endometrial cancer, cervical cancer, ovarian cancer, vaginal cancer, and vulvar cancer during menopause.

QUALITY OF LIFE OF WOMEN (NUTRITION – DIETARY SUPPLEMENTS – WEIGHT MANAGEMENT – PHYSICAL EXERCISE – FALLS AND SARCOPENIA PREVENTION)
QUALITY OF LIFE AND PHYSICAL EXERCISE UNIT

The benefits of exercise are both physical and mental. Exercise, combined with a balanced diet, can prevent or even treat many chronic diseases caused by the modern lifestyle. The benefits of exercise are even more important during the climacteric and menopause because a woman’s body undergoes changes that can significantly affect both her quality of life and overall health. This unit will study all parameters ensuring the quality of life of the postmenopausal woman. Additionally, we will explore topics such as exercise and metabolism, muscle atrophy, sarcopenia, muscle strengthening and methods of measuring muscle strength, exercise in the elderly through programs, and identifying patients at increased risk of falls.

WEIGHT MANAGEMENT – NUTRITION AND DIETARY SUPPLEMENTS UNIT

Physical activity combined with “good nutrition” — meaning adequate intake of nutrients — can benefit women during menopause by preventing the decline of physical function typically seen with aging. From perimenopause onwards, proper nutrition and dietary supplements can significantly help reduce the risk of metabolic syndrome, diabetes mellitus, hypertension, dyslipidemia, and osteopenia/osteoporosis. This unit will address weight management during the transition to menopause, obesity, body composition measurement, nutritional management of weight, nutrition and dietary supplements during menopause, calcium and vitamin D in the prevention and treatment of osteoporosis, and finally smoking, stress, sedentary lifestyle, and their impact on quality of life.

Thesis Work
From interviews conducted at the end of the third semester, the thesis topic will be

assigned in one of the following fields: general medicine, endocrinology, gynecology, cardiology, orthopedics, psychiatry, nutrition, physiotherapy, physical education, and psychology.

TEACHING ASSIGNMENTS / INSTRUCTORS IN THE POSTGRADUATE PROGRAM

The teaching duties of the Postgraduate Programs (P.G.P.) are assigned, following the decision of the Assembly, to the following categories of instructors:
a) Members of Teaching and Research Staff (T.R.S.), Special Educational Staff (S.E.S.), Laboratory Teaching Staff (L.T.S.), and Special Technical Laboratory Staff (S.T.L.S.) of the Department or other Departments of the National and Kapodistrian University of Athens (NKUA) or other Higher Education Institutions (H.E.I.) or Higher Military Educational Institutions, with additional employment beyond their legal obligations if the P.G.P. has tuition fees,
b) Emeritus professors or retired T.R.S. members of the Department or other Departments of NKUA or other H.E.I.,
c) Collaborating professors,
d) Contracted instructors,
e) Visiting professors or visiting researchers,
f) Researchers and specialized operational scientists of research and technological institutions under article 13A of law 4310/2014 or other research centers and institutes domestic or abroad,
g) Scientists of recognized prestige with specialized knowledge and experience in the P.G.P. subject.

All categories of instructors may be paid exclusively from P.G.P. resources. Payment or other benefits from the state budget or public investment programs are not permitted. The Medical School Assembly decides the amount of remuneration for each instructor. Specifically, instructors who are T.R.S. members may receive additional pay for work provided to the P.G.P., provided they meet their minimum legal obligations. The same applies proportionally to members of S.E.S., L.T.S., and S.T.L.S. who fulfill their legal minimum obligations.

By decision of the Medical School Assembly, doctoral candidates may be assigned auxiliary teaching duties under supervision. Teaching assignments are decided by the Medical School Assembly upon recommendation by the P.G.P. Coordinating Committee. Decisions on teaching assignments must include:
a) Name of the instructor,
b) Their role (e.g., T.R.S., S.E.S., L.T.S., S.T.L.S.),
c) Type of teaching assigned (lecture, seminar, lab),
d) Number of teaching hours per course, seminar, or lab.

Teaching assignments are made before the academic year starts for both the fall and spring semesters. If assignments cannot be done simultaneously for both semesters, decisions are made before the start of each semester. The Medical School Assembly may amend assignments during the academic year with justified decisions. Instructors on educational leave or suspension may provide teaching if their schedule allows and if practically feasible, judged on a case-by-case basis.

Instructors, during the period they are on educational leave or suspension of duties, may provide teaching services to the Postgraduate Program (P.G.), if they deem that their schedule allows it, provided, of course, that under the prevailing conditions this is practically and substantially feasible, a matter which must be evaluated appropriately on a case-by-case basis.

The primary instructors of the postgraduate program are professors from the Medical School of the National and Kapodistrian University of Athens (NKUA) specializing in gynecological endocrinology, women's cardiology, women's mental health, and musculoskeletal health of women. The director of the P.G., Ms. E. Lambrinoudaki, is a professor of Endocrinology at NKUA with extensive clinical experience in gynecological endocrinology and significant research work on women's health after menopause. She is the Director of the Climacteric and Menopause Unit at the 2nd Obstetrics and Gynecology Clinic of Aretaieio Hospital, serves as president of the Hellenic Society of Climacteric and Menopause, Scientific Director of the European Menopause and Andropause Society, coordinator of the gynecological endocrinology training programs of the Hellenic and European Endocrinological Societies, and is the editor-in-chief of the international journal MATURITAS, focusing on post-reproductive women's health (I.F. 3.9). Mr. K. Panoulis is a professor of gynecology at NKUA with many years of clinical experience in gynecology in general and especially in managing gynecological diseases in postmenopausal women. He also has a substantial academic contribution in the field of menopause. Mr. K. Stamatelopoulos is a professor of Cardiology at NKUA and focuses particularly on the management and treatment of cardiovascular diseases in women. His research work has a similar focus. Mr. I. Zervas is a professor of Psychiatry at NKUA, director of the Women's Mental Health Unit, and has been involved for many years both clinically and in research in the aforementioned field. Finally, Mr. E. Chronopoulos is a professor of Orthopedics at NKUA and Director of the Laboratory of Metabolic Bone Diseases. He has extensive clinical experience in managing musculoskeletal diseases in women and significant research work in osteoporosis.

The teaching staff of the P.G. includes members of the Medical University Community as well as the National Health System (faculty members, academic staff, academic fellows, and National Health System consultants) with specialization and experience in areas related to Women's Health as mentioned above (Gynecological endocrinology, cardiology, psychiatry, orthopedics).

Furthermore, the responsible University Clinics, Laboratories, and Units of NKUA (Gynecological Clinics, Climacteric and Menopause Unit of the 2nd Obstetrics and Gynecology Clinic, Laboratory of Metabolic Bone Diseases, Women's Mental Health Unit, Angiology and Endothelial Pathophysiology Unit, Dyslipidemia and Atherosclerosis Unit of the Therapeutic Clinic of NKUA) constitute centers of education and specialization in Women's Health beyond reproduction.

The secretarial support of the P.G. will be provided by staff exclusively for this specific P.G. Clinical exercises will be supported by the staff (medical and paramedical) of the 2nd Obstetrics and Gynecology Clinic NKUA – Climacteric and Menopause Unit – Aretaieio Hospital. Provision is also made for technological support as in other postgraduate programs supported by the clinic.

NOMINAL LIST OF TEACHING STAFF MEMBERS & CONTACT DETAILS

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INFRASTRUCTURE OF THE POSTGRADUATE STUDIES PROGRAM & SERVICES PROVIDED TO STUDENTS

Lectures and clinical seminars will take place in the premises and classrooms of the 2nd Obstetrics and Gynecology Clinic of the Medical School of Athens and online. Practical training will be conducted in the units of cooperating university clinics and laboratories of the Medical School of NKUA, as mentioned in section 5

(Gynecological Clinics, Menopause and Climacteric Unit of the 2nd Obstetrics and Gynecology Clinic, Laboratory of Metabolic Bone Diseases, Women's Mental Health Unit, Angiology and Endothelium Pathophysiology Unit, Dyslipidemia and Atherosclerosis Unit of the Therapeutic Clinic NKUA). Collaboration between postgraduate students and supervisors and preparation of lessons will take place in the offices and existing workspaces of the teaching staff of the postgraduate program.
For the implementation of the postgraduate program, the available suitable equipment of the 2nd Obstetrics and Gynecology Clinic of the Medical School will be used, with possible supplementary expenses, if required, from the program's budget for consumables, evaluation tools, copyrights, and printed and electronic material used for teaching.

USEFUL INFORMATION – ACCESS
The Postgraduate Program "Women's Health" ("MSc in Women's Health") is housed in the facilities of the 2nd Obstetrics and Gynecology Clinic – Aretaieio Hospital, at Vas. Sofias 76, Athens.
The postgraduate program is supported by a unified Information System (UniTron) that covers management and monitoring of student data, teaching staff, course structure and organization, teaching, and provision of services to postgraduate students. Specifically, the system includes the following main subsystems:

- Management of Student Data and Study Programs
- Online Student Services
- Online Teaching Staff Services
- Management of Textbooks
- Room Scheduling
- Report and Statistical Data Management
- Student Welfare for Meals, Housing, and Health Care
- External File Enrollment
- User Management

Access to the premises of the 2nd Obstetrics and Gynecology Clinic – Aretaieio Hospital at Vas. Sofias 76, Athens, is possible by:
Car: No parking available at the hospital. Private parking lots are around the hospital.
Metro: The entrance to Aretaieio Hospital is 50 meters from the Megaro Mousikis metro station (Line 3, Exit: Vasilissis Sofias Avenue / Aeginiteio Hospital).

Buses:

From Piraeus, starting point Plateia Karaiskaki, bus X96n
From Kifisia, starting point Plateia Platanou, destination P. Faliro, bus 550
From Akadimia – destination Ag. Paraskevi – Anthousa, bus A5
More information about transport to Aretaieio Hospital can be found at https://www.oasa.gr/ for urban transport and https://www.emetro.gr/ for the Athens metro.
An academic ID card is provided with the right to reduced fare tickets.