

# Women's Health Literature Review



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## Numb chin, a worrisome sign of malignancy



"Numb chin syndrome has been described in the literature since the 1960s and has been recognized as a sign of serious illness. It is

defined as a numbness over the territory of the mental nerve, which includes the chin and lower lip. This syndrome can result from nonmalignant etiologies, such as trauma, drugs, diabetes,

syphilis, amyloidosis, sarcoidosis, sickle cell anemia, and vasculitis, but the most common and worrisome cause is metastatic malignancy. Numb chin syndrome has most frequently been associated with breast cancer and lymphoma; however, it has also been linked to many other malignancies. It is often the marker for the recurrence of a known and now widespread malignancy. It can be the initial presenting symptom of a new and advanced malignancy. In fact, studies have found that in

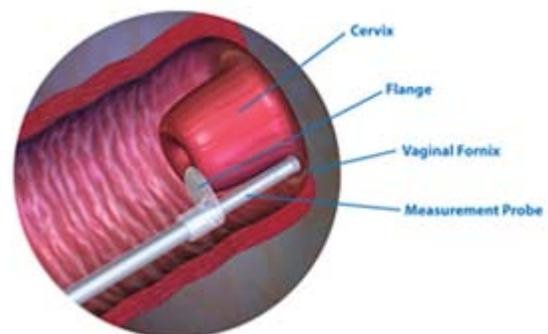
47% of cases, numb chin syndrome preceded the diagnosis of a primary tumor. The take-home point is that numb chin syndrome is a seemingly small complaint that may foretell a serious illness. In an otherwise healthy patient, it should prompt a search for a primary malignancy. In a patient with a known malignancy, it should prompt a search for recurrent or progressive disease. " (*Consultant*, May 2012)

Birth control pills, like shoes need a break-in period. A good analogy is that birth control pills are like a pair of shoes or a pair of jeans, the comfort increases each time you wear them and wearing them long enough to get used to them. (*Journal for Nurse Practitioners*, Spring 2012)

## Are we getting close to universal cervical length screening for preterm birth prevention?

"The summary of randomized studies indicates that in women with singleton gestations with no prior pre-term births, and short cervical length at mid-pregnancy ( $\leq 24$  weeks), treatment with vaginal progesterone is associated with a reduction in preterm birth. *Vaginal progesterone treatment for an identified short cervix can reduce preterm birth before 33 weeks by 45% and improve infant outcomes.* In October 2012, ACOG published a new Practice Bulletin, 'Prediction and Prevention of Preterm Birth' recommending vaginal progesterone intervention for women identified with a short cervix. A mid-pregnancy cervical length of 20mm or less for someone with no prior history of premature birth indicates a risk for preterm birth. A mid-pregnancy cervical length of 25 mm or less for someone who already has had a premature

birth indicates a greater risk. The issue of universal cervical length screening of singleton gestations without prior pre-term birth remains an object for debate and has not been universally mandated. Implementation of such a screening strategy can be viewed as reasonable, and can be considered by individual practitioners. In women who have experienced a previous preterm birth (20-36 6/7 weeks), progesterone injections over vaginal progesterone is recommended starting at 16-20 weeks and continued until 36 weeks. If the transvaginal ultrasound cervical length shortens to  $< 25$  mm at  $< 24$  weeks, cervical cerclage may be offered. Progesterones have not been associated with prevention of preterm birth in women who are carrying multiple babies, who are in preterm labor, or who have premature rupture of membranes." (*American Journal of Obstetrics and Gynecology*, May 2012)



~Solar lights in a power outage~  
Many of you might have received a forwarded email in which a family brought their yard solar lights into the house during the power-outages of hurricane Sandy. Taking lights out during the day to power-up and then bringing them in at night would be some source of light for those situations in which power is not restored quickly and a family is facing no power at all. Not a great source but better than no source.

## Ever heard of premenstrual asthma?

"Although no generally accepted definition of premenstrual asthma (PMA) exists, the condition is operationally defined as an exacerbation of asthma symptoms that occurs along with a decreased forced expiratory volume during days before menses, or at the beginning of menses. Because a typical woman has an average of 13 menstrual periods annually over a 30-40 year span, and because the menstrual cycle affects various diseases and conditions in different ways, clinicians should take special care when treating a female patient with asthma. Other conditions affected by the menstrual cycle include Behcets syndrome, depression, diabetes, epilepsy, irritable bowel syndrome, migraine, multiple sclerosis, myasthenia gravis, rheumatoid arthritis, lichen planus, lupus, psoriasis, and rosacea." (*Women's Health Care, a Practical Journal for NPs*, December 2008)

## Strokes associated with atrial fibrillation (AF) tend to be more severe than those not associated with (AF)

"Since AF patients may often be asymptomatic, and since primary care settings see more patients than cardiologist, it is important to palpate the pulse to measure rhythm. AF patients may not report chest pain, palpitations, or shortness of breath, but they may complain of being fatigued which they attributed to aging. Atrial fibrillation causes one sixth of the strokes in the United States and those strokes tend to be more severe." (*The Clinical Advisor*, June 2009)

## The silver tsunami is on its way; are you prepared?

"Right now, we are caring for a population that pretty much says, 'If you say so, doc', but what is coming up quickly is the patient who comes in with his laptop and while the provider is talking will say 'well, let me check that out on the internet.' That, or he will go home check it out on the internet and then call back to discuss or debate the provider's treatment plan. There is a very demanding group of folks headed our way, and their expectations will be high and finances will be low, a classic recipe for widespread dissatisfaction. Baby boomers will be expecting the health care they saw their parents get. Kids in their 20s who are in the workforce are going to be largely un-

happy that they are spending a huge amount of their salary just to support those baby boomers.

The only thing for sure is that older adults are going to appear in nearly every practice setting. The best thing a provider can do is to accept this fact and get specialized knowledge through continuing education courses or postgraduate education. There is no way to escape the aging population as more settings are geriatric-infiltrated. Given our general mode-of-operation to be reactive instead of proactive, the silver tsunami may hit us with all its force before necessary action is taken. What is certain is patients and families may have a lot to say about the care received or not received." (*Clinicians Reviews*, September 2012)



## Trichomoniasis, the most prevalent non-viral STD in the United States

"Trichomoniasis (trich) is the most prevalent non-viral STD in the United States, and it is also one of the most curable. Yet, despite the estimated high prevalence and treatability, it is still not classified as a 'reportable disease', and is not reported to the CDC as other STDs are. Because it is not part of routine screening, its prevalence and incidence are likely underestimated. Untreated Trich infections may result in long-term sequelae, such as pelvic inflammatory disease, preterm births,

infants with low birth weight, and post-abortion and post-hysterectomy infections. Trich infections may be asymptomatic in as many as 50% of women, persist for months to years, or be part of a mixed infectious process with other STDs or genitourinary infections, adding to the challenge of a clear diagnosis. Additionally, the clinical signs and symptoms are not unique and can resemble urethritis, vaginitis, cervicitis, and bacterial vaginosis. Women typically have a diffuse, malodorous, yellow-green vaginal discharge with vulvar irritation."

(*The Female Patient*, Sept. 2012)



Editor's note: Discharge that has been present for years can be accepted as normal because one forgets when they did not have it, therefore the incentive to seek treatment is diminished. Anything can become normal after awhile, therefore offer treatment even when the patient does not ask.

## Good Samaritan considerations

"As a general rule, in the United States in the absence of special circumstances a person does not have a legal responsibility to assist, rescue, or protect another person from harm. As a consequence, U.S. courts have been reluctant to hold someone liable or criminally responsible if they do not come to the aid of someone who requires assistance. There are a few exceptions; if someone is responsible for causing an accident, the one that caused the accident must provide help to those injured. If one starts assistance they may not

walk off. Parents are responsible for rendering aid to their children, and employers are responsible to assist employees with work-related injuries. Good Samaritan protection only applies to providers who do not take any compensation for the care they deliver. Recent natural disasters and terrorist attacks in the U.S. have given rise to the question of whether there is any protection to health care workers who volunteer to assist. Given the ambiguity of current Good Samaritan statutes providers who want to volunteer in times of disaster will do so with an uncertain level of protection." (*The Journal for Nurse Practitioners*, October 2012)

## Brief screening questions for sexual coercion

"Five screening questions for sexual coercion are:

- 1) Do you feel that you have control over your sexual relationships and will be listened to if you say 'no' to having sex?
- 2) Do you ever feel forced or pressured to have sex or sexual relations when you do not want to?
- 3) What happens when you and your partner fight or disagree?
- 4) Does your partner encourage, pressure, or force you to use drugs or alcohol before sex?
- 5) Has your partner ever refused to practice safe sex?"

## Brief screening questions for partner violence

"Three questions to include in the history to screen for partner violence are:

- 1) Have you ever been emotionally, physically, or sexually abused or threatened by your partner or someone important to you?
- 2) Within the past year, have you been hit, slapped, kicked, choked, or otherwise physically hurt by someone?
- 3) Have you ever been forced to have sex when you did not want to?"

(*The Journal for Nurse Practitioners*, October 2012)

Editor's note: Review your medical history questions to insure screening for partner violence is in your history and that you are satisfied with the questions.

## Reminder of what the Affordable Care Act assures women

"The primary care side of the Affordable Care Act offers, regardless of income, that women will have access to: contraception, annual well-woman visits, screening for STDs, screening for gestational diabetes, breastfeeding support and supplies, and domestic violence screenings. Importantly, these services are to be offered without co-pays or deductibles. At present, only 60% of women have maternity coverage, but it is estimated nearly 9 million more women will obtain that coverage by 2014. Preexisting illness discrimination will be prohibited including breast cancer, pregnancy, and domestic violence. Furthermore, the Affordable Care Act will not allow insurance companies to charge higher premiums for women than for men for the same insurance coverage. For senior women, the Affordable Care Act narrows the gap to help seniors afford their medications. Therefore, many positive ramifications for women have been proposed." (*The Female Patient*, September 2012)

## Managing asthma in the pregnant patient

"Adequate control of asthma during pregnancy is crucial for the health and well-being of both the mother and her child. *Maternal asthma increases the risk of perinatal mortality, preeclampsia, preterm birth, and low birth weight. The course of asthma worsens for one-third of women during pregnancy, and actually improves for another one-third of women during pregnancy.* Asthma status should be monitored during prenatal visits. Monthly assessments through history and pulmonary function are recommended. Pulmonary function with spirometry is preferable, but measurement with a peak flow meter is usually sufficient. This evaluation offers the opportunity to step down treatment, if possible, or to increase treatment if necessary. The short-acting B2 agonist Albuterol is preferred because it has an excellent safety profile and the most data related to safety during pregnancy. Inhaled corticosteroids are the recommended long-term control medication. Budesonide is preferred because more safety data is available on its use in pregnant women. Cromolyn has an excellent safety profile but has limited effectiveness compared with inhaled corticosteroids. Data is limited on the effectiveness of long-acting B2-agonists during pregnancy, although these agents are likely to have a safety profile similar to that of Albuterol." (*Consultant*, May 2012)



## Is a pregnancy test a must for women in childbearing age presenting with abdominal pain?



"This article outlined a situation in which multiple ER visits took place for abdominal pain that resulted in a

law suit for the loss of the patient's fallopian tube (but not the loss of life for the mother) for an ectopic pregnancy. The lawsuit was filed and damages were awarded because the clinician did not order a pregnancy test early in the process. *It is tempting to forego a pregnancy test when the patient is on birth control, says she is not sexually active, or is menstruating at the time of the visit.* The take-home of this article illustrates the need to obtain a pregnancy test in all cases of abdominal pain in women of childbearing age, as well as severe lower back pain or flank pain—even with apparent noncontributory symptoms and her story indicates low risk of pregnancy. If the test is refused by the patient, explain the risk and document her refusal with a witness present. The risk of a missed ectopic pregnancy is internal bleeding, loss of future fertility, and death." (*Clinician Reviews*, February 2012)

## Normal weight at the time of diagnosis of type 2 diabetes— a higher death risk

"Adults who were normal weight at the time of diagnosis with type 2 diabetes had a higher risk of death than did their overweight and obese counterparts as revealed by new research. Quite often clinicians don't expect normal weight individuals to have diabetes so their index of suspicion is down. From the study the death rates from both cardiovascular and non-cardiovascular events were higher among normal-weight participants. Older adults and nonwhite participants were more likely to develop normal-weight diabetes. The only explanation is found in previous studies showing that normal-weight persons with diabetes have a different genetic profile than do overweight/obese persons diagnosed with the disease." (*Clinical Advisor*, September 2012) **Editor's note:** Certainly someone who has dropped weight makes us think of diabetes, that obese or heavy patients have a better prognosis as a diabetics is not what we tend to think.





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~ Interesting tidbits~

**Nurse practitioner litigation**- "The primary difference between claims made against nurse practitioners from 1990 to current is the fact that there have been fewer cases related to diagnosis and more related to treatment. NP's have become better diagnosticians, but have declined slightly in their treatment mode skills. The top three most litigious states are California, New York, and Texas. Where there are greater numbers, one would expect a higher volume of claims. The good news is 98% of all claims are settled before trial." (*The Journal for Nurse Practitioners*, October 2012)

**Lack of sleep can weaken vaccination power**- "In a recent study, the standard three dose hepatitis B vaccination was administered to 125 healthy adults aged 40-60. Sleep duration, sleep efficiency, and sleep quality were measured. Viral-specific titers were run. Persons who slept fewer than six hours on average per night were 11.5 times more likely to be unprotected by the vaccine." (*Clinical Advisor*, September 2012)

**Putting the ovaries to sleep and waking them up**- "The purpose of the female reproductive system is to prepare the body each month to achieve a pregnancy. Those who don't become pregnant, have a period when a pregnancy is not achieved. A good counseling analogy is that birth control pills work by putting their ovaries to sleep until which time they are needed to achieve a pregnancy. Being just a few hours late in a very low dose birth control pill, or missing just one pill in a higher dose pill can allow the ovaries to wake up when unintended." (*A practical Journal for Nurse Practitioners*, Spring 2012)

**Practicing phone etiquette**- "If you are a professional, make sure your voice mail is updated and appropriate for another professional. This means no kids and no music. If you are expecting an important call, it is better not to answer the call and wait for the better time when you can give that person your full attention than for the person on the other line to hear, 'will that be cash or check'." (*Advance for NPs and PAs* July 2012)

"70% of men age 70 and above harbor microscopic prostate cancer. Most of these patients never suffer from having the disease." (*Panhandle Health*, Summer 2012)

Hepatitis C deaths now outnumber HIV deaths– Hepatitis is easier to miss than you think

"One would think a patient presenting with acute hepatitis C (HCV) infection would appear jaundiced or exhibit other signs of acute hepatitis, but not necessarily. Symptoms of illness occurs in only 20% to 40% of patients with acute hepatitis. A missed diagnosis can lead to cirrhosis, hepatocellular carcinoma, and the need for liver transplantation. HCV infection most commonly presents between the fourth and sixth decades of life. Many patient have had the disease for as long as 20 years by the time they present for treatment. Often an abnormal lab value is what triggers the diagnosis, not the patient's complaints or symptoms. If symptoms are present, they may include fatigue, pruritis, abdominal pain/discomfort, arthralgias, or anorexia; results on routine liver function tests may or may not be abnormal. Liver function tests may appear normal in patients with HCV, although 30% of patients with normal ALT, may have significant fibrosis. If a patient is diagnosed and treated for an acute infection of Hepatitis C, it is less likely that the disease will convert to chronicity. For 75% to 85% of patients with HCV infection that is undiagnosed or untreated, the virus eventually overtakes the immune system and with chronicity, the damage is progressive to the liver system. The rate of this progression depends on the HCV genotype, the infected host's genetic factors and lifestyle (including level of alcohol consumption), the extent of the liver injury, and possible co-infection (as with HIV or hepatitis B virus). Current available treatments make it possible to eradicate the disease in many patients, so one's index of suspicion to consider hepatitis C infection is critical. On physical exam, the presence of spider angiomas, palmer erythema, sclera icterus (yellowing of the eyes), ascites, caput medusa (snake-like veins going out from the umbilicus), and evidence of umbilical hernias are all signs of advanced liver disease." (*Clinician's Reviews*, September 2012)

