

# Women's Health Literature Review



Cultural manners- greeting etiquette, introductions, business cards, handshakes, personal space, and bowing

Department of State Health Services

Health Service Region 1

"While sometimes awkward, there is a pecking order to the process of introductions. Introduction etiquette is to mention the person of honor first. The person of honor is the highest ranking person present. Present the other person and say something about them, then return to the person of honor saying something about them. For example, if you are introducing the Director of Nursing (pretend Nancy) to a student nurse (pretend Gayle) one would say 'Nancy, I would like you to meet Gayle, Gayle is a student nurse. Nancy has been our Director of Nurses since 2006.'

With regard to business card

etiquette, in many cultures people often exchange business cards when introductions are made. *It is important never to write on a person's business card without asking permission.*

As to space etiquette, in countries where the priority is to the individual rather than the group (U.S., Canada, Northern and Western Europe), privacy is more valued and space between folks is greater. If the opposite is true (Asian, Latina, Mediterranean and Arabian who value the group over the individual,) physical closeness and less personal space may be the norm.

Because handshake etiquette differs around the world, one should not judge colleagues from different cultures by our standards. For example, in the

Philippines and in many European countries (Germany, Poland, Czech Republic) it's polite for men to wait for a woman to extend her hand for a handshake. Muslim and Hindu men typically do not shake a woman's hand. The firmness of the grip also has cultural implications. For example, the Chinese and Japanese use a softer and longer handshake. The gentleness of a handshake does not indicate the lack of assertiveness with these cultural groups. It is difficult for Americans not to judge negatively a person with a soft handshake. Cultural etiquette goes both ways, so one needs to be able to adapt their etiquette to the culture in which they interact.

The bow is the typical greeting of the Japanese. If someone bows, take note of the depth of the bow because that indicates the status of the relationship between you and that person. If you are greeting a person of equal rank or status, bow the same depth as you have been bowed to. Typically, the lower ranking person bows first and lowest. As you bow, lower your eyes and keep your palms flat against your thighs." (*NurseWeek*, July 2009)

How does your hospital rate according to patient satisfaction scores?



"If one wants information on how quickly nurses respond to requests for medication, how well nurses listen when the patient tries to tell them something, how well things are explained about one's care, how clean the facility is, and whether the facility has physicians and nurses who treat patients with courtesy and respect, all that information can be found at a website called 'Hospital compare,' a federal government website that recently added satisfaction data to its website ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). Hospitals that opt out of participation are subject to a 2% reduction in the inpatient Medicare reimbursement which could be significant with multi-million dollar hospital budgets. These categories also compare the local hospital rates to state and national rates for comparison. The process is that adult patients who

have spent at least one night in the hospital, are randomly surveyed by mail or on the phone 48 hours to six weeks after discharge. Hospitals must obtain at least 300 surveys annually to ensure a valid report. Pediatric and psychiatric patients are not included because the survey was not designed to address their unique situations during their hospitalization. Hospitals may add questions to the survey but the original questions must appear first. Organizations that consistently achieve the best results contacted patients 24-48 hours after discharge with their survey questions."

*Editors note:* It was interesting that if the food was ranked as average but the nursing care was excellent, generally the patient recommends the hospital to their friends, but if the food is outstanding but the nursing care is average they did not. (*NurseWeek*, June 2009)

Anal Cancer on the Rise

"Anal carcinoma is now diagnosed more often than cervical cancer in the United States, yet many providers are unaware of the capacity for anal cytology in the form of an anal Pap smear. Specimen collection is similar to the Pap smear, inserting the cotton swab about 2 inches and withdrawing the swab in a circular motion applying lateral pressure to the anal canal. The sample goes into a liquid fixative and marked to differentiate it from a cervical sample. Consider obtaining an anal Pap smear in patients with visible anal lesions or skin abnormalities around the anus." (*Advance for NPs & PAs*, October 2011)

## Vulvar endometriosis

"Endometrial tissue can be found almost anywhere in the body. This article profiled a young woman who was seen for what was diagnosed as a Bartholin gland abscess which was treated with incision and drainage, but the patient continued to come back an additional two times for treatment for the same problem without resolution. The tender labial mass continued to be painful and fluctuate for about a month without resolution. On exam, the patient had a large, pink fluid-filled mass on the right labia. *The key was that the patient described cyclical pain and swelling with a pressure-like sensa-*

*tion.* Endometriosis is characterized by growth of endometrial glands and stroma outside the endometrium and responds to hormonal stimulation regardless of the location. *While vulvar endometriosis is a rare location, one's index of suspicion should be raised with similar circumstances and if the discomfort is cyclic.*" (Consultant, June 2011)

Editor's note: The picture that accompanied the article appeared much like one would expect to see to diagnose a Bartholin cyst, so it is reasonable vulvar endometriosis could be easily misdiagnosed.

## Standard screening areas prior to the sports examination for female athletes

"The standard screening pre-participation physical examination history for female athletes should address these areas.

- (1) First menstrual period
- (2) Most recent menstrual period
- (3) Usual menstrual cycle length
- (4) Number of periods in the last year
- (5) Longest time between periods in the last year
- (6) Dietary history
- (7) Adequacy of caloric, protein and calcium intake
- (8) Stability and suitability of weight
- (9) Perceived body image
- (10) History of dieting, purging and/or bingeing
- (11) Use of diet pills, laxatives, or diuretics"

(Advance for NPs & PAs, October 2011)



## Ever heard of the motion sickness long after the cruise?

"For most people, the sense of motion ends very quickly once the source of motion is removed; for example, riding on a cruise ship or riding in a car. In fact, most cruise passengers initially feel unsteady when the ship is rocked by ocean waves, but typically within one to two days they adapt to the ship's motion. The rocking sensation they feel when they get off the ship typically last only a few minutes or a few hours. However, a small percentage of travelers can have a prolonged sense of rocking or swaying that lasts weeks to months. The symptoms can also relate to the size of the ship. Patients who have recurrent bouts on large ships may be able to tolerate the motion of smaller boats and vice versa. The frequency of the sway may be a key contributing factor. *A less known syndrome called mal de débarquement (MDD) should be considered when a sense of rocking, swaying, unsteadiness, and disequilibrium*

*continues well after the exposure to motion has stopped.* MDD has been defined as inappropriate sensation of movement after exposure to motion. This can also occur after air travel, the use of waterbeds, flight-simulator training, helmet-mounted virtual movement, and rotating rooms. Individuals that suffer Migraine headaches are strongly associated with motion sensitivity and have a prevalence of 38% over the prevalence in the general population of 11%. Also, women during their reproductive years have a 20% prevalence of motion sensitivity over the general population baseline (11%). At the very least, clinicians can assure patients the MDD is usually short-lived and self-correcting and can make suggestions regarding future motion exposure." (The Clinical Advisor, August 2011)



## Insulin omission for weight loss- diabulimia



" *Diabulimia is a condition in which a person with type 1 diabetes skips or shortchanges insulin doses to achieve weight*

*loss.* Within advent of the internet, diabulimia has become more widely practiced as information has been shared. Diabulimia tends to start in adolescence and is more likely to occur in women than in men. Teens and young adult women with type 1 diabetes are 2 1/2 times more likely

to develop an eating disorder than their non-diabetic counterparts. It is difficult to ascertain the prevalence of diabulimia because patients may be ashamed of their behavior and unwilling to disclose this information to their provider. *One small study in England estimated the incidence of reducing or omitting insulin doses for weight control to be as high as 36%.* One complication of diabulimia is retinopathy. One study found that one-third of young women with type 1 diabetes and eating disorders had some degree of retinopathy. Perhaps the most sobering statistic is that people with type 1 diabetes and an eating disorder

have an increased mortality rate compared to patients diagnosed with either type 1 diabetes or an eating disorder. Patients may also work very hard to hide the signs of this disorder and make it difficult for the provider to identify." (Advance for NPs & PAs, May 2011)



## Gestures to avoid outside the U.S.



"Thumbs up. This is considered crude throughout the Arab world.

The V-sign is considered rude in some cultures, and if made with the palm facing inward is offensive in Great Britain and Canada.

The OK sign is offensive in many countries such as Germany, Spain, Mexico, and Brazil. It means 'money' in Japan and means 'worthless' in France.

Pointing at another person is impolite in Canada, Saudi Arabia, Belgium, and Portugal, and insulting to Philippines.

Placing your hands on your hips. The gesture suggests aggressiveness and can imply you are making a challenge in some countries,

including Mexico and Argentina.

Winking at a person. This is inappropriate in many countries, including Australia and Taiwan.

Putting your hands in your pockets. This should be avoided in many countries, including Germany, Mexico, and Turkey.

Snapping your fingers. This is an obscene gesture in Belgium.

Waving your hand. This gesture is offensive in Greece. The Greek way of motioning 'goodbye' is to lift the index finger while keeping the hand closed." (*Nurse Week*, July 2009)



## Chart your patient's Nevi

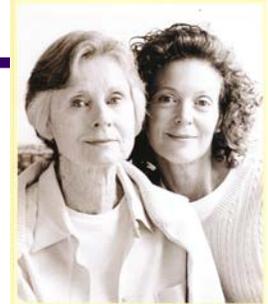
"To monitor a nevus or other suspicious lesion, place a piece of clear tape over it and trace the borders with an ink pen. Then place the tape in the record. Have the patient return in a couple of months and retrace the lesion for comparison to see if it has changed in size or shape. This is something one can instruct the patient to do at home as well as including instructions to watch for a change in color or itching." (*Consultant*, June 2011)

## Gynecologic Cancer Recurrence

"Although gynecologic cancers account for only 10% of all new cancer cases in women, these cancers account for 20% of all female cancer survivors. Because long-term survival is now more common, it is increasingly important to detect recurrence. The Clinical Practice Committee of the Society of Gynecologic Oncology (SGO) has released a clinical document outlining their expert recommendations for cancer surveillance, published in the *American Journal of Obstetrics and Gynecology (AJOG)*. **Most recurrence of gynecologic cancers occur within three years after**

**primary treatment, but patients usually are transitioned back to their PCPs following the first two to three years after cancer treatment.** The most cost effective method for detecting most gynecologic-cancer recurrence is three-pronged: (1) taking a thorough history; (2) conducting a thorough exam; and (3) educating the patient concerning symptoms. The new clinical document reviews the most recent data on surveillance for gynecologic cancer recurrence in women who have had a complete response to primary cancer therapy, and offers recommendations for surveillance of endometrial, ovarian, cervical,

vulvar and vaginal cancers — specifying when various examinations, tests and imaging should be ordered in the months and years following treatment. The document also includes a checklist for gynecologic malignancy surveillance." (*The Clinical Advisor*, August 2011)



## The female athlete triad

"The female athlete triad is a complex syndrome that is prevalent in women who participate in sports and well as those who are just physically active. The triad usually begins with a disturbance in energy balance and progresses to menstrual and bone density disturbances. Athletes may intentionally and unintentionally limit their calories, either by reducing intake or increasing exercise. Moderate to severe eating disorders may be involved including restriction, bingeing, purging, and

laxative use. It takes a certain amount of body fat to maintain periods. A teen is more likely to tell you she has missed periods than she is to share that she is missing meals. The loss of periods is a "red flag" in an athlete and is never a normal result of exercise, nor should it be promoted as such. Interestingly, the hormonal profile of an athlete who has stopped having periods is similar to that of menopause, and she is essentially infertile during this time. Menstrual alterations, such as little or no periods, also

hinder bone remodeling and increases fractures by the same mechanism of estrogen deficit. Thus, the low estrogen and reduced bone formation lead to osteopenia and osteoporosis. Since so much damage occurs before diagnosis, one's index of suspicion should be high for indirect clues." (*Advance to NPs and PAs*, October 2011)





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### Interesting Tidbits

**Melanoma trends-** There has been a 44% increase in invasive melanoma incidence in the U.S. from 1999 to 2009 (47,700 to 68,720), and a corresponding 55% increase in non-invasive melanoma. The two groups representing the greatest trend are women between 15-39 years of age (predominately trunk site) and men over age 60 years (predominately head and neck site). (*Panhandle Health*, Spring 2010)

**Skin cancer over-and under-recognized-** Only about one fifth of the skin lesions referred to dermatologists by primary care and other providers are found to be cancerous, but in many cases, the specialists noticed other lesions that *did* turn out to be malignant. *Almost half of all skin cancers identified are not the lesions that the specialist was called upon to see.* (*The Clinical Advisor*, July 2011)

**Hot flashes that start earlier, last longer-** For hot flashes that first occur near the time of entry into menopause transition, the median duration was greater than 11.57 years. By comparison, the median duration was 3.84 years when hot flashes began in the late-transition to postmenopausal stages. (*The Clinical Advisor*, July 2011)

**Errors seen in 13% of computerized prescriptions-** Almost four thousand computer-generated prescriptions across three states over four weeks were reviewed. In total 452 prescription contained 466 errors (11.7%), of which 163 (35%) were considered potential adverse drug errors. None of the errors were life threatening. Omitting information was the most common mistake for 60.7% of all errors. Leaving off the length of time for the medication was another. The range of errors was from 5.1% to 37.5%. A simple fix would be that the system would not accept the prescription unless the order was complete. (*The Clinical Advisor*, August 2011)



## Patients are dangerously confused about acetaminophen



"Acetaminophen overdose has surpassed viral hepatitis as the leading cause of acute liver failure in the United States, and misuse contributes to more than 30,000 hospitalizations per year. Half to two thirds of acetaminophen overdoses are unintentional, suggesting the root cause is likely poor understanding of medication labeling or failure to recognize the consequences of exceeding the recommended maximum daily dosage. A recent survey found that 69% of participants did not know Tylenol contained acetaminophen, 81% did not know Advil contains ibuprofen, 81% did not know Aleve contains naproxen, 53% did not know Motrin contains ibuprofen, and 25% did not know Bayer contains aspirin. Less than 50% of the interviewees said they routinely examine the product label and 44% read at or below the sixth-grade level." (*The Clinical Advisor*, July 2011)

## The top five ways health care could be made more affordable

"To improve the quality and cost-effectiveness of health care, the National Physicians Alliance compiled the top five practices in primary care that could be changed to raise the quality of services delivered and to make them more affordable. For family medicine practitioners the top five things listed were: (1) no imaging for low-back pain within the first six weeks unless red flags are present; (2) no antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days or symptoms worsen after initial clinical improvement; (3) no annual ECGs or any other cardiac screening for asymptomatic, low-risk patients; (4) no pap tests on patients younger than age 21 years or in women after a hysterectomy for benign disease; and (5) not using dual-energy x-ray absorptiometry screening for osteoporosis in women younger than age 65 years or men younger than 70 years with no risk factors. In addition to low-back pain imaging, cardiac screening, and osteoporosis screening directives, internal medicine practitioners would have two additional advisories: to avoid obtaining blood chemistry panels or urinalyses in asymptomatic healthy adults, and to use only generic statins when initiating lipid-lowering drug therapy. The recommendations for pediatricians would be: (1) not to prescribe antibiotics for pharyngitis unless the patient tests positive for Strep; (2) not to obtain diagnostic images for minor head injuries if the patient did not lose consciousness or had other risk factors; (3) should not refer otitis media with effusion early in the course of the problem; (4) should advise patients against using cough and cold medications; and (5) should prescribe inhaled corticosteroids to control asthma appropriately." (*The Clinical Advisor*, July 2011)

