

Women's Health Literature Review



Blood pressure medication: A simple change improves outcomes

"Advise patients with uncontrolled hypertension to take at least one of their blood pressure (BP) medications at bedtime instead of in the morning. Night-time dosing leads to better control and lowers the risk for major cardiovascular events. Sleeping BP is gaining attention, particularly the phenomenon of 'nondipping', the lack of a nocturnal fall in blood pressure. A night time lowering of the blood pressure 'dipping' is a good thing. Nondipping is commonly defined as the lack of a 10% decline in systolic blood pressure during sleep. Nondipping is associated with an increased risk for cardiovascular events, such as heart attack and stroke. What's

more, mean BP during the night is a better predictor of cardiovascular disease risk than BP while the patient is awake. Evidence suggests that taking an anti-hypertensive medication at night increases its therapeutic effect, yet most patients take it in the morning. The take-home is that a nondipping pattern is associated with higher cardiovascular risk and that taking anti-hypertensives at bedtime decreases the prevalence of nondipping. This was the first study to show that bedtime BP medication lowers the risk for CVD events and death." (*Clinician's Review*, October 2012)



Department of State Health Services

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"Research cites that 40%-80% of medical information provided by the clinician is forgotten immediately after the visit. Of the information remembered, almost one-half is remembered incorrectly. This emphasizes the need for written instructions, having the patient repeat the instructions while in the exam room, and having the medical assistant recheck that the patient does not have any questions (sometimes the patient does not want to bother the physician and take up his/her time). (*Clinician's Review*, January 2013)

The doctor as the patient gives advice to the provider

"Years ago there was a movie called 'The Doctor' with William Hurt that gave physicians a glimpse of health care at the receiving end. This article was written by a physician having been a patient as well, and offers additional advice to other providers. His advice, based on his own personal experience, was as follows. Do not sit down and start filling out the electronic medical record without introductions first. In fact, be sure the amount of time looking eye-to-eye with the patient/clinician is more than the time looking at the computer screen. Treat clinicians as you would treat non-medical professionals. The best approach is to treat the patients/clinicians as one would treat one of their own family members. Respect the clinician's fund of knowledge without a patronizing approach by talking at a lower level, but at the same time do not assume that the clinician knows every thing there is to know about the diagnosis. This is done by asking the medical professional what they already

know and starting there, tailoring the conversation to the knowledge level exhibited by the clinician. Make it easy for the patient/clinician to have full access to the medical record. After taking the history, ask the clinician if there is other relevant information that has not been covered. It is important to elicit from the patient/clinician what they think and engage them in the decision making. Do not assume the clinician knows what the provider is thinking. Do not avoid the hard behavioral questions. If the diagnosis is serious, it does not matter that you are telling this to a clinician, it is still a devastating diagnosis. Most likely the clinician will formulate nasty scenarios faster than the non-clinical person so be prepared to be honest, realistic, supportive, and caring. Providers need to take great care to be objective and even a little detached in spite of their nature. There is always a tendency to give patients what they want instead of what they need. One should not confuse compassion with medical servitude, or with a desire to be liked. Providers who are compassionate

will always be more therapeutic than those who are not, and will be more highly regarded by patients and colleagues." (*Clinician's Reviews*, January 2013)



Hospice as an option for patients with dementia is often not considered



“Among recently admitted nursing home residents, it has been shown, about 48% have dementia. Even in this setting, patients with dementia are often not considered terminally ill. In one study of patients with advanced dementia who were admitted to a nursing home, only 1% were perceived by the facility staff to have a life expectancy of six months or less. In reality, 71% of those patients died within six months of admission. Alzheimer’s dementia, specifically, is the fifth leading cause of death among person’s older than

65, yet even medical professionals often fail to recognize this condition as a terminal illness. Although some 80% of Americans say they want to die at home, more than 70% die in a facility. Additionally, nearly 30% of Medicare enrollees are admitted to intensive care during their terminal hospital stay. Hospice is a viable option for patients with dementia. According to statistics from the Hospice Association of America (HHA), only one in 10 patients who qualify for hospice have the option to choose it.” (*Clinician Reviews*, November 2009)

Do-not-resuscitate order (DNR)- some facts for the families of the elderly

“Contrary to perceptions families have developed from watching television, the CPR survival rate for non-community-dwelling elderly persons is only 1%-2%, and those who survive do so only briefly, if not with severe disability. In talking with families the clinician should explain that CPR is something that starts in the home but is concluded in the emergency room or ICU with the patient on a ventilator. Thus, the choice of CPR on the elderly should be portrayed as an option that is likely to be futile and may actually increase a dying patient’s distress. Often the family confuses a ‘do not resuscitate’ order as having the same meaning as ‘do not treat’ and therefore they fear that holding any intervention, no matter how small the potential benefit, that the patient with a DNR order will receive limited care, or no care. Instead of performing CPR, the EMT might aggressively administer comfort measures such as pain medication or hydration.” (*Clinician Reviews*, November 2009)



Ovaries, their peak potential is diminished long before used the first time

“A peak of 5 million primordial follicles are present in a female fetus at 20 weeks, but by birth the number of oocytes is reduced to 500,000, and by menopause that number is less than 1,000. Female reproductive aging is a continuous process that begins after women attain maximum fertility at age 20-29, and then accelerates after age 35. During this time, oocyte depletion accelerates with or without clinical signs or symptoms or symptoms of menopausal transition. Research directed towards extending the life span of female reproduction is in a state of infancy. One of the most important exchanges a clinician can have with a female patient is a candid discussion about her reproductive goals and how age might affect that. At this time, clinicians have a limited armamentarium of treatments to offer women of advanced reproductive age. The

most successful option is donor oocyte IVF or donor embryo. Controlled ovulation induction, intrauterine insemination, and IVP can also be offered to accelerate the time to conception but will not improve embryo or oocyte quality. Independent of advanced maternal age, obesity, cigarette smoking, and alcohol consumption adversely affect reproductive health. Clinicians can counsel women about healthy lifestyle choices as well to reduce additional factors that adversely affect their reproductive competence.” (*The Female Patient*, December 2009)



Screen questions and vital sign variations for eating disorders



“The following are screening questions to identify the child, adolescent, or young adult with an eating disorder: What is the most you ever weighed and how tall were you then?; What is the least you’ve weighed in the past year and how tall were you then?; What do you think you ought to weigh?; How much, how often, and what is your level of intensity for exercise?; How stressed are you if you don’t work out?; How regular are your menstrual

cycles and when was your last period? From these initial screening questions, more specific questions can follow pertaining to individual eating disorders as well as behaviors that support binge eating, purging, laxative and diuretic use, etc. Additionally, vital signs should be monitored. Of suspicion would be a heart rate of less than 50 beats per minute during the day, or less than 45 beats per minute during the night. A systolic blood pressure reading of less than 90mmHg, an orthostatic change in blood pressure of more than 10mmHg, a temperature lower than 96 F would also raise one’s level of suspicion.”

(*Consultant*, July 2013)

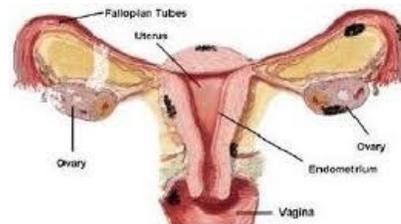
Increased vigilance for domestic violence needed in ‘hard times’

“In times of economic hardship such as the nation has experienced, one can expect an increase in domestic violence. 90% of victims of intimate partner violence (IPV) present with head and neck injuries and IPV is thought to account for between 34% -73% of facial injuries in women. Injuries to the eye and upper face are more likely to be associated with IPV, while injuries to the jaw are more likely an unknown assailant.”(*Consultant*, September 2009)

Delays in diagnosing of endometriosis may increase the risk for certain cancers

"The delays in diagnosis of endometriosis reportedly ranges from 8.5 years to 11.7 years. Beyond the pain and sub-fertility associated with this disease, women with endometriosis may be at increase risk for certain cancers and other conditions. In one study, participants had been experiencing symptoms for an average of 16 years before the diagnosis was confirmed. Endometriosis may be an independent risk factor for epithelial ovarian cancer and for endometrioid, clear cell, and mixed subtypes of ovarian cancer. Women with endometriosis are at risk for other types of cancer, including non-Hodgkin's lymphoma, dysplastic nevi, and melanoma, as well as certain autoimmune and atopic conditions. The association of endometriosis with ovarian

cancer, clear cell cancer, and endometrioid subtypes indicates that endometriotic tissue may transform into tumor cells. Another interesting finding was the association between endometriosis and working the night shift. Night-shifting working resulted in nearly double the risk of endometriosis. This link was found to be associated with menstrual disruption (as it is with breast cancer and coronary events). Certainly, the take home is the need for strategies to ensure more timely diagnosis of this condition. Endometriosis is the presence of endometrial tissue outside the endometrial cavity. Endometrial implants can be found anywhere in the body." (*Clinicians Reviews*, July 2009)



Does losing a spouse increase the risk of death for the surviving spouse?

"Researchers followed 373,189 elderly married couples in the United States from 1993 to 2002. Seventeen causes of death were studied. The findings showed that the death of a spouse significantly increased the risk of death from any cause in the surviving spouse and also increased the risk of case-specific death in women and men to varying degrees. A wife's death increased the risk of death in men for 15 of 17 causes, with the risk exceeding 20% for COPD, diabetes, accidents or serious fractures, infections and sepsis, 'all other

known causes', and lung cancer. The death of a husband also increased a woman's risk of death for 15 causes, with a more than 20% higher risk of COPD, colon cancer, accidents or serious fractures, and lung cancer. Death by Alzheimer's disease and Parkinson's disease did not significantly increase the risk of death in the surviving spouse of either sex." (*AJN*, June 2009)



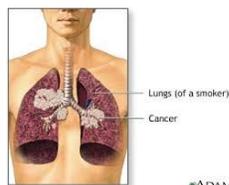
"A woman's face is the most meaningful area on her person, consequently hitting the face figures more prominently in Intimate partner violence. This pattern can be contrasted by the typically seen assault by a robber, whose goal is to disable the victim." (*Consultant*, September 2009)



Normal lung tests do not mean a clear bill of health

"Smokers whose lungs appear to be clear can in fact be harboring airway cells that show early signs of impairment similar to that found in lung cancer. A physical exam, lung function tests, and chest x-rays are not sensitive enough to pick up these very early changes, leading patients to mistakenly believe they have incurred no smoking-related lung damage. Smoking strips lung cells of some of their genetic programming and smokers can be found to be expressing very primitive human embryonic stem cell genes that are activated

in all major types of lung cancer found in humans. These genes are not normally functioning in the healthy lung. It does not mean that the presence of embryonic stem cells found in the lungs will lead to lung cancer, but what it does mean is the soil is fertile to develop such cancers." (*Clinical Advisor*, September 2013)



Don't warm up or thaw out breast milk in the microwave!!!

"Excessive heat can destroy the nutrient quality of the breast milk as well as heat liquids unevenly causing scalding. Thaw by putting breast milk in the refrigerator or swirling it in a bowl of warm water" (*Clinical Advisor*, September





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Department of State Health Services

300 Victory Drive
P.O. Box 60968
WTAMU
Canyon, Texas 79016

Phone: 806-783-6485 or
806-783-6482
jamie.moore@suddenlink.net

Editor: **Jamie L. Moore, WHNP-BC**

Contributing Editor:
Sheila Rhodes, PNP-BC

Consultant: **Karen McDonald**
Tricia Vowels

Interesting Tidbits

Public health and gun control~ “Guns kill more than 30,000 Americans each year. Guns kill more Americans each year than have been killed over a decade in Iraq and Afghanistan. The US population is 13.7 times larger than Australia’s but has 134 times the number of total firearms deaths. Following gun control measures in Australia, the homicide rate decreased 7.5%, the suicide by firearm rate declined from 3.4 to 1.3/100,000 person years; and there have been no further gun massacres in the country (there were 13 in the years preceding). Private gun owners still own guns in Australia and have not lost their right to bear arms.” (*Consultant*, July 2013)

The rate of medical errors is actually increasing~ “A federal report released in 1999 challenged medical communities to cut in half within five years the number of patients who die from medical errors. Yet a decade later, the rate of medical errors is actually increasing. The proposal for a mandatory nationwide reporting system for medical errors never materialized due to vehement opposition from the AMA.” (*Contemporary OBGYN*, October 2009)

Show– don’t tell when it comes to weight loss~ “Conversations about weight loss can contribute tremendously to behavioral changes, but tangible examples may be more effective. If someone is wanting to drop ten pounds, place two 5-pound bags of sugar in their lap so they can actually have the sensation of how much that extra weight feels like.” (*The Clinical Advisor*, July 2012)

An apology goes a long way~ In systems that support the liberal use of an apology, the number of malpractice claims and legal costs associated with each case seem to drop in half. (*The Female Patient*, June 2008)



New sunscreen labeling

“Melanoma kills about 1 person every hour in the United States each year, and about 140,000 new cases are diagnosed. *For the past 30 years, the incidence of melanoma has increased on average by nearly 3% per year.* If a sunscreen product does not provide broad-spectrum protection or if its SPF value is lower than 15, the product must carry a warning that it does not protect against skin cancer and early skin aging. Sunscreen products cannot claim to be waterproof, only water resistant. To be water resistant a sunscreen would have to still retain its SPF after 40 minutes of water exposure including perspiration. There is insufficient evidence to conclude that products with higher SPF values confer added protection. Sunscreen must be reapplied every two hours and after each water emersion since the SPF protection is washed away or diluted by the water. Lip balms and makeup advertised as containing sunscreen cannot be worn alone as their SPF value is not at 15. Sunscreens have an expiration dates on them; their shelf life and expiration date can be shorter when exposed to heat.” (*Consultant*, July 2013) Editors note; When is sunscreen not exposed to heat?

The incidence of Abdominal Aortic Aneurysms (AAA) has increased over the last two decades

“Each year, an estimated 10,000 deaths result from a ruptured abdominal aortic aneurysm (AAA), making that condition the 14th leading cause of death in the United States. Causes for the increased incidence over the past two decades may be due to the aging population, an increase in the number of smokers, and a trend toward diets that are higher in fat. Patients with a ruptured aneurysm have a survival rate of less than 50%, with most deaths occurring before surgical repair has been attempted. The risk of death during surgical graft repair for as AAA is only about 2% to 8%. Prior to the rupture of an AAA, the patient may feel a pulsing sensation in the abdomen or may experience no symptoms at all. Some patients report vague complaints, such as back, flank, groin, or abdominal pain. Syncope may be the chief complaint as the aneurysm expands, so it is important for the clinician to be alert to progressive symptoms, including symptoms that an aneurysm may exist and may be expanding. An elderly patient with abdominal pain should be evaluated for an AAA. In addition, acute abdominal pain in a patient older than 50 should be presumed to be a ruptured AAA until proven otherwise. Studies have shown that women have an AAA rupture rate that is three times higher than men; they also have an increased in-hospital mortality rate when rupture occurs. While women are less likely to experience an AAA than men, their prognosis is worse”. (*Clinician Reviews*, July 2009)

