

Women's Health Literature Review



Clinical skills versus modern technology- Which wins out?

"Four hundred and forty-two consecutive patients were admitted from the emergency department to an academic hospital over a period of 53 days. A senior medical resident with 4 years experience was put against an older physician with 20 years experience in examining the same patients. The resident spent an average of 40 minutes with the patients and the experienced physician spent typically less than 25 minutes. The resident was correct in her diagnosis 80.1% of the time and the experienced physician was correct 84.1% of the time.

Older clinicians rely on the history and physical exam to a greater degree than young clinicians. It is estimated that more than 80% of newly admitted internal medicine patients could be correctly diagnosed on admission and that basic skills remain a powerful tool, sufficient for achieving an accurate diagnosis in most cases. The study is highly supportive of the physician's ability using the classic diagnostic tools including a medical history, the physical exam, and basic laboratory studies to make an acute diagnosis, reserving the expensive imaging techniques for those patients for whom there is diagnostic confusion." (*Consultant*, January 2012)



Department of State Health Services

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"Earlier detection of breast cancer by mammography leads to a better prognosis in 40-49 year olds. Compared to breast cancer that is self-detected or found by a physician, breast cancer found by mammography was diagnosed at an earlier stage and was more likely to lead to breast-conserving treatment, and less likely to require chemotherapy. Patients were also more likely to have a lumpectomy (67% versus 48%) and less likely to die of breast cancer." (<http://www.medicalnewstoday.com/release/242003.php>)

Differences between a baby boomer provider and a generation Y provider

"Baby boomer providers probably are best described as 'work-alcoholics', who see their careers as a calling. Generation Y providers are noted for their technologic proficiency and the high priority they place on their private time. Generation Y are those born between the mid-70s and 2000. Baby boomers were born between 1946-1964. When asked a question, the baby boomer provider generally seeks to justify his/her answer by describing the evidence to support it. The generation Y clinicians avoids extraneous information, and prefers bottom line answers. Communication differences go further. Baby boomer providers operate under the premise that in order to communicate effectively, and for what they say to be remembered, they see repetition as essential. Baby boomers usually tell a story once, retell it with a slightly different twist, and then repeat the story a

third time as it was originally told. This story telling type of communication can irritate a generation Y provider. Generation Y feel like they heard the story the first time and often become impatient when facts are repeated. Additional differences in the two generations are how they consult with each other. The generation Y provider is often searching for a possible diagnosis and management recommendations before the baby boomer is even finished describing the symptoms. It may be necessary for the baby boomer providers to retire before the new style of medical practice can be universally successful." (*The Female Patient*, November 2011)



Breast Cancer screen for older women

"Decisions about breast cancer screening for older women should be



influenced by the health status and life expectancy of each patient, her goals for her remaining years, and her risk for breast cancer. Treatment decisions, when necessary, must take these factors, as well as severity of disease, into account. The reduction in quality of life that is inevitable with a diagnosis of advanced-stage metastatic breast cancer should be factored into the decision." (*Clinician Reviews*, April 2011)

Seven warning letters out for over-the-counter HCG for weight loss

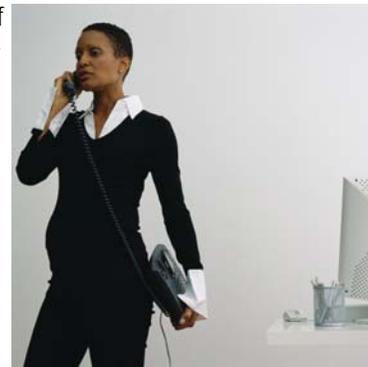
"The FDA and Federal Trade Commission has issued seven warning letters to companies marketing over-the-counter-HCG (human chorionic gonadotropin) products that are labeled as homeopathic for weight loss. HCG is a hormone produced by the human placenta and found in the urine of pregnancy women. HCG is FDA-approved as an injectable prescription drug for the treatment of some cases of female infertility and other medical conditions. The letters warn companies they are violating federal law by selling drugs

that have not been approved, and by making unsupported claims for these substances. *There is no substantial evidence HCG increases weight loss beyond the resulting weight loss from the accompanying 500 calorie diet.*" (*The Female Patient*, January 2012)



No support for the "eating for two" justification

"Pregnant patients should be counseled that they are not 'eating for two' and should not consume twice the calories or twice the amount of food compared to their baseline consumption. In fact, only an additional 100 to 300 calories per day is recommended during pregnancy. Examples of foods equaling 300 calories include half a peanut butter-and-jelly sandwich, half a bagel with low-fat cream cheese, and a glass of low fat milk." (*The Female Patient*, January 2010)



Text Messaging to encourage prenatal care– a good idea



"Approximately 83% of adults have a mobile phone and 72% use text messaging, with the average user sending and receiving 10 texts per day. A community-based health center in Massachusetts did a pilot study of 25 young at risk pregnant patients. Ages ranged from 14-32 years of age. The average age was 22 years old. Overall, 96% of the patients were enrolled during their first or second trimester. The messages were designed to be outbound only, with the goal of helping patients stay connected to their clinical team through educational tips, reminders, and motivational support. Examples of messages included; 'Your OB team wants to remind you that you can call us anytime at (XXX) XXX-XXXX. Stay on line and don't forget to tell us you are pregnant.' 'Hi, it's you OB team. We want to make sure you have a plan to get to the birthplace. Let us know if we can help.' Patients

were surveyed after 6 months and at the end of the pilot period at month 12 to measure satisfaction and perception of the programs. The frequency of messages was limited to no more than three in a given week. The messages were personalized to each patient based on date of enrollment, language preference (English or Spanish), and last menstrual period. Some messages repeated over time, and some were delivered one-time only. Messages were related to the development of the baby and preparation for childbirth, and encouraged newborn and postpartum care. One outcome was the patients in the pilot had a higher level of attendance to their prenatal visits compared to the level the center typically saw in this patient population. Survey results at the completion of the program were: 100% read most or all the messages, 100% would recommend the program to other pregnant patients, 95% found the program helpful, 75% said the number of messages was just right, 84% said the program helped them learn to take care of themselves and their baby." (*The Female Patient*, January 2012)

Women born to older mothers have a higher risk of developing breast cancer

"Breast density is an important indicator of breast cancer risk. Women born to mothers aged over 39 years and women who were taller and thinner than the average girl prior to puberty have higher breast density. This brings with it an increased risk for developing breast cancer. Although the role that mammographic density plays in breast cancer has been known for years, researchers have now headed a study that explores the influence of certain characteristics on mammographic density. These include the proportion of white area

on the mammogram which is an important indicator of breast cancer risk. Research shows that women with a mammographic density of 75% or above have five times the risk to develop breast cancer compared to those with low breast density. Breast density is clearly hereditary. Other factors that influence breast cancer risk are the age when a woman has her first child, and the number of children she has had." (http://www.sciencecodex.com/women_born_to_older_mothers_have_a_higher_risk_of_developing_breast_cancer-85471) February 2012



Lupus update: 2012

"Thanks to new prevention strategies and safer treatments, lupus patients are surviving almost as long as their counterparts without lupus. Why one person with lupus has limited disease and another develops life-threatening organ failure is a function of the interplay among susceptibility genes and environmental triggers. *Lupus antibodies are now known to be present in the serum of lupus patients as long as five years prior to the development of clinical disease.* Thus, when the genetic load is sufficient and immune triggers are on board, it seems that chance and timing trigger immune system activation and the disease process is turned on. Persons with high titers of antinuclear antibodies (ANAs) but lack lupus-specific symptoms do not need therapy. Instead, they should be followed with watchful waiting. The percentage of these patients who will develop clinical disease is unknown.

Only 1% of ANA results will be true positive for lupus. To screen for lupus, the high prevalence of positive ANA titers in the normal population makes this a poor screening test. The patient's clinical picture must fit the diagnosis as well. The earliest signs and symptoms of lupus are often fatigue, hair loss (especially around the face), a sun-sensitive facial rash, and arthralgias. Not only do lupus symptoms vary widely, they come and go. Lupus is uncommon, and one of the challenges is the small size of the patient population. The frequency varies significantly by race and ethnicity, with higher rates reported among Blacks and Hispanics. To show how uncommon lupus is, in a review of 100,000 patients in a year's worth of musculoskeletal or rheumatologic disorders seen in a large primary-care setting: 2,500 patients had osteoarthritis; 600 had gout; 50 had some type of inflammatory arthritis, half of which was rheumatoid arthritis. Lupus accounted for

only five patients in this 100,000 patient analysis. Thus, the clinical challenge is to identify

actual cases of lupus while being careful not to overcall the disease, at the same time, not letting this potentially life-threatening disease smolder undiagnosed. The most relevant behavioral changes that potential lupus patients can make are to stop smoking and use sun protection. Exposure to UV radiation causes disease flare-up approximately 70% of patients. (*The Clinical Advisor*, January 2012)



Start eating fish my dear to live longer



"For heart protection, current recommendations call for adults to eat fish, particularly dark oily fish such as salmon, tuna, herring, trout, sardines, or mackerel, at least twice a week. EPA + DHA are two of the active ingredients in omega-3 fish oils. Eating fish twice weekly would be roughly equivalent to 400 to 500 mg of EPA + DHA per day. Patients with CHD should aim for a daily dose of 1g of EPA + DHA. Fish oil supplements may be the preferable way to meet this recommendation for those individuals concerned about the mercury and polychlorinated biphenyls in fish. Clini-

cians should counsel patients to read over-the-counter supplement labels very carefully. The amount of EPA + DHA in fish oil capsules is typically only about one-third of the fish-oil dose listed on the front of the bottle. In other words, a bottle advertising 1,000 mg of fish oil most likely contains 300 mg of EPA + DHA. The fine print on the back of the bottle lists the actual amount of marine omega-3s. Excessive consumption of EPA + DHA (3 g or more per day) can trigger bleeding, worsening glycemia in patients with impaired glucose intolerance, and raise low-density lipoprotein cholesterol. *A large study*

found that folks who ate fish 5 or more times a week were 21% less likely to



have a non-fatal myocardial infarction, 38% less likely to die of coronary heart disease, and 31% less likely to suffer a stroke than those who rarely ate fish." (The Female Patient, November 2011)

Medical mistakes- 'to err is human'



"Despite the heightened attention to patient safety and quality of care, it is estimated that 1 in 7 Medicare patients

experience an adverse event. Since '*to err is human*', it must be accepted that the practice of medicine will never reach perfection, therefore, the focus should be one of reducing that error rate to the lowest possible level. Bad outcomes need to be looked at and studied.

The majority of patients (98%) wish to be informed of unintended outcomes or errors. The more severe the occurrence, the higher the desire for information. Patients want honest, prompt, and compassionate communication when a mistake occurs. Disclosure of adverse events is associated with approval and relief by health care providers, higher ratings of quality by patients, improved rate of recovery, a decrease in the number of malpractice suits, and a decrease in the average settlement amount. *Institutions with full disclosure programs for*

medical errors have not increased the number of, or amount of, their claims. Clinicians need education and training in disclosure conversations just as they receive training and competency in procedures. Full disclosure of medical errors is what patients expect and desire from their clinicians, and it is also ethically the right thing to do." (*The Female Patient*, November 2011)



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Interesting Tidbits

Today, 80% of children with cancer are alive 5 years after therapy. However, significant survival benefits are also associated with short and long-term morbidity later in life. Among the many consequences of these advanced lifesaving cancer therapies is damage to the endocrine system, resulting in short or long-term hormone deficiencies, including ovarian failure. (*Clinical Advisor*, January 2012)

Pet ownership counseling for cats- Cats are a potential source of toxoplasmosis and bartonellosis, and well as enteric infections. Weigh the psychological benefits of pet ownership against the risks. Pets that belong to HIV-infected patients require veterinary care if diarrhea develops. Tell patients to avoid contact with the pet until the diarrheal illness has resolved (*Consultant*, January 2012)

Nearly two-thirds of reproductive-aged women in the United States are overweight or obese. While the complications of obesity are well publicized, they may not realize they are also at increased risk of developing complications during pregnancy. Every visit for a reproductive-aged women should be considered a preconception visit. It is important that obesity is recognized as a chronic condition and aggressively managed, ideally prior to conception. Weight loss of as little as 10% can improve health indices independently. (*The Female Patient*, January 2012)

Breastfeeding and the return of fertility postpartum. As long as a women's menstrual period has not returned, she has a 98% protection rate from pregnancy following delivery. Of note, pumping breast milk does not substitute for the hormonal effects of infant sucking. (*Advance for Nurse Practitioners*, March 2012)



Estrogen-therapy risks change with time

"Some of the health risk that halted the Women's Health Study trial have dissipated as more time has passed. The estrogen-alone study was stopped a year early (after 7 years) due to an increased risk of stroke associated with the use of conjugated equine estrogens (CEE) among participants. However, for 7,645 consenting participants, the study went on another three years. The outcome of those three additional years suggested greater safety and possible benefit among women in their 50s and potential harm among older women. Risks of colorectal cancer, death, and the global index of chronic diseases were elevated over the cumulative follow-up period for older women. For younger women, the group that went an extra three years in the study gave rise to no new safety concerns, and some risk reductions became apparent. These findings emphasize the need to counsel women about hormone therapy differently depending on their age and hysterectomy status." (*The Clinical Advisor*, May 2011)

Women worry so much more about breast cancer than heart disease when the opposite should be true

"Nearly half of women (46%) are unaware that heart disease is the leading cause of death among women, and when asked about their health concerns, they typically report being more anxious about breast cancer than heart disease. Almost half a million American women will die of heart disease this year, 4 times as many as will die from breast cancer. Despite these alarming numbers, women are less concerned about heart disease. Although it is rare for younger women to experience a heart attack, 23% of women who have a MI in their 40s will die within 1 year. By age 70, 32% will die within a year of the cardiac event. Although health care professionals have become more aware of the risks and unique symptoms in women, only 8% of primary care physicians knew that more women than men die each year from heart disease. This lack of awareness may result in less aggressive treatment, and ultimately poorer outcomes. Women may also not receive appropriate screening because providers fail to recognize subtle warning signs. Although younger women are somewhat protected from heart disease by estrogen, this protective effect is quickly lost under the quadruple threat of obesity, high blood pressure, high cholesterol, and diabetes. On average, African Americans who die from heart disease tend to be younger. The American obesity epidemic has significantly increased the heart disease risk, even for young children and teenagers. *By age 40, the lifetime risk for developing coronary artery disease in the United State is 49% for men and 32% for women, and within a decade after menopause, a women's risk for developing heart disease is equal to or greater than a man's.*" (*The Journal for Nurse Practitioners*, May 2011)

