

Women's Health Literature Review



Inflammatory Breast Cancer-one must act rapidly to improve survival

"Inflammatory breast cancer (IBC) is a rare and aggressive cancer that accounts for 2% of all breast cancer cases. It is characterized by diffuse erythema and edema of the breast, often with no underlying mass. Because of its low incidence, most clinicians have never seen a case resulting in a delay in diagnosis and treatment. Inflammatory breast cancer has a rapid onset and a five-year survival rate of only 25% to 50%. Diagnosis is based on clinical presentation, proceeding to biopsy rather than mammography. IBC may occur in women who have a history of previous breast cancer. Elevated body mass index and a younger age at first birth are also risk factors. **Consider IBC in all women who report inflammatory breast symptoms that do not**

resolve as expected. Patients usually experience a color change of one breast. It begins as pink and rapidly progresses to dark red, continuing to spread throughout the entire breast. The patient may complain of a heaviness in the breast, enlargement of the breast, and a sensation of heat over the breast. *Symptoms usually progress over two to three weeks.* Significant lymphadenopathy is common due to the rapid malignant progression. Patients with IBC do not typically experience a fever or elevated white blood count, nor do they experience significant improvement with antibiotic treatment as would be expected if the patient had mastitis. The presentation of IBC resembles an infection which is why cases are misdiagnosed

initially. What often happens is that weeks are lost as the patient is treated and retreated for what the clinician thinks is mastitis; meanwhile the cancer is spreading. *Approximately 35% of patients have distant metastasis when IBC is finally diagnosed. Current recommendations are to biopsy the inflamed areas of the breast if a patient does not respond to antibiotics within the first seven days of treatment.* With mastitis the patient typically has a fever and responds quickly to antibiotics, usually within 24-48 hours. The classic triad of rapid-onset breast pain, swelling and redness in a woman with previously healthy breast tissue is the hallmark of IBC." (*Advance for NPs & PAs*, October 2011)

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Ever heard of a 'heterotopic pregnancy'?

"A heterotopic pregnancy (HP) is the existence of 2 (or more) simultaneous pregnancies with separate implantation sites, one of which is ectopic. Similar to ectopic pregnancies, most cases occur in the fallopian tubes; other commonly affected sites include the cervix and cesarean delivery scar. HP occurring in the tube stump and cornual region has also been reported. Abdominal pain is the most common presenting symptom." (*Consultant*, May 2011)

Neutralizing the intake forms to reach out to sexual minorities

"Revealing one's sexual identity is something patients are reluctant to do if it is not what is expected based on gender. Since it is important to get an accurate sexual history, one may be more apt to get needed information with a simple rewording and modification of the intake forms to more neutral terms, such as 'partner' rather than 'spouse'. Relationship status questions might offer answer choices of 'married', 'single', 'civil union', 'involved with multiple partners', or 'domestic partnership'. In addition to asking whether

patients are sexually active, one should provide a section where they can indicate that their sexual partners are men, women, or both. Clinics can create a more welcoming atmosphere for gay, lesbian, and other sexual minorities in their offices or clinics through interventions such as inclusive wording on health forms, as well as through open-minded, compassionate interviewing and communications styles. Posting a statement about the facility's policy against discrimination can lay the groundwork for patient understanding that all patients will receive quality care regardless of gender, race, religion, or sexual orientation. Displaying patient education materials designed for sexual

minorities assures patients that providers are aware of health issues that affect them. For example, one common misconception is that only heterosexual women need Pap smears, when in fact lesbian women are at risk as well. There are multiple reasons why women with gender differences do not utilize health care, but thinking through how services are delivered and health information is gathered can go a long way in creating a more welcoming atmosphere." (*Advance for Nurse Practitioners*, December 2010)



Warning against colon cleansing– a popular practice

"Colon cleansing is a practice that dates back centuries. There are several ways to do this; fasting for up to ten days and drinking only a concoction of maple syrup, vinegar, and water; less fasting but taking certain capsules that are suppose to detoxify the liver; to high fiber diets followed by laxative use. However, despite the tremendous popularity of these practices, there is little, if any clinical data supporting its use. The best way to care for one's colon is to exercise and follow a diet with plenty of fiber and adequate water intake." (*The Clinical Advisor*, July 2011)

Cardiovascular Risk and Hormone replacement



"Reanalysis of the Women Health Initiative revealed that younger women who took hormone replacement within 10 years of menopause onset had a **reduced** cardiovascular risk compared with an **increase** in cardiovascular risk that was seen among women who were more distant from menopause when they took hormone replacement." (*Advance for NPs & PAs*, August 2011)
P.S. the opposite is true for breast cancer– see article on next page

Interesting association between certain drinks and gout

"A large long term prospective study of women found that consumption of sugar-sweetened soda, orange juice, and fructose is associated with an increased risk of incident gout among women, although their contribution to the risk of gout in the population is likely modest given the low incidence rate among women. An analysis of questionnaires revealed that as intake of sugar-sweetened soda increased, gout risk increased as well. Women who drank one soda a day had 74% higher risk of developing gout than those who consumed less. The risk was

2.4 times higher for those drinking two or more sweetened drinks per day. Orange juice was the highest contributor to risk. Consumption of diet soft drinks did not affect gout risk." (*The Clinical Advisor*, January 2011)



How accurate is home blood pressure monitoring?

"Prospective studies have demonstrated that multiple readings taken by patients in their homes are better predictors of cardiovascular risk and target organ damage than are readings taken in the doctors office. On average, at least 12 home blood pressure readings are necessary before any clinical decisions should be made. The more readings that are taken, the more reliable the estimate of the true blood pressure is. It is important to note that blood

pressure readings on a person with atrial fibrillation and other cardiac disturbances may vary greatly based on where the systole occurs during the blood pressure measurement. Home blood pressure monitoring is not contraindicated for this diagnosis group, it's just important to know the measurements may vary much more than do those for individuals who do not have rhythm disturbances and extra beats." (*The Clinical Advisor*, July 2011)



Editor's note: Clinical tidbit – Remind the patient to stop talking while the BP is taken for a more accurate reading.

HPV most notable for involvement in cervical cancer, but can be found in the oral cavity

"The connection between HPV and oral cancer is becoming clearer. Oral benign HPV lesions are mostly asymptomatic and may persist or relapse spontaneously. Clinically, the lesions are similar in appearance to what is seen in the genital location but may be larger in size and more clustered. Most often condylomas in the oral cavity are related to oral-genital contact but may be a result of maternal transmission. Interestingly, HPV-related cancers arise mainly from the tonsils and base of the tongue rather than the ventrolateral

tongue, gingivae, cheek, palate, or floor of the mouth. New methods of detecting HPV in the oral cavity will become important to the development of treatment protocols. The impact of vaccines on the prevalence of oral cancers is currently undefined but presents exciting possibilities. The presence of oral condylomas in children may be an indication of sexual abuse. Removal should be considered a cure. Recurrence or the appearance of new lesions suggest the possibility of retransmission of a condyloma acuminatum or a carcinoma. Several studies have linked HPV and oral cancer" (*The Clinical Advisor*, January 2011)

Breast cancer risk and hormone replacement

"Breast cancer is a major concern with hormone replacement. The WHI data showed women who started EPT (combined estrogen and progestin therapy) immediately after menopause without a gap had an increase in breast cancer risk, *but those who had a gap in HT of more than 5 years post-menopause did not have an increase in breast cancer risk.* The estrogen-only group did not show an increased risk of breast cancer." (*Advance for NPs & PAs*, August 2011)

Melanoma– not just a skin problem

"While we think of melanoma as a black or brown tumor, it can also be non-pigmented, which certainly could impede diagnosis. Common sites are the trunk for men and the legs for women. However melanoma can occur anywhere on the body including the face, neck, *eyes, mouth and vagina.* Darker skinned patients who develop melanoma often have cancer *under their nails* (Hutchinson's sign), and on the palms and soles of their feet." *Advance for NPs Pas*, June 2011)
(Editor's note: I have also heard of internal melanoma that can occur anywhere inside the body and has a genetic component – how to screen for that I do not know, but it is a disturbing thought that individual melanoma cells can migrate inside the body.)

Professionalism

"This article was written by a physician who had received several new patients as transfers from other physicians with the reason given by the patients as the dislike of casual dress of their previous physician. Those patients thought the physician's dress code showed a lack of professionalism. Time management was also thought to reflect professionalism. A clinician who falls behind and makes patients wait is perceived as not respecting their time. Visits cut short in those situations sometimes result in important information getting lost in the shuffle. Some patients have waited three months for the visit, and will resent being rushed because the provider is behind. Thoughts to ponder." (*The Clinical Advisor*, July 2011)

Fatalism and the Hispanic woman

"Hispanic women, compared to whites, have approximately twice the cervical cancer rate and a 50% higher cervical cancer mortality. The Hispanic population residing in the U.S. is expected to triple by 2023, nearly half (48%) living in California and Texas. Hispanic women in the U.S. tend to be affected by culturally defined issues such as fatalism. In contrast to white women, Hispanic women believe that fate and one's behavior is the contributing factor to cervical cancer and that being diagnosed with cancer is a death sentence and God's punishment. In addition, they believe there is nothing that can be done to prevent it if it was meant to be; therefore, they may avoid discussing topics related to the screening process and treatment. Knowing this, it is important to be particularly careful that one chooses their words cautiously so as not to imply personal causation in the discussion of the abnormal Pap smear. With the aim to work within this belief system instead of trying to change it, the provider can work more closely with the patient for the best outcome. If the primary language spoken at home is Spanish, the barriers are particularly profound. Follow-up care tends to be less than optimal and a string of miscommunications. Having someone who speaks in their language is critical. Having a female examiner is preferable. (*Women's Health Care: A Practical Journal for Nurse Practitioners*, Annual Issue 20100, Vol 10, No 9)

Questions for the ideal sexual history

"A list of comprehensive sexual history questions.

- 1) Have you had or do you have vaginal, oral, or anal sex?
- 2) Have you had or do you have sex with men, women, or both?
- 3) How old were you when you first had vaginal intercourse?
- 4) Do you currently have a sexual partner(s)?
- 5) How many sexual partners have you had in your lifetime?
- 6) How many sexual partners have you had since your last visit?
- 7) Have you ever had sex with someone when you didn't want to?
- 8) Have you ever been pressured or felt forced to have sex?
- 9) Have you ever been threatened by a partner to have sex?
- 10) Do you have any genital symptoms you are concerned about (pain, discharge, redness, swelling, bumps, sores, rashes)?
- 11) What are you currently using for birth control?"

(*The Journal for Nurse Practitioners*, June 2011)

Differences between a menstrual migraine and a regular migraine

"Sixty percent of women with migraines report a correlation between their migraines and their menstrual cycle. Compared to their regular migraine, menstrual migraines tend to be more severe, last longer, and are less responsive to treatment. Almost 80% of women are incapacitated during a menstrual migraine. Menstrual migraines cause substantial personal and economic burdens. Menstrual migraines are most prevalent during the childbearing years when work and family demands are especially high. (*The Journal for Nurse Practitioners*, June 2011)

Editor's note:
Someone sent me a tip that a women would appreciate and it seemed like such a good idea.



Put the entire set of sheets in the pillow case for that set of sheets. It keeps the set all together, and it looks nice as well.



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- Interesting tidbits-

Evidence-based versus the gold standard - which holds more weight in the legal setting? ~ "Hopefully the gold standard is evidence based, having said that, only 30% of standardized care has solid research driving the practice guidelines. An available guideline trumps common practice that is not evidence-based, and controlled clinical trials always trump an expert opinion. The National Clearinghouse (www.guideline.gov) is an excellent resource for evidence-based guidelines." (*The Clinical Advisor*, July 2011)

Interesting lawsuit ~ "The lawsuit involved a picture of a tattoo taken by a surgeon during surgery and later shown to others. It was actually a surgical assistant that started the process that ended up with this physician getting sued when it went public." Editor's note: This case reminded me of a situation in which a school nurse described the peculiar behavior of a child without identifying him, but his behavior was identifiable enough that the school nurse got sued for breach of confidentiality for talking about the behavior. Even talking about a tattoo could be a breach of confidentiality without the name because only one person could have that tattoo. (*The Clinical Advisor*, July 2011)

Teens, contraception, and filling a prescription ~ "Discuss cost and remember to explain how to fill a prescription. Many teens have never filled a prescription." (*The Female Patient*, August, 2008)

"The use of Depo Provera for one year has been reported to reduce the risk of endometrial cancer by up to 80% for as long as 8 years, and prevention of ovarian and endometrial cancer is a recognized benefit of long-term progestin contraception." (*The Female Patient*, August 2008)

Five steps to lower a woman's risk of a heart disease by 82%

"Only 13% of women believe their greatest risk of death is heart disease which happens to be the leading cause of mortality and morbidity for women in the United States. Hispanic and African American women have been found to have even less awareness of their risk of cardiovascular disease (CAD). Even when women are aware of their risk, they often have symptoms that they do not associate with CAD. For example, most women know that chest pain is a symptom of CAD, but fewer than 10% know that shortness of breath, indigestion, and nausea could be symptoms as well. In fact, chest pain is the presenting symptom in fewer than half of women. About 60,000 more women than men die each year as a result of CAD. *Women under the age of 65 are disproportionately affected; they have the highest relative sex-specific heart disease mortality.* Women who maintain all five of the following healthy habits have an 82% lower risk of heart disease, and unfortunately fewer than 10% actually do so.

- 1) Avoidance of cigarette smoking
- 2) Adherence to a diet that incorporates high levels of fiber, marine omega-3 fatty acids, and folate; low levels of saturated and trans fat; and low glycemic content
- 3) Light alcohol consumption (1 drink per day)
- 4) Body mass index of less than 25kg/m
- 5) Regular physical activity (at least 30 minutes per day)

(*Consultant*, May 2011)

