

Women's Health Literature Review



The 'mini-stroke' - a precipitator to the big one to come!

"Transient ischemic attacks or (TIAs), also referred to by the general public as mini-strokes or partial strokes, demand serious attention, *as they are often a warning sign of an impending stroke or other serious cardiovascular events.* Reportedly, 15% to 19% of ischemic strokes in the United States are preceded by a TIA. According to recent data from several important studies, **4% to 5% of patients with a TIA will experience progression to a stroke within 48 hours, 10% to 11% of patients will experience a stroke within the week following the TIA, and about half of these strokes (which are often debilitating or fatal) will occur within 24 hours.** *The importance of assessing the TIA patient's risk of stroke and intervening appropriately cannot be overstated, provided that the patient seeks medical*

attention and that the clinician is able to confirm that a TIA has occurred. TIAs are conventionally described as a temporary neurologic dysfunction of vascular origin, typically an occlusion. Their presentation will be somewhat vague, with symptoms resembling a stroke but presumed to be self-resolving. By current definition, *TIAs last no longer than 24 hours. However, this definition is currently being revised to focus on manifestations that endure for no more than an hour.* The majority of TIAs last 10-60 minutes. Episodes of abrupt neurologic symptoms can be quite frightening to patients, who often present in the ER with a heightened level of anxiety. Others whose symptoms are subtle or vague may delay even going to the ER by deciding to just make an appointment with their regular doctor later

for a routine office visit. About 240,000 cases of TIAs are diagnosed each year in the United States, with a significant potential for cases that actually go undiagnosed. The one-year mortality rate after a TIA may be as high as 25%. The incidence of a TIA is higher in African Americans and higher in men than women. The incidence increases with age: only one to three cases per 1,000,000 are reported in persons younger than age 35, whereas occurrence among persons older than 85 is about 600-1,500 cases per 1,000,000, depending on race and gender. The diagnosis of a TIA is based almost exclusively on history and physical exam." (*Clinician Reviews*, October 2009)

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Physicians are spending more time with patients now, not less, as one might think

"The average time spent with a patient by the physician in 1989 was 15.9 minutes

The average time spent with a patient by the physician in 2002 was 18.4 minutes

The average time spent with a patient by the physician in 2006 was 21.8 minutes."

(*Advance for Nurse Practitioners*, September 2010)

Do you know anything about a stainless steel IUD known as the "Chinese ring"?

"The 'Chinese ring' was used as the main contraceptive in China for more than 20 years under China's one-child-per-family policy. The Chinese ring, as shown in this article, was eventually replaced by a more effective copper device in the mid-1990s. *The take-home is that many Chinese women still have these devices in place* and may present for removal, and that removal will often require local, regional, or

general anesthesia. *These rings are designed without strings and are difficult to remove.* An additional picture in this article revealed that over time the circular ring had taken on the shape of the uterus and was no longer round. Since it is possible that an American clinician might be asked to remove an IUD from a patient that might still have one of these in place, it would not come as such a surprise to see such an apparatus radiographically prior to removal if one was exposed to such information." (*Clinician Reviews*, December 2009)



Clinical pearl for ginseng

"Ginseng is a popular supplement commonly used for reducing the effects of aging, improving memory, and cognitive enhancement. It turns out that vertigo and low blood pressure are common side effects of ginseng use. The author of this article was slow to link her sudden dizzy spells, bradycardia (rate of 54), and hypotension (92/52) with the addition of ginseng to her daily routine, but eventually realized her symptoms started soon after she added ginseng. Her symptoms immediately stopped when she discontinued ginseng use." (*The Clinical Advisor*, August 2010)

Clinical pearl for wart treatment



"One effective treatment for warts is to combine as much salt as will mix well with a quantity of petroleum jelly. Apply the mixture to the wart and cover with adhesive nightly. One may want to debride once a week. The wart should resolve in about six weeks." (*The Clinical Advisor*, September 2010)

Editor's note: *Always looking for tips without significant cost for those in need.*

Having a monthly period is not the historical norm

"The pattern of a monthly period has not been the natural state of adult women until modern times. Women of the past experienced their first period much later (often not until age 18), and they had more frequent pregnancies, longer periods of breast feeding between pregnancies, earlier menopause, and a much shorter life span compared with modern women. Contemporary women experience having

their first periods earlier (average age 12), start their families at later ages, have fewer children, breast-feed for much shorter periods of time (if they breast-feed at all), and live longer." (*NPPR*, August 2008)

Editor's note: It is always amazing to see the level of concern many patients have regarding the option not to have monthly periods through hormone manipulation (birth control pills), when one would think they would be relieved.



What criteria should be used for offering pharmacologic cessation for female smokers

"Twenty-two percent of U.S. women smoke. In the Nurses Health Study, 64% of deaths in current smokers were attributed to smoking, while in ex-smokers only 28% of deaths were attributed to smoking. *The mortality risk from cardiovascular disease decreases by 36% following tobacco cessation, comparable to what can be achieved with statins, aspirin, ACE inhibitors, or Beta blockers.* Since 70% of smokers see a clinician at least annually,

each visit is an opportunity to provide brief counseling on cessation. A health care provider advising a patient to stop smoking, even if the encounter is brief, has been shown consistently to result in a reduction in smoking. *The take-home in this article was the criteria that all women who smoke more than 10 cigarettes per day should be offered medication to quit, except where contraindicated.*" (*The Female Patient*, March 2010)



Interesting case with a surprise at the end, literally

"For four years a 35 year old of man was treated with repeated incision and drainage and with antibiotics for multiple boils in his peri-anal region. He was eventually referred for specialist care. Examination revealed a fistula-in-ano with multiple external openings. Digital rectal examination and anoscopy showed a single midline internal opening. Histopathologic examination of one of the tracks confirmed the clinical suspicion of *tuberculosis*, and the patient responded well to treatment. A fistula-in-ano with multiple

openings is typical of anorectal tuberculosis, in which the diagnosis is often delayed." (*Clinician Reviews*, October 2009)

Editor's note: I contemplated including the picture in this publication but decided against it due to the location. Let me say it was not anything that one would look at and think it was anything to be concerned about. I would describe the appearance as something along the lines of a few small pearly warts around the anus.

Early menopause doubles CVD risk

"Natural or surgically related early menopause (before age 46) is a potential risk factor for cardiovascular disease (CVD), making the need to modify other CVD risk factors even more important for this age group. Women who undergo early menopause, either natural or surgical carries have more than twice the risk for MI, resuscitated cardiac arrest, definite angina, probably angina, stroke, stroke death, coronary heart disease death, or other atherosclerotic /CVD death than did women who reached menopause at a later age." (*Clinical Advisor*, August 2010)

Clinical pearl: inhaled nasal medications

"To improve delivery of inhaled nasal medication, have the patient keep his or her mouth open during spraying. It is almost impossible to sniff the medicine into the back of the throat with the mouth open. This improves delivery to the treatment area and decreases the effects of bad taste or dry mouth often caused by inhaled antihistamines." (*Clinician Reviews*, October 2009)



Texting while driving is a serious health risk. Duh!

"While almost 100% of individuals admit that texting while driving and driving while on the cell phone is risky, 80% of the population admits to doing it. Currently eight states prohibit or will soon prohibit the use of cell phones by all drivers. 31 states have or will soon prohibit texting while driving; 11 of these laws were enacted in 2010. Note: Texas is not on either list at this time but getting close. *Driver distraction is responsible for 89% of all crashes.* Because cell phones are used so much, they are the leading cause of driver distraction. (*Nurse Practitioner World News*, September/October, 2010)



The label, "doctor" - who can use it?

"Historically, the word 'doctor' referred to those with both academic and professional degrees. Today many healthcare professionals besides physicians earn a doctorate. In fact, it is now the entry degree for pharmacists, and, many physical therapists are earning a clinical doctorate. Doctorates are also awarded to psychologists, nurses, clinical social workers, podiatrists, optometrists, nurse practitioners, and physicians' assistants. The general public associates 'doctor' with physicians. The AMA adopted an official position to restrict 'doctor' to physicians, dentists, and podiatrists. Organized medicine believes the use of the term by other health case professions will confuse the public. There are currently seven states (Georgia, Illinois, Maine, Missouri, Ohio, Oklahoma, and Oregon) that have statutes or regulations that prohibit an NP or other doctorate prepared health professional from using the term 'doctor' in a clinical setting. Several other states allow the professional with a doctorate to use the term as long as they also include the title of licensure or specialty in their communication. **The preference is for all healthcare professionals to use 'physician' when describing someone who has a medical degree.**" (*Advance for Nurses*, August, 2010)

Quick tips for the visit with the older woman

"Obtaining a history can be a challenge, but can be made easier by using a pre-visit questionnaire. A sample can be obtained at <http://www.geronet.ucla.edu/professionals/patient-care-resources> and click on pre-visit questionnaire forms at the bottom of the page. Regarding the environment, 50% of older adults find background noises distracting, so eliminating background noise can help the patient focus. Using amplifiers, talking into a stethoscope with the ear pieces in the patient's ears, or asking the patient to sit in front of a wall so the clinician's voice will reflect off the wall surface are all tactics to improve patients with less than optimal hearing. Older persons should always be addressed by their last name (Mrs. Smith) **unless** they have told you to use another name. Instead of using the term chief complaint, it is preferable *to inquire as to the two most important problems or complaints that are affecting their day-to-day activities.* Having them bring all their meds with them, including all OTCs, supplements, vitamins, and herbs is vital, as well as having them demonstrate how they take them. This is also a good time to discard outdated meds. Mental status should be assessed formally and routinely." (*The Clinical Advisor*, January 2010)

What time is your colonoscopy?

"Having a colonoscopy first thing in the morning (8:30 am or earlier) yields 27% more polyps per patient than undergoing the procedure later in the day, according to a recent study. During their study, fewer polyps were discovered hour by hour as the day progressed. **However**, the investigators point out that the per-patient rate of missed polyps equated to about a quarter of a polyp, so the risk for individual patients is very low. The take home was that patients should really be more concerned in getting a colonoscopy and the quality and experience of their doctor than the time of their appointment, but still an interesting outcome to the study." (*Clinician Reviews*, December 2009)

"Despite perceptions to the contrary, primary care physicians spend more time with their patients now than in 1997. This increased time is thought in part due to having NPs and PAs on hand to free up the physician for more complicated cases." (*Clinician Reviews*, December 2009)



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- Interesting tidbits-

Post-bariatric surgery patients should not take medications formulated as extended release ~ "Because of the shortened length of the small intestine after surgery, absorption of an extended-release preparation may not be complete before the drug has passed through the colon, leading to decreased efficacy. There is also increased concern with ulceration associated with anti-inflammatory drugs and salicylates due to a smaller stomach." (*The Clinical Advisor*, June 2010)

Clinical pearl on diarrhea- "According to the National Digestive Diseases Information Clearinghouse, the average adult has a bout of acute diarrhea four times a year. Normally, however, this situation will last one or two days and resolve on its own. Diarrhea lasting more than two or three days can lead to dehydration and may be a sign of something more serious." (*The Clinical Advisor*, September 2010)

Clinical pearl for CPR- "While standard CPR by a trained professional optimizes a person's survival in an emergency situation, CPR with chest compressions alone seems to have a better outcome for the non-professional. In two trials where bystanders were instructed by the dispatcher by both standard CPR and CPR with compressions alone, survival to hospital discharge was 12.5% in the compression-only group, and 11% in the standard group. In a second trial, one-day survival was 24% for compression-only versus 20.9% for standard CPR." (*The Clinical Advisor*, September 2010)

The approach to health care for lesbian and bisexual women



"In the United States, an estimated 3% to 10% of women identify themselves as lesbian or bisexual. *Since sexual identity sometimes changes over time, the clinician should be reminded to re-address the questions of sexual identity from time to time.* Lesbian and bisexual women may have fewer opportunities for accessing health care, partly because they purposely avoid annual exams thinking they are not at risk for the things being tested, partly because their partners insurance will not cover the services, and partly to avoid disclosure and judgment. As more lesbians choose to start a family, it is important for clinicians not to assume a woman who is, or has been, pregnant is heterosexual. All women should have pap tests. HPV strains have been identified in 1 in 5 women who have never had heterosexual intercourse. As lesbians have higher rates of tobacco use, this may contribute to an increased risk for cervical dysplasia. More than 10% of women with exclusively female partners have a history of an STD. Trichomoniasis, syphilis, and HIV have been documented as sexually transmitted between women. Data also indicate that bisexual women have the highest incidence of case rates for HIV of any female population. Never having been pregnant is a relative risk factor for breast cancer. Since 76% of lesbians have never been pregnant versus 22% of heterosexuals being nulliparous, breast cancer risk is obviously up for this population. Besides breast cancer, lesbian and bisexual women have higher risk of lung cancer, type 2 diabetes, and cardiovascular disease. Unexpectedly, teen pregnancy risk is higher in the lesbian and bisexual population. It is reported that lesbian and bisexual teens tend to engage in sex with males earlier as a way to cope and come to terms with their sexual identity. Some adolescents report the need to 'prove' their sexual identity by having sex with male partners. Interestingly, lesbians and bisexual teens statistically have a higher birth rate at age 19 than their heterosexual counterparts (14% lesbians, 13% bisexuals, 6% heterosexuals). Use of birth control pills and pregnancy are protective for ovarian cancer. These protective measures may be absent in women who have sex with women. In one study, 36% of lesbians reported having used oral contraceptives, compared to 80% of heterosexual women. Women in general, and women in this higher risk category of lesbian and bisexual orientation, who have a family history of ovarian cancer may benefit from prophylactic use of oral contraceptives." (*The Female Patient*, January 2010)

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