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Women's Health Literature Review

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*Texas Department of State Health Services
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Pancreatic Cancer— would you miss it?

"The anatomic location of the pancreas makes pancreatic cancer difficult to diagnose at an early stage. Pancreatic cancer has a median survival of less than six months after diagnosis, and a 4.6% survival rate at 5 years. In most cases, pancreatic cancer has a very unfavorable prognosis. It is estimated that **over half of all patients diagnosed with pancreatic cancer already have distant disease at the time of diagnosis.** Pancreatic cancer is silent in its early stages, and symptoms do not appear until after the tumor has metastasized or has invaded adjacent tissues. *Abdominal pain is the presenting complaint in about half of all patients.* Other symptoms include mid-back pain, jaundice, loss of appetite, weight loss, floating stools, pale stools, dark urine, unusual belching, unusual heartburn, nausea and diarrhea. Interest-

ingly, both deep vein and superficial venous thrombosis are not unusual on presentation (ranges from 17%-57%). A clinical understanding of patients who are at high risk for pancreatic cancer may afford clinicians the opportunity to identify and treat pancreatic cancer earlier in the disease process. The correlation between diabetes and pancreatic cancer has been acknowledged for many years; Patients with type 1 or type 2 diabetes have an increased risk for pancreatic cancer by 40 to 100% in patients with long-term diabetes. In a recently diagnosed diabetic patient, the risk increases by four-sevenfold, and 1% to 4% of patients diagnosed with diabetes at age 50 or older will develop pancreatic cancer within three years. Other risk factors include cigarette smoking and having at least one first-degree relative affected by the disease. It is estimated that 20% to 25% of pancreatic tumors are attributable to cigarette smoking, as individuals who smoke carry

more cancer-related genetic mutations than do nonsmokers. Additionally, patients with hereditary pancreatitis who smoke are at twice the risk for pancreatic cancer and can develop the disease 20 years earlier than those who do not smoke. Other avoidable risk factors that increase pancreatic cancer are: alcohol abuse, obesity, a sedentary lifestyle, a diet high in fats and meats and low in vegetables and folate, certain environmental exposures such as solvents used in dry cleaning, gasoline related particles and nickel. Unavoidable risk factors include: advancing age, male gender, African-American, a non-O blood group type, and a history of radiation treatment. Also of interest is the increased risk of pancreatic cancer associated with having the breast cancer (BRCA2) mutation. No distinct tumor marker has been identified to diagnose pancreatic cancer but the serum marker cancer antigen (CA19-9)

evaluate patient's response to therapy and in determining patient prognosis. It is important to note that not every patient with pancreatic cancer will have an elevated CA 19-9 level as some non-cancerous conditions can cause high CA 19-9 levels. For these reasons, the CA 19-9 test cannot be used as a diagnostic or screening test for pancreatic cancer. Pancreatic cancer poses a considerable risk for recurrence after surgical resection. Counseling patients at high risk for pancreatic cancer, targeting prevention and early detection is the key to reducing incidence. Patients who present with chronic pancreatitis who smoke and consume excessive amount of alcohol should be warned of the association between chronic pancreatitis and pancreatic cancer." (Clinician Reviews, April 2010)



Missing a teachable moment— and an important moment



"In the primary care setting when reviewing medications with a patient, if not seeing a hormonal method of birth control listed, it is fair to ask the simple question: *What do you do to avoid pregnancy?* Some women simply forget or may not recognize that the pill, patch, ring, or contraceptive implant is a medication. If she desires pregnancy the clinician can stop there. If the patient does not have a method the next question might be: *How important is it for you to not be pregnant?* Women of all

ages, and in particular teens, may rely on the withdrawal method but will not admit it. Clinicians need be proactive in asking questions about the use of this method due to its low efficacy rate. If the patient is interested in preventing pregnancy, two questions should be employed. First question: *When do think you would like to become pregnant?* This will determine the direction of discussion towards short term or long term methods. The second question is: *How important / necessary is it to you to have a regular period?* While continuous

contraception with irregular or absent periods is healthy and safe, many cultures view a monthly period as a sign of health. With these four questions the clinician can narrow preferable choices for the patient. Research shows that the act of counseling itself reflects positively on contraceptive use and clinicians can impact unintended pregnancies." (*Advance for NPs and PAs, May 2012*) Editor's note: I know for a fact some providers only ask what the patient does to avoid an STD and do not address what they do to prevent pregnancy.



Instant free heart rate phone application

"Independently tested by nurses, physicians, and fitness coaches, Instant Heart Rate is an accurate heart rate monitor free app for the iPhone. It is designed for easy use and takes less than 10 seconds from opening the app to a reading. Users simply place their finger gently over the camera, and hold it steady for at least 10 seconds. The current heart rate is then shown on the display. It works by tracking color changes in the light that passes through the finger."

Healthcare Travel, January 2012

(Editor's note: I tried it, it works)



Auscultation through clothes is bad technique



"Performing auscultation through garments violates the basic acoustic properties of the stethoscope at the very least and should be condemned. By failing to undress patients, one also runs the risk of missing equally important visual diagnostic clues. This is one of the many exam techniques that have deteriorated in direct contrast to the 'progress' of modern, technology driven medicine". - Christopher Ruser, MD (*Clinical Advisor*, December 2011)

New term for female circumcision or genital mutilation

"Terms such as female circumcision or genital mutilation are often offensive when working with affected communities. Consequently, **'female genital cutting' (FGC) has been widely adopted as a more neutral term.** Based on estimates from the 2000 US Census, 228,000 women and girls in the United States are living with or at risk for FGC. Girls usually undergo FGC between the ages of 5 and 12; however, some communities practice FGC on newborn infants or on young women prior to marriage. There are four classifications reflecting different degrees of cutting starting with partial or total removal of the clitoris as type I. Type II is the partial or total removal of the clitoris and the labia minora. Type III involves cutting both sides of either the labia minora or the labia majora and putting them together to create a covering that restricts the vaginal introitus. Type III is the most extreme category, but it only comprises 10% of cases of FGC. Type IV includes other alterations to the genitals that do not remove tissue, but adds piercing, pricking, or cauterization. FGC is typically performed under non-sterile conditions with limited or no anesthesia. Both immediate and long-term complications can arise, varying with the type and severity of cutting. It is important to keep in mind that not all women will experience morbidity. In fact, some women may feel more comfortable with their fused labia and may request to have

their labia reinfibulated (put back) to varying degrees after delivery to restore their sense of beauty, normalcy, and genital self-image. There may also be sociocultural pressures within a woman's family and/or community that drives her decision making. Although FGC on minors is banned in the United States, reinfibulation (putting them back the way they were) is legal in certain states, with exceptions provided for intrapartum women. Obviously, during labor, fused labia must be un-fused. However, practitioners may feel ethically conflicted due to their own views on primary infibulation. For pregnant patients with the type III (introitus blocked), it is recommended to defibulate during the second trimester to control excessive blood loss that can occur if done during labor and delivery and to also allow for cervical checks and urethral catheterization. The American Congress of Obstetricians and Gynecologists does not currently have policy recommendations in place to guide clinicians in the decision making. With 228,000 women and girls living in the United States who are possibly affected, it is almost certain this situation will arise for clinicians at some point." (*The Female Patient*, August 2011)

clinical tid-bits

To diminish the gag reflex while conducting a throat exam, have the patient make a fist with the left hand, tucking the thumb underneath the fingers. (*Clinical Advisor*, January 2012)

To help mitigate the unpleasant aftertaste of omega-3-oil capsules, tell patients to freeze the pills. The capsules will thaw in the upper intestine and provide all the effectiveness without the fishy taste. (*Clinical Advisor*, January 2012)

Advice to individuals with implanted pacemakers: MRIs are a potentially serious threat that can interfere with pacemaker function. Don't linger near surveillance devices. Don't place your cell phone directly over the pacemaker. Tell your physician about your pacemaker if a hospital procedure is planned. (*Clinical Advisor*, August 2007)

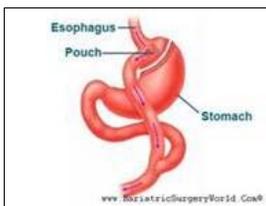
Microscopic hematuria (blood in the urine) is a presenting sign in approximately 85% of bladder cancer and 40% of renal carcinoma. (*Clinical Advisor*, August 2007)





Bariatric surgery 101

"There are three 'mainstream' types of bariatric surgeries: gastric bypass, gastric sleeve, and gastric band. The adjustable band and gastric sleeve basically work as a pure restrictive approach, leading to decreased food portion sizes while the gastric bypass combines restriction with some mala- absorption. Gastric bypass is more complicated.



The gastric sleeve surgery is much more simple. The greater curvature of the stomach is removed while preserving the lesser curvature. This creates a smaller tubular or banana shaped stomach. No intestinal rearranging is required. In contrast to gastric bypass, the greater curvature portion of the stomach is removed from the body. Gastric bypass and gastric sleeve surgeries require a hospital stay, whereas gastric bands are often out-patient.



The adjustable gastric bands are composed of a balloon "ring" and a port and tubing system. The balloon is wrapped around the stomach and the port is then implanted on the anterior abdominal wall where it will be accessed during subsequent visits for inflating and deflating." (*Panhandle Health*, Winter 2011)

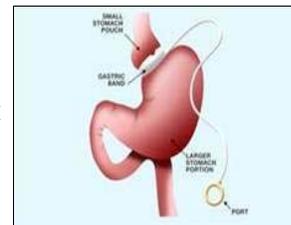


Image alert: what do you look like online?

"You don't have to be a celebrity to have an image. Whether or not you realize it (or like it) you have an online image. If you participate in social media or have a blog, you have an online image. The Federal Trade Commission ruled in 2011 that it is legal to include an online search as part of a background check. Typically one is asked to sign a form giving permission to do a background check on you and the employer submits your name to a company that specializes in this. An online search differs drastically from a traditional check in that, theoretically, any information anywhere in the world is accessible. If information is online, it can be found. This has the potential to reveal more than past criminal convictions. A company that specializes in online back-



ground checks has the knowledge and skills to discover data you might not have thought possible to obtain. In addition, when you post may be an issue. Over-activity can be a red flag. *If you are posting updates during work hours, an employer might wonder about your work ethic.* Posting date and time is part of the background check. In addition, more than a few nurses have lost their jobs from posting a funny or interesting case on line only to have a patient recognize themselves in the story. If your boss can find you online so can your patients. The take home is: if it is something not to be said at work, it is something not to be said online. Maintain a presence on the web, but make sure it reflects the best of you." (*Advance for NPs and PAs*, November 2011)

Migraines that wake you up from a sleep

"Migraines that are already full blown at the time the patient is awakened are typically associated with a trigger that occurred the night before. Keeping a careful record of the events preceding the headache can be helpful. Did the patient drink alcohol the night before, or get too much or not enough sleep? What foods were eaten the day before? Even though preventive medications could not be taken prior to the headache in these situations, they are still the best treatment. They may need to be repeated after 30-60 minutes for maximum effect." (*Clinical Advisor*, December 2011)



Did you know Gynecomastia can occur with dialysis?

"Gynecomastia is swelling of the breast tissue in boys or men caused by an imbalance of the hormones estrogen and testosterone. Gynecomastia can affect one or both breasts, sometimes unevenly. In one study almost 50% of patients on hemodialysis had gynecomastia. The male patient in the article started complaining of painful nipples (especially the right nipple) about three months after starting dialysis. The pain eventually spread to the entire breast. A mammogram and ultrasound showed tissue growth in both breasts and a mass in the right. In addition, certain medications used in renal patients can also cause gynecomastia. When presenting with gynecomastia in a dialysis patient, the next steps are to adjust any offending medications, order a CT scan to rule out a pituitary tumor, and order a mammogram to rule out breast cancer before making a referral to an endocrinologist and/or surgeon." (*The Clinical Advisor*, April 2012)

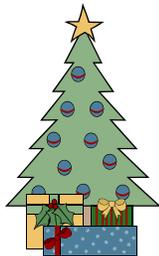




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300 Victory Drive
P.O. Box 60968
WTA&M
Canyon, Texas 79016



Editor: Jamie L. Moore, RN, WHNP-BC
Contributing Editor:
Sheila Rhodes, RN, PNP-BC
Consultant: Karen McDonald
Tricia Vowels



Community-acquired MRSA

"Clinicians should assume that any spider bite, large pimple, or boil is MRSA until they have evidence to the contrary. Community-acquired MRSA is actually more virulent than the MRSA acquired in the hospital. Three staph strains typically produce community infections which cause a variety of toxins. People who come into contact with farm animals may be at greater risk. Pigs, cattle, and poultry are being found with a new clone of MRSA, as well as among household dogs and cats. The most common route to infections remains transmission through direct skin-to-skin contacts. 35%-30% of people carry colonies of staphylococci in their noses." (*Clinical Advisor*, December 2011)

Contraceptive Challenge for breast feeding moms postpartum- Studies show 20% to 40% of new moms miss their six-week postpartum visit, therefore missing the opportunity to start contraception. A 2009 pilot study of the newer etonogestrel implant inserted 1 to 3 days after delivery did not impact lactogenesis or lactation rates over those who waited until 4-8 weeks postpartum. (*Clinician Reviews*, April 2010)

Aricept, the widely used drug to treat mild to moderate Alzheimer's, is recommended to be used for only the earliest stages of Alzheimer's and to be stopped or not prescribed to patients in advanced stages of Alzheimer's disease. (*Clinical Advisor*, April 2012)

One of the most interesting videos you will ever watch on Alzheimer's- a must watch !!!!
http://www.youtube.com/watch_popup?v=ZZOR-Qd3QSG

Low back pain, which is better rest or exercise? - To determine which treatment strategy would work best, subjects were divided into two groups. One group rested two hours a day for 10 weeks and had the option to use a flexible lumbar belt. The other group exercised once a week for 10 weeks. No statistically significant difference was found between the two groups. (*Clinical Advisor*, April 2010)

Criteria for initiation of infertility treatment- Established guidelines used to initiate a medical evaluation: *One year of unprotected intercourse for women under 35 years of age, or six months of unprotected intercourse for women over 35 years of age.* (*The Female Patient*, April 2012)

Pelvic Inflammatory Disease- Antibiotic therapy should be initiated at the time of the clinical diagnosis, without waiting for laboratory results. Patients with PID of mild-moderate severity may be treated as outpatient, BUT must be brought back to the clinic and re-evaluated in 48-72 hours. If the patient has an IUD in place with a diagnosis of PID, the IUD does not need to be removed immediately. If she does not respond to treatment, removal of the IUD may be necessary. (*The Female Patient*, April, 2010)

Who- or what- is reading your resume?



"In a stack of resumes, only a few select resumes will actually be seen or read by a human. The 'applicant tracking system' or ATS is software designed to automate the process of searching for and hiring job candidates. A computer reviews a resume much differently than a human does. Of course, computers do not read and do not think. They scan a resume looking for key matches for key words. If a resume contains those key words the application will be flagged as a match, if not, the resume is ignored. When the computer handles a resume it takes the beautifully formatted resume and removes the formatting, reducing the information to one paragraph. That one paragraph is what will be read by the person if it gets to that point. The worse resume for the ATS is a resume with excessive use of tabs, indents, tables, or font changes. This will cause the computer to

spit out your resume as a garbled nightmare. Avoid making your resume pretty, and go straight to one font, no bullets, and all the other above mentioned adjustments in hopes of reducing your information to a neater nicer paragraph. When listing job histories, enter the month and year you started and make sure there are no gaps. Even for the unemployed period of time put a start and stop date with the reason for your absence, i.e. relocation, maternity leave, layoff, etc. Computers are programmed to kick out applicants who have been out a work for a period of time. Accounting for all your history with no gaps including work and non-work time may satisfy the computer. And finally, do not avoid putting the year you graduated from high school or college to avoid age discrimination, this omission will trigger the ATS system as well. (*Advance for NPs and PAs*, May 2012)