



Women's Health Literature Review

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Texas Department of State Health Services
Health Service Region 1

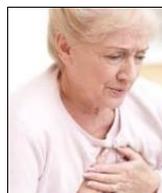


Takotsubo cardiomyopathy– Broken heart syndrome

"Takotsubo cardiomyopathy (TCM) accounts for approximately 2% of suspected acute myocardial infarctions. TCM is a neurocardiologic disorder thought to be triggered by a stressful event that causes reversible, transient heart failure. Events such as a death, catastrophic medical diagnosis, terminal illness, or life-changing treatments are possible triggers to TCM. More unconventional emotional triggers that can lead to TCM include excessive gambling, tension related to financial difficulties, and professional sports events. Additional triggers to TCM may be physical conditions such as an exacerbation of a chronic illness or fear of domestic violence. Environmental factors such as earthquakes and destructive weather conditions are recognized as precipitating TCM. Some affected patients report

no precipitating event, and these cases are considered idiopathic. The signs and symptoms of TCM often mimic that of an acute attack without demonstrable coronary artery stenosis or spasm, in which the apical portion of the heart balloons out and the base of the heart has preserved systolic function. Multiple countries such as Japan, Germany, the United States, Europe, Italy, and Belgium have all reported increases in TCM over the past few years. Most patients are postmenopausal women who experience an acute emotional or physical stressor prior to symptom onset. One study found that 90% of TCM cases occurred in women with a median age of 58-75. The presentation of patients with TCM is so similar to an actual heart attack that to distinguish between a TCM and MI is impossible. Symptoms, cardiac biomarkers, and EKG changes (ST elevation) are similar. The pathophysiology

of TCM seems to be associated with stress activating the 'fight or flight' phenomena producing a rapid release of catecholamines. High levels of catecholamines may produce myocardial stunning and wall motion abnormalities in the heart. These events result in decreased cardiac contractility and grossly reduce the ability of the heart to pump and circulate blood volume. Above is one possible explanation; there may be several. *The complete restoration of myocardial function is a hallmark of takotsubo cardiomyopathy as well as the absence of obstructive coronary disease or angiographic evidence of acute plaque rupture. TCM is transient and usually resolves in a few weeks.* Initial treatment for TCM is the same as an acute heart attack." (Advance for NPs & PAs February 2013)



"DMPA subQ is a safe, reliable, and effective alternative to

DMPA IM, according to the available literature. As the popularity of injectable contraception grows, research indicates that depo-subQ in Uniject will offer new opportunities for expanding access to family planning services through home delivery, potentially including self-injection. The availability of depo-subQ in Uniject may present an opportunity to determine how and under what conditions non-clinical family planning access can be further expanded through home and self-injection, potentially offering many women in remote areas more control over the use of their chosen family planning method." www.path.org/publications/files/



Which is better staples or absorbable sutures for cesarean closure?



"The two most commonly utilized methods of skin closure after cesarean delivery are nonabsorbable metal staples and absorbable sutures. A recent meta-analysis of the two revealed there are no significant differences between these methods with respect to wound infection, patient satisfaction, pain perception, or physical assessment of cosmesis. However, there was a significant difference in terms of skin separation. Incisions closed with staples were almost four times as likely to be compli-

cated by skin separation. *What this means for practice is for women undergoing cesarean delivery via a low transverse incision, if staples are removed on day 3, the incidence of wound separation is higher-as several studies have demonstrated. The recommendation for staple removal is on day 5-10 for women of normal weight, and days 7-10 for women with a body mass index above 30kg.*" (OBG Management, February 2013)



Tdap during pregnancy

"Tdap may be administered any time during pregnancy, but vaccination during the third trimester would provide the highest concentration of maternal antibodies to be transferred close to birth. After receiving a Tdap, a minimum of 2 weeks is required to mount a maximal immune response to the vaccine antigens. Optimal timing is between 27-36 weeks gestation. A woman should get a Tdap each pregnancy regardless of her prior history of receiving a Tdap" (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>)



Interesting Lawsuit

"A middle-aged woman with a positive family history for colon cancer was also diagnosed with colon cancer after a routine colonoscopy. A law suit was filed because the standard of care was not met to have the first colonoscopy screen 10 years before the youngest relative was diagnosed. In this case the maternal cousin was diagnosed in her early 40s, her mother in her early 50s, and her maternal grandmother at age 75. The suit claimed this patient should have had her first colonoscopy in her early 30s and did not. The first colonoscopy done on this patient was in her 50s which found she already had colon cancer, and at age 52 she died. The next question is who carries the burden of follow-up, the gastroenterologist or primary care physician? The lesson learned from this suit is paying attention to family history for modification in screening recommendations which could result in a law suite if the standard of care is not followed." (*Clinician Reviews*, February 2013)

Drug seekers, and epidemic– watch for red flags

"The presenting complaint for drug seekers usually consists of musculoskeletal pain, which is most commonly cervical or lower back pain, sometimes both. The complaint is almost always unrelieved pain. They often qualify the complaint as a result of an old car accident or injury. The history of the accident or injury can either be quite vague or exaggerated. Many drug seekers are uncooperative about the exam. They often refuse recommendations for an x-ray or other imaging or a referral to a specialist, typically stating that they have had all of those tests done previously and have already seen a specialist. While they state they have had diagnostic procedures and consults; one will be unable to obtain them. If a non-steroidal and/or muscle relaxer is suggested one will find they do not want that option. At this point the drug seeker will typically tell the clinician exactly what prescription they want, including the exact dose and form. They will not want an alternative and have a reason, for example, 'it does not work for me', or 'I had a bad reaction to it' etc. The drug seeker quite often will not only ask specifically for one particular drug but two and say that way they can take one during the day when they work, but need the other drug at night so they can sleep. Any patient that specifically asks for a particular drug should raise a red flag. Drug seekers also have a communication network and they will pass on your name if

they get what they ask for. Suddenly, there will be an increase in other patients profiled in the same way. Prescriptions should only be for one month with no refills written. Avoid ever putting '0' refills as that can easily be changed to another number. It is also common for prescription pads to be found missing after this type patient leaves. If the patient returns not having followed the referral for a pain specialist or any other referral for a suggestion made on the last visit, tell him/her there will not be a refill on the prescription. One can expect a variety of excuses for more medication; the bottle fell over and the pills went down the drain, insurance would not cover the specialist you recommended or the patient could not get an appointment, or they lost the prescription, or they had an emergency the day of the appointment and had to miss it, or their pain was so severe that they had to take more than they were supposed to making them run out of medication too soon. Most of the time drug seekers do not lose control in a private practice setting but can. Let your staff know what is going on and keep the door ajar as a precaution for when you refuse to give them what they came for." (*Nurse Practitioners World News*, September 2012)

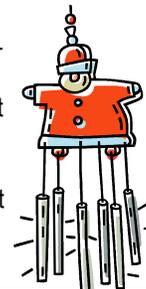
Nine more minutes of CPR can make a difference

"A new study involving hundreds of hospitals suggest that many doctors may be giving up on providing CPR too soon. A study published online recently in *The Lancet*, found that patients have a better chance of surviving when CPR persists for just nine minutes longer (on average), than in hospitals where efforts were halted earlier. According to researchers the finding challenges conventional medical thinking, which holds that prolonged resuscitation for hospitalized patients is usually futile because when patients do survive they often suffer permanent neurological damage. Patients in hospitals with the longest CPR efforts were 12% more likely to survive and go home from the hospital than those with the shortest times." (*Healthcare Traveler*, October 2012)

clinical tid-bits

"Beware of the 'salty six'. The American Heart Association is warning consumers to avoid the list of top salt-containing foods. These are: breads and rolls, cold cuts and cured meats, pizza, poultry, soup, and sandwiches. This list does not even include snack foods such as pretzels and chips. Americans typically take in 3,400 milligrams of sodium per day, twice what is recommended and only a tiny portion of that excess sodium comes from a salt shaker." (*Panhandle Health*, Winter 2012)

"Air travel alert - Be aware that blood pressure goes up in higher altitudes. Systolic readings might increase by over 20mmHg. Also, while probably brief, those traveling by air are subject to altitude changes. An increase in altitude is concordant with a decrease in barometric pressure which can be enough to lead to critical decompensation in vulnerable individuals. Cardiac issues provide the second most common cause for in-flight medical events behind vasovagal attacks." (*The Journal for Nurse Practitioners*, July/August 2012)





Smoking, by either partner, active or passive, negatively affects reproductive health

“Approximately 30% of reproductive-age women and 35% of reproductive-age men smoke cigarettes. Although smoking has been linked to many adverse health effects, the substantial detrimental effects of cigarette smoking on fecundity and reproduction are under recognized. Smokers are at an increased risk for infertility and conception delay. Independent of other factors, smoking increases the time to conception by the increased number of cigarettes smoked. Studies show that active smoking by either partner has adverse effects on conception. Furthermore, the impact of passive smoking by either partner was found to be only

slightly less than the impact found for active smoking. Chemicals in cigarette smoke appear to accelerate follicular depletion and loss of reproductive function, and menopause has been found to occur 1-4 years earlier in smoking versus nonsmoking women. On the male side, smoking reduces sperm density, motility, and possible morphology. Sperm function tests appear to be 22% poorer in smokers than nonsmokers. According to one study, men whose mothers smoked more than 10 cigarettes per day had lower sperm density. Tobacco smoke exposure may also harm gametogenesis by adversely affecting chromosomes and damaging the meiotic spindle and has been associated

with an increased risk of trisomy 21 offspring resulting from maternal nondisjunction. Gene damage in sperm may be secondary to direct binding of tobacco smoke constituents or chemical byproducts to DNA, creating premutational lesions or ‘adducts’. These mutations have been found in greater numbers in embryos from smokers. Smokers also have an increased rate of failed fertilization using assisted reproductive therapies.” (*OBG Management*, February 2013)



Skin lesions– when to refer

“Lesions that should be referred include the following: those located above the clavicle (ie, face) or acral (ie, palm or soles), any persistent skin lesion unresponsive to treatment, new or growing lesions in a patient with a transplant history, reported changes in lesions greater than 10mm, and pigmented lesions with suspicious features. Other guidelines suggest that any of the following should be immediately referred to dermatology: new pigmented lesions with rapid growth; old pigmented lesions with change in color, size, or shape; nodules with growth or vascular appearance; and any pigmented line in a nail or growth underneath nails. Experts also suggest that lesions that are reported to change in months warrant suspicion, compared to those that change in days or weeks for which inflammation can be responsible, or

those that change over years, which may signify a benign condition. For example, although not pigmented a pink papule that has changed over months should be investigated because this is the most typical presentation of nodular melanoma. In regard to lesions that are not suspicious for melanoma, clinicians should refer those highly suspected to be basal or squamous cell carcinomas, large lesions, and lesions above the clavicle. Dysplastic nevi do not all require a referral, yet they demand surveillance.” (*The Journal for Nurse Practitioners*, Sept 2012)

(below-melanoma of the nail unit)



Women with ER-positive breast cancer many soon extend tamoxifen therapy from 5 years to 10 years

“Women who have hormone-sensitive breast cancer and who have taken tamoxifen for 5 years as adjuvant therapy stand to benefit from an additional 5 years of the drug according to preliminary study findings. Studies seem to show that 10 years of tamoxifen treatment can approximately half breast cancer mortality during the second decade after diagnosis compared to 5 years of therapy, but the benefit took several years to emerge. There is evidence now that 10 years of tamoxifen-hormone-sensitive breast cancers produce substantial reduction in rates of recurrence and in breast cancer mortality, not only during the first decade, while treatment continues, but also during the second decade, long after it has ended.” (*OBG Management*, February 2013)



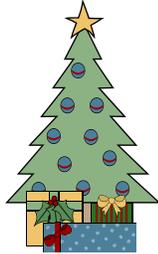
Diagnostic errors claim as many lives as breast cancer

“Researchers claim that although diagnostic errors in the intensive care unit may claim as many lives each year as breast cancer, they remain an underappreciated cause of preventable harm. By reviewing studies that used autopsies to detect diagnostic errors in adult ICU patients, researchers discovered 28% of patients (more than one in four), had at least one missed diagnosis at death. In 8% of patients, the diagnostic error was serious enough that it may either have caused or directly contributed to the individual’s death, and if known, likely would have changed treatment.. The medical conditions more commonly missed by diagnosticians included heart attack, pulmonary embolism, pneumonia, and fungal infections (aspergillosis).” (*Healthcare Traveler*, October 2012)

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FDA warning for over-the-counter topical pain relievers

“Though injuries are rare, there have been 43 cases of burns from using OTC muscle and joint pain relievers that contain the active ingredient menthol, menthyl salicylate, and capsaicin. The injuries were reported after using brand name topical pain relievers such as Icy Hot, Bengay, Capzasin, Flexall, and Metholatam. The cases were identified from FDA safety surveillance of FDA’s adverse event reporting database. Injuries ranged from mild to severe chemical burns. This included creams, lotions, ointments, and patches.” (*Healthcare Traveler*, October 2012)

~ Interesting Tidbits ~

‘BSN in 10’~ At least two states (New York and New Jersey) are considering legislation that would require nurses to get their baccalaureate degree within a certain number of years of entering practice. Colloquially known as ‘BSN in 10’. (*Healthcare Traveler*, February 20123).

Additional negative effects of smoking on fertility~ Smoking increases the risk of spontaneous miscarriage in both natural and assisted conceptions and has been linked to an increased risk of bacterial vaginosis, which in turn increases the risk of second trimester miscarriage and preterm labor. Studies also have identified an increased risk of ectopic pregnancy in women smokers who smoke more than 20 cigarettes per day. (*OBG Management*, February 2013)

One negative risk associated with extending tamoxifen to 10 years~ Tamoxifen does affect endometrial tissue causing a thickening of the endometrium, some cystic changes, and benign polyps and, in postmenopausal women, rare uterine cancers. Since most endometrial cancers present with bleeding, clinicians need to inquire about uterine bleeding with their patients on tamoxifen. (*OBG Management*, February 2013)

Graduated compression stockings also known as TED stockings are no longer recommended for the prevention of venous thromboembolism, in fact the recommendation is their use be abandoned. The lack of evidence of benefit and possible significant harm related to skin breakdown is the rationale. More acceptable alternatives are chemoprophylaxis with low molecular weight heparin or low dose unfractionated heparin. Pneumatic compression devices and chemoprophylaxis may also provide synergistic protection as well. (*OBG Management*, February 2013)

The sugar visual~ There are 16 sugar cubes in a 20 ounce soda. Stacked, these 16 cubes could create an 8-inch high sugar tower. Another study showed that Americans consume 100 pounds per person per year from sugar drinks. This equates to 1.260 sugar cubes or about a 26 foot tall sugar tower that could cause an overuse injury of the pancreas. (*Nurse Practitioner World News*, November/December 2012)



Organ donation for executed prisoners~ Two-thirds of all organs for transplant in China are taken from executed prisoners (*Panhandle Health*, Winter 2012)

Patient’s overuse of anti-anxiety meds– next step



“Studies show that helping patients stop, or reduce their use of benzodiazepines may take only a carefully crafted letter. Benzodiazepines (benzos) are central nervous system depressants. They are used for the short-term relief of anxiety, insomnia, sedation, muscle relaxation and treatment of seizures. These drugs are sometimes referred to as minor tranquilizers. Benzodiazepines are widely prescribed, with four of them—alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium) and lorazepam (Ativan)—listed among the top 100 most commonly prescribed medications. As with narcotic analgesics, long-term use of benzodiazepines can result in tolerance and dependency. Because of the serious withdrawal syndrome associated with this class of drug, benzodiazepines should never be stopped abruptly. It is recommended that the dosage be slowly tapered down.

Benzodiazepine therapy can give rise to physiological and psychological dependence based on the drug’s dosage, and duration of therapy and potency. Thus, dependence will develop sooner (such as in one to two months) in a patient who is taking a high dosage of a high-potency agent such as Xanax than in a patient who is receiving a relatively low dosage of a long-acting, low-potency agent. As a result of physiological dependence, withdrawal symptoms emerge with rapid dose reduction or abrupt discontinuation of the drug. Studies show a letter written to the patient that includes an expression of concern about the patient’s long term use of the medication, information about the potential adverse affects of the medication, and advice on how to gradually reduce or stop use was effective (twice as effective than the control group) in achieving the desired goal with minimal intervention.” (*Clinicians Reviews*, February 2013)