Hot Topics in Women's Health: News You can Use in Practice
(or What do I tell my patient....or
...sister/mom/... when she asks?)

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Women’s Health

- Encompasses all health issues experienced by women across the lifespan within the social context of their lives.

Medscape Medical News
ACOG Updates Recommendations to Include 9-Valent HPV Vaccine  Tara Haelle  June 29, 2015
Objectives:

• Recognize diverse social determinants of women's health across the lifespan and identify gender differences in health.

• Summarize recent changes in clinical management strategies to provide updated evidence-based health care to women.
Latest News: Across the Lifespan

- HPV
- Contraception
- Gender based Violence
- Breast Cancer Screening
- Osteoporosis
- Heart Disease
- Menopause
Preventing Cervical Cancer?

A mother brings in her twins to your office— they are turning 12 years old this month. She asks if they need to get an HPV vaccine.

A. The Advisory Committee on Immunization Practices recommends HPV vaccination starting at age 11 or 12 years.

B. There is no data to support HPV immunization in males below the age of 21 years old.

C. Your patient should let her kids decide once they are over the age of 26 years.

D. The twins have no insurance and the vaccine is too expensive so she should just skip it.
Preventing Cervical Cancer?

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B. There is no data to support HPV immunization in males below the age of 21 years old.

C. Your sister should let her kids decide once they are over the age of 26 years.

D. You sister is uninsured and the vaccine is too expensive so she should just skip it.
HPV Vaccination

• 70% of cervical cancers are attributable to HPV 16 & 18
• 90% of genital warts are attributable to HPV 6 & 11
• HPV2, HPV4*, or HPV9* have sustained immunogenicity.
• Decreased prevalence of CIN2, CIN3, and infections with both vaccine & other HPV subtypes

* Recommended for young men

Munoz, Lancet, 2009; Castellsague, Br Jrnl Cancer, 2011; MMWR / August 29, 2014 / Vol. 63 / No. 5;
The twins return 14 months later when they both have a URI. You realize you have not seen them since they received their first HPV vaccination.

A. You need to reinitiate the vaccination series.

B. You can complete the series by giving the 2\textsuperscript{nd} dose of the 9vHPV vaccine today.

C. You have to wait to vaccinate because the twins have URIs currently.
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Contraception
28 yo African American woman comes to clinic to discuss contraception. She does not smoke, has no personal or family history of clotting disorder or breast cancer.

A. An IUD is one of the most effective forms of reversible contraception and will not increase her risk of sexually transmitted infections.

B. Depot medroxyprogesterone acetate (DMPA) is effective in preventing pregnancy however African American women DMPA use compared to non-hormonal or oral contraception is associated with a 40% higher risk for HIV.

C. Oral contraception may increase risk for venous thromboembolism with 4-6 per 10,000 users compared to prevalence of VTE in pregnancy of 8-10 per 10,000 pregnancies.

D. All the above.
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Tepper et al. Update to CDC's US medical eligibility criteria for contraceptive use, MMWR 2017.
Contraception News

• The CDC has updated its 2016 Medical Eligibility Criteria for Contraceptive Use.
• DMPA (which was previously rated category 1 [safe for use without restriction]) is now considered category 2, with HIV risk considered “a condition for which the advantages of using the method generally outweigh the theoretical or proven risks.”
She elects to take oral contraception until she can have the IUD placed. She develops a UTI. She is worried that she may get pregnant if she takes antibiotics. She also has just learned that oral contraception (OC) may increase her breast cancer risk.

A. You reassure the patient that OC use may decrease ovarian and endometrial cancer risk, and let her know that if any increased risk for breast cancer, it is minimal.

B. She is reluctant to start antibiotics because she thinks her contraception won’t be as effective but you let her know that she will not be at increased risk for pregnancy.

C. You offer to treat her UTI with NSAIDs.

D. All the above.
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D. All the above.

You are finishing your exam of your 21 yo patient with obesity who dropped in to urgent care for abd pain. After finding a benign exam, you are going to discharge her from clinic when she mentions that she is not able to sleep, she is very stressed about college. She asks for Xanax.

A. Prescribe 30 tabs of lorazepam and ensure a clinic follow up with a PCP.

B. Refer for a sleep study – evaluate for OSA.

C. Screen her for intimate partner violence/sexual assault.
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C. Screen her for intimate partner violence/sexual assault.
48 hours earlier: She was at a campus party and drank 1 cup of beer, woke up the next morning in a stranger’s room, undressed.

• What are considerations for management?
Possible sexual assault:

- SANE (Forensic Nurse Exam)
- STI prophylaxis
- Pregnancy prevention
- HIV nPEP
- Counseling – hotlines, psych/behavioral health referrals
- Reporting options for patient – college campus security/counselor/Title IX coordinator, law enforcement
Intimate Partner & Sexual Violence: Why is it a women’s health issue?

- 85% of “victims” of DV/sexual assault are women
- Lifetime prevalence (global): 1 in 4
- Increased morbidity and mortality (femicides, maternal mortality, chronic pain, mental health issues)

In the News:

**Affordable Care Act (Aug 2012):** requires insurance coverage to include “free” IPV screening & counseling (part of 8 essential services).

**USPSTF (January 2013):** recommends that clinicians screen women of childbearing age (14-46 yo) for IPV, such as domestic violence, and provide or refer women who screen positive to intervention services. (B rec)
Identification Tools

- Threaten, Scream (HITS; English and Spanish versions);
- Ongoing Abuse Screen/Ongoing Violence Assessment Tool (OAS/OVAT);
- Slapped, Threatened, and Throw (STaT);
- Humiliation, Afraid, Rape, Kick (HARK);
- Modified Childhood Trauma Questionnaire—Short Form (CTQ-SF);
- Woman Abuse Screen Tool (WAST).

Transferability

- The HITS Assessment is validated in English, Spanish and Mandarin Chinese.
- The HITS Assessment is validated among female and male populations.
- The R3 App’s scalable design enables:
  - Ongoing updates from providers across the country
  - Listings of services available worldwide
  - Integration of additional languages (currently offered in both English and Spanish)
Direct Questions

• Abuse and violence are common in our patients’ lives and can affect health so we have started to ask our patients about it routinely.

• Have you ever been in a relationship where your partner pushed or slapped you? Threatened you with violence? Thrown, broken, or punched things?
True or False?

• Texas law requires you to document information on domestic and sexual violence.
The Law

• The health care provider MUST document and give referrals.

• Mandatory reporting of confirmed or suspected child or elder abuse or disabled.

• In Texas - there is NO mandatory reporting for sexual assault or intimate partner violence (unless there was a gun involved).
Implications for Practice:

- Identification (in private)
- Trauma-informed response
  - Nonjudgmental
  - Acknowledge Injustice
  - Encourage autonomy
  - Offer resources & referrals
- Document situation
- Treat co-morbid medical issues
- Follow up appointment(s)
- ADVOCACY: Community & Individual responses, Bystander programs – high schools & college campuses

Breast Cancer Screening

- Ms. Smith just turned 40 yo. She is healthy without any medical conditions. She does not smoke. There is no history of breast cancer or gynecologic cancer in the family. She does not have any abnormal findings on clinical breast exam. She wants to know if she should go get a mammogram and if she does – should she go to one of those places with 3D tomosynthesis?
Which is true?

A. The USPSTF recommends biennial screening when a woman turns 50 years old.

B. Screening mammography in women ages 40 to 49 years old may reduce a woman’s risk of dying of breast cancer.

C. The USPSTF found insufficient evidence to assess the benefits and harms of 3D mammography as a screening modality for breast cancer.

D. All the above.
Breast Cancer Screening Controversies
<table>
<thead>
<tr>
<th>Who recommends what?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACOG</strong></td>
</tr>
<tr>
<td><strong>Clinical Breast exam</strong></td>
</tr>
<tr>
<td><strong>Start Mammo</strong></td>
</tr>
<tr>
<td><strong>Interval</strong></td>
</tr>
<tr>
<td><strong>Stop age</strong></td>
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</tbody>
</table>
Breast Cancer Screening Decision Aids

- http://www.breastscreeningdecisions.com/#/ (age 40-49)
- https://www.healthdecision.org/tool#/tool/mammo (provides various guideline recs based on age)
Your risk

You are at low to average risk of breast cancer

Your risk in the next 5 years

Based on your responses, your chance of developing breast cancer in the next 5 years is 1.2%. That means that out of 1000 women like you, 12 of them will develop breast cancer in the next 5 years.

Of 1,000 women like you:

- In the next 5 years, 988 will not get breast cancer
- In the next 5 years, 12 will get breast cancer

Other things to know

There are other factors such as breast feeding, alcohol intake, body weight, and physical activity that may affect your breast cancer risk. Just how much they affect that risk is not certain. To learn more about strategies for reducing your breast cancer risk, click here.
How well do mammograms perform in women like me?

No one can predict exactly what your individual mammogram results will be. Here is how mammograms perform in women ages 40-49 who are at low to average risk of breast cancer.

If 1,000 women have a screening mammogram:

- 900 will have a normal mammogram
- 899 do not have breast cancer
- 1 has breast cancer missed by screening (false negative)
- 100 will have an abnormal mammogram
- 98 do not have breast cancer (false positive)
- 2 have breast cancer caught by screening

So What Does This Mean?

- Almost all women your age will have a normal mammogram.
- Almost all abnormal mammograms are not cancer. These are false-positive results. The more often you get screened, the greater your chance of ever having a false-positive result. Over 10 years, women who have mammograms every year have a 60% chance of a false-positive result. Women who have mammograms every other year have a 40% chance of a false-positive result.
- Some breast cancers may be missed. These are false-negative results. When a cancer is missed by a screening mammogram, it is usually found after a woman has symptoms or at a future screening mammogram visit.

By catching some cancers early, before a woman has symptoms, mammograms can reduce the chance of dying from breast cancer.
Menopause
Management of Menopause

A 53-year-old woman with HTN (BP 160/90), history of post-op DVT complains of frequent hot flashes that interfere with her ability to sleep and work and are socially embarrassing for her. She has vaginal dryness that makes sexual intercourse with her husband uncomfortable. Which therapy would you avoid in this patient?

a. Cognitive behavioral therapy
b. Vaginal lubricants
c. Oral hormone (estrogen/progesterone) therapy
d. Paroxetine
e. Gabapentin
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## Non-hormonal Treatments for the Management of Menopause

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Dose</th>
<th>Evidence of Benefit</th>
<th>Outcome</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine</td>
<td>10 to 20mg</td>
<td>Yes</td>
<td>25-30% improvement in breast CA and non breast CA patients</td>
<td>Decreases activity of cytochrome p450, nausea, weight gain, suicidality</td>
</tr>
<tr>
<td>Sertraline</td>
<td>50mg</td>
<td>No</td>
<td>No benefit in breast CA survivors</td>
<td>Nausea, decreased libido, suicidality, headache</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>20mg</td>
<td>Mixed</td>
<td>Some improvement in breast cancer survivors</td>
<td>Nausea, decreased libido, headache</td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>75-150mg</td>
<td>Mixed</td>
<td>34% improvement over placebo in breast cancer survivors</td>
<td>Possible HTN, same side effects as SSIs</td>
</tr>
<tr>
<td>Citalopram</td>
<td>30mg</td>
<td>No</td>
<td>No benefit over placebo</td>
<td>Headache, weight gain, suicidality</td>
</tr>
<tr>
<td>Gabapentin</td>
<td>300mg tid</td>
<td>Yes</td>
<td>31% improvement in breast cancer survivors as compared to survivors and 23% in nonbreast cancer survivors</td>
<td>Nausea, vomiting, somnolence, ataxia, fatigue</td>
</tr>
<tr>
<td>Clonidine</td>
<td>0.1mg transdermal</td>
<td>Mixed</td>
<td>Little or no benefit</td>
<td>Drowsiness, hypotension, rebound hypertension</td>
</tr>
</tbody>
</table>
Behavioral Therapies

- Lowering room temperature
- Exercise
- Stretching
- Acupuncture
- Yoga

❖ No clinically significant trials have demonstrated improvement in hot flashes with behavioral therapies
Complementary/Alternative Therapy: Clinical Benefits Uncertain, Potential Risks

Herbal Remedies
- Evening primrose oil
- Chinese herbs
- Dong quai
- Ginseng
- Kava (liver)
- Red clover extract (estrogen-receptor properties)
- Black cohosh (liver?)
- Soy/Phytoestrogens (est-like properties)

Behavioral therapies
- Lowering room temperature
- Exercise (certainly good in general!)
- Stretching
- Acupuncture
- Yoga

Hormonal Therapy for Treatment of Menopause

• Most effective treatment of vasomotor symptoms
• 80-95% reduction in symptoms
• Reduces frequency and intensity
• Dose-related
• Side effects include breast tenderness, vaginal bleeding, headaches

Manson, Menopausal Hormone Therapy and Long-term All-Cause and Cause-Specific Mortality The Women’s Health Initiative Randomized Trials, JAMA. 2017;318(10):927-938
Assessment of Patient for Hormonal Therapy

• Assess each patient individually with overall balance of risks and benefits

• Counsel patient to make their best informed decision

• Factors to consider: severity of symptoms, medical history, risk factors, timing of initiation

• May be administered in the perimenopausal period but oral contraceptives may be a better choice if fertility is not desired

• Treat at the lowest possible dose for the shortest possible time period
Osteoporosis

• Your patient is 65 years old, non-smoker, exercises regularly wants to know if she needs an evaluation for osteoporosis and/or if she should be taking calcium & vitamin D.
  – DEXA
  – 25 (OH) hydroxyvitamin D < 20

USPSTF:

➢ Recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. (Feb 2013)

➢ Insufficient evidence for vitamin d screening in asymptomatic (Nov 2014)
ACP Guideline/Endorsed by AAFP

- Offer **pharmacologic treatment** with alendronate, risedronate, zoledronic acid, or denosumab to reduce the risk for hip and vertebral fractures in women with osteoporosis. (strong rec)
- Treat osteoporotic women x **5 years**.
- Offer pharmacologic treatment with bisphosphonates to reduce the risk for vertebral fracture in **men who have clinically recognized osteoporosis**.
- ACP recommends **against bone density monitoring** during the 5-year pharmacologic treatment period for osteoporosis in women.
- ACP recommends **against using menopausal estrogen therapy or menopausal estrogen plus progestogen therapy or raloxifene** for the treatment of osteoporosis in women. (strong rec)
- Treat osteopenic women 65 years of age or older who are at a high risk for fracture based on a discussion of patient preferences, fracture risk profile, and benefits, harms, and costs of medications.

http://annals.org/aim/fullarticle/2625385/treatment-low-bone-density-osteoporosis-prevent-fractures-men-women-clinical

Fracture Risk: FRAX Score

Feb 2013

- The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with greater than 400 IU of vitamin D and greater than 1,000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women.
Vitamin D

• IOM and US Endocrine Society:
  ➢ Vitamin D daily supplementation 600 IU-2000 IU

• USPSTF :
  ➢ Vitamin D supplementation (the median dose of vitamin D in available studies was 800 IU) to prevent falls in community-dwelling adults aged 65 years and older who are at increased risk for falls because of a history of recent falls or vitamin D deficiency.
**Osteoporosis: Calcium**

**PRO**
- Increases bone mineral density
- Some studies show reduced vertebral +/- extra-axial fractures
- Calcium may lower BP in normotensive young people (*Cormick, Cochrane Review, June 2015*)

**CON**
- May not prevent bone fractures in healthy post-menopausal women
- May increase risk of kidney stones

So what about calcium and the heart?

MIXED!
Supplements vs dietary?
Men with worse outcomes than women?

Data support total oral calcium intake within normal recommended allowance (2000-2500 mg/day) is not associated with increased CVD risk.

What helps a woman’s heart/cardiovascular health?
Identify & Treat Risk Factors

- [http://my.americanheart.org/cvriskcalculator](http://my.americanheart.org/cvriskcalculator)

**Pharmacologic:**

- HTN
- Diabetes
- Lipids*
- ASA

Lichtman et al, sex differences in presentation young pts, circulation 2018.
For patients: [https://www.goredforwomen.org](https://www.goredforwomen.org)
Identify & Rx Risk Factors:

Non-Pharmacologic/Lifestyle

• Tobacco use
• Obesity
• Exercise
• Diet

How about Chocolate?

• Reduction of stroke & heart disease (*Larsson, 2011; Khawaja, Curr Ath Res, 2011*)

• Moderate intake associated with lower rate of heart failure hospitalization & death (*Mostofsky, Circ Hrt Fail, 2010*)

• Higher chocolate intake is associated with lower risk of future cardiovascular events (*Kwok, Heart, June 2015*)
  • Dark Chocolate & Almonds can have + benefits in CVD.
  • (*Lee, choc, JAHA, 2017*)
On the Horizon….

➢ HPV vaccination – 1 or 2 injections?

➢ Breast cancer screening – new technologies (i.e. dense breasts)

➢ Bone health – who needs a bisphosphonate holiday? How long between DEXA interval?

➢ Heart health – should women receive different therapies?