

Menopause: The Third Stage in a Woman's Life

**Satellite Conference and Live Webcast
Wednesday, July 28, 2010
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**Produced by the Alabama Department of Public Health
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Objectives

- Describe the signs and symptoms of menopause
- Discuss treatment regimens related to symptom relief
- Identify women's health issues related to aging

Menopause/Clinical Definition

- Absence of menstrual cycle for 12 consecutive months
- Average age is 51-52
- FSH testing is no longer recommended to diagnose menopause

Menopause/Clinical Definition

- Menopause can be
 - Surgically induced by TAH-BSO
 - Caused by disruption of ovarian function through:
 - Medication
 - Chemotherapy
 - Radiation

Menopause/Clinical Definition

- When menopause occurs before age 40
 - Premature menopause
 - Premature ovarian failure (or insufficiency)

Perimenopause

- Refers to the years preceding the end of menses marked by:
 - Irregular menstrual cycles
 - Vasomotor symptoms
 - Vaginal dryness
 - Sleep deprivation
 - Mood changes
- Lasts approximately 2-8 years

Perimenopause

- What's happening?
 - The number of ovarian follicles decreases
 - FSH (follicle-stimulating hormone) levels increase, causing ovarian follicles to be lost at an accelerated rate until they are depleted
 - LH (luteinizing hormone) increases

Perimenopause

- Estrogen levels are markedly reduced due to decrease in ovarian function
- The ovary secretes low levels of androgen

Perimenopause

- Most of the endogenous estradiol after menopause results from peripheral conversion of estrone from androstenedione secreted by the adrenals
- Because of these hormone fluctuations, FSH testing does not provide a true picture of a woman's menopausal status

Perimenopause

- LH or estradiol levels are also not indicated
- Pregnancy can still occur, although a woman's fertility is lessened
- 77% of pregnancies in the age range of 40-44 are unintended (second only to adolescents)
- Important for women to be on **SOME** form of birth control during this time

Contraception After 50

“... And then she asked, “What's the best form of birth control after 50?”

“I said, “Nudity.”



Perimenopause/Contraception

- COCs can be used by healthy (*no medical conditions*) perimenopausal women who are non-smokers and of normal weight
- Progestin only methods (Mirena IUD, POPs, and DMPA) can be used for women who have health conditions that preclude the use of estrogen

Perimenopause/Contraception

- Paragard IUD and sterilization provide contraception without hormones
- Barrier methods can also be considered although not optimal
- Emergency contraception should be provided routinely in this age group

Most Commonly Reported Symptoms

- Vasomotor
 - Hot flushes, night sweats
- Sleep disruption
- Urogenital atrophy
 - Vaginal dryness
 - Dyspareunia
 - Urinary difficulties

Most Commonly Reported Symptoms

- You sell your home heating system at a yard sale
- You have to write post-it notes with your kids' names on them
- You change your underwear after a sneeze

Vasomotor Symptom Relief

- Vasomotor symptoms, including both hot flushes and night sweats, are the primary reason women seek care at the time of menopause

Vasomotor Symptom Relief

- North American Menopause Society (NAMS) recommends lifestyle changes alone or in combination with nonprescription remedies for women with mild vasomotor symptoms

Symptom Relief

- However
 - Vasomotor symptoms are most effectively treated with systemic hormone therapy (HT)

A Little History of Hormone Therapy

- Estrogen has been utilized since the 1960s with the advent of Conjugated Equine Estrogen made from pregnant mare's urine
- Estrogen alone was found to contribute to endometrial cancer

A Little History of Hormone Therapy

- Progestin added to estrogen therapy
- Estrogen/progestin combination proved protective against endometrial cancer

A Little History of Hormone Therapy

- From the 1980s to 1990s hormone therapy was widely prescribed
- In fact, estrogen/progestin therapy was considered to be the fountain of youth

Why Older Women Shouldn't Sunbathe in the Nude



Women's Health Initiative WHI

- WHI enrolled 16,000 women nationwide between the ages of 50 and 70
- One major question of the study: Does HT prevent heart disease?

Women's Health Initiative WHI

- WHI trial of combined estrogen and progestin therapy demonstrated that EPT did not prevent heart disease in healthy women
- CHD was actually slightly increased
- Use of HT decreased markedly after the results of the WHI were made public

Women's Health Initiative WHI

- In 2004, the "estrogen alone" arm of the study was discontinued
- Estrogen alone did not appear to affect coronary heart disease ↔ (as compared to placebo)
- Estrogen alone appears to
 - ↑ risk of stroke
 - ↓ risk of hip fracture
 - ↔ breast cancer

Women's Health Initiative WHI

- Recent reanalysis of data
 - Increased risk of CHD in older women and those a number of years beyond menopause
 - No increased risk of CHD in women between the ages of 50 and 59 or within 10 years of menopause

Symptom Relief

- Vasomotor symptoms are most effectively treated with systemic hormone therapy
- Use the lowest dose for the shortest duration

Vasomotor Symptom Relief Hormone Therapy

- What are the most commonly used combinations of HT either ET or E/PT?
- Can't make a general statement
- Treatment is based on individual patient symptoms/risk factors

Vasomotor Symptom Relief

- Progestin therapy alone can effectively treat hot flashes and may remain an option
- Medroxy-progesterone acetate, either oral or as a 3 month IM injection

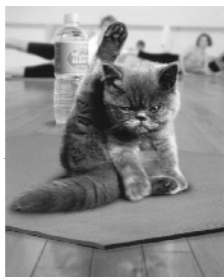
Alternatives to Hormone Therapy for Treatment of Vasomotor Symptoms

- Lifestyle changes
 - Eat a healthy diet
 - Limit caffeine and alcohol
 - Quit smoking
 - Exercise regularly
 - Maintain a healthy weight

Alternatives to Hormone Therapy for Treatment of Vasomotor Symptoms

- Manage stress with meditation, exercise, and yoga
- Get support by talking about your menopausal symptoms with like-minded friends, family, and health care professionals

Meno-paws



I Meditate, I do Yoga, I chant ...and I still want to smack someone!!

Alternatives to Hormone Therapy

- Nonprescription medications
 - Isoflavone supplements
 - Soy products
 - Black cohosh
 - Vitamin E

Vasomotor Symptom Relief Non-hormonal Prescription Medications

- Antidepressants /SSRIs
 - Paroxetine (Paxil)
 - Venlafaxine (Effexor)
 - Fluoxetine (Prozac)

Vasomotor Symptom Relief Non-hormonal Prescription Medications

- Anticonvulsants
 - Gabapentin (Neurontin)
- Antihypertensives
 - Clonidine and Methyldopa
- Bellergal

Sleep Disturbance: Symptom Relief Non-hormonal Prescription Medications

- **Sleep Aids**
 - Eszopiclone (Lunesta)
 - Zolpidem tartrate (Ambien)
 - Benzodiazepines (Xanax, Valium, Ativan, Klonopin)

Symptom Relief Non-hormonal Medications

- **Sleep Aids**
- **Nonprescription**
- **Diphenhydramine hydrochloride (Benadryl)**
- **Dimenhydrinate (Dramamine)**

Urogenital Atrophy

- **Affects 75% of postmenopausal women**
 - Vaginal dryness
 - Pruritus
 - Bleeding
 - Dyspareunia
 - Dysuria
- **Urinary urgency/incontinence**

Urogenital Atrophy

- **On exam, vaginal changes may include**
- **Petechiae**
- **Erythema**
- **Pallor**
- **Loss of elasticity and rugal folds**
- **Diminished secretions**
- **Vaginal shortening and narrowing**

Symptom Relief Urogenital Atrophy

- **Vaginal estrogen preparations found equally effective**
 - Creams (0.5 g) used one to three times weekly
 - Tablets (25 mcg) inserted vaginally twice weekly
 - Rings (7.5 mcg/d) slow release-placed vaginally every 3 months)

Symptom Relief Urogenital Atrophy

- **Non-hormonal alternatives**
 - Vaginal moisturizers
 - Over the counter - KY jelly, Replens and Astroglide
 - Regular sexual activity

What's the Buzz on Bio-identical Hormones?

“Bio-identical” What Does it Mean?

- Medications containing estrogen, progesterone, and other hormones that are chemically exact duplicates of hormones produced by women, primarily in the ovaries
- Bio-identical is a marketing term, not a medical term

Bio-identical Hormone Therapy

- Confusing to consumers and some health professionals
- Some “bio-identical hormones” are FDA-approved brand-name prescription drugs
- Made from plants (or plant-derived) compounds

Bio-identical Hormone Therapy FDA Approved Bio-identical Hormones

- Oral
 - Estrace (1975)
 - Estradiol generic (1997)
 - *Prometrium* (1998)

Bio-identical Hormone Therapy FDA Approved Bio-identical Hormones

- Transdermal (gels, lotion, spray)
 - EstroGel gel (2004), Estrasorb lotion (2006)
 - Divigel gel (2007), Elestrin gel (2008)
 - Evamist spray (2008)

Bio-identical Hormone Therapy FDA Approved Bio-identical Hormones

- Transdermal (Patches)
 - Estraderm (1985)
 - Vivelle (1995)
 - Climara (1995)
 - Vivelle Dot (1998)

Bio-identical Hormone Therapy FDA Approved Bio-identical Hormones

- Vaginal
 - Estrace cream (1984)
 - Estring ring (1996)
 - *Prochieve 4% gel* (1997)
 - Vagifem tablets (1998)
 - Femring ring (2003)

Bio-identical Hormone Therapy

- Some bio-identical hormones are “custom-compounded” recipes prepared by a pharmacist
 - Not FDA approved
- Contain not only the active hormone(s) but other ingredients that bind everything together

Bio-identical Hormone Therapy

- Benefits
 - Individualized doses and mixtures of products and dosage forms that are not available commercially

Bio-identical Hormone Therapy

- Potential risks - not government approved
 - Individually mixed recipes may not be absorbed appropriately or provide predictable levels in blood and tissue

Bio-identical Hormone Therapy

- No scientific evidence about the effects of these compounded medications on the body
 - Either good or bad
- Saliva and blood testing of hormone levels is not evidence-based

Why the Surge in Prescriptions for Bio-identicals from a Patient POV?

- Response to widely publicized results from 2002 WHI
- Suspicion of “traditional” medicine
- Dislike of big pharmaceutical companies

Why the Surge in Prescriptions for Bio-identicals from a Patient POV?

- **Perception** it is a safer alternative
- **“Natural”** is equated with safer
- **Wider and more aggressive advertising**, via internet and other media
- **Testimony from celebrities**

Midlife Health Issues

- **Osteoporosis**
- **Obesity**
- **Cancer**
 - **Breast**
 - **Endometrial**
 - **Ovarian**
 - **Colorectal**

Midlife Health Issues

- **Coronary Vascular Disease**
- **Diabetes**
- **Depression**

Midlife Health Issues Osteoporosis

- **Affects 44 million Americans/80% are women**
- **Rapid bone loss for 5-7 years at time of menopause**
- **Bone density may decrease by 15-30%**

Midlife Health Issues Osteoporosis

- **Non-modifiable risk factors include**
 - **Age**
 - **Asian or white race**
 - **Family history**
 - **History of a prior fracture**
 - **Early menopause**
- **Oophorectomy**

Midlife Health Issues Osteoporosis

- **BMD (Bone Mineral Density test) appropriate for women who are at least 50 years old and also have one or more of the following risk factors for fracture**
 - **History of fracture after menopause**
 - **Body Mass Index (BMI) < 21**

Midlife Health Issues Osteoporosis

- Parental history of hip fracture
- Current smoking, rheumatoid arthritis, or excessive alcohol intake
 - Three or more drinks per day
- In absence of these risk factors, BMD testing should begin at age 65

Midlife Health Issues Osteoporosis

- Drug therapy (bisphosphonates are 1st line agents) is appropriate in postmenopausal women who have any of the following
 - A history of osteoporotic hip or vertebral fracture

Midlife Health Issues Osteoporosis

- DXA T-score lower than -2.5 (indicating osteoporosis)
- T-score from -1.0 to -2.5 (low bone mass or osteopenia) plus a FRAX score

Midlife Health Issues Osteoporosis

- FRAX score that indicates a 10 year risk of hip fracture of at least 3% or a 10-year overall risk of osteoporotic fracture of at least 20%

Midlife Health Issues Osteoporosis

- FRAX = Fracture Risk Algorithm
 - Developed by WHO (World Health Organization) to determine 10 year risk of hip fracture and 10 year overall risk of osteoporotic fracture

Midlife Health Issues Osteoporosis

Treatment with Biphosphonates	
Fosamax	Daily or Weekly
Fosmax Plus D	Weekly
Actonel	Daily/Weekly/Monthly
Actonel With Calcium	7 Day Regimen
Boniva	Monthly for Oral Route/IV Q 3 Months
Reclast	IV Annually

Midlife Health Issues Osteoporosis

Other Bone-Specific Prescription Drugs Approved for Postmenopausal Osteoporosis	
SERMS (raloxifene) <i>Evista</i> po	Daily
Calcitonin (nasal spray)	
<i>Fortical</i> or <i>Miacalcin</i>	Daily
Parathyroid hormone	
<i>Forteo</i> subQ injection	Daily (High Fx Risk)

Midlife Health Issues Osteoporosis

- Recommendations for Calcium and Vitamin D supplementation
- Calcium 1200-1500 mg daily
- Vitamin D 800-1000 IU daily

Midlife Health Issues Obesity

- BMI \geq 30 and waist circumference > 35 inches
- Average of 5 lbs weight gain in midlife
- Change in fat distribution from “pear” to “apple”

Midlife Health Issues Obesity

- Increased risk for insulin resistance
 - \uparrow cardiovascular disease
 - \uparrow diabetes

Midlife Health Issues Obesity

- Obese women more prone to:
 - Osteoarthritis
 - Cholecystic disease
 - Urinary incontinence

Midlife Health Issues Obesity

- Obesity also linked to cancer
 - Breast
 - Endometrial
 - Colorectal

Midlife Health Issues Obesity

- **Where Alabama ranks**
 - Alabama is the second most obese state, behind Mississippi
 - Alabama ranks third for adult diabetes and high blood pressure rates
 - Alabama is the fifth-most physically inactive state

Midlife Health Issues Breast Cancer

- **Breast cancer is the most frequently diagnosed cancer in women**
- **The lifetime risk of developing invasive breast cancer for women is 12%**

Midlife Health Issues Breast Cancer

- **Risk factors**
 - Female gender
 - Increasing age
 - Inherited genetic mutations (BRCA 1 and BRCA 2)
 - Personal or family history of breast cancer
 - High breast tissue density

Midlife Health Issues Breast Cancer

- Hyperplasia (biopsy confirmed)
- Exposure to high dose radiation to chest
- Recent hormone use
- Overweight after menopause
- Physical inactivity
- Alcohol

Midlife Health Issues Breast Cancer

- **An increased risk (26%) of breast cancer is seen after 5 years of combined estrogen and progestin therapy use (WHI)**

Midlife Health Issues Breast Cancer

- **No increased risk of breast cancer in short-term HT use**
- **Benefits generally outweigh the risks for “healthy women” who want/need HT for treatment of vasomotor symptoms**

Midlife Health Issues Breast Cancer

- Hormone therapy should not be prescribed to women with a history of breast cancer
- HT should be used cautiously by women at high risk for breast cancer

Midlife Health Issues Breast Cancer

- Current data from WHI and Heart and Estrogen/Progestin Replacement Study (HERS) support a link between HT use and breast cancer risk
- EPT/ET should be prescribed at the lowest dose for symptom relief for the shortest possible amount of time

Midlife Health Issues Breast Cancer

- Most cancers are detected after age 50
- Monthly self-breast examination is recommended
- Annual clinical breast exams and mammograms can reduce breast cancer mortality



Yes, I did have my mammogram today...
Why do you ask?

ABCCED Program Breast Facts

- Alabama Breast and Cervical Cancer Early Detection Program Statistics
- January 2009-December 2009 for Women Ages 40-64
- Total number of women screened: 12,241
- (Mammo, USS or both)
 - First screen: 6,097 (49.8%)
 - Second screen: 6,346

ABCCED Program 2009

- Clinical breast examinations: 9,170
- Abnormal clinical breast exams: 610 (normal mammograms)

ABCCED Program January-December 2009

- **Abnormal Mammograms: 1,257**

BI-RADS 0	1,065
BI-RADS 1	4,221
BI-RADS 2	4,117
BI-RADS 3	410
BI-RADS 4	138
BI-RADS 5	46

ABCCED Program

- **Of the 10,109 mammograms performed**
- **Women diagnosed with Breast Cancer: 127**
 - **Cancer, invasive: 106**
 - **Ductal Carcinoma, in situ: 18**
 - **Lobular Carcinoma, in situ: 3**

Midlife Health Issues Endometrial Cancer

- **Endometrial cancer is the most common GYN malignancy in the U.S.**
- **Risk factors**
 - **Obesity, HTN, diabetes, tamoxifen and unopposed estrogen (PCOS), early menarche, late menopause**

Midlife Health Issues Endometrial Cancer

- **WHI data**
 - **No risk of endometrial cancer with combined EPT when compared to placebo**

Midlife Health Issues Endometrial Cancer

- **Women who use E+P hormone therapy should take the progestin continuously rather than sequentially**

Midlife Health Issues Endometrial Cancer

- **Any woman who uses sequential progestin over the long term should undergo regular endometrial monitoring via transvaginal ultrasonography, endometrial biopsy or both**

Midlife Health Issues Endometrial Cancer/AUB

- Any vaginal bleeding after cessation of menstruation for one year is considered highly suspicious for “CANCER” until proven otherwise

Midlife Health Issues Abnormal Uterine Bleeding

- Patients report
 - Frequent episodes of bleeding > 7 days
 - Bleeding between menses
 - Bleeding after coitus
 - Passing large or excessive number of clots
 - Bleeding after menopause

Midlife Health Issues Abnormal Uterine Bleeding

- Other causes of abnormal uterine bleeding
 - Uterine fibroids
 - Medical conditions: thyroid problems, blood clotting problems, liver disease

Midlife Health Issues Abnormal Uterine Bleeding

- Medications
 - Including OTC and herbal remedies, anti psychotic drugs, blood thinners and contraceptives

Midlife Health Issues Abnormal Uterine Bleeding

- Diagnostic testing includes
- Pelvic/transvaginal ultrasound
- Endometrial biopsy

Midlife Health Issues Abnormal Uterine Bleeding

- Treatment modalities most commonly used are
 - Hormonal contraceptives
 - Oral, IUD, or ring
 - Nonsteroidal anti-inflammatory drugs

Midlife Health Issues Abnormal Uterine Bleeding

- Antifibrinolytic medications
(Amicar)
- GnRH agonists
- Danazol

Midlife Health Issues Abnormal Uterine Bleeding

- Surgical treatments
 - Endometrial ablation
 - D&C
 - Uterine Artery Embolization
 - Myomectomy
 - Hysterectomy

Midlife Health Issues Ovarian Cancer

- Ovarian cancer is 5th leading cause of cancer death in U.S.
- Risk factors
 - Increasing age and family history
- Oral contraceptives are protective in premenopausal women

Midlife Health Issues Ovarian Cancer

- WHI data
 - No significant difference in risk of ovarian cancer seen in EPT as compared to placebo

Midlife Health Issues Ovarian Cancer

- Symptoms
 - Abdominal bloating or increased abdominal size, abdominal pain or pelvic pain
 - Fatigue, indigestion, constipation, back pain

Midlife Health Issues Ovarian Cancer

- Loss of appetite, increased feeling of fullness, urinary frequency or recent onset of incontinence
- Unexplained weight loss

Midlife Health Issues Ovarian Cancer

- **Diagnosis**
 - Patient presents with vague but persistent symptoms
 - Physical examination may reveal pelvic mass
 - Referral to PMD for Imaging studies/vaginal USS
 - CA 125

Midlife Health Issues Colorectal Cancer

- **Colorectal cancer is the third leading cause of death for women**
- **Risk factors**
 - Increased age, family history, history inflammatory bowel disease

Midlife Health Issues Colorectal Cancer

- **Screening should begin at age 50**
- **Colonoscopy every 10 years (shorter interval after detection of polyps)**
- **WHI data**
 - Reduced risk of colorectal cancer in women randomly assigned EPT compared to placebo

Midlife Health Issues Colorectal Cancer

- **WHI trial of estrogen alone, demonstrated no effect on colorectal cancer in women with hysterectomy**
- **HT should not be prescribed for prevention of colorectal cancer**

This is What We Have to Look Forward To



Midlife Health Issues Cognition

- **Cognition is disturbed by sleep disruption brought on by vasomotor symptoms**
- **By treating vasomotor symptoms you indirectly improve cognitive function**
 - i.e. short term memory and attention

Midlife Health Issues Cognition

- **WHI Memory Study**
 - A significant twofold increased risk of dementia (most commonly Alzheimer's disease) with HT

Midlife Health Issues Depression

- Perimenopausal transition is a time of increased emotional vulnerability
- **Massachusetts Women's Health Study** (2 years of observation) showed a high rate of depression largely explained by the presence of menopausal symptoms

Midlife Health Issues Depression

- Suicide rate for women peaks at age 45-54 and again after age 75
- **American Foundation for Suicide Prevention** ranks Alabama 24th in the U.S.

Midlife Health Issues Depression

- Therapeutic intervention for depression includes
 - Antidepressant medication
 - Psychotherapy
 - Counseling

Midlife Health Issues Cardiovascular Disease

- Cardiovascular disease is the number one cause of death in postmenopausal women
- Risk factors
 - Age, family history, smoking, obesity and a sedentary lifestyle

Midlife Health Issues CVD

- WHI trial demonstrated a small increased risk for heart disease
- Results indicated that HT should not be initiated or continued for primary prevention
- Results led to the restriction of HT use even for healthy women with bothersome vasomotor symptoms

Midlife Health Issues CVD

- Reanalysis of WHI Study
 - Confirmed that the increased risk of CVD occurs mostly in older women and a number of years beyond menopause

Midlife Health Issues CVD

- No increased risk of CVD in women between ages 50-59
- No increase in women within 10 years of menopause

Midlife Health Issues Stroke

- Stroke was not increased in WHI study in the 50-59 age group
- Increased rate of first strokes in women initiating HT over age 60

Midlife Health Issues Stroke

- Hers Study (Heart and Estrogen/progestin Replacement Study) no significant increase of stroke
- WEST Study (Women's Estrogen for Stroke Trial) no significant increase

Midlife Health Issues Venous Thromboembolus

- WHI Trial demonstrated an increased risk of VTE with oral HT
- VTE risk increases relative to BMI (> 30)
- Limited observational studies suggesting lower risk of VTE with transdermal as opposed to oral administration

Midlife Health Issues Venous Thromboembolus

- Increased risk for women with a prior history of VTE or who possess Factor V Leiden

Midlife Health Issues Diabetes

- Aging is associated with an increased risk of adult onset DM (Type 2 DM)
 - HT may be associated with an improvement in insulin resistance in postmenopausal women

Midlife Health Issues Diabetes

- Inadequate evidence to recommend HT as the sole or primary indication for prevention of DM

Summing It Up! Benefits of Hormone Therapy

- Hormone therapy is the most effective treatment for
 - Hot flashes, night sweats and fatigue
 - Vaginal dryness, discomfort with sex and urogenital symptoms, in general

Summing It Up! Benefits of Hormone Therapy

- HT reduces the risk of osteoporosis
- HT reduces the risk of colon cancer

Summing It Up! Benefits of Hormone Therapy

- HT may or may not help with depression or Alzheimer's Disease
 - May increase risk of AD when HT started in women over 65 years of age

Benefits/Risks of Hormone Therapy

Out of 10,000 Postmenopausal Women Over A 10 Year Period	No HT	HT	Risk/Benefit
Number will get invasive breast cancer	30	38	8 more cases
Number will have a heart attack	30	37	7 more cases
Number will have a serious blood clot	16	34	18 more cases
Number will have stroke	21	29	8 more cases
Number will have a hip fracture	15	10	5 fewer cases
Number will get colon cancer	16	10	6 fewer cases

Health Screenings During Midlife

- Thyroid screen
- Fasting glucose
- Fasting lipid panel
- Mammogram
- Urine screen, when indicated
- Colonoscopy
- STI, when indicated
- Bone density

Health Screenings During Midlife

- Breast and pelvic examination including rectovaginal
- BMI
- Pap smear as indicated
- Stool Hemocult testing

Health Screenings During Midlife

- Screening for specific chronic conditions
 - Ex: cholesterol, EKGs, etc.
- Appropriate immunizations
 - Td, Herpes Zoster, flu, pneumonia

Periodic Health Screenings

Thyroid	Every 5 years beginning at age 50
Diabetes	Every 3 years beginning at age 45
Lipids	Every 5 years beginning at age 45
Colorectal	One of the following: <ul style="list-style-type: none"> • FOBT yearly at age 50 • Sigmoidoscopy every 5 years • Barium enema every 5 years • Colonoscopy every 10 except sooner for AA women or family Hx

Periodic Health Screenings

Mammography	Every 1-2 years beginning at age 40, yearly at age 50
BMD Bone Mineral Density	Every woman 65 and older, younger if at risk for osteoporosis. Repeat every 1-2 years
Immunizations	CDC – 2010 MMWR Quick Guide
Pap smear	ACS – screening table

Recommended Adult Immunization Schedule

VACCINE	AGE GROUP	19-26 years	27-49 years	50-59 years	60-64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap)		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				
Human papillomavirus (HPV)		3 doses (females)				
Varicella		2 doses				
Zoster		1 dose				
Mening, mumps, rubella (MMR)		1 or 2 doses				
Influenza		1 dose annually				
Pneumococcal (polysaccharide)		1 or 2 doses				
Hepatitis A		2 doses				
Hepatitis B		3 doses				
Meningococcal		1 or more doses				

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Cervical Cancer Screening Guidelines

	National Breast and Bowel Cancer Early Detection Program (NCCDEP) April 2005	American Cancer Society (ACS, Nov 2002)	US Preventive Services Task Force (USPSTF, Feb 2002)	American College of Obstetrics and Gynecology (ACOG, November 2008)
When to start	Age 21 for all women, regardless of sexual intercourse, whichever happens first	Approximately 3 years after onset of vaginal intercourse, but no later than age 21	Evidence reviews beginning within 3 years of onset of sexual activity or age 21, whichever comes first	At age 21 years (regardless of sexual history) and should be avoided before age 21 years
Intervals	<ul style="list-style-type: none"> Conventional Pap Test <ul style="list-style-type: none"> Annually Increase to every 3 years, if most criteria 2 consecutive normal cervical cancer screening tests within a 30-month period If liquid-based cytology used <ul style="list-style-type: none"> Once every 2 years Increase to every 3 years, if most criteria 3 consecutive normal cervical cancer screening tests within a 30-month period 	<ul style="list-style-type: none"> Annually Every 2 to 3 years for women < 30 years with 3 negative cytology tests* 	<ul style="list-style-type: none"> Evidence supports an interval of at least every 3 years for conventional Pap test* Sufficient evidence to determine if liquid-based cytology is more effective than conventional Pap smear screening 	<ul style="list-style-type: none"> For conventional Pap test or liquid-based cytology <ul style="list-style-type: none"> Every 2 years for women age 21-29 years Extend to every 3 years for women > 30 with 3 consecutive negative cervical cytology screening tests and without certain risk factors Consider more frequent screening for high risk women*
When to stop	Women < 65 who have had regular screening tests with normal results and have been told by their doctors they do not need to be tested again in their lifetime	Women < 70 years who had < 3 recent consecutive negative tests	Women < 65 years with negative tests who are not otherwise at high risk for cervical cancer	Women 65-70 years and older with: <ul style="list-style-type: none"> < 3 recent consecutive negative tests No abnormal tests in prior 10 years
Post total hysterectomy	If hysterectomy done for cervical neoplasia or invasive cervical cancer, continue to screen in accordance to criteria applied for conventional and liquid-based based cervical cytology screening test	Discontinue screening if hysterectomy done for benign reasons and no prior history of high-grade CIN	Discontinue if hysterectomy done for benign reasons	Discontinue screening: <ul style="list-style-type: none"> > 2 hysterectomy for benign reasons No prior history of CIN 2 or CIN 3

Where Do We Go From Here?

- Healthy symptomatic women should be offered the option of HT for menopausal symptoms because HT provides an overall improvement in Quality of Life
- Our clients are using and are interested in bio-identical hormones, so we as NPs need to have some knowledge about them

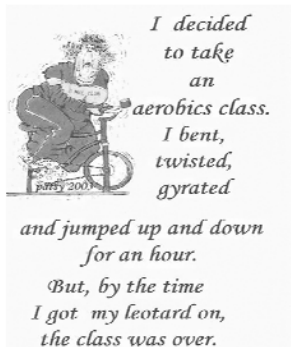
Where Do We Go From Here?

- Continuing research is essential in identifying long term benefits and risks of traditional HT and the safety and efficacy of bio-identical hormones
- NPs are in a position to educate these women to take steps to reduce health risks and improve their overall well-being through the aging process

Why Older Women Shouldn't Sunbathe in the Nude



Aerobics Class



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Prevention is the Key!



10 Ways To Know If You Have "Estrogen Issues"

1. Everyone around you has an attitude problem
2. You're adding chocolate chips to your cheese omelet
3. The dryer has shrunk every last pair of your jeans
4. Your husband is suddenly agreeing to everything you say

10 Ways To Know If You Have "Estrogen Issues"

5. You're using your cellular phone to dial up every bumper sticker that says, "How's my driving?"
6. Everyone's head looks like an invitation to batting practice
7. Everyone seems to have just landed here from "outer space"

10 Ways To Know If You Have "Estrogen Issues"

9. You're sure that everyone is scheming to drive you crazy
 10. The Ibuprofen bottle is empty and you bought it yesterday
- * Yes, we forgot number 8

Case Study #1

- 52 year old female; G6 P3; Ht 63"; Wt 253; BMI=45; BP 130/80; HGB 14.9; UCG negative; Smokes
- 1 ppd; No pap smear or MD care ~ 20 years; Family Hx: Mom uterine Ca
- Presenting s/s: C/o occasional pelvic pain and irregular vaginal bleeding with light to heavy flow for 1 year. Reports no sexual activity for 4 months due to bleeding and pain

- Hx of Gestational Diabetes
- Surgical Hx: BTL 1983; C-Section x 3
- Physical Exam: Posterior bilateral breast and inguinal skin with erythematous, irregular borders; Pelvic: vaginal mucosa without erythema or lesions; uterus and adnexae are without palpable masses

- Labs: Pap smear; GC/CT; FOBT not performed due to contamination from vaginal bleeding
- Diagnosis: AUB, Obesity R/o Diabetes
- Plan: Refer to GYN for evaluation and endometrial bx. (Pap results: AGC favor neoplastic) Refer for colpo.

Case Study #2

- 45 y/o female G2 P 1; LMP 2008; BMI=26
- Non-smoker, presently in Nursing school
- No sexual activity for ~15 years
- Family Hx: Mom and Dad CVA
- Surgical Hx: TAH, BSO 2008 for uterine fibroids

- Presenting s/s: C/o “Major hotflashes” used HT for one month post Hyst. Experiences ~ “10 “
- Hotflashes /day
- PE: Breast: No palpable masses, with
- Extramammary tissue bilaterally in axilla

- What does she need?
 - Pap? Visual exam? Pelvic? GC/CT? Mammogram?
 - Rx for HT or OTC or None???
- Lifestyle modifications
 - What screenings are indicated?