Conflicts of Interest/Disclosures

- I have no disclosures or conflicts of interest.
Objectives

- Identify the diagnostic evaluation and treatment for abnormal uterine bleeding
- Analyze the principles used in prescribing contraception
- Formulate the evaluation and treatment of common sexually transmitted diseases
- Review various screening recommendations for women’s health
- Discuss risk factors and identification for domestic violence and abuse
Women’s Health

This module covers problems and conditions specific to women, excluding pregnancy. Examples include menstrual disorders, contraception, and STDs; reproductive and breast cancers; conditions most commonly seen in women, such as osteoporosis and eating disorders; and preventive care, including screening and patient education. Behavioral issues such as abuse may also be included.
Abnormal uterine bleeding

Nomenclature

Abnormal uterine bleeding (AUB)
- Heavy menstrual bleeding (menorrhagia)
- Irregular menstrual bleeding (metrorrhagia)

Causes

- Structural
- Ovulatory
- Medical
- Inherited
Abnormal uterine bleeding

- **Diagnosis**
  - Physical exam
  - Labs
    - Pregnancy test
    - CBC
    - Bleeding disorders
    - TSH
    - Pap
    - STD testing

- **Imaging**
  - Abnormal physical exam
  - Postmenopausal
  - No improvement despite treatment in setting of normal exam
Abnormal uterine bleeding

- Biopsy
  - > 45yo
  - < 45yo
    - History of unopposed estrogen
    - Obesity
    - Failed medical management
    - Persistent bleeding
Abnormal uterine bleeding

- Treatment
  - Combined contraception
  - IUD
  - Surgery
Amenorrhea

- **Causes**
  - Hormonal
    - Thyroid issues
    - Menopause (estrogen deficiency)
    - Excess (PCOS)
    - Prolactinoma (rare)

- **Evaluation**
  - Pregnancy test
  - TSH
  - Prolactin
  - Ultrasound (if negative progestin challenge)
Amenorrhea

- **Treatment**
  - Progesterone challenge
    - 10 days of 10mg
    - Positive if withdrawal bleeding
    - Negative if no bleeding
    - Ultrasound
  - Combined contraceptives
Polycystic ovary syndrome (PCOS)

- Definition
  - Inconsistent or no ovulation
  - Signs of hyperandrogenism
  - Polycystic ovaries
  - Obesity
Polycystic ovary syndrome (PCOS)

- **Diagnosis**
  - **Physical exam**
    - Obese
    - Signs of androgen excess and insulin resistance
  - **Labs**
    - Testosterone
    - Glucose
    - Lipid
    - Exclusion of other causes of androgen excess
  - **Ultrasound**
Polycystic ovary syndrome (PCOS)

- Treatment
  - Combined contraceptives
  - Metformin
  - Spirinolactone (if no improvement in hirsutism with OCPs)
Contraception

- Combined hormonal
  - No increased mortality
  - Many different formulations
    - Monophasic first line
    - Triphasic for teenagers?
  - Decreases ovarian, endometrial, colorectal cancer
- Adverse effects
  - Nausea and vomiting
  - Headaches
  - Spotting and amenorrhea
  - Increasing thrombotic events with increasing estrogen
    - Especially with smoking
Contraception

- Intrauterine devices (IUDs)
  - Levonorgestrol and copper
  - Well tolerated
  - Okay in nulliparous women
  - Do NOT increase PID risk
    - Increase risk of an STD developing into PID if untreated
Sexually transmitted infections

- USPSTF recommendations
  - Chlamydia and gonorrhea screening in sexually active or pregnant women <24 yo
  - HIV screening in all women 15-65yo regardless of risk
  - Hepatitis B and syphilis screening in pregnant women
  - Recommends against screening for herpes
Sexually transmitted infections

- **Bacterial vaginosis**
  - Most common vaginal infection in sexually-active women
  - Thin discharge
  - Clue cells and whiff test
  - Metronidazole 500mg PO BID x7 days

- **Chlamydia**
  - Most common STI
  - High risk of PID and reactive arthritis
  - Nucleic acid amplification test (NAAT) of urine or cervical specimen
  - Azithromycin 1g PO once or doxycycline 100mg PO BID x7 days
  - Test of cure three to four weeks after treatment only in pregnant women
    - Test for reinfection at 3 months for all patients
  - Treat partners
Sexually transmitted infections

- **Gonorrhea**
  - More often symptomatic in men
  - NAAT of urine or cervical specimen
  - Ceftriaxone 250mg IM once plus co-treatment for gonorrhea
    - Can use azithromycin 1g PO once but high resistance
  - Test of cure three to four weeks after treatment only in pregnant women
    - Test for reinfection at 3 months for all patients
  - Treat partners

- **Herpes**
  - Lifelong infection and periodic reinfection
  - Cell culture and PCR
  - Serologic testing
  - Acyclovir, valacyclovir, and famciclovir equally effective
  - Counseling on risk of transmission
  - Suppression during pregnancy after 36 weeks
Sexually transmitted infections

- **Human papillomavirus (HPV)**
  - Most infected with first sexual encounter
  - HPV 6 and 11: genital warts
  - HPV 16 and 18: cervical cancer
  - Three vaccine series (1, 2, and 6 months)
    - Females ages 9-26yo

- **Syphilis**
  - Becoming more frequent
  - VDRL and RPR followed by FTA-ABS if positive
  - Penicillin G IV
Sexually transmitted infections

- Trichomoniasis
  - Extremely contagious
  - *Trichomonas vaginalis*
  - Wet microscopy has poor sensitivity
    - NAAT much better
  - Metronidazole 2g PO once or 500mg PO BID x7 days
  - No need to test for cure
    - Test for reinfection at 3 months
  - Treat partners
Reproductive cancers

- Endometrial cancer
  - Most common gynecological malignancy
  - Risk factors
    - Obesity
    - Unopposed estrogen
    - Advancing age
  - Protective factors
    - Progesterone
    - OCPs
    - Cigarette smoking
    - Multiparity
    - Breast feeding
    - Physical activity
Reproductive cancers

- **Endometrial cancer**
  - **Presentation**
    - Abnormal uterine bleeding
  - **Diagnosis**
    - Endometrial biopsy if over 45yo
      - Atypical hyperplasia
    - TVUS
  - **Treatment**
    - Gynecology referral
Reproductive cancers

- Ovarian cancer
  - Most lethal gynecologic malignancy
  - Risk factors
    - Genetic predisposition (BRCA 1/2)
    - Delayed child bearing
    - Estrogen replacement therapy
    - High fat diet
  - Protective factors
    - Breast feeding >18 months
    - Early menopause
    - Multiparity
    - Hysterectomy and BTL
    - OCP use
Reproductive cancers

- Ovarian cancer
  - Presentation
    - Generalized abdominal pain
  - Diagnosis
    - CA-125
    - Abdominal imaging
  - Treatment
    - Gynecology referral
Cervical cancer screening

- < 21yo
  - Do not screen

- 21 to 29yo
  - Cytology q3 years

- ≥ 30yo
  - Co-testing (cytology and HPV) q5 years (preferred)
  - Cytology q3 years

- ≥ 65yo
  - Do not screen IF
    - Three consecutive negative cytology
    - Two consecutive negative HPV

- Complete hysterectomy with removal of cervix and no history of HGSIL or cervical cancer
  - Do not screen
Cervical cancer screening

Management of Women ≥ Age 30, who are Cytology Negative, but HPV Positive

- Repeat Cotesting
  - @ 1 year
  - Acceptable
    - Cytology Negative and HPV Negative
      - Repeat testing @ 3 years
    - ≥ASC or HPV positive
- HPV DNA Typing
  - Acceptable
    - HPV 16 or 18 Positive
    - HPV 16 and 18 Negative
      - Repeat Cotesting @ 1 year
- Colposcopy
  - Manage per ASCCP Guideline

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Breast cancer

- Breast mass
  - Imaging
    - Unilateral mammogram
      - If negative, does not mean you should not do any further testing
      - ALWAYS do ultrasound
    - MRI only if unclear what to do
  - Biopsy

- Breast cancer screening
  - Controversial
Intimate partner violence

- Common problem- 20 to 30% of all women
  - Clear socioeconomic correlation
- Increased generalized complaints, physician visits, psychiatric issues, pain
  - Increased suicidality
- USPSTF recommends screening all women of childbearing age for intimate partner violence.
- Talk about it!
Further Reading

- Osteoporosis
- Eating disorders
- Menopause
  - Hormone replacement therapy
- Hepatitis
Questions?
Resources

- American Academy of Family Physicians.  www.aafp.org
- American Board of Family Medicine.  www.abfm.org
- Centers for Disease Control and Prevention.  www.cdc.gov
- Google Image.  www.google.com/image