

FAMILY MEDICINE BOARD REVIEW: WOMEN'S HEALTH

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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

Importance

- **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.

Cardiovascular	10%
Endocrine	7%
Gastrointestinal	6%
Hematologic/Immune	3%
Integumentary	5%
Musculoskeletal	10%
Nephrologic	3%
Neurologic	3%
Nonspecific	8%
Psychogenic	6%
Reproductive—Female	3%
Reproductive—Male	1%
Respiratory	11%
Special Sensory	2%
Population-based Care	4%
This includes topics such as biostatistics and epidemiology, evidence-based medicine, prevention, health policy and legal issues, bioterror, quality improvement, and geographic/urban/rural issues.	
Patient-based Systems	4%
This includes topics such as clinical decision-making, communication and doctor-patient interaction, family and cultural issues, ethics, palliative care, and end-of-life care.	
Module	13%
Selected from eight possible choices at the time of the examination. (See descriptions below.)	

Total does not equal 100% because of rounding

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

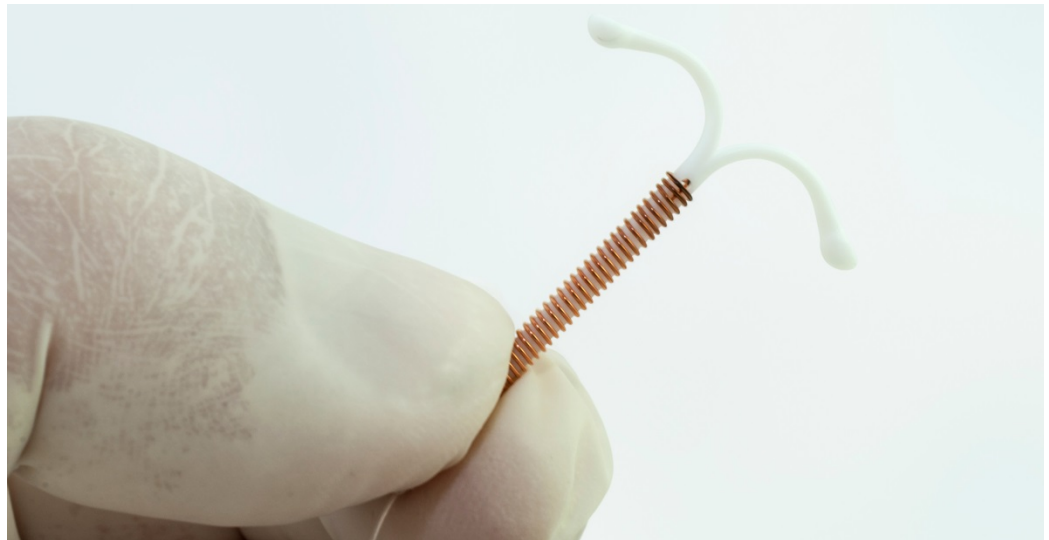
Abnormal uterine bleeding

- Biopsy
 - ▣ $> 45\text{yo}$
 - ▣ $< 45\text{yo}$
 - 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

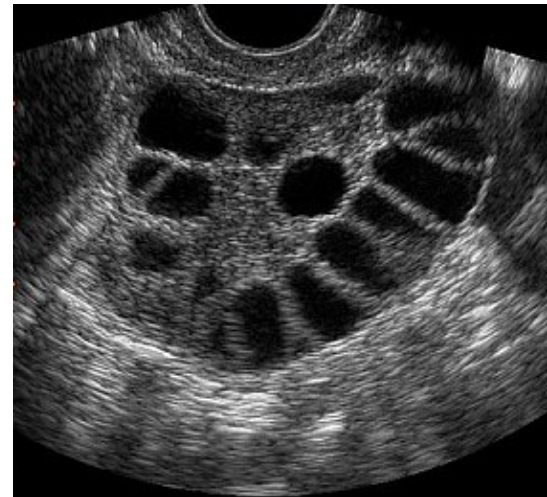
- Treatment
 - Progesterone challenge
 - 10 days of 10mg
 - Positive if withdrawal bleeding
 - Negative if no bleeding
 - Ultrasound
 - Combined contraceptives

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
 - ▣ Spironolactone (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

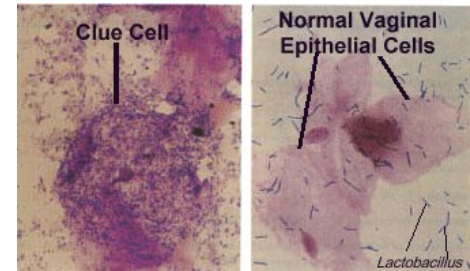
Sexually transmitted infections

- 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

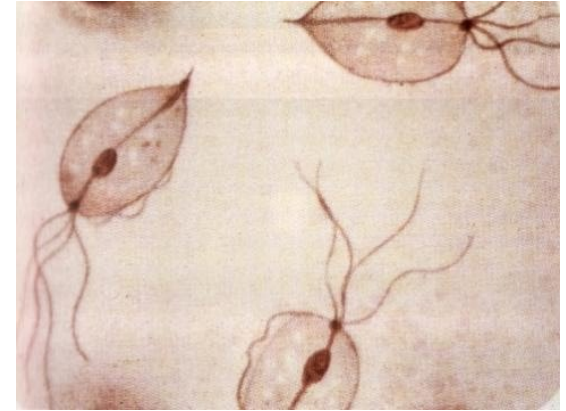
- Human papillomavirus (HPV)
 - Most infected with first sexual encounter
 - HPV 6 and 11: genital warts
 - HPV 16 and 18: cervical cancer
 - Three vaccine series (1, 2, and 6 months)
 - Females ages 9-26yo

- 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

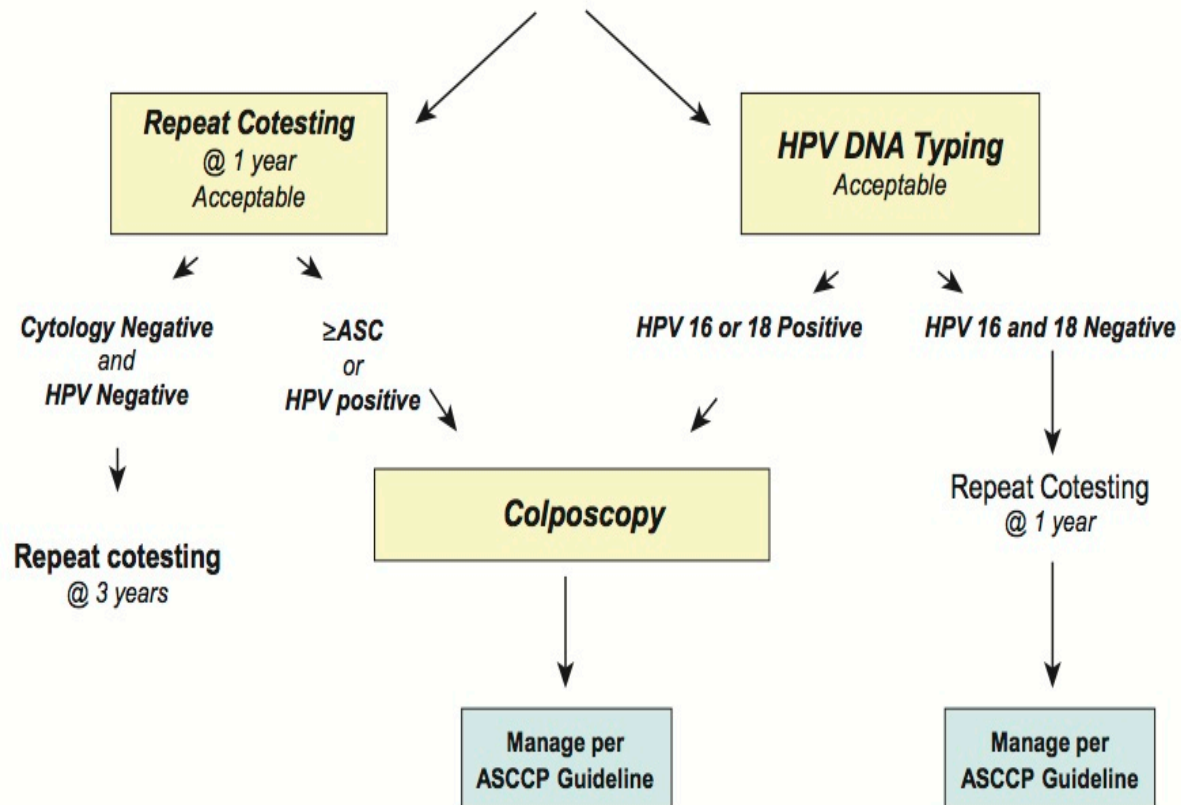
- Ovarian cancer
 - ▣ Presentation
 - Generalized abdominal pain
 - ▣ Diagnosis
 - CA-125
 - Abdominal imaging
 - ▣ Treatment
 - Gynecology referral

Cervical cancer screening

- < 21yo
 - ▣ Do not screen
- 21 to 29yo
 - ▣ Cytology q3 years
- \geq 30yo
 - ▣ Co-testing (cytology and HPV) q5 years (preferred)
 - ▣ Cytology q3 years
- \geq 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 \geq Age 30, who are Cytology Negative, but HPV Positive



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 child-bearing 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
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