Preface

The traditional concept of women’s health encompassed only those issues unique to women—pregnancy and childbirth, menstrual disorders, gynecologic cancers, and the menopause, to name a few. Indeed, the specialty of Obstetrics and Gynecology evolved to improve the care of women with such complaints, resulting in major advances in longevity and quality of life for women. Pregnancy and childbirth are safer than imaginable a hundred years ago. Cervical cancer is largely preventable in the United States. Women are able to control their fertility and plan their pregnancies.

Despite dramatic improvements, the care of women has suffered from the misconception that all traditional women’s health issues should be treated by a specialist in women’s health, along with the assumption that “other” medical issues will be handled by other providers. As a result, women’s health care is often fragmented. An internist may care for a woman’s hypertension, while the obstetrician gynecologist performs the Pap smear, discusses family planning, and schedules the mammogram. Such fragmentation has had a second unintended consequence: treatment decisions for medical conditions unrelated to gender have long been based on information gathered from the study of men. Research, medical education, and the clinical practice of women’s health traditionally focused on the limited areas noted above with little regard for the uniqueness of women in all aspects of health.
Fortunately, the past two decades have witnessed a change in the care of women. In addition to great strides in traditional areas of women's health, the broader needs of women have been increasingly recognized. Women are more often included as subjects of clinical trials, women’s health research has received increased funding, and training programs in all specialties have focused on improving the education of physicians in the special needs of women. Though gains have been great, opportunities to elevate the health of women remain plentiful.

A major area for improvement is the integration of health care services for women. The general internist, serving as a woman’s primary care provider, is in the position to coordinate and facilitate all of her health care needs. A good understanding of internal medicine, as well as primary care women’s issues, allows the internist to provide the highest quality of care to his or her female patients. An understanding of women’s health care needs enables the internist to provide preventive services, such as contraception, cervical cytology, and STI screening. These services are often not consistently provided by general internists but can have a dramatic impact on a woman’s health and well-being.

This issue of Medical Clinics of North America brings together an outstanding group of authors to review advances in women’s health. Information is presented in a practical fashion with the intent that internists may easily incorporate the material into their routine clinical practice. Drs. Ogburn, Voss, Espey review current barriers to optimal women’s health and discuss strategies for improvement. Drs. Zebrack and Brown review the most recent recommendations for preventive health services and immunizations—services that all specialties should provide more consistently. Drs. Espey, Ogburn, and Fotieo provide an overview of available contraceptive methods with emphasis on “Long Acting Reversible Contraceptives,” such as IUDs and the new implant Implanon (Schering-Plough, Kenilworth, New Jersey). Drs. Waxman and Zsemlye discuss the latest guidelines for cervical cancer prevention, including the exciting breakthrough of the HPV vaccine and how it should be utilized. Drs. Trigg, Kerndt, and Aynalem review the latest information on screening and treatment of sexually transmitted infections and pelvic inflammatory disease in women, which are a major cause of infertility in the United States. Drs. Meisner, Fekrazad, and Royce provide practical guidelines for evaluation and treatment of benign breast disease, as well as an overview of the current understanding of breast malignancies. Drs. Barney, Muller, and Bradshaw provide guidelines for the evaluation of pelvic masses with emphasis on age-specific evaluation. Infertility and polycystic ovarian syndrome are common entities among reproductive-aged women—Drs. Brassard, Baillargeon, and AinMelk review the current understanding of these issues and provide simple guidelines for their initial management and treatment. The internist is often called upon to provide consultative care for medical conditions during pregnancy. Drs. Carson and Ehrenthal
provide a comprehensive overview of medical conditions in the preconception period and during pregnancy, while Drs. Rayburn and Amanze provide guidance on drug prescribing during pregnancy—an area many physicians find especially challenging. Domestic violence is an issue often underreported and undertreated by all specialties. Dr. Toohey provides practical strategies to improve identification and care of this difficult problem. Finally, issues of menopause and urinary incontinence (problems seen with increasing frequency as our population ages) are addressed in the articles by Dr. Lund and Drs. Abed and Rogers. In addition to the outstanding contributions of the authors, the guest editors would like to thank Rachel Glover and the staff at Elsevier for their support, assistance, and patience.

We hope internists will find this a valuable resource, enabling them to understand current issues in women’s health and integrate new strategies into their practice.

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