Barriers to Women’s Health: Why Is It So Hard for Women to Stay Healthy? 993
Tony Ogburn, Carolyn Voss, and Eve Espey

Women’s health care has made great strides in the past two decades. The recognition that women have different health care needs than men has enabled changes to take place in clinical care, research, and education. However, much remains to be done. Providing health care coverage to all women must be a high priority. Research must address the differences between men and women and how they respond to disease and treatment. The physician workforce needs to be expanded; physicians should be well trained to provide comprehensive health care to women. Strategies, such as used in Comprehensive Centers of Women’s Health and women’s health residencies, can improve education and increase the number of women in academia.

Preventive Health for Women: Screening and Immunizations 1011
Jennifer R. Zebrack and Keith W. Brown

Women’s preventive health issues are frequently encountered in the outpatient setting. Many general internists feel uncomfortable meeting the needs of women due to a general lack of knowledge of women’s health and inadequate training in the evaluation of female-specific care. In this article, the authors summarize evidence-based guidelines for preventive health and immunizations for women.

Contraception: What Every Internist Should Know 1037
Eve Espey, Tony Ogburn, and Dana Fotieo

The human costs of unintended pregnancy—abortion and parenting under difficult circumstances—are high. For this reason, all physicians who treat female patients should be knowledgeable
about the basics of contraception—both its practical uses and its public health impact. This knowledge will make physicians, including internists, better able to counsel and provide contraceptives for individual patients and to advocate for availability and access. This article discusses the problem and determinants of unintended pregnancy and reviews contraceptive methods.

**Preventing Cervical Cancer: The Pap Test and the HPV Vaccine**

*Alan G. Waxman and Meggan M. Zsemlye*

Women look to their internists and other primary care physicians to provide preventive health care. Periodic Pap tests are as much a part of a woman’s ongoing health care as periodic lipid assessments, mammograms, screening for colon cancer, or any of the other recommended screening assessments. This article provides primary care physicians with the information needed to perform Pap tests at the appropriate intervals, or if not set up to do Pap tests themselves, to make the appropriate referrals. Also provided is the necessary information to counsel women with abnormal Pap tests who may need colposcopy or other follow-up evaluation. Finally, the role of the HPV vaccine in the prevention of cervical cancer is summarized.

**Sexually Transmitted Infections and Pelvic Inflammatory Disease in Women**

*Bruce G. Trigg, Peter R. Kerndt, and Getahun Aynalem*

Sexually transmitted infections (STIs) are an important public health challenge in the United States. Primary care clinicians can contribute to decreasing these largely preventable causes of morbidity and mortality by integrating routine screening, testing, counseling, treatment, and partner management of STIs into their practice. Newer tests for chlamydia and gonorrhea that can be performed on urine specimens allow screening without a pelvic examination. The most recent edition of the Centers for Disease Control and Prevention sexually transmitted disease treatment guidelines provides an evidence-based, reliable, and convenient set of recommendations for treating and caring for patients who have STIs.

**Breast Disease: Benign and Malignant**

*Angela L.W. Meisner, M. Houman Fekrazad, and Melanie E. Royce*

Breast diseases, both benign and malignant, are common. Typically, young women present with more benign pathologies; however, breast malignancies can occur in young women, especially in those harboring mutations in the BRCA genes, other inherited genetic syndromes associated with increased risk of breast cancer, or familial predisposition for breast cancer. In all women aged 40 and over presenting with abnormalities of the breast, a primary breast cancer should be ruled out because it is the leading cancer among women in developed countries.
Pelvic Masses

Spencer P. Barney, Carolyn Y. Muller, and Karen D. Bradshaw

Pelvic masses develop commonly in women of all ages and states of health. Despite the variety of masses that exist, general guidelines for diagnosis and management allow most masses to be treated in a generalist setting. This article is intended to guide non-obstetric and non-gynecologic physicians through diagnosis and treatment of nonmalignant pelvic masses. It includes information on physical examination, appropriate imaging techniques, laboratory tests, and variations in treatment for adolescents and pre- and postmenopausal women. It also addresses referral guidelines for suspected malignant masses.

Basic Infertility Including Polycystic Ovary Syndrome

Maryse Brassard, Youssef AinMelk, and Jean-Patrice Baillargeon

Infertility in women has many possible causes and must be approached systematically. The most common cause of medically treatable infertility is the polycystic ovary syndrome (PCOS). This syndrome is common in young women and is the cause of anovulatory infertility in 70% of cases. It is therefore an important condition to screen and manage in primary care medical settings. In the past 10 years, insulin sensitization with weight loss or metformin has been shown to be a safe and effective treatment for PCOS infertility that eliminates the risk of multiple pregnancy and may reduce the risk of early pregnancy loss as compared with ovulation-inductor drugs. The authors believe metformin should be considered as first-line therapy because it has the advantage to allow for normal single ovulation, for reduced early pregnancy loss, and, most importantly, lifestyle modifications and weight loss before pregnancy. Losing weight not only improves fertility but also reduces adverse pregnancy outcomes associated with obesity.

Medical Issues from Preconception Through Delivery: A Roadmap for the Internist

Michael P. Carson and Deborah Ehrenthal

The age of the pregnant population and the number of pregnant women with medical issues are increasing. It is widely recognized that internists have the unique opportunity to identify potential pregnancy issues and address them before a problem arises. Therefore, it’s important that we become aware of how to approach these issues. In addition to addressing medical issues in a currently pregnant woman, doctors also have the opportunity to identify issues that occurred during a prior pregnancy, such as gestational diabetes, preeclampsia, or pregnancy loss, and to decrease the risk of complications in future pregnancies. The goal of this article is to provide a roadmap to practicing internists so they will incorporate pregnancy planning into their everyday care plans. The approach is similar to that used when performing a preoperative risk assessment: We want to optimize our patients medically for pregnancy.
Prescribing Medications Safely During Pregnancy 1227
William F. Rayburn and Adanna C. Amanze

A large body of information about medications prescribed during pregnancy is readily available to internists and patients either online or through books and medical journals. Much of the evidence about many prescribed drugs is either anecdotal or presented with sufficient warnings about its use during pregnancy. This article discusses specific medications to set the risks and benefits into a more proper perspective, thereby alleviating certain fears and, when necessary, improving compliance.

Domestic Violence and Rape 1239
Julianne S. Toohey

No compilation of women’s health care is complete without confronting domestic violence and sexual assault. Long recognized as a health care and physician issue, intimate partner violence continues to be one of the most frequent causes for injury and death to women in the United States and worldwide. According to the Commonwealth Fund survey in 1998, 31% of women reported either physical or sexual abuse from a husband or boyfriend. One in five American women also reported being raped during their lifetime. Careful assessment and universal screening are important tools for the primary care physician.

Menopause and the Menopausal Transition 1253
Kirsten J. Lund

Menopause and the menopausal transition present unique preventive health and quality-of-life challenges for women. The number of patients in the menopausal age group is increasing and represents a significant portion of the population. Care of the menopausal patient can be challenging for the caregiver. This chapter reviews the major health care challenges as well as evaluation and treatment of common quality-of-life issues for menopausal patients.

Urinary Incontinence and Pelvic Organ Prolapse: Diagnosis and Treatment for the Primary Care Physician 1273
Husam Abed and Rebecca G. Rogers

This article outlines a simplified approach to diagnosis and treatment of women with urinary incontinence or pelvic organ prolapse that can be used by primary care physicians to identify patients with these conditions and initiate treatment for basic problems.

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