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Breast Cancer Screening: An Evidence-Based Update 451
Mackenzie S. Fuller, Christoph I. Lee, and Joann G. Elmore

Routine screening mammography is recommended by most groups issuing breast cancer screening guidelines, especially for women 50 years of age and older. However, both the potential benefits and risks of screening should be discussed with individual patients to allow for shared decision making regarding their participation in screening, age of commencement and conclusion, and interval of mammography screening.

Cervical Cancer Prevention: Immunization and Screening 2015 469
Lauren Thaxton and Alan G. Waxman

Both primary and secondary prevention of cervical cancer are now available. Immunizations against human papillomavirus (HPV) types 16 and 18 have the potential to prevent 70% of cancers of the cervix plus a large percentage of other lower anogenital tract cancers. Screening guidelines were recently changed to recommend cotesting with cytology plus an HPV test. The addition of HPV testing increases the sensitivity and negative predictive value of screening over the Papanicolaou (Pap) test alone.

Oral Contraception 479
Ginger Evans and Eliza L. Sutton

Oral contraception (OC) remains a popular noninvasive, readily reversible approach for pregnancy prevention and, largely off label, for control of acne, hirsutism, dysmenorrhea, irregular menstruation, menorrhagia, and other menstrual-related symptoms. Many OC formulations exist, with generics offering lower cost and comparable efficacy. Certain medical conditions, including hypertension, migraine, breast cancer, and risk of venous thromboembolism (VTE), present contraindications. Blood pressure measurement is the only physical examination or testing needed before prescription. Although no OC is clearly superior to others, OCs containing the second-generation progestin levonorgestrel have been associated with lower VTE risk than those containing other progestins.

Intrauterine Devices and Other Forms of Contraception: Thinking Outside the Pack 505
Caitlin Allen and Christine Kolehmainen

A variety of contraception options are available in addition to traditional combined oral contraceptive pills. Newer long-acting reversible contraceptive
(LARC) methods such as intrauterine devices and subcutaneous implants are preferred because they do not depend on patient compliance. They are highly effective and appropriate for most women. Female and male sterilization are other effective but they are irreversible and require counseling to minimize regret. The contraceptive injection, patch, and ring do not require daily administration, but their typical efficacy rates are lower than LARC methods and similar to those for combined oral contraceptive pills.

Menopause
Traci A. Takahashi and Kay M. Johnson

Women generally spend the last third of their lifetime in menopause, after their reproductive years have ended. During menopause, women experience a variety of predictable symptoms and conditions related to changes in sex hormone levels and aging. The menopausal transition precedes menopause by several years and is usually characterized by irregularity of the menstrual cycle and by hot flashes and night sweats. After menopause, genitourinary symptoms predominate, including vulvovaginal atrophy and dryness and lower urinary tract symptoms, including urinary frequency, urgency, and nocturia. Hormonal treatment is effective for vasomotor and genitourinary symptoms, but the understanding of its impact on cardiovascular disease, cognitive dysfunction, and depression continues to evolve.

Cardiovascular Risk Factors and Disease in Women
Sharon K. Gill

Coronary artery disease and stroke predominantly affect older women as opposed to younger women, but the risk factors that contribute to atherosclerotic cardiovascular disease risk often start in young women. Young women with polycystic ovary syndrome (PCOS), with migraine, and who use oral contraceptive pills (OCPs) have short-term increases in thrombotic complications that can result in coronary events or stroke. Attention should be focused on risk reduction in women of all ages. Screening for and discussing diabetes, hypertension, obesity, smoking, migraine, PCOS, and pregnancy complication history and discussing the pros and cons of hormone and statin medications are part of reducing cardiovascular risk for women.

Common Vaginal and Vulvar Disorders
Andrea Prabhu and Carolyn Gardella

Vaginal and vulvar disorders are among the leading causes for women to visit a health care professional. Therefore, it is important to have a basic understanding of these diseases. Although rarely life threatening, these disorders can impact significantly a woman’s sexual function and sense of well-being.

Prevalence and Management of Chronic Hepatitis C Virus Infection in Women
Lauren A. Beste, Hollye C. Bondurant, and George N. Ioannou

Hepatitis C virus (HCV) is the most common blood-borne pathogen in the United States and is a leading cause of cirrhosis, need for liver transplantation, and liver-related mortality in women. Women should be offered testing
if they fall in a high-risk group for exposure. Compared to men, women have higher rates of spontaneous HCV clearance after exposure and slower progression to cirrhosis but are more susceptible to liver damage from concomitant alcohol use. Premenopausal women with HCV should be counseled about the risks of antiviral treatment during pregnancy and the potential for vertical transmission of HCV to their offspring.

**Osteoporosis: Screening, Prevention, and Management**

Anna L. Golob and Mary B. Laya

Osteoporosis is characterized by low bone mineral density (BMD) and abnormal bone architecture. Common fracture sites are vertebrae, proximal femur, and distal forearm. Osteoporosis is underdiagnosed and undertreated. All women 65 and older should be screened. Consider screening younger postmenopausal women with elevated risk. Osteoporosis is diagnosed based on T score or a fragility fracture. Women with osteoporosis or who have a 10-year risk of any major fracture of 20% or hip fracture of 3% should be evaluated for causes of low bone density and treated with an osteoporosis-specific medication, lifestyle interventions, and calcium and vitamin D intake.

**Female Sexual Dysfunction**

Jennifer J. Wright and Kim M. O’Connor

Female sexual dysfunction is a common patient concern. After providing an overview regarding the various types of female sexual dysfunction, we will focus on history taking and treatment options for desire, arousal, orgasm, and pain disorders. Testosterone therapy and management of selective serotonin reuptake inhibitor–associated sexual dysfunction are reviewed. Treatments for atrophic vaginitis are appraised. Patient cases lead the discussion, providing the reader with clinically relevant information.

**Intimate Partner Violence: Prevalence, Health Consequences, and Intervention**

Nancy Sugg

Intimate partner violence (IPV) can be defined in many ways and encompasses many different types of physical and emotional abuse. IPV affects the health, safety, and quality of life for women, men, and children worldwide, regardless of race, sexual orientation, or socioeconomic status. The health effects include acute trauma; a wide range of physical and mental sequelae; and, for some, death. Because of the serious consequences of IPV, both the Centers for Disease Control and the World Health Organization identify IPV as a significant public health issue.

**Care of Women Veterans**

Ximena A. Levander and Maryann K. Overland

As more women have joined the US military, there has been a shift in the overall veteran population. Those who served in the US military, especially women, have undergone experiences that will impact their overall health and wellbeing. It is therefore critical for providers to better understand US military culture and be prepared on how to ask patients about their
military experience. Health care providers need to be aware of the unique medical, psychiatric, and psychosocial needs of women veterans in order to best serve this patient population.

Preconception Care and Reproductive Planning in Primary Care

Lisa S. Callegari, Erica W. Ma, and Eleanor Bimla Schwarz

Preconception care is designed to identify and reduce biomedical, behavioral, and social risks to the health of a woman or her baby before pregnancy occurs. Few women present requesting preconception care; however, 1 in 10 US women of childbearing age will become pregnant each year. As primary care physicians (PCPs) care for reproductive-aged women before, between, and after their pregnancies, they are ideally positioned to help women address health risks before conception, including optimizing chronic conditions, to prevent adverse pregnancy and longer-term health outcomes. PCPs can help women make informed decisions both about preparing for pregnancy and about using effective contraception when pregnancy is not desired.