



Women's Health Literature Review

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*Texas Department of State Health Services
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Daughter donated eggs to create a pregnancy in the mother

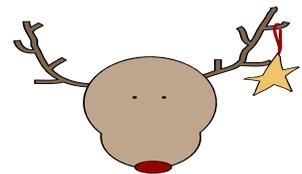
Cultural considerations in treating menopause

"Without question, a daughter donating her eggs to create a pregnancy in her mother would create controversy. With the increasing necessity of assisted reproductive technology (ART) cycles that utilize donated eggs, it can be expected the demand will increase. The major argument against providing ART to women of advanced maternal age is their increased risk of pregnancy-related morbidity and mortality resulting from childbearing late in life. Women over 40 have double the pregnancy-related mortality than do women 30-34 years of age. These risks notwithstanding, studies have also found that the majority of women of advanced reproductive age do well with pregnancy and deliver a full-term infant without adverse outcomes. Formal guidelines exist related to daughter-

donated eggs. Donors are to be of legal age, and preferably between the ages of 21 and 34. Some obvious issues come to mind in exploring daughter-donated eggs as well. Is the daughter still living at home and dependent on the mother? If that is the case, can a truly free decision be made in a child-parent relationship? Daughter egg donation must be with a sperm that is genetically unrelated, as a child created by the biological daughter's eggs and biological father would be incest, a practice prohibited according to the guidelines of the ethics committee of the American Society for Reproductive Medicine. The major advantage to using daughter-donated eggs is having a genetically-related child with attributes that are similar to the family's. There is also a trust in the donor eggs. Most couples who use eggs

from an anonymous donor desire that the donor will have attributes as close to theirs as possible so the child will look like their own. Further considerations are the psychological impact on the daughter of having a half-sister that biologically she is the mother to, and the person the child recognizes as mother is really biologically the grandmother. Obviously, daughter-mother egg donation redefines the family structure, and extensive workups and counseling must take place as to what might occur in the near and distant future." (SRM-ejournal.com, May 2011)

"The U.S. Census Bureau projects that by 2050 47% of the U.S. population will be non-white, yet much of our current knowledge of menopausal symptoms in the fifth and sixth decades of life is based on data primarily from white women. International studies have found that even the age of natural menopause varies, with African-Americans and Hispanics reporting an earlier onset than white, Japanese, and Malaysian. Investigators also reported that the prevalence of combined hot flashes and night sweats is lowest among women of Japanese and Chinese ethnicity (19% vs 21%), and higher among Hispanics and African-Americans (46% and 35%), while rates for white women were at 31%." (SRM-ejournal.com, May 2011)



Taller people are at greater risk for cancer



"Among women, the risk of breast cancer, ovarian cancer, bowel cancer, leukemia or melanoma appears to go up about 16% for every 4-inch bump in stature. All the evidence from past studies is that this link is seen equally in men and women. This may also explain the link between the appearances now

of certain cancers within populations that have gotten taller over time. In Europeans, for example, average height has gone up nearly a half-inch per decade. Obviously, one can not control their height in order to control their cancer risk, but some things can be considered. Generally speaking, taller women tend to drink more alcohol and have fewer children than shorter women, are less likely to be obese, less likely to smoke, and are wealthier and more active. Regardless of these factors, overall, taller women are signifi-

cantly more likely to develop most cancers, with their risk climbing with every increment in height. One exception was that among women who smoke, smoking plays a more pivotal role than height in influencing cancer risk. More than 10 studies have found a similar association between height and cancer holds across different populations as well, including those in Europe, North America, Asia, and Australasia." (Article in *USA Today*, July 2011)





When it comes to smoking, use and addiction varies between adolescents and adults.

"As early as thirteen years of age, nearly 70% of African-American, 80% of Hispanic, 50% of Caucasian, and 36% of Asian youth have tried smoking. This increases to 90% for Hispanic, 80% for Caucasian and African-American, and 65% for Asian youths by the age of 18. While the rate of adult smoking continues to decline, the opposite is true for teens. Teens are not 'little adults' when it comes to smoking, so strategies to prevent smoking and encouraging smoking cessation have to be unique for this population. Psychosocial and behavioral risk factors relevant to smoking include the lack of strong social bonds (families, school, and religion); exposure to pro-smoking social influences; and engagement in other problem behaviors. Researchers found that a weekly visit to a convenience store increases the odds of smoking by 50%. On the other hand, the cost of tobacco products consistently decreases tobacco initiation and increases tobacco cessation. Since adolescents are risk takers, focusing on health risks often draws the teen to the behavior. Therefore, interventions which increase social skills, stress management, and strategies to resist peer pressure may be the most effective with teens." (*The Journal for Nurse Practitioners*, September 2009)

What age to stop breast cancer screening?



"The American Geriatric Society encourages screening mammography for women younger

than 85 who have at least 5 years life expectancy and for healthy women 85 and older who have excellent functional status or who feel strongly about the benefits of screening. As more and more adults are leading healthy and independent lives well into their 80s and 90s, clinicians are faced with the difficult decision on whether to screen these clients for cancer. The U.S. Preventive Services Task Force has concluded that evidence is insufficient to recommend breast cancer screening for women 75 years of age and older. Although experts recommend stopping mammography screening among older women with less than 5- 10 years of life expectancy, 39% of women in this age group are still getting mammography. This may be partly due to the discomfort of the clinician to have the discussion with the older woman about stopping those screenings. The average life expectancy for a

woman aged 80 is 9.8 years and for a woman aged 85 is 7.2 years. The concerns involved in screening older women include detecting tumors that would not have become clinically important had they not been found, thus exposing these elderly women either to the burden of treatment or to the anxiety of living with cancer. While breast cancer-specific mortality rates have declined among women younger than 70 years, they have risen for women 80 years and older. These trends may be a result of under-screening and/or under-treatment of the oldest-old. The oldest-old contribute the most to the number of total deaths from breast cancer each year. Although it remains unknown whether earlier detection with mammography leads to survival benefits in older women, several studies demonstrate that screening detects cancer at an earlier state, which reduces morbidity from advanced disease. In addition, since the sensitivity of mammography increases as women age, older women are less likely to experience false positive tests than younger women.

(*Consultant*, May 2010)

Changes in breast cancer biology in older women

"Evidence suggests that the interval between when a cancer is detected by mammography and when it becomes clinically evident (sojourn time) increases with age, from 2 years for women in their 50s to as long as 9 years for women aged 80-84. Some data also suggest that older women are likely to have less aggressive tumors, fewer positive lymph nodes and greater percentage of estrogen and progesterone-receptor positive tumors than younger women. Moreover, the metastatic spread of breast cancer is slower in older women. In general, the growth rate of tumors is related to its aggressiveness, and older women tend to have less aggressive tumors that take longer to grow." (*Consultant*, May 2010)



The down side to breast cancer screening in the oldest-old

"Fewer than 2% of women 80 and older die of breast cancer. Even when it is a repeat cancer, only 29% of those 85 or older die from it, as opposed to 73% of the younger women (50-54) with returning breast cancer. In older women who have more than 3 co-morbid conditions as well as breast cancer, their cause of death is 20 times more likely to be from one of those conditions than breast cancer. Treatment of breast cancer in this age group also carries greater risks: complications from surgery, short-term decreases in cognitive function following general anesthesia, and greater arm morbidity after axillary lymph node dissections. Although few oldest-old receive chemotherapy (1% compared to 30% for age 55-64), increased toxicity and mortality are associated with chemotherapy among older women. In addition, some older women experience cognitive decline even up to six months after adjuvant chemotherapy." (*Consultant*, May 2010)





Migraine: a surrogate for more sinister pathology

“Recent evidence should change the fundamental thinking about individuals with migraines. Migraines are more common in persons with atrial septal defects, pulmonary arteriovenous shunts, and patent foramen ovale. In addition, they are more likely to be associated with elevated low-density lipoprotein cholesterol levels, earlier onset of coronary or CHS vascular disease, and parents with early cardiovascular disease. In another large study, migraine with aura in women was associated with an increased risk of myocardial infarction, ischemic stroke, coronary revascularization, and angina. Even

after adjustment for sex, age, disability, various treatment regimens, and cardiovascular risk factors, migraine persisted as a risk. A myocardial infarction occurred in patients with migraine 2.2 times more often than in controls. Much like the association between erectile dysfunction in men being an association that warrants suspicion of underlying vascular disease, having migraines should trigger the same suspicions. The presence of a migraine diagnosis, with or without an aura, seems to identify a group of persons prone to a variety of serious cardiovascular events.” (*Consultant*, May 2010)

How long is a good pair of running shoes good for?

“Advise runners to write the date they start wearing a pair of running shoes on the underside of the tongue in permanent marker. If they keep a log of how many miles they run (which most runners do), this makes it easy to calculate when they have clocked 500 miles in the shoes. It is usually recommended that runners replace their shoes after 500 miles to prevent overuse injuries.” (*Consultant*, May 2010)



How to screen for intimate partner violence in an already busy clinic visit

“The United States Preventive Task Force found insufficient evidence to recommend for or against routine screening for intimate partner violence (IPV). With it being a challenge to even get all the recommended screenings done, the optional ones such as for IPV often go by the wayside. Victims of IPV have reported that their providers ignored obvious injuries, did not ascertain their safety, and dismissed them home to their abuser with no comment or questions. Some victims of IPV also reported overhearing negative staff and provider comments directed at them. Studies show that women who are victims of abuse actually prefer an individualized approach over a standardized screening tool to identify IPV. The take home for

clinicians is that victims of IPV claim that just being asked about interpersonal violence from a provider makes them feel validated and worthwhile as a person. Don't push the victim for details. Let the patient know that violence is wrong and that no one deserves to be hurt. Be aware as well that the victim may not be forthcoming in giving details or specific information, and that exposure to acute or prolonged trauma may actually alter the ability to process information. Rates of identification remain low in spite of frequent interactions between individuals and their health care provider.” (*The Journal for Nurse Practitioners*, September, 2009)

Cultural competency and menopause

“A take home message on cultural competency and menopause is that if cultural and social factors contribute to the meaning of menopause among women from different socio-cultural, racial, and ethnic backgrounds, clinicians must be able to recognize how these factors influence a woman's attitudes toward menopause, menopause symptom expression, and even age at menopause onset. Each day, another 5,000 women enter menopause. (SRM-ejournal.com, May 2011)

Interesting look at stopping pancreatic cancer before it forms

“Pancreatic cancer is one of the most deadly, killing 95% afflicted within 5 years. The focus of this article was on the link of pancreatic cysts to pancreatic cancer. While only up to 20% of pancreatic cancer begins as a pancreatic cyst, spotting pancreatic cancer early is the only chance for a cure. The focus was on individuals who had undergone MRIs for reasons unassociated to their pancreas, but in whom pancreatic cysts were found. Screening and monitoring everyone with a pancreatic cyst would be expensive and the potential for unnecessary surgery would be great, but in one individual case profiled, a 41-year-old sales representative was followed over time. As her pancreatic cyst began to grow, more tests were done that resulted in cyst removal. Lab confirmation was that the cyst was of the type that grows into the pancreatic ducts and often develops into invasive pancreatic cancer. Monitoring this patient's pancreatic cyst for growth had a life-saving outcome in early diagnosis and treatment.” (Article URL: <http://cmoreover.com/click/here.pl?z4970582269&z=1250248691>, *Los Angeles Times*, 07/19/2011)



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Modification in counseling obese and overweight women re: ultrasound results

"The ability to detect fetuses with major birth defects drops significantly as maternal body-mass-index increases, a difference of at least 20% when women of normal body-mass-index were compared to obese women. Since American women with normal body-mass-index now constitutes a minority of the country's pregnant population, these screening problems could have broad implications. Based on these findings, it is suggested that counseling be modified to reflect the limitations of ultrasound in women who are overweight or obese." (*The Journal for Nurse Practitioners*, September 2009)



Best practice for nasal spray delivery~ It is advised to use the right hand to spray the left nostril and the left hand to spray into the right nostril. This approach ensures that the greatest amount of medication reaches the lateral wall of the nasal cavity. (*Consultant*, May 2010)

Frozen swabs give cold comfort~ Cotton swabs dipped in water and frozen in individual plastic bags can provide a quick relief for a small painful area like a burned tongue or lip. They can also help stop bleeding in the mouth or nose. (*Consultant*, May 2010)

Stethoscopes breed disease~ Stethoscopes are virtual breeding grounds for bacteria. Studies performed in ICU areas have shown that stethoscopes are not cleaned regularly, and even when they are bacteria can still be colonized from them. Surprisingly, non-medical staff seemed to clean their stethoscopes more often than medical staff, according to one study. This serves as a reminder not to forget about the stethoscope as a source of infection. In all honesty, how often have we followed the MD for rounds, observing him use the same stethoscope on each patient and never clean it? How guilty are we as nurses? (*RN*, July 2009)

Identity theft in medicine~ An article in the Chicago Tribune detailed how a man "stole" more than \$300,000 worth of cardiac services from a hospital using a friend's identity. We all know there is an epidemic of identity theft that has reached crisis proportions, but in the medical setting are we looking for it? Names and birthdays not matching from the patient's information to the insurance card on file is one red flag. The Federal Trade Commission (FTC) required creditor and financial institutions to develop and implement an identity theft prevention program within their organization. A health care professional is a creditor whenever the clinician permits payment after the date of service, thereby extending credit to the patient. The FTC has a site specifically devoted to identifying red flags in identity theft: www.ftc.gov/redflagrule. (*The Female Patient*, October 2009)

Sweet 'N Low use in pregnancy~ Sweet 'N Low is of concern during pregnancy because it crosses the placenta and could accumulate in fetal tissue because of slow fetal clearance. Splenda and Equal are safe, in moderation, during pregnancy, according to the FDA. (*Contemporary OBGYN*, December 2009)



More on cultural-competent menopausal care

"Across ethnic groups, in analyses of the Study of Women Across the Nation (SWAN), women identified two consistent domains of menopausal symptoms: vasomotor and psychological/psychometric. These were found to vary by ethnic group in the following respects:

- White women reported significantly more symptoms overall, especially those categorized as psychosomatic, including tension, depression, irritability, forgetfulness, and headache.
- African-American women reported the most vasomotor symptoms and vaginal dryness; however, they had a more positive attitude toward menopause than Hispanic and non-Hispanic women.
- Chinese-American and Japanese-American women reported significantly

fewer vasomotor symptoms than white, African-American, or Hispanic women, and had lower odds of experiencing mood symptoms, such as feeling blue, nervousness, or irritability. They did report the use of significantly more complementary/alternative medicines as well. However, they expressed the most negative attitudes of all groups, with those educated in the native countries being the most negative.

- Japanese-American women experienced menopause at a significantly later age.
- African-American women were the most likely to say that sex was important and to report having sexual intercourse more than once a week, compared to non-Hispanic white women, Chinese, and Japanese-American women." (SRM-ejournal.com, May 2011)

