



education, occupational status, and employment status. Women may have overall lower rates of mortality, but they paradoxically report higher levels of depression, psychiatric disorders, distress, and a variety of chronic illnesses than men. It is important to recognize the impact of these social determinants on the health of all patients and to understand that the pathways through which social position, behavior, and psychosocial forces influence health are different for men and women. Patients must be encouraged to engage in a healthy lifestyle because healthy behaviors help to prevent weight gain, high blood pressure, cardiovascular disease, diabetes, arthritis, and early mortality.

WOMEN'S HEALTH ISSUES OVER THE LIFESPAN

Issues for Adolescents

Adolescence is a period of rapid physical and emotional change, and patients may have both pediatric and adult issues. Adolescents often do not have a good understanding of health issues and are embarrassed or nervous about asking questions. Health care providers must help adolescents navigate this period of change and educate them about healthy behaviors in an open and nonjudgmental manner to create a therapeutic relationship.

Gender, Sexual Identity, and Sexual History

Adolescents often struggle with issues of gender, sexuality, and sexual behavior. They often avoid discussing these topics because of embarrassment, fear of being judged, or concerns about confidentiality. Discussing these issues in a safe, nonjudgmental manner can improve adolescents' understanding and promote healthy and responsible choices.

Individuals who identify themselves as lesbian, gay, bisexual, or transgender are at higher risk for substance abuse, intimate partner violence, and mental health issues. Asking about gender identity and sexual orientation is an important part of taking a sexual history. Many adolescents experiment, and their sexual behavior is not always a reflection of their gender identity or sexual orientation. A sexual history should include the number and gender of partners; use of contraception and barrier protection; types of sexual activities, including oral, vaginal, and anal sex; history of sexual abuse and intimate partner violence; history of coerced or forced sexual interactions; and use of alcohol or illicit substances during sex. Adolescents should be encouraged to make healthy choices regarding sexual activity, including abstaining from sex, using contraception and barrier protection, and seeking respectful partners.

Confidentiality

Adolescents often come to medical visits accompanied by a parent, and parental consent should be obtained for treatment of many medical issues. It is also important to interview all adolescents alone for part or all of the visit to discuss social and health history, because they do not feel comfortable discussing many issues in front of parents. Their history should remain confidential unless they divulge something that puts them or another individual at risk or have certain illnesses that are reportable to the department of public health. Regulations on confidentiality vary from state to state.

Adolescents often underestimate their parents' ability to understand their issues. Physicians should encourage adolescents to be open with their parents about health issues and bridge the communication divide.

Eating Disorders

Eating disorders often begin during the adolescent period. They include anorexia, bulimia, binge eating, and other disordered eating behaviors. These illnesses are characterized by distorted body image and dysfunctional behaviors that can lead to long-term physical and psychological issues. Rates of eating disorders are increasing, and white females tend to be disproportionately affected. Eating disorders often start with dieting and progressively develop into dysfunctional behaviors. Physicians who take care of adolescents should monitor weight and body mass index (BMI) and screen for alterations in body image and behaviors that suggest disordered eating. Management of eating disorders often requires a multidisciplinary approach with a primary care physician, psychologist, and nutritionist.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are common among adolescents. Human papillomavirus (HPV), *Chlamydia trachomatis*, and *Trichomonas* infections account for most cases, although gonorrhea, syphilis, herpesvirus, and human immunodeficiency virus (HIV) infections also occur.

All patients between the ages of 13 and 21 years should be screened for chlamydial and gonorrheal infections annually. Annual opt-out HIV testing is also recommended by the Centers for Disease Control and Prevention (CDC) for all patients between the ages of 13 and 64 years.

The HPV vaccine has been added to the standard pediatric immunization schedule and is recommended for girls and boys 9 to 11 years of age. If the HPV vaccine was not part of the normal schedule, it is approved for patients up to 26 years old. The vaccines have proved to be highly safe and effective, providing another means to prevent cervical cancer.

Primary Amenorrhea

Amenorrhea is defined as the lack of menses in a sexually mature female. It is categorized as primary or secondary amenorrhea. Primary amenorrhea is the lack of menarche by age 16 despite normal sexual development or the lack of menarche by age 14 in the absence of sexual development.

Primary amenorrhea is often caused by genetic or anatomic abnormalities. Breast development, presence of a uterus, and the levels of FSH and LH are important factors in determining the cause of primary amenorrhea. Lack of a uterus despite breast development may suggest androgen insensitivity or müllerian agenesis. If the uterus exists, an outflow tract obstruction such as an imperforate hymen or a transverse vaginal septum may be identified. However, if secondary sexual characteristics are missing, measuring FSH and LH levels can help to determine the difference between hypogonadotropic hypogonadism (i.e., constitutional delay or pituitary or hypothalamic failure) and hypergonadotropic hypogonadism (i.e., premature ovarian failure or Turner syndrome).