Issues for Adult Women

Promoting Wellness and Preventive Health

Comprehensive health care for women includes gender-specific and general services and counseling to promote healthful behaviors and practices to prevent disease. Table 70-1 highlights evidence-based recommendations for preventive care specifically for women at average risk.

Screening for Cervical Cancer

Cervical cancer, the tenth leading cause of cancer death in the Unites States, occurs most often in women who have never been screened or not screened in the past 5 years. Infections with high-risk strains of HPV (16 and 18) are responsible for approximately70% of cervical cancer cases. The incidence increases with early onset of intercourse; greater number of lifetime sexual partners; co-infection with other STIs, including HIV; high parity; long-term use of oral contraceptives; and cigarette smoking. Peak incidence of HPV infection occurs among women younger than 25 years of age, but most of these infections are transient. Approximately 10% of women remain HPV positive 5 years after infection. Cervical abnormalities that do transform into cancer are thought to progress over time from less severe to more severe lesions.

The U. S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS), American Society of Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP) published consensus guidelines for screening average-risk women. These recommendations do not apply to women who have had cervical intraepithelial neoplasia with moderately abnormal cells (i.e., CIN 2) or higher-grade cervical lesions, cervical cancer, or in utero diethylstilbestrol (DES) exposure or to women who are immunocompromised or HIV positive (Table 70-2).

Contraception

Approximately 62% of reproductive-age women in the United States are using some form of contraception, but almost one half of pregnancies are unintended. When helping patients choose a contraceptive method, several important variables should be considered. The first is efficacy and a patient's ability to adhere to the method. The efficacy of contraceptive methods depends on appropriate use (Table 70-3). Patients' past experiences with different forms of contraception and personal preferences may help to predict how well they will comply with current regimens.

Obtaining a thorough personal and family medical history can help to determine what methods are appropriate. Certain medical issues can make a choice too risky for one patient but provide a health benefit for another. For example, oral contraceptives that increase the risk of thrombosis are contraindicated for a patient with a strong family history of venous thrombosis, but they could correct anemia in a patient with menorrhagia. The patient's sexual history and assessment of the risk for STIs play a role in contraceptive choice and education about the use of barrier methods.

Methods of Contraception

Barrier methods include the male and female condom, diaphragm, and cervical cap. The diaphragm and cervical cap need to be fitted by a medical professional, require a prescription, and need to be left in 6 to 8 hours after intercourse to be effective. The male condom, which can be purchased over the counter, has the added benefit of helping to prevent the transmission of STIs.

Combination hormonal contraceptives are the most common form of hormonal birth control. They typically contain a low dose of estrogen (≤35 μg) and one of several progesterones. Delivery methods include pills, patches, and intravaginal rings. Contraindications to combination hormonal contraception are related to the estrogen component and include a personal history of a thromboembolic event or known thrombogenic mutation, cerebrovascular accident (CVA), coronary artery disease (CAD), uncontrolled hypertension, migraine with aura, smoking after age 35, breast cancer, estrogen-dependent neoplasms, undiagnosed abnormal vaginal bleeding, liver tumors, and pregnancy.

Potential noncontraceptive benefits of combination oral contraceptives include regulation of menstrual flow and improvement in ovarian cyst recurrence, endometriosis, acne, polycystic ovarian syndrome, and mittelschmerz (i.e., midcycle pain). Long-term use of combination oral contraceptives has been associated with a reduced lifetime risk of endometrial and ovarian cancers. The World Health Organization (WHO) medical eligibility criteria for contraceptive use provide excellent guidance for the choice of contraceptive methods based on patients' risk factors (available at http://www.who.int/reproductivehealth/publications/family_planning/9789241563888/en/index.html [accessed August 1, 2014]). Patients should be able to take pills at approximately the same time each day.

The contraceptive patch is a form of combination hormonal contraception that is delivered transdermally. The patch is applied on a weekly basis for 3 weeks and then discontinued for 1 week. The patch delivers a higher average dose of estrogen but has lower peak doses. Another form of combination hormone delivery is the intravaginal ring. A flexible ring is inserted intravaginally for 3 weeks and then removed for 1 week when menses occur. The patch and the ring are reasonable options for patients concerned with medication compliance.

Progesterone-only contraceptives are an option for women intolerant of estrogen or at increased risk for thromboembolic events. Contraindications include active CAD, breast cancer, liver tumor, and phlebitis. They are slightly less efficacious than the combination pills, and women may experience breakthrough bleeding.

Depot medroxyprogesterone acetate (DMPA) is a progesterone-only injection administered every 12 weeks. It is a very reliable form of contraception. Major side effects include irregular bleeding (which resolves over time) and amenorrhea (50% at 1 year). Weight gain, hair changes, and acne are possible side effects. The U.S. Food and Drug Administration (FDA) issued a black box warning that DMPA may decrease bone density, especially in adolescents.

The intrauterine device (IUD) can be a great option for women who do not desire pregnancy in the next 5 to 10 years. Worldwide, it is the most widely used method of reversible