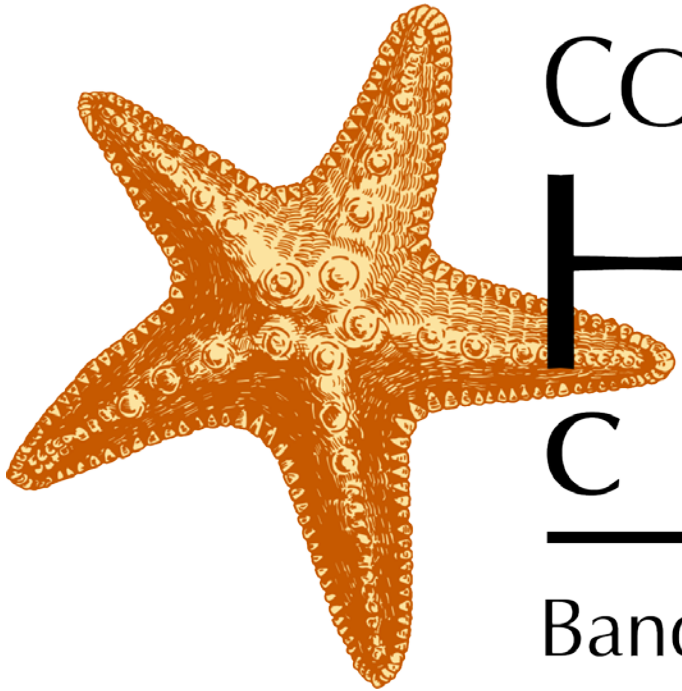
# Women's Whole Health:  Prevention, Care, & Well Being



COAST COMMUNITY
HEALTH
center

Bandon • Port Orford • Brookings

# Prevention

- Heart Disease in Women
- Cancer Screening
- Immunizations

# Heart Disease in Women

- Heart disease is the leading cause of death in the United States for both sexes
- In 2020, nearly **315,000 women** died from heart disease - about **1 in 5 deaths**
- Perception that heart disease primarily affects men has implications for awareness
- Awareness of heart disease as leading cause of death among women declined from **65% in 2009 to 44% in 2019**.
- In a 2014 study, only **22% of primary care physicians and 42% of cardiologists** felt "extremely well prepared" to assess women's risk for all cardiovascular disease
- When considering all cardiovascular diseases - **57% of stroke deaths** in the US are in women


**Sources**

- CDC: Women and Heart Disease
- Ten-Year Differences in Women's Awareness Related to Coronary Heart Disease: Results of the 2019 American Heart Association National Survey. *Circulation.* 2020.
- Knowledge, Attitudes, and Beliefs Regarding Cardiovascular Disease in Women: The Women's Heart Alliance

# Sex Differences in Heart Disease

- There are **known differences in anatomy, risk factors, clinical presentation, and treatment response**
- Most common symptoms for both men and women: pain in chest, jaw, neck, or back; shortness of breath
  - Women **more likely to exhibit symptoms of lightheadedness, indigestion, extreme fatigue**
- Women **more likely than men to die from heart attacks**
- Differences in presentation can lead to **under-recognition and underdiagnosis**
- Women also **more prone to smaller vessel disease**, while men more commonly develop blockages of larger arteries
- Women about twice as likely to develop **heart failure with preserved ejection fraction** – heart muscle is too stiff for the heart chamber to fill with blood properly

# Risk Factors for Women

- For both sexes: **hypertension, diabetes, hyperlipidemia, age, obesity, smoking, family history, sedentary lifestyle**
- **Risk factors specific to women**:
  - Hypertension often underdiagnosed in women, under control in fewer than 1 in 4 women with HBP.
    - **More than 56 million US women have HBP**
  - HBP in pregnancy increases heart disease risk later in life
  - Early onset of **menarche and menopause**
  - **Diabetes during pregnancy**
  - Women have more frequent adverse cardiovascular outcomes related to **depression and anxiety** than men
  - **Inflammatory and autoimmune disorders** affect women disproportionately, increase risk

# Disparities in Care and Research

- Prior studies report:
  - Women get **lifesaving procedures less often, later**, during a heart attack.
  - Women **less likely than men to be prescribed aspirin, statins, ACE inhibitors**
- Inclusion of **women in CV trials critical to overcoming disparities**
  - Women especially **underrepresented in heart failure studies**
- Barriers to inclusion of women in CV trials include
  - **Lower rates of referral** to cardiologists and specialty programs
  - Lack of **awareness, trust, logistical barriers**
  - Underrepresentation in **clinical trial leadership**
  - **Pregnant women often excluded** from research

# Breast Cancer Screening

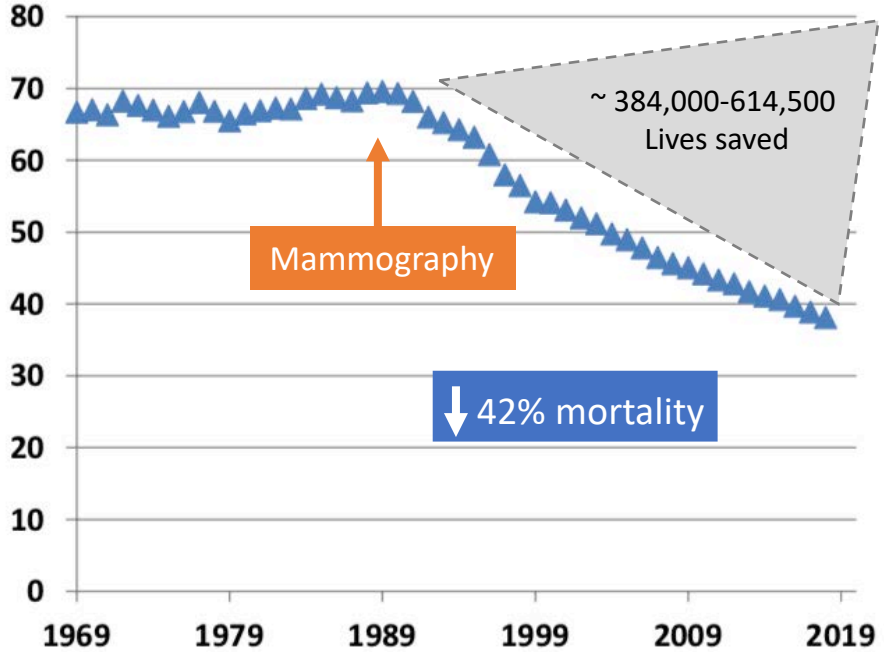
- For women, still the most frequent non-skin cancer and the most frequent case of cancer death
- Common Risk factors:
  - Personal or family history of breast or ovarian cancer
  - High-risk ancestry ( e.g. Ashkenazi Jewish)
  - History of high-risk genetic condition (e.g. BRCA1 or 2 mutation)
  - Dense tissue on mammogram

# Breast Cancer Screening - Continued

- Recommendations vary and it is important to work with your provider to choose a screening strategy that is based on your risk and preferences as well as is evidence based
  - Screening mammogram every 1-2 years starting at age 40
  - Screening can continue to age 75 or older
- Special Considerations
  - Dense breasts: increased risk of breast cancer and can make mammogram less effective. Recommended to have digital mammogram.
  - Breast augmentation: standard screening techniques
  - COVID-19 vaccination: can cause lymph node enlargement, but no recommendation to delay screening due to recent vaccination

# Has Mammography Reduced Breast Cancer Death?

# Age-adjusted U.S. breast cancer mortality rates (per 100,000)




Women aged 40–84 by year 1969–2015

ACR AMERICAN COLLEGE OF RADIOLOGY
QUALITY IS OUR IMAGE

SOCIETY OF BREAST IMAGING SBI Since 1985

YES -

MAMMOGRAPHY HAS REDUCED BREAST CANCER DEATHS

Hendrick RE, Baker JA, and Helvie MA. Breast Cancer Deaths Averted Over 3 Decades. Cancer 2019;0:1-7.

# Decades of Evidence Prove Mammography Saves Lives

- Randomized controlled trials of women ages 40–74 show at least a 20% reduction in breast cancer deaths

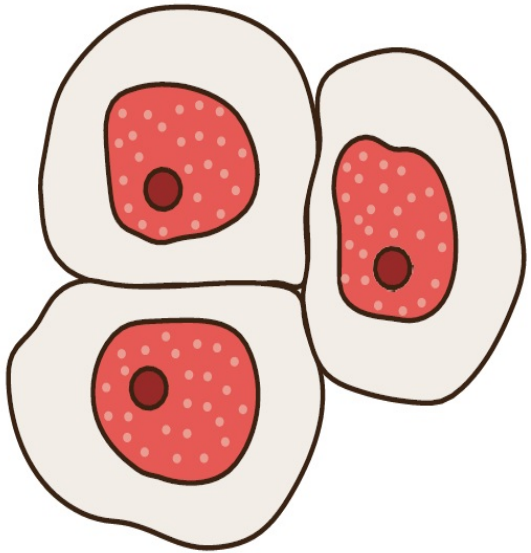
  *Note: RCTs test only the "invitation to screening"*

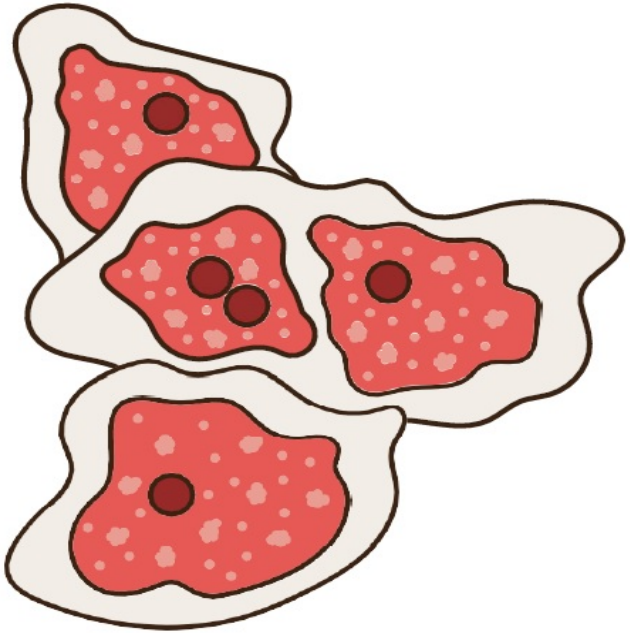
- Observational studies: show a mortality reduction of about 40%

  *Note: test actual mammogram use*

- Observational studies show benefits for women over 74, as well as the 40–74 age group

# Cervical Cancer Screening





# How Often Should We Get Screened for Cervical Cancer?

Who should get screened? Notice the different recommendations for different ages.

If a woman is age 21 to 29, she should get a Pap test every 3 years.

After age 30, a woman has 3 choices:

- A Pap test every 3 years.
- An HPV test every 5 years.
- A Pap and an HPV test every 5 years (called co-testing).

**After age 65,** a woman may be able to stop screening **OR** she may need to get screened if she hasn't been screened in awhile and has not had a hysterectomy. She should talk to her doctor.

If a woman has had a **hysterectomy,** in most cases, she will not need to be screened. But she should talk to her doctor about whether she needs to be tested.

# What Does It Mean to Get Screened?

**Screening** means checking for cancer in people who do not have symptoms.

You can be screened for cervical cancer in three ways:

A Pap test, which checks your cervix for abnormal cells that could turn into cervical cancer. A Pap test can also find cervical cancer early, when it is easier to treat.

An HPV test, which can tell you if you have the virus that can cause cervical cancer.

A Pap test and an HPV test combined. This is sometimes referred to as **co-testing.**

# Human Papillomavirus (HPV)

## Most cervical cancer is caused by human papillomavirus, or HPV.

- You get HPV from having sexual contact with a man or a woman who has the virus.
- HPV infection is very common in people who are sexually active.
- Most of the time, HPV doesn't cause health problems and goes away on its own.
- But sometimes it doesn't go away. Some types of HPV can cause the cells of your cervix to go from normal to abnormal. In rare cases, over a long time—around 10 to 15 years—an HPV infection can cause cervical cancer.
- You can't see or feel these changes happening. That's why screening is important.
- If you're 26 or younger, you can get an HPV vaccine.

# Prevention - Immunizations

## HPV Vaccine

- HPV vaccine is recommended as part of the routine vaccination schedule and can be given between ages 9 and 26.
    - Two doses of HPV vaccine are recommended for most persons starting the series before their 15th birthday.
    - Three doses of HPV vaccine are recommended for teens and young adults who start the series at ages 15 through 26 years, and for immunocompromised persons.
- Some adults ages 27 through 45 years might decide to get the HPV vaccine based on discussion with their clinician.
- HPV vaccination prevents new HPV infections and works best when given before any exposure
- Not only does the HPV vaccine help prevent cervical cancer, it can also help present cases of genital warts, which are also caused by the HPV virus

# Care - Menopause

- Menopause is a natural event  that is signified by having one year of no menstrual bleeding
- The average age of menopause is 52.5 years.
- In the time around menopause, common symptoms include
  - Irregular periods
  - Hot flashes
  - Night sweats
  - Vaginal dryness (present in 50% of women)
  - Sleep disturbances

# Care - Menopause

- No treatment necessary if symptoms are mild and manageable
- Treatment should be individualized to the patient and include assessing risk of cardiovascular disease and breast cancer
- Complementary and Alternative Medicine treatments (for people with mild symptoms or wanting to avoid  medical intervention)
  - Cognitive behavioral therapy
  - Mindfulness practices
  - Yoga
  - Acupuncture
  - Behavioral modifications: dressing in layers, avoiding triggers, or cool ambient temperature

# Care – Menopause – Hot Flashes

- Primary goal is to reduce frequency and intensity of hot flashes (not treating to reach a hormone level)
- Safest to start if patient is within 10 years of menopause or younger than 60
- Contraindications: history of breast cancer, congestive heart disease, previous venous thromboembolic event (VTE) or stroke, active liver disease, undiagnosed vaginal bleeding, high-risk endometrial cancer, or transient ischenic attack.
- Hormonal
  - Estrogen with or without progesterone. (if havent had hysterectomy, need to take progesterone)
    - Needs to be systemic to adequately treat vasomotor symptoms
    - Can help with mood disorders and sleep disturbances as well
- Non-hormonal
  - In May 2023, the FDA approved fezolinetant (Veozah)
    - This new class of medication works on Neurokinin 3 receptor antagonists, which plays a role in the brain's regulation of body temperature.
    - This is especially valuable for women who experience hot flashes and have a history of vaginal bleeding, stroke, heart attack, blood clots or liver disease, cannot take hormone therapies.
  - Paroxetine (Brisdelle) antidepressant with FDA approval for treatment of hot flashes
  - Gabapentin and oxybutinin are off-label treatment options for hot flashes

# Care – Menopause – Vaginal Dryness

- Can lead to vaginal discomfort, painful intercourse, or urinary symptoms, including frequency, urgency, dysuria, and incontinence.
- Is caused by decreased estrogen levels that occur naturally with menopause
- Hormonal
  - Topical estrogen has been the mainstay of treatment
    - Available in pill, ring, or cream form
  - Has not been shown to increase risk of breast or endometrial cancer
    - Can even be used in patients with a personal history of breast cancer
  - Ospemifene (Osphena) is an oral treatment that works selectively on estrogen receptors in the vagina to help avoid risks of estrogen in other tissues.
- Non-hormonal
  - Moisturizers and lubricants are the first recommended treatments
  - Laser treatments to treat vaginal dryness and urinary incontinence
    - Not yet FDA approved but are used off label with success
    - Safe alternative for patients with history of breast cancer

# Care – Menopause – Low Libido

- Seuxal dysfunction is common, affecting almost 50% of women
- Multiple factors:
  - Medical problems
  - Psychological or mental disorders
  - Culture
  - Interpersonal relationships
- Treatment options include not only counseling and addressing medical conditions, but also medications:
  - Testosterone: not FDA approved
    - Possible risks of cardiovascular disease, liver dysfunction, and changes in cholesterol levels
  - Filbanserin (Addyl)
    - For premenopausal patients with low sexual desire
  - Bremelanotide (Vyleesi)
    - For postmenopausal patients with low sexual desire

# Well-being – Blue Zones

Blue Zones are geographic areas that contain extremely high rates of nonagenarians and centenarians, which are people who live over 90 and 100, respectively

- Core Principles:
  - Eat a diet full of whole plant foods
    - Vegetables, whole grains, legumes, nuts
    - Follow the “80% rule”:  stop eating when you feel 80% full, not 100% full
    - Consume alcohol in moderation
    - Build exercise into your daily routine (75 vigorous-intensity or 150 moderate-intensity minutes of aerobic activity per week)
    - Be well rested: get sufficient sleep and also often take daytime naps.
    - Have a life purpose, strong social network, and mix of older and younger friends.

# Thank You.