**Women Health**

**Definition of women health:** "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

**Women health Team:**

* Obstetrician/gynecologist
* General surgeons specializing in breast care
* Perinatologist
* Primary care doctor

**Causes of mortality in women:**

Young age: communicable diseases such as self-inflicted injury and HIV, and respiratory diseases, malaria, and maternal and perinatal conditions

Older age: non-communicable chronic diseases such as heart disease, stroke and cancers (except developing countries communicable diseases is still the highest)

**Screening:**

**Tobacco:** Fagerstorm test (when you wake up when you take your first cigarettes, how many per day... etc.

**Alcohol:** examination: alcohol odor, slurred speech Investigation: GGT, MCV, LFT.

**Role aspirin in cardiovascular diseases**

**Primary prevention:**

Only for Women who have CVD Risk; old age, Hypertension, DM ... etc.

Make sure the patient doesn’t have hemorrhagic stroke and gastrointestinal (GI) bleeding.

|  |  |  |
| --- | --- | --- |
| **Common Risk factor CVD with men** | **Unique risk factor CVD to women’s** | |
| Age Family and history. | | Early menarche appears to be associated with future CVD risk |
| Dyslipidemia | | Postmenopausal state as a risk factor for CVD |
| Hypertension. | | Oral contraceptives |
| Diabetes mellitus. | | Hysterectomy. |

**Secondary prevention:** is well established and beneficial for CVD.

**Unique presentations of CVD in women:**

* Atypical angina
* stress-induced cardiomyopathy
* Heart failure preserved ejection fraction
* spontaneous coronary artery dissection

**Screening for dyslipidemia: (total cholesterol and HDL)**

Women above 45: if result came high take full panel

Women above 20: only if family history of multiple cardiovascular risk including premature CVD.

**(1)**

**Screening for DM:**

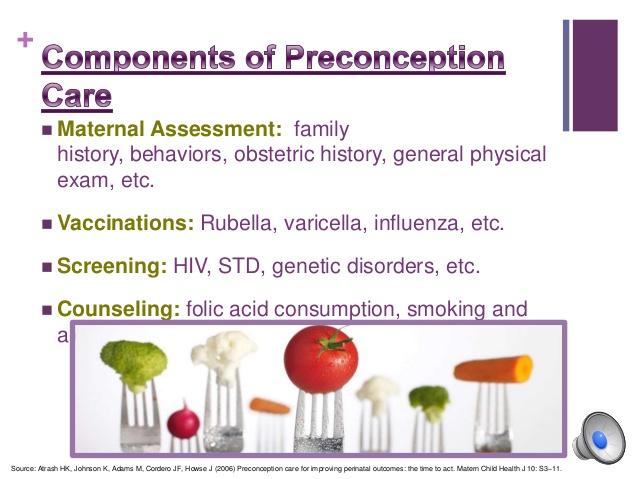
All adults beginning at 45 years of age.

Or any adult with risk factor; Physical inactivity, 1st degree relative with DMT2, Hypertension, Polycystic ovarian syndrome. etc.

**Screening for Hypertension:**

Age 40: annually

**preconception counseling:**



**Screening for chlamydia and gonorrhea**

* Sexually active women under 25 years of age
* Sexually active women aged 25 years and older if at increased risk
* Retest approximately 3 months after treatment
* Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months

Method: Virginal swap, collecting urine

**Screening for Cervical cancer:**

* -Women 21-29 years of age every 3 years with cytology
* -Women 30-65 years of age every 3 years with cytology, or every 5 years with a combination of cytology and HPV testing
* Early detection: Pap test.
* Tests to confirm: cervical biopsy

**Screening for Breast cancer:**

Recommendation:

* **-Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms if they wish to do so.
* **Women age 45 to 54** should get mammograms every year.
* **-Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.

We don’t do Mammograms before 40 instead we do ultrasound and physical examination

**(2)**

**Screening for colon cancer:**

Recommendation:

* + **We start screening over the age of 40**
* Patients with average risk + no family history the colonoscopy will be every 10 years, High risk patients the colonoscopy will be every 5 years.
* high-sensitivity fecal occult blood testing annually**.** blood occult test:

every 2 years to the patients aged 60-74 years.

* flexible sigmoidoscopy every five years with high-sensitivity fecal occult blood testing every three years.

**Screening for osteoporosis:**

Recommendation:

* -All women above 65-year-old
* - Women younger than 65-year-old with one or more risk factor of osteoporosis
* - Postmenopausal women with fracture

Screening methods:

* **(DEXA) dual-energy X-ray absorptiometry every two years for recommendation patients.**

**Vaccination for Women:**

Avoid MMR during pregnancy

**T dap** is recommended between 27-36 in gestation

The type of vaccine in pregnant women is: inactivated

**Menopause:**

as the time when there have been no menstrual periods for 12 consecutive months and no other biological(pregnancy) or physiological (hyperthyroidism) cause can be identified and age above 40.

**Symptoms:** (hair loss, itchy skin, hot flushes, night sweet, breast pain, loss of libido, vaginal dryness, osteprosis, frequint urination).

* **FSH Level : more than 35**

**Management:**

* 1- Lifestyle Changes including diet and exercise
* 2- HRT as solution
* 3- Gabapentin decrease flushes by 45%
* 4-Atropine for sexual dysfunction

**Thank you and wish you all the best**

Done by Abdullah Nasser Al-Omair,

**(3)**