As We Age... Women's health concerns

Purdue Women's Club

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Who sets the standards for Women?

- **ACOG**-American College of Obstetric and Gynecology
- FACOG-Faculty of ACOG
- AWHONN-Association of Women's Health, Obstetrics and Neonatal Nurses
- American Cancer
- American Heart

Normal Female Anatomy



Female Reproductive System



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"I do weights for muscle health, cardio for heart health and chocolate for mental health." Preventive Medicine for Women ages 19-39 Laboratory and Other Tests

- Cervical Cytology—Pap Smear
- Gonorrhea and Chlamydia Testing
- Genetic Testing/Counseling
- Human Immunodeficiency Testing (HIV)

Preventive Medicine for Women ages 40-64

Laboratory and Other Tests

- Colorectal cancer screening: Beginning at age 50 years
- Cervical Cytology—Pap smear and HPV co-test every 5 years or pap alone every 3 years until age 65
- Diabetes testing starting at age 45
- Lipid profile every 5 years starting at 45\
- Mammography
 - May start at 40-49 yearly or biennially
 - Required at age 50—no order needed

Preventive Medicine for Women ages 65 and over

Laboratory and other Tests

- Colonoscopy-ages 76-85 decision on individual basis
- Bone density testing
- Cervical Cytology—done to 65. After 65 depends on previous testing
- Diabetes testing every 3 years
- Lipid profile every 5 years
- Mammography—annual or biennial until 75—should be decided between the patient and the doctor depending on history.
- Urinalysis

Colorectal Testing

Test That Detects Adenomatous Polyps and Cancer	Interval
Stool-Based Tests	
gFOBT	Every year
FIT	Every year
FIT-DNA	Every 1-3 years
Direct Visualization Tests	
Colonoscopy	Every 10 years
CT colonography	Every 5 years
Flexible sigmoidoscopy	Every 5 years
Flexible sigmoidoscopy with FIT	Flexible sigmoidoscopy
	every 10 years plus FIT
	every year

Breast Cancer Risk Factors

- Family History of Breast cancer, ovarian cancer, or other hereditary breast and ovarian syndrome (prostate or pancreatic cancer)
- Known deleterious gene mutation
- Previous biopsy with specific pathology
 - Atypical hyperplasia
 - Lobular carcinoma in situ
- Early menarche
- Late menopause
- Nulliparity
- Prolonged interval between menopause and first pregnancy

Breast Cancer Risk Factors

- Menopausal hormone therapy with estrogen and progestin (decreased risk with estrogen alone)
- Not breastfeeding
- Increasing age
- Certain Ethnicities
- High body mass index
- Alcohol consumption
- Smoking
- Dense breasts on mammography
- Prior exposure to high-dose therapeutic chest irradiation in young women (10-30 years old)

https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Breast-Cancer-Risk-Assessment-and-Screening-in-Average-Risk-Women

	American College of Obstetricians and Gynecologists	U.S. Preventive Services Task Force	American Cancer Society	National Comprehensive Cancer Network
Clinical breast examination	May be offered* every 1–3 years for women aged 25–39 years and annually for women 40 years and older.	Insufficient evidence to recommend for or against. [†]	Does not recommend [‡]	Recommend every 1–3 years for women aged 25–39 years. Recommend annually for women 40 years and older.
Mammography initiation age	Offer starting at age 40 years.§	Recommend at age 50 years.	Offer at ages 40–45 years. ¹	Recommend at age 40 years.
	Initiate at ages 40–49 years after counseling, if patient desires. Recommend by no later than age 50 years if patient has not already initiated.	Age 40–49 years: The decision to start screen- ing mammography in women before age 50 years should be an indi- vidual one. ¹	Recommend at age 45 years."	
Mammography screening interval	Annual or biennial§	Biennial	Annual for women aged 40–54 years‡	Annual
			Biennial with the option to continue annual screening for women S5 years or older [‡]	
Mammography stop age	Continue until age 75 years. Beyond age 75 years, the decision to discontinue should be based on a shared decision-making process that includes a discussion of the woman's health status and longevity.	The current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years and older. [†]	When life expectancy is less than 10 years [‡]	When severe comorbidities limit life expectancy to 10 years or less

Table 1. Recommendations for Breast Cancer Screening in Average-Risk Women 🗢

Recommendations for Mammography

Breast Cancer History

- In the U.S., 1 in8 women (12.4%) will have invasive CA in her lifetime.
- 2x higher if 1st degree relative has CA and 5 x greater if 2 1st degree relative have CA
- Even higher is brother or father have CA
- High risk for CA with BRCA1 or BRCA2 gene. Also, abnormal CHEK2 gene may play a role

Reduce Risks of Breast Cancer

- Limit Alcohol
- Don't Smoke
- Control your weight
- Be physically active
- Breast feed
- Limit dose and duration of Hormone therapy
- Avoid exposure to radiation and environmental pollutions

Cervical Cancer Statistics

- About 13,240 cases of cervical cancer will be diagnosed
- About 4170 women will die of cervical cancer
- Cervical cancer tends to occur in midlife and is most frequently diagnosed in women between the ages of 35 and 44. It rarely develops in women younger than 20.
- More than 15% of cases of cervical cancer are found in women over 65.

Cervical Cancer Causes

- Most are caused by infection with HPV.
- HPV is a virus that enter cells and can cause them to change.
- Takes 3-7 years for high-grade changes in cervical cells to become cancer

Cervical Cancer HPV

- Sexually Transmitted
- 150 Strains of HPV—13 for cervical cancer and 12 cause genital warts
- Three vaccines
- Which strain cause cervical cancer?
- Cancer in men

- A Pap smear, also called a Pap test, is a procedure to test for cervical cancer in women.
- A Pap smear involves collecting cells from your cervix — the lower, narrow end of your uterus that's at the top of your vagina.
- Pap smear is your first step in halting the possible development of cervical cancer.



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- Why do we test?
- Who should have a Pap Smear?
- Who can consider stopping the test?
- Risks
- How to prepare?

Results

- Normal Results
- Abnormal Results

Menopause



"Night sweats and hot flashes are nature's way of lowering your heating bill so you can save more money for your retirement."

Menopause

- What causes Menopause?
- Symptoms
- Hormone Therapy
- Vaginal Atrophy

Menopause





Menopause Natural Support for Symptoms

- Black Cohosh
- Vitamin D
- Acupuncture
- Mindful Breathing
- Ginseng
- St. John's Wort
- Yoga

Menopause Vaginal Atrophy

- Symptoms
- When to see a doctor
- Causes
- Risk Factors
- Complications
- Prevention

HOW MUCH DO WE NEED?

- SLEEP REQUIREMENTS AS WE AGE
- The largest single factor that affects <u>sleep</u> requirements is **age**, and the amount of <u>sleep</u> needed by individuals of different ages can vary in a very significant way. For example, children, and particularly babies, need much more sleep than adults.
- According to the **National Sleep Foundation**, the general guidelines for different ages are as follows:

Age	Daily Sleep Requirement
Newborns (o-2 months)	12-18 hours
Infants (3-11 months)	14-15 hours
Toddlers (1-3 years)	12-14 hours
Preschoolers (3-5 years)	11-13 hours
Young children (5-10 years)	10-11 hours
Adolescents (10-17 years)	8.5-9.25 hours
Adults	7-9 hours

- Broadly speaking, the amount of sleep we need each night decreases steadily throughout our younger years up to adulthood, when it flattens out and remains more or less constant. The amount of sleep we actually get also decreases throughout life (see graph below), although for a variety of reasons sleep need and sleep achievement are not always synchronized.
- Contrary to popular belief, the elderly actually need just as much sleep as younger adults, but they usually find this difficult to achieve (for a variety of reasons including the side-effects of medications, pain-related medical conditions, respiratory problems, etc, all of which are more common in older people), and their night sleep is typically lighter, shorter and more fragmented, often driving them to resort to afternoon naps.





 In older people, the depth of sleep tends to decrease: the proportion of REM sleep may fall to around 15% or less, and deep stage 3 non-REM sleep also tends to decrease, making them more susceptible to sleep disturbances and also compromising their immune systems and leaving them more vulnerable to illnesses.



 After the age of about 55, the pendulum swings back the other way and older people are subject to a phase advance, and tend to be ready to sleep earlier in the evening and wake earlier in the morning.



Sleep Deprivation



Sleep Deprivation

 Because insufficient sleep impacts your hunger and fullness hormones, including two called ghrelin and leptin. Ghrelin signals your brain that it's time to eat. When you're sleep-deprived, your body makes more ghrelin. ... Put the two together, and it's no wonder sleep deprivation leads to overeating and extra pounds. Sleep Natural Help

- Keep noise and light to a minimum. Use earplugs, window blinds, heavy curtains, or an <u>eye</u> mask.
 Small night-lights in your bedroom and bathroom are a good idea.
- Avoid large meals two hours before <u>bedtime</u>. A light snack is fine.
- Don't drink <u>caffeine</u> (including tea and soft drinks) four to six hours before <u>bedtime</u>.
- Regular <u>exercise</u> like walking will <u>reduce</u> <u>stress</u> hormones and help you sleep better. But don't exercise within two hours of bedtime. You may have more difficulty falling asleep.

Sleep Natural Help

- Don't nap late in the afternoon.
- Stop working on any task an hour before bedtime to calm your <u>brain</u>.
- Don't discuss emotional issues right before bedtime.
- Keep pets outside your sleeping area if you can.
- Make sure your bedroom is well ventilated and at a comfortable temperature.
- Learn a relaxation technique like <u>meditation</u> or progressive relaxation.

Sleep Possible Natural Supplements • Chamomile tea-plant based

- Melatonin-natural hormone
- Valerian-root—used over 2000 years
- Kava—member of pepper family

Muscular Skeletal Changes

Osteoporosis

- Bones become thin, brittle and weak
- Risk Factors
- Link between osteoporosis and menopause
- Symptoms

Muscular Skeletal Changes

- Testing
- Treatment
- Prevention

Muscular Skeletal Changes Balance and Coordination

- Benefits of agility, balance and coordination training
- Physiologic factors that effect it
- Why we fall

Autoimmune Diseases Stats

- ~25-50 million Americans have an autoimmune disease
- Affects ~8-15 % of the population, 75% of whom are women
- Third leading cause of chronic disease in the U.S.
- 80-100 different autoimmune diseases identified with an additional 40 diseases having an autoimmune cause
- One of top 10 causes of death in women and children up to age 64

Autoimmune Diseases and Vitamin D

Autoimmune diseases

- Common diseases
 - Irritable Bowel
 - Inflammatory Bowel Disease
 - Celiac Disease
 - Thyroid Disease
 - Rheumatoid Arthritis
 - Fibromyalgia
 - Lupus
 - Multiple Sclerosis
 - Hemolytic Anemia

Autoimmune Diseases Distribution

GLOBAL DISTRIBUTION OF MS

HIGH RISK PROBABLE HIGH RISK LOW RISK PROBABLE LOW RISK NORTH-SOUTH GRADIENT RISK OTHER RISK

Vitamin D

- Greatest influence in emergence of autoimmune diseases
- "Light starvation"
- Dietary Intake guidelines
- Factors influencing Sun-derived Vitamin D synthesis

The End

Questions

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