

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 7: Preventive Care and Health Maintenance

Rationale: The student will recognize the value of routine health surveillance as a part of health promotion and disease prevention.

Intended Learning Outcomes:

A student should be able to:

- Counsel patients regarding the following and suggest appropriate referral if necessary (i.e. social worker, nutritionist, psychologist):
 - Contraception
 - Intimate partner violence
 - Prevention of sexually transmitted infections
 - Immunizations
 - Diet/nutrition
 - Exercise
 - Seat belt use
 - Stress management
 - Sun exposure
 - Tobacco use
 - Alcohol/substance abuse
- Explain preventive guidelines including screening procedures for diseases of the following organ systems:
 - Breast
 - Cervix
 - Colon
 - Cardiovascular
 - Skin
 - Bone
- Identify risk factors in patient's personal and family history for diseases of the following organ systems:
 - Breast
 - Cervix
 - Colon

- Cardiovascular
- Skin
- Bone

TEACHING CASE

CASE: A 51-year old G3P3 woman comes to the office for a health maintenance exam. She has no concerns. She is in good health. She had three normal vaginal deliveries. She is sexually active with her husband and has been using condoms for contraception. She has no history of abnormal Pap tests or sexually transmitted infections. Her last Pap test was one year ago. Her cycles are irregular as she only had 4 menstrual periods last year. Her last menstrual period was 2 months ago. She is not taking any medications. Her family history is significant for a maternal aunt who was diagnosed with ovarian cancer at age 60. On examination, she has normal vital signs. Her thyroid, breast, heart, lungs and abdominal exams are normal. On pelvic examination, she has normal external genitalia, normal vagina and cervix. On bimanual exam, she has a slightly enlarged uterus and no palpable adnexal masses. Rectovaginal exam confirms those findings.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

1. What is the next step in the management of this patient's menstrual cycle?
 - This patient is perimenopausal and she appears to be having anovulatory cycles. As long as she is not experiencing any bothersome symptoms (such as hot flashes), there is no need for any interventions.
2. What is the next step in preventive care/health maintenance for this patient?
 - Since she has always had normal Pap tests and her last one was a year ago, she does not need a Pap test during this visit. She should have a yearly mammogram, and needs to have a sigmoidoscopy or colonoscopy if she has not had one yet. Her cholesterol levels need to be checked if she has not had a check in last 3 years or they had been abnormal in the past. Other laboratory studies such as glucose levels or thyroid function tests can be checked if there are any related symptoms.
3. Does this patient need to continue using contraception?
 - If the patient does not want to be pregnant she should continue using contraception until she has not had a menstrual cycle for one year.
4. Does this patient need a bone density scan?
 - Based on her risk factors, this patient does not need a bone density or DXA scan. Risk factors for osteoporosis include a history of rheumatoid arthritis, corticosteroid therapy, or low-trauma fracture. Other risk factors include a history of parental hip fracture, alcohol use and cigarette smoking.

5. What are your recommendations regarding the frequency of cervical cancer screening (cytology/Pap tests) for this patient?
- This patient needs a Pap test every three years or Pap and HPV co-testing every five years since she has never had an abnormal Pap test.
6. How would the recommendations for the Pap test be different if this patient were 28 years of age?
- Cervical cytology screening is recommended every 3 years for women aged 21–29 years, with either conventional or liquid-based cytology. Certain risk factors have been associated with CIN in observational studies; women with any of the following risk factors may require more frequent cervical cytology screening:
 - Women who are infected with human immunodeficiency virus (HIV)
 - Women who are immunosuppressed (such as those who have received renal transplants)
 - Women who were exposed to diethylstilbestrol in utero
 - Women previously treated for CIN 2, CIN 3, or cancer

REFERENCES

Beckman CRB, et al. *Obstetrics and Gynecology*. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. *Essentials of Obstetrics and Gynecology*. 5th ed. Philadelphia: Saunders, 2010.

ACOG Practice Bulletin 129, Osteoporosis, September 2012.

ACOG Practice Bulletin 131, Screening for Cervical Cancer, November 2012.

ACOG Committee Opinion Number 483, Primary and Preventive Care: Periodic Assessment, April 2011.

U.S. Preventive Services Task Force (USPSTF) Screening for Breast Cancer:

<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/breast-cancer-screening>

U.S. Preventive Services Task Force (USPSTF) Screening for Colon Cancer:

<http://www.ahrq.gov/clinic/uspstf/uspcolo.htm>

U.S. Preventive Services Task Force Screening for Lipid Disorders in Adult:

<http://www.ahrq.gov/clinic/uspstf/uspchol.htm>

U.S. Preventive Services Task Force Screening for Skin Cancer:

<http://www.ahrq.gov/clinic/uspstf/uspsskca.htm>