

WOMEN'S HEALTH

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Mrs. GS comes into your consultation room exasperated. "I am very unhappy with Dr S. I went to see her for vaginal itch and all she did was to tell me to lie on the couch, take off my dress and use my own hand to part my labia. All she did was to stand there and watch. She did not even examine me. No touch technique."

The above encounter is clearly a dissatisfying one. Studies show that women see doctors more often than men. They also behave differently. In general, they ask for more information and volunteer more information. They are also more expressive and want more commitment from their physicians to their problems. Female patients want more time to talk during a consultation. The doctor has to be more attentive towards them and their concerns. They should also be treated with equality.

This issue of the Singapore Family Physician focuses on women's health. Five areas of primary concerns that women commonly bring to the consultation room are addressed in the 6 units of the family Medicine Skills course in this issue of the journal.

Menopausal health

The Women's Health Initiative (WHI) was the driver of the sea change in the use of estrogen in menopausal care¹. The study was stopped after only 4 years because adverse events had reached a level predetermined to be the termination point for the trial. Specifically there were 7 more coronary heart disease events, 8 more breast cancers, eight more strokes and 6 more pulmonary emboli per 10,000 women per year in the group taking hormones compared with the placebo group.

After the study was stopped, doctor and patients all over the world struggled to find a safe, comfortable, and rational approach to menopause management. The North American Menopause Society released a position statement in 2004² stating, "The treatment of moderate to severe menopause symptoms remains the primary indication for systemic estrogen therapy and estrogen-progesterone therapy". WHI

told us that it is not right to treat postmenopausal women with conjugated equine estrogen alone or in conjunction with medroxyprogesterone to prevent heart disease; however it did not say that estrogen has no role in the therapeutic armamentarium of doctors treating women in their midlife.

Breast, ovarian, cervical and uterine cancers

Of the 10 commonest female cancers in Singapore, breast, ovarian, cervical, and uterine cancers occupy first, fourth, fifth and seventh positions respectively. Risk factors of cervical cancer are smoking, early sexual exposure, multiple sexual partners and immunosuppression. Risk factors common to both ovarian cancer and uterine cancer are age, family history and nulliparity.

Early cancer detection

Apart from attention to risk factors, another key focus lies in early cancer detection. In Singapore, the Breast Screen program and the Cervical Screen Singapore program are two programs initiated by the Health Promotion Board (HPB). These programs provide mammogram and Pap smears at subsidized rates to women above 40 and all sexually active women at the Polyclinics for 50 dollars and 15 dollars respectively. It is important that as Family Physicians, we draw their attention to the screening programmes. Some may need some explanation and persuasion to be convinced that screening will result in earlier cancer detection. The office encounter provides the Family Physician with an excellent platform to encourage and advise all suitable women to attend these screening programs.

REFERENCES

1. Rossouw JE, Anderson GL, et al. Writing Group for the Women's Health Initiative Investigators. Risk and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *JAMA* 2002; 288(3): 321-33.
2. North American Menopause Society. Recommendations for estrogen and progestogen use in peri and postmenopausal women: October 2004 position statement of the North American Menopause Society. *Menopause* 2004; 11(6 pt 1): 589-600.