## **Health Screening Guide for Menopausal Women**

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"From infancy throughout our lives there are guidelines to help us maintain our good health. Dr. Julia Uffner reviews the recommendations for screening and vaccinations for our later adult years," Beverly Vaughn, MD, Medical Coordinator of the "Menopause and You" Program

Menopause marks an important juncture in women's lives. It is an ideal time to visit with your healthcare provider to make sure that you are up to date with currently recommended screening tests and also to assess your lifestyle to maximize your health. Screening tests are designed to diagnose disease at an early stage when treatment might be more successful.

## **Breast Cancer Screening**

Ideally breast cancer screening has begun before menopause but this is often a time when women become more vigilant about testing. For the average woman at risk, breast cancer screening should involve a monthly self-breast exam, annual physician breast exam and annual mammography. High risk patients may consider more frequent physician exams or staggering examinations throughout the year between their gynecologist and/or primary care provider and/or breast surgeon.

### **Cervical Cancer Screening**

Cervical cancer screening or PAP tests almost always should continue after menopause. If a woman has had a total hysterectomy with the removal of the cervix (unless it was for cancer or a precancerous condition) then PAP testing is not necessary. Now women over 30 can have HPV DNA testing added to their Pap smear. If the HPV DNA is negative and the cells in the Pap smear are normal, PAPs can be done every five years. The other option is for the lab to look for HPV only if the PAP is abnormal. In this case if the PAP is normal, testing should be on a three year cycle. Women over the age of 65 who have had three successive normal PAP smears no longer need screening. If, in the past, you have had an abnormal sample which showed moderate or severe dysplasia, the screening guidelines are to continue PAPs for twenty years, no matter what your age. This is because the risk of cervical cancer is higher in women with this history. The recommendations for extended Pap smear screening does not imply that gynecologic exams should not continue on a yearly basis, as there are other issues that are important to follow.

### **Heart and Vascular Disease**

Heart disease remains the number one cause of death in women. Major risk factors for heart disease are high cholesterol, hypertension, diabetes, smoking, family history and lack of exercise. You are also at risk if you had high blood pressure, pre-eclampsia or diabetes during a pregnancy. African American and Hispanic women have the highest risk of heart disease. Generally, for a low risk woman, we recommend total cholesterol and/or a fasting lipid profile at least every five years. A fasting glucose should be

obtained at least every three years. Blood pressure should be check at least yearly. If there are risk

factors or previous unfavorable values, these tests usually need to be assessed more often. Frequently an electrocardiogram (generally done in the doctor's office) and at times additional cardiac testing (i.e., stress test) are advised. If tests are not normal or risk factors are present medication or lifestyle change will likely be recommended.

# **Colorectal Cancer Screening**

Regular screening is essential to the early detection of colon cancer a pre-cancerous polyps are often asymptomatic. Early detection reduces mortality. In a woman with average risk, colon cancer screening begins at age 50. African Americans have a higher risk of colon cancer and screening should begin at age 45. The options for testing should be discussed with her physician. Generally, a colonoscopy every 10 years will be recommended though yearly testing of the stool for blood, flexible sigmoidoscopy or double contrast barium enema every five years are alternate strategies. High risk women (those with family history, prior history of adenomatous polyp or cancer or long history of inflammatory bowel disease) should be screened more frequently before the age of 50. Suspicious symptoms like bleeding, anemia or change in bowel habits need to be evaluated promptly.

### **Diabetes Mellitus**

Diabetes occurs more commonly in people who have hypertension, a family history of diabetes, are overweight or inactive, have had previously elevated glucose levels, including diabetes in pregnancy, are from certain ethnic groups (African American, Hispanic, Native American, Asian-American and Pacific Islanders), or have a history of Polycystic Ovarian Syndrome (PCOS) and as people age. Beginning at age 45, diabetic screening should be done at least every three years and yearly or more often if risk factors are present. Lifestyle changes are generally recommended for people with elevated risk.

### **Osteoporosis Prevention and Screening**

During a menopausal woman's visit to the doctor, an assessment of a woman's risk of osteoporosis should occur. Weight, activity level, smoking, alcohol history, diet/calcium intake, family history, history of fractures, menstrual history, medication history and history of endocrine disorders influence this assessment. All women should have a DEXA at the age of 65. Women with risk factors should have a DEXA at an earlier age at the discretion of her physician. The frequency of repeat DEXA testing will depend on the results. For almost all women, an active lifestyle with weight bearing exercise, not smoking, adequate calcium and vitamin D intake are recommended. For women with osteoporosis, osteopenia (a milder form of bone loss) or significant risk factors, specific medications to prevent or treat bone loss may be advised.

### **Vaccinations and Infectious Diseases**

For healthy women, after the age of 50, vaccination against influenza is recommended yearly, unless there is a contraindication like severe egg allergy, previous serious reaction, or history of Guillan-Barre syndrome. A vaccination for tetanus and diptheria should also be obtained every 10 years or more often if there has been a tetanus prone

injury. If you are around small children, it is recommended that you receive vaccination against pertussis (whooping cough). This is combined in the tetanus and diphtheria vaccine. After the age of 60, immunization against herpes zoster (shingles) may be advised. Women 65 and older immunization with the pneumonia vaccine is suggested; especially if you have a chronic disease like asthma or diabetes. Depending on other illnesses or exposures such as travel, other vaccinations may be recommended. When there are risk factors, screening for HIV infection, and tuberculosis may be warranted. The Center for Disease Control (CDC) recently added a guideline to test all individuals born between 1945 and 1965 once for Hepatitis C.

### Other

During an exam around menopause your doctor is likely to reinforce the need to visit other health professionals. These would include, continuing to have dental exams every six months, recommending glaucoma checks/eye exams every two-four years (yearly if African American or high risk conditions), and a yearly complete skin exam either by the primary care provider or a dermatologist. They may also screen for depression by asking some simple questions about how you are feeling. Health related behaviors, like seat belt use, smoking, alcohol and other substance use, exercise, sexual activity, and existence of domestic violence are some of the subjects that should also be discussed.