ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

CPCS Clinical Training: Women's Health

Supporting pharmacists delivering the NHS CPCS in England

Welcome and ground rules

Take part to the best of your ability and fully engage in the session

Respect others' opinions

Allow others to speak

Don't be afraid to challenge others (respectfully)

One conversation at a time

Keep personal issues out of the session

Maintain confidentiality within the group

Be fully present throughout the online workshop

Aim of this module

To develop the knowledge, skills and confidence needed to undertake effective Women's health consultations, communications and clinical assessments in order to provide the NHS Community Pharmacist Consultation Service (CPCS).

Looking for support with operational aspects of CPCS delivery?
Check out our webinar hub

Learning objectives

After completing this session you should be able to:

- Describe a woman's anatomy and the hormonal cycle
- Undertake a ‘women's health’ consultation
- Manage a patient presenting with menstrual pain
- Manage a patient presenting with normal and abnormal vaginal discharge
- Identify causes of and management options for bladder pain

Today's session

Quiz
Anatomy and physiology
How to approach a consultation
Menstrual pain
Vaginal discharge and bladder pain
Cases
Q&A
Quiz
Summary and Close

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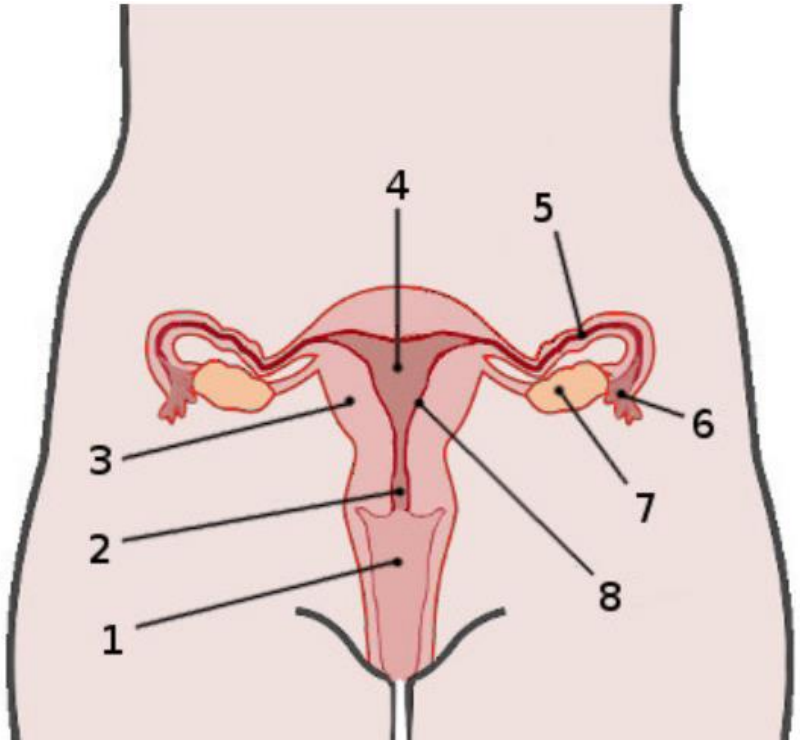
Quiz

Question 1

Which number is pointing to the fimbriae?

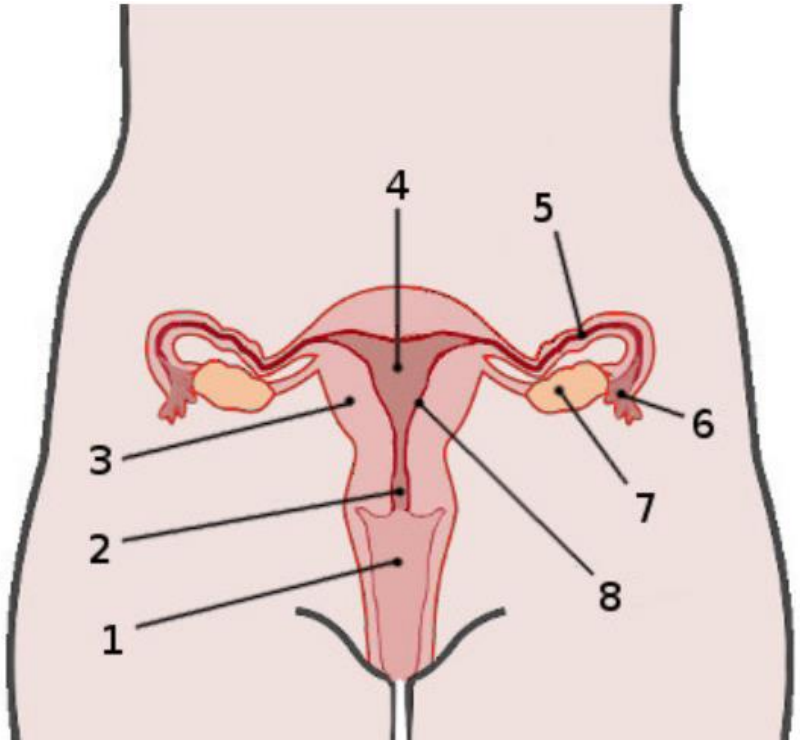
A. 1
B. 5
C. 2
D. 6
E. 4



Question 2

Which number is the cervix?

A. 7
B. 2
C. 3
D. 6
E. 4



Question 3

Which of the following would suggest a referral to a GP?

A. A menstrual cycle that is regularly between with 32 – 35 days long

B. Moderate pain during menstruation that is relieved with OTC pain medications

C. Heavy periods and pain while urinating, bowel movements or sex

D. Menstrual pain that gets worse 7 years after menarche

E. C and D

Question 4

Which of the following vaginal discharge symptoms would require a referral to a GP?

A. Clear vaginal discharge that changes through the menstrual cycle

B. Clear pink discharge in a woman trying to conceive

C. White sticky discharge that changes to wet and slippery around the middle of the cycle

D. Dry yellowish discharge on underwear that has no smell

E. Grey discharge with a fishy smell

Question 5

When would you refer a woman complaining of cystitis to the GP?

A. Symptoms longer than 72 hours

B. Visible blood in the urine

C. Fever and/or pelvic pain

D. Pain during urination associated with a change in vaginal discharge

E. All of the above

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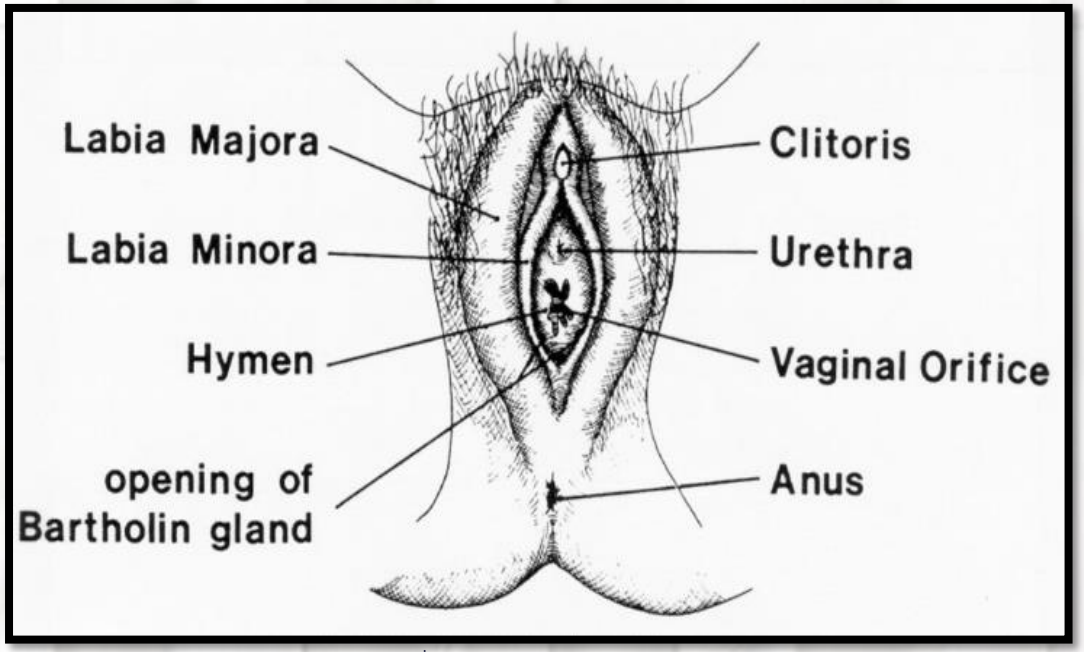
Anatomy and the Menstrual Cycle

External Female Genitalia / vulva

The external genitalia is referred to as the vulva.

It consists of:

- Mons pubis
- Labia majora and minora
- Clitoris
- Urethra
- Vaginal opening
- Bartholin's gland



Garrey et al Obstetrics Illustrated 3rd ed 1986

Concerns:

- Labias change over time
- Discomfort – itching, burning or pain
- Lumps and bumps

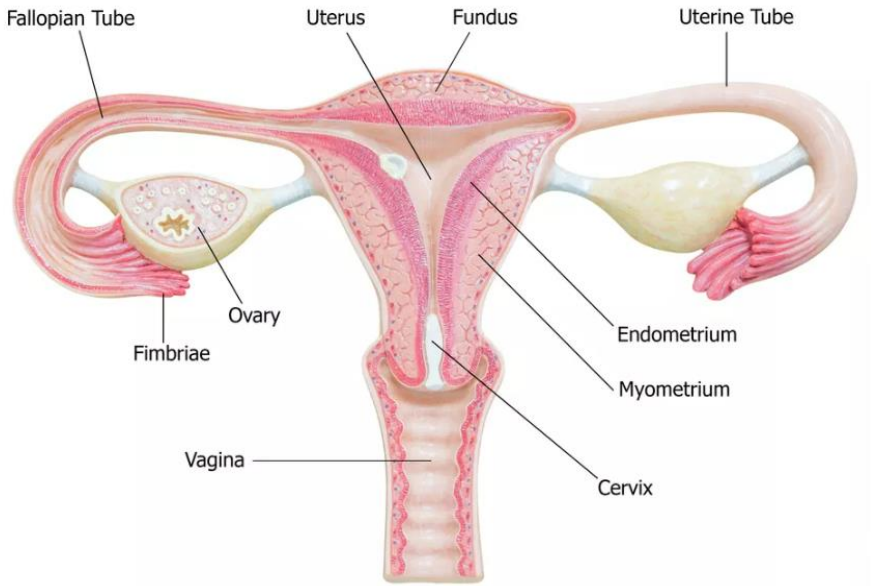
Internal Female Genitalia

The internal female genitalia consists of:

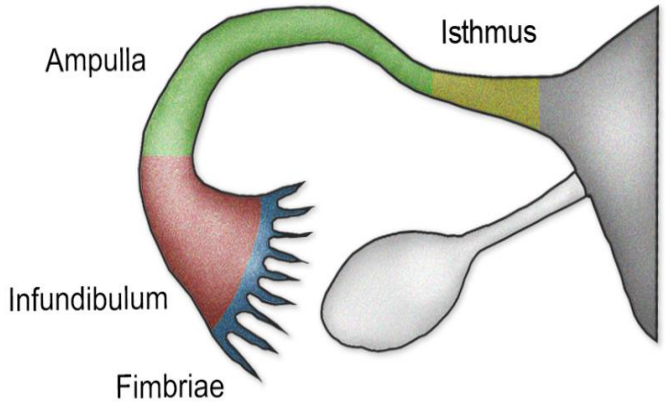
- Vagina
- Cervix (part of the uterus)
- Ovaries
- Fallopian tubes

The fallopian tubes:

- Fimbriae
- Infundibulum
- Ampulla
- Isthmus

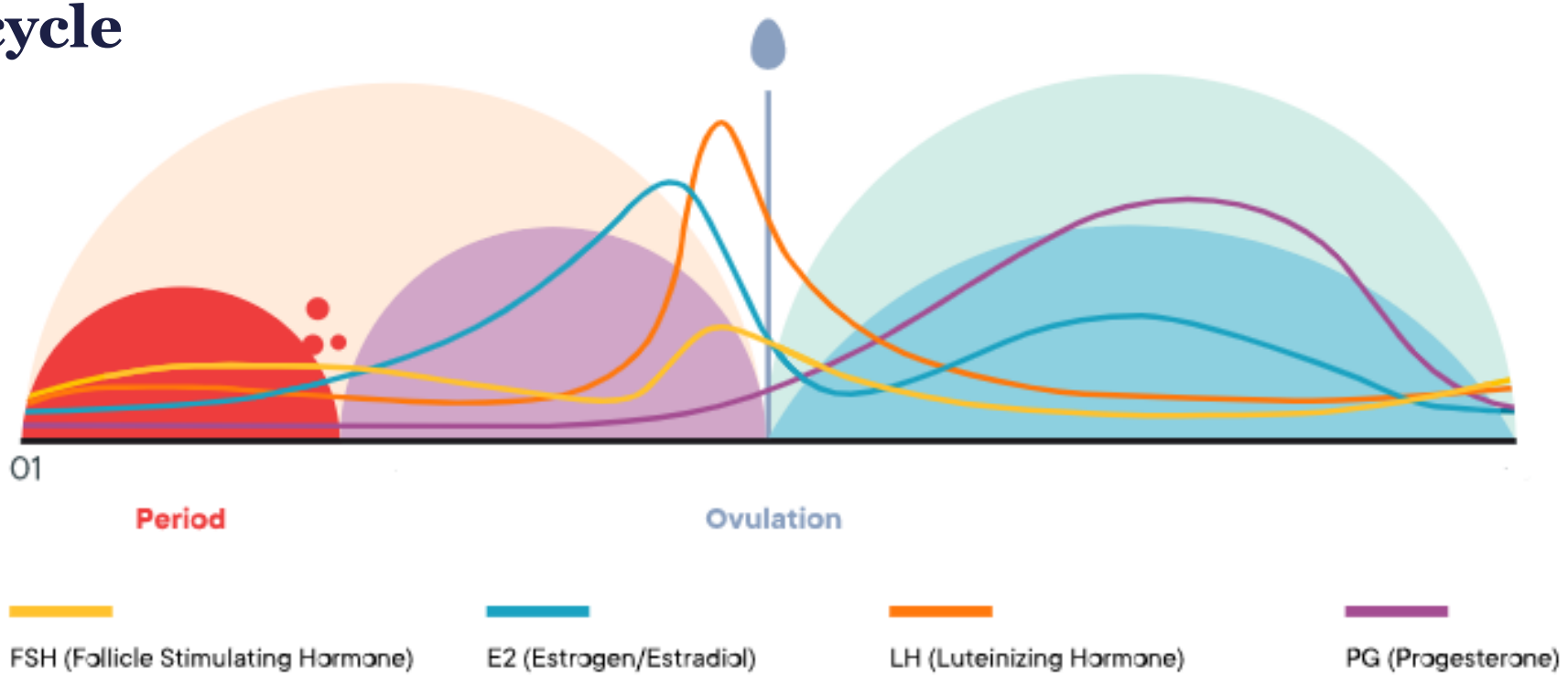


Ovaries: Facts, Function & Disease | Live Science



The Fallopian Tubes (Uterine) - Structure - Function - Vascular Supply (teachmeanatomy.info)

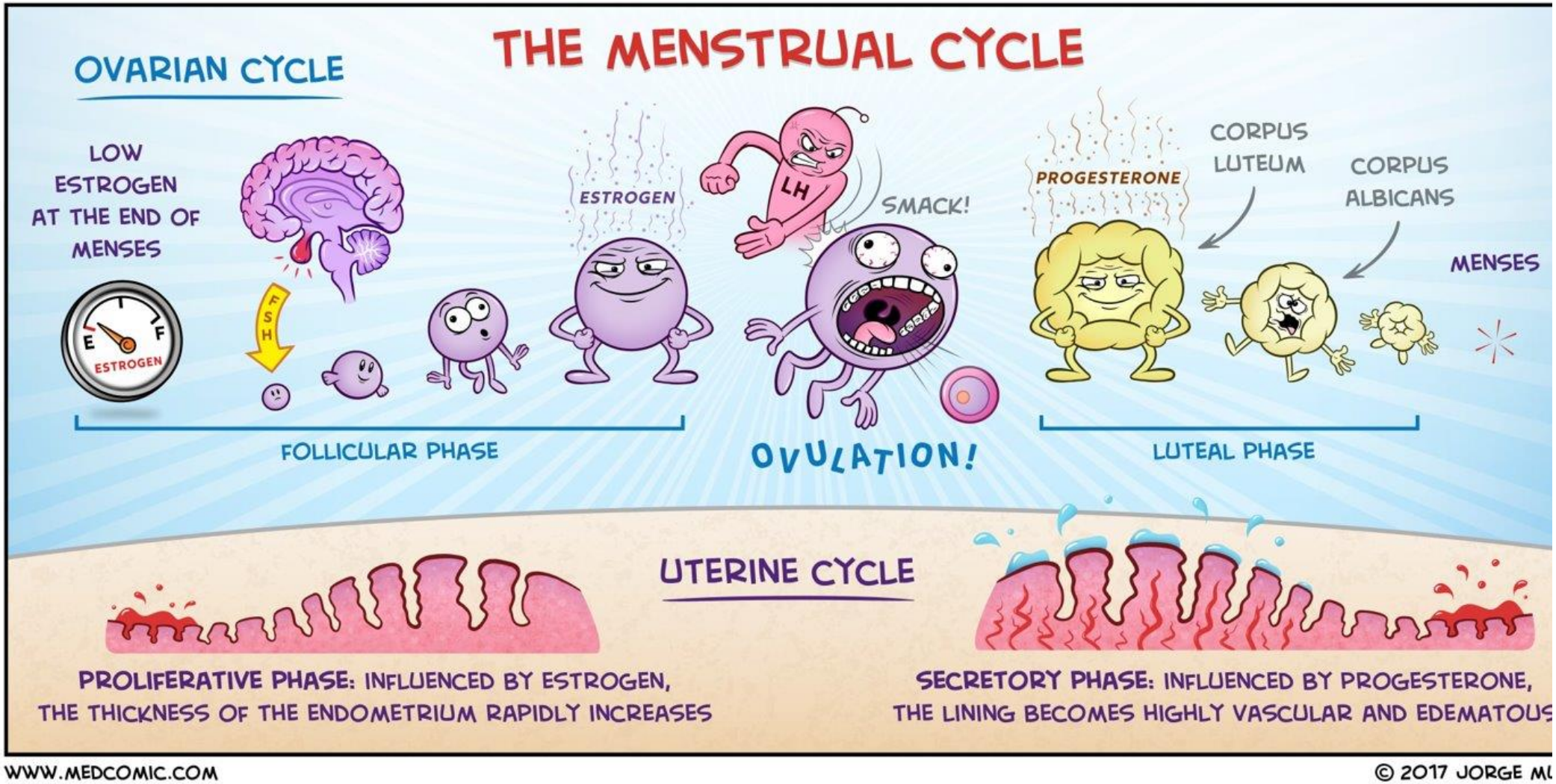
Menstrual cycle



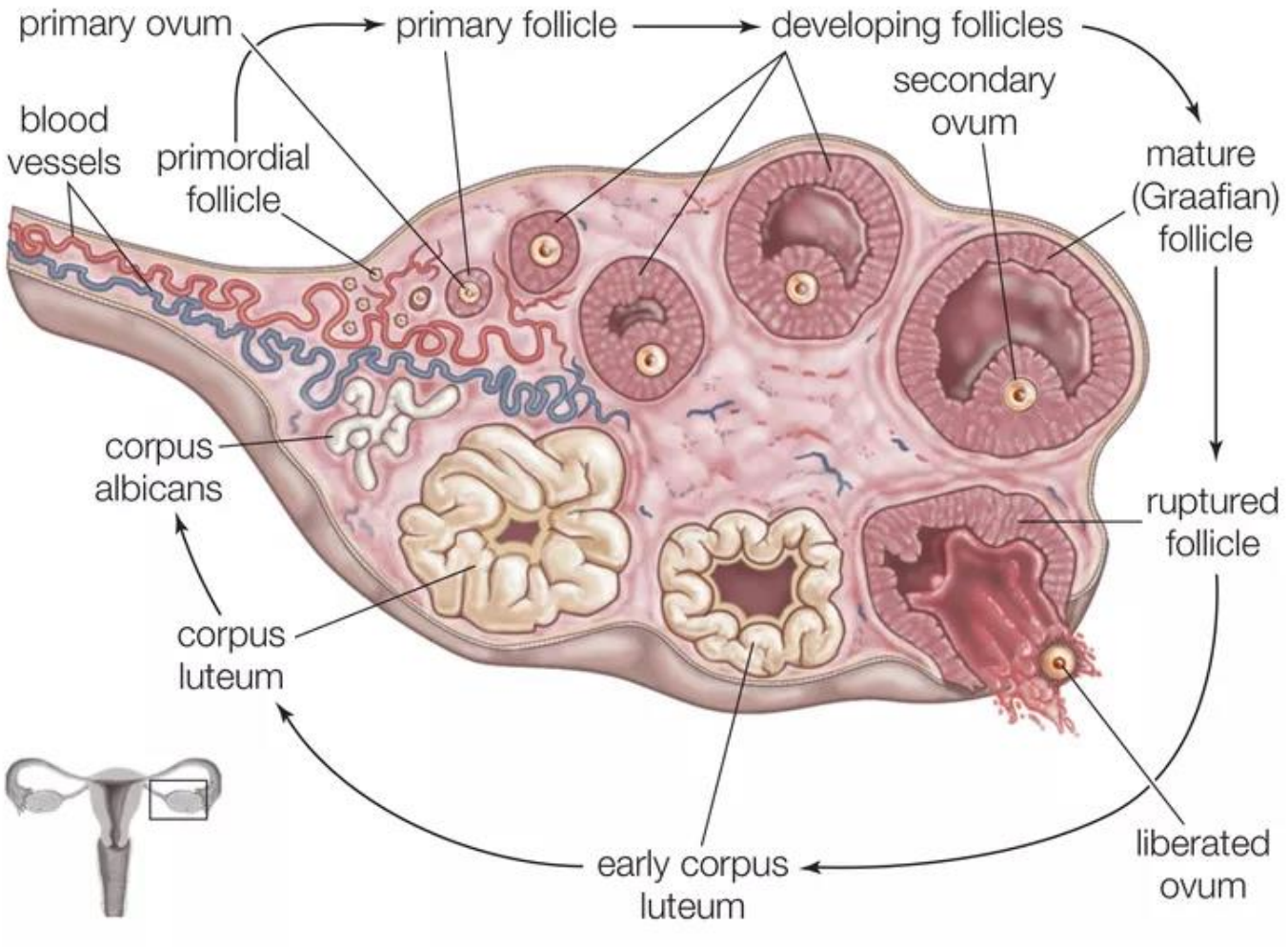
Cycle	Pre-oluvation		Ovulation	Post-oluvation
Ovarian cycle	Follicular phase			Luteal phase
Uterine cycle	Period	Proliferative		Secretory

The Menstrual Cycle: Phases of Your Cycle (helloclue.com)

Menstrual cycle



Menstrual cycle



Understanding What the Ovaries Do (verywellhealth.com)

Menstrual cycle - Summary

Follicular phase:

- Day 1 – 5 (period)
- Menstruation and shedding of the functional endometrial layer
- Days 6 – 10/16 (proliferation)
- Thinning of the cervical mucus and thickening of the endometrium
- Development of follicles leading to one Graafian follicle

Ovulation:

- LH thins follicle and ovum is expelled

Luteal phase:

- Duration: 14 days
- Corpus luteum produces progesterone
- Corpus luteum dies and loss of progesterone causes vasoconstriction of the spiral arteries leading to necrosis of the functional layer of the endometrium.

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Conducting a Consultation - refresher

Conducting a consultation - refresher

Privacy:

Consultation room

Respect:

You may ask personal questions

They can stop the interview at any time

Consent:

Ensure that you have agreement before proceeding

Chaperone:

To chaperone or not to chaperone – does your pharmacy have a policy?

Confidentiality:

As per normal requirements

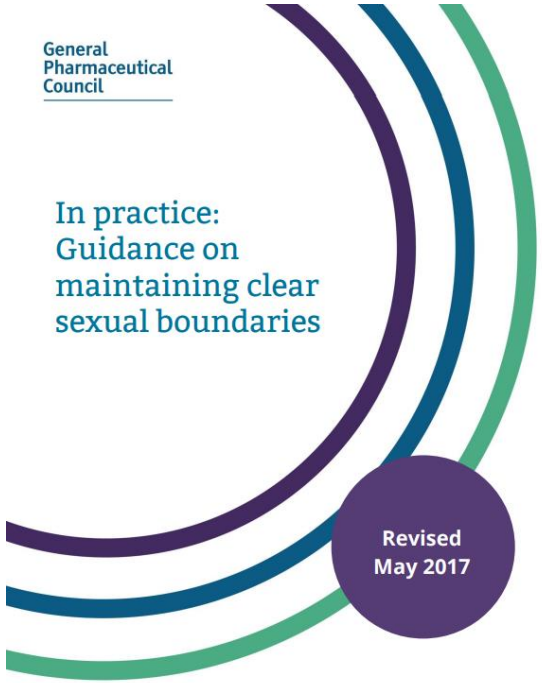
Communication style:

Being straight

Using the correct terminology

Conducting a consultation - professional conduct

Avoiding inadvertent breaches in professional conduct



Recognise:

- Power imbalance
- Your responsibility

Avoid:

- Revealing intimate personal details about yourself including oversharing your personal problems
- Giving/accepting social invitations
- Visiting without an appointment
- Meeting patients outside of normal practice or times
- Asking questions unrelated to health

Conducting a consultation – general questions

Socrates:

Site – location of the symptom

Onset – how and when the symptoms developed

Character – specifics of the symptoms

Radiation – have the symptoms spread anywhere else

Association – any other associated symptoms

Time – change over time

Exacerbating (or relieving) - anything that makes it better or worse

Severity – either could score e.g. pain score rate 1 – 10 OR level of effect on ADLs

Conducting a consultation – general questions

Preventative health:

- Cervical smear - when last did you have
- Mammogram if >55yo

Sexual history:

- Are you current sexually active
- Are you on contraception / which
- Do you practice safe sex

Menstrual history:

- When did you start your periods
- Do you have regular periods

Pregnancy/breastfeeding:

- Are you: pregnant/breastfeeding/trying to become pregnant
- Gestation / age of infant / vitamins / pre-conception counselling

Women's health information – good resources

GEEKY MEDICS

American Association of Colleges of Pharmacy AACP

- Taking a sexual history
- Taking a gynaecological history
- The menstrual cycle

NICE National Institute for Health and Care Excellence

the PHARMACEUTICAL JOURNAL

NHS

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Menstrual pain

Menstrual Pain – overview

Normal:

3-8 days

Some discomfort

Heavier bleeding on days 1-3

Abnormal – dysmenorrhea:

Primary:

- Begins 6 – 12 months after menarche
- Starts day before period and resolves by day 3
- Associated with higher levels of prostaglandins

Secondary:

- Usually begins after several years of normal periods in the early 20s/30s
- Pain can be throughout cycle but exacerbated or resolved by menstruation
- Other symptoms e.g., dyspareunia often present

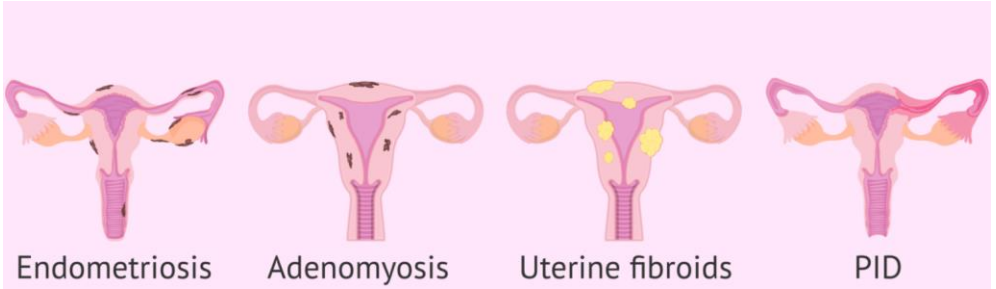
Menstrual Pain

Primary dysmenorrhoea – risk factors

- Early menarche
- Family history
- Stress
- Heavy bleeding
- Modifiable/lifestyle – iron deficiency, exercise?

Secondary dysmenorrhoea – common causes

- Endometriosis
- Fibroids
- Endometrial polyps
- Pelvic inflammatory disease



Causes of secondary dysmenorrhea (invitra.com)

Menstrual Pain - management

Management:

- Ibuprofen is a great option - can use doses up to 2.4g

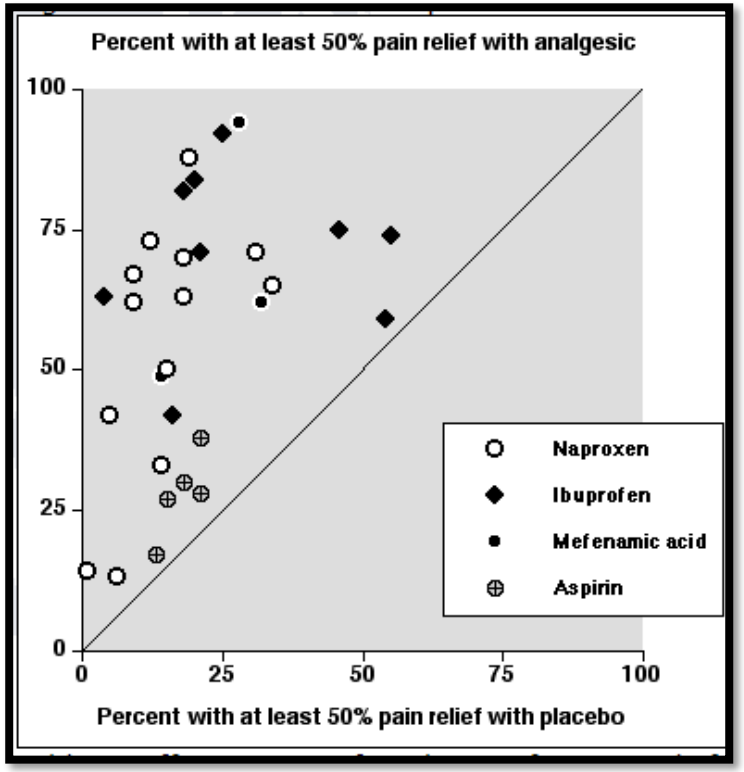
NSAID resistance:

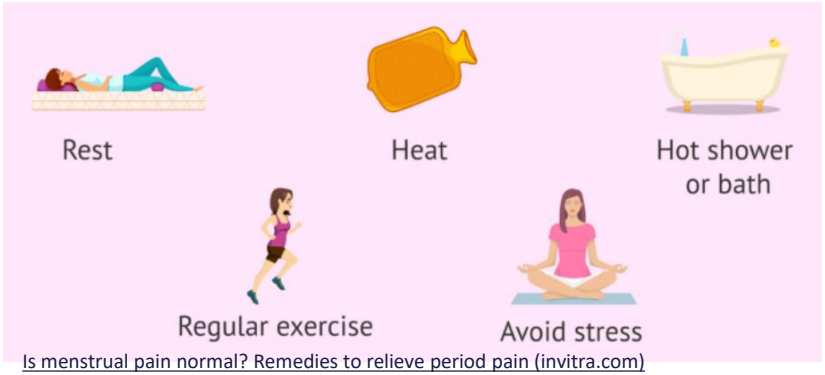
Is it really resistance?

Check adherence + start treatment before menstruation

Non pharmacological:

- Heating pads
- Massage
- Warm bath
- Regular exercise
- Relaxation techniques/yoga
- Vitamins?





Is menstrual pain normal? Remedies to relieve period pain (invitra.com)

Menstrual Pain - consultation

Questions:

- Duration of period
- Frequency of period
- Menstrual blood flow:
  - Changes in flow e.g. heavier/lighter
  - Do you flood through sanitary towels
  - Do you pass clots bigger than a 10p
  - Does the pain/flow affect your daily life

Reasons to investigate:

- Bleeding between periods
- Bleeding after sex
- Bleeding after menopause
- Changes in periods

Red flags:

- Fever
- Sudden pelvic pain (including risk of ectopic pregnancy)
- Foul smelling discharge or unexplained change in discharge

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Vaginal discharge

Vaginal discharge - normal

Starts up to 6 months before menarche

Tapers off after menopause with the decrease in oestrogen

Normal discharge:

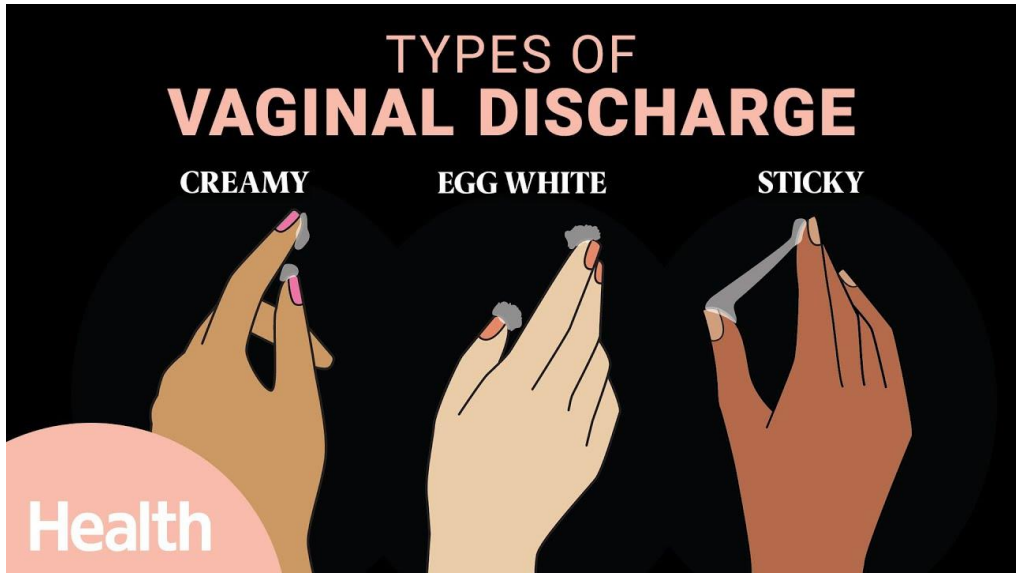
- Fluid from uterus, cervix and vagina
- Cells and Bacteria

Identify:

- Clear or white in colour
- Slight or no odour
- Dry – can have yellowish tint

Function:

- Protects and lubricates the vagina



Vaginal discharge - normal

Changes in discharge:

- Normal changes with menstrual cycle – important for women to get to know their own discharge cycle
- Copper IUD
- Progesterone IUD – lighter
- Pregnancy
- Ectropion
- Heat

Describing discharge:

- Clear or creamy
- Dry and sticky, wet and clear
- Scant or heavy
- Egg white

Vaginal discharge – vaginal flora

90 – 95% lactobacillus

7 – 33% of women have different acid producing species

Produce:

- Lactic acid by product of glucose
- Hydrogen peroxide
- Bacteriocins

Function:

- Inhibit growth of yeasts and other unwanted organisms
- Lowers pH to <4.5 (bleaching affect on dark underwear)

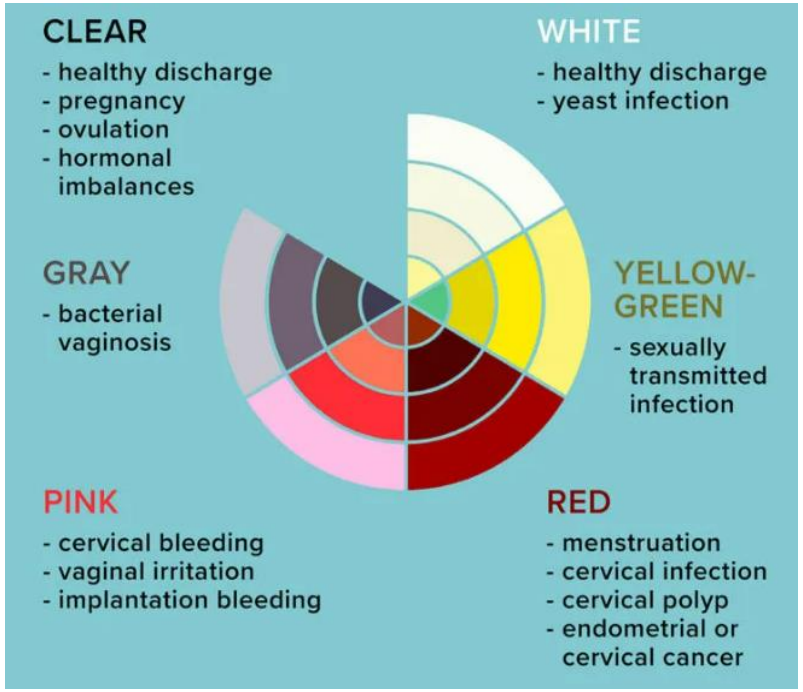
Vaginal discharge – vaginal care

- Wash skin around vagina (including vulva) with warm water only
- NO perfumed soaps or gels and avoid non-perfumed soaps or gels
- Do not use ANY scented products in or around your vagina including wipes, deodorants, tampons, pads or powders
- Avoid or limit the use of panty liners
- Do not wash inside your vagina i.e. douching (linked to infections and fertility issues)
- Avoid shaving
- Limit tight fitting clothes
- Wear loose fitting, cotton underwear
- Can wear a size larger
- Avoid thongs

Vaginal discharge - abnormal

Abnormal discharge:

- Colour
- Consistency
- Smell
- Itching/soreness
- Pelvic pain
- Systemic symptoms: fever, malaise, weight loss, rash or joint swelling



vaginal-discharge-wheel-for-website-1-768x1024.jpg (768×1024) (wp.com)

Some causes of abnormal vaginal discharge:

- Bacterial vaginosis – grey, smells fishy
- Thrush – thick and white, like cottage cheese
- Trichomoniasis – green, yellow or frothy
- Chlamydia or gonorrhoea – with pelvic pain or bleeding
- Genital herpes – with blisters or sores

Bacterial vaginosis

Overgrowth of certain bacteria in the vagina:

Mainly: *Gardnerella vaginalis*

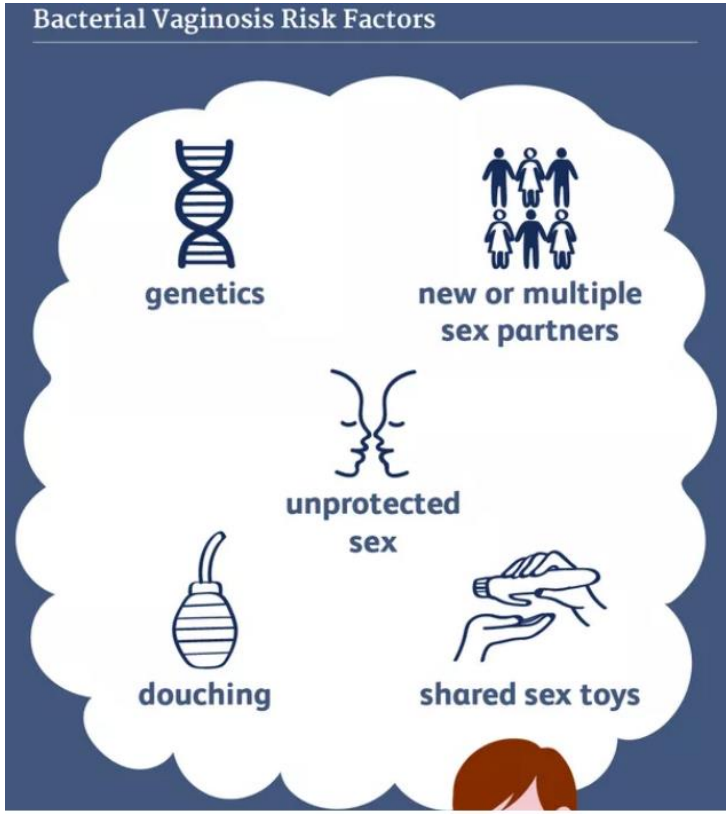
Others: *Atopobium vaginae, Prevotella* and *Morbiluncus* strains

Main cause:

Douching / disruption of vaginal pH/ flora

Other risk factors:

- Natural lack of lactobacilli
- IUD – mediated by irregular bleeding
- Change in male sexual partner/multiple partners
- (not generally regarded as an STI)



Bacterial Vaginosis Causes and Risk Factors (verywellhealth.com)

Bacterial vaginosis

Symptoms:

- 50% asymptomatic
- Increased discharge which may be grey in colour
- Fishy odour – can be worse after unprotected sex (pH of semen)
- May be burning with urination
- Usually no redness or irritation but may be mild itching

Risk:

- Can increase susceptibility to STIs
- Increased risk of pregnancy complications

Red Flags:

Fever

Vaginal discharge – bacterial vaginosis

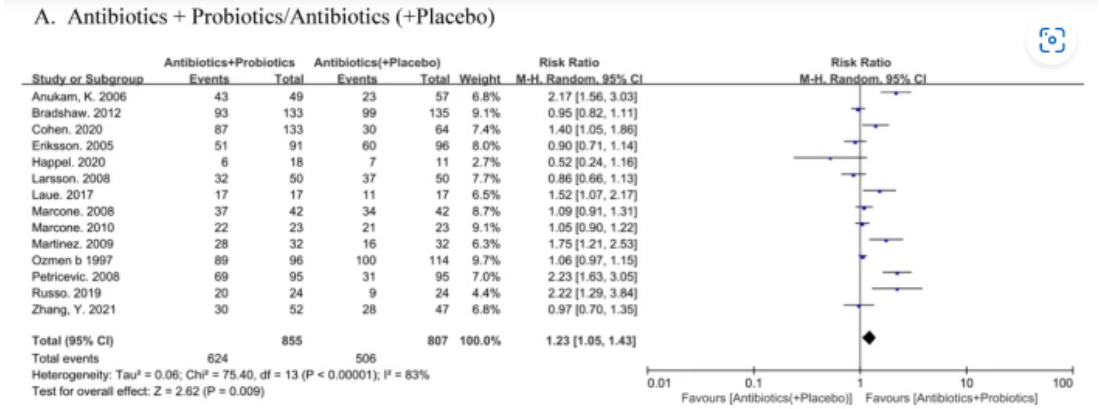
OTC care:

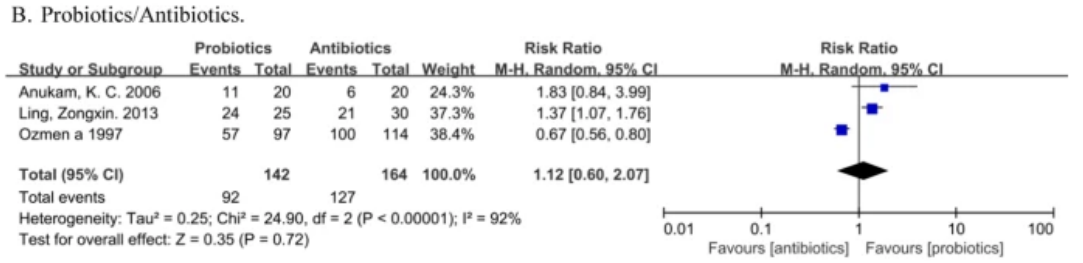
Diagnosis: vaginal pH tests

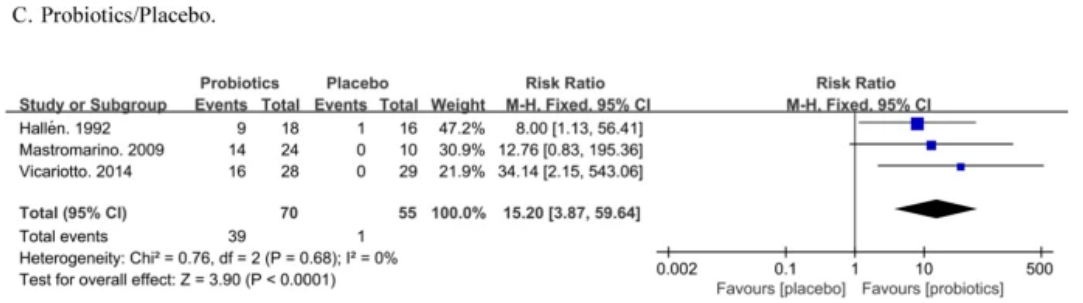
Probiotics/lactic acid gel:

VITA study + meta-analysis – lactic acid gel vs metronidazole

Probiotics: More evidence needed







Probiotics are a good choice for the treatment of bacterial vaginosis: a meta-analysis of randomized controlled trial | Reproductive Health | Full Text (biomedcentral.com)

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

Symptoms:

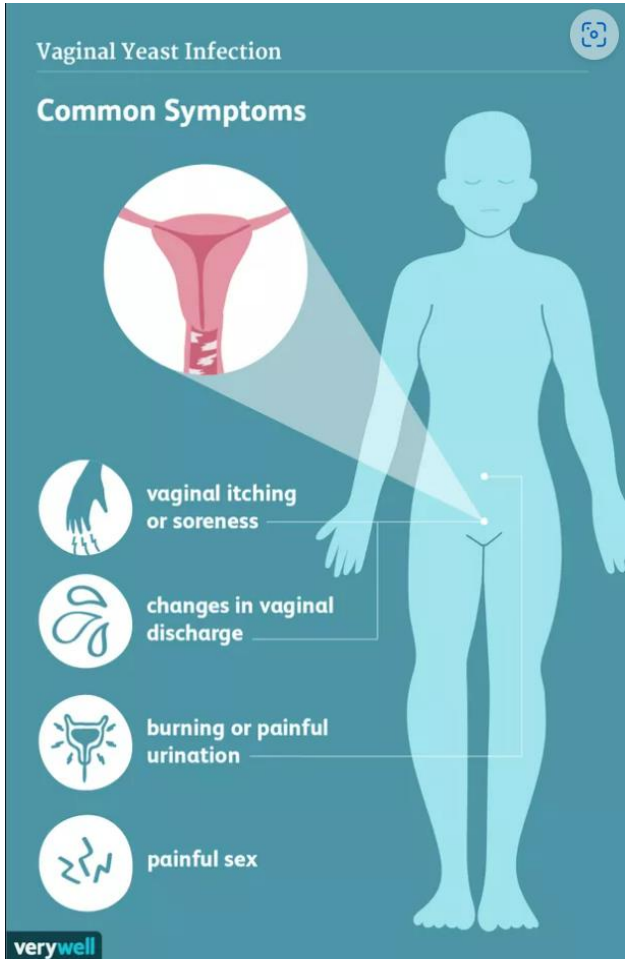
- White vaginal discharge (can be a bit like cottage cheese)
- Not usually smelly
- Itching and irritation around the vagina
- Soreness and stinging during sex or when you pee

Causes:

- Yeast infection caused by Candida species of fungus
- Usually kept in check by other bacterial flora

Prevalence:

- Around 75% of women at least one episode
- 40 – 45% at least 2
- 20% go on to have recurrent VVC



yeast-infection-symptoms (verywellhealth.com)

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

Acute (previous uncomplicated):

- First presentation
- Single isolated presentation

Recurrent (previous complicated):

- Four or more episodes in a year
- Full response or poor/partial response
- Azole resistance low in the UK

Treatment failure:

- Symptoms fail to resolve in 7 – 14 days of treatment

Cytolytic vaginosis:

- 5 -7%
- Overgrowth of lactobacilli

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

Risks:

- Uncontrolled diabetes
- HIV/Cancer – weakened immune system
- Pregnancy
- Smoking

Refer:

- First time symptoms
- Under 16/over 60
- More than 4 times in 12 months
- Pregnant/breastfeeding
- Treatment failure
- Weakened immune system

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

OTC management (resistance low in the UK):

- Fluconazole capsule 150mg
- Clotrimazole pessary (100mg, 200mg + 500mg)
- Clotrimazole 10% cream
- Clotrimazole 2% cream for external use (use with internal product)

Choice:

- No difference in effectiveness
- Topical may work faster
- Oral – systemic side effects
- Topical – local irritation

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

Fluconazole tablet:

- Dose: 1 x 150mg PO

Clotrimazole pessary:

- Dose: 1 x 500mg ON for 1 day, 200mg ON for 3 days or 100mg ON for 6 days
- Insert at night before bed
- May damage latex in condoms

Clotrimazole cream:

- Clotrimazole 10% cream for internal use
- Dose: 1 x application - 5g of cream = 500mg clotrimazole
- Clotrimazole 2% cream for external use – can use with the pessary/ cream for external itching and burning
- Dose: Apply 2 –3 times a day until symptoms resolve

Vaginal discharge – thrush (Vulvovaginal Candidiasis VVC)

Alternative and complementary therapies:

- Tea tree oil – ineffective and can cause skin irritation
- Probiotics – Cochrane 2017 – no evidence of effectiveness
- Some evidence – garlic, yogurt, boric acid, apple cider vinegar

General counselling:

- Water +/- emollient instead of soap
- Dry properly after washing
- Cotton underwear
- Avoid sex until cleared if uncomfortable
- Male partners can be treated if symptomatic but value for preventing recurrence not established

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Cystitis

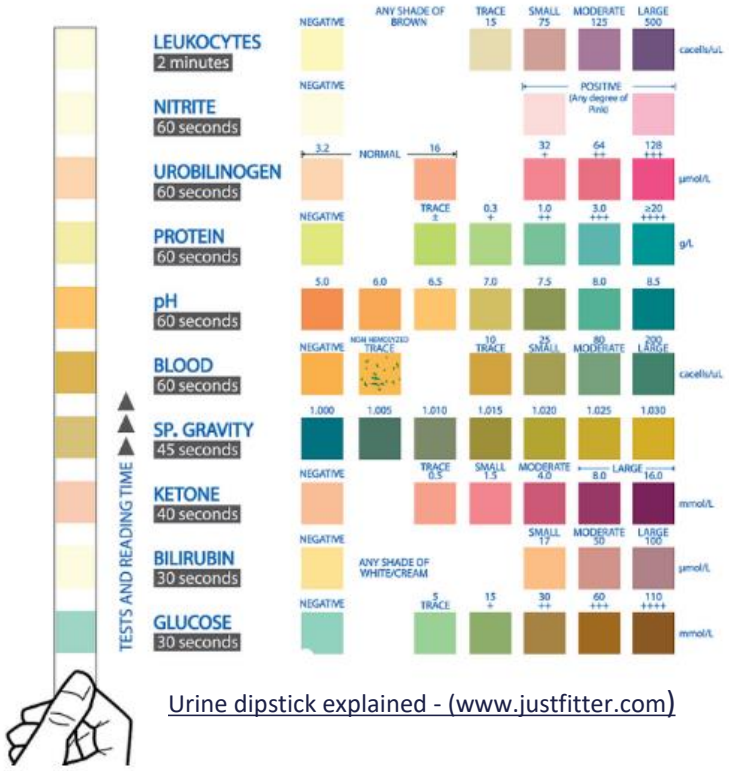
Cystitis

Symptoms of cystitis:

- Pain, burning or stinging when you pee
- Peeing more often and with urgency esp. at night
- Dark, cloudy or strong smelling urine

Causes:

- Usually a urinary tract infection
- Drugs e.g. cyclophosphamide
- Radiation
- Irritants – feminine hygiene products, spermicides



Urine dipstick explained - (www.justfitter.com)

Cystitis

Risks:

- Sexually active
- Using diaphragms and spermicidal agents
- Pregnancy
- Menopause
- Cold weather

Red flags:

- High temp/ feeling hot and shivery
- Low temp or shaking and shivery
- Pain in stomach or lower back under the ribs
- Confusion, drowsy or difficulty speaking
- Nausea or vomiting
- Blood in the urine
- Urinary retention

Cystitis

Management:

- 1.5 - 2L of water a day
- Probiotics ?evidence
- Cranberry juice – high sugar content ?evidence
- Referral to GP where appropriate

Cranberry | Plant, Fruit, Description, Cultivation, Facts, & Species | Britannica

Prevention:

- Stay well hydrated
- Urinate frequently (every 2 –3 hours)
- Don’t hold it in if you feel the urge to urinate
- Wipe from front to back
- Shower rather than bath
- Don’t use scented soaps, wash external genitalia with warm water only
- Urinate after intercourse
- Avoid scented feminine hygiene products

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Break

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Breakout rooms

We will now be moving to breakout rooms for small group discussions led by our Clinical Facilitators.

- You will automatically be moved to your breakout room in a moment.
- When you enter your breakout room, please ensure you turn your camera on to indicate you are ready to get started.
- All the same features (mute/unmute, raise hand) will be available in your breakout room.

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Q&A

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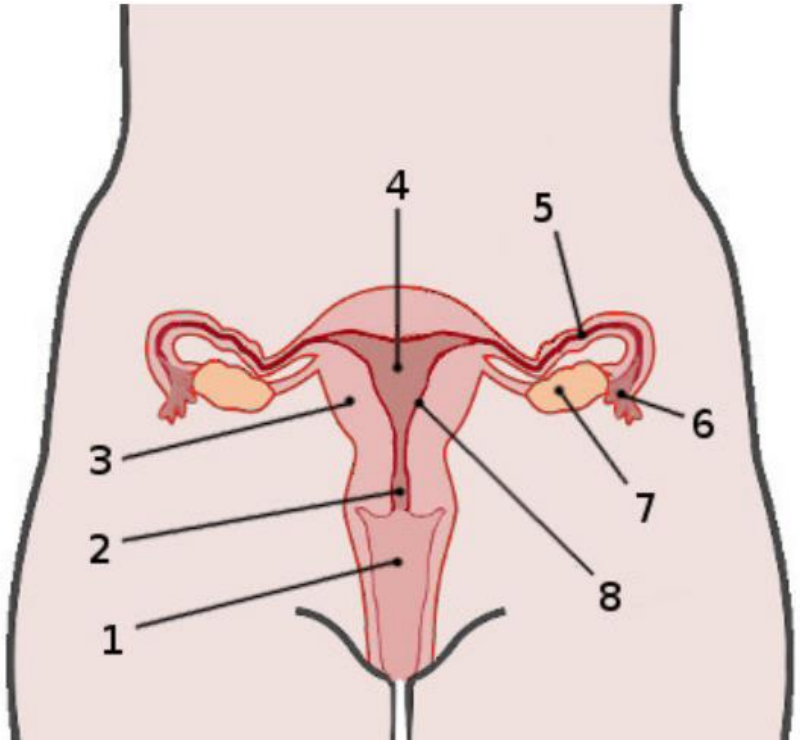
Quiz revisited

Question 1

Which number is pointing to the fimbriae?

A. 1
B. 5
C. 2
D. 6
E. 4



Answer

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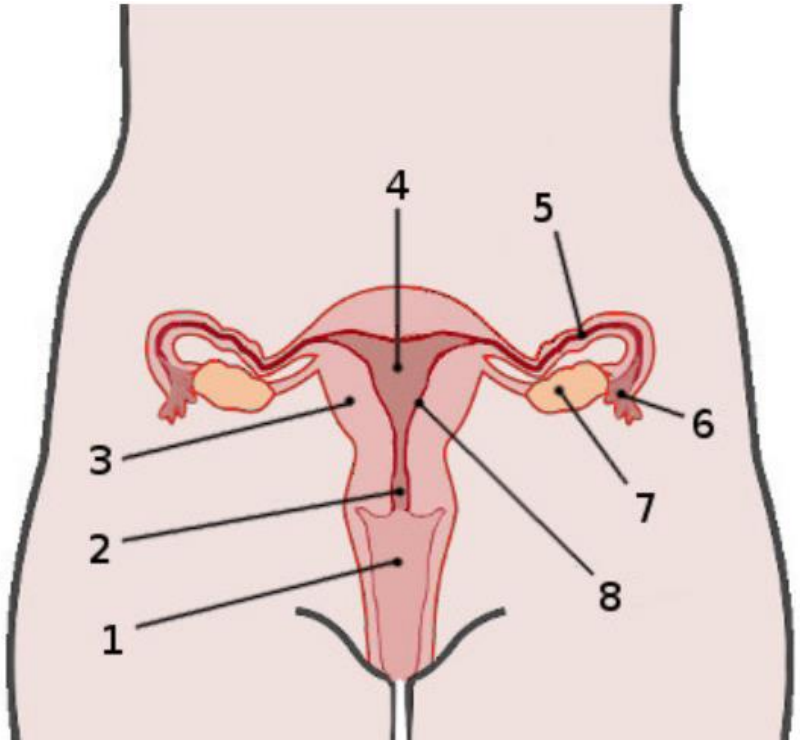

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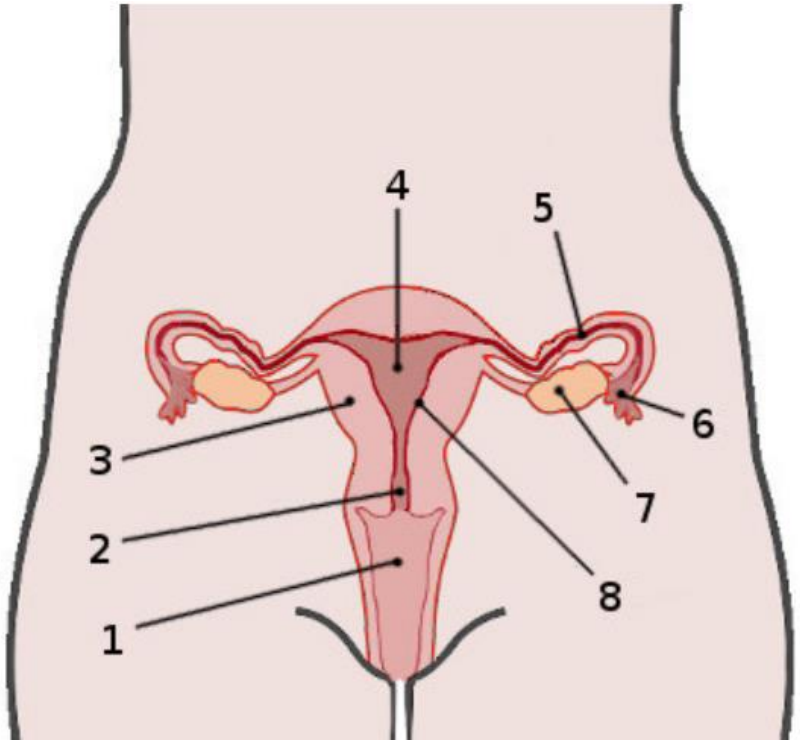

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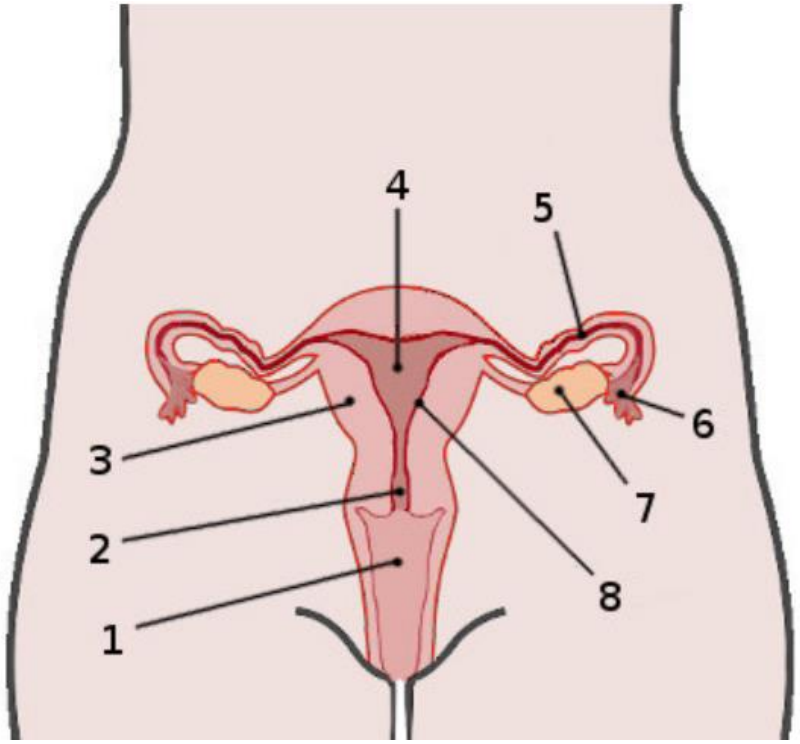

Question 3

Which of the following would suggest a referral to a GP?

A. A menstrual cycle that is regularly between with 32 – 35 days long

B. Moderate pain during menstruation that is relieved with OTC pain medications

C. Heavy periods and pain while urinating, bowel movements or sex

D. Menstrual pain that gets worse 7 years after menarche

E. C and D

Answer

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Question 4

Which of the following vaginal discharge symptoms would require a referral to a GP?

A. Clear vaginal discharge that changes through the menstrual cycle

B. Clear pink discharge in a woman trying to conceive

C. White sticky discharge that changes to wet and slippery around the middle of the cycle

D. Dry yellowish discharge on underwear that has no smell

E. Grey discharge with a fishy smell

Answer

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Question 5

When would you refer a woman complaining of cystitis to the GP?

A. Symptoms longer than 72 hours

B. Visible blood in the urine

C. Fever and/or pelvic pain

D. Pain during urination associated with a change in vaginal discharge

E. All of the above

Answer

When would you refer a woman complaining of cystitis to the GP?

A. Symptoms longer than 72 hours

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Summary

Summary

- Describe a woman's anatomy and the hormonal cycle
- Undertake a ‘women's health’ consultation
- Manage a patient presenting with menstrual pain
- Manage a patient presenting with normal and abnormal vaginal discharge
- Identify causes of and management options for bladder pain

Thank you for your interest in NHS CPCS!

Make sure to share this opportunity with your colleagues!

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