



OptimalCare and women's health in the aging

Evidence driven ~ Better outcomes ~ Lower cost

Overactive bladder drugs – 75% are self-discontinued at one year

Drugs have limited effectiveness with common and persistent side effects. Reasons for discontinuation include: ^{1, 2, 6}

- Did not work - 46% of the time.
- Side effects too troublesome – 72% dry mouth/constipation and 65% increased risk of dementia with anticholinergics.
- Myrbetriq (beta 3 agonist) – HTN 11%, tachycardia and UTI.
- Cost of VESIcare, Enablex, and Myrbetriq ~ \$4,500 yearly.

Management and treatment recommendations

Osteoporosis Management ^{3, 4, 5, 6}

- Post-menopausal women with normal bone density do not need DXA more frequently than every five years.
- Oral bisphosphonate should be primary therapy based upon efficacy, safety and cost ~ \$120 yearly.
- In aggregate, fracture risk reduced by 30-50% at femur and spine with bisphosphonate therapy.
- Risk of atypical femur fracture decreases 70% per year when bisphosphonate stopped. Needs to be used cyclically.
- Stability (not necessarily increase) in bone density represents a positive response to bisphosphonate therapy.
- Cost of teriparatide (Forteo) is \$43k per year.

CAD accounts for one third of all deaths in women ^{7, 8, 9}

- Chest pain absent in 43%.
- Both dyspnea and weakness present in over 55%.
- Women who smoke have twice the increased risk of men who smoke.

Fifty percent cost reduction if USPSTF mammography guidelines are followed ^{10, 11, 12}

- Age 50-75 biennial screening.
- Ages 40-50 option for biennial screening.
- Supplemental imagining when increased breast density is present remains controversial and is best reserved for the subset of patients who are otherwise at increased risk of breast cancer based on factors other than breast density.

Selective pharmacotherapy advantages for certain antidepressants ¹³

- Menopausal symptoms may improve with SSRI/SNRI therapy.
- Insomnia may improve with nortriptyline or mirtazapine.
- Migraine may improve with venlafaxine or TCA's.
- HRT may have a role in peri-menopausal patients who are depressed.

When to start mammograms?

Shared decision-making: Discuss the pros and cons of starting mammograms before age 50. Based on evidence-based medicine, here are the potential benefits and harms for 1,000 women who start at age 40 vs. 50.

- One woman diagnosed with breast cancer will not die.
- Two women will be diagnosed and treated for breast tumors that would never have caused symptoms or problems or needed treatment.
- 67 more women will have breast biopsies with normal results.
- 576 more women will have a false-positive test result.

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3. NEJM, 379, 1050-1059. doi:10.1056/NEJMcp1714213

4. NEJM, 374, 254-262. doi:10.1056/NEJMcp1513724

5. NEJM, 364, 1728-1737. doi:10.1056/NEJMoa1010650

6. GoodRx, Inc. (2018). GoodRx. Retrieved from GoodRx Web site: <https://www.goodrx.com/>

7. European Heart Journal, 29(6), 707-717. doi:10.1093/eurheartj/ehn047

8. Circulation, 93(3), 450-456. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8565161>

9. JAMA, 307(8), 813-822. doi:10.1001/jama.2012.199

10. NEJM, 375(15), 1438-1447. doi:10.1056/NEJMoa1600249

11. Annals of Internal Medicine, 160(3), 145-153. doi:10.7326/M13-1217

12. JAMA, June, 13, 2019, 321:23, p 2275-6

13. Journal of Psychiatry and Neuroscience, 40(4), 219-221.

doi:10.1503/jpn.150205

14. Mammography for Breast Cancer Screening; [updated 2018 Nov 30,].

Available from <https://www.dynamed.com/topics/dmp-AN-T115728>

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