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for programs of all sizes, resulting in 1,029,673 individual contacts with women.

Watch the Olson Center newsletter in 2015 as we celebrate all aspects of the Olson Center (research, clinical care, and education) with novel programs as we continue our dedication to women in Omaha, in Nebraska, and beyond.

Contributed by Lana Molczyk, MA
UNMC Department of Ob/Gyn



“Our Resource Center has always been our partner in women’s health care - sending out health education messages to thousands of women. ”

Sonja Kinney, MD
Olson Center Medical Director

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the most common type of cervical cancer of the squamous or skin cells.

History of previous abnormal pap

Since HPV infection is so common- many women will have a history of a previous abnormal Pap. The studies show that it is safe to return to the routine screening intervals after normal follow-up Paps or treatment and surveillance testing has been performed.

Complicated medical history

The latest guidelines should only be applied to those women with normal immune system status. If you have an underlying condition or take a medication that lowers your immune system- yearly pap

smears are still indicated.

The bottom line is that your health care provider will try to explain where you fit in terms of these new guidelines. Please feel free to ask any questions that you need answered to make you feel comfortable with your care.

Contributed by Sonja Kinney, MD
UNMC Department of Ob/Gyn

STDs At A Glance

- Douglas County has higher than average rates of chlamydia, gonorrhea, and even syphilis in the U.S.

- Herpes is the most common STD spread by oral sex.

- HIV, gonorrhea, chlamydia, syphilis, human papillomavirus, Hepatitis B, and Hepatitis C can also be transferred from one partner to another during oral sex.

- Condoms do not provide 100% protection against STDs.

- Most teenagers cite discussions with their parents as an important factor in their high risk behavior. It’s important to talk to your kids!



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Screening guidelines are different for each woman.

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HIV attacks the human immune system and weakens its ability to fight infections. Are we getting any closer to understanding this virus?

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One in three women will experience a pelvic floor disorder in their lifetime. Urinary Incontinence is the most common.

Do you like our new look?

We are celebrating our 20th anniversary at the Olson Women's Health Resource Center and we thought it would be timely to implement a new image to help launch the next 20 years!



Will I need a Pap today?

Most women do not need to be screened for cervical cancer each year.

This is a common question we are asked during well-woman visits in the Olson Center. By now, most women have heard that the Pap smear is no longer recommended every year. It is understandable that it will take time for providers and patients to feel comfortable adopting the guidelines that call for less Pap smear screening.

Many women ask why fewer Pap smears would be better than more Pap smears. To start to answer this question it is important for patients to understand that all sorts of tests and therapies are under scrutiny. The Pap smear is just one of many tests undergoing critical review: Does it effectively detect precancer? Which age groups benefit most? How often does it need to be done? What are the risks or

consequences of over-screening? I'd like to reassure our patients that it was the data from these probes, and not a cost efficiency study, which was the basis of new screening guidelines. Many of my patients have expressed concern that less screening was being pushed primarily from the insurance industry or employers who provide health coverage due to costs.

Here is some background information I share with patients during our discussion about whether a Pap is “due” for them at that visit:

Natural history

The disease process from cervical infection with the HPV virus to cervical cancer takes years to develop, and overwhelmingly, the HPV infection is cleared instead of persisting to cause precancer and cancer of the cervix. The cervix is easy to sample and the Pap is effective at picking up

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overview

Women's Health Overview

20 years and counting!

Olson Women's Health Resource Center celebrates its 20th anniversary

In the ever-changing environment of healthcare, it is exciting to remain a relevant and constant provider of women's health education for Omaha and the surrounding region.

In December 1994, the Women's Health Resource Center, the education arm of the Olson Center for Women's Health, opened its doors as a community education center focusing on breast health. Twenty years later, the Resource Center provides education on many different women's health issues. Since opening, the Resource Center has held or participated in 1,181 events and registered 33,822 women

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From the chairman

It used to be so simple! Patients came for their annual examination and received a Pap smear. In addition, at the initial obstetrical visit and at the postpartum visit, Pap smears were commonly done. In fact, many providers would refuse to refill prescriptions for birth control pills until women came in for their annual examination. Without question the widespread use of the Pap smear has been instrumental in reducing the incidence of cervical cancer in the developing world. Mortality rates from this disease have also fallen. As the approach to screening patients has been subjected to scientific analysis it became apparent that we were screening patients too often.

The fact of the matter is that too frequent screening, which has an inherent false positive rate, is not only costly but harmful. These tests, which suggest the presence of an abnormality that is not shown to be there on subsequent evaluations, have led to unnecessary procedures and increased anxiety for patients. The current recommendations are complex, and if you have questions please talk to your provider about why they are not doing a Pap smear at your annual visit. In fact, there is now an app on a mobile device that helps the provider determine the need to do a Pap smear. Yes, it may be more complicated, but it truly is better care. Sometimes the best approach is: "Don't just do something, stand there!"

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overview

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Women's Health Overview newsletter is available to everyone. If you would like to receive the newsletter free of charge, please contact the Olson Center at 402-559-6345 or e-mail your request to ljmolczy@unmc.edu. If you do not wish to receive the newsletter, please contact us.



Current HIV Research at UNMC

Contributed by Santhi Gorantla, PhD
UNMC Department of Pharmacology and Experimental Neuroscience (PEN)

The human immunodeficiency virus (HIV) causes the acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. The Center for Disease Control estimated that 1.2 million people are living with HIV infection in the United States and about 50,000 new infections are diagnosed every year. Anti-HIV drugs have prolonged the life of infected patients substantially. The drugs suppress viral reproduction but cannot get rid of the virus from the body. Stoppage of drug therapy results in rapid viral rebound even though the virus had been suppressed for prolonged periods. The ultimate goal for HIV researchers is to find a way to eliminate the virus from an infected patient and to develop an effective vaccine to stop new infections. HIV attacks the human immune system and weakens its ability to fight infections. Because the virus specifically

infects human cells, there is no good experimental animal model which can mirror human HIV infection. This fact makes it difficult to study key aspects of how HIV causes AIDS and to evaluate new treatments before testing in patients. Our research group has been working on a new mouse model for HIV infection. Mice are transplanted with stem cells isolated from human umbilical cord blood. These cells develop into human immune cells in the mice and are susceptible to HIV infection. Using these 'humanized' mice we are studying the processes that contribute to HIV infection and are evaluating new treatments, including vaccines, in order to develop and find ways to prevent and eliminate the disease. HIV enters the brain during early stages of infection and after many years can result in a condition known as HIV-associated neurocognitive disorders (HAND). This condition is characterized by mental slowness, trouble with

memory, poor concentration, speech problems and behavioral changes. The use of highly active anti-HIV treatments has lessened the incidence of these forms of severe mental function loss; however, the incidence of milder mental impairments persists. Scientists believe that HIV drugs have a difficult time gaining access into the brain and cannot effectively suppress the HIV in the brain. Because of limited access to brain biopsies, the exact mechanisms by which HIV causes mental impairments is not completely understood. The mouse model of human HIV infection developed by Dr. Larisa Poluektova and myself, may play an important role in understanding these factors associated with brain damage during HIV infection. Dr. Howard Gendelman, Chairman of UNMC PEN, is developing long acting nanoformulated anti-HIV drugs that can be taken as monthly doses. These approaches are currently being tested in humanized mice to target and prevent brain damage in HIV patients.

Urinary Incontinence in Women

Urinary incontinence is one of those things that most women would prefer not to talk about.

"A lot of women don't talk about it and many physicians don't think of asking," says Kristin Rooney, MD, Olson Center urogynecologist.

"What women need to know is that these problems are not normal and that there are multiple treatment options that can improve a woman's quality of life."

Urinary incontinence is the most common type of pelvic floor disorder, followed by fecal incontinence and pelvic floor prolapse. "We start to see an increase in these disorders at age 39 when women are in their peri-menopausal and menopausal years," she says.

Increasing age and childbirth are the two most common factors that increase a woman's risk for urinary incontinence. Other contributing risk factors include menopause, obesity, cigarette smoking and chronic constipation.

There are two primary types of urinary



Contributed by Kristin Rooney, MD
Urogynecologist, UNMC Department of Ob/Gyn

incontinence. Stress incontinence involves urine leakage that occurs when laughing, coughing or other physical stress on the body. Urgency incontinence involves a strong urge to void that may result in leakage. Often due to an overactive bladder, a woman may need to empty her bladder more than 10 times a day.

"There are a litany of different treatment options depending on the type and severity of a woman's incontinence as well as her expectations," says Dr. Rooney. These include behavioral changes, medications, procedures, and surgery. "Many women can find relief by merely making some behavior adjustments like limiting their caffeine and fluid intake, practicing Kegel exercises, and other physical therapy techniques."

If behavioral changes are not enough, several surgical techniques are available to help treat stress incontinence. The most common is the mid-urethral sling, which has an 85 to 90 percent success rate. This outpatient procedure involves placing a sling around the urethra to lift it back into a normal position and to apply pressure on the urethra to assist with urine retention.

"The mesh slings have a low complication rate and an excellent rate of cure," says Dr. Rooney.

Medications are available to help calm an overactive bladder. Another procedure, called neuromodulation, uses electrical stimulation to help regulate nerve signals to the bladder. Botox also can be injected into the bladder to help reduce urgency.

To make an appointment with Dr. Rooney, please call 402-559-4500.

Mission Statement
The Mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center. Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research, and service through innovative approaches to women's health issues.

Want More Information?
Visit our website: OlsonCenter.com

Learn more about our healthcare providers, services, and programs available at the Olson Center for Women's Health. Our website also offers women's health information. Here are a few topics:

- Breastfeeding
- Breast Health & Disease
- Cardiovascular Health
- Gastrointestinal Health
- Gynecologic Health
- Reproductive Endocrinology/Infertility
- Pregnancy
- Wellness
- Incontinence

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