Choosing Not to Menstruate

A trend for adults and some adolescents. Is it safe?

Oral contraceptives, first approved by the U.S. Food and Drug Administration (FDA) in 1960, were originally meant to prevent unwanted pregnancies. In the standard regimen, women take the medication for 21 days, followed by a week of medication-free pills, when menstruation occurs. Many women experience other advantages of oral contraceptives, including less bloating; milder cramps; reduced symptoms of premenstrual syndrome; and relief from migraines, acne, and endometriosis. In fact, physicians often prescribe oral contraceptives to treat such conditions.

In 2003 Barr Pharmaceuticals introduced its Seasonale birth control pill, which reduces the frequency of periods to just four per year. Now Wyeth Pharmaceuticals is seeking FDA approval for Lybrel, another combination contraceptive taken daily but with no medication-free pills, which means no withdrawal bleeding. Lybrel contains lower doses of two hormones—levonorgestrel 90 micrograms and ethinyl estradiol 20 micrograms—than do traditional oral contraceptives, and its safety and effectiveness have so far been found to be comparable.

If approved, Lybrel will be the first oral contraceptive designed to offer women continuous menstrual suppression. This is not a new idea, however, according to Susan Wysocki, president and chief executive officer of the National Association of Nurse Practitioners in Women’s Health (www.npwh.org) in Washington, DC. Since 1975, Wysocki has prescribed standard birth control pills for extended menstrual suppression to treat endometriosis and menstrual cycle problems or to prevent inconvenient bleeding during a honeymoon or vacation. Women simply ignore the medication-free week and take the full-strength pill daily. Moreover, Wysocki adds, many NPs and female physicians use this regimen themselves “because we believe it’s safe.” (Extended cycling also can be accomplished with transdermal patches or vaginal rings.)

However, Margaret Freda, a professor of obstetrics and gynecology and women’s health at Albert Einstein College of Medicine in New York City and editor of the American Journal of Maternal/Child Nursing, is more cautious. “The jury is still out on total menstrual suppression,” she says, until long-term studies of its safety are done. Although oral contraceptives have proven safe in general, she adds, “we have no such data for this new regimen.”

A review in the October 2005 issue of Current Opinions in Obstetrics and Gynecology (COOG) notes that extended menstrual suppression—often prescribed for adolescents with menstrual disorders and increasingly popular among younger women—has thus far been found to be well tolerated, not to cause adverse endometrial changes, and to increase contraceptive effectiveness, since the transition between pill cycles is the prime time for contraceptive failure. However, breakthrough bleeding is more common during the first few months of extended cycles than when oral contraceptives are used in the standard regimen.

The COOG review points to the need for long-term clinical trials of menstrual suppression, especially regarding the risks of cancer, cardiovascular disease, and impaired fertility, as well as investigations of its effect on bone density, particularly in teenage patients. The review authors also raise the concern that menstrual suppression may convey a message to younger women that menstruation is unhealthy or harmful.

According to a survey by the Association of Reproductive Health Professionals in Washington, DC, 40% of women would choose not to have periods at all, although many women also express concerns about financial costs and possible adverse effects of using oral contraceptives for extended menstrual suppression. (Read the survey at www.arhp.org/2005menstruationsurvey.)

Carol Potera

The Case for Retaining Experienced RNs

Recruitment alone won’t solve the nursing shortage.

By 2010 about 40% of U.S. nurses will be over age 50. In June the Robert Wood Johnson Foundation released a report describing changes that hospitals should consider for keeping older, experienced RNs in the workforce. The report, Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace, emphasizes the value older nurses bring to the workforce and suggests that “the loss of older nurse experts might well have a negative impact on quality of care, patient satisfaction and safety, productivity, and organizational performance.”

The authors searched the literature for studies on older health care workers and nurses, surveyed more than 375 nurses, and interviewed 13 “sages” (experts in health system design, management, patient-centered care, patient safety, and labor relations).

Key strategies identified include increasing flexibility in scheduling, promoting nurses’ participation in decision making, creating new roles for nurses and smoothing the transition to management, investing in continuing education and skills training to support transitions to new roles, attending to ergonomics issues, and improving how technology is introduced and used. The complete report is available at www.rwjf.org/files/publications/other/wisdomatwork.pdf.

—Maureen Shawn Kennedy, MA, RN, news director
A Closer Look at Pain After Stroke

*It persists, changes location, and can worsen sharply over time.*

A recent population-based Swedish study followed 416 adults who experienced a first stroke to assess intensity, prevalence, and location of pain, as well as to determine predictive factors and how the stroke victims’ experience of pain changed over time. According to the authors, previous studies have reported that between 19% and 74% of stroke patients experience pain after a stroke, but little attention has been paid to the intensity of that pain or to its progression over time.

The study participants were evaluated at four months and 16 months after their strokes by a nurse specialist and a physical therapist. The researchers paid particular attention to the patients’ assessments of their pain, including its intensity, onset, possible causes, frequency, and effects on sleep.

About one-third of the participants reported moderate-to-severe pain in the first few months after the stroke. At 16 months, that proportion had decreased to 21%, although among those patients, the intensity of the pain had increased, sometimes substantially. Women’s experience of pain overall was greater than that of men, and more than half of patients with moderate-to-severe pain at 16 months had difficulty sleeping, perhaps contributing to the debilitating fatigue often reported by stroke survivors.

Assessing the nature of pain after stroke and identifying its causes were found to be very complex. Information about additional strokes or other medical events occurring after the initial stroke was often unavailable, and 38% to 40% of those who reported being in moderate-to-severe pain at the two follow-up assessments had been in pain before they even had a stroke. Also, the proportion of people with cognitive decline was higher in the group reporting no or mild pain. The study also did not address the type or dosage of analgesic medications participants may have been taking.

Pain after stroke, the authors warn, “may be underrecognized and undertreated.” —Linda Epstein, BSN, RN


FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH

### Tube Feeding May Increase Risk of Pneumonia

* A high frequency of gastric aspiration seen as the likely culprit.

A spiration of stomach contents into the lungs is closely associated with the development of pneumonia in critically ill tube-fed patients. In a two-year study conducted in five ICUs, nurses collected tracheal specimens from 360 ventilated, tube-fed patients to evaluate the frequency and extent of aspiration. Secretions were collected from each patient over a four-day period. More than 30% of the approximately 5,800 specimens were positive for the presence of the gastric enzyme pepsin, indicating aspiration, and 89% of the patients had at least one pepsin-positive specimen. Half of the patients developed pneumonia by the fourth day of study, and the rate of pepsin-positive secretions was twice as high in those patients as in those without pneumonia.

The presence of pneumonia increased the length of time patients spent on the ventilator, in the ICU, and in the hospital. When the head of a patient’s bed was elevated at an angle of less than 30°, the risk of aspiration was higher. It was also higher in patients who had a low Glasgow Coma Scale score, vomiting, or evidence of gastroesophageal reflux.

Lead author Norma Metheny notes, “Nurses can play a big role in reducing aspiration risk and therefore the incidence of pneumonia. One way is to keep the head of bed elevated to at least 30° whenever feasible; another is to ensure that feeding tubes remain in their intended locations after feeding has been started. Still another way is to measure gastric residual volumes at regular intervals (preferably every four hours) to detect high values. Alerting the physician when gastric residual volumes are high can lead to the use of prokinetic agents to improve gastric emptying. To reduce aspiration risk in patients who can’t tolerate gastric feedings, small bowel feedings are preferred.”


Why RNs Leave ICUs

Professional practice and nurse-competence issues are at the top of the list.

In a recent nationwide survey of 2,234 RNs who worked in ICUs, 17% said they plan to leave their positions within the next year, and 52% of those intending to leave cited working conditions as the reason.

RNs planning to leave because of working conditions rated all “organizational climate factors” lower than did nurses who planned to stay or to leave for other reasons. Those found to independently predict the decision to leave were issues that fell into the categories “professional practice” and “nursing competence.” Professional practice issues included opportunities for promotion, continuing education, and participation in decision making within the hospital, as well as institutional support for quality, innovation, and nursing expertise and authority. Nursing competence issues included orientation for new nurses, the existence of standardized policies and procedures within the hospital, and opportunities for new nurses to learn from other nurses who are competent and experienced.

RNs who had worked for fewer years in the same job were more likely to express an indication to leave as a result of working conditions. The nursing shortage was not a significant factor in nurses’ intention to leave, nor were staffing issues.

—Fran Mennick, BSN, RN


In the Courts

Class action lawsuits target nurse staffing and pay.

• Together with the New York State Nurses Association and the Washington State Nurses Association, the ANA filed suit on June 15 against the Department of Health and Human Services (DHHS), claiming that it hasn’t followed its own regulations regarding adequate nurse staffing in hospitals participating in Medicare. The suit seeks to stop the DHHS from permitting the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to apply its own nurse-staffing standards when accrediting hospitals, asserting that the JCAHO standards fail to meet federal nurse-staffing requirements set by the DHHS.

• On June 20 a Washington, DC, law firm filed four separate class action lawsuits on behalf of nurses against hospitals and health care systems in San Antonio, Texas; Memphis, Tennessee; Albany, New York; and Chicago; the suits maintain that the hospitals had “conspired among themselves and with others” to keep nurses’ salaries from increasing. The law firm had worked closely with the Nurse Alliance of the Service Employees International Union to gather evidence for the action.

Fifteen percent of newly tested immigrants from Asia and the Pacific Islands living in New York City have chronic hepatitis B virus (HBV) infection, according to the May 12 issue of the Morbidity and Mortality Weekly Report. A screening and treatment program conducted in 2005 found 137 new cases among 925 participants (most of them born either in China or South Korea), none of whom had previously been tested, despite endemic HBV in their home countries—where transmission is likely to have taken place, either from mother to child or among children. The Centers for Disease Control and Prevention estimates that between 15% and 40% of those who contract HBV at early ages will develop chronic liver disease. It recommends education, screening, immunization, and treatment programs in other U.S. cities with populations from countries where HBV is endemic.

For more information about hepatitis B and prevention, go to www.cdc.gov/ncidod/diseases/hepatitis/index.htm.