Women’s health concerns? Let these 12 doctor-approved resources help

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Questions about the health issues that impact women are common, but that doesn’t make them any easier to navigate. Don’t rely on social media for answers to these questions—look instead to experts who have been at the leading edge of medical research for decades.

The JAMA Network® has created easy-to-understand Patient Pages drawing on content from *JAMA*®—the *Journal of the American Medical Association*—and a dozen other peer-reviewed journals published by the AMA to make the most accurate, up-to-date medical information available to patients just like you.

Patient Pages provide basic definitions of conditions or issues, along with details of symptoms, consequences, diagnosis, treatment and prevention. These resources, illustrated by *JAMA* medical illustrators, are always free to access.

This article highlights Patient Pages relevant to many of the most common women's health issues.

1 “Dense Breasts Are Common—Here Is What to Know”

“Breast density refers to the amount of dense tissue (like glands and fibrous tissue) you have compared to fatty tissue in your breasts. Dense breasts are very common. About half of all women have them,” the Patient Page says.

URL: https://patients.ama-assn.org/public-health/population-health/womens-health-concerns-let-these-12-doctor-approved-resources-help

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It also explains why breast density matters.

“Dense breast tissue makes it harder for doctors to see cancer on a mammogram because both appear white on the image,” it says. “Even with dense breasts, mammograms are still the best screening tool for most women and can find most breast cancers. Having dense breasts also slightly increases your chance of getting breast cancer, but not enough on its own to put you in the high-risk category.”

It then explains how to now if you are at high risk for breast cancer.

“Doctors look at your overall risk—not just breast density—to decide if you are at high risk. Some other important risk factors, beyond breast density, include:

• Age: Most breast cancers happen in women older than 50 years.
• Family history: Having a close relative (like a parent, sibling, or child) with breast or ovarian cancer—especially if they were diagnosed before 50 years of age—raises your risk.
• Certain inherited genes: Some gene variations, like in *BRCA1* or *BRCA2*, raise risk considerably.
• Past breast biopsies: Some biopsy results, such as atypical cells, can increase your risk.
• Hormone use: Using hormone replacement therapy may slightly raise your risk.”

Don’t miss this takeaway: “Dense breasts are common and not usually something to worry about. Mammograms are the best way to screen for breast cancer.”

2 “Screening for Breast Cancer”

“We all want better ways to find breast cancer early and save lives from this disease. Breast cancer screening can help to detect cancer early, when it’s

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most treatable," the Patient Page says.

It goes on to note, "Breast cancer is the second most common cause of cancer death for women in the U.S. Each year, there are about 240,000 cases diagnosed and nearly 43,000 women die from breast cancer."

In addition, "Black women are 40% more likely to die from breast cancer than white women, even though they get breast cancer at a roughly similar rate. Black women more often get aggressive cancers at younger ages," it says.

"The good news is that getting screened for breast cancer every other year can reduce your risk of dying from this disease," the Patient Page says.

It also says that "there are some areas where the research is limited and clinical judgment and patient medical history, values, and preferences play a role in decision-making," including for women with dense breasts and women 75 and older.

Don't miss this takeaway: "All women should get screened for breast cancer every other year starting at age 40. There is not enough evidence to decide whether to continue or stop screening in women 75 years or older and what more should be done to screen for breast cancer in women with dense breasts."

3 "Ovarian Aging and Fertility"

"Women are born with a fixed number of follicles in their ovaries, from which oocytes are released monthly and may become fertilized to achieve pregnancy," the Patient Page explains. "The total number of oocytes decreases from approximately 1 million to 2 million at birth to an average of 65,000 at age 25 years, 16,000 at age 35 years, and approximately 1,000 by menopause (approximately age 50 years). In addition, oocytes are more likely to have chromosomal defects with increasing age, leading to more miscarriages."

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Also, rates of miscarriage increase with age, it notes.

“Few women achieve live birth with their own oocytes after age 45 years despite optimal diet, exercise and use of in vitro fertilization (IVF). Rates of miscarriage are approximately 12% in women aged 20 to 29 years, 25% by age 40 years, 40% by age 43 years, and 65% in women aged 45 years or older,” it says.

“Age-related decline in ovarian follicles is irreversible, and currently, there are no effective methods to grow new ovarian follicles,” the Patient Page notes.

But there are strategies to address infertility due to ovarian aging. These include:

Education and societal support to help women make informed decisions about when to start attempting pregnancy.

IVF, which involves eight to 14 days of hormone injections, followed by retrieval and/or fertilization of oocytes and implantation into the uterus.

Oocyte and embryo cryopreservation, in which retrieved oocytes are cryopreserved and later thawed and fertilized using IVF.

Don’t miss this takeaway: “Infertility affects one in six reproductive-aged couples, and declining ovarian function is a common cause of infertility among women in their late 30s to early 40s.”

4 “What Is Ovarian Cancer?”

“Ovarian cancer is a malignancy of the ovary, the female reproductive organ that produces eggs,” the Patient Page says, adding that it is the eighth most common malignancy and cause of cancer death among women worldwide.

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“Risk factors for ovarian cancer include older age (the most common age at diagnosis is 63 years), a family history of breast cancer or ovarian cancer, endometriosis (a chronic inflammatory disease in which uterine lining cells are found outside of the uterus) and never having given birth,” it says. “About 25% of ovarian cancers are due to inherited genetic variants, primarily in *BRCA1* and *BRCA2* genes.”

When it is diagnosed, “most patients with ovarian cancer have symptoms such as abdominal pain, bloating, urgent or frequent urination, and/or increased abdominal size. Signs and symptoms of advanced ovarian cancer may include a mass in the abdominal area, weight loss and trouble breathing due to abdominal swelling or from fluid surrounding the lungs,” the Patient Page says.

How ovarian cancer is treated depends on how it is “staged,” meaning how much cancer is in the body and how it has spread.

“Stage I ovarian cancer is limited to the ovary or fallopian tube,” the Patient Page explains. “Stage II cancer has spread beyond the ovaries and fallopian tubes but is still confined within the pelvis. Stage III cancer involves sites outside the pelvis such as nearby lymph nodes or other areas of the abdomen. Stage IV cancer involves organs or tissues outside the abdominal cavity, such as the liver, spleen or lungs.”

Don’t miss this takeaway: Patients with stages I and II ovarian cancer have a 5-year overall survival rate of 70% to 95%. The 5-year overall rate for stages III and IV ovarian cancer is 10% to 40%. However, 5-year survival is about 70% among patients with advanced-stage ovarian cancer who have BRCA genetic variants and are treated with PARP inhibitors.

5 “Cervical Cancer Screening”

“More than 90% of cervical cancer is caused by human papillomavirus (HPV) infection,” the Patient Page says. It then explains how this happens.

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“Cervical precancer involves cellular changes in the cervix caused by HPV infection that can lead to cervical cancer if not treated,” it says.

More than 4,000 people in the U.S. die from cervical cancer each year, the Patient Page notes, adding that most people who develop cervical cancer have not been screened in more than five years.

“Some had an abnormal screening test and did not follow up,” it says.

The Patient Page also describes what to do if your cervical cancer screening is positive.

“To determine the risk of precancer, individuals with a positive cervicovaginal HPV result should have additional testing, which is usually done with a Pap smear,” it says. “If abnormal cells are identified on the Pap smear, patients typically undergo colposcopy (a procedure to closely examine the cervix, vagina and vulva) and may have a biopsy to see if precancer is present.

It then describes treatment if precancer is, in fact, present.

“Precancer is usually treated with a minor surgical procedure to remove abnormal cells. Treatment of precancer prevents cancer more than 90% of the time. If cervical cancer is diagnosed, possible treatments include surgery, chemotherapy and radiation therapy,” it says.

Don’t miss this takeaway: “Vaccination against HPV is likely to prevent more than 90% of cervical precancers and cancers.”

6 “What Should I Know About Hormones for Symptoms of Menopause?”

“Menopause is defined as the time in a woman’s life when her menstrual periods stop. On average, this happens around 50 years of age. At

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menopause, the ovaries produce lower levels of the hormones estrogen and progesterone," the Patient Page explains.

It goes on to summarize the prevalence and symptoms of menopause.

"More than three-fourths of women who go through menopause experience symptoms," it says. "For many women, symptoms are mild. Some women have severe symptoms that disrupt normal daily activities, work and sleep."

It then outlines hormone therapy for menopause.

"Hormone therapy is medication containing estrogen and sometimes progesterone," the Patient Page says. "It can come in different formulations such as oral pills, skin patches, skin creams, injections, vaginal creams and vaginal inserts. Hormone pills and patches are effective at relieving hot flashes and night sweats. Topical treatments such as estrogen creams can be effective at relieving vaginal symptoms. They have less risk than hormonal pills."

Don't miss this takeaway: "The risks of hormone therapy are small for most women in their 50s but do increase in older women. When your symptoms improve, you should stop taking hormones."

7 "What Should I Know About Recurrent UTIs in Older Women?"

"Recurrent urinary tract infections (UTIs) are defined as two infections within six months or three within one year," the Patient Page explains. "UTI symptoms include burning or pain when urinating, an urgent need to urinate, more frequent urination and lower abdominal pain. If symptoms do not improve after initial treatment, you may need additional testing."

It goes on to explain, "Recurrent UTIs can occur in anyone, but women after menopause experience them most frequently. Risk factors include natural

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bacteria in the vagina and bladder that change after menopause; illnesses or medications that reduce the immune response to infection; and reduced flow of urine caused by inadequate fluid intake or problems with emptying the bladder."

It adds, however, that bacteria in your urine does not always mean that you have a UTI.

"Some people may have bacteria living peacefully in their bladder," it says.

The Patient Page also explains that you don't necessarily need a longer antibiotic course to treat each UTI just because you have recurrent UTIs.

"However, you may need additional treatment to prevent future episodes. Your antibiotic treatment will be dependent on the type of infection," it says.

Don't miss this takeaway: "Take a probiotic with *Lactobacillus,* a bacterium that is associated with good vaginal and bladder health."

8 "What Is Endometriosis?"

"Endometriosis is a chronic inflammatory disease in which cells similar to those lining the uterus are present outside of the uterus," the Patient Page explains. It affects about 10% of females of reproductive age worldwide, including nearly 9 million in the U.S.

It is thought to develop "when cells from the uterine lining (endometrium) flow backward through the fallopian tubes during menstruation and attach to areas in the pelvis such as the abdominal wall lining, the bowel or the bladder," the Patient Page says. "Endometriosis tissue may also spread via the lymphatic system or blood vessels and adhere to sites outside of the pelvis, such as the lungs. The hormone estrogen promotes endometriosis tissue growth and can contribute to inflammation."

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Medications are often the first- and second-line treatments for endometriosis, but surgery is an option “for patients whose endometriosis symptoms do not improve with drug therapy, for those who cannot take hormone medications, and for large ovarian endometriosis cysts or deep lesions causing severe symptoms (such as blood in the urine or stool),” it says.

The surgical procedure that is typically used to remove endometriosis tissue is minimally invasive.

“Patients with persistent severe symptoms despite hormone treatment and surgery and who not desire future pregnancy may consider removal of the uterus (hysterectomy) and any remaining endometriosis lesions,” the Patient Page adds. “If possible, the ovaries should be preserved in women undergoing hysterectomy before menopause.”

Don’t miss this takeaway: The most common symptom, in 90% of cases, is pelvic pain, including painful menstrual periods, nonmenstrual pelvic pain and pain during vaginal intercourse.

9 “What Is Endometrial Cancer?”

“Endometrial cancer is a malignancy involving the lining of the uterus (endometrium),” the Patient Page explains.

“Endometrial cancer accounts for 95% of uterine cancers, which are the fourth most common cancer in women in the U.S.,” it says. “Approximately one in 32 women in the U.S. will develop endometrial cancer in their lifetimes. Eighty percent of endometrial cancer cases in the U.S. are diagnosed in postmenopausal women, and the average age at diagnosis is 60 years. However, rates of endometrial cancer are increasing in both older and younger women in the U.S. and worldwide.”

It goes on to note the common symptoms and signs of endometrial cancer.

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“About 70% to 90% of patients with endometrial cancer have abnormal vaginal bleeding. Other symptoms may include an enlarged uterus, pelvic or abdominal pain, and anemia. In some patients, pelvic imaging such as ultrasound or computed tomography may show a thickened endometrial lining that leads to further evaluation and identification of endometrial cancer,” it says.

The Patient Page also summarizes how endometrial cancer is treated.

“Endometrial cancer is typically treated with surgery to remove the uterus, cervix, ovaries and some pelvic lymph nodes. However, the ovaries may be retained in selected younger patients for cardiac and bone health benefits. Surgical findings determine the stage of endometrial cancer and guide further treatment. For patients with early-stage, low-risk endometrial cancer, observation and follow-up with a gynecologic oncologist for at least two years after surgery is recommended. Patients with higher risk features and more advanced endometrial cancer may be treated with radiation therapy, chemotherapy, immunotherapy and hormonal therapies (progestins or antiestrogens),” it says.

Don’t miss this takeaway: “Five-year survival rates are 90% for patients with endometrial cancer confined to the uterus, 72% for those with cancer involving the pelvic lymph nodes and 22% for those with more distant spread of tumor.”

10 “What Are Uterine Fibroids?”

“Uterine fibroids are benign tumors that develop in the wall of the uterus,” the Patient Page explains, adding that they are one of the most common tumors in reproductive-age women.

“An estimated 40% to 89% of premenopausal women have fibroids, which can vary in size from 1 cm to more than 20 cm. Black women who are affected have a larger number and increased size of fibroids and experience more severe symptoms from fibroids than white women.

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It also notes: “Fibroids are the leading cause of hysterectomy in the U.S.”

The Patient Page lays out what to do if you have uterine fibroids.

“Patients and clinicians should engage in shared decision-making about fibroid treatment,” it says. “Considerations include the location, size and number of fibroids; patient’s symptoms and treatment preferences; other medical conditions; desire for future pregnancy; current fertility challenges; and desire to keep the uterus even if the patient does not want to become pregnant. Asymptomatic individuals with fibroids or those who are not ready to start treatment may undergo routine monitoring by their clinician.”

Don’t miss this takeaway: “Asymptomatic individuals with fibroids or those who are not ready to start treatment may undergo routine monitoring by their clinician.”

11 “What Is Uterine Prolapse?”

“Uterine prolapse occurs when the uterus drops into the vagina,” the Patient Page explains. In its early stages, the uterus rests within the vagina, but in advanced stages, the uterus protrudes.

It affects about 40% of women 50–79 in the U.S. Risk factors include childbirth, smoking, menopause, constipation and obesity, as well as other conditions that increase pressure in the abdomen.

There are several nonsurgical treatments for uterine prolapse, including observation, vaginal pessaries—soft devices fit for each patient to keep the uterus in place—and physical therapy.

The Patient Page goes on to summarize the three surgical options:

"Uterosacral ligament suspension involves surgery to attach uterosacral ligaments to the top of the vagina to restore support for the uterus.”

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“Sacrospinous ligament suspension involves surgical attachment of the cervix or top of the vagina to one or both of the sacrospinous pelvic ligaments to keep the uterus in place.”

“Colpocleisis involves surgery to shorten and narrow the vagina so that the uterus cannot drop into the vaginal canal. This procedure is the most effective treatment for uterine prolapse but does not allow for future vaginal sexual intercourse.”

Don’t miss this takeaway: Pelvic floor exercises strengthen the pelvic muscles that support the uterus.

12 “What Is Prepregnancy Care and Counseling?”

“Prepregnancy care and counseling include steps taken before pregnancy to improve health outcomes for pregnant individuals and their infants,” the Patient Page says.

It then outlines first steps.

“For those desiring pregnancy within the next year, reproductive life planning, individualized counseling and prepregnancy care should be started,” it says. “Important steps include stopping or changing medications that have potential harmful effects in pregnancy, and genetic counseling for those at risk of inherited conditions. For individuals not planning pregnancy, contraception options should be discussed.”

The Patient Page goes on to outline several recommended treatments.

“All individuals desiring pregnancy should take folic acid supplements before conception to decrease the risk of neural tube defects, which are serious birth defects involving the brain and spine that occur during the first month of pregnancy,” it says.

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Likewise, everyone desiring pregnancy “should also receive vaccinations against hepatitis B and rubella to decrease the risk of congenital infections and to reduce the risk of stillbirth, which is associated with rubella infection. Other recommended vaccinations include influenza (which is associated with increased maternal morbidity during pregnancy), COVID-19 (which is associated with increased maternal and neonatal morbidity and mortality), pertussis, varicella (chickenpox), and human papillomavirus (HPV).”

Don’t miss this takeaway: “For individuals with a body mass index of 25 or higher, weight loss prior to conception is recommended because overweight and obesity are associated with increased risk of gestational diabetes, gestational hypertension and cesarean delivery.”

Learn more with the AMA about what doctors want women patients to know about:

- Menopause.
- Preventing yeast infections.
- Polyendocrine metabolic syndrome (PMOS).

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