Fracture Risk Among Breast Cancer Survivors

This prospective cohort study among participants in the Women’s Health Initiative Observational Study found that postmenopausal survivors of breast cancer had a higher risk for fractures (except hip fracture) compared with women who had no cancer history. The results of this study suggest that interventions and therapeutic interventions are needed to reduce the fracture risk in the large and growing breast cancer survivor population in the United States.

See page 552

Clinical Prediction Rules for Osteoporosis Screening

For postmenopausal women who are younger than 65 years, there remains uncertainty as to who should be screened for osteoporosis. Mauck and colleagues present data that serve to clarify how well-known clinical prediction rules may best be applied in a clinical setting. The SCORE (Simple Calculated Osteoporosis Risk Estimation) and the ORAI (Osteoporosis Risk Assessment Instrument) perform better in the women aged 45 to 64 years compared with women older than 65 years and may help clinicians identify those younger postmenopausal women who are higher risk. However, based on poor negative predictive values and likelihood ratios, it is evident that these tools are more helpful in that they identify those fewer women who need not have bone mineral density testing rather than those who should be tested.

See page 530

A Population-Based Study of Bilateral Prophylactic Mastectomy Efficacy in Women at Elevated Risk for Breast Cancer in Community Practices

In this study, Geiger and colleagues found that bilateral prophylactic mastectomy reduced breast cancer occurrence by approximately 95% in women who had moderately elevated breast cancer risk and who were cared for in community practices. However, the absolute risk of breast cancer and death from breast cancer was relatively modest among similar women who did not undergo the procedure. Therefore, while bilateral prophylactic mastectomy appears to reduce breast cancer risk more than any other option, it is important to consider the underlying risk of breast cancer, as well as the physical and psychosocial complications of the procedure.

See page 516

Medical Findings in Outpatients With Anorexia Nervosa

Approximately 0.5% to 1% of college-aged women have anorexia nervosa, and most are community dwelling. However, few data exist regarding medical findings in this group. This cross-sectional study of 214 community-dwelling women with anorexia nervosa reports a high prevalence of medical findings, including anemia, leukocytopenia, hyponatremia, hypokalemia, bradycardia, hypotension, hyperthermia, alanine aminotransferase elevation, osteopenia, osteoporosis, fractures, and primary amenorrhea. The study findings suggest that patients with anorexia nervosa should be followed carefully with regular laboratory and physical examinations and that the occurrence of low weight, particularly in conjunction with the abnormalities reported, should prompt the consideration of a diagnosis of anorexia nervosa.

See page 561

Urinary Incontinence in US Women

Melville and colleagues performed a population-based, age-stratified postal survey of women aged 30 to 90 years to determine the prevalence of urinary incontinence (UI) across the adult lifespan and factors associated with UI. The sample of 3536 respondents was linked to automated medical data. The population-based prevalence of UI was 45%, with severe UI in 18%. Prevalence of UI and severe UI increased notably with age. Older age, higher body mass index, greater medical comorbidity, current major depression, hysterectomy, and parity significantly increased the odds of UI, while nonwhite race and having only cesarean deliveries significantly decreased the odds of UI. Major depression and obesity had the strongest association with UI.

See page 537