

Exploring the Relationship between Substance Use Disorder and Women’s Preventative Health Screenings

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BACKGROUND

- Preventative health screenings play an important role in the early detection, diagnosis, and treatment of gynecologic cancers.
- Pap smear screenings identify precancerous cervical cells, enabling early intervention to prevent progression to cancer.
- The American College of Obstetrics and Gynecology (ACOG) recommends the following guidelines for pap smear screenings:
 - Women ages 21-29 – pap smear every 3 years
 - Women ages 30-65 – pap smear every 3 years, pap smear and HPV test every 5 years, or HPV test every 5 years
- Many women do not receive pap smear screenings in accordance with the guidelines.
- In 2021, 25% of women ages 25-65 were overdue for cervical cancer screening.
- Women with substance use disorder (SUD) are at risk for delayed pap smear screenings.
- Unstable housing has also been associated with the underutilization of preventative health screenings.
- There is limited research investigating preventative health screening rates and results among women with SUD in the south.
- Minimal data is available for SE Louisiana patients.

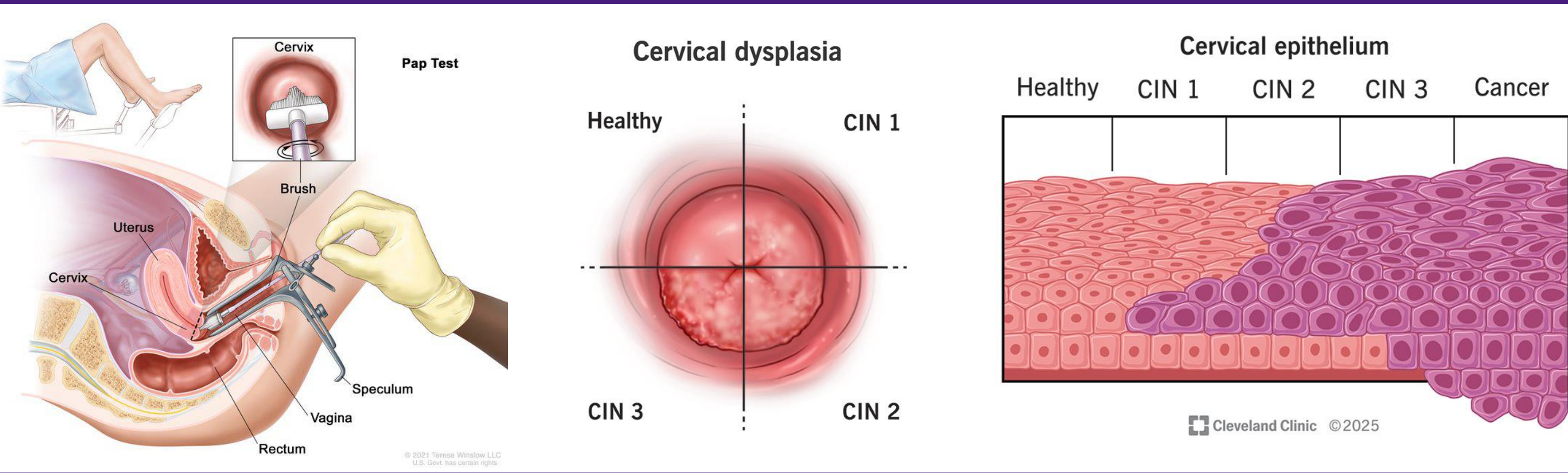
OBJECTIVES

The purpose of this study is to contribute to the greater body of research examining the health of female patients with substance use disorder.

The study’s objectives are as follows:

- 1) Primary – To investigate the completion rates and results of pap smear screenings among female patients with SUD
- 2) Secondary – To determine if female SUD patients are more or less likely to complete pap smears and/or to have abnormal pap smear results than female patients without SUD

We hypothesize that women with SUD are less likely to have completed the recommended pap smears and more likely to receive an abnormal pap smear result than women without SUD.



METHODS

- This study is a retrospective chart review.
 - Existing medical records from approximately 150 female patients with a diagnosis of SUD in their chart and approximately 150 female patients without a diagnosis of SUD in their chart will be examined.
 - All DSM-5 diagnoses under SUD will be considered an SUD diagnosis.
 - Medical records will be from 2015-2025 and will come from the UMC Women’s Health Clinic.
- The following data points will be collected for each patient:
 - Demographics – age, ethnicity, race
 - Completion status of recommended pap smear screenings per age-based guidelines
 - Results of completed pap smear screenings
- Exclusion criteria for the study include patients under 18 years old, male patients, currently pregnant patients, and incarcerated patients.

STATISTICAL CONSIDERATIONS

The pap smear screening completion status and screening outcome severity will be assessed using the following clinical resources:

- Completion status – ACOG age-based screening guidelines
- Screening outcome severity – Bethesda System categories

The number of pap smears each patient should have completed per age-based ACOG guidelines will be determined. Each patient will be assigned a percentage score of their completed pap smears out of the total recommended pap smears.

The standard Bethesda System categories for pap smear screening outcome severity are “negative for intraepithelial lesion or malignancy”, “epithelial cell abnormalities”, or “other malignant neoplasms”. The number of patients with pap smear screening findings in each of these categories will be turned into percentages out of the total sample of female patients.

Multivariate Analysis of Variance (MANOVA) statistics will be performed to compare the pap smear screening rates and results among the two study groups – female patients with and without SUD.

ANTICIPATED IMPACT

This study plans to highlight the impact of SUD on the utilization of preventative health screenings.

- Pap smear screenings have been shown to improve women’s health outcomes.
- It is imperative that we as physicians address low completion rates of pap smear screenings among women with SUD, as delayed screening may lead to the development of cervical cancer.

This study will advocate for the use of integrated care models when treating women with SUD.

- Offering multiple medical services – such as Obstetrics and Gynecology and Behavioral Health – within one clinic allows patients to access a range of healthcare services in a central setting.
- Integrated care models allow for collaboration between healthcare providers treating patients with complex socioeconomic situations.

This study will address the gap in preventative health screening research among women with SUD in Louisiana.

- SUD is deeply rooted in the patient population we serve as healthcare providers in New Orleans.
- In caring for patients with SUD, primary care physicians must uphold their responsibility to provide preventative healthcare to this vulnerable patient population.

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