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Comprehensive Practice Questions for Exam Success

A complete roadmap to mastering midlife medicine and acing your certification exam.
This comprehensive 202-question study guide covers all major topics in the NAMS examination including:

- **Bone Health & Osteoporosis** (Questions 1-10)
- **Incontinence & Urinary Health** (Questions 11-15)
- **Sexual Health & Disorders** (Questions 16-20)
- **Menopause Transition & Hormonal Changes** (Questions 21-30)
- **Hot Flashes & Vasomotor Symptoms** (Questions 31-35)
- **Vulvar & Vaginal Health** (Questions 36-42)
- **Postmenopausal Health Issues** (Questions 43-45)
- **Migraine & Headache** (Questions 46-50)
- **Thyroid Disorders** (Questions 51-55)
- **Bone Density & Fracture Risk** (Questions 56-60)
- **Hormone Replacement Therapy** (Questions 61-65)
- **Cardiovascular & Metabolic Health** (Questions 66-70)
- **Sleep & Mood Disorders** (Questions 71-75)
- **Abnormal Uterine Bleeding** (Questions 76-80)
- **Dermatologic Conditions** (Questions 81-85)
- **Restless Leg Syndrome & Pain** (Questions 86-90)
- **Premature Ovarian Insufficiency** (Questions 91-95)
- **Weight Management & Obesity** (Questions 96-100)
- **Cancer & Estrogen Therapy** (Questions 101-105)
- **Screening & Prevention** (Questions 106-110)
- **STRAW Staging & Classifications** (Questions 111-115)
- **Infectious Diseases & STIs** (Questions 116-120)
- **Metabolic Syndrome & Diabetes** (Questions 121-125)
- **Hypertension & Cardiovascular Risk** (Questions 126-130)
- **Vaccines & Preventive Care** (Questions 131-135)
- **Nutrition & Supplements** (Questions 136-140)
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Each question includes detailed rationales based on current NAMS guidelines and evidence-based practice. This study guide provides comprehensive coverage for NAMS certification examination preparation.

Section 1: Bone Health & Osteoporosis

Question 1

What percentage of women require long-term care after a hip fracture? A) 10% B) 25% C) 50% D) 75%

Answer: B) 25% Rationale: According to NAMS guidelines, 1/4 (25%) of women require long-term care after hip fracture, while 1/2 (50%) experience long-term loss of mobility.

Question 2

Compared to whites, Asian women have: A) Higher bone mineral density B) Lower bone mineral density C) Similar bone mineral density D) Variable bone mineral density

Answer: B) Lower bone mineral density Rationale: Asians have lower BMD than whites, while blacks have higher BMD than whites.

Question 3

Consuming over 3 servings of alcohol daily increases the risk of: A) 20% osteoporotic fractures, 40% hip fractures B) 38% osteoporotic fractures, 68% hip fractures C) 50% osteoporotic fractures, 75% hip fractures D) 60% osteoporotic fractures, 80% hip fractures

Answer: B) 38% osteoporotic fractures, 68% hip fractures Rationale: Excessive alcohol consumption significantly increases fracture risk with specific percentages for different fracture types.

Question 4

A dairy-free diet typically provides how much calcium daily? A) 100 mg B) 200 mg C) 300 mg D) 500 mg

Answer: C) 300 mg Rationale: Without dairy products, typical diet provides approximately 300 mg of calcium daily, well below recommended intake.

Question 5

What is the box warning for PTH receptor agonists (Teriparatide, Abaloparatide)? A) Hypercalcemia B) Osteosarcoma C) Kidney stones D) Atrial fibrillation

Answer: B) Osteosarcoma Rationale: PTH receptor agonists carry a black box warning for osteosarcoma risk, particularly in animal studies.

Question 6

PTH receptor agonists should be used with caution in which condition? A) Hypocalcemia B) Hypercalcemia C) Hyponatremia D) Hypernatremia

Answer: B) Hypercalcemia Rationale: PTH receptor agonists can worsen hypercalcemia and should be used cautiously in patients with this condition.

Question 7

When would you use PTH receptor agonists? A) First-line osteoporosis treatment B) Mild osteoporosis C) Patients with incredibly high fracture risk D) Osteoporosis prevention

Answer: C) Patients with incredibly high fracture risk Rationale: PTH receptor agonists are reserved for patients with very high fracture risk, typically after other treatments.

Question 8

Raloxifene specifically helps with which type of fractures? A) Hip fractures B) Vertebral fractures C) Wrist fractures D) All fractures equally

Answer: B) Vertebral fractures Rationale: Raloxifene is particularly effective for vertebral fracture prevention but less effective for other fracture types.

Question 9

What is the risk of atypical femur fractures in women on bisphosphonates? A) 1 in 100 after 1 year B) 1 in 500 after 2-3 years C) 1 in 1000 after 2-3 years D) 1 in 2000 after 5 years

Answer: C) 1 in 1000 after 2-3 years Rationale: The risk of atypical femur fractures is relatively low at 1 in 1000 after 2-3 years of bisphosphonate use.

Question 10

What T-score defines osteopenia? A) -1 to -2.49 B) -2 to -2.99 C) -2.5 to -3.49 D) Greater than -1

Answer: A) -1 to -2.49 Rationale: Osteopenia is defined as T-score between -1 and -2.49, with normal being greater than -1.

Section 2: Incontinence & Urinary Health

Question 11

Define stress urinary incontinence (SUI): A) Large volume urine loss with urgency B) Involuntary urine loss with increased intra-abdominal pressure C) Constant urine dribbling D) Urine loss only at night

Answer: B) Involuntary urine loss with increased intra-abdominal pressure Rationale: SUI is involuntary loss with activities like cough/sneeze that increase intra-abdominal pressure, usually in smaller amounts.

Question 12

Normal post-void residual is: A) Less than 50 ml B) 100 ml or less C) Less than 150 ml D) Less than 200 ml

Answer: B) 100 ml or less Rationale: Normal PVR is 100 ml or less; >200 ml is abnormal; 100-200 ml should be repeated on different day.

Question 13

Urge urinary incontinence (UUI) is characterized by: A) Small drops with coughing B) Large volume loss preceded by strong urge C) Continuous leakage D) Loss only with exercise

Answer: B) Large volume loss preceded by strong urge Rationale: UUI involves large volumes that soak through pads/clothes, preceded by strong urge, due to detrusor overactivity.

Question 14

Overactive bladder (OAB) is defined as urinary frequency of: A) >6 voids per 24 hours B) >7 voids per 24 hours C) >8 voids per 24 hours D) >10 voids per 24 hours

Answer: C) >8 voids per 24 hours Rationale: OAB includes urinary urgency with frequency >8 voids/24h and sometimes nocturia (≥2 voids per night).

Question 15

The Pyridium challenge is used to test for: A) UTI B) Incontinence C) Kidney function D) Bladder capacity

Answer: B) Incontinence Rationale: The Pyridium challenge is a method used to test for incontinence by tracking urine color changes.

Section 3: Sexual Health & Disorders

Question 16

The four types of sexual disorders include all EXCEPT: A) Desire disorders (HSDD) B) Arousal disorders (FSAD) C) Orgasmic disorders (FOD) D) Hormonal disorders

Answer: D) Hormonal disorders Rationale: The four types are: Desire (HSDD), Arousal (FSAD), Female orgasmic disorder (FOD), and Pain (dyspareunia/vaginismus).

Question 17

In ISSWSH 5th edition, HSDD and FSAD were combined into: A) FSID B) FSIAD C) FGSAD D) FSIDD

Answer: B) FSIAD Rationale: Combined into FSIAD - Female Sexual Interest/Arousal Disorder.

Question 18

Hormones most associated with sexual desire in women: A) Estrogen B) Progesterone C) Circulating androgens D) FSH

Answer: C) Circulating androgens Rationale: Circulating androgens are most associated with sexual interest and arousal in women.

Question 19

FDA-approved treatments for HSDD include: A) Testosterone cream B) Bremelanotide and Flibanserin C) Estrogen therapy D) DHEA supplements

Answer: B) Bremelanotide and Flibanserin Rationale: Bremelanotide (Vyleesi) and Flibanserin (Addyi) are the two FDA-approved treatments for HSDD.

Question 20

First-line treatment for Female Orgasmic Disorder (FOD): A) Hormone therapy B) Directed masturbation C) Couples therapy D) Antidepressants

Answer: B) Directed masturbation Rationale: Directed masturbation is the primary treatment approach for FOD to help women learn their sexual response.

Section 4: Menopause Transition & Hormonal Changes

Question 21

The climacteric phase is: A) The first year after menopause B) The period around menopause with endocrinologic and somatic changes C) The time before perimenopause begins D) Only the time of actual menopause

Answer: B) The period around menopause with endocrinologic and somatic changes
Rationale: Climacteric describes the transitional period with endocrinologic, somatic, and psychological changes around menopause.

Question 22

Early menopause is defined as last menstrual period before age: A) 40 B) 45 C) 50 D) 55

Answer: B) 45 Rationale: Early menopause is LMP before age 45; late menopause is LMP after age 54.

Question 23

During menopause transition, women spend more time in which phase? A) Follicular phase B) Luteal phase C) Ovulatory phase D) Equal time in all phases

Answer: B) Luteal phase Rationale: During transition, more time is spent in luteal phase, leading to more PMS symptoms and frequent periods.

Question 24

Chinese and Japanese women have _____ estrogen levels compared to white, black, and Hispanic women: A) Higher B) Lower C) Similar D) Variable

Answer: B) Lower Rationale: Chinese and Japanese women have lower estrogen levels than white, black, and Hispanic women.

Question 25

After menopause, which lab finding is expected? A) Elevated AMH B) Elevated FSH C) Elevated inhibin B D) Elevated estradiol

Answer: B) Elevated FSH Rationale: FSH becomes elevated after menopause due to loss of negative feedback from ovarian hormones.

Question 26

AMH is a potentially superior marker of menopause because: A) It's more stable than FSH B) It directly measures estrogen C) It's not affected by cycle day D) It measures ovarian follicle reserve

Answer: D) It measures ovarian follicle reserve Rationale: AMH is produced by granulosa cells and measures ovarian follicle reserve, making it a superior marker.

Question 27

When should FSH be checked and why? A) Day 1 - start of cycle B) Day 3 - elevated estrogen can suppress FSH C) Day 14 - peak levels D) Day 21 - luteal phase

Answer: B) Day 3 - elevated estrogen can suppress FSH Rationale: Check FSH on day 3 because elevated estrogen later in cycle can suppress FSH, giving falsely normal levels.

Question 28

AMH peaks at age: A) 20 B) 25 C) 30 D) 35

Answer: B) 25 Rationale: AMH peaks at age 25; testing before age 25 isn't helpful as it's influenced by exogenous hormones.

Question 29

Black women have _____ levels of FSH compared to other ethnicities: A) Lower B) Higher C) Similar D) Variable

Answer: B) Higher Rationale: Black women typically have higher FSH levels compared to other ethnic groups.

Question 30

In menopause transition, SHBG levels: A) Increase B) Decrease C) Stay the same D) Fluctuate randomly

Answer: B) Decrease Rationale: SHBG decreases while testosterone stays relatively the same, increasing the free androgen index by 80%.

Section 5: Hot Flashes & Vasomotor Symptoms

Question 31

Which ethnicity is LEAST likely to experience severe hot flashes? A) Black women B) White women C) Hispanic women D) Japanese women

Answer: D) Japanese women Rationale: Japanese women have the least likelihood of severe hot flashes, while Black women have the most frequent and longest duration.

Question 32

The median length of hot flashes is: A) 2 years B) 5 years C) 7 years D) 10 years

Answer: D) 10 years Rationale: The median duration of hot flashes is 10 years, though this varies significantly among individuals.

Question 33

How does Fezolinetant work for hot flashes? A) Blocks estrogen receptors B) Blocks neurokinin B from binding to KNDy neurons C) Increases serotonin D) Decreases FSH

Answer: B) Blocks neurokinin B from binding to KNDy neurons Rationale: Fezolinetant blocks neurokinin B (NKB) from binding to KNDy neurons to modulate thermoregulatory center activity.

Question 34

Theories of hot flash etiology include all EXCEPT: A) Lower ovarian estrogen B) Narrowed thermoregulation zone C) Increased insulin sensitivity D) Increased hypothalamic GnRH secretion

Answer: C) Increased insulin sensitivity Rationale: Hot flash theories include lower estrogen, narrowed thermoregulation, increased GnRH, neurokinin B changes, but not insulin sensitivity.

Question 35

Non-hormonal treatment proven effective for VMS in RCTs: A) Black cohosh B) Paroxetine 7.5 mg C) Vitamin E D) Evening primrose oil

Answer: B) Paroxetine 7.5 mg Rationale: Paroxetine 7.5 mg has proven efficacy in randomized controlled trials for VMS treatment.

Section 6: Vulvar & Vaginal Health

Question 36

VIN (Vulvar Intraepithelial Neoplasia) low-grade should be treated: A) Always with excision B) Only if symptomatic C) With immediate radiation D) With chemotherapy

Answer: B) Only if symptomatic Rationale: Low-grade VIN (LSIL) is treated only if symptomatic, while high-grade requires referral for excision/ablation.

Question 37

The most common type of vulvar cancer is: A) Adenocarcinoma B) Squamous cell carcinoma C) Melanoma D) Basal cell carcinoma

Answer: B) Squamous cell carcinoma Rationale: Squamous cell carcinoma is the most common type of vulvar cancer.

Question 38

Which vulvar disorder is commonly misdiagnosed as eczema? A) Lichen sclerosus B) Lichen planus C) Paget's disease D) Lichen simplex chronicus

Answer: C) Paget's disease Rationale: Paget's disease is commonly misdiagnosed as eczema/dermatitis but won't respond to steroids; requires screening for associated cancers.

Question 39

Systemic and vaginal estrogen will NOT help with which type of incontinence? A) Urge incontinence B) Stress incontinence C) Mixed incontinence D) Overflow incontinence

Answer: B) Stress incontinence Rationale: Systemic estrogen worsens stress incontinence; local estrogen might help, but systemic does not.

Question 40

Which topical vaginal estrogen has the highest dose? A) Estrace cream B) Femring C) Vagifem tablets D) Estring

Answer: B) Femring Rationale: Femring delivers the highest dose of topical vaginal estrogen among available preparations and is systemic absorption.

Section 7: Postmenopausal Health Issues

Question 41

The most common cause of vulvovaginitis in postmenopausal women is: A) Yeast infection B) Bacterial vaginosis C) Trichomonas D) Atrophic vaginitis

Answer: B) Bacterial vaginosis Rationale: BV remains the most common cause of vulvovaginitis even in postmenopausal women.

Question 42

Postmenopausal burning with diffuse yellow/brown discharge that doesn't respond to local ET suggests: A) Persistent yeast infection B) Desquamative Inflammatory Vaginitis C) Trichomonas D) Bacterial vaginosis

Answer: B) Desquamative Inflammatory Vaginitis Rationale: DIV presents with burning, yellow/brown discharge, dyspareunia unresponsive to ET; treat with clindamycin + hydrocortisone + ET.

Question 43

Does systemic ET cause fibroids to resume growth after menopause? A) Always B) Usually C) Rarely D) Never

Answer: C) Rarely Rationale: Systemic ET rarely causes fibroids to resume growth; they often shrink after menopause.

Question 44

Regarding cognition and menopause: A) Memory always improves B) Concentration difficulties are rare C) Memory and concentration difficulties are common D) No cognitive changes occur

Answer: C) Memory and concentration difficulties are common Rationale: Difficulty concentrating and remembering are common symptoms during menopause transition.

Question 45

Meta-analysis shows small cognitive benefits from: A) Hormone therapy alone B) Mediterranean diet with olive oil + tai chi C) Vitamin E supplements D) Ginkgo biloba

Answer: B) Mediterranean diet with olive oil + tai chi Rationale: Mediterranean diet with olive oil plus tai chi shows small benefits for global cognition and memory.

Section 8: Migraine & Headache

Question 46

Migraines during pregnancy typically: A) Worsen significantly B) Improve due to stable estrogen levels C) Remain unchanged D) Become more frequent

Answer: B) Improve due to stable estrogen levels Rationale: Migraines typically improve during pregnancy as estrogen levels stabilize.

Question 47

Menstrual migraines after menopause: A) Increase in frequency B) Become more severe C) Resolve completely D) Change to tension headaches

Answer: C) Resolve completely Rationale: Menstrual migraines resolve completely after menopause due to cessation of hormonal fluctuations.

Question 48

When should preventative medication be considered for migraines? A) >1 per month B) >2 per week or severe affecting QOL C) Only if aura present D) Only if lasting >24 hours

Answer: B) >2 per week or severe affecting QOL Rationale: Consider preventative treatment if migraines occur >2 times per week or are severe enough to affect quality of life.

Question 49

Triptans are contraindicated in: A) Pregnancy only B) Heart disease and with NSAIDs C) Diabetes only D) Hypertension only

Answer: B) Heart disease and with NSAIDs Rationale: Triptans are contraindicated in heart disease, as are NSAIDs in this population.

Question 50

CDC and WHO guidelines for migraine with aura regarding contraception: A) Any contraception is safe B) No combined oral contraceptives; caution without aura C) Only progestin-only methods D) No hormonal contraception at all

Answer: B) No combined oral contraceptives; caution without aura Rationale: Migraine with aura contraindicates COCs; use caution in those without aura due to stroke risk.

Section 9: Thyroid Disorders

Question 51

The most common thyroid disorder in women is: A) Hyperthyroidism B) Hashimoto's thyroiditis C) Thyroid cancer D) Thyroid nodules

Answer: B) Hashimoto's thyroiditis Rationale: Hashimoto's thyroiditis is the most common thyroid disorder affecting women.

Question 52

When should subclinical hypothyroidism be treated? A) Always B) Never C) TSH upper limit of normal to 10 D) Only if symptoms present

Answer: C) TSH upper limit of normal to 10 Rationale: Treat subclinical hypothyroidism when TSH is between upper limit of normal and 10.

Question 53

Which thyroid nodules are more likely to be malignant? A) Hot nodules B) Cold nodules C) Cystic nodules D) All equally likely

Answer: B) Cold nodules Rationale: Cold thyroid nodules (those that don't take up radioactive iodine) are more likely to be malignant than hot nodules.

Question 54

Normal TSH range is: A) 0.1-2.5 B) 0.4-4.5 C) 1.0-5.0 D) 0.5-3.0

Answer: B) 0.4-4.5 Rationale: Normal TSH range is 0.4-4.5; if elevated, check FT4 and antithyroperoxidase antibodies.

Question 55

If a patient on thyroid medication starts oral estrogen therapy, you need to: A) Decrease thyroid medication B) Monitor TSH in 6-8 weeks; may need to increase levothyroxine C) Stop thyroid medication temporarily D) Switch to transdermal estrogen

Answer: B) Monitor TSH in 6-8 weeks; may need to increase levothyroxine Rationale: Oral estrogen increases TBG, which reduces FT4, so levothyroxine dose may need to be increased.

Section 10: Bone Density & Fracture Risk

Question 56

Percentage of bone loss during menopause transition: A) 5-7% B) 10-12% C) 15-17% D) 20-22%

Answer: B) 10-12% Rationale: Women lose 10-12% of bone mass during menopause transition (equivalent to 1 T-score), then 0.5%/year after.

Question 57

T-score that defines osteoporosis: A) Less than -1.0 B) Less than -2.0 C) Less than -2.5 D) Less than -3.0

Answer: C) Less than -2.5 Rationale: Osteoporosis is defined as T-score less than -2.5 in postmenopausal women.

Question 58

Z-score is used: A) Only in postmenopausal women B) In premenopausal women to compare to same age/gender/ethnicity C) Only for hip measurements D) Only when T-score is normal

Answer: B) In premenopausal women to compare to same age/gender/ethnicity Rationale: Z-score compares to average BMD of same age, gender, and ethnicity; used in premenopausal women.

Question 59

FRAX screening tool predicts: A) 5-year fracture risk B) 10-year fracture risk C) Lifetime fracture risk D) 1-year fracture risk

Answer: B) 10-year fracture risk Rationale: FRAX predicts 10-year probability of hip or major osteoporotic fracture; normal is <10%.

Question 60

DEXA screening is recommended for: A) All women over 50 B) All women 65 and older; younger postmenopausal with risk factors C) Only women with fractures D) All women over 40

Answer: B) All women 65 and older; younger postmenopausal with risk factors Rationale: Screen all women ≥65 and younger postmenopausal women with one or more risk factors.

Section 11: Hormone Replacement Therapy

Question 61

Benefits of estrogen therapy abate within _____ of stopping: A) A few days B) A few weeks C) A few months D) A few years

Answer: C) A few months Rationale: Benefits of estrogen therapy abate within a few months of discontinuation.

Question 62

Selective estrogen receptor modulators (SERMs) are: A) Pure estrogen agonists B) Pure estrogen antagonists C) Estrogen agonists/antagonists with tissue-specific effects D) Progesterone derivatives

Answer: C) Estrogen agonists/antagonists with tissue-specific effects Rationale: SERMs have weak estrogen agonist properties in bone while functioning as antiestrogens in reproductive tissues.

Question 63

RANK ligand inhibitor used for osteoporosis: A) Raloxifene B) Alendronate C) Denosumab D) Teriparatide

Answer: C) Denosumab Rationale: Denosumab (Prolia) is a RANK ligand inhibitor used after 5 years of bisphosphonates for additional bone gains.

Question 64

Raloxifene reduces vertebral fracture risk by: A) 20% B) 30% C) 40% D) 50%

Answer: B) 30% Rationale: After 3 years, raloxifene reduces vertebral fracture risk by 30% and also reduces invasive breast cancer risk.

Question 65

Contraindications to HRT include all EXCEPT: A) Endometrial cancer B) Breast cancer C) Osteoporosis D) Undiagnosed vaginal bleeding

Answer: C) Osteoporosis Rationale: Osteoporosis is an indication, not contraindication for HRT. Contraindications include endometrial CA, breast CA, VTE, liver disease.

Section 12: Cardiovascular & Metabolic Health

Question 66

Premature menopause is a risk factor for: A) Osteoporosis only B) Cognitive decline only C) Coronary artery disease D) Thyroid disease

Answer: C) Coronary artery disease Rationale: Premature menopause increases risk for CAD, abdominal adiposity, diabetes, and dyslipidemia.

Question 67

HRT effects on cardiovascular risk factors in women without diabetes: A) Worsens all parameters B) Improves lean body mass, reduces abdominal fat, improves insulin resistance C) Only affects cholesterol D) No significant effects

Answer: B) Improves lean body mass, reduces abdominal fat, improves insulin resistance Rationale: HRT improves lean body mass, reduces abdominal fat, improves insulin resistance, lipids, and decreases BP in non-diabetic women.

Question 68

Oral estrogen effects on cholesterol: A) Decreases HDL and triglycerides B) Increases HDL and triglycerides C) No effect on lipids D) Only affects LDL

Answer: B) Increases HDL and triglycerides Rationale: Oral estrogen increases HDL and triglycerides, also increases coagulation factors and some inflammatory markers.

Question 69

During menopause transition, fat and lean mass changes include: A) Fat decreases, lean mass increases B) Fat increases, lean mass decreases C) Both remain stable D) Only fat increases

Answer: B) Fat increases, lean mass decreases Rationale: Rate of fat gain doubles and lean mass declines during menopause transition; stabilizes 2 years after FMP.

Question 70

Weight gain pattern during perimenopause/menopause: A) Continuous weight gain throughout B) Pre-transition increase, transition steady increase, post-menopause no change C) Only weight gain after menopause D) Weight loss during transition

Answer: B) Pre-transition increase, transition steady increase, post-menopause no change Rationale: Weight increases before and during transition, then stabilizes post-menopause.

Section 13: Sleep & Mood Disorders

Question 71

Definition of insomnia requires sleep complaints: A) At least 1x per week for 1 month B) At least 2x per week for 2 months C) At least 3x per week for 3 months D) Daily for 1 month

Answer: C) At least 3x per week for 3 months Rationale: Insomnia is defined as sleep complaints ≥3x per week for ≥3 months with distress or impaired daytime functioning.

Question 72

Z-drugs for sleep include: A) Zolpidem, zaleplon, zopiclone B) Zoloft, Zyprexa, Zantac C) Only zolpidem D) Only zaleplon

Answer: A) Zolpidem, zaleplon, zopiclone Rationale: Z-drugs include zolpidem, zaleplon, and zopiclone (not available in US); they shorten sleep onset time.

Question 73

For women with history of multiple depressive episodes with severe symptoms: A) Use only psychotherapy B) Promptly treat with antidepressants and psychotherapy, monitor closely C) Wait and observe D) Use only lifestyle modifications

Answer: B) Promptly treat with antidepressants and psychotherapy, monitor closely Rationale: Women with multiple severe depressive episodes require prompt treatment with antidepressants and close monitoring.

Question 74

Screening tool for eating disorders: A) GAD-7 B) PHQ-9 C) SCOFF D) CAGE

Answer: C) SCOFF Rationale: SCOFF is the screening tool for eating disorders; GAD-7 for anxiety, PHQ-9 for depression, CAGE for alcohol.

Question 75

By age 80, percentage of bone lost: A) 20% B) 25% C) 30% D) 35%

Answer: C) 30% Rationale: By age 80, women have lost approximately 30% of their bone mass.

Section 14: Abnormal Uterine Bleeding

Question 76

PALM-COEIN causes of abnormal uterine bleeding include all EXCEPT: A) Polyps, adenomyosis, leiomyoma B) Malignancy, coagulopathy, ovulatory dysfunction C) Endometrial, iatrogenic, not yet classified D) Hormonal, infectious, autoimmune

Answer: D) Hormonal, infectious, autoimmune Rationale: PALM-COEIN: Polyp, Adenomyosis, Leiomyoma, Malignancy/hyperplasia, Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not classified.

Question 77

Endometrial polyps are: A) Always malignant B) Usually benign but small minority have atypical/malignant features C) Never require treatment D) Always require hysterectomy

Answer: B) Usually benign but small minority have atypical/malignant features Rationale: Most endometrial polyps are benign, but a small percentage may have atypical or malignant features requiring evaluation.

Question 78

When is endometrial biopsy NOT needed? A) Lining >4 mm B) Any postmenopausal bleeding C) Lining <4 mm D) Age >45 with bleeding

Answer: C) Lining <4 mm Rationale: EMB is not needed when endometrial lining is <4 mm; >4 mm requires evaluation in postmenopausal women.

Question 79

Management of AUB includes all EXCEPT: A) COCs with 4-day placebo B) Mirena IUD C) NSAIDs to reduce prostaglandin synthesis D) Immediate hysterectomy

Answer: D) Immediate hysterectomy Rationale: Conservative management includes COCs (4-day, not 7-day placebo), IUD, NSAIDs; surgery is reserved for failed medical management.

Question 80

Dosing of mefenamic acid for AUB: A) 250 mg BID x 3 days B) 500 mg TID x 5 days C) 750 mg daily x 7 days D) 1000 mg BID x 3 days

Answer: B) 500 mg TID x 5 days Rationale: Mefenamic acid 500 mg TID x 5 days; ibuprofen 600 mg Q6H or 800 mg Q8H for first 3 days.

Section 15: Dermatologic Conditions

Question 81

Lichen planus is characterized by: A) White plaques only B) Pruritic purple polygonal planar papules and plaques C) Red scaling patches D) Fluid-filled blisters

Answer: B) Pruritic purple polygonal planar papules and plaques Rationale: Lichen planus presents as pruritic purple polygonal planar papules/plaques; treat only when symptomatic with steroids.

Question 82

Lichen sclerosus is: A) A viral infection B) An autoimmune inflammatory condition with antibodies against extracellular matrix C) A fungal infection D) A bacterial infection

Answer: B) An autoimmune inflammatory condition with antibodies against extracellular matrix Rationale: LS is autoimmune with antibodies against extracellular matrix; treat with topical steroids (clobetasol).

Question 83

Lichen simplex chronicus presents as: A) Purple plaques B) Leukoplakie with thick, leathery vulvar skin from chronic scratching C) Red scaling patches D) Clear vesicles

Answer: B) Leukoplakie with thick, leathery vulvar skin from chronic scratching Rationale: LSC shows hyperplasia of vulvar squamous epithelium from chronic irritation; treat with triamcinolone 0.1%.

Question 84

First-line treatment for Female Pattern Hair Loss (FPHL): A) Oral finasteride B) Spironolactone C) Minoxidil 2% solution or 5% foam daily D) Hormone replacement therapy

Answer: C) Minoxidil 2% solution or 5% foam daily Rationale: Topical minoxidil is first-line treatment for FPHL; systemic options include spironolactone (finasteride not approved for women).

Question 85

Labs to check for FPHL include all EXCEPT: A) CBC, CMP B) Thyroid function C) Iron, ferritin, zinc D) Vitamin B12, folate

Answer: D) Vitamin B12, folate Rationale: Check CBC, CMP, thyroid, iron, ferritin, zinc for FPHL evaluation; B12/folate not routinely recommended.

Section 16: Restless Leg Syndrome & Pain

Question 86

Non-pharmacologic treatments for restless leg syndrome include all EXCEPT: A) Avoid sleep deprivation, alcohol, excessive exercise B) Sleep hygiene, relaxation, warm baths C) Vibration, massage D) Increase caffeine intake

Answer: D) Increase caffeine intake Rationale: Avoid caffeine, alcohol, smoking; try sleep hygiene, relaxation, warm baths, vibration, massage for RLS.

Question 87

Pharmacologic treatments for RLS include: A) Pramipexole and ropinirole B) Gabapentin and pregabalin only C) SSRIs only D) Benzodiazepines only

Answer: A) Pramipexole and ropinirole Rationale: Pramipexole and ropinirole are first-line pharmacologic treatments for restless leg syndrome.

Question 88

Red flags for headache include all EXCEPT: A) Systemic symptoms (fever, weight loss) B) Neurologic symptoms C) Gradual onset over months D) Sudden/abrupt onset

Answer: C) Gradual onset over months Rationale: Red flags include systemic symptoms, neurologic symptoms, sudden onset, but gradual onset over months is less concerning.

Question 89

Preventative therapy for migraines includes: A) Triptans B) Beta blockers, antiepileptics, TCAs C) NSAIDs only D) Acetaminophen

Answer: B) Beta blockers, antiepileptics, TCAs Rationale: Preventative therapy includes propranolol, divalproex, amitriptyline; triptans and NSAIDs are abortive therapy.

Question 90

When evaluating women with arthralgia, consider all EXCEPT: A) Menopause-related changes B) Rheumatologic conditions C) Vitamin deficiencies D) Acute infections only

Answer: D) Acute infections only Rationale: Consider menopause, arthritis, rheumatologic conditions, endocrine causes (vitamin D deficiency, thyroid); not just acute infections.

Section 17: Premature Ovarian Insufficiency

Question 91

POI is defined as: A) Loss of ovarian function before age 35 B) Loss of ovarian follicular activity before age 40 C) Loss of ovarian function before age 45 D) Loss of ovarian function before age 50

Answer: B) Loss of ovarian follicular activity before age 40 Rationale: POI is loss of ovarian follicular activity prior to age 40; prevalence is 1% in US (early menopause 3%).

Question 92

To diagnose POI, you need: A) Amenorrhea for 2 months and FSH >15 B) Oligomenorrhea for 4 months and FSH >25 on 2 occasions 4 weeks apart C) Amenorrhea for 6 months and low estradiol D) Hot flashes and irregular periods

Answer: B) Oligomenorrhea for 4 months and FSH >25 on 2 occasions 4 weeks apart Rationale: POI diagnosis requires oligo/amenorrhea ≥4 months AND FSH >25 on 2 occasions ≥4 weeks apart.

Question 93

Labs for anyone <40 who misses 3+ consecutive cycles: A) FSH, LH only B) PRL, FSH, E2, TSH, pregnancy test C) Testosterone, DHEA-S only D) AMH, inhibin B only

Answer: B) PRL, FSH, E2, TSH, pregnancy test Rationale: Check prolactin, FSH, estradiol, TSH, and pregnancy test for women <40 missing 3+ cycles.

Question 94

Treatment for POI in 12-year-old: A) 50 mcg patch B) 100 mcg patch, 1.25 mg CEE, or 2 mg oral E2 C) No treatment until age 16 D) Progesterone only

Answer: B) 100 mcg patch, 1.25 mg CEE, or 2 mg oral E2 Rationale: Age 12: 100 mcg patch, 1.25 mg CEE, or 2 mg oral E2; add progesterone 12 days/month if intact uterus.

Question 95

Should you consider testosterone replacement in POI and surgical menopause? A) Never B) Only in surgical menopause C) Only in POI D) Yes, in both conditions

Answer: D) Yes, in both conditions Rationale: Consider testosterone replacement in both POI and surgical menopause for sexual function and well-being.

Section 18: Weight Management & Obesity

Question 96

When should anti-obesity medications be added? A) BMI >25 B) BMI 27-29.9 with comorbidity or BMI >30 with lifestyle failure C) BMI >35 only D) Any BMI with patient request

Answer: B) BMI 27-29.9 with comorbidity or BMI >30 with lifestyle failure Rationale: Add anti-obesity meds as adjunct to lifestyle for BMI 27-29.9 + comorbidity or BMI >30 with failed lifestyle.

Question 97

Orlistat mechanism and weight loss: A) GLP-1 agonist, 10-12% loss B) GI lipase inhibitor, 8% loss C) Dopamine reuptake inhibitor, 15% loss D) Appetite suppressant, 20% loss

Answer: B) GI lipase inhibitor, 8% loss Rationale: Orlistat is a GI lipase inhibitor achieving approximately 8% weight loss with GI side effects.

Question 98

Semaglutide achieves what percentage weight loss? A) 5-7% B) 8-10% C) 12-14% D) 14-16%

Answer: D) 14-16% Rationale: Semaglutide (GLP-1 agonist) achieves 14-16% weight loss; liraglutide achieves 7-10%.

Question 99

Who is eligible for bariatric surgery? A) BMI >35 only B) BMI >40, or BMI >35 + comorbidity, or BMI 30-35 + poorly controlled T2DM C) BMI >30 only D) Any BMI with failed medical management

Answer: B) BMI >40, or BMI >35 + comorbidity, or BMI 30-35 + poorly controlled T2DM Rationale: Bariatric surgery criteria: BMI >40, BMI >35 + 1 comorbidity, or BMI 30-35 + poorly controlled T2DM.

Question 100

GLP-1 receptor agonists work by: A) Blocking fat absorption B) Helping pancreas release insulin, delaying stomach emptying, reducing appetite C) Increasing metabolism only D) Blocking carbohydrate absorption

Answer: B) Helping pancreas release insulin, delaying stomach emptying, reducing appetite Rationale: GLP-1 agonists help pancreas release insulin, delay gastric emptying, and reduce appetite for weight loss.

Section 19: Cancer & Estrogen Therapy

Question 101

Which uterine cancers can you use topical estrogen for? A) All uterine cancers B) Type I and II carcinoma only C) Leiomyosarcoma only D) No uterine cancers

Answer: B) Type I and II carcinoma only Rationale: Can use topical E for Type I and II carcinoma; cannot use for leiomyosarcoma or stromal sarcoma.

Question 102

Which ovarian cancers can you use topical estrogen for? A) All ovarian cancers B) High-grade serous, clear cell, germ cell, granulosa cell C) Endometrioid only D) No ovarian cancers

Answer: B) High-grade serous, clear cell, germ cell, granulosa cell Rationale: Can use topical E for high-grade serous, clear cell, germ cell, granulosa cell; cannot use for endometrioid.

Question 103

For cervical cancer and topical estrogen: A) Cannot use for any cervical cancer B) Can use for squamous cell only C) Can use for all cervical cancers D) Can use for adenocarcinoma only

Answer: C) Can use for all cervical cancers Rationale: Topical estrogen can be used for all types of cervical cancer.

Question 104

Standard dosing of vaginal estrogen: A) Daily x 1 week then weekly B) Daily x 2 weeks then 2x weekly C) Daily x 4 weeks then weekly D) Daily ongoing

Answer: B) Daily x 2 weeks then 2x weekly Rationale: Standard vaginal estrogen dosing is daily x 2 weeks, then twice weekly maintenance.

Question 105

Most common uterine cancer in women on hormone therapy: A) Type II endometrial cancer B) Type I endometrial cancer C) Sarcoma D) Cervical cancer

Answer: B) Type I endometrial cancer Rationale: Type I endometrial cancer is most common uterine cancer associated with hormone therapy use.

Section 20: Screening & Prevention

Question 106

Thyroid screening recommendations: A) Every 3 years starting at 30 B) Every 5 years starting at 35 C) Every 10 years starting at 40 D) Only if symptomatic

Answer: B) Every 5 years starting at 35 Rationale: Screen for thyroid disease every 5 years starting at age 35 with TSH.

Question 107

When did hepatitis C screening of blood products begin? A) 1985 B) 1990 C) 1992 D) 1995

Answer: C) 1992 Rationale: Hep C screening began in 1992; women who received blood/organs before 1992 may have acquired hep C.

Question 108

Adults born in which years should receive one-time hep C testing? A) 1940-1960 B) 1945-1965 C) 1950-1970 D) 1955-1975

Answer: B) 1945-1965 Rationale: Baby boomers (1945-1965) should receive one-time hep C testing due to 5x higher rates than other cohorts.

Question 109

High-risk HPV types include: A) 6, 11 B) 16, 18 C) 31, 33 D) All of the above

Answer: B) 16, 18 Rationale: HPV 16 and 18 are the primary high-risk types; 6 and 11 are low-risk; 31, 33 are also high-risk but less common.

Question 110

By age 50, what percentage of US women will have had genital HPV? A) 60% B) 70% C) 80% D) 90%

Answer: C) 80% Rationale: By age 50, 80% of US women will have had genital HPV infection; it's the most common STI.

Section 21: STRAW Staging & Menopause Classification

Question 111

STRAW stage -2 (early menopause transition) is characterized by: A) Amenorrhea ≥60 days B) Variable cycle length ≥7 days different from normal C) Regular cycles D) Amenorrhea ≥12 months

Answer: B) Variable cycle length ≥7 days different from normal Rationale: STRAW -2 shows variable cycle length ≥7 days different from normal; -1 has amenorrhea ≥60 days.

Question 112

STRAW stage -1 (late menopause transition) duration is: A) Variable B) 1-3 years C) 5-7 years D) Always 2 years

Answer: B) 1-3 years Rationale: STRAW -1 (late transition) typically lasts 1-3 years; -2 (early transition) has variable duration.

Question 113

In STRAW staging, when are VMS most likely? A) Stage -3 B) Stage -2 C) Stage -1 D) Stage +2

Answer: C) Stage -1 Rationale: VMS are most likely during STRAW stage -1 (late menopause transition).

Question 114

STRAW stage +1a is considered: A) Late reproductive B) Early menopause transition C) Early postmenopause (still perimenopause) D) Late postmenopause

Answer: C) Early postmenopause (still perimenopause) Rationale: +1a is early postmenopause but still considered part of perimenopause period.

Question 115

GSM symptoms are most likely to increase during which STRAW stage? A) -2 B) -1 C) +1a D) +2

Answer: D) +2 Rationale: GSM symptoms typically increase during STRAW +2 (late postmenopause).

Section 22: Infectious Diseases & STIs

Question 116

STI rates in menopause: A) Increase with age B) Decrease with age C) Remain constant D) Only increase if sexually active

Answer: B) Decrease with age Rationale: STI rates decrease with age, but special risk factors include less condom use, relationship changes, decreased immunity.

Question 117

STI screening recommendations for women <25: A) Annual chlamydia/gonorrhea B) Every 3 years C) Only if symptomatic D) One-time screening

Answer: A) Annual chlamydia/gonorrhea Rationale: Annual chlamydia/gonorrhea screening for women <25; HIV screen once for adults 15-65.

Question 118

First-line treatment for chlamydia: A) Azithromycin 1 gm PO B) Doxycycline 100 mg PO BID C) Ceftriaxone 250 mg IM D) Ciprofloxacin 500 mg PO

Answer: B) Doxycycline 100 mg PO BID Rationale: Doxycycline 100 mg PO BID is first-line for chlamydia; usually asymptomatic infection.

Question 119

Current gonorrhea treatment: A) Ceftriaxone 250 mg IM + azithromycin 1 gm PO B) Ceftriaxone 500 mg IM + doxycycline 100 mg BID x 7 days C) Azithromycin alone D) Doxycycline alone

Answer: B) Ceftriaxone 500 mg IM + doxycycline 100 mg BID x 7 days Rationale: Current real-world treatment is ceftriaxone 500 mg IM (1 gm if >150 kg) + doxycycline 100 mg BID x 7 days.

Question 120

HSV genital infections are most commonly caused by: A) HSV-1 B) HSV-2 C) Both equally D) Neither

Answer: B) HSV-2 Rationale: Most genital HSV infections are due to HSV-2; present as painful ulcers; antivirals during earliest phase can shorten duration.

Section 23: Metabolic Syndrome & Diabetes

Question 121

Metabolic syndrome diagnosis requires how many criteria? A) 2 or more B) 3 or more C) 4 or more D) All 5 criteria

Answer: B) 3 or more Rationale: MetS diagnosis requires 3 or more: central obesity ≥35 inches, TG ≥150, HDL <50, BP ≥130/85, FPG ≥110.

Question 122

Diabetes diagnosis criteria include: A) A1C ≥6.0, FPG ≥120 B) A1C ≥6.5, FPG ≥126 C) A1C ≥7.0, FPG ≥140 D) A1C ≥7.5, FPG ≥150

Answer: B) A1C ≥6.5, FPG ≥126 Rationale: DM diagnosis: A1C ≥6.5 or FPG ≥126; pre-diabetes: A1C 5.7-6.4 or FPG 100-125.

Question 123

First-line treatment for Type 2 diabetes: A) Insulin B) Metformin C) Sulfonylureas D) GLP-1 agonists

Answer: B) Metformin Rationale: Metformin remains first-line treatment for Type 2 diabetes unless contraindicated.

Question 124

For central obesity in South Asian women, the waist circumference cutoff is: A) 35 inches B) 31.5 inches C) 32 inches D) 30 inches

Answer: B) 31.5 inches Rationale: Central obesity defined as ≥35 inches for most women, but ≥31.5 inches for South Asian women.

Question 125

Minimum percentage of sustained body weight loss to improve glycemic control: A) 3% B) 5% C) 7% D) 10%

Answer: B) 5% Rationale: Minimum 5% sustained body weight loss needed to improve glycemic control and lower triglycerides.

Section 24: Hypertension & Cardiovascular Risk

Question 126

Blood pressure classification for 130-139/80-89 mmHg: A) Normal B) Elevated C) Stage 1 hypertension D) Stage 2 hypertension

Answer: C) Stage 1 hypertension Rationale: 120/80 normal, 120-129/80 elevated, 130-139/80-89 Stage 1 HTN, ≥140/90 Stage 2 HTN.

Question 127

When should medications be started for hypertension? A) Stage 2 only B) Stage 1 and above C) Only if symptomatic D) Only after lifestyle failure

Answer: B) Stage 1 and above Rationale: Start medications at Stage 1 hypertension (130-139/80-89) and above.

Question 128

Non-pharmacologic HTN management includes all EXCEPT: A) Weight loss (1 mmHg per kg lost) B) DASH diet, decrease sodium C) Increase alcohol consumption D) Regular aerobic exercise

Answer: C) Increase alcohol consumption Rationale: Limit alcohol to ≤1 drink/day; other measures include weight loss, DASH diet, exercise, sodium reduction.

Question 129

Exercise recommendations for HTN include: A) Aerobic only B) Resistance only C) Aerobic 90-150 min, resistance 90-150 min, isometric hand grip weekly D) Any exercise is sufficient

Answer: C) Aerobic 90-150 min, resistance 90-150 min, isometric hand grip weekly Rationale: Comprehensive exercise program includes aerobic, resistance, and isometric exercises with specific time recommendations.

Question 130

Statin recommendations include use if: A) CVD or LDL ≥190, or no CVD with LDL <190 but 10-year ASCVD risk >10% + risk factors B) All adults over 40 C) Only with CVD history D) Only if LDL >200

Answer: A) CVD or LDL ≥190, or no CVD with LDL <190 but 10-year ASCVD risk >10% + risk factors Rationale: Use statins for CVD, LDL ≥190, or 10-year ASCVD risk >10% with risk factors (DM, HTN, dyslipidemia, smoking).

Section 25: Vaccines & Preventive Care

Question 131

HPV vaccine protects against cancers of all EXCEPT: A) Vagina, vulva, cervix B) Penis, anus C) Mouth, throat, head and neck D) Breast, ovary

Answer: D) Breast, ovary Rationale: HPV vaccine protects against vaginal, vulvar, cervical, penile, anal, mouth, throat, head and neck cancers.

Question 132

Influenza vaccine recommendations for adults over 65: A) Standard dose annually B) High-dose (4x antigen) annually C) Every other year D) Only if high risk

Answer: B) High-dose (4x antigen) annually Rationale: Adults >65 should receive high-dose influenza vaccine (4x antigen) annually; recombinant doesn't contain egg.

Question 133

Shingrix vaccine recommendations: A) Live virus, 1 dose B) Recombinant, 2 doses 2-6 months apart, age 50+ C) Only after having shingles D) Only for immunocompromised

Answer: B) Recombinant, 2 doses 2-6 months apart, age 50+ Rationale: Shingrix is recombinant, 2 doses 2-6 months apart, age 50+ or 19+ if immunocompromised.

Question 134

Pneumonia vaccine is now: A) Recommended for everyone over 65 B) Based on shared decision-making C) Only for high-risk individuals D) No longer recommended

Answer: B) Based on shared decision-making Rationale: Previously everyone >65 + younger with risk factors; now based on shared decision-making.

Question 135

Tdap vaccine is recommended for: A) One booster if not previously received, then Td/Tdap Q10 years B) Annual boosters C) One-time only D) Only for healthcare workers

Answer: A) One booster if not previously received, then Td/Tdap Q10 years Rationale: One Tdap booster if not received, then Td or Tdap every 10 years; recommended for healthcare, adults, >65 with baby contact.

Section 26: Nutrition & Supplements

Question 136

Calcium recommendations for women over 50: A) 1000 mg daily B) 1200 mg daily C) 1500 mg daily D) 800 mg daily

Answer: B) 1200 mg daily Rationale: Women >50 need 1200 mg calcium daily for bone health.

Question 137

Vitamin D recommendations for ages 51-71: A) 400 IU B) 600 IU C) 800 IU D) 1000 IU

Answer: B) 600 IU Rationale: Ages 51-71 need 600 IU vitamin D; above 71 need 800 IU daily.

Question 138

Calcium intake above what amount can cause problems? A) 1500 mg B) 2000 mg C) 2500 mg D) 3000 mg

Answer: B) 2000 mg Rationale: Calcium >2000 mg can cause renal stones, milk alkali syndrome, and cardiovascular events.

Question 139

Normal vitamin D level: A) >10 ng/ml B) >20 ng/ml C) >30 ng/ml D) >40 ng/ml

Answer: B) >20 ng/ml Rationale: Normal vitamin D level is >20 ng/ml, though some recommend >30 ng/ml for optimal health.

Question 140

Fish oil (omega-3) risks include all EXCEPT: A) Bleeding, heartburn B) Nausea, diarrhea C) Bad breath D) Liver toxicity

Answer: D) Liver toxicity Rationale: Fish oil risks include bleeding, heartburn, nausea, diarrhea, bad breath; liver toxicity not typically associated.

Section 27: Herbal & Alternative Therapies

Question 141

Which herbal supplement shows mild VMS suppression in those who can metabolize it? A) Black cohosh B) S-equol C) Evening primrose oil D) Flax seed

Answer: B) S-equol Rationale: S-equol suppresses mild VMS, but only 2/3 of North Americans can convert daidzein to s-equol.

Question 142

Herbal supplements with limited evidence for hot flashes include all EXCEPT: A) Black cohosh B) Evening primrose oil C) Flax seed D) St. John's wort

Answer: D) St. John's wort Rationale: St. John's wort is mentioned for hot flashes; black cohosh, evening primrose, flax are unlikely to work.

Question 143

Which supplement has surgical bleeding risk? A) Black cohosh B) Ginseng C) Green tea D) Statin

Answer: B) Ginseng Rationale: Ginseng can prolong bleeding and is a surgical risk concern.

Question 144

Black cohosh adverse effects include: A) Kidney damage B) Liver damage and bleeding C) Heart problems D) Thyroid dysfunction

Answer: B) Liver damage and bleeding Rationale: Black cohosh can cause liver damage and bleeding complications.

Question 145

Treatment NOT recommended for FPHL: A) Minoxidil B) Spironolactone C) Biotin D) Finasteride

Answer: C) Biotin Rationale: Biotin is not recommended for FPHL; goal is to promote regrowth rather than just prevent progression.

Section 28: Special Populations & Conditions

Question 146

Turner syndrome menstruation management: A) Wait for natural menarche B) Start ET at age 12, add progestogen at menarche C) Start progestogen first D) No treatment needed

Answer: B) Start ET at age 12, add progestogen at menarche Rationale: Turner syndrome: delayed menarche, start ET age 12 (transdermal over 2 years, goal 100 mcg), add progestogen at menarche.

Question 147

BSO (bilateral salpingo-oophorectomy) in postmenopausal women affects: A) Testosterone down, estradiol down B) Testosterone neutral, estradiol neutral C) Testosterone up, estradiol down D) Testosterone down, estradiol neutral

Answer: B) Testosterone neutral, estradiol neutral Rationale: In postmenopausal women, BSO has neutral effects on both testosterone and estradiol.

Question 148

BSO risk in women younger than 45: A) No increased risks B) Higher 10-year risk of hospitalization for CVD C) Only affects bone health D) Only affects sexual function

Answer: B) Higher 10-year risk of hospitalization for CVD Rationale: Women <45 with BSO have higher 10-year risk of hospitalization for cardiovascular disease.

Question 149

Most common genetic cause of POI: A) Fragile X B) Turner syndrome C) BRCA mutations D) Lynch syndrome

Answer: B) Turner syndrome Rationale: Turner syndrome is the most common genetic cause of premature ovarian insufficiency.

Question 150

Factor V Leiden is: A) Most common cause of VTE in pregnancy B) Causes 50% risk of VTE C) Only affects non-pregnant women D) Requires immediate anticoagulation

Answer: A) Most common cause of VTE in pregnancy Rationale: Factor V Leiden is the most common cause of VTE in pregnancy with slight increased miscarriage risk.

Section 29: Migraines & Headache Disorders

Question 151

Pure menstrual migraines: A) Occur only perimenstrual anand are relatively rare B) Occur with menses and other times C) Are more common than menstrual-related migraines D) Only occur after menopause

Answer: A) Occur only perimenstrually and are relatively rare Rationale: Pure menstrual migraines occur only perimenstrually and are relatively rare; menstrual-related have attacks with menses and other times.

Question 152

SUNCT headaches are characterized by: A) Long-lasting bilateral pain B) Short-lasting unilateral neuralgiform attacks with conjunctival injection and tearing C) Chronic daily headaches D) Tension-type headaches

Answer: B) Short-lasting unilateral neuralgiform attacks with conjunctival injection and tearing Rationale: SUNCT = short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing; can occur up to 200x/day.

Question 153

Hormone that causes menstrual bleeding: A) Rise in estrogen B) Rise in progesterone C) Decline in progesterone D) Decline in estrogen

Answer: C) Decline in progesterone Rationale: Decline in progesterone is what triggers menstrual bleeding in the cycle.

Question 154

With fasting lipids showing HDL 40, LDL 110, TG 1000, most likely cause: A) Familial hyperlipidemia or high glycemic meal B) Normal variation C) Medication effect only D) Laboratory error

Answer: A) Familial hyperlipidemia or high glycemic meal Rationale: TG >500 severely elevated due to oral E, DM, obesity, high fat diet; TG >1000 suggests monogenetic disorders.

Question 155

Minimum effective endometrial protection dosage: A) Cyclic: 5 mg MPA for 12-14 days; Daily: 2.5 mg MPA B) Cyclic: 10 mg for 10 days; Daily: 5 mg C) Cyclic: 2.5 mg for 21 days; Daily: 1.25 mg D) Any progesterone dose is adequate

Answer: A) Cyclic: 5 mg MPA for 12-14 days; Daily: 2.5 mg MPA Rationale: Minimum effective protection: Cyclic 5 mg/day x 12-14d or 200 mg micronized progesterone; Daily 2.5 mg or 100 mg micronized.

Section 30: Additional Clinical Scenarios

Question 156

Exogenous oral estrogen effects on gallbladder: A) Decreases gallstone risk B) Increases gallstone risk and decreases motility C) No effect on gallbladder D) Only affects bile production

Answer: B) Increases gallstone risk and decreases motility Rationale: Oral estrogen increases cholesterol gallstone risk by increasing hepatic biliary cholesterol secretion and decreasing gallbladder motility.

Question 157

Subclinical hypothyroidism is indicated by: A) Low TSH with normal T4 B) Normal TSH with low T4 C) Elevated TSH with normal T4 D) Low TSH with high T4

Answer: C) Elevated TSH with normal T4 Rationale: Subclinical hypothyroidism shows elevated TSH with normal T4; may indicate early thyroid dysfunction.

Question 158

60-year-old on bisphosphonates with vertebral fracture and non-improving T-score should: A) Continue same bisphosphonate B) Switch to different bisphosphonate or add anabolic agent C) Stop all bone medications D) Only increase calcium and vitamin D

Answer: B) Switch to different bisphosphonate or add anabolic agent Rationale: If not improving after adequate treatment, consider switching bisphosphonates or adding anabolic agents like teriparatide or denosumab.

Question 159

Duration of follicular phase during perimenopause: A) Becomes longer B) Becomes compressed/shorter C) Stays the same D) Becomes variable

Answer: B) Becomes compressed/shorter Rationale: During perimenopause, the follicular phase becomes compressed/shorter while the luteal phase length is more preserved.

Question 160

Which is bioidentical: A) Conjugated equine estrogens B) Beta-estradiol C) Synthetic estrogens D) Ethinyl estradiol

Answer: B) Beta-estradiol Rationale: Beta-estradiol is bioidentical (identical to human-produced hormones); "bioidentical" is a marketing term not recognized by FDA.

Question 161

Hair loss patient on tamoxifen post-breast cancer with elevated SHBG, tried minoxidil: A) Finasteride B) Spironolactone C) Estradiol D) No other options

Answer: B) Spironolactone Rationale: In breast cancer patients with hair loss who failed minoxidil, spironolactone is appropriate (monitor potassium); avoid estradiol.

Question 162

Lifestyle intervention with biggest difference for BMI 34 post-MI patient: A) Low-fat diet B) Exercise C) Smoking cessation D) All equally important

Answer: C) Smoking cessation Rationale: For cardiovascular disease patients, smoking cessation typically provides the greatest mortality benefit.

Question 163

Moderate alcohol consumption is defined as: A) Up to 2 drinks daily B) 1 drink weekdays, 2 drinks weekends C) Up to 1 drink daily D) Any amount on weekends only

Answer: C) Up to 1 drink daily Rationale: Moderate drinking is ≤1 drink/day for women; anything more is considered heavy drinking.

Question 164

Weight loss strategy for tracking macronutrients vs. 200-300 minutes exercise: A) Exercise is more important B) Macronutrient tracking is more important for weight loss C) Both equally effective D) Neither is effective

Answer: B) Macronutrient tracking is more important for weight loss Rationale: Caloric deficit through macronutrient tracking more directly impacts weight loss; exercise helps prevent weight gain.

Question 165

Hypothalamic infundibulum is: A) Source of pituitary hormones B) Brain source of releasing hormones C) Part of ovary D) Adrenal structure

Answer: B) Brain source of releasing hormones Rationale: Hypothalamic infundibulum is the brain source of releasing and inhibiting hormones that control pituitary function.

Question 166

Polyps have what cancer risk and HRT effect: A) 10% cancer risk, less bleeding on HRT B) 20% cancer risk, more likely to bleed on HRT C) 5% cancer risk, no HRT effect D) 50% cancer risk, contraindication to HRT

Answer: B) 20% cancer risk, more likely to bleed on HRT Rationale: Endometrial polyps have approximately 20% cancer risk and are more likely to cause bleeding on HRT.

Question 167

Progesterone effect on sex drive: A) Significantly increases libido B) Significantly decreases libido C) No significant effect D) Only affects arousal

Answer: C) No significant effect Rationale: Progesterone has no significant direct effect on sex drive; androgens are more important for libido.

Question 168

GSM (Genitourinary Syndrome of Menopause) includes: A) Increased parabasal cells B) Lower vaginal maturation index C) Decreased pH D) Increased estrogen effect

Answer: B) Lower vaginal maturation index Rationale: GSM shows lower vaginal maturation index, increased (not decreased) parabasal cells, increased (not decreased) pH.

Question 169

Osteoarthritis first-line treatment: A) Oral NSAIDs B) Lifestyle modification and topical NSAIDs C) Opioids D) Joint replacement

Answer: B) Lifestyle modification and topical NSAIDs Rationale: OA treatment: 1) Lifestyle (weight, exercise), 2) Topical NSAIDs/acetaminophen first-line, 3) Oral NSAIDs/opioids with caution.

Question 170

Alcohol recommendations for bone health and breast cancer: A) 2 drinks daily for bone health B) No alcohol with breast cancer history, ≤1 drink daily for bone health C) Any amount is acceptable D) Complete abstinence always

Answer: B) No alcohol with breast cancer history, ≤1 drink daily for bone health Rationale: Avoid alcohol with breast cancer history; for bone health, limit to ≤1 drink daily.

Question 171

Patient with depression on MHT should consider: A) Stopping HRT B) Changing progesterone type (avoid MPA) C) Adding antidepressants only D) Increasing estrogen dose

Answer: B) Changing progesterone type (avoid MPA) Rationale: MPA (medroxyprogesterone acetate) can worsen mood; consider switching to micronized progesterone or other progestin.

Question 172

FSH = 8 in reproductive-age woman indicates: A) Normal fertility B) Beginning of menopause transition or decreased fertility C) Need for immediate intervention D) Laboratory error

Answer: B) Beginning of menopause transition or decreased fertility Rationale: FSH = 8 in early follicular phase may indicate beginning of transition or decreased fertility, though still within "normal" range.

Question 173

VMS with insomnia, nonhormonal options include: A) Melatonin and sleep hygiene B) Immediate sleeping pills C) Caffeine restriction and possibly Z-drugs D) Alcohol before bedtime

Answer: C) Caffeine restriction and possibly Z-drugs Rationale: For VMS with insomnia, restrict caffeine, improve sleep hygiene; may consider Z-drugs (zolpidem) if needed.

Question 174

Urge incontinence nonhormonal treatment that also helps hot flashes: A) Kegel exercises B) Oxybutynin C) Bladder training D) Pessary

Answer: B) Oxybutynin Rationale: Oxybutynin treats urge incontinence and is also a nonhormonal treatment for hot flashes.

Question 175

Seronegative spondyloarthritis first-line treatment: A) Biologics B) NSAIDs and physical therapy C) Steroids D) Disease-modifying drugs

Answer: B) NSAIDs and physical therapy Rationale: Seronegative spondyloarthritis (inflammatory back pain) first-line treatment is NSAIDs and PT; biologics for refractory cases.

Section 31: Final Clinical Integration Questions

Question 176

Window of opportunity for HRT refers to: A) Any time after menopause B) Early postmenopause for cardiovascular benefits C) Only during perimenopause D) After age 65

Answer: B) Early postmenopause for cardiovascular benefits Rationale: "Window of opportunity" refers to initiating HRT in early postmenopause for potential cardiovascular and other benefits.

Question 177

Oral vs. transdermal estrogen differences include: A) Same VTE risk B) Transdermal has lower VTE risk, steadier levels C) Oral has steadier levels D) No clinically significant differences

Answer: B) Transdermal has lower VTE risk, steadier levels Rationale: Transdermal estrogen has lower VTE risk, steadier hormone levels, doesn't increase CRP like oral estrogen.

Question 178

Phytoestrogens are: A) Synthetic estrogens B) Naturally occurring SERMs with higher affinity for beta vs. alpha estrogen receptors C) Identical to human estrogen D) Only found in soy

Answer: B) Naturally occurring SERMs with higher affinity for beta vs. alpha estrogen receptors Rationale: Phytoestrogens are naturally occurring SERMs (isoflavones, coumestans, prenylflavonoids) with higher beta vs. alpha ER affinity.

Question 179

During perimenopause, elevated estrogen levels result from: A) Increased ovarian production B) FSH activating ovarian follicles during LOOP events C) Decreased peripheral conversion D) Adrenal overproduction

Answer: B) FSH activating ovarian follicles during LOOP events Rationale: Luteal Out of Phase (LOOP) events: elevated FSH recruits second follicle during luteal phase, causing elevated estrogen.

Question 180

Early menopause transition characteristics include: A) Regular cycles B) Inhibin B drops, FSH rises, shorter cycles, faster follicle development C) Amenorrhea D) Stable hormone levels

Answer: B) Inhibin B drops, FSH rises, shorter cycles, faster follicle development
Rationale: Early transition: inhibin B drops allowing FSH rise, shorter cycles from faster follicle growth and development.

Question 181

VMS in breast cancer patients, proven effective treatments: A) Hormone therapy B) Gabapentin, venlafaxine (if on tamoxifen) C) Phytoestrogens D) Vitamin E

Answer: B) Gabapentin, venlafaxine (if on tamoxifen) Rationale: For breast cancer patients: gabapentin effective; venlafaxine if on tamoxifen (avoid paroxetine with tamoxifen due to interaction).

Question 182

Nonhormonal VMS treatment with RCT evidence: A) Black cohosh B) Paroxetine 7.5 mg and clinical hypnosis C) Evening primrose oil D) Acupuncture

Answer: B) Paroxetine 7.5 mg and clinical hypnosis Rationale: Only paroxetine 7.5 mg and clinical hypnosis have proven efficacy in randomized controlled trials for VMS.

Question 183

Protocol for perimenopausal patient after unprotected sex: A) Wait for missed period B) STI testing, pregnancy test, emergency contraception, PEP if at risk C) Only emergency contraception D) Only STI testing

Answer: B) STI testing, pregnancy test, emergency contraception, PEP if at risk Rationale: Complete protocol includes STI testing, pregnancy test, emergency contraception, and PEP (post-exposure prophylaxis) if HIV risk.

Question 184

SSRI impact on sexual function occurs because: A) Decreased serotonin B) Increased serotonin affecting sexual response C) Hormonal changes D) Blood pressure effects

Answer: B) Increased serotonin affecting sexual response Rationale: SSRIs increase serotonin, which can negatively impact sexual desire, arousal, and orgasm.

Question 185

IPV (Intimate Partner Violence) risk factors include all EXCEPT: A) Minorities, poverty, unstable relationships B) Social isolation C) Higher economic status and marriage D) Substance abuse

Answer: C) Higher economic status and marriage Rationale: IPV risk factors include minorities, single status, poverty, unstable relationships; higher economic status and marriage are protective.

Question 186

Older women with depression treatment approach: A) Therapy only B) Continuous pharmacotherapy after 3 major episodes C) Short-term treatment only D) No treatment needed

Answer: B) Continuous pharmacotherapy after 3 major episodes Rationale: After 3 major depressive episodes, continuous pharmacotherapy is recommended; antidepressants remain front-line treatment.

Question 187

Smoking effect on menopause: A) Delays menopause B) 30% more likely to have VMS and earlier menopause C) No significant effect D) Only affects VMS severity

Answer: B) 30% more likely to have VMS and earlier menopause Rationale: Smoking increases VMS likelihood by 30% and is associated with earlier menopause onset.

Question 188

First sign of menopause transition: A) Hot flashes B) Irregular periods C) High FSH D) Sleep disturbances

Answer: B) Irregular periods Rationale: Irregular periods are typically the first sign of menopause transition; FSH can be intermittently high.

Question 189

FDA-approved treatment for dyspareunia: A) Vaginal estrogen B) Ospemifene (SERM) 60 mg daily C) Testosterone cream D) Lubricants only

Answer: B) Ospemifene (SERM) 60 mg daily Rationale: Ospemifene is an FDA-approved SERM for dyspareunia at 60 mg daily dosing.

Question 190

Decreased libido over 2 years, clinical approach: A) Assume normal aging B) Fill out sexual health questionnaire, ask if it bothers them C) Immediately prescribe hormones D) Refer to specialist

Answer: B) Fill out sexual health questionnaire, ask if it bothers them Rationale: Don't assume decreased libido bothers patients; use sexual health questionnaire and ask about patient's concerns.

Question 191

Vaginal thinning with recurrent burning episodes, first-line treatment if no breast cancer history: A) Systemic hormones B) Topical estradiol C) Antibiotics D) Vaginal moisturizers only

Answer: B) Topical estradiol Rationale: For vaginal thinning with symptoms, topical estradiol is first-line (vaginal moisturizers if breast cancer history).

Question 192

Medication for UUI that also helps vulvodynia: A) Tolterodine B) Oxybutynin (plus local vaginal estrogen) C) Solifenacin D) Mirabegron

Answer: B) Oxybutynin (plus local vaginal estrogen) Rationale: Oxybutynin treats UUI and can help with vulvodynia; local vaginal estrogen also beneficial for both conditions.

Question 193

POI most commonly caused by antibodies to: A) Ovaries directly B) Thyroid, pancreatic islet cells, or parathyroid C) Adrenal glands D) Pituitary

Answer: B) Thyroid, pancreatic islet cells, or parathyroid Rationale: POI often associated with autoimmune conditions affecting thyroid, pancreatic islet cells, or parathyroid; ovarian antibodies lack sensitivity.

Question 194

Postmenopausal hair loss with normal labs, failed minoxidil: A) Finasteride B) Spironolactone or estradiol C) No other options D) Hair transplant

Answer: B) Spironolactone or estradiol Rationale: After failed minoxidil, consider spironolactone (monitor potassium) or estradiol; finasteride only approved for male pattern hair loss.

Question 195

Patient with BMI 36, sedentary lifestyle, best intervention: A) Low-fat diet only B) Exercise only C) Both low-fat diet and exercise D) Weight loss surgery

Answer: C) Both low-fat diet and exercise Rationale: Combination of caloric restriction (low-fat diet) and increased physical activity most effective for weight loss.

Question 196

HPV association with cancer: A) Only cervical cancer B) Squamous and adenocarcinoma cervical cancer (not uterine) C) All gynecologic cancers D) Only squamous cell cervical cancer

Answer: B) Squamous and adenocarcinoma cervical cancer (not uterine) Rationale: HPV causes squamous cell and adenocarcinoma of cervix; not associated with uterine (endometrial) cancer.

Question 197

Weight loss strategy - 500-750 calorie deficit leads to: A) 6-7 lb immediate weight loss B) 1-1.5 lb/week weight loss C) 3-4 lb/week weight loss D) No predictable weight loss

Answer: B) 1-1.5 lb/week weight loss Rationale: 500-750 calorie deficit typically results in 1-1.5 lb/week sustainable weight loss, not immediate large losses.

Question 198

Osteoarthritis progression and alcohol: A) Alcohol worsens osteoarthritis B) Moderate alcohol may help inflammation C) No alcohol interaction with osteoarthritis D) Only affects pain perception

Answer: C) No alcohol interaction with osteoarthritis Rationale: No specific alcohol-osteoarthritis interaction mentioned; general alcohol recommendations apply (≤1 drink/day for women).

Question 199

Continue bisphosphonate if no improvement after 2 years: A) Always continue B) Consider drug holiday or switch to anabolic agent C) Always stop D) Double the dose

Answer: B) Consider drug holiday or switch to anabolic agent Rationale: After 2 years without improvement, consider bisphosphonate holiday or switching to anabolic agents like teriparatide.

Question 200

MHT effect on A1C: A) No effect B) Decreases A1C but not FDA approved for diabetes C) Increases A1C D) Only affects fasting glucose

Answer: B) Decreases A1C but not FDA approved for diabetes Rationale: MHT can decrease A1C and improve insulin sensitivity but is not FDA approved for diabetes treatment.

Question 201

Oral vs. transdermal estrogen effects on cardiovascular markers: A) Identical effects B) Oral increases CRP more, transdermal has steadier levels C) Transdermal increases CRP more D) No difference in cardiovascular effects

Answer: B) Oral increases CRP more, transdermal has steadier levels Rationale: Oral estrogen increases CRP (inflammatory marker) more than transdermal; transdermal provides steadier hormone levels.

Question 202

VMS and insomnia, wanting nonhormonal treatment: A) Melatonin only B) Sleep hygiene and possibly Z-drugs like zolpidem C) Immediate benzodiazepines D) Antidepressants only

Answer: B) Sleep hygiene and possibly Z-drugs like zolpidem Rationale: For VMS-related insomnia, optimize sleep hygiene, consider Z-drugs (zolpidem) for sleep; avoid caffeine, establish routine.