



Clinical challenge



Questions for this month's clinical challenge are based on theme articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at: www.racgp.org.au/clinicalchallenge.

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SINGLE COMPLETION ITEMS

DIRECTIONS Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Barbara Brown

Barbara Brown, 47 years of age, has irregular periods and is experiencing frequent hot flushes. She took HT for a few months early last year and this helped her symptoms enormously but she stopped when she heard negative publicity about HT.

Question 1

Barbara is finding her vasomotor symptoms very distressing. She says that, despite the dangers of HT she has heard about, she wants to resume HT because she can't stand her symptoms anymore.

You tell her:

- A. evidence from the Women's Health Initiative trial (WHI) relates directly to women in Barbara's situation
- B. the risks of HT for symptom relief outweigh the benefits
- C. using diet, exercise and complimentary medicines would be a better option
- D. HT is an effective and appropriate treatment for vasomotor symptoms at menopause
- E. although effective, HT has high risks for women of Barbara's age.

Question 2

Barbara thought that HT would be good for her heart but she has now heard that it is not. She asks you to explain the change in thinking. You tell her:

- A. the idea that HT was cardioprotective was based on observational data
- B. studies showing a cardioprotective effect were randomised controlled trials (RCT)
- C. oestrogen is now known to have no beneficial cardiovascular effects
- D. WHI showed a large increase in the risk of cardiovascular disease (CVD) with HT use
- E. WHI has showed that the oestrogen component of HT causes CVD.

Question 3

Barbara's mother has osteoporosis. Barbara asks if HT will have any effect on her bones.

- A. WHI showed that HT reduced hip fracture but not total fractures
- B. WHI showed HT did not have a significant effect on fractures
- C. HT decreases bone loss but once HT is stopped bone loss resumes
- D. because of her osteoporosis risk, long term HT is appropriate for Barbara
- E. short term HT use will reduce Barbara's risk of fractures in old age.

Question 4

WHI showed that the increased risks for women in their 60s taking combined HT for 5 years included:

- A. seven extra cases of CVD per 1000 women
- B. 18 extra cases of breast cancer per 1000 women

- C. 18 extra cases of breast cancer per 10 000 women
- D. eight extra cases of stroke per 1000 women
- E. 18 extra cases of venous thromboembolism (VTE) per 10 000 women.

Case 2 – Irene Irwin

Irene Irwin, 45 years of age, has a past history of breast cancer and a hysterectomy for fibroid uterus. She is experiencing vasomotor symptoms.

Question 1

Irene asks you to explain the evidence regarding HT and breast cancer.

- A. there was an increased risk of breast cancer in women taking combined HT (E+P) in WHI
- B. there was an increased risk of breast cancer in women taking oestrogen alone (E) in WHI
- C. the Million Women study (MWS) indicated increased risk of breast cancer with E+P but not with E
- D. MWS carries more weight than WHI because MWS is a RCT
- E. the HABITs trial showed that short term HT in women with breast cancer was safe.

Question 2

In women like Irene with a past history of breast cancer:

- A. HT is never appropriate
- B. short term HT has minimal risk
- C. oestrogen alone is safe, but not combined HT
- D. combined HT is safe, but not oestrogen alone
- E. HT is rarely appropriate.

Question 3

Irene asks about managing her symptoms without prescription medicines. You advise:

- A. 30 minutes per day of moderate intensity exercise reduces hot flushes
- B. regular exercise reduces anxiety and depression symptoms
- C. slow breathing techniques reduce anxiety but not hot flushes
- D. a diet high in soy products markedly reduces hot flushes
- E. black cohosh shows significant benefit over placebo for hot flushes.

Question 4

You discuss nonhormone drug treatments for vasomotor symptoms with Irene.

- A. clonidine has good efficacy for flushes and a low side effect profile
- B. velafaxine has been shown to reduce hot flushes in RCT data
- C. hypotension is a side effect of venlafaxine
- D. serotonin/noradrenalin reuptake inhibitors (SNRIs) are not effective for vasomotor symptoms
- E. selective serotonin reuptake inhibitors (SSRIs) are ineffective for flushes but SNRIs are effective.

Case 3 – Nancy Nguyen

Nancy Nguyen, 52 years of age, attends for a 'well woman's check' after seeing a flyer at her local community health centre.

Question 1

In this consultation:

- A. a Pap test, breast check, and advice on cardiovascular, osteoporosis and lifestyle risk factors is all that is required
- B. current symptoms, health status and menstrual history are important considerations
- C. past medical history and family history are not especially relevant as Nancy is well
- D. Nancy is likely to raise any social concerns that she thinks are relevant without prompting
- E. all of the above.

Question 2

After speaking to Nancy for a while, you realise that she does not really feel like a 'well woman'. She is feeling tired and run

down, and a bit depressed. She is having regular periods but often feels hot at night resulting in poor sleep. Her libido is down. She asks whether HT will help her symptoms. You:

- A. give her some information on HT and a prescription to try
- B. tell her that menopause is a normal life stage and HT is inappropriate
- C. tell her that the risks of HT outweigh the benefits
- D. explore her symptoms and psychosocial issues further
- E. B and C.

Question 3

Nancy tells you her teenage son is in trouble at school and her husband works long hours. Her father died last year, and her mother came to live with her. Important considerations include:

- A. her attitude to aging and body image
- B. her mood
- C. her relationship with her partner
- D. cultural influences
- E. all of the above.

Question 4

When you next see Nancy she has decided to try HT for symptom relief. She is a non-smoker with low cardiovascular risk. Of the following options, which would be the most suitable for her:

- A. tibolone
- B. continuous oral oestrogen and cyclical progesterone
- C. continuous oral oestrogen and progesterone
- D. 50 microgram oestradiol combined OCP
- E. continuous oestrogen plus Implanon.

Case 4 – Maria Matricardi

Maria Matricardi, 49 years of age, is taking continuous oral oestrogen and cyclical progesterone. She feels irritable and 'bloated' when taking progesterone. She tried stopping HT but experienced frequent flushes and felt even more irritable. She would like to continue HT but wants to try a different regimen.

Question 1

Of the following options, which would be the most appropriate?

- A. stop HT and reassure her that her symptoms will eventually settle
- B. continuous oestrogen and Mirena IUD
- C. change to transdermal oestrogen
- D. change to tibolone
- E. continuous oestrogen plus Implanon.

Question 2

Maria asks about 'bio-identicals'. She has heard they are more natural and therefore safer. 'Bio-identicals'

- A. use different oestrogens to those found in conventional HT
- B. are absorbed through the buccal mucosa
- C. are subject to the same quality controls as PBS medications
- D. are usually less expensive than PBS medications
- E. have similar safety and efficacy profile to conventional HT.

Question 3

Maria tells you her friend is taking tibolone and wonders whether she should try this as she has heard it helps with libido. Tibolone:

- A. is available for perimenopausal women on the PBS
- B. is available for postmenopausal women on the PBS
- C. commonly causes breast soreness
- D. is not effective for treatment of hot flushes
- E. has oestrogenic and progestogenic activity.

Question 4

Maria asks about oestrogen patches. Transdermal oestrogen:

- A. is more effective for vasomotor symptoms than oral oestrogen
- B. is contraindicated in liver disease
- C. may be helpful in patients with androgen deficiency to lower SHBG
- D. causes nausea more often than oral oestrogen
- E. cause more breast soreness than oral oestrogen.