



Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the multiple choice questions of the RACGP Fellowship exam. The quiz is endorsed by the RACGP Quality Improvement and Continuing Professional Development Program and has been allocated 4 Category 2 points per issue. Answers to this clinical challenge are available immediately following successful completion online at [www.gplearning.com.au](http://www.gplearning.com.au). Clinical challenge quizzes may be completed at any time throughout the 2011–2013 triennium, therefore the previous months answers will no longer be published.

**Nyoli Valentine**

## 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

#### Sarah McIntyre

Sarah McIntyre, 49 years of age, has been attending your clinic with menopause symptoms and menorrhagia for 2 years. Today Sarah admits to sexual difficulties.

#### Question 1

**Sarah confides she has no sexual desire. Which of the following statements is true:**

- A. frequency of sexual activity decreases during menopause due to reduced desire
- B. 5% of perimenopausal women report no sexual desire
- C. 20% of perimenopausal women report occasional dyspareunia
- D. 2% of perimenopausal women report never experiencing arousal
- E. levonorgestrel intrauterine devices significantly reduce sexual desire.

#### Question 2

**You ask Sarah about her home situation to assess for factors contributing to her reduced sexual desire. Which of the following factors increases Sarah's risk of sexual difficulties:**

- A. good personal health
- B. a significant relationship
- C. lower level of education
- D. normal body weight
- E. vaginal dryness likely due to reduced oestrogen levels.

#### Question 3

**In managing sexual difficulties, which of the following statements is true:**

- A. thyroid stimulating hormone (TSH), iron studies, fasting glucose, oestradiol, follicle stimulating hormone (FSH), luteinising hormone (LH) and testosterone should be ordered routinely
- B. pharmacological management is first line therapy
- C. oral contraceptives improve sexual desire by stabilising oestrogen fluctuations
- D. antidepressants cause sexual dysfunction in 10% of women
- E. management of urinary incontinence may improve sexual dysfunction.

#### Question 4

**Sarah asks about using testosterone to improve her sexual desire. Which of the following statements is true:**

- A. compound testosterone are more stable than testosterone creams
- B. testosterone is most likely to be effective in women with high sex hormone binding globulin (SHBG) levels
- C. premenopausal women are unlikely to benefit from testosterone
- D. testosterone is helpful for antidepressant related sexual dysfunction
- E. androgenic alopecia and hirsutism are contraindications to testosterone therapy.

### Case 2

#### Yvonne Chadwick

Yvonne, 53 years of age, has been

experiencing hot flushes and difficulty sleeping for the past 3 years. She presents today because she is no longer able to manage her symptoms.

#### Question 5

**You consider if Yvonne has been using complementary and/or alternative medicines (CAM) for her menopause symptoms. Which of the following is true of the use of CAM in the Australian population:**

- A. black cohosh is one of the most commonly used CAM
- B. less than half of menopausal women use CAM
- C. the use of CAM by menopausal women is limited to vasomotor symptoms
- D. nutrition CAM are most commonly used by menopausal women
- E. phytoestrogens are used infrequently by women.

#### Question 6

**Further history from Yvonne indicates she is a smoker, has moderate hypertension and drinks one standard drink of alcohol per day. You wish to offer Yvonne lifestyle modification advice. Which of the following statements is true:**

- A. alcohol consumption decreases with age
- B. 50% of menopausal women have at least one risk factor of increased body mass index (BMI), smoking or excessive alcohol intake
- C. weight loss reduces cardiovascular risk but usually does not improve vasomotor symptoms
- D. smoking is a risk factor for hot flushes
- E. 30% of adult women are smokers.

#### Question 7

**Yvonne states she would be willing to try different forms of relaxation and exercise to help her symptoms. Which of the follow-**

ing statements is true:

- A. yoga is superior to other forms of exercise in improving vasomotor symptoms
- B. acupuncture has long term benefits in improving menopause symptoms
- C. exercise is associated with improved quality of life in women with vasomotor symptoms
- D. mind-body therapies should not be advised due to poor safety profiles
- E. starting exercising now is unlikely to reduce Yvonne's risk of chronic disease.

### Question 8

Yvonne wishes to try CAM and asks your advice. Which of the following statements is true:

- A. CAM are likely to be effective in controlling vasomotor symptoms
- B. placebo medications often improve menopause symptoms in trials
- C. black cohosh may be associated with endometrial hyperplasia
- D. phytoestrogens are an alternative to oestrogens in patients with breast cancer
- E. bio-identical hormones have a better safety profile than conventional hormone therapy (HT).

### Case 3

#### Patricia Demetriou

Patricia, 50 years of age, has three teenage children. Currently she feels well but expresses concern about developing 'menopause' symptoms as her close friend (who is menopausal) is experiencing severe hot flushes.

### Question 9

Patricia describes being confused by all the conflicting information about menopause she is receiving from her friends. Which of the following statements is true:

- A. 50% of women have severe disabling menopause symptoms
- B. menopause assessment should include assessment for complications of menopause
- C. severity of menopause symptoms is related to self reported stress levels
- D. contraception is required for 6 months after Patricia's last menstrual period
- E. menopause is a short process.

### Question 10

Patricia is interested in whether she should be on treatment for menopause. In which of the following scenarios would you be most likely to treat menopausal symptoms:

- A. if FSH is high
- B. if FSH is low
- C. if Patricia is at risk of osteoporosis
- D. if there is a family history of severe symptoms
- E. if Patricia's symptoms were affecting her daily activities.

### Question 11

You discuss the importance of a general health assessment. Which of the following is a reversible risk factor for thrombophilia:

- A. Factor V Leiden mutation
- B. older age
- C. past history of pulmonary embolism
- D. systemic lupus erythematosus
- E. smoking.

### Question 12

Patricia's mother had osteoporosis and multiple hip fractures. Which of the following is NOT a risk factor for osteoporosis:

- A. elevated BMI
- B. sedentary lifestyle
- C. coeliac disease
- D. chronic renal failure
- E. excessive alcohol intake.

### Case 4

#### Amelia Ricci

Amelia, 51 years of age, presents for a second opinion. She has been prescribed HT for troubling menopause symptoms, however she wishes to discuss the risks and benefits further.

### Question 13

Amelia has read conflicting information and wants to know 'the truth about HT'. In regards to the evidence available on the risks and benefits of menopause treatment, which of the following is correct:

- A. evidence from the Women's Health Initiative trial is most appropriate to women starting HT shortly after menopause
- B. breast cancer risk from HT depends on age of initiation of HT not the duration of HT
- C. nonhormonal therapies have greater

evidence for long term safety than HT

- D. benefits of HT for women with premature menopause are different to women undergoing menopause in their early 50s
- E. oestrogen alone and combined oestrogen and progestogen HT have similar risk profiles.

### Question 14

You discuss HT evidence with Amelia and provide information about level A evidence for long term risks with HT. Which of the following statements is NOT supported by level A evidence:

- A. oestrogen increases gallbladder disease
- B. HT increases risk of venous thrombosis
- C. oestrogen increases mammographic density
- D. oestrogen alone increases endometrial cancer
- E. oestrogen and progestogen increase colon cancer.

### Question 15

Amelia wishes to know more about tibolone. Which of the following statements is correct:

- A. tibolone has only androgenic and oestrogenic properties
- B. tibolone increases risk of endometrial cancer
- C. tibolone increases risk of breast cancer recurrence
- D. tibolone increase risk of stroke in younger women
- E. tibolone is associated with more abnormal uterine bleeding than conventional HT.

### Question 16

Amelia has a history of migraines. She wants to know if there are any people who should not take HT. Which of the following conditions is an absolute contraindication to HT:

- A. past history of breast cancer
- B. active liver disease
- C. hypertriglyceridaemia
- D. past history of ischaemic heart disease
- E. migraines.