



'Hot Topics' Women's Health Course 2018/2019 Pre-Course MCQ - ANSWERS

Thank you for attending the 2018 Women's Health course – we hope you enjoyed the day. Here are the answers to the Pre-course MCQ. Best wishes and see you next year.
The NB Medical Team

1. A 41 year old woman attends with vasomotor symptoms suggestive of menopause but is still having regular periods. She asks for some blood tests to see if she is menopausal because she thinks it is a bit early. According to new guidelines, do you:
 - A) Advise her diagnosis is clinical and therefore blood tests aren't necessary?
 - B) Do 2 x FSH blood tests 6 weeks apart?
 - C) Do 2 x FSH and oestradiol blood tests 6 weeks apart?
 - D) Do a one off FSH, LH and oestrogen blood test?
2. In Premature Ovarian Failure, there is a risk of ovulation once the diagnosis has been made of between:
 - A) 10-15% ?
 - B) 15-20% ?
 - C) 5-10% ? - contraception should be continued until the age of 55 or 2 years of spontaneous amenorrhea
 - D) 1-5% ?
3. Patients on tamoxifen should not take which of the following antidepressants?
 - A) Sertraline
 - B) Citalopram
 - C) Mirtazapine
 - D) Fluoxetine
4. A 52 year old woman with a history of amenorrhea for 1 year is started on continuous combined HRT. Which of the following would not be expected as a normal side effect?
 - A) Sudden heavy bleeding after 3 months of amenorrhea
 - B) Breast tenderness
 - C) Occasional spotting for up to 6 months
 - D) Increased vaginal discharge



5. From 2015 statistics, what percentage of terminations occurred in women over 40 years of age?
 - A) 10.4%
 - B) 14.2%
 - C) 32.5%
 - D) 28.1%

6. A woman of 49 wishes to have a progestogen IUS inserted for contraception, and the progestogenic component of HRT. Which of the following devices are licensed for this purpose?
 - A) Jaydess
 - B) Mirena
 - C) Levosert
 - D) Mirena and Levosert

7. Over the age of 50, which of the following forms of contraception are recommended for use?
 - A) Progestogen implant
 - B) DMPA injection
 - C) COCP
 - D) Vaginal ring

8. In a woman with a family history of breast cancer (but no genetic risk), which of the following is true regarding combined HRT prescribing?
 - A) HRT is contraindicated
 - B) A high dose preparation should be used for a prolonged period.
 - C) They should be counselled as to the possible increased risk of breast cancer with use
 - D) The transdermal method of administration makes it safer with regards to the breast cancer risk

9. A 36 year old man who was assigned female at birth is undergoing hormone therapy before gender reassignment surgery. He has a male partner and they occasionally have vaginal sex still. Which of the following statements are true?
 - A) The testosterone therapy will be sufficient for contraception
 - B) Progesterone only contraceptive methods will interfere with testosterone treatment
 - C) Testosterone therapy would render emergency hormonal contraceptive ineffective



D) Oestrogen containing contraception would interfere with testosterone therapy

10. An 18 year old woman would like to start on the combined oral contraceptive pill. She has never taken it before and has no known risk factors making it unsafe. You discuss the Tailored Pill Taking regimen with her. Which of the following statements is untrue?

- A) It is a recognised but unlicensed way of taking the COCP endorsed by the FSRH and WHO
- B) It reduces the risk of pregnancy in normal and perfect use due to reducing risk of an extended pill free interval
- C) It is only suitable for a small cohort of pill takers
- D) It may not be covered by nurse PGDs

11. In patients who have had gastric sleeve, gastric bypass or duodenal switch types of bariatric surgery (i.e. malabsorptive methods), which of the following forms of contraception will be effective once they have a BMI below 35?

- A) The Combined Oral Contraceptive Pill
- B) The Progesterone Implant
- C) The Progesterone Only Contraceptive Pill
- D) Levonelle and Ella One

12. You receive a handwritten note from the midwife regarding a patient who is 29 weeks pregnant. She is asking for you to prescribe iron for the patient because her Hb is 108g/L. Which of these statements is true regarding this situation?

- A) This patient has anaemia of pregnancy and needs treatment
- B) It is part of the GMS contract to provide maternity care and therefore you should do the prescription
- C) This patient has a normal Hb for her gestation
- D) Further investigation is required

13. With regards to nausea and vomiting of pregnancy, which of the following statements are not true?

- A) USS is not indicated
- B) Promethazine is a first line antiemetic
- C) Ondansetron is a third line antiemetic
- D) 1+ ketones counts as ketonuria



14. A 32 year old woman with a history of depression and anxiety attends the surgery to tell you she is pregnant and her mood seems to be getting worse. She is currently on sertraline. Which of the following should you do?
- A) Tell her to stop her medication immediately as safety cannot be guaranteed in pregnancy
 - B) Have a discussion based upon the current known benefits and risks, with the risk of relapse being approximately 70% if medication stops
 - C) Explain that feeling emotional in pregnancy is entirely normal
 - D) Ask her to come back much nearer to the delivery to discuss risk of postnatal depression and you can't do anything now to help
15. Which of the following is not true with regards to mental illness in the perinatal period?
- A) Suicide is the leading direct cause of maternal death in the perinatal period and up to a year after birth
 - B) Antenatally, anxiety is at least as common as depression as the presenting symptom
 - C) Women with bipolar disorder are at no increased risk of perinatal psychosis
 - D) Perinatal psychosis often presents within the first 2 weeks post-partum
16. A 26 year old woman presents with cyclical pelvic pain. This has worsened after stopping the combined oral contraceptive pill 2 years ago, having been on it since the age of 16. Which of the following would be an appropriate to facilitate a diagnosis of endometriosis in primary care?
- A) USS of pelvis
 - B) Abdominal and pelvic examination
 - C) Re-starting the COCP
 - D) All of the above
17. Heavy menstrual bleeding can have a huge impact upon a woman's life. Which of the following statements is true with regards to assessment in primary care according to new NICE guidelines 2018?
- A) An USS is the first line investigation for suspected endometrial pathology
 - B) Transabdominal USS is the best way of investigating for adenomyosis
 - C) Treatment can be started without investigating if low risk of pathology on history and examination
 - D) Large fibroids are best seen on transvaginal USS



18. A 25 year old woman attends the surgery asking for help conceiving. She has a BMI of 37 and hirsutism. She has irregular periods and always has done. Which of the following has been shown to be true in large RCTs?

- A) Metformin treatment gives no increase in live birth rates for women with PCOS
- B) Metformin shows a moderate benefit in conception rates in women with PCOS
- C) Metformin is shown to reduce weight effectively in women with PCOS
- D) Metformin can help to improve menstrual regularity in women with PCOS

19. Candida albicans infection is a common cause of vulval irritation and soreness, for which clotrimazole should be started without examination, in which of the following cohorts?

- A) Pre-pubertal school age girls
- B) Babies /toddlers who no longer wear nappies
- C) Post-menopausal women
- D) Women of reproductive age