

Chapter 49. Menstruation-Related Disorders, Self-Assessment Questions

1. The medical management of _____ should result in the relief of pelvic pain, an improved quality of life, and a reduction in related lost school/work days.
 - A. Amenorrhea
 - B. Anovulatory bleeding
 - C. Dysmenorrhea
 - D. Menorrhagia
 - E. Polycystic ovary syndrome

2. Regardless of the cause of amenorrhea, which of the following lifestyle interventions is most appropriate?
 - A. Increase the level of exercise
 - B. Increase the intake of dietary calcium and vitamin D
 - C. Decrease the intake of alcohol
 - D. Decrease the level of exercise
 - E. Transition to a gluten-free diet

3. The primary goal of estrogen therapy in amenorrhea is to improve the patient's bone health. A progestin is added to:
 - A. Augment estrogen's effects on bone
 - B. Improve overall quality of life
 - C. Prevent endometrial hyperplasia
 - D. Restore fertility
 - E. Counter estrogen's negative effects on lipids

4. A 35-year-old woman presents with complaints of increasingly heavy menses that last approximately 7 days per month. A CBC shows a 2 g/dL (20 g/L; 1.24 mmol/L) drop in hemoglobin over the past 15 months. A Pap smear and endometrial biopsy are performed, and are both negative. Her past medical history is significant for a deep vein thrombosis 3 years ago secondary to her oral contraceptive. Which of the following is most appropriate first-line therapy for this patient?
- A. A combination oral contraceptive with 50 mcg of ethinyl estradiol plus desogestrel
 - B. Mefenamic acid 500 mg by mouth followed by 250 mg by mouth four times daily during menses
 - C. Levonorgestrel IUD releasing 20 mcg of levonorgestrel daily
 - D. Medroxyprogesterone acetate 10 mg by mouth on days 5 through 26 of the menstrual cycle
 - E. Acetaminophen 650 mg by mouth four times daily
5. Which of the following treatments for dysmenorrhea results in the most rapid symptom improvement?
- A. Acetaminophen
 - B. Levonorgestrel IUD
 - C. A standard (28-day) combination oral contraceptive
 - D. An extended cycle (91-day) combination oral contraceptive
 - E. NSAIDs
6. Which of the following statements is true regarding the use of NSAIDs and OCs in patients with menorrhagia?

- A. The reduction in blood loss is inversely proportional to pretreatment blood loss.
 - B. The increase in blood loss is inversely proportional to pretreatment blood loss.
 - C. The reduction in blood loss is proportional to pretreatment blood loss.
 - D. The increase in blood loss is proportional to pretreatment blood loss.
 - E. None of the above
7. A 32-year-old woman presents with complaints of irregular menses and difficulty becoming pregnant. She has been taking tetracycline for acne \times 8 years. She is hirsute around the jaw line, her BMI is 32 kg/m², and her waist circumference is 40 inches (102 cm). A pelvic ultrasound is performed that shows polycystic ovaries. In addressing her infertility related to PCOS, in addition to recommending weight loss, which of the following is most appropriate for this patient?
- A. Clomiphene 50 by mouth daily for 5 days starting on day 5 of the menstrual cycle
 - B. Medroxyprogesterone acetate 10 mg by mouth daily for 10 days
 - C. Metformin 850 mg by mouth twice daily
 - D. Pioglitazone 15 mg by mouth daily
 - E. A and D
8. Initially, the recommended treatment for acute bleeding episodes associated with anovulation is:
- A. Estrogen
 - B. Letrozole

- C. Levonorgestrel IUD
 - D. Mefenamic acid
 - E. Naproxen
9. Which of the following agents is no longer recommended for the treatment of anovulatory bleeding?
- A. Estrogen via combination oral contraceptives
 - B. Letrozole
 - C. Depot medroxyprogesterone acetate
 - D. Metformin
 - E. Pioglitazone
10. Which of the following treatment options is most appropriate to control acute bleeding as well as prevent recurrent bleeding in a 25-year-old anovulatory woman with signs of high androgen levels?
- A. An oral contraceptive containing at least 35 mcg of ethinyl estradiol in combination with the progesterone, drospirenone; one tablet taken by mouth three times daily for 1 week followed by one tablet daily for 3 weeks
 - B. An oral contraceptive containing at least 35 mcg of ethinyl estradiol in combination with norethindrone acetate; one tablet taken by mouth daily for 4 weeks
 - C. Medroxyprogesterone acetate 5 mg taken by mouth daily for 1 week followed by 2.5 mg daily for 3 weeks
 - D. Medroxyprogesterone acetate 5 mg taken by mouth daily for 4 weeks
 - E. None of the above

11. Which of the following agents is most appropriate for the management of dysmenorrhea when nonpharmacologic options have failed?
- A. Depot medroxyprogesterone acetate 150 mg intramuscularly every 12 weeks
 - B. Ibuprofen 800 mg by mouth three times daily during menses
 - C. Levonorgestrel IUD releasing 20 mcg of levonorgestrel daily
 - D. Medroxyprogesterone acetate 5 mg by mouth daily
 - E. Oral contraceptive with 35 mcg of ethinyl estradiol plus norgestimate daily
12. When using an OC for the management of dysmenorrhea in an adolescent, additional benefit(s), dependent on the specific option chosen, may include:
- A. Reduced endometrial cancer risk
 - B. Pregnancy prevention
 - C. Improved acne
 - D. None of the above
 - E. A, B, and C
13. The treatment goals of _____ include preserving bone density, preventing bone loss, improving quality of life, and restoring menstruation.
- A. Amenorrhea
 - B. Dysmenorrhea
 - C. Menorrhagia
 - D. Polycystic ovary syndrome
 - E. None of the above

14. Which of the following menorrhagia treatment options have been shown to reduce menstrual blood flow by 75% to 95% and result in up to 80% of treated women experiencing amenorrhea after 12 months?
- A. Combination oral contraceptives
 - B. Ibuprofen
 - C. Levonogestrel IUD
 - D. Medroxyprogesterone acetate
 - E. All of the above
15. Which of the following non-hormonal treatment options is well tolerated from a gastrointestinal standpoint and is recommended for patients with vonWillebrand disease as a cause of menorrhagia?
- A. Ibuprofen
 - B. Mefenamic acid
 - C. Naproxen
 - D. Tranexamic acid
 - E. None of the above

Answers

1. C

2. B

3. C

4. B

5. E

6. C

7. A

8. A

9. E

10. A

11. B

12. E

13. A

14. C

15. D