

Chapter 50. Hormone Therapy in Menopause, Self-Assessment Questions

1. Which of the following statements regarding menopause is *true*?
 - A. Menopause is diagnosed after a series of increasing FSH concentrations.
 - B. The primary symptom of menopause is vulvovaginal atrophy.
 - C. Women who undergo surgical menopause experience similar vasomotor symptoms as women who undergo natural menopause.
 - D. The perimenopausal period is characterized by an increase in cycle interval and a decrease in cycle length.

2. A 48-year-old woman wants to know about the overall use of hormones based upon recent data, including WHI and HERS. The most accurate statement would be:
 - A. Estrogen with and without progesterone has been shown to increase heart attacks and breast cancer in postmenopausal women.
 - B. Estrogen and progesterone increased the risk of invasive breast cancer in postmenopausal women, but estrogen alone did not.
 - C. Evidence indicates topical and compounded products are safer than oral products because absorption is minimal and cardiovascular risks have not been shown to be significantly increased.
 - D. Evidence had demonstrated an increase in cardiovascular events in postmenopausal women who started estrogen regardless of time since initiation.

3. A 49-year-old woman who had a hysterectomy 6 months ago is seeking treatment for her vasomotor symptoms. Which of the following recommendations would be most appropriate?
 - A. Combination estrogen/progestogen for no longer than 2 years

B. Estrogen alone for no longer than 5 years

C. Estradiol vaginal cream until symptoms resolve

D. Black cohosh for no longer than 2 years

4. A 60-year-old woman has suffered from worsening hot flashes and urinary incontinence over the past year. Her last menstrual period was over 3 years ago. PMH is significant for hyperlipidemia taking simvastatin 40 mg daily. She smokes 1 ppd and has one glass of wine with dinner. Recommend the most appropriate treatment for this patient.

A. CEE 0.3 mg daily + MPA 1.5 mg daily

B. Venlafaxine 75 mg daily

C. CEE 0.625 mg daily

D. Estradiol vaginal cream, apply as directed

5. A 54-year-old postmenopausal woman presents to the clinic complaining of hot flashes. Her PMH is significant for tobacco use and CAD. Her last menstrual period was approximately 14 months ago after having a hysterectomy. She states she suffers from five hot flashes per day and two per night that wake her from sleep. Recommend the most appropriate treatment for the patient's hot flashes.

A. CEE 0.6 mg daily plus MPA 1.5 mg daily

B. CEE 0.3 mg daily

C. Clonidine 0.1 mg daily

D. Paroxetine 20 mg daily

6. A 57-year-old woman has taken CEE 0.3/MPA 2.5 for the past 2 years for vasomotor symptoms. She has become more and more concerned about the use of estrogens and would like to try an alternative therapy for control of her hot flashes. Based on demonstrated efficacy, which one of the following alternative regimens would be the most appropriate choice for this patient?

- A. Dong quai 4.5 g daily
- B. Wild yam extract 40 mg daily
- C. Soy isoflavones 80 g daily
- D. Black cohosh 40 mg daily

7. A 56-year-old woman who presents to you with complaints of vaginal dryness and dyspareunia. She states she has been experiencing these symptoms for over 3 months, and it is starting to affect her marriage. Her past medical history is significant for hypertension and type 2 diabetes mellitus. Her past surgical history is significant for a cholecystectomy and hysterectomy. Her medication regimen includes metoprolol (Lopressor), HCTZ, atorvastatin (Lipitor), metformin (Glucophage), and aspirin. Which of the following medications is most appropriate to recommend for her menopausal symptoms?

- A. CEE 0.625 mg
- B. CEE 0.3 mg + MPA 1.5 mg
- C. Paroxetine CR 40 mg
- D. Vaginal estradiol (Vagifem)

8. A 48-year-old newly menopausal woman has been taking a low-dose oral contraceptive pill for about 1 year during perimenopause. She is now considered fully menopausal and is questioning what she can take that has evidence of alleviating her menopausal symptoms. Her

medical history is significant for osteoarthritis and asthma. She has not had a hysterectomy.

Which one of the following is the best treatment recommendation?

- A. Continue the oral contraceptive for 1 to 2 years until the menopausal symptoms have most likely resolved
- B. Evening primrose oil in addition to stress reduction and relaxation techniques
- C. A serotonin reuptake inhibitor (SSRI) in addition to stress reduction and relaxation techniques
- D. Estrogen therapy (Premarin 0.3 mg/d) in addition to stress and relaxation techniques

9. A 52-year-old woman presents with complaints of hot flashes and night sweats. She states that they often cause her to change her bed clothes in the middle of the night and are affecting her sleep quality. Her past medical history is significant for osteoporosis and venous thromboembolism. She currently takes alendronate 70 mg weekly and aspirin 81 mg orally every day. She has not had a hysterectomy. Which of the following therapies is most appropriate for this patient?

- A. Estradiol vaginal cream, apply as directed
- B. CEE 0.3 mg + MPA 2.5 mg
- C. CEE 0.3 mg
- D. Paroxetine CR 12.5 mg

10. A 60-year-old woman who has been taking HT for 9 years. She was started on this therapy following a hysterectomy for uterine fibroids. Her past medical history is significant for hypertension and osteoarthritis. She currently takes CEE 0.3 mg + MPA 1.5 mg orally every day, hydrochlorothiazide 25 mg orally every day, and acetaminophen 1000 mg orally thrice daily. She smokes one pack of cigarettes per day and drinks one glass of wine on the weekends. You are

seeing her in clinic today for a follow-up blood pressure check, and she asks you if she still needs to take her HT. She states adherence to her medication regimen and denies adverse effects.

Which of the following is the appropriate response to her concern?

A. Discontinue the oral HT, and start her on a topical product to decrease her risk of CHD and breast cancer.

B. Continue the HT because her risk of CHD and breast cancer are low and she will receive osteoporosis benefits.

C. Discontinue the HT by tapering the regimen over 3 to 6 months since she may no longer need treatment for vasomotor symptoms and does have risk factors for CHD.

D. Discontinue the HT, and follow up with her by phone in 2 weeks to assess for a return in vasomotor symptoms.

11. A 55-year-old woman was recently started on HT (CEE 0.3 mg + MPA 2.5 mg) daily for hot flashes that began to disrupt her daily activities. She presents with complaints of weight gain (3.2 kg [7 lb]) and severe bloating approximately 6 weeks after starting therapy. She states that some days “she feels like she is going to pop.” Her past medical history is significant for mild intermittent asthma and hypothyroidism. She currently takes albuterol as needed and levothyroxine 50 mcg orally every day. She states that she is adherent to the medication regimen and denies adverse effects. She does not smoke or drink alcohol.

Which of the following actions is the most appropriate initial step to take with this patient?

A. Discontinue oral HT, and start vaginal estradiol cream

B. Switch to a combination transdermal product

C. Decrease the dose of CEE to 0.3 mg every other day

D. Switch the patient to a cyclical combined HT regimen

12. A 49-year-old woman who had a hysterectomy 6 months ago is given a prescription for hormone therapy. However, she is concerned about the risk of a clot because she has a friend who had a similar problem with hormones. Which one of the following would most likely minimize this risk?

A. Limit use to no more than 5 years

B. Delay treatment for 6 more months

C. Use of oral medroxyprogesterone acetate

D. Use of a transdermal estrogen product

13. A 51-year-old woman with a PMH significant for hypothyroidism, HTN, and GERD. She has been suffering from severe hot flashes that wake her up every night about three or four times. She has a past surgical history significant for a knee replacement in 1995 and a hysterectomy in 1998 for uterine fibroids. Medications include Synthroid 0.075 mg daily, HCTZ 25 mg daily, and Protonix 20 mg daily. She used to smoke one pack of cigarettes per day but quit 5 years ago. She does drink socially. The physician starts EG on CEE 0.3 mg daily.

Based upon the patient's history, she should be educated specifically on which of the following potential adverse effects??

A. Depression and anxiety

B. Gallbladder disease and venous thromboembolism

C. Bloating and weight gain

D. Osteoporosis and CHD

14. A patient was using HT for hot flashes and vulvovaginal atrophy until 1 year ago when she was diagnosed with stage 2 breast cancer. Six months following completion of her chemotherapy and radiation she complains of recurrent hot flashes. Recommend the most appropriate therapy for the patient's hot flashes.

- A. Restart CEE 0.3 mg + MPA 1.5 mg daily
- B. Isoflavones 80 mg daily
- C. A bioidentical preparation
- D. Gabapentin 300 mg daily

15. A healthy 43-year-old woman who recently had a hysterectomy because of uncontrolled dysfunctional uterine bleeding and has been using an estrogen transdermal patch for 3 months to control severe menopausal symptoms. She does not have a personal or family history of breast cancer or clotting disorders, but there is a history of heart disease in the family. When asked about continuing the estrogen patch in this patient, which one of the following recommendations is best at this time?

- A. Can continue treatment, but recommend short term and monitor
- B. Continue treatment but switch to an oral estrogen
- C. Continue treatment, but need to add a progestogen 12 to 14 days/month
- D. Discontinue treatment

Answers

1. D

2. B

3. B

4. A

5. D

6. C

7. D

8. C

9. D

10. C

11. B

12. D

13. C

14. D

15. A