NAMS MENOPAUSE CERTIFICATION EXAM2024-2026 LATEST EDITION 2 DIFFERENT VERSIONS ACCURATE AND EXPERT VERIFIED FOR GUARANTEED PASS GRADED A

Climacteric phase - ✓✓ANSW✓✓..The period of endrocrinologic, somatic, and transitory psychologic changes that occur around the time of menopause.

What hormones are associated with sexual desire in women? ✓✓ANSW✓✓..circulating androgens

Women who have had a BSO experience an abrupt and persistent decline in what hormone? - ✓✓ANSW✓✓..circulating androgen levels

HSDD and FSAD were combined into a single dysrunction called
√ANSW√√..female sexual interest/arousal disorder

HSDD treatments - ✓✓ANSW✓✓..flibanserin and bremelanotide

FGAD treatments (genital arousal disorder) - ✓✓ANSW✓✓..L-arginine, topical alprostadil, wellbutrin, oxytosin. phosphodiesterase inhibitors-lacking in efficacy Eros therapy device \$300- vaccum-like the penis pump

FOD (orgasmic disorder) treatments - ✓✓ANSW✓✓..directed masturbation is most researched behavioral treatment.

Does systemic ET cause fibroids to resume growth? - ✓✓ANSW✓✓..Rarely. They often shrink after menopause.

What is true about cognition and menopause? - ✓✓ANSW✓✓..Difficulty concentrating and remembering are common.

What is true about cognition and surgical menopause - \checkmark ANSW \checkmark ..memory for verbal information can be compromised immediately after surgical menopause, especially if it is before the typical age of mesopause.

Meta analysis of RCTs have shown small benefit of what diet/exercise for global cognition and memory? - ✓✓ANSW✓✓..Mediterranean diet with olive oil and tai chi exercise helps with global cognition

Mediterranean diet with olive oil and isoflavone supplements helps with memory.

effect of HRT on cognition - ✓✓ANSW✓✓..small or no overall effect on cognition

What HRT can increase your risk for dementia based on the WHIMS study in 65+ year old healthy women? - ✓✓ANSW✓✓..EPT replacement was shown to double the risk of developing dementia.

There was no significant increased risk in ET alone.

this is why HRT is not recommended after 65 for primary prevention of dementia

3 reasons supporting the idea that HRT in early menopause may decrease a woman's chance of developing alzheimer's disease? - ✓✓ANSW✓✓..1. Observational studies imply it

- 2. Clinical trial of transdermal estradiol during the early postmenopause stage is associated with reductions in AD pathology.
- 3. 18 year cumulative follow up data from WHI found that women randomized to ET had significantly lower risk of dying from AD or dementia compared with women randomized to receive placebo.

Migraine headache and pregnancy - ✓✓ANSW✓✓..typically migraines improveestrogen levels stabilize

Migraine without aura after menopause - ✓✓ANSW✓✓..usually decrease with natural menopause

menstrual migraine after menopause - ✓✓ANSW✓✓..should resolve completely

When to consider preventative medication for migraines - ✓✓ANSW✓✓..>2 times per week or severe and effecting QOL

Triptans are contraindicated in what? - ✓✓ANSW✓✓..patients with cardiovascular disease, as are NSAIDs

Menstrual migraine treatment - ✓✓ANSW✓✓..NSAID or triptan 2 days before expected to get your period, and take for 5-7 days.

cdc and who guidelines for migraine treatment - ✓✓ANSW✓✓..migraine with auraadvise to not use combined hormone contraception

caution in women with migraine without aura

How long can it take for arthralgia from vitamin d deficiency or hypothyroidism to fully resolve? - ✓✓ANSW✓✓..it can take several months.

what is the most common form of arthritis? - ✓✓ANSW✓✓..osteoarthritis

what areas of the brain have the most estrogen receptors? - ✓✓ANSW✓✓..hippocampus and prefrontal cortex

Early menopause - ✓✓ANSW✓✓..LMP before age 45

Late menopause - ✓✓ANSW✓✓..LMP after age 54

Primary ovarian insufficiency - ✓✓ANSW✓✓..Menopause that occurs before age 40

Early menopause transition (stage -2) - ✓✓ANSW✓✓..Persistent difference of 7 days or more in the length of consecutive cycles.

Late menopause transition (stage -1) - ✓✓ANSW✓✓..60 or more consecutive days of amenorrhea

Luteal out of phase event (LOOP) - \(\sqrt{ANSW} \sqrt{\sqrt} \). Explains why some perimenopausal women have elevated estrogen level sometimes...In the early menopause transition, elevated FSH levels are adequate to recruit a second follicle which results in a follicular phase-like rise in estradiol secretion superimposed on the mid-to-late luteal phase of the ongoing ovulatory cycle.

Obese women and estradiol levels during menopause - \(\sqrt{ANSW} \sqrt{..}\). Obese women are more likely to have anovulatory cycles with high estradiol levels. They are also more likely to have lower premenopause yet higher postmenopause estradiol levels compared with women of normal weight. (why they are at higher risk of endometrial cancer)

Chinese and Japanese women - ✓✓ANSW✓✓..These ethnic groups have lower estradiol levels then white, black and hispanic women.

stage +2 - ✓✓ANSW✓✓..late menopause stage: 5-8 years after FMP. Somatic aging predominates. Increased genitourinary symptoms.

Stages +1a, +1b, +1c - ✓✓ANSW✓✓..early post menopause: 2 years after FMP. FSH rises, estradiol decreases. VMS predominate.

Elevated FSH, LH - √√ANSW√√..Endocrine labs after menopause

AMH, inhibin B - \(\sqrt{ANSW} \sqrt{\sqrt{.}}\). These hormones work during reproductive years to not deplete follicle pool too quickly.

Phases during menopause transition and PMS symptoms - \(\sqrt{ANSW}\sqrt{..}\). Menstrual cycle shortenes, follicular phase compresses, women spend more time in luteal phase.. meaning more premenstrual symptoms and more frequent menstrual periods.

How to respond if a patient requests FSH lab? - ✓✓ANSW✓✓..many pitfalls, variable depending on the day of the cycle you draw the lab, normal or low FSH is not helpful.

The potentially superior marker of menopause, a lab. - ✓✓ANSW✓✓..AMH

DHEA (dehydroepiandrosterone) - \(\sqrt{ANSW} \sqrt{.}\). Adrenal androgens: precursor hromones produced by the adrenal gland that are enzymatically converted to active androgens or estrogens in peripheral tissues.

Location of estrogen receptors - ✓✓ANSW✓✓..Vagina, vulva, urethra, trigone of the bladder

Effects of estrogen on tissue - \checkmark ANSW \checkmark ..maintain blood flow, the collagen, and HA within the epithelial surfaces. Supports microbiome and protects tissue from pathogens.

Vaginal changes with menopause - ✓✓ANSW✓✓..Thinning, loss of elasticity, loss or absence or rugae.

Vagina and urethra in menopause - ✓✓ANSW✓✓..vagina narrows, urethra moves closer to the introitus.

Stress urinary incontinence - \checkmark ANSW \checkmark .. Vaginal estrogen and urinary incontinence: what type does it help with?

Treatment for FPHL - ✓✓ANSW✓✓..Minoxidil, spironolactone, finasteride, estrogen therapy

Late reporoductive years -3b and -3a. What happens with menstrual cycles, FSH, AMH, AFC, inhibin? - ✓✓ANSW✓✓..-3b: menstrual cycles normal, FSH normal, AMH low, AFC low, inhibin low.