



Indian  
Menopause Society



Indian Menopause Society 2024-25  
WELLNESS & WOMEN 360  
— REjuvenate & Reverse —

# QUIZZES 2024-25

*Compiled by:*  
**Dr. Savita Tyagi**





## Message from President

Dear Members,

It is with immense joy and pride that I present this booklet, a treasured compilation of the quizzes conducted as part of our Sunday Morning Quiz initiative at the Indian Menopause Society. This initiative has become a cornerstone of our community, bringing together members from all 51 societies to share knowledge, foster camaraderie, and create lasting memories.

What has made this initiative truly exceptional is you, our passionate participants. Your unwavering enthusiasm, active engagement, and commitment to learning have transformed these quizzes into far more than a simple event—they have become a celebration of curiosity, unity, and growth. Whether you joined every session, contributed thoughtful insights, or cheered on your peers, your presence and energy have been the heartbeat of this endeavor.

This booklet is a reflection of your collective effort and spirit. It serves as both a record of the knowledge we have explored together and a reminder of how much we can achieve when we come together as a community.

While the organizing team, led by Dr. Savita Tyagi and her dedicated members, played a vital role in making this initiative possible, it is the participants who have truly made it what it is today. Your passion and involvement have turned each Sunday morning into an inspiring and enriching experience.

As we move forward, let us continue this incredible journey of discovery and growth. May this booklet serve as a resource to revisit our shared learning and as motivation to embrace new opportunities for knowledge and connection.

Thank you for being the soul of this initiative and for inspiring us all to learn, share, and grow together.

Warm regards,

Dr. Anju Soni



## Message from Secretary General

“The biggest enemy of Knowledge is not  
ignorance,  
but illusion of knowledge”

~ said Stephen Hawking

And to come out with a clear cut knowledge overcoming the illusion, we arrange Quizzes.

Here is our quiz booklet to create confusions first and then to clear it with exact answer. We hope you enjoy testing your knowledge and having fun with our variety of questions. You know - a prudent question is also half of wisdom.

So, Dear All, let us test our knowledge and have wisdom ultimately.

**Dr. Bipasa Sen**





## Message from Chairperson, Quiz Committee

Dear members of IMS society,

Welcome to this exciting edition of our Quiz Booklet! Our team is thrilled to bring you a diverse collection of questions that will challenge your knowledge, spark curiosity, and most importantly, provide fun moments of learning. Whether you're testing your general knowledge or diving into specialized topics, we hope this booklet serves as both an enjoyable and enlightening experience.

My team of Dr Bina Tandon, Dr Meenal Jain, Dr Susila Pinnameneni and Dr Taru has worked hard to make out quizzes interesting for you all.

Take your time, enjoy the journey, and remember that every question is an opportunity to learn something new. We encourage you to explore the answers thoroughly and share your results with friends and family—because the more you share, the more you grow!

Happy quizzing!

Sincerely,

**Dr. Savita Tyagi**

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Chairperson



**Dr Bina Tandon**



**Dr Taru Chayya**



**Dr Susila Pinnamaneni**



**Dr Meenal Jain**

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# MENTAL HEALTH

- Q1. Alzheimer disease is the most common form of which of these ?**
- (A) Malnutrition
  - (B) Dementia
  - (c) Fatigue
  - (D) Psychosis
- Q2. How is Alzheimer disease diagnosed ?**
- (a) Mental-status tests
  - (b) Blood tests
  - (c) Neurological tests
  - (d) All of the above
- Q3. Physiologically, what happens to the brain as Alzheimer disease progresses ?**
- (a) Tissue swells
  - (b) Fluid collects
  - (c) Many cells die
  - (d) Brain-stem atrophies
- Q4. Which of these is the strongest risk factor for developing the disease ?**
- (a) Heredity
  - (b) Age
  - (c) Exposure to toxins
  - (d) None of the above
- Q5. Signs of Alzheimer disease include which of these symptoms ?**
- (a) Loss of memory
  - (b) Increase in irritability
  - (c) Restlessness
  - (d) All of the above



- Q 6. Which age group has the highest rate of Alzheimer cases reported ?**
- (a) 85 and older
  - (b) 74 to 84
  - (c) 65 to 74
  - (d) 55 to 65
- Q 7. The average time from the onset of symptoms to death is how long ?**
- (a) 20 years
  - (b) 8 years
  - (c) 6 years
  - (d) 4 years
- Q 8. If you care for a relative with Alzheimer disease, which of these measures will help stabilize the patient mentally ?**
- (a) Move to a small apartment
  - (b) Correct "bad" behavior gently
  - (c) Establish a regular routine
  - (d) Repaint or buy new furniture
- Q 9. People with Down Syndrome have higher risk of developing Alzhiemers earlier in life ie around 50 years.**
- (a) True
  - (b) False
- Q 10. Alzhiemer;s disease and dementia are same.**
- (a) True
  - (b) False
- Q 11. Which sleep disorder, characterized by an overwhelming urge to sleep during the day, may become more pronounced during menopause**
- (a) Insomnia
  - (b) Narcolepsy
  - (c) Sleep apnea
  - (d) Restless leg syndrome

**Q 12. Which neurotransmitter often associated with menopause can attributes to sleep disturbance, such as insomnia**

- (a) Serotonin
- (b) Dopamine
- (c) Acetyl choline

**Q 13. Choose the incorrect answer.**

- (a) Women are less likely to suffer from sleep disorders in comparison to men during menopause and with advancing age.
- (b) HRT presently lacks concrete evidence to be used in menopausal women for sleep disorder.
- (c) Sleep hygiene preventive practices, self-hypnosis, medication, and exercise play a very important role.
- (d) Sleep disorders and insomnia still largely remain a clinical diagnosis based on the subjective complaints of patients.

**Q 14. It is significant if sleep disturbance occurs.**

- (a) 3times in last 02 weeks
- (b) Once in last two weeks
- (c) 5 times per week
- (d) 2 times per week

**Q 15. Choose the best option, common sleeping disorder at menopause**

- (a) Narcolepsy
- (b) Sleepwalking
- (c) Hot Flashes
- (d) Insomnia

**Q 16. Which of the following can be considered first line of management for insomnia at menopause**

- (a) MHT
- (b) Benzodiazepines
- (c) Sleep Hygiene measures
- (d) SSRI



**Q 17. Choose the correct statement.**

- (a) Sleep disturbance among postmenopausal women decreases incidence of cardiovascular disease and type 2 diabetes
- (b) Socio-economic status has no impact on sleeping disorder
- (c) Low level of oestrogen at menopause increase the duration of deep sleep
- (d) None of the above

**Q 18. Insomnia can be managed by**

- (a) Benzodiazepine
- (b) Barbiturates
- (c) Tricyclic Antidepressant
- (d) SSRI
- (e) Any of the above

**Q 19. Polysomnogram is better than clinical assessment to diagnose Sleeping disorder**

- (a) TRUE
- (b) False

**Q 20. The incidence of sleep disorders ranges from 35%–60% at post menopause.**

- (a) True
- (b) False

**Q 21. If menopausal women suffer VMS then MHT can be helpful for sleeping disorders**

- (a) True
- (b) False

**Q 22. Polysomnogram include.**

- (a) Sleep staging (EEG),
- (b) Submental electromyogram (EMG),
- (c) Anterior tibialis EMG
- (d) Any of the above

**Q 23. Sleep inducing hormone, choose the best answer**

- (a) Melatonin
- (b) Oestrogen
- (c) Progesterone
- (d) None of the above

**Q 24. Asthmatic Women on bronchodilators don't suffer with sleeping disturbance**

- (a) True
- (b) False

**Q 25. Parkinson's disease occurs with increasing age in females as compared to males. It is caused due to the deficiency of:**

- (a) Dopamine
- (b) Vasopressin
- (c) Adrenaline
- (d) Parathormone

**Q 26. Peripheral adverse effects of levodopa, including nausea and hypotension, can be diminished by including which drug in the therapy?**

- (a) Bromocriptine
- (b) Tamoxifen
- (c) Carbidopa
- (d) MHT

**Q 27. A thrombus in the occipital cortex in elderly female with history of hypertension and diabetes would most likely cause**

- (a) Difficulty with auditory processing.
- (b) Difficulty in verbal language production
- (c) Difficulty in motor ability.
- (d) Cortical blindness

**Q 28. A 49 years old woman in perimenopausal transition present with new onset depressive mood & vasomotor symptoms All of the following are true for her except**

- (a) Non pharmacological methods for coping depression is an essential part of management
- (b) Animal based high fat, high caffeine diets should be advised.
- (c) Treatment response to HRT may be evaluated
- (d) Other forms of therapy to be considered if depression persists under successful HRT for 3 months.

**Q 29. A 68 years old elderly women present with progressive impairment of memory and ability to focus and pay attention since the past 3 months Which of the following is least likely to be the cause of her dementia**

- (a) Lewy body dementia
- (b) Glioblastoma
- (c) Familial Alzheimer disease
- (d) Alzheimer disease

**Q 30. A 64 years old female present with subtle tremors in hands & legs, impaired balance sometimes leading to falls, difficulty in getting up from the chair likely diagnosis is -**

- (a) Cerebellar degeneration
- (b) Osteoporosis
- (c) Parkinson's
- (d) Muscle dystrophy

**Q 31. Insomnia is one of the most common complaints in the Perimenopausal period. NREM sleep is the restorative sleep. How many stages are there in Non Rapid Eye Movement (NREM) sleep?**

- (a) 2 stages
- (b) 3 stages
- (c) 4 stages
- (d) 5 stages

**Q 32. An obese post menopausal female typically falls asleep without problem but wakes up multiple times throughout the night. Which of the following sleep disorder could be there**

- (a) Insomnia
- (b) Obstructive sleep apnea
- (c) Narcolepsy
- (d) Restless legs syndrom

**Q 33. Most predominant headache at menopause**

- (a) Tension
- (b) Cluster
- (c) Migrain
- (d) Ocular

**Q 34. Medication for migraine which can also be useful to ameliorate vasomotor symptoms and mood swings are all except**

- (a) Venlafaxin
- (b) Paroxetine
- (c) Gabapentin
- (d) ERT

**Answer Key:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. b  | 2. d  | 3. c  | 4. b  | 5. d  |
| 6. a  | 7. b  | 8. c  | 9. a  | 10. b |
| 11. b | 12. b | 13. a | 14. a | 15. d |
| 16. c | 17. b | 18. e | 19. a | 20. a |
| 21. a | 22. d | 23. a | 24. b | 25. a |
| 26. c | 27. d | 28. b | 29. c | 30. c |
| 31. b | 32. b | 33. c | 34. d |       |

# EYES AND MENOPAUSE

**Q 1. Choose the correct answer**

- (a) Glaucoma is more common in men than women
- (b) Early menarche and late menopause protect women against ocular problems
- (c) Premature ovarian insufficiency has no effect on glaucoma development
- (d) Women having surgical menopause are less affected with glaucoma

**Q 2. What is the primary symptom of dry eye syndrome?**

- (a) Excessive tearing
- (b) Blurred vision
- (c) Dryness or grittiness
- (d) Eye pain

**Q 3. True or False?**

**Dry eye syndrome is more common in men than women.**

- (a) True
- (b) False

**Q 4. Which of the following medical condition is commonly associated with dry eye syndrome?**

- (a) Diabetes
- (b) Hypertension
- (c) Asthma
- (d) Arthritis

**Q 5. Which of the following lifestyle change can help alleviate symptoms of dry eye syndrome?**

- (a) Smoking cessation
- (b) Increasing caffeine intake
- (c) Limited physical activity
- (d) Using electronic device before sleeping

**Q 6. True or False?**

**Dry eye syndrome can lead to corneal damage if left untreated.**

- (a) True
- (b) False

**Q 7. Which of the following treatment is often recommended for managing dry eye syndrome?**

- (a) Antibiotic
- (b) Antihistaminic
- (c) Warm compresses
- (d) High - dose vitamin c

**Q 8. Which environmental factor can exacerbate symptoms of dry eye syndrome?**

- (a) High humidity
- (b) Cold temperature
- (c) Windy condition
- (d) Dim lightning

**Q 9. Which is NOT associated with an increased risk of glaucoma in perimenopausal women?**

- (a) Prolonged use of oral contraceptives
- (b) Obesity
- (c) Hypertension
- (d) Use of moisturizing eye drops

**Q 10. What is the impact of menopause on the retina? Which statement is correct ?**

- (a) Age-related macular degeneration (AMD) chances decrease after menopause.
- (b) There is no influence of menopause on Retina.
- (c) Menopause causes retinal detachment.
- (d) Menopause may accelerate the progression of age-related macular degeneration (AMD).



**Q 11. Estrogen replacement during menopause can lead to decrease in**

- (a) Corneal sensitivity
- (b) Iris pigmentation
- (c) Scleral rigidity
- (d) Lense opacity

**Q 12. Which ocular structure can be affected by hormonal fluctuations during menopause leading to change in intraocular pressure?**

- (a) Cornea
- (b) Retina
- (c) Iris
- (d) Ciliary body

**Q 13. Which ocular symptom is not associated with menopause?**

- (a) Flashes of light
- (b) Eye pain
- (c) Increased sensitivity of light
- (d) Blurred vision
- (e) All of above

**Q 14. Women experiencing menopause are at a higher risk of developing which type of glaucoma?**

- (a) Normal tension
- (b) Secondary
- (c) Open angle
- (d) Angle closure

**Answer Key:**

- |       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. b  | 2. c  | 3. b  | 4. d  | 5. a  |
| 6. a  | 7. c  | 8. c  | 9. d  | 10. d |
| 11. d | 12. a | 13. e | 14. c |       |

# ORAL HEALTH AND MENOPAUSE

**Q 1. Choose the correct statement-**

- (a) Glossodynia affects women more than men
- (b) No relationship between menopause and dry mouth
- (c) Plaque is more common in reproductive women than post-menopausal women
- (d) All of the above

**Q 2. Which statement is not true about Glossodynia in post-menopausal women-**

- (a) Burning sensation of oral mucosa
- (b) Loss of taste
- (c) High salivary secretion
- (d) Absence of pathogenic organism in oral cavity

**Q 3. Choose the incorrect answer-**

- (a) Bone mineral density loss after menopause is coupled with greater risk of tooth loss
- (b) Overall tooth loss after menopause is more than 20%
- (c) Glossodynia is more common than dry mouth in post menopausal women
- (d) Impact on periodontal health is more common than dry mouth

**Q 4. Which of the following is not the complication of dry mouth at menopause?**

- (a) Oral ulcerations
- (b) Pernicious anaemia
- (c) Oral candidiasis
- (d) Tooth loss

**Q 5. Choose the incorrect answer**

Low levels of dental plaque can be maintained by -

- (a) Dental floss
- (b) Use of chlorhexidine digluconate
- (c) Brushing frequently
- (d) Toothpastes without fluoride have good role in prevention of dental plaque

**Q 6. Which of the following is not true about saliva content of a postmenopausal woman-**

- (a) It has high levels of Progesterone
- (b) It has low levels of Cortisol
- (c) High concentration of calcium
- (d) All of the above

**Q 7. Saliva secretion has no effect on dental carries**

- (a) True
- (b) False

**Q 8. What are some serious conditions that can be caused by oral bacteria and the inflammation associated with gum disease?**

- (a) Pneumonia
- (b) Cardiovascular disease
- (c) Endocarditis
- (d) All of the above

**Q 9. Management of BMS includes**

- (a) Local applications of clonazepam gel
- (b) Oral Clonazepam
- (c) Tricyclic antidepressants
- (d) SSRI
- (e) Any of the above

**Q 10. What are high-risk factors for cavities**

- (a) Family members that have cavities
- (b) Eating and drinking lots of sugary foods
- (c) Having braces or oral appliances
- (d) All of the above

**Q 11 Which oral condition is characterized by grinding or clenching of teeth during sleep ?**

- (a) Bruxism
- (b) Temporomandibular joint disorder
- (c) Oral thrush
- (d) Dental clinching

**Q 12. What is the recommended treatment for a patient of periodontitis ?**

- (a) Scaling and root planing
- (b) Gum-graft
- (c) Antibiotic therapy
- (d) All of the above

**Q 13. Which dental treatment is often recommended for menopausal women experiencing Xero stomia?**

- (a) Flouride application
- (b) Tooth extraction
- (c) Orthodontic.treatment
- (d) Dental implants

**Answer Key:**

- |       |       |       |      |       |
|-------|-------|-------|------|-------|
| 1. a  | 2. c  | 3. c  | 4. d | 5. d  |
| 6. a  | 7. b  | 8. d  | 9. e | 10. d |
| 11. a | 12. d | 13. a |      |       |

# THYROID DISORDERS AT MENOPAUSE

- Q1. What is the most common cause of hypothyroidism in postmenopausal women?**
- (a) Overuse of medication
  - (b) Hashimoto's thyroiditis
  - (c) Dietary deficiencies
  - (d) Excessive exercise
- Q2. Which symptom is most likely to be observed in a postmenopausal woman with hypothyroidism?**
- (a) Weight loss
  - (b) Heat intolerance
  - (c) Dry skin
  - (d) Increased sweating
- Q3. What is the recommended initial screening test for diagnosing hypothyroidism in menopausal women?**
- (a) T4 Test
  - (b) TSH Test
  - (c) Thyroid ultrasound
  - (d) Anti-thyroid antibodies
- Q4. Which of the following is a risk factor for developing hypothyroidism during menopause?**
- (a) High intake of iodine
  - (b) Previous thyroid surgery
  - (c) Living in a tropical climate
  - (d) Excessive intake of Vitamin D
- Q5. Which hormone replacement therapy (HRT) consideration is important for postmenopausal women with hypothyroidism?**
- (a) HRT is contraindicated in women with hypothyroidism.
  - (b) HRT requires no adjustment of thyroid hormone replacement.

(c) Thyroid hormone levels may need to be increased after starting HRT.

(d) HRT decreases the risk of developing hypothyroidism.

**Q6. How does menopause affect the presentation of hypothyroidism?**

(a) Symptoms of hypothyroidism are less severe after menopause.

(b) Menopause typically improves thyroid function, reducing hypothyroid symptoms.

(c) Symptoms of hypothyroidism can mimic menopausal symptoms, making diagnosis challenging.

(d) Hypothyroidism is less common in postmenopausal women.

**Q7. What is the impact of untreated hyperthyroidism in postmenopausal women?**

(a) Increased risk of type 1 diabetes

(b) Decreased risk of cardiovascular problems

(c) Increased risk of osteoporosis

(d) Decreased risk of breast cancer.

**Q8. For postmenopausal women with hypothyroidism, how frequently should thyroid function tests be monitored after achieving stability with thyroxine therapy?**

(a) Every 3 months

(b) Every 6 months

(c) Annually

(d) Every 2 years.

**Q9. Choose the correct answer.**

(a) Treatment recommended for overt hyperthyroidism is antithyroid medication

(b) Treatment option for Grave's disease is radioactive iodine

(c) For toxic nodule surgery is recommended

(d) None of the above



**Q 10. Women with untreated Hypothyroidism may also have**

- (a) High Cholesterol
- (b) Low blood pressure
- (c) Low blood sugar
- (d) None of the above.

**Q 11. Which thyroid disorder is most commonly associated with menopause?**

- (a) Hyperthyroidism
- (b) Hypothyroidism
- (c) Thyroid cancer
- (d) Thyroid storm

**Q 12. Which of the following symptoms can be common to both menopause and hypothyroidism?**

- (a) Hot flashes
- (b) Fatigue
- (c) Increased appetite
- (d) Increased heart rate

**Q 13. How does menopause typically affect thyroid hormone levels?**

- (a) It decreases TSH levels.
- (b) It increases TSH levels.
- (c) It causes no direct changes in thyroid hormone levels.
- (d) It causes hyperthyroidism in most women.

**Q 14. What test is most commonly used to assess thyroid function in menopausal women?**

- (a) Thyroid ultrasound
- (b) TSH (Thyroid-Stimulating Hormone)
- (c) Thyroid antibody test
- (d) CT scan

**Q 15. Which condition occurs when menopausal symptoms mimic thyroid dysfunction?**

- (a) Euthyroid sick syndrome
- (b) Subclinical hypothyroidism
- (c) Postmenopausal hyperthyroidism
- (d) Functional thyroid disorder

**Q 16. What is a common cause of hypothyroidism in menopausal women?**

- (a) Hashimoto's thyroiditis
- (b) Iodine deficiency
- (c) Graves' disease
- (d) Pituitary tumor

**Q 17. Which of the following is NOT a symptom of hypothyroidism in menopausal women?**

- (a) Hair thinning
- (b) Cold intolerance
- (c) Unexplained weight gain
- (d) Increased sweating

**Q 18. How can hypothyroidism exacerbate menopausal symptoms?**

- (a) By causing increased estrogen levels
- (b) By mimicking vasomotor symptoms like hot flashes
- (c) By accelerating bone loss
- (d) By increasing progesterone levels

**Q 19. Which lifestyle modification is recommended for menopausal women with thyroid disorders?**

- (a) High-iodine diet
- (b) Regular weight-bearing exercise
- (c) Avoiding all carbohydrates
- (d) Drinking excessive caffeine

**Q20. Which medication is commonly prescribed for hypothyroidism in menopausal women?**

- (a) Methimazole
- (b) Levothyroxine
- (c) Radioactive iodine
- (d) Beta-blockers

**Answer Key:**

|              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| 1. <b>b</b>  | 2. <b>c</b>  | 3. <b>b</b>  | 4. <b>b</b>  | 5. <b>c</b>  |
| 6. <b>c</b>  | 7. <b>c</b>  | 8. <b>c</b>  | 9. <b>c</b>  | 10. <b>a</b> |
| 11. <b>b</b> | 12. <b>b</b> | 13. <b>c</b> | 14. <b>b</b> | 15. <b>a</b> |
| 16. <b>a</b> | 17. <b>d</b> | 18. <b>b</b> | 19. <b>b</b> | 20. <b>b</b> |

# CARDIOVASCULAR DISORDERS AT MENOPAUSE

- Q 1. What is the primary cause of increased risk of cardiovascular disease in postmenopausal women?**
- (a) Elevated levels of estrogens
  - (b) Increased level of high-density lipoproteins
  - (c) Increased levels of low-density lipoproteins
  - (d) None of the above
- Q 2. How does menopause affect the distribution of body fat?**
- (a) Increased visceral fat
  - (b) Decreases subcutaneous fat
  - (c) Decreases total body fat
  - (d) Increases linear body mass
- Q 3. Which cardiovascular screening test is recommended for postmenopausal women to assess their risk?**
- (a) ECG
  - (b) Coronary angiography
  - (c) Lipid profile
  - (d) Blood glucose levels
- Q 4. Which of the following is non modifiable risk factor for cardiovascular disease in menopausal women?**
- (a) High blood pressure
  - (b) Obesity
  - (c) Sedentary life style
  - (d) Family history of cardiovascular disease
- Q 5. What effect does estrogen have on blood vessels, what does it decline during menopause impact on cardiovascular health?**
- (a) Estrogen causes vasodilatation, decrease blood pressure, its decline leads to vasoconstriction and high blood pressure

- (b) Estrogen causes vasoconstriction increasing blood pressure, its decline leads to vasodilatation and lower blood pressure
- (c) Estrogen have no effect on blood pressure.
- (d) Estrogen increases cholesterol levels ,leading to plaque buildup in blood vessels

**Q 6. What dietary component should menopausal women limit to help manage their cardiovascular health?**

- (a) Omega -3 fatty acids
- (b) Trans fats
- (c) Fibre
- (d) Antioxidants

**Q 7. Which of the following conditions is not commonly associated with cardiovascular risk during menopause?**

- (a) Stroke
- (b) Hypertension
- (c) Coronary heart disease
- (d) Bleeding disorders

**Q 8. How does menopause affect the levels of inflammation markers in the body, potentially impacting cardiovascular health?**

- (a) Increases inflammation markers, which can lead to arterial stiffness and plaque formation.
- (b) Increases inflammation markers, which strengthens blood vessels.
- (c) Decreases inflammation markers, which reduces the risk of cardiovascular disease.
- (d) Has no effect on inflammation markers

**Q 9. If BMI is appropriate and waist circumference is 95 cm, risk of cardiovascular is low.**

- (a) True
- (b) False

Q 10. According to 2011 guidelines retained the class iii recommendations from the 2007 guidelines that MHT, antioxidants, SERM, Vitamin supplementations are not recommended for primary or secondary prevention of CVD.

(a) True

(b) False

Q 11. How frequently serum cholesterol should be measured in postmenopausal women?

(a) 6 monthly

(b) Yearly

(c) 3 monthly

(d) 2 yearly

**Answer Key:**

1. c

2. a

3. c

4. d

5. a

6. b

7. d

8. a

9. b

10. a

11. b



# BREAST AND MENOPAUSE

- Q 1. What is the most common benign breast condition in women at perimenopause?**
- (a) Fibroadenoma
  - (b) Phyllodes tumor
  - (c) Fibrocystic disease
  - (d) Intraductal papilloma
- Q 2. Which imaging modality is typically used as the initial diagnostic tool for evaluating breast abnormalities in menopausal women?**
- (a) Mammography
  - (b) Ultrasound
  - (c) MRI
  - (d) CT scan
  - (e) Elastography
- Q 3. Risk reduction drugs are used for five years and risk is reduced for 05 more years.**
- (a) True
  - (b) False
- Q 4. Choose the correct answer:**  
**This is not a risk factor for breast cancer**
- (a) Early menarche
  - (b) Late menopause
  - (c) Use of OCPs
  - (d) Full term pregnancy at early age
- Q 5. Which of the following is risk- reducing surgical option for women at high risk of breast cancer at menopause?**
- (a) Lumpectomy
  - (b) Mastectomy
  - (c) Breast conservative surgery
  - (d) Sentinel lymph node biopsy

**Q 6. Choose the wrong answer:**

**BRCA 1 and BRCA -2 should be tested to a woman**

- (a) with mother developed breast cancer before 50 years of age
- (b) If breast cancer is bilateral
- (c) if breast cancer is triple negative
- (d) If breast cancer in mother was after 65 years

**Q 7. This is not used for chemo prevention of breast cancer**

- (a) Tamoxifen
- (b) Raloxifen
- (c) Aromatase inhibitors
- (d) Ospemifene

**Q 8. Which hormone primarily responsible for breast cancer at Menopause?**

- (a) Estrogen
- (b) Progesterone
- (c) Prolactin
- (d) Testosterone

**Q 9. Which of the following is not common symptom of breast cancer in postmenopausal women?**

- (a) Nipple discharge
- (b) Breast pain
- (c) Redness or swelling of breast
- (d) Increased breast density on mammogram

**Q 10. Most common site for development of breast cancer is upper outer quadrant of the Breast.**

- (a) True
- (b) False

**Answer Key:**

- |      |      |      |      |       |
|------|------|------|------|-------|
| 1. c | 2. a | 3. a | 4. d | 5. b  |
| 6. d | 7. d | 8. a | 9. b | 10. a |

# HAIR AND SKIN AT MENOPAUSE

- Q 1. Which of the following is a common skin change associated with menopause ?**
- (a) Increased oil production
  - (b) Decreased elasticity
  - (c) Reduced hair growth
  - (d) Increased elasticity
- Q 2. Choose the correct version:**
- This happens during menopause**
- (a) Sebum production decreases leading to dryness
  - (b) Sebum production increases , leading to acne
  - (c) Sebum acts as a natural sunscreen
  - (d) Sebum prevents collagen degradation
- Q 3. Which of the following skin conditions is more prevalent during menopause ?**
- (a) Xerosis
  - (b) Pruritus
  - (c) Psoriasis
  - (d) Rosacea
  - (e) All of the above
- Q 4. What role do estrogen levels play in menopausal skin changes ?**
- (a) Estrogen promotes skin thickening
  - (b) Estrogen inhibits collagen production
  - (c) Estrogen reduces oil production
  - (d) Estrogen decreases wound healing
- Q 5. What is a common symptom of menopausal skin dryness ?**
- (a) Increased sweating
  - (b) Itching
  - (c) Excessive oiliness
  - (d) Enhanced hydration

- Q 6. Which layer of the skin is primarily affected by menopausal changes ?**
- (a) Epidermis
  - (b) Dermis
  - (c) Hypodermis
  - (d) Sebaceous glands
- Q 7. What is a potential consequence of decreased collagen production during menopause ?**
- (a) Increased skin thickness
  - (b) Improved skin elasticity
  - (c) Formation of wrinkles
  - (d) Reduced pigmentation
- Q 8. Which of the following treatments is commonly used to address menopausal skin changes ?**
- (a) PRP injections
  - (b) Chemical peels
  - (c) Laser hair removal
  - (d) Botox injections
  - (e) Any of the above
- Q 9. How does estrogen levels impact the skin's ability to retain moisture ?**
- (a) Estrogen promotes water retention in the skin
  - (b) Estrogen inhibits the production of sebum
  - (c) Estrogen increases sweat production
  - (d) Estrogen decreases collagen synthesis
- Q 10. Which of the following factors contribute to the development of age spots during menopause ?**
- (a) Increased melanocyte activity
  - (b) Decreased sun exposure
  - (c) Enhanced collagen production
  - (d) Reduced sebum production

**Q 11. A 54 year old post-menopausal woman presents with perceptible thinning of hair on the crown. All the following are treatment options except:**

- (a) Topical 2% minoxidil solution 1-2 times/day
- (b) Finasteride 1 mg once daily
- (c) Tofacitinib 5 mg twice daily
- (d) Spironolactone 100-200 mg once daily

**Q 12. A 56 year old post-menopausal female presents with profound hair loss from fronto-vertical area. She is advised topical application of minoxidil 2%. Which of the following is false statement regarding minoxidil?**

- (a) Minoxidil is potassium channel opener
- (b) Stimulates hair growth by increasing anagen phase of the hair cycle
- (c) Hypertrichosis of the forehead and face is a possible side effect
- (d) 5% minoxidil foam once daily is more effective than 2% minoxidil solution applied twice daily

**Q 13. All are true regarding Female pattern hair loss (FPHL) except:**

- (a) FPHL presents with thinning over the frontovertical scalp with preservation of the frontal hairline.
- (b) The differential diagnosis of FPHL include chronic telogen effluvium and diffuse alopecia areata.
- (c) Although FPHL can be seen in hyperandrogenism, vast majority of patients will have normal androgen levels.
- (d) Topical 10% minoxidil solution application has role in treatment of FPHL

**Q 14. All are true regarding laser hair removal treatment except :**

- (a) Light skin types (I-III) may typically be treated with short-wavelength lasers
- (b) Dark skin types (IV-V) are safely treated with long wavelength lasers
- (c) All body parts except the eyebrows may be treated with laser
- (d) Dark skin types (IV-V) are safely treated with short wavelength lasers.



**Q 15. Eflornithine HCL is used for the treatment of hirsutism. All are true regarding this except :**

- (a) It is teratogenic
- (b) Dry skin, erythema, acne, pruritis are some of the side effects
- (c) It is expensive
- (d) It is beneficial as long as the treatment is used

**Q 16. A 52 year old post-menopausal female with androgenic alopecia presents with hot flushes and night sweats. Which progesterone would you like to add as combination hormone therapy for her ?**

- (a) Levonorgestrel
- (b) Norethisterone
- (c) Norethynodrel
- (d) Dydrogesterone

**Q 17. A 50 year old female with hirsutism, taking spironolactone since 3 months can be expected to have the following except—**

- (a) Polyuria
- (b) Torsades de pointes
- (c) Orthostatic hypotension
- (d) Fasting blood sugar 90 mg/dl

**Q 18. A 47 year old post-menopausal woman presents with thinning of scalp hair. Causes may be all except:**

- (a) Intense stress
- (b) Thyrotoxicosis
- (c) Genetic predisposition
- (d) Iron deficiency anaemia

**Q 19. A 50 year old female presents with extensive visible hair growth over upper lip, chin, upper arms and thighs. Her modified Ferriman Galleway Score would be**

- (a) 16
- (b) 4
- (c) 8
- (d) 12



**Q 20.** A 54 year old post-menopausal woman has Grade II female pattern hair loss. She was on topical treatment with 2% minoxidil since 2 years but no significant improvement was seen.

**Her doctor tells her about latest treatment options available. Which of the following statement is false regarding this?**

- (a) Low level light therapy (LLLT) particularly a 650-900 nm wavelength at 5 mW may be a therapeutic option.
- (b) Microneedling is a minimally invasive dermatologic procedure in which fine needles are rolled over the skin to puncture the stratum basale.
- (c) Efficacy of minoxidil could be increased using combined therapy with finasteride 1mg/day and 2% ketoconazole shampoo.
- (d) Platelet rich plasma (PRP) is an autologous concentration of human platelets contained in small volume of plasma, which has been successfully used by hair transplant surgeons prior to the placement of grafts.

**Answer Key:**

- |              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| 1. <b>b</b>  | 2. <b>b</b>  | 3. <b>e</b>  | 4. <b>a</b>  | 5. <b>b</b>  |
| 6. <b>b</b>  | 7. <b>c</b>  | 8. <b>e</b>  | 9. <b>a</b>  | 10. <b>a</b> |
| 11. <b>c</b> | 12. <b>d</b> | 13. <b>d</b> | 14. <b>d</b> | 15. <b>a</b> |
| 16. <b>d</b> | 17. <b>b</b> | 18. <b>b</b> | 19. <b>a</b> | 20. <b>b</b> |

## AUB

- Q 1.** A 45 yr old female with BMI of 28.5 kg/m<sup>2</sup> with completed family size presents with recurrent bleeding per vaginum. She underwent TVS twice with reported ET: 6 mm, 8 mm and no anatomical abnormality. Conventional Endometrial biopsy done and reported as proliferative. She was put on cyclical progesterone but she still has episodes of on and off bleeding. Next step in management-
- (a) OCP's
  - (b) Plan hysterectomy
  - (c) Counselling and continue progesterone therapy
  - (d) Hysteroscopic endometrial biopsy
- Q 2.** A 44 yr female with family history of Lynch Syndrome presents with frequent cycles with heavy bleeding. She undergoes endometrial biopsy which reveals endometrioid adenocarcinoma. Which Genetic mutation is associated with her condition —
- (a) PTEN
  - (b) MLH-1, MSH-2, MSH-6
  - (c) BRCA 1, BRCA 2
  - (d) P53
- Q 3.** Incorrect statement with reference to FIGO -18 update is —
- (a) AUB System 1 also known as PALM-COEN System provides a structured infrastructure to categorize possible causes.
  - (b) 'N' in COEN has been changed from 'Not Yet Classified' to 'Not Otherwise Classified'
  - (c) Type 3 fibroids are now included in the submucosal fibroid.
  - (d) TVS based MUSA criteria is used for the diagnosis of adenomyosis.
- Q 4.** A 44 yr old female with heavy menstrual bleeding underwent endometrial biopsy and report was suggestive of cystic

**glandular hyperplasia with swiss cheese pattern on slide.**  
**Incorrect statement regarding diagnosis -**

- (a) The disease is shroeder's disease and this condition is unrelated to the parity of female.
- (b) Classical presentation of the disease is amenorrhea of 6-8 weeks followed by painful bleeding.
- (c) U/L or B/L ovaries may contain cysts of usually <5cm
- (d) This condition can be easily managed by antifibrinolytic agents along with cyclical progesterone therapy

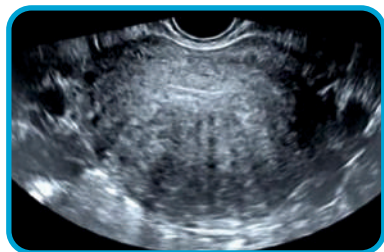
**Q 5. False statement among the following —**

- (a) In a perimenopausal female with asymptomatic fibroid watchful waiting can be considered.
- (b) Perimenopausal female with fibroid with heavy bleeding can be put on MPA 5mg TDS from D5-D25 for 6 months.
- (c) CECT when compared with CEMRI is a better and detailed imaging technique for evaluating uterine fibroids.
- (d) Female with fibroid size 16wks can be taken up for Laparoscopy Assisted Vaginal Hysterectomy.

**Q 6. A 45 yr old female presents with painful and heavy menstrual bleeding. Her USG Image is shown in the figure.**

**She most probably has —**

- (a) Anovulation
- (b) Adenomyosis
- (c) Endometrial cancer
- (d) Fibroid uterus



**Q 7. A 48 yr female underwent hysterectomy and her HPE report was suggestive of endometrioid adenocarcinoma with POLE mutation on IHC . Incorrect statement -**

- (a) POLE mutated tumors are aggressive
- (b) POLE mutated tumors have good prognosis
- (c) p53 mutated tumors have better prognosis than POLE mutated tumors

(d) POLE, p53, NSMP, MMRd are four molecular subgroups forming the molecular classification of the endometrial cancer.

**Q8. Type 2-5 in the nomenclature of fibroid means -**

- (a) Submucosal fibroid with  $\geq 50\%$  intramural extension
- (b) Subserosal fibroid with  $\geq 50\%$  intramural extension
- (c) Subserosal fibroid with  $\leq 50\%$  intramural extension
- (d) Submucous and subserous fibroid with  $\leq 50\%$  in each endometrial and peritoneal cavities.

**Q9. A 45 yr female with abnormal uterine bleeding unresponsive to medical management underwent hysteroscopic ablation. Which is false about the procedure—**

- (a) Method destroys 8-10 mm of endometrium
- (b) Hysteroscopic ablation typically uses methods like laser, radiofrequency or thermal balloon to destroy the endometrial lining
- (c) Future fertility is not preserved in this procedure
- (d) Hematometra due to bleeding and scarring is a very common complication of this procedure

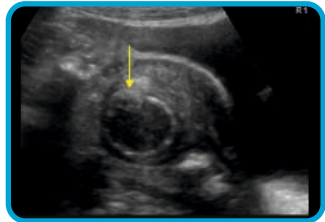
**Q10. In a 45 yr female with heavy and prolonged menstrual bleeding and endometrial hyperplasia with atypia on office biopsy. Which is incorrect statement —**

- (a) Pt can be treated with megestrol acetate 80mg twice daily for 3-6 months.
- (b) Insertion of LNG IUD is more effective than oral progestin with higher resolution and lower relapse rate.
- (c) Repeat biopsy to confirm regression is recommended every 3 months after initiation of treatment and in those with LNG IUD the device needs to be removed before performing biopsy followed by reinsertion.
- (d) Hysterectomy should be considered in patients with persistent endometrial hyperplasia with atypia that is unresponsive to aggressive progestin regimen.

**Q 11. All are true for Uterine Fibroids (UFs) except**

- (a) Although menopause helps to relieve the symptoms of UF it does not prevent the occurrence of UF.
- (b) BMI > 30kg/m<sup>2</sup> doubles the risk of UF
- (c) UF cells express aromatase enzyme
- (d) UF arise from a single genetically altered epidermal stem cell under the influence of gonadal hormone

**Q 12. A 52 year old postmenopausal female with h/o diabetes presents with increased frequency of micturition and slight pain in abdomen. The following image was seen on trans vaginal sonography (TVS). What would be her most likely diagnosis ?**



- (a) Cystitis
- (b) Adenomyosis
- (c) Calcified uterine Fibroid
- (d) Sub mucous Fibroid

**Q 13. Uterus Fibroids and Uterus Leiomyosarcomas with central necrosis can reliably be distinguished by ?**

- (a) Serum biomarker.
- (b) pelvis imaging.
- (c) a + b
- (d) Histopathology

**Q 14. For HT (Hormonal Therapy) which is not correct with Fibroid ?**

- (a) A higher dose of progesterone should be used to avoid UF growth.
- (b) Risk of UF growth increases with transdermal estrogen.
- (c) USG follow up every 3 month to be done to check for fibroid growth.
- (d) HT to be discontinued if size increases.

**Q 15. Which of the following does not cause an increase in fibroid size except ?**

- (a) MHT
- (b) Tibolone



- (c) Raloxifene
- (d) Ospemifene

**Q 16. A 52 year old Menopausal women presenting with Post Menopausal Bleeding and abdominal lump,all could be likely diagnosis except ?**

- (a) Uterine Leiomyosarcoma.
- (b) Subserous Fibroid with torsion.
- (c) Sarcomatous degeneration in a fibroid.
- (d) Secondary infected Submucous leiomyoma.

**Q 17. Which micronutrient cause suppression of Tumor Growth Factor(TGF-beta)and thus reduces the occurrence and growth of UF's ?**

- (a) Zinc
- (b) Selenium
- (c) Vitamin D
- (d) Niacin

**Q 18. Regarding Uterine Artery Embolization (UAE) all are true except ?**

- (a) Treatment option for menopausal women with UF's who are not good surgical candidate.
- (b) Most common complication is post embolization syndrome.
- (c) Poly vinyl alcohol particles are injected in bilateral uterine arteries and its branches.
- (d) The incidence of post procedure amenorrhea is not age dependent.

**Q 19. A 56 year old postmenopausal woman presented to the emergency department as a case of acute abdomen with fever. She had history of multiple uterine fibroids in past. No h/o urinary, bowel complaint as well as vaginal discharge/ bleeding.**

**Abdominal examination-Firm abdomen with palpable uterus above umbilicus and tenderness over the right flank and normal bowel sounds—**

**Differential Diagnosis can be all except—**



- (a) Acute Bowel Obstruction with fibroid
- (b) Diverticulitis with Fibroid.
- (c) Degeneration in Fibroid.
- (d) Appendicitis with Fibroid.

**Q 20. Regarding Uterine Morcellation (manual or power), Following is not true ?**

- (a) Preoperative evaluation to rule out increased risk of malignancy of uterine corpus is must.
- (b) Laproscopic power morcellation should be performed only with a tissue containment system.
- (c) Apart from power morcellation, other morcellation technique for hysterectomy do not have the potential to spread unsuspected cancer cell in the abdomen and pelvis.
- (d) Laparoscopic power morcellation for the removal of uterine tissue containing suspected leiomyomas should not be used in patients who are postmenopausal or older than 50 years.

**Q 21. A 47 year old woman k/c/o diabetes has been prescribed mifepristone for HMB cause anterior wall leiomyomas (3 x 3.5 cm in size) Mifepristone acts on fibroid by causing —**

- (a) Increase in apoptosis, decrease in proliferation
- (b) Decrease in apoptosis, increase in angiogenesis, increase in proliferation
- (c) Increase in apoptosis, decrease in angiogenesis, increase in proliferation
- (d) Decrease in apoptosis, decrease in angiogenesis, increase in proliferation

**Q 22. Endometrial ablation can be offered for management of HMB to all of the following except —**

- (a) 47 yr P2L2 previous 2 lscs with k/c/o heart disease
- (b) 45 yr old with h/o bilateral tubal ligation
- (c) 38yr old with primary infertility
- (d) 43 yr old with proliferative endometrium on HPE

**Q 23.** When there is a problem with the interaction between acetylcholine and acetylcholine receptor sites on muscle, it can be due to—

- (a) Botulism
- (b) Multiple sclerosis
- (c) Myasthenia gravis
- (d) (a) + (c)

**Q 24.** A postmenopausal diabetic female of 62 yrs age with dyslipidemia was diagnosed with Breast cancer, 2 yrs back. Radical Mastectomy was done. Patient was kept on Tab. Tamoxifene 20 mg OD in postoperative period. Patient started having bleeding per vaginum. Endometrial Biopsy was done and diagnosed to be Endometrial hyperplasia without atypia. Therapeutic option for the above patient is?

- (a) Stop Tamoxifene and start Letrozole
- (b) Continue Tamoxifene
- (c) GnRH Antagonist
- (d) Continue Tamoxifene and insert LNG-IUS

**Q 25.** MRI offers following advantages in identifying leiomyomas except —

- (a) Readily demonstrates the uterine zonal anatomy
- (b) More sensitive in identifying fibroid than USG
- (c) Vascularity of a fibroid can be demonstrated on plain MRI scan
- (d) Can better identify degenerating changes in fibroid

**Q 26.** A 56 yr old female with BMI=32 kg/m<sup>2</sup> with a k/c/o hypertension for 10yrs and diabetes mellitus for 20 yrs and patient achieved menopause 2 yrs back but she started having bleeding per vaginum since 6 months. On endometrial biopsy- Grade1 stage 1 endometrial cancer was diagnosed. On MRI, lesion involves only the endometrium and size= 1.2

cm without any Lymph node involvement. Most appropriate management of the above mentioned patient will be—

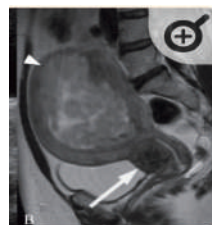
- (a) TAH + BSO with pelvic and para aortic lymphadenopathy
- (b) Wertheims hysterectomy
- (c) TAH WITH BSO
- (d) Radical hysterectomy with chemotherapy.

**Q 27.** 58 yr old postmenopausal woman with h/o ischemic heart disease with bothersome hirsutism can be advised all of the following except.

- (a) shaving
- (b) Bleaching with 6% H<sub>2</sub>O<sub>2</sub>
- (c) Electrolysis
- (d) Laser hair removal

**Q 28.** A 49yr old perimenopausal woman with h/o HMB, shows the following MRI image (sagittal T2W) (marked by arrowhead). Most likely diagnosis is.

- (a) Submucosal fibroid
- (b) Cervical fibroid
- (c) Subserosal fibroid
- (d) Degeneration in submucosal fibroid



**Q 29.** To prevent protein deficiency in vegetarian a combination of cereals and pulses is required in ratio of :

- (a) 1:5
- (b) 3:1
- (c) 5:1
- (d) 1:1

**Q 30.** Yoga improve sleeping pattern by :

- (a) Increasing physical exertion
- (b) Increasing plasma melatonin
- (c) Increasing mental balance
- (d) Having GABAnergic effect

### Answer Key:

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. d  | 2. b  | 3. a  | 4. b  | 5. c  |
| 6. b  | 7. c  | 8. d  | 9. a  | 10. c |
| 11. d | 12. b | 13. d | 14. a | 15. a |
| 16. b | 17. c | 18. c | 19. a | 20. c |
| 21. a | 22. d | 23. d | 24. d | 25. a |
| 26. b | 27. b | 28. b | 29. b | 30. b |

# BONE AND MUSCLE HEALTH

- Q 1. Which of the following is not a risk factor for osteoporosis :**
- (a) Steroids intake
  - (b) Sedentary life style
  - (c) DIMPA Inj
  - (d) Obesity
- Q 2. DEXA SCAN is recommended for women 5 years before the age of menopause :**
- (a) With family history of fractures
  - (b) H/O fragile fracture
  - (c) Rheumatoid arthritis
  - (d) Low BMI
  - (e) None of the above
  - (f) All of the above
- Q 3. What should be advised to an osteoporotic patient?**
- (a) Patient with severe OP should not exercise
  - (b) She should exercise 30 mints twice a week
  - (c) She should exercise 10 mints ten times a week
  - (d) She should exercise 30-40 mints at least five times a week.
- Q 4. Which biochemical marker is not used to assess bone formation in patients with osteoporosis?**
- (a) Serum procollagen
  - (b) Alkaline phosphatase
  - (c) N-telopeptides
  - (d) Osteocalcin
- Q 5. All are bone resorption markers except**
- (a) Hydroxyproline
  - (b) C telopeptide
  - (c) Deoxypyridinoline
  - (d) Osteocalcin

- Q 6. Bone resorption markers should be done on overnight fasting sample.
- (a) True
  - (b) False
- Q 7. IL-1 and 6 cytokines are known to enhance osteoclast activity.
- (a) True
  - (b) False
- Q 8. Prolongation of Levothyroxine therapy can improve BMD.
- (a) True
  - (b) False
- Q 9. Female athletes triad includes , OP, polymenorrhoea and eating disorder.
- (a) True
  - (b) False
- Q 10. Variant in COL1A1 gene is associated with risk of developing osteoporosis.
- (a) True
  - (b) False
- Q 11. The rate of bone loss after menopause is——%/year.
- Q 12. OP fracture occurs a—— earlier than Caucasian women due to —— life expectancy.
- Q 13. The most dangerous # is —— #
- Q 14. Rate of OP and # is higher in ——low/high. In lower S E status.
- Q 15. The end point of OP is a ——.
- Q 16. The highest rate of bone loss is with glucose corticoids.
- (a) True
  - (b) False
- Q 17. Fragility # is that occurs due to force sufficient to fracture a normal bone.
- (a) True
  - (b) False



**Q 18. Cortical bone is present at skull and end of long bones.**

- (a) True
- (b) False

**Q 19. Bone turnover is maximum in trabecular bones.**

- (a) True
- (b) False

**Q 20. At skeletal maturity, women have 10-15% higher bone mass.**

- (a) True
- (b) False

**Q 21. Daily requirement of calcium in an Indian menopausal woman is :**

- (a) 800mg/day
- (b) 600mg/day
- (c) 1200mg/day
- (d) 500 mg/day

**Q 22. Which calcium salt increases maximum serum calcium levels?**

- (a) Calcium citrate maleate
- (b) Calcium lactate
- (c) Calcium carbonate
- (d) Calcium gluconate

**Q 23. Which hormone secretion is triggered by hypocalcaemia?**

- (a) Progesterone
- (b) Prolactin
- (c) Parathormone
- (d) Oestrogen

**Q 24. High doses of calcium can lead to:**

- (a) Constipation
- (b) Cardiovascular disease
- (c) Renal calcinosis
- (d) All of the above

**Q 25. How much is the upper limit of calcium from food/supplements which can cause side effects?**

- (a) 1500 Mg/day
- (b) 2000/
- (c) 2500/
- (d) 1800/

**Q 26. All have high calcium content except :**

- (a) Buffaloes milk
- (b) Chia seeds
- (c) Ragi
- (d) Chick peas

**Q 27. Choose the wrong answer.**

**This may lead to Vit D deficiency :**

- (a) Chronic liver disease
- (b) In Dark skin synthesis of vit D is better
- (c) Chronic bowel disease
- (d) Cystic fibrosis

**Q 28. Choose wrong answer.**

**Management of Vit. D deficiency is done by :**

- (a) Supplementation of cholecalciferol 50,000 iu weekly for 8 wks then once a month.
- (b) 6000 unit Cholecalciferol daily.
- (c) 6 lac unit of cholecalciferol injection im once only then maintain by 1000/2000 orally daily.
- (d) 6 lac unit cholecalciferol injection IM every 03 months.

**Q 29. Which is true?**

**Vit D deficiency can lead to -**

- (a) Secondary hyperthyroidism
- (b) Secondary hyperparathyroidism
- (c) Secondary hypergonadism
- (d) All of the above

**Q 30. Vit D is synthesized in skin by these rays :**

- (a) UVA rays
- (b) UVB rays
- (c) Infrared rays
- (d) All of the above

**Q 31. Choose the correct answer.**

- (a) FRAX score predicts 15 years of absolute risk of #
- (b) It can be used without BMD
- (c) It doesn't include age
- (d) None of the above

**Q 32. Choose the correct answer.**

**OSTA is simple tool to identify Asian women at increased risk of osteoporosis, scoring include**

- (a) Age
- (b) Weight
- (c) Previous h/o #
- (d) Recommendation of osteoporosis testing with DEXA if score is 3

**Q 33. Choose the wrong answer.**

**Risk factors for osteoporosis in women above 40 years are**

- (a) Parental history of hip #
- (b) Previous h/o #
- (c) Smoking
- (d) High BMI

**Q 34. It is Osteoporosis if T score on DEXA is :**

- (a) 1.5
- (b) 1.75
- (c) 2.00
- (d) 2.5

**Q 35. Will like to initiate treatment to woman with T score .**

- (a) 1.5
- (b) 3.0
- (c) 2.0
- (d) 1.0

**Q 36. Woman aged 65years came for screening of bone health and her T score is -3.0, no family and previous history of # best management options is :**

- (a) Bisphosphonates
- (b) Estrogen therapy
- (c) Calcitonin
- (d) Tibilone

**Q 37. Postmenopausal woman aged 55 years came with severe back pain and history of wrist fracture 15 years back. Her DEXA done and T score was -2.5. First line Management options may be:**

**Choose best option**

- (a) MHT + Bisphosphonates
- (b) MHT only
- (c) Bisphosphonates
- (d) Calcium, Vit. D and life style modification will suffice her problem

**Q38. 75 years old lady with previous history of hair line # of vertebrae without any history of fall or injury, she is hypertensive, BP controlled on medication, BMD done and her T score on DEXA scan is -3.5. Choose best treatment options**

- (a) Bisphosphonates
- (b) Denosumab
- (c) Teriparatide
- (d) Borc

**Q 39. If woman is on PPI for long duration, she is at high risk of vertebral fracture**

- (a) True
- (b) False

**Q 40. Miss K, 60 years old, unmarried, comes for assessment of osteoporosis risk, she has no relevant medical history, no h/o smoking, occasional drinker. Her BMD done, on DEXA her T score at lumbar spine -1.8 and -2.0 at femoral neck.**

**Most appropriate advice to her**

- (a) Teriparatide prescription
- (b) Life style modification
- (c) Bisphosphonates
- (d) calcium + Vit D + weight bearing exercise

**Q 41. Which is not true**

- (a) OA is the commonest arthritis affecting knee or hip joints
- (b) Knee joints are affected 4 times than hip joint
- (c) It involves knee > hip > spine > hands > feet in that order
- (d) It involves postmenopausal women more than men

**Q 42. Choose the correct answer-**

**Risk factors for OA**

- (a) Older-Age
- (b) Female sex
- (c) Infection and trauma
- (d) mechanical overload
- (e) none of the above

**Q 43. Radiologic findings in OA include all except**

- (a) Loss of joint space
- (b) Osteophytes
- (c) Subchondral sclerosis
- (d) subchondral cysts
- (e) synovial atrophy

**Q 44. Which is not true**

- (a) OA-Affecting hands has more signs than involving bigger joints
- (b) Nodules affecting proximal inter phalangeal joints are known as Heberden's nodes
- (c) Squaring of base of thumb is seen
- (d) Reduction of movement and grip strength is seen in Hand OA

**Q 45. Non pharmacological treatment includes.**

- (a) Insoles
- (b) Orthoses
- (c) Physio and exercise
- (d) Supports
- (e) Any of the above

**Q 46. Which is not true a**

- (a) NSAIDs topical for knee and hands are as effective as oral
- (b) long term monitoring is needed with oral NSAIDs
- (c) Out of all Cox2 inhibitors, Rofecoxib is the drug of choice for OA pain
- (d) Role of chondroitin and glucosamine sulphate is not clear

**Q 47. Intraarticular hyaluronic acid and steroids are drug of choice has first line treatment.**

- (a) True
- (b) False

**Q 48. Intraarticular HA is given 3 to 5 times a week.**

- (a) True
- (b) False

**Q 49. Intraarticular steroids are given every month for two years.**

- (a) True
- (b) False



**Q 50. HT has shown some improvement in OA has the cartilage contains both Alpha and beta E receptors.**

- (a) True
- (b) False

**Q 51. Which statement is false about senile osteoporosis?**

- (a) Both men and women are affected
- (b) Cortical & trabecular bone loss occurs
- (c) It occurs usually after 75 years of age
- (d) Only hip #are common

**Q 52. Which is incorrect answer?**

- (a) Teriparatide is in anabolic class of osteoporosis medication
- (b) Reserved drug for low risk of fracture
- (c) Dose is 20 microgram subcutaneous daily up to 18 months
- (d) Drug of choice for osteoporosis with high risk of fracture in glucocorticoid induced osteoporosis

**Q 53. Choose the correct answer**

- (a) Calcitonin is first line of drug for osteoporosis
- (b) It is first line FDA– approved medication for treatment of hypercalcemic emergency
- (c) Calcitonin exerts its action on osteoblast
- (d) Not recommended for Paget's disease of bone

**Q 54. Select incorrect answer**

**Denosumab —**

- (a) Is a monoclonal antibody
- (b) It is a principal regulator of RANKL/RANK/OPG pathway
- (c) Suitable for severe cases of osteoporosis
- (d) A drug holiday is needed after 1 year of treatment

**Q 55. Choose the incorrect answer**

- (a) Bone marrow stromal cell differentiate more into adipocytes in senile osteoporosis.

- (b) Bone marrow stromal cell differentiate more in osteoblast in senile osteoporosis leading to osteoporosis
- (c) Transcription factors play important role in regulating BMSc to differentiate in to osteoblast or adipocytes
- (d) All are incorrect.

**Q 56. Tibilone is better than Estrogen for bone health.**

- (a) True
- (b) False

**Q 57. Antiresorptive action of bisphosphonate is because of presence of phosphorus molecules.**

- (a) True
- (b) False

**Q 58. There should be sufficient Vit D and calcium supplementation before starting Bisphosphonate therapy.**

- (a) True
- (b) False

**Q 59. Tamoxifen in premenopausal women have positive effect on BMD while in postmenopausal women negative effect on BMD.**

- (a) True
- (b) False

**Q 60. With prolonged use of bisphosphonate ONJ can occur.**

- (a) True
- (b) False

**Q 61. Choose the incorrect answer in Sarcopenia**

- (a) There is decrease in intramuscular fat
- (b) Increase in Type -1 fibers
- (c) Decrease in Type-2 fibres
- (d) Muscular atrophy takes place

**Q 62. Change in Muscle strength in sarcopenia is due to all except.**

- (a) Decrease in number of muscle fibres
- (b) Decrease ability to recruit all motor units

- (c) Decrease in calcium release
- (d) Increase in calcium release

**Q 63. Sarcopenia occurs because of**

- (a) Nutritional deficiencies
- (b) Inactive life
- (c) Ageing
- (d) Any of the above

**Q 64. Sarcopenia is associated with all except**

- (a) Decline in sex hormones
- (b) Increase in pro inflammatory cytokines
- (c) Decrease in antioxidants and carotenoids
- (d) Increase in alpha and gamma tocopherols

**Q 65. All are true except**

- (a) Fast twitch fibres in muscle account for rapid and powerful movement
- (b) With age, numbers of fast twitch fibres increase in numbers
- (c) Weight bearing exercise increases the number and size of muscle fibres
- (d) Endurance training increases the cardiovascular conditioning by around 10-30%.

**Q 66. Weight bearing exercise are all except**

- (a) Walking, jogging
- (b) Stair climbing, skiing
- (c) Aerobics, dancing
- (d) Swimming, rowing

**Q 67. Choose the incorrect answer**

- (a) Static exercise may be single or double leg support
- (b) Dynamic balance is maintaining balance during movement
- (c) Progressive resistance training 2-3 times/wk improves muscle strength
- (d) Posture and balance training may increase tendency to fall.

**Q 68. Tibilone decreases muscle strength and increases total body fat content.**

- (a) True
- (b) False

**Q 69. Isoflavones decrease muscle protein breakdown.**

- (a) True
- (b) False

**Q 70. DHEA increases muscle mass.**

- (a) True
- (b) False

**Q 71. Choose the correct answer**

**Muscle strength of the women may be improved by diet and exercise.**

- (a) In women aged 75 years and above
- (b) Only in women aged 50-60years
- (c) Only in women aged 50-60 years
- (d) None of the above statement is correct

**Q 72. Daily requirement of protein in elderly women is**

- (a) 0.8 grams/kg body weight
- (b) 2.00 grams/kg body weight
- (c) 0.66 grams/kg body weight
- (d) 1.2- 1.5 grams/kg body weight

**Q 73. Which type of exercise is most beneficial for preventing/managing Sarcopenia?**

- (a) Aerobics
- (b) Resistance training
- (c) Yoga
- (d) Swimming

**Q 74. Which Vitamin is important for muscle function and may help in preventing Sarcopenia?**

- (a) Vit A
- (b) Vit C

(c) Vit K

(d) Vit D

**Q 75. What role does Omega-3 fatty acids play in managing sarcopenia?**

(a) Reducing inflammation and promoting muscle protein synthesis

(b) Increases insulin resistance

(c) Decrease protein synthesis

(d) Increase inflammation

**Q 76. Choose the correct answer**

**Which of the following protein supplement are better for elderly women to prevent Sarcopenia?**

(a) Chicken

(b) Mutton

(c) Whey protein

(d) legumes and pulses

(e) Chicken and whey protein

**Q 77. Choose the incorrect answer**

(a) Water melon plays role in reducing Sarcopenia

(b) Sea food plays role in reducing Sarcopenia

(c) Red meat is helpful to reduce Sarcopenia

(d) Leucine AA has no role to reduce sarcopenia

(e) Statement c and d are incorrect

**Q 78. Curcumin may help to prevent and reduce sarcopenia.**

(a) True

(b) False

**Q 79. Testosterone are recommended to manage sarcopenia.**

(a) True

(b) False

**Q 80. Sarcopenia and cachexia are synonyms.**

(a) True

(b) False

### Answer Key:

|          |                   |                  |       |       |
|----------|-------------------|------------------|-------|-------|
| 1. d     | 2. f              | 3. d             | 4. c  | 5. d  |
| 6. a     | 7. a              | 8. b             | 9. a  | 10. a |
| 11. 1-2% | 12. decade, short | 13. hip fracture |       |       |
| 14. high | 15. fracture      | 16. a            | 17. b | 18. a |
| 19. a    | 20. e             | 21. c            | 22. d | 23. c |
| 24. d    | 25. c             | 26. d            | 27. b | 28. d |
| 29. b    | 30. b             | 31. b            | 32. d | 33. d |
| 34. d    | 35. b             | 36. a            | 37. a | 38. d |
| 39. a    | 40. d             | 41. c            | 42. e | 43. e |
| 44. b    | 45. e             | 46. c            | 47. b | 48. b |
| 49. b    | 50. a             | 51. d            | 52. b | 53. b |
| 54. d    | 55. b             | 56. b            | 57. b | 58. a |
| 59. b    | 60. a             | 61. a            | 62. c | 63. d |
| 64. d    | 65. b             | 66. d            | 67. d | 68. b |
| 69. a    | 70. a             | 71. a            | 72. d | 73. b |
| 74. d    | 75. a             | 76. e            | 77. e | 78. a |
| 79. b    | 80. b             |                  |       |       |



# CHRONIC PELVIC PAIN

- Q 1. What is chronic pelvic pain ?**
- (a) Pain lasting less than 3 months
  - (b) Pain lasting more than 6 months
  - (c) Pain occurring during menstrual periods only
  - (d) Pain that is constant and untreatable
- Q 2. Which of the following is a common symptom of chronic pelvic pain?**
- (a) Acute sharp pain that comes and goes quickly
  - (b) Dull aching pain that persists for several months
  - (c) Headaches and migraines
  - (d) Random pain in unrelated areas
- Q 3. Can psychological factors contribute to chronic pelvic pain?**
- (a) Yes
  - (b) No
  - (c) Only in severe cases
  - (d) It depends on the patient's history
- Q 4. Which treatment is often considered for managing chronic pelvic pain?**
- (a) Antibiotics
  - (b) Physical therapy
  - (c) Dietary changes
  - (d) All of the above
- Q 5. Is surgery always required to treat chronic pelvic pain?**
- (a) Yes, it is the most effective treatment
  - (b) No, surgery is a last resort
  - (c) Only in cases related to endometriosis
  - (d) Surgery is never used for chronic pelvic pain

- Q 6. Which of the following mechanisms is most commonly implicated in the pathophysiology of chronic pelvic pain?**
- (a) Visceral hypersensitivity
  - (b) Neuropathic pain due to nerve damage
  - (c) Musculoskeletal abnormalities
  - (d) All of the above
- Q 7. What role does central sensitization play in chronic pelvic pain?**
- (a) It decreases pain sensitivity in the pelvic region.
  - (b) It enhances the perception of pain by altering the central nervous system.
  - (c) It is only involved in acute pain processes.
  - (d) It causes an immediate and localized pain response.
- Q 8. Which pelvic organ condition is most often associated with central sensitization and chronic pelvic pain?**
- (a) Uterine fibroids
  - (b) Interstitial cystitis/bladder pain syndrome (IC/BPS)
  - (c) Ovarian cysts
  - (d) Pelvic organ prolapse
- Q 9. Which diagnostic technique is most likely to identify nerve entrapment as a cause of chronic pelvic pain?**
- (a) Transvaginal ultrasound
  - (b) Magnetic resonance neurography (MRN)
  - (c) Laparoscopy
  - (d) Pelvic X-ray
- 10. What is the significance of the gut microbiome in the context of chronic pelvic pain?**
- (a) It is primarily involved in IBS-related pelvic pain through dysbiosis.
  - (b) The gut microbiome has no relevance to chronic pelvic pain.

- (c) Gut microbiome alterations can influence inflammation and pain perception in the pelvis.
- (d) Gut microbiome is only linked to systemic inflammatory diseases

**Q 11. What is the role of Selective Estrogen receptor modulators (SERMs) in the management of chronic pelvic pain?**

- (a) They are used to treat neuropathic pain directly.
- (b) SERMs help reduce endometriosis-related pelvic pain by modulating estrogen effects.
- (c) They are effective in treating interstitial cystitis.
- (d) SERMs have no role in chronic pelvic pain management

**Q 12. Which biomarker is under investigation for its potential role in diagnosing chronic pelvic pain related to endometriosis?**

- (a) CA-125
- (b) Cytokine IL-6
- (c) C-reactive protein (CRP)
- (d) Prostaglandin E2

**Q 13. Which is true about the relationship between chronic pelvic pain and irritable bowel syndrome (IBS)?**

- (a) IBS is a common comorbidity in patients with chronic pelvic pain.
- (b) IBS typically resolves when chronic pelvic pain is treated.
- (c) IBS and chronic pelvic pain are unrelated conditions.
- (d) IBS always precedes the onset of chronic pelvic pain.

**Q 14. In chronic pelvic pain, what is the significance of pelvic congestion syndrome?**

- (a) It is characterized by varicose veins in the pelvis leading to pain.
- (b) It is a direct cause of nerve entrapment in the pelvic region.

- (c) It primarily affects postmenopausal women.
- (d) It is the leading cause of chronic pelvic pain in men.

**Q 15. Which of the following is a key feature distinguishing neuropathic pain from other types of pain in chronic pelvic pain syndromes?**

- (a) Pain responds well to NSAIDs.
- (b) The pain is burning, tingling, or shooting in nature.
- (c) Pain is typically worse with physical activity.
- (d) Pain is only present during menstruation.

**Q 16. What is the role of hormone replacement therapy (HRT) in managing chronic pelvic pain in postmenopausal women?**

- (a) HRT may reduce pain in women with residual endometriosis.
- (b) HRT can help alleviate pain by stabilizing hormone levels.
- (c) The risks of HRT, including cardiovascular events and breast cancer, must be weighed against potential benefits.
- (d) All of the above.

**Q 17. Which advanced imaging technique is most useful in identifying non-visible causes of chronic pelvic pain when conventional imaging is inconclusive?**

- (a) MRI to assess brain responses to pain stimuli.
- (b) 3D pelvic MRI to detect deep infiltrating endometriosis.
- (c) Transvaginal ultrasound with Doppler to assess blood flow abnormalities.
- (d) Positron Emission Tomography (PET) for metabolic activity in pelvic organs

**Q 18. How should chronic pelvic pain be managed differently in adolescents compared to adults?**

- (a) Consider early diagnostic laparoscopy in adolescents with severe dysmenorrhea.
- (b) Use a multidisciplinary approach that includes pediatrician and gynaec

(c) Avoid overly aggressive interventions and consider the long-term impact of treatments.

(d) All of the above.

**Q 19. What are the key considerations for managing chronic pelvic pain in pregnant women?**

(a) Balancing effective pain relief with fetal safety.

(b) Non-pharmacological interventions are often preferred.

(c) Collaboration with obstetricians to monitor both maternal and fetal health.

(d) All of the above.

**Q 20. Which emerging alternative therapy could be considered in a 32-year-old woman diagnosed with endometriosis and chronic pelvic pain persisting despite surgery and hormonal treatment?**

(a) No further treatment.

(b) Low-dose naltrexone to reduces inflammation by modulating microglial activity.

(c) Botox injections to relaxes pelvic floor muscles to reduce pain.

(d) Platelet-rich plasma (PRP) injections to promotes tissue healing and reduces inflammation.

**Answer Key:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. b  | 2. b  | 3. a  | 4. d  | 5. b  |
| 6. d  | 7. b  | 8. b  | 9. b  | 10. c |
| 11. b | 12. b | 13. a | 14. a | 15. b |
| 16. d | 17. b | 18. d | 19. d | 20. b |



# ENDOMETRIOSIS AND ADENEXAL MASSES

- Q 1.** According to oestrogen threshold hypothesis by Barbieri, the responsiveness to estradiol is least among which of the following disease processes :
- (a) Breast carcinoma
  - (b) Osteoporosis
  - (c) Endometriotic implants
  - (d) All have equal effect
- Q 2.** A 52 year old postmenopausal woman (BMI -  $31.5 \text{ kg/m}^2$ ) with h/o endometriosis presents with night sweats and hot flushes. Which of the following would be least preferred for her?
- (a) Continuous Combination MHT.
  - (b) Tibolone
  - (c) Conjugated equine estrogens
  - (d) Phytoestrogens
- Q 3.** In the menopausal female with history of endometriosis, what concentration of Estradiol causes regression of endometriotic lesions with minimal bone loss and few hot flushes?
- (a) 45-60 pg/ml
  - (b) 20-45 pg/ml
  - (c) 60-75 pg/ml
  - (d) 45-50 pg/ml
- Q 4.** A 58 year old obese post menopausal woman presents with acyclic pelvic pain, not on MHT Bimanual examination-uterus menopausal size, increased sized left adenexa TVS with Doppler-left homogeneous cystic mass measuring  $4.4 \times 2.7 \times 2.7 \text{ cm}$  in size with benign pattern vascularity. CA-125, Alpha FP, CEA and beta hcg-WNL
- The most likely differential diagnosis can be all except :



- (a) Serous cystadenoma
- (b) Left ovarian endometrioma
- (c) Left pyosalpinx
- (d) Left ovarian mucinous cystadenocarcinoma

**Q5. A 51 year old woman weight 55 kg undergone menopause at 45 years of age presented with abdominal pain. She was on HRT for 5 years. TVS revealed 3.5\* 3.0 cm right adnexal homogeneous cystic mass.**

**CA-125 levels — 551.9 U/ml**

**Alpha-FP, CEA, beta-hcg – WNL**

**What should be done next to confirm the tissue of origin of lesion ?**

- (a) Laparoscopy
- (b) TAS with colour Doppler
- (c) Contrast enhanced pelvic MRI
- (d) Any of the above

**Q6. With regard to use of aromatase inhibitors for endometriosis, all are true except :**

- (a) Aromatase is expressed by growing ovarian follicles and adipocytes
- (b) Aromatase inhibitors have been shown to be effective at alleviating pain in endometriosis due to their action on intra-lesional estrogen production.
- (c) An assessment of osteoporosis risk factors and BMD test is not required before prescribing an Aromatase inhibitor
- (d) Exemestane and anastrozole belong to 3rd generation aromatase inhibitors.

**Q7. There would be least chance of recurrence of endometriosis with use of MHT after TAH with BSO for severe symptomatic endometriosis, with which of the following :**

- (a) Superficial peritoneal implants < 2 cm
- (b) Partial surgery done for previous endometriosis

(c) Peritoneal lesions, 3 to 4 cm in size

(d) B plus C.

**Q 8. For definitive surgery in case of endometriosis all the following are true except :**

(a) Indicated when incapacitating symptoms persist following conservative surgery and medical therapy

(b) Combined MHT should be continued after the surgical menopause at least up to the age of natural menopause

(c) Total hysterectomy is sufficient in severe and deeply infiltrating disease

(d) 3 months GnRH therapy may be considered before surgery for deep endometriosis

**Q 9. Which form of endometriosis shall respond maximally to drug treatment ?**

(a) Extra pelvic endometriosis of the bladder

(b) Isolated implants and no significant adhesions

(c) Scar endometriosis

(d) Endometriotic obliteration of the cul de sac

**Q 10. All the following besides one, can be associated with endometriosis :**

(a) Clear cell ovarian carcinoma

(b) Endodermal sinus tumour

(c) Endometrioid carcinoma

(d) Epithelial serous ovarian carcinoma

**Q 11. An Adnexal mass is a lump in tissue of ?**

(a) Ovaries

(b) Fallopian tube

(c) Parametrium

(d) Any of the above

**Q 12. The single most effective way of initial evaluation of an adnexal mass is ?**

(a) CT

(b) TVUS WITH CD

(c) MRI

(d) PET

**Q 13. With an indeterminate adnexal mass in TVS what is the next best imaging modality to ascertain the nature and origin of the mass ?**

(a) Trans abdominal scan

(b) CT with contrast

(c) Contrast enhanced MRI

(d) PET

**Q 14. A 54year old asymptomatic postmenopausal female shows on TVS a cystic adnexal mass. All of the features indicate low risk of malignancy except ?**

(a) Unilocular

(b) Solid component

(c) Size <5cm

(d) Normal Doppler flow

**Q 15. Regarding HE 4 (human epididymis protein 4) all are true except ?**

(a) It is a protein involved in sperm maturation.

(b) Its level increases in some ovarian malignancy .

(c) Variation in levels occur with menstruation, contraception and endometriosis.

(d) Variation in levels occur with age, smoking, CKD patients.

**Q 16. A 52 Years old postmenopausal female with BMI-32kg/m<sup>2</sup>, k/c/o HTN and DM, presents with bleeding per vaginum, USG - 8cm cystic solid mass seen in right adnexa. All can be the likely cause except—**

(a) Broad ligament fibroid

(b) Granulosa cell tumor

(c) Cystadenoma

(d) Fallopian tube cancer

**Q 17. What are the factors incorporated in RMI score used to assess the risk of malignancy in an adnexal mass ?**

- (a) Age, CA125 level, USG score and menopausal status
- (b) Parity, CA125 level, USG score and menopausal status
- (c) Family history, CA125 level, USG score and menopausal status
- (d) CA125 level, USG score and menopausal status.

**Q 18. A 64 year old postmenopausal woman with a newly detected cystic 4cm adnexal mass on routine USG and she has no symptoms. CA 125 level is 28U/ml. What is the next step in management ?**

- (a) Immediate surgical exploration
- (b) Observation and follow up USG in 3 mths.
- (c) Hormone therapy
- (d) Chemotherapy

**Q 19. A 54 year old postmenopausal woman presenting with pain lower abdomen and an adnexal mass likely diagnosis can be**

- (a) Endometriosis
- (b) Torsion in ovarian cystadenoma
- (c) Tubercular tubo-ovarian mass
- (d) Any of the above.

**Q 20. Regarding adenomatoid tumor of the fallopian tube, following are correct except —**

- (a) Incidentally found during operation for other indications
- (b) Often asymptomatic or report local pain
- (c) Cannot undergo tubal torsion
- (d) Papilloma can cause obstruction of the tube.

**Answer Key:**

- |       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. c  | 2. c  | 3. b  | 4. d  | 5. c  |
| 6. c  | 7. a  | 8. c  | 9. b  | 10. b |
| 11. d | 12. b | 13. c | 14. b | 15. c |
| 16. c | 17. d | 18. b | 19. d | 20. c |

# GYNAECOLOGICAL MALIGNANCIES

- Q 1. Which of the following factors is NOT associated with a reduced risk of ovarian cancer in postmenopausal women ?**
- (a) Use of oral contraceptives
  - (b) Tubal ligation
  - (c) Multiple pregnancies
  - (d) Early menarche
- Q 2. What is the mechanism by which BRCA1 and BRCA2 mutations increase the risk of ovarian cancer ?**
- (a) These genes inhibit the p53 tumour suppressor gene.
  - (b) These genes are involved in DNA repair and their mutations lead to genomic instability.
  - (c) They promote cell cycle progression through the S phase.
  - (d) They increase the production of estrogen.
- Q 3. In the context of ovarian cancer treatment, what is the purpose of neoadjuvant chemotherapy ?**
- (a) To shrink the tumour before surgery.
  - (b) To eradicate microscopic disease after surgery.
  - (c) To prevent recurrence after radiation therapy.
  - (d) To treat metastases in distant organs.
- Q 4. Which imaging modality is most sensitive for detecting peritoneal metastases in advanced ovarian cancer ?**
- (a) Pelvic ultrasound
  - (b) CT scan
  - (c) MRI
  - (d) PET scan
- Q 5. Which emerging biomarker is being investigated for early detection of ovarian cancer in menopausal women ?**
- (a) CA 19-9
  - (b) HE4 (Human Epididymis Protein 4)
  - (c) PSA (Prostate-Specific Antigen)
  - (d) CEA (Carcinoembryonic Antigen)



- Q 6. Which of the following factors decreases the risk of ovarian cancer in women using MHT ?**
- (a) Using MHT for more than 10 years
  - (b) Starting MHT immediately after menopause
  - (c) Using combined estrogen-progestogen therapy instead of estrogen-only therapy
  - (d) Discontinuing MHT before 5 years of use
- Q 7. Which syndrome is characterized by a predisposition to ovarian, breast, and colorectal cancers ?**
- (a) Lynch syndrome
  - (b) Li-Fraumeni syndrome
  - (c) Cowden syndrome
  - (d) Peutz-Jeghers syndrome
- Q 8. Which histological subtype is most commonly associated with borderline ovarian tumours and the percentage to malignant transformation in them ?**
- (a) Serous & Less than 5%
  - (b) Mucinous & 10-15%
  - (c) Endometrioid & 25-30%
  - (d) Clear cell Over & 50%
- Q 9. Which feature would upgrade ovarian cancer from Stage II to Stage III ?**
- (a) Spread to the contralateral ovary
  - (b) Spread to the uterus
  - (c) Involvement of the pelvic lymph nodes
  - (d) Positive cytology in peritoneal washings
- Q 10. What is the FIGO stage of ovarian cancer confined to both ovaries with positive peritoneal washings but no capsular rupture or surface involvement ?**
- (a) Stage IA
  - (b) Stage IC3
  - (c) Stage IIA
  - (d) Stage IIIA
- Q 11. Early cervical cancer can be asymptomatic. If symptoms do occur in the earlier stages of this cancer, which of the following is the most common finding ?**



- (a) Back pain
- (b) Foul-smelling vaginal discharge
- (c) Pelvic pain
- (d) Postcoital vaginal bleeding

**Q 12.** 46-year-old woman comes to the office because she has had abnormal vaginal bleeding for the past 6 months. Her most recent Pap test was 2 years ago and the results were within normal limits. Results of current Pap test show severe dysplasia, and colposcopy is planned. If the results of colposcopy continue to show severe dysplasia, which of the following is the most appropriate next step ?

- (a) Loop electrical excision procedure
- (b) Pelvic radiation therapy
- (c) Radical trachelectomy
- (d) Simple hysterectomy

**Q 13.** Which of the following groups is more likely than the general population to carry the BRCA1 mutation, greatly increasing the risk of ovarian cancer ?

- (a) African Americans
- (b) Ashkenazi Jews
- (c) Haitian Americans
- (d) East Indians

**Q 14.** Which of the following also increases a woman's risk of ovarian cancer ?

- (a) History of dysmenorrhea
- (b) History of ovarian cysts
- (c) Birth of multiples
- (d) Delayed menopause

**Q 15.** Which of the following reduces the risk of ovarian cancer ?

- (a) Oral contraceptive use
- (b) Contraceptive implants
- (c) Intrauterine devices
- (d) Fallopian tube cauterization

**Q 16.** Vulvar cancer, usually a skin cancer, develops in the area around the opening of the vagina. Which type of vulvar cancer does NOT tend to spread to distant sites ?

- (a) Adenocarcinomas                      (b) Basal cell carcinomas  
(c) Melanomas                              (d) Squamous cell carcinomas

**Q 17. Which of the following types of vulvar cancer accounts for about 90% of all cases ?**

- (a) Adenocarcinomas                      (b) Basal cell carcinomas  
(c) Melanomas                              (d) Squamous cell carcinomas

**Q 18. Which of the following characteristics of developed countries may correlate with their higher incidence of endometrial cancer ?**

- (a) Use of oral contraceptives  
(b) Higher levels of air pollution  
(c) High-fat diets  
(d) Lack of condom use

**Q 19. Which of the following is the most accurate description of stage II endometrial cancer ?**

- (a) Involvement of the uterus and cervix but no extension outside the uterus  
(b) Invasion of half or more of the myometrium  
(c) Cancer confined to the uterine corpus  
(d) Local or regional spread of the tumor

**Q 20. What percentage of women are exposed to HPV over a lifetime ?**

- (a) 33%                                          (b) 50%  
(c) 80%                                          (d) 95%

**Answer Key:**

- |       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. d  | 2. b  | 3. a  | 4. d  | 5. b  |
| 6. d  | 7. a  | 8. a  | 9. c  | 10. b |
| 11. d | 12. a | 13. b | 14. d | 15. a |
| 16. b | 17. d | 18. c | 19. a | 20. c |

# MENOPAUSAL HORMONAL THERAPY

- Q 1. Which of the following is the most common reason for initiating hormone therapy (HT) in menopausal women?**
- (a) Prevention of osteoporosis
  - (b) Treatment of hot flashes and night sweats
  - (c) Reduction of cardiovascular risk
  - (d) Improvement of cognitive function
- Q 2. Which of the following types of estrogen is most commonly used in HT ?**
- (a) Estrone
  - (b) Estradiol
  - (c) Estriol
  - (d) Conjugated equine estrogens
- Q 3. Which of the following statements about the risks of Estrogen alone therapy is correct ?**
- (a) Significantly increases the risk of breast cancer in all women.
  - (b) Significantly increases the risk of ovarian cancer.
  - (c) Significantly increases the risk of endometrial cancer in women with an intact uterus.
  - (d) Significantly increases the risk of colorectal cancer.
- Q 4. Which of the following is a contraindication to HT?**
- (a) History of breast cancer
  - (b) History of deep vein thrombosis
  - (c) History of stroke
  - (d) All of the above
- Q 5. Which of the following is a potential benefit of HT in postmenopausal women ?**
- (a) Improvement of sexual function
  - (b) Reduction of risk of Alzheimer's disease

- (c) Prevention of cardiovascular disease
  - (d) All of the above
- Q 6. Which of the following is the most appropriate duration of HT for symptom relief in most women ?**
- (a) Less than 1 year
  - (b) 1-3 years
  - (c) 4-5 years
  - (d) As long as the benefits outweigh the risks
- Q 7. Which type of progestin is often added to estrogen therapy to reduce the risk of endometrial cancer ?**
- (a) Medroxyprogesterone acetate (MPA)
  - (b) Norethindrone acetate (NETA)
  - (c) Drospirenone
  - (d) All of the above
- Q 8. Which of the following statements about hormone therapy is true ?**
- (a) It is a cure for menopause
  - (b) It is appropriate for all women experiencing menopausal symptoms
  - (c) The risks and benefits of hormone therapy should be discussed with a healthcare provider
  - (d) All of the above
- Q 9. Which of the following is the most appropriate approach to HT in a postmenopausal woman with history of breast cancer ?**
- (a) Estrogen alone
  - (b) Estrogen and Progesterone
  - (c) AI
  - (d) No HT
- Q 10. Risk associated with MHT as found in WHI study**
- (a) Breast cancer
  - (b) Pulmonary Embolism

- (c) CVA
- (d) All of the above

**Q 11. Which of the following is NOT a contraindication for the use of MHT ?**

- (a) Current or past history of breast cancer
- (b) Active liver disease
- (c) Pulmonary embolism (PE)
- (d) Low bone mineral density (osteopenia)

**Q 12. Which of the following hormone formulations is most commonly used for women who still have their uterus ?**

- (a) Estrogen alone
- (b) Combined estrogen and progesterone
- (c) Tibolone
- (d) Selective estrogen receptor modulators (SERMs)

**Q 13. Which of the following is a common side effect of MHT ?**

- (a) Weight loss
- (b) Increased libido
- (c) Breast tenderness
- (d) Insomnia

**Q 14. Which of the following best describes the role of selective estrogen receptor modulators (SERMs) in menopause management ?**

- (a) SERMs are used as a primary treatment for vasomotor symptoms
- (b) SERMs can be used as an alternative to estrogen in women at risk for breast cancer
- (c) SERMs are used to treat osteoporosis in postmenopausal women with a uterus
- (d) SERMs are a replacement for MHT in all cases of menopause

**Q 15. Which of the following is a contraindication for the use of combined estrogen and progestogen therapy ?**

- (a) Postmenopausal osteoporosis
- (b) History of breast cancer



- (c) Sever hot flashes
- (d) Age under 50 years

**Q 16. Which of the following factors is most important in assessing the suitability of MHT for a patient?**

- (a) The patient's age and time since menopause onset
- (b) The patient's body mass index (BMI)
- (c) The patient's history of migraines
- (d) The patient's level of physical activity

**Q 17. A 52-year-old woman presents to clinic complaining of hot flashes, night sweats, and mood swings, has not had a menstrual period for 6 months. Her medical history is significant for hypertension, which is controlled with medication, and she is otherwise healthy. She is interested in treatment options to manage her symptoms.**

**Which of the following is the most appropriate first-line treatment for her symptoms ?**

- (a) Hormone replacement therapy (HRT) with estrogen and progestin
- (b) Estrogen therapy alone
- (c) Selective serotonin reuptake inhibitors (SSRIs)
- (d) Vaginal estrogen therapy

**Q 18. A 58-year-old woman comes to clinic with complaints of vaginal dryness and discomfort during intercourse. She is 7 years postmenopausal and has no history of breast cancer or cardiovascular disease. She is otherwise healthy.**

**Which of the following treatment options is most appropriate for managing her vaginal symptoms ?**

- (a) Systemic hormone therapy (HRT)
- (b) Vaginal estrogen therapy
- (c) Testosterone therapy
- (d) SSRI

**Q 19. A 54-year-old woman presents for a check-up. She has a family history of breast cancer (mother diagnosed at age 60) and is concerned about the risks associated with menopause**



hormone therapy. She has mild hot flashes but otherwise tolerates menopause well.

Considering her family history of breast cancer, what is the most appropriate management for her mild symptoms ?

- (a) Systemic estrogen therapy
- (b) Estrogen and progestin combination therapy
- (c) Non-hormonal therapies, such as SSRIs or gabapentin
- (d) Transdermal hormone therapy

**Q 20.** A 47-year-old woman reports experiencing heavy menstrual bleeding, hot flashes, and difficulty sleeping. Her last Pap smear was normal, and her blood pressure is 130/85 mmHg. She has no personal history of breast cancer or thrombosis. She is considering hormone therapy.

Which of the following would be the best initial treatment for this patient's symptoms ?

- (a) Combined oral contraceptives
- (b) Estrogen and progestin therapy
- (c) Progestin-only therapy
- (d) Bisphosphonates

**Q 21.** A 50-year-old woman presents with hot flashes, night sweats, and insomnia. She underwent a hysterectomy 2 years ago, and her ovaries were removed at that time. She is concerned about the impact of menopause on her sleep and quality of life. She has no history of cardiovascular disease or family history of breast cancer.

What is the most appropriate treatment for her menopausal symptoms ?

- (a) Systemic estrogen therapy
- (b) Estrogen and progestin combination therapy
- (c) Non-hormonal therapies like clonidine
- (d) Low-dose selective estrogen receptor modulators (SERMs) to protect her from breast cancer

**Q 22.** A 65-year-old woman with a history of cardiovascular disease (CV(d) and osteoporosis asks about menopause hormone therapy to address her ongoing hot flashes. She is currently taking medications for hypertension and a bisphosphonate for bone health.

**Which of the following would be the most appropriate course of action for this patient ?**

- (a) Start estrogen and progestin therapy for her symptoms
- (b) Recommend non-hormonal therapies, such as SSRIs or gabapentin
- (c) Use a transdermal estrogen patch
- (d) Recommend the use of estrogen therapy alone

**Q 23.** Ms. Smith, a 55-year-old woman, presents with dyspareunia and vaginal dryness. She has a history of hypertension and breast cancer.

**Which of the following MHT regimens would be most appropriate for Ms. Smith ?**

- (a) Local estrogen Cream
- (b) Combined estrogen and progesterone therapy (EPT)
- (c) Selective estrogen receptor modulator (SERM)
- (d) No MHT due to contraindications

**Q 24.** Mrs. Jones, a 58-year-old woman, has been on MHT for 5 years to manage menopausal symptoms. She is concerned about the long-term risks of MHT.

**Which of the following is a potential long-term risk of MHT ?**

- (a) Increased risk of osteoporosis
- (b) Increased risk of endometrial cancer
- (c) Increased risk of breast cancer
- (d) All of the above

**Q 25.** Ms. Patel, a 50-year-old woman, is considering MHT for menopausal symptoms. She has a family history of breast cancer.

**Which of the following factors should be considered when deciding whether to initiate MHT for Ms. Patel ?**

- (a) Age at menopause
- (b) Family history of breast cancer
- (c) Duration of menopausal symptoms
- (d) All of the above

**Q 26. Ms. Lee, a 58-year-old woman, has been on MHT for 10 years. She is experiencing vaginal bleeding.**

**What is the most likely cause of vaginal bleeding in this patient ?**

- (a) Endometrial hyperplasia
- (b) Cervical cancer
- (c) Vaginal atrophy
- (d) Atrophic vaginitis

**Q 27. Which of the following is NOT a common vasomotor symptom of menopause ?**

- (a) Hot flashes
- (b) Night sweats
- (c) Palpitations
- (d) Weight gain

**Q 28. The primary indication for estrogen-only therapy (ET) is :**

- (a) Women with a history of breast cancer
- (b) Women without uterus with VMS
- (c) Women with severe vasomotor symptoms and with uterus
- (d) Women with osteoporosis

**Q 29. The primary risk associated with long-term combined hormone therapy (CHT) is :**

- (a) Increased risk of endometrial cancer
- (b) Increased risk of ovarian cancer
- (c) Increased risk of breast cancer
- (d) All of the above

- Q 30.** A woman aged 48 years with a history of venous thromboembolism (VTE) in her last pregnancy is considering MHT. Which of the following formulations would be appropriate ?
- (a) Oral E+P
  - (b) Transdermal E patch and Mirena
  - (c) Tibolone
  - (d) None of the above
- Q 31.** Which of the following studies is considered one of the key sources of data for the risks and benefits of Menopausal Hormone Therapy (MHT) ?
- (a) The Framingham Heart Study
  - (b) The Women's Health Initiative (WHI)
  - (c) The Nurses' Health Study
  - (d) The Health Professionals Follow-up Study
- Q 32.** What major finding did the Women's Health Initiative (WHI) study report regarding estrogen-plus-progestin therapy in postmenopausal women ?
- (a) It significantly reduced the risk of breast cancer
  - (b) It decreased cardiovascular events in all women
  - (c) It increased the risk of stroke, breast cancer, and blood clots
  - (d) It improved cognitive function in women over 65
- Q 33.** According to the results of the WHI study, which of the following risks is NOT associated with estrogen-only therapy in postmenopausal women who have had a hysterectomy ?
- (a) Increased risk of stroke
  - (b) Decreased risk of osteoporosis-related fractures
  - (c) Increased risk of breast cancer
  - (d) Reduced risk of colorectal cancer
- Q 34.** Which of the following is a key recommendation from the North American Menopause Society (NAMS) regarding the use of MHT ?

- (a) MHT should be used as a first-line treatment for all menopausal symptoms
- (b) MHT should only be used for the shortest time necessary to manage symptoms
- (c) MHT is recommended for women over 70 for heart disease prevention
- (d) MHT is safe for women with a history of breast cancer

**Q 35. According to the results of the Heart and Estrogen/progestin Replacement Study (HERS), which of the following is true about hormone therapy and heart disease ?**

- (a) Hormone therapy significantly reduces the risk of coronary heart disease in postmenopausal women
- (b) Hormone therapy has no effect on heart disease risk
- (c) Hormone therapy was associated with an increased risk of coronary heart disease in women with established heart disease
- (d) Hormone therapy is beneficial in reducing blood pressure in postmenopausal women.

**Q 36. Which of the following is the primary focus of the estrogen-alone study within the Women's Health Initiative (WHI) ?**

- (a) Assessing the impact of estrogen on cognitive decline
- (b) Evaluating the role of estrogen in reducing breast cancer risk
- (c) Determining whether estrogen alone can decrease cardiovascular risk in women with no uterus
- (d) Analyzing the effectiveness of estrogen in treating osteoporosis.

**Q 37. The Study of Women's Health Across the Nation (SWAN) primarily focused on which aspect of menopause and MHT ?**

- (a) Cardiovascular disease prevention in menopausal women
- (b) Long-term effects of MHT on bone density
- (c) Hormonal and non-hormonal approaches to managing menopause symptoms
- (d) Cognitive function in postmenopausal women.



**Q 38. Which of the following is a potential benefit of MHT as indicated by various studies, including the WHI and others ?**

- (a) Increased risk of endometrial cancer
- (b) Improved bone mineral density and reduced risk of fractures
- (c) Reduced risk of cardiovascular disease in all women
- (d) Decreased risk of ovarian cancer

**Q 39. The "timing hypothesis" related to MHT suggests that :**

- (a) MHT is most beneficial when started early in menopause
- (b) MHT should only be used after the age of 65 to prevent osteoporosis
- (c) MHT provides no benefits when started in the late postmenopausal years
- (d) The benefits of MHT are equally distributed across all age groups.

**Q 40. What was a significant conclusion of the "Million Women Study" regarding MHT ?**

- (a) MHT significantly reduced the risk of ovarian cancer
- (b) MHT increased the risk of breast cancer and other health issues
- (c) MHT had no impact on cardiovascular health
- (d) MHT reduced the risk of dementia in postmenopausal women

**Q 41. The mechanism of action of tibolone is :**

- (a) Selective estrogen receptor modulator (SERM)
- (b) Selective progesterone receptor modulator (SPRM)
- (c) Mixed agonist-antagonist activity on estrogen and progesterone receptors
- (d) Non-hormonal mechanism

**Q 42. Which of the following is NOT a common side effect of tibolone?**

- (a) Weight gain
- (b) Hot flashes

- (c) Increased risk of blood clots
- (d) Vaginal bleeding

**Q 43. Tibolone is contraindicated in women with a history of :**

- (a) Breast cancer
- (b) Urogenital symptoms
- (c) Osteoporosis
- (d) None of the above

**Q 44. Which of the following statements about tibolone is FALSE ?**

- (a) It has a lower risk of endometrial cancer compared to combined hormone therapy
- (b) It can improve bone mineral density
- (c) It is associated with a higher risk of breast cancer compared to placebo
- (d) None of the above

**Q 45. What is the recommended duration of tibolone therapy ?**

- (a) Indefinite
- (b) Short-term only
- (c) Depends on individual needs
- (d) No longer than 5 years

**Q 46. What is the recommended follow-up for women on tibolone therapy ?**

- (a) Regular breast exams and mammograms
- (b) Regular endometrial surveillance
- (c) Regular blood tests to monitor liver function
- (d) All of the above

**Q 47. Tibolone have weak androgenic action.**

- (a) True
- (b) False

**Q 48. Women on Tibolone may experience irregular bleeding.**

- (a) True
- (b) False

**Q 49. Tibolone is good choice to treat VMS in women with family history of breast cancer, if she is not relieved with other measures.**

- (a) True
- (b) False

**Q 50. Tibolone have negative effect on bones.**

- (a) True
- (b) False

**Q 51. Which class of antidepressants is most commonly used to treat vasomotor symptoms such as hot flashes ?**

- (a) Tricyclic antidepressants (TCAs)
- (b) Selective serotonin reuptake inhibitors (SSRIs)
- (c) Monoamine oxidase inhibitors (MAOIs)
- (d) Atypical antipsychotics

**Q 52. Which of the following SSRIs has been FDA-approved specifically for the treatment of vasomotor symptoms in menopausal women ?**

- (a) Paroxetine
- (b) Fluoxetine
- (c) Sertraline
- (d) Escitalopram

**Q 53. What is the primary mechanism by which antidepressants alleviate vasomotor symptoms ?**

- (a) Increasing estrogen levels
- (b) Modulating serotonin levels in the brain
- (c) Enhancing dopamine signaling
- (d) Suppressing norepinephrine release

**Q 54. Which of the following is a common side effect of antidepressants used for vasomotor symptoms ?**

- (a) Increased hot flashes
- (b) Sexual dysfunction
- (c) Hypercalcemia
- (d) Hypoglycemia

**Q55. Antidepressants are often preferred over hormone replacement therapy (HRT) for managing vasomotor symptoms in which group of patients ?**

- (a) Patients with severe osteoporosis
- (b) Patients with a history of breast cancer
- (c) Patients with no history of vasomotor symptoms
- (d) Patients with thyroid disorders

**Q56. What is the typical duration for noticing significant improvement in vasomotor symptoms after starting antidepressants ?**

- (a) 1-2 days
- (b) 1-2 weeks
- (c) 4-8 weeks
- (d) 12 weeks

**Q57. Which of the following SNRIs (serotonin-norepinephrine reuptake inhibitors) is also effective for managing vasomotor symptoms ?**

- (a) Venlafaxine
- (b) Duloxetine
- (c) Bupropion
- (d) Desvenlafaxine

**Q58. Why might antidepressants be a preferred option for vasomotor symptom management in some women ?**

- (a) They provide rapid relief of symptoms.
- (b) They are less likely to interact with other medications.
- (c) They avoid risks associated with hormone replacement therapy.
- (d) They are more effective than all other treatments.

**Q59. Which of the following is NOT a reason to consider antidepressants for managing vasomotor symptoms ?**

- (a) Contraindication to hormone replacement therapy
- (b) Coexisting anxiety or depression

- (c) A desire for immediate relief within hours
- (d) A history of breast cancer

**Q 60. Which neurotransmitter systems are primarily targeted by antidepressants to alleviate vasomotor symptoms ?**

- (a) Dopamine and acetylcholine
- (b) Serotonin and norepinephrine
- (c) GABA and glutamate
- (d) Histamine and dopamine

**Q 61. What dose of paroxetine mesylate is typically recommended for the treatment of moderate-to-severe vasomotor symptoms ?**

- (a) 2.5 mg daily
- (b) 7.5 mg daily
- (c) 15 mg daily
- (d) 20 mg daily

**Q 62. Which of the following antidepressants is most likely to interact with tamoxifen, reducing its efficacy ?**

- (a) Escitalopram
- (b) Venlafaxine
- (c) Paroxetine
- (d) Sertraline

**Q 63. Antidepressants for vasomotor symptoms work by altering hypothalamic thermoregulatory set points.**

- (a) True
- (b) False

**Q 64. In addition to vasomotor symptoms, which of the following conditions can benefit from the use of SNRIs ?**

- (a) Chronic pain disorders
- (b) Seizure disorders
- (c) Vitamin D deficiency
- (d) Autoimmune diseases



**Q 65. Which of the following antidepressants is LEAST commonly used for managing vasomotor symptoms ?**

- (a) Venlafaxine
- (b) Paroxetine
- (c) Fluoxetine
- (d) Nortriptyline

**Q 66. Which of the following is a key consideration when prescribing antidepressants for vasomotor symptoms ?**

- (a) History of liver disease
- (b) Coexisting symptoms of vaginal dryness
- (c) Risk of dependence
- (d) Patient's age

**Q 67. What is a common non-pharmacological adjunct to antidepressants for managing vasomotor symptoms ?**

- (a) Calcium supplements
- (b) Cognitive-behavioral therapy (CBT)
- (c) Vitamin C therapy
- (d) High-protein diets

**Q 68. Which of the following statements is true regarding antidepressants for vasomotor symptoms ?**

- (a) They are always more effective than hormone replacement therapy.
- (b) Their effects are independent of baseline depressive symptoms.
- (c) They are most effective when combined with estrogen therapy.
- (d) They are only effective in patients with major depressive disorder.

**Q 69. Why antidepressants are not advocated for prolonged periods**

- (a) Development of dependency
- (b) Lack of long term safety data

- (c) Risk of withdrawal symptoms
- (d) High cost

**Q 70. How do antidepressants differ from hormone replacement therapy (HRT) in managing vasomotor symptoms ?**

- (a) Antidepressants are generally less effective than HRT for severe symptoms.
- (b) Antidepressants work faster than HRT.
- (c) Antidepressants are more effective than HRT in preventing osteoporosis.
- (d) Antidepressants increase the risk of breast cancer.

**Answer Key:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. b  | 2. b  | 3. c  | 4. a  | 5. a  |
| 6. d  | 7. d  | 8. c  | 9. d  | 10. d |
| 11. d | 12. b | 13. c | 14. b | 15. b |
| 16. a | 17. a | 18. b | 19. c | 20. b |
| 21. a | 22. b | 23. a | 24. c | 25. d |
| 26. a | 27. d | 28. b | 29. c | 30. b |
| 31. b | 32. c | 33. c | 34. b | 35. c |
| 36. c | 37. c | 38. b | 39. a | 40. b |
| 41. c | 42. b | 43. a | 44. a | 45. c |
| 46. d | 47. a | 48. a | 49. b | 50. b |
| 51. b | 52. a | 53. b | 54. b | 55. b |
| 56. c | 57. a | 58. c | 59. c | 60. b |
| 61. b | 62. c | 63. a | 64. a | 65. d |
| 66. a | 67. b | 68. b | 69. b | 70. a |

# VULVA

- Q 1. What is the most common vulval symptom experienced by women during menopause ?**
- (a) Excessive sweating
  - (b) Itching and irritation
  - (c) Increased hair growth
  - (d) Skin thickening
- Q 2. Which condition is often associated with vulval dryness during menopause ?**
- (a) Lichen planus
  - (b) Vaginal atrophy
  - (c) Endometriosis
  - (d) Ovarian cysts
- Q 3. What hormone decline primarily contributes to vulval changes in menopause ?**
- (a) Progesterone
  - (b) Estrogen
  - (c) Estrogen, Progesterone both
  - (d) Testosterone
- Q 4. Which of the following is a recommended first-line treatment for vulval dryness in menopausal women ?**
- (a) Antifungal creams
  - (b) Topical corticosteroids
  - (c) Vaginal moisturizers or lubricants
  - (d) Antibiotics
- Q 5. Lichen sclerosus, a vulval condition common in postmenopausal women, presents with :**
- (a) Thickened, leathery skin
  - (b) White, patchy, thin skin

- (c) Painful blisters
  - (d) Increased pigmentation
- Q 6. Which lifestyle change is commonly recommended to alleviate vulval discomfort during menopause ?**
- (a) Wearing tight clothing
  - (b) Using scented hygiene products
  - (c) Avoiding hot baths and harsh soaps
  - (d) Increasing caffeine intake
- Q 7. Which of the following symptoms may indicate a need for medical evaluation of vulval health in menopause ?**
- (a) Occasional dryness
  - (b) Persistent pain or itching
  - (c) Mild irritation after exercise
  - (d) Rare episodes of redness
- Q 8. Hormone replacement therapy (HRT) can help alleviate vulval symptoms by :**
- (a) Increasing collagen production
  - (b) Suppressing the immune system
  - (c) Reducing estrogen levels
  - (d) Enhancing progesterone levels only
- Q 9. A non-hormonal option for treating vulval health issues in menopause is :**
- (a) Antidepressants
  - (b) Vaginal lasers
  - (c) Antihistamines
  - (d) Vitamin D supplements
- Q 10. Which of the following is NOT a common symptom of vulval health issues during menopause ?**
- (a) Burning sensation
  - (b) Pain during intercourse
  - (c) Increased vaginal discharge
  - (d) Vulval swelling

**Q 11. All are benign tumors of the vulva except**

- (a) Fibromas,
- (b) Fibromyomas
- (c) Vestibular papillomatosis
- (d) Vulvar Paget's disease

**Q 12. LSIL of vulva needs**

- (a) Usually no treatment is required as it goes its own
- (b) Always needs treatment in form of excision, ablation
- (c) Treatment is required only in women of low immunity
- (d) None of the above

**Q 13. What is the most common vulvar condition associated with menopause?**

- (a) Lichen planus
- (b) Vulvar cancer
- (c) Lichen sclerosus
- (d) Human papillomavirus (HPV) infection

**Q 14. Which of the following symptoms is least likely to be associated with vulvar lichen sclerosus?**

- (a) Pruritus
- (b) Dyspareunia
- (c) Vulvar burning
- (d) Profuse vaginal discharge

**Q 15. Vulvar pain in menopausal women is commonly due to :**

- (a) Pelvic inflammatory disease
- (b) Vulvodynia
- (c) Ovarian cysts
- (d) Endometriosis

**Q 16. A 55-year-old woman presents with chronic vulvar itching and white plaques. What is the most likely diagnosis?**

- (a) Psoriasis
- (b) Vulvar intraepithelial neoplasia



- (c) Lichen sclerosus
- (d) Contact dermatitis

**Q 17. The first-line treatment for lichen sclerosus in menopausal women is :**

- (a) Topical antifungals
- (b) Topical corticosteroids
- (c) Oral antibiotics
- (d) Hormone replacement therapy

**Q 18. Which of the following is a risk factor for vulvar cancer in postmenopausal women ?**

- (a) Smoking
- (b) High estrogen levels
- (c) Multiparity
- (d) Early menarche

**Q 19. Which diagnostic procedure is definitive for vulvar lichen sclerosus?**

- (a) Vulvoscopy
- (b) Punch biopsy
- (c) Pap smear
- (d) Colposcopy

**Q 20. Which of the following is a common symptom of vulvodynia ?**

- (a) Itching
- (b) Burning
- (c) Painful coitus
- (d) All of the above

**Answer Key:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 1. b  | 2. b  | 3. b  | 4. c  | 5. b  |
| 6. c  | 7. b  | 8. a  | 9. b  | 10. c |
| 11. d | 12. c | 13. c | 14. d | 15. b |
| 16. c | 17. b | 18. a | 19. b | 20. d |

# DIET AND EXERCISE AT MENOPAUSE

**Q 1. Which of the following dietary strategies should be included in a menopause diet plan to support cardiovascular health and manage mood swings?**

**Options :**

- (1) Increasing intake of healthy fats such as those found in olive oil and avocados.
- (2) Including omega-3 fatty acids and B vitamins in the diet.
- (3) Consuming high amounts of sugary foods.
- (4) Ensuring adequate magnesium intake from leafy greens, nuts, and whole grains.
- (5) Increasing caffeine intake.
- (a) 1, 2, and 4 are correct
- (b) 1 and 2 are correct
- (c) 2 and 4 are correct
- (d) 1 and 4 are correct

**Q 2. Dietary source of phytoestrogen include all except**

- (a) Para boiled rice
- (b) Barley
- (c) Fermented food like idli, dokla
- (d) Low fat yogurt

**Q 3. Metabolic functions of Gut Microbes are all except**

- (a) Production of Vitamins
- (b) Bile acid biotransformation
- (c) Regulate gut motility and hunger sensation
- (d) Maintain acidic pH of stomach

**Q 4. All of the following are tips to prevent cancer at middle age except**

- (a) Aim to have five portion of fruit and vegetable a day
- (b) Protect yourself from sun

- (c) Practice safe sex and use condom
  - (d) Maintain a healthy weight to protect against leukemia and giant cell tumor.
- Q 5. A woman of 55-year-old taking red meat 4 serving per month; sweets 3 serving; eggs 3 serving; potato 3 serving weekly and dairy products 2 serving, olive oil as main added lipid; fruits and vegetables daily. Which diet she is following :**
- (a) Mediterranean diet
  - (b) Palea diet
  - (c) Ketogenic diet
  - (d) Intermittent fasting
- Q 6. What is the primary mechanism by which resistance training mitigates the risk of sarcopenia in postmenopausal women?**
- (a) By increasing estrogen production
  - (b) By enhancing muscle protein synthesis
  - (c) By increasing adipose tissue
  - (d) By reducing cortisol levels
- Q 7. What Is the recommended frequency of high-impact weight-bearing exercise to optimize bone health in postmenopausal women according to current guidelines?**
- (a) 1-2 times per week
  - (b) 2-3 times per week
  - (c) 4-5 times per week
  - (d) Daily
- Q 8. In managing menopausal symptoms, which lifestyle modification has the strongest evidence for improving sleep quality?**
- (a) High-intensity interval training (HIIT)
  - (b) Cognitive-behavioral therapy for insomnia (CBT-I)
  - (c) Strict carbohydrate cycling
  - (d) Regular sauna uses

- Q 9. Which of the following bacteria has been found to decrease in abundance in the gut microbiome of postmenopausal women?**
- (a) Butyricimonas
  - (b) Ruminococcus
  - (c) Dorea
  - (d) Sutterella
- Q 10. All are true about the changes in gut microbiome at menopause except**
- (a) A lack of estrogen metabolizing bacteria leads to decrease in circulating estrogens
  - (b) Deconjugation of estrogens is done by bacterial secretion of alpha glucuronidase
  - (c) Estrabolome changes to estabolome
  - (d) Enhancing the microbiome driven hormonal function may help to decrease the long term side effects of MHT.
- Q 11. Which dietary strategy helps reduce insulin resistance, a common concern during menopause ?**
- (a) Increasing high-glycemic index foods
  - (b) Fasting for more than 24 hours regularly
  - (c) Consuming a low-glycemic index, balanced diet
  - (d) Avoiding all sources of carbohydrates
- Q 12. What is the recommended intensity level for strength training exercises in postmenopausal women to optimize bone density?**
- (a) Light intensity with high repetitions
  - (b) Moderate to high intensity with proper supervision
  - (c) Bodyweight exercises only
  - (d) Minimal resistance to avoid injury
- Q 13. Isoflavones, often used to alleviate menopausal symptoms, are primarily found in which of the following ?**
- (a) Animal-based protein sources
  - (b) Green leafy vegetables

(c) Legumes like soybeans and lentils

(d) Citrus fruits

**Q 14. Which mechanism explains the increase in heart disease risk during menopause ?**

(a) Increased production of progesterone

(b) Decline in HDL (good cholesterol) levels and increase in LDL (bad cholesterol) levels

(c) Elevated estrogen levels during menopause

(d) Reduced cortisol secretion

**Q 15. Which combination of nutrients is crucial for managing both bone density and muscle strength during menopause ?**

(a) Vitamin C and Zinc

(b) Calcium, Vitamin D, and Protein

(c) Iron and Magnesium

(d) Omega-3 fatty acids and Vitamin E

**Q 16. What is the primary reason that menopausal women are encouraged to engage in high-impact activities like jumping or running (if medically appropriate) ?**

(a) To improve cardiovascular endurance

(b) To stimulate osteoblast activity and enhance bone remodeling

(c) To reduce hot flashes

(d) To prevent weight gain

**Q 17. Which of the following foods is considered anti-inflammatory and beneficial for managing menopausal symptoms ?**

(a) Fried foods and processed meats

(b) Berries, nuts, and fatty fish

(c) High-sodium packaged snacks

(d) Sugary beverages

**Q 18. What type of diet is recommended to help manage menopausal symptoms ?**

(a) High-fat, low-fiber diet

(b) Balanced diet rich in fruits, vegetables, and whole grains



(c) High-protein, low-carbohydrate diet

(d) Processed and sugary foods

**Q 19. Which type of exercise is most effective for maintaining bone density during menopause ?**

(a) Swimming

(b) Yoga

(c) Weight-bearing exercises like walking or strength training

(d) Cycling

**Q 20. What is a recommended duration of moderate-intensity aerobic exercise per week for menopausal women ?**

(a) 30 minutes per week

(b) 75 minutes per week

(c) 150 minutes per week

(d) 300 minutes per week

**Answer Key:**

1. a

2. d

3. d

4. d

5. a

6. b

7. b

8. b

9. b

10. b

11. c

12. b

13. c

14. b

15. b

16. b

17. b

18. b

19. c

20. c

# METABOLIC DISORDERS

- Q 1. Which of the following are the cardinal features of metabolic syndrome except ?**
- (a) Insulin resistance
  - (b) Atherogenic dyslipidemia
  - (c) Microalbuminuria
  - (d) Endothelial dysfunction
- Q 2. Which of the following has a potential therapeutic role in metabolic syndrome ?**
- (a) Janus Kinase Inhibitor
  - (b) IL-6
  - (c) INF-Alpha
  - (d) INF-Gamma
- Q 3. Best method to measure visceral fat**
- (a) BMI
  - (b) Waist circumference
  - (c) Waist circumference to hip circumference ratio
  - (d) Dexa scan
- Q 4. Post menopausal women with the following clinical profile are at risk of developing Insulin resistance except-**
- (a) H/o Gestational diabetes
  - (b) BMI 27, working as typist
  - (c) Non alcoholic fatty liver disease
  - (d) BP = 130/70 mmhg
- Q 5. Following is not a diagnostic criteria of the metabolic syndrome in women**
- (a) Waist circumference > 35 inches
  - (b) Elevated TGs > 150 mg/dl
  - (c) Reduced HDL < 40 mg/dl
  - (d) Fasting glucose > = 80 mg/dl
- Q 6. A 42 yr old female (BMI-34 kg/m<sup>2</sup>) with two living children with a k/c/o diabetes mellitus with vasculopathy (retinopathy on fundoscopy). Patient is on Tab. metformin 500 mg TDS and regular insulin 10/10/10 units. Presents with irregular cycles with heavy menstrual bleeding for 6 months. Which drug is contraindicated in the above female?**

- (a) OCP's
- (b) Ormeloxifene
- (c) MPA
- (d) LNG-IUS

**Q 7. Among the Triglyceride rich lipoproteins, remnant lipoproteins almost certainly are the most atherogenic. Many studies further suggest that all of the following are true except-**

- (a) Type 2 Diabetes mellitus compounds the metabolic syndrome
- (b) The lipoprotein field states that low levels of HDL are independently atherogenic
- (c) The presence of metabolic syndrome identifies a person at increased risk for CVDs
- (d) Many studies further suggests that largest particles in LDL fraction carry the greatest atherogenicity

**Q 8. All of the following indicate the risk of developing metabolic syndrome and associated comorbidities, except-**

- (a) BMI = 30 Kg/m<sup>2</sup>
- (b) Neck circumference = 36.2 cm
- (c) Mid Thigh circumference = 51 cm
- (d) Waist circumference = 36 inches

**Q 9. What is called morbid obesity**

- (a) BMI- 30
- (b) BMI- 50
- (c) BMI - 40 or more
- (d) BMI- It is only related to visceral fat, not with BMI

**Q 10. A 58 yrs old postmenopausal female with k/c/o hypertension and diabetes mellitus for 20 yrs. Her weight=84 kg and her height=150 cm. Find her grade of obesity.**

- (a) Overweight
- (b) Grade I obesity
- (c) Grade II obesity
- (d) Grade III obesity

**Answer Key:**

- |      |      |      |      |       |
|------|------|------|------|-------|
| 1. c | 2. a | 3. d | 4. d | 5. d  |
| 6. a | 7. d | 8. c | 9. c | 10. c |