

Women's Health Board Review

Kathryn M. Rexrode, MD, MPH

Chief Academic Officer

Chief, Division of Women's Health, Medicine
Brigham and Women's Hospital

Professor of Medicine
Harvard Medical School



- MD: Case Western Reserve School of Medicine
- Residency: Brigham and Women's Hospital
- MPH: Harvard T.H. Chan School of Public Health
- Professor of Medicine at Harvard Medical School
 - Clinical focus: Women's health
 - Research focus: Women's cardiovascular disease

DISCLOSURES

- NIH Grant Funding
- Astellas Scientific Advisory Board
- No relation to content discussed today.

Objectives

1. Reinforce important concepts in women's health.
2. Practice questions in key content areas of women's health for board review.

Question 1

A 32-year-old woman, G1P1, comes in for a visit 6 months postpartum.

- She is fatigued and has lost few of the 30 lbs she gained during pregnancy.
- She takes a multivitamin, no other medications.
- On physical examination:
 - Weight is 150 lb, height is 5'2".
 - The thyroid feels slightly enlarged, without nodules, and is nontender.
- CBC is normal.
- TSH is 24 mIU/L.

Question 1

Which of the following is TRUE?

- A. Subacute thyroiditis is the most likely diagnosis.
- B. This condition is likely to recur in subsequent pregnancies.
- C. TPO antibodies are likely to be negative.
- D. You should wait for spontaneous resolution rather than treating with thyroxine.
- E. She should have a thyroid ultrasound.

Question 2

A 28-year-old woman comes to establish care.

- She has a long history of oligomenorrhea and hirsutism and was diagnosed with PCOS.
- Last menstrual period was 4 months ago, which is not unusual for her. She takes no medications.
- Physical exam: weight is 160 lb, height 5'3". Blood pressure is normal.
 - Slight terminal hair growth on moustache and sideburns above her umbilicus, and around her nipples.
 - Pelvic exam is limited by body habitus but appears to be within normal limits.
- Records indicate normal prolactin and TSH levels, normal level of fasting 17-OH progesterone, and slightly elevated total testosterone level.

Question 2

All of the following are true EXCEPT:

- A. This condition is associated with increased risk for glucose intolerance or diabetes.
- B. Risk for endometrial hyperplasia or cancer is increased.
- C. The finding of polycystic ovaries on pelvic ultrasound is highly sensitive and specific for the diagnosis.
- D. Luteinizing hormone (LH) levels are not required to make the diagnosis.
- E. Spironolactone may be useful in treatment of associated hirsutism.

Question 3

A 48-year-old woman reports irregular menstrual cycles for the past year.

- Last menstrual period was 9 weeks ago
- Has had hot flashes for past 2 years, affecting sleep
- No significant past medical history
- No family history of blood clots or breast cancer
- No current medications.
- Physical exam is unremarkable:
 - Blood pressure normal
 - Normal pelvic exam and breast exam

Question 3

Which of the following statements is FALSE?

- A. A follicle-stimulating hormone (FSH) level should be checked to confirm menopause.
- B. Low-dose hormone therapy could be considered.
- C. A history of prior stroke would be a contraindication to the use of postmenopausal hormone therapy.
- D. Combined therapy with low dose estrogen and progestin would be preferable to an estrogen only regimen.

Question 4

This patient decides at first to take nothing for her symptoms but returns a year later:

- She has persistent hot flashes and no menses for the past 6 months.
- She is now interested in postmenopausal hormone therapy.
- Physical exam is normal.
- Mammogram is negative.

Question 4

Which of the following statements is FALSE?

- A. Oral hormone therapy is associated with increased risk for gallstones.
- B. Oral hormone therapy increases the risk for deep venous thrombosis/pulmonary embolism.
- C. Progestins may have negative effects on mood.
- D. Vaginal bleeding is rare after the first 3 months on combined hormone therapy.
- E. Oral hormone therapy increases the risk for stroke.

Question 5

A 24-year-old woman complains of irregular menstrual cycles.

- She reports a 30-lb weight gain over the past 3 years, which she has attributed to a sedentary job.
- She takes no medications.
- Physical exam: weight 180 lb, height 5'6".
 - Mild hirsutism and acne on the face and back.
 - Abdomen is obese, with pale striae.

Question 5

Which of the following conditions is inconsistent with this presentation?

- A. Late-onset congenital adrenal hyperplasia
- B. Polycystic ovary syndrome
- C. Cushing's syndrome
- D. Turner syndrome
- E. Androgen-secreting tumor

Question 6

A 62-year-old woman comes to establish primary care.

- Completed menopause at age 52
- No prior hormone therapy.
- History of right tibia fracture while skiing 10 years ago and hypertension.
- Current medication: hydrochlorothiazide 25 mg daily.
- Smokes cigarettes, ½ pack/day. She does not drink alcohol. She swims regularly for exercise.
- No family history of hip fracture.
- Physical examination: weight 114 lb, height 5'4".
 - Blood pressure is 128/80 mm Hg.
 - Rest of the exam unremarkable.

Question 6

Which of the following is NOT a risk factor for osteoporosis in this woman?

- A. Postmenopausal status
- B. Cigarette smoking
- C. Her weight
- D. Her prior fracture
- E. Use of hydrochlorothiazide

Question 7

All of the following statements are true for the management of this patient EXCEPT:

- A. She should consume 1000- 1200 mg calcium daily.
- B. Drinking 2 cups of milk daily will give her adequate vitamin D.
- C. Weight-bearing exercise is recommended.
- D. Calcium carbonate supplements should be taken with meals.
- E. Swimming would not be expected to increase her bone density.

Question 8

Bone density of the spine shows T -score -2.6 and Z -score -1.1 . Which of the following statements is incorrect?

- A. She has osteoporosis.
- B. Osteoarthritis of spine could falsely increase her bone density.
- C. Her Z -score compares her to young normal women.
- D. Bone mineral density (BMD) is the single best predictor of fracture.
- E. This Z -score would not suggest the need for a workup for secondary causes of osteoporosis.

Question 9

Which of the following statements is TRUE regarding anti-resorptive therapy?

- A. Raloxifene therapy would be expected both to improve bone density and to reduce hot flashes.
- B. Estrogen therapy is considered first line treatment for osteoporosis.
- C. Neither alendronate nor risedronate may be taken with food.
- D. Raloxifene does not increase risk for blood clots.
- E. Routine dental work should be deferred in patients taking bisphosphonates.

Question 10

A 48-year-old woman who has been your patient for several years complains of constipation and abdominal pain.

- She has seen 2 outside gastroenterologists in the past year.
- Colonoscopy, barium enema, endoscopy, and abdominal CT scan were all negative.
- She is otherwise healthy except for a fracture of the radius from a fall down the stairs the preceding year.
- Married, without children.
- Physical exam remarkable only for ecchymoses on the back and right arm.

Question 10

The most appropriate next step would be to:

- A. Repeat a colonoscopy at your institution.
- B. Ask her whether she feels safe in her relationship/
has ever been hurt or threatened in her relationship.
- C. Ask her generally about how she is doing, but avoid
asking directly about domestic violence.
- D. Call her husband and discuss the situation with him.

Question 11

A 37-year-old woman comes for evaluation of a lump she discovered in the left breast 1 month earlier.

- G1P1, menarche at 14 years. Regular menses.
- Last menstrual period occurred 1 week ago.
- She drinks 4 cups of coffee daily.
- Family history is negative for breast cancer. Her mother has fibrocystic breast disease.
- Physical examination: well appearing.
 - 1.5-cm mass palpable in the upper outer quadrant of the left breast, slightly tender to palpation.
 - No axillary adenopathy.
- Mammogram is negative.

Question 11

Which of the following would be the most appropriate next step?

- A. Reassure her. No intervention is indicated.
- B. Schedule repeat mammogram in 4–6 months.
- C. Tell her to stop coffee and other caffeine intake and return in 4–6 months for reexamination.
- D. Order an ultrasound; if this is negative, no further workup is required.
- E. Order an ultrasound; referral should be made for biopsy unless the lump is consistent with a simple cyst.

Question 12

A 30-year-old G0P0 with a 10-year history of Type 1 DM is interested in becoming pregnant.

- History of nonproliferative retinopathy: last eye exam 2 years ago.
- Checks blood sugars once daily.
- Current Medications: glargine insulin 12 units at night, regular insulin (sliding scale) with meals, and prenatal vitamin.
- Her blood pressure is 124/80 mm Hg; the rest of the examination is unremarkable.
- Labs: HbA1c 9.0, creatinine 1.3 mg/dL. There is trace protein on urine dipstick.

Question 12

All of the following would be recommended prior to conception EXCEPT:

- A. An angiotensin-converting enzyme inhibitor should be started to minimize progression of renal disease in pregnancy.
- B. She should increase her frequency of blood sugar monitoring.
- C. She should be referred to ophthalmology.
- D. Blood sugar control should be tightened to achieve a normal hemoglobin A1c.
- E. She should have a prescription for glucagon.

Question 13

Which of the following strategies is consistent with current guidelines for cervical cancer screening for individuals with a cervix:

- A. Combined Pap and HPV testing every 5 years (following normal test) from age 30- 65 years.
- B. Pap testing every 3 years starting at age 18 in sexually active woman.
- C. HPV screening every 5 years for women over age 65.
- D. No cervical cancer screening in individuals who have had HPV vaccination.

Question 14

A 32-year-old woman, G1P0, is 16 weeks pregnant.

- Current symptoms include palpitations and weight loss.
- Physical exam is notable for pulse 110.
 - She has lid lag but no appreciable exophthalmos.
 - The thyroid gland is symmetrically enlarged to about 1½ times normal size.
- TSH is <0.05 mIU/L, T_4 is 22.

Question 14

Which of the following is incorrect?

- A. PTU can be used in the first trimester of pregnancy.
- B. A thyroid uptake should be performed to confirm the diagnosis.
- C. A beta blocker could be used for symptoms.
- D. Thyroid-stimulating immunoglobulin (TSI) would likely be elevated.
- E. This condition is likely to improve with treatment over the course of pregnancy.

Question 15

A 22-year-old woman comes for contraceptive counseling. All of the following are true EXCEPT:

- A. The risks associated with use of progestin only contraceptive pills (OCPs) outweigh the benefits for women with a history of coronary heart disease or stroke.
- B. OCP use is associated with a reduced risk for ovarian cancer.
- C. Women who are at average risk of STDs (without current cervicitis) are considered appropriate candidates for current IUDs.
- D. Currently users of OCPs have a two-fold increase in breast cancer risk.

Question 16

You are paged by a 32-year-old woman who is worried about pregnancy after having had unprotected intercourse 36 hours prior. Her LMP was 16 days ago.

Which of the following is TRUE?

- A. Loestrin (20 µg EE), 2 now and 2 more in 12 hours, is appropriate for use as emergency contraception.
- B. Levonorgestrel, 1.5 mg as a single dose, is appropriate for use as emergency contraception.
- C. It is too late to use emergency contraception.
- D. Emergency contraception is not warranted at this time in the cycle.

Question 17

A routine Pap smear in a 42-year-old woman shows atypical cells. She is in a monogamous relationship and has previously had normal Pap smears.

Which of the following would be MOST appropriate?

- A. Treat empirically with doxycycline and repeat Pap in 3 months.
- B. This is a normal finding in a perimenopausal woman and does not require follow-up.
- C. Endometrial sampling should be done to exclude endometrial cancer.
- D. Perform human papilloma virus (HPV) testing for high-risk subtypes.

Question 18

A 35-year-old woman presents for her initial primary care visit.

- Past medical history only notable for gestational diabetes during her pregnancy 3 years ago.
- At her 6-week postpartum visit, she completed an oral glucose tolerance test (OGTT) and was told that her diabetes in pregnancy had completely resolved.
- She has not seen another physician since her delivery 3 years ago.

Question 18

Which of the following is TRUE?

- A. Gestational diabetes is unlikely to recur in a subsequent pregnancy.
- B. Since she had a normal postpartum OGTT, her risk for developing diabetes in the future is no higher than that of a woman whose pregnancy was not complicated by GDM.
- C. She is at increased risk for developing Type 2 diabetes, compared with the general population.
- D. Sulfonylureas are recommended to reduce future risk of diabetes.