

Midterm Womens gynecological health

- Menstrual Cycle Physiology (from Chapter 5)
 - Menstrual phase - endometrium becomes very thin d/t low estrogen levels
 - Hypophysis secretes more FSH
 - FSH stimulates secretion of estrogen and estrogen serves as proliferation signal to the endometrial basal layer
 - Follicular phase
 - Follicles secrete as they mature, increasing amts of estrogen which thickens the new functional layer of endometrium in uterus
 - stimulates crypts in cervix to produce fertile cervical mucus
 - end of phase= ovulation
 - Menstrual Cycle Pain and Premenstrual Conditions
 - Dysmenorrhea- originates from uterine cx during menstrual phase, triggers prostaglandin production and release. This increases contraction of uterus, reduces uterine blood flow, and causes ischemia/pain
 - Risk factors- age <30, smoking, bmi <20, early menarche, hx pelvic surgery, depression
 - Primary- 6-12 months after menarche, continues 8-72 hours into cycle
 - Secondary- caused by pelvic pathology, pain increases over time, occurs before, during, and after menses
 - Adenomyosis, IBS, endometriosis, leiomyoma, interstitial cystitis
 - #1 cause of secondary dysmenorrhea is endometriosis- it causes tissue to attach to surrounding organs and breaks off and bleeds. Patients can also have constipation, diarrhea, and bloating.
 - 1. Which uterine positions is most associated with dyspareunia and dysmenorrhea
 - Retroverted and retroflexed
 - 2. Post coital bleeding
 - Atrophic vaginitis
 - 3. PMS occurs with greatest frequency and severity in
 - Late luteal phase
 - 4. Which layer of the ovaries contains lymphatics and blood vessels
 - Central medulla
-
- Normal and Abnormal Uterine Bleeding
 - Structural
 - P- Polyps- deep bright red growths, bleed easily
 - A- Adenomyosis- occurs in multiparous, over age 40, occurs with tamoxifen use
 - L- Leiomyoma- fibroids- leading indication for hysterectomy
 - M- Malignancy- hyperplasia
 - Non-structural
 - C- Coagulopathy- von willebrands disease (easy bruising, bleeds heavy)

- O- Ovulatory dysfunction- anovulation (occurs with pregnancy, bmi<18, lactation, excessive exercise, perimenopause, pcos, thyroid/pituitary issues)
 - E- Endometrial- predictive, cyclic manner, can also be caused by chlamydia/gonorrhea
 - I- Iatrogenic- example- mirena, skyla, SSRIs
 - N- Not yet classified
- Women's Health from a Feminist Perspective
 - Characteristics of a feminist perspective include the use of critical analysis to question assumptions about societal expectations and the value of various roles on both sociopolitical and individual levels
- Women's Growth and Development Across the Lifespan
 1. Lobar growth and alveolar budding of the breast is directly stimulated by
 - Progesterone
- Using Evidence to Support Clinical Practice
- Health Promotion
 - Primary
 - Prevention of disease
 - Secondary
 - Early detection
 - Tertiary
 - Limit disability and promote rehab
 - Recommended topics for health promotion according to USPSTF
 - Alcohol use
 - Breastfeeding
 - Diet/exercise
 - STIs
 - Skin cancer
 - Tobacco use
- Gynecologic Anatomy and Physiology
 1. Procidentia describes uterine descent beyond the
 - Vulva
 2. In characterizing the degree of prolapse, a situation where the leading part of the prolapse is more than 1cm beyond the hymen but less than or equal to the total vaginal length is defined as
 - Stage 3
 3. First sign of virilization is
 - Enlargement of the clitoris
 4. Which muscle is considered to be the most critical component of pelvic support

- Levator ani muscle
 - 5. The Bartholin's glands are located at
 - 4 and 8 o'clock
 - 6. What is responsible for regulating gynecologic organ activities
 - FSH AND LH
 - 7. The proliferative, secretory and menstrual phases make up
 - Endometrial cycle
- Gynecologic History and Physical Examination
 1. Which kind of speculum is often most suitable for examination of the nulliparous patient?
 - Peterson speculum
 2. Which speculum is most appropriate for the exam of a parous menstrual woman
 - Graves
 3. Elevating the head of the examining table 30 degrees facilitates the
 - Observation of the patient's responses
 4. In the cooperative model, creating an interaction where the patient feels that she is being heard and accepted is an illustration of the principle of
 - Empathy
 5. Which of the following about breast exam is correct
 - Inspection is done first
 6. During bimanual exam of the adnexa in normal premenopausal women, the ovaries are palpable
 - About half of the time
 7. Which uterine configuration is most difficult to assess for size, shape, configuration, and mobility
 - Retroverted
 8. Inquiry concerning adult and child history of sexual abuse and assault should be included in the sexual history
 - Always even for a new patient
 9. A transducer is placed in the vagina to measure intra abdominal pressure as part of
 - Multichannel urodynamic testing
 10. A cystocele may best be demonstrated clinically by
 - Use of valsalva maneuver
 11. The use of Q tip test is used to evaluate the
 - Amount of urethral mobility / associated with upward rotation of 30 degrees
 12. The situation when the cervix descends below the vulva is termed
 - Procidentia
 13. Cystocele is best defined as
 - Descent or prolapse of the bladder
 14. Breast exams should be done during what phase of the menstrual cycle
 - Follicular phase
 15. Most acute cause of pelvic pain are probably
 - Salpingo-oophoritis secondary to PID
 - Periodic Screening and Health Maintenance

- Mammograms recommended every 1-2 years in women 40 and older
 - Pap every 3 years for all women 21-65
 - Pap with co testing of HPV every 5 years 30-65
 - No pap for women over 65 and who have had a hysterectomy
 - Clinical breast exam yearly age 20 and older
 - Bone density for women age 65 and older
 - Colorectal screening with colonoscopy every 10 and sigmoid every 5 age 50 and older unless African American and they get screened at age 45 / don't screen for age 85 and older
 - Fecal occult blood testing every year starting at age 50 -75
- Contraception
 - Progestin only is recommended for high risk patients
 - Smokers
 - Hypertension
 - History of dvts/family history stroke, clots
 - History of migraines with aura
 - 1. Continuous administration of combo oral contraceptives is effective in treating endometriosis because the treatment
 - Induces a decidual reaction in the endometrial implants
 - 2. Progesterone component of OCP does what
 - Decrease LH
- Breast Conditions
 - **Types of mastalgia (breast pain)**
 - Cyclic- occurs with menses, poorly localized, outer quadrants, soreness and aching bilateral
 - Non cyclic- not occurring with menses, constant or intermittent, unilateral, localized, sharp or burning
 - Chest wall- localized, increased with movement
 - **Nipple discharge**
 - causes: OCPs, antipsychotics, reglan, methadone, verapamil, CCBs, amphetamines, hypothyroidism, stress, stimulation, pregnancy, menstrual cycles, marijuana use, intraductal papilloma, mammary duct ectasia, and pituitary tumors.
 - pituitary tumors- cause changes in vision and headaches
 - mammary duct ectasia- causes bilateral sticky green, brown or black discharge (occurs in age >50).
 - evaluation- order pregnancy test, f negative, order prolactin and tsh. If elevated order an MRI to evaluate for pituitary tumors.
 - 1. Peau d'orange change in the breast is associated with
 - Edema of the lymphatics
 - 2. A patient with an intraductal papilloma of the breast will most likely present with
 - Unilateral bloody nipple discharge
 - 3. A patient has an abnormal screening mammogram. The next step should be

- Order a diagnostic mammogram
- 4. The relative risk of developing invasive breast cancer in a woman with fibroadenoma is
 - 1
- 5. What is most commonly associated with fibroadenomas
 - Pain in pregnancy
- 6. A patient is c/o cyclic breast tenderness and diffuse nodularity on monthly breast exams. Your exam finds multiple firm, mobile masses, predominately in the upper outer quadrants of each breast. You aspirate one of these masses and obtain clear straw colored fluid. What is the best initial action
 - Mechanical support of breast
- 7. What is the most common presenting complaint of women with fibrocystic breast change
 - Bilateral cyclic pain
- 8. Lobular carcinoma in situ has which of the following characteristics
 - May lead to cancer in either breast
- 9. During what age range is a patient most likely to develop mammary duct ectasia
 - 40-50
- 10. Which of the following mimics invasive carcinoma in appearance
 - Complex sclerosing adenosis
- 11. The pain associated with cyclic mastalgia is best described as
 - Generally bilateral
- 12. Collecting ducts arising from breast lobes terminate drain at the
 - Nipple
- 13. The advantage of mammogram is that it can
 - Identify suspicious lesions 2 or more years before they are palpable
- 14. A 23 year old presented with a 2-3 cm firm, painless, freely movable mass in her left breast. The mass does not change during menstrual cycle and has grown slowly over the last year. What is likely dx
 - Fibroadenoma
- 15. A 29 year old c/o breast mass what is your initial modality
 - Ultrasound
 - Ultrasound should be ordered for women under 30 and a mammogram for women over age 30
- 16. Green sticky nipple discharge is associated with
 - Ductal ectasia
- 17. Where does lymph from the medial outer area of breast flow
 - Opposite breast
- 18. Myomas in 42 year old
 - Will decrease with withdrawal of estrogen
- Infertility
 1. In women describing sufficiently frequent sexual encounters, infertility is typically described as a failure to conceive after
 - 12 months
 2. What is the most common cause for infertility in patients with endometriosis

- Pelvic scarring
- Major female infertility is due to
 - Ovulatory dysfunction and tubal/peritoneal pathology
- Letrozole
 - First line med for ovulation induction in women who have PCOS
- Hyperandrogenic Disorders
 1. Constitutional hirsutism is typically treated by admin of
 - Androgen blockers
 2. The signs of cushing syndrome result from excess
 - Corticosteroid
 3. A 28 year old is diagnosed with PCOs and is given oral contraceptive. The treatment is intended to improve symptoms by
 - Suppression of androgen production
 4. PCOs can be viewed as disorder involving
 - Excess androgen, excess estrogen
 5. Women seen in office, on exam has hair growth on her nipples and lower abdomen, temporal thinning. Blood tests show high normal level of free and total testosterone. Most likely cause is
 - Pcos
 6. The most common etiology of hirsutism
 - Idiopathic hirsutism

Pregnancy

Congenital CMV-causes increased chance for MR, cerebral palsy, and hearing loss

Parvo virus 5th disease- increased risk for hydrocephalus

Toxoplasmosis- increased risk during 1st trimester for hearing loss, neuro delays, and seizures

Rubella- risk for miscarriage, still birth, birth defects

HSV- risk for Preterm birth, SAB, intrauterine growth, MR, begin antiviral at 36 weeks gestation and consider c sect to prevent transmission

Chlamydia- increased risk for ectopic pregnancy, still birth, and premature rupture of membranes (tx with azithromycin)

Nutrition during pregnancy

- Folic acid- 400mcg per day to reduce neural tube defects, spina bifida, and ancephaly
- Food sources of folic acid- leafy greens, eggs, citrus, pasta, cereals, rice

Smoking during pregnancy

- Increased risk for low birth weight, premature delivery, stillbirth, SIDS

Alcohol use during pregnancy

- Increased risk for growth problems, fetal alcohol syndrome, and learning disabilities

GTPAL- GRAVA, TERM, PRETERM, ABORTION, LIVING

Ectopic pregnancy

- Adnexal mass/tenderness, bluish discoloration of cervix, culdesac bulge

Hydatidiform Mole pregnancy

- Abnormal proliferation of placental tissue
- Result in development of benign malignant tumor
- Partial vs complete
- Ultrasound shows snowstorm pattern
- Symptoms- passage of grapelike villae, n/v, abd pain, hemoptysis, and shortness of breath

1.embryo becomes biopotential at what week of gestation

- 6th

Hormone therapy

- Premarin- associated with endometrial cx, take for shortest time possible
- EPT- increased risk for breast cancer limit to 3-5 years

Menopause

- 12 consecutive months of no menstrual cycles
- FSH no longer recommended
- Increased urinary symptoms because bladder is dependent upon estrogen
- s/s night sweats, hot flashes, mood swings, insomnia, weight gain, hot flushes, vaginal dryness
- menopause occurs earlier in: smokers, undernourished, vegetarians,
- menopause occurs later in women who are obese because body fat stores androstenedione which converts to estrogen.
- Considered premature menopause is before age 40
- Tx; reduce spicy foods, triggers, hot drinks, caffeine, alcohol, increase activity and water intake
- >50 increase calcium to 1200 and vit d to 600
- >70 increase to 800-1000 vit d

1. androstenedione is secreted from

- adrenals

Osteoporosis

- Primary r/t aging
- Secondary r/t medications and conditions (corticosteroids, anticonvulsants, mtx), (hyperthyroidism, liver disease, gi malabsorption)
- Idiopathic- no cause identified
- DEXA- performed on women over 65
- Less -2.5 indicates osteoporosis
- Tx- alendronate (fosfamax), risedronate (Actonel), reclast, forteo, prolia
- Prevention- calcium 1200mg, vita d 800-1000, weight bearing exercise, fall prevention, tobacco cessation, less than 2 alcoholic drinks per day

1. difference between type 1 and 2 bone loss in osteoporosis

- type 1 bone loss results from loss of ovarian fct

Infertility

- Older than 35 refer to fertility specialist after trying for 6 months
 - Under 35 1 year of trying to conceive
 - Spermatogenesis takes 72 days
 - # 1 cause of fertility issues in women is ovulatory dysfunction
 - Hyperandrogenic, PCOS
 - #2 cause is tubal or peritoneal pathology
 - PID, endometriosis
 - Other- asherman syndrome- intrauterine adhesions
 - Metformin and letrozole for pcos
 - Clomid for everything else 50mg once daily for 5 days to start on day 3 of cycle
- From your course textbook, [*Adolescent and Young Adult Health Care*](#), read the following chapters:
- Health of the World's Adolescents and Young Adults
 - Psychosocial Development in Normal Adolescents and Young Adults
 - Two crises during early adulthood?
 - *development of intimacy versus isolation: entering life partnership with another individual
 - *Ability to become generative versus stagnation
 - Office Visit, Interview Techniques, and Recommendations To Parents

- Preventive Health Care for Adolescents and Young Adults
- Gynecologic Examination of the Adolescent and Young Adult Female
- Normal Menstrual Physiology

1. Precocious puberty starts before age 8

- Dysmenorrhea and Premenstrual Disorders
- Abnormal Uterine Bleeding
- Contraception
- Barrier Contraceptives and Spermicides
- Contraceptives Pills, Patches, Rings and Injections
- Intrauterine Devices and Long-acting Reversible Contraception
- Thyroid Function and Disease in Adolescents and Young Adults
- Amenorrhea, the Polycystic Ovary Syndrome, and Hirsutism
- Breast Disorders and Gynecomastia

Terms in this set (113)

Original ▼

Cyclic mastalgia is more likely to be caused by?

Hormonal changes and Menstrual cycle

The possibility of cancer is associated with MASTALGIA when the pain is _____?

Accompanied by skin changes & palpable abnormalities

What is the 1ST treatment effective for 85% of mild to moderate SX's of MASTALGIA ?

Reassurance

What is Mammary Duct Ectasia ?

Discharge may be green, brown & black in color

If a woman is complaining of bilateral milky nipple discharge, NP should do _____?

Perform pregnancy test

What are the most common benign breast masses ?

Fibroadenoma & Breast Cysts

What breast tissue sampling procedure is best used when density/calcification is seen by mammogram in a location that cannot be effectively accessed w/ core biopsy?

Localized needle breast biopsy (BX)

Regarding Breast Masses among women 55 y/o and older, always presume _____?

Always presume mass is MALIGNANT until proven otherwise

A woman's lifetime risk of being diagnosed w/ breast cancer is _____?

1 in 8 (12.5% chance)

No risk factors other than age are identified in what % of women w/ breast cancer?

85%

National study with 31,581 respondents found what % of women reported having sexual difficulty ?

44%

Which of the following statements about androgen supplementation is FALSE ?

FALSE: Correlation betw. testosterone level & sexual dysfunction are found consistent among multiple studies

All the following meds may cause sexual arousal problems EXCEPT ?

NOT: SILDENAFIL

Management for arousal disorder in women may include all EXCEPT ?

NOT: A treatment that increases blood flow to genital tissue

In a randomized control trial of women, who used what med, had significantly greater mean improvement in desire & arousal domains of the FSFI, compared to women who used placebo ?

Zestra, topical formulation, that contains botanic oils and extracts

For women who have never experienced an orgasm, what should the NP do?

Draw diagram (give image handout) and describe female genital anatomy to her (Recommend books to read)

About 1/2 of all pregnancies in the USA are "Unintended Pregnancies" for women who are in what age group ?

Between ages of 18 and 24

Estimates from 2002 NSFG indicate that what % of infants born to never-married women younger than age 45 were placed for adoption between 1996 and 2002 ?

1%

When a patient's decision about unintended pregnancy causes an irreconcilable conflict between the NP's personal beliefs & professional responsibilities, the NP should do what?

Refer patient to a colleague or a different setting entirely

All are alternatives for optional pregnancy counseling, EXCEPT what ?

NOT: Assess need for additional attention after abortion

Women who present for pregnancy options counseling need to know what?

Gestational age of fetus

Most recent data on the timing of abortion indicates what % were performed prior to 13 wks.' gestation?

88%

Of abortion methods used in USA, what are the most common methods in order?

Aspiration, Medication, Induction surgical

The World Health Organization estimates what number of unsafe abortions took place annually betw. 1993-2003, resulting in enough deaths to render unsafe abortion one of Leading causes maternal mortality?

19 - 20 million deaths due to unsafe abortions

For women younger than 35 y/o, "infertility" is defined as failure to achieve a successful pregnancy after how many months ?

12 months

For women older than 35 y/o, the NP will consider infertility treatment after 6 mos. of attempting pregnancy because of ?

High risk of pregnancy loss in older women

Approximately ____: Fill in the blank: days, hours, minutes or seconds - are required for spermatogenesis, sperm to mature in Epididymis, then travel out of the Vas Deferens during ejaculation?

72 days

Among causes of infertility in women, all are causes EXCEPT what ?

NOT: Endometriosis

Fertility test that transports a radiopaque contrast traveling through the female reproductive system is?

Hysterosalpingogram

All diagnostic testing & procedures are frequently performed in clinical practice EXCEPT for what ?

NOT: Hysterosalpingogram

The infertility evaluation is a great time to suggest health-promotion behaviors that make specific improvements for fertility, including what ?

Reducing alcohol consumption to 4 drinks/week; losing weight; smoking cessation

What is the form of assisted reproductive technology that requires fertilization to occur in a pt.'s Fallopian Tube, instead of a laboratory dish?

Gamete IntraFallopian Transfer (GIFT)

For women and men with infertility issues, one option that involves a sperm or egg donor is called what ?

Collaborative Reproduction

Ethical questions that specifically address pre-implantation with testing w/ ART had to do with what ?

Genetic engineering and the ability to reject embryos affected by inherited disorders

What is the major source of vaginal secretions ?

Cervical mucosa

What is the term for inflammation of the vagina characterized by an increased vaginal discharge containing numerous WBCs ?

Vaginitis

How is Vaginosis different from Vaginitis?

Vaginosis discharge does NOT contain WBCs

What is the most important step in preventing vaginal infection?

Good hygiene

What bacterial infection does Vaginosis lead to ?

Pelvic Inflammatory Disease (PID)

Approximately what % of women with bacterial vaginosis (BV) are asymptomatic?

50%

What is the common symptom of bacterial vaginosis (BV)?

Fishy odor

Which organism causes 90% of vulvovaginal candidiasis episodes in women?

Candida albicans

What is the most common SX of vulvovaginal candidiasis?

Itching

Why is it more difficult to detect STI's in women than men ?

Female anatomy is more difficult to examine

With more than 100 known genotypes of HPV, approximately how many can affect the genital tract ?

40%

Routine HPV vaccination is recommend for girls of what age ?

Females 11 - 12 y/o

Initial or primary genital herpes infections usually last how long ?

3 weeks

How does a systemic antiviral drug treat general Herpes Virus ?

By controlling its symptoms

Which of the following is caused by anaerobic protozoa that commonly live in the vagina?

Trichomonas

The second most commonly reported STI after chlamydia is what ?

Gonorrhea

What is the most common UTI that affects women?

Acute Bacterial Cystitis

Uncomplicated acute bacterial cystitis occurs in women who _____ ?

Have NO signs of urinary tract infection (UTI)

What distinguishes Pyelonephritis from Cystitis?

In Pyelonephritis: infection has ascended to the kidneys

Inexpensive screening tool to confirm UTI Dx, if history is ambiguous, is what ?

Why should symptoms, such as bloating and breast tenderness, NOT be considered as part of premenstrual disorder symptoms ?

Because most women naturally have bloating and breast tenderness

How is Secondary Dysmenorrhea defined ?

Underlying pathology causing painful cramps w/ menses

Which of following is the diagnostic label listed in the DSM menu for PMS depression ?

Premenstrual Dysphoric Disorder

Which diagnosis is the key criteria to diagnosis PMS ?

A cluster of mild to moderate physical & psychological SX's that occur during the late Luteal

Phase of menses, resolving with menstruation; SEVERITY of SX's differentiates PMS from PMDD.

(p. 558-559)

What is the best definition of Abnormal Uterine Bleeding (AUB) ?

Irregular bleeding in amount & frequency

What is a good first question to ask a woman who presents w/ concerns about abnormal bleeding ?

What is the normal pattern for you?

For women of reproductive age, what is the most common cause of a bleeding pattern that is suddenly different ?

Complications of pregnancy

Progesterone break-through bleeding is seen in women who _____ ?

Use progesterone-only contraception

Signs of endometrial or cervical cancer may present with abnormal bleeding described as what ?

Heavy, prolonged bleeding, or menometrorrhagia

Exercise reduces Amenorrhea due to low body fat and decreases secretion of what ?

GNRH

When is a pelvic exam unnecessary for a woman who is experiencing abnormal uterine bleeding ?

"When pt. is an Adolescent, ... not sexually active, has only recently begun menstruating, & has a normal Hematocrit = a pelvic exam is most likely UNNECESSARY." (p. 586)

On which hormone is Ovulation dependent?

LH surge

What is the preferred routine manual examination for Pap smear?

External inspection, Palpation, Speculum, Bimanual examination

Best predictor of developing Osteoporosis (OP) ?

People who have low body weight

Emergency Contraceptive Pills (Plan B, "morning-after pill") can do what ?

Stop Fertilization

Primary side effect of Estrogen Therapy?

Breast Cancer

Most common site of Metastatic spread of Invasive Breast CA includes ALL of following, EXCEPT ?

NOT: Does NOT go to the Pituitary Gland

What is the most common cause of Female Infertility ?

Ovulatory Dysfunction

What has helped decrease incidence of Hep. B over past 20 years ?

Hepatitis B vaccine

Common type of UTI in women ?

Acute Bacterial Cystitis

What dietary supplement helps with PMS ?

Calcium

Which CA has the highest mortality rate of all Gynecological Cancers ?

Ovarian Cancer

Why are the majority of Ovarian CA cases diagnosed when the disease is already at advanced stages ?

Because of vague symptoms

What factor may actually increase the risk for developing Ovarian Cancer ?

Not giving Birth

What is the most common cause of chronic Pelvic Pain ?

IBS

Pelvic pain in adolescents is usually due to ?

Gynecological problems

Uterine Fundal Height usually reaches the Umbilicus at how many weeks' gestation ?

20 Weeks

During pregnancy, blood volume increases 30-50 % and peaks at what gestation ?

30-34 Weeks

Early pregnancy loss is due to what ?

Embryo chromosomal abnormalities

What is the leading cause of 1ST Trimester maternal death ?

Ectopic Pregnancy

What newer, common prenatal care model shows women having the 1ST OB visit with their provider & next with a group of pregnant patients & group facilitator ?

"CenteringPregnancy", developed by Sharon Schindler Rising (CNM): a OB facilitator meets w/ group of 8-12 women monthly until the last few weeks of pregnancy, then OB/GYN MD covers final visits.

Which parasite may be transmitted from animals to women ?

Toxoplasmosis

How is Chlamydia transmitted from mother to baby ?

During delivery from infected cervix

Name the color of vaginal discharge lighter than red ?

SEROSA

TRUE or FALSE: Post-menopausal women cannot produce estrogen ?

FALSE: post-menopausal women may produce Estrogen

Why do adolescents have the highest risk of developing HPV ?

Immunity is weaker

What hormone helps with Mood Disorders of PMS ?

Estrogen & Progesterone, Combined Oral Contraceptives are widely used to treat mood disorders of PMS; & also SSRI's for treatment (p. 568)

TRUE or FALSE: Hormonal replacement is considered safe for all women ?

FALSE: hormone replacement is NOT safe for all women

Treatment, although not curative, is critical for the best outcome possible. One important principle of antiretroviral therapy is:

Therapy should be started when symptoms first appear.

Monotherapy is recommended.

Response to drug therapy is monitored by HIV RNA levels.

Response to drug therapy is monitored with CD4+ counts.

Response to drug therapy is monitored by HIV RNA levels.

The HIV is positive, and the chest X-ray reflects bilateral infiltrates. The radiologist telephones you with a diagnosis of pneumonia. Further evaluation and report are sent to you with a diagnosis of pneumocystis pneumonia. What stage is this HIV presentation?

Acute HIV infection

Early-stage infection

AIDS

Symptomatic but likely to begin a latency period

AIDS

Women often tend to reschedule a well-woman visit, but they don't do so often with a problem such as pelvic pain. This symptom can present as an acute, or chronic, insult. When a woman presents with pelvic pain, the term can encompass many possibilities. Differentiating acute from chronic assists with narrowing down the possibilities but nonetheless can originate from more than one system as a referred pain or discomfort. The focus here will be of reproductive/pelvic origin.

As you know, the most common cause of pelvic pain can be noted as endometriosis. But you also know that the most acute causes of pelvic pain are probably:

Vertical transmission from a mother to her baby, blood transfusion, or exchange of any blood products

Question :

HIV risk factors are all of these except:

Unprotected sex or trauma with sexual activity or multiple partners

IV drug use, including shared syringes

Exchange of saliva

Exchange of saliva

Whether you order diagnostic testing or refer the patient to an HIV-specific facility, laboratory confirmation for documentation for appropriate care rendered.

The test confirming HIV infection is _____.

HIV-1/2 Ag/Ab combination immunoassay

enzyme-linked immunosorbent HIV RNA

CD4+ lymphocyte count

quantitative plasma HIV RNA

HIV-1/2 Ag/Ab combination immunoassay

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Salpingo-oophoritis (fallopian tube/ovary) secondary to PID

Gynecologic malignancy

Adhesions

Myomata uteri

Salpingo-oophoritis (fallopian tube/ovary)

A twenty-five-year-old presents with a report of a very tender area just near her introitus and to the left of her perineum. Very painful sex is how she knew "something wasn't right." She showered and when washing, she felt a "pea-sized" painful lump on the left side of her "bottom." She tells you she looked at it with a mirror and it was very small, but now it is the size of a ping-pong ball and getting worse.

When you inspect her external genitalia, you are amazed at the size and appearance of the "lump."

You note what appears to be an abscess on the left medial side of the labia minora, and there is some edema extending into the perineum. Your diagnosis for this presentation is:

Lipoma

Dermoid cyst

Bartholin's cyst

Skene's duct cyst

Bartholin's cyst

Bartholin's Cyst

If a Bartholin duct gets blocked, fluid builds up in the gland. The blocked gland is called a Bartholin gland cyst

You explain to this young woman what this "lump" is and let her know you will be referring her to a gynecologist you consult with regularly. You explain to her the likely treatment as follows:

She will need to take sitz baths three times per day and a broad-spectrum antibiotic.

This is likely a fatty tumor and will need to be surgically removed.

A possible incision might be necessary and a catheter placed for two to four weeks to allow for drainage and appropriate healing.

This is a folliculitis that has become infected and needs a needle aspiration and broad-spectrum antibiotic treatment.

A possible incision might be necessary and a catheter placed for two to four weeks to allow for drainage and appropriate healing.

You are at the office and a thirty-year-old woman presents with an abrupt onset of pain when attempting to urinate. She is also complaining of frequency and urgency and thinks she may have seen some blood as well. You take her history and she tells you she had sex three days ago with her long-term significant other, but she realized she left her diaphragm in until today when these symptoms occurred.

Her BP is unremarkable, pulse is 90, temperature is 99, no costovertebral angle tenderness (CVAT), and is experiencing slight suprapubic discomfort. You review her urine dip and you note 2+ blood, +nitrates, +leukocyte esterase. You send the urine for a microscopic and culture and sensitivity but your management plan is:

Pending the culture and sensitivities, you will treat accordingly.

Advise her to drink cranberry juice and you will give her a pain medication.

Provide broad spectrum antibiotic while waiting for culture and sensitivity lab to return for specific microbe.

Refer to a urologist.

Provide broad spectrum antibiotic while waiting for culture and sensitivity lab to return for specific microbe.

The diagnosis of stress incontinence can be confirmed by _____.

your suspected etiology

the woman's symptom history to date

urodynamic evaluation

pelvic muscle evaluation

the woman's symptom history to date

Anticholinergic medications are a type of treatment for which type of incontinence?

Urge incontinence

Stress incontinence

Vulvodynia

Vestibulitis

Urge incontinence

Treatment for stress incontinence can include:

Student Answer:

Pelvic muscle exercises/kegel floor exercises

Biofeedback

Weight loss if obese

All of the above

All of the above

A well-woman visit for an adolescent should include which of the following?

A general health history and physical examination, including a breast examination, pelvic with Pap smear, screening tests, counseling, immunizations, risk factors, and patient concerns

A general health history focusing on reproductive and sexual health concerns (menses, gynecologic, and pregnancy related) and psychosocial (family related, peer related, emotional, and physical as well as related to abuse, drug use, and alcohol use) concerns

Physical exam, screening tests, and immunizations as indicated by the health history and gynecologic considerations for an external-only inspection of the genitalia

Both b and c

Both b and c

A myriad of influencing factors can affect adolescent women in a positive or negative way. As an advanced practice nurse, you will need to be cognizant of such influences and address them from a health promotion/prevention lens.

Today, Marie, a sixteen-year-old woman, arrives for a well-woman visit, hoping to begin birth control since "all her friends are using it."

After a thorough history, you note that Marie resides in a community with very high risk factors. These include poverty, violence, and lack of recreational facilities. She tells you that she "hangs out" at a convenience store near the apartment complex she lives at with her mother. "All the group hangs there," she reports proudly. She shares that she has been menstruating for two years now although she has irregular cycles. She also lets you know that she has had coitus only one time and that he "pulled out." She does not want to get pregnant, and this is why she is here today.

What is your management plan for Marie today? (Select those that apply.)

You will assess all predisposing factors that lead to premarital sex and the negative consequences, tell Marie to be careful, and prescribe birth-control pills.

One by one, you will plan to carefully address the risks (red flags) in Marie's history. Your goal will be to clarify and address misconceptions, as well as share valuable sex education in a sensitive, nonjudgmental way. You will let her know you are her advocate and are very protective of her health. Without preaching, you want her to be aware of the negative possibilities of premarital, unprotected sexual activities. You will also share a clear understanding of the risk of STIs with Marie.

After processing all of the history Marie has shared, you will write a referral for psychiatric evaluation and tell her she needs ongoing counseling for her behavior at such a young age and she likely needs to learn to cope within her environment (home and community).

Your goal is to include healthy sexual-health decision making, including decisions regarding abstinence, birth-control efficacy and choice, and condom use. Depending on the need, you may include a referral to an effective program for teens (for example, a program that deals with STI prevention and or a family-based intervention program if available).

CORRECT You will assess all predisposing factors that lead to premarital sex and the negative consequences, tell Marie to be careful, and prescribe birth-control pills.

CORRECT One by one, you will plan to carefully address the risks (red flags) in Marie's history. Your goal will be to clarify and address misconceptions, as well as share valuable sex education in a sensitive, nonjudgmental way. You will let her know you are her advocate and are very protective of her health. Without preaching, you want her to be aware of the negative possibilities

of premarital, unprotected sexual activities. You will also share a clear understanding of the risk of STIs with Marie.

CORRECT After processing all of the history Marie has shared, you will write a referral for psychiatric evaluation and tell her she needs ongoing counseling for her behavior at such a young age and she likely needs to learn to cope within her environment (home and community). Abnormal uterine bleeding (AUB) has multiple causes. When a woman presents and reports menstrual irregularity with amenorrhea, which is the most common cause of amenorrhea?

Ectopic pregnancy

Adenomyosis

Coagulopathy

Anovulation

Anovulation

Anovulation

when the ovaries do not release an oocyte during a menstrual cycle. Therefore, ovulation does not take place. However, a woman who does not ovulate at each menstrual cycle is not necessarily going through menopause. Chronic anovulation is a common cause of infertility.

The most common cause of chronic pelvic pain for women in the prime of their reproductive years is:

PID

Fibroids

Endometriosis

Endometritis

Endometriosis

Polycystic ovaries predispose women to a higher incidence of:

Adrenal tumors

Ovarian cancer

Endometrial cancer

Endometriosis

Endometrial cancer

A definitive diagnosis of endometriosis cannot be made until which of these is completed?

CT scan

Transvaginal ultrasound

Exploratory laparoscopy

MRI

Exploratory laparoscopy

A woman has just stopped birth control pills in efforts to become pregnant. You recall that estrogen withdrawal reflects activity primarily from the _____.

hypothalamus

uterus

ovary

pituitary

ovary

A prescription is being written by the nurse practitioner for birth control pills. When completing patient education, which of the following would be an accurate statement about oral contraceptive use?

It is unnecessary to double up on missed pills for combined oral contraception.

Oral contraceptives do not provide protection against sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV).

Most women will not notice a change in their periods once they go on the pill.

The pill provides added protection against cervical and uterine cancer.

Oral contraceptives do not provide protection against sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV).

A twenty-one-year-old woman presents for her initial well-woman examination. She has never been sexually active and has a negative family history for gynecology problems. Personal history is negative for abuse, and she exercises regularly and eats a balanced diet. Menstrual history reveals that she experienced menarche at fourteen years of age, has a regular twenty-eight-day cycle, and denies dysmenorrhea. Which of the following would be included in her physical examination today?

Stool for occult blood

Baseline mammography

Cultures for gonorrhea and chlamydia

Pap smear

Pap smear

Which of the following characteristics is not associated with psychosocial development problems in adolescence?

Being different than others or feeling different

Late onset of pubertal sexual maturity

Sexual identity as GLBTQ

Having a disability or chronic health condition

Late onset of pubertal sexual maturity

During a pelvic exam on a seventy-year-old, the nurse practitioner notices the position of the cervix at the introitus. The diagnosis is most likely _____.

cystocele

rectocele

urethral prolapse

uterine prolapse

uterine prolapse

While participating in a woman's health fair, a parent comes to you with the concern of her daughter participating prematurely in sex. Which of the following factors is strongly associated with early onset of unwanted sexual activity?

Dating a partner that is >3 years older than the teen

Planning on attending college in the near future

Poor academic performance in school

Presence of strong religious convictions

Dating a partner that is >3 years older than the teen

Iris is a thirty-two-year-old married woman with three children. She comes in for information on using the copper T intrauterine device (IUD) for contraception. Which of the following would be a contraindication to using this appliance?

Nulliparity

Heart disease

Prior ectopic pregnancy
History of multiple births
Heart disease

Cara is in the clinic for what you have diagnosed as dysfunctional uterine bleeding (DUB). She is concerned about why this is happening to her. You recall which of the following is the most common cause of DUB?

Endocrine disorders
Stress
Anovulation
Anatomical abnormality
Anovulation
Anovulation

when the ovaries do not release an oocyte during a menstrual cycle. Therefore, ovulation does not take place. However, a woman who does not ovulate at each menstrual cycle is not necessarily going through menopause. Chronic anovulation is a common cause of infertility.

You are starting Ella, a twenty-one-year-old, on Ortho Tri-Cyclen, a combined oral contraceptive. Which of the following would not be included in your instructions and advice?

Try to take the pill at the same time every day. If you miss one day, double up the next day.

You need to use backup protection consistently for the first month to avoid pregnancy.

Breakthrough bleeding may occur in the first few cycles.

Please do not stop taking the pill due to this. If you are uncomfortable with this, come in for a follow-up appointment to discuss other options.

Oral contraceptives offer protection against breast cancer for as long as you are using them.

Oral contraceptives offer protection against breast cancer for as long as you are using them.

A woman comes to the clinic with the chief complaint of disruption of urine flow. Which of the following is not a risk factor for pelvic floor relaxation?

Obesity
Menopause
Vaginal delivery
Cesarean section
Cesarean section

The nurse practitioner understands that premenstrual syndrome (PMS) occurs with greatest frequency and severity in the _____.

late luteal phase
follicular phase
proliferative phase
ovulatory phase
late luteal phase

A twenty-one-year-old woman comes into your practice seeking birth control. She has only recently become sexually active and has consistently used condoms for safe sex. Your history reveals that she does not use tampons during her menses and has very little knowledge about female reproductive anatomy. Based on this information, which of the following birth control choices would be least likely to meet her needs for contraceptive management?

Combined oral contraceptive (COC) pill

Depo-Provera

Ortho Evra patch

NuvaRing

NuvaRing

A pregnant client in your practice is experiencing nausea and vomiting in her first trimester.

Which of the following would you suggest to alleviate the problem?

Avoiding all carbonated beverages, including sodas and seltzer water

Eating small meals at frequent intervals, avoiding spicy or fatty foods

Avoiding eating the first thing on awakening in the morning

Taking additional iron and prenatal vitamins

Eating small meals at frequent intervals, avoiding spicy or fatty foods

Natasha is an eleven-year-old girl brought to your office for an annual well-child visit. When discussing the onset of puberty with Natasha and her mother, you would emphasize which of the following?

Pubic hair develops before breast buds.

Breast development delayed beyond twelve years of age may be considered pathological.

The average age of menarche is twelve years.

It usually takes about three-and-half years to go from breast buds to menarche.

The average age of menarche is twelve years.

Suzanne, a forty-six-year-old client, reports shortened menstrual cycles for one year. The most likely diagnosis is _____.

anovulatory bleeding

menopause

perimenopause

breakthrough bleeding

perimenopause

Maria, fifty-two years old, comes in for her annual well-woman examination. LMP was fourteen months ago. You would document this as _____.

secondary amenorrhea

menopause

perimenopause

primary ovarian failure

menopause

Strategies to protect teenagers from risks include all of the following except _____.

involving them in community activities for a worthy cause

encouraging them to participate in teambuilding sports

pairing young adolescents with middle adolescents

involving them in school-related activities
pairing young adolescents with middle adolescents

In caring for a menopausal client who has had a total hysterectomy, the nurse practitioner would include which of the following options?

Estrogen alone
Estrogen and progestin
Progestin and testosterone
Testosterone alone

Estrogen alone
Alicia lived in foster care for several years before being placed in a new city. She is in tenth grade. Which of the following aspects of her life protect her from risk?

Her recent move to a new city and school

Occasional alcohol use while at parties

Friendships with two teen girls who have "been around the foster care system"

A female teacher with whom she can talk about her problems

A female teacher with whom she can talk about her problems

Elizabeth, twenty-four years old, is pregnant, and you are educating her on common problems during the first trimester. Which of the following is abnormal and requires immediate attention?

Nausea and vomiting (aka "morning sickness")

Fatigue and tiredness

Back ache in the lumbar area

Vaginal bleeding

Vaginal bleeding

Beth, a sixty-two-year-old woman, is seen for a follow-up discussion of DEXA scan result of minus 1.5 standard deviation (SD) at the hip. Her PMH includes a recent myocardial infarction and a fractured wrist at fifty-eight years of age. Which of the following would not be an option for her?

Continuous conjugated estrogen 0.625 mg and medroxyprogesterone acetate (MPA) 2.5 mg (Prempro) p.o. daily

Counseling on smoking cessation and alcohol consumption

Ibandronate (Boniva) 150 mg p.o. once monthly in the a.m.

Encouraging weight-bearing exercises and increased calcium intake

Continuous conjugated estrogen 0.625 mg and medroxyprogesterone acetate (MPA) 2.5 mg (Prempro) p.o. daily

A woman has been diagnosed with polycystic ovary syndrome (PCOS). Management of PCOS includes all of the following except _____.

oral contraceptives to establish a regular menstrual cycle

a planned program of regular exercise

consult with dietician for weight management

daily basal insulin to reduce blood sugar

daily basal insulin to reduce blood sugar

A nurse practitioner is educating a woman who has a colposcopy ordered. Which of the following most accurately describes a colposcopy?

A procedure that visualizes the vaginal, vulvar, or cervical epithelium with magnification to identify abnormal areas that may need to be biopsied

A procedure to visualize the uterine cavity through a small, fiber-optic scope introduced through the cervix

A procedure to remove a sample of endometrial tissue with a curette or an aspiration tool for biopsy

A procedure to visualize the abdominal and pelvic cavity by fiber-optic endoscope via a subumbilical incision

A procedure that visualizes the vaginal, vulvar, or cervical epithelium with magnification to identify abnormal areas that may need to be biopsied

Lakeisha, seventeen years old, is seeing her regular nurse practitioner for a sports physical. While participating in a psychosocial screen, Lakeisha volunteers that she "hasn't had sex yet." What is the best initial response to Lakeisha's statement?

Congratulate her for abstaining and move on to another topic.

Clarify which behaviors are included in Lakeisha's definition of "having sex."

Demonstrate condom use and give Lakeisha some condoms for future partners.

Encourage Lakeisha to be screened for STIs.

Clarify which behaviors are included in Lakeisha's definition of "having sex."

A fourteen-year-old patient is accompanied by her mother, who is concerned about irregular and infrequent periods. Her last menstrual period was two months ago. What would be the initial test performed?

Urine HCG

Serum beta HCG

Hemoglobin and hematocrit

Chlamydia culture

Urine HCG

Lenore, fifty-five years old, comes in for evaluation of a breast mass. Which of the following is not usually linked with carcinoma of the breast?

Scaly lesions similar to eczema on one areola and nipple

Peau d'orange dimpling of skin over breast

Unilateral retraction and deviation of nipple

Well-circumscribed, rubbery, and tender lesion

Well-circumscribed, rubbery, and tender lesion

Frankie is concerned that she has an ultrasound ordered after the results of her mammogram of been reviewed by the nurse practitioner. You emphasize that the primary role of a breast ultrasound is to _____.

screen for breast cancer

definitively diagnose breast cancer

determine if a breast lesion is cystic or solid

locate small lesions before surgery

determine if a breast lesion is cystic or solid

A patient is complaining of a milky nipple discharge. Galactorrhea is usually a finding with which other diagnosis?

Cancer

Mastalgia

Hyperprolactinemia

Fibroma

Hyperprolactinemia

The nurse practitioner is completing a follow-up visit on a woman who was previously prescribed hormonal therapy (HT), which she has not taken for the last month. The primary reason the patient discontinued HT is _____.

weight gain

vaginal bleeding

breast tenderness

mood changes

vaginal bleeding

A nurse practitioner is educating a high school class about sexual education. Teaching should include that protective factors against repeat adolescent pregnancy include all of the following except:

Use of effective contraception

Participation in specialized adolescent parent program

Continued sexual relationship with the same partner

Continued school attendance

Continued sexual relationship with the same partner

A pathology report has been returned on a woman's breast mass malignancy. The most common type of invasive breast cancer is _____.

lobular

infiltrating ductal

infiltrating papillary

medullary

infiltrating ductal

A college professor is creating a lecture about the prevention and diagnosis of osteoporosis. A point that needs to be included about measures that have no impact on osteoporosis is

educating young women about importance of calcium and nutrition in attaining peak bone mass

educating women of all ages to the importance of regular weight-bearing exercise

obtaining a DEXA scan on postmenopausal women to assess for osteopenia

obtaining a spinal X-ray after a suspected osteoporotic compression fracture

obtaining a spinal X-ray after a suspected osteoporotic compression fracture

You are seeing twelve-year-old Sonya for a well-adolescent checkup. She is accompanied by her mother who agrees to having you see Sonya alone but wants to talk with you at the end. After examining Sonya and assuring her of confidentiality, you meet with her mother briefly. Sonya's mother states, "I don't know how to say this, but I am so worried that my daughter is homosexual. She spends so much time with her girlfriends, and they are the focus of her entire life." From your understanding of normal adolescent stages and development, how would you respond to her concern?

Advise Sonya's mother that same-sex close friendships are normal at this age.

Offer to refer Sonya's mother to a counselor who is experienced with gay teens.

Caution the mother that you can't disclose any information that Sonya has told you.

Explain that Sonya is old enough to decide her own sexual identity and to "let go."

Advise Sonya's mother that same-sex close friendships are normal at this age.

Anna, twenty-five years old, presents with dysmenorrhea. She states that her sister and mother have endometriosis; so she would like to be evaluated for it. Which of the following is consistent with a diagnosis of endometriosis?

Erythema and edema of the vulva

Postcoital bleeding with malodorous discharge

Pelvic pain and dyspareunia

Frequent diarrhea and amenorrhea

Pelvic pain and dyspareunia

A thirty-three-year-old woman presents to your clinic complaining of a dark brown, watery vaginal discharge and postcoital bleeding. There is a strong history of multiple unprotected sexual encounters. She has not been immunized for human papillomavirus (HPV). Which of the following examination findings would be suspicious for cervical cancer?

Lymphadenopathy of the femoral area

A soft, pink cervix with no ulcerations

An anteverted cervix with lateral displacement

A very firm cervix with an ulcer

A very firm cervix with an ulcer

Abby, twenty years old, presents with pelvic pain. Which of the following is not a first-line diagnostic test for evaluation of pelvic pain?

Pregnancy test

CBC with differential

CT of pelvis

Urinalysis

CT of pelvis

A woman presents to the office seeking the birth control measure that is 100% effective. When counseling a woman on effectiveness of these methods, which of the following fulfills this requirement?

Implanon

Combined oral contraceptive

Abstinence

Intrauterine device (IUD)

Abstinence

Lauren, twenty-three years old, presents to your office with a complaint of severe menstrual cramps for four months since she quit using an oral contraceptive. Your tentative diagnosis is primary dysmenorrhea. What would be the first-line treatment for this condition?

Acetaminophen

Naproxen

Ergotamine

Elavil

Naproxen

The nurse practitioner is prescribing an oral contraception to Sally. She is concerned about having one that has "two hormones" as the active ingredients. You instruct her that adding progestin to estrogen therapy will decrease the risk of _____.

breast cancer

withdrawal bleeding

endometrial cancer

osteoporosis

endometrial cancer

The National Osteoporosis Foundation has screening guidelines for DEXA scans. Which of the following women would be most in need of bone mineral density testing?

A fifty-four-year-old postmenopausal woman receiving hormone replacement therapy (HRT)

A fifty-year-old woman who is having irregular menstrual cycles

A fifty-one-year-old woman with systemic lupus erythematosus (SLE) on long-term corticosteroid therapy

A forty-nine-year-old Caucasian woman who smokes and has an excessive alcohol intake

A fifty-one-year-old woman with systemic lupus erythematosus (SLE) on long-term corticosteroid therapy

A Pap smear result of atypical squamous cells of undetermined significance—rule out high-grade squamous intraepithelial lesion (ASCUS r/o HGSIL) will require which procedure next?

Cold knife cone (CKC)

Follow-up Pap smear

Colposcopy

Loop electro-excision procedure (LEEP)

Colposcopy

You are meeting with twenty-two-year-old Emily to discuss birth control options. She has tried "the pill" in the past but failed to take it regularly. She is interested in depo because she only has to come in every three months for a shot. She also heard that one does not get a period on depo, and she likes the thought of that. Which of the following would be a specific consideration with depo that you would need to discuss?

Depo offers no protection from STIs.

Depo depletes skeletal mass, so it is necessary to take calcium supplements.

As with any hormonal birth control, changes in weight can occur.

Depo does not offer pregnancy protection for those who are obese.

Depo depletes skeletal mass, so it is necessary to take calcium supplements.

Mitzi, a twenty-three-year-old, is here for her well-woman checkup. She asks about douching. Which of the following statements about douching is true?

Douching is a reliable contraceptive method.

Douching may increase the risk of infection and ectopic pregnancy.

Douching effectively prevents sperm from entering the uterus.

Douching should be used after intercourse and after menses.

Douching may increase the risk of infection and ectopic pregnancy.

You are completing a pelvic exam on thirty-two-year-old Nancy. You detect a left adnexal mass on the bimanual exam. With an adnexal mass, the practitioner must always suspect _____ until proven otherwise.

Pelvic inflammatory disease (PID)

Malignancy

Pregnancy

Polycystic ovary disease

Malignancy

Which of the following is true regarding education of a forty-two-year-old woman diagnosed with uterine myoma?

Myomas usually resolve with menopause.

Myomas will become larger with the withdrawal of estrogen.

Hysterectomy is the treatment of choice.

Myomas are never responsible for uterine bleeding.

Myomas usually resolve with menopause.

Myomas

A myoma, commonly known as a fibroid, is a benign (noncancerous) tumor that develops in or around the uterus.

You are interviewing a teen with suspected substance abuse. Which of the following screening tools would give you the most specific information regarding substance abuse in teens?

GAPS
CAGE
CRAFFT
HEADSS
CRAFFT

What does CRAFFT stand for

CRAFFT stands for the key words of the 6 items in the second section of the assessment -

Car,
Relax,
Alone,
Forget,
Friends,
Trouble.

Elisabeth comes for a consultation. She has been in a committed relationship for five years now and wants to become pregnant. She is seeking information on the menstrual cycle and her "fertile period." Her cycle is twenty-eight days and regular. She and her partner have used condoms consistently to avoid pregnancy. Which of the following would be most valuable to her initially

The viability period for sperm is twenty-four hours.

Ovulation occurs on day 14 +/- 2 days, before the next period.

Taking her temperature daily will tell her when she is fertile.

Cervical mucus evaluation can be used to determine fertility.

Ovulation occurs on day 14 +/- 2 days, before the next period.

Jackie is a fifteen-year-old African American female who resides in a housing plan. You realize that barriers exist in providing preventive services to adolescents that include all of the following except:

Reluctance of adolescents to seek care

Concept that adolescents are "healthy" and don't need services

Concerns about lack of confidentiality

Availability of guidelines for preventive care

Availability of guidelines for preventive care

Lab results on your twenty-six-year-old patient show a negative Pap smear with a positive human papillomavirus (HPV) screen. Which procedure will be required next?

Repeat Pap and HPV screen

Colposcopy

Cold knife cone (CKC)

Loop electro-excision procedure (LEEP)

Repeat Pap and HPV screen

Malignant ovarian masses are very uncommon in young women. Which of the following information would be least helpful in the assessment, diagnosis, or management of pelvic malignancies in young women?

Malignant germ cell tumors are the most common ovarian tumors in young women.

Mutations in the breast cancer gene-1 (BRCA-1) are responsible for a small percentage of ovarian cancers in women.

Oral contraceptives are effective in minimizing the risks of functional ovarian masses.

The most common metastatic ovarian lesions in young women are lymphomas and leukemias. Mutations in the breast cancer gene-1 (BRCA-1) are responsible for a small percentage of ovarian cancers in women.

During puberty, linear growth is determined by the amount of growth hormone (GH) and the feedback loop. Which of the following patterns describes the release of GH in patients in puberty?

Rapid secretion of GH with activity

Pulsatile release in the morning

GH release that increases at rest

Pulsatile release at the onset of slow wave sleep

Pulsatile release at the onset of slow wave sleep

A thirty-two-year-old patient comes in for a workup of infertility. During the history, the nurse practitioner suspects that the patient may be experiencing anovulatory cycles. In order to confirm ovulation, which of the following tests would be most appropriate to order?

Endometrial biopsy

Basal body temperature

Hysterosalpingogram

Postcoital testing

Basal body temperature

A twenty-five-year-old female presents with vaginal irritation and discharge. On examination, the cervix is easily friable and erythematous. There is no adnexal tenderness. The wet prep microscopic examination reveals mobile protozoa on the normal saline slide. This most likely represents _____.

trichomonas

mucopurulent cervicitis

bacterial vaginosis

gonorrhea

trichomonas

A nurse practitioner is caring for a woman with primary and secondary amenorrhea. The pelvic exam was normal. Which of the following may be the cause if etiology originates in the hypothalamus?

Sheehan's syndrome

Ovarian failure

Thyroid dysfunction

Asherman's syndrome

Sheehan's syndrome

Sheehan's syndrome

postpartum hypopituitarism or postpartum pituitary gland necrosis, is hypopituitarism (decreased functioning of the pituitary gland), caused by ischemic necrosis due to blood loss and hypovolemic shock during and after childbirth.

The Tanner scale of sexual maturity rating allows for accurate classification of physical pubertal maturation. During the examination of your patient, you notice that the pubic hair is increased in quantity, is darker, and is present in the typical female triangle but in a smaller quantity. Which of the following Tanner stages does this description meet?

Tanner stage I

Tanner stage II

Tanner stage III

Tanner stage IV

Tanner stage III

The onset and duration of puberty varies greatly from patient to patient and is also dependent upon race. Which of the following phrases can you expect to have the earlier onset of puberty in boys?

African American boys

Native American boys

Caucasian boys

Hispanic boys

African American boys

A woman is experiencing symptoms after initial estrogen withdrawal. Which of the following would not be one of those?

Vaginal dryness

Hot flashes

Sleep disturbances

Breast tenderness

Breast tenderness

A couple is presenting for a first trimester pregnancy exam. They are curious about the sex of the baby. You recall that the human embryo becomes bipotential at what week of gestation?

Sixth

Tenth

Twelfth

Eighth

Eighth

A patient has symptoms consistent with Chlamydia. Which laboratory test would aid in the diagnosis?

Detecting the presence of inflammatory cells on a Pap smear

Tissue examination using direct fluorescent antibody

Culture and sensitivity

Wet prep with potassium hydroxide (KOH) assessing for positive "whiff" test

Culture and sensitivity

Bodily image concerns can be a major problem during the adolescent years. Which of the following psychosocial developmental phases of adolescence represents a period of greatest concern over bodily image?

Middle adolescence

Late adolescence

Preadolescence

Early adolescence

Early adolescence

Which of the following is an approved treatment for premenstrual dysphoric disorder (PMDD)?

Amitriptyline (Elavil)

Spirolactone (Aldactone)

Drospirenone/ethinyl estradiol/levomefolate calcium (Beyaz)

Conjugated estrogen (Premarin)

Drospirenone/ethinyl estradiol/levomefolate calcium (Beyaz)

A patient who a nurse practitioner is seeing for the first time has the past medical history of primary dysmenorrhea. She recalls that which of the following is considered as the primary etiology?

Ovarian cysts

Prostaglandin production

Endometriosis

Adenomyosis

Prostaglandin production

A nurse practitioner is reviewing the chart of a woman who has findings consistent with polycystic ovary syndrome (PCOS). The diagnostic criteria for PCOS include all of the following except:

irregular menstrual cycles

hyperandrogenism

infertility

male pattern baldness

male pattern baldness

A fifty-five-year-old postmenopausal female patient presents with pain in the upper outer quadrant of her left breast for over one month now. The best course of action would be to

_____.

reassure the patient that pain is often not a presenting symptom of breast cancer

teach the patient breast self-examination

order laboratory studies as most likely this is secondary to a hormonal fluctuation

perform a breast examination and order a mammogram

perform a breast examination and order a mammogram

A fifteen-year-old patient who presents with symptoms consistent with premenstrual syndrome (PMS) is concerned that she may have ovarian cancer. Your best advice to this patient is that PMS is typically caused by which of the following?

Polycystic ovarian disease

Pituitary tumor

Genetic, psychosocial, and hormonal fluctuations

Psychosocial issues and sleep disturbance

Genetic, psychosocial, and hormonal fluctuations

A fifty-five-year-old woman presents to the clinic for evaluation of a breast mass. Which of the following is not a typical presenting sign of breast cancer?

Engorgement of one areola and nipple

Dimpling of skin over breast

Unilateral retraction and deviation of nipple

A 2 cm, rubbery, tender lesion

A 2 cm, rubbery, tender lesion

A patient has been diagnosed with interstitial cystitis. The nurse practitioner remembers that this is best defined as _____.

the recurrence of lower urinary tract infections with bacterium

A noninfectious disorder of the urinary bladder

histologic changes of the urinary bladder lining

an acute, inflammatory urinary bladder disorder

A noninfectious disorder of the urinary bladder

You are examining a twenty-nine-year-old female with a three day history of dysuria and urinary frequency. On examination, the patient has mild abdominal pain with palpation in the umbilical area without rebound tenderness. Her test for cerebrovascular accident tenderness is negative. This most likely represents which of the following?

Pyelonephritis

Interstitial cystitis

Ectopic pregnancy

Ascending urinary tract infection

Ascending urinary tract infection

You are completing a well visit on a fourteen-year-old female who is currently not menstruating.

Primary amenorrhea is best described as _____.

cessation of menstruation for six months

failure of menstruation to occur by age fifteen

failure of menstruation to occur by age thirteen

cessation of menstruation for six months after menarche

failure of menstruation to occur by age fifteen

A thirty-five-year-old female presents for her normal annual examination and complains of recent changes in her breasts. She reports that they feel tender and "lumpy" during certain times of the month. As a result, she does not perform self-breast examination as she had been doing in the past. Which of the following statements would offer the best advice to this patient?

Order a mammogram to establish baseline data.

Recommend that she perform a self-breast examination every two months.

Determine the time of the month when her breasts are tender and recommend a change to her breast self-examination schedule.

Stress the importance of breast self-examination to detect unusual lumps.

Determine the time of the month when her breasts are tender and recommend a change to her breast self-examination schedule.

A twenty-one-year-old female presents to the practice with the chief complaint of a breast mass. Considering the differential diagnoses, the most common cause of the mass in this age group is _____.

intraductal papilloma

fibroadenoma

fibrocystic breast disease

lobular carcinoma

fibroadenoma

A patient has been diagnosed with trichomoniasis. Which of the following single dose medications would be the best option?

Azithromycin 1 g

Clindamycin 300 mg

Ofloxacin 500 mg

Metronidazole 2 g

Metronidazole 2 g

A female patient is concerned about having irregular menstrual bleeding. Which of the following is not a common cause of this problem?

Endocrine disorders

Stress

Anovulation

Anatomical abnormality

Anovulation

A twenty-seven-year old comes in to see you for a consultation. She has been in a committed relationship for five years now and wants to become pregnant. She is seeking information on the menstrual cycle and her "fertile period." Her cycle is every twenty-eight days and is regular; she and her partner have used condoms consistently to avoid pregnancy. Which of the following would be most valuable to her initially?

The viability period for sperm is twelve hours

Ovulation occurs on day 7 +/- 2 days

Taking her temperature at midcycle will tell her when she is fertile

Cervical mucus evaluation can be used to determine fertility

Taking her temperature at midcycle will tell her when she is fertile

A patient is coming to the clinic for a follow-up of some diagnostic testing that she had done. When you review the chart, you find that she now has findings consistent with a diagnosis of polycystic ovary syndrome (PCOS). You recall that PCOS is characterized by which of the following?

Menorrhagia

Infertility

Menometrorrhagia

Hypoadrogenism

Infertility

A nurse practitioner is participating in a women's health fair. When educating the women about risk factors for breast cancer, which of the following statements is incorrect?

Pregnancy after age of thirty-five years

Late menopause after age of fifty-seven years

History of maternal breast cancer

Fibrocystic breast disease

Fibrocystic breast disease

Fibrocystic breast disease

An eighteen-year-old patient presents with secondary amenorrhea. On physical exam, there is normal secondary sex characteristics in addition to the appearance of normal genitalia. Pregnancy has been ruled out through urine human chorionic gonadotropin (HCG). Which of the following signs or symptoms would necessitate further evaluation in this patient?

Elevated blood cholesterol levels

Androgen deficiency

Galactorrhea

Hirsutism

Galactorrhea

A fifty-one-year-old postmenopausal patient presents with renewed onset of vaginal bleeding. She had not menstruated for more than one year. Physical examination, including abdominal and pelvic examination appears grossly normal. Your initial treatment for this patient would include which of the following?

Observe the patient and have her return if the bleeding continues

Medroxyprogesterone acetate 5 to 10 mg daily to control bleeding

Monophasic oral contraceptives for three months and then reassess

Referral to a gynecologist for consideration for endometrial biopsy

Referral to a gynecologist for consideration for endometrial biopsy

It is known that a woman who is menopausal has an increased risk of heart disease. Which of the following lipid changes occur with estrogen withdrawal in menopause?

Decrease in HDL, LDL, and triglycerides

Decrease in HDL, LDL, and increase in triglycerides

Increase in HDL with a decrease in LDL and triglycerides

Decrease in HDL with an increase in LDL and triglycerides

Decrease in HDL with an increase in LDL and triglycerides

The initiation of puberty develops in various phases and is determined by a complex set of hormonal changes. During the prepubertal phase, hormones are secreted into the circulation from the adrenal cortex. Which of the following hormones is not considered an adrenal female androgen?

Dehydroepiandrosterone

Dehydroepiandrosterone sulfate

Androstenedione

Estrogen

Estrogen

A diagnosis has been formulated on a patient as premenstrual syndrome (PMS). Which of the following medication regimes is the best treatment for the PMS?

Vitamin B6, Antiprostaglandins, and Diuretics

Calcium, Antidepressants, and Vitamin D

Vitamin B6, Calcium, and Acetaminophen

Evening Primrose Oil, Ginkgo Biloba, and Antidepressants

Vitamin B6, Antiprostaglandins, and Diuretics

A forty-year-old female presents with an abnormal menstrual cycle with menorrhagia and intermenstrual bleeding. The nurse practitioner suspects the patient may have dysfunctional uterine bleeding (DUB) and orders tests for follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels. Both of these lab values are elevated. What is the most likely cause of DUB in this patient?

Onset of climacteric

Hypothalamus disorder

Anterior pituitary disorder

Premature ovarian failure

Onset of climacteric

A thirty-one-year-old female presents for contraceptive counseling following the birth of their first child. She is interested in using the diaphragm as her method of contraception. Which of the following statements is true regarding the use of this device?

The device may be inserted up to twenty-four hours prior to intercourse.

The device may be left in place for up to twelve hours.

The device may be inserted at any time up to six hours prior to intercourse.

The device should be removed within one hour after intercourse.

The device may be inserted at any time up to six hours prior to intercourse.

A forty-one-year-old patient is currently on griseofulvin for the treatment of onychomycosis. As an advanced practice nurse, you would advise the patient that this medication has the potential for which of the following?

Increase estrogen secretion

Decrease steroid levels

Increase follicle-stimulating hormone (FSH) secretion

Decrease progesterone secretion

Decrease steroid levels

Pelvic pain is a common complaint in young women. Which of the following is not a first-line diagnostic test for evaluation of pelvic pain?

Urine human chorionic gonadotropin (HCG)

CBC with differential

CT of pelvis

Pelvic ultrasound

CT of pelvis

Breast masses are a common finding in adolescents and most typically are benign. Which of the following descriptions of a breast mass most likely represents a benign finding?

Bilateral, round, or oval firm mass

Unilateral, round mass with hard consistency

Bilateral, round, or oval for mass with dimpling of the nipple

Multiple unilateral masses with hard consistency found in the axilla

Bilateral, round, or oval firm mass

Drug interactions are an important consideration when helping a patient decide the appropriate contraceptive method. Anticonvulsant medications may interfere with oral contraception by what mechanism?

Decreasing serum steroid levels

Decreased hepatic clearance

Increased renal tubular absorption

Increased serum steroid levels

Decreasing serum steroid levels

A sixteen-year-old girl who comes to your office with a history of secondary amenorrhea. She experienced menarche at age ten, with regular cycles for two years. She has not menstruated now for four years. In your initial consideration of differential diagnoses, what is the most frequent etiology of this problem?

Eating disorder

Pregnancy

Anovulatory cycles

Stress

Eating disorder

A nurse practitioner is performing a wet mount with potassium hydroxide (KOH) to assist with a diagnosis in a woman experiencing vaginal discharge. Which of the following would this confirm?

Herpes simplex

Trichomonas

Candidiasis

Chlamydia

Candidiasis

Which of the following statements best describe the difference between type I and type II bone loss in patients with osteoporosis?

Type II bone loss involves the trabecular compartment

Type II bone loss results from loss of ovarian function

Type I bone loss involves the cortical bone

Type I bone loss results from loss of ovarian function

Type I bone loss results from loss of ovarian function

A twenty-five-year-old patient presents with irregular bleeding after being on oral contraceptives for six months. It is important to rule out which of the following?

Chlamydial cervicitis

Uterine fibroids

Endometriosis

Anovulation

Chlamydial cervicitis

A sixty-one-year-old thin, Caucasian female presents to your practice for a well-woman examination. She remarks that she feels like she is shrinking over the past year, despite keeping active and incorporating sources of calcium in her diet. Which of the following is not a risk factor for osteoporosis?

Excessive exercise

History of maternal osteoporosis

Routine use of alcohol or caffeine

Use of opposed Estrogen use

Use of opposed Estrogen use

Your fifteen-year-old patient has been diagnosed with secondary amenorrhea. The urine human chorionic gonadotropin (HCG) is negative and Prolactin levels are within normal limits. The physical examination reveals growth of breast tissue and Tanner stage III. Which of the following

medication regimes would be most appropriate?

Oral estrogen 1.25 mg daily for three weeks

Medroxyprogesterone acetate 5 mg every other day for one month

Medrol 16 mg dose pack

Medroxyprogesterone acetate 5 mg daily for five to ten days

Medroxyprogesterone acetate 5 mg daily for five to ten days

A twenty-five-year-old pregnant client presents with a complaint of headaches that are confined to the base of the head as well as the upper neck and feels "tight" in nature. She denies visual changes, photophobia, or nausea. The most likely diagnosis is which type of headache?

Common migraine

Cluster

Muscular tension

Sinus

Muscular tension

A twenty-one-year-old patient presents with symptoms of lower urinary tract infection, including dysuria, frequency, and urgency. The urinalysis reveals the presence of leukocytes but is negative for nitrates. This most likely represents _____.

vaginitis

specimen contamination

sexually transmitted disease

interstitial cystitis

specimen contamination

A nurse practitioner is completing a speculum exam on a female patient. Which of the following findings would be considered a normal surface characteristic of the cervix?

Small, yellow, raised around area on the cervix

Friable, bleeding tissue opening of the cervical os

Red patch areas with occasional white spots

Irregular, granular surface with red patches

Small, yellow, raised around area on the cervix

There are several phases to the menstrual cycle. What phase begins with menses cessation and ends with ovulation?

Ovulatory phase

Follicular phase

Proliferative phase

Luteal phase

Follicular phase

During pregnancy and lactation, the nutritional needs of the woman are increased with deficiencies resulting in harm to the woman or her baby. Neural tube defects are one of the most common birth defects. Deficiency of which nutrient is responsible for these conditions?

Vitamin C

Folic acid

Vitamin B12

Riboflavin

Folic acid

A nurse practitioner is caring for a woman who is post-op from a total hysterectomy. It is important to recall that estrogen withdrawal reflects hormonal activity primarily from the _____.

hypothalamus

posterior pituitary

ovary

anterior pituitary

ovary

During a community education program, a nurse practitioner is discussing the usefulness of mammography in the screening and detection of breast cancer. Which of the following statements is accurate?

A mammogram should be done if there is any breast pain or nipple retraction.

All women over forty years of age should have a mammogram on an annual basis.

A mammography should be done annually for all women of child-bearing age.

Mammograms should be performed annually after the initial pregnancy, especially if the woman does not breast-feed.

All women over forty years of age should have a mammogram on an annual basis.

A patient asks why she needs a breast ultrasound when she already has had a mammogram. Which of the following would be the best response of the use?

To locate small lesions prior to surgery

As a screening test for breast cancer

To determine if a breast lesion is cystic or solid

For definitive diagnosis of breast cancer

To determine if a breast lesion is cystic or solid

A nurse practitioner is reviewing the signs of polycystic ovary syndrome (PCOS) for a differential diagnosis for a female patient. Which of the following would be a positive finding?

Chronic anovulation

Increased estradiol levels

Hyperprolactinemia

Weight loss

Chronic anovulation

anovulation

failure to release an egg or ovulate

A fifty-two-year-old female patient comes in for her annual well-woman examination. Her LMP was fourteen months ago without any breakthrough bleeding. She has also developed some hirsutism. You would document this as ____.

secondary amenorrhea

menopause

perimenopause

polycystic ovary syndrome (PCOS)

menopause

A woman is completing a symptom diary of her symptoms associated with premenstrual syndrome (PMS). In which of the following phases would the problems most likely appear?

Ovulatory

Follicular

Proliferative

Late luteal

Late luteal

An adolescent female patient is considering starting contraception. She reports that she has asthma that is well controlled on inhaled corticosteroids. You would advise this patient that ____.

the use of oral contraceptives is contraindicated in patients with asthma

injectable methods of contraception are best for patients with asthma

all methods of contraception may be used by patients with asthma

the use of hormone patches is indicated for patients with asthma

all methods of contraception may be used by patients with asthma

Which of the following choices represents a disorder of the reproductive tract that causes pain, erythema, dyspareunia, and a perineal mass?

Syphilis

Bartholin's cyst

Labial adhesion

Herpes simplex type 2

Bartholin's cyst

Long-acting progestins used in contraception do not always contain estrogen. As a result of the lack of this hormone, there will be no alteration in which of the following?

Hepatic globulin production

Serum androgen levels

Blood pressure

Decreased serum insulin levels

Hepatic globulin production

A twenty-four-year-old female patient has been diagnosed with primary dysmenorrhea. Which of the following medications would be used as a first line to help control her symptoms?

Antianxiety agents

Progesterone-only contraception

Oral steroids

Nonsteroidal anti-inflammatory drugs

Nonsteroidal anti-inflammatory drugs

Anna, aged twenty-five years, presents with dysmenorrhea. She states that her sister and her mother have endometriosis and she would like to be evaluated for it as well. Which if the following is consistent with a diagnosis of endometriosis?

Frequent episodes of bacterial vaginosis

Postcoital bleeding with malodorous discharge

Infertility and dysmenorrhea

Constipation and amenorrhea

Infertility and dysmenorrhea

Which of the following conditions is not an absolute contraindication to estrogen-containing contraception?

Migraine headaches

Hypercoagulable state

Thromboembolism

History of coronary artery disease

Migraine headaches

A female child presents for a well-child exam. Her mother is concerned about changes in her daughter's body, which indicate to you precocious puberty. Which of the following findings would be consistent with this diagnosis?

Delay in any of the Tanner stages takes longer than one year between stages

Breast budding occurs after the development of pubic hair

Puberty starts before eight years of age in a female

The growth spurt in a female occurs after puberty is complete

Puberty starts before eight years of age in a female

A nurse practitioner is counseling a woman with fibrocystic changes in the breast. Which of the following is not caused by this change?

Breast pain

An increased risk of breast cancer

Hard masses

Painless lumps

An increased risk of breast cancer

A patient is completing a diary of her premenstrual syndrome (PMS) symptoms. The nurse practitioner understands that PMS occurs with greatest frequency and severity in the ____.

late luteal phase

midfollicular phase

proliferative phase

early luteal phase

late luteal phase

Long-acting progestins may be used in patients as a contraceptive method. One of the long-acting progestins is Depo-Provera. Which of the following best describes the mechanism of action of long-acting progestins in contraception?

Decrease in cervical mucus production and thinning of the cervical os

Thickening of cervical mucus and suppression of gonadotropin levels

Increased gonadotropin levels and thinning of the cervical os

Anovulation caused by increased gonadotropin levels

Thickening of cervical mucus and suppression of gonadotropin levels

Urinary tract infections are commonly seen in primary care. A twenty-five-year-old female presents with a new onset of dysuria and suprapubic pain for the last twenty-four hours. The examination reveals only mild tenderness without any peritoneal signs on the lower abdomen. A urinalysis reveals the presence of WBCs. The urine is sent for a culture and sensitivity. In addition to *Escherichia coli* one might typically expect to see the presence of which bacterium?

Klebsiella

Staphylococcus aureus

Staphylococcus saprophyticus

Pseudomonas

Staphylococcus saprophyticus

Changes in hormonal regulation during menopause result in the gradual cessation of menstruation. From which gland is Androstenedione secreted?

Anterior pituitary

Posterior pituitary

Corpus Luteum

Adrenals

Adrenals

When prescribing a combined oral contraceptive for a young patient, which of the following would not be included in your discharge instructions?

If you miss one day, double up the next day.

You need to use backup protection consistently for the first month to avoid pregnancy.

Breakthrough bleeding may occur in the first few cycles.

Oral contraceptives offer protection against cervical cancer.

Oral contraceptives offer protection against cervical cancer.

A nurse practitioner is educating a pregnant female about breast changes. Common normal physiologic changes include all of the following except:

Development of striae

Fibrocystic changes

Nipple pigmentation

Venous engorgement

Fibrocystic changes

A nurse practitioner is teaching an undergraduate course in woman's health. A student asks about the etiology of the pain that occurs with primary dysmenorrhea. Which of the following responses is correct?

Sloughing of the endometrium

Prostaglandin release and synthesis

Anovulatory cycles

Excess progesterone production

Prostaglandin release and synthesis

A nurse practitioner is educating a patient who has just been diagnosed with polycystic ovary syndrome (PCOS). She needs to be aware that PCOS is associated with which of the following clinical manifestations?

Excessive menstrual flow

Dry, flaking skin

Obesity

Hair loss

Obesity

When reviewing the risk factors for breast cancer with your patient, which of the following would not be a contributing factor?

Early menarche

High fat diet

Early menopause

Advanced age

Early menopause

When educating patients about the use of combination oral contraceptive medications, they should be advised that pregnancy is prevented primarily by _____.

cervical mucus thinning

inflammation of the endometrium

ovulation suppression

decreased fallopian tube motility

ovulation suppression

Gynecomastia or breast development in males is a common issue in clinical practice. Which of the following statements defines Gynecomastia most accurately?

It is always unilateral.

Onset coincides with the start of puberty.

Illegal drug use is rarely a cause.

An endocrine workup should be instituted in all cases.

Onset coincides with the start of puberty

Which of the following is true regarding education of a forty-two-year-old woman diagnosed with uterine myoma?

Myomas usually does not resolve with menopause.

Myomas will decrease with the withdrawal of estrogen.

Hysterectomy is the treatment of choice.

Myomas are never responsible for uterine bleeding.

Myomas will decrease with the withdrawal of estrogen.

Follicle-stimulating hormone (FSH) is released from the anterior pituitary gland and is responsible for which of the following normal physiologic response of the female menstrual cycle?

Breast milk production

Stimulation of ovarian follicles

Maturation of ovarian follicles

Luteinizing hormone (LH) inhibition

Stimulation of ovarian follicles

A seventeen-year-old presents with an appointment for unilateral breast tenderness and swelling.

Which of the following would be the most likely etiology for this problem?

Breast cancer

Mastitis

Fibrocystic breast

Fibroadenoma

Mastitis

When educating a patient about the rationale for obtaining a mammogram, which of the following statements is false?

Mammography is a cost-effective method to screen for breast cancer

Mammography detects all breast cancers

Mammography should be accompanied by breast examination

Negative mammography should not delay biopsy of a clinically suspicious mass

Mammography detects all breast cancers

A woman is experiencing a milky white nipple discharge. Galactorrhea is usually a finding with which other diagnosis?

Fibrocystic breast disease

Mastalgia

Hyperprolactinemia

Breast cancer

Hyperprolactinemia

A thirty-five-year-old female presents with perimenopausal symptoms. You recall that this may begin during which age group?

Forty-five to fifty years

Thirty-five to forty years

Fifty to fifty-five years

Thirty to thirty-five years

Thirty-five to forty years

A forty-four-year-old woman with dysfunctional uterine bleeding (DUB) presents for treatment. Which of the following medications can be used for management of DUB?

Ethinyl estradiol

Medroxyprogesterone

Estrogen/progesterone combination

Conjugated estrogen

Medroxyprogesterone

The twenty-eight-year-old female is interested in the use of an intrauterine device (IUD) as a method of birth control. The nurse practitioner would advise the patient that the action of the IUD _____.

blocks the transportation of sperm through the cervical os

has a similar action to that of spermicide

prevents the implantation of a fertilized ovum

decreases transit time of the ovum into the uterus

prevents the implantation of a fertilized ovum

Adolescence is a period of time where patients undergo significant biological, psychological, and emotional growth. Which of the following characteristics describe the psychosocial development of middle adolescence?

Middle school years between ages ten and thirteen

Late elementary school from ages eight to nine

High school years from ages fourteen to seventeen

Ages seventeen to twenty-one and posthigh school years

High school years from ages fourteen to seventeen

A nurse practitioner is teaching an undergraduate pathophysiology class about changes associated with puberty. Which of the following is an inaccurate point that should not be included?

A decrease in the sensitivity of the hypothalamus

An elevation of luteinizing hormone (LH) and follicle-stimulating hormone (FSH)

Decreasing estrogen levels and a reduction in gonadotropin-releasing hormone (GnRH)

Nocturnal secretion of pulsatile LH

Decreasing estrogen levels and a reduction in gonadotropin-releasing hormone (GnRH)

A woman presents to your practice with vaginal itching and a white discharge. She has been in good health except for recent treatment for strep throat. Pelvic examination reveals a tender vulvovaginal area with edema and nonmalodorous white patches. Which of the following is the most likely cause of this problem?

Bacterial vaginitis

Trichomonas

Lactobacillus overgrowth

Candidiasis

Candidiasis

A Pap smear result of atypical squamous cells of undetermined significance (ASCUS) will require which procedure next?

Cold knife cone (CKC)

Follow-up Pap smear

Colposcopy

Loop electro-excision procedure (LEEP)

Follow-up Pap smear

A twenty-five-year-old patient is on oral contraception and comes in with an elevated blood pressure after being on the medication for six months. Prior to the initiation of the medication, the patient's blood pressure had been within normal limits. The patient should be advised that ____.

most likely the oral contraceptive is not causing the blood pressure elevation
approximately over 3% oral contraceptive users develop hypertension

most likely progesterone is causing blood pressure elevation

blood pressure elevation results from fluid retention

approximately over 3% oral contraceptive users develop hypertension

A woman is experiencing urinary symptoms. Which of the following is a risk factor in her pelvic floor relaxation?

Thin stature

Perimenopause

Vaginal delivery

Cesarean section

Vaginal delivery

A nurse practitioner instructor is reviewing the anatomy of the external genitalia. At the opening of the vagina are the Bartholin's glands. Which of the following describes the function of these glands?

Hormone production for ovulation

Production of alkaline secretion for sperm viability

Development of mucous plug for pregnancy

Maintenance of vaginal pH to prevent vaginitis

Production of alkaline secretion for sperm viability

When discussing contraception with a patient, which of the following statements is true regarding progestin-only therapy?

There is an decreased risk of ectopic pregnancy.

There is an increased risk in the development of functional ovarian cysts.

Ovulation suppression is equal to combined oral contraceptive methods.

Women that are breast-feeding should not use progestin-only treatment.

There is an increased risk in the development of functional ovarian cysts.

The World Health Organization (WHO) has determined absolute contraindications to estrogen containing contraceptives. Which of the following is not an absolute contraindication?

History of cerebrovascular accident (CVA)

Greater than age of thirty-five years

Hypertension with vascular disease

Active viral hepatitis

Greater than age of thirty-five years

You are instructing a patient in the proper use of the diaphragm, a barrier contraceptive method.

Which of the following would you include in your instructions?

The diaphragm should be removed within two hours after intercourse.

The diaphragm may be inserted up to twelve hours prior to intercourse.

The diaphragm is more effective when used with spermicidal jelly.

Douching is safe immediately upon removal of the diaphragm.

The diaphragm is more effective when used with spermicidal jelly.

A woman has developed acne and hirsutism while taking oral contraceptives. These changes result from _____.

increased estrogen levels

decreased estrogen levels

increased free androgens

decreased free androgens

increased free androgens

In reviewing cancer statistics, after breast cancer, what would you find to be the most common female genital malignancy?

Endometrial

ovarian
Vulvovaginal
Cervical
Endometrial

A seventeen-year-old female patient presents with amenorrhea for four months. She did experience menarche at the age of fifteen but had not had a menstrual cycle since. On physical examination, it is noted that she has normal secondary sexual characteristics. The nurse practitioner will consider a progesterone challenge to determine the presence of adequate ____.

CORRECT endogenous estrogen
prolactin
L-thyroxine
follicle-stimulating hormone (FSH)
endogenous estrogen

A nurse practitioner has just completed education with a female adolescent about intrauterine contraceptive devices. Which of the following statements by the patient would suggest that further education is needed?

They are only indicated for women with stable monogamous relationships.
It is not commonly used for nulliparous women as there are better options.
They are contraindicated in women with a past history of pelvic inflammatory disease.
They may be used by a woman who has had a previous ectopic pregnancy.
They may be used by a woman who has had a previous ectopic pregnancy.

Question :

A twenty-four-year-old female presents to the office with a complaint of vaginal itching in addition to thick mucoid discharge. She also has some mild urinary discomfort. A wet mount preparation using potassium hydroxide (KOH) reveals a negative whiff test and few clue cells. There were no trichomonads visualized but the WBCs were too numerous to count. Which of the following would be the most likely diagnosis in this patient?

Bacterial vaginosis
Herpes simplex
Chlamydia
Cystitis with cervicitis
Chlamydia

A postmenopausal female is taking hormone replacement therapy (HRT). Which of the following risk factors would not be a contraindication?

Abnormal vaginal bleeding
Uncontrolled hypertension
Chronic active hepatitis
Recent deep vein thrombosis
Uncontrolled hypertension

The ovaries are located near the pelvic wall at the level of the anterior superior iliac spine. Which layer of the ovaries contains the lymphatics and blood vessels?

Endometrium
Central medulla
Cuboidal epithelium
Ovarian stroma
Central medulla

A twenty-eight-year-old female presents with breast tenderness, fatigue, abdominal bloating, fluid retention, and irritability one week prior to the onset of her menses. The nurse practitioner suspects the patient may have premenstrual syndrome (PMS). What is the most important information to obtain from this patient to make the determination?

Severity of symptoms

Occurrence of symptoms in the menstrual cycle

Frequency and number of symptoms over the past four months

Presence or absence of depression or anxiety

Occurrence of symptoms in the menstrual cycle

A thirty-five-year-old woman, presents with a six-month history of hypermenorrhea, backache, and pelvic pressure. On examination, you discover a twelve-week size uterus with irregular contour. Which of the following does this represent?

Uterine cancer

Dysfunctional uterine bleeding (DUB)

Uterine fibroid

Fecal impaction

Uterine fibroid

Natasha is an eleven-year-old girl brought to your office for an annual well-child visit. When discussing the onset of puberty with Natasha and her mother, you would emphasize which of the following? (Points : 2)

Pubic hair develops before breast buds.

Breast development delayed beyond twelve years of age may be considered pathological.

The average age of menarche is twelve years.

It usually takes about three-and-half years to go from breast buds to menarche.

The average age of menarche is twelve years.

A nurse practitioner student is researching as to why menopausal women have an increased risk of heart disease. Which of the following lipid changes occur with estrogen withdrawal in menopause? (Points : 2)

Increase in HDL, LDL, and triglycerides

Decrease in HDL, LDL, and triglycerides

Increase in HDL with a decrease in LDL and triglycerides

Decrease in HDL with an increase in LDL and triglycerides

Decrease in HDL with an increase in LDL and triglycerides

Lakeisha, seventeen years old, is seeing her regular nurse practitioner for a sports physical. While participating in a psychosocial screen, Lakeisha volunteers that she "hasn't had sex yet." What is the best initial response to Lakeisha's statement? (Points : 2)

Congratulate her for abstaining and move on to another topic.

Clarify which behaviors are included in Lakeisha's definition of "having sex."

Demonstrate condom use and give Lakeisha some condoms for future partners.

Encourage Lakeisha to be screened for STIs.

<https://www.studyblue.com/notes/note/n/su-6430-midterm-and-wk-4-quiz/deck/19723463>