

APEA 3P Exam Prep- Women's Health Questions with Correct Answers and Explanations

Three of the following interventions are appropriately used to prevent osteoporosis after menopause. Which one is NOT?

Avoidance of corticosteroids

Performance of weight-bearing activities for 40 mins at least 5 days/week
Estrogen replacement therapy

Adequate calcium & vitamin D intake

C.

Prevention of osteoporosis may be optimized by elimination of risk factors and engaging in interventions that maximize bone density. Good nutrition from infancy throughout adulthood is a major component of good bone health. Others include engaging in weight-bearing exercises, adequate intake of calcium and vitamin D, smoking cessation, limiting alcohol consumption to moderate amounts, and avoidance when possible of medications that may decrease bone density (corticosteroids, anticonvulsants). Osteoporosis occurs at accelerated rates in women who are post-menopausal. The lack of estrogen can produce rapid bone loss due to bone resorption. Estrogen replacement is not used to prevent or treat osteoporosis.

A patient who is scheduled for pelvic exam with PAP smear should be advised to avoid douching, sexual intercourse, and tampon use before her exam. For how long should she be advised to avoid these activities for optimal evaluation?

24 hours

48 hours

36 hours

1 week

B.

The general recommendation is to avoid these activities and any vaginal medication for 48 hours prior to the PAP smear. Douching and tampon use can remove superficial cells, which are the ones collected and used as representative samples on PAP smear. Sexual intercourse should be avoided because there can be specimen contamination by the male partner. With vaginal medications or creams, either can serve as a barrier to epithelial cell sampling.

When collecting cervical cells for a PAP smear, when are the endocervical cells typically collected?

After the ectocervical specimen with a broom After

the ectocervical specimen with a brush Before the

ectocervical specimen with a broom Before the

ectocervical specimen with a brush B.

Ectocervical specimens are collected first to minimize any bleeding that can occur when the endocervical cells are sampled. The brush is considered a superior tool for the collection of endocervical specimens because it produces the highest yield of endocervical cells, and thus, is a good reflection of the health of the cervix.

Alternatively, a cervical broom can be used to collect endocervical cells and ectocervical cells simultaneously. It is rotated for 5 turns before the samples are placed on the slide. This may be used in pregnant women.

A 16-year-old female is diagnosed with primary dysmenorrhea. She has taken over-the-counter ibuprofen in 800-mg increments every 8 hours during menses for the past 3 months, with minimal relief of symptoms. What intervention will provide greatest relief of dysmenorrhea symptoms?

Flurbiprofen during menses

Combined oral contraceptives

Daily multivitamin with B12 supplementation 30

minutes of regular exercise daily

B.

NSAIDs and hormonal contraceptives represent the mainstay of pharmacologic treatment for dysmenorrhea. NSAIDs produce an 80-86% response rate when used for dysmenorrhea. The general recommendation is that when one agent (NSAIDs or hormonal contraceptives) does not produce relief of symptoms, the other agent

should be tried. Hence, the best choice is oral contraceptives. Both agents should be considered for women who are symptomatic with one agent only.

A 22-year-old female states that she has multiple sexual partners and inconsistently uses barrier protection. Which form of birth control should the nurse practitioner avoid prescribing in this patient?

Intrauterine device

Progestin-only pill

Diaphragm

Oral contraceptives **A.**

Multiple sexual partners place the patient at increased risk for infection with sexually transmitted diseases. The patient is at very high risk of developing pelvic inflammatory disease (PID) when there is an implanted foreign body. An example of this is an intrauterine device (IUD). The risk is also increased with a diaphragm, but, because it is not implanted for long periods at a time, the risk of PID is less than with an IUD.

The first step in evaluating a breast lump is:

history and physical exam.

mammogram.

ultrasound. Incorrect

MRI.

A.

Although most patients will need further work-up of a breast mass, historical information is critically important in directing the health care provider to the next step. Historical information that should be ascertained is the location of the lump, how and when it was first noticed, whether there is nipple discharge, and whether it changes in size related to menses. Other historical information is the patient's personal and family history of breast cancer and/or history of breast biopsies.

A patient who takes oral contraceptive pills is at increased risk of:

gallbladder disease.

depression.