

Written Q

1. *Mention mechanism of action of contraceptives?*
2. *Mention three side effects of contraceptives?*
3. *Enumerate three causes of failure of contraceptives?*
4. *Enumerate five contraindication of combined contraceptives?*
5. *Enumerate 4 non oral contraceptives?*
6. *Enumerate two cases when we use POPs?*

MCQ

<p>1. <i>A 36-year-old woman requests birth control. She has no medical conditions, and she smokes one pack of cigarettes per day. Which would be the most appropriate to recommend?</i></p> <p>A. <i>Vaginal contraceptive ring</i></p> <p>B. <i>Transdermal contraceptive patch</i></p> <p>C. <i>Progestin-only "mini-pill"</i></p> <p>D. <i>Combination oral contraceptive pill</i></p>	<p>C</p>
<p>2. <i>A 54-year-old woman presents to the primary care clinic with hot flashes and irregular menstrual cycles. These symptoms started about 3 months ago and have worsened recently. She has always had regular menstrual cycles until 3 months ago. She would like to start hormone replacement therapy but estrogen only. What is a common side effect of unopposed estrogen replacement therapy?</i></p> <p>A) <i>Depression</i></p> <p>B) <i>Increased risk of endometrial cancer</i></p> <p>C) <i>Osteoporosis</i></p> <p>D) <i>Rash</i></p> <p>E) <i>Vaginal atrophy</i></p>	<p>B</p>

<p>3. 32-year-old woman presents to your office to discuss contraception. She wants to stop her progestin-only pill (mini pill) because her cycles are irregular on it. You recommend a combination pill to help regulate her cycle. You also mention that with estrogen added, the contraceptive efficacy is also higher. Which of the following is the primary contraceptive effect of the estrogenic component?</p> <p>A. Conversion of ethinyl estradiol to mestranol B. Atrophy of the endometrium C. Suppression of cervical mucus secretion D. Suppression of luteinizing hormone (LH) secretion E. Suppression of follicle-stimulating hormone (FSH) secretion</p>	E
<p>4. A 25-year-old woman is using injectable medroxyprogesterone acetate as a method of contraception. Which adverse effect is a concern if she wishes to use this therapy long-term?</p> <p>A. Hyperkalemia B. Male pattern baldness C. Osteoporosis D. Weight loss</p>	C
<p>5. Which is the most effective form of contraception with typical use?</p> <p>A. Combined oral contraceptives B. Progestin-only "mini-pill" C. Depot medroxyprogesterone acetate injection D. Subdermal progestin implant</p>	D
<p>6. Concurrent use of the following drug is likely to cause failure of oral contraception:</p> <p>a. Isoniazid b. Rifampicin c. Cimetidine d. Propranolol</p>	B

<p>7. Minipill hormonal contraception is composed of:</p> <p>a- High dose estrogen + high dose progestin</p> <p>b- Low dose estrogen + low dose progestin</p> <p>c- Low dose estrogen alone</p> <p>d- Low dose progestin alone</p>	D
<p>8. The estrogen that is used in most combined hormonal contraceptives is:</p> <p>a- Clomiphene</p> <p>b- Ethinyl estradiol</p> <p>c- Estrone</p> <p>d- Norgestrel</p>	B
<p>9. What is a common side effect of hormonal contraceptives?</p> <p>A) Weight loss</p> <p>B) Increased risk of thromboembolism</p> <p>C) Enhanced libido</p> <p>D) Decreased menstrual flow</p>	B
<p>10. Which of the following is a non-hormonal contraceptive method?</p> <p>A) Intrauterine device (IUD)</p> <p>B) Combined oral contraceptives</p> <p>C) Contraceptive implants</p> <p>D) Injectable contraceptives</p>	A
<p>11. What is the primary mechanism of action of emergency contraceptive pills (ECPs)?</p> <p>A) Inhibition of implantation</p> <p>B) Inhibition of ovulation</p> <p>C) Induction of menstruation</p> <p>D) Thickening of cervical mucus</p>	B

<p>12. What is the recommended time frame for taking emergency contraceptive pills after unprotected intercourse?</p> <p>A) Within 24 hours B) Within 72 hours C) Within 5 days D) Within 2 weeks</p>	B
<p>13. What is an advantage of using the contraceptive patch?</p> <p>A) It requires daily administration. B) It can be used during breastfeeding. C) It provides continuous hormone delivery. D) It is 100% effective.</p>	C
<p>14. What is the typical regimen for taking combined oral contraceptives?</p> <p>A) 21 days on, 7 days off B) 30 days on, 2 days off C) Continuous use with no breaks D) 14 days on, 14 days off</p>	A
<p>15. What is the primary hormone found in minipills?</p> <p>A) Estrogen B) Progesterone C) Progestin D) Testosterone</p>	C
<p>16. What is the main mechanism of action of minipills?</p> <p>A) Inhibition of ovulation B) Thickening of cervical mucus C) Alteration of the endometrial lining D) All of the above</p>	B

<p>17. What is a common side effect of minipills?</p> <p>A) Increased risk of thromboembolism</p> <p>B) Irregular menstrual bleeding</p> <p>C) Weight loss</p> <p>D) Acne improvement</p>	B
<p>18. Which group of women might be particularly suited for minipill use?</p> <p>A) Women with a history of migraines with aura</p> <p>B) Women who smoke and are over 35</p> <p>C) Women who are breastfeeding</p> <p>D) Women with uncontrolled hypertension</p>	C
<p>19. Which of the following is a common active ingredient in post-coital pills?</p> <p>A) Levonorgestrel</p> <p>B) Ethinyl estradiol</p> <p>C) Progesterone</p> <p>D) Testosterone</p>	A
<p>20. When is the most effective time to take post-coital pills?</p> <p>A) Within 72 hours after unprotected intercourse</p> <p>B) Within 5 days after unprotected intercourse</p> <p>C) Within 2 weeks after unprotected intercourse</p> <p>D) At any time during the menstrual cycle</p>	A
<p>21. What is a notable side effect of taking post-coital pills?</p> <p>A) Severe acne</p> <p>B) Nausea and vomiting</p> <p>C) Weight loss</p> <p>D) Increased risk of thromboembolism</p>	B

<p>22. What is the typical application schedule for a transdermal patch?</p> <p>A) Apply a new patch weekly for three weeks, then no patch for one week. B) Apply a new patch daily. C) Apply a new patch every month. D) Apply a patch only during the menstrual cycle.</p>	A
<p>23. What is the typical usage schedule for a vaginal contraceptive ring?</p> <p>A) Insert for 3 weeks, then remove for 1 week B) Use continuously without removal C) Change weekly D) Insert for 2 weeks, then remove for 2 weeks</p>	A
<p>24. How is medroxyprogesterone acetate commonly administered for contraception?</p> <p>A) Oral tablet B) Transdermal patch C) Intramuscular injection D) Vaginal ring</p>	C
<p>25. What is the typical duration of contraceptive effectiveness for medroxyprogesterone acetate when injected?</p> <p>A) 1 month B) 3 months C) 6 months D) 12 months</p>	B
<p>26. What is a common side effect of medroxyprogesterone acetate?</p> <p>A) Increased risk of thromboembolism B) Weight gain C) Severe headache D) Skin rash</p>	B

27. What serious side effect can be associated with the use of hormonal contraceptives, especially in smokers over 35?

- A) Osteoporosis
- B) Thromboembolic events (blood clots)
- C) Acne
- D) Gastrointestinal issues

B