

NAMS Menopause Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

- 1. What type of cholesterol levels may rise as a result of menopause?**
 - A. HDL cholesterol levels**
 - B. Triglyceride levels**
 - C. LDL cholesterol levels**
 - D. Total cholesterol levels remain unchanged**
- 2. What common misconception exists about menopause?**
 - A. That it signifies the end of fertility**
 - B. That it is a disease or that it leads to a loss of femininity**
 - C. That it occurs only in women over 60 years old**
 - D. That symptoms will last indefinitely**
- 3. What t score is used to define osteoporosis?**
 - A. Greater than -1.0**
 - B. -1.5 to -2.0**
 - C. -2.0 to -2.5**
 - D. Less than -2.5**
- 4. What do adrenal androgens serve as in the body?**
 - A. Direct sources of estrogen only**
 - B. Precursor hormones that can be converted to active androgens or estrogens**
 - C. A primary hormone synthesized through the ovarian cycle**
 - D. Inhibitors of FSH production**
- 5. What condition must be carefully monitored when using PTH receptor agonists?**
 - A. Hyperkalemia**
 - B. Hypercalcemia**
 - C. Hypophosphatemia**
 - D. Hypokalemia**

- 6. What is the term used for the testosterone/SHBG ratio?**
- A. Androgen Excess Index**
 - B. Androstenedione Ratio**
 - C. Free Androgen Index**
 - D. Estrogen Conversion Index**
- 7. What pattern of hair loss is typically observed in FPHL?**
- A. Thinning at the temples and back of the head**
 - B. Patchy bald spots across the scalp**
 - C. Thinning at the crown of the head and widening of the hair part**
 - D. Uniform thinning throughout the scalp**
- 8. What is a potential coexisting condition found in 20-30% of patients with Paget's disease?**
- A. Diabetes**
 - B. Hypertension**
 - C. Multiple sclerosis**
 - D. Breast, GI, or GU cancer**
- 9. Which hormone levels typically decline during menopause?**
- A. Progesterone**
 - B. Estrogen**
 - C. Testosterone**
 - D. Luteinizing hormone**
- 10. Which hormone primarily influences the increase of VMS symptoms during menopause?**
- A. Estrogen**
 - B. Testosterone**
 - C. Estradiol**
 - D. Progesterone**

Answers

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1. C
2. B
3. D
4. B
5. B
6. C
7. C
8. D
9. B
10. A

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Explanations

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1. What type of cholesterol levels may rise as a result of menopause?

- A. HDL cholesterol levels**
- B. Triglyceride levels**
- C. LDL cholesterol levels**
- D. Total cholesterol levels remain unchanged**

During menopause, hormonal changes, particularly the decline in estrogen levels, can lead to several cardiovascular changes, including the effect on cholesterol levels. One of the most significant changes is an increase in low-density lipoprotein (LDL) cholesterol levels. Estrogen has a protective effect on the cardiovascular system, and a drop in estrogen production during menopause reduces this protection. As a result, LDL cholesterol, often referred to as "bad cholesterol," tends to rise. Elevated levels of LDL cholesterol are associated with an increased risk of cardiovascular disease, making it essential for women going through menopause to monitor their cholesterol levels more closely. In contrast, while triglycerides and possibly total cholesterol levels can also change in response to lifestyle factors and hormonal shifts, it is the rise in LDL cholesterol that is particularly noteworthy during menopause. Understanding these changes is crucial for managing cardiovascular health in menopausal women.

2. What common misconception exists about menopause?

- A. That it signifies the end of fertility**
- B. That it is a disease or that it leads to a loss of femininity**
- C. That it occurs only in women over 60 years old**
- D. That symptoms will last indefinitely**

The belief that menopause is a disease or that it leads to a loss of femininity reflects a common misconception about this natural biological process. Menopause is a normal phase in a woman's life characterized by the cessation of menstrual cycles and hormonal changes, not a medical condition requiring treatment. It signifies a transition rather than a decline, and many women find empowerment and new opportunities during this time. Furthermore, the idea that menopause equates to a loss of femininity is rooted in societal attitudes towards aging and women's roles. Many cultures have historically viewed menopause negatively, which contributes to the perception that it diminishes a woman's identity or desirability. In reality, many women embrace this life stage and find new avenues for personal growth, self-acceptance, and fulfillment. Addressing this misconception is vital as it helps normalize the experience of menopause and encourages women to seek accurate information and support rather than feeling stigmatized or diminished during this natural life transition.

3. What t score is used to define osteoporosis?

- A. Greater than -1.0
- B. -1.5 to -2.0
- C. -2.0 to -2.5
- D. Less than -2.5**

A T-score less than -2.5 is used to define osteoporosis. This measurement is derived from dual-energy X-ray absorptiometry (DXA) scans, which assess bone mineral density (BMD). The T-score compares an individual's BMD to that of a healthy young adult, indicating how much lower the individual's BMD is from the average peak bone mass. A T-score of -2.5 or lower signifies a significant decrease in bone density, pointing to an increased risk of fractures. It reflects the age-related decline in bone density and is a critical marker for diagnosing osteoporosis, guiding treatment decisions to prevent bone fractures and managing the condition effectively. Research supports the use of this threshold to categorize individuals for both epidemiological studies and treatment protocols, making it an established standard in assessing risk for osteoporosis.

4. What do adrenal androgens serve as in the body?

- A. Direct sources of estrogen only
- B. Precursor hormones that can be converted to active androgens or estrogens**
- C. A primary hormone synthesized through the ovarian cycle
- D. Inhibitors of FSH production

Adrenal androgens are primarily precursor hormones produced by the adrenal glands. These hormones, such as dehydroepiandrosterone (DHEA) and its sulfate (DHEA-S), can be converted into more active hormonal forms, including androgens like testosterone and estrogens like estradiol. This conversion occurs in various tissues throughout the body, which can utilize these precursors depending on physiological needs. Understanding the role of adrenal androgens is crucial, especially during menopause when ovarian function declines, and the body increasingly relies on these adrenal hormones for maintaining hormonal balance. While they do not serve as direct sources of estrogen alone, their ability to be converted into both androgens and estrogens makes them significant in the hormonal landscape. In contrast, the other options do not accurately describe the primary function of adrenal androgens. They are not synthesized solely through the ovarian cycle, nor do they inhibit FSH production directly. Additionally, they are not exclusively sources of estrogen; rather, they serve a broader role as precursors to various hormones.

5. What condition must be carefully monitored when using PTH receptor agonists?

- A. Hyperkalemia
- B. Hypercalcemia**
- C. Hypophosphatemia
- D. Hypokalemia

When using PTH receptor agonists, hypercalcemia must be carefully monitored because these medications are designed to stimulate the parathyroid hormone (PTH) receptors, which have a direct impact on calcium metabolism. PTH itself plays a critical role in increasing serum calcium levels by promoting calcium reabsorption in the kidneys, increasing intestinal absorption of calcium (indirectly by stimulating vitamin D), and stimulating the release of calcium from bones. In patients receiving PTH receptor agonists, there is a potential risk of elevating calcium levels to a point where hypercalcemia can occur. This condition can lead to various adverse effects, such as kidney stones, nausea, abdominal pain, and confusion. Hence, it is essential to monitor calcium levels closely to ensure they remain within a safe range while on these medications. The other conditions listed may not pose as significant a risk or are not directly associated with the action of PTH receptor agonists. Therefore, understanding the implications of PTH's role in calcium homeostasis underlines the necessity for vigilance regarding hypercalcemia during treatment.

6. What is the term used for the testosterone/SHBG ratio?

- A. Androgen Excess Index
- B. Androstenedione Ratio
- C. Free Androgen Index**
- D. Estrogen Conversion Index

The term used for the testosterone/SHBG (sex hormone-binding globulin) ratio is the Free Androgen Index. This ratio is important because it provides a better estimation of the biologically active testosterone level in the body. Testosterone exists in the blood in various forms, mostly bound to proteins like SHBG. The Free Androgen Index helps to assess the amount of free, or unbound, testosterone, which is the active form that can exert effects on target tissues. Calculating the Free Androgen Index is particularly relevant in the context of conditions associated with androgen excess, such as polycystic ovary syndrome (PCOS) or when evaluating the hormonal status of women during the menopausal transition. This index can also aid in diagnosing and managing various disorders related to hormone imbalances. In contrast, other terms presented do not appropriately describe the testosterone/SHBG ratio. The Androgen Excess Index is a composite measure that looks at total testosterone and other factors but does not specifically refer to the testosterone/SHBG ratio. The Androstenedione Ratio specifically pertains to the hormone androstenedione, and the Estrogen Conversion Index does not relate to androgens or testosterone levels at all. These distinctions are crucial in understanding hormonal assessments

7. What pattern of hair loss is typically observed in FPHL?

- A. Thinning at the temples and back of the head**
- B. Patchy bald spots across the scalp**
- C. Thinning at the crown of the head and widening of the hair part**
- D. Uniform thinning throughout the scalp**

The typical pattern of hair loss observed in female pattern hair loss (FPHL) commonly presents as thinning at the crown of the head along with a widening of the hair part. This pattern is particularly characteristic because it reflects the hormonal influences that often affect women as they age, especially during and after menopause. In FPHL, while the frontal hairline usually remains intact, the hair density diminishes at the crown, leading to noticeable thinning, which can become more pronounced over time. Understanding this specific pattern helps in distinguishing FPHL from other types of hair loss, such as androgenetic alopecia. In contrast, the other patterns do not match the typical presentation of FPHL. Thinning at the temples and back of the head is more characteristic of male pattern baldness. Patchy bald spots across the scalp is indicative of alopecia areata, an autoimmune condition. Uniform thinning throughout the scalp can occur due to various reasons, including telogen effluvium, but does not distinctly represent the pattern seen in FPHL.

8. What is a potential coexisting condition found in 20-30% of patients with Paget's disease?

- A. Diabetes**
- B. Hypertension**
- C. Multiple sclerosis**
- D. Breast, GI, or GU cancer**

In Paget's disease, a potential coexisting condition that is found in 20-30% of patients is breast, gastrointestinal (GI), or genitourinary (GU) cancer. This association stems from the fact that Paget's disease primarily affects the bones, particularly the pelvis, skull, spine, and legs. However, there is a substantial prevalence of certain cancers in patients with Paget's disease, particularly breast cancer, which has been widely studied. The relationship between Paget's disease and malignancies may be attributed to the underlying pathophysiology of abnormal bone metabolism and remodeling that could predispose individuals to cancers in adjacent areas. Additionally, the increased bone turnover seen in Paget's disease could potentially create an environment conducive to tumor development. Understanding this association is essential for health professionals, as it underscores the importance of monitoring for cancers in patients diagnosed with Paget's disease. Awareness of these potential coexisting conditions can lead to more comprehensive patient care and appropriate screening measures.

9. Which hormone levels typically decline during menopause?

- A. Progesterone
- B. Estrogen**
- C. Testosterone
- D. Luteinizing hormone

During menopause, estrogen levels typically decline significantly. Estrogen is a key hormone produced by the ovaries, and as a woman approaches menopause, the ovaries gradually decrease their production of this hormone. This decline is primarily responsible for many of the symptoms women experience during menopause, such as hot flashes, night sweats, and vaginal dryness. As ovarian function diminishes and menstrual cycles become irregular, the levels of estrogen fall, leading to the end of menstruation and the various physiological changes associated with this transition. The decrease in estrogen also has implications for bone health and cardiovascular health, contributing to the risk of osteoporosis and heart disease in postmenopausal women. While progesterone, testosterone, and luteinizing hormone also undergo changes during menopause, the marked decline in estrogen is particularly notable and relevant to the symptoms and health considerations associated with this stage of a woman's life.

10. Which hormone primarily influences the increase of VMS symptoms during menopause?

- A. Estrogen**
- B. Testosterone
- C. Estradiol
- D. Progesterone

Estrogen is the primary hormone that influences the increase of vasomotor symptoms (VMS) during menopause, which are characterized by hot flashes and night sweats. As women approach menopause, the levels of estrogen fluctuate and eventually decline significantly. This reduction in estrogen is directly related to the onset and intensity of VMS symptoms. Estrogen plays a crucial role in regulating the body's temperature control center, which is located in the hypothalamus. When estrogen levels drop, this center becomes more sensitive to changes in body temperature, leading to the thermoregulatory disturbances that manifest as hot flashes and night sweats. While other hormones like testosterone, estradiol (which is a form of estrogen), and progesterone also play roles in women's health, they do not have the same direct impact on VMS as estrogen does. Estradiol is a form of estrogen, so while it is important, the general category of estrogen is more indicative of the hormone's influence on VMS symptoms during menopause. Similarly, testosterone and progesterone are less involved in the management of VMS specifically. Therefore, understanding the significance of estrogen is essential in addressing VMS during menopause.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://namsmenopause.examzify.com>

We wish you the very best on your exam journey. You've got this!