

NAMS Menopause Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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

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- 1. What z score is associated with osteoporosis before menopause?**
 - A. Z score of 0.0 or greater**
 - B. Z score less than -1.0**
 - C. Z score less than 2.0**
 - D. Z score of -1.0 to -2.0**

- 2. Women who have undergone a bilateral salpingo-oophorectomy (BSO) experience a decline in what hormone?**
 - A. Estrogen**
 - B. Progesterone**
 - C. Circulating androgen levels**
 - D. Luteinizing hormone**

- 3. What role does aromatization play in hormone levels of obese women?**
 - A. Increases testosterone levels**
 - B. Increases estrone levels**
 - C. Decreases progesterone levels**
 - D. Decreases estrogen levels**

- 4. What proportion of women requires long-term care after a hip fracture?**
 - A. 1 in 10 women**
 - B. 1 in 4 women**
 - C. 1 in 3 women**
 - D. 1 in 5 women**

- 5. What is one effective treatment option for primary ovarian insufficiency (POI)?**
 - A. 50 microgram estradiol patch**
 - B. 100 microgram estradiol patch**
 - C. 1 mg CEE**
 - D. 2 mg oral testosterone**

- 6. How does Hormone Replacement Therapy (HRT) affect gallbladder disease?**
- A. It decreases the risk of gallstones with oral HRT**
 - B. It has no impact on gallbladder disease**
 - C. It increases the risk of gallstones with oral HRT, lower risk with transdermal**
 - D. It only increases the risk of gallstones with transdermal HRT**
- 7. During the late reproductive years, what is the FSH level characteristic in stage -3b?**
- A. Elevated FSH levels**
 - B. Low FSH levels**
 - C. Variable FSH levels**
 - D. Normal FSH levels**
- 8. Which hormone is generally found at higher levels in obese women?**
- A. Testosterone**
 - B. Estradiol**
 - C. Estrone**
 - D. Progesterone**
- 9. How do the estradiol levels in Chinese and Japanese women compare to those of white, black, and Hispanic women?**
- A. They have higher estradiol levels**
 - B. They have lower estradiol levels**
 - C. Estradiol levels are similar across these groups**
 - D. They exhibit extremely variable estradiol levels without a defined pattern**
- 10. Which topical vaginal estrogen preparation is known for having the highest dose?**
- A. Estrace cream**
 - B. Vaginal tablets**
 - C. Vaginal rings**
 - D. Estriol cream**

Answers

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

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Explanations

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1. What z score is associated with osteoporosis before menopause?

- A. Z score of 0.0 or greater
- B. Z score less than -1.0**
- C. Z score less than 2.0
- D. Z score of -1.0 to -2.0

A Z score of less than -1.0 indicates that an individual's bone density is below the average range for their age group, which could signify decreased bone mass that is common before menopause, especially when considering the risk for osteoporosis. This value highlights a significant deviation from the expected bone mineral density, which is pivotal in diagnosing conditions like osteoporosis. In the context of menopause, it's essential to identify those who are at higher risk for osteoporosis, as menopause is associated with increased bone density loss due to hormonal changes. A Z score below -1.0 is a clear marker to suggest that an individual may not only have lower bone density than peers but is also at increased risk for fractures and osteoporosis, thus warranting further evaluation and possible intervention. This understanding is crucial for managing women's health during this transitional phase in their lives. The other answers, while potentially representing other aspects of bone health, do not accurately reflect the level indicative of osteoporosis risk in the pre-menopausal population.

2. Women who have undergone a bilateral salpingo-oophorectomy (BSO) experience a decline in what hormone?

- A. Estrogen**
- B. Progesterone
- C. Circulating androgen levels
- D. Luteinizing hormone

Women who have undergone a bilateral salpingo-oophorectomy (BSO), which is the surgical removal of both ovaries and fallopian tubes, experience a significant decline in estrogen levels. The ovaries are the primary source of estrogen production in premenopausal women. When these glands are removed, the body's ability to produce estrogen is drastically reduced, resulting in the hormonal changes associated with menopause. Estrogen plays a crucial role in regulating various bodily functions, and its decline can lead to several menopausal symptoms such as hot flashes, mood changes, and vaginal dryness. Understanding the role of estrogen and the impact of its decline is essential for managing menopause symptoms and providing appropriate care for women post-BSO. While progesterone levels also decrease due to the removal of the ovaries, its primary production occurs in the second half of the menstrual cycle and is largely dependent on the presence of functional ovaries. Similarly, circulating androgen levels may be affected following a BSO, but the most pronounced and immediate hormonal change is in estrogen. Additionally, luteinizing hormone may increase in response to lower estrogen levels, as the body attempts to stimulate the ovaries, which are no longer present after a BSO. Therefore, the most direct and significant hormonal decline

3. What role does aromatization play in hormone levels of obese women?

- A. Increases testosterone levels
- B. Increases estrone levels**
- C. Decreases progesterone levels
- D. Decreases estrogen levels

Aromatization is the process through which androgens, such as testosterone, are converted into estrogens, primarily estrone and estradiol, through the action of the aromatase enzyme. In the context of obesity, particularly in postmenopausal women, adipose tissue becomes a significant site for this conversion due to the higher levels of aromatase activity found in fat cells. As women gain weight and have increased adipose tissue, there's an increase in the aromatization process, leading to higher levels of estrone and estradiol. Specifically, estrone is the predominant form of estrogen produced in postmenopausal women, and in obese women, estrone levels can be particularly elevated due to the increased conversion of androgens. This mechanism is crucial because it highlights how body composition can influence hormonal profiles, potentially leading to various health implications such as an increased risk for certain cancers and metabolic disorders. Understanding this role of aromatization is particularly important for healthcare providers managing the health of obese women experiencing menopause, as modifications in lifestyle or medical interventions may help to regulate hormone levels impacted by obesity.

4. What proportion of women requires long-term care after a hip fracture?

- A. 1 in 10 women
- B. 1 in 4 women**
- C. 1 in 3 women
- D. 1 in 5 women

The correct answer is based on recent research and statistical data indicating that approximately 25% of women will require long-term care following a hip fracture. Hip fractures are a serious concern, particularly in postmenopausal women, due to the increased risk of osteoporosis and associated complications. After experiencing a hip fracture, many older adults, especially women, may struggle with mobility, independence, and overall quality of life. The need for long-term care can arise from difficulties in regaining strength, balance, and functional abilities necessary for daily living tasks. This statistic underscores the importance of prevention, early intervention, and appropriate management of osteoporosis in this population to potentially decrease the risk of fractures and the subsequent need for long-term care. In contrast, other options reflect lower proportions that do not align with the current understanding of the implications of hip fractures in older women, thus supporting the statistic that 1 in 4 women is an accurate representation of the need for long-term care following such an injury.

5. What is one effective treatment option for primary ovarian insufficiency (POI)?

- A. 50 microgram estradiol patch**
- B. 100 microgram estradiol patch**
- C. 1 mg CEE**
- D. 2 mg oral testosterone**

One effective treatment option for primary ovarian insufficiency (POI) involves the use of hormone replacement therapy (HRT) to alleviate symptoms related to estrogen deficiency and to protect bone health. In this context, a 100 microgram estradiol patch is appropriate for several reasons. Firstly, estrogen therapy is crucial for women diagnosed with POI, as they typically experience a premature loss of ovarian function, leading to significantly lower levels of estrogen. The estradiol patch offers a transdermal delivery method that allows estrogen to enter the bloodstream in a consistent manner, bypassing the gastrointestinal tract and liver metabolism, thus often providing more stable hormone levels. The dosage of 100 micrograms is aligned with clinical guidelines that recommend higher estrogen doses for women with POI to ensure adequate management of menopausal symptoms such as hot flashes, vaginal dryness, and to promote long-term health outcomes including cardiovascular health and bone density maintenance. In contrast, while lower doses such as 50 micrograms may be used in other contexts or for different patient populations, they may not provide sufficient relief or protection for those with POI, given their higher needs for estrogen supplementation. Other options like conjugated equine estrogen (CEE) and testosterone are not first-line treatments specifically

6. How does Hormone Replacement Therapy (HRT) affect gallbladder disease?

- A. It decreases the risk of gallstones with oral HRT**
- B. It has no impact on gallbladder disease**
- C. It increases the risk of gallstones with oral HRT, lower risk with transdermal**
- D. It only increases the risk of gallstones with transdermal HRT**

Hormone Replacement Therapy (HRT), particularly oral HRT, has been associated with an increased risk of developing gallstones. This is primarily because estrogen can affect the composition and motility of bile, leading to conditions favorable for gallstone formation. When women use oral HRT, the estrogen component may increase cholesterol levels in bile and decrease the synthesis and secretion of bile acids, both of which can contribute to the development of gallstones. On the other hand, transdermal HRT, which delivers hormones through the skin, appears to have a different effect on gallbladder health. Studies suggest that the risk for gallstone formation may be lowered or not significantly impacted with transdermal administration of estrogen. This is thought to be related to the more physiological levels of estrogen that transdermal patches deliver compared with the higher peaks associated with oral HRT. Thus, the correct answer highlights that oral HRT is linked with an increased risk of gallstones, while transdermal HRT may present a lower risk, reflecting the nuanced effects of hormone delivery methods on gallbladder disease.

7. During the late reproductive years, what is the FSH level characteristic in stage -3b?

- A. Elevated FSH levels**
- B. Low FSH levels**
- C. Variable FSH levels**
- D. Normal FSH levels**

FSH stays within the normal reference range in this stage because ovarian function is still sufficient to provide strong negative feedback to the pituitary. The ovaries are capable of producing enough inhibin B and estradiol to keep FSH suppressed, so even though aging is ongoing, the late reproductive years (stage -3b) still show normal FSH levels. Elevations in FSH tend to occur later, as ovarian reserve declines further and feedback weakens, which is not yet the case in this stage.

8. Which hormone is generally found at higher levels in obese women?

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

In the context of obesity and hormone levels, estrone is the hormone typically found at higher levels in obese women. Estrone is a form of estrogen that is synthesized in adipose (fat) tissue, particularly in postmenopausal women where ovarian production of estrogens declines. As body fat increases, the amount of estrone can rise due to greater conversion of androgens (like testosterone) in adipose tissue to estrogens. This relationship signifies how obesity can influence hormone balance, leading to higher circulating levels of estrone. This can have various implications for health, including the potential for increased risks of certain conditions such as endometrial cancer, as estrone acts similarly to other estrogens in the body. In contrast, while testosterone, estradiol, and progesterone can also be involved in hormonal regulation and might be present in varying amounts due to different bodily processes, they do not typically show the same consistent elevation linked to obesity as estrone does. Thus, recognizing estrone's significant increase in obese women helps in understanding the broader implications of obesity on hormonal health.

9. How do the estradiol levels in Chinese and Japanese women compare to those of white, black, and Hispanic women?

- A. They have higher estradiol levels**
- B. They have lower estradiol levels**
- C. Estradiol levels are similar across these groups**
- D. They exhibit extremely variable estradiol levels without a defined pattern**

The assertion that Chinese and Japanese women have lower estradiol levels compared to white, black, and Hispanic women is supported by research indicating significant ethnic and geographical variations in hormone levels. Studies have shown that populations in Asia, including Chinese and Japanese women, typically exhibit lower estradiol concentrations than their counterparts in the Western populations. This difference can be attributed to various factors, including genetic predispositions, lifestyle, dietary habits, and environmental influences that affect estrogen metabolism and synthesis. Understanding these differences is crucial when considering hormone replacement therapy or treatments related to menopause, as individual treatment may need to be tailored based on these variations in hormone levels across different ethnic groups.

10. Which topical vaginal estrogen preparation is known for having the highest dose?

- A. Estrace cream**
- B. Vaginal tablets**
- C. Vaginal rings**
- D. Estriol cream**

The vaginal rings are recognized for delivering a consistent and higher dose of estrogen compared to other topical preparations like creams and tablets. The ring releases estrogen over a prolonged period, typically up to three months, which allows for a steady absorption of the hormone, making it particularly effective for treating menopausal symptoms such as vaginal dryness, atrophy, and other related issues. In contrast, creams and vaginal tablets generally provide lower doses and can have varying absorption rates. The vaginal ring's method of delivery also offers convenience, as it does not require daily application like creams, making it a preferred choice for many women needing long-term estrogen therapy. Understanding the pharmacokinetics—how the body absorbs, distributes, metabolizes, and excretes a drug—helps highlight why the vaginal ring is superior in delivering a higher consistent dose over time compared to other products.

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!

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