

NAMS MENOPAUSE CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://namsmenopause.examzify.com>



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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 type of fractures does raloxifene primarily help to prevent?**
 - A. Coxal fractures
 - B. Vertebral fractures
 - C. Nonvertebral fractures
 - D. Distal radius fractures

- 2. What observational evidence suggests a potential benefit of HRT in early menopause related to Alzheimer's disease?**
 - A. Increased memory for verbal tasks
 - B. Reduction in AD pathology from transdermal estradiol
 - C. High rates of cognitive sharpness
 - D. Improved social functions

- 3. 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

- 4. What is a common effect of estrogen levels during pregnancy on migraine headaches?**
 - A. Migraines typically worsen
 - B. Migraines typically improve
 - C. Migraines remain the same
 - D. Migraines become more frequent

- 5. 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

- 6. What is one key benefit of maintaining adequate calcium levels post-menopause?**
- A. Increased hair growth
 - B. Improved skin elasticity
 - C. Prevention of osteoporosis
 - D. Enhanced mood stability
- 7. What treatments are primarily indicated for genital arousal disorder (FGAD)?**
- A. L-arginine, topical alprostadil
 - B. Wellbutrin, estrogen therapy
 - C. Selective serotonin reuptake inhibitors
 - D. Phosphodiesterase inhibitors
- 8. What is the definition of primary ovarian insufficiency?**
- A. Menopause that occurs after age 54
 - B. Menopause that occurs between ages 45 to 54
 - C. Menopause that occurs before age 40
 - D. A normal condition in women ages 45-54
- 9. Which topical vaginal estrogen preparation is known for having the highest dose?**
- A. Estrace cream
 - B. Vaginal tablets
 - C. Vaginal rings
 - D. Estriol cream
- 10. According to CDC and WHO guidelines, what is advised for women with migraines and aura regarding contraception?**
- A. They can safely use combined hormone contraception
 - B. They should avoid combined hormone contraception
 - C. They should consult with a dietitian
 - D. They should use only barrier methods

Answers

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

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Explanations

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1. What type of fractures does raloxifene primarily help to prevent?

- A. Coxal fractures
- B. Vertebral fractures**
- C. Nonvertebral fractures
- D. Distal radius fractures

Raloxifene is primarily used to prevent vertebral fractures, particularly in postmenopausal women who have osteoporosis or are at risk for it. This medication is a selective estrogen receptor modulator (SERM), which mimics estrogen's beneficial effects on bone density without some of the risks associated with estrogen therapy. By increasing bone mineral density and reducing the turnover of bone, raloxifene effectively reduces the occurrence of vertebral fractures. While it may have some protective effects on other types of fractures, the emphasis in clinical studies and guidelines focuses on its effectiveness in preventing vertebral fractures specifically. Other types of fractures, such as hip or distal radius fractures, are typically addressed through different therapies or medications.

2. What observational evidence suggests a potential benefit of HRT in early menopause related to Alzheimer's disease?

- A. Increased memory for verbal tasks
- B. Reduction in AD pathology from transdermal estradiol**
- C. High rates of cognitive sharpness
- D. Improved social functions

The connection between hormone replacement therapy (HRT) in early menopause and Alzheimer's disease (AD) has gained attention in recent research. Observational evidence supports the notion that HRT may have neuroprotective effects, particularly when administered in the early stages of menopause. One key finding is the observed reduction in Alzheimer's disease pathology associated with transdermal estradiol. Transdermal estradiol, which is a form of estrogen delivered through the skin, allows for a more consistent and bioavailable method of hormone delivery. Studies have indicated that this mode of administration may lead to lower levels of amyloid plaques, which are characteristic of Alzheimer's disease pathology. This suggests that early intervention with HRT could potentially mitigate the development or progression of Alzheimer's disease in women who experience menopause, emphasizing the importance of timing in HRT initiation. In contrast, while increased memory for verbal tasks, high rates of cognitive sharpness, and improved social functions may relate to overall cognitive health, they are not as directly tied to the underlying neurobiological changes associated with Alzheimer's pathology as the specific reduction in AD pathology observed with transdermal estradiol. Thus, the evidence highlights the need for further exploration into the timing and methods of HRT to leverage its potential benefits in cognitive health.

3. 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.

4. What is a common effect of estrogen levels during pregnancy on migraine headaches?

- A. Migraines typically worsen
- B. Migraines typically improve**
- C. Migraines remain the same
- D. Migraines become more frequent

During pregnancy, the increase in estrogen levels is known to have a beneficial impact on migraine headaches for many women. Elevated estrogen can lead to a reduction in the frequency and severity of migraines. This hormone influences various physiological processes, including the modulation of pain pathways and vascular reactivity, which can help alleviate headache symptoms. For many women who suffer from migraines, pregnancy often brings about a significant improvement, with symptoms diminishing considerably or even disappearing altogether due to the stabilization and increase in estrogen levels. This is particularly notable for women whose migraines are linked to their menstrual cycles, as the fluctuations in hormones pre-menstrually often trigger migraine episodes. Migraines worsening, remaining the same, or becoming more frequent are less commonly seen during pregnancy. Those scenarios are typically linked to other factors that may not be directly related to the hormonal changes associated with pregnancy. Therefore, understanding the specific influence of estrogen during this period is crucial for managing symptoms effectively.

5. 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.

6. What is one key benefit of maintaining adequate calcium levels post-menopause?

- A. Increased hair growth
- B. Improved skin elasticity
- C. Prevention of osteoporosis**
- D. Enhanced mood stability

Maintaining adequate calcium levels post-menopause is crucial for the prevention of osteoporosis. During menopause, women experience a decrease in estrogen levels, which significantly affects bone density. Estrogen plays a vital role in maintaining bone mass, and its decline leads to an increased rate of bone resorption, causing bones to become weaker and more susceptible to fractures. Calcium is an essential mineral that contributes to bone strength and density. Adequate calcium intake helps mitigate the loss of bone density that occurs during menopause, reducing the risk of osteoporosis. This is especially important as women are at a higher risk of developing this condition after menopause due to the hormonal changes that take place. Focusing on maintaining calcium levels can significantly contribute to long-term bone health, making it an essential aspect of post-menopausal care. In contrast, while hair growth, skin elasticity, and mood stability are important aspects of overall wellness, they are not directly linked to calcium levels in the same way that osteoporosis prevention is.

7. What treatments are primarily indicated for genital arousal disorder (FGAD)?

- A. L-arginine, topical alprostadil**
- B. Wellbutrin, estrogen therapy
- C. Selective serotonin reuptake inhibitors
- D. Phosphodiesterase inhibitors

Genital arousal disorder (FGAD) is characterized by a persistent inability to attain or maintain adequate genital arousal. The treatments indicated for FGAD primarily focus on enhancing blood flow and promoting sexual arousal. L-arginine, an amino acid, is known to improve circulation and increase nitric oxide availability, which can effectively enhance blood flow to the genital region. This can facilitate genital arousal and alleviate symptoms associated with FGAD. Topical alprostadil, a prostaglandin E1, specifically acts by dilating blood vessels and increasing blood flow to the genital area, again supporting arousal. The combination of L-arginine and topical alprostadil directly targets the physiological mechanisms involved in genital arousal, making them highly suitable treatments for FGAD. In contrast, other options do not specifically address the underlying circulatory issues involved in FGAD. While Wellbutrin and estrogen therapy may be beneficial for mood and hormone levels, they do not directly resolve genital arousal difficulties. Selective serotonin reuptake inhibitors may affect sexual function and arousal negatively in some individuals rather than providing adequate arousal. Phosphodiesterase inhibitors, while beneficial for erectile dysfunction, are not typically indicated for genital arousal disorder in women.

8. What is the definition of primary ovarian insufficiency?

- A. Menopause that occurs after age 54
- B. Menopause that occurs between ages 45 to 54
- C. Menopause that occurs before age 40**
- D. A normal condition in women ages 45-54

Primary ovarian insufficiency, also known as premature ovarian failure, is characterized by the loss of normal ovarian function before the age of 40. This condition results in reduced estrogen production and irregular or absent menstrual periods, which can lead to early symptoms typically associated with menopause, such as hot flashes and night sweats. Women with primary ovarian insufficiency may experience fertility challenges and other hormonal imbalances due to the early loss of ovarian function. Understanding this definition is crucial, as it helps distinguish primary ovarian insufficiency from other phases of reproductive aging and menopause. This condition can have significant physical and emotional implications, necessitating appropriate medical attention and management.

9. 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.

10. According to CDC and WHO guidelines, what is advised for women with migraines and aura regarding contraception?

- A. They can safely use combined hormone contraception
- B. They should avoid combined hormone contraception**
- C. They should consult with a dietitian
- D. They should use only barrier methods

Women who experience migraines with aura are advised to avoid combined hormonal contraception due to the increased risk of stroke associated with this condition. The combination of estrogen and progestin in combined hormonal contraceptives can exacerbate the risk of thromboembolic events, particularly in individuals with a history of migraine aura. This significant health risk emphasizes the importance of using alternative contraceptive methods that do not contain estrogen. Therefore, current guidelines from the CDC and WHO recommend non-hormonal contraceptive options or progestin-only contraception as safer alternatives for these women. Other response options may suggest the use of combined hormonal contraception or consultation with a dietitian, but these do not align with the safety guidelines that prioritize the avoidance of elevated stroke risk in this vulnerable population.

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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