MFSRH Part I Handbook
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MFSRH Part I Handbook

Key information

The MFSRH Part I consists of 80 questions of the “single best answer” (SBA) format. Candidates are given 120 minutes to answer all the questions. The Part I will test basic clinical science and applied knowledge, from November 2021 there will be more emphasis on basic science to reflect the updated GMC requirements and to ensure that future specialists have the scientific foundations needed to build their work on.

The MFSRH Part I is a gateway exam designed to assess trainees at ST3 level. The MFSRH Part I must be achieved before CSRH specialty trainees proceed on to intermediate training. It is likely that candidates may want to attempt the exam before ST3 level they but must be aware that the exam is pitched at ST3 level. We would advise potential candidates in their foundation years against sitting the exam.

Candidates should be advised that, although they may be at ST3 level in the curriculum, they might not have had clinical exposure to some aspects of the syllabus. However, the exam may test theoretical knowledge within the scope of the syllabus in these areas (e.g. PMS and menopause).

Information about eligibility to take the Part I, associated fees and passing criteria are detailed in the MFSRH Examinations Regulations¹.

Syllabus

The syllabus for the MFSRH Part I is based on the knowledge requirements of the CSRH curriculum capabilities in practice (CiPs). The curriculum and examination are based on UK guidance and practice. Clinical guidelines used for examinations will be those in force at the date when applications for the examination close.

Candidates should revise based only on curriculum and syllabus requirements pertaining to the exam.

A full overview of the examination syllabus and knowledge requirements can be found in the Community Sexual and Reproductive Healthcare MFSRH Syllabus & Knowledge Requirements 2021².

¹ https://www.fsrh.org/documents/mfsrh-membership-examinations-regulations
² https://www.fsrh.org/documents/crsh-knowledge-requirements/
Useful learning resources

The following list of educational resources is for guidance and is not compulsory reading. It should, however, cover the breadth and give an idea of the depth of knowledge required. The reading list is a guide only and is not exhaustive.

Where possible electronic resources are listed. There are other books and websites not listed here that are suitable for study purposes for this examination; this simply details a selection of information found helpful by previous successful candidates.

Books

Critical appraisal:

- The Royal Society of Medicine (RSM) run courses on critical appraisal and research methods – see their website https://www.rsm.ac.uk

GUM:


Basic science and general clinical texts that may be useful for reference:


(Please note that these 2 texts cover areas of obstetrics that are not required)


Journals:

- BMJ Sexual and Reproductive Health (FSRH)
- The Obstetrician and Gynaecologist (RCOG)

Up to date guidelines can be found on the following websites:

- Faculty of Sexual and Reproductive Healthcare https://www.fsrh.org/
- British Association for Sexual Health & HIV https://www.bashh.org/
- Royal College of Obstetricians and Gynaecologists https://www.rcog.org.uk/
- British Menopause Society https://thebms.org.uk/
- NICE https://www.nice.org.uk/
• British Society for Sexual Medicine  http://www.bssm.org.uk/
• NHS Cervical Screening Programme and BNF – see NICE

Please note that other guidelines, both local and international (e.g. WHOMECC), are of great interest but the exam will be based on UK guidance as above. The guidelines used will be those in force on the day that applications for the relevant sitting of the examination close. Any changes to guidelines made after the application close date will not be examined.
Example SBA questions

A selection of sample questions that cover every CiP and Key Skill of the syllabus are provided below. Please note that it does not follow that every exam will also cover the whole range of topics.

**CiP 1 Patient-centred Care**

1. In 2015, the General Medical Council (GMC) document on Duty of Candour (DoC) was published and sent to all doctors with a licence to practice.

   Which of the following surgical incidents constitutes a statutory duty of candour in obstetric and gynaecological practice?

   A. A tear to the cervix occurring during surgical abortion
   B. An abrasion to a baby during caesarean delivery, requiring a single steristrip
   C. Any diathermy burn to a patient’s skin at edge of incision during a laparotomy
   D. Obstetric anal sphincter injury occurring during a forceps delivery
   E. Stitch taken through rectum at suturing of a perineal tear identified at per rectal exam requiring a second repair at the same sitting

   Answer: D

**CiP 4 Data**

2. In order to allocate staff effectively, your service wants to find out how long patients wait between arrival and being seen. Your service runs several different types of clinic in different sites and uses an electronic patient record system.

   Which of the following options is the most appropriate method to obtain this information?

   A. Clinical audit
   B. Qualitative research study
   C. Quantitative research study
   D. Review of activity data
   E. Simple interview/questionnaire study

   Answer: D

**CiP 5 Research**

3. A RCT (randomized controlled trial) is conducted to determine the effects of using nicotine patches to smoking pregnant women. The only outcome measure that reaches statistical significance is an increased incidence of patch induced dermatitis in the treatment group. This is expressed as number need to harm (NNH).
Which of the following statements is true regarding the statistical measure: number need to harm (NNH)?

A. It can be reported as a fraction  
B. The magnitude of the statistic NNH depends only on the absolute difference between treatment groups in risk of the adverse event.  
C. The NNH is the reciprocal of the absolute risk reduction between two interventions.  
D. The risk benefit ratio is expressed as: number needed to treat / number need to harm (NNT/NNH)  
E. The smaller the value of NNH, the less likely the intervention was to cause the adverse event.

Answer: B

4. Researchers are studying the relative ability of a new drug to lower diastolic blood pressure in three groups of age and ethnicity matched female patients. One group receives a well-established drug at a standard dose. The other two groups receive the new drug at different doses. At the end of six months, the diastolic blood pressure of each group was determined and the significance of the difference in mean values was tested statistically.

Which of the following statistical tests is most likely to yield results with the highest confidence?

A. Analysis of variance  
B. Chi-squared test  
C. Correlation coefficient  
D. Logistic regression  
E. Student’s t-test

Answer: A

5. The efficacy of low dose aspirin to prevent recurrent pre-eclampsia in pregnant women was investigated in a double blind randomized controlled trial (RCT). To ensure allocation concealment; the allocation sequence was randomly generated on computer by someone independent of the trial.

Which is the single most appropriate statement regarding the design feature of an RCT?

A. Concealed Allocation is done after subjects and researchers have been blinded in a trial  
B. Concealed Allocation seeks to eliminate selection bias  
C. Concealed Allocation seeks to eliminate observation bias
D. Randomisation is similar to random sampling
E. Randomisation means that interventions in different arms of the study are kept secret

Answer: B

6. Researchers are conducting a trial where the null hypothesis is false (i.e. there is a real difference present). Since the trial is a small one, it does not find a statistically significant difference.

What statistical error is most likely to have occurred?

A. Confidence interval error
B. External validity error
C. P value error
D. Type I error
E. Type II error

Answer: E

7. Researchers are studying the efficacy of a new drug in the treatment of advanced ovarian cancer. A randomized control trial is set up. One group receives the drug and the other does not. Comparison of chemotherapy regimens is published as 1-year survival by Intention to treat (ITT) analysis.

Which of the following is most likely to be a key feature in an Intention to treat (ITT) analysis?

A. All subjects need not be analyzed in the group they were originally randomised to
B. All subjects receive the actual treatment that they were originally randomised to
C. All subjects need to comply with the treatment
D. A per protocol analysis provides the best estimate of the efficacy of the intervention
E. Only a fraction of subjects in the study needs to be analysed

Answer: D

CiP 8: KS1 Fertility control

8. A 18-year-old woman attends the clinic for an implant removal. She has troublesome irregular bleeding on the implant despite being treated with continuous COC for three months. She is in a monogamous relationship and a recent sexual health screen is negative. A speculum exam is normal. The sexual health nurse injects 1 ml of 1% Lidocaine subcutaneously prior to the procedure.
How many milligrams of the drug is being given to this patient?

A. 0.1 mg  
B. 0.5 mg  
C. 1mg  
D. 10mgs  
E. 100mgs

Answer: D

9. A 30-year-old woman, non-smoker with a BMI of 22 kg/m² has been on a levonorgestrel containing CHC for one year. She attends the clinic having read a newspaper article regarding a case of fatal pulmonary embolism attributed to the pill. She is concerned about the safety of her pill but finds it beneficial for her acne.

If she wishes to continue using a CHC, what is the most appropriate management?

A. Change her to a drospirenone containing CHC  
B. Change her to an estradiol valerate containing CHC  
C. Continue with her current preparation  
D. Change to a CVR  
E. Change her to a CTP

Answer: C

10. A 40 year old HIV positive woman with a CD4 count of 150 and VL of 1 million copies/ml was admitted to the ward with fever and cough. Her BMI was 17 and she had iron deficiency anaemia (Hb 10.5g/dL). She was not taking her ARVs, sleeping rough and using alcohol and crack cocaine. She miscarried an unplanned pregnancy 2 weeks ago, and had UPSI 1/7 ago. Her pregnancy test was negative on admission, she is unsure of her cycle but thinks it is 28 days . She was diagnosed with TB and HIV in 2013 and defaulted treatment for HIV and TB. She was referred to you for contraception advice.

What is the best option for her?

A. IUD 7 days after starting TB medication  
B. IUD immediately under antibiotic cover  
C. IUS  
D. Oral EHC and quick start on Depo-Provera  
E. Oral EHC and quick start on Nexplanon

Answer: B
11. A 25-year-old woman who is a PhD student attends to discuss contraception. She is in a mutually monogamous heterosexual relationship and is generally healthy. She has never been pregnant. She is not happy to use hormonal contraception because she is concerned about excretion of hormones into the water supply, so she decides to use a copper IUD. In the course of counselling she asks if she can continue to use her Mooncup®.

What is the best advice for her?

A. No as her periods will be too heavy to use a Mooncup®
B. No as there is an increased risk of pelvic infection
C. No as there is always an increased risk of toxic shock syndrome
D. Yes, if specific instructions are followed carefully
E. Yes, no concerns

Answer: D

12. All currently marketed combined oral contraceptives are made from synthetic steroids. There are two major classes of synthetic progestins: C19-nortestosterone progestins (structurally related to testosterone) and C21 acetoxy progestins (structurally related to progesterone).

Which of the following represents a C21 acetoxy progestin?

A. Ethynodiol diacetate
B. Medroxyprogesterone acetate
C. Norethisterone
D. Norethynodrel
E. Norgestimate

Answer: B

13. The pulsatile nature of GnRH release is of central importance in the regulation of the ovarian cycle.

Which of the following statements is most appropriately related to this pulsatile release?

A. FSH pulses are detectable in the circulation
B. GnRH has a long half life
C. In the follicular phase LH is released at a frequency of one pulse every 120 minutes
D. In the luteal phase LH is released at a frequency of one pulse every 2-4 hours
E. LH pulses are not detectable in the circulation
14. A 28-year-old nulligravida is planning a pregnancy. She has a BMI of 42 kg/m² and attends for pre-pregnancy counselling. She has IDDM and her medical records suggest she has some early diabetes related retinopathy and nephropathy. Her HbA1C (glycosylated haemoglobin) level is 12%.

Which is the single most appropriate immediate management step from the options listed below?

A. Avoid pregnancy at the present time
B. Give diet and exercise advice and review after two weeks
C. Offer a glucose tolerance test as soon as possible
D. Review insulin dose
E. Start metformin therapy

Answer: A

15. A 32-year-old HIV positive woman wants to plan a pregnancy. Her CD4 count is 400 and VL is <50 copies/ml. She is on antiretroviral therapy and her HIV has been fully controlled for the last 5 years. Her partner of 5 years is HIV negative. They have been using condoms.

Which of the following is the most appropriate pre pregnancy advice for this couple?

A. Folic acid 400 μg and vit D 20μg
B. Stop using condoms
C. Take event-based PrEP
D. Take continuous PrEP
E. Folic acid 400 μg and vit D 10

Answer: B

16. A 24-year-old woman attends the antenatal clinic for pre pregnancy counselling. She has a mechanical heart valve and is on warfarin.

Which of the following statements is true for the above clinical scenario?

A. Mechanical heart valves have a similar rate of valve thrombosis to bioprosthetic valves
B. Substitution of warfarin to low molecular weight heparin (LMWH) in pregnancy decreases the rate of maternal thromboembolism
C. The fetal mortality rate is approximately 1 in 3 in women with a mechanical heart valve
D. Warfarin carries a 15% risk of causing fetal embryopathy
E. Warfarin is less effective than low molecular weight heparin (LMWH) in preventing valve thrombosis

Answer: C

CiP 8: KS3 Early pregnancy and abortion

17. Transabdominal scanning is in progress at around 20 gestational weeks prior to a D & E procedure. The woman in question is 44-year-old, Para 3+0. She is unsure of her LMP. The current pregnancy was a result of contraceptive failure. She is sure of her decision to terminate the pregnancy and has opted for a D & E procedure. The gestational age of the fetus is being measured using the Head Circumference (HC).

Which of the following statements describes best practice in HC measurement to avoid under/over estimation of the gestational age?

A. The transthalamic plane should be used for HC measurement
B. The section of the fetal head should resemble the shape of a spheroidal football.
C. Assessment of gestational age by biparietal diameter (BPD) is more accurate than using the head circumference (HC) in the mid trimester
D. A continuous midline echo broken by the cavum septum pellucidum should appear in the rear part of the scan picture
E. The Choroid plexuses should be visible within the front part of the scan picture

Answer: A

18. A 24-year-old nulligravida undergoes suction evacuation of the uterus at 14 weeks of gestation for an unplanned pregnancy. Blood loss in the course of surgery is reported to be 200mls. 15 minutes later the surgeon is called to the recovery room. The patient is complaining of severe lower abdominal cramping. She does not have shortness of breath or chest pain. She is pale and clammy, tachycardic and hypotensive. Physical examination reveals an enlarged uterus consistent with 16 weeks of gestation and markedly tender. There is minimal blood loss visible per vaginum. However, the pain is out of proportion to the physical findings. A bedside haemacue reveals an Hb of 9 gms/dl. A pulse oximetry and ECG is normal.

Which of the following scenarios is most likely to be associated with this presentation?

A. Acute haematometra
B. Acute pulmonary embolism
C. Atonic haemorrhage following surgical uterine evacuation
D. Major cervical laceration  
E. Uterine perforation  

Answer: A

19. After completion of a MVA (manual vacuum aspiration) procedure, the surgeon floats the products of conception in water. An intact gestational sac with chorionic villi on its periphery is seen corresponding to 7 gestational weeks.

What is the most likely origin of chorionic villi?

A. Ectoderm  
B. Endoderm  
C. Extraembryonic mesoderm  
D. Intraembryonic mesoderm  
E. Primitive streak

Answer: C

20. A 36-year-old woman, Para 1+0 with a BMI of 25 kg/m2 finds herself to be accidentally pregnant due to a condom accident. She has been recently treated with oral prednisolone 40 mgs/day for an unknown autoimmune vesiculo-papulous disorder of the skin (awaiting investigations). Treatment has been given for 2 months and she has completed the treatment 7 days ago. An ultrasound scan confirms an intrauterine pregnancy at 7 gestational weeks. She opts to have a medical abortion. Same day treatment is planned to use 200mgs of mifepristone and 800 μg of misoprostol.

Which of the following statements accurately reflects the use of mifepristone in this case?

A. A single dose of 200 mgs of mifepristone carries with it a significant risk of inducing adrenal insufficiency  
B. Antiprogestin activity of mifepristone is apparent at much lower doses as opposed to its antiglucocorticoid activity  
C. Medium term steroid treatment is an absolute contraindication to mifepristone use  
D. Steroids block the action of mifepristone on progestin receptors.  
E. There is no pharmacologic interaction between mifepristone and ongoing steroid treatment

Answer: B
21. An ST3 SRH trainee is witnessing a laparoscopic salpingectomy being performed for a ruptured ectopic pregnancy in a 28-year-old woman. There is a copious collection of blood behind the uterus. Suction irrigation of the pelvis at the end of the procedure brings the entire Pouch of Douglas into view. The consultant asks the trainee about the anatomical significance of the pouch.

Which of the following is an accurate description of the Pouch of Douglas?

A. It represents the caudal most part of the parietal peritoneum  
B. It represents the visceral peritoneum covering the posterior surface of the uterus  
C. It represents the visceral peritoneum covering the anterior surface of the rectum  
D. It represents the visceral peritoneum covering the posterior surface of the bladder  
E. It represents the visceral peritoneum covering the paracervical ligaments

Answer: A

CiP 8: KS4 GUM

22. Twelve hours after the first injection of procaine penicillin for syphilitic general paresis, a man develops shaking, chills, a rise in temperature and skin rashes. He is known to be HIV negative.

What is the most likely cause of his symptoms?

A. Drug allergy  
B. HIV seroconversion illness  
C. Jarisch-Herxheimer reaction  
D. Type 1 hypersensitivity  
E. Type 4 hypersensitivity

Answer: C

23. A 30-year-old woman is 23 weeks pregnant. She has a past history of oral herpes simplex lesions as a child. She is experiencing a first episode of bilateral painful widespread vulval ulceration with inguinal lymphadenopathy. A viral swab from the lesions shows HSV type 1. She is treated with a 5 day course of aciclovir.

What is the single most appropriate management of the remainder of the pregnancy?

A. Consider daily suppressive aciclovir 400 mg three times daily from 36 weeks gestation and anticipate vaginal delivery  
B. Consider daily suppressive aciclovir 400 mg three times daily from 36 weeks gestation and plan for an elective caesarean section.  
C. Consider daily suppressive aciclovir 400 mg twice daily from 36 weeks gestation and anticipate vaginal delivery.
D. Consider daily suppressive aciclovir 400 mg twice daily from 36 weeks gestation and plan for an elective caesarean section.
E. Perform sequential HSV swab testing to determine whether antiviral suppression is required and appropriate mode of delivery.

Answer: A

24. A 24-year-old heterosexual male attends the GUM clinic with a 3-day-history of a urethral discharge. He has had 6 partners in the past three months. Clinical examination shows the presence of mucopurulent urethral discharge. Gram staining of the urethral specimen reveals the presence of gram negative intracellular diplococci. A diagnosis of gonorrhoea is made.

Which component of the bacterial cell wall is most likely to be detected by Gram staining?

A. Glycocalyx
B. Lipopolysaccharide
C. Lipoteichoic acid.
D. Mycolic acid
E. Peptidoglycan

Answer: E

25. Which of the following accurately describes the microbiologic attributes of C. trachomatis?

A. C. trachomatis bacteria are not dependent on host cell ATP for its energy
B. C. trachomatis bacteria have DNA only and no cell wall
C. C. trachomatis bacteria produce eosinophilic intracytoplasmic inclusion bodies
D. C. trachomatis life cycle consists of two stages: extracellular, infectious elementary bodies and intracellular replicative reticulate bodies
E. C. trachomatis, unlike viruses, can be grown in cell free media

Answer: D

CiP 8: KS5 Abnormal vaginal bleeding

26. A 48-year-old woman Para 2+0 undergoes a hysteroscopy and biopsy for persistent intermenstrual bleeding over the past 6 months. She has a BMI of 35 kg/m² and takes metformin for type 2 Diabetes Mellitus. She is currently not in a relationship and has completed her family. The histology report is suggestive of endometrial hyperplasia with atypia.
Which of the following is most likely to represent the best management option?

A. Continuous oral progestogens for 6 months  
B. Cyclical oral progestogens for 12 months  
C. Endometrial ablation  
D. Insertion of LNG-IUS  
E. Total hysterectomy

Answer: E

27. A 30-year-old woman has a four months history of bleeding after sexual intercourse. She has been married to her husband for six years. She uses the COC for contraception. Her last cervical screening was negative five years ago.

What is the single most important next step?

A. Cervical cytology  
B. Change contraception  
C. Chlamydia test  
D. Examine the cervix  
E. Stop contraception

Answer: D

CiP 8: KS6 Pelvic and vulval pain

28. A 30-year-old nulligravida undergoes a diagnostic laparoscopy for chronic pelvic pain. In the recovery ward she complains of severe pain over her shoulders. She thinks that it might be due to her positioning on the theatre table. She is given oral morphine for pain relief.

What is the single most likely anatomical basis for the pain?

A. The diaphragm and the skin over the shoulder are supplied by the same set of nerves that arise from the cervical plexus  
B. The diaphragm and the skin over the shoulder are supplied by the same set of nerves that arise from the brachial plexus  
C. The diaphragm has neural connection with the shoulder that courses through the parietal pleura  
D. The diaphragm has neural connection with the shoulder that courses through the parietal pericardium  
E. The diaphragm has neural connection with the shoulder that courses through the lateral body wall.
29. A 42-year-old man with type 2 diabetes mellitus is assessed in the neurological clinic. He reports a new symptom which is that he can sustain a penile erection but cannot ejaculate.

Which of the following is the spinal centre for ejaculation in humans?

In this question the capital L denotes Lumbar and the capital S denotes Sacral.

A. L1  
B. L2-4  
C. L5  
D. S1  
E. S2-4

Answer: A

30. Present methods of screening for breast carcinoma are not ideal.

Which of the following statements accurately describes screening mammography?

A. Isolated clusters of fine irregular calcifications are a mammographic sign of carcinoma  
B. Screening mammography is less precise in older women as opposed to younger women  
C. Screening mammography can reliably distinguish between a cystic breast mass and a solid breast mass  
D. Screening mammography reduces breast cancer mortality by 60% in women 50 to 70 years of age  
E. Screening mammography (two view exam) is associated with a radiation exposure of 1 rad

Answer: A

31. A 9-year-old girl is seen in the adolescent gynaecological clinic along with her mother. Her mother is worried about her daughter getting pigmentation of the breast areolae, enlargement of the breasts, and pubic hair growth. An endocrinological
profile is normal; however, serum oestradiol levels are high. An MRI scan suggests a complex left sided ovarian mass measuring 5 by 5 cm by 6 cm in dimension.

Which of the following tumours is most likely to present as above?

A. Dysgerminoma  
B. Immature teratoma  
C. Juvenile granulosa cell tumour  
D. Mature teratoma  
E. Yolk sac tumour

Answer: C

**CiP 8: KS10 PMS**

32. Which of the following assessments is key to the diagnosis of Premenstrual Syndrome (PMS) according to NICE guidance?

A. Daily Record of Severity of Problems (DRSP) Questionnaire over 2 cycles  
B. Early follicular phase FSH level  
C. Hospital Anxiety and Depression (HAD) scale over 2 cycles  
D. Mid luteal progesterone level  
E. Patient Health Questionnaire (PHQ) 9 over 2 cycles

Answer: A

**CiP 8: KS11 Menopause**

33. Based on existing evidence which of the following statements is an appropriate counselling point for a woman seeking HRT for the first time and asking about its link with venous thromboembolism (VTE)?

A. Conjugated equine oestrogens (in an HRT preparation) are less prothrombotic than estradiol  
B. Micronized progesterone and dydrogesterone confer a lower VTE risk than other progestogens  
C. Routine thrombophilia testing is necessary prior to commencing HRT  
D. The risk of venous thromboembolism (VTE) is increased by oral HRT compared with baseline population risk and is greatest after 5 years of initiation  
E. The risk of VTE associated with HRT is similar for both oral and transdermal oestrigen preparations

Answer: B
CiP 8: KS12 Transgender

34. A 21-year-old trans man attends your service. He started using testosterone bought from the internet a few months ago but has been seen at the transgender service and is now using testosterone prescribed on the NHS. He has commenced a relationship with a male partner and is having receptive vaginal intercourse. He has been using condoms consistently but has attended today asking whether contraception is required in the light of his using testosterone therapy and being amenorrhoeic. He has not had any surgical procedures.

What is the best advice to give him?

A. Condoms are sufficient as his fertility is impaired
B. Contraception is not required as long as he continues to take testosterone consistently
C. He can use any method if not contraindicated by other health issues
D. He should avoid CHC methods
E. Hormonal methods are not advised while using testosterone; he can use a Cu-IUD or continue with condoms

Answer: D

CiP 8: KS13 Reproductive mental health

35. An 18-year-old girl is assessed in a specialist gynaecological clinic with the presenting complaint of primary amenorrhea. She is an overactive, overachieving ballet dancer. Her BMI is 17 kg/m2. She gives a history of rapid weight loss and is known to handle food unusually with self-induced episodes of vomiting. A provisional diagnosis of anorexia nervosa is made. A full panel of blood tests including an endocrinologic profile is requested. She is referred to a community-based, age-appropriate eating disorder service for further assessment or treatment.

Assuming that the diagnosis of anorexia nervosa is correct which of the following is most likely to be associated with it?

A. Hypertension
B. Hyperkalaemia
C. Hypocarotenemia
D. Mitral valve prolapse
E. Tachycardia

Answer: D
36. A 30-year-old woman delivers her first baby at 38 weeks. She has a pre-existing mental health condition and is known to the mental health team. Three days after birth she shows features of severe mania along with presence of delusions and hallucinations. The perinatal psychiatric team diagnoses puerperal psychosis.

Which of the following pre-existing mental illnesses is most likely to be associated with an attack of puerperal psychosis?

A. Bipolar affective disorder  
B. Bulimia  
C. Moderate depression  
D. Obsessive compulsive disorder  
E. Recurrent severe anxiety

Answer: A

37. Which of the following statements is appropriate information for counselling a woman with vulvodynia (provoked/ unprovoked, generalized/localized)?

A. There exists no evidence that provision of adequate vulval care leads to statistically significant improvement in dyspareunia, burning, itching and pain  
B. There exists evidence that topical therapy with 5% lidocaine is effective and can be prescribed in provoked localised vulvodynia.  
C. Tricyclic antidepressants, gabapentin or pregabalin are inappropriate treatment options in unprovoked vulvodynia  
D. Topical medications with significant proven benefits include nifedipine, capsaicin, amitriptyline, baclofen, nitroglycerine  
E. Tricyclic antidepressants take 2 weeks before full pain response is evident

Answer: B

38. With respect to the case of a drug facilitated sexual assault on a female victim:

A. Blood samples for detection of substances which may have been used to facilitate the assault should be collected within 3 days  
B. DNA can be gathered successfully for up to 5 days after oral penetration  
C. DNA can be gathered successfully for up to 7 days after anal penetration  
D. DNA can be gathered successfully for up to 14 days after vaginal penetration
E. Urine samples for detection of substances which may have been used to facilitate the assault should be collected within 7 days

Answer: A