

# JTGGA CME/CPD CREDITING



## Answer form for the article titled “*Role of hormones in hypoactive sexual desire disorder and current treatment*” within the scope of CME/CPD

### 1. Which of the following is not TRUE for hypoactive sexual desire disorder (HSDD)?

- a. The Etiology of HSDD has been fully identified agreed upon in the literature
- b. HSDD is believed to be triggered by multiple etiologies
- c. HSDD can manifest as a comorbid in addition to a dysfunctional sexual desire
- d. Psychiatric problems, behavioral components, and neuroendocrine changes can trigger HSDD

### 2. The following is not true about ageing HSDD, and menopause?

- a. There is a high prevalence of HSDD among women aged 45 years and above
- b. There is a less distress in women aged 65 years and above towards HSDD compared to younger women
- c. Rapid decline in hormone levels can negatively affect sexually satisfying life and quality of life due to chemical menopause or post-surgical events
- d. Post-menopause years and menopause years present with increased production of sex hormones

### 3. Which of the following statements is incorrect for surgical procedures in relation to HSDD?

- a. Bilateral oophorectomy results in increased risk of HSDD cases
- b. Surgical procedures contributes to significant reduction of testosterone by 50%
- c. There is no connection between the production of testosterone and reduced sexual desire since the process largely relies on oestrogen hormones
- d. Bilateral oophorectomy negatively affects elderly women more in their post-menopause years compared to younger women that have undergone the same

### 4. What statement is True about Oestrogen in relation to HSDD?

- a. Oestrogen does not contribute to low sex drive during postmenopausal years
- b. Increasing the levels of oestrogen increases vulvovaginal dryness and atrophy in addition to alleviating changes of genital functions like clitoral blood flow and sensation
- c. Low oestrogen improves comfort and makes it easier for women to actively respond to sexual expression and cues
- d. Oestrogen-based therapies can be recommended in treating vulvovaginal atrophy that causes dyspareunia and vaginal dryness

### 5. Which statement is untrue about testosterone treatment for HSDD?

- a. Oestrogen alone therapy is used as a first line medication among women with intact uterus or not gone for oophorectomy
- b. EPT is effective as a primary defence for first-time symptoms (hot flashes) and during the menopausal transition phase
- c. Vulvovaginal atrophy cannot be suppressed by local and systemic use of oestrogen alone (OT) or with EPT
- d. Women with FSD might be unresponsive to OPT/OT and may not experience an increase in sexual activity or desire

### 6. Which of the following statement is not true about HSDD hormonal therapy administration and side effects?

- a. Hormonal therapy can lead to increased cases of acne and excess hair growth
- b. Hormonal therapies can lead to decreased risk of coronary heart disease
- c. There is insufficient evidence that therapies reduce cognition, menopausal symptoms, fatigue, and well-being
- d. Hormonal therapies contribute to reduced levels of high-density lipoprotein

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1st Question

A	B	C	D
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2nd Question

A	B	C	D
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3rd Question

A	B	C	D
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4th Question

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5th Question

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6th Question

A	B	C	D
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People who answer these questions will receive “2 TMA-CME/CPD credits”

## TMA-CME CREDITING BOARD ENQUIRY FORM

JTGGA MANUSCRIPT 2017/4

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*This form will not be reviewed if TR Identification Number is not stated.*

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**IMPORTANT NOTE:** You may apply for Turkish Medical Association CME/CPD credits by answering the questions in the front page, filling in your personal information and sending this form to “Abdi İpekçi Cad. No: 2/7 34367 Nişantaşı, İstanbul” by post. This form should arrive to the above-mentioned address latest by February 28, 2018.