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United States Medical Licensing Step 3

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QUESTION 1

A 32-year-old woman presents with complaints of irritability, heat intolerance, hyperdefecation, and frequent palpitations. She has lost 20 lb over the past six months. She has always been in good health and does not take any prescription or OTC medications. She denies any prior history of thyroid disease or exposure to head/neck irradiation, but she states that one of her relatives was diagnosed with a thyroid disorder at roughly the same age. Vital signs are as follows: BP 138/78, HR 112, RR 22, temp. 98.8°F. On examination, her thyroid is diffusely enlarged and smooth. Auscultation of the thyroid reveals a bruit. Her hair is fine in texture, and she has warm velvety skin. She has hyperactive deep tendon reflexes. There is a fine tremor in her outstretched hands. Which of the following is a common finding in this condition?

A. macroglossia

B. hyperkeratosis

C. infiltrative ophthalmopathy

D. cerebellar ataxia

E. pericardial effusion

Correct Answer: C Section: (none)

Explanation:

This patient\\'s presentation is consistent with Graves\\' disease. Infiltrative ophthalmopathy is a common finding in this condition. Approximately 2040% of patients with Graves\\' disease possess clinically evident eye disease. Complaints include photophobia, diplopia, reduced visual acuity, and easy tearing; and, signs of corneal or conjunctival irritation are oftentimes present. Periorbital edema, chemosis, lid retraction with restricted ocular movement, proptosis, and upward gaze impairment may also be found. Optic nerve compression may also arise, leading to decreased visual acuity, visual field defects, impaired color vision, and papilledema. Macroglossia, hyperkeratosis, cerebellar ataxia, and pericardial effusion are all findings in hypothyroidism. (Ceci Textbook of Medicine, pp. 13961400) Free T3 levels are elevated in all patients with Graves\\' disease. Most patients also have elevated free T4 levels, but occasionally this level will remain within the normal reference range in a state known as T3 toxicosis. This generally occurs during the initial phases of Graves\\' disease or at the onset of a relapse. TSH levels are suppressed by the elevated thyroid hormone levels.

QUESTION 2

A25-year-old woman returns for her well-baby check 1 week after delivery. The baby has been gaining weight adequately and awakens several times per night to breast feed. Although the mother claims she enjoys being a mom overall, she looks sad and does reluctantly admit to feeling "down" quite a bit. While she feels a great deal of support by her husband, she finds herself crying when alone. Her sleep is erratic, and she often feels tired, but she is eating adequately. She denies significant guilt or any thoughts of suicide or infanticide. What is the appropriate treatment approach for this patient?

A. antidepressant

B. hospitalization

C. mood stabilizer

D. psychotherapy

E. reassurance

Correct Answer: E Section: (none)

Explanation: Explanations: This woman is likely suffering from "baby blues," which is considered a normal reaction to the stress of the postpartum period. It occurs in up to 50% of women after delivery, usually beginning within several days. It is very important to distinguish this from a major depressive episode, postpartum onset, which requires antidepressant treatment and/or psychotherapy. Hospitalization would be indicated only if there were concerns over suicide, or, in cases of "postpartum psychosis," where psychotic symptoms put the infant in immediate danger. Mood stabilizers would be appropriate if the mood disorder were considered to be a bipolar illness. Baby blues are usually self-limiting and respond to reassurance and support.

QUESTION 3

A young White female, age unknown, is brought into the emergency room after being found unresponsive at the bus station. She is obtunded and her vitals signs are temperature 97.8°F, blood pressure (BP) 9 4/60, pulse 55, and respirations 8. Her physical examination is notable for a markedly underweight, poorly groomed woman. She appears pale with cold, dry skin and mucous membranes. She is uncooperative with the examination. Her pupils are pinpoint and minimally reactive to light. Her cardiac examination demonstrates bradycardia without murmurs or rubs. Her lungs are clear with shallow breathing. Her abdomen appears to be slightly distended.

Administration of which of the following would be most appropriate?

A. disulfiram (Antabuse)

B. flumazenil (Romazicon)

C. naloxone (Narcan)

D. physostigmine

E. thiamine

Correct Answer: C Section: (none)

Explanation:

Alcohol and benzodiazepine intoxication commonly present with disinhibited behavior, slurred speech, poor coordination, and nystagmus, but not typically with dry mucous membranes or constricted pupils. Patients with anticholinergic overdose classically demonstrate psychotic symptoms and dry skin, similar to the above case. However, physical examination usually shows dilated pupils, warm skin, and tachycardia. PCP intoxication also manifests itself with vertical or horizontal nystagmus, dysarthria, and even coma, but it will usually cause hypertension or tachycardia (DSM IV-TR). This case is a typical presentation of opiate (such as heroin) overdose. The clinical triad is coma/unresponsiveness, pinpoint pupils, and respiratory depression. Other signs may include hypothermia, hypotension, and bradycardia. Disulfiram is an oral, nonemergent medication that blocks aldehyde dehydrogenase to cause a noxious reaction in those who consume alcohol while taking it. It is useful as a deterrent to drinking alcohol but not indicated for alcohol or opiate overdose.

Flumazenil is a benzodiazepine receptor antagonist used to reverse the symptoms of overdose with benzodiazepines,

especially the sedation and respiratory depression. It would have no effect on overdose on opiates unless benzodiazepines have been ingested concurrently. Intravenous thiamine is indicated for the treatment of Wernicke\\'s encephalopathy, due to the thiamine deficiency seen in alcoholics. The classic triad seen in Wernicke encephalopathy consists of oculomotor disturbances, ataxia, and delirium. Although individuals with chronic opiate dependence are often malnourished, thiamine would not prevent complications seen with overdose. Physostigmine is an anticholinesterase inhibitor used in the emergent treatment of anticholinergic toxicity, but it could be dangerous in opiate overdose since it can cause further hypotension. Intravenous naloxone, an opiate antagonist, is the treatment of choice for the urgent management of heroin overdose, as it rapidly reverses the sedation, respiratory depression, hypotension, and bradycardia seen in cases similar to the patient above.

QUESTION 4

Mr. Jones is a 34-year-old married businessman. He and his wife are both patients in your practice. As part of his annual physical, you screen for high-risk behaviors and he admits to receiving confidential treatment at a public health clinic for gonorrhea and genital herpes. He has not revealed this information to his wife even though they are planning to have a baby. He did not return for the results of HIV screening at the public health clinic. On physical examination, you note that he has cervical and axillary lymphadenopathy, oral thrush, and seborrheic dermatitis. Mr. Jones returns to your office for a follow-up visit. He adamantly refuses to discuss his HIV status with his wife and threatens to sue if you reveal the test results. What is your role as a physician?

A. Respect Mr. Jones\\' patient autonomy.

B. Protect Mr. Jones\\' confidentiality.

C. Contact Mrs. Jones and ask her to come in for an annual examination.

D. Advise Mr. Jones you have a responsibility to notify his wife.

E. Refer Mr. Jones to an HIV specialist.

Correct Answer: D Section: (none)

Explanation:

Although Mycelex troches would be appropriate in the management of his oral candidiasis and the Lotrisone would treat his seborrheic dermatitis, the patient has previously described risk factors for HIV infection and physical symptoms of immunodeficiency. Accurate knowledge of his HIV status is essential in the appropriate long-term management of this patient. In fact, his current physical examination suggests long-standing HIV infection. A lymph node biopsy is not warranted. His wife will eventually need screening for STDs since active STDs increase her risk of cotransmission of HIV. The patient\\'s refusal to discuss his situation with his wife raises many controversial issues with no simple solution. There are multiple arguments which support the ethical guidelines for supporting patient confidentiality. These include: · An appeal to consequences (potential patient discrimination secondary to health information; importance of trust) · Appeal to virtue (physician fidelity) · Respect (awareness and compassion for patient vulnerability) · Do no harm (breach of medical information may lead to discrimination) Respect for patient autonomy incorporates the patient in the treatment process and is based on mutual trust. Referring Mr. Jones to another physician doesn\\'t address the concerns involved in the care of Mrs. Jones. The Tarasoff case (1976) established the following precedent: Patient confidentiality must be upheld as part of the protected clinicianpatient relationship but the physician has a duty to warn specific, innocent third parties of potential harm threatened or posed by the patient. In fact, failure to warn by the physician may constitute negligence. This is not the law in all states. Some states interpret the standard as a strict duty to warn; other states permit physicians to warn affected third parties but not require it. If the physician unilaterally discloses the HIV status, it would represent a breach of confidentiality. However, their marital status may allow this disclosure. Even if the patient is adamant in his refusal, the physician needs to determine the reasons for his reticence. As his physician, you can provide additional information about HIV prevention and treatment. It would be highly unusual

for Mr. Jones to ultimately refuse notification of his spouse once he has been urged to do so by his physician. The mechanism for how these complex issues are addressed has potential ramifications for his future trust of physicians, consent to HAART (highly active antiretroviral therapy) treatment, and medication compliance. If these barriers to disclosure cannot be addressed within the physician-patient relationship, the health department can provide a mechanism for contact testing. Although you could ask Mrs. Jones to come in for a physical examination, she might refuse to have STD tests performed, especially if she perceives herself to be at minimal risk. Ideally, this assessment should be performed prior to a pregnancy. If she is currently HIV negative, then protective measures against future infection can be introduced.

QUESTION 5

A 60-year-old woman arrives at your office for a routine physical examination. During the course of her examination she asks you about osteoporosis. She is concerned about her risk for osteoporosis, as her mother suffered from multiple vertebral compression fractures at the age of 60. Your patient reports that she still smokes cigarettes ("although I know they are bad for me") and has one alcoholic beverage a week. She reports having had menopause 5 years ago and experiencing a deep venous thrombosis approximately 20 years ago. She is proud of the fact that she regularly exercises at the local fitness center. She has been taking 1500 mg of calcium with 800 IU of vitamin D every day. You suspect that she is at risk for osteoporosis. After a thorough discussion with your patient, you determine that pharmacologic intervention would be beneficial given the severity of her osteoporosis. Which of the following is most appropriate for your patient?

A. estrogen replacement therapy

B. combined HRT with estrogen and progestin

C. alendronate

D. calcitonin intranasal spray

E. raloxifene

Correct Answer: C Section: (none)

Explanation:

DEXAis the newest, least expensive, and quickest method of assessing BMD. The precision of DEXAis approximately 12%. Standard radiography is inadequate for accurate bone mass assessment. Single photon absorptiometry is used to scan bone, which is in a superficial location with little adjacent soft tissue (e.g., radius). It may not be an accurate reflector of the density in the spine or hip, which are the sites of greatest potential risk for fracture. The quantitative CT scan and dual photon absorptiometry take more time, expose the patient to more radiation, and, in the case of quantitative CT scanning, significantly increase costs, when compared to DEXA. The major risk factors for osteoporosis are family history, slender body build, fair skin, early menopause, sedentary lifestyle, cigarette smoking, medications (corticosteroids or Lthyroxine), more than two drinks a day of alcohol or caffeine, and low calcium intake. The current recommendation for oral calcium in men and premenopausal women is 1000 mg/day. Postmenopausal women and patients with osteoporosis should have 1500 mg calcium a day and 400800 IU of vitamin D, which promotes intestinal calcium absorption. This patient\\'s intake of calcium and vitamin D is not a risk factor for osteoporosis.

Alendronate is a bisphosphonate, which is approved for the prevention and treatment of postmenopausal osteoporosis. Among the many results of the WHI, it was found that combined estrogen plus progestin therapy was associated with an increased risk of nonfatal MI or death from coronary heart disease (CHD). Consequently, while it is recognized that postmenopausal women who are taking estrogen to alleviate postmenopausal symptoms may also experience skeletal benefits, the prevention of osteoporosis should not be a reason in itself to start estrogen therapy. Calcitonin inhibits osteoclastic bone resorption, but is not sufficiently potent to prevent bone loss in early postmenopausal women (within 5

years of menopause). It is best reserved for use in patients with osteoporosis unresponsive to other therapies. Raloxifene is a selective estrogen receptor modulator (SERM), which is effective for prevention of bone loss in early postmenopausal women and treatment of established osteoporosis, but it also increases the risk of venous thromboembolic disease which makes it an inappropriate choice for this patient