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Multiple-choice questions for general practitioner (GP) Doctor

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**QUESTION 1**

A 78-year-old woman presents with a two-day history of severe left earache with a burning sensation in the ear, vertigo and loss of taste. There is left-sided weakness of both the upper and the lower facial muscles. Facial sensation is normal.

What is the most likely diagnosis?

- A. Ramsay Hunt syndrome
- B. Bell's palsy
- C. Acoustic neuroma

Correct Answer: A

Ramsay Hunt syndrome is caused by infection of the geniculate ganglion of the facial nerve, together with invasion of the eighth nerve ganglia, by the herpes zoster virus. This produces ear pain, hearing loss, vertigo and facial nerve paralysis. A vesicular rash is usually present in the outer ear, and sometimes also the soft palate or anterior two thirds of the tongue. Other cranial nerves apart from the VII nerve also be involved. Lymphocytes in the cerebrospinal fluid (CSF) and a mildly elevated CSF protein are recognized.

QUESTION 2

A 72 years presents with polyuria and polydipsia. The fasting blood sugar is 8 and 10mmol/l. BP=130/80mm cholesterol=5.7mmol/l. There is microalbuminuria.

What is the single most appropriate next management?

- A. Statin and glitazone
- B. ACEi and sulfonylurea
- C. Statin and Biguanide
- D. Statin and ACEi

Correct Answer: D

QUESTION 3

A 20-year-old boy is hit by a car while riding his bicycle. He presents to the ED with severe groin pain after falling on the central bar of the bike. Physical examination reveals blood at the urethral meatus and a high-riding prostate.

What is the most appropriate next step in the management of this patient?

- A. Get a retrograde urethrogram
- B. Discharge the patient with reassurance
- C. CBC and electrolytes



D. Empiric antibiotics

Correct Answer: A

The patient has a urethral disruption that needs to be evaluated. A kidney, ureters, and bladder (KUB) x-ray followed by a retrograde urethrogram must be conducted prior to any other tests. Placing a Foley catheter without such an imaging modality can lead to further urethral damage. The step after urethrogram is a Foley catheter placement to aid in urination. There is no role for antibiotics for trauma without evidence of infection.

QUESTION 4

Drug of choice of generalized anxiety disorder is _____.

- A. Acetalopram
- B. Bubropion
- C. Buspirone
- D. beta blocker

Correct Answer: A

What is Citalopram an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Citalopram is used to treat depression. Treatment for Anxiety Disorders Many variables influence the selection of medication for individual patients. The following is general information regarding beginning treatment. Most common - sertraline (Zoloft), citalopram (Celexa), and escitalopram (Lexapro). These allow a low starting dose (12.5mg of Zoloft, 5mg of Celexa) and slow titration (anxiety patients are very vulnerable to initial activation and worsening of symptoms). Effective ranges: 50-200 mg of Zoloft, 20- 40 mg of Celexa, and 10-20 mg of Lexapro. We routinely utilize much higher doses than those previously listed to treat OCD. We rarely use benzodiazepines as first line drugs for these disorders and generally discourage as needed/rescue use. Benzodiazepines remain widely used drugs for panic and other anxiety disorders in both primary care and mental health settings. While they have clear value in some circumstances, we avoid them as first line treatments because they so powerfully reinforce the anxious patient's wish for a simple and quick way to avoid the distressing experience of his or her anxiety. Overcoming this desire to flee distressing circumstances or feelings is the bedrock of CBT and is absolutely critical to successful long-term outcomes. Benzodiazepines often make these efforts more difficult.

QUESTION 5

A 45-year-old woman has a 2-cm breast cancer tumor removed by lumpectomy, and the breast is irradiated. The cancer is negative for estrogen receptors and positive for progesterone receptors. Three of 14 nodes removed from the axilla are positive for cancer.

What is the next best step in management?

- A. Tamoxifen and adjuvant chemotherapy
- B. Oophorectomy and chemotherapy
- C. Anastrozole (aromatase inhibitor) for 5 years
- D. Tamoxifen for 5 years



Correct Answer: A

Tamoxifen is used whenever there are either estrogen receptors or progesterone receptors positive. If both receptors are positive, tamoxifen will be of greater benefit. Adjuvant chemotherapy is used whenever the axillary nodes are positive or the cancer is > 1 cm in size.

QUESTION 6

Fluoxetine half-life after acute administration is _____

- A. 1-4 days
- B. 6-9 days

Correct Answer: A

The relatively slow elimination of fluoxetine (elimination half-life of 1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its active metabolite, nor fluoxetine (elimination half-life of 4 to 16 days after acute and chronic administration), leads to significant accumulation of these active species in chronic use. After 30 days of dosing at 40 mg/day, plasma concentrations of fluoxetine in the range of 91 to 302 ng/mL and nor fluoxetine in the range of 72 to 258 ng/mL have been observed. Plasma concentrations of fluoxetine were higher than those predicted by single dose studies, presumably because fluoxetine's metabolism is not proportional to dose. Nor fluoxetine, however, appears to have linear pharmacokinetics. Its mean terminal half-life after a single dose was 8.6 days and after multiple dosing was 9.3 days.

QUESTION 7

A 5-year-old boy suddenly begins coughing while eating peanuts. He is choking and gagging. When he is brought to the emergency department, but he is awake and is able to give his name. On physical examination, his vital signs are stable.

On examination of the chest, inspiratory stridor and intercostal and suprasternal retractions are apparent.

Which of the following is the most appropriate initial step in management?

- A. Position patient and perform back blows
- B. Clear oropharynx with multiple blind sweeps with finger
- C. Stand behind patient and perform abdominal thrusts
- D. Allow patient to clear foreign object by spontaneous coughing
- E. Perform emergency tracheostomy and take to surgery.

Correct Answer: D

Since the patient can cough and breathe, he should be allowed to clear the foreign object spontaneously, if possible. In the management of foreign object obstruction, if the patient can cough and breathe, it is best to initially observe and allow spontaneous resolution, since intervention may actually be damaging.

**QUESTION 8**

60 years old patient has only HTN best drug to start with:

- A. Diuretics
- B. ACEI
- C. ARB
- D. Beta blocker E-Alpha blocker

Correct Answer: A

Antihypertensive therapy has been shown to reduce morbidity and mortality in older patients with elevated systolic or diastolic blood pressures. This benefit appears to persist in patients older than 80 years, but less than one third of older patients have adequate blood pressure control. Systolic blood pressure is the most important predictor of cardiovascular disease. Blood pressure measurement in older persons should include an evaluation for orthostatic hypotension. Low-dose thiazide diuretics remain first-line therapy for older patients. Beta blockers, angiotensin-converting enzyme inhibitors, angiotensin-receptor blockers, and calcium channel blockers are second-line medications that should be selected based on comorbidities and risk factors.

Reference: <http://www.aafp.org/afp/2005/0201/p469.html>

QUESTION 9

Most common nerve injured in supracondylar fracture humerus?

- A. Radial
- B. Anterior interosseous nerve
- C. Median
- D. Ulnar

Correct Answer: B

In order studies, the radial nerve was found to be the one most commonly injured. But recent studies have median nerve, particularly the anterior interosseous branch is the most commonly damaged in supracond humerus.

QUESTION 10

Which of the following is not a sign or symptom of central retinal artery occlusion?

- A. Painless loss of vision
- B. Previous transient loss of vision
- C. Painful loss of vision



D. Dilated pupil with sluggish reaction to light

Correct Answer: C

In 1859, Van Graefe first described central retinal artery occlusion (CRAO) as an embolic event to the central retinal artery in a patient with endocarditis. In 1868, Mauthner suggested that spasmodic contractions could lead to retinal artery occlusion. There is a multitude of causes of CRAO, but patients typically present with sudden, severe, and painless loss of vision.

QUESTION 11

A 50-year-old patient presents with muscle weakness of the girdle with an increased CPK and aldolase. Her anti-Jo-1 antibody is positive.

Which of the following is most likely to happen to her?

- A. Stroke
- B. Interstitial lung disease
- C. DVT
- D. Septic arthritis
- E. Myocardial infarction

Correct Answer: B

PM/DM presents with weakness and increased markers of muscle inflammation. The presence of anti-Jo-1 indicates a markedly increased risk of interstitial lung disease.

QUESTION 12

Pregnant woman with UTI which is the best antibiotics to be given if she has no allergy?

- A. Tetracycline
- B. Aminoglycoside
- C. Sulfa Trimethoprim
- D. Ampicillin
- E. Nitrofurantoin

Correct Answer: E

Urinary tract infections are common during pregnancy, and the most common causative organism is *Escherichia coli*. Asymptomatic bacteriuria can lead to the development of cystitis or pyelonephritis. All pregnant women should be screened for bacteriuria and subsequently treated with antibiotics such as nitrofurantoin, sulfisoxazole or cephalexin. Ampicillin should no longer be used in the treatment of asymptomatic bacteriuria because of high rates of resistance. Pyelonephritis can be a life-threatening illness, with increased risk of perinatal and neonatal morbidity. Recurrent infections are common during pregnancy and require prophylactic treatment. Pregnant women with urinary group B



streptococcal infection should be treated and should receive intrapartum prophylactic therapy.

QUESTION 13

An 8-week baby boy is noted to be jaundiced. He is breast-feeding well and has gained 300g since birth. His stools and his urine is pale straw colored.

What is the most likely diagnosis?

- A. Breast milk jaundice
- B. G6PD deficiency
- C. Galactosemia
- D. Congenital viral infection
- E. Biliary atresia

Correct Answer: C

Biliary atresia causes obstructive picture where stools are pale and urine becomes dark. A disorder like G6PD or spherocytosis causes appearance of jaundice in 1st 24 hours. In breast milk jaundice, jaundice develops in 2nd week. Also congenital viral infection (TORCH) occurs in 1st 24 hours. So likely cause in the present is Galactosemia.

QUESTION 14

A 53-year-old lady presents with hot flash and night sweats. Her LMP was last year. She had Myocardial infarction.

What is the most appropriate management for her?

- A. Raloxifene
- B. COCP (Combined OCP)
- C. Evening primrose
- D. Clonidine
- E. Estrogen

Correct Answer: D

QUESTION 15

Patient with normal pressure hydrocephalus. CT brain picture distended ventricles.

What is initial treatment?

- A. Lumbar punctures and drains fluid



B. Shunt

C. Diuretics

Correct Answer: B

Management Surgery Surgical CSF shunting remains the main treatment modality for NPH (NORMAL PRESSURE HYDROCEPHALUS)). Prior to embarking upon surgical therapy, knowing which patients may benefit from surgery is necessary. Detailed testing is performed before and after CSF drainage (e.g.,

baseline neuropsychological evaluation, timed walking test, large-volume lumbar puncture, external lumbar drainage, CSF infusion testing).

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