**Family Medicine**

امتحان 2023 للدكتورة هناء الأباريقي

امتحان 2020+2021 تابع للقسم الحالي (د.وئام) اما الارشيفات السابقة فلا

تم عمل الارشيفات وتنسيقها بواسطة لجنة الطب والجراحة

تم عمل امتحان 2021 بواسطة اية هياجنة + عبدالرحمن بدير



**2023 - Wareed**

**جمع وإعداد : ليث النجادا – حوسبة : منذر القطاونة**

1. **True about breast cancer screening:**

**A- It is recommended for female more the 15 years old**

**B- Mammogram is the only test that decrease mortality✅**

**C- Breast self examination decrease mortality**

**D- It done only after 50 years of age**

1. **Isolated systolic hypertension:**

**A- Systolic blood pressure 140 or more and diastolic 90 or more**

**B- It causes complications more than elevated diastolic pressure in elderly ✅**

**C- Its caused by mitral regurgitation**

1. **True about orthostatic hypotension:**

**A- Decrease pulse rate**

**B- Caused by fluid retention**

**C- It’s sometimes occur due to antidepressants ✅**

**D- Mostly asymptomatic**

1. **Not a symptom of acute peritonitis:**

**A- Diminished urine**

**B- Tenderness**

**C- Decrease mobility**

**D- Diarrhea ✅**

1. **Associated with chronic fatigue syndrome:**

**A- Increased psychiatric illnesses**

**B- Muscle weakness ✅**

**C- Impaired quality of life less than 10%**

1. **Not true about chronic fatigue syndrome:**

**A- Refreshing sleep ✅**

**B- Acute onset of symptoms**

1. **Not a risk factor for MI:**

**A- Obesity**

**B- Alcoholism ✅**

**C- DM**

**D- HTN**

**E- Postmenopausal**

1. **Not included in ASCVD:**

**A- HTN**

**B- DM**

**C- Smoking**

**D- Obesity ✅**

1. **55 year male patient came to the ER complaining of acute sudden dyspnea, which of the following would support the diagnosis of PE:**

**A- Chest pain ✅**

**B- Fever**

**C- Orthostatic hypotension**

1. **Hypertension with DM, best drug:**

**ACEi ✅**

1. **Hypertension with migraine, best drug:**

**BB ✅**

1. **True about metformin:**

**A- Weight gain**

**B- Lactic acidosis is the most serious side effect ✅**

**C- Headache is the most common symptom**

**D- Cause hypoglycemia**

1. **Recommended vaccine for DM patient:**

**A- Meningococcal**

**B- Hepatitis B ✅**

**C- Hepatitis A**

1. **Patient with pre-diabetes, which of the following is the best for him:**

**A- Decrease carbohydrate diet**

**B- 5-7% Wt. loss with hypocaloric low-fat diet and 30 minutes of exercise ✅**

1. **One of the following can cause hypoglycemia:**

**A- Biguanides**

**B- Sulfonylurea ✅**

**C- Thiazolidinadiones**

**D- SGLT-2 inhibitors**

**E- DPP-4 inhibitors**

1. **Wrong about metabolic syndrome:**

**A- > 130/85 BP**

**B- > 88 cm WC**

**C- > 50 HDL ✅**

**D- > 150 TG**

**E- > 100 FBG**

1. **65 yeal old male patient with a history of CABG, one of the following is accepted:**

**LDL level: 68 ✅**

1. **30 year male patient non-smoker, Medically free, negative H. pylori stool antigen test, complaining of dyspepsia for a 1 month duration, what is the best drug:**

**A- PPI for 8 weeks ✅**

**B- TCA for 4 weeks**

**C- Prokinetics for 4 weeks**

**D- Upper endoscopy**

1. **H.pylori treatment, one is correct:**

**Bismuth, Amoxicillin, Metronidazole, and Omeprazole ✅**

1. **Female patient feel spinning when she flipping during sleep:**

**BPPV ✅**

1. **True about Meniere’s disease:**

**A- Fluid in perilymph**

**B- Attacks for seconds**

**C- Episodic spontaneous vertigo ✅**

1. **One of the following confirm the diagnosis of BPPV:**

**Dix-Hallpike maneuver ✅**

1. **True about immunization in elderly:**

**A- Tetanus booster every 10 years ✅**

**B- Pneumococcal every year**

**C- Biennial influenza**

1. **Wrong about activity of daily living in functional assessment:**

**A- Eating**

**B- Bathing**

**C- Toileting**

**D- Shopping ✅**

1. **The strongest risk factor for AAA:**

**A- HTN**

**B- Smoking ✅**

**C- DM**

1. **According to USPSTF for osteoporosis screening, the recommended age is:**

**A- 60**

**B- 65 ✅**

**C- 70**

1. **Vertigo associated with unilateral headache:**

**Vestibular migraine ✅**

1. **One is correct about migraine:**

**Unilateral and throbbing pain ✅**

1. **One is correct about cluster headache:**

**A- Flushing of the total head**

**B- Unilateral tempro-orbital ✅**

**C- Peak in 2-3 hours**

1. **True about colorectal cancer screening:**

**A- Colonoscopy every 5 years**

**B- Sigmoidoscopy for 5 years with highly sensitive FOBT every year**

**C- Sigmoidoscopy every 5 years**

**في guidelines معتمدة B واشي معتمد C فيرجع للدكتورة شو معتمدة بس حسب اللي سمعته انه B**

1. **All of the following suspect secondary cause of HTN, EXCEPT:**

**A- Non-obese less the 30 with no family hx**

**B- Severe or malignant HTN**

**C- HTN with electrolytes disorder**

**D- Acute rise in BP with previously controlled BP**

**E- Age of onset after puberty ✅**

1. **One of the following is an initial test for patient with HTN:**

**A- TSH**

**B- Uric acid**

**C- 24 hour urine collection**

**D- ECG ✅**

1. **One of the following is side effect of ACEi:**

**A- Hypercalcemia**

**B- Hypermagnisemia**

**C- Hyperkemia ✅**

**D- Hyperlibidemia**

**E- Hyperglycemia**

1. **One of the following drug cause Angioneurotic edema:**

**ACEi ✅**

1. **All the following consider as principles of family medicine, EXCEPT:**

**A- Person centered**

**B- Continuous**

**C- Collaborative**

**D- Concise ✅**

**E- Coordinated**

1. **One of the following cause osteoporosis in men:**

**A- Renal stones**

**B- Hypogonadism ✅**

**C- Prostatic cancer**

**D- Hyperprolactinemia**

1. **The least symptom in strep throat:**

**A- Petechial rash on roof of mouth**

**B- Rhinorrhea ✅**

**C- Malaise**

**D- Fever**

**E- Sore throat**

1. **The treatment for Bordetella pertusis bacteria is:**

**Azithromycin ✅**

1. **Chronic fatigue syndrome criteria except?**

**Refreshing sleep**

1. **ACEI side effect?**

**Hyperkalemia**

**2021**

**1.A 32-year old teacher is seen for a paroxysmal cough of 5 days duration. He tells you that a student in his class was diagnosed with pertussis 3 weeks ago Which one of the following is the best treatment?**

**a. Azithromycin**

b. Amoxicillin-Clavulanic acid

c. Amoxicillin

d. Cephalexin

e. Trimethoprim/sulfamethoxazole

**2.Which of the following has been recognized as a risk factor associated with ARDS and progression from ARDS to death in patients with COVID-19?**

Select one

a. Treatment with chloroquine

**b. Coagulation dysfunction**

c. Treatment with methylprednisolone

d. Bradycardia

e. Neutropenia

**3.A 16-year-old is undergoing a routine health maintenance examination. He has had five immunizations of diphtheria, tetanus, and pertussis (DTaP: three in the first year, one at 2 years, and one at 5 years); four shots of Haemophilus influenzae type B (Hib); four shots of inactivated polio vaccine (IPV), two shots of measles, mumps, and rubella (MMR) vaccine, a varicella vaccine, three shots of pneumococcal vaccine (PCV); three doses of hepatitis B vaccine (HBV); and yearly influenza vaccines. Besides the yearty influenza vaccine, which of the following vaccines is due at this time**

a. DiaP sixth dose

**b Diphtheria and tetanus booster (Td)**

c. MMR, third dose

d. Vancella second dose

e IPV, fifth dosThe

**4.The stepwise primary care approach to a patient presenting with chronic cough that is not associated with red flags and his history and examination are inconclusive, is summarized as follows**:

a First, treat GERD for 2 weeks and if not improved add treatment for asthma

b. First, treat asthma for 2 weeks and if not improved add treatment for post nasal drip.

c. First, treat asthma for 2 weeks and if not improved add treatment for GERD.

**d. First, treat post nasal drip for 2 weeks and if not improved add treatment for asthma**

e First, treat post nasal drip for 2 weeks and if not improved add treatment for GERD.

**5.Regarding differences between Primary care and Hospital care, choose the correct statement**:

Select one:

 a. Family physicians rarely develop special relationships with the patients.

b. Hospital care is more accessible than primary care

**c. Family physicians should have the skills of employment of resources of the community and health care system**

 d. Preventive measures are easier to provide in hospitals.

e. Most cases encountered in primary care are well differentiated and medicalized.

**6.A 48-year-old African-American man has manifested BP levels of 150/100, 145/95, and 170/105 on consecutive separate days over a 3-week period. He has a family history of deaths by stroke and renal failure. Which of the following may be the single most propitious choice as the first drug to be prescribed**

Select one:

a Hydralazine (vasodilator)

b. Propranolol (beta-adrenergic blocker)

c ACE receptor blocking agent

d. Lisinopril (an ACEI)

**e. Hydrochlorothiazide**

**7.Regarding Family Medicine specialty. Which statement of the following is incorrect?**

**Select one:**

**a. Family practice is the medical specialty that provides continuing and comprehensive health care regardless of the presence of disease or nature of the presenting complaint**

**b. Family physicians tend to follow disease-centered approaches rather than patient-centered approaches.**

**c. The specialty of family medicine was created in 1969 to fulfill the generalist function in medicine, which suffered with the growth of sub-specialization.**

**d. Family physicians must often diagnose what things are not rather than what they are.**

**e Family physicians attach importance to the subjective aspects of medicine.**

**8.A 38-year-old female presents for a health maintenance examination. Her laboratory results are unremarkable and she has no acute symptoms. She has no family history of cancer. This patient should be screened for which one of the following**

Select one:

a: Breast cancer

**b. Domestic violence**

C. Colon cancer

d. Ovarian cancer

e. Hepatitis B

**One of the following tests is considered basic for investigating chronic fatigue:9**

Select one:

a. Anti-tissue transglutaminase antibodies

**b. Fasting blood sugar**

c. Vitamin D3

d. Spirometry

e. CRP

**10.A 17-year-old girl is brought to you for the complaint of a sore throat. You note the presence of petechiae of the mucosa overlying the hard palate Cervical lymph nodes are notably enlarged and palpable but not tender. Which of the following nonbacterial diseases could explain the foregoing**

Select one

**a. Infectious mononucleosis**

b. Herpes simplex I

c. Herpes simplex II

d. Influenza A virus

e Rhinovirus

**Regarding breaking bad news, one of the following statements is correct11.**

Select one:

a In the Knowledge step; you should not chunk the diagnosis.

 b. In the Knowledge step: you should use euphemisms mild indirect words"

**c in the Knowledge step, you should not launch in to explain anything unless asked by the patient**.

d in the Emotions and Empathy step you should listen to your patients and try to solve their problems immediately rather than just listening

e. In the knowledge step you should use medical jargon

**12.You are designing a program for your office to encourage patients to stop smoking. Which of the following is correct with respect to physician office efforts to encourage smoking cessation**

Select one:

a. Counseling to cease smoking should await a time when a detailed, lengthier discussion of smoking cessation can occur

b. It may be assumed that smokers have already been told of the adverse effects of smoking if they have seen other physicians recently

**c. Smoking should be listed on the problem list of anyone who smokes and on the child's chart of any child in a smoking household**.

d. If the dangers of smoking are pointed out vigorously, cessation can usually be accomplished in one office visit.

.e. Smoking in the physician's office should only be allowed in partitioned, ventilated smoking areas

**13.The most specific diagnostic test that can be obtained most rapidly for an emergency department patient to make the initial diagnosis of aortic dissection is**

**Select one**:

a. Aortic angiography

b. 12-lead ECG

c. Transesophageal echocardiography

d **Helical CT chest scan**

e Portable chest x-ray

**14.Arrange the following steps of Breaking Bad News according to Baile's protocol: 1. Do you want to know the result now 2. Ask patients what they already expect/know 3. Check any requested explanations 4.Ensure that you are in a comfortable room:**

Select one:

**a. 4, 2, 1,3**

b. 2, 1, 3, 4

4,3,2,1c.

d. 4.1, 2, 3

e. 2,4,3,1

**15.A 52-year-old female sees you because of concems about developing lung cancer. She reports that she quit smoking last month after learning that her father has stage IV lung cancer. She had smoked a pack of cigarettes per day since she was 18 years old. She has no history of cough, shortness of breath, or weight loss She is worried about developing lung cancer and wants to know how to "catch it early. Based on the recommendations of the U.S. Preventive Services Task Force, in addition to providing ongoing smoking cessation support, which one of the following should you recommend**

Select one

a. A chest radiograph today

b. Low-dose chest CT today

c.No imaging, since she has already quit smoking

**d. Low-dose chest CT at age 55**

e. No imaging since she is female

**16.You are seeing a diabetic patient whose BMI is 34 kg/m2, Which of the following medications is the most effective for weight loss and**

**obesity treatment**::

Select one:

**a. GLP1 agonists**

b. DPP4 inhibitors

C.SGLT2 inhibitors

d Sulphonylureas

e Biguanides

**17.A 34-year-old woman has been diagnosed with type 2 diabetes, with a 2-hour postprandial 2blood sugar level of 160 mg/dL. Her HbA1C is 8% of the total. She has had no operations, and her health is unremarkable except for her moderate obesity. The family doctor plans to start metformin. Which of the following must be measured before commencing with this plan**

Select one:

 a. Chest x-ray

b. Lipid screen

**c. Serum creatinine**

d. Complete blood cell count

e Liver function test

**18.You started a 43-year-old female patient of yours on a statin for dyslipidemia. She has no other medical conditions, but does have a family history of coronary heart disease. At a follow-up visit for a different chief complaint, you order a laboratory panel that includes serum transaminases. Her AST is found to be 56 U/L (normal is 10-40 U/L) and her ALT is found to be 115 U/L (normal is 7-56 U/L). Which of the following is most appropriate given these values**

Select one:

a. Discontinue the statin

**b. Test muscle enzymes (creatine phosphokinase (CPK)) and discontinue the statin if also elevated**

c. Decrease the dose of the statin

d. No change is indicated.

e. Test muscle enzymes (CPI) and decrease the dose of the statin if also elevated

**19.A 52-year-old obese man presents for follow-up of his hypertension. His blood pressure is well controlled on a daily dose of hydrochlorothiazide. You notice that he has thickened, velvety skin circumferentially around his neck. A finger-stick blood sugar test done an hour after he ate lunch was 130 mg/dL. Which of the following test results would be diagnostic for diabetes mellitus**

Select one:

a A fasting plasma glucose of 120 mg/dL.

b. A hemoglobin A1C level of greater than 6.0%

c The nonfasting, finger-stick sugar of 130 mg/dL is diagnostic. No further testing is needed.

**d. A random plasma glucose of 220 mg/dL and symptomatic polyuria**

e. A plasma glucose of 130 mg/dL drawn 1 hour after a 50-g glucose challenge

**20.Which one of the following medications is not associated with a contribution to dyspepsia symptoms**

Select one:

a. Ibuprofen

**b. Paracetamol**

c. Diclofenac

d. Naproxen

e. Aspirin

**One of the following matched sentences regarding dizziness is NOT correct.21**

Select one:

**a. Episodic triggered vertigo or dizziness- Meniers disease**

b. Brandt-Daroff exercises - BPPV

c. Epley Maneuver - 70% success rate

d. Positive test of skew - vertebrobasilar ischemia

e. Continuous spontaneous vertigo or dizziness - HINTS exam

**22.A 75-year-old man presents to the office with a chief complaint of dizziness. He denies any head trauma or weakness. He feels his hearing is worse in his right ear since the dizziness started. Vitals signs are normal in both sitting and standing positions. What is the most likely diagnosis for this patient**

Select one:

a Orthostatic hypotension

b. Benign paroxysmal positional vertigo

**c. Labyrinthitis**

d. Vestibular neuritis

e Vestibular migraine

**23.A 30-year-old woman with no significant medical history presents asking for advice. She recently attended a health fair where she tested positive for H pylori on a blood test. She denies any recent abdominal discomfort, nausea, vomiting, diarrhea, or melena. Occasionally, she uses over-the-counter acid suppressive therapy after eating spicy foods when she develops dyspepsia and heartburn, and her symptoms resolve within a week. Which of the following is the most appropriate advice to give this patient regarding H pylon?**

Select one:

 **a. She should undergo stool antigen testing to prove infection**

b. She should be prescribed a PPI for 8 weeks.

c. Based on this test result, it is not possible to tell if she has an active infection.

d. She should be prescribed triple therapy to treat infection.

e She-should undergo an upper endoscopy to prove infection

.

**24.A 60-year-old woman presents for follow-up for a wrist fracture that she sustained when she tripped while walking Follow-up DEXA scanning revealed a T score of -2 9. She has been postmenopausal for 10 years and has not had a hysterectomy. Which of the following interventions is most appropriate for reducing her risk of subsequent osteoporosis-related fractures**

Select one:

a Daily exercise

b Calcitonin

c. Estrogen replacement therapy

**d. Alendronate**

 e Vitamin D and calcium supplementation with a follow-up DEXA in 2 years

**25.Each of the following is a solid indication for neuroimaging in a patient with headache except**

Select one:

 a Headache worsening with movement

b. Onset of headaches over the age of 50 years

c. Prolonged aura

**d. Nausea and vomiting**

e Seizures associated

**26.A 45-year-old man presents for a routine physical examination. He has no known medical history and has not seen a doctor in several years. On a screening lipid panel he is found to have a total cholesterol of 330 mg/dl high-density lipoprotein (HDL) cholesterol of 50 mg/dL, triglycerides of 100 mg/dl, and low-density lipoprotein (LDL) cholesterol of 220 mg/dL These results are confirmed on repeat testing According to the American Heart Association/ American College of Cardiology guidelines, which of the following management options is most appropriate**

Select one

**a. TLC and high-intensity statin?**

b. TLC and gemfibrozili

Therapeutic lifestyle changes (TLC) only

Old TLC and low-intensity statin

 e TLC and moderate-intensity statin

**27.A 32-year-old female presents with a 4-month history of nasal drainage, congestion, and loss of her sense of smell. She reports having a cold about 4 months ago that never resolved. On examination the nasal turbinates are swollen and you note mucopurulent drainage on the right Which one of the following is the most likely cause of her symptoms**

Select one:

 a Sarcoidosis

b. Nasal polyposis

**c Chronic rhinosinusitis**

d. Granulomatosis with polyangitis (Wegener's granulomatosis)

e. Seasonal allergic rhinitis

**Choose the statement that is best describing dizziness in vestibular neuritis.28**

Select one:

**a. It causes continuous spontaneous vertigo**

b. It causes continuous toxin-associated vertigo

c. It causes episodic spontaneous vertigo

d. It causes episodic triggered vertigo

e. It causes continuous trauma-associated vertigo

**29.One of the following is a commonly considered intervention that does not appear to reduce common cold symptoms**

Select one:

a. Ipratropium nasal spray

b. Acetaminophen

c. Decongestants (nasal or oral)

d. Antihistamine/decongestant combination

**e Antihistamines alone**

**One of the following statements about smoking cessation is correct30.**

Select one:

**a Even brief physician advice may prompt an additional 1 to 3 percent of patients to attempt cessation**

b. Women who quit smoking before pregnancy or in early pregnancy do not reduce the risk of preterm birth, low birth weight, and infant mortality

ć In a direct comparison, bupropion was superior to varenicline in promoting abstinence.

d. In the stage of contemplation, the smoker is planning to quit smoking in the next month.

e in the Assess step of smoking cessation framework, you should help the smoker to set a quit date and anticipate obstacles to cessation.

**31.A 33-year-old woman presents to your office to discuss fatigue. She describes a "lack of energy and tiredness, but denies weakness or hypersomnolence. Her symptoms have been present for around 4 months, and have not progressively worsened. Which of the following is the next step in the workup**

Select one

**a Screen for depression**

b. Screen for hypothyroidism

c. Screen for sleep apnea

d: Screen for anemia

e screen for pregnancy

**One of the following statements about smoking cessation is correct32.**

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**What intraabdominal processes are best visualized on ultrasound rather than33.**

Select one:

a. Hepatic and splenic

b. Biliary and perirectal

c. Ovarian and small bowel

d. Gastric and hepatic

**e. Biliary and ovarian**

**34.A 66-year-old Caucasian woman has an average blood pressure of 155/70 mm Hg despite appropriate lifestyle modification efforts. Her only other medical problems are osteopenia, kidney stones, and mild depression. Which of the following would be the most appropriate treatment at this time based on her comorbidities**

Select one:

a Lisinopril (ACE-I)

b. Propranolol (beta blockers)

c. Amlodipine (CCB)

**d Chlorthalidone (thiazide diuretic )**

e Losartan (ARB)

**35.A 42-year-old female with diabetes mellitus comes to your office because of recurrent urinary tract infections. She is taking numerous agents in an attempt to lower her glucose level. Which one of the following classes of antidiabetic agents is associated with an increased risk for urinary tract infections**

Select one:

a. Biguanides such as metformin (Glucophage)

b. Sulfonylureas such as glipizide (Glucotrol)

**c. SGLT2 inhibitors such as empagliflozin (Jardiance)**

d DPP-4 inhibitors such as sitagliptin (Januvia)

 e GLP-1 receptor agonists such as liraglutide (Victoza)

**36.When evaluating a patient with suspected acute bowel perforation, what is the most appropriate initial imaging modality**

Select one:

a Ultrasonography of the abdomen

**b. Plain abdominal films**

C. Magnetic resonance imaging (MRI) of the abdomen

d. Computed tomography (CT) of the abdomen with contrast

O e Cholescintigraphy

**37.You are treating a 55-year-old obese diabetic for his neuropathy. It's extremely painful and not responsive to NSAID therapy. Of the following, which is the best option for pain control**

Select one:

a. Fentanyl patch, 25 µg/q72h

**b. Amitriptyline, 50 mg at night**

c. Oxycodone 15-30 mg q4-6h

O diCelecoxib, 200 mg daily

e. Tramadol, 50 mg q4-6h

**38.In screening for obesity which of the following is the definition of obesity by body mass index (BMI**)

Select one:

a. 35

b. 40

 C. 22

 d. 25

**e. 30**

**One of the following statements is correct regarding Chronic Fatigue Syndrome(CFS):39**

Select one:

 a. The duration of fatigue should be less than 6 months.

b. Females comprise 75 % or more of most patients with CFS.

c. Depressed mood and loss of interest are features of CFS.

d**. The diagnosis is by criteria inclusion.**

e. Antipsychotics are effective in the treatment of CFS

**40.In the prenatal workup for a 24-year-old patient, you discover she is not immune to rubella. When is the best time to vaccinate her**

**against rubella**

Select one:

a. In the third trimester of pregnancy

**b. In the early postpartum period**

c. Immediately

d. At least 4 weeks postpartum

e. In the second trimester of pregnancy

**2020 EXAM**

1- A 2-year-old female is brought to your office for a well child check. She had an episode of coughing and mild bronchospasm 3 months ago that was successfully treated with albuterol (Proventil, Ventolin). The mother asks you if there are any factors that would increase the patient’s risk of asthma. Which one of the following factors would increase this patient’s risk of asthma?

Select one:

a. Living in a high microbial environment

**b. Exposure to respiratory syncytial virus**

c. Recurrent otitis media

d. Persistent lactose intolerance

e. Post term delivery

2- You are seeing a patient whose reason for seeing you is listed as “sinus infection” on your schedule. In the past, this patient has had several issues to discuss at each appointment, extending the appointment time beyond what was scheduled. You have a full schedule and do not want to fall behind. Which of the following interview tactics will most likely lead to a more efficient patient visit?

Select one:

a. Start by forecasting what you’d like to have happen during the interview

b. Start with an open-ended question like, “What brings you in today?”

**c. Start by obtaining a list of all issues the patient wants to discuss**

d. Start by indicating the time you have available for the visit

e. Start by letting the patient know that you can only discuss one issue today

3- A nulliparous 34-year-old female comes to your office for evaluation of fatigue, hair loss and anterior neck pain. These symptoms have been gradually worsening for the past few months. Her past medical history is unremarkable. She has gained 5 kg (11 lb) since her last office visit 18 months ago. Examination of the thyroid gland reveals tenderness but no discrete nodules. Her TSH level is 7.5 U/mL (N 0.4–4.2), her T4 level is low, and her thyroid peroxidase antibodies are elevated. Which one of the following would be the most appropriate next step?

Select one:

a. Continue monitoring TSH every 6 months

b. Begin thyroid hormone replacement and repeat the TSH level along with a T3 level in 6–8 weeks

**c. Begin thyroid hormone replacement and repeat the TSH level in 6–8 weeks**

d. Order ultrasonography of the thyroid

e. Order fine-needle aspiration of the thyroid

4- Among patients prescribed metered-dose inhaler treatments, technical errors in using the device are most likely in patients :

Select one:

a. 15–30 years of age

b. 30–40 years of age

c. 40-60 years of age

d. 60–75 years of age

**e. 75 years of age**

5-Regarding rhabdomyolysis associated with statin therapy, the most significant sequela is acute renal failure. Which of the following defines the syndrome in someone known to be taking one of the drugs in the statin family?

Select one:

a. Myalgias

b. The occurrence of renal failure

c. Elevation of creatine phosphate (CK)

**d. Tenfold elevation of CK levels**

e. Onset of symptoms within 6 months of institution of the medication

6-Arrange the following steps of breaking bad news according to Baile's protocol: 1.Would like a family member to be present 2.Ensure that you would not be interrupted 3.Check any requested explanations 4.Spend some time trying to get them to say what the diagnosis is:

Select one:

a. 2, 1, 3, 4

b. 2, 3, 1, 4

**c. 2, 1, 4, 3**

d. 2, 4, 1, 3

e. 2, 4, 3, 1

7-A 44-year-old woman is admitted to the hospital for acute right upper quadrant pain consistent with biliary colic. Her symptoms have been present for 4 hours, and she also has fever and a positive Murphy sign. She has a history of asymptomatic gallstones, identified incidentally several years ago. Her laboratory evaluation is as follows: WBC 17.5 (H) with left shift , AST 88 U/L (H), ALT 110 U/L (H), Alkaline phosphatase 330 U/L (H), Bilirubin 3.2 mg/dl (H). What would the next test of choice be?

Select one:

a. US of the abdomen??

b. CT scan of the abdomen

c. MRI of the abdomen

**d. Endoscopic retrograde cholangiopancreatography (ERCP)**

e. Cholescintigraphy

8- Regarding family medicine specialty, Which statement of the following is incorrect ?

Select one:

a. The specialty of family medicine was created in 1969 to fulfill the generalist function in medicine, which suffered with the growth of sub-specialization.

b. Family physicians tend to follow patient-centered approaches rather than disease-centered approaches

**c. Family physicians must often diagnose what things are rather than what they are not**.

d. Family physicians attach importance to the subjective aspects of medicine.

e. Family practice is the medical specialty that provides continuing and comprehensive health care regardless of the presence of disease or nature of the presenting complaint.

9-A 25-year-old male complains of severe sore throat for 3 days with no coryza or cough. Upon examination, he speaks with a “hot potato voice” and manifests an impressive membrane about the fauces and his intact tonsils plus cervical adenopathy that is not particularly tender. A quick streptococcus flocculation test and a Monospot test are negative. The doctor treats the patient empirically with ampicillin–clavulanate, and 3 days later, the patient complains that he is not improved and now has a morbilliform rash that includes pruritus in certain areas. Which of the following is the diagnosis?

 Select one:

a. Streptococcal pharyngitis

b. Viral pharyngitis

**c. Infectious mononucleosis**

d. Measles

e. Urticaria

10-A 52-year-old female sees you because of concerns about developing lung cancer. She reports that she quit smoking last month after learning that her father has stage IV lung cancer. She had smoked a pack of cigarettes per day since she was 18 years old. She has no history of cough, shortness of breath, or weight loss. She is worried about developing lung cancer and wants to know how to “catch it early.” Based on the recommendations of the U.S. Preventive Services Task Force, in addition to providing ongoing smoking cessation support, which one of the following should you recommend?

Select one:

a. A chest radiograph today

b. Low-dose chest CT today

**c. Low-dose chest CT at age 55**

d. No imaging, since she has already quit smoking

e. No imaging, since she is female

11-A 2-year-old male is brought to your office by his mother. The child has a 2-day history of a runny nose and mild cough associated with a subjective fever. The cough worsened last night. The patient has good intake of fluids. On examination; temperature is 37.4°C (99.3°F), heart rate of 120 beats/min, a respiratory rate of 26/min, a weight of 16 kg (35 lb),oxygen saturation of 96% on room air. He appears mildly ill but is alert and does not show any signs of distress, and has a prominent high-pitched barking cough. You note that he has clear rhinorrhea, the tympanic membranes are normal, and the oropharynx is moist and clear. Auscultation reveals inspiratory stridor, but there are no signs of respiratory distress. Patient has good skin turgor with no rash. Which one of the following would be the most appropriate next step in the management of this child?

Select one:

**a. Administration of dexamethasone, 0.6 mg/kg orally in a single dose**

b. Initiation of oral amoxicillin, 40 mg/kg twice daily

c. Administration of albuterol, 2.5 mg/3 mL via nebulizer

d. Administration of racemic epinephrine 2.25% solution (Asthmanefrin), 0.5 mL via nebulizer

e. Transfer to a hospital emergency department for stabilization and hospital admission

12- A 52-year-old male business executive sees you for a routine health maintenance examination. He reports good health and does not have any chest pain, shortness of breath or fatigue. He has no family history of premature vascular disease. A screening test for diabetes mellitus was normal 2 years ago. His lifestyle is sedentary, and you note that his weight is up 4 kg from last year with a current BMI of 33 kg/m2. He smokes an occasional cigar. The patient tells you he wants his heart checked out thoroughly because a friend suffered a major heart attack this year. In addition to counseling on diet, fitness, and healthy weight, you would recommend:

Select one:

a. No EKG

b. A stress EKG only

**c. A resting EKG and, if the findings are abnormal, follow-up with a stress EKG**

d. A resting EKG followed by a stress EKG

e. An elective PCI

13- A 42-year-old lawyer makes an appointment for chest pains approximately 1 week after a 52-year-old associate suffered a myocardial infarction. His pain is intermittent, not severe, not associated with exertion, and more likely to occur while he is sitting and watching television in the evening. A resting electrocardiogram (EKG) is normal, as is a subsequent EKG treadmill stress test. One week after the stress test, the physician explains the results and the patient says the symptoms have disappeared. Which of the following is the best diagnosis ?

**a. Somatization disorder**

b. Conversion disorder

c. Depression

 d. Hypochondriasis

e. Anxiety

14- A 45-year-old man with a history of obesity and diabetes mellitus presents to the emergency department complaining of abdominal pain that radiates to his back, and nausea and vomiting. Physical examination reveals tenderness in his epigastrium and yellow deposits are noted on the extensor surfaces of his forearms. Which of the following will most likely be seen on his lipid panel?

Select one:

a. Markedly elevated HDL cholesterol levels

b. Markedly elevated LDL cholesterol levels

c. Markedly elevated total cholesterol levels

**d. Markedly elevated triglyceride levels**

e. Markedly elevated cholestero/HDL ratio

15- A 54-year-old male develops chest pain while running. He is rushed to the emergency department of a hospital equipped for percutaneous coronary intervention. An EKG shows 3 mm of ST elevation in the anterior leads. He is diaphoretic and cool with ongoing chest pain. His blood pressure is 80/50 mm Hg, his pulse rate is 116 beats/min, and his oxygen saturation is 98% on room air. You would immediately administer:

Select one:

a. Alpha-blocker

b. Dual antiplatelet therapy and an anticoagulant

c. Intravenous fibrinolytic therapy

d. An intravenous vasopressor

**e. Antiplatelet and sublingual nitrates**

16-Which of the following has been recognized as a risk factor associated with ARDS and progression from ARDS to death in patients with COVID-19?

Select one:

 a. Neutropenia

b. Bradycardia

c. Treatment with methylprednisolone

**d. Coagulation dysfunction**

e. Treatment with chloroquine

17-One of the following matched sentences regarding dizziness is NOT correct?

Select one:

a. Brandt-Daroff exercises – BPPV

b. Positive test of skew - vertebrobasilar ischemia

c. Epley Maneuver - 70% success rate

d. Continuous spontaneous vertigo or dizziness - HINTS exam

**e. Episodic triggered vertigo or dizziness - Meniers disease**

18-The father of a healthy 14-year-old male calls you about a recent mumps outbreak in your community. The child never received the MMR vaccine because the parents declined the immunization despite extensive counseling about the topic. You advise the father that:

Select one:

a. Mumps typically starts with a cough, coryza, and conjunctivitis

b. Mumps causes a pruritic rash with fluid-filled blisters

**c. Mumps can cause orchitis, possibly resulting in decreased fertility**

d. Koplik spots or whitish papules in the mouth are pathognomonic for mumps

e. The MMR vaccine is not recommended for patients in this age range

19-An 84-year-old female sees you for a follow-up visit for cardiovascular issues, including a previous myocardial infarction. Her current medication regimen consists of lisinopril (Prinivil, Zestril) and carvedilol (Coreg). While she is not dyspneic at rest, she now becomes short of breath after walking half a block. On examination her blood pressure is 122/74 mm Hg, pulse rate 72 beats/min, respirations 18/min, and oxygen saturation 97% on room air. She has no jugular venous distention and her lungs are clear. No edema is noted. A recent echocardiogram showed a left ventricular ejection fraction of 30%. Adding which one of the following would help to decrease both mortality and the risk of hospitalization?

Select one:

a. Digoxin

b. Furosemide

c. Isosorbide dinitrate/hydralazine (BiDil)

d. Losartan (Cozaar)

**e. Spironolactone (Aldactone)**

20-A 72-year-old female presents for a routine health maintenance visit. Which one of the following medications in her current regimen places her at risk for osteoporosis?

Select one:

a. Atorvastatin (Lipitor)

b. Hydrochlorothiazide

c. Metformin (Glucophage)

**d. Phenytoin (Dilantin)**

e. Ranitidine (Zantac)

21- All of the following are correctly matched electrolyte abnormalities with ECG changes except:

Select one:

a. Hypercalcemia - shortened QT interval

**b. Hyponatremia - flattened T wave**

c. Hypokalemia - U wave

d. Hyperkalemia - wide QRS

e. Hypomagnesemia - prolonged QT interval

22- At a routine health maintenance visit a 36-year-old female reports that she had pharyngitis while she was in high school and within 1–2 days of starting a course of penicillin she developed a nonpruritic rash. The penicillin was stopped and she was given an alternative antibiotic and told she had an allergy to penicillin. Six weeks ago she was inadvertently treated with amoxicillin in an evening clinic and had no adverse reaction. Which one of the following would you advise?

Select one:

a. She should still permanently avoid penicillin and its derivatives

b. She should have skin testing to determine her penicillin allergy status

c. She should have RAST testing to determine her penicillin allergy status

**d. She does not have a penicillin allergy and can use penicillin and its derivatives in the future**

e. She should undergo graded drug challenge

23-You are evaluating a 36-year-old obese woman who complains of fatigue. She denies polydipsia, polyuria, polyphagia, or weight loss. Which of the following laboratory reports confirms the diagnosis of diabetes?

Select one:

a. A random glucose reading of 221 mg/dL.

**b. A random glucose reading of 221 mg/dL, and another, on a later date, of 208 mg/dL**

c. A fasting glucose measurement of 128 mg/dL.

d. A glucose reading, taken 2 hours after a 75-g glucose load, of 163 mg/dL.

e. A hemoglobin A1C of 6.3%.

24-Which one of the following is NOT considered as a poor prognostic factor for Chronic Fatigue Syndrome?

Select one

a. Age exceeding 38 years at presentation

b. More than eight medically unexplained physical symptoms

c. A lifetime history of dysthymic disorder

d. More than 18 months of chronic fatigue

**e. Presence of cognitive impairment**

25-A 67-year-old male presents for a wellness visit. He underwent basic laboratory work prior to the office visit. He is feeling well and does not have any concerns or symptoms. His blood pressure is 127/76 mm Hg, his heart rate is 64 beats/min, and he is afebrile. A comprehensive metabolic panel is unremarkable. A CBC shows the following results: WBCs 7500/mm3 (N 4100–10,900) RBCs 4.05 million/mm3 (N 4.70–6.10) Hemoglobin 12.9 g/dL (N 14.0–18.0) Hematocrit 39% (N 42–52) Mean corpuscular volume 79 m3 (N 80–95) Platelets 197,000/mm3 (N 130,000–448,000) , Which one of the following would be the most appropriate next step in the workup of this patient?

Select one:

**a. A serum ferritin level**

b. A serum transferrin receptor–ferritin index

c. Oral iron supplementation, and a repeat CBC in 4 weeks

d. Referral to a gastroenterologist

e. Reassure patient that these readings are acceptable in his age

26- A 16-year-old is undergoing a routine health maintenance examination. He has had five immunizations of diphtheria, tetanus, and pertussis (DTaP; three in the first year, one at 2 years, and one at 5 years); four shots of Hemophilus influenzae type B (Hib); four shots of inactivated polio vaccine (IPV); two shots of measles, mumps, and rubella (MMR) vaccine; a varicella vaccine; three shots of pneumococcal vaccine (PCV); three doses of hepatitis B vaccine (HBV); and yearly influenza vaccines. Besides the yearly influenza vaccine, which of the following vaccines is due at this time?

Select one:

a. DTaP, sixth dose

b. MMR, third dose

**c. Diphtheria and tetanus booster (Td)**

d. IPV, fifth dose

e. Varicella, second dose

#### 27- A 67-year-old male diagnosed with polymyalgia rheumatica is started on long term prednisone therapy. Which one of the following is the recommended first line agent to prevent steroid-induced osteoporosis?

Select one:

**a. Alendronate (Fosamax)**

b. High-dose vitamin D

c. Raloxifene (Evista)

d. Teriparatide (Forteo)

e. Combined vitamin D and Calcium carbonate

28- Which of the following is NOT a Beta-1 selective beta blocker?

Select one:

a. Metoprolol

b. Bisoprolol

c. Atenolol

d. Acebutolol

**e. Carvedilol**

29-A 65-year-old female with hypertension, osteoporosis, and GERD presents to your office for a well woman visit. She reports no new symptoms or concerns. A review of laboratory work reveals lipid levels at goal, normal glucose and sodium levels, a calcium level of 10.6 mg/dL (N 8.6–10.3), an albumin level of 4.1 g/dL (N 3.6–5.1), and a 25-hydroxyvitamin D level of 35 ng/mL (N 20–50). Her calcium level was 10.5 mg/dL 6 months ago. The patient’s medications include hydrochlorothiazide, 12.5 mg daily; lisinopril (Prinivil, Zestril), 10 mg daily; alendronate (Fosamax), 70 mg weekly; omeprazole (Prilosec), 20 mg daily as needed; and vitamin D, 2000 IU daily. The patient’s blood pressure is 110/60 mm Hg. An examination is normal. In addition to ordering follow-up laboratory studies and scheduling a follow-up visit in 1 month, which one of the following would be most appropriate?

Select one:

a. Discontinue alendronate

**b. Discontinue hydrochlorothiazide**

c. Discontinue lisinopril

d. Discontinue omeprazole and begin ranitidine (Zantac)

e. Increase vitamin D to 5000 IU daily

30-A 40 years old female patient, presented to the ER complaining of sudden onset of dyspnea, chest pain and hemoptysis, she has a past history of DVT 2 years ago,She has not undergone surgery recently and she denied having any active disease. On examination; her pulse rate was 110 bpm and there were no signs of DVT but bilateral varicose veins. You are suspecting pulmonary embolism and no alternative diagnosis is more likely than PE. What is her Wells score?

Select one:

a. 4

b. 6.5

c. 6

**d. 7**

e. 7.5

31- Which one of the following statements is CORRECT regarding COPD?

Select one:

 **a. Combined LABA/LAMA is indicated for GOLD stage II COPD.**

b. Inhaled steroids are the most important intervention to decrease risk of progression.

c. Alpha 1 antitrypsin deficiency can cause chronic bronchitis rather than emphysema

d. Long acting beta agonists are associated with an increased risk of pneumonia.

e. 10-15% of COPD patients are cigarette smokers

32- If a pregnant woman has been treated for dyslipidemia, which of the following drugs would be safe to continue throughout the period of gestation?

Select one:

**a. Cholestyramine**

b. Gemfibrozil

c. Simvastatin

d. Atorvastatin

e. Fenofibrate

33- A 7-year-old girl has complained of sore throat, headache and productive cough. A chest x-ray shows patchy bilateral lower lobe infiltrates. The family doctor suspects mycoplasma pneumonia. Which of the following treatments would be appropriate?

Select one:

a. Penicillin V-K

b. Cephalexin

c. Cefadroxil

**d. Clarithromycin**

e. Ciprofloxacin

34- A 42-year-old female with diabetes mellitus comes to your office because of recurrent yeast infections and urinary tract infections. She is taking numerous agents in an attempt to lower her glucose level. Which one of the following classes of antidiabetic agents is associated with an increased risk for candidiasis and urinary tract infections?

Select one:

a. Biguanides such as metformin (Glucophage)

b. DPP-4 inhibitors such as sitagliptin (Januvia

**c. SGLT2 inhibitors such as empagliflozin (Jardiance)**

d. GLP-1 receptor agonists such as liraglutide (Victoza)

e. Sulfonylureas such as glipizide (Glucotrol)

35- A 70-year-old female comes to your office with a 10-day history of a subjective fever at home, facial and tooth pain, sinus pressure, and a green nasal discharge. There has been no change in her symptoms. The patient has a history of allergic rhinitis, and a history of developing hives while taking penicillin. On examination her temperature is 38.1°C (100.6°F). In addition to nasal saline and analgesics, which one of the following would be the most appropriate management?

Select one:

a. Standard-dose amoxicillin/clavulanate (Augmentin)

b. High-dose amoxicillin/clavulanate

**c. Azithromycin (Zithromax)**

d. Doxycycline

e. Ciprofloxacin

36-A 38-year-old female presents for a health maintenance examination. Her laboratory results are unremarkable and she has no acute symptoms. She has no family history of cancer. This patient should be screened for which one of the following?

Select one:

a. Breast cancer

b. Colon cancer

c. Ovarian cancer

**d. Domestic violence**

e. Hepatitis B

37- Which one of the following statements regarding primary headaches is incorrect?

Select one:

a. The most common types of headaches are tension-type headaches, migraines, and cluster headaches, which affect approximately 50, 20, and 3 % of the adult population, respectively.

b. Most headache diagnoses are based entirely on the patient history. Only rarely does physical examination provide clues to the diagnosis.

c. Criteria for low risk headaches include age younger than 30 years.

**d. Red flags include headache after exercise**

e. Primary headaches include; migraine, tension-type, cluster and cold stimulus headaches

38-An 80-year-old former smoker sees you for a 6-month follow-up for hypertension. He is taking carvedilol (Coreg), amlodipine (Norvasc), and low-dose aspirin. His home BP readings have been 130–150/80–90 mm Hg. Over the last 4 months he has developed pain in his thighs when walking to the mosque a block away. The pain resolves after he sits for a few minutes. On examination he has a blood pressure of 135/85 mm Hg, a heart rate of 72 beats/min, a BMI of 26 kg/m2, and an oxygen saturation of 95% on room air. Examinations of the heart and lungs are normal. There is dependent redness of both legs but posterior tibial pulses are palpable. No ulcerations are noted. You obtain ankle-brachial indices of 0.85 on the left and 0.80 on the right. You prescribe a daily walking program. Which one of the following additional measures would be most appropriate for this patient?

Select one:

a. Add atorvastatin (Lipitor)

**b. Add clopidogrel (Plavix)**

c. Add lisinopril (Prinivil, Zestril) to achieve a goal blood pressure of 120/80 mm Hg

d. Discontinue aspirin and start warfarin (Coumadin)

e. Refer to a vascular surgeon

39- A 75-year-old man presents to the office with a chief complaint of dizziness. He denies any head trauma or weakness. He feels his hearing is worse in his right ear since the dizziness started. Vitals signs are normal in both sitting and standing positions. What is the most likely diagnosis for this patient?

Select one:

a. Benign paroxysmal positional vertigo

**b. Labyrinthitis**

c. Vestibular neuritis

d. Vestibular migraine

e. Orthostatic hypotension

40-Lymphadenopathy is associated with the highest risk of malignancy in which one of the following locations?

Select one:

 a. Axillary

b. Inguinal

c. Posterior cervical

d. Preauricular

**e. Supraclavicular**

**2012**

1. **One of the following regarding development is correct:**
2. At 15 months, the child is able to walk alone
3. **A child who is able to stand around furniture, saying “mama” and “dada”, he is shy around strangers, you notice that he is developmentally normal, his age is:**
4. 9 months \*\*\*\*\*\*
5. 6 months
6. 12 months
7. 15 months
8. 18 months
9. **A 4 year old boy was brought to the ER 3 days ago with high grade fever and sore throat, his physical exam is normal except of enlarged anterior cervical lymph nodes. He was given amoxicillin and discharged home. He returned 3 days later with no response of fever to antibiotics, his skin was peeling from his fingers and toes, the diagnosis is:**
10. Kawasaki disease \*\*\*\*\*
11. Scarlet fever
12. Measles
13. **All the following symptoms are found in group A strep pharyngitis is children below 4 years except:**
14. Abdominal discomfort
15. Rinorrhea \*\*\*\*\*
16. Fever
17. **Treatment of choice for cold symptoms in infants below 2 years is:**
18. Nasal decongestants
19. Nasal decongestants and antibiotics
20. Non sedating antihistamines and nasal decongestants
21. Saline nasal wash \*\*\*\*
22. **One is routine to do in “well child” clinic:**
23. Full physical examination \*\*\*\*
24. Haematocrit
25. PDD
26. **21 year old married female GO is complaining of fishy odour vaginal discharge, on examination discharge is found on the walls of the vagina with normal cervix. Wet mount smear shows clue cells, the diagnosis is :**
27. Gonorrhoea
28. Chlamydia
29. Tichomoniasis
30. Candidiasis
31. Bacterial vaginosis \*\*\*\* nut 100% sure
32. **The characteristic discharge in trichomoniasis vaginalis is:**
33. Frothy green purulent vaginal discharge
34. **Absolute contraindications for OCP is:**
35. Smoking obese female above 35 years
36. **One of the following is not an absolute contraindication to IUCD insertion:**
37. Uterine anomalies
38. Abnormal uterine bleeding
39. Nullipara \*\*\*\*
40. Previous STD
41. **A 24 year old pregnant female is coming to you asking about contraception, she has history of PID one year ago. She is planning to breastfeed for 3 months, the proper contraception for her would be:**
42. Progesterone mini pills \*\*\*\* nut 100% sure
43. Combined oral contraceptive pills
44. IUCD
45. To continue breast feeding
46. **Is given during pregnancy to prevent neural tube defects:**
47. Folic acid
48. **All the following are associated with early sexual activity except:**
49. Sex education
50. **One of the following is not proper technique in consultation:**
51. Giving limited information to the patient
52. **All the following characterise family medicine practice except:**
53. Continuous care
54. Making home visits
55. Emphasising on the objective part of medicine rather than the subjective \*\*\*\* nut 100% sure
56. Caring for the patient rather than the disease
57. **During consultation, you find that your patient is not knowing to give you the appropriate information, you better address him by:**
58. Direct yes/no questions
59. Open ended questions \*\*\*\*
60. Redirect the patient whenever you feel that he is straying from the main topic
61. **A 30 year old female is worried about the possibility of having colon cancer after her mother was diagnosed with the disease at 50 years, you will do colonoscopy for her at:**
62. 30 years \*\*\*\*
63. 40 years
64. 50 years
65. **The best treatment for hypertension in a patient with DM is:**
66. ACEI \*\*\*\*\*\*\*\*
67. CCB
68. Beta blockers
69. **One of the following is routine primary screening in a new patient diagnosed with HTN:**
70. 24 hour urine collection
71. Serum uric acid
72. ECG\*\*\*\*\*\*\*\*\*\*
73. CXR
74. **During routine physical examination in a company, you found that one of the employee is having a blood pressure of 150/110, the next step for management of this patient is:**
75. Start him on antihypertensive therapy
76. Tell him there is no need to worry
77. Give him an appointment at office and retake his BP. \*\*\*\*\*\*\*\*
78. **Regarding dietary control of DM, one is true:**
79. Low carbohydrates diet provides better glycaemic control
80. High fibre diet provides better glycaemic control \*\*\*\*\*\*\*
81. High protein diet provides better glycaemic control
82. Low fat diet provides better glycaemic control
83. An integrated dietary program provides better glycaemic control
84. **Following cessation of smoking, one of the following is expected to happen first:**
85. Decrease triglycerides
86. Decrease LDL
87. Decrease cholesterol
88. Increase HDL \*\*\*\*\*\*\*\*\*
89. **A patient complains of unilateral headache lasting 20 minutes and recurring over 5 times a day associated with lacrimation and rhinorrhoea, he has had these attacks 5 years ago but was symptom free between these periods, the diagnosis is:**
90. Cluster headache \*\*\*
91. Common migraine
92. Classic migraine
93. **A patient complains of unilateral headache lasting hours with previous symptoms of flashing lights and blurred vision, the diagnosis is:**
94. Common migraine
95. Cluster headache
96. Classic migraine \*\*\*\*
97. **A patient has been complaining of multiple symptoms for 9 years, investigations were all negative, but he kept seeing doctors of multiple specialities, this is a case of:**
98. Somatization disorder\*\*\*\*\*\*
99. Conversion disorder
100. Hypochondriac disorder
101. **A patient is complaining of tingling paresthesia in her legs, feeling generally fatigued and can not concentrate, blood tests reveal Hb= 9, MCV= 109, this patient is better treated by:**
102. Iron supplement
103. Vitamin B12 injections\*\*\*\*\*\*
104. **The following is recommended for vaccination in patients older than 65 years:**
105. Influenza yearly\*\*\*\*\*\*\*
106. Tetanus booster
107. Pneumococcal vaccine yearly
108. **A manual worker is complaining of right sided low back pain, after lifting a heavy object, the patients also complains of leg pain at the same side. Physical examination shows positive straight leg raising test and positive cross leg raising test the diagnosis is:**

A- nerve root compression

B- compression fracture

1. Lumbar strain \*\*\*\*\*\*\*\*
2. **You are suspecting GERD in a 32 year old male patient. Patient is denying any haematochezia or haematemesis. The next step in management is:**

A- oesophageogastroduodenoscopy

B- start him on PPI plus an antiobiotic for 3 months and then reassess \*\*\*\*\*

1. **A 50 year old female smoker for 35 years with 100 pack.year is complaining of productive cough especially in the morning, she is dyspnoeic and can not go upstairs. She has the same history one year ago. The best diagnosis is:**

A- chronic bronchitis \*\*\*\*\*\*\*

B- asthma

1. lung CA
2. Post nasal drip
3. **An 8 year old is wheezing at your office after salbutamol inhaler with PEFR=75%, he is already on short acting inhaled Beta agonists for his asthma, you decide to add:**

A- oral steroid \*\*\*\*\*\*\*\*\*

B- inhaled ipratropium

C- theophylline

1. **Most common cause for hearing loss in neonates is:**

A- Genetic disorder\*\*\*\*

B- Neonatal infection

1. **A diabetic patient is having 7 mm ulcer on the dorsum of his great toe, the best management is:**
2. Surgical debridement \*\*\*\*\*\*\*\*\*
3. Povidone iodine wash
4. Culture from the surface of the ulcer will identify the cause in most cases
5. **Most important risk factor for osteoarthritis of the hip:**
6. Obesity\*\*\*
7. Hyperparathyroidism
8. **Contraindication for influenza vaccine**
9. Egg allergy\*\*\*\*\*
10. History of GBS
11. **Choose the correct statement:**
12. The normal BMI is between 18.5-24.9
13. **Diastolic murmur is heard in:**
14. Aortic regurgitation and mitral stenosis
15. Aortic stenosis and mitral regurgitation \*\*\*\*\*\*\* nut sure
16. **To differentiate between upper UTI and Lower UTI:**
17. Fever >38.5\*\*\*\*\*\*\*
18. Suprapubic tenderness
19. Dysuria
20. Haematuria
21. **A 54 diabetic female patient is complaining of tingling in her hand, there is wasting of the thenar muscles, tinel test is positive, the diagnosis is:**
22. Carpal tunnel syndrome
23. **A 60 year old male patient recently complaining of mild dyspnoea and fatigue. His MCV 76. Lab results are: High TIBC, Low serum ferritin, and low iron. the most common cause for his condition is:**
24. Blood loss\*\*\*\*\*\*\*
25. Chronic disease
26. Iron malabsorption

**2015**

1. **A child who is able to stand around furniture, saying “mama” and “dada”, he is shy around strangers, you notice that he is developmentally normal, his age is:**
2. 9 months \*\*\*\*\*\*
3. 6 months
4. 12 months
5. 15 months
6. 18 months
7. **Which of the following is not an indaication for spine MRI:**
8. Age 15yr-old boy
9. Hx of trauma
10. +ve straight leg
11. Bladder\ bowel dysfunction
12. Progressive neurological deficit
13. **OCP give protection against all, except:**
14. Colorectal ca
15. Hepatic adenoma
16. Endometrial ca
17. Osteoporosis
18. Benign breast disease
19. **Classical risk factors for developing gest. DM:**
20. PCOS
21. Prev. diagnosis of GDM
22. Family Hx
23. Maternal age 20 yr
24. Obesity
25. **54-yr-old women with new onset of heartburn and regurgitation which are increase in the recumbent position. She is diabetic> PE non remarkable. What is the most appropriate next step:**
26. Omeprazzle 8 weeks
27. Ranitidine 8 weeks
28. Endoscopy
29. 24-hr pH probe
30. Life style modification
31. **Which of the following best describes migraine headaches?**
32. Aura following the resolution of the headache
33. Recurrent headaches lasting less than 4 hours
34. Unilateral, throbbing headache
35. Bilateral band-like headache
36. Rhinitis with facial pain
37. **Absolute C\I for OCP:**
38. Personal history of smoking in a woman younger than 35 years of age
39. Obesity
40. Hypertension
41. Personal history of diabetes mellitus
42. Hx of thrombophlebitis
43. **A 68-year-old patient is seen for a general examination. Current recommendations for immunizations include**
	1. tetanus booster every 5 years
	2. influenza vaccination yearly
	3. pneumococcal vaccination yearly
	4. hepatitis booster every 5 years
	5. meningococcal vaccination
44. **One of the following is not an absolute contraindication to IUCD insertion:**
45. Uterine anomalies
46. Abnormal uterine bleeding
47. Nullipara \*\*\*\*
48. Previous STD
49. **Main principles of family medicine EXCEPT**

a. Family physician provide health for women only

1. **All of the following are red flags of dyspepsia except:**
2. Loss of wt.
3. Anemia
4. Vomiting
5. Epigastric pain
6. haemotemesis
7. **a 55yr-old women – new onset headache as being pronounced in the morning on awakening, associated with nausea and vomiting. Which is most useful in Dx.:**
8. CT
9. MRI
10. PET scan
11. ESR
12. Nothing needed !
13. **Which of the following are most effective in LONG term management of COPD:**
14. B. blockers
15. Anticholinergic
16. Methylxanthimine
17. Inhaled corticosteroids
18. Oral corticosteroids
19. **Acnthosis negricans found in all, except:**
20. DM
21. HTN
22. PCOS
23. Gastric Ca
24. obesity
25. **which is not recommended to take influenza immunization**
26. >65 yr old
27. <6 month-old
28. DM
29. Chronic renal failure
30. Care of elderly pt
31. **Vaccine for 30-yr-old with splenectomy 5 yrs ago:**
32. Hep. A
33. Hep B
34. Tetanus
35. Meningococcal and pneumococcal
36. MMR
37. **Chronic cough associated with :**
38. ACEI \*\*\*\*\*\*\*\*
39. CCB
40. Fluroquilones
41. HMG
42. cephalosporine
43. **on what basis Malignant HTM is diagnosed**
44. Systolic BP
45. Diastolic BP
46. Headache
47. Fundoscopy
48. Obesity
49. **All of the following are considered CHD risk equivalent 10-yr-risk of CHD greater then 20% EXCEPT :**
50. DM
51. Abdominal Aortic Aneurysm
52. Peripheral arterial disease
53. Cigarette smoking
54. Symptomatic carotid disease
55. **15-month-male has Hg 8g\dL –low MCV. Drinks 30-40 oz of whole cow's milk. No meat and some fruits and vegetables> what is the most likely cause**
56. Iron Def. anemia
57. Thalassemia major
58. Lead poisoning
59. Sickle cell anemia
60. Anemia of chronic disease
61. **Absolute C\I for (DTaP) to a 4-month-old baby:**
62. Hx of fever less than 38 after prev. vaccination
63. Hx of local reaction
64. Family hx of seizure
65. Encephalopathy within 7 days after prev. vaccination
66. Current Ab therapy
67. **Routine preconception include all EXCEPT :**
68. TSH
69. Rubella
70. Rapid plasma regain for syphilis
71. HIV testing
72. Hepatitis
73. **Diagniss criteria for metabolic syndrome include one of the following:**
74. Peripheral obesity
75. High HDL-C
76. Hypomagnesaemia
77. Hypertriglycerimia
78. Hypophosphatemia
79. **A 65-year-old white female presents to your office with a chronic productive
cough. She produces over 2 tablespoons of sputum each day, and her current
cough has been present for 3 months. History reveals that she had a similar
episode of chronic, productive cough that lasted more than 3 months each of the
past 2 years, but at different seasons of the year. The most appropriate
diagnosis of this patient would be:**

A. Seasonal allergies
B. Emphysema
C. Chronic bronchitis
D. Asthma
E. Tuberculosis

1. **Microcytic hypochromic anemia :**
2. Vit. B12
3. Sidrobalstic
4. Chronic alcoholism
5. Folate
6. Anemia of chronic disease
7. **Family medicine was established as speciality bcz the following except:**
8. The recent changes in medicine
9. The growth of specialization
10. The fragmentation of the health care delivery system
11. The social changes
12. The increasing in population growth rate especially in developed countries
13. **Accourding to USPSTF, which of the followingis appropriate screening test for 52-yr-old non smoker man:**
14. urine cytology (bladder ca)
15. colonoscopy (colorectal Ca)
16. U\S (pancreatic CA)
17. CT (lung CA)
18. Prostate-specific antigen (prostate CA)
19. **Improving sanitation in a village is :**
20. promery prevention
21. prodromal prevention
22. secondary prevention
23. tertiary prevention
24. none
25. **calculate specificity of the test:**

|  |  |
| --- | --- |
|  | disease |
| + | - |
| Test  | + | 40 | 10 |
| - | 30 | 120 |

1. 40\70
2. 120\130
3. 40\50
4. 120\150
5. 40\130
6. **Which is most coast effective in disease prevention**
7. environmental modification
8. nutritional intervention
9. vaccination
10. health education
11. chemoprophylaxis
12. **a 25 yr-old-not smoker women present with acute cough and wheezy chest. She has these symptoms twice during this week and she woke up in the night 3-4 times in the last month Family Hx is positive for asthma. Which of the following is the appropriate initial management:**
13. salbutamol inhaler PRN
14. salbutamol inhaler PRN plus daily corticosteroid inhaler + salmetrol inhaler
15. salbutamol inhaler PRN , plus daily corticosteroid inhaler
16. cough suppression and oral salbutamol
17. **most important risk factor for CAD**
18. high LDL
19. high HDL
20. High Triglyceride
21. Low HDL
22. High total cholesterol
23. **Second cause of hyperlipidaemia include all the following except:**
24. Hypothyroid
25. Cirrhosis
26. SLE
27. Nephrotic syndrome
28. Pregnancy
29. **Lab. Analysis: microcytic < high RDW :**
30. Iron def. anemia
31. Sidroblastic anemia
32. Thalassemia
33. Aplatic anemia
34. Chronic renal insufficiency
35. **Which of the following best describe resons for marked decline in the incidence of epiglottitis in the pediatric population:**
36. Genitic drift in strains of parainfluenza virus
37. More effective use o broadspectrum Ab.
38. Immunization with H. influenza b vaccine
39. Increase use of polyvalent pneumococcal vaccine
40. Immunization with roto virus
41. **With the exception of vasectomy< the most effective method of contraception is:**
42. The COCP
43. Norplant
44. Progestin only oral pills
45. IUSD
46. Injectable medroxypro-gesterone acetate (depo provera)

Extra 1

GERD

Which of these has NOT been found to be a significant predictive factor for the prevalence of GERD?

**Absence of gastric mucosal atrophy**Prescence of hiatal hernia
Metabolic or pre-metabolic syndrome
Female gender
Visceral fat accumulation

Anemia that is seen in patients with chronic renal disease is usually caused by insufficient

A) iron stores

B) vitamin B12

C) renin levels

D) **erythropoietin levels**

E) folate stores

A 62-year-old business executive with a history of migraines is noted to have hypertension; otherwise, he is healthy. Which of the following is the best medication for the treatment of his hypertension?

**A) خ²-Blocker**

B) Angiotensin-receptor blocker

C) خ±-Blocker

D) ACE inhibitor

E) Thiazide diuretic

Which of the following can improve survival in patients with severe COPD?

**A) Supplemental oxygen**

B) Beta agonist

C) Inhaled corticosteroids

D) Smoking cessation

E) Pulse antibiotic therapy

The presence of a â€œbamboo spineâ€‌ on spine radiographs, elevated erythrocyte sedimentation rate (ESR), and a positive test for HLA-B27 support the diagnosis of

A) multiple myeloma

B) Reiter's syndrome
C) ankylosing spondylitis

**D) rheumatoid arthritis**

E) Pott's disease

In most situations, which of the following screening tests would be recommended for an otherwise healthy woman older than 50 years?

A) Chest radiograph

**B) Mammogram**

C) Treadmill exercise test

D) Urinalysis

E) CA 125 level

Which of the following factors is NOT associated with diabetic ketoacidosis?

A) Hyperglycemia

B) Acidosis

C) Dehydration

D) **Hyperkalemia**

E) Hyperosmolarity

Which of the following statements about herpes infections is true?

A) Type 1 is most commonly associated with genital infections.

B) Topical acyclovir is used for prophylaxis.

C) Recurrent outbreaks are usually more severe than an initial outbreak.

D) The rash usually consists of pustules, papules, and macules.

E) **Multinucleated giant cells are seen with Tzanck** smears.

Which of the following best describes migraine headaches?

A) Aura following the resolution of the headache

B) Recurrent headaches lasting less than 4 hours

C) **Unilateral, throbbing headache**

D) Bilateral band-like headache

E) Rhinitis with facial pain

) Immunosuppressed patients should not be immunized.

B) Indian populations are at high risk for complications and should be avoided.

C) Revaccination should occur every 10 years.

**D) A one-time booster is given to patients over age 65 if they were vaccinated more than** 5 years previously and they were over 65 at the time of their primary vaccination.

E) Sickle cell patients should be revaccinated every 5 years.

What is the main mechanism of action of Nexplanon (etonogestrel contraceptive implant)?
A. Thickens cervical mucus
B. Thins endometrial lining
C. **Inhibition of ovulation**
D. Causes fallopian tube dysfunction
E. Prevents implantation

A true statement concerning tension headache is:
**A. Associated with fatigue and difficulty concentrating**
B. Exacerbated by certain foods
C. Disabling functionally—unable to continue current activities
D. Unilateral
E. Repeated, severe attacks, which occur over a period of days to weeks

Which of the following is an absolute contraindication to the use of oral contraceptive pills?
A. Personal history of smoking in a woman younger than 35 years of age
B. Obesity
C. Hypertension
D. Personal history of diabetes mellitus
E. **History of thrombophlebitis**

An 18 year old man presented with a history of a sudden onset of a frontal headache and photophobia. He had neck stiffness and a temperature of 38°C.

Which one of the following findings would suggest a diagnosis of subarachnoid haemorrhage rather than bacterial meningitis?
1) a blood neutrophil leucocytosis
2) a family history of polycystic renal disease
3) a fluctuating conscious level
**4) a history of diabetes mellitus**5) a history of opiate abuse

Iron deficiency anemia is associated with

A) hyperchromic, macrocytic features

B) elevated serum iron levels

C) increased total iron-binding capacity (TIBC)

D) increased ferritin levels

E) normal bone marrow biopsy results

Which of the following statements about hyperglycemic hyperosmolar nonketotic coma is true?

A) It is usually associated with type I adult-onset diabetes mellitus.

B) It is associated with fluid overload.

C) Associated laboratory findings include elevated serum lactate.

D) Treatment involves intravenous administration of glucose.

**E) Treatment involves fluid administration.**

A 68-year-old patient is seen for a general examination. Current recommendations for immunizations include

A) tetanus booster every 5 years

B) **influenza vaccination yearly**

C) pneumococcal vaccination yearly

D) hepatitis booster every 5 years

E) meningococcal vaccination

A 65-year-old woman presents with glossitis, weight loss, paresthesias, and diarrhea. Laboratory tests show a macrocytic anemia. The most likely cause is

A) iron deficiency anemia

B) thalassemia

C) **pernicious anemia**

D) multiple myeloma

E) colon cancer

A 55-year-old business executive presents to your office complaining of a 4-week history of daily headaches. He describes the headache as being pronounced in the morning on awakening, associated with nausea and vomiting. The most likely diagnosis is

A) classic migraine headache

B) cluster headache

**C) brain tumor**

D) sinus headache

E) muscle tension headache

A 13-year-old boy with asthma complains of shortness of breath and wheezing during physical education class. Otherwise the child has no symptoms. The most appropriate treatment is

A) oral steroid therapy

B) inhaled steroids before exercise

C) inhaled خ² agonist before exercise

**D) long-acting خ² agonist**

E) anxiolytic medication

Which of the following statements is true regarding pneumococcal (Pneumovax) vaccination?

A) Healthy individuals older than 50 years should receive the vaccine.

B) Medicare does not cover the cost of pneumococcal (Pneumovax) vaccination.

C) Adults with previous splenectomy should not receive pneumococcal (Pneumovax) vaccination.

D) Children younger than 2 years with sickle cell anemia should receive pneumococcal (Pneumovax) vaccination.

E**) Boosters are recommended for individuals older than 65 years if they received their first dose more than 5 years prior to their last injection.**

A 65-year-old white female presents to your office with a chronic productive
cough. She produces over 2 tablespoons of sputum each day, and her current
cough has been present for 3 months. History reveals that she had a similar
episode of chronic, productive cough that lasted more than 3 months each of the
past 2 years, but at different seasons of the year. The most appropriate
diagnosis of this patient would be:
A. Seasonal allergies
B. Emphysema
C. Chronic bronchitis
D. Asthma
E. Tuberculosis

Cigarette smoking is associated with increased risk of all of the following EXCEPT:

A) bladder cancer

B) osteoporosis

C) peptic ulcer disease

D) **Alzheimer's disease**

E) cervical cancer

Treatment for uncomplicated infectious mononucleosis should be

A) intravenous antiviral medication

B) oral antiviral therapy (acyclovir or ganciclovir)

C) oral steroids

D) empiric antibiotic treatment

E) **symptomatic treatment only**

All of the following are typical characteristics of COPD except:
A. Onset in middle age
B. Long history of cigarette smoking
C. **Rapidly progressive symptoms**
D. Exertional dyspnea
E. Mostly irreversible airflow limitation

A 62-year-old woman presents to your office complaining of unilateral headache, temporal area tenderness, and visual disturbances. Laboratory tests show mild anemia and a sedimentation rate of 110 mm/hour. The most appropriate management includes

A) CT scan of the head

B) **initiation of high-dose steroids**

C) referral to an ophthalmologist

D) MRI of the head

E) initiation of NSAIDs

Which of the following statements about diabetic retinopathy is true?

A) Proliferative retinopathy is associated with a poorer prognosis than nonproliferative retinopathy.

B) Nonproliferative retinopathy is associated with neovascularization.

C) Symptoms of retinopathy usually begin with eye pain.

D) Diabetics should have eye examinations every 3 years.

E) Unfortunately, there is no treatment for diabetic retinopathy.

Which of the following is the most appropriate medication for the treatment of hypertension in a diabetic patient?

A) خ²-Blocker

B) ACE inhibitor

C) Diuretic

D) Calcium-channel blocker

E) خ±-Blocker

An 8-year-old boy with a history of asthma presents reporting wheezing and coughing once per month and no
nocturnal symptoms. He is currently on no medications. Which of the following is the most appropriate treatment
for this patient?
A. **Short-acting B2 agonist MDI**
B. Steroid MDI
C. Cromolyn sodium MDI
D. Long-acting B2 agonist MDI
E. Monteleukast orally

Which of the following tests is considered routine (recommended) in the initial evaluation of a patient with hypertension?

A) Chest x-ray

B) TSH

C) Uric acid level

D) 24-hour urine protein

E) ECG

**A 22year-old woman is going travelling around the world for 18 months and comes to see you to discuss using lmplanon as a contraceptive. Which one of the following statements about this contraceptive method is true?**

A. lmplanon causes weight gain in 50% of patients

B. lmplanon is an intrauterine contraceptive device which releases progesterone into the lining of the womb.

C. lmplanon needs to be changed every 5 years.

D. lrregular bleeding is the commonest side effect of lmplanon

E. Normal fertility returns in 3-6 months in 90% of women after removal of lmplanon.

**The following results show the fasting lipid profile of a 35 year-old man who underwent routine testing as part of a general health check: total cholesterol 7.9 mmol/l, low-destiny lipoprotein (LDL) 4.9 mmol/l, high-destiny lipoprotein (HDL) 0.83 mmol/l, triglyceride 5.2 mmol/l. His father died of myocardial infarction (MI) at the age of 52. Which one of the following would be the most appropriate initial management?**

1. Initiate dietary modification and monitor response by retesting in 3 months.
2. Initiate treatment with a fibrate.
3. Initiate treatment with simvastatin 10 mg od.
4. Initiate treatment with simvastatin 80 mg od; further testing is not required.
5. Refer for specialist opinion.

**A 42-year-old of Asian origin attends for a general health check. He is a non-smoker, drinks 21 units of alcohol per week, is physically well, active, and enjoys regular moderate exercise and a healthy diet. His body mass index (BMI) is 27.2 kg/m2. His BP, measured on three occasions, was 162/100 mmHg, 165/100 mmHg and 168/102 mmHg. Which one of the following would be the most appropriate initial management?**

1. Advise about lifestyle modification and review in 6 months.
2. Refer for investigation of a secondary cause of hypertension.
3. Start a calcium-channel blocker.
4. Start a thiazide diuretic.
5. Start an ACE inhibitor.

**A 42-year-old man undergoes cardiovascular disease risk assessment. There is no significant family history. He smokes 20 cigarettes per day, has a BP of 155/90 mmHg, total cholesterol 7.2 mmol/l and HDL 1.4mmol/l. His calculated risk of developing cardiovascular disease in the next 10 years is 14%. Which one of the following is the recommended management? Select one option only.**

1. Advise him to make changes to his lifestyle.
2. Initiate treatment with a statin.
3. Initiate treatment with an ACE inhibitor.
4. No intervention.
5. Refer for specialist opinion.

You are evaluating a 35-year-old patient with known asthma. He
comes to your office complaining of increased shortness of breath despite
compliance with his usual asthma regimen. He reports cough, but denies
fever or sputum production. His pulmonary examination reveals wheezing
bilaterally without crackles or rhonchi. Which of the following is most useful
in this setting?
a. Chest x-ray
b. Peak flow testing
c. Pulmonary function testing
d. A complete blood count
e. A nasopharyngral wash

A 43-year-old man with type 2 diabetes mellitus presents with lethargy. His current medications include metformin and gliclazide, although the gliclazide may soon be stopped due to his obesity. A number of blood tests are ordered which reveal the following: HbA1c = 8.2%; Ferritin = 204 ng/ml; Bilirubin = 23 µmol/l; ALP=162 u/l; ALT=120u/l; AST=109 u/l On discussing these results he states that he does not drink alcohol. What is the most likely cause of these abnormal results?

Metformin-induced steatohepatitis
Haemochromatosis
Acute hepatitis secondary to gliclazide
Cryptogenic cirrhosis**Non-alcoholic fatty liver disease** √

Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful :
a) Asking more details about headache
b) **Do MRI or CT scan**
c) Skull x ray
d) LP

While taking an oral contraceptive pill, a patient complains of a myriad of side effects. Of the list below, which is an estrogen-mediated side effect?
A. Breakthrough bleeding
B. Mood labiality
C. **Vascular headache**
D. Weight gain
E. Hirsuitism

**Which of the following is NOT one of the common causes of anemia?

A. Impaired production
B. Blood transfusion
C. Increased red cell destruction
D. Severe bleeding**

**Which of the following is a TRUE statement regarding pernicious anemia?

A. Rare form of megaloblastic anemia
B. Assciated with end-stage type A chronic atrophic gastritis
C.It is of viral origin
D.Mean age of onset of 6 years**

**Which of the following is NOT a cause of microcytic-hypochromic anemia?

A.Disorders of iron metabolism
B.Disorders of porphyrin synthesis
C.Disorders of globin synthesis
D.Disorders of vitamin B12 absorption**

**Which of the following is a TRUE statement regarding infectious mononucleosis?
A. It is characterized by granulocytosis.
B. It is commonly caused by Epstein-Barr virus.
C. It usually affects older adults.
D. It is caused by the poxvirus family.**

**Which of the following is TRUE regarding anemia in children?
A. The most common cause is sickle cell disease.
B. Anemia is the most common blood disorder in children.
C. There is only one cause of hemolytic anemia.
D. Children rarely present with iron deficiency anemia.**

**Which of the following statements is TRUE regarding iron deficiency anemia?

A. Whites are more commonly affected.
B. Incidence is most common in those children older than 2 years.
C. It is common in children due to their extremely high need for iron for normal growth.
D. There is decreased risk in children of homeless women.**

**Which of the following statements is TRUE regarding iron deficiency anemia?

A. Whites are more commonly affected.
B. Incidence is most common in those children older than 2 years.
C. It is common in children due to their extremely high need for iron for normal growth.
D. There is decreased risk in children of homeless women.**

**Which of the following is a TRUE statement regarding sickle cell disease?
A. Sickle cell trait is the homozygous form of the disease.
B. Sickle cell disease means a person has HbA genes.
C. It is most common in European descent.
D. It is an autosomal recessive disease**

لاجوبه والتصحيح تحت الصورة


routine for HTN >>>>>> ECG (e)
implanon >>>>>>> A ( weight gain in 50% )
\*\*\*\* the main side effect is "Amenorhhea

Dyslipidemia -A
42y male -C

Extra 2

**1- in a patient with suspected pregnancy induced hypertension elevation of which**

**one of the following would be helpful in confirming the diagnosis?**

a. Cholesterol

b. Alkaline phosphatase

c. Creatine phosphokinase

d. Chloride

e. Uric acid-

**2- Of the following the most common etiology of failure to thrive in children is ?**

a. Cystic fibrosis

b. Intestinal malabsorption

c. Psychosocial deprivation

d. Chromosoma) disorders

e. Malignancies .

**3- Which one of the following serum tests is most helpful in confirnling the**

**clinical impression of menopause**

a. Estrone

b. Progesterone

c. Testosferone

d. ESH-

e. LH

**4- Which one of the following is the most common presenting complaint of**

**women with endometriosis?**

a. Dysmenorrhea

b. Amenorrhea

c. Hypermenorrhea

d. Dyspareunia

e. Menometrorrhagia

**5- What is the most common side effect of injectable ( depo-provera) medroxy**

**progesterone?**

a. Unwanted pregnancy

b. Headaches

c. Amenorrhea

d. Nausea

**6- An 80-year-old male complains that for 4 months he has experienced food**

**sticking in his throat, difficulty initiating swallowing, and coughing during**

**swallowing. Which one of the following is the most likely cause of his**

**symptoms ?**

A. Scleroderma

B Parkinson's disease

C. Diffuse esophageal spasm

D. Barret's esophagus

**7 Which of the following interferes with the effectiveness of oral contraceptive**

**agents?**

A. Anticonvulsants

B. Nonsteroidal anti-inflammatory agent

C. BothA&B

D. None of the above

**8. In coping with breath-holding spells in young children, parents should:**

 A. Ignore the behavior when it occurs

B. Slap the child's face gently to break the episode

C. Attempt to reason with the child regarding the harm that could result from this behavior

D. Seek help from a psychologist to avoid serious problems in the future

E. Enlist the help of an older sibling ,

**9. Which one of the following is the prefeITed site for in1ramuscular injection of**

**medication or vaccines in infants?**

A. Anterolateral thigh

B. Buttock

C. Upper arm

D. . Dorsogluteal muscle

**10. A 67-year-old female comes to your pffice complaining of a 1 month history of fatigue, weight loss, low-grade temperature elevation, and aching and stiffness in the upper back and shoulders. Physical examination confirms decreased mobility in both shoulders, with an otheoose normal musculoskeletal examination. Her temperature is 37.7°C (99.9°F).**

**Which one of the following would be the most appropriate diagnostic study?**

A. Radiographs of the spine and shoulders

B. Erythrocyte sedimentation rate

C.Serologic titers for cytomegalovirus

D. Electromyographic studies of the shoulder gridle muscles

E. Febrile agglutinins

**11. Which one of the following is true concerning breast-feeding?**

1. The first feeding should take place a few hours after delivery when the mother is well-rested
2. Packets containing information about breast-feeding and samples of infant formula should be available when mothers go home from the hospital
3. Vitamin A & D ointment should be applied to prevent cracked nipples
4. When lactation is becoming established, infants should be weighed before and after a feeding to determine whether they are getting enough milk
5. Breast feeding mothers should be taught that milk supply depends on the amount of suckling

**12, Identify the FALSE statement about 'infant nutrition:**

A. Breast milk provides adequate iron in the first 6 months

B. At age 6-12 months, whole cow's milk may cause blood loss in stool

C. Early feeding of solids helps infants to sleep through the night

D. Mothers who are positive'for human immunodeficiency virus should not breast-feed

**13. Which of the following best describes vaginismus?**

A. Dyspareunia caused by a Strurally small vagina

B. A voluntary contraction of the vaginal muscles to prevent penetration

C. An involuntary contraction of the vaginal and pelvic floor muscles

D. A condition associated With general sexual and orgasmic inhibition

**14 . Fever secondary to immunization occurs within 24 hours of giving:**

A. OPV

B. DPT

C. MMIR

D. All of the above

الاولى

**1- In a healthy patient what is the appropriate age to administer pneumococcal vaccine**

A) 5years

B) 16 years

C) 50 years

D) 65 years

E) 75 years

**2- trans dermal nitroglycerin patches**

A) are most effective when positioned over the precordium

B) rapidly become ineffective for treatment and prevention angina pectoris if leftin place for 24 hours and reapplied daily

C) are long acting and remain effective in the prevention of angina pectoratis for over 24 hours .

D) have proven to be of no value in prevention of angina pectoris

**3- The most serious reaction of the antithyroid drugs methimazole and**

**propylthirouracil is**

a) hepatic necrosis

b) cholestatic janudice

c) arthralgia

d) agranulocytosis

e) skin rash

**4- which one of the following is the most common nutrient deficiency found in pure vegetarians ( vegans) ?**

a) folic acid

b) thiamine '"

c) vitamin k

d) magnesium

e) vitamin b12

**5. The clinical picture of salicylate poisoning includes a history of salicylate ingestion and:**

A. Facial pallor

B. . Hyperpnea

C. Hypothermia

D. Arterial thrombosis

**6. Whi.ch one of the following is the greatest risk factor for developing breast cancer?**

A. Multiparity

B. Hyperplastic lesions present on breast biopsy (i.e. atypical lobular

hyperplasia)

C. Bilateral premenopausal breast cancer in a first-degree maternal relative

D. Menopause before the age of 45 years iD. Menopause before the age of 45 years /f..

**7. False-negative reactions on tuberculin skin may be caused by all of the**

**following EXCEPT:**

A. HIV infection

B. Exposure to nontuberculosis mycobacterium

C. Disseminated coccidiodomycosis

D. Hodgkin disease

**8. Which of the following statements correctly describes the booster phenomenon with tuberculin skin testing?**

A. It indicates recent conversion

B. It suggests infection with nontuberculous mycobacterium

C. It is a delayed hypersensitivity reaction to previous infection

D. It indicates severe infection with virulent strain of mycobacterium tuberculosis

**9- A 70 – year –old male is found to have microscopic hematuria on routine urinalysis. The most likely cause is :**

 **A**. Asymptomatic renal stone

 B. Benign prostatic hypertophy

 C. Badder cancer

 D. Coagulopathy

 E.Urinary tract infection

**10. A 26-year-old male carpenter, who has always been healthy, reports daily**

**episodes of chest tightness and dyspnea. He most likely has:**

A. Hypersensitivity pneumonitis . ~

B. Toxic pneumonitis

C. Byssinosis

D. Benign pleural effusion

E. Occupational asthma

**11. The diabetic patient taking an oral hypoglycemic agent who is scheduled for outpatient surgery should:**

A. Continue taking the agent until the night before the surgery

B. Discontinue the agent 36 ills pefore the surgery .

C. Have an insulin infusion duripg surgery

D. Be admitted to the intensive care unit for 12 ills after surgery

**35. A 54-year-old female who is new to your practice presents with a viral upper respiratory infection. She insists that a "shot of penicillin is the only thing that ever cures it". You explain your reasons for not using antibiotic, but she . .. ... ... continues to insist on a "shot".**

A. Offer an oral antibiotic as a compromise

B. Tell her that if she is not better in several days you will give her an

antibiotic injection .

C. Have the patient sign a medical release before giving her an antibiotic injection

D. Refer her to a physician in your community who has a -reputation for frequently using injectable antibiotics

E. Treat her symptomatically but do not give antibiotics

7. **A 75 year old male is seen in your office with complaints of increasing**

**nocturia and hesitancy over the past 6 months. There is a history of mild pelvic pain but no weight loss.**

**The best initial procedure for evaluating the cause of his symptoms is which one of the following?**

A. Roentgenography of the pelvis

B. Roentgenography of the lumbar spine

C. Bone scan

D. Digital rectal examination

E. CT scan of. the pelvis .

**3. B-blocker drugs can be used in the patient with myocardial infarction who** had at the time of infarct:

A. Hypertension tachycardia

B. Acute bronchospam

C. Hypotension

D. . Pulmonary edema

.

**15. Foot care advice in diabetics include:**

A. Not to appiy colo~ solutions like Iodine on the toes

B. Daily application of moistwizing agents

C. When buying shoes, buy it in the morning

D. A&B ."

E. A & C

**16. Which one of the following drugs inhibits platelet functton for the life of the platelet?**

A. Aspirin

B. Ibuprofen .

C. Dipyridamole (Persantine)

D. Ticlopidine (Ticlid)

E. Wafarin (Coumadin)

Extra 3

الثالثة

1**- In the elderly the most common cause of permanent b1indnessis**

a. Trauma

b. Glaucoma

c. Infection

d. Macular dequeneration

e. Retinal detachment

**2- Which one of the following is the earliest finding in glaucoma**

a. Halos around lights

b. Mild ocular pain

c. Mild ocular inflammation

d. Loss of peripheral vision

e. Measurable elevation in infraocular pressure

**3- The most appropriate inifial treatment of trigeminal neuralgia is**

a. Phenytoin

b. Carbamazepine ( tegratol)

c. Percutaneous radiofrequency

d. Surgical exploration and decompression

e. Biofeedback therapy

**4- Which one of the topical antifungal agents listed below is effective against**

**infection with candida albicans**

a. Undecylenic acid ( desenex)

b. Tolnaftate( tinactin)

c. Griseofulvin (fulvicin)

d. Naftifine( naftin)

e. Ketoconazole (nizoral)

**5. For sunscreen agents to be most effective they should:**

A. Have a sun protective factor greater than 10

B. Be applied on exposure to sun

C. Be reapplied after swimming

D. None of the above

**6- A 27-year-old female complains of palpitations. Your clinic evaluation finds no abnormalities. You recommend that she discontinue her daily regimen of 3 or 4 cups of regular coffee. .'**

**Which of the following symptoms is she most likely to develop?**

A. Anxiety

B. Depression

C. Headache

D. Fatigue

E. Flu-like illness

**7. True statement(s) about Migraine include:**

A. Is not common in children

B. The commonest aura is an abnormality in vision

C. The commonest aura is an abnormality in smell

D. When a visual abnormality occurs it is always bilateral

E. The aura lasts less then 5 min

**8. Of the following symptoms, which one is most suggestive of pesticide-induced illness?**

A. Rash

B. Vertigo

C. Diarrhea . "

D. Pruritis

E. Respiratory difficulty

9**. A 35-year-old female with a history of headache complains of joint pain. A review of systems reveals that she also has intolerance to multiple different foods, stomach bloating, rectal pain with defecation, dysmenorrhea, chronic irregular periods, and difficulty swallowing. She denies depressive symptoms or drug abuse. She regularly takes several vitamins and acetaminophen. Her physical examination, WBC count, hemoglobin level, and kidney and liver function tests are normal.**

**The most likely diagnosis is**:

A. Systemic lupus erythematosus

B. Ulcerative colitis

C. Somatization disorder

D. Depression with melancholia

**10. Which of the following is true regarding impotence? ..**

A. Prolactin levels should be evaluated only in the impotent male with gynecomastia

B. Venous disease can be a cofJectable cause of impotence

C. Diabetic neuropathy affects only the vasodilatation aspect of erection

D. Antihypertensive drugs have not been shown to cause impotence

**11. Which one of the following is consistet with spinal stenosis but not herniated vertebral disk?**

A. Numbness

B. Muscle weakness

C. Pain relieved by sitting

D. Pain relieved by standing ,

**12. The temporal pattern cl which of the following arthritides is migratory and non additive?**

A Gonococcal arthritis

B. Hepatitis B associated arthritis

C. Rheumatoid arthritis

D. Osteoarthritis

E. .Traumaticartbritis

**13. Psychosocial synptoms are characterized by:**

A. Headacrus and tremors 'occUlTing around 30 minutes after an event

B. Palpitations and retrosternal chest discomfort awakening the patient

from sleep . . .'. .

C. Irregula" thought disorder typical of the syndrome

D. Being nonspecific to one syndrome

E. Numbness in the fingertips, toes and mouth

**14 A 32-year-old male presents with a 2-week history of low back pain radiating**

**down his posterior right leg. Examination reveals a positive straight leg raising and an absent right ankle reflex. There is no motor weakness in the right leg and bowel and bladder function have been normal.**

**Which one of the following is indicated at this point?**

A. Rest and analgesia

B. Traction.

C. An :MRI scan

D. A myelogram and a CT scan

E. Referral to a neurosurgeon ,

,

15**. The industrial toxin that is most closely associated with change in**

**personality or behavior is**

A. Asbestos .'

B. Mercury

C. Chromate

D. Vinyl Chloride

**16. Which one of the following clinical presentations is most consistent with vitamin D deficiency in the aged?**

A. Rapidly progressive osteoarthritis

B. Development of chronic bone pain and weakness in association with

bone loss

C. Bleeding gums and fatigue.

D. High-output cardiac failure with dermatitis and neuropathy

E. Diarrhea.dermatitis, and dementia

17. **The world Health Organization estimates that 75% of cases of blindness in developing countries are avoidable. Which one of the following is one of the four leading causes of preventable.blindness in the world?**

A. Diabetic retinopathy

B. Retinal detachment

C. Glaucoma

D. Trachoma

E. Amblyopia

Extra 4

رابعة

1**- In statistics standard deviation is best defined as**

a. The difference between the lowest and highest value observed

b. The average difference between two populations

c. A measure of dispersion or variation

d. The arithmetic average

**2- Which one of the following is caused by chronic tobacco smoking**

a. Decreased bronchial mucus production

b. Increased ciliary activity

c. Increased anti-protease activity

 d. Hyperplasia of respiratory epithelium

**3- Which one of the following variables best predicts victimization in case of domestic abuse?**

a. Education background

b. Psychological problems

c. Race

d. Gender

e. Socioeconomic status

4**- Which one of the following is true regarding cocaine withdrawal**

a. It is potentially life-theatening and requires aggressive management

b. Dysphoria with depression is usually present

c. Phenothiazines may reduce cocaine craving

d. Sleep patterns are usually not disrupted

,.

14**. Which of the following conditions is considered.a cause of difficult**

**doctor patient relationship?**

A. Technical problems such as communication batriers or conversational

styles -

B. Specific patient personality style

C. Physician expectations that are fulfilled by the relationship

D. Issues that physicians find uncomfortable to discuss

**15. Appropriate management goals while dealing with difficult patients include**:

A. Optimize medical care throug1t extensive use of diagnostic tests

B. Recognize that the relationship would be satisfying with time

C. Focus on the less satisfying aspect of the patients behavior or personality

D. Maintain continuity of care to the greatest extent possible'

28**. Which one of the following statements about the health consequences of smoking is Incorrect**

A. Smoking is the most important modifiable cause of death in USA

B. Smoking accounts for one out of eveI)' six deaths in the USA

C. Lung cancer has replaced breast cancer as the chief cause of death in women

D. Smoking is more common among persons of high socioeconomic status

E. Over three-fourth of smokers begin smoking as teenagers

**29. Studies have shown that the most effective smoking cessation technique is:**

A. Behavioral therapy' .

B. A combination of strategies

C. Nicotine gam

D. Physician counseling

E. Hypnosis

**9. As medical director of a large company, you are asked to develop**

**recommendations -for periodic employee health examinations. About 20% of these employees (males, age 40 to 60, smoking one or more packs of cigarettes daily) can be considered at increased risk for lung cancer.**

**Which of the following strategies for the early detection of lung cancer in**

**asymptomatic individuals would you recommend?**

A. Annual chest roentogram for all employees

B. Annual chest roentogram and sputum cytology for all employees

C. Annual chest roentogram and sputum cytology for all employees leveI)' 4 months for high risk employees

D. Chest roentogram and sputum cytology eveI)' 4 month for high risk employees

E. No strategy has been shown to be effective

**10. Which of the following statements concerning "Reassurance" is CORRECT:**

A. It is a form of supportive counseling

B. It is a complementaIy treatment for acute conditions

C. Sometimes it should be irrealistic

D. It is only useful in minor medical conditions

**11- While taking care of an individual at home, the physician should**:

A. Expect that the people who are present at home are there because they want to be of assistance.

B. . Evaluate the needs of all concerned with the complaints or status of the patient and decide accordingly

C. Should not spend time on assessing the prevailing social support S)'stem . since this is usually not pertinent

D. Set priorities in favor of addressing the needs of the patient only and try to avoid a4.dressing. the needs of 9thers

**12. "House Calls" are considered as a available option in Family Care because:**

A. It is easier to .take care of the patient at home than in office.

B. It is financially beneficial to examine a patient at home rather than in the office

C. Family members at home are very helpful and always facilitate the process of care

D. It provides the physician with helpful information about family

dynamics and other social and environmental factors

**13. All of the following statements about school health education are true**

**EXCEPT:**

A. People do not yet appreciate the importance of health

B. Schools administrators are not yet convinced by the role of Health Education

C. Most teachers like to teach health

D. Health has not appeared adequately in curriculwn

**14. Randomization is a procedure used for assignment of allocation of subjects to treatment and control groups in experimental studies. Randomization ensures**:

A. That assignment occurs by chance

B. That treatment and control groups are alike in all aspects except

treatment

C. That bias in observation is eliminated

D. None of the above

**15. Ethical medical conduct of a case should be influenced least py:**

A. Doctor's religious beliefs

B. Patient preferences. ..

C. Quality of patient's life

D. Society financial interest .-

E. Principle of autonomy

Extra 5

Which of the following medications used in treatment of severe, chronic heart failure does NOT appear to decrease mortality and lengthen the life span of the patient?

1. Digoxin
2. ACE inhibitors (enalapril, captopril, etc.)
3. Blockers (metoprolol, atenolol, carvedilol)
4. Spironolactoe (Aldactone)
5. Hydralazine plus isosorbide dinitrate (Isordil)

**2- Which of the following is NOT a known cause of microcytic anaemia**

1. Iron deficiency
2. Thalassemia major
3. Folic acid deficiency
4. Hronic loss of blood
5. Lead toxicity

**3- Abu-Ahmad is a 75 year old farmer with mild heart failure, whose oldest son**

died 3 months ago in an automobile accident. He appears to have lost any interest in life, has lost 10 kg over the past 2 months, and is talking excessively about his own death. He refuses to talk to anyone. Which one of the following medications would be the best for this situation?

1. Imipramine
2. Amitryptiline
3. Diazepam
4. Lithium carbonate
5. Fluoxetine

**4- Um-Ahmad is a 64 year old woman who weighs 105 kg. and has had diabetes for at least the past 10 years. Her blood pressure has consistently been 160/104 on multiple occasions. Today you receive the results of her urine albumin (60 mg/100ml.) and serum creatinine (1 mg/100ml). The only medication she is currently taking regularly is Daonil 20 mg/day. Which one of the following anti- hypertensive medications would be the most appropriate to start under these circumstances?**

1. Hydrochlorothiazide
2. Aldomet
3. Enalapril
4. Propranolol
5. Nifedipine

**5- Two recent fasting blood sugars taken from Um-Ahmad (see preceding question) are 245**

 **mg/100ml. and 260 mg/100ml. Which of the following would be the most appropriate next**

 **step for this woman?**

1. Add metformin (Glucophage) daily to the Daonil 20 mg/day
2. Begin an appetite suppressant to help the patient lose weight fast
3. Hospitalize her and begin insulin injections immediately
4. Begin furosemide 20 mg daily
5. Encourage the patient to eat less sweets and recheck the blood sugar in 3 months

**6- Mohammad is a 6 month old boy who has had diarrhea for the past 2 days, with a total of 5 episodes of vomiting. On examination, he is awake and cries (without tears) when**

**separated from the mother; he drinks eagerly from a cup when offered; his eyes are somewhat sunken; the mouth is dry; but the skin fold pinch returns normally. He currently weighs 7 kg. Which of the following is true about this child?**

1. He is severely dehydrated and should be hospitalized immediately
2. He has some dehydration and should first be given ORS, approximately 500 ml over the next 4 hours.
3. He has some dehydration and should immediately have 1000 ml. of IV fluid within the next 4 hours.
4. He is mildly dehydrated and should be sent home with two packages of ORS for the mother to give through the night.
5. He is chronically ill and should be given high protein foods over the next month.

**7- Which of the following is the most sensitive indicator of a lower respiratory infection in**

 **a 4 year old child?**

1. Persistent cough
2. Fever greater than 38.5 C.
3. Cough productive of yellow sputum
4. General malaise and weakness
5. Respiratory rate greater than 40

**8- Fatima is an 8 year old girl who has periodic episodes of cough, tightness of the chest, and audible wheezing. For the past 6 months, she has had 5-6 episodes of difficulty breathing and wheezing each week, and is awakening with cough at night at least 2-3 times each week. She is currently taking Ventolin syrup twice daily for this problem, and occasionally uses a salbutamol inhaler. Which of the following is the FIRST and**

 **MOST IMPORTANT next step?**

1. Begin beclomethasone inhaler 2 puffs twice daily
2. Increase the Ventolin syrup to 4 times daily
3. Begin theophylline SR tablets daily
4. Counsel the parents to purchase a portable oxygen tank for emergency use
5. Counsel the patient to stop all unnecessary physical exercise outside during the spring

**9-- Which of the following is NOT a common finding in a 7 year old child with a rectal fissure?**

1. History of large, constipated feces
2. Episodes of bright red blood on the feces
3. Pain with passing feces
4. Visible tear in the rectal mucosa on careful inspection
5. Loose, bloody stools and abdominal pain

**10- Maria is 3 months post-partum, and breast-feeding a very happy little baby boy. She complains of pain in the left breast for the past 3 days, and you note that she has a fever of 38.5, and a triangular, tender red area of the upper, outer quadrant of the breast. Which of the following would you NOT recommend?**

* 1. Warm compresses to the affected area of the breast
	2. Gentle massage of the breast toward the nipple
	3. Begin cloxacillin tablets 3-4 times daily
	4. Discontinue breast feeding from the tender left breast until healed
	5. Change positions while breast feeding

**11-In the past two weeks in the month of July, you have seen 25 children less than 5 years of age with diarrhea. Most of them have no fever, the diarrhea is watery without blood or**

 **mucous, and resolves in most of them within 3-5 days. A few of the children younger**

 **than 2 years of age have become dehydrated and required rehydration therapy. What**

 **is the most likely cause of this diarrhea?**

1. Rotavirus
2. Entamoeba histolytica
3. Pinworms (Enterobius)
4. Shigella
5. E.Coli

**12-Adnan is a 15 year old boy with a sore throat for the past 4 days. He has a dry cough, congested nose, and a temperature of 37.5 On examination, his posterior pharynx shows some redness and irregular mucosa, his tonsils are somewhat enlarged but not red, and he has no swelling or tenderness of the anterior cervical lymph nodes. The most appropriate treatment at this point should be:**

1. An injection of benzathine penicillin
2. Amoxicillin tablets for 10 days
3. Counsel to use throat lozenges and drink warm liquids, and re-examine in 3-4 days if still ill
4. Antihistamine tablets as needed
5. Erythromycin tablets for 5-7 days

**13-Majida is 28 weeks pregnant, and complaining of pain on urination for 2 days, with intermittent pain in the right low back, and some fever. She is also noticing some contractions of the uterus with increased fetal activity. The most likely diagnosis is:**

1. Non-specific cystitis
2. Pyelonephritis
3. Bladder pressure from increased fetal activity
4. Renal stone
5. Vaginitis

**14-When two persons are giving cardiopulmonary resuscitation, the correct ratio of chest compressions to breaths (ventilations) is:**

1. 5 compressions - 1 ventilation
2. 15 compressions - 2 ventilations
3. 10 compressions - 2 ventilations
4. 5 compressions - 2 ventilations
5. 3 compressions - 1 ventilation

**15- Which one of the following statements about heat exhaustion is correct?**

1. It can be caused by drinking large amounts of water without sodium replacement.
2. Core body temperature is above 40°C (104°F).
3. Rapid hydration prevents complications in hypernatremic, dehydrated patients.
4. In older patients, sodium depletion is more common than water depletion.

**16- Which one of the following interventions has proved to be effective for fall**

 **prevention in the elderly?**

1. Vitamin D, with or without calcium.
2. Cognitive/behavioral interventions alone.
3. Hormone replacement therapy.
4. Nutritional supplementation.
5. Individualized muscle strengthening/balance programs.

**17- Which one of the following conditions is not a complication of therapy with**

 **angiotensin-converting enzyme inhibitors?**

1. Nephrotoxicity.
2. Hypotension.
3. Cough.
4. Angioedema.
5. Late-pregnancy teratogenicity.

**18- Which one of the following statements about using ipratropium (Atrovent) in the**

 **treatment of childhood asthma is correct?**

1. A single dose is effective for mild exacerbations.
2. Multiple doses reduce hospitalization rates in patients with severe asthma.
3. Ipratropium should not be combined with beta2 agonists.
4. Ipratropium is more effective at preventing hospitalization than beta2 agonists.
5. Combining ipratropium with beta2 agonists increases rates of arrhythmias without improving lung function.

**19- Which one of the following tests is considered the gold standard for detection of**

 **H. pylori infection?**

1. Rapid urease test.
2. Steiner's stain of gastric biopsy specimens.
3. String test.
4. Urea breath test.
5. Blood Culture

**20- Which one of the following statements about dual-energy x-ray absorptiometry**

 **(DXA) is correct?**

1. Measurements with DXA can only be taken in the lumbar spine, proximal femur, and distal forearm.
2. Posteroanterior DXA is superior to lateral DXA in elderly patients with degenerative changes of the spine.
3. DXA is less expensive than quantitative computed tomography.
4. DXA allows for selective assessment of both cortical and trabecular bone.
5. DXA is useful for detecting bone mineral density but not for monitoring response to therapy.

**21- A patient presents with a non-healing, painless, red ulceration with white, rolled**

 **borders on the lateral border of the tongue. Which one of the following is the**

 **most likely diagnosis?**

1. Leukoplakia.
2. Erythroplakia.
3. Squamous cell carcinoma.
4. Adenoid cystic carcinoma.
5. Basal Cell carcinoma

**22- Which one of the following statements about the treatment of low back pain is correct?**

1. COX-2 inhibitors are slightly more effective than nonsteroidal anti-inflammatory drugs (NSAIDs).
2. Various types of NSAIDs are equally effective.
3. NSAIDs, in combination with muscle relaxants, are the most effective available treatment.
4. NSAIDs alone are superior to narcotics alone.
5. NSAIDs are not effective.

**23- Which one of the following statements about older adults with depression is correct?**

1. Minor depression is more common than major depression in older adults.
2. Older adults with psychotic depression are unlikely to relapse after treatment.
3. Tricyclic antidepressants are not effective in older people with mild to moderate depression.
4. The Hamilton Depression Scale is the most accurate scale for assessing elderly patients.

**24- Plain radiographs of which one of the following fractures are likely to appear normal initially?**

1. Injuries of the talar dome.
2. Lateral talar process fracture.
3. Posterior talar process fracture.
4. Anterior process of the calcaneus fracture.
5. Posterior process of the calcaneus Fracture

**25- In adult patients with a neck mass, which one of the following is the most important factor**

 **raising suspicion of malignancy?**

1. Location of mass.
2. Size of mass.
3. Duration of symptoms.
4. Patient's age.
5. Patient's gender

**26- Which one of the following is the most common cause of an inflammatory mass in the neck?**

1. Chronic sialadenitis.
2. Cervical adenitis.
3. Neck abscess.
4. Atypical mycobacterial infection.
5. Cat-scratch disease.

**27-Which one of the following statements about acute bronchitis is correct?**

1. Patients who have had acute bronchitis for less than one week benefit most from antibiotics.
2. Patient satisfaction with treatment depends on receiving antibiotics.
3. Guaifenesin is the only expectorant that has been shown to be effective in randomized, double-blind trials.
4. Most patients have a cough for less than two weeks.

**28- Which one of the following tests is the most specific method of diagnosing Paget's**

 **disease?**

1. Radiographs.
2. Totla serum alkaline phosphatase level.
3. Bone scan.
4. Pyridoline urinary test.
5. Urinary hydroxyproline test.

**29- Which one of the following treatments provides a lasting remission for Paget's disease?**

1. Calcitonin (Calcimar).
2. Bisphosphonates.
3. Surgery.
4. Nonsteroidal anti-inflammatory drugs.
5. Calcium and vitamin D.

**30- Which one of the following infective agents has been found to be a cause of new**

 **abnormal uterine bleeding in women who use combination oral contraceptive pills (OCPs)?**

1. Human papillomavirus.
2. Herpes simplex virus.
3. Chlamydia trachomatis.
4. Trichomonas vaginalis.
5. Non of the above

**31-Examples of secondary prevention would indude all of the following except :**

1. Pap smear for cervcal caner
2. Chemoprophylaxis in a recent TB convertr
3. Proctoscopy for rectal cancer
4. Immunization of Haemophilus influenzae B
5. Mammography for breast cancer

**32- The occurrence of an illness at a rate of above that Expected is called**

1. Hyperendemic
2. Epidemic
3. Endemic
4. Enzootic
5. Pandemic

**33-Which would not be considered a risk factor for suicide in patients presenting with**

 **suicidal ideation :**

1. Substance abuse
2. Male gender
3. Lack of social supports
4. Unsuccessful attempt at suicide in the past
5. Childless marriage

**34-A 54- year - old man has become forgeful , preoccupied, withdrawn irritable. His physical examination was normal. The patient had been with his company for twenty-two years and was considered an excellent employee which of the following is the most likely diagnosis:**

1. Multi-infarct dementia
2. Hypothyroidsm
3. Schizophrenia
4. Alcoholism
5. Major depression

**35-Which of the following is correct about depression in children :**

1. Family therapy should be avoided because it scapegoats a child who is already vulnerable
2. Symptoms may manifest as antiscoical behaviour
3. Antidepressnts genrally are not effective in children
4. The suicide rate in children aged 8-13 is higher than it is in older adolescents

**36- A sexually active woman presents with a green, foul-smelling discharge and clue cells are seen under the microscope on a wet preparation of the discharge. The best reatment for this patient would be :**

1. Oral metrorridazole
2. Oral fluconazole
3. Oral trimethoprim-Sulfamethoxazole
4. Vaginal metronidazole
5. Oral doxycycline

**37- Risk factors for cervical carcinoma includes all of the following except** :

1. Human papiloma virus type 16 and 18
2. Early age at first intercourse
3. Smoking
4. Nulliparity
5. Multiple sexual partners

**38- Central cyanosis in the newborn infant is most often caused by**

1. Congenital Heart Disease
2. Lung Disease
3. Central Nervous System Disease
4. Methemoglobinemia
5. Hypoglycemia

**39- A woman who is positive for hepatitis B surface antigen HBsAg( but negative for hepatitis**

 **B antigen ( HBeAg delivers at term . What would be the best management for this**

 **woman’s infant**

 A. Administer gamma globulin intramuscularly immediately and at 1 month of age

 B. Administer hepatitis B ( HB) vaccine immediately and at 1 month and 6 months of age

 C. Administer hepatitis B immune globulin ( HBIG) if cord blood is positive for HbsAg

 D. Administer HBIG and HB vaccin immediately, and HB vaccine again at 1 month and 6 month of age

 E. Advise mother that breastfeedingis contraindicated

**40- The most common cause of deterioration of diabetic control in an 8-year-old boy is**

1. Change In Diet
2. Lack Of Compliance
3. Emotional Stress
4. Acute Infection
5. Change in exercise level

**41 - Which of the following findings is least consistent with a diagnosis of congenital**

 **deafness in 16 month old infant :**

1. Smiling responsively at 1 month
2. Cooing at 2 month
3. Babbling at 3 to 6 months
4. Imiating speech sounds at 9 months
5. No dearly enunciated words at 15 months

**42- Which of the following congenital anomalies usually resolves spontaneously**

1. club foot
2. genu varus
3. tibial torsion
4. flexible flat feet
5. genue valgus

**43- Which of the following disorders of hemostasis is most likely to present with recurrent**

 **epistaxis?**

1. hemophilia B
2. Hemophilia A
3. Hemophilia C
4. Haegeman factor deficiency
5. Von Willebrand disease

**44- A neutropenic patient has a fever of 38.9c Appropriate empiric antibiotic therapy include**

1. Vanomycin and septra
2. Cefazolin and tobramycin
3. Ceftriaxone alone
4. Ceftazidime and penicillin
5. Septrine alone

**45- Radiographic features of osteoarthritis of the knee include which of the following**

1. marginal erosions
2. juxta -articular cartilage with narrowing of the radilogic joint space
3. Loss of articular cartilage with narrowing of the radio logic joint space
4. osteonecrosis ( a vascular necrosis ) of the medical femoral condyle
5. high riding patella ( patella alta)

**46- Fetal tricuspid Valve abnormalities are associated with maternal use of which of the**

 **following**

1. Lithium
2. Warfarin
3. Chloramphenicol
4. Estrogen
5. Heroin

47- A 40- year-old woman develops recurrent papules and pustules in a symmetrical pattern on her cheeks, nose, chin and forehead. She also notice that her face becomes flushed when she consumes hot liquids , alcohol, or spicy foods the most likely diagnosis is :

1. Acre Vulgaris
2. Perioral Dermatitis
3. Rosacea
4. Carcinoid Syndrome
5. Seborrheic Dermatitis

**48- In terms of microscopic urinalysis, red blood cell casts commonly occur in :**

1. Acute Renal Colic
2. Bilateral Hydronephrosis
3. A cute Bacterial Pylonephritis
4. A cute Proliferative Glomrelunephritis
5. Hemorrhagic Cystitis

**49-Which is the single investigations most likely to confirm a diagnosis of pulmonary**

 **embolism**

1. ECG
2. Chest –Xray
3. Arterial blood gases
4. V/Q scan
5. Sputum examination

**50- All of these diseases states warrants screening for colon cancer except**

1. Villous Adenomas
2. Familial Polyposis
3. Inflammatory Polyps
4. Ulcerative Colitis
5. Previous History Of Colon Cancer

**51- All of the following are risk factors for the development of urinary tract calculi**

 **except**

1. Urine stasis
2. High urine citrate concentration
3. Low urine Mg
4. Lypercalciuria
5. Dehydration

**52- The list of important prognostic factors in breast cancer include all below except**

1. Cancer confined to the breast
2. age of the patient
3. Estrogen receptor status
4. Number of positive axillary nodes
5. Pre-or post –menopausal status

**53-The cardinal features of raised intracranial pressure include each of the**

 **following except**

1. Headache
2. Decreased Blood Pressure
3. Vomiting
4. Papilledema
5. Increased Blood Pressure

**54- The diagnosis of trichomonac vaginitis can be established firmly by**

1. A history of itching
2. Wet saline smear of the vaginal discharge
3. Straw berry appearance of the cervix
4. yellowish vaginal discharge
5. Potassium hydroxide ( KOH) smear of the vaginal discharge

**55- When you are rejected by a patient , you may**

1. Feel inadequate
2. Avoid that patient therafler
3. Terminate the professional relationship with the patient
4. Tell all your colleagues about that patient's rejection
5. Continue to provide needed care through gencerine concerns

**56) A 67 year-old Jewish grandmother while visiting Petra passes a one foot round ,**

 **pink rather attractive worm per rectum. The worm most likely is:**

1. Diphylotoyliriumlatum.
2. Trichuris trichuria.
3. Strongyloids stercolaris.
4. Ascaris lumbricoides
5. Taenia Saginata.

**57) An infant begins to vomit shortly after birth and his abdomen becomes**

 **distended. Rg of the abdomen shows a "double-bubble" gas shadow. The**

 **infant's problem most likely is:**

1. Tracheoesophagal fistula.
2. Esophageal atresia.
3. Duodenal atresia.
4. Malrotation.
5. Congenital megacolon.

**58) Which of the following will most likely increase the level of HDL?**

1. Cigarette smoking.
2. High magnesium diet.
3. High calcium diet.
4. Exercise.
5. All of the above.

**59) Skin diseases associated with diabetes mellitus include all the following ecxpt**

1. xanthoma diabetecium
2. generalized pruritis
3. acute dermatophytis
4. hyperhydrosis
5. recurrent staphylocucus infection

**60) Thiazide diuretics may produce which of the following biochemical changes?**

1. Hyperuricemia.
2. Hyperkalemia.
3. Hypoglycemia.
4. Hypouricaemia.
5. Hypermagnesemia.

**61) Thrombocytopenia often results from the administration of:**

1. Vit. B12.
2. Thiamine.
3. Folic acid.
4. Vit. E.
5. Alcohol.

**62) Hypocalcaemia may show ECG changes of:**

1. Prolongation of PR interval.
2. Prolongation of QT interval.
3. shortening of PR interval.
4. Prolongation of QRS complex.
5. shortening of QT interval.

**63-For sunscreen agents to be most effective they should**

1. have a sun protective factor greater than 10
2. be applied on exposure to sun
3. c. Be applied after swimming
4. d. non of the above
5. be applied before swimming

**64- Which of the following symptoms is most suggestive of pesticide –induced illness**

1. rash
2. vertigo
3. diarrhea
4. pruritis
5. respiratory difficulty

**65- Which one of the following is consistent with spinal stenosis but not herniated**

 **vertebral disck**

1. numbness
2. muscle weakness
3. pain relieved by sitting
4. pain relieved by standing
5. non of the above

**66-The industrial toxin that is most closely associated with change in personality or**

 **behavior is :**

1. asbestosis
2. mercury
3. chromate
4. vinyl chloride
5. vinyl alanine

**67-Which one of the following clinical presentation s is most consistent with vit. D**

 **deficiency in the aged ( elderly )**

1. rapidly progressive osteoarthritis
2. bleeding gums and fatigue
3. highly out-put cardiac failure with dermatitis and neuropathy
4. development of chronic bone pain and weakness with bone loss.
5. Diarrhea , dermatitis and dementia

**68-Miam is 3 months old. At birth she did not have a detectable heart murmur but**

 **on listening to her chest today you discover a heart murmur . which of the**

 **following is the most common congenital heart defect ?**

1. coarctation of the aorta
2. atrial septal defect
3. a patent ductus arterioris
4. ventricular septal defect
5. tetralogy of fallot

**69-Randa has been experiencing some chest pain recently . in trying to establish**

 **whether this is angina , which of the following is true :**

1. if sublingual nitroglycerin relieves the pain it is definitely angina
2. asthma is rarely misdiagnosed as angina
3. a positive exercise test does not rule out musculoskeletal pain
4. a positive exercise test does not rule out musculoskeletal pain
5. sublingual nitroglycerine will not relieve pain due to GERD

**70) Salem is 65 year old presents with acute chest pain . you perform an ECG in the**

 **clinic , which shows some ST elevation in the chest leads . under which circum**

 **stances may this not be hard evidence of MI**

1. if LBBB exists
2. if the patient is diabetic
3. if the patient suffers with angina
4. if the patient has had a prior infarct
5. if the patient is on B-Blocker

**71) Salwa diagnosed as having Melanoma . prognosis for her is based on which one**

 **of the following factors:**

1. melanoma subtype
2. vertical depth of invasion
3. age at diagnosis
4. area of involvement
5. diameter of lesion

**72) men with an undescnded testicle are not known to have an increased risk of**

 **which one of the following conditions :**

1. low sperm count
2. poor quality sperm
3. low fertility rates
4. testicular cancer
5. exercise dysfunction

**73) current evidence argues against the use of which one of the following dietary**

 **supplements for the prevention of coronary artery disease or stroke**

1. vit. E
2. folate
3. Vit c
4. Beta carotene
5. Vit B12

**74) which one of the following is the most likely diagnosis in a 34-year-old**

 **normotensive man found to have 160 mg of protein in a 24-hour urine specimen,**

 **a creatine level of 0.8 mg/dl**

1. transient protenuria
2. infectious glomerulonephritis
3. orthostatic protenuria
4. isolated protenuria
5. interstial nephritis

**75) the proper management for infant whose testicles are absent , the urethra**

 **opening in the perineum would be :**

1. reconstructive surgery of urethra
2. genetic study for sex identification
3. leave him until adolescence
4. give him testosterone
5. give him gonadotropin

**2- Which one of the following is caused by chronic tobacco smoking**

a. Decreased bronchial mucus production

b. Increased ciliary activity

c. Increased anti-protease activity

 d. Hyperplasia of respiratory epithelium

**3- Which one of the following variables best predicts victimization in case of domestic abuse?**

a. Education background

b. Psychological problems

c. Race

d. Gender

e. Socioeconomic status

4**- Which one of the following is true regarding cocaine withdrawal**

a. It is potentially life-theatening and requires aggressive management

b. Dysphoria with depression is usually present

c. Phenothiazines may reduce cocaine craving

d. Sleep patterns are usually not disrupted

,.

14**. Which of the following conditions is considered.a cause of difficult**

**doctor patient relationship?**

A. Technical problems such as communication batriers or conversational

styles -

B. Specific patient personality style

C. Physician expectations that are fulfilled by the relationship

D. Issues that physicians find uncomfortable to discuss

**15. Appropriate management goals while dealing with difficult patients include**:

A. Optimize medical care throug1t extensive use of diagnostic tests

B. Recognize that the relationship would be satisfying with time

C. Focus on the less satisfying aspect of the patients behavior or personality

D. Maintain continuity of care to the greatest extent possible'

28**. Which one of the following statements about the health consequences of smoking is Incorrect**

A. Smoking is the most important modifiable cause of death in USA

B. Smoking accounts for one out of eveI)' six deaths in the USA

C. Lung cancer has replaced breast cancer as the chief cause of death in women

D. Smoking is more common among persons of high socioeconomic status

E. Over three-fourth of smokers begin smoking as teenagers

**29. Studies have shown that the most effective smoking cessation technique is:**

A. Behavioral therapy' .

B. A combination of strategies

C. Nicotine gam

D. Physician counseling

E. Hypnosis

**9. As medical director of a large company, you are asked to develop**

**recommendations -for periodic employee health examinations. About 20% of these employees (males, age 40 to 60, smoking one or more packs of cigarettes daily) can be considered at increased risk for lung cancer.**

**Which of the following strategies for the early detection of lung cancer in**

**asymptomatic individuals would you recommend?**

A. Annual chest roentogram for all employees

B. Annual chest roentogram and sputum cytology for all employees

C. Annual chest roentogram and sputum cytology for all employees leveI)' 4 months for high risk employees

D. Chest roentogram and sputum cytology eveI)' 4 month for high risk employees

E. No strategy has been shown to be effective

**10. Which of the following statements concerning "Reassurance" is CORRECT:**

A. It is a form of supportive counseling

B. It is a complementaIy treatment for acute conditions

C. Sometimes it should be irrealistic

D. It is only useful in minor medical conditions

**11- While taking care of an individual at home, the physician should**:

A. Expect that the people who are present at home are there because they want to be of assistance.

B. . Evaluate the needs of all concerned with the complaints or status of the patient and decide accordingly

C. Should not spend time on assessing the prevailing social support S)'stem . since this is usually not pertinent

D. Set priorities in favor of addressing the needs of the patient only and try to avoid a4.dressing. the needs of 9thers

**12. "House Calls" are considered as a available option in Family Care because:**

A. It is easier to .take care of the patient at home than in office.

B. It is financially beneficial to examine a patient at home rather than in the office

C. Family members at home are very helpful and always facilitate the process of care

D. It provides the physician with helpful information about family

dynamics and other social and environmental factors

**13. All of the following statements about school health education are true**

**EXCEPT:**

A. People do not yet appreciate the importance of health

B. Schools administrators are not yet convinced by the role of Health Education

C. Most teachers like to teach health

D. Health has not appeared adequately in curriculwn

**14. Randomization is a procedure used for assignment of allocation of subjects to treatment and control groups in experimental studies. Randomization ensures**:

A. That assignment occurs by chance

B. That treatment and control groups are alike in all aspects except

treatment

C. That bias in observation is eliminated

D. None of the above

**15. Ethical medical conduct of a case should be influenced least py:**

A. Doctor's religious beliefs

B. Patient preferences. ..

C. Quality of patient's life

D. Society financial interest .-

E. Principle of autonomy

Extra 6

Ejana bl-mini 10 pics:
x-ray la pneumothorax
9ortain la HSV - Oral w genital
m6a3eem jdwal w n3bi
prayer sign in D.M pt
type of Lower back pain
define deformty in rheumatic hand ? bt3rafi ulner deviation ... ect
hadol eli mtzkrithm
el osci ,
1. lbp hx plus investigation
2. hyperlipedemia mangement hx
3. chest examination

أسئلة الMINIOSCI مو متزكرتها كلها , كانوا كأنو 8
(by the way... mini osce exam was'nt that easy)
1- Blood film>>>>whats the condition? what tests u wanna order?
i don't remember it exactly
2- picture of baby making bye>>>what's the age?( the answer is 9 months not 10 as in pediatrics)
3- case about sore throat
4- OCPs>>>>whats's the drugs may interacts with it?
5-pic >>>what's the condition? ( acanthosis nigricans)
6- ؤشسث about sorethroat also>>i dont remember it

OSCE(3 stations):
1- history from pt with headache and blurred vision>>>>yo ask about BP then discover it's case of HTN>>>you complete the history and do counselling

2-case of OCP>>>counselling

3- abdominal exam. for a pt with DM

mini osce :
kano 7 station eli mtzakreto
1. baby kan m3 emmo Hep.b shu lazem ya5od vacc.
2. advan. la IM contraception (bepa ....)
3. pt with HTN w family hx wth CVD shu lazem t3melelo w shu drug of choice 3shan his renal >>> ACEi
4. shu investigations bntlobha la mareed m3o dyslipidemia
bs hadool elli mtzakret'hom

ya ahlan,, e7na eja bl osce
1. examination la pt m3o HTN
2. history la pt with S&S of anemia w 3ndha fmily hx la thalasmia
3. vaccination w indication la H-inf vacc. w b3den sa2ltna 3an counslling la smoking

mmmmmmmm 9ra7a ana msh mtzkr kol she , l2no 27na 2mt7na f ramadan zammmmmmmmmmmmmman , bs btzkr kan f mini osc 10 pics bs msh mtzkrthwm sho kanw w kan f 3 stations osce , awal wa7ed kan doc .meson w kan bdha respiratory examination ( macloid ) , the 2nd one kant doc. mai , w kan 2l case 3n ocp , the 3rd case kant dr al nmri , w kanat how 2 take a history mn a pt who has migraine , had 2le btzkrw

[**Abeer Hbarneh**](http://www.facebook.com/profile.php?id=100002312914242)

* amma e7na eja bl osce
1. examination la pt m3o HTN
2. history la pt with S&S of anemia w 3ndha fmily hx la thalasmia
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mini osce :
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2. advan. la IM contraception (bepa ....)
3. pt with HTN w family hx wth CVD shu lazem t3melelo (keep BP controlled) w shu drug of choice 3shan his renal >>> ACEi
4. shu investigations bntlobha la mareed m3o dyslipidemia
bs hadool elli mtzakret'hom
* Extra 7

1- whats the most common cause of obesity wordwide ?

carbohydrate overeating .

2- mention 2 drugs safe in pregnancy for hypertention .

 3- give 3 examples for killed vaccine and 3 for live attenuated vaacine .

4- how to difrentiate between epigotitis and croup .

how to diffrentiate between viral tonsalittis and bacterial tonsalitis .

4- mention all grades for body mass index .

5 - whats the critera for metabolic syndrom .

6 - whtas the critera for irritable bowel syndreom .

7- whats the treatment for obesity .

8-defiene DM with giving number ( ذكر القيم وتعريف كامل ).

9- whats the treatment of osteoporosis .

10- define dyslipidemia with mentioing the values for all lipoprotiens  .

11- whats the most common cause of lowback pain  .

12- whats the most common cause of upper RT INFECTION in adult and chidren .(enteroviruses )

 13- whats the red flages for low back pain ?

14 - whats the red flages for headache

15 mention the grades of hypertention in numbers .

16 - whats the compication oF dm .

17 - WHATS the diffrence between panel 111 classification and NCEP IN METABOLIC SYNDROM ?

كأنه في وحدة منهم فيها panel=MICROALBUMINUREA والتانية لأ

18-insulin classification (onset of action)

* + MINI OSCI IMAGES
	-xanthalesma
	-x ray of lung cancer mets
	-age of baby when start head elevation 4 months
	-HX OF PT 13 YR suffer of fatigue headache palpitation and suspected IDA what is the posible causes
	-diabetic ulcer
	-completion of vaccination table
	-cervical image of gonnorheal infection
	osci
	HTN counceling
	back examination
	dyspepsia hx u shold differentiate if it CA if older age and PUD IF YOUNG

 OSCE counselling 2 stations wa7deh asthma and how 2 kno severity by history thn hw 2 change drugs and doses,ejana kaman migraine ,and lower back pain examination(was long )all nuero nd inspection,palpation,even percussion...i will send u other mini osce groups..
about our mini osce :
1.picture with hyphi(microscope) and wat u will screen the lady for in the infection was genital reccurent?
candida ,screen for DM
2.kid waving bye.at wat age? 4 yrs
3.4 contraindication for OCP?
4.the severist head ache ever? subarachnoid hage
5.when we do colon screening 4 lady if mother has colon CA at 50yrs?
we start the daughter screening 10 yrs earlier from frm her mother ya3ni 40
6.if pt HTN,wat other 2 screen him ?3 tests? lipid prof,blodd sugar....etc
7.kid with conjenctivitis and red cheeks pic?KAWASAKI
8.what are the vaccination at 9 months/1yr(mu metzakreh age exactly bs eshi zai hek) in jordan?
best wishes dear..tc

* + 1-history of dyspepsia (rakzi 3l profile )
	2-consultation of low back pain (rakzi 3la enu leesh msh cance , lesh msh disc w hak)
	3-chest examination (hay ma beeji 3'erha l2eno kol el groupat ejathom )
	el mini osce kan 7awli 10 pics ...
	1-cellulitis
	2-drugs for asthma (mention 3 controller)
	3-copper iud .,.. w emta b3d el wladeh
	4-sore throate (leukoplakia)
	5-smoking side effects .. kan 3lee sorteen
	 :) gd luck

w kan fi minnie OSCE...Jaboolna
vaccination (enno child 3mro 6 yrs sho el vaccines elli ma5edhom)
w 9ooret acanthosis Nigricans..enno name it...
w 9ooret xanthelasma....name it w 3nd meen mawjoodeh
w pt 3ndo Gynecomastia....what is ur DDx....

betawfee2 :)

* + hey dollface , l2 walaw ana la2ee :) m wallahi sh mtzkre 2l mini osce bs btzkr kanw 10 stations , bs sho kano blzb6 msh mtzkre walla :( blnbe ll osce kan 3 stations , 1- respiratory examination ,2- managment with ocp ,3- history of a migrain patient ,,,,,,,,,,,,,,,had 2l mtzkrtw sugar , w good luck n ur exam , 6mnene b3d 2l exam :\*
	+ our family exam was before 2 months ago so I wish I can remember every thing ...
	mini OSCE
	1. photo ... prayer sign ( of R.A ,, or D.M)
	2. vaccination schedule .. complete ..
	3. herpes semplix 2 photos ,, oral and genital ulcers
	o kaman ,,, what is the red flags of the low back pain ,,
	kan bedha t8seemet l ktab

	l OSCE
	1. hx of low back pain ,, aham shii tes2alii ma tensee tes2alii 3an l menstrual Hx ,, O kaman eza 6alabat minnik t9awreeha e7kii l2 ,, saving money policy ,,, aw eza kteeer e7kii X ray ,, no MRI or CT

	2. CHEST EXAM

	3. consultation of hyperlipidemia

	good luck

extra 8

1- Bp aimed n DM pt.......

2-epiglotitis mangment?

3-diff. btw. tension ,cluster, magrian?

4-what you should give to infant born to hepatitis B. mom? hep.B S Ag & Ig k2no

* + 5-drug used n htn tt wich z safe n pregnancy??( Drugs of choice are: Methyldopa, BBs, and vasodilators
	+ ACEI and ARBs should not be used during pregnancy because of the potential for fetal defects and should be avoided in women who are likely to become pregnant.
	+ Risk of preeklampsia.)

6-mention 5 groups of ppl have to take influnza vaccine??

1. the elderly :those aged 65 or above .
2. patients with chronic lung diseases :asthma, COPD.
3. patients with chronic heart diseases (congenital heart disease, chronic heart failure, ischemic heart disease) .
4. patients with chronic liver diseases including liver cirrhosis .
5. immunosuppressed (those with HIV or who are receiving drugs to suppress the immune system such as chemotherapy and long-term steroids) and their household contacts .
6. all people who are institutionalized in an environment where influenza can spread rapidly, such as in prisons or nursing homes .
7. healthcare workers (both to prevent sickness and to prevent spread to patients.
8. pregnant women .

7-most common S.E of statin?? myopathy

bltawfee8

low back pain
chest examination
epigastric pain

two pic. kano 9wr a6fal w7ded 3omrhom , sore throat , oral contraceptive , jadwal el vaccination
elosce
history from sore throt fe jadwal mohem 3leh zay score

history from DM w HTN

wel contraceptive counciling
enno tshr7 lel pat. ko el advantage wel disadvantage lel kol contaraceptive

extra 7

**1-HbA1C Targets in Diabetes**

**a. ≤42mmol/mol (6%)**

**b. ≤48mmol/mol (6.5%)**

**c. ≤58mmol/mol (7.5%)**

**d. ≤64mmol/mol (8%)**

2. Risk factors for type 1 diabetes include all of the following except:

a. Diet
b. Genetic
c. Autoimmune
d. Environmental

3. Risk factors for type 2 diabetes include all of the following except:

a. Advanced age
b. Obesity
c. Smoking
d. Physical inactivity

4-Untreated diabetes may result in all of the following except:

a. Blindness
b. Cardiovascular disease
c. Kidney disease
d. Tinnitus

5- Prediabetes is associated with all of the following except:

a. Increased risk of developing type 2 diabetes
b. Impaired glucose tolerance
c. Increased risk of heart disease and stroke
d. Increased risk of developing type 1 diabetes

6- Diabetics are at increased risk of heart disease if they also:

a. Smoke
b. Have high HDL cholesterol levels
c. Take aspirin
d. Consume a high-fiber diet

7- Which of the following measures does not help to prevent diabetes complications?

a. Controlling blood glucose
b. Controlling blood pressure and blood lipids
c. Eliminating all carbohydrates from the diet
d. Prompt detection of diabetic eye and kidney disease

8-Which of the following diabetes drugs acts by decreasing the amount of glucose produced by the liver?

a. Sulfonylureas
b. Meglitinides
c.Biguanides
d. Alpha-glucosidase inhibitors

9-Which of the following is not essential to assess the risk of an overweight/obese subject for developing type 2 diabetes?

**A**Body mass index

B Waist circumference

**C**Family history of diabetes

**D**Birth weight

10-Type 2 diabetes accounts for approximately what percentage of all cases of diabetes in adults?

a. 55%-60%
b. 35%-40%
c. 90-95%
d. 25-30%

extra 8

.most common cause of UGLB .? Peptic ulcer

2.most common presentation of cholelithiasis .>> biliary colic

3.drug of choice for HTN in diapeticpt .>> ACE inhibitor (end with -pril)

4.sth dosn't cause hypoglycemia .>> acromegaly

5.most common cause of hypothyroidism .>> primary hypothyroidism

6.vaccine given for HIV pt .>> inactivated polio

7.most common presentation of PE .>> dyspnea

8. Migraine and NSAIDs ( the least ulcerogenic ) .>> e7na ejana the most ulcerogenic

Aspirin / acetamenophen / naproxen / ...??

9.the initial pain killer for osteoarthritis >>acetamenophen

10.somatization one is true >> patient over exaggerate symptoms

11.normal retic count>> 1.5 (less than 2%)

12.test done in all true hemoptesis !>> chest x ray/ ABG / PPD / ??

Probably chest x ray (not sure)

13.a drug dosen't cause pinicillin allergy >> drug end with -mycin

14. Antibiotic after abcsess drainage should be given to all except !>>i think non of the above

15.sth dosn't affect the doctor job >> headache

16.sth dosn't need an emergent ct.

17.most common cause of large bowel obs>> malignancy

18.Most common fracture in osteoporosis >> vertebra

19.Red flag to do CT for patient with migraine

20.Drug treating Giardia>> metronidazole

21.Ambulatory blood pr measurement done in all except >>eshife routinely ( not sure)

22. Death caused by influenza >> encephalitis

23. Mi on v1 . V2 . V3 called ??Anterioseptal

24. Differance between cholecystitis and cholangitis >> jaundice

25-Most virus transmitted in transfusions reaction ?

>> hepatitis B / hepatitis A / HIV ??

26-Most common cause of meningitis ?

Viral , bacterial

-----

\_ prolifarative diabetic retinopathy include the following except .... iris

\_ vaccine that we can give it to pregnant .. Pertussis

\_ most important thing in dr patient relationship ... Communication skills

\_ not feature of digitalis toxicity .. Hyperglycemia

\_ disease that commonly cause cyanosis ..patent ductus arteriosus

\_ not affect iron absorbtion ... Irregular meals

\_ ethicaly the only case in which you don't do CPR... Valid don't resusticate order

\_ drug does not used in migraine ... Lithium

\_ not risk factor for testicular ca ... Vasectomy

\_ not public health responsibility ... Sanitation / sterilisation

\_ LDL less than 100 recommended in the following cases except .... Nephrotic syndrom

\_ s/s of anaphylaxis except .. Lymphedema / vomiting

\_ sudden onset midabdominal pain in 65 y obese . his of atrial fib .... Mesentric ischemia

\_ incubatiobperiid of hib A ... 15 - 40 days

\_ not risk factor for DVT/PE ... COPD

\_ not part of primary survey

... Abd. examination

\_ first most imp. step in diagnosis and management .... History and physical examination

Ai wa7deh ma bteji m3ha tachycardia ?

C.hypothyroidism

في كمان سؤال عنhemorrhoid..وفي سؤال تبع الblood pr180والpatient.spring her ankle so should repeat blood prmeasurment

وسؤالretropertonial bleeding not caused by platlatedeficiency

Defferentiating between pt. with cholangitis and pt. with simple cholecystitis , most helpfuk finding ? fever , hyoerlipedimea , jaundice , murphys's sign , abdominal pain

\_ most important thing in dr patient relationship ... Communication skills

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\_ LDL less than 100 recommended in the following cases except .... Nephrotic syndrom

\_ drug does not used in migraine ... Lithium

19. All of the following are characteristic features of drug dependence, EXCEPT:

a. anxiety and nervous behavior

b. excessive smoking

c. weight gain

d. poor personal hygiene

e. Live a stressful lifestyle, economic or emotional

incubation period of hep A?

one of the following is not associated to hypothermia : obesity < alcohol<dm< smoking

most important in diagnosis a diseas : history and physical examination

extra 9

Defferentiating between pt. with cholangitis and pt. with simple cholecystitis , most helpfuk finding ? fever , hyoerlipedimea , jaundice , murphys's sign , abdominal pain

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most important in diagnosis a diseas : history and physical examination

extra 10

1. Which of the following can precipitate a hemolytic crisis in G6PD deficiency except ?

 A) Sulfa antibiotics.

 B) Fava beans.

 C) Nitrofurantoin.

D) Some antimalarial drugs.

E) paracetamol

2. Which of the following may be a manifestation of

sickle-cell disease?

A) Joint and bone pain.

B) Acute abdominal pain.

C) Acute sequestration syndrome.

D) Aplastic crisis.

E) All of the above.

3. Which of the following drugs is the BEST choice as

the initial agent for the treatment of hypertension

in a patient with diabetes and known

microalbuminuria?

A) Lisinopril.

B) Metoprolol.

C) Doxazosin.

D) Verapamil.

E) Amlodipine.

1. Which of the following approaches is the BEST

way to screen for diabetic kidney disease?

A) Obtain a 24-hour urine collection for albumin now

and again in 3 years.

B) Obtain a spot urine microalbumin every year.

C) Obtain a spot urine microalbumin/creatinine ratio

every year.

D) Obtain a urinalysis every year.

E) Obtain a serum creatinine every year.

1. Which of the following can lead to a failure of

iron therapy for iron deficiency anemia?

A) Proton pump inhibitors.

B) Incorrect diagnosis.

C) Oral antacids (eg, calcium carbonate).

D) Atrophic gastritis, celiac disease, or H. pylori infection.

E) All of the above.

1. Influenza is associated with which of the following

complications?

A) Bacterial pneumonia.

B) Rhabdomyolysis.

C) Myocarditis.

D) Viral pneumonia.

E) All of the above

1. Concerning headache , all of the followings are true except :
2. Painful intracranial and extracranial structures are sources of pain .
3. Detailed history and good clinical exam can save unnessasry investigation .
4. Reffered pain are common .
5. Trigger factors in migrain are essential to be explored for preventing further attacks .
6. Give analgesics without proper diagnosis .
7. .All of the following are risk factors for developing DVT and PE, EXCEPT:

A) Hyperlipidemia

B) Obesity

C) Heart failure

D) COPD

E) Pregnancy

1. The common causes of diabetic ketoacidosis include all of the following EXCEPT:

A) Missed insulin.

B) Infection.

C) Myocardial infarction.

D) Dietary indiscretion.

E) Metabolic stress.

10. Possible causes of a fever of unknown origin include all of the following,

EXCEPT:

A) pyelonephritis

B) subacute bacterial endocarditis

C) Salmonella enteritis

D) hypothyroidism

E) thyroiditis

11. The most common cause of obesity in childhood is:

A) adrenal cortex hyperfunction

B) hypothyroidism

C) corticosteroid therapy

D) overeating, the lack of physical activity

E) hyperthyroidism

12. Which of the following is not a sensorineuronal cause of hearing loss?

1. acoustic neuroma
2. neurotoxicity secondary to aminoglycoside use
3. ischemia
4. perforated tympanic membrane
5. viral infection

13. All the following drugs may abort an attack of migraine EXCEPT:

A. pethidine

B. chlorpromazine

C. ergotamine

D. nifidepine

E. naproxen

14. Which one of the following drugs do not cross the placenta:-

A. Phenytoin.

B. Heparin.

C. Diazepam.

D. Salicylates.

E. Promethazine.

15. Which of the following is the most common site

 for a fracture associated with osteoporosis ?

 a-femur

 b-hip

 c-radius

 d-vertebrae

 e-wrist

16. Anxiety is a common symptom of all the following conditions, **EXCEPT:**

A) hypoglycemia

B) hypothyroidism

C) pheochromocytoma

D) porphyria

E) hypocalcemia

17. The therapy of anaphylaxic shock includes all of the following steps,

EXCEPT:

A) epinephrine (Tonogen), sc. or iv.

B) corticosteroid iv.

C) aminophylline

D) beta-blockers

E) oxygen

18. Which of the following is a rare symptom of acute appendicitis ?

A. Epigastric pain radiating to the right lower quadrant

B. Nausea, vomiting and moderate fever

C. Diarrhea

D. Leukocytosis (the white blood cell count is approximately 14,000G.1)

E. Tenderness at McBurney's point

19. All of the following are characteristic features of drug dependence, EXCEPT:

1. anxiety and nervous behavior
2. excessive smoking
3. weight gain
4. poor personal hygiene

 e. Live a stressful lifestyle, economic or emotional

2 0. The following are live vaccines & should be always avoided in pregnancy **Except**:

1. Small pox
2. Rubella
3. Polio mylites
4. 7Pertussis
5. Yellow fever

21. diabetes melletes is associated with all of the following except

1. primary aldosteronism
2. acromegally
3. glucagonema
4. cyctic fibrosis
5. acanthosis nigricans

22. All of the following are potential causes of this

patient’s hyperkalemia EXCEPT:

A) Metabolic acidosis.

B) ACE inhibitors.

C) Angiotensin receptor blockers.

D) Renal failure.

E) Furosemide.

23. Which of the following is associated with a

DECREASED risk of depression?

A) Unemployment.

B) Poverty.

C) Being unmarried.

D) Family history.

E) Black race.

24. Refferal letters should include all of the following criteria except ?

a. personal data

b. Primary provisional diagnosis

c. positive clinical findings

d . Reason for referral

e. consent approval

25. Which of the following is the most common cause of airway obstruction?

* + - * 1. Foreign body
				2. Trauma
				3. Edema
				4. Bleeding
				5. The tongue

26. Primary hepatocellular carcinoma may develop in:

1. hepatitis A
2. hepatitis E
3. hepatitis D
4. hepatitis non B non C
5. hepatitis B

27. All of the following are risk factors for hypertension, EXCEPT:

1. a high bodyweight
2. diabetes
3. an excessive intake of sodium
4. the regular use of alcohol
5. smoking

28. The most leading disease causing disability is:

1. psychiatric conditions
2. malignancies
3. musculoskeletal diseases
4. cardiovascular diseases
5. obesity

29. The most common cause of coma in a patient with diabetes is:

1. alcohol intoxication.
2. diabetic ketoacidosis.
3. hypoglycemia.
4. sepsis.
5. stroke.

30. During treatment of diabetic ketoacidosis, the most potentially life-threatening electrolyte abnormality is:

1. hypercalcemia.
2. hyperkalemia.
3. hypokalemia.
4. hypernatremia.
5. hyponatremia.

**Group 2 A – Family Medicine MCQs**

**Abdominal Pain :**

1) Poorly localized abdominal pain which is often inadequately explained by a diagnosis is called:

 A) Acute Abdomen

 **B) Non Specific Abdominal pain \*\*\*\*\*\***

 C) Biliary Colic

 D) Referred Pain

2) All of the following is TRUE, EXCEPT:

 A) Somatic pain is often sharp and well localized

 B) Visceral peritoneum contains C fibers

 **C) Chronic abdominal pain persists for at least 6 months with a definite diagnosis \*\*\***

 D) Visceral pain is often referred to midline

3) Sickle Cell crisis results in:

 **A) RUQ pain \*\*\*\*\*\*\***

 B) LUQ pain

 C) RLQ pain

 D) Diffuse pain

………………………………………………………………………

Saja

1- Choose the laboratory result that is not characteristic for iron deficiency anemia:

 A. decreased transferrin saturation

 B. decreased serum iron level

 C. decreased serum ferritin level

D. decreased MCHC in red blood cells

 E. decreased total iron-binding capacity xxxx

2-  A 40-year-old female says she feels tired all the time. On exam, you note that she is tachycardic and pale.
You order a CBC, which shows the following:
 Hgb 10 g/dL (12-16), MCV 75 (80-100).
Her reticulocyte count is not increased. Which of the following is most likely?

 A- She has iron-deficiency anemia xxxx

B- She has megaloblastic anemia, probably due to folate deficiency

C- She has megaloblastic anemia, probably due to B12 deficiency

 D-She has a hemolytic anemia

3- Most common symptom of anemia is:

 A-palpation

 B-dizziness

 C-fatigue xxx

D-pallor

GROUP 2B MCQ's

**Anemia seminar**

1- Vitamin B12 and folic acid have the similar side effects, but what separates one from the other?!
a-Glossitis
b- no neurological symptoms in folic acid \*\*\*
c-muscle wasting
d-dizziness

2-what is the major metabollically available storage form of iron in the body?
a-ferritin \*\*\*
b-transferrin
c-hemosiderin
d-hemoglobin

3- what is the life span of RBC
a-80
b-100
c-120 \*\*\*
d-200

4**- Iron toxicity antidote :
a-Fomepizole
b-Thiamine
c-Dimercaprol
d-Deferoxamine \*\*\***

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**DKA seminar**

1-which of the following causes of DKA is the most common :
A- missed insulin administration
B- previously unknown diabetes
C- underlying concomitant infection \*\*\*
D- stress

2-the most common early symptom of DKA :
A- weakness
B- rapid, deep breathing
C- tachycardia
D- polyuria \*\*\*

3-the pathogenesis of hyperglycemia in DKA include :
A- increased glycogenolysis in liver
B- increased gluconeogenesis in liver
C- decreased glucose uptake from the muscles
D- all of the above \*\*\*

4-which of the following is not considered a routine test in the investigation of DKA :
A- blood glucose
B- serum electrolytes
C- prothrombin time \*\*\*
D- arterial blood gas

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**DM seminar**

1 . Most common pathological features in diabetes mellitus is:

A Papillary necrosis
B Diffuse glomerulosclerosing \*\*\*
C Renal atherosclerosis
D Chronic pyelonephritis

2 . The following are more in favor of type I diabetes mellitus than type II, except:

A.Association with ketoacidosis
B.Association with HLA-DR3 or HLA-DR4
C.Strong family history of diabetes \*\*\*
D.Present of islet cell antibodies
E.Abrupt onset of signs and symptoms

**3 . A 40 year old patient of Type 2 Diabetes is insisting to be managed with monotherapy without having a pronounced risk of hypoglycemia. There he may be given**

**A) Glipizide
b) Glyburide
C) Repaglinide
D) Pioglitazone \*\*\*
E) Tolbutamide**

4. most common threatening organism associated with diabetes mellitus is
A. candida albicans
B. haemophilus influenzae
C. pneumocystis carinii
D. staphylococcus aureus
E. Pseudomonas aeruginosa \*\*\*

5. Concerning diabetes mellitus in children all of the following are true, except:
A. Polydipsia
B. Polyphagia
C. Ketoacidosis
D. Does not always require injectable insulin \*\*\*
E. Usually is rapid in onset, often presenting as diabetic coma

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**Abdominal pain seminar:**

1-Most common cause of abdominal pain is:
a.unknown etiology \*\*\*
b.uti
c.gastritis
d.dyspepsia

2-Most common cause of abdominal pain leading to surgery is :
1.acute cholycystitis
2 pancreatitis
3 appendicitis \*\*\*
4 urolethiasis

3-Most common cause of small bowel obstruction is :
1. Hernia
2 malignancy
3 adhesion \*\*\*
4 volvulus

4-All of the following are causes of acute pancreatitis except
1 .biliary calculi
2. Trauma
3 alcohol
4 hereditary pancreatitis \*\*\*
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**Hyperkalemia seminar:**

Q1: Factors that shift the potassium out or in of the cells , include the following :
A.blood glucose concentration
B.blood volume
C.acid base status.
D.serum sodium concentration
E. All of the above . \*\*\*

Q2: Which of the following is not a cause of hyperkalemia :
A. Acute renal failure
B. Trauma
C. Metabolic acidosis
D. Respiratory alkalosis \*\*\*
E. Intake of bananas

Q3: The possible ECG changes in hyperkalemia include all the following except :
A. Tall tented T wave
B. Flattened p wave
C. Cardiac arrest rhythm \*\*\*
D. Prolonged QRS intervals
E. All the following

Q4 : A patient is hyperventilating due to emotional distress. You would expect the potassium level in the patient’s blood to:
A. increase
B. decrease \*\*\*
C. remain unaffected
D. decrease the respiratory rate

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**Headache seminar :**

1-All of the following regarding migraine is true except :
a- throbbing or pulsatile in nature
b-the pain is moderately sever
c-relieved by physical activity \*\*\*
d-mostly unilateral and localized pain

2-regarding migraine one is false :
a- headache builds up over a period of 1-2 hours
b-headache last 30 min and suddenly relive \*\*\*
c- sensitive to light and sound
d mostly associated with nausea, vomiting or photophobia

3-regarding cluster headache one is false :
a- the patient experience attack of sever or very severe pain
b-the pain is strictly unilateral pain (orbital,supraorbital or tempolar)
c-the attacks is usually associated with conjunctival injection , lacrimation or nasal congestion
d-chronic cluster headache lasting 7 days in each attack and associated with cluster free interval between attacks \*\*\*

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**Chest pain seminar**

1-A 58-year-old man presents to his physician for follow-up of **his hypertension and hyperlipidemia**. He also reports **chest pain and feeling short of breath** after climbing two flights of stairs or walking three to four blocks. The symptoms resolve after several minutes of rest. Which of the following **drugs is contraindicated as a first-line agent** in the treatment of this patient’s new condition?
A. Labetalol
B. Nitroglycerin
C. Enalapril
D. Nifedipine \*\*\*
E. Aspirin

2-A 45-year-old man complains of vague chest discomfort associated with **dyspnea**. This **pain increases with exertion**. He is also a “nervous” person and is prone to **anxiety**. An abnormality of which of the following is **most specific for chest pain of cardiac** etiology?
A. Chest radiograph
B. Serum lipid panel
C. 12 lead ECG \*\*\*
D. Pulse oximetry

3-Which of the following **ECG changes makes the determination of acute MI** the most difficult?
A. Q wave
B. ST-segment elevation
C. Left bundle branch block \*\*\*
D. First-degree atrioventricular block
E. T-wave inversion

4-A 64-year-old woman with a **history of hypertension and angina pectoris** presents with **chest pain for the last 3 hours**. She describes the **pain as “sharp**,” it is worse when she inhales deeply, and it is not relieved by sublingual nitroglycerin. Her ECG shows **ST elevation** in most leads. Which of the following is the most likely diagnosis in this patient?
A. Unstable angina pectoris
B. Myocardial infarction
C. Aortic dissection
D. Congestive heart failure
E. Pericarditis \*\*\*

5-which of the following leads to (**asymmetrical pulses**);
a)MI
b)Angina
c)heart failure
d)aortic dissection \*\*\*

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**HTN seminar**

1 – In a 55 years **old black African patients** , your **antihypertensive of choice** would be :
A – frusemide
B- ACE inhibitor
C – ARB
D-calcium channel blocker and thiazide \*\*\*

2- if you decided to give a **hypertensive patient** a combination therapy , what is the most common combination that you may use :
A – ACE inhibitor and ARB
B - B-blocker and loop diuretic
C- ACE inhibitor and calcium channel blocker \*\*\*
D- ARB and ACE inhibitor with mild diuretic

3- 57 years old patient that is a **known case of hypertension** is coming to you at the emergency room with **headache , nausea , vomiting and seizure** , on examination he is having an **altered mental status and** **papilledema** , your most probable diagnosis :
A – meningitis
B – hypertensive encephalopathy \*\*\*
C – hepatic encephalopathy
D – eclampsia

4- **Elevated BP in clinic with normal out-of-office** readings is referred to as :
A-White-coat hyperstension \*\*\*
B-Masked hypertension
C-Essential hypertension
D-Essential hypertension

5-All of the following considered of the **major causes of secondary Hypertension EXCEPT :**
A-Renal Artery Stenosis
B-Pheochromocytoma
C-Hyperaldosteronism
D-Pulmonary embolism \*\*\*

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**Thyroid seminar :**

1- A male nursing assistant presents with **weakness and tremor**. Examination shows no ophthalmopathy or pretibial myxedema. **No thyroid tissue is palpable**. **T4 is elevated; radioactive iodine uptake is reduced.**

a. Subacute thyroiditis
b. Graves disease
c. Factitious hyperthyroidism \*\*\*
d. Struma ovarii
e. Multinodular goiter

2. A 20-year-old woman presents after **recent upper respiratory infection**. She complains of **neck pain and heat intolerance**. The thyroid is tender. Esr is elevated; free thyroxine value is modestly elevated.

a. Subacute thyroiditis \*\*\*
b. Graves disease
c. Factitious hyperthyroidism
d. Struma ovarii
e. Multinodular goiter

3- A 45-year-old **G2P2 woman** presents for annual examination. She reports regular menstrual cycles lasting 3 to 5 days. She exercises five times per week and reports no difficulty sleeping. Her weight is stable at 140 lb and she is 5 ft 8 in tall. Physical examination is unremarkable. Lab studies are normal with the **exception of a T SH value of 6.6 mU/L (normal 0.4-4.0 mU/L**). **Free T4 is normal**. Which of the following represents the best option for management of **this patient’s elevated TSH**?

a. Repeat T SH in 3 months and reassess for signs of hypothyroidism. \*\*\*
b. Begin low-dose levothyroxine (25-50 μg/d).
c. Recommend dietary iodide supplementation.
d. Order thyroid uptake scan.
e. Measure thyroid peroxidase antibodies (TPO Ab).

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**Breaking bad news seminar:**

1-One of the below in **not a method to deliver bad news** to the patient:
a. SPIKES approach
b. ABCDE approach
c. SAAIQ emergency approach
d. SAD NEWS approach
e. GGMU approach \*\*\*

2-One of the below is **not a component of SPIKES approach**:
a. Setting up in privacy
b. perceptions of the patient
c. invitation to break news
d. empathy
e. tell before ask \*\*\*

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**Hyperlipidemia seminar**

1-A **48-year-old man** with **mild asthma** presents to your office for a **regular checkup**. He feels well, and **needs albuterol every 6 to 8 weeks**. His blood pressure is 126/85 mmHg and his heart rate is 93 beats/min. Physical examination is normal. **His repeat lipid profile reveals a total cholesterol of 150 mg/dL,** **low-density lipoprotein of 102** mg/dL, high-density lipoprotein (**HDL) of 26 mg**/dL, and **triglycerides (TG) of 110** mg/dL. His calculated 10-year risk for a first atherosclerotic cardiovascular disease (ASCVD) event is 3.7%. What would you recommend next?

A. Start omega 3 fish oil 4g daily
B. Start pravastatin 40mg daily
C . Start nicotinic acid 500mg daily
D. Encourage aerobic exercise \*\*\*

2-A **35-year-old man** comes to your office for a physical before **running a maratho**n. He feels well. His blood pressure is 114/72 mmHg, with a heart rate of 65 beats/min. On physical examination, you note soft, off-**white plaques near both of his eyelids**. In addition, he has **firm nodules on his Achilles and patellar tendons**. Routine labs are notable for a **total cholesterol level of 350 mg/dL,** high-density lipoprotein (**HDL) of 55** mg/dL, low-density lipoprotein (**LDL) of 244** mg/dL, and triglycerides (**TG) of 255** mg/dL. What is his most likely diagnosis?
A.Familial lipoprotein lipase deficiency
B. Familial hypercholesterolemia \*\*\*
C. Familiar dysbetalipoproteinemia
D . Tangler disease

3-**A 55 year old woman** comes to the physician for a preventive visit . She has no present complaint. She **experienced a myocardial infarction 2 years ago** . Her current medications **are metoprolol and aspirin**. The patient doesn't smoke or cinsume alcohol. Her blood pressure is 125/80 mm Hg and heart rate is 65/min .
Her physical examination is insignificant. Her fasting blood glucose level is 100mg/dl. Lab results are as follows :
Total cholesterol :240 mg/dl
HDL : 40 mg/dl
LDL :140 mg /dl
Triglycerides : 400mg /dl
Which of the following is the most appropriate next step in management of this patient's dyslipidemia?

A . **Atorvastatin** \*\*\*
B.Cholestyramine
C. Gemfibrizol
D. Niacin

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**COPD seminar :**

1-Regarding **chronic bronchitis**, which of the following is **wrong**:
-a-Defined as daily production of sputum for 3 or more months per year for 2 consecutive years.
b-Must be accompanied by obstructive ventilatory defect
c- occur with occupational exposure to dust
d-doesn’t remit even when tobacco exposure ceases.
e- B+D \*\*\*

2-Regarding radiographic finding of **emphysema in chest X-ray** , one is **wrong**:
a-hyperinflantion
b-Exaggeration of vascular markings. \*\*\*
c-Flattening of the diaphragm.
d-Enlargement of anterior airspace.
e-Enlargement of the central pulmonary arteries.

3- **A 70-yea**r-old patient with **chronic obstructive lung disease** requires 2 L/minute of nasal O 2 to treat his hypoxia, which is sometimes **associated with angina**. The patient develops **pleuritic chest pain,** **fever**, and **purulent sputum**. **While using his oxygen at an increased flow of 5 L/minute,** he becomes **stuporous** and develops a **respiratory** **acidosis** with **CO2 retention and worsening hypoxia**. What would be the most appropriate next step in the management of this patient?
a-stop oxygen.
b-begin medroxyprogesterone.
c-intubate and begin mechanical ventilation. xxx
d-treat with antibiotics and observe on the general medicine ward for 24 hours.
e-begin sodium bicarbonate

3-Regarding **treatment of COPD**, one is **true**:
a-salmetrol is used for short term symptomatic relief
b-inhaled corticosteriois slow disease progression.
c-Long-term low-flow oxygen therapy is indicated for all COPD patients.
d-Inhaled corticosteroids reduce frequency of exacerbations. \*\*\*
e-inhaled corticosteroids are used for mild COPD.

4- Regarding **COPD**, one is **true**:
a-Chronic bronchitis patients are called pink puffers.
b-Chronic bronchitis patients are usually thin.
c-Patients with emphysema are usually dyspneic.\*\*\*
d-Emphysema patients are called blue bloaters.
e-Non of the above is true.

5-A 60-year-old man has had a **chronic cough** with **clear sputum production** for **over 5 years**. He has **smoked one pack of cigarettes per day for 40 years** and continues to do so. X-ray of the chest shows **hyperinflation without infiltrates**. Arterial blood gases show pH of 7.38, P CO2 of 40 mm Hg, PO2 of 65 mm Hg, O2 saturation of 93%.

Spirometry shows an FEV1/FVC of 45% without bronchodilator response. Which of the following is the most important treatment modality for this patient?
a. Oral corticosteroids
b. Home oxygen
c. Broad-spectrum antibiotics
d. Smoking cessation program \*\*\*
e. Oral theophylline

6-**An 80-year-old man** has a 50**-year pack-a-day smoking** **history** and a **12-year** history of chronic obstructive pulmonary disease (**COPD**). He presents with 2 days of **worsening dyspnea**, y**ellow-green sputum**, and cough. He has not been able to sleep for 2 nights and not able to lie flat. Arterial blood gases show a pH 7.32, arterial partial pressure of oxygen (Pao2) 53 mm Hg, and arterial partial pressure of carbon dioxide (PaCo2) 58 mm Hg. You admit him to the hospital. A chest radiograph does not reveal an infiltrate. Which of the following treatment regimens is most likely to be effective?

A- High-dose inhaled corticosteroids and oral doxycycline
B- Inhaled tiotropium bromide and inhaled corticosteroids
C- Nebulized albuterol, a macrolide antibiotic, and systemic corticosteroids \*\*\*
D- Roflumilast, inhaled albuterol, and systemic corticosteroids

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**cpr seminar**

1-**How many** compression should be done in **chest compression of a cpr**?!
1-49
2-60
3-100
4-30 \*\*\*
5-70

One of the following is **not a cause of respiratory arrest**?
1-drowning
2-stroke
3-epiglottis paralysis
4-smoke inhalation
5-trauma \*\*\*

One of the following are **not an indication of cardiac arrest to preform a cpr**?!
1-ventricular fibrillation
2-ventricular tachycardia
3-asystole
4-Myocardial Infarction \*\*\*
5-pulse less electrical activity

One of the following is **not a complication of CPR**?!
1-coronary vessels injury
2-pneumothorax \*\*\*
3-diaphragm injury
4-interference with ventilation
5-hemoperricardium

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**atrial fibrillation seminar :**

Question 1
Which of these is **not a risk factor for atrial fibrillation**?
A.Hypertension
B.Diabetes
C.Hypothyroidism\*\*\*\*
D.Congestive heart failure

Question 2
The **management of atrial fibrillation** involves which of the following objectives?
A.Rate control
B.Correction of rhythm disturbance
C.Prevention of thromboembolism
D.All of the above\*\*\*\*

Question 3
For patients with **paroxysmal atrial fibrillation** , the recommended **initial antiarrhythmic** therapy is:
A.Flecainide
B.Propafenone
C.Sotalol
D.All of the above\*\*\*\*

Question 4
The recommended **INR range for warfarin therapy in atrial fibrillation is:**A.2-3\*\*\*
B.1.5-3
C.2-4
D.1.5-4

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**vaccination seminar :**

1-All of the following are **inactived** vaccines **except**:
A- influenza vaccine
B- hepatitis A vaccine
C- pertussis vaccine
D- salk polio vaccine
E- measels vaccine \*\*\*

2-All of the following vaccines are included in the **Jordanian National vaccination** program **except** :
A- BCG
B- Hib vaccine
C- hep B vaccine
D- hep A vaccine \*\*\*
E- Rota virus vaccine

3-One of the following is an **example of passive immunity:**
A- vaccines
B- Natural infection
C- Antitoxins \*\*\*
D- Toxoid
E- Non of the above

4-One of the following matches is **wrong** :
A- BCG: Given intradermally
B- Sabin polio vaccine: given orally
C- BCG : given at 1st and 4th months \*\*\*
D- Rota virus vaccine : contraindicated in Hx of intussusception
E- Hib vaccine : given at 2nd, 3rd,4th months