



## Family medicine

### group 1

( 9/7/2023 - 22/7/2023)

1: All true about Dyspepsia except .1

- a. Too hunger
- b. Too full
- c. Pain
- D. Indigestion

40 years old Smoker male with Dyspepsia for 1 month with negative H.pyloi stool antigen? test , how to manage

- a. PPIs for 8 weeks
- b. Tricyclic Antidepressant
- c. Prokinetics
- d. Endoscopy

e. Just observation

40 years old patient with Dyspepsia and increasing pain after meal , how to manage .3

**A. H.pylori test**

b. PPIs for 8 weeks

c. Tricyclic Antidepressant

d. Prokinetics

e. Endoscopy

Patient with Chronic Fatigue Syndrome , what is beneficial to him ?

a. Antibiotic is beneficial

**b. Antidepressant is beneficial**

c. The symptoms will not improve

In the Family Medicine Specialty all true except

a. It is continuous care

b. It is coordinated care

c. It is comprehensive care

**d. It is disease centered care**

e. It is a holistic approach

All these should be screened for DM except ?

a. All above age of 45 years

b. Presentation of signs of insulin resistance

**c. Obese with HDL > 35 mg/dL**

d. Family history of first relative degree with DM

One of these is true about DM management

- a. Exercise > 40 min daily
- b. Proper food intake < 1200 calories
- c. Peripheral neuropathy in case of using of biguanides ) due to B12 deficiency

70 years old male with previous MI and level of LDL 160 mg/dL , how to manage

- A. Lifestyle modification only
- b. Low intensity statins
- c. Moderate intensity statins
- d. High Intensity statins

ASCVD calculation intended in all of these except

- a. Age > 20 years adults
- b. Not in statin therapy
- c. LDL < 190 mg/dL
- d. have coronary symptoms

Patient who need to secondary care prevention include all except

- a. Intolerated to statin therapy
- b. Premature CVS diseases
- c. Suspected Familial Hypercholesterolemia
- d. LDL > 190 mg/dL in absence of family history
- e. Triglycerides level > 885

[group 3](#)

- 1) pregnant female came to clinic on 16 w of her gestation with risk factors .when and how can you screen for gestational diabetes ?

Right away

- 2) one of the following are true about LADA ?

First presentation is diabetes ketoacidosis .

- 3) management of dyslipidemia ?
- 4) 62 year old patient with epigastric fullness for one month what's your next step?  
Upper endoscopy
- 5) Side effect of dyslipidemia ?
- 6) Blood pressure measurement ?
- 7) Family medicine def:  
holistic approach
- 8) What family medicine ?

fragmentation of health care delivery system

#### group 4

1/35years old male diabetic ,

level of LDL 140 mg/dL , low Risk of ASCVD how to manage ?

A. No treatment xxx

b. Low intensity statins

c. Moderate intensity statins

d. High Intensity statins

2/Chronic Fatigue Syndrome-wrong about

Refreshing sleep is characteristic

3/ASCVD calculation intended in all of these except ?

Previous Mi

4/pregnant female came to clinic on 16 w of her gestation with risk factors .when and how can you screen for gestational diabetes ?

Right away

5/one of the following are true about LADA ?

First presentation is diabetes ketoacidosis .

6/ Wht family medicine ?

fragmentation of health care delivery system

7/Hydrochlorothiazide

Side effects

Except?

- Hypokalaemia
- Hyponatraemia
- Hyperlipidaemia
- Hyperuricaemia

8/In blood pressure measurement you should:

don't smoke

9/Family medicine def:

holistic approach

10/62 year old patient with epigastric fullness for one month whats your next step?

Upper endoscopy

### group 5

1) One of the following is not a component of ASCVD risk calculator:

- a. Age
- b. HDL
- c. Treatment of hypertension
- d. BMI xxx

2) All can be given in a pregnant lady with hypertension except:

- a. Methyldopa
- b. Labetalol
- c. Amlodipine xxx
- d. Hydralazine

3) 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?

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

4) All are components of metabolic syndrome criteria except:

- a. HDL level
- b. Creatinine level xxx
- c. TG level
- d. Blood pressure

5) Family medicine based on "Holistic approach" which means:

- a. Integration of biological, clinical, and behavioral sciences. xxx
- b. Disease-based approach.
- c. Preventive, curative, and rehabilitative care.
- d. Primary care should be readily available.

6) One of the following isn't included in the definition of dyspepsia:

- a. Early satiety
- b. Frequent hungry xxx
- c. Epigastric pain
- d. Epigastric fullness

7) A 36-years male patient came to your clinic complaining of stomach discomfort after ten minutes of meals with increasing dysphagia. What is your next step in managing this case?

- a. Do the H-pylori test.
- b. Empirical PPI treatment.
- c. Do upper endoscopy. xxx
- d. Treat peptic ulcer first.

8) Acute pain in epigastrium radiating to the back after an alcohol binge in 45 yrs. male with severe vomiting: true is:

- a. Serum lipase is less helpful than serum amylase in making the correct diagnosis.
- b. Serum lipase is more helpful than serum amylase in making the correct diagnosis after 2 days. xxx
- c. Serum amylase is never helpful in such cases.
- d. C reactive protein is not helpful in acute pancreatitis.

9) Pain in rt shoulder in acute cholecystitis is:

- a. Shifting pain.
- b. Referred pain. xxx
- c. Indicates poor prognosis.
- d. Not related to gallbladder.

10) A 70-years patient with a history of previous attack of myocardial infarction. He got LDL level. The treatment of choice is:

- a. No treatment.
- b. Low intensity statin.
- c. Moderate intensity statin.
- d. High intensity statin. xxx

## Group 6

1) Family medicine based on "Holistic approach" which means:

- a. Integration of biological, clinical, and behavioral sciences. xxx
- b. Disease-based approach.
- c. Preventive, curative, and rehabilitative care.
- d. Primary care should be readily available

2) 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 xxx
- c. Its caused by mitral regurgitation

3) One of the following is an initial test for patient with HTN:

- a. TSH
- b. Uric acid
- c. 24 hour urine collection
- d. ECG xxx

4) All are components of metabolic syndrome criteria except:

- a. LDL level
- b. Creatinine level xxx
- c. TG level
- d. Blood pressure

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

- 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 100 mg/dl. xxx
- d. A glucose reading, taken 2 hours after a 75-g glucose load, of 143 mg/dl.

8) All can be given in a pregnant lady with hypertension except:

- a. Methyldopa
- b. Labetalol
- c. Amlodipine xxx
- d. Hydralazine

9) A 36-year old male patient came to your clinic complaining of stomach discomfort after ten minutes of meals with no relevant medical exam. What is your next step in managing this case?

- a. Do the H-pylori test. xxx
- b. Empirical PPI treatment.
- c. Do upper endoscopy.
- d. Treat peptic ulcer first

10) Wrong about metabolic syndrome:

- a. BP
- b. WC
- c. HDL
- d. TSH xxx

**Group 7**

- 1) False related to Family medicine: **disease centered**
- 2) False: **referred pain dermatomes**
- 3) 36y & anemia & epigastric pain & persistent vomiting: **endoscopy**
- 4) Drug with metformin: **GLP1**
- 5) severe abd pain absent bowel sound: **peritonitis**
- 6) Drug for htn with DM False: **beta blocker**
- 7) Htn drug with HFrEF: **ACEI**
- 8) random glu level 130 & acanthosis nigricans: **random diagnosis if >220 & symptoms**
- 9) not of criteria of chronic fatigue syndrome: **sciatica**
- 10) chronic fatigue syndrome: **normal Hx & normal PHX**

## Group 8

- 1) All of the following about acute abdominal pain are true except?

- A. More immediate attention is required
- B. Surgical VS. Non surgical
- C. Generally not immediately life threatening
- D. One of the most common causes of ER visits

**Answer : c ( chronic abdominal pain)**

- 2) Which of the following doesn't cause drug induced Dyspepsia?

- A. Calcium channel blocker
- B. Tricyclic antidepressants
- C. Iron

**Answer : B**

- 3) Whom of the following patients will you treat with pharmacologic agents?

**Answer A 51 year old female patient with ASCVD risk of (12%) and blood pressure of 135/85**

- 4) Case :severe pressure like chest pain, sweating, pain relieved by rest and nitroglycerin,

**Answer : troponin**

- 5) All are true about chronic fatigue except :

Answer : the cause is unknown

6) One of the following causes hyperkalemia :

- A. ACEI
- B. ARBs
- C. Diuretics
- D. Corticosteroids

Answer : corticosteroids

7) All about family medicine are true except?

Answer : Incomprehensive

8) DM drug?

## Group 9

1) All of the following are diagnostic for diabetes except?

Random blood glucose = 210 gm/dL ✓

2) Which of the following is false?

Start screening for neuropathy, nephropathy, and ophthalmopathy at time of diagnosis of dm type

1. ✓

3) Patient bp = 190/80; weight gain, hirsutism, ..... next step?

Do secondary tests ✓

Refer to secondary care

4) Patient with dyspepsia ..... which of the following is medical emergency care?

Acute coronary ischemia ✓

5) Dyslipidemia most commonly cause?

Atherosclerosis ✓

6) Dyslipidemia can present with all the following except?

Corneal senilis ✓

Pancreatitis  
Xanthoma  
Lipidemia retinalis

7) Which of the following is true about chronic fatigue syndrome?

Normal history and physical exam ✓

8) All of the following are primary investigations of hypertension except?

Echocardiogram ✓

Kft

Urine analysis

9) Family medicine based on "Holistic approach" which means:

a. Integration of biological, clinical, and behavioral sciences. ✓

b. Disease-based approach.

c. Preventive, curative, and rehabilitative care.

d. Primary care should be readily available

## Group 10

1) All are correct about family medicine except ?

Disease centered approach

2) 16 week gestational pregnant lady , obese with family history of DM, when you screen this lady ?

At time of visit

3) About the last question , what drug do you give her ?

Methyldopa

4) Definition of fatigue ?

Inability to initiate or complete tasks

5) The cause of primary dyslipidemia ?

Genetic mutation

6) DM with Htn patient uses metformin , then he complains of proteinuria so what next step ?

Start ARBs

7) Upper right quadrant pain , after a meal in 30 min, shifted to the shoulder ?

Cholecystitis

8) Increase in irritability and shortened tempo is a feature of CFS ?

False

9) Patient complain of vertigo , and you suspect the cause is stroke, what do you expect to find?

Normal head impulse

10) Soft abdomen with peritoneal sign , is it intentional ?

False

## Group 11

1) Family medicine? **Community oriented**

2) All diagnostic for Type 2 DM in asymptomatic patients except?

3) All part of metabolic syndrome except ?

Weight,

TG,

HDL,

Hypertension

4) We use anti hypertensive and lifestyle modification in one of these cases ?

5) Which causes hypercalcemia ?

Hydrochlorothiazide ,

Amlodipine ,

propranolol ,

ACEI

6) All are included in abdominal examination except:

anal canal ,

**vaginal canal** ,

lymph nodes

7) fatigue is :

emotional instability,

loss of power ,

steepness ,

depression

8) All these drugs cause dyspepsia except? **TCA**

9) Most common cause of secondary dyslipidemia is ?

Kidney disease ,

excessive Alcohol Intake ,

Hypothyroidism,

Uncontrolled DM

10) All need an endoscopy except ?

Dysphagia ,  
significant weight loss,  
persistent vomiting with lymphadenopathy,  
overt GI blood loss

## Group 12

1) One of the following is a worrisome finding in a dizzy patient:

- A. Positive head impulse
- B. Unidirectional nystagmus
- C. Positive test of skew
- D. Negative Dix-Hallpike

2) Screening for microalbuminuria (moderately increased albuminuria) in patients with type 2 diabetes should be repeated:

- A. Every 2 months
- B. Every 3 months
- C. Every 6 months
- D. Every 12 months

3) All are principles of family medicine except:

- A. Comprehensive approach
- B. Disease-centered care
- C. Preventive attitude
- D. Community oriented

4) A 45-year-old gentleman with well controlled hypertension, presented to your clinic complaining of ankle oedema. Physical examination revealed non-tender bilateral pitting ankle oedema with no signs of cellulitis or thrombosis, clear chest, non-raised JVP and blood pressure of 120/70. Investigations came back with clear urine analysis and normal liver and kidney function.

Which antihypertensive is most likely causing his oedema?

- A. Enalapril
- B. Hydrochlorothiazide
- C. Amlodipine
- D. Bisoprolol

5) All statements are related to hypertensive emergencies except:

- A. Severe hypertension 180/120
- B. Acute target organ damage
- C. Can be managed at primary care with intravenous therapy.
- D. Malignant hypertension

6) Cholecystitis pain referred to the right shoulder which characterized by:

- A. Non-dermatomal
- B. Sharp localized.
- C. Superficial**
- D. Proximal

7) Which lipoprotein is affected by fasting nature of the lipid profile test:

- A. LDL
- B. HDL
- C. IDL
- D. VLDL**

8) Patients with CFS will most likely be present with which of the following findings?

- A. Normal physical examination and elevated liver enzymes
- B. Normal physical examination and normal laboratory results**
- C. Extreme difficulty walking a straight line
- D. Extreme difficulty standing from a sitting position in the absence of rheumatoid arthritis or osteoarthritis

9) Dyspepsia characterized by except:

- A. Polyphagia**
- B. Early satiety
- C. Epigastric pain
- D. Fullness after meals

10) One of the principles of family medicine is Comprehensive care which means:

- A. Availability 24 h./7 d.
- B. Bio-psycho-social approach
- C. Team-based care
- D. All ages, both sexes, and every organ disease**

### Group 13:

1. Hb1AC not accurate in all of the following except?

- Pregnancy
- G6pd
- Dialysis
- Sickle cell trait ✓**

2. Which of these diabetic drugs is associated with acute pancreatitis?

- Metformin
- Sitagliptin ✓**
- Empagliflozin

3. A 55 year old male complains of chest pain at rest that lasts more than 20 minutes, ecg and cardiac biomarkers are normal, what is the diagnosis?

Stable angina

Unstable angina ✓

NSTEMI

STEMI

4. Which of these is not an optional investigation for someone newly diagnosed with hypertension?

Echocardiogram

Urine analysis ✓

Uric acid

Albumin-creatinine ratio

5. About family medicine, which is incorrect?

Disease centered ✓

6. Which of these diabetic drugs is given preferred in a patient with asthma?

Enalapril

Candesartan

Atenolol

Amlodipine ✓

7. Regarding peritonitis, which of these is not a sign?

Rigid abdomen

Tolerates shaking bed ✓

Absent sounds

8. Regarding functional dyspepsia, which of the following is incorrect?

Epigastric tenderness excludes diagnosis ✓

9. All of the following are investigations for chronic fatigue syndrome except?

CBC

Blood glucose

ESR ✓

10. About oxford criteria of chronic fatigue syndrome?

Fatigue is primary symptom

Definite onset

More than 6 months

No mood or sleep disturbance ✓

**Group 14:**

1. Hb1AC not accurate in all of the following except?

Pregnancy

G6pd

Dialysis

Sickle cell trait ✓

2. Which of these diabetic drugs is associated with acute pancreatitis?

Metformin

Sitagliptin ✓

Empagliflozin

3. Not included in centor's score:

Runny nose ✓

4. Which of these is not an optional investigation for someone newly diagnosed with hypertension?

Echocardiogram

Urine analysis ✓

Uric acid

Albumin-creatinine ratio

5. About family medicine, which is incorrect?

Disease centered ✓

6. Which of these diabetic drugs is given preferred in a patient with asthma?

Enalapril

Candesartan

Atenolol

Amlodipine ✓

7. Regarding peritonitis, which of these is not a sign?

Rigid abdomen

Tolerates shaking bed ✓

Absent sounds

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CBC

Blood glucose

ESR ✓

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Fatigue is primary symptom

Definite onset

More than 6 months

No mood or sleep disturbance ✓

## GROUP..:

Q1. One of the following is incorrect about refer HTN pt :

1.suspected 2ndry HTN

2.resistant HTN

3.pregnancy

4. HTN urgency

Q2. Which one confirmed GDM

1. 1h postprandial 185

2. fasting 70

3. 2 hr postprandial 140

Q3. One is not of initial labs of HTN:

1.echo

2.cbc

3.creatinine

Q4.About stroke ,one is not matching

A.positive skew

B.positive head impulse

Q5. Regarding fracture risk one is incorrect

A.small trauma fracture

B. smoking & history of hip fracture

C. Fracture after age 50

D.BMD>-3

Q6. .all the following regarding family medicine except:

A.It is not uncommon to deal with undifferentiated problems

B.family medicine doctors can deal with 50% of cases without referral

يا أخي..  
أقبل على العلم بقلبك قبل أن تُقبل عليه  
بقدميك،  
إنَّ العلم يحتاج منك صبرًا ونفسًا  
طويلاً تأخذه من أعماق نقطة في  
صدرك..  
يا أخي، أحسن الغايات والمقاصد،  
ويا لجمال الغاية إن كان ما تتعلّمه  
لوجه الله، وجهك الذي تبذله لسمو  
دينه!