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Multiple-choice questions for general practitioner (GP) Doctor

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QUESTION 1

A 60-year-old woman with metastatic breast cancer comes in with back pain. The spine is tender. She has hyperreflexia of the legs.

What is the most urgent step?

- A. CT/MRI
- B. Steroids
- C. Biopsy
- D. Radiation

Correct Answer: D

The most urgent step in the management of cord compression is to administer steroids as soon as possible and to relieve pressure on the cord. Imaging studies are done after steroids are given, if the diagnosis of cord compression is clear (as it is in this case with pain, tenderness, and signs of hyperreflexia in the legs).

QUESTION 2

The most common cause of SAH (subarachnoid hemorrhage) is _____.

- A. Trauma
- B. Congenital arteriovenous malformation
- C. Berry Aneurysms
- D. HTN

Correct Answer: C

Subarachnoid hemorrhage is sudden bleeding into the subarachnoid space. The most common cause of spontaneous bleeding is a ruptured aneurysm. Symptoms include sudden, severe headache, usually with loss or impairment of consciousness.

QUESTION 3

Juvenile Idiopathic Arthritis treatment:

- A. Paracetamol
- B. Penicillamine
- C. Hydrochloroquin
- D. Naproxen



E. Steroid

Correct Answer: E

The overall treatment goal is to control symptoms, prevent joint damage and maintain function. The first line of treatment involves a non-steroidal anti-inflammatory drug or NSAID. Examples of NSAIDs, such as ibuprofen (such as Motrin or Advil) or naproxen (Naprosyn), administered in a dose appropriate for the child's weight. Younger children may be given liquid preparations or medications that require less frequent use. Because NSAIDs can cause gastrointestinal distress, such as stomachaches, they should be taken with food. Disease modifying drugs--commonly called DMARDs--are added as a second-line treatment when arthritis does not respond to NSAIDs. DMARDs include methotrexate (Rheumatrex), leflunamide (Arava) and more recently developed medications known as biologics. The biologics include anti-tumor necrosis factor agents such as etanercept (Enbrel); infliximab (Remicade); adalimumab (Humira); abatacept (Orencia); anakinra (Kineret); canakinumab (Ilaris) and tocilizumab (Actemra). Each of these medications can cause side effects that need to be monitored and discussed with the pediatric rheumatologist treating your child. Most of these treatments are approved for use in children as well as adults. In addition, researchers are developing new treatments. When only a single joint is involved, a steroid can be injected into the joint before any additional medications are given. Oral steroids such as prednisone (Deltasone, Orasone, Prelone, Orapred) may be used in certain situations, but only for as short a time and at the lowest dose possible. The long-term use of steroids is associated with unacceptable side effects such as weight gain, poor growth, osteoporosis, cataracts, avascular necrosis, hypertension, and risk of infection.

QUESTION 4

65 years old male with hypertension, congestive heart failure and peptic ulcer disease came to your office for his regular blood pressure check. Although his blood pressure is now under control, he complains of an inability to maintain an erection. He currently is taking propranolol, verapamil, hydrochlorothiazide, and r pressure is 125/76 mmHg. His pulse is 56 and regular. The rest of the cardiovascular examination and the rest of the physical examination are normal.

Which of the following generally considered the MOST common cause of sexual dysfunction?

- A. Panic disorder
- B. Major depressive disorder
- C. Generalized anxiety disorder
- D. Dysthymic disorder
- E. pharmacological agents

Correct Answer: E

The most common cause of sexual dysfunction is psychological disease. Dysthymic disorder is one of mood disorders, has similar symptoms of major depressive disorder, but less in severity, present at least for 2 years. Symptoms free period are possible but may not exceed 2 months in 2 years time frame.

QUESTION 5

Female patient with hirsutism, obesity, infertility. Ultrasound shows multiple ovarian follicles.

What is the diagnosis?

- A. Klinefelter syndrome



- B. Asherman's syndrome
- C. Stein-leventhal syndrome
- D. Kallmann syndrome

Correct Answer: C

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