

1. What is the first step in the assessment of a patient presenting with symptoms of anxiety and depression in primary care?
 - a. Start pharmacological treatment immediately
 - b. Perform a comprehensive mental health assessment
 - ☒ c. Refer to a psychiatrist
 - d. Ignore if the symptoms are mild
2. Which of the following is a common screening tool for depression in primary healthcare?
 - a. General Anxiety Disorder-7 (GAD-7)
 - b. Beck Depression Inventory (BDI)
 - ☒ c. Patient Health Questionnaire-9 (PHQ-9)
 - d. Hamilton Rating Scale for Depression
3. When managing anxiety in primary care, which non-pharmacological intervention is recommended as a first-line treatment?
 - ☒ a. Cognitive Behavioral Therapy (CBT)
 - b. Electroconvulsive therapy (ECT)
 - c. Antidepressant medications
 - d. Surgery
4. In which situation would it be most appropriate to refer a patient with anxiety and depression to a specialist?
 - a. Mild symptoms that improve with lifestyle changes
 - b. A single episode of anxiety that resolves after reassurance
 - ☒ c. Severe, treatment-resistant depression
 - d. Patient prefers non-pharmacological treatment
5. What is the primary purpose of the Generalized Anxiety Disorder-7 (GAD-7) scale in a primary healthcare setting?
 - a. To diagnose major depressive disorder
 - b. To assess the severity of generalized anxiety disorder
 - c. To evaluate the effectiveness of antidepressant medications
 - d. To differentiate between anxiety and personality disorders
6. Which of the following lifestyle modifications can be recommended to a patient suffering from mild anxiety and depression?
 - a. Complete bed rest
 - b. Regular physical exercise
 - c. Avoiding social interactions
 - d. Increasing alcohol intake to manage stress

7. Which class of medications is commonly prescribed for the long-term management of both anxiety and depression?
- a. Benzodiazepines
 - b. Beta-blockers
 - ☒ c. Selective Serotonin Reuptake Inhibitors (SSRIs) ✓
 - d. Antipsychotics
8. What is the role of family support in managing anxiety and depression in primary healthcare?
- a. It has minimal impact on patient outcomes
 - ☒ b. It is essential, particularly in helping the patient adhere to treatment plans ✓
 - c. Family support should be avoided to ensure patient independence
 - d. Only relevant in cases of severe mental illness
9. What is the primary goal of conducting a risk assessment in mental health?
- a. To diagnose a specific psychiatric disorder
 - b. To determine the level of risk for self-harm or harm to others
 - c. To evaluate the patient's medical history
 - ☒ d. To assess the patient's cognitive abilities ✗
10. Which of the following factors is most important to assess during a mental health risk assessment?
- a. Patient's financial status
 - b. Family history of mental illness
 - ☒ c. The patient's current risk of suicide or violence ✓
 - d. educational background
11. What is a key aspect to explore when evaluating a patient's risk of suicide?
- a. Current social support system
 - ☒ b. Presence of suicidal ideation and any plan ✓
 - c. Patient's academic performance
 - d. Dietary habits
12. In a mental health risk assessment, which of the following is considered a protective factor against suicide?
- a. Substance abuse
 - b. social isolation
 - ☒ c. Strong family support ✓
 - d. financial instability
13. What should be included in a mental health risk assessment for a patient who is showing signs of depression?
- a. Assessment of cognitive function only
 - b. Exploration of the patient's access to means of self-harm
 - ☒ c. Evaluation of only physical health symptoms ✗
 - d. A referral to a nutritionist
14. Which of the following is NOT typically assessed during a mental health risk assessment?
- a. History of suicidal thoughts
 - b. Current living conditions
 - ☒ c. Patient's political beliefs ✓
 - d. Substance abuse history
15. Which of the following is a red flag symptom indicating severe depression in a primary care setting?
- a. Mild irritability
 - ☒ b. Decreased interest in hobbies ✗
 - c. Suicidal ideation
 - d. Occasional fatigue
16. A patient with anxiety presents with the following symptoms. Which one would be considered a red flag for severe anxiety requiring immediate intervention?
- a. Worrying about work deadlines
 - b. Occasional feelings of restlessness
 - ☒ c. Frequent panic attacks ✗
 - d. Difficulty concentrating during meetings.

- According to guidelines, what is the first-line treatment for mild to moderate depression in a primary care setting?
- A. Antipsychotic medications
 - ☒ B. Psychotherapy, especially cognitive-behavioral therapy (CBT)
 - C. Electroconvulsive therapy (ECT)
 - D. Hospitalization for observation
18. What is the recommended initial approach to managing a patient with mild anxiety in a primary health care setting?
- ☒ A. Benzodiazepine prescription
 - B. Lifestyle modifications and psychological interventions such as relaxation techniques
 - C. Immediate referral to a psychiatrist
 - D. Hospital admission for monitoring
19. What is the most important first step in evaluating a patient presenting with a headache in a primary care setting?
- A. Start with immediate imaging
 - B. Assess the patient's pain score
 - ☒ C. Obtain a detailed history and perform a thorough physical examination
 - D. Prescribe analgesics immediately
20. Which of the following symptoms associated with headache would be considered a red flag, warranting urgent further investigation?
- A. Headache with photophobia and nausea
 - B. Chronic headache that worsens in the evening
 - ☒ C. Sudden onset of a "thunderclap" headache
 - D. Mild tension-type headache lasting for several hours
21. A primary care physician should consider imaging for a headache patient in which of the following situations?
- A. A headache that worsens with stress
 - ☒ B. Persistent headache in a patient with no previous headache history
 - C. Recurrent migraine episodes that respond to treatment
 - D. Mild tension-type headaches occurring once a month
22. A patient presents with a headache that began suddenly, is extremely intense, and is described as "the worst headache of their life." What is the most appropriate next step in management?
- A. Reassure the patient and prescribe NSAIDs
 - B. Start treatment for migraine
 - ☒ C. Urgently refer for neuroimaging to rule out subarachnoid hemorrhage
 - D. Monitor the patient over the next 48 hours
23. A 40-year-old woman presents with intermittent, sharp headaches associated with tearing and redness of the eyes. Neuroimaging is negative. Which investigation is most helpful in confirming the diagnosis of cluster headache?
- A. Blood test for inflammatory markers
 - ☒ B. Detailed history and headache episodes
 - C. Sinus X-ray
 - D. Lumbar puncture
24. Which of the following is a critical red flag in a patient with a headache and requires immediate referral to a neurologist or emergency care?
- A. Headache with aura and sensitivity to light
 - ☒ B. Headache with visual loss, limb weakness, or seizures
 - C. Episodic headache lasting a few hours
 - D. Headache that improves with analgesics
25. A 4-year-old boy presents with fever for 5 days, bilateral conjunctival injection, erythema of lips and oral mucosa, and cervical lymphadenopathy. Laboratory results show elevated CRP and ESR. What is the most likely diagnosis?
- ☒ A. Kawasaki disease
 - B. Scarlet fever
 - C. Measles
 - D. Infectious mononucleosis

26. A 7-year-old girl diagnosed with Kawasaki disease has received intravenous immunoglobulin (IVIG) and aspirin therapy. On day 7, her fever returns, and echocardiogram shows coronary artery dilation. What is the next best step?

- a. Repeat IVIG therapy
- b. Add corticosteroids
- c. Increase aspirin dose
- ☒ d. Initiate anticoagulation therapy

27. A 2-year-old boy presents with 3 days of fever, rash, and swelling of hands and feet. Laboratory results show elevated inflammatory markers, but no coronary artery involvement is detected on echocardiogram. What is the key factor in determining the need for IVIG therapy?

- ☒ a. Presence of coronary artery aneurysm
- b. Duration of fever
- c. Age of the patient
- d. Inflammatory marker levels

28. A 5-year-old boy presents with: Coarse facial features

- Short stature
- Macrocephaly
- Hepatosplenomegaly
- Developmental delay

Urinary glycosaminoglycan (GAG) analysis reveals elevated levels of dermatan sulfate and heparan sulfate. What is the most likely diagnosis?

- a. Hurler syndrome (MPS I)
- b. Hunter syndrome (MPS II)
- c. Sanfilippo syndrome (MPS III)
- ☒ d. Morquio syndrome (MPS IV)

29. A 10-year-old girl with Hunter syndrome (MPS II) presents with:

- Progressive hearing loss
- Speech impairment
- Aggressive behavior
- Joint stiffness
- Cardiac murmur

Which treatment option would you consider?

- a. Enzyme replacement therapy (ERT) with idursulfase
- ☒ b. Hematopoietic stem cell transplantation (HSCT)
- c. Gene therapy
- d. Supportive care only

30. A 6-month-old infant presents with:

- Hypoglycemia
- Lactic acidosis
- Hepatomegaly
- Failure to thrive

Lab results show:

- Low glucose
- Elevated lactate
- Elevated liver enzymes
- Normal ammonia

Which GSD type is most likely?

- ☒ a. von Gierke disease (GSD I)
- b. Pompe disease (GSD II)
- c. Cori disease (GSD III)
- d. McArdle disease (GSD V)

31. A 2-year-old child with Cori disease (GSD III) presents with:

- Muscle weakness
- Cardiomegaly
- Short stature
- Hepatomegaly Which treatment option would you consider?

- ☒ a. Dietary management with frequent meals
- b. Enzyme replacement therapy (ERT)
- c. Gene therapy
- d. Liver transplantation

32. A 2-year-old child with Down syndrome presents with:

- Congestive heart failure
- Short stature
- Developmental delay
- Flat facial profile

Which of the following is the most common congenital heart defect associated with Down syndrome?

- a. Atrial septal defect (ASD)
- ☒ b. Ventricular septal defect (VSD)
- c. Tetralogy of Fallot
- d. Complete atrioventricular canal defect (CAVC)

33. A 10-year-old child with Down syndrome presents with:

- Progressive hearing loss
- Speech impairment
- Sleep apnea
- Obesity

Which of the following interventions would you recommend?

- a. Hearing aids
- b. Speech therapy
- c. Sleep study and CPAP
- ☒ d. All of the above

34. A 12-year-old child presents with:

- Recurrent abdominal pain
- Nausea and vomiting
- Photosensitivity
- Neurological symptoms (e.g., seizures, weakness)

Lab results show:

- Elevated porphobilinogen (PBG)
- Elevated urine porphyrins

Which type of porphyria is most likely?

- a. Acute intermittent porphyria (AIP)
- b. Cutaneous porphyria
- ☒ c. Variegate porphyria
- d. Congenital erythropoietic porphyria

35. G3p2 at 14 weeks of gestation presented to emergency dept with severe vomiting with signs of dehydration she was admitted in ward for strict monitoring and on IV fluids. she was diagnosed as a case of hyperemesis gravidarum. What is the most serious morbidity associated with this condition?

- ☒ a. Acute renal failure
- b. Antepartum hemorrhage
- c. Mallory weiss tears
- d. hepatic failure
- e. wernicks encephalopathy

36. Which prenatal diagnostic technique involves the removal of a small amount of amniotic fluid?

- a. Ultrasound
- b. Chorionic villus sampling (CVS)
- c. Maternal serum screening
- ☒ d. Amniocentesis

37. Which of the following hernia passes through deep inguinal ring?

- ☒ a. Indirect inguinal
- b. Direct inguinal
- c. Femoral
- d. Umbilical
- e. Lumbar

38. Which hernia needs to be surgically repaired first if asymptomatic?

- ☒ a. Epigastric
- b. Femoral
- c. Inguinal
- d. Lumbar
- e. Para umbilical

39. A 46 years old female presents with a painful swelling on her right groin. She has been having vomiting and abdominal distension, and not been able to pass stool for 2 days. This groin lump is painful, tender, irreducible but it impulses on cough. The lump is below the inguinal ligament on right groin. What is the diagnosis?

- a. Femoral abscess
- b. Femoral aneurysm
- c. Femoral cyst
- ☒ d. Obstructive femoral hernia
- e. Obstructive inguinal hernia

40. Which of the following secretion is associated with obesity?

- ☒ a. Ghrelin
- b. Gastrin
- c. Histamine
- d. Cholecystokinin
- e. Somatostatin

41. Which of the following statement is correct about morbid obesity?

- a. BMI(Body mass Index) $> 30 \text{ kg/m}^2$
- b. BMI $> 33 \text{ kg/m}^2$
- c. BMI $> 35 \text{ kg/m}^2$
- d. BMI $> 38 \text{ kg/m}^2$
- ☒ e. BMI $> 40 \text{ kg/m}^2$

42. Which of the following is the definitive treatment of Hirschsprung's disease?

- a. Anal dilatation
- b. Colostomy
- ☒ c. Excision of aganglionic segment of the gut
- d. Lateral internal sphincterotomy
- e. Nerve grafting

43. A 48-year-old man presented with dysphagia of recent onset. His investigations show that he is suffering from adenocarcinoma of lower one third of esophagus which is limited to mucosa without any metastasis. Which of the following is the best option for him?

- ☒ a. Chemo and radiotherapy
- b. Chemotherapy
- c. Observation
- d. Stent Insertion
- e. Surgical resection

44. A 45 years old male presented with progressive dysphagia and on work up he has been diagnosed as carcinoma esophagus of middle one third of esophagus. How much normal looking esophagus from the macroscopic tumor should ideally be resected?

- a. 3 cm proximal and 4 cm distal
- ☒ b. 4cm proximal and 3 cm distal
- c. 5 cm proximal and 10 cm distal
- d. 8 cm proximal and 4 cm distal
- e. 10 cm proximal and 5 cm distal

3. A 40 years old female presented with intermittent jaundice and fever. Her ultrasound reported as suspected bile duct stones. Which of the following investigation can be utilized both as diagnostic and therapeutic in this condition?
- a. CT (Compute Tomography) scan
 - ☒ b. ERCP (Endoscopic Retrograde Cholangiopancreatography)
 - c. T tube cholangiography
 - d. PTC (Percutaneous Transhepatic Cholangiography)
 - e. MRCP (Magnetic Resonance Cholangiopancreatography)
46. A jaundice patient has intrahepatic biliary dilatations on ultrasound. Which of the following investigation will be most helpful in further diagnosis?
- a. CT (Computed Tomography) scan
 - ☒ b. ERCP (Endoscopic Retrograde Cholangiopancreatography)
 - c. HIDA scan (hepatobiliary iminodiacetic acid)
 - d. PTC (Percutaneous transhepatic cholangiography)
 - e. MRCP (magnetic Resonance cholangiopancreatography)
47. Which of the following is the most common cause of intestinal obstruction?
- ☒ a. Adhesions
 - b. Carcinoma
 - c. Obstructed hernia
 - d. Paralytic ileus
 - e. Faecal impaction
48. Which part of the large gut with malignancy most commonly present with intestinal obstruction?
- a. Ascending colon
 - b. Caecum
 - ☒ c. Descending colon
 - d. Rectum
 - e. Transverse colon
49. Which of the following options is reversible in bariatric surgery?
- ☒ a. Biliary pancreatic diversion
 - b. Ileo- transverse anastomosis
 - c. Gastric banding
 - d. Roux-en-Y Gastric bypass surgery
 - e. Sleeve gastrectomy
50. Which of the following is the most common variety of intussusception?
- a. Colicocolic
 - b. Colicorectal
 - c. Ileoileal
 - ☒ d. Ileocolic
 - e. Jejunio ileal
51. What is the most common location for referred pain in acute appendicitis?
- ☒ a. right lower quadrant
 - b. periumbilical region
 - c. left lower quadrant
 - d. lower back
52. which of the following lab findings is most indicative of acute appendicitis?
- a. Elevated serum amylase
 - b. Elevated serum lipase
 - ☒ c. Leukocytosis with a left shift
 - d. Elevated serum creatinine

53. what is the preferred imaging modality for diagnosing acute appendicitis in pregnant women?

- a. Abdominal X-ray
- ☒ b. Ultrasound
- c. CT scan with contrast
- d. MRI

X

54. Which class of medications is the first-line treatment for inducing remission in moderate to severe ulcerative colitis?

- ☒ a. aminosalicylates
- b. biologic agents
- c. Corticosteroids
- d. Immunomodulators

X

55. A 65 years old female patient presented to emergency with severe pain abdomen for the last 4 hours. On examination there is generalized tenderness and rigidity. Her BP 99/60 mm Hg, pulse is 100/min, respiratory rate is 30/min. Which of the following is best investigation for to exclude perforated duodenal ulcer?

- a. CT scan
- b. Barium follow through
- ☒ c. upper GI endoscopy
- d. X-Ray chest P/A view
- e. ultrasound abdomen

X

56. A 6 month is brought to opd with abdominal distension and history of failure to pass meconium with in 48 hr of life and passing stools with enemas and rectal stimulation toxic megacolon is suspected, which of following is definitive investigation for diagnosis?

- a. X ray abdomen
- b. Rectal manometry
- ☒ c. Barium enema
- d. Rectal biopsy

X

57. A 25-year-old woman presents with a 6-month history of abdominal pain, diarrhea, and weight loss. She has had multiple episodes of bloody diarrhea. On examination, she is pale, has a tender abdomen, and is febrile. A colonoscopy shows mucosal ulcerations and inflammation. Which of the following is the most likely diagnosis?

- a. Crohn's disease
- ☒ b. Ulcerative colitis
- c. Irritable bowel syndrome
- d. Celiac disease
- e. Diverticular disease

✓

58. A 20-year-old woman presents with a 2-year history of abdominal pain, diarrhea, and weight loss. She has had multiple episodes of bloody diarrhea. On examination, she is pale, has a tender abdomen, and is afebrile. A colonoscopy shows mucosal ulcerations and inflammation. Which of the following is the most appropriate initial investigation?

- ☒ a. Abdominal CT scan
- b. Endoscopy & biopsy
- c. Laparoscopy
- d. Serum amylase
- e. Ultrasonography

X

59. Compulsions in OCD are defined as.....

- a. Repetitive thoughts
- ☒ b. Repetitive behaviors
- c. Emotional disturbances
- d. Physical pain

✓

60.is not a common symptom of dystonia?

- a. Involuntary muscle contractions
- b. Tremors
- c. Abnormal postures
- ☒ d. Muscle weakness

✓

61.is often seen in individuals with anorexia nervosa?
- a. ☒ Binge eating
 - b. Skipping meals
 - c. Eating large portions
 - d. Frequent snacking
62.is a key feature of Somatic Symptom Disorder?
- a. Presence of a medical condition
 - b. Excessive focus on physical symptoms
 - c. Symptoms are intentionally produced
 - d. ☒ Symptoms are purely psychological
63. Is a core symptom of Autism Spectrum Disorder .
- a. Impaired social communication
 - b. Excessive talking
 - c. ☒ High intelligence
 - d. Sudden mood swings
64. When referring a patient to a specialist, what is the most important factor to consider is.....
- a. The specialist's availability
 - b. The patient's insurance coverage
 - c. ☒ The appropriateness of the referral
 - d. The distance to the specialist's office
65. A 25-year-old male presents with fever, abdominal cramps, and bloody diarrhea for the past three days. He recently returned from a camping trip. Stool examination shows the presence of red blood cells and mucus. What is the most likely diagnosis?
- a. Crohn's disease
 - b. Ulcerative colitis
 - c. ☒ Amoebic dysentery
 - d. Irritable bowel syndrome
66. A 45-year-old male presents to the emergency department after a night of heavy drinking, followed by multiple episodes of vomiting. He reports the sudden onset of bright red blood in his vomit after the last episode. He is hemodynamically stable. What is the most likely diagnosis?
- a. Esophageal varices
 - b. ☒ Peptic ulcer disease
 - c. Mallory-Weiss tear
 - d. Gastric cancer
67. A 55-year-old male presents to the emergency department with a 2-day history of sharp left lower quadrant abdominal pain, fever, and constipation. Physical examination reveals localized tenderness in the left lower quadrant. A CT scan shows thickening of the sigmoid colon and diverticula with surrounding fat stranding, but no abscess or perforation. What is the most appropriate initial management?
- a. Immediate surgery
 - b. Oral antibiotics and clear liquid diet
 - c. Colonoscopy
 - d. ☒ High-fiber diet and laxative
68. A 48-year-old male with a history of hepatitis C associated cirrhosis presents to the emergency department with hematemesis and melena for the past 6 hours. On examination, he is hypotensive (BP 90/60 mmHg) and tachycardic (HR 110 bpm). His abdomen is distended with shifting dullness, and he has spider angiomas on his chest. Laboratory results reveal hemoglobin of 7.8 g/dL, platelet count of 80,000/ μ L, and an elevated INR of 2.1. What is the most appropriate initial step in management?
- a. ☒ Transjugular intrahepatic portosystemic shunt (TIPS)
 - b. Immediate endoscopy with variceal band ligation
 - c. Intravenous octreotide and fluid resuscitation
 - d. Oral propranolol for long-term prevention
 - e. Emergent liver transplantation

69. A 55-year-old male presents to the emergency department with complaints of vomiting "coffee-ground" material and passing black tarry stools. He is hypotensive (BP 90/60 mmHg) and tachycardic (HR 110 bpm). After stabilizing his vitals with IV fluids, what is the next best step in management?
- Order an abdominal CT scan
 - Initiate oral PPI therapy
 - Perform blood transfusion
 - ☒ Immediate Upper Endoscopy
70. A 35-year-old woman with known ulcerative colitis presents with worsening diarrhea, abdominal pain, and rectal bleeding over the last 10 days. She is passing 10-12 bloody stools per day. On examination, she is febrile (38.5°C), tachycardic (HR 110 bpm), and her abdomen is tender with guarding. What is the most appropriate next step in management?
- Increase her oral mesalamine dose
 - ☒ Start IV corticosteroids
 - Initiate IV Paracetamol
 - Perform colonoscopy immediately
71. A 25-year-old woman presents to the emergency department 12 hours after ingesting 20 grams of paracetamol suicide attempt. She has no symptoms yet but is concerned. What is the most important next step in management?
- Measure serum paracetamol levels
 - Start Activated Charcoal
 - ☒ Wait for symptoms to develop
 - Administer IV fluids
72. A 30-year-old woman, 32 weeks pregnant, comes to the clinic with complaints of fever, abdominal pain, and jaundice. She recently returned from a trip to a rural area where she drank untreated water. Laboratory results show elevated liver enzymes (AST: 600 U/L, ALT: 650 U/L), total bilirubin of 5.0 mg/dL, and positive anti-HEV IgM. Which complication is this patient at highest risk for due to her hepatitis E infection during pregnancy?
- ☒ Hepatic Encephalopathy
 - Preterm labor
 - Fetal growth restriction
 - Maternal thrombosis
73. A 50-year-old male with diabetes and hypertension is started on a four-drug regimen for tuberculosis, including isoniazid, rifampicin, ethambutol, and pyrazinamide. After two months, he presents with increased fatigue, yellowish discoloration of the skin, and dark urine. Laboratory tests reveal elevated liver enzymes (ALT: 450 U/L, AST: 400 U/L, total bilirubin: 6.0 mg/dL). Which of the following is the most appropriate next step in management?
- Administer N-acetylcysteine
 - Perform liver biopsy
 - Discontinue all antitubercular medications
 - ☒ Start an alternative tuberculosis regimen without isoniazid
74. A 15-year-old female presents with a visible spinal curvature and complains of back pain. On examination, she shows a thoracic curvature with forward rounding of the spine. What is the most appropriate initial imaging modality to assess the severity of her kyphoscoliosis?
- ☒ CT scan
 - MRI
 - X-ray
 - Ultrasound
75. A patient with kyphoscoliosis experiences progressive difficulty in breathing and chronic fatigue. Which of the following is the primary reason for respiratory compromise in kyphoscoliosis?
- Increased lung compliance
 - ☒ Restricted chest wall expansion
 - Decreased airway resistance
 - Enhanced alveolar ventilation

6. What is the primary mechanism of action of acetaminophen?

- ☒ a. Inhibition of prostaglandin synthesis
- ☐ b. Stimulation of endorphin release
- ☐ c. Blockage of histamine receptors
- ☐ d. Enhancement of GABA transmission

77. Which of the following is a common indication for acetaminophen?

- ☐ a. Pain management
- ☐ b. Fever reduction
- ☐ c. Inflammation treatment
- ☒ d. All of the above

78. What is the toxic dose of acetaminophen in adults?

- ☐ a. 2-4 g
- ☐ b. 4-6 g
- ☐ c. 7-10 g
- ☒ d. > 10 g

79. Which of the following is a symptom of acute acetaminophen toxicity?

- ☐ a. Nausea and vomiting
- ☐ b. Abdominal pain
- ☐ c. Confusion and lethargy
- ☒ d. All of the above

80. What is the antidote for acetaminophen overdose?

- ☒ a. N-acetylcysteine (NAC)
- ☐ b. Activated charcoal
- ☐ c. Gastric lavage
- ☐ d. Atropine

81. What is the primary cause of liver injury in acetaminophen toxicity?

- ☒ a. Hepatic necrosis
- ☐ b. Cholestasis
- ☐ c. Steatosis
- ☐ d. Hepatitis

82. Which of the following lab tests is used to monitor liver function in acetaminophen toxicity?

- ☐ a. ALT
- ☐ b. AST
- ☐ c. Bilirubin
- ☒ d. All of the above

83. What is the treatment for mild acetaminophen toxicity?

- ☐ a. Supportive care
- ☒ b. NAC therapy
- ☐ c. Gastric lavage
- ☐ d. Hospitalization

84. Which of the following is a criterion for liver transplant in acetaminophen-induced liver failure?

- ☐ a. INR > 6.5
- ☐ b. Bilirubin > 10 mg/dL
- ☐ c. Creatinine > 3.4 mg/dL
- ☒ d. All of the above

85. What is the primary mechanism of action of amphetamines?

- ☐ a. Inhibition of dopamine reuptake
- ☒ b. Stimulation of serotonin release
- ☐ c. Blockage of norepinephrine receptors
- ☐ d. Enhancement of GABA transmission

86. Which of the following is a common use of amphetamines?

- ☐ a. Treatment of hypertension
- ☒ b. Management of ADHD
- ☐ c. Induction of anesthesia
- ☐ d. Relief of pain

87. What is the treatment for amphetamine toxicity?
- a. Activated charcoal and supportive care
 - b. Benzodiazepines and beta-blockers
 - c. Naloxone and atropine
 - ☒ d. All of the above
88. Which of the following is a long-term effect of amphetamine use?
- a. Cognitive impairment
 - b. Cardiovascular disease
 - c. Psychosis
 - ☒ d. All of the above
89. Which of the following is a sign of amphetamine-induced psychosis?
- a. Hallucinations
 - b. Delusions
 - c. Disorganized thinking
 - ☒ d. All of the above
90. Which of the following is a medication used to treat amphetamine addiction?
- a. Bupropion
 - b. Naltrexone
 - ☒ c. Methadone
 - d. None of the above
91. What is the primary mechanism of action of organophosphates?
- a. Inhibition of acetylcholinesterase
 - ☒ b. Stimulation of muscarinic receptors
 - c. Blockage of nicotinic receptors
 - d. Inhibition of monoamine oxidase
92. Which of the following is a common symptom of organophosphate poisoning?
- a. Hypertension
 - b. Tachycardia
 - c. Diaphoresis
 - ☒ d. All of the above
93. What is the antidote for muscarinic symptoms in organophosphate poisoning?
- ☒ a. Atropine
 - b. Pralidoxime
 - c. Diazepam
 - d. Epinephrine
94. Which of the following is a nicotinic symptom of organophosphate poisoning?
- ☒ a. Miosis
 - b. Muscle fasciculations
 - c. Bronchospasm
 - d. Salivation
95. What is the treatment for severe organophosphate poisoning?
- a. Supportive care only
 - ☒ b. Atropine and pralidoxime
 - c. Activated charcoal and gastric lavage
 - d. Hemodialysis
96. Which of the following is a complication of organophosphate poisoning?
- ☒ a. Respiratory failure
 - b. Cardiac arrest
 - c. Seizures
 - d. All of the above
97. What is the role of pralidoxime in organophosphate poisoning treatment?
- a. Reactivates acetylcholinesterase
 - ☒ b. Blocks nicotinic receptors
 - c. Enhances muscarinic transmission
 - d. Reduces atropine dosage

What is the long-term effect of organophosphate poisoning?

- a. Neurological damage
- b. Renal failure
- c. Hepatic failure
- ☒ d. Cardiovascular disease

99. A 35-year-old woman with a history of headaches since she was 17 comes to you complaining of recurrent headaches for many years. Her headaches occur once a week in the frontal area, are very intense and throbbing in characteristic lasting 2 hours without taking any medicine. The headaches are associated with nausea but no vomiting, no photophobia or phonophobia. What characteristic makes this headache less likely a migraine?

- a. Associated symptoms
- b. Duration
- ☒ c. Frontal location
- d. Frequency
- e. Unilateral location

100. A 65-year-old man with a history of hypertension, hyperlipidemia, and migraines presents with a sharp headache over his left temple that has occurred daily for the last month. His headaches are different from his typical migraines and have not responded to over-the-counter analgesics. He has no tearing, nausea, photophobia, or phonophobia. He endorses mild jaw pain, which worsens with eating, as well as intermittent fevers and myalgias. On physical exam, his vital signs are stable and he has no focal findings aside from moderate tenderness over the left side of his face and scalp. Initial laboratory results reveal an elevated C reactive protein (CRP). What is the next step?

- a. Admission to the hospital
- b. Biopsy
- ☒ c. CT Angiogram (CTA) of the head
- d. Erythrocyte Sedimentation Rate (ESR)
- e. Start Prednisone

101. A patient is evaluated for status epilepticus. What is an effective management choice after 0.1 mg/kg intravenous lorazepam has been administered if the patient continues to seize?

- a. Intravenous midazolam
- b. Intramuscular phenytoin
- c. Intravenous propofol
- d. Intravenous valproic acid
- ☒ e. Rectal diazepam

102. An 80-year-old patient presents with memory impairment for the last year. Family complains that patient has had difficulty walking and his gait has slowed significantly. He denies any hallucinations or sleeping difficulties. He has had some urinary incontinence. CT head shows ventriculomegaly. What is most likely diagnosis.

- a. Alzheimer's disease
- b. Frontotemporal dementia
- c. Normal pressure hydrocephalous
- d. Subdural hematoma.
- e. Vascular dementia

103. A 30-year-old woman presents with left eye pain that is worse with movement and has decreased vision. She has never had any neurological symptoms prior. Her neurological exam shows a left relative afferent pupillary defect. She has had no prior history of neurological deficits. Her brain MRI shows 2 periventricular lesions without enhancement and 1 juxtacortical lesion in the left frontal region that is non-enhancing. Her MRI of the orbits shows enhancement and swelling of the left optic nerve. Her spine MRI shows no spinal cord lesions. Her lumbar puncture shows elevated protein with oligoclonal banding. Her visual evoked potentials show abnormal conduction in the left eye. What is the best treatment option for this patient?

- a. Oral steroids
- b. Plasma Exchange
- c. IV cyclophosphamide
- d. IV immunoglobulins
- e. IV steroids

104. A 56-year-old man presents for evaluation of tremor. He notes that several family members had similar symptoms in their 50s and 60s. On examination, there is no evidence of hypomimia, bradyphrenia or bradykinesia. His chin has a fast frequency tremor. At rest, tremor is not noted. However, with arms raised straight out in front, there is a fairly symmetric, fast, wrist-flexion extension tremor. When writing a spiral, this tremor is even more prominent. Tone is normal. Gait is normal. He is not sure if alcohol improves his symptoms, as he does not drink. Which of the following would be considered first line medication to offer in this patient?
- Bromocriptine
 - Clonazepam
 - Levodopa
 - ☒ Propranolol
 - Ropinirole
105. A 47-year-old woman presents with asymmetric resting tremor of right hand for 2 years. It is starting to affect her quality of life. On examination, she exhibits hypomimia and bradyphrenia. She has a 5 HZ, asymmetric, pill-rolling, right hand resting tremor. She has cogwheeling rigidity. Gait is shuffling and there are signs of reduced right arm swing. You decide to consider treatment with either levodopa or a dopamine agonist. There was no KF ring on slit lamp examination. His CT scan brain was normal. What is the most likely diagnosis
- ☒ Parkinson's disease
 - Essential tremor
 - Wilson's disease
 - Huntington disease
 - Feher's disease
106. A 66-year-old woman presented with the sudden onset of trouble walking. On examination she was weak in her right leg, with minimal hand weakness and no facial weakness. She spoke very little though she yelled at hospital staff inappropriately, something that was out of character for her. She was also incontinent of urine. An occlusion of which of the following arteries can produce these symptoms?
- ☒ Anterior cerebral
 - Anterior choroidal
 - Middle cerebral
 - Posterior cerebral
 - Basilar
107. A 76-year-old woman presented with the sudden onset of weakness and sensory loss on the right side of her body. She was awake, but could not follow commands or produce intelligible speech. An occlusion of which of the following arteries can produce these symptoms?
- Anterior cerebral
 - Anterior choroidal
 - Basilar
 - ☒ Middle cerebral
 - Posterior cerebral
108. A 56-year-old previously healthy woman presented with headache and mental confusion over the course of one day. She was febrile, with nuchal rigidity on examination. Cerebrospinal fluid analysis revealed 2,000 WBCs/ μ L, 90% neutrophils, and 60 RBCs/ μ L. A Gram stain shows gram-positive spherical cells. Which of the following infectious agents is the most likely cause for her findings?
- Herpes simplex virus
 - Haemophilus influenzae
 - ☒ Mycobacterium tuberculosis
 - Streptococcus pneumoniae
 - Toxoplasmosis gondii
109. A 72-year-old right-handed woman has 2 days of headache and fever, followed by worsening confusion. She is taken to the hospital after having a generalized seizure. A head CT is consistent with left temporal hemorrhage and swelling. Localization of an encephalitis to the medial temporal or orbital frontal regions of the brain is most consistent with
- ☒ Herpes simplex virus
 - Treponema pallidum
 - Varicella zoster virus
 - Cryptococcus neoformans
 - Toxoplasma gondii

110. The physician concludes that the patient has tuberculous meningitis and treats him with isoniazid and rifampin. To avoid additional signs of neuropathy, which of the following agents should be administered along with these antibiotics?
- ☒ a. Ceftriaxone
 - b. Pyridoxine
 - c. Thiamine
 - d. Erythromycin
 - e. Vitamin B12
111. A 37-year-old female is intubated due to hypoxic respiratory failure. Her husband states she had diarrhea for 1 week before her admission and spent several days in bed. Today she complained of shortness of breath and could not get out of bed. Her examination shows diffuse weakness in her extremities, bifacial weakness, double vision, and loss of reflexes. Nerve conduction studies demyelination in the arms and legs and absent F waves. She was unable to activate any muscles on electromyography (EMG), and no spontaneous activity was seen. Which of the following is the most likely diagnosis?
- a. Botulism
 - b. Critical illness neuropathy
 - ☒ c. Guillain-Barré syndrome
 - d. Myasthenia gravis
 - e. Polymyositis
112. An 18-year-old man presented with severe headache, nuchal rigidity, and a fever. The patient was lethargic. On examination there was papilledema. He was started on broad spectrum antibiotics. Which of the following is the most appropriate step in his management?
- a. Lumbar puncture
 - b. Head CT
 - ☒ c. Intravenous steroids
 - d. Hyperventilation and mannitol
 - e. Brain MRI
113. A 50-year-old male was brought to emergency room with confusion. He was tremulous, tachycardic and was not oriented to time place and person. He was missing meals. In the past history he was on oral drugs for type 2 diabetes. On examination his GCS was 10/15, no focal neurologic deficit, neck stiffens and pupils are equal and reactive to light. Which of the following is the most appropriate step in his management?
- ☒ a. Blood sample for RBS with administering injectable hypertonic glucose
 - b. Head CT
 - c. Intravenous steroids
 - d. Hyperventilation and mannitol
 - e. Brain MRI
114. A 3-year-old child presents with a history of recurrent episodes of abdominal pain, bloating, and diarrhea for the past few months. On examination, there is tenderness over the right lower quadrant. Laboratory investigations reveal elevated serum levels of anti-tissue transglutaminase antibodies and IgA. What is the most likely diagnosis?
- ☒ a. Celiac disease
 - b. Crohn's disease
 - c. Ulcerative colitis
 - d. Irritable bowel syndrome
115. A 6-month-old infant presents with a history of vomiting and diarrhea for the past few days. On examination, there is dehydration and lethargy. Laboratory investigations reveal metabolic acidosis and elevated serum levels of chlorid. What is the most likely diagnosis?
- a. Gastroenteritis
 - ☒ b. Intussusception
 - c. Malrotation with volvulus
 - d. Hirschsprung disease

01	B	31	A	61	B	91	A
02	C	32	D	62	B	92	C
03	A	33	D	63	A	93	A
04	C	34	A	64	C	94	B
05	B	35	E	65	C	95	B
06	B	36	D	66	C	96	D
07	C	37	A	67	B	97	A
08	B	38	B	68	C	98	A
09	B	39	D	69	D	99	B
10	C	40	A	70	B	100	E
11	B	41	E	71	A	101	D
12	C	42	C	72	A	102	C
13	B	43	E	73	C	103	E
14	C	44	E	74	C	104	D
15	C	45	B	75	B	105	A
16	B	46	D	76	A	106	A
17	B	47	A	77	D	107	D
18	B	48	C	78	C	108	D
19	C	49	C	79	D	109	A
20	C	50	D	80	A	110	B
21	B	51	B	81	A	111	C
22	C	52	C	82	D	112	B
23	B	53	D	83	A	113	A
24	B	54	C	84	D	114	A
25	A	55	D	85	A	115	A
26	A	56	D	86	B	116	B
27	B	57	B	87	B	117	D
28	A	58	B	88	D	118	A
29	A	59	B	89	D	119	A
30	A	60	D	90	B	120	A