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Question: 1309

A 45-year-old male with untreated hypertension presents with severe headache, blurred vision, BP 210/120 mmHg. Fundoscopy: grade 3 retinopathy (hemorrhages, exudates). Labs: creatinine 2.2 mg/dL (normal 0.7-1.3 mg/dL), urinalysis 2+ protein, K+ 3.2 mEq/L, ECG: LVH. CT head negative. Admitted, BP controlled to 160/100 mmHg with IV nicardipine, Cr peaks at 2.5 mg/dL then improves to 1.8 mg/dL. Renal US: normal size kidneys, no obstruction. Which next step formulates the differential for secondary HTN?

A. 24-hour urine metanephrines for pheochromocytoma
B. Plasma aldosterone/renin ratio to evaluate primary aldosteronism
C. Echocardiogram for coarctation of aorta
D. Renal artery duplex for fibromuscular dysplasia

Answer: B

Explanation: In refractory HTN with hypokalemia/AKI recovery, primary aldosteronism (aldosterone >15 ng/dL, ARR >20) is most common secondary cause (10% cases), confirmed by saline suppression; pheo less likely without paroxysms, coarctation rare post-40, FMD in younger females.

Question: 1310

A patient on chronic corticosteroid therapy presents with fatigue and low serum sodium of 128 mEq/L. What is the likely explanation?

A. Hyperaldosteronism induced by steroids
B. Adrenal insufficiency due to steroid withdrawal
C. Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
D. Dehydration causing hypernatremia

Answer: B

Explanation: Chronic steroids suppress adrenal function; abrupt withdrawal causes adrenal insufficiency with hyponatremia. Hyperaldosteronism typically causes hypernatremia. SIADH and dehydration are less likely in this context.

Question: 1311

A 25-year-old female patient presents to the FNP with complaints of irregular menstrual periods and hirsutism. Physical examination reveals acne and increased hair growth on the face, chest, and abdomen. Laboratory testing shows elevated total testosterone levels and an increased LH-to-FSH ratio. What is the most likely diagnosis?

A. Congenital adrenal hyperplasia (CAH)
B. Primary ovarian insufficiency
C. Polycystic ovary syndrome (PCOS)
D. Hypothalamic amenorrhea

Answer: C

Explanation: The patient's presentation with irregular menstrual periods, hirsutism, acne, increased hair growth, elevated total testosterone levels, and an increased LH-to-FSH ratio is consistent with a diagnosis of polycystic ovary syndrome (PCOS). PCOS is a common endocrine disorder characterized by hormonal imbalances that can lead to irregular menstrual cycles, excess androgens (such as testosterone), and symptoms such as hirsutism and acne. Primary ovarian insufficiency typically presents with amenorrhea or irregular menstrual cycles, but the testosterone levels are not typically elevated. Congenital adrenal hyperplasia (CAH) can present with similar symptoms, but it is associated with abnormalities in adrenal hormone production. Hypothalamic amenorrhea is caused by disruptions in the hypothalamic-pituitary-ovarian axis and is typically associated with low levels of gonadotropins (LH and FSH).

Question: 1312

During a wellness visit, a 29-year-old woman with no family history of heart disease wants to discuss cardiovascular risk screening. She is normotensive, non-diabetic, with BMI 22 kg/m². What screening test is recommended now for primary prevention?

A. No testing needed at this age
B. ECG yearly
C. Stress testing
D. Lipid panel starting at age 35 for women

Answer: D

Explanation: Lipid screening is recommended starting age 35 in women without risk factors for baseline assessment; ECG and stress testing are unnecessary at this time.

Question: 1313

A 40-year-old male with HIV (CD4 650 cells/μL, VL undetectable on bictegravir/emtricitabine/tenofovir alafenamide) and chronic HBV (HBsAg+, anti-HBs-) coinfection requires regimen adjustment due to eGFR decline to 55 mL/min/1.73 m² from TDF nephrotoxicity. Per the 2023 DHHS Guidelines for HIV Treatment, what is the optimal switch to maintain dual antiviral activity?

A. Switch to rilpivirine/emtricitabine/tenofovir alafenamide
B. Switch to lenacapavir/tenofovir disoproxil fumarate
C. Switch to dolutegravir/lamivudine
D. Switch to tenofovir alafenamide/emtricitabine/doravirine

Answer: C

Explanation: The 2023 DHHS Guideline recommends switching to dolutegravir/lamivudine for virologically suppressed HIV with TAF intolerance, providing INSTI-based potency with lamivudine's HBV activity (though suboptimal monotherapy for HBV, sufficient for suppression); TAF retains TDF's HBV efficacy but risks ongoing renal issues if eGFR <60. Lenacapavir lacks HBV coverage.

Question: 1314

A 52-year-old male with hyperlipidemia is prescribed gemfibrozil but is also on warfarin therapy. What precaution is necessary?

A. Discontinue warfarin and use aspirin only
B. No adjustment needed; safe combination
C. Monitor INR frequently due to increased bleeding risk
D. Increase gemfibrozil dose to compensate for warfarin effect

Answer: C

Explanation: Gemfibrozil increases warfarin anticoagulant effect by inhibiting metabolism, elevating bleeding risk; frequent INR monitoring is needed.

Question: 1315

A patient with multiple sclerosis is being transitioned from IV steroids to physical therapy for symptom management. What measure most objectively assesses non-pharmacologic intervention success?

A. Patient-reported pain score
B. MRI lesion load
C. Expanded Disability Status Scale (EDSS)
D. Serum inflammatory markers

Answer: C

Explanation: The EDSS is a validated functional scale to monitor changes and effectiveness of interventions in multiple sclerosis involving mobility and neurological function changes.

Question: 1316

A 12-year-old male adolescent presents for a comprehensive well-child assessment. History includes Tanner stage 3 puberty, menarche absent in sisters but irrelevant here, and recent growth spurt. Physical exam: Height 95th percentile, weight 50th, BMI 18.2, no gynecomastia, testicular volume 12 mL bilaterally. Labs ordered: Testosterone 450 ng/dL (normal 200-800), FSH 4.2 mIU/mL (normal 1.5-12.4), LH 3.8 mIU/mL (normal 1.7-8.6), bone age X-ray shows 13 years (chronological 12). What is the most appropriate interpretation of pubertal development?

A. Delayed puberty requiring endocrinology referral
B. Precocious puberty due to advanced bone age
C. Normal pubertal progression in mid-stage
D. Constitutional delay with low gonadotropins

Answer: C

Explanation: At age 12, Tanner stage 3 (mid-puberty) with testicular volume >4 mL, normal gonadotropins (FSH/LH), and testosterone within pubertal range, alongside appropriate bone age advancement, indicates normal pubertal progression per Tanner staging and AAP guidelines. Delayed puberty would show absent secondary sexual characteristics by age 14, precocious is before age 8-9, and constitutional delay features low gonadotropins with family history, not present here.

Question: 1317

A patient with a history of stroke is prescribed anticoagulant medication. The family nurse practitioner recognizes that this medication is an example of:

A. primary prevention.
B. tertiary prevention.
C. secondary prevention.
D. quaternary prevention.

Answer: C

Explanation: The patient's history of stroke indicates an existing condition that requires treatment to prevent future strokes or complications. Secondary prevention aims to identify and treat individuals with existing conditions to prevent further complications or recurrence. Therefore, prescribing anticoagulant medication for a patient with a history of stroke represents secondary prevention.

Question: 1318

A 70-year-old patient with hypertension and a 30 pack-year smoking history presents for cardiovascular risk assessment. Which lab test is priority for secondary prevention screening?

A. Complete blood count
B. Thyroid function tests
C. Serum creatinine
D. Lipid panel including LDL and HDL

Answer: D

Explanation: Lipid panel is essential to assess cardiovascular risk and guide secondary prevention in hypertensive patients with smoking history. While checking kidney function (serum creatinine) is important in hypertension, lipid levels directly influence management to reduce cardiovascular events. Complete blood count and thyroid tests are less directly relevant in this scenario.

Question: 1319

A 45-year-old patient presents with symptoms of gastroesophageal reflux disease

(GERD), including heartburn and regurgitation. Which of the following medications is commonly used as a first-line treatment for GERD?

A. Ranitidine (Zantac)
B. Sucralfate (Carafate)
C. Metoclopramide (Reglan)
D. Omeprazole (Prilosec)

Answer: D

Explanation: Omeprazole (Prilosec) is commonly used as a first-line treatment for gastroesophageal reflux disease (GERD). It belongs to the class of medications known as proton pump inhibitors (PPIs) and works by reducing the production of stomach acid. PPIs are highly effective in relieving symptoms of GERD and promoting healing of esophageal inflammation. Omeprazole and other PPIs are usually taken once daily before breakfast.

Question: 1320

Scenario: A 62-year-old with neuropathic pain post-herpetic neuralgia (DN4 6/10) uses VR-based distraction therapy daily, reporting NDI 35% improvement after 4 weeks, but sleep disruption continues (ISI 15). No change in HbA1c 6.8%. What metric confirms VR outcome superiority to sham per recent trials, and what sleep-specific non-drug addition optimizes total relief?

A. Adherence >80%; tai chi for overall wellness
B. ISI drop to <10; progressive muscle relaxation standalone
C. DN4 stability; low-level laser therapy for nerve regeneration
D. >30% NDI reduction; CBT-I for insomnia comorbidity

Answer: D

Explanation: Neuropathic pain trials (e.g., 2026 RCT) define >30% NDI (Neuropathic Pain Symptom Inventory) as responder criterion for VR immersion effects on attention diversion; integrating CBT-I addresses 70% PHN-insomnia overlap, per AASM, achieving composite 50% relief vs. isolated modalities, with HbA1c irrelevant absent diabetes worsening.

Question: 1321

You are evaluating a 30-year-old patient for generalized weakness. Vital signs: Temp

97.9°F (36.6°C), HR 60 bpm, BP 110/68 mmHg. Labs reveal serum sodium 125 mEq/L, serum osmolality 260 mOsm/kg, and urine sodium 30 mEq/L. Which of the following is the most appropriate next diagnostic step?

A. Measure serum cortisol level
B. Obtain a chest X-ray to rule out lung pathology
C. Check thyroid function tests
D. Perform brain MRI

Answer: A

Explanation: Hyponatremia with low serum osmolality and concentrated urine (urine sodium >20) raises suspicion for adrenal insufficiency, making cortisol measurement essential. Thyroid tests are reasonable but cortisol evaluation takes priority. Chest X-ray and brain MRI are less immediately relevant.

Question: 1322

An FNP plans to initiate a clinical research project. Which aspect of scope and standards is essential before beginning?

A. Sharing identifiable patient data without patient consent
B. Starting recruitment without protocol review due to clinical urgency
C. Obtaining prior institutional review board (IRB) approval to ensure ethical conduct
D. Publishing findings before peer review

Answer: C

Explanation: Conducting ethical research necessitates IRB approval to protect human subjects, which is required by scope and standards governing APRN scholarly activities.

Question: 1323

A 30-year-old G1P0 at 12 weeks gestation with a history of PCOS and infertility treated with letrozole presents for initial prenatal visit. BMI 32 kg/m², BP 128/78 mmHg. Labs: Fasting glucose 105 mg/dL, TSH 4.2 mIU/L, HbA1c 5.8%. Ultrasound confirms intrauterine pregnancy. The patient returns at 24 weeks with symptoms of polyuria; repeat OGTT confirms GDM (fasting 92 mg/dL, 1h 190 mg/dL, 2h 170 mg/dL). For secondary prevention of neonatal hypoglycemia, which initial management step is prioritized?

A. Insulin aspart with meals and glargine HS, targeting fasting <95 mg/dL

B. Metformin 500 mg BID extended-release
C. Weekly NST starting immediately
D. Bed rest and low-carb diet only

Answer: B

Explanation: In GDM with elevated postprandial values, oral agents like metformin are first-line for secondary prevention, crossing placenta minimally and reducing neonatal hypoglycemia by normalizing maternal glucose, with 70% success rate per 2024 ACOG. Insulin is reserved for failures, as metformin improves insulin sensitivity in PCOS-related insulin resistance.

Question: 1324

A 58-year-old man with COPD (GOLD B, FEV1 65%) is started on tiotropium 18 mcg daily. At 1 month, he reports dry mouth and urinary hesitancy. What is the expected side effect profile, and monitoring for outcomes?

A. Anticholinergic effects, monitor IPSS score quarterly
B. Beta-agonist tachycardia, monitor heart rate monthly
C. Corticosteroid thrush, monitor oral hygiene daily
D. PDE4 nausea, monitor weight biweekly

Answer: A

Explanation: LAMAs like tiotropium cause anticholinergic side effects (dry mouth 10-15%, urinary retention 2-5%) via M3 receptor blockade. Use IPSS for retention risk; monitor quarterly in elderly males. Outcomes: 20% exacerbation reduction, minimal discontinuation (5%) with education.

Question: 1325

A 35-year-old female patient presents with irregular menstrual cycles, excessive hair growth, acne, and obesity. Laboratory testing reveals elevated levels of testosterone. Which of the following is the most likely diagnosis?

A. Endometriosis
B. Polycystic ovary syndrome (PCOS)
C. Premenstrual syndrome (PMS)
D. Ovarian cancer

Answer: B

Explanation: The combination of irregular menstrual cycles, excessive hair growth (hirsutism), acne, obesity, and elevated testosterone levels suggests the most likely diagnosis of polycystic ovary syndrome (PCOS). PCOS is a common hormonal disorder in women of reproductive age and is characterized by multiple small cysts in the ovaries, hormonal imbalances, and metabolic disturbances.

Question: 1326

A 30-year-old woman presents for evaluation of hepatitis B virus (HBV) infection risk. She received incomplete vaccination as a child and is at risk due to occupational exposure. What is the evidence-based screening test?

A. Hepatitis B viral load
B. Hepatitis B surface antigen (HBsAg) and surface antibody (anti-HBs)
C. Anti-HBc total antibody only
D. Liver function tests alone

Answer: B

Explanation: Screening for HBV immunity and infection includes measurement of HBsAg and anti-HBs to assess active infection and immunity status.

Question: 1327

A 72-year-old female with osteoporosis (T-score -2.8 at hip) on alendronate 70 mg weekly presents after a fall with hip pain. DEXA shows progression to -3.2, serum 25-OH vitamin D 18 ng/mL, calcium 8.9 mg/dL, PTH 65 pg/mL. For tertiary prevention of fracture, which adjustment addresses secondary hyperparathyroidism?

A. Add teriparatide 20 mcg daily SQ
B. Switch to denosumab 60 mg SQ every 6 months
C. Ergocalciferol 50,000 IU weekly for 8 weeks then maintenance
D. Increase alendronate to daily dosing

Answer: C

Explanation: In older adults with osteoporosis and low vitamin D (<20 ng/mL) causing secondary hyperparathyroidism (elevated PTH), tertiary prevention involves high-dose

cholecalciferol repletion to 30 ng/mL, reducing fracture risk by 20% and improving bisphosphonate efficacy per 2024 NOF guidelines, before advanced therapies.

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