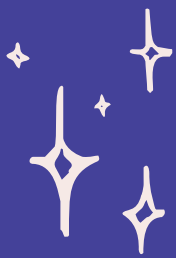


# FAMILY MEDICINE

Mini-OSCE + Final



ARCHIVE



# Syllabus

- Introduction to FM
- DM
- DYSpepsia
- Abd.pain
- Dyslipidemia
- OP
- Fatigue
- HTN
- Headache
- URTI
- Geriatric. Health maintenance
- chest pain
- Dizziness
- Adult. Health maintenance

# Introduction of family medicine

1) Mention 4 establish family medicine : ( مكرر 3 مرات )

## Why family medicine?

1. The recent changes in medicine.
2. The growth of specialization.
3. The fragmentation of the health care delivery system.
4. The social changes.
5. The appearance of a new pattern of illness.
6. The need for better doctor-patient relationship.
7. The high cost of inpatient care.
8. The limitation of resources.

2) Mention 4 principles of family medicine : ( مكرر 3 مرات )

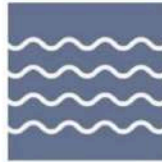
## Family Medicine Principles



Patient-centered



Coordinated



Continuous



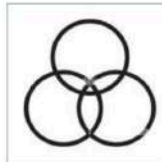
Comprehensive



Collaborative



Preventive



Holistic



Accessible

3) list 4 essential skills that a family medicine physician should have : ( مكرر 8 مرات )

## The skills of Family Physician

1. **The solution of undifferentiated problems** in the context of continuing relationship with family. The symptoms present tend to be unorganized and undifferentiated while those encountered in hospital tend to be medicalized and more differentiated.
1. **Preventive Skills:** The identification of risks & early deviation from normality in patients known to physician.
1. **Therapeutic Skills:** The aim of doctor – patient relationship is to maximize the effectiveness of all kinds of therapy.
1. **Resource management skills:** employment of resources of the community and health care system for the benefit of the patient. This includes the skills of management, consultation & referral.
1. **Communication skills:** Breaking bad news, dealing with angry patient.

# Introduction of family medicine

Final  
Wateen

helping patients negotiate the complex care system is:

- A. Coordinated care
- B. Continuity
- C. Comprehensiveness

Answer: A

Family physician skill in vague undifferentiated symptoms:

- A. Immediate referral
- B. Deal with unrecognized cases & follow up
- C. Ignore symptoms

Answer: B

Nabd

What does holistic approach in family medicine mean?

→ Care addressing biological, psychological, and social aspects of the patient

What is incorrect about family medicine?

→ That family physicians are not concerned with subjective aspects of medicine

wareed

What is the most effective screening test that reduces mortality in breast cancer?

- A. Breast self-exam
- B. Ultrasound
- C. Mammography
- D. MRI

Answer: C

Which of the following is NOT a principle of family medicine?

- A. Person-centered
- B. Continuous
- C. Collaborative
- D. Concise
- E. Coordinated

Answer: D

# Introduction of family medicine

2021/2020

Q:1 Regarding differences between Primary care and Hospital care, choose the correct statement:

- 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.

Answer: C

Q2: Regarding Family Medicine specialty. Which statement of the following is incorrect?

- 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.

Answer: B

Q3: Regarding breaking bad news, one of the following statements is correct.

- 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

Answer: C

Q4: 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:

- a. 4, 2, 1,3
- b. 2, 1, 3, 4
- c. 4,3,2,1
- d. 4.1, 2, 3
- e. 2,4,3,1

Answer: A

# Diabetes Mellitus management

A 45-year-old patient presents with persistently high blood glucose readings. His BMI is 32, and his ASCVD risk score is 20%:

1. What is the most appropriate antidiabetic medication for this patient?

-SglT2 inhibitor  
or glp1 agonist

2. Name two screening tests that should be performed annually for this patient.

1)Urine albumin creatinine ratio  
2)Eye exam

A 65-year-old gentleman presents with polyuria and weight loss. His random blood sugar is 310 mg/dL. You order an HbA1c, which is 11%?

A) What is your first-line choice of drug for this patient? **Insulin**

B)Mention two possible side effects for this drug? **hypoglycemia & weight gain**

what is your diagnosis ?

**Neuropathic diabetic ulcer**

-Periodically test to prevent it?

- **Temperature discrimination or pinprick sensation (for small-fiber function)**
- **Vibration sensation using a 128 hertz (Hz) tuning fork (for large-fiber function).**
- **Light touch perception with 10-g monofilament testing to identify risk of ulceration and amputation**



A 75-year-old gentleman with a history of type 2 diabetes mellitus, chronic heart failure, and chronic kidney disease presents for routine follow-up and history of MI. He is currently adherent to his medications, which include an SGLT2 inhibitor?

1\_ Mention 2 adverse effects:

- **Increased risk of genital mycotic infections**
- Necrotizing fasciitis of the perineum (Fournier gangrene)**

2\_mention a reason for accepting a less stringent HbA1c target :**reduce the risk of hypoglycemia**

patient 85 years , DM , no co- morbidity and his kidney function normal treatment for this patient?

**metformin**

HBA1C level should be ?

**<= 8**

Dm drug safe for HF & intermediate weight loss ? **SGLTi**  
and 2 side effects ? **Necrotising fasciitis and DKA**

# Diabetes Mellitus management

case of DM patient was taken sulfonylurease /metformin/DPP-4 inhibitors ...?

A) Medication Cause weight gain in this diabetic patient : **Sulfonylureas**

B) target for the following :

■ **HbA1C : < 7%**

■ **periprandial plasma glucose : 80 - 130**

**Post prandial:180**

45 diabetic patient take sulfonyluria and SGLT2I complian from hypoglycemic attack

A) What is the cause of hypoglycemic attack ?

**Take Sulfonyluria**

B) Give two benefit of SGLT1 ?

**Used in CKD patient and not cause hypoglycemic attack**

**Cardioprotective**

Treatment of microalbuminuria: **ACE,ARBs**

Fasting blood glucose in diabetic :**80-130**

Post prandial:**<180**

Patient has DM, takes metformin & sulfonylurea, obese, with ASCVD risk and Nephropathy.

A- Best other choice of treatment

**SGLT2 Inhibitor**

2 side effects of this drug

**UTI**

**DKA rarely**

Dm type 2 patient with numbness and burning sensation, the level of B12 was normal and he is non alcoholic ?

A) what is this test ? **Monofilament**

B) Dx ? **Peripheral neuropathy**



patient with DM and Mi , GFR >60 :

A) which medications will you prescribe :

**Metformin , SGLT2I , life style modification**

B) target for the following :

**HbA1C : < 7%**

**periprandial plasma glucose : 80 - 130**

**LDL : Early 100 later 70**

**blood pressure : 130 / 80**

# Diabetes Mellitus management

Final

Wateen

Minimum eGFR to start SGLT2 inhibitors:

- A. 20
- B. 30
- C. 40
- D. 60

Answer: A

Avoid in obese T2DM (BMI 37):

- A. SGLT2 inhibitor
- B. Metformin
- C. Sulfonylurea
- D. GLP-1 agonist

Answer: C

Diabetic neuropathy (false):

- A. Pain & paresthesia are negative symptoms
- B. Sensory symptoms present
- C. Chronic condition

Answer: A

Vaccines in elderly diabetic:

- A. Influenza only
- B. Pneumococcal, COVID-19, Zoster, Tdap, Hep B, Influenza
- C. None

Answer: B

Nabd

What immunizations are recommended for diabetic patients?

→ Influenza, pneumococcal, Tdap, COVID-19, hepatitis B, zoster

What drug is used for weight loss in a diabetic patient?

→ GLP-1 agonists are preferred; sulfonylureas and insulin are not used for weight loss

wareed

Best antihypertensive in diabetic patient?

- A. ACE inhibitor
- B. Beta blocker
- C. CCB
- D. Diuretics

→ Answer: A

Recommended vaccine in DM?

- A. Meningococcal
- B. Hepatitis B
- C. Hepatitis A
- D. MMR

Answer: B

# Diabetes Mellitus management

Best lifestyle intervention in prediabetes?

- A. Low carb diet only
- B. 5–7% weight loss + exercise
- C. Insulin
- D. No intervention

Answer: B

Which drug can cause hypoglycemia?

- A. Metformin
- B. Sulfonylurea
- C. SGLT2 inhibitor
- D. DPP-4 inhibitor

Answer: B

What is a side effect of ACE inhibitors?

- A. Hypercalcemia
- B. Hypermagnesemia
- C. Hyperkalemia
- D. Hyperglycemia

Answer: C

Which drug causes angioneurotic edema?

- A. ACE inhibitors
- B. Beta blockers
- C. Diuretics
- D. Statins

Answer: A

2021/2020

**Q1:** You are seeing a diabetic patient whose BMI is 34 kg/m<sup>2</sup>, Which of the following medications is the most effective for weight loss and obesity treatment::

- a. GLP1 agonists
- b. DPP4 inhibitors
- c. SGLT2 inhibitors
- d. Sulphonylureas
- e. Biguanides

Answer: A

**Q2:** A 34-year-old woman has been diagnosed with type 2 diabetes, with a 2-hour postprandial blood 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?

- a. Chest x-ray
- b. Lipid screen
- c. Serum creatinine
- d. Complete blood cell count
- e. Liver function test

Answer: C

**Q3:** 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:

- 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

Answer: D

**Q4:** 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:

- 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)

Answer: C

**Q5: 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:**

- a. Fentanyl patch, 25 µg/q72h
- b. Amitriptyline, 50 mg at night
- c. Oxycodone 15-30 mg q4-6h
- d. Celecoxib, 200 mg daily
- e. Tramadol, 50 mg q4-6h

**Answer: B**

**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%.

**Answer: B**

**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)

**Answer: C**

# Dyspepsia

patient male complain from retrosternal pain relived by antacid and there is no finding in history or clinical exam

What is the DDX

GERD

What is the next step to do

H. Pylori test

Case of burning sensation ...?

GERD

TREATMENT?

lifestyle modification and PPI

50 years old male with epigastric pain and early satiety

A- mention initial investigation

B - name 4 alarming signs

45 male Patient has discomfort and epigastric pain after 3 to 4 hours of meal

what's your diagnosis ?

Duodenal ulcer

what's the first investigation for this patient?

H. Pylori test

# Dyspepsia

smoker male with fullness and epigastric pain relieved by eating

what is the diagnosis:

Duodenal ulcer

mention other 2 DDx

Stomach ulcer , indigestion ,heartburn,  
pancreatitis,epigastric hernia

63y patient complaining of epigastric pain and discomfort since 3 weeks ,also he complain of neck pain since 6 weeks and taking drugs to relive neck pain ,patient also anemic and taking iron supement since 3 weeks

drug induced dyspepsia

A patient presents with epigastric pain, postprandial fullness, neck pain, left shoulder tingling, and anemia. He is currently taking iron supplements.and medication for his neck pain .

What is the most likely diagnosis and one contributing factor?

Drug induced dyspepsia

\*Due to

- 1)iron in anemic pt And
- 2)NSAID for his neck pain

# Dyspepsia

patient with postprandial fullness and early satiety for 6 months and has little improvement on PPI what is your diagnosis ?

**Functional dyspepsia**

Next step for treatment ?

**TCA**

A patient presents with early satiety and postprandial fullness occurring 3 days per week, along with epigastric pain. These symptoms have been ongoing for 6 months. H. pylori testing is negative, and she uses a PPI only as needed.

What treatment would you start for this patient?

**Empirical proton pump inhibitor(PPI) once daily for 4-8 weeks.**

If the initial treatment fails to relieve her symptoms, what would be the next management step?

**Switch to tricyclic antidepressants (TCA)**

patient with postprandial fullness and early satiety for 6 months and has no improvement on PPI (she uses it only as needed) what is your diagnosis? **Functional dyspepsia**

Next step for treatment ?

**PPI (4-8w) if fail TCA (8-12w) if fail prokinetic (4w)**

# Dyspepsia

Final

wateen

:ROM IV duration

- A. 3 months
- B. 6 months
- C. 2 weeks
- D. 4 weeks

Answer: A

:Alarm sign

- A. Dyspepsia after meals
- B. Dysphagia
- C. Bloating

Answer: B

:Dyspepsia + alarm features → next step

- A. Endoscopy
- B. Continue PPI
- C. TCA

Answer: A

nabd

What condition is associated with dyspepsia, bloating, and excess gas?

→ **Irritable bowel syndrome (IBS)**

What lifestyle modification is NOT recommended in dyspepsia?

→ **Increasing caffeine intake**

What is most sensitive marker of acute pancreatitis?

→ **Lipase**

wareed

Best initial treatment in dyspepsia with negative H. pylori?

- A. PPI
- B. TCA
- C. Endoscopy
- D. Antibiotics

→ Answer: A

# Dyspepsia

H. pylori treatment regimen?

- A. PPI + Amoxicillin only
- B. Bismuth + Amoxicillin + Metronidazole + PPI
- C. PPI only
- D. Clarithromycin only

**Answer: B**

2021/2020

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

**Answer: B**

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 pylori?

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.

**Answer: C**

# Abdominal pain

4 differences between Referred and Radicular pain ?

Referred : Non dermatomal ( diffuse ), proximal > distal, Dull aching, superficial

Radicular: dermatomal, distal > proximal, sharp, deep

patient complain from epigastric pain with nausea and vomiting Give me four DDX for this pain

Epigastric hernia

Pancreatitis

Stomach ulcer

Heart burn / indigestion

45 years old female present with sudden abdominal pain at RIF and anorexia

GIVE 4 DDX?

appendicitis

constipation

ovarian rupture

inguinal hernia

Female with right lower quadrant pain, had her period 2 weeks ago mention 4 differential diagnosis?

**Mittelschmerz (Ovulation Pain)**

ovarian ruptured

acute appendicitis

pelvic inflammatory pain

Female patient has abdominal pain radiate to the back, emesis and discomfort

three differential diagnosis ?

Acute Pancreatitis

Peptic ulcer perforation

acute cholecystitis

A patient presents with epigastric abdominal pain and nausea. List the top 4 differential diagnoses for this presentation

Pancreatitis -Gerd

-Stomach ulcer -Biliary  
disease

A FEMALE PATIENT WITH A HISTORY OF OVARIAN CYST PRESENTS TO THE EMERGENCY ROOM WITH SEVERE SUPRAPUBIC ABDOMINAL PAIN. LIST FOUR POSSIBLE DIFFERENTIAL DIAGNOSES

UTI.... PID Ruptured ovarian cyst ovarian torsion

21 female with suprapubic pain and nausea for one day ,

3 DDX regarding site?

Ectopic pregnancy, PID, UTI

# Abdominal pain

epigastric burning sensation sever at night fowel smell at mouth

diagnosis? gastroesophageal reflux

first lab investigations?

Inguinal hernia

PID

UTI

mention 3 differential diagnosis of severe epigastric pain

stomch ulser

Heartburn/ Indigestion

Pancreatitis,

Gallstones

Epigastric hernia

Final :

Wateen

Pain relieved by defecation:

A. IBS

B. Pancreatitis

Answer: A

Air-fluid level + dilated bowel:

A. Ileus

B. Obstruction

Answer: B

Pancreatitis (except):

A. Cullen sign

B. Epigastric pain

C. Murphy sign

Answer: C

Nabd

What is the diagnosis of right lower quadrant pain with McBurney point tenderness and rigidity?

→ Acute appendicitis

# Abdominal pain

Not a symptom of acute peritonitis?

- A. Tenderness
- B. Decreased mobility
- C. Diarrhea
- D. Guarding

Answer: C

2021/2020

What intraabdominal processes are best visualized on ultrasound rather than CT?

- a. Hepatic and splenic
- b. Biliary and perirectal
- c. Ovarian and small bowel
- d. Gastric and hepatic
- e. Biliary and ovarian

Answer: E

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

- 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
- e. Cholescintigraphy

Answer: D

# Dyslipidemia

A 45-year-old patient has an LDL level of less than 165 mg/dL and an ASCVD risk score of 10%.

1. How should this patient be managed?

- lifestyle modification
- moderate intensity statin

2. When should this patient be referred to secondary care?

- suspected familial hypercholesterolemia
- Intolerance to statin
- Tg>885
- Cholesterol >290

A 35-YEAR-OLD PATIENT HAS AN LDL LEVEL OF 195 MG/DL AND AN ASCVD RISK SCORE OF 18%?

1. HOW SHOULD THIS PATIENT BE MANAGED?

- lifestyle modification
- high intensity statin

2. WHEN SHOULD THIS PATIENT BE REFERRED TO SECONDARY CARE?

- Tg>885
- Cholesterol >290
- intolerance to statins

50 years old male with TG=600, HDL=30 and HTN, DM Co-morbidity, what is your first line drug?

- Fibrate
- Give me 2 life style modifications?
  - 1)Diet
  - B)physical excersice

Patient with TG:600, LDL:100, CE:200, HDL:30

1\_What's the probable diagnosis?

Dyslipidemia/ hypertriglyceridemia

2\_What is the most appropriate initial treatment for this patient?

fibrate + lifestyle modifications

diabetic patients, >40 years, risk >12%, LDL 160 management?

moderate intensity statin, life style modifications

Non diabetic patient ASCVD 14%, LDL<190, TG=300 what's your management?

Moderate intensity statin, lifestyle modification (weight loss, diet, exercise)

45 old man diabetic LDL 195, TGs 350, ASCVD risk score of 10%

how to manage?

- Life style modification
- High intensity statin

# Dyslipidemia

according to the picture:

A) what is the sign:

Xanthelasma

B) what is the most likely diagnosis:

Dyslipidemia



60Y old with LDL=155 ASCVD=12% How to manage the patient??

life style modifications

moderate intensity statin

45 Dm patient the ASCVD was 10% LDL 160 What is the management of this case?

Moderate intensity statin with life style modification

Patint with risk 12% and with persistent elevation ldl and triglyceride Treatment?

life style modification

Moderate intensity statin

Write another ASCVD risk enhancing factor?

Metabolic syndrome

45 y Patients LDL & TG high value ,HDL lower than normal ASCVD

risk 8%

A- what is your management?

Life style modification

Moderate intensity statin

45 male with DM ASCVD = 15%

A) tx : moderate statin + life style modification

B) one side effect : nausea

45 years age ,DM ,risk for CVD 10% how to manage this patient ?

Life style modification,

moderate intensity statins

control DM,

2 status for referral in case of dyslipidemia?

Intolerance to statins

Familia hypercholestremia

# Dyslipidemia

Final

Wateen

Familial hypercholesterolemia:

- A. High LDL + low TG
- B. High LDL + normal TG
- C. High LDL + TG

Answer: B

Stroke pt, cholesterol 220, TG 400:

- A. Lifestyle
- B. High intensity statin
- C. Fibrate

Answer: B

TG 1200 + pancreatitis:

- A. Omega 3
- B. Fibrate
- C. Statin

Answer: B

Nabd

What is NOT part of ASCVD lipid components?

→ HDL

What is the primary LDL target goal in high risk patients?

→ LDL < 70 mg/dL

What is the mechanism of bile acid sequestrants?

→ Increase excretion of cholesterol via bile binding in intestine

wareed

Acceptable LDL in post-CABG patient?

- A. <100
- B. <70
- C. <130
- D. <160

Answer: B

Not included in ASCVD risk factors?

- A. HTN
- B. DM
- C. Smoking
- D. Obesity

Answer: D

What is the strongest risk factor for AAA?

- A. Hypertension
- B. Smoking
- C. Diabetes
- D. Hyperlipidemia

Answer: B

What is correct about colorectal cancer screening?

- A. Colonoscopy every 5 years
- B. Flexible sigmoidoscopy + yearly FIT
- C. Sigmoidoscopy every 10 years

→ Answer: B (according to USPSTF combined strategy)

# Dyslipidemia

2021/2020

QIf 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

Answer: A

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 (creatinine 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

Answer: D

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
- c. Therapeutic lifestyle changes (TLC) only
- d. Old TLC and low-intensity statin
- e TLC and moderate-intensity statin

Answer:A

# Osteoporosis

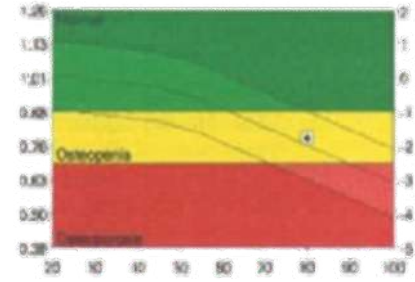
1) According to this figure:

a) What is the diagnosis:

osteopenia

b) What is the T score value:

-2.3



Regione	BMD (g/cm <sup>3</sup> )	Densitometria		BMC (g)	Area (cm <sup>2</sup> )
		GA T-score	PE Z-score		
L1	1,103	-0,2	0,2	18,25	14,74
L2	1,337	1,1	1,6	18,96	14,18
L3	1,338	1,2	1,6	19,18	14,33
L4	1,180	-0,1	0,3	22,11	18,74
L1-L2	1,218	-0,4	0,9	35,22	28,92
L1-L3	1,258	0,7	1,2	54,40	43,26
L1-L4	1,225	0,5	0,7	77,33	52,00
L2-L3	1,338	1,1	1,6	38,15	28,52
L2-L4	1,275	0,6	1,1	60,26	47,26
L3-L4	1,249	0,4	0,8	41,30	33,07

مش نفس الجدول (: (الرقم كان نفس إجابة السؤال)

2) According to this case If T score -2.4:

a) Diagnosis? Osteopenia

b) Management ?

1. Lifestyle modification:

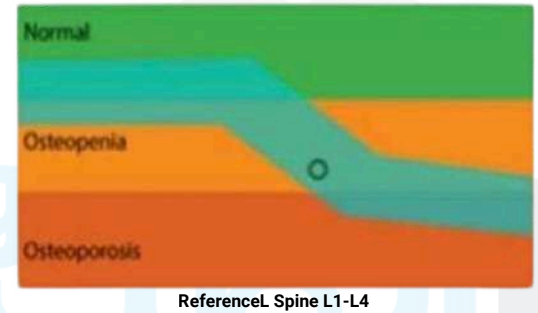
Weight-bearing exercise

Smoking cessation

Limit alcohol

2. Calcium + Vitamin D

3. Medication (depend on frax risk)



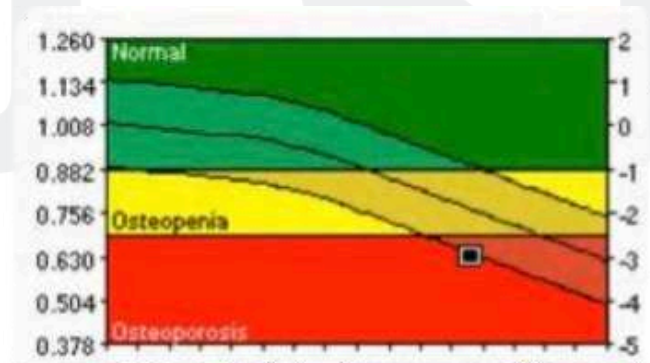
3) According to this figure:

a) What is the diagnosis:

Osteoporosis

b) First line treatment:

Bisphosphonate



4) Female obese, smoker with back pain loss 3cm from her height in the last 5year :

a) what you will order to her:

DEXA Scan

b) mention 4 life style modifications

- Smoking Cessation
- limit alcohol
- Weight-Bearing Exercise
- Dietary Adjustments( vit.D & Calcium)

# Osteoporosis

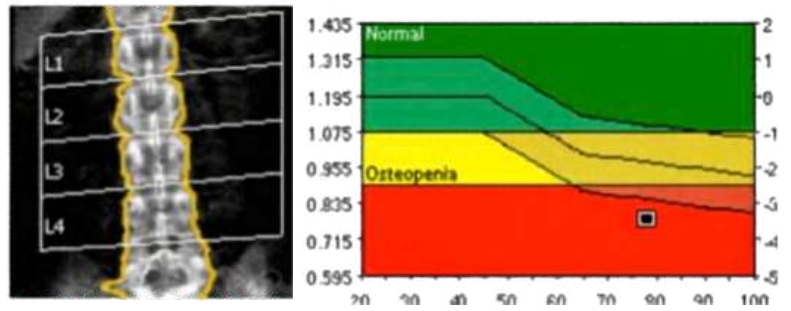
5) According to this figure:

a) What is the diagnosis:

**Osteoporosis**

b) First line treatment:

**Bisphosphonate**

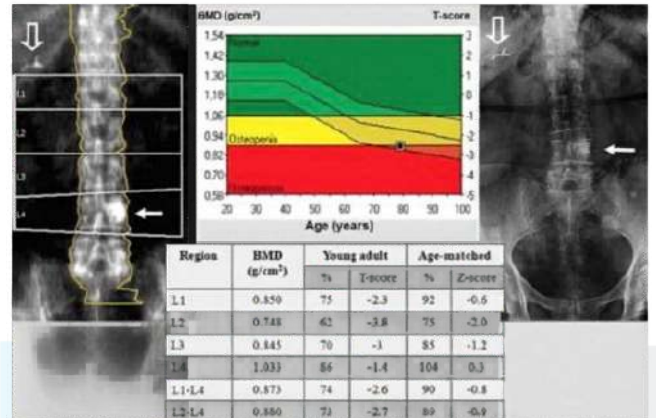


6) Based on the image :

a) What is T score?

**-2.6**

b) What is your diagnosis? **Osteoporosis**



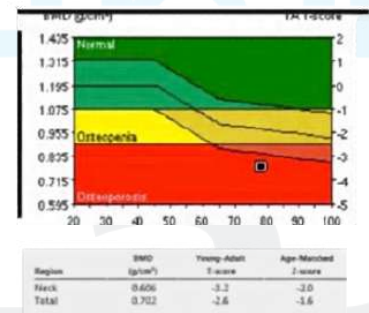
7) According to this figure:

a) What is the diagnosis:

**Osteoporosis**

b) What is the first-line treatment for this condition?

**Bisphosphonate**



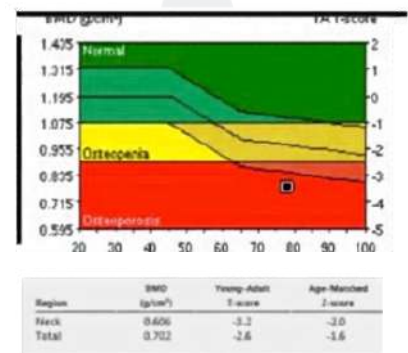
8) Based on this image :

a) What is the diagnosis:

**Osteoporosis**

b) Advice for patients who will be using bisphosphonates:

- Take first thing in the morning on an empty stomach
- Swallow the tablet whole with a large glass of tap water
- Do not take any other medication, eat or drink anything except tap water for at least 30 minutes
- Stay upright for 30 minutes
- Wait 4 hours before taking your calcium supplement



# Osteoporosis

Final

Wateen

T-score -2:

- A. Normal
- B. Osteopenia
- C. Osteoporosis

Answer: B

Ca dose postmenopause:

- A. 500
- B. 800
- C. 1000–1200

Answer: C

After 5 years bisphosphonate, no fracture:

- A. Continue
- B. Add Ca
- C. Drug holiday

Answer: C

Nabd

What is used to detect bone turnover and predict fracture risk?

→ **Bone turnover markers (not serum PTH)**

What is the recommended calcium intake in adults?

→ **1000–1200 mg/day**

What is the first-line treatment for osteoporosis?

→ **Bisphosphonates (Alendronate)**

wareed

What causes osteoporosis in men?

- A. Renal stones
- B. Hypogonadism
- C. Prostatic cancer
- D. Hyperprolactinemia

Answer: B

2021/2020

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)

Answer: D

# Osteoporosis

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

**Answer: A**

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

**Answer: B**

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

**Answer: D**

# Fatigue

A patient complains of inability to initiate physical activity for more than 6 months. He also reports unrefreshing sleep and generalized myalgia.

List three basic investigations you would order for this patient.

•TSH ,cbc ,ck-mb

female with tiredness and unexplained fatigue,she has myalgia and headache and another physical exam is normal , what is your diagnosis ?

**Chronic fatigue syndrome/idiopathic chronic fatigue**

4 initial investigations?

**CBC,CK,TSH,chemistry**

Q13)A 35-year-old female presents with generalized tired and unspecific fatigue , severe headache, and diffuse body aches (myalgia) for the past 6 months. She reports that rest and sleep do not relieve her symptoms. She denies any comorbidities. There is no recent travel or sick contacts. She also reports difficulty performing her daily activities due to profound tiredness.

What's the probable diagnosis?

**chronic fatigue syndrom**

Mention 4 initial tests for undifferentiated diagnosis:

male , 7 month duration of fatigue, all day sleepy , snoring, disturbed sleep diagnosis?

**chronic fatigue syndrome????**

4 initial lab test

Mention 4symp of CFS ? مكرر

- **multijoint pain without swelling**
- **muscle pain**
- **sore throat**
- **unrefreshing sleep**

Female complain of fatigue for 4 months

A- mention 4 initial labs

B- mention 4 red flags to do immediate further investigation

Male patient complains of fatigue from 7 months, with irritability he has sleep disturbances, impairment in concentration and exhaustion

1)dx : idiopathic fatigue syndrome

2)four investigations : CBC, CK, TSH , Chemistries

Case of female with fatigue and obesity with Thyroid test table , high TSH , normal T3,T4 , high anti body :

A) what is the diagnosis:

**Subclinical hypothyroidism (hashimotos )**

B) what is the treatment:

**Levothyroxine**

# Fatigue

أهم المعلومات الي لازم تكونوا عارفينها من المحاضرة والي تكررت عليها الأسئلة:

**Table 1. Oxford Criteria for Chronic Fatigue Syndrome**

Primary symptom is fatigue  
Definite onset of symptoms  
Fatigue is severe, disabling, and affects physical and mental functioning  
Symptoms for at least six months and present more than 50 percent of the time  
Other symptoms must be present, particularly myalgia, and mood and sleep disturbances  
Certain patients should be excluded:  
Those with an established medical condition known to produce chronic fatigue  
Those with a current diagnosis of schizophrenia, manic-depressive illness, substance abuse, eating disorder, or proven organic brain disease

NOTE: All criteria must be met to make the diagnosis.  
Information from reference 6.

**Table 2. Centers for Disease Control and Prevention Diagnostic Criteria for Chronic Fatigue Syndrome**

Severe fatigue for longer than six months, and at least four of the following symptoms:

Headache of new type, pattern, or severity	Significant impairment in short-term memory or concentration
Multijoint pain without swelling or erythema	Sore throat
Muscle pain	Tender lymph nodes
Postexertional malaise for longer than 24 hours	Unrefreshing sleep

Information from reference 7.

**Table 3. Red Flag Symptoms in Persons with Suspected Chronic Fatigue Syndrome**

<i>Red flags</i>	<i>Disease process indicated</i>
Chest pain	Cardiac disease
Focal neurologic deficits	Central nervous system malignancy or abscess, multiple sclerosis
Inflammatory signs or joint pain	Autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosus)
Lymphadenopathy or weight loss	Malignancy
Shortness of breath	Pulmonary disease

Information from reference 8.

## initial laboratory testing:

(i.e., urinalysis; complete blood count; comprehensive metabolic panel; and measurement of thyroid-stimulating hormone, C-reactive protein, and phosphorus levels).

# Fatigue

Final :

wateen

Least cause fatigue:

- A. Levothyroxine
- B. Antihistamine
- C. Benzodiazepine

Answer: A

Chronic fatigue syndrome (false):

- A. Post-exertional malaise
- B. Unrefreshing sleep
- C. ↑ inflammatory markers
- D. Cognitive impairment

Answer: C

Nabd

What is NOT part of chronic fatigue syndrome criteria?

→ **Severe joint pain / increased inflammatory markers**

What is the goal of chronic fatigue syndrome management?

→ **Improve functional status and quality of life**

What is the first investigation in fatigue with pallor?

→ **CBC**

wareed

Associated with chronic fatigue syndrome?

- A. Muscle weakness
- B. Fever
- C. Weight loss
- D. Night sweats

Answer: A

Not true about chronic fatigue syndrome?

- A. Unrefreshing sleep
- B. Acute onset
- C. Post-exertional malaise
- D. Cognitive impairment

Answer: B ( not sure)

What is NOT part of chronic fatigue syndrome criteria?

- A. Unrefreshing sleep
- B. Post-exertional malaise
- C. Cognitive impairment
- D. Fever

Answer: D

# Fatigue

2021/2020

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

Answer: E

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

Select one:

- a. Anti-tissue transglutaminase antibodies
- b. Fasting blood sugar
- c. Vitamin D3
- d. Spirometry
- e. CRP

Answer: B

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

- a. Screen for depression
- b. Screen for hypothyroidism
- c. Screen for sleep apnea
- d. Screen for anemia
- e. screen for pregnancy

Answer: A

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

- 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

Answer: B

# Hypertension

A patient presents with blood pressure readings of 160/90 mmHg.



- What is the best drug combination for this patient that is also cardioprotective?

-Ccb and ACE inh or  
-ACE inh and thiazide

- During physical examination, what findings would suggest secondary hypertension?

-palpitation  
-Snoring  
-Sign of thyroid disease  
-Delay pulse

A 50-YEAR-OLD MAN HAS NORMAL BLOOD PRESSURE READINGS IN THE CLINIC, BUT HOME MEASUREMENTS SHOW ELEVATED BLOOD PRESSURE. WHAT IS THE MOST LIKELY DIAGNOSIS?

Masked HTN

HOW TO CONFIRM YOUR DIAGNOSIS?

Ambulatory blood pressure monitoring

45 years old man with fluctuating hypertension, sometimes 121/80 and sometimes 150/90 he has neck pain also Give me 3 drugs can cause hypertension?

Drugs and other substances, including but not limited to:

- 1) Alcohol
- 2) Caffeine
- 3) Nonsteroidal anti-inflammatory drugs (NSAIDs)
- 4) Decongestants (for example, phenylephrine and pseudoephedrine)
- 5) Systemic corticosteroids
- 6) Immunosuppressants
- 7) Oral contraceptives
- 8) Antidepressants
- 9) Second-generation antipsychotics
- 10) Amphetamines
- 11) Herbal supplements (for example, Ma Huang and St. John's wort)
- 12) Recreational drugs (for example, "bath salts," cocaine, and methamphetamine)
- 13) Angiogenesis inhibitor (for example, bevacizumab) or tyrosine kinase inhibitors (for example, sunitinib and sorafenib)



-If his K:2.9 (3.5-5), what is your diagnosis ?

Hyperaldosteronism

45 year old female with blood pressure 150/90 :

A) four signs and symptoms to find out secondary causes :

Snoring or daytime sleepiness (Obstructive Sleep Apnea)  
Muscle weakness or cramps (Primary Aldosteronism)  
Palpitations, headache, and sweating (Pheochromocytoma)  
Abdominal bruits (Renal Artery Stenosis)

B) when we diagnose patient with HTN from first time :

A patient who presents with hypertensive urgency or emergency (i.e., patients with blood pressure  $\geq 180/120$ ).

A patient who presents with an initial screening blood pressure  $\geq 160/100$  mmHg and who also has known target end organ damage (LVH, hypertensive retinopathy, IHD, CKD).

# Hypertension

An 85-year-old gentleman has been measuring his blood pressure at home and in the office over the past month. His readings range 160/70, 165/80, 167/75 mmHg. He has no other medical conditions, and no laboratory or imaging tests have been done. What is the most likely diagnosis for this patient?

**Isolated systolic hypertension**

What is the most appropriate initial treatment for this patient? **CCB or thiazides**

3 medication for hypertension and maximum dose thiazide one of them diagnosis? **resistance hypertension**

electrolytes disturbance in this patient? **Hypokalemia, hypercalcemia**



50y old on Maximum dose of CCB+ACE+Thiazide and have persist HTN :  
What is called??

**Resistance HTN**

Two causes of his condition?? **Hyperaldosteronism, Pheochromocytoma**

45 years age ,DM ,risk for CVD 5% and blood pressure reading 130/80 :

Mention two point suspected secondary cause of hypertension?

• **Age less than 30 years in nonobese patients with a negative family history of hypertension.**

**Age of onset before puberty**

According to AHA/ACC 2017 when to initiate the pharmacological treatment?

**The CVD risk less than 10% so the goal of blood pressure less than 130/80 and start pharmacological on more than 140/90**

Patient with stage 2 hypertension :

Management ? **Life-style modification, pharmacotherapy**

Basic labs : **urinalysis, electrolyte, ECG, renal function test**

an elderly female with asthma and gout]

-Most suitable antihypertensive? **CCB**

Patient with hypertension had 3 drugs for hypertension and his reading not improved

A- what do we call this situation

**Resistant Hypertension**

B- mention 2 cause of this diagnose

**Primary Aldosteronism (Conn's Syndrome)**

**Obstructive Sleep Apnea (OSA)**

HTN patient his medications ( thiazide + ACEi ) he has BPH

A)what is the drug I can give to this patient? **Alpha blocker**

B) give me one side effect of this drug ? **Postural hypotension**

# Hypertension

Final  
wateren

Causes hyperkalemia:

- A. Losartan
- B. Amlodipine
- C. HCTZ

Answer: A

Best to reduce proteinuria:

- A. Nifedipine
- B. Verapamil
- C. Beta blocker
- D. HCTZ

Answer: B

Secondary HTN sign:

- A. HTN + hypokalemia
- B. Mild HTN
- C. Obesity

Answer: A

Nabd

What is the next step in uncontrolled HTN with mild hyperkalemia on ACE inhibitor?

→ Add thiazide diuretic / adjust therapy

What indicates secondary hypertension?

→ Sudden rise in BP in previously stable patient

wareed

Isolated systolic hypertension is:

- A. SBP  $\geq 140$  with normal DBP
- B. DBP  $\geq 90$
- C. SBP + DBP both high
- D. Only DBP elevated

→ Answer: A

In elderly isolated systolic HTN is important because:

- A. Less complications
- B. More complications than diastolic HTN
- C. No complications
- D. Only cosmetic issue

→ Answer: B

# Hypertension

Best drug in HTN with migraine?

- A. Beta blockers
- B. ACE inhibitors
- C. Diuretics
- D. Nitrates

→ Answer: A

Cause of orthostatic hypotension?

- A. Antidepressants
- B. ACE inhibitors only
- C. High salt intake
- D. Exercise

→ Answer: A

What is NOT a suspected secondary cause of hypertension?

- A. Non-obese <30 years with no family history
- B. Severe or malignant hypertension
- C. HTN with electrolyte disorder
- D. Acute rise in BP after stable control
- E. Age of onset after puberty

→ Answer: E

What is the initial test in hypertension workup?

- A. TSH
- B. Uric acid
- C. 24h urine collection
- D. ECG

→ Answer: D

What is a side effect of ACE inhibitors?

- A. Hyperkalemia
- B. Hypercalcemia
- C. Hyperlipidemia
- D. Hyperglycemia

→ ANSWER: A

2021/2020

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

Select one:

- a. Metoprolol
- b. Bisoprolol
- c. Atenolol
- d. Acebutolol
- e. Carvedilol

Answer: E

# Hypertension

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/m<sup>2</sup>, 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

Answer: B

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

Answer: E

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?

- a. Lisinopril (ACE-I)
- b. Propranolol (beta blockers)
- c. Amlodipine (CCB)
- d. Chlorthalidone (thiazide diuretic)
- e. Losartan (ARB)

Answer: C

# Headache

1) Hx : bilateral tightness band like headache , almost all time , مكرر كثير

1. Diagnosis ? **Tension headache**

2. write when you suspect secondary cause of headache

flags / when to image a headache /  
when suspect a secondary cause of headache

- Headache starts after 50 of age (temporal arteritis, mass lesion)
- Sudden onset of severe headache (SAH, vascular malformation)
- Headache increasing in frequency and severity although treated
- New onset headache in patients with risk factors for HIV or cancer (brain abscess, meningitis, metastasis)
- Headache with signs of systemic illness (fever, stiff neck, rash)
- Focal neurological signs or seizure stroke, mass lesion)
- Papilledema (mass lesion, meningitis)
- Headache subsequent head trauma (ICH, subdural hematoma)

2) 21 female patient complain from headache with episode of nausea and vomiting with photophobia

1. What is the DDX

**Migraine with aura**

2. Mention two abortive treatment

**NASIDS And Ergotamine**

3) most severe headache in my life? **Subarachnoid hemorrhage**

Red flags/ when to suspect secondary cause of headache/ when to image a headache

4) Typical history of migraine

A- diagnosis

B- mention 2 drug to prevent headache

**Seizures medication or calcium channel blocker**

5) Patient with migraine.....

A) do you use prophylactic treatment ? Yes

B) two drug? **Anticonvulsants, BB**

6) female with unilateral headache photophobia and phono-phobia :

A) what is the diagnosis : **migraine**

B) mention abortive medication : **NSAD ,Acetaminophen ,Caffein ,Triptan ,Ergotamine**

C) mention prophylactic medication : **Seizure medications (gabapentin, valproate) blood pressure medications ( BB {propranolol, nadolol}/ CCB {verapamil}) Antidepressants (tricyclic)**

1. [A typical case of migraine with prodroma] -

1. Diagnosis **migraine**

2. Do you use prophylactic treatment for this patient: **yes**

3. Mention one prophylactic drug **mentioned above**

# Headache

A patient presents with a bilateral headache, described as a feeling of pressure, lasting for more than 15 days. مكرر كثير

1. What is the diagnosis? **Chronic tension headache**
2. What is the treatment for this condition? **Chronic treatment: TCA ,Occipital nerve block**

A 28-year-old female presents to the clinic with a severe, throbbing headache on one side of her head, accompanied by nausea and vomiting.

She also reports sensitivity to light (photophobia) and sound (phonophobia). She has no history of head trauma, fever, or neurological deficits.

Which of the following is the most likely diagnosis? **Migraine**

When suspect a secondary cause of headache? Mention 4: as in 1<sup>st</sup> question

Pt with severe headach neck rigidity, fever, diagnosis ? **Meningitis** مكرر

Mention another 2 red flag :

**start after 50 of age**

**sudden onset severe headache**

5) Patient with migraine.....

A) do you use prophylactic treatment ? Yes

B) two drug? **Anticonvulsants, BB**

# Headache

Final :

Wateen

1st line migraine abortive:

- A. NSAIDs
- B. Paracetamol
- C. Beta blocker

Answer: A

Red flag headache:

- A. Chronic
- B. Neurological deficit
- C. Mild pain

Answer: B

Nabd

What headache is unilateral stabbing lasting minutes to hours?

→ Cluster headache

What is NOT used in migraine prophylaxis?

→ Codeine

What indicates secondary headache?

→ Sudden severe headache with neck stiffness

wareed

Best drug in HTN + migraine?

- A. Beta blockers
- B. ACE inhibitors
- C. CCB
- D. NSAIDs

→ Answer: A

wareed

What is true about Meniere disease?

- A. Fluid in perilymph
- B. Attacks last seconds
- C. Episodic spontaneous vertigo
- D. Continuous vertigo

→ Answer: C

What confirms diagnosis of BPPV?

- A. MRI brain
- B. Dix-Hallpike maneuver
- C. EEG
- D. CT scan

→ Answer: B

Vertigo associated with unilateral headache is:

→ Vestibular migraine

What is correct about migraine?

→ Unilateral, throbbing headache

What is correct about cluster headache?

- A. Bilateral headache
- B. Unilateral temporo-orbital pain
- C. Pain lasting days
- D. No autonomic symptoms

→ Answer: B

# Headache

2021/2020

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

Answer: D

.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

Answer D

# URTI

1) Causative organism ?

**Group A beta hemolytic streptococcus**

2) 2 immune mediated complication ?

**Post streptococcal neuropathy , Rheumatic fever, scarlet fever, reactive arthritis**

3) Diagnosis?

**Acute pharyngitis**

4) Mention two indications for tonsillectomy?

- more than 7 episodes in one year Or
- more than 5 episodes per year in two years Or
- 3 episodes per year in the last 3 years

each episode should be documented with one of the following:

- fever  $>38^{\circ}\text{C}$  or tonsillar exudates or cervical lymphadenopathy or positive culture of GABHS
- Hypertrophied tonsils that causing airway obstruction/sleep related difficulties



case of streptococcal pharyngitis and its manegment ....

**4 years old child complain from fever , rirrorhea and barking like cough**

A) What is the DDX ?

**Croup**

B) What is the most effective pharmacological treatment?

**Dexamethazone and inhaled corticosteroid**

Case of bacterial pharyngitis and what is the centor score?

Criteria	Points
Absence of Cough	1
Swollen tender anterior cervical lymph nodes	1
Temperature $> 38$	1
Tonsillar exudate	1
Age 3-14	1
Age 15-44	0
Age 45+	-1
Cumulative Score	



HISTORY of typical viral pharyngitis

A) mention 4 difference between viral and bacterial pharyngitis?



according to the picture

A) sign? Steeple sign

B) treatment ? oral steroid + inhaled steroid

Viral pharyngitis	Bacterial pharyngitis
<ul style="list-style-type: none"> <li>• Gradual after several days of other respiratory symptoms such as rhinorrhea and cough</li> <li>• Conjunctivitis</li> <li>• Diarrhea</li> <li>• Posterior cervical lymphadenopathy are common in infectious mononucleosis</li> </ul>	<ul style="list-style-type: none"> <li>• acute onset sore throat</li> <li>• fever</li> <li>• notable tender, anterior cervical lymphadenopathy</li> <li>• tonsillar exudate or inflammation on examination</li> <li>• Palate petechiae and scarlatiniform rash (although rare but they are highly specific and often missed)</li> </ul>

according to the picture

A) sign? **Thumbprint sign**

B) Dx ? **Epiglottitis**

(السؤال مكرر كثير)



Child with temperature 38.7, tonsils exudate, swollen submandibular LN

A) what is the score? **4!**

B) Diagnosis? **Streptococcus pharyngitis**

# URTI

Final

wateen

Sore throat + positive test → management:

- A. Acyclovir
- B. Antibiotic

**C. Supportive**

Answer: B or C ? But B more

Avoid in epiglottitis:

- A. O2
- B. Referral
- C. Sedation
- D. Steroid

**Answer: C**

Barking cough treatment:

- A. Antibiotic
- B. Dexamethasone + epinephrine
- C. NSAIDs

**Answer: B**

Nabd

What is contraindicated in epiglottitis?

→ **Laryngoscopy**

What is NOT routinely investigated in acute pharyngitis?

→ **CBC**

What is characteristic of croup?

→ **Barking cough**

What is NOT associated with pertussis?

→ **High fever**

wareed

What is the least symptom in strep throat?

- A. Petechial rash on palate
- B. Rhinorrhea
- C. Malaise
- D. Fever
- E. Sore throat

→ **Answer: B**

What is the treatment of Bordetella pertussis?

→ **Azithromycin**

Q1: 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

Answer: A

Q2: 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.

Answer: D

Q3: 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

Answer: A

Q4: 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

Answer: C

# URTI

Q5: 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

Answer: E

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

Answer: A

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

Answer: D

2021/2020

Q 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

Answer: D

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

Answer: D

# Geriatric health maintenance and CGA

What's the name of this test?

-Mini-cog test

2) mention 2 other screening test for geriatric?

1) fall risk...time up and go test

2) Functional assessment...kartz index

## Step 1: Three Word Registration

Look directly at person and say: "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are (select a list of words from the versions below). Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.\*\* For repeated administrations, use of an alternative word list is recommended.

Version 1 Banana Sunrise Chair	Version 2 Leader Season Table	Version 3 Village Kitchen Baby	Version 4 River Nation Finger	Version 5 Captain Garden Picture	Version 6 Daughter Heaven Mountain
---	--	---	--	---	---

## Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

## Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

## Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:00). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of $\leq 3$ on the Mini-Cog <sup>®</sup> has been validated for dementia screening but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of $\leq 4$ is recommended as it may indicate a need for further evaluation of cognitive status.

ME THIS SCORE ?

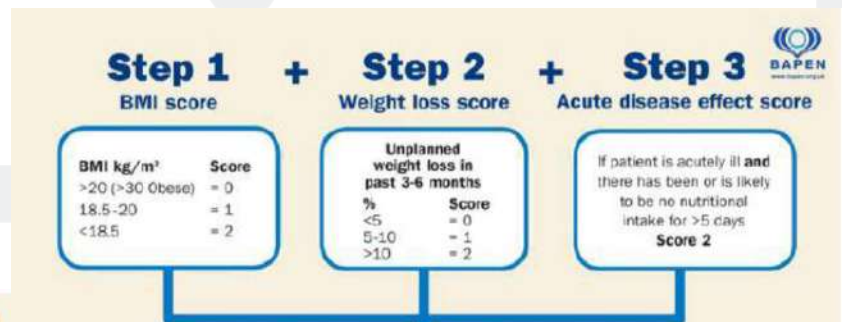
MUST score for nutritional status

OLD FEMALE PATIENT WITH SCORE 4

WHAT'S YOUR ENTERPRETATION?

She is at high risk ..

so treatment



## 2 or more High Risk Treat\*

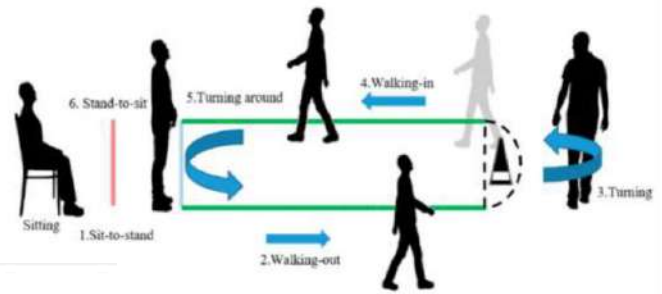
- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan  
Hospital - weekly  
Care Home - monthly  
Community - monthly

\* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

# Geriatric health maintenance and CGA

Interruption for result if result 30 sec?

20-30 seconds= walking and balance problems  
cannot walk outside alone. Request walking aid  
high risk of falls



Intervention?

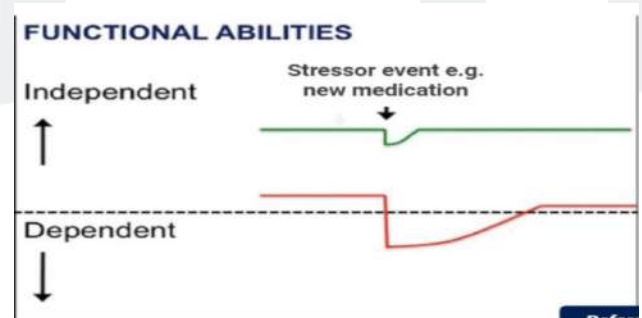
## Fall prevention :

- Offer multifactorial interventions to all patients at high risk of falls focused on addressing individual, modifiable risk factors.
- Offer exercises that target strength, gait, balance, and functional exercises to prevent falls in all community-dwelling adults.
- Perform a medication review.
- Assessment of orthostatic vital signs.
- Vitamin D supplementation if patient has osteoporosis or vitamin D deficiency.
- Other interventions that may reduce the risk of falls in community-dwelling older adults include:
  - Prompt involvement of multidisciplinary team (such as physical or occupational therapy)
  - Home safety interventions
  - Footwear modification
  - Appropriate vision care

The figure shows functional ability changes with stressor events and activities of daily living. 1\_ Red line indicates? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, illness).

2\_ mention 3 interventions?

monitoring physiological reserve  
maintaining a healthy diet  
perform regular exercise



4AT TEST of dementia

what detect this test ? Delirium detection

2 cause for dementia? Alzheimer's, vascular dementia

# Geriatric health maintenance and CGA

What is the name of this score?

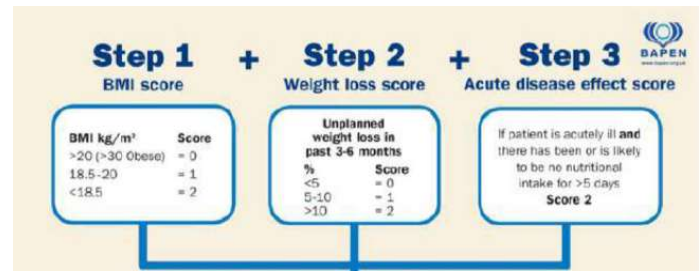
**Must score for nutritional status**

B) Old Female Patient With Score 4. What's Your Interpretation?

She is at high risk.

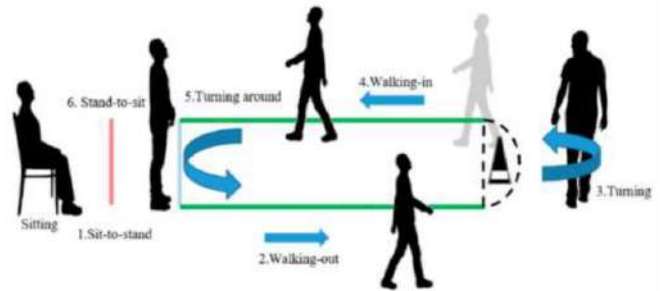
so treatment is:

1. Refer to dietician, Nutritional Support Team or implement local policy
2. Set goals, improve and increase overall nutritional intake
3. Monitor and review care plan. Hospital - weekly  
Care Home - monthly. Community - monthly



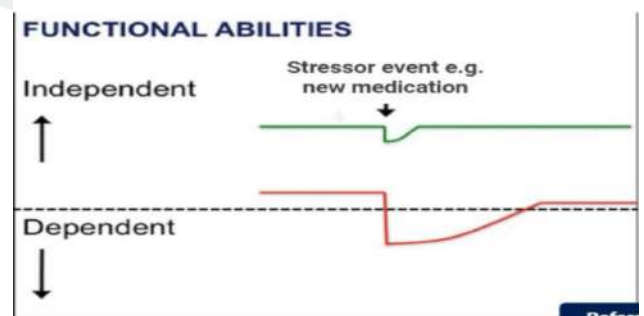
A) what is the name of this test? **time up and go test (TUG)**

B) It's use for the assessment of what? **Fall risk**



Red line indication? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, illness).

Mention 3 of activity of daily life? **Bathing, Dressing, Eating, Transferring from bed to chair, Toileting, Grooming**

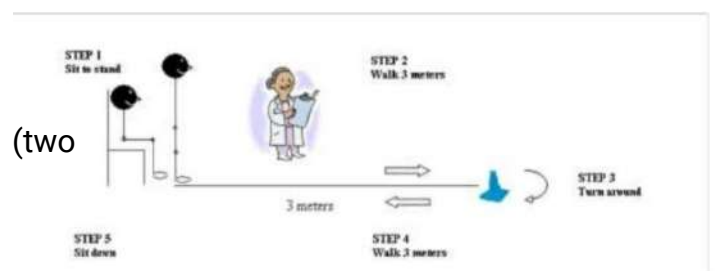


What is the name of this test

**Time up and go / get up and go test**

How to prevent geriatric patient from the risk of fall (two points)?

**exercise and physical therapy Adult  
Vit D supplementation**



# Geriatric health maintenance and CGA

pic of NMA score, what is the name of this score ?????  
 screening test for this patient ?????

according to this test ( 30 seconds )

A) what is interpretation for this patient?

High Dependence

B) two interventions ? Walking aid  
 remove hazard in the home



80 year old man with knee pain , diagnosed with osteoarthritis :

A) what is the test used to assess fall risk :

Get up and go test

B) other 4 comprehensive test for screening :

- Functional assessment
- vision assessment
- Hearing assessment
- Cognitive assessment



-A Katz index score (can't remember the score),

-your indication for this patient: ????

-Mention 4 Activities of daily living? Bathing, Dressing, Eating,  
 Transferring from bed to chair, Toileting, Grooming

What is the name of this test ?

Katz

Patient score is 6 , what does it mean?

Strongly independent, state of full function

What is the name of this activity?

Activity of daily living

Katz Index of Independence in Activities of Daily Living		
Score (0)	Independence (1 Point)	Dependence (0)
	NO supervision, direction or personal assistance.	WITH supervisory or personal assistance.
(1 POINT)	Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Needs help in bathing more than one part of the body, getting in or out of shower. Requires help with grooming.
(1 POINT)	Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or completely dependent on another person.
(1 POINT)	Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help with transferring to or from toilet or uses bedpan.
(1 POINT)	Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable.	(0 POINTS) Needs help with transferring from bed to chair or vice versa.
(1 POINT)	Exercises complete self control over urination and defecation.	(0 POINTS) Needs help with incontinence of urine or stool.
(1 POINT)	Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs help with feeding or requires parenteral feeding.

SCORING: 6 = High (patient independent) 0 = Low (patient dependent)

# Geriatric health maintenance and CGA

Final

Wateen

ADL includes:

- A. Cooking
- B. Transport
- C. Transferring

Answer: C

Mini-Cog score needing evaluation:

- A. 2
- B. 3
- C. 4
- D. 5

Answer: A

Nabd

What is IADL?

→ **Cooking**

What is Katz score in full function?

→ **6**

Who should be screened for AAA?

→ **Male 65 years old ex-smoker**

wareed

Which activity is NOT an ADL?

- A. Eating
- B. Bathing
- C. Toileting
- D. Shopping

→ Answer: D

What is correct about immunization in elderly?

- A. Tetanus booster every 10 years
- B. Pneumococcal yearly
- C. Influenza every 2 years

→ Answer: A

2021/2020

# Geriatric health maintenance and CGA

2020

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/mm<sup>3</sup> (N 4100–10,900) RBCs 4.05 million/mm<sup>3</sup> (N 4.70–6.10) Hemoglobin 12.9 g/dL (N 14.0–18.0) Hematocrit 39% (N 42–52) Mean corpuscular volume 79 m<sup>3</sup> (N 80–95) Platelets 197,000/mm<sup>3</sup> (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

Answer: A

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

Answer: E

# Chest pain

(السؤال مكرر)

1) what the name of this criteria ?

**Wells criteria**

2) If result is 1.5 what is your next step?

**D-Dimer**

3) If the score =3 What is the next step?

**D-Dimer**

4) What is it for?

**Assess the risk of PE**

Clinical signs and symptoms of DVT	No 0	Yes +3
PE is the #1 diagnosis OR equally likely.	No 0	Yes +3
Heart rate > 100	No 0	Yes +1.5
Immobilization at least three days OR surgery in the previous four weeks	No 0	Yes +1.5
Previous, objectively diagnosed PE or DVT.	No 0	Yes +1.5
Hemoptysis.	No 0	Yes +1
Malignancy w/ treatment within six months or palliative.	No 0	Yes +1
<b>High risk (PE likely)</b>	>4 points, 37.1% incidence of PE; <b>DO CTA</b>	
<b>Low risk (PE unlikely)</b>	0-4 points, 12.1% incidence of PE; <b>DO D-dimer testing:</b> 1- If the dimer is negative, consider stopping workup. 2- If the dimer is positive, consider CTA	

Patient comes to ER with sudden dyspnea and pleuritic chest pain and previous has breast CA :

1) what you see in ECG ?

**sinus tachycardia**

2) what is the diagnosis:?

**pulmonary embolism**

3) name of criteria ?

**wells criteria**

4) if the criteria 5.5 what is the next step ?

**CT Angiogram**



43 years old patient complains from retrosternal pain last 10 min with walking and relieved by rest.

1) what the name of this score ?

**Murberg heart score**

Score component
Age/gender (female $\geq 65$ , male $\geq 55$ )
Known clinical vascular disease
Patient assumes cardiac origin of pain
Pain worse with exercise
Pain not reproducible by palpation

2) What is the most likely DDX?

**Stable angina**

A 45 year old male presents with chest pain that is not related to exertion and is reproducible on palpation.

(السؤال مكرر)

1) what the name of this score ?

**Murberg heart score**

2) Based on the score, What is your diagnosis ?

**Non cardiac cause ; musculoskeletal pain**

Rule out chest pain in primary care (Marburg Heart Score {MHS})

Table 6	No 0	Yes +1
Female $\geq 65$ years or male $\geq 55$ years	No 0	Yes +1
Known CAD, CVD, PAD	No 0	Yes +1
Pain worse with exercise	No 0	Yes +1
Pain reproducible with palpation	No +1	Yes 0
The patient assumes pain is cardiac.	No 0	Yes +1
<b>Interpretation:</b>		
0-1	Low risk	
2-3	Moderate risk	
4-5	High risk	

**Score component**

- Age/gender (female  $\geq 65$ , male  $\geq 55$ )
- Known clinical vascular disease
- Patient assumes cardiac origin of pain
- Pain worse with exercise
- Pain not reproducible by palpation

# Chest pain

patient sudden chest pain heavy in nature while he watching TV, cardiac enzyme normal  
ECG Picture normal

1) diagnosis?

**unstable angina**

ECG of pericarditis

1) write what do you see in ecg ?

**Diffuse ST elevation and T inversion and ...**

Sudden heaviness chest pain while watching TV , cardiac enzymes negative

A) picture of ECG ?

**Normal**

B) diagnosis?

**Unstable Angina**

according to the X-ray :

A) what is the diagnosis :

**Tension pneumothorax**

B) mention 3 deadly causes for chest pain :

**PET MAC : pulmonary embolism, esophageal rupture , tension pneumothorax , myocardial infarction, aortic dissection, cardiac tamponade**



a case of a man complaining of chest pain that is relieved with rest

A) what is your interpretation of the ECG:

**Normal**

B) diagnosis:

**angina pectoris (stable angina)**



Patient came to ER complaining of chest pain more than 40 minute, with diaphoresis ,  
his blood pressure 85/60

A) diagnosis:

**Inferior STEMI**

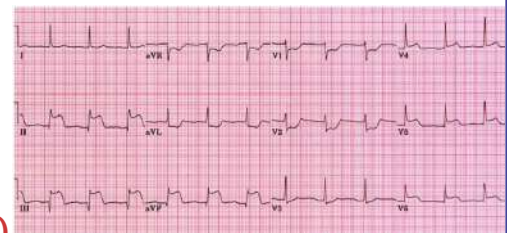
**hyperacute T wave in V1,V2 & V3** (بالسؤال كمان كان فيه)

B) management:

**O2, aspirin, fluid & analgesia** (nitroglyceride or morphine) (المهم ما تكتبوا)

C) what should we do to be sure?

**Cardiac enzymes**



A 40-year-old man was watching television when he suddenly experienced chest pain for more than 30 minutes that did not improve with nitroglycerin

A) what is your interpretation of the ECG:

**Normal ECG**

B) diagnosis:

**Unstable angina**



# Chest pain

A 52 year old male experienced a 10-minute episode of central chest heaviness with nausea and shortness of breath after strenuous exercise. The episode resolved with rest. He has had similar previous episodes, and cardiac enzymes was reassured.

1) What's the probable diagnosis ?

**Stable Angina**



2) What is the NEW YORK HEART ASSOCIATION FUNCTIONAL CLASSIFICATION of this patient?

**class 1**

I miss the scenario but patient with tearing pain ...

A) dx :

**aortic dissection**

B) give me two findings :

**wide mediastinum**

**loss of aortic knob**



# Chest pain

Final

Watten

False statement:

- A. Myoglobin specific for MI
- B. Troponin important
- C. ECG useful

Answer: A

Intermediate CAD risk:

- A. PCI
- B. Stress test
- C. Observe

Answer: B

Risk score in unstable angina:

- A. Wells
- B. TIMI
- C. Marburg
- D. INTERCHEST

Answer: B

Panic attack (exclude diagnosis):

- A. Syncope
- B. Chest pain
- C. Tachypnea

Answer: A

Nabd

What is correct about chest pain?

→ Cardiac pain can radiate from jaw to epigastrium

In sudden severe chest pain radiating to back, which is least likely diagnosis?

→ Myocardial infarction

Chest pain with ST depression and negative enzymes indicates?

→ Unstable angina

wareed

Finding supporting PE in acute dyspnea?

- A. Chest pain
- B. Bradycardia
- C. Jaundice
- D. Polyuria

→ Answer: A

2021/2020

# Chest pain

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

Answer:D

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

Answer:B

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

Answer:B

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

Answer:D

# Approach to dizzy patient

1) The earliest and most common symptoms of vestibular schwannoma?

A) Vertigo

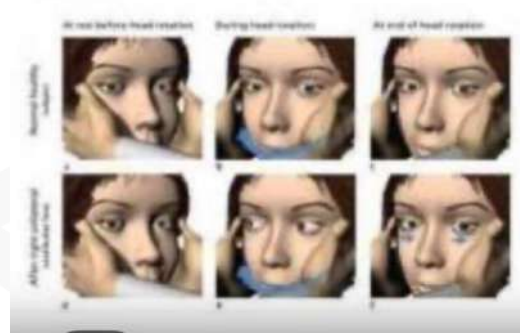
B) Sensorineural hearing loss and tinnitus

C) Mass effect

Ans: B

Hx: vertigo and abnormal in this test

- 1. Name of test?
- **Head impulse test**
- 2. Diagnosis?
- **Vestibular neuritis**
- 3. Type of nystagmus?
- **Unidirectional horizontal**



\*A patient presents to your clinic with continuous vertigo.

The test shown in the image was performed.

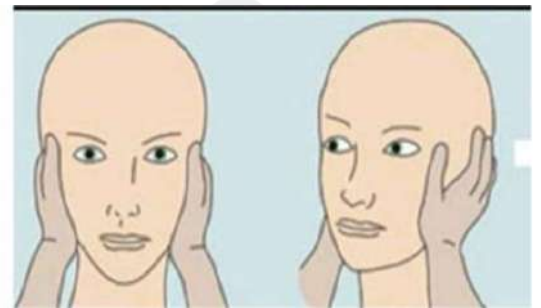
1. In addition to the test shown in the image, name two other clinical tests used to assess this condition.

1) **Assess nystagmus**

2) **The test of skew**

2. If the test results are negative, what does that indicate?

- **Central cause**

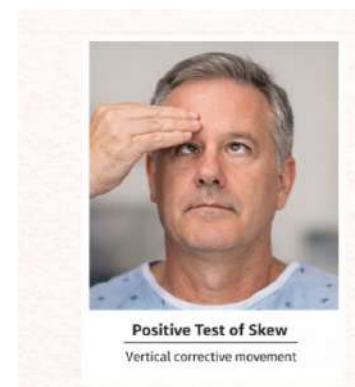


WHAT IS THE NAME OF THIS TEST:

**Test of Skew**

WHAT IS YOUR DIAGNOSIS BASED ON THIS RESULT?

**There is the central cause of vertigo (Stroke)**



# Approach to dizzy patient

3) patient tested for spontaneous continuous vertigo, name of this test?

**HINTS test**

-If test were normal, next step?

**MRI**



Q4- picture for dix-hallpike examination describe the vertigo that patient present

If the test was negative, with according to TiTrATE what is the next step

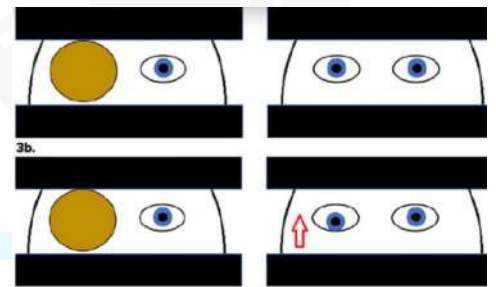
**BP measures for orthostatic hypotension**

A) what is the name of this test?

**Test of Skew**

B) What's your diagnosis based on the result?

**There is the central cause of vertigo (Stroke)**



Dix-Hallpike Maneuver

10. according to the picture:

A) when to do this test

**Benign paroxysmal positional vertigo**

B) if negative what the next

**Assess for postural hypotension**



• What is the name of this test

**HINTS**

• What type of vertigo tested with is examination

**continuous spontaneous هون لازم تكتب**

• What is the peripheral dizziness result in this test

• **+ve head impulse**

• **Unidirectional nystagmus**

• **-ve skew**

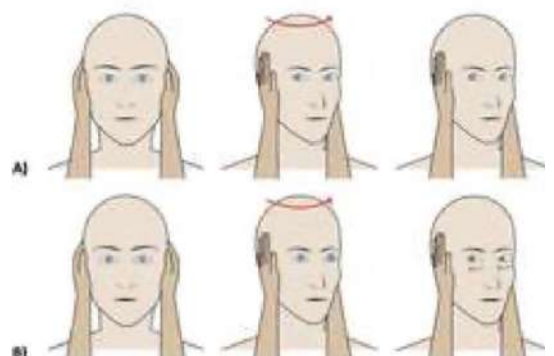


Name of the test

**Head impulse**

Diagnosis if the test is positive

**Peripheral case ( vestibular neuritis)**



# Approach to dizzy patient

Final

Wateen

Meniere disease:

- A. Continuous
- B. Episodic
- C. Provoked

Answer: B

Central vertigo sign:

- A. Unidirectional nystagmus
- B. Hearing loss
- C. Gait ataxia
- D. Positional vertigo

Answer: C

Nabd

What is incorrect about Epley maneuver?

→ **Not only 40% effective (more effective in BPPV)**

What is true in vestibular neuritis?

→ **Spontaneous continuous vertigo**

wareed

Condition causing spinning when turning in bed?

- A. Meniere disease
- B. BPPV
- C. Vestibular neuritis
- D. Stroke

→ Answer: B

2021/2020

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

Answer: B

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

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

Answer: A

# Approach to dizzy patient

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

Answer: C

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

Select one:

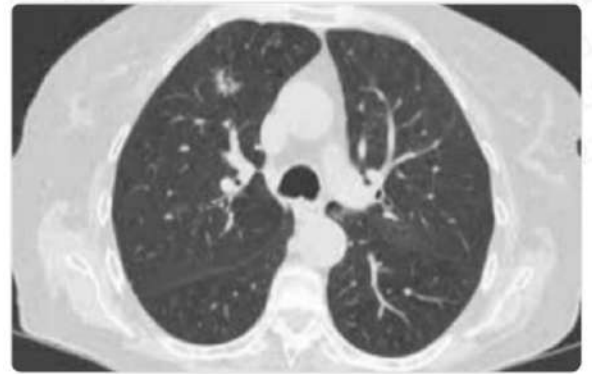
- a. It causes continuous spontaneous vertigo
- b. It causes continuous toxin-associated vertigo
- c. It causes episodic spontaneous vertigo
- d. It causes episodic triggered vertigo
- e. It causes continuous trauma-associated vertigo

Answer: A

# Adults

## 1) When do we perform this screening test?

Adults aged 55-80 years with a  $\geq 30$  pack-year smoking history who currently smoke or have quit within the past 15 years  $\rightarrow$  annual low-dose CT (LDCT) for lung cancer screening.



راج تحسابوه موضوع طويل بس كله مكرر واللله (سهل ان شاء الله)

## 50-year-old woman, no risk factors

### 1) Mention all the screening tests which can be done:

- Blood pressure measurement (hypertension screening)
- Lipid profile (dyslipidemia screening)
- Diabetes mellitus screening (HAlc / fasting glucose)
- Obesity assessment (BMI, waist circumference)
- Cervical cancer screening (Pap smear / HPV testing)
- Breast cancer screening (mammography)
- Colorectal cancer screening (colonoscopy / FIT)

### 1) 55 patient do the test in this image

#### A) If this test positive what is the next step?

**Do colonoscopy**

#### B) Mention four vaccine give to this patient

**Influenza Tadv. Covied 19. Pneumococcal poly and conjugate**



9. according to the mammogram machine in the picture :

A) age for this test regarding Jordanian guidelines :

■ **40**

B) mention other 2 screening test for normal conditions:

■ **Monthly breast self examination, annual clinical breast examination , US , biopsy**

تقريبا مثل نظام هذا السؤال

# Adults

3) 67-year-old male with DM & dyslipidemia controlled, about screening for prostate cancer, smoker 1 pack per year for 30 years

**A- what are the guidelines in this case?**

Shared decision-making for PSA testing at age 55-69; not routinely recommended after 70

**B - mention 2 screening tests for this patient:**

Lung cancer screening with annual low-dose CT (due to smoking history) / colorectal cancer screening

**1) Which vaccines should be given during pregnancy, and when?**

Influenza vaccine → during influenza season (e.g., October)

Tap (tetanus, diphtheria, pertussis) during the third trimester (27-36 weeks gestation)



67-year-old male, ex-smoker

**1) AAA screening for this patient?**

One-time abdominal ultrasound (recommended for men aged 65-75 who have ever smoked)

52-year-old postmenopausal female, history of HTN, had mammogram 6 months ago

**1) What screening test does she need?**

Cervical cancer screening (Pap smear / HPV testing)

Osteoporosis screening (DEXA scan)

Breast cancer screening (continue mammography every 1-2 years)

**2) What vaccines would you advise her to take?**

Influenza vaccine (annual)

Zoster vaccine (RZV, ≥50 years)

Tap booster (every 10 years)

55-year-old male, fecal occult blood test negative

**1) What is your next step management?**

Continue routine colorectal cancer screening (e.g., colonoscopy or repeat FOBT per guidelines)

**2) Name 4 other screening tests for this patient.**

Cardiovascular risk factors (HTN, dyslipidemia, obesity, diabetes, smoking)

Lung cancer screening (if smoker, annual low-dose CT)

Prostate cancer screening (shared decision-making for PSA)

Depression screening



# Adults

66-year-old male, smoker (40 pack-years), BMI 26, random glucose 160 mg/dL, otherwise medically free

1) Mention 3 recommended vaccines for his age.

Influenza (annual)

Tap (booster every 10 years)

Pneumococcal (PCV + PPSV)

2) Mention 4 screening tests for his age.

Lung cancer screening

Colorectal cancer screening (colonoscopy / FIT)

Dyslipidemia / hypertension screening

Diabetes mellitus screening

3) According to guidelines, what screening measures should be done for prediabetes and type 2 diabetes in this patient?

Screening tests: Fasting plasma glucose, HbA1c, or oral glucose tolerance test (OGTT)

Lifestyle recommendations: Weight reduction (DASH diet), smoking cessation, salt and alcohol restriction,

Mr. Ahmad (53 years old, smoker 20 cigarettes/day for 10 years) and Mrs. Ahmad (40 years old, family history of breast cancer)

1) What screening tests should be done for them?

Mr. Ahmad: Lung cancer screening (annual low-dose CT), cardiovascular risk assessment (BP, lipids, diabetes), colorectal cancer screening

Mrs. Ahmad: Mammography (due to family history), cervical cancer screening (Pap smear/HPV), cardiovascular risk assessment

Screening for lung cancer in couples

1) Who should undergo lung cancer screening?

Men and women aged 50-80 with  $\geq 20$  pack-year smoking history who currently smoke or quit within the past 15 years

2) What is the recommended screening modality and interval?

Annual low-dose CT (LDCT) chest

3) Is routine chest X-ray recommended for lung cancer screening?

No

52-year-old male, smoker (20 pack-years)

1) Interval screening for lung cancer?

Every year (annual low-dose CT)

2) Mention 2 other screening tests for this patient.

AS MENTIONED ABOVE

# Adults

## Breast cancer screening - National Guidelines in Jordan

1) What are the recommended breast cancer screening methods for women aged 25-39 years at normal risk?

Self-breast exam Monthly

Clinical breast exam → Annually

Mammogram → **Not recommended**

2) What are the recommended breast cancer screening methods for women aged 40 years and above at normal risk?

Self-breast exam Monthly

Clinical breast exam → Annually

Mammogram → **Annually**

**55-year-old male, ex-smoker (quit 12 years ago, 20 cigarettes/day for 12 years)**

1) Mention cancer screening tests to do.

Lung cancer

Colorectal cancer

2) Mention 5 other screening tests to do.

Dyslipidemia (lipid profile)

Diabetes mellitus (HbA1c / fasting glucose)

Obesity (BMI, waist circumference)

Hypertension (blood pressure measurement)

Depression screening

**35-year-old woman, healthy, no medications**

1) Mention 3 screening tests to do for this patient.

Cardiovascular risk factors (obesity, HTN, smoking)

Alcohol use

Domestic violence / depression screening

2) Mention 3 vaccines for this patient.

COVID-19

Tdap

Influenza

**67-year-old male with DM & dyslipidemia, smoker (30 pack-years)**

1) What are the guidelines in this case regarding prostate cancer screening?

Shared decision-making for PSA testing at age 55-69; not routinely recommended after 70

2) Mention 2 other screening tests for this patient.

Lung cancer screening with annual low-dose CT (due to smoking history)

Colorectal cancer screening

# Adults

**55-year-old adult, fecal occult blood (FOB) test positive**

1) If this test is positive, what is the next step?

Colonoscopy

Mention 4 vacc recommended:

Influenza

TdapR

COVID-19

Pneumococcal (polysaccharide and conjugate)

**The first component of adult health maintenance**

Initial comprehensive visit

**60-year-old man with 30-pack-year smoking history**

1) Should this patient be screened for lung cancer?

Yes - annual low-dose CT (LDCT)

2) What immunizations are recommended for this patient?

AS MENTIONED ABOVE

**66-year-old male, smoking 40 pack-years, medically free, medications free, BP 140/80, HR 70, BMI 24**

1) Mention 3 recommended vaccines for his age.

AS ALWAYS

2) Mention 4 screening tests for his age.

AS ALWAYS AGAIN 😊

**55-year-old man, received Tdap 5 years ago, presenting for screening tests**

1) What screening tests should be done?

BP / lipids profile.....ets ( AS ALWAYS 😊)

# Adults

## 1) What is this tool used for?

Screening for depression

## 2) What is considered positive, and what is the next step?

Positive PHQ-2: If score  $\geq 3$  → proceed to PHQ-9 and further psychological evaluation

## 3) If positive, what is the next step?

Administer PHQ-9 for severity assessment and arrange comprehensive mental health evaluation

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

## 1) What is this test called?

Red reflex test

## 2) Mention 2 other screening tests for newborns.

Newborn hearing screening

Metabolic screening (e.g., congenital hypothyroidism, PKU)



## 1) What is this tool and what is it used for?

PHQ-9 (Patient Health Questionnaire-9) - used for screening, diagnosing, monitoring, and measuring the severity of depression.

Subject Name \_\_\_\_\_ Date \_\_\_\_\_

Since your hospitalization, how often have you been bothered by any of the following problems? Circle your response.

	Not at all	Some	Often	Nearly all of the time
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Total: \_\_\_\_\_

## 1) What is the diagnosis?

AAA (ABDOMINAL AORTIC ANEURYSM)

## 2) Mention 4 conditions to screen for in this patient.

Hypertension

Diabetes mellitus

Dyslipidemia

Colorectal cancer

## 3) What are the screening measures for his case?

abdominal ultrasonography for men aged 65-75 who have ever smoked



"إِذَا تَوَلَّىٰكَ اللَّهُ بِطُفْهِهِ وَجَدْتَ الرَّحْمَةَ كَامِنَةً فِي أَضْدَادِهَا وَمَعَ انْعِدَامِ  
 أَسْبَابِهَا، كَمَنْ مَهْمُومٍ بَاتَ يَقْلُبُ وَجْهَهُ الْحَيْلَ فَيَمَّا أَلَمَّ بِهِ، فَيُصْبِحُ  
 عَلَى فَرْجٍ لَمْ يَخْطُرْ عَلَى قَلْبِهِ؛ لُطْفَ اللَّهِ أَقْرَبَ مِمَّا تَتَخَيَّلُ!"

# Adults

Final

Wateen

AAA screening:

- A. Male 65 ex-smoker
- B. Male non-smoker
- C. <65 smoker

Answer: A

Cervical screening:

- A. Pap every 3 yrs or co-test 5 yrs
- B. Yearly pap
- C. No screening

Answer: A

34y female screening:

- A. Colon
- B. Ovarian
- C. Depression
- D. Osteoporosis

Answer: C

Nabd

What screening is indicated in healthy 38-year-old female?

→ **Domestic violence screening**

What is recommended for lung cancer screening in high risk?

→ **Low-dose CT based on age and risk (not immediate imaging in younger age)**

wareed

At what age is osteoporosis screening recommended (USPSTF)?

- A. 60
- B. 65
- C. 70

Answer: B

2021/2020

## Adults

Q1: 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 yearly influenza vaccine, which of the following vaccines is due at this time

- a. DtaP sixth dose
- b Diphtheria and tetanus booster (Td)
- c. MMR, third dose
- d. Vancella second dose
- e IPV, fifth dose

Answer: B

Q2: 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 :

- a: Breast cancer
- b. Domestic violence
- C. Colon cancer
- d. Ovarian cancer
- e. Hepatitis B

Answer: B

Q3: 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

- 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

Answer:C

Q4: 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

- 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

Answer: D

# Adults

Q:5 In screening for obesity which of the following is the definition of obesity by body mass index (BMI)

- a. 35
- b. 40
- C. 22
- d. 25
- e. 30

Answer: E

Q6: 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

- 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

Answer: B

2020

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

Answer: C

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

Answer: D