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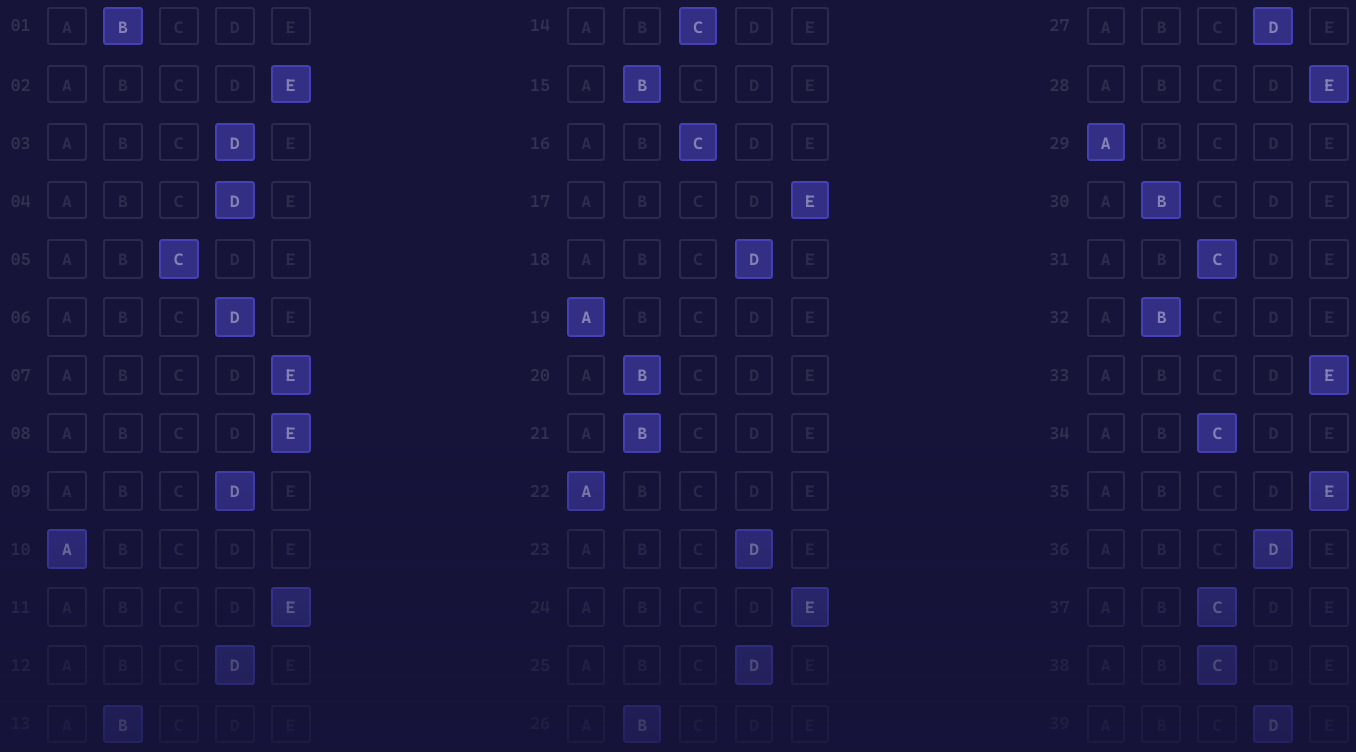

PRACTICE QUESTIONS

American Board Of Pediatrics (ABP)

RADOL

Adolescent Medicine (MOC- Subspecialty)

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Board Of Pediatrics (ABP) `RADOL`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `RADOL`
- the question number
- the email address on your order

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QUESTION 1 TRUE FALSE

Confidentiality should be explained to adolescents as part of routine healthcare because it can facilitate discussion of sensitive topics and appropriate disclosure of health concerns.

A **True**

B False

ANSWER **A**

WHY Confidentiality is an important component of adolescent healthcare and can improve engagement in care and discussion of sensitive issues. It should be explained with its appropriate limits, including situations involving imminent danger, abuse, or threats to the adolescent or others.

QUESTION 2 MULTIPLE CHOICE

Which of the following scenarios represent situations in which confidentiality may be limited or breached when caring for an adolescent patient? (Choose two.)

A **A 17-year-old discloses suicidal ideation with a specific plan**

B A 15-year-old requests contraception

C **A 16-year-old reports ongoing physical abuse by a parent**

D A 14-year-old asks about acne treatment

ANSWER **A** · **C**

WHY Confidentiality in adolescent care is not absolute. When an adolescent expresses suicidal ideation with a plan (option A) or discloses ongoing physical abuse (option C), the clinician has both an ethical and legal duty to break confidentiality to protect the patient from harm, which includes involuntary psychiatric evaluation when indicated and mandated reporting of suspected abuse. Requests for contraception and questions about acne are routine aspects of adolescent care that generally remain confidential.

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QUESTION 3 MULTIPLE CHOICE

According to the American Academy of Pediatrics/Bright Futures recommendations for adolescent well-care, which of the following should be performed at every preventive care visit? (Choose two.)

A **Universal depression screening using a validated tool such as PHQ-9**

B Papanicolaou (Pap) test screening for cervical cancer

C **Anticipatory guidance covering injury prevention and substance use**

D Annual tuberculin skin testing in all adolescents

ANSWER **A · C**

WHY Universal depression screening with a validated instrument such as the PHQ-9 and anticipatory guidance addressing safety, injury prevention, mental health, and substance use are recommended at every adolescent preventive care visit under Bright Futures. Routine Pap testing is no longer recommended annually and is not performed at every visit, and universal annual tuberculin skin testing is only indicated for adolescents at increased risk of TB exposure.

QUESTION 4 TRUE FALSE

The CRAFFT 2.1 screening tool is validated for use in adolescents aged 12 through 21 to identify substance use disorders and related risk behaviors.

A **True**

B False

ANSWER **A**

WHY True. The CRAFFT 2.1 is a validated behavioral health screening tool developed for adolescents and young adults aged 12 through 21. It screens for both substance use and associated risk behaviors such as riding with an impaired driver and is widely used as part of SBIRT in adolescent primary care.

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QUESTION 5 SINGLE CHOICE

A 15-year-old female with newly diagnosed anorexia nervosa, restricting type, presents with bradycardia of 42 beats per minute and orthostatic hypotension. According to current management guidelines, which of the following is the most appropriate next step?

A Initiate outpatient family-based treatment and re-evaluate in one week

B Refer for immediate hospitalization for medical stabilization

C Start an SSRI and reassess vitals in two weeks

D Admit for bariatric surgery evaluation

ANSWER B

WHY Adolescents with anorexia nervosa who demonstrate severe physiologic instability, including marked bradycardia (typically <45-50 bpm depending on guideline) and/or orthostatic hypotension, meet criteria for inpatient medical stabilization due to risk of cardiovascular collapse, electrolyte derangements, and sudden cardiac death. Outpatient family-based therapy is the cornerstone of treatment for medically stable patients but is inappropriate until medical stabilization is achieved. Bariatric surgery is not indicated in adolescent restrictive anorexia nervosa. SSRI therapy is not first-line and should not be started in a medically unstable, underweight patient.

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QUESTION 6 SINGLE CHOICE

Which of the following contraceptive methods is classified by the U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC) as Category 4 (unacceptable health risk) for an 18-year-old who is 3 weeks postpartum and breastfeeding?

A Progestin-only pill

B Levonorgestrel intrauterine device

C Combined estrogen-progestin oral contraceptive

D Depot medroxyprogesterone acetate injection

ANSWER C

WHY Combined hormonal contraceptives (estrogen-containing) are Category 4 in breastfeeding women who are less than 21 days postpartum due to increased risk of venous thromboembolism and potential effects on milk supply in the early postpartum period. They become Category 3 at 21-30 days postpartum and Category 2 after 30 days if breastfeeding. Progestin-only methods including the levonorgestrel IUD, progestin-only pill, and DMPA are all acceptable (Category 1 or 2) in this scenario.

QUESTION 7 SINGLE CHOICE

A 16-year-old male with newly diagnosed moderate major depressive disorder has no contraindications and is not actively suicidal. Which of the following is the most appropriate first-line pharmacotherapy?

A Tricyclic antidepressant (e.g., nortriptyline)

B Monoamine oxidase inhibitor (e.g., phenelzine)

C Selective serotonin reuptake inhibitor (e.g., fluoxetine)

D Atypical antipsychotic (e.g., aripiprazole) monotherapy

ANSWER C

WHY Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), is FDA-approved for the treatment of major depressive disorder in adolescents and is the first-line pharmacotherapy when antidepressant medication is indicated, typically in combination with psychotherapy. TCAs and MAOIs are not first-line in adolescents due to toxicity in overdose and dietary/drug interactions, respectively. Atypical antipsychotic monotherapy is not appropriate for unipolar major depressive disorder without psychotic features.

QUESTION 8 SINGLE CHOICE

According to the CDC Advisory Committee on Immunization Practices (ACIP) immunization schedule for adolescents, which of the following vaccines is routinely recommended at the 11-12 year visit?

A **Tdap, HPV (2-dose series), and MenACWY**

B HPV (3-dose series) and annual influenza vaccine

C PCV20 and PPSV23

D Hepatitis B series initiation only

ANSWER **A**

WHY The ACIP adolescent immunization schedule routinely recommends Tdap, HPV vaccination (initiated as a 2-dose series when started before age 15), and the first dose of MenACWY at the 11-12 year visit. HPV requires 3 doses only if the series is initiated at age 15 or older or in immunocompromised patients. PCV20/PPSV23 are not routinely recommended for healthy adolescents, and Hepatitis B series initiation is part of the infant/childhood schedule, not the adolescent visit.

QUESTION 9 SINGLE CHOICE

According to current CDC STI Treatment Guidelines, what is the first-line recommended treatment for uncomplicated chlamydia in a 17-year-old adolescent?

A Azithromycin 1 g orally as a single dose

B **Doxycycline 100 mg orally twice daily for 7 days**

C Levofloxacin 500 mg orally daily for 7 days

D Ceftriaxone 500 mg intramuscularly as a single dose

ANSWER **B**

WHY The 2021 CDC STI Treatment Guidelines recommend doxycycline 100 mg orally twice daily for 7 days as the preferred treatment for uncomplicated chlamydia in non-pregnant adolescents and adults, due to its superior efficacy compared to azithromycin and concerns about azithromycin resistance. Azithromycin 1 g single dose remains an alternative regimen. Levofloxacin is an alternative, and ceftriaxone is the treatment of choice for gonorrhea, not chlamydia.