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39	A	B	C	D	E

PRACTICE QUESTIONS

American Hypertension Specialist Certification Program (AHSCP)

CHC

Examination for Certified Hypertension Clinician

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Hypertension Specialist Certification Program (AHSCP) CHC, 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, CHC
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

According to the 2017 ACC/AHA hypertension guideline, which blood pressure reading corresponds to Stage 2 hypertension in an adult?

- ☐ A 118/76 mmHg
- ☐ B 126/82 mmHg
- ☐ C 132/84 mmHg
- ☒ D 146/92 mmHg

ANSWER D

WHY Under the 2017 ACC/AHA guideline, Stage 2 hypertension is defined as a systolic BP of 140 mmHg or higher, or a diastolic BP of 90 mmHg or higher. A reading of 146/92 mmHg clearly meets this threshold, whereas 118/76 mmHg is normal, 126/82 mmHg falls within the elevated range, and 132/84 mmHg falls within Stage 1.

QUESTION 2 SINGLE CHOICE

A patient is seated for an office blood pressure measurement. Which positioning step is recommended to avoid artificially elevating the reading?

- ☐ A Cross the legs at the knees to relax the patient
- ☐ B Support the back but allow the arm to hang unsupported at the patient's side
- ☐ C Place the cuff over a thick-sleeved shirt for patient comfort
- ☒ D Support the arm at heart level with the back supported and feet flat on the floor

ANSWER D

WHY Proper technique requires the patient to be seated with back supported, feet flat on the floor (not dangling or crossed), and the arm supported at heart level. Leg crossing, an unsupported arm, and clothing under the cuff can each falsely elevate blood pressure and lead to misclassification.

QUESTION 3

SINGLE CHOICE

For a 58-year-old Black patient with uncomplicated Stage 1 hypertension and no compelling indications, which initial drug class is generally recommended as first-line therapy by JNC 8 / ACC-AHA guidance?

- ☐ A An angiotensin-converting enzyme (ACE) inhibitor
- ☒ B A thiazide-type diuretic or calcium channel blocker
- ☐ C A loop diuretic such as furosemide
- ☐ D A direct-acting alpha-1 blocker such as doxazosin

ANSWER B

WHY In Black adults without chronic kidney disease or heart failure, JNC 8 recommends initiating antihypertensive treatment with either a thiazide-type diuretic or a calcium channel blocker. ACE inhibitors are generally less effective as monotherapy in this population, loop diuretics are not first-line for essential hypertension, and alpha-1 blockers are reserved as add-on therapy because of higher cardiovascular event rates when used as primary agents (per ALLHAT).

QUESTION 4

SINGLE CHOICE

A 47-year-old patient has resistant hypertension with a serum potassium of 3.1 mEq/L and a plasma aldosterone concentration (PAC) of 28 ng/dL with a plasma renin activity (PRA) of 0.2 ng/mL/hr. What is the most appropriate next step?

- ☐ A Begin amiloride therapy and reassess in 4 weeks
- ☐ B Repeat basic metabolic panel and recheck BP at the next visit
- ☒ C Calculate the aldosterone-to-renin ratio (ARR) and pursue confirmatory testing for primary aldosteronism
- ☐ D Order a renal duplex ultrasound as the initial evaluation

ANSWER C

WHY Spontaneous hypokalemia with resistant hypertension raises strong suspicion for primary aldosteronism. The PAC/PRA ratio ($28/0.2 = 140$) is markedly elevated (a ratio $>20-30$ with $\text{PAC} \geq 15$ ng/dL is suggestive). The appropriate next step is to calculate the ARR and, if positive, proceed with confirmatory testing such as a saline infusion or oral salt-loading test before imaging.

QUESTION 5

SINGLE CHOICE

A 63-year-old patient presents with a blood pressure of 232/128 mmHg and new blurred vision, papilledema, and a serum creatinine that has risen from 1.0 to 2.4 mg/dL over 24 hours. Which of the following best characterizes the patient's status?

- ☐ A Hypertensive urgency requiring oral therapy and outpatient follow-up
- ☐ B White-coat hypertension requiring ambulatory monitoring
- ☒ C Hypertensive emergency requiring immediate intravenous therapy and admission to a monitored setting
- ☐ D Isolated systolic hypertension of elderly requiring reassurance only

ANSWER C

WHY Severely elevated BP (>180/120 mmHg) accompanied by acute, progressive target-organ damage (hypertensive retinopathy with papilledema, acute kidney injury) defines a hypertensive emergency. Management requires immediate BP reduction with titratable intravenous agents in an intensive care or closely monitored setting, with a goal of lowering mean arterial pressure by no more than ~25% within the first hour.

QUESTION 6

SINGLE CHOICE

A 24-hour ambulatory blood pressure monitor report shows a mean 24-hour blood pressure of 128/82 mmHg, daytime mean of 132/85 mmHg, and nighttime mean of 118/74 mmHg. Based on current guideline thresholds, how should this be interpreted?

- ☐ A Normal 24-hour, daytime, and nighttime blood pressure
- ☐ B White-coat hypertension
- ☐ C Ambulatory hypertension, with a non-dipper pattern
- ☒ D Ambulatory hypertension, with an adequate nocturnal dip

ANSWER D

WHY Current thresholds define ambulatory hypertension as a 24-hour mean $\geq 130/80$ mmHg, daytime mean $\geq 135/85$ mmHg, or nighttime mean $\geq 120/70$ mmHg. This patient's 24-hour (128/82) and daytime (132/85) means exceed the thresholds. A nocturnal mean that falls by 10–20% relative to daytime indicates a normal 'dipper' pattern; here the nighttime mean is approximately 11% lower than daytime, consistent with adequate dipping rather than non-dipping.

QUESTION 7

SINGLE CHOICE

Which clinical feature most strongly suggests renovascular hypertension due to fibromuscular dysplasia in a young woman?

- ☐ A Long-standing essential hypertension responsive to two oral agents
- ☒ B New-onset hypertension in a woman under 30 with an audible abdominal bruit and no metabolic syndrome features
- ☐ C Isolated nighttime hypertension on ambulatory monitoring
- ☐ D Orthostatic hypotension in an elderly patient on multiple antihypertensives

ANSWER B

WHY Fibromuscular dysplasia classically presents in young women (typically 15–50 years) with new or accelerated hypertension, often with an abdominal bruit and without the usual features of essential hypertension (obesity, metabolic syndrome). Imaging such as duplex ultrasound, CT angiography, or MR angiography is appropriate to evaluate for the characteristic 'string of beads' appearance of the renal arteries.

QUESTION 8

MULTIPLE CHOICE

Which two of the following lifestyle interventions have the strongest evidence for lowering blood pressure in adults with elevated BP or hypertension? (Choose two.)

- ☒ A Adopting the DASH dietary pattern with reduced sodium intake
- ☐ B Routine supplementation with high-dose vitamin C
- ☒ C Regular aerobic physical activity of at least 150 minutes per week
- ☐ D Daily use of garlic extract as primary monotherapy for Stage 2 hypertension

ANSWER A - C

WHY The DASH diet combined with sodium reduction and regular aerobic activity (≥ 150 minutes/week of moderate-intensity exercise, such as brisk walking) are Class I, evidence-based lifestyle interventions consistently shown to lower BP by clinically meaningful amounts. High-dose vitamin C has no robust evidence, and garlic extract is not appropriate as primary monotherapy for Stage 2 hypertension.

QUESTION 9

MULTIPLE CHOICE

In a patient with hypertension and albuminized chronic kidney disease (eGFR 35 mL/min per 1.73 m² and urine albumin-to-creatinine ratio 320 mg/g), which two drug classes are indicated as preferred therapy for both BP control and renoprotection? (Choose two.)

- ☒ **A** Angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB)
- ☒ **B** Mineralocorticoid receptor antagonist such as spironolactone
- ☐ **C** Calcium channel blocker as monotherapy without a RAS blocker
- ☐ **D** Loop diuretic such as furosemide

ANSWER A - B

WHY In CKD with albuminuria, an ACE inhibitor or ARB is first-line because it reduces intraglomerular pressure and slows progression of kidney disease. A mineralocorticoid receptor antagonist (e.g., spironolactone or eplerenone) is an appropriate add-on for resistant hypertension and has been shown to reduce albuminuria, though potassium must be monitored carefully. CCB monotherapy without RAS blockade and loop diuretics are not preferred renoprotective strategies in this setting.