

01	☐ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☒ B	☐ C	☐ D	☐ E
03	☐ A	☐ B	☐ C	☐ D	☒ E
04	☐ A	☐ B	☐ C	☒ D	☐ E
05	☐ A	☐ B	☐ C	☒ D	☐ E
06	☐ A	☒ B	☐ C	☐ D	☐ E
07	☐ A	☐ B	☒ C	☐ D	☐ E
08	☐ A	☐ B	☐ C	☒ D	☐ E
09	☒ A	☐ B	☐ C	☐ D	☐ E
10	☐ A	☒ B	☐ C	☐ D	☐ E
11	☐ A	☐ B	☒ C	☐ D	☐ E
12	☐ A	☐ B	☐ C	☐ D	☒ E
13	☐ A	☐ B	☐ C	☐ D	☒ E

14	☒ A	☐ B	☐ C	☐ D	☐ E
15	☐ A	☐ B	☐ C	☐ D	☒ E
16	☐ A	☐ B	☐ C	☒ D	☐ E
17	☐ A	☐ B	☒ C	☐ D	☐ E
18	☐ A	☐ B	☐ C	☐ D	☒ E
19	☐ A	☐ B	☐ C	☒ D	☐ E
20	☒ A	☐ B	☐ C	☐ D	☐ E
21	☐ A	☐ B	☐ C	☐ D	☒ E
22	☒ A	☐ B	☐ C	☐ D	☐ E
23	☐ A	☐ B	☐ C	☒ D	☐ E
24	☐ A	☐ B	☒ C	☐ D	☐ E
25	☐ A	☐ B	☐ C	☒ D	☐ E
26	☒ A	☐ B	☐ C	☐ D	☐ E

27	☐ A	☐ B	☐ C	☐ D	☒ E
28	☒ A	☐ B	☐ C	☐ D	☐ E
29	☐ A	☒ B	☐ C	☐ D	☐ E
30	☐ A	☐ B	☒ C	☐ D	☐ E
31	☒ A	☐ B	☐ C	☐ D	☐ E
32	☐ A	☒ B	☐ C	☐ D	☐ E
33	☒ A	☐ B	☐ C	☐ D	☐ E
34	☐ A	☐ B	☐ C	☐ D	☒ E
35	☐ A	☐ B	☐ C	☐ D	☒ E
36	☐ A	☒ B	☐ C	☐ D	☐ E
37	☐ A	☐ B	☐ C	☐ D	☒ E
38	☐ A	☐ B	☒ C	☐ D	☐ E
39	☐ A	☐ B	☐ C	☒ D	☐ E

PRACTICE QUESTIONS

American Hypertension Specialist Certification Program (AHSCP)

CHS

Examination for Certified Hypertension Specialist

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

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

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

QUESTION 1

MULTIPLE CHOICE

According to current ACC/AHA hypertension guidelines, which of the following BP thresholds define stage 1 hypertension in adults? (Choose two.)

- ☒ **A** Systolic BP ≥ 130 mmHg
- ☒ **B** Diastolic BP ≥ 80 mmHg
- ☐ **C** Systolic BP ≥ 140 mmHg
- ☐ **D** Diastolic BP ≥ 90 mmHg

ANSWER A • B

WHY Under the 2017 ACC/AHA hypertension guideline, stage 1 hypertension is defined as a systolic BP ≥ 130 mmHg or a diastolic BP ≥ 80 mmHg, while stage 2 begins at $\geq 140/\geq 90$ mmHg. Therefore the systolic ≥ 130 and diastolic ≥ 80 thresholds are correct.

QUESTION 2

MULTIPLE CHOICE

Which of the following are recognized secondary causes of hypertension that should be considered during the workup of a hypertensive patient? (Choose two.)

- ☒ **A** Primary aldosteronism
- ☒ **B** Renal artery stenosis
- ☐ **C** Essential (idiopathic) hypertension
- ☐ **D** White-coat effect

ANSWER A • B

WHY Primary aldosteronism and renal artery stenosis are well-established secondary causes of hypertension that warrant targeted screening in appropriate patients. Essential (primary) hypertension is, by definition, not a secondary cause, and white-coat effect describes a BP measurement phenomenon rather than an underlying cause of sustained hypertension.

QUESTION 3

TRUE FALSE

When measuring office blood pressure, the patient should be seated quietly for at least 5 minutes with feet flat on the floor and the arm supported at heart level before the reading is taken.

☒ **A** True☐ B False**ANSWER A**

WHY True. Proper office BP measurement technique requires the patient to rest quietly for at least 5 minutes, with feet flat on the floor (legs uncrossed), back supported, and the arm supported at heart level, to avoid falsely elevated readings.

QUESTION 4

SINGLE CHOICE

For a 58-year-old patient with stage 2 hypertension, no compelling indications, and no contraindications, which class of medication is recommended as part of initial guideline-directed pharmacologic therapy?

☐ A Loop diuretic☒ **B** Thiazide-type diuretic☐ C Centrally acting alpha-2 agonist☐ D Direct renin inhibitor as monotherapy**ANSWER B**

WHY First-line antihypertensive therapy for adults without compelling indications typically includes a thiazide-type diuretic, an ACE inhibitor, an ARB, or a calcium channel blocker. Loop diuretics are not first-line for hypertension, centrally acting agents are reserved for refractory cases, and direct renin inhibitors are not recommended as routine first-line monotherapy.

QUESTION 5 SINGLE CHOICE

Which of the following best defines a hypertensive emergency?

- ☐ A Any BP reading above 180/120 mmHg regardless of symptoms
- ☒ B Severely elevated BP (>180/120 mmHg) with evidence of acute, ongoing target-organ damage
- ☐ C Asymptomatic BP of 160/100 mmHg discovered on screening
- ☐ D Elevated BP in a patient who missed antihypertensive doses for 2 days

ANSWER B

WHY A hypertensive emergency is defined as severely elevated BP (typically >180/120 mmHg) accompanied by evidence of acute, progressive target-organ damage (e.g., encephalopathy, ischemic stroke, intracerebral hemorrhage, acute coronary syndrome, pulmonary edema, renal failure, aortic dissection). Severely elevated BP without target-organ damage is termed hypertensive urgency, not emergency.

QUESTION 6 SINGLE CHOICE

In a hypertensive patient with diabetic kidney disease and albuminuria, which class of agent is preferred because of proven renoprotective benefit?

- ☐ A Beta-blocker
- ☒ B ACE inhibitor or ARB
- ☐ C Non-dihydropyridine calcium channel blocker
- ☐ D Alpha-1 blocker

ANSWER B

WHY ACE inhibitors and ARBs are preferred in hypertensive patients with diabetic kidney disease and albuminuria because they reduce intraglomerular pressure and slow progression of nephropathy in addition to lowering blood pressure.

QUESTION 7

SINGLE CHOICE

Which daytime ambulatory blood pressure threshold is generally used to define hypertension on 24-hour ambulatory monitoring?

- ☐ A $\geq 120/70$ mmHg
- ☐ B $\geq 130/80$ mmHg
- ☒ C $\geq 135/85$ mmHg
- ☐ D $\geq 140/90$ mmHg

ANSWER C

WHY Current hypertension guidelines define ambulatory hypertension using a daytime (awake) threshold of $\geq 135/85$ mmHg on 24-hour ambulatory BP monitoring, with a 24-hour average threshold of $\geq 130/80$ mmHg and a nighttime threshold of $\geq 120/70$ mmHg. The office threshold of $\geq 140/90$ mmHg does not apply to ambulatory readings.

QUESTION 8

SINGLE CHOICE

Which dietary pattern is most consistently recommended for blood pressure reduction in patients with hypertension?

- ☐ A High-protein, low-carbohydrate diet
- ☒ B DASH diet with reduced sodium intake
- ☐ C Ketogenic diet
- ☐ D Low-fiber, high-dairy diet

ANSWER B

WHY The DASH (Dietary Approaches to Stop Hypertension) eating plan, which is rich in fruits, vegetables, whole grains, and low-fat dairy and reduced in saturated and total fat, combined with reduced sodium intake, is the most consistently evidence-based dietary intervention for lowering blood pressure.

QUESTION 9

SINGLE CHOICE

Which laboratory test is most appropriate to obtain at baseline in a newly diagnosed hypertensive patient to assess for an identifiable secondary cause and to evaluate target-organ damage?

- ☐ A Serum uric acid
- ☒ B Basic metabolic panel (including creatinine and potassium) and urinalysis
- ☐ C Lipase
- ☐ D Amylase

ANSWER B

WHY Recommended baseline labs in newly diagnosed hypertension include a basic metabolic panel (sodium, potassium, creatinine, eGFR, glucose), a lipid panel, and urinalysis. The BMP/urinalysis screens for renal disease, electrolyte abnormalities (e.g., suggestive of primary aldosteronism or Liddle syndrome), and diabetes, while uric acid, lipase, and amylase are not part of the routine baseline evaluation.