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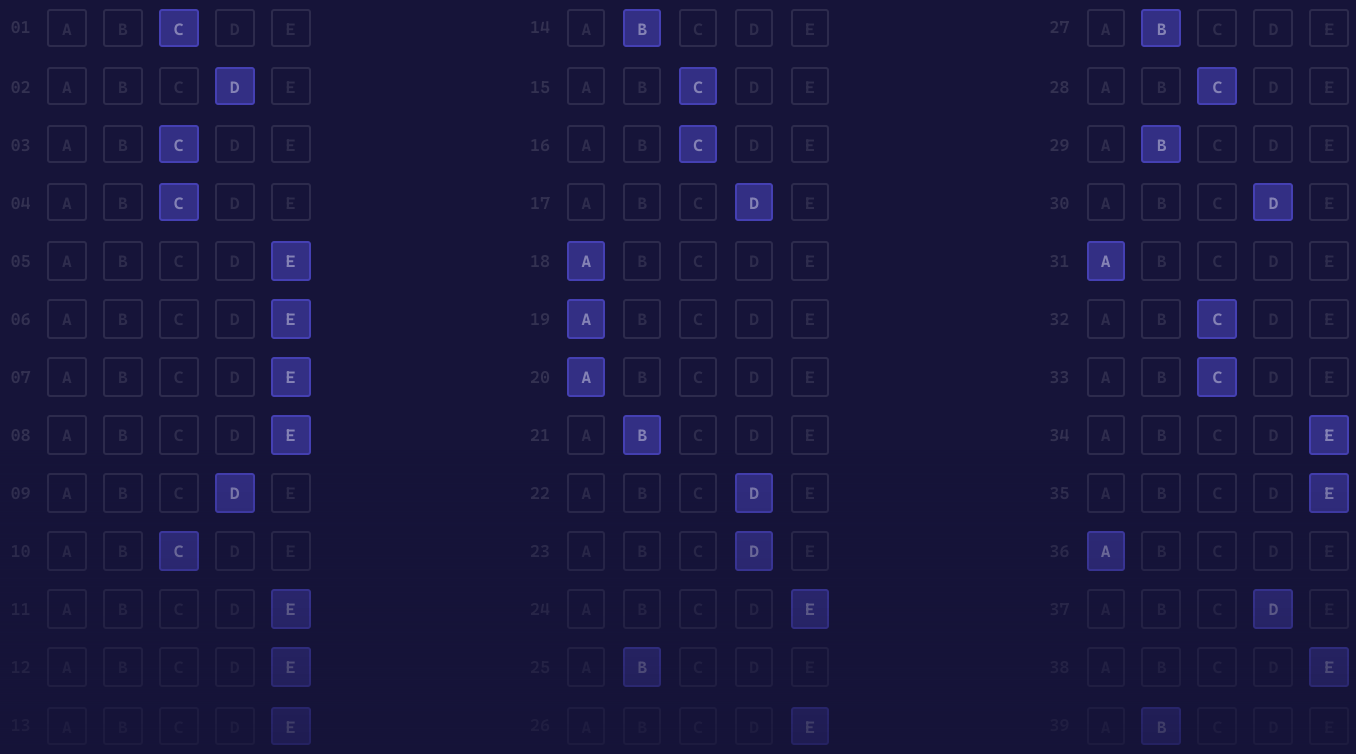

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

FAMEC

Consultant Family Medicine

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) `FAMEC`, 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, `FAMEC`
- the question number
- the email address on your order

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

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QUESTION 1 SINGLE CHOICE

A 52-year-old asymptomatic man with no family history of colorectal cancer asks about colorectal cancer screening. According to current evidence-based guidelines accepted for the DHA Family Medicine consultant scope, which is the most appropriate screening recommendation?

A **Colonoscopy every 10 years starting at age 45**

B Annual fecal occult blood test starting at age 50

C Flexible sigmoidoscopy every 5 years starting at age 60

D CT colonography every 5 years starting at age 40

ANSWER **A**

WHY Current evidence-based guidelines recommend starting average-risk colorectal cancer screening at age 45, with colonoscopy every 10 years as one of the preferred modalities. The other options either use outdated age cut-offs (50), non-preferred modalities without appropriate age, or screening intervals that do not align with current recommendations.

QUESTION 2 SINGLE CHOICE

A 58-year-old man with type 2 diabetes mellitus, hypertension, and dyslipidemia has a HbA1c of 8.4% despite maximum tolerated metformin and lifestyle measures. His blood pressure is 138/86 mmHg and LDL cholesterol is 2.6 mmol/L (100 mg/dL). Renal function is normal. According to current standards for comprehensive diabetes care, what is the most appropriate next step in management?

A Add a sulfonylurea to achieve glycemic targets

B **Add a GLP-1 receptor agonist or SGLT2 inhibitor with proven cardiovascular benefit**

C Discontinue metformin and initiate insulin therapy

D Recheck HbA1c in 6 months before intensifying therapy

ANSWER **B**

WHY Current standards recommend addition of a GLP-1 receptor agonist or SGLT2 inhibitor in patients with type 2 diabetes who have established cardiovascular risk or remain above glycemic targets on metformin, given their cardiovascular and renal protective benefits. Delaying intensification at HbA1c 8.4% is inappropriate, and sulfonylureas are not preferred when cardiovascular benefit is the priority.

QUESTION 3 SINGLE CHOICE

A 62-year-old man presents with exertional chest pressure that resolves with rest, occurring over the past 3 weeks. Examination is normal and resting ECG is unremarkable. What is the most appropriate next step in evaluation?

A **Immediate exercise stress testing**

B Empiric trial of proton pump inhibitors for GERD

C Refer directly for coronary angiography

D Reassure and discharge without further testing

ANSWER **A**

WHY In a patient with a typical exertional history suggestive of stable angina and a normal resting ECG, exercise stress testing is the appropriate next non-invasive investigation to evaluate for inducible ischemia. Empiric PPI therapy is not appropriate when cardiac symptoms are typical, and direct angiography is reserved for high-risk features. Reassurance alone risks missing significant coronary disease.

QUESTION 4 SINGLE CHOICE

A 45-year-old woman with a 20-pack-year smoking history presents with chronic productive cough and dyspnea on exertion. Spirometry shows FEV1/FVC of 0.62 with post-bronchodilator FEV1 of 78% predicted. What is the most appropriate diagnosis and management step?

A **Mild COPD; start a long-acting muscarinic antagonist (LAMA)**

B Moderate COPD; start inhaled corticosteroid plus LABA

C Asthma; start inhaled corticosteroid

D Acute bronchitis; prescribe a short course of antibiotics

ANSWER **A**

WHY Post-bronchodilator FEV1/FVC < 0.70 confirms persistent airflow limitation consistent with COPD, and FEV1 ≥ 80% predicted places her in GOLD group 1 (mild COPD). First-line maintenance therapy for symptomatic mild COPD is a long-acting bronchodilator, typically a LAMA. Inhaled corticosteroids are reserved for patients with frequent exacerbations or higher symptom burden.

QUESTION 5 SINGLE CHOICE

A 28-year-old primigravida at 28 weeks gestation is Rh-negative with no documented anti-D antibodies. Her partner's Rh status is unknown. What is the most appropriate management?

A **Administer anti-D immunoglobulin at 28 weeks**

B Perform amniocentesis to determine fetal Rh status

C Administer anti-D immunoglobulin only after delivery if the baby is Rh-positive

D No intervention is needed; only screen for antibodies

ANSWER **A**

WHY Standard obstetric practice is to offer routine antenatal anti-D prophylaxis at 28 weeks gestation to all Rh-negative, unsensitized women to reduce the risk of alloimmunization. Postnatal anti-D is given in addition if the neonate is Rh-positive, not in place of antenatal prophylaxis.

QUESTION 6 SINGLE CHOICE

A 35-year-old woman presents with 6 weeks of low mood, anhedonia, poor sleep, and reduced concentration that impair her work performance. She denies suicidal ideation. PHQ-9 score is 16. What is the most appropriate initial step?

A **Begin a selective serotonin reuptake inhibitor (SSRI) and arrange follow-up**

B Reassure and advise lifestyle changes only

C Refer immediately for electroconvulsive therapy

D Order brain MRI to rule out organic causes

ANSWER **A**

WHY A PHQ-9 score of 16 indicates moderately severe to severe depression. Evidence-based initial management combines an SSRI with structured follow-up and psychological therapy. Lifestyle measures alone are insufficient, ECT is reserved for severe, refractory, or psychotic depression, and imaging is not indicated without focal neurological signs.

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QUESTION 7 SINGLE CHOICE

A healthy 65-year-old man with no prior pneumococcal vaccination and no immunocompromising conditions presents for routine care. According to current immunization recommendations for adults, which is the most appropriate pneumococcal vaccination strategy?

A **Single dose of PCV20 (or PCV15 followed by PPSV23) per current adult schedule**

B Annual influenza vaccine only

C Single dose of PPSV23 every 5 years

D No pneumococcal vaccination is recommended at this age

ANSWER **A**

WHY Current adult pneumococcal recommendations for adults aged ≥65 with no immunocompromise include a single dose of PCV20, or PCV15 followed by PPSV23 at least one year later. PPSV23 alone every 5 years is no longer the preferred schedule, and vaccination is clearly indicated at this age.

QUESTION 8 SINGLE CHOICE

A 14-month-old child is brought for routine review. Growth chart shows weight for age at the 50th percentile, length for age at the 25th percentile, and weight for length within normal range. The child is feeding well and developmentally appropriate. What is the most appropriate interpretation?

A Failure to thrive requiring urgent nutritional intervention

B **Normal growth requiring routine follow-up**

C Obesity requiring dietary restriction

D Wasting requiring hospitalization

ANSWER **B**

WHY Weight and length within normal percentiles with appropriate weight-for-length, normal feeding and development indicate normal growth. Routine scheduled follow-up is appropriate. Failure to thrive requires weight faltering across percentiles, not isolated variation within normal channels.

QUESTION 9 MULTIPLE CHOICE

Which of the following are core principles of medical ethics that should guide a consultant family physician's daily practice? (Choose two.)

A **Respect for patient autonomy**

B **Beneficence**

C Maximization of clinic revenue

D Confidentiality

ANSWER **A** · **B**

WHY The four classical principles of medical ethics are autonomy, beneficence, non-maleficence, and justice. Respect for autonomy and beneficence are clearly core. Maximizing clinic revenue is not an ethical principle. Confidentiality, while a critical professional duty, is a specific obligation derived from respect for autonomy rather than a primary principle in the Beauchamp and Childress framework used in medical ethics.

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