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PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

FAMME

Family Medicine

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) FAMME , 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, FAMME
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A 52-year-old man with no significant past medical history comes for a routine health maintenance visit. He is a non-smoker, has a BMI of 27 kg/m², and his blood pressure today is 128/82 mmHg. Which of the following is the most appropriate screening recommendation for colorectal cancer in this average-risk patient according to current guidelines?

- ☐ A Annual fecal occult blood test starting at age 40
- ☒ B Colonoscopy every 10 years beginning at age 50
- ☐ C Flexible sigmoidoscopy every 5 years beginning at age 60
- ☐ D CT colonography every 5 years beginning at age 45 only if he develops symptoms

ANSWER B

WHY For average-risk adults, colorectal cancer screening is recommended starting at age 50 (per many current international guidelines, including USPSTF) with options such as colonoscopy every 10 years, FIT annually, or flexible sigmoidoscopy every 5 years. Option A is incorrect because age 40 is too early and annual FOBT is not the preferred modality without other risk factors. Option C is incorrect because screening should begin earlier and flexible sigmoidoscopy alone is less sensitive than colonoscopy. Option D is incorrect because screening in asymptomatic average-risk patients is not contingent on symptoms, and 45 is below the most widely adopted starting age in the referenced guideline.

QUESTION 2

SINGLE CHOICE

A 58-year-old man with type 2 diabetes mellitus, hypertension, and albuminuria (urine albumin/creatinine ratio 180 mg/g) has an HbA1c of 8.6% and a blood pressure of 152/94 mmHg. His current medications include metformin 1000 mg twice daily. Which of the following is the most appropriate next step in management?

- ☐ A Add a sulfonylurea to achieve glycemic targets
- ☒ B Add an SGLT2 inhibitor given the presence of albuminuria
- ☐ C Add a thiazide diuretic and reassess blood pressure in 6 months
- ☐ D Discontinue metformin because of the elevated HbA1c

ANSWER B

WHY In patients with type 2 diabetes and albuminuric chronic kidney disease, an SGLT2 inhibitor (or a GLP-1 receptor agonist) is recommended because these agents reduce progression of diabetic kidney disease and cardiovascular events, independent of their glycemic effect. Adding a sulfonylurea may lower glucose but does not provide renal or cardiovascular protection. Thiazide therapy alone is insufficient when BP is 152/94 mmHg in a patient with diabetes and albuminuria — an ACE inhibitor or ARB is first-line for renoprotection. Metformin should be continued (and is renoprotective); it is not contraindicated at this HbA1c.

QUESTION 3

SINGLE CHOICE

A 64-year-old woman presents with exertional chest tightness that resolves with rest within 5 minutes. Her ECG shows normal sinus rhythm, and examination is unremarkable. Her cardiovascular risk includes hypertension and dyslipidemia. Which of the following is the most appropriate initial diagnostic step?

- ☐ A Immediate coronary angiography
- ☒ B Exercise stress ECG testing
- ☐ C CT pulmonary angiography
- ☐ D 24-hour ambulatory ECG monitoring

ANSWER B

WHY In a patient with stable, exertional chest discomfort suggestive of typical angina who can exercise and has a resting ECG without significant abnormalities, an exercise stress ECG is the appropriate initial non-invasive test to provoke and document ischemia. Immediate coronary angiography is reserved for high-risk or unstable presentations. CT pulmonary angiography is used to rule out pulmonary embolism, which is not the leading suspicion here. Ambulatory ECG monitoring is appropriate for suspected arrhythmia, not for typical exertional angina.

QUESTION 4

SINGLE CHOICE

A 28-year-old primigravida at 26 weeks gestation presents for routine antenatal care. She has no complaints, her blood pressure is 118/72 mmHg, urine dipstick is negative for protein, and fundal height corresponds to dates. Which of the following is the most appropriate routine screening test at this gestational age?

- ☒ **A** Oral glucose tolerance test (OGTT) for gestational diabetes
- ☐ **B** First-trimester combined screening for aneuploidy
- ☐ **C** Amniocentesis for fetal lung maturity
- ☐ **D** Maternal serum alpha-fetoprotein only

ANSWER A

WHY Routine screening for gestational diabetes is typically performed between 24 and 28 weeks of gestation using a 75-g OGTT (one-step) or a 50-g glucose challenge test followed by a 100-g OGTT (two-step). First-trimester combined screening is performed at 11–14 weeks and is no longer appropriate at 26 weeks. Amniocentesis for fetal lung maturity is reserved for specific indications, not routine antenatal care. Maternal serum AFP is part of the second-trimester quad screen and is not ordered in isolation at this visit.

QUESTION 5 SINGLE CHOICE

A 4-month-old infant is brought in because of a 2-day history of clear rhinorrhea, low-grade fever (38.0°C), and decreased feeding. Examination reveals clear nasal discharge, mildly erythematous tympanic membranes with normal landmarks and mobility, and clear lungs. Which of the following is the most appropriate management?

- ☐ A Start oral amoxicillin for acute otitis media
- ☐ B Prescribe intranasal corticosteroids
- ☒ C Provide supportive care and reassure the parents
- ☐ D Order a chest X-ray to evaluate for pneumonia

ANSWER C

WHY The infant has an uncomplicated upper respiratory tract infection. Tympanic membranes show normal landmarks and mobility, so acute otitis media is not present and antibiotics are not indicated. Intranasal corticosteroids are not first-line for viral URI in this age. A chest X-ray is not indicated when lung examination is clear. Supportive care (e.g., nasal saline, hydration, antipyretics) and parental reassurance are the standard approach.

QUESTION 6 SINGLE CHOICE

A new screening test for pancreatic cancer is studied in 1,000 patients. Of 200 patients with pancreatic cancer, 180 test positive. Of 800 patients without pancreatic cancer, 720 test negative. What is the sensitivity of this test?

- ☒ A 90%
- ☐ B 72%
- ☐ C 80%
- ☐ D 10%

ANSWER A

WHY Sensitivity = true positives / (true positives + false negatives) = $180 / (180 + 20) = 180 / 200 = 90\%$. The 720 true negatives and 80 false positives relate to specificity ($720/800 = 90\%$) and positive predictive value, not sensitivity.

QUESTION 7

SINGLE CHOICE

A 32-year-old woman presents with a 6-week history of persistent low mood, anhedonia, poor sleep, low appetite, and difficulty concentrating. She denies suicidal ideation. There is no recent stressor and no medical cause identified on basic work-up. Which of the following is the most appropriate next step in management?

- ☐ A Reassure that symptoms will resolve spontaneously without intervention
- ☒ B Begin a selective serotonin reuptake inhibitor (SSRI) such as sertraline
- ☐ C Order a CT scan of the brain as the first investigation
- ☐ D Start long-term benzodiazepine therapy for insomnia

ANSWER B

WHY The patient meets criteria for major depressive disorder (depressed mood, anhedonia, sleep and appetite changes, poor concentration for more than 2 weeks). First-line treatment in primary care is an SSRI such as sertraline, often combined with structured psychotherapy. Reassurance alone is inappropriate given the functional impact and duration. Neuroimaging is not indicated without focal neurological signs or atypical features. Long-term benzodiazepines are not appropriate for depression-related insomnia due to dependence risk.

QUESTION 8

SINGLE CHOICE

A previously healthy 35-year-old woman presents with a 3-day history of sore throat, fever 38.5°C, and tender anterior cervical lymphadenopathy, but no cough or coryza. Rapid antigen detection test for group A Streptococcus is positive. Which of the following is the most appropriate antibiotic choice?

- ☐ A Azithromycin 500 mg daily for 3 days
- ☒ B Amoxicillin 500 mg three times daily for 10 days
- ☐ C Ciprofloxacin 500 mg twice daily for 7 days
- ☐ D Doxycycline 100 mg twice daily for 5 days

ANSWER B

WHY For confirmed group A streptococcal pharyngitis in a non-allergic adult, a 10-day course of penicillin V or amoxicillin is the recommended first-line therapy. Macrolides such as azithromycin are reserved for penicillin-allergic patients because of rising resistance and inferior efficacy. Ciprofloxacin is a fluoroquinolone, not indicated for streptococcal pharyngitis, and fluoroquinolones should be reserved for specific indications due to adverse effects. Doxycycline is not first-line for GAS pharyngitis and is used in specific situations when other options are unsuitable.

QUESTION 9

MULTIPLE CHOICE

A 70-year-old man presents to the family medicine clinic with sudden onset of weakness on the right side of the body and difficulty speaking that started 45 minutes ago. He is conscious, vital signs are stable, and there is no history of head trauma. Which of the following are appropriate immediate actions in the primary care setting? (Choose two.)

- ☒ **A** Perform a focused neurological assessment including FAST criteria and check capillary blood glucose
- ☐ **B** Administer oral aspirin 325 mg immediately without further assessment
- ☒ **C** Activate emergency medical services for immediate transfer to a stroke-capable facility
- ☐ **D** Schedule a routine outpatient brain MRI within the next 2 weeks

ANSWER A • C

WHY In suspected acute stroke, immediate priorities in primary care are rapid assessment (FAST, NIH Stroke Scale components) and checking capillary blood glucose to exclude hypoglycemia as a mimic, followed by activating emergency medical services for transfer to a stroke-capable facility, because intravenous thrombolysis and/or thrombectomy are time-sensitive. Aspirin should not be given until hemorrhagic stroke is excluded by neuroimaging, so giving it prehospital without assessment is unsafe. Outpatient MRI in 2 weeks is far too late for an acute neurological deficit.