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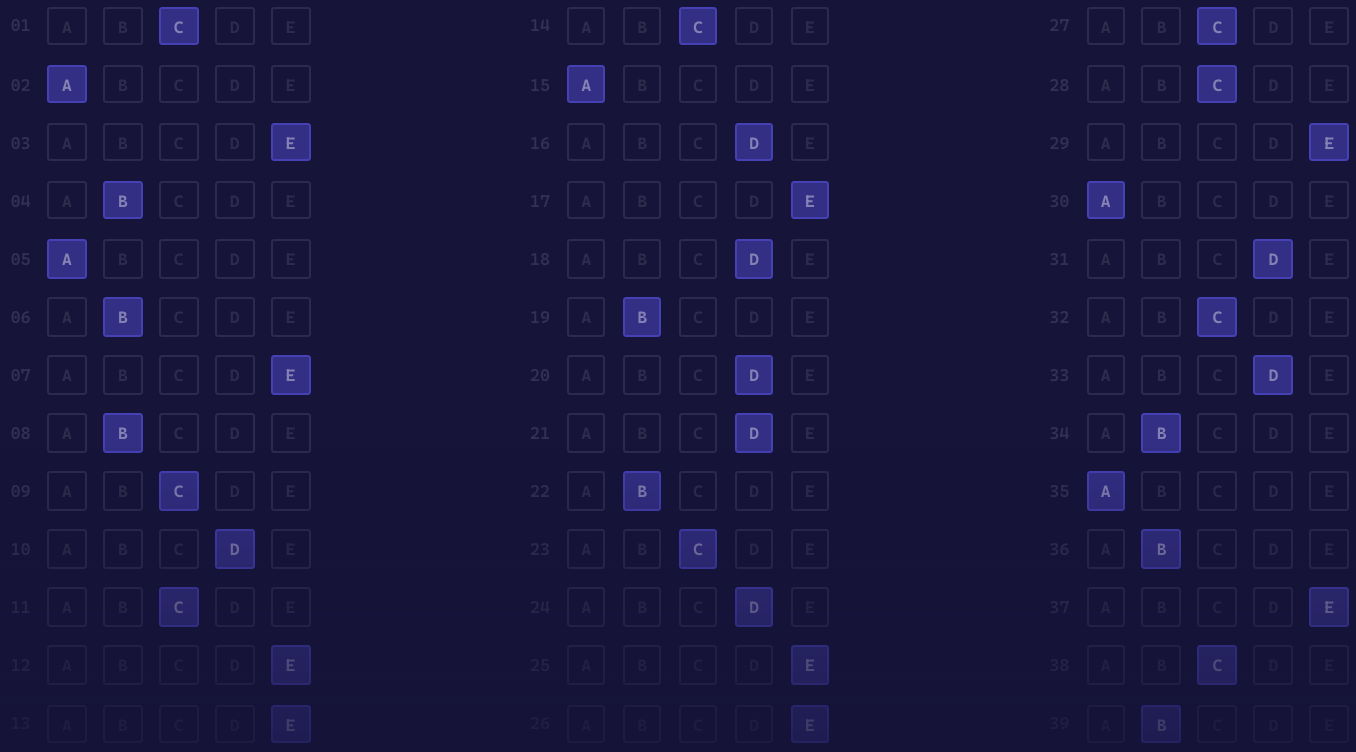

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

GENPR

General Practice

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) `GENPR`, 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, `GENPR`
- 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 45-year-old patient presents with a 3-month history of intermittent chest discomfort during exertion. Resting ECG is normal. According to current evidence-based guidelines, what is the most appropriate next step in management?

A Immediately refer for coronary angiography

B Perform an exercise stress test to evaluate for inducible ischemia

C Start empirical beta-blocker therapy without further testing

D Reassure the patient without further investigation

ANSWER B

WHY In a patient with suspected stable angina and a normal resting ECG, an exercise stress test is the appropriate first-line non-invasive investigation to assess for inducible ischemia. Routine coronary angiography is reserved for high-risk patients or those with positive non-invasive tests. Empirical treatment without testing is not evidence-based, and reassurance alone is inappropriate given the symptoms.

QUESTION 2 SINGLE CHOICE

A 58-year-old patient with type 2 diabetes mellitus has an HbA1c of 8.9% on maximum-dose metformin. Renal and liver functions are normal. According to current ADA/EASD guidance, which medication should be added next?

A A sulfonylurea such as glimepiride

B A GLP-1 receptor agonist or SGLT2 inhibitor with proven cardiovascular benefit

C Initiate basal insulin as first-line add-on

D Continue metformin alone and reinforce lifestyle measures

ANSWER B

WHY Current ADA/EASD guidelines recommend adding a GLP-1 receptor agonist or SGLT2 inhibitor in patients with type 2 diabetes not at target on metformin, particularly when cardiovascular disease, heart failure, or chronic kidney disease coexists. Sulfonylureas carry risks of hypoglycemia and weight gain. Insulin is reserved for patients with very high HbA1c, symptoms of hyperglycemia, or after failure of other agents. Continuing metformin alone when HbA1c remains above target is inadequate.

QUESTION 3 SINGLE CHOICE

A 62-year-old man presents with sudden onset severe central chest pain radiating to the back, with a blood pressure of 180/110 mmHg in the right arm and 140/90 mmHg in the left arm. Pulse is 110 bpm. What is the most likely diagnosis?

A Acute myocardial infarction

B Aortic dissection

C Pulmonary embolism

D Pericarditis

ANSWER B

WHY The combination of sudden severe tearing chest pain radiating to the back, hypertension, and a significant inter-arm blood pressure differential (>20 mmHg) is highly suggestive of aortic dissection. Acute MI typically presents with pressure-like pain and would not cause inter-arm BP discrepancy. Pulmonary embolism presents with pleuritic pain and dyspnea, not BP differential. Pericarditis pain is sharp and relieved by leaning forward.

QUESTION 4 SINGLE CHOICE

According to UAE national screening guidelines, at what age should average-risk individuals begin routine colorectal cancer screening?

A 40 years

B 45 years

C 50 years

D 55 years

ANSWER B

WHY The UAE national cancer screening guidelines, aligned with current international recommendations (USPSTF, ACS), recommend average-risk colorectal cancer screening beginning at age 45. Earlier screening is reserved for those with family history or other risk factors. Screening options include annual FIT, stool DNA testing every 3 years, or colonoscopy every 10 years.

QUESTION 5 SINGLE CHOICE

A 35-year-old woman who is 28 weeks pregnant presents with a new diagnosis of gestational hypertension (BP 150/100 mmHg). What is the first-line antihypertensive medication?

A Angiotensin-converting enzyme inhibitor

B Labetalol

C Hydrochlorothiazide

D Amlodipine

ANSWER B

WHY Labetalol is the first-line antihypertensive in pregnancy due to its safety profile and efficacy. ACE inhibitors are teratogenic and contraindicated in pregnancy. Hydrochlorothiazide is not first-line and may cause electrolyte disturbances. Amlodipine is used as second-line when labetalol or methyldopa is insufficient.

QUESTION 6 SINGLE CHOICE

A 4-year-old child is diagnosed with measles based on clinical features and positive IgM serology. According to DHA and UAE public health regulations, what is the required action?

A Notify DHA within 24 hours and implement airborne isolation precautions

B Treat as outpatient with reassurance and report only if complications develop

C Wait for confirmatory PCR before any notification

D Notify only if the patient is admitted to hospital

ANSWER A

WHY Measles is a notifiable communicable disease in the UAE and must be reported to DHA promptly (within 24 hours). Suspected and confirmed cases require airborne isolation (negative pressure room where available), and post-exposure prophylaxis should be offered to susceptible contacts. Reporting is mandatory regardless of admission status.

QUESTION 7 SINGLE CHOICE

A 28-year-old woman presents with persistent low mood, anhedonia, poor sleep, and reduced appetite for 6 weeks following a relationship breakup. She denies suicidal ideation. What is the most appropriate initial management?

A Immediate initiation of SSRIs

B Watchful waiting with scheduled follow-up in 2 weeks

C Structured psychological therapy such as CBT as first-line

D Referral for electroconvulsive therapy

ANSWER C

WHY For mild to moderate depression, current NICE and international guidelines recommend structured psychological interventions (such as CBT or behavioral activation) as first-line treatment, particularly in younger adults where SSRI risk-benefit is less favorable. Watchful waiting alone is inappropriate when symptoms have persisted 6 weeks with functional impairment. ECT is reserved for severe, treatment-resistant, or psychotic depression.

QUESTION 8 SINGLE CHOICE

A 17-year-old requests contraception without parental knowledge. She is competent, and there is no risk of serious harm. According to medical ethics and DHA standards, what should the physician do?

A Refuse to prescribe and insist on parental consent

B Prescribe contraception after assessing capacity and safeguarding considerations

C Contact the parents before prescribing

D Refer her to another clinic without further discussion

ANSWER B

WHY Competent adolescents can consent to confidential medical treatment including contraception (Gillick competence principle). The physician must assess the minor's capacity, discuss safeguarding, encourage family involvement where appropriate, and document thoroughly. Mandatory parental consent is not required for contraceptive services in competent minors in the UAE, consistent with international ethical standards.

QUESTION 9 MULTIPLE CHOICE

Which of the following clinical features in a patient with headache are recognized red flags suggesting serious underlying pathology? (Choose two.)

A **Sudden onset severe ('thunderclap') headache reaching maximum intensity within seconds**

B **New headache with focal neurological deficit or papilledema**

C Bilateral frontal headache that responds to simple analgesics

D Recurrent episodic headache with visual aura lasting 30 minutes

ANSWER **A** · **B**

WHY Thunderclap headache suggests subarachnoid hemorrhage or reversible cerebral vasoconstriction syndrome and requires urgent neuroimaging. New headache with focal neurological deficit or papilledema suggests raised intracranial pressure, stroke, or mass lesion and mandates urgent evaluation. Bilateral frontal headache responsive to simple analgesics is typical of tension-type headache. Recurrent episodic headache with aura lasting under an hour is consistent with migraine and is not a red flag.