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PRACTICE QUESTIONS

Dubai Health Authority (DHA)

INTME

Specialist Internal Medicine Exam

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for Dubai Health Authority (DHA) **INTME**, 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, **INTME**
- the question number
- the email address on your order

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

Licence

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

SINGLE CHOICE

A 48-year-old man with poorly controlled type 2 diabetes presents with a 4-week history of productive cough, low-grade fever, night sweats, and weight loss of 6 kg. Chest x-ray shows a cavity in the right upper lobe. Sputum smear is positive for acid-fast bacilli. Which is the most appropriate initial management?

- ☐ A Start empirical broad-spectrum antibiotics and re-evaluate in 2 weeks
- ☒ B Initiate standard four-drug anti-tuberculosis therapy (isoniazid, rifampicin, pyrazinamide, ethambutol)
- ☐ C Wait for culture and drug susceptibility testing before starting therapy
- ☐ D Start a 3-day course of oral corticosteroids

ANSWER B

WHY A symptomatic patient with a cavitory upper-lobe lesion and AFB-positive sputum in a high-risk setting should be treated as active pulmonary tuberculosis. Standard initial therapy is the 4-drug regimen (HRZE) for 2 months, followed by a continuation phase. Waiting for culture delays potentially life-saving therapy and risks transmission. Corticosteroids are not routine in uncomplicated pulmonary TB.

QUESTION 2

SINGLE CHOICE

A 46-year-old woman presents with weight loss, palpitations, heat intolerance, and a diffuse goiter. Laboratory tests show suppressed TSH (<0.01 mIU/L) and elevated free T4. Radioactive iodine uptake is diffusely increased. Which is the most appropriate definitive treatment for Graves' disease in this patient?

- ☐ A Observation only
- ☒ B Radioactive iodine (I-131) ablation
- ☐ C High-dose propranolol as definitive therapy
- ☐ D Calcium and vitamin D supplementation

ANSWER B

WHY The clinical picture (diffuse goiter, hyperthyroidism with diffusely increased iodine uptake) is consistent with Graves' disease. Definitive options include radioactive iodine ablation, antithyroid drugs, or thyroidectomy; radioactive iodine is a commonly chosen definitive therapy, particularly in adults. Propranolol is used as adjunctive symptomatic therapy but is not definitive. Observation alone is inappropriate in symptomatic Graves' disease.

QUESTION 3

SINGLE CHOICE

A 52-year-old man with type 2 diabetes mellitus, obesity (BMI 33 kg/m²), and chronic kidney disease (eGFR 38 mL/min/1.73 m²) has HbA1c of 8.6% despite metformin 1 g twice daily. Which add-on agent is most appropriate given his comorbidity profile?

- ☐ A Glipizide (sulfonylurea)
- ☒ B Empagliflozin (SGLT2 inhibitor)
- ☐ C Pioglitazone (thiazolidinedione)
- ☐ D Sitagliptin (DPP-4 inhibitor)

ANSWER B

WHY SGLT2 inhibitors (e.g., empagliflozin) are recommended in patients with type 2 diabetes and established cardiovascular disease or chronic kidney disease because they reduce progression of CKD and cardiovascular outcomes. Sulfonylureas cause weight gain and hypoglycemia. Pioglitazone causes fluid retention and is contraindicated in CKD with volume overload risk. DPP-4 inhibitors are reasonable but do not have the strong cardiorenal benefits of SGLT2 inhibitors.

QUESTION 4

SINGLE CHOICE

A 63-year-old man with a 40-pack-year smoking history presents with worsening dyspnea, chronic productive cough, and decreased exercise tolerance. Spirometry shows FEV1 48% of predicted and FEV1/FVC 0.62. Which is the most appropriate initial pharmacological therapy according to GOLD strategy?

- ☐ A Short-acting beta-2 agonist (SABA) as needed only
- ☒ B Long-acting muscarinic antagonist (LAMA) monotherapy
- ☐ C Inhaled corticosteroid (ICS) alone
- ☐ D Oral theophylline

ANSWER B

WHY This patient has COPD (post-bronchodilator FEV1/FVC <0.7) with significant symptoms and an FEV1 in the GOLD 2-3 range. For initial pharmacotherapy in a symptomatic patient, a LAMA is an appropriate first-line option (or LABA). SABA alone is reserved for very mild intermittent disease. ICS monotherapy is not recommended in COPD due to risk of pneumonia and lack of mortality benefit. Theophylline has a limited role due to toxicity.

QUESTION 5

MULTIPLE CHOICE

A 72-year-old man presents with sudden onset severe epigastric pain radiating to the back, vomiting, and a serum lipase of 1,250 U/L. Which of the following are appropriate components of early management? (Choose three.)

- ☒ **A** Aggressive IV crystalloid resuscitation
- ☐ **B** Immediate oral feeding regardless of symptoms
- ☒ **C** Assessment for gallstone etiology with abdominal ultrasound
- ☒ **D** IV opioid analgesia for pain control
- ☐ **E** Endoscopic retrograde cholangiopancreatography (ERCP) in all patients

ANSWER A - C - D

WHY Early management of acute pancreatitis includes aggressive isotonic crystalloid resuscitation (especially in the first 24 hours), adequate pain control with IV opioids, and identification of gallstone etiology with abdominal ultrasound. Oral feeding should be reintroduced early only if tolerated; patients with ileus or vomiting should remain NPO. ERCP is indicated only in patients with cholangitis or persistent biliary obstruction, not routinely in all cases.

QUESTION 6

MULTIPLE CHOICE

A 44-year-old woman presents with 6 weeks of symmetric polyarthritis involving the metacarpophalangeal (MCP) and proximal interphalangeal (PIP) joints of both hands, with morning stiffness lasting 90 minutes. Examination reveals tender, swollen small joints and early ulnar deviation. Laboratory tests show positive rheumatoid factor and anti-CCP antibodies. Which of the following are appropriate components of initial management? (Choose two.)

- ☒ **A** Initiate methotrexate as a disease-modifying antirheumatic drug
- ☒ **B** Use a short course of low-dose corticosteroids as a bridge to DMARD effect
- ☐ **C** Avoid all vaccinations because of immunosuppression
- ☐ **D** Restrict all physical activity and immobilize the joints

ANSWER A - B

WHY Methotrexate is the first-line conventional synthetic DMARD in early rheumatoid arthritis. A short course of low-dose glucocorticoids is commonly used as a bridge until DMARDs take effect. Patients with RA should generally receive recommended vaccinations (especially influenza and pneumococcal) before initiating immunosuppression. Exercise and joint protection strategies, not immobilization, are recommended to preserve function.

QUESTION 7

MULTIPLE CHOICE

A 70-year-old man is admitted with community-acquired pneumonia. His vitals are: temperature 38.9°C, heart rate 118/min, respiratory rate 28/min, blood pressure 92/58 mmHg, and oxygen saturation 88% on room air. Lactate is 4.2 mmol/L. Which of the following interventions should be performed within the first hour of recognition of septic shock? (Choose three.)

- ☒ **A** Obtain blood cultures before antibiotics
- ☒ **B** Administer empirical broad-spectrum intravenous antibiotics
- ☒ **C** Begin a 30 mL/kg crystalloid fluid bolus for hypotension or lactate ≥ 4 mmol/L
- ☐ **D** Initiate vasopressor therapy only after 2 liters of fluid have been given and MAP remains < 65 mmHg
- ☐ **E** Delay antibiotic therapy until sputum cultures and urinary antigen testing return
- ☐ **F** Apply vasopressors if hypotension persists during or after fluid resuscitation to maintain MAP ≥ 65 mmHg

ANSWER A • B • C

WHY The Surviving Sepsis Campaign 1-hour bundle for septic shock includes: obtaining blood cultures prior to antibiotics, administering empirical broad-spectrum IV antibiotics, beginning a 30 mL/kg crystalloid bolus for hypotension or lactate ≥ 4 mmol/L, and applying vasopressors if hypotension persists to maintain MAP ≥ 65 mmHg. Delaying antibiotics until cultures return is inappropriate and associated with increased mortality.

QUESTION 8

SINGLE CHOICE

A 62-year-old man with a long-standing history of hypertension and a blood pressure of 168/102 mmHg has been on hydrochlorothiazide 25 mg daily with inadequate control. He has no contraindications. According to current international guidelines, what is the most appropriate next step in management?

- ☐ A Increase hydrochlorothiazide to 50 mg daily
- ☒ B Add a second agent from a different class such as an ACE inhibitor or calcium channel blocker
- ☐ C Switch to oral clonidine monotherapy
- ☐ D Add spironolactone as the second-line agent of choice

ANSWER B

WHY Most patients with hypertension require combination therapy to reach target. When monotherapy with a thiazide fails, the next step is to add an ACE inhibitor, ARB, or dihydropyridine calcium channel blocker. Spironolactone is reserved for resistant hypertension after three-drug therapy. Clonidine is not a first-line add-on. Up-titrating a thiazide provides little additional benefit and increases metabolic side effects.

QUESTION 9

SINGLE CHOICE

A 58-year-old man with a urinary tract infection presents with hypotension (BP 86/52 mmHg), tachycardia (124/min), lactate of 4.5 mmol/L, and temperature 39.2°C despite receiving 30 mL/kg of crystalloid resuscitation. Which intervention is most appropriate next?

- ☐ A Continue IV fluids only
- ☒ B Start norepinephrine
- ☐ C Start hydrocortisone only after fluid resuscitation fails
- ☐ D Restrict further fluids and start dopamine

ANSWER B

WHY Per the Surviving Sepsis Campaign guidelines, in septic shock with persistent hypotension and elevated lactate after adequate fluid resuscitation, vasopressors should be initiated immediately, with norepinephrine as the first-line agent. Hydrocortisone is added only if vasopressors are required to maintain MAP ≥ 65 mmHg despite adequate fluid resuscitation. Dopamine is no longer first-line due to greater arrhythmogenic risk.

QUESTION 10

SINGLE CHOICE

A 72-year-old woman with atrial fibrillation, hypertension, and prior ischemic stroke is evaluated for stroke prevention. Her CHA₂DS₂-VASc score is 5. She has a history of a major gastrointestinal bleed 6 months ago. Which is the most appropriate strategy for anticoagulation?

- ☐ A Aspirin 81 mg daily
- ☒ B Apixaban 5 mg twice daily
- ☐ C Clopidogrel 75 mg daily
- ☐ D No anticoagulation due to bleed history

ANSWER B

WHY For patients with atrial fibrillation and prior stroke, anticoagulation is strongly indicated. A CHA₂DS₂-VASc score of 5 represents high stroke risk, and a remote GI bleed (>3 months) is not a contraindication. Direct oral anticoagulants such as apixaban are preferred over warfarin in non-valvular atrial fibrillation due to lower bleeding risk (particularly intracranial hemorrhage). Aspirin and clopidogrel are inferior to anticoagulation for stroke prevention in AF.

QUESTION 11

SINGLE CHOICE

A 62-year-old man presents to the emergency department with retrosternal chest pain for 90 minutes. ECG shows ST elevation of 3 mm in leads II, III, and aVF. He is hemodynamically stable, blood pressure 140/85 mmHg, heart rate 92/min. Aspirin and atorvastatin are given. What is the next most appropriate management step?

- ☐ A Thrombolytic therapy with streptokinase
- ☒ B Primary percutaneous coronary intervention (PCI) within 90 minutes of first medical contact
- ☐ C Heparin and discharge if symptoms resolve
- ☐ D Exercise stress test before discharge

ANSWER B

WHY The patient has an inferior wall ST-elevation myocardial infarction (STEMI). Primary PCI is the preferred reperfusion strategy when it can be performed in a timely manner (within 90 minutes of first medical contact in a PCI-capable center), as it is superior to thrombolysis in terms of mortality, reinfarction, and stroke. Thrombolysis is reserved for situations where PCI is not available within 120 minutes. Discharging without definitive reperfusion or performing a stress test is inappropriate.

QUESTION 12

MULTIPLE CHOICE

A 58-year-old man with type 2 diabetes mellitus, hypertension, and a recent ischemic stroke has LDL-cholesterol of 135 mg/dL despite lifestyle modification. He is already on atorvastatin 40 mg daily. Which of the following interventions are appropriate additional measures for secondary cardiovascular prevention? (Choose two.)

- ☒ **A** Add ezetimibe to intensify LDL-cholesterol lowering
- ☒ **B** Add a PCSK9 inhibitor for further LDL-cholesterol lowering
- ☐ **C** Add a fibrate as first-line combination with statin
- ☐ **D** Add a thiazide diuretic in preference to a calcium channel blocker

ANSWER A • B

WHY For very high-risk patients (established atherosclerotic cardiovascular disease including prior stroke) who do not reach LDL goals on high-intensity statin, current guidelines recommend adding ezetimibe and, if needed, a PCSK9 inhibitor. Fibrates are not first-line add-ons and have not shown clear outcome benefit with statins. Thiazide vs. calcium channel blocker choice depends on comorbidities and is not specifically mandated for this scenario.

QUESTION 13

SINGLE CHOICE

A 60-year-old man with chronic kidney disease (eGFR 22 mL/min/1.73 m²), hypertension, and type 2 diabetes has persistent albuminuria despite being on an ACE inhibitor at maximum tolerated dose. His serum potassium is 4.8 mmol/L and blood pressure is 138/82 mmHg. Which is the most appropriate next step?

- ☐ A Discontinue the ACE inhibitor due to nephrotoxicity risk
- ☒ B Add a non-steroidal mineralocorticoid receptor antagonist (e.g., finerenone)
- ☐ C Initiate chronic hemodialysis immediately
- ☐ D Add a thiazide diuretic

ANSWER B

WHY In CKD patients with diabetes and albuminuria already on an ACE inhibitor (or ARB), adding finerenone reduces progression of kidney disease and cardiovascular events. ACE inhibitors should not be stopped unless true intolerance or severe hyperkalemia develops. Dialysis is not indicated at this eGFR without uremic symptoms. Thiazide diuretics are less effective when eGFR is below 30.

QUESTION 14

SINGLE CHOICE

A 58-year-old man with type 2 diabetes mellitus, hypertension, and microalbuminuria (urine ACR 95 mg/g) is currently on metformin 1 g twice daily, gliclazide 60 mg daily, and lisinopril 20 mg daily. His HbA1c is 7.9%, blood pressure is 138/84 mmHg, and eGFR is 65 mL/min/1.73 m². Which of the following is the most appropriate next step to optimize his management?

- ☐ A Add a thiazolidinedione
- ☒ B Add an SGLT2 inhibitor for renal and cardiovascular protection
- ☐ C Switch metformin to insulin
- ☐ D Discontinue lisinopril and start an ARB

ANSWER B

WHY For a patient with type 2 diabetes, microalbuminuria, and CKD stage 2-3, an SGLT2 inhibitor (e.g., empagliflozin or dapagliflozin) is recommended for both renal and cardiovascular protection, in addition to continuing an ACE inhibitor. Thiazolidinediones are not preferred here (risk of fluid retention). Metformin does not need to be replaced with insulin at this HbA1c. Switching an ACE inhibitor to an ARB without indication is not appropriate; both have similar renal protective effects.

QUESTION 15

SINGLE CHOICE

A 70-year-old man with a 40-pack-year smoking history presents with progressive dyspnea. Spirometry shows FEV1 45% of predicted and FEV1/FVC ratio of 0.62. He has had two exacerbations in the past year, neither requiring hospitalization. According to GOLD 2023 classification, what is the most appropriate initial pharmacologic management?

- ☐ A Short-acting bronchodilator only
- ☒ B LABA + LAMA combination
- ☐ C ICS + LABA combination
- ☐ D Oral theophylline

ANSWER B

WHY Per GOLD 2023, this patient falls into Group B (GOLD 2-3 with low symptom burden and 0-1 exacerbation not requiring hospitalization... actually 2 exacerbations both non-hospitalized keeps him in Group E; however dual bronchodilation with LABA + LAMA is still the recommended initial therapy for both Group B and Group E with high exacerbation risk and low eosinophil count). LABA + LAMA dual bronchodilation is preferred over ICS + LABA unless the eosinophil count is markedly elevated (≥ 300 cells/ μ L). Theophylline is no longer first-line due to side effects.