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39	A	B	C	D	E

PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

GENPR

General Practitioner

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for Ministry of Health Kuwait Medical Licensing Department **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.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

A 52-year-old asymptomatic patient has office blood pressure readings of 146/92, 150/94, and 148/91 mmHg on separate visits. Urinalysis, serum creatinine, electrolytes, and an electrocardiogram are normal. What is the most appropriate next step?

- ☒ **A** Diagnose hypertension and discuss initiation of antihypertensive therapy with lifestyle measures
- ☐ **B** Reassure the patient that one elevated reading cannot establish hypertension
- ☐ **C** Perform an extensive cardiac catheterization before treatment
- ☐ **D** Advise that no follow-up is needed because the patient has no symptoms

ANSWER A

WHY Repeated office measurements above the diagnostic threshold establish hypertension in an adult, and evaluation has already addressed common secondary or target-organ concerns. Management should include lifestyle modification and discussion of appropriate drug treatment based on overall cardiovascular risk and comorbidities.

QUESTION 2

SINGLE CHOICE

A 58-year-old man with no prior diagnosis of hypertension has office blood pressure readings of 152/96 mmHg and 148/94 mmHg on two separate visits over four weeks, along with a home blood pressure average of 142/90 mmHg. He has no history of cardiovascular disease, diabetes, or chronic kidney disease. According to standard guideline-based classification, what is the most appropriate diagnosis?

- ☐ A Normal blood pressure
- ☐ B Elevated blood pressure
- ☒ C Stage 1 hypertension
- ☐ D Stage 2 hypertension
- ☐ E Hypertensive urgency

ANSWER C

WHY Per ACC/AHA and most international guidelines, normal BP is <120/<80 mmHg, elevated is 120-129/<80, Stage 1 hypertension is 130-139 systolic or 80-89 diastolic, and Stage 2 is ≥140 systolic or ≥90 diastolic. Multiple readings consistently ≥140/90 confirm Stage 2. The patient's readings of 152/96, 148/94, and home average 142/90 all meet the ≥140/≥90 threshold, but the most accurate single-answer descriptor offered for a confirmed diagnosis in this range is Stage 2 hypertension (Option D). However, given the question phrasing and the absence of acute end-organ damage that would indicate urgency, Stage 2 hypertension is correct.

QUESTION 3

SINGLE CHOICE

A 50-year-old patient with newly diagnosed type 2 diabetes has a hemoglobin A1c of 8.5% and a BMI of 32. The patient has no contraindications to metformin. According to current guidelines, what is the first-line pharmacologic treatment?

- ☐ A Insulin glargine
- ☒ B Metformin with lifestyle modifications
- ☐ C Glimepiride
- ☐ D Sitagliptin

ANSWER B

WHY Current guidelines (ADA/EASD) recommend metformin as first-line pharmacotherapy for type 2 diabetes, along with lifestyle modifications (diet, exercise, weight loss). Metformin is preferred due to its efficacy, safety profile, low cost, and evidence for cardiovascular benefits. Insulin is typically reserved for patients with severe hyperglycemia, symptoms of insulin deficiency, or contraindications to oral agents. Sulfonylureas like glimepiride carry risk of hypoglycemia and weight gain. DPP-4 inhibitors like sitagliptin are typically second or third-line.

QUESTION 4

SINGLE CHOICE

An adult patient with newly diagnosed asthma is started on therapy. According to the stepwise approach to asthma treatment, which medication is the most appropriate for long-term control in mild persistent asthma?

- ☐ A Short-acting beta-2 agonist (SABA) as needed
- ☒ B Inhaled corticosteroid (ICS) as maintenance with SABA as needed
- ☐ C Oral corticosteroid daily
- ☐ D Leukotriene receptor antagonist alone

ANSWER B

WHY For mild persistent asthma (Step 2), the recommended treatment is low-dose inhaled corticosteroid (ICS) as maintenance therapy plus a short-acting beta-2 agonist (SABA) as needed for symptom relief. ICS is the cornerstone of asthma control as it addresses airway inflammation. SABA alone (option A) is only appropriate for intermittent asthma (Step 1). Oral corticosteroids are reserved for acute exacerbations, not long-term control. Leukotriene receptor antagonists are typically used as an alternative or add-on therapy.

QUESTION 5

SINGLE CHOICE

A 45-year-old patient presents with chest pain that occurs on exertion and is relieved by rest. The pain is described as a pressure-like sensation in the substernal area, lasting 5-10 minutes. What is the most likely diagnosis?

- ☐ A Acute pericarditis
- ☒ B Stable angina pectoris
- ☐ C Myocardial infarction
- ☐ D Pulmonary embolism

ANSWER B

WHY Stable angina is characterized by chest pain that occurs predictably with exertion or emotional stress and is relieved by rest or nitroglycerin. The pain typically lasts less than 15 minutes. Acute pericarditis pain is sharp and pleuritic, worsening with inspiration. Myocardial infarction pain is typically more severe, lasts longer, and is not relieved by rest. Pulmonary embolism presents with sudden onset dyspnea and pleuritic chest pain.

QUESTION 6

SINGLE CHOICE

A 65-year-old man presents with new-onset palpitations and mild exertional dyspnea of one week duration. Pulse is irregularly irregular at 120/min. ECG confirms atrial fibrillation with no preexcitation. Blood pressure is 128/78 mmHg and he has no signs of heart failure. According to current guidelines, what is the most appropriate initial rate-control strategy?

- ☒ **A** Begin a beta-blocker or non-dihydropyridine calcium channel blocker
- ☐ **B** Immediate synchronized electrical cardioversion
- ☐ **C** Begin amiodarone loading as outpatient
- ☐ **D** Begin digoxin monotherapy as first-line in all patients

ANSWER A

WHY In stable patients with atrial fibrillation, rate control with a beta-blocker (e.g., metoprolol, bisoprolol) or a non-dihydropyridine calcium channel blocker (e.g., diltiazem, verapamil) is first-line. Electrical cardioversion is reserved for hemodynamic instability or selected symptomatic patients; amiodarone is not first-line for chronic rate control; digoxin is reserved for sedentary patients or those with heart failure and is not first-line for active patients.

QUESTION 7

SINGLE CHOICE

A 42-year-old man presents with sudden severe right flank pain radiating to the groin, nausea, and microscopic hematuria on urine dipstick. He is afebrile. What is the most appropriate first-line imaging study?

- ☒ **A** Non-contrast CT of the abdomen and pelvis
- ☐ **B** Intravenous pyelogram
- ☐ **C** Abdominal ultrasound
- ☐ **D** MRI of the abdomen

ANSWER A

WHY Non-contrast CT KUB is the gold standard first-line imaging for suspected acute ureteral colic in adults, with very high sensitivity and specificity for stones. Ultrasound is preferred in pregnancy or when radiation avoidance is desired, while IVP has been largely replaced by CT.

QUESTION 8

MULTIPLE CHOICE

According to standard adult preventive health guidelines, which of the following are recommended routine screening interventions for asymptomatic adults aged 50-75 years? (Choose two.)

- ☒ **A** Annual low-dose CT of the chest for lung cancer in current smokers aged 50-75 with adequate pack-year history
- ☒ **B** Colonoscopy every 10 years, or equivalent stool-based screening, for colorectal cancer
- ☐ **C** Annual mammography in all women aged 50-75
- ☐ **D** Routine prostate-specific antigen (PSA) screening in all men aged 50-75

ANSWER A - B

WHY Annual low-dose CT screening for lung cancer is recommended in adults aged 50-80 (commonly cited 50-75 in exam items) with a significant current smoking history and no contraindication. Screening for colorectal cancer beginning at age 45-50 and continuing through age 75 with colonoscopy every 10 years (or FIT annually, FIT-DNA every 1-3 years, or flexible sigmoidoscopy) is standard. Routine PSA screening is not universally recommended - it is individualized after shared decision-making. Mammography recommendations vary (commonly biennial from age 50, with start age 40-50 depending on guideline), so universal annual screening from 50 is not a single uniform recommendation.