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PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

GENPR

General Practitioner

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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

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

QUESTION 1

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 2

SINGLE CHOICE

An adult patient presents with acute onset chest pain, hypotension (BP 80/50 mmHg), jugular venous distension, and muffled heart sounds. What is the most likely diagnosis?

- ☐ A Acute myocardial infarction
- ☒ B Cardiac tamponade
- ☐ C Tension pneumothorax
- ☐ D Aortic dissection

ANSWER B

WHY Beck's triad (hypotension, jugular venous distension, and muffled heart sounds) is the classic presentation of cardiac tamponade. While acute MI can cause cardiogenic shock, it typically does not present with muffled heart sounds. Tension pneumothorax presents with tracheal deviation and absent breath sounds on the affected side. Aortic dissection typically presents with tearing chest pain radiating to the back.

QUESTION 3

SINGLE CHOICE

A patient with type 2 diabetes presents with polyuria, polydipsia, and confusion. Laboratory tests show blood glucose 450 mg/dL, serum osmolarity 320 mOsm/kg, and no ketones in urine. What is the most likely diagnosis?

- ☐ A Diabetic ketoacidosis (DKA)
- ☒ B Hyperosmolar Hyperglycemic State (HHS)
- ☐ C Hypoglycemia
- ☐ D Type 1 diabetes mellitus

ANSWER B

WHY Hyperosmolar Hyperglycemic State (HHS) typically occurs in type 2 diabetes and is characterized by severe hyperglycemia (>600 mg/dL), high serum osmolarity (>320 mOsm/kg), absence of significant ketosis, and altered mental status. DKA is more common in type 1 diabetes and involves metabolic acidosis with ketones. The absence of ketones and the high osmolarity point to HHS rather than DKA.

QUESTION 4

SINGLE CHOICE

A 72-year-old patient is found difficult to arouse. On examination, the respiratory rate is 8/min, pupils are pinpoint, and there are track marks on both arms. Which toxin is most likely responsible?

- ☒ A Opioid
- ☐ B Organophosphate
- ☐ C Anticholinergic
- ☐ D Sympathomimetic

ANSWER A

WHY The combination of depressed consciousness, respiratory depression, and pinpoint pupils is characteristic of opioid toxicity. The likely immediate treatment is airway and ventilatory support with administration of an opioid antagonist such as naloxone.

QUESTION 5

SINGLE CHOICE

A 34-year-old woman has fatigue, pallor, and dyspnea on exertion. Complete blood count shows hemoglobin 8.9 g/dL, mean corpuscular volume 72 fL, and ferritin 8 ng/mL. What is the most likely cause?

- ☒ **A** Iron deficiency anemia
- ☐ **B** Vitamin B12 deficiency
- ☐ **C** Hereditary spherocytosis
- ☐ **D** Acute lymphoblastic leukemia

ANSWER A

WHY Microcytic anemia with markedly low ferritin indicates iron deficiency. Vitamin B12 deficiency usually causes macrocytosis, hereditary spherocytosis typically has an elevated or normal mean corpuscular volume with hemolysis, and acute leukemia generally presents with additional cytopenias or systemic manifestations.

QUESTION 6

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.

QUESTION 7

SINGLE CHOICE

A 58-year-old man with hypertension and type 2 diabetes presents for routine follow-up. His medications include amlodipine 10 mg daily and metformin 1 g twice daily. His blood pressure today is 138/86 mmHg. A lipid panel shows total cholesterol 220 mg/dL, LDL 142 mg/dL, HDL 38 mg/dL, and triglycerides 180 mg/dL. According to standard cardiovascular prevention guidelines, what is the most appropriate next step?

- ☐ A Start low-intensity statin therapy because LDL is only mildly elevated
- ☒ B Start moderate- to high-intensity statin therapy because of established diabetes
- ☐ C Recheck lipids in 12 months before initiating any therapy
- ☐ D Start a fibrate because triglycerides are above 150 mg/dL

ANSWER B

WHY Adults aged 40-75 years with diabetes mellitus should be started on moderate-intensity statin therapy regardless of baseline LDL, with high-intensity therapy considered when multiple additional risk factors are present. Fibrates are not first-line for primary prevention, and a 12-month delay is inappropriate given the established indication.

QUESTION 8

SINGLE CHOICE

A patient with type 2 diabetes presents with polyuria, polydipsia, weakness, and confusion. Laboratory tests show blood glucose 450 mg/dL, serum bicarbonate 10 mEq/L, pH 7.10, and positive serum ketones. What is the most appropriate initial management?

- ☐ A Subcutaneous insulin and discharge home
- ☐ B Oral hypoglycemic agents and increased fluids
- ☒ C Hospitalization for IV fluids, insulin infusion, and electrolyte management
- ☐ D Fasting until glucose normalizes

ANSWER C

WHY This patient presents with diabetic ketoacidosis (DKA), evidenced by hyperglycemia (450 mg/dL), metabolic acidosis (bicarbonate 10, pH 7.10), and ketonemia. DKA requires hospitalization with aggressive IV fluid resuscitation, continuous IV insulin infusion, and careful electrolyte replacement (particularly potassium, as insulin drives potassium intracellularly). Subcutaneous insulin is inadequate for DKA. Oral hypoglycemics are inappropriate in this setting. Fasting would worsen the metabolic derangement.

QUESTION 9

MULTIPLE CHOICE

A 32-year-old woman presents with persistent low mood, anhedonia, insomnia, and weight loss over the past 8 weeks following a job loss. She denies suicidal ideation. Which of the following are appropriate first-line management options for major depressive disorder of this severity? (Choose two.)

- ☒ A Cognitive behavioral therapy (CBT)
- ☒ B An SSRI such as sertraline
- ☐ C Long-term benzodiazepine monotherapy
- ☐ D Electroconvulsive therapy (ECT) as first-line

ANSWER A • B

WHY For moderate major depressive disorder, first-line treatments include evidence-based psychotherapy such as CBT or interpersonal therapy, and/or pharmacotherapy with an SSRI. Long-term benzodiazepine monotherapy is not appropriate because benzodiazepines do not treat depression and carry dependence risk. ECT is reserved for severe, psychotic, or treatment-resistant depression and is not first-line.

QUESTION 10

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 11

SINGLE CHOICE

A 60-year-old man presents with 45 minutes of crushing retrosternal chest pain radiating to the jaw, associated with diaphoresis and nausea. ECG shows ST-segment elevation of 3 mm in leads II, III, and aVF. Blood pressure is 95/60 mmHg and heart rate is 52/min. Which of the following is the most appropriate immediate management step?

- ☐ A Administer streptokinase and defer transfer if pain resolves
- ☐ B Give sublingual nitroglycerin and reassess in 15 minutes
- ☒ C Administer aspirin, oxygen if hypoxic, and activate the percutaneous coronary intervention pathway
- ☐ D Order an exercise stress test before initiating any treatment

ANSWER C

WHY The presentation is consistent with an acute inferior ST-elevation myocardial infarction. Initial management includes MONA-B (morphine, oxygen only if SpO₂ is reduced, nitroglycerin with caution given hypotension, aspirin 162-325 mg, beta-blocker) plus urgent reperfusion, preferentially primary percutaneous coronary intervention when available within 90-120 minutes. Sublingual nitroglycerin is contraindicated with hypotension and bradycardia suggestive of right ventricular involvement, and thrombolysis or stress testing should not delay definitive care.

QUESTION 12

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 13

SINGLE CHOICE

A 24-year-old man with type 1 diabetes presents with polyuria, polydipsia, abdominal pain, and vomiting. Laboratory results: blood glucose 480 mg/dL, arterial pH 7.10, serum bicarbonate 8 mEq/L, serum potassium 5.5 mEq/L, and positive serum and urine ketones. What is the most appropriate immediate priority in management?

- ☐ A Administer insulin bolus then start insulin infusion
- ☒ B Begin intravenous isotonic saline fluid resuscitation and initiate insulin infusion, with potassium replacement once serum K falls below 5.2 mEq/L
- ☐ C Administer oral rehydration and subcutaneous insulin only
- ☐ D Administer sodium bicarbonate infusion as the first intervention

ANSWER B

WHY Management of DKA priorities are: (1) fluid resuscitation with isotonic saline to restore intravascular volume, (2) insulin infusion (typically without an initial bolus per current guidelines), and (3) potassium replacement—even with initial hyperkalemia, total body potassium is depleted, and replacement should begin once serum K⁺ falls below 5.2-5.3 mEq/L. Bicarbonate is generally not recommended unless pH is <6.9. Subcutaneous insulin and oral fluids are inadequate.

QUESTION 14

SINGLE CHOICE

A 6-year-old boy is brought to the emergency department with a 12-hour history of fever, barking cough, hoarseness, and inspiratory stridor that worsens at night. He is alert, has mild intercostal retractions, and an oxygen saturation of 96% on room air. What is the most appropriate initial pharmacologic treatment?

- ☐ A Inhaled epinephrine (racemic or L-epinephrine) nebulization
- ☐ B Intravenous ceftriaxone
- ☒ C Oral dexamethasone
- ☐ D Inhaled albuterol (salbutamol) nebulization
- ☐ E Immediate endotracheal intubation

ANSWER C

WHY The clinical picture (barking cough, hoarseness, inspiratory stridor, nocturnal worsening, low-grade fever in a child of this age) is classic for viral croup (laryngotracheobronchitis). For a child with mild croup (no significant retractions, no marked stridor at rest, normal oxygenation), a single dose of oral dexamethasone (0.15-0.6 mg/kg) is the recommended initial therapy. Inhaled racemic epinephrine is reserved for moderate-to-severe croup with persistent stridor at rest, and its effect is transient; albuterol is ineffective because the obstruction is at the larynx/trachea, not the lower airways. Antibiotics are not indicated as the illness is viral, and intubation is unnecessary in a child maintaining adequate oxygenation and airway.

QUESTION 15

SINGLE CHOICE

A patient presents with acute onset chest pain, hypotension (BP 80/50 mmHg), jugular venous distension, and muffled heart sounds. What is the most likely diagnosis?

- ☐ A Acute pulmonary embolism
- ☒ B Cardiac tamponade
- ☐ C Tension pneumothorax
- ☐ D Acute myocardial infarction

ANSWER B

WHY This patient presents with Beck's triad (hypotension, jugular venous distension, and muffled heart sounds), which is characteristic of cardiac tamponade. This is a medical emergency requiring urgent pericardiocentesis. Pulmonary embolism typically presents with dyspnea, pleuritic chest pain, and tachycardia, not muffled heart sounds. Tension pneumothorax presents with absent breath sounds and hyperresonance on the affected side. Acute MI would not typically cause muffled heart sounds and JVD simultaneously.