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| 39 | A | B | C | D | E |

## PRACTICE QUESTIONS

### The Nurse Practitioners Certification Board (NPCB)

# AGNP

## Adult-Gerontology Nurse Practitioner Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for The Nurse Practitioners Certification Board (NPCB) AGNP , 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, AGNP
- 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 72-year-old patient presents with a two-month history of progressive memory loss, getting lost in familiar places, and difficulty managing finances. The patient's wife reports the symptoms have been steadily worsening. The patient's Mini-Mental State Examination (MMSE) score is 20/30, and neurological exam is otherwise unremarkable. Which of the following is the most likely initial diagnosis?

- ☐ A Normal age-related cognitive decline
- ☒ B Major neurocognitive disorder due to Alzheimer's disease
- ☐ C Vascular neurocognitive disorder
- ☐ D Delirium secondary to an underlying medical condition

**ANSWER B**

**WHY** The patient's presentation — progressive memory loss, spatial disorientation, executive dysfunction (trouble managing finances), and an objectively low MMSE score over a two-month course — is most consistent with major neurocognitive disorder due to Alzheimer's disease. Normal age-related cognitive decline does not produce this degree of functional and objective impairment. Vascular neurocognitive disorder typically presents with a stepwise, rather than steadily progressive, decline often accompanied by focal neurological findings. Delirium develops acutely (hours to days) with fluctuating attention and consciousness, not a chronic two-month decline.

**QUESTION 2**

SINGLE CHOICE

According to the USPSTF recommendations, which of the following is the most appropriate screening intervention for a 65-year-old patient with a 30 pack-year smoking history who currently smokes?

- ☒ **A Low-dose CT of the chest annually**
- ☐ B Chest x-ray annually
- ☐ C Sputum cytology annually
- ☐ D No screening — patient is over the eligible age range

**ANSWER A**

**WHY** The USPSTF recommends annual screening for lung cancer with low-dose CT in adults aged 50–80 years (some earlier guidance cited 55–80) who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. This 65-year-old with a 30 pack-year history who still smokes meets all criteria. Chest x-ray and sputum cytology have not been shown to reduce lung cancer mortality and are not recommended. The patient is well within the eligible age range.

**QUESTION 3**

SINGLE CHOICE

An 80-year-old patient with hypertension, heart failure with reduced ejection fraction (HFrEF, LVEF 30%), and chronic kidney disease (eGFR 35 mL/min/1.73 m<sup>2</sup>) is currently on lisinopril, metoprolol succinate, and furosemide. Potassium is 5.2 mEq/L. Which medication adjustment is most appropriate?

- ☐ A Continue lisinopril at the current dose and start spironolactone
- ☒ **B Discontinue or reduce lisinopril and avoid starting spironolactone**
- ☐ C Add spironolactone 25 mg daily and recheck potassium in 4 weeks
- ☐ D Switch lisinopril to an angiotensin receptor blocker (ARB)

**ANSWER B**

**WHY** This patient is hyperkalemic (K<sup>+</sup> 5.2 mEq/L) on an ACE inhibitor and has CKD with eGFR 35. Adding an MRA such as spironolactone in this setting would significantly increase the risk of life-threatening hyperkalemia and is contraindicated until potassium is normalized. The safest intervention is to hold or reduce the ACE inhibitor, correct potassium, and avoid adding spironolactone until values are stable and renal function/eGFR permits (typically ≥30 with close monitoring, often ≥45 per guideline-based caution). Switching to an ARB would not address the hyperkalemia and confers similar risk.

**QUESTION 4**

SINGLE CHOICE

An 82-year-old patient reports two falls in the past three months. The patient's medications include oxybutynin 5 mg BID, amlodipine 10 mg daily, hydrochlorothiazide 25 mg daily, and temazepam 15 mg at bedtime. Which of the following interventions is most likely to reduce the patient's fall risk?

- ☒ **A Discontinue oxybutynin and temazepam**
- ☐ B Increase hydrochlorothiazide to 50 mg daily
- ☐ C Add a proton pump inhibitor
- ☐ D Refer for routine annual eye examination only

**ANSWER A**

**WHY** Oxybutynin is a strong anticholinergic associated with cognitive impairment, orthostatic changes, and falls, and temazepam is a benzodiazepine and Beers Criteria-listed medication that significantly increases fall risk in older adults. Both are inappropriate medications in geriatric patients per the Beers Criteria and should be discontinued or substituted with safer alternatives. Increasing the diuretic dose would worsen orthostasis and falls, and PPI therapy does not address fall risk. While vision assessment is part of a multifactorial fall evaluation, the most impactful intervention here is deprescribing the offending agents.

**QUESTION 5**

SINGLE CHOICE

Compared with younger adults, older adults typically demonstrate which of the following pharmacokinetic changes?

- ☐ A Increased renal clearance of drugs
- ☐ B Decreased body fat percentage
- ☒ **C Decreased hepatic blood flow and first-pass metabolism**
- ☐ D Increased serum albumin with higher free drug levels of acidic drugs

**ANSWER C**

**WHY** Aging is associated with reduced hepatic mass, hepatic blood flow, and phase I metabolism (cytochrome P450), leading to decreased first-pass metabolism of many drugs (e.g., propranolol, labetalol). Aging is also associated with decreased renal clearance (decline in GFR), increased total body fat with decreased lean body mass and decreased serum albumin, which results in increased free (unbound) fractions of acidic drugs. Each of the other options describes the opposite of what occurs with aging.

**QUESTION 6**

SINGLE CHOICE

A 68-year-old patient with a 40 pack-year smoking history presents with progressive dyspnea, chronic productive cough, and an FEV1/FVC ratio of 0.62 on spirometry. The patient has had two exacerbations in the past year, one requiring hospitalization. According to GOLD guidelines, what is the most appropriate initial maintenance therapy?

- ☐ A Short-acting bronchodilator only
- ☒ B LABA + LAMA combination therapy
- ☐ C Inhaled corticosteroid (ICS) monotherapy
- ☐ D Chronic oral prednisone 10 mg daily

**ANSWER B**

**WHY** The patient's spirometry ( $FEV1/FVC < 0.70$ ) confirms COPD, and the clinical history ( $\geq 2$  exacerbations, one requiring hospitalization) places the patient in GOLD Group E, where dual long-acting bronchodilator therapy (LABA + LAMA) is the recommended initial maintenance regimen. SABA-only therapy is reserved for low-symptom, low-risk patients (Group A). ICS monotherapy is not indicated and is inappropriate outside of an asthma phenotype. Chronic systemic corticosteroids are not recommended for COPD maintenance due to significant systemic toxicity.

**QUESTION 7**

SINGLE CHOICE

A 74-year-old widowed patient presents with low mood, anhedonia, early morning awakening, weight loss, and feelings of worthlessness for the past six weeks following the death of a spouse. The patient denies suicidal ideation. The patient denies hearing voices. There is no evidence of functional impairment beyond mild slowing. Which of the following is the most appropriate next step?

- ☒ **A** Diagnose major depressive disorder and initiate an SSRI
- ☐ **B** Diagnose complicated grief and provide supportive counseling only
- ☐ **C** Diagnose pseudodementia and refer for cognitive testing
- ☐ **D** Diagnose dysthymia and defer treatment

**ANSWER A**

**WHY** Per DSM-5 criteria, major depressive disorder can be diagnosed even when bereavement-related, and a six-week duration of depressed mood plus anhedonia, neurovegetative changes (sleep, appetite, weight), and worthlessness meets criteria for major depressive disorder rather than normal uncomplicated grief. SSRIs are first-line pharmacotherapy in older adults. Complicated grief is not a DSM-5 diagnosis. Pseudodementia involves prominent cognitive complaints and impairment with depressive symptoms — this patient lacks those features. Dysthymia requires  $\geq 2$  years of low mood, not 6 weeks.

**QUESTION 8**

SINGLE CHOICE

A 58-year-old patient with newly diagnosed type 2 diabetes is hesitant to begin metformin, stating, 'I don't want to take medicine for the rest of my life.' Which initial response by the nurse practitioner best demonstrates motivational interviewing?

- ☒ **A** Tell me more about what concerns you have about taking diabetes medicine.
- ☐ **B** You really need to start metformin to avoid serious complications.
- ☐ **C** Most patients your age take metformin without any problems at all.
- ☐ **D** Why are you being so resistant to taking medication that could save your life?

**ANSWER A**

**WHY** Motivational interviewing uses open-ended questions, affirmations, reflections, and summaries (OARS) to elicit the patient's own reasons for change and explore ambivalence. The open-ended invitation to discuss concerns is consistent with MI principles. Directive or confrontational statements ('you really need to...', 'why are you being so resistant...') create resistance and are not MI. Premature reassurance or focusing only on the positive side ('most patients have no problems') fails to elicit the patient's perspective.

**QUESTION 9**

MULTIPLE CHOICE

A 79-year-old patient with end-stage heart failure is enrolled in hospice. The patient reports increasing dyspnea at rest despite oxygen, anxiety, and insomnia. Which of the following interventions are appropriate to address symptom burden at end of life? (Choose two.)

- ☒ **A** Low-dose oral morphine for dyspnea
- ☐ **B** Increase home oxygen to 6 L/min via nasal cannula
- ☒ **C** Low-dose oral haloperidol for anxiety or terminal delirium
- ☐ **D** Order aggressive serial troponin and BNP measurements to titrate therapy

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**ANSWER A - C**

**WHY** Low-dose opioids such as oral morphine are first-line for refractory dyspnea at end of life, and low-dose haloperidol is appropriate for terminal delirium or agitation that is distressing. In hospice, the goal of care is comfort, and aggressive serial biomarker testing does not align with patient-centered goals and should be avoided. Routine escalation of oxygen beyond a therapeutic range is also not evidence-based for dyspnea in advanced illness when opioids are effective.