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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47

A 39-year-old woman, gravida 2, para 1, aborta 0, presents with concerns that a friend has recently suffered from postpartum psychosis. She wonders if she is likely to suffer this disorder following delivery of her 2nd child. Which one of the following is most likely to increase your patient's risk?

- A. A family history of bipolar disorder
- B. A history of panic disorder
- C. Advanced maternal age
- D. Being a multigravida

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Postpartum psychosis is strongly associated with bipolar disorder and other mood disorders. A personal or family history of bipolar disorder significantly increases the risk. It typically presents within the first 2 weeks postpartum and is a psychiatric emergency.

Toronto Notes 2023 - Psychiatry, "Postpartum Psychiatric Disorders":

"Risk factors for postpartum psychosis include personal or family history of bipolar disorder or postpartum psychosis." MCCQE1 Objectives (Psychiatry > 71-3: Mood Disorders):

"Candidates must recognize risk factors for postpartum psychiatric illness, particularly the association with bipolar spectrum disorders." Advanced maternal age (A), multiparity (B), and panic disorder (D) do not significantly increase the risk of postpartum psychosis.

NEW QUESTION # 48

A 20-year-old man is brought by a friend to the emergency department with an elevated temperature, generalized muscle rigidity, hypovolemia, a fluctuating level of consciousness, and impaired attention. The patient also may be responding to auditory hallucinations. The friend informs you that the patient overdosed with a prescribed medication. Which one of the following medications is most likely to cause these symptoms?

- A. Lithium carbonate
- B. Amitriptyline
- C. **Risperidone**
- D. Lamotrigine
- E. Lorazepam

Answer: C

Explanation:

This presentation is classic for neuroleptic malignant syndrome (NMS), a rare but life-threatening reaction to antipsychotic drugs (particularly dopamine antagonists like risperidone). Features include hyperthermia, rigidity, altered mental status, and autonomic instability.

Toronto Notes 2023 - Psychiatry, "Neuroleptic Malignant Syndrome":

"NMS is associated with antipsychotic use. Key features: hyperthermia, lead-pipe rigidity, altered consciousness, autonomic dysfunction. Elevated CK, leukocytosis often present." MCCQE1 Objectives (Psychiatry > 71-5: Adverse Effects of Psychotropics):

"Candidates must recognize and manage neuroleptic malignant syndrome and differentiate it from other drug toxicities." Amitriptyline (B) overdose causes anticholinergic symptoms. Lamotrigine (A) causes rash or seizures in toxicity. Lithium (D) leads to tremor, ataxia, and GI upset. Lorazepam (E) causes CNS depression, not rigidity or fever.

NEW QUESTION # 49

A 2-month-old infant is brought by his parents to your clinic with concerns regarding his frequent crying spells. He has been crying for more than 3 hours daily for many weeks. The infant has reached all age-specific developmental milestones. Which one of the following is the most important to share with the parents regarding this situation?

- A. Most infants respond well to low-dose sedative medications
- B. **This is a self-limited condition**
- C. Resolution of the crying spells is expected between ages 6 and 12 months
- D. There is an increased risk for dependent personality traits in adulthood
- E. Investigations are required to confirm a diagnosis

Answer: B

Explanation:

This infant likely has infantile colic, defined by the "rule of 3s": crying >3 hours per day, >3 days per week, for >3 weeks, usually starting in the first few months of life. It is benign and self-limited, typically resolving by 3-4 months of age.

Toronto Notes 2023 - Pediatrics, "Common Concerns in Infancy":

"Colic is self-limited. No routine testing is required in healthy, thriving infants. Reassurance and support for parents are key."

MCCQE1 Objectives (Pediatrics > 78-1: Behavioral Pediatrics):

"Candidates must recognize normal variations such as colic and avoid unnecessary interventions. Counseling and reassurance are essential." Sedatives (D) are contraindicated. Investigations (C) are unnecessary without red flags. Resolution (B) usually occurs by 3-4 months, not as late as 12 months.

NEW QUESTION # 50

A 42-year-old man presents with a history of fatigue and weight loss. He looks unwell, has a darker than usual complexion and his liver is enlarged. He is also found to have marked glycosuria. Which one of the following is the most useful diagnostic test?

- A. Serum amylase
- B. Hemoglobin A1c
- C. Serum cortisol
- D. Serum ferritin
- E. Serum alpha-1 antitrypsin

Answer: D

Explanation:

This presentation suggests hereditary hemochromatosis. Common features include hyperpigmentation ("bronze diabetes"), hepatomegaly, diabetes, fatigue, and elevated liver enzymes. Serum ferritin is a screening test for iron overload, and elevated levels support the diagnosis.

Toronto Notes 2023 - Endocrinology / Gastroenterology:

"Hemochromatosis presents with skin hyperpigmentation, hepatomegaly, diabetes, fatigue. Diagnosis begins with serum ferritin and transferrin saturation." MCCQE1 Objectives (Internal Medicine > Metabolic and Endocrine > 37-1):

"Candidates must investigate iron overload syndromes using ferritin and transferrin saturation." Cortisol (B) is for adrenal insufficiency. A1AT (C) is a liver disease cause but not typical here. Amylase (E) is for pancreatitis. A1c (A) would confirm diabetes but not the underlying cause.

NEW QUESTION # 51

You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?

- A. Avoid medications with anticholinergic potential
- B. Treat postsurgical insomnia with benzodiazepines
- C. Screen the patient with the Mini-Mental Status Examination prior to surgery
- D. Refrain from prescribing opiate analgesics to treat postoperative pain
- E. Keep family visits to a minimum to avoid postsurgical overstimulation

Answer: A

Explanation:

One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.

Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):

"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

NEW QUESTION # 52

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