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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q154-Q159):

NEW QUESTION # 154

You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.

You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

- A. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.
- B. Replace short-acting hydromorphone with transdermal fentanyl.
- C. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.
- **D. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.**
- E. Decline the renewal of further hydromorphone and discharge the patient.

Answer: D

Explanation:

The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.

Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:

"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up.

Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Substance Use):

"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients. Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION # 155

A 30-year-old man comes to the office and asks you to write him a note for his employer that recommends a stress leave. He says he feels entitled to a rest. He comes across as irritable and impulsive. He appears to show little regard for the law and admits to recently embezzling \$5,000 from his employer. He justifies his actions and shows no remorse. He has a history of attention-deficit/hyperactivity disorder as a child. Which one of the following is the most likely diagnosis?

- A. Narcissistic personality disorder.
- B. Borderline personality disorder.
- C. Klinefelter syndrome.
- D. Bipolar II disorder.
- E. Antisocial personality disorder.

Answer: E

Explanation:

This case features hallmark traits of antisocial personality disorder: disregard for social norms, criminal behavior, lack of remorse, impulsivity, and a history of conduct disorder (suggested by childhood ADHD and likely early behavioral problems).

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"Antisocial personality disorder is characterized by disregard for rights of others, impulsivity, deceitfulness, lack of remorse, and criminal activity beginning in adolescence." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish antisocial personality disorder by a pattern of behavior that violates the rights of others, with evidence of conduct disorder before age 15." Other options do not explain the full behavioral pattern, especially the criminality and lack of remorse.

NEW QUESTION # 156

A 63-year-old woman presents to your office with a history of progressive abdominal discomfort over the past five months. She reports bloating and difficult digestion with constipation. She has no urinary symptoms and denies vaginal or rectal bleeding. An abdominal ultrasound shows a large complex pelvic mass with internal multiloculation and moderate ascites. The cancer antigen 125 (CA 125) is elevated at 1023 U/mL (< 35 U/mL). Which one of the following is the most likely diagnosis?

- A. Rectosigmoid adenocarcinoma
- B. Ovarian hyperstimulation syndrome
- C. Chronic hematosalpinx
- D. Serous carcinoma of the ovary
- E. Metastatic uterine adenocarcinoma

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Postmenopausal women with abdominal distension, bloating, a complex pelvic mass, and elevated CA-125 are highly suggestive of epithelial ovarian cancer, especially serous cystadenocarcinoma-the most common type.

Toronto Notes 2023 - Gynecology / Oncology:

"Serous epithelial ovarian carcinoma presents with vague abdominal symptoms, ascites, complex pelvic mass, and elevated CA-125." MCCQE1 Objectives (Gynecology > 82-5: Ovarian Masses):

"Candidates must recognize signs and investigations of ovarian cancer, including elevated tumor markers and imaging findings."

Ovarian hyperstimulation (A) occurs in fertility treatments. Colorectal cancer (C) may mimic these symptoms but typically causes

rectal bleeding and has lower CA-125 levels. Uterine adenocarcinoma (D) usually causes bleeding. Hematosalpinx (E) presents with pelvic pain, not ascites.

NEW QUESTION # 157

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

Answer: D

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 # 158

A 34-year-old man with trisomy 21 is brought to the Emergency Department because of a painful, red great toe. He is accompanied by an older woman who begins giving you the history as you enter the room. The patient is sitting on the examination table with the foot exposed, but he does not speak. Which one of the following is the best next step?

- A. Examine the uncovered foot immediately to provide comfort to the patient sooner.
- B. Have a nurse attend with you in case the patient needs restraint.
- C. Allow the woman to continue with the history to expedite the patient encounter.
- D. Ask the woman to provide legal documentation of her responsibility for the patient.
- **E. Establish the relationship between the woman and the patient and direct questions to the patient.**

Answer: E

Explanation:

Patients with developmental disabilities must still be engaged directly unless clearly incapable. It is vital to first establish the companion's relationship to the patient and give the patient the opportunity to communicate.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Presume capacity in adults with developmental disabilities unless proven otherwise. Direct communication with the patient is essential, and the identity of accompanying individuals should be clarified." MCCQE1 Objectives - ELOM > Patient Autonomy and Consent:

"Candidates must respect patient autonomy and include developmentally delayed individuals in medical discussions unless incapacity is determined." Options A and C delay establishing capacity and relationship. Option D is premature. Option E bypasses consent and interaction with the patient.

NEW QUESTION # 159

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