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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q90-Q95):

NEW QUESTION # 90

A 52-year-old man presents to the Emergency Department with a history of back, neck, and shoulder pain sustained from a workplace incident 4 years ago. He is under observation by a multidisciplinary pain clinic, and his next appointment is not for another 4 weeks. He does not report any recent change in his symptoms.

His medications are as follows:

Acetaminophen

1000 mg orally 4 times daily

Naproxen

500 mg orally twice daily

Amitriptyline

25 mg orally at bedtime

* Acetaminophen 1000 mg orally four times daily

* Naproxen 500 mg orally twice daily

* Amitriptyline 25 mg orally at bedtime

The patient has not taken his medications for several weeks because he thinks they are not working. He requests a prescription for oxycodone because he tried some that a friend sold him, and it worked very well.

After completing an assessment and providing counseling, which one of the following is the best next step?

- A. Prescribe a short course of tramadol.
- B. Offer to prescribe cannabis.
- C. Provide a naloxone kit.
- D. Obtain a urine toxicology screen.

Answer: D

Explanation:

Given the request for opioids and history of non-prescribed opioid use (oxycodone obtained from a friend), the next appropriate step is to conduct a urine drug screen. This helps assess current substance use and guides safe prescribing decisions.

Toronto Notes 2023 - Pain Management and Addiction Medicine:

"Urine drug screening is recommended before initiating opioid therapy or when there is suspicion of substance misuse. A history of using non-prescribed opioids mandates assessment for opioid use disorder and further risk stratification." MCCQE1 Objectives - Internal Medicine > Chronic Pain:

"Candidates must assess for opioid misuse and dependence before initiating opioid therapy. Urine drug testing is a standard tool in this assessment." Providing naloxone (A) may be appropriate later if opioids are prescribed, but the priority is evaluation.

Cannabis (B) is not first-line and lacks controlled evidence in chronic pain. Tramadol (D) is an opioid-like agent and not appropriate until misuse risk is evaluated.

NEW QUESTION # 91

A 66-year-old woman with metastatic breast cancer presents with hard, difficult-to-pass stools. She has been experiencing this issue since starting morphine to control her pain. Which one of the following is the best next step?

- A. Start docusate
- B. Add a bulk-forming fiber supplement to her diet
- C. Lower her morphine dose
- D. Suggest increasing her physical activity
- E. Prescribe senna

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Opioid-induced constipation is best managed with stimulant laxatives like senna or bisacodyl. Stool softeners such as docusate are insufficient as monotherapy. Senna stimulates peristalsis, making it more effective.

Toronto Notes 2023 - Palliative Care:

"Opioid-induced constipation requires stimulant laxatives such as senna. Stool softeners alone are not adequate." MCCQE1 Objectives (Palliative Care > 92-1: Symptom Management):

"Candidates must treat opioid-related side effects appropriately, including use of stimulant laxatives for constipation." Bulk agents (C) can worsen symptoms. Reducing morphine (D) may compromise pain control. Activity (E) helps but is insufficient as first-line management.

NEW QUESTION # 92

A 31-year-old man presents with nocturnal non-exertional chest pain. During an exercise stress test, he does not experience chest pain, and there are no significant ST segment changes on the electrocardiogram. He achieves 17 metabolic equivalent of task (MET), a blood pressure of 190/96 mm Hg (resting blood pressure of 130/80 mm Hg), and a maximum heart rate of 162/min (85% of age-predicted maximum). Which one of the following is the most appropriate next step?

- A. Advise against vigorous exercise
- B. Prescribe hydrochlorothiazide
- C. Schedule cardiac catheterization
- D. Prescribe acetylsalicylic acid and metoprolol

- E. Offer reassurance

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient demonstrates excellent exercise tolerance (17 METs) and no ischemic changes or exertional symptoms, which makes cardiac ischemia unlikely. However, the hypertensive response to exercise (BP >190 systolic) indicates masked or latent hypertension. This should be managed proactively, typically starting with a thiazide.

Toronto Notes 2023 - Cardiology:

"An exaggerated hypertensive response during exercise is predictive of future hypertension. Treatment with antihypertensive agents such as thiazides may be warranted." MCCQE1 Objectives (Internal Medicine > 31-1: Hypertension and Risk Management): "Candidates must identify abnormal BP responses to exercise and initiate appropriate treatment." Reassurance alone (A) ignores the hypertensive response. Catheterization (C) and beta-blockers (D) are unnecessary without ischemia. Advising against exercise (B) is counterproductive in a young, otherwise healthy patient.

NEW QUESTION # 93

You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones.

Which one of the following is the most likely diagnosis?

- A. Laryngomalacia.
- B. Aspiration of a foreign body.
- C. Subglottic hemangioma.
- D. Tracheoesophageal fistula.
- E. Vascular ring.

Answer: A

Explanation:

Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.

Toronto Notes 2023 - Pediatrics, Airway Disorders:

"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:

"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor." Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.

Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION # 94

A 6-week-old boy is brought to your office by his parents for a follow-up following a recent urinary tract infection. His abdominal ultrasound shows dilated urinary bladder and ureters as well as bilateral hydronephrosis. Which one of the following historical findings would be most helpful in establishing the correct diagnosis?

- A. Malodorous urine
- B. Crying during micturition
- C. Recent circumcision
- D. Macroscopic hematuria
- E. Poor urinary stream

Answer: E

Explanation:

This infant has evidence of urinary outflow obstruction on ultrasound. The most common cause in male infants is posterior urethral valves. Poor urinary stream is a hallmark symptom of bladder outlet obstruction in neonates.

Toronto Notes 2023 - Pediatrics, "Pediatric Urology" Section:

"Posterior urethral valves should be suspected in male infants with recurrent UTIs, hydronephrosis, and a weak urinary stream. Diagnosis is confirmed by voiding cystourethrogram." MCCQE1 Objectives (Pediatrics > 78-4: Urinary Tract Abnormalities):

"Candidates must identify congenital causes of urinary obstruction. Poor stream and hydronephrosis are classic features of posterior urethral valves." Crying with urination (E) is nonspecific. Hematuria (B) and malodorous urine (D) are common with infections. Circumcision (A) is unrelated.

NEW QUESTION # 95

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