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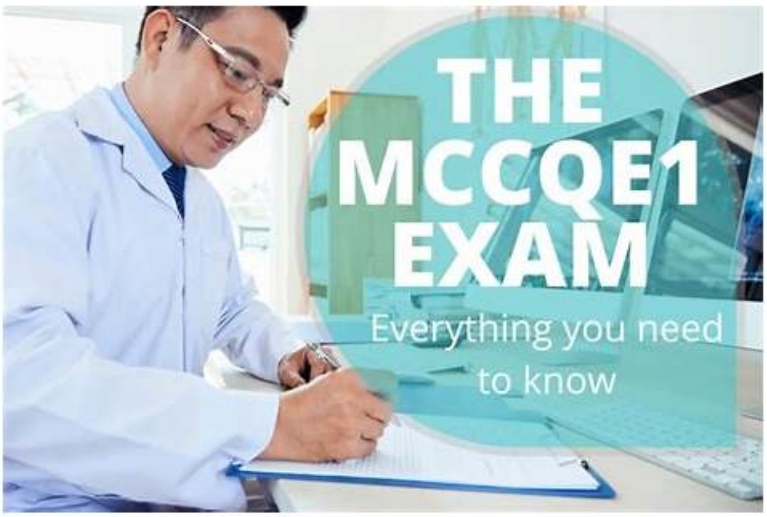

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q19-Q24):

NEW QUESTION # 19
You receive a note from a pharmacist about your 82-year-old patient who is taking oxycodone extended- release 20 mg 3 times daily for spinal stenosis. The pharmacist suggests that you consider tapering the medication. Your patient has been taking his current dosage for 1 year. When you saw him a month ago, he was functioning well with no adverse effects from the medication. Which one of the following is the best next step?

- A. Prescribe a lower dosage of oxycodone.
- B. Reassess the patient.
- C. Refer the patient for physiotherapy and acupuncture.
- D. Refer the patient to a pain specialist to help you decide on the best management.

Answer: B

Explanation:
Long-term opioid therapy requires ongoing assessment of benefits, risks, function, adverse effects, and safety, particularly in older adults. MCCQE objectives emphasize regular reassessment before making changes to chronic controlled medications. Although the pharmacist has appropriately raised concern about prolonged opioid use, the patient was reported one month ago to be functioning well without adverse effects.
The appropriate next step is to reassess the patient directly-including pain control, functional status, cognition, fall risk, constipation, signs of misuse, and overall goals of care-before altering therapy.
Automatic dose reduction without evaluation may destabilize pain control. Immediate referral to a specialist is unnecessary if the patient is stable and well managed. Adjunct therapies such as physiotherapy may be considered but should not replace proper reassessment.
Shared decision-making is essential. If reassessment reveals limited benefit, adverse effects, or safety concerns, a gradual taper can then be discussed. Clinical decisions regarding opioids should be individualized rather than based solely on duration of use.

NEW QUESTION # 20
A 29-year-old woman presents with vaginal spotting after 6 weeks of amenorrhea. She is asymptomatic otherwise. Serum #-hCG is 2150 IU/L, and pelvic ultrasound shows an empty uterus. She has been trying to conceive for 7 months. Which one of the following is the best next step?

- A. Administer intramuscular methotrexate.
- B. Arrange exploratory laparoscopy.
- C. Repeat pelvic ultrasonography in 10 days.
- D. Repeat serum #-hCG test in 48 hours.
- E. Perform dilatation and curettage for chorionic villi.

Answer: D

Explanation:
An empty uterus with #-hCG >1500-2000 IU/L raises concern for a pregnancy of unknown location (PUL), including the possibility of ectopic pregnancy. However, the patient is hemodynamically stable and asymptomatic. In such cases, the best initial step is to repeat serum #-hCG in 48 hours to assess the rise or fall of hCG levels.
Toronto Notes 2023 - Obstetrics, "First Trimester Bleeding":
"If #-hCG >1500 IU/L and no intrauterine pregnancy is visualized on ultrasound, repeat #-hCG in 48 hours to determine rise or decline. A suboptimal rise (less than 66%) suggests ectopic pregnancy." MCCQE1 Objectives (Obstetrics > 79-1: Early Pregnancy Complications):
"In a patient with early pregnancy bleeding, the candidate must interpret quantitative #-hCG trends to distinguish ectopic pregnancy, miscarriage, or viable intrauterine pregnancy." Immediate administration of methotrexate or invasive procedures such as D&C or laparoscopy are not appropriate until further diagnostic clarification is obtained.

NEW QUESTION # 21
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 ferritin
- B. Hemoglobin A1c
- C. Serum cortisol
- D. Serum alpha-1 antitrypsin
- E. Serum amylase

Answer: A

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 # 22
A 79-year-old woman is brought by a long-term care (LTC) facility staff member to your clinic with concerning behaviours. On history, she was admitted to an LTC facility 6 months ago with vascular dementia.
Three days ago, she became very aggressive towards her caregivers. There is no clear pattern to her aggression. Some staff members report that she is quieter than usual, whereas others report that she is agitated, talks to herself, and picks at her clothes. On examination, she appears very confused. She does not finish her answers and seems to "drift off" during conversation. Which one of the following is the most likely diagnosis?

- A. Delirium.
- B. Worsening of the patient's vascular dementia.
- C. Lewy body dementia.
- D. Major depressive disorder.
- E. Late-onset delusional disorder.

Answer: A

Explanation:
Delirium is the most likely diagnosis because the change is acute (3 days) with fluctuating level of activity (quiet at times, agitated at others) and prominent inattention (does not finish answers, "drifts off" during conversation). MCCQE objectives emphasize distinguishing delirium from dementia: dementia is typically chronic and progressive , whereas delirium is a sudden, reversible syndrome characterized by disturbed attention and awareness, often with altered sleep-wake cycle, perceptual disturbances, and psychomotor changes (hyperactive, hypoactive, or mixed). This patient's new aggression, confusion, and variable behavior strongly suggest delirium superimposed on existing vascular dementia-a common and high-risk scenario in LTC residents. Major depressive disorder can cause apathy and reduced concentration but does not typically cause a fluctuating course with acute confusion. Lewy body dementia is associated with chronic cognitive fluctuations and visual hallucinations/parkinsonism, not a sudden 3-day deterioration. Late-onset delusional disorder would feature fixed delusions with otherwise clearer consciousness. The next clinical priority is to search for and treat underlying causes (infection, medications, metabolic disturbance, pain, dehydration) while ensuring safety and supportive care.

NEW QUESTION # 23
A couple is diagnosed with primary infertility secondary to azoospermia. They are not interested in in vitro fertilization techniques, so you recommend insemination with a sperm donor. The male partner is hesitant. He thinks he might have difficulty accepting raising a child who is not biologically his. Which one of the following is the best next step?

- A. Recommend that the donor be a person who is known and significant to the couple
- B. Propose a trial of ovulation induction with gonadotropins
- C. Suggest transfer of care to another physician
- D. Arranging a consultation with a psychologist
- E. Tell the couple adoption is a better option

Answer: D

Explanation:
When couples face infertility-related decisions-particularly involving donor insemination-psychosocial counseling is essential. A mental health consultation helps explore emotional concerns, expectations, and readiness for non-biological parenting.
Toronto Notes 2023 - Gynecology, "Infertility and ART":
"Psychological counseling is recommended for couples considering donor gametes to address emotional, ethical, and identity issues before proceeding." MCCQE1 Objectives (ELOM > Reproductive Ethics > 83-1):
"Candidates must understand the ethical and psychosocial considerations of assisted reproductive techniques and provide appropriate referrals." Suggesting adoption or switching care dismisses valid concerns (B, C). Ovulation induction (D) does not address azoospermia.

NEW QUESTION # 24

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