

# Quiz 2026 MCCQE: MCCQE Part 1 Exam High Hit-Rate Online Training Materials

## MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions,  $\geq 180/110$  on dedicated office visit, or diabetes  $\geq 130/80$

ACR for DM and CKD - Answer- ACR  $> 30$  mg/mmol is abnormal

When to start management of HTN - Answer- BP  $> 160/100$  or  $> 140/90$  when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test ( $\geq 15$  dB increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer-  $\geq 300$  mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone ( $< 34$  weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP  $> 180/120$  with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP  $> 180/120$  with cerebral edema

Mx of malignant HTN - Answer- Reduce dBp to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q160-Q165):

### NEW QUESTION # 160

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

**Answer: A**

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 # 161

An 83-year-old woman presents to your office with a 2-day history of confusion. Her past medical history is significant for lung cancer, and she is being treated with radiation. On physical examination, she is euvolemic.

Her blood work reveals a serum sodium of 118 mmol/L (135-140) as compared with 134 mmol/L (8 days ago). Which one of the following will be most helpful in establishing the cause of her laboratory abnormality?

- A. Serum osmolality
- B. Urinalysis
- C. Parathyroid hormone-related peptide
- D. Urine sodium
- E. Creatinine clearance

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

Hyponatremia in a patient with lung cancer and euvolemia strongly suggests syndrome of inappropriate antidiuretic hormone secretion (SIADH), especially from small cell carcinoma. Serum osmolality is the best initial test to confirm hypotonic hyponatremia and distinguish true hyponatremia from pseudohyponatremia or other causes.

Toronto Notes 2023 - Endocrinology, "Hyponatremia":

"Serum osmolality helps classify hyponatremia as hypotonic, isotonic, or hypertonic. SIADH typically causes hypotonic hyponatremia in euvolemic patients." MCCQE1 Objectives (Endocrinology > 37-1: Electrolyte Disorders):

"Candidates must evaluate the type and cause of hyponatremia using clinical status and laboratory tests including serum osmolality."

Urine sodium (B) is useful after confirming hypotonicity. PTHrP (E) is associated with hypercalcemia of malignancy, not hyponatremia. Urinalysis (A) and CrCl (D) are less directly informative.

### NEW QUESTION # 162

A 72-year-old man reports that his wife says he has hearing trouble. Examination reveals that air conduction on the right side is less than on the left side and greater than bone conduction bilaterally. He hears a tuning fork placed on the top of his head better with his left ear. Which one of the following is the most appropriate next step in management?

- A. Magnetic resonance imaging of the posterior fossa.
- **B. Audiometry.**
- C. Hearing aid.
- D. Wax removal from the ears by irrigation.
- E. Computed tomography scan of the head.

**Answer: B**

Explanation:

The patient demonstrates signs of asymmetric sensorineural hearing loss (SNHL). In Weber test, sound localizes to the better ear in SNHL. Air conduction > bone conduction on Rinne test bilaterally supports SNHL. Audiometry is the best next diagnostic step to quantify and characterize the hearing loss.

Toronto Notes 2023 - ENT, "Hearing Loss":

"Audiometry is the first-line investigation to distinguish conductive from sensorineural hearing loss and to assess severity and frequency involvement." MCCQE1 Objectives (Medicine > ENT > 20-1):

"Candidates must know the approach to hearing loss and interpret Weber and Rinne tests to guide investigations such as audiometry." Imaging (A, C) is reserved for red flags such as unilateral persistent SNHL, which may later prompt MRI to rule out acoustic neuroma. Wax removal (D) is for conductive loss. Hearing aids (E) are management, not diagnostic, and come after audiologic evaluation.

### NEW QUESTION # 163

A 40-year-old woman presents to your clinic for follow-up regarding her major depressive disorder, which is being treated with the starting dosage of escitalopram. Most of her symptoms have now improved. However, she has noted anorgasmia since taking this medication. This has significantly affected her relationship with her wife. Which one of the following is the best next step?

- **A. Add bupropion**
- B. Switch escitalopram to venlafaxine
- C. Maintain the current medication
- D. Increase the patient's dosage of escitalopram

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

Sexual dysfunction, including anorgasmia, is a common side effect of SSRIs like escitalopram. Bupropion, a norepinephrine-dopamine reuptake inhibitor, has minimal sexual side effects and can be safely added to mitigate this issue while preserving the antidepressant effect.

Toronto Notes 2023 - Psychiatry / Pharmacology:

"SSRI-induced sexual dysfunction can be managed by dose reduction, switching agents, or adding bupropion." MCCQE1 Objectives (Psychiatry > 71-1: Depressive Disorders):

"Candidates should be able to address side effects of antidepressants, including sexual dysfunction, and adjust therapy appropriately." Increasing the dose (A) may worsen sexual dysfunction. Venlafaxine (B), an SNRI, also has sexual side effects. D (no change) does not address the patient's concern.

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### NEW QUESTION # 164

A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritus. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule. Which one of the following is the best next step?

- A. Warn him of the consequences of refusing dialysis.

- B. Explore employment alternatives that would better accommodate the dialysis schedule.
- C. Provide him access to his medical records and full chart.
- D. Explain to him you will see him again when he decides to start dialysis.
- E. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.

**Answer: E**

Explanation:

When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.

Toronto Notes 2023 - Nephrology, Chronic Kidney Disease Section:

"Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation." MCCQE1 Objectives - Internal Medicine > Nephrology:

"The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis." Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport. Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

## NEW QUESTION # 165

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