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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q81-Q86):

NEW QUESTION # 81

A 58-year-old woman presents to your office with refractory bipolar I disorder. She is on the following medications: lithium carbonate, valproic acid, and olanzapine. She also takes acetaminophen for osteoarthritis and pantoprazole for gastroesophageal reflux. Lately, she has noticed she bruises very easily. Laboratory work displays a platelet count of $70 \times 10^9/L$ (normal 130-400). Which one of the following is most likely to induce this side effect?

- A. Acetaminophen
- B. Lithium carbonate
- C. Valproic acid
- D. Olanzapine
- E. Pantoprazole

Answer: C

Explanation:

Valproic acid is well known to cause thrombocytopenia, especially at higher serum concentrations or in patients over 60. Bruising with platelet count $<100 \times 10^9/L$ is a classic manifestation.

Toronto Notes 2023 - Psychiatry, Mood Disorders & Pharmacology Section:

"Valproic acid is associated with hematologic side effects including thrombocytopenia. Platelet counts should be monitored regularly." MCCQE1 Objectives - Psychiatry > Pharmacotherapy:

"The candidate must recognize adverse effects of mood stabilizers including hematologic complications of valproic acid." Other listed medications (A-D) have no common or direct link with thrombocytopenia in this context.

NEW QUESTION # 82

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

Answer: C

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 # 83

You are caring for a 78-year-old man admitted to hospital for heart failure. On your rounds, he asks why he is not getting better. He has a history of heart failure, hypertension, and type 2 diabetes. He has an implantable cardioverter-defibrillator. This is his fourth admission in the past 6 months for acute decompensation of his heart failure. Between hospital admissions, he reports worsening shortness of breath and a progressive decline in function. Which one of the following is the next best step?

- A. Reassure the patient that his condition will improve with proper medication adherence
- **B. Explain the end-stage nature of the patient's illness**
- C. Advise the patient to have his defibrillator deactivated

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient has end-stage heart failure with frequent hospitalizations, progressive symptoms, and functional decline. The most appropriate next step is to initiate a goals-of-care conversation, including acknowledgment of the prognosis.

Toronto Notes 2023 - Cardiology / Palliative Care:

"In advanced heart failure with recurrent admissions and functional decline, a goals-of-care discussion should be initiated to align treatment with patient values." MCCQE1 Objectives (Cardiology > 34-4 / ELOM > 90-2):

"Candidates must recognize end-stage illness and provide appropriate communication and palliative care planning." Deactivating the defibrillator (B) may be appropriate later but should follow a goals-of-care conversation.

Reassuring (C) ignores the true clinical trajectory.

NEW QUESTION # 84

An 80-year-old woman presents to the Emergency Department with dizziness. She has a medical history of coronary artery disease. On examination, she is alert and oriented. Her vital signs are as follows:

Her electrocardiogram is shown in the image.

Which one of the following is the most likely diagnosis?

Blood pressure

80/60 mm Hg

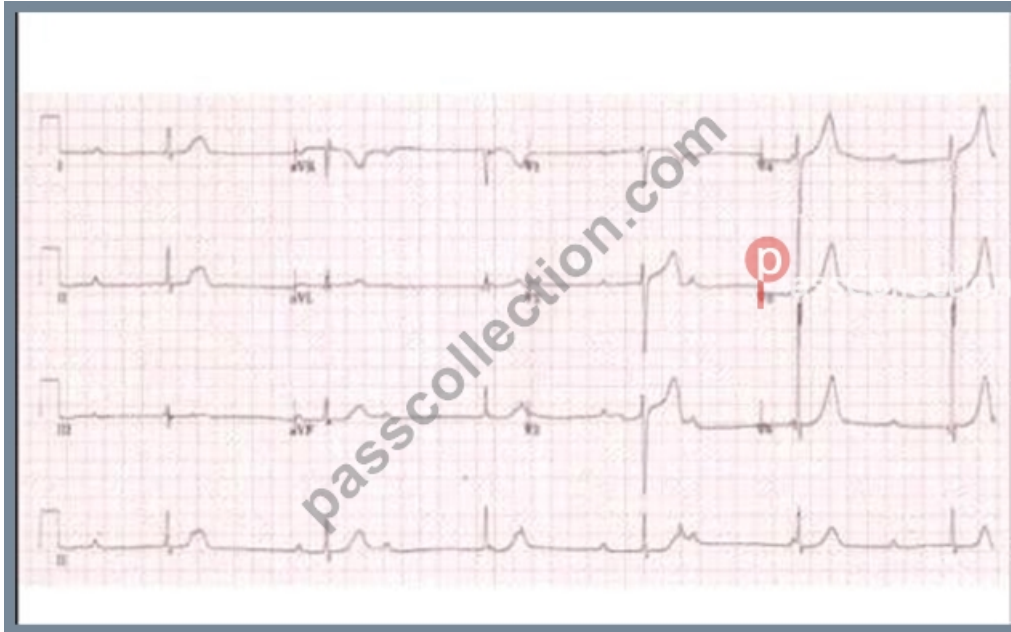
Heart rate

40/min

Respiratory rate

12/min

Her electrocardiogram is shown in the attached image. Which one of the following is the most likely diagnosis?



- A. Junctional escape rhythm
- **B. Third-degree atrioventricular block**
- C. First-degree atrioventricular block
- D. Sinus bradycardia
- E. Second-degree Mobitz type I atrioventricular block

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

The ECG reveals:

- * Regular P waves that are not consistently followed by QRS complexes
- * A dissociation between the atrial (P wave) and ventricular (QRS complex) activity
- * A slow ventricular rate (~40 bpm) independent of atrial rate

These findings are characteristic of a third-degree (complete) atrioventricular (AV) block, where there is no conduction of atrial impulses to the ventricles. The atria and ventricles beat independently, and the ventricular rate is maintained by an escape rhythm, often junctional or ventricular in origin.

This correlates with the patient's symptoms (dizziness, hypotension) and bradycardia, suggesting inadequate cardiac output due to AV dissociation.

Toronto Notes 2023 - Cardiology:

"Third-degree AV block shows complete AV dissociation with independent atrial and ventricular activity. It typically presents with bradycardia and hypotension. Urgent pacing may be required." MCCQE1 Objectives (Cardiology > 34-2: Bradyarrhythmias and Conduction Disorders):

"Candidates must identify complete heart block and recognize its clinical urgency." Ruling out other options:

- * A. Sinus bradycardia would show regular P waves with 1:1 P-QRS conduction.
- * B. First-degree AV block has prolonged PR intervals (>200 ms) but all P waves are conducted.
- * D. Junctional escape rhythm may present with bradycardia, but P waves would be absent, inverted, or occur after QRS complexes.
- * E. Mobitz type I (Wenckebach) has progressively lengthening PR intervals before a dropped QRS.

NEW QUESTION # 85

A 72-year-old woman is brought to the Emergency Department by her daughter because of significant functional decline and progressive shortness of breath. She has widespread metastatic breast cancer and recently stopped chemotherapy due to progression and intolerance. She has been bedridden for 4 weeks. On examination:

* BP: 100/70 mm Hg with pulsus paradoxus of 20 mm Hg

* HR: 99/min

* Temp: 36.5°C

* SpO₂: 94% room air

* JVP: elevated

* Heart sounds: muffled

* Chest X-ray: large globular heart

Labs:

* Hemoglobin: 90 g/L

* Sodium: 118 mmol/L

* Creatinine: 94 µmol/L

Which one of the following is the best next step?

- A. Normal saline infusion
- **B. Discussion on goals of care**
- C. Pericardiocentesis
- D. Consult with the Intensive Care Unit
- E. Blood transfusion

Answer: B

Explanation:

This patient has classic signs of cardiac tamponade (Beck's triad: hypotension, muffled heart sounds, elevated JVP, plus pulsus paradoxus). However, she also has advanced metastatic cancer, functional decline, and has stopped active treatment. In this context, a goals-of-care discussion is the most appropriate next step to determine her wishes regarding interventions like pericardiocentesis.

Toronto Notes 2023 - Palliative Care:

"End-of-life care should prioritize quality of life and patient preferences. In patients with terminal illness and life-threatening conditions (e.g., tamponade), initiate a conversation about goals before aggressive intervention." MCCQE1 Objectives - Internal Medicine > Palliative and End-of-Life Care:

"Candidates must assess prognosis, patient values, and initiate appropriate end-of-life discussions before invasive treatment."

Although pericardiocentesis (A) may relieve symptoms, it should follow consent based on the patient's goals.

ICU (E), fluids (B), or transfusion (D) are not appropriate without this discussion.

NEW QUESTION # 86

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