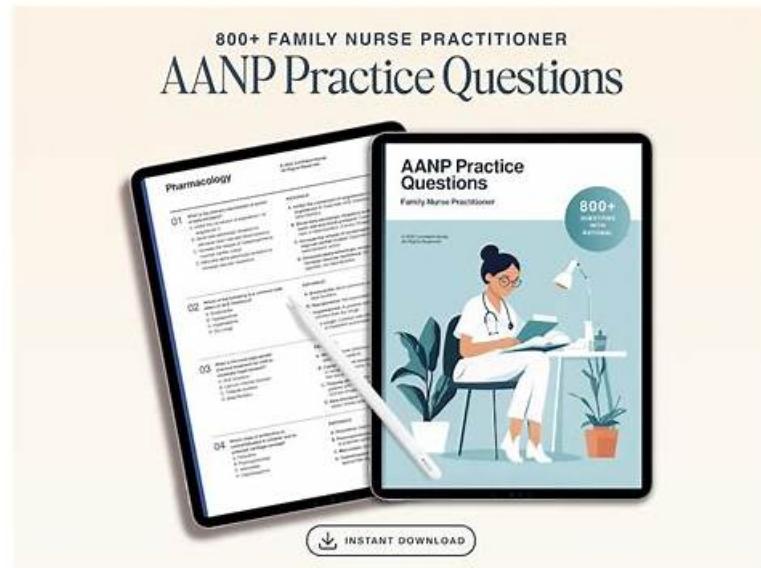


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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q52-Q57):

NEW QUESTION # 52

Your 32-year-old male patient tells you that he has been experiencing headaches that wake him up at night. He tells you that they are very painful and that the pain originates from behind his eye. He says that they usually last about an hour. These symptoms are most consistent with which of the following types of headache?

- A. tension headache
- **B. cluster headache**
- C. migraine without aura
- D. migraine with aura

Answer: B

Explanation:

The symptoms described by the 32-year-old male patient are most consistent with a cluster headache. Cluster headaches are characterized by sudden, severe pain that typically occurs around or behind one eye. The pain of a cluster headache is often described as sharp or burning and can be extremely intense. These headaches are known for their pattern of occurring in clusters, meaning they can happen several times a day for weeks or even months before remitting.

Cluster headaches commonly awaken individuals from sleep, which aligns with the patient's experience of headaches waking him up at night. The duration of these headaches, typically lasting from 15 minutes to 3 hours, also supports the diagnosis of a cluster headache, given the patient's headaches last about an hour.

Additionally, cluster headaches are more prevalent in males, particularly in their late 20s to early 40s, which fits the demographic of the patient in question. Accompanying symptoms often include one or more of the following: lacrimation (tearing of the eye), rhinorrhea (runny nose), ptosis (drooping of the eyelid), conjunctival injection (redness of the eye), and facial sweating. These symptoms usually occur on the same side as the headache pain.

In contrast, other types of headaches like migraines or tension headaches present differently. Migraines often include symptoms such as nausea, vomiting, and sensitivity to light and sound, and may or may not be preceded by an aura. Tension headaches are usually characterized by a dull, constant pain that feels like a tight band around the head, not the sharp, piercing pain localized to the eye as seen in cluster headaches.

Given the specific symptoms reported by the patient—severe pain behind the eye, the timing of the headaches, and their duration—a diagnosis of cluster headache is most consistent with the clinical presentation. This condition would be best managed with specific treatments that can help prevent the headaches or minimize their severity and frequency, alongside acute treatments to relieve pain when a headache does occur. It is advisable for the patient to consult with a healthcare provider to confirm the diagnosis and discuss appropriate management strategies.

NEW QUESTION # 53

Your adolescent female patient has moderate acne with the presence of papules and pustules with comedones. What will be your first-line treatment therapy for this young girl?

- A. improvement of diet
- B. oral antibiotic
- C. certain oral contraceptives
- D. topical retinoids

Answer: D

Explanation:

For an adolescent female patient presenting with moderate acne characterized by papules, pustules, and comedones, the optimal first-line treatment would generally include a combination approach that addresses both the inflammatory and non-inflammatory aspects of acne. Topical retinoids, such as adapalene, tretinoin, or tazarotene, are highly effective in treating comedonal acne (blackheads and whiteheads), which is a primary component of this patient's skin condition.

Topical retinoids work by modulating keratinocyte differentiation and proliferation, which in turn helps to prevent the formation of new comedones and promotes the resolution of existing ones. They also possess anti-inflammatory properties that can reduce the severity of papules and pustules. These medications are available in various formulations such as creams, gels, or solutions, allowing for flexibility based on the patient's skin type and tolerance.

It is important to instruct the patient on the proper application of topical retinoids. The skin should be cleansed and dried, and approximately 20-30 minutes should elapse before applying the retinoid to minimize irritation. Initial application may be every other night, gradually increasing to nightly as tolerated. Patients should be advised that exacerbation of acne might occur initially, but this is typically temporary and should improve with continued use.

While topical retinoids are effective, the presence of moderate inflammatory lesions such as papules and pustules in this patient may also necessitate the use of additional treatments. A topical antibiotic, such as clindamycin or erythromycin, can be used in conjunction with retinoids to enhance the anti-inflammatory action. For females, certain oral contraceptives or anti-androgens like spironolactone can also be considered if hormonal influences are suspected or if there is a poor response to conventional treatments. It is also valuable to discuss lifestyle factors that can impact acne, such as diet and skincare habits. Although dietary changes alone are not typically sufficient to clear acne, a healthy, balanced diet can support overall skin health. Ensuring the patient uses non-comedogenic skincare products and understands the importance of gentle skin care practices is crucial to avoid exacerbating acne. Finally, regular follow-up appointments should be scheduled to monitor the patient's progress, manage any side effects, and adjust the treatment regimen as necessary. This comprehensive and tailored approach increases the likelihood of improving the patient's acne and minimizing potential scarring or psychological distress associated with the condition.

NEW QUESTION # 54

A 70-year-old male patient has a cough, shortness of breath, fatigue, and pleuritic chest pain. Your initial impression is pneumonia,

and your auscultation of the chest seems to confirm this diagnosis. On auscultation, a patient with pneumonia will have all but which of the following lung sounds?

- A. dullness to percussion
- B. abnormal breath sounds
- **C. clear lung sounds except for scattered rhonchi**
- D. crackles

Answer: C

Explanation:

When diagnosing conditions like pneumonia, healthcare professionals rely heavily on the physical examination, particularly auscultation, where they listen to the sounds made by the lungs. In pneumonia, typical findings on auscultation can include a variety of abnormal lung sounds. Let's explore the lung sounds mentioned in the question and understand why one of them is less likely to be associated with pneumonia.

****Crackles**:** These are short, discontinuous sounds heard during inspiration. Crackles, which are often described as sounding like hair being rubbed between fingers, occur when air opens small airways and alveoli that have been stuck together by fluid or infection, common in pneumonia.

****Clear lung sounds except for scattered rhonchi**:** Rhonchi are low-pitched sounds that resemble snoring and occur when airways are obstructed by mucus. While rhonchi can be heard in conditions where the airways are blocked, such as chronic bronchitis or acute bacterial bronchitis, their presence alone—especially with other areas of clear lung sounds—is not typically indicative of pneumonia. Pneumonia usually presents more widespread lung involvement, leading to multiple types of abnormal sounds rather than isolated rhonchi.

****Abnormal breath sounds**:** This term is a general one that can encompass a range of non-normal sounds, including wheezing, crackles, and rhonchi. In the context of pneumonia, abnormal breath sounds are expected due to the inflammation and infection within the lung parenchyma, disrupting normal airflow and lung function.

****Dullness to percussion**:** When performing a physical examination, dullness noted on percussion (tapping on the chest) over the lungs can indicate the presence of something dense like fluid or solid tissue within the lung, common in pneumonia. Normally, a hollow sound is heard because of the air-filled spaces within healthy lungs.

Hence, among the options provided, "clear lung sounds except for scattered rhonchi" is the sound least likely to be associated with pneumonia. This finding is more characteristic of acute bronchitis, where the primary issue is the narrowing or blockage of the larger airways, rather than the alveolar filling typical of pneumonia. In pneumonia, one would expect to find more diffuse or widespread abnormalities in lung sounds across the affected areas, not isolated rhonchi with clear sounds elsewhere.

NEW QUESTION # 55

Your 19-year-old male patient has extreme mood swings and has been diagnosed with bipolar II disorder. He has been taking medication prescribed by his mental health specialist and is participating in psychotherapy. He comes to you for evaluation, telling you that he feels much better and wants to end his treatment. You would tell him which of the following?

- **A. that he has a lifelong condition that must be addressed with lifelong treatment**
- B. that you will do some bloodwork to check his condition and then see what must be done
- C. that he can stop his medication slowly but must go to therapy for a while longer
- D. that he must be weaned off the treatment slowly

Answer: A

Explanation:

The most appropriate response to your 19-year-old patient who wants to end his treatment for bipolar II disorder would be to explain that bipolar disorder is a lifelong condition that requires ongoing management. This includes the potential need for lifelong treatment. It is crucial to communicate that feeling better is a positive sign but does not signify that the disorder has been cured.

Bipolar disorder is characterized by alternating periods of highs (hypomania) and lows (depression), and treatment is typically aimed at managing symptoms and preventing the recurrence of mood episodes. Medications and psychotherapy play a critical role in this ongoing process. It is important to clarify that while medications help stabilize mood, psychotherapy provides tools and strategies to cope with life challenges and mood changes.

Additionally, you can explain the risks associated with abruptly stopping medication. For many patients, discontinuing medication without proper guidance can lead to a relapse or worsening of symptoms. A gradual tapering off, under the supervision of a healthcare provider, might be considered if it aligns with a long-term treatment strategy developed by the patient's mental health specialist.

It would also be beneficial to conduct some follow-up assessments, such as blood work or psychological evaluation, to gain a better understanding of his current health status and to ensure that the treatment plan remains effective and safe.

Lastly, emphasizing the importance of continued engagement in psychotherapy even if medications are adjusted is essential. Ongoing therapy can provide support, education, and coping strategies that are vital for long-term management of bipolar disorder. Encouraging participation in support groups or psychoeducational sessions can also be helpful for both the patient and his family to better understand the nature of the disorder and how to support his journey toward stability. Overall, it's crucial to support your patient in recognizing the chronic nature of bipolar disorder and the importance of a sustained, comprehensive treatment approach to maintain his health and quality of life.

NEW QUESTION # 56

You would tell a person who has acne rosacea to do which of the following?

- A. avoid cold beverages
- B. eat highly spice food
- C. take niacin supplements
- D. **keep exposure to sun and wind to a minimum**

Answer: D

Explanation:

Acne rosacea is a chronic skin condition characterized by redness, pimples, and visible blood vessels, primarily on the face.

Managing rosacea typically involves identifying and avoiding triggers that exacerbate the condition.

Among the options provided, advising a person with acne rosacea to "keep exposure to sun and wind to a minimum" is the correct and most appropriate advice. This recommendation is based on the fact that both sun and wind can be significant triggers for rosacea flare-ups. Ultraviolet (UV) rays from the sun can increase inflammation and redness in the sensitive skin of rosacea patients.

Similarly, wind can dry out the skin and lead to irritation and redness. By minimizing exposure to these elements, individuals with rosacea can potentially reduce the severity and frequency of their symptoms.

The other options listed, such as avoiding cold beverages and taking niacin supplements, do not directly relate to managing rosacea. Cold beverages have not been shown to significantly affect rosacea, and niacin, also known as vitamin B3, can actually exacerbate rosacea symptoms. Niacin can cause facial flushing, which can worsen rosacea symptoms. Highly spicy foods are also known to trigger rosacea flare-ups due to their potential to increase facial flushing.

Therefore, when advising someone with acne rosacea, it is crucial to highlight the importance of protecting the skin from sun and wind. Recommendations might include wearing broad-spectrum sunscreen, using physical barriers like hats and scarves, and seeking shade whenever possible. These simple precautions can make a significant difference in the management of rosacea.

NEW QUESTION # 57

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