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AANP FNP Exam Review with All Questions from Actual Past Exam and 100% Correct Answers Updated 2023-2024

Diagnostic criteria for generalized anxiety disorder include all of the following except: A. difficulty concentrating. B. consistent early morning waking. C. apprehension. D. irritability. ----- Correct Answer ----- **B**

Associated with Weight gain Anticholinergic activity (blurred vision, dry mouth, memory loss, sweating, anxiety, postural hypotension, dizziness, and tachycardia) Constipation a problem, but infrequent nausea. Little sexual dysfunction ----- Correct Answer ----- **Tricyclics**

Highly sedating, dizziness, favorable gastrointestinal side-effect profile. Priapism risk found in 1 in 6000 men using drug. Patient should be informed to go to emergency department promptly for painful erection lasting >30 min ----- Correct Answer ----- **Trazadone**

T/F: when choosing an antidepressant the drug's half-life influences the therapeutic choice, with products with a shorter T1/2 being desirable in elderly patients and patients with hepatic disease. ----- Correct Answer ----- **True**

Which of the following drugs is likely to be the most dangerous when taken in overdose? A. a 4-week supply of fluoxetine B. a 2-week supply of nortriptyline C. a 3-week supply of venlafaxine D. a 3-day supply of diazepam ----- Correct Answer ----- **B**

Concomitant health problems found in a patient with panic disorder often include: A. irritable bowel syndrome. B. thought disorders. C. hypothyroidism. D. inflammatory bowel disease. ----- Correct Answer ----- **A**

In providing primary care for a patient with posttraumatic stress disorder (PTSD), you consider that all of the following are likely to be reported except: A. agoraphobia. B. feeling of detachment. C. hyperarousal. D. poor recall of the precipitating event. ----- Correct Answer ----- **D**

Among the preferred first-line pharmacological treatment options for patients with PTSD include the use of: A. methylphenidate (Ritalin®). B. oxazepam (Serax®). C. lithium carbonate. D. sertraline. ----- Correct Answer ----- **D**

Which of the following therapeutic agents is commonly used to help with sleep difficulties such as insomnia associated with PTSD? A. duloxetine B. bupropion C. mirtazapine D. zolpidem ----- Correct Answer ----- **C**

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q72-Q77):

NEW QUESTION # 72

All but which of the following would be considered an ACE inhibitor that is used for hypertension?

- A. Trandolapril
- **B. Torsemide**
- C. Lisinopril
- D. Enalapril

Answer: B

Explanation:

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are a class of medications used primarily for managing hypertension (high blood pressure) and heart failure. These drugs function by inhibiting the enzyme that converts angiotensin I to angiotensin II, a potent vasoconstrictor. By reducing the production of angiotensin II, ACE inhibitors lead to dilation of blood vessels, which in turn lowers blood pressure and reduces the workload on the heart.

The question provided lists several medications and asks which one is not an ACE inhibitor. The medications listed include Enalapril, Torsemide, Trandolapril, Lisinopril, and again Torsemide. Among these, Enalapril, Trandolapril, and Lisinopril are well-known ACE inhibitors. They are commonly prescribed for treating hypertension and are known for their effectiveness in reducing blood pressure and managing heart-related conditions.

On the other hand, Torsemide is not an ACE inhibitor. It belongs to a different class of drugs known as loop diuretics. Torsemide (marketed under the brand name Demadex) is primarily used for the treatment of edema associated with heart failure, renal disease, or hepatic disease. It works by affecting the sodium, potassium, and chloride reabsorption in the kidneys, leading to an increase in urine production and a decrease in fluid in the body, which can help lower blood pressure but through a mechanism different from that of ACE inhibitors.

Therefore, in response to the question, Torsemide is the correct answer as it is not an ACE inhibitor. It is important to distinguish between these medications as they are used for similar conditions but operate through different mechanisms and have different implications for patient care.

NEW QUESTION # 73

You calculate you patient's BMI to be 27. Into which category would this patient fall?

- A. obese
- B. normal weight
- C. underweight
- **D. overweight**

Answer: D

Explanation:

The Body Mass Index (BMI) is a simple calculation used to assess whether a person has a healthy body weight for a person of their height. It is calculated by dividing an individual's weight in kilograms by the square of their height in meters. The resulting value helps categorize individuals into various weight status categories.

According to the World Health Organization (WHO) and other health authorities, the BMI categories are defined as follows: -

Underweight: BMI less than 18.5 - Normal weight: BMI 18.5 to 24.9 - Overweight: BMI 25.0 to 29.9 - Obese: BMI 30.0 and above In this particular case, the patient's BMI has been calculated at 27. Based on the categorization guidelines, a BMI of 27 falls within the 'overweight' category. This category is designated for individuals who have a BMI between 25.0 and 29.9. It indicates that the patient weighs more than what is considered healthy for their height, but not to the extent that it is classified as obesity. Being in the overweight category can be associated with an increased risk of developing various health issues, including but not limited to cardiovascular diseases, type 2 diabetes, and certain types of cancer. It is often recommended for individuals in this category to seek guidance on lifestyle changes involving diet and physical activity to help move towards a healthier BMI range. In summary, the patient with a BMI of 27 is correctly classified as overweight. This classification serves as a tool to prompt further evaluation and discussion regarding the patient's health status and potential risk factors, encouraging proactive management to improve their overall health.

NEW QUESTION # 74

In terms of the scope of practice for an NP, which of the following statements is incorrect?

- A. The scope of practice defines a specific legal scope determined by state statutes, boards of nursing, educational preparation and common practice within a community.
- **B. Scope of practice is always defined by state statutes enacted by the state legislature.**
- C. General scope of practice is specified in many published professional documents.
- D. Prescriptive authority is recognized as within the scope of practice for nurse practitioners in all 50 states.

Answer: B

Explanation:

To answer the question about which statement is incorrect regarding the scope of practice for nurse practitioners (NPs), it's important to first understand what "scope of practice" generally entails and how it is determined.

The scope of practice for NPs includes all the activities and services that NPs are educated and authorized to perform, based on their professional licensure. This scope is influenced by several factors including state laws, educational background, the needs of the community, and the policies of healthcare providers.

The incorrect statement among those provided is: "Scope of practice is always defined by state statutes enacted by the state legislature." This statement is incorrect because the determination of scope of practice is not solely the jurisdiction of state statutes. While it is true that in some states, the scope of practice for NPs is directly defined by state statutes, in others, the state legislature delegates the authority to define and regulate the scope of practice to the state's board of nursing or other regulatory bodies. Therefore, the scope of practice can vary significantly from state to state based not only on laws passed by the state legislature but also on regulations established by the state's board of nursing. These boards may have the authority to interpret and implement the statutes, and they may issue additional guidelines that affect practice.

Additionally, other factors also influence the scope of practice, such as national certification, the policies of healthcare institutions where NPs are employed, and the specific needs and conditions of the community served. Professional organizations also publish documents that provide guidelines and consensus statements about the general scope of practice and standards of care, which further guide practice but do not have the force of law.

In summary, while state statutes are indeed a critical component in defining the scope of practice for NPs, they are not the sole determinants. The scope of practice is also shaped by regulatory boards, professional standards, and local healthcare needs, making the statement that it is always defined by state statutes incorrect.

NEW QUESTION # 75

Gretchen is a 32-year-old sexually active female patient with symptoms of PID. She complains of right upper quadrant abdominal pain and tenderness on palpation. Liver function tests are normal. You understand that this is most likely which of the following?

- A. Jarisch-Herxheimer reaction
- B. none of the above
- C. Reiter's syndrome
- **D. Fitz-Hugh-Curtis Syndrome**

Answer: D

Explanation:

The most likely diagnosis for Gretchen, given her symptom of right upper quadrant abdominal pain and a history of pelvic inflammatory disease (PID), is Fitz-Hugh-Curtis Syndrome (FHCS). FHCS is a rare complication of PID, often caused by sexually transmitted infections such as *Neisseria gonorrhoeae* (GC) or *Chlamydia trachomatis*. It is characterized by inflammation of the liver capsule and the formation of adhesions or fibrous bands between the liver and the parietal peritoneum.

The key feature of FHCS is the development of a perihepatitis, which is an inflammation of the capsule covering the liver. This inflammation leads to sharp, right upper quadrant abdominal pain that may mimic other conditions such as cholecystitis or appendicitis. The pain is typically exacerbated by movement and may be referred to the right shoulder (due to irritation of the diaphragm).

Despite the liver being involved, liver function tests in FHCS are usually normal or show only mild abnormalities. This is because the liver parenchyma (functional tissue of the liver) is not affected. The diagnosis is often made clinically based on the symptoms and the patient's history of PID. Imaging studies like ultrasound or CT scan can be helpful in visualizing the perihepatic adhesions, though they are not always necessary.

Treatment of FHCS primarily involves addressing the underlying infection with appropriate antibiotics. This usually includes coverage for the causative organisms of PID. In addition, pain management is crucial. In severe cases or where there is significant adhesion formation, surgical intervention may be required to remove the adhesions and alleviate the symptoms.

In summary, Fitz-Hugh-Curtis Syndrome is a serious but treatable complication of PID, presenting with characteristic right upper quadrant pain, despite normal liver function tests. Early diagnosis and treatment are important to prevent further complications such

as chronic abdominal pain or infertility.

NEW QUESTION # 76

Your patient has a superficial skin lesion that is elevated. It is less than 1 cm in diameter and it is filled with serous fluid. Which of the following skin lesions is this?

- A. macule
- B. papule
- C. vesicle
- D. pustule

Answer: C

Explanation:

The correct answer to the question regarding a skin lesion that is less than 1 cm in diameter, elevated, and filled with serous fluid is "vesicle." A vesicle is a type of skin lesion that is characterized by these specific criteria. It is important to distinguish vesicles from other types of skin lesions based on their physical characteristics and contents.

Vesicles are small, fluid-filled sacs that appear on the surface of the skin. They are typically less than 1 cm in diameter and contain clear fluid, usually serous fluid, which is a watery fluid similar to plasma but without its protein content. This type of lesion is superficial, meaning it involves only the upper layers of the skin. One common example of a vesicular lesion is a herpetic lesion, such as those seen in herpes simplex virus infections.

In contrast, other similar skin lesions differ in size, content, or texture. For instance, a pustule is also a small, elevated lesion but differs from a vesicle in that it contains purulent fluid, which is typically a sign of infection and includes white blood cells. Pustules are often associated with acne and other bacterial skin infections.

Another lesion type is the papule, which is a solid, palpable lesion that can be up to 0.5 cm in diameter. Papules are usually elevated but do not contain fluid, making them distinctly different from vesicles. Examples of conditions with papular lesions include dermatitis and viral exanthems.

Lastly, a macule is a flat lesion that is not palpable and is usually smaller than 1 cm in diameter. Macules are characterized by changes in skin color, with no elevation or fluid content. Freckles and flat moles are typical examples of macular lesions.

In conclusion, distinguishing between these types of skin lesions-vesicles, pustules, papules, and macules-is crucial for accurate diagnosis and appropriate treatment in dermatological practice. The description of the lesion in the question clearly matches that of a vesicle, making it the correct answer.

NEW QUESTION # 77

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