

Vce AANP-FNP Download - Original AANP-FNP Questions

AANP PRACTICE QUESTIONS & ANSWERS 2025

A 65-year-old woman presents for a follow-up examination after a new patient visit. She has not seen a healthcare provider for several years. She is a smoker and her hypertension is now adequately controlled with medication. Her mother died at age 40 from a heart attack. The fasting lipid profile shows cholesterol = 240 mg/dL, HDL = 30, and LDL = 200. In addition to starting Therapeutic Life style Changes, the nurse practitioner should start the patient on:

1. bile acid sequestrant.
 2. a statin drug.
 3. a cholesterol absorption inhibitor.
 4. low-dose aspirin. - correct answers-A statin drug
- The most commonly prescribed medication for mild systemic lupus erythematosus (SLE) is:

1. azathioprine (AZA).
 2. belimumab (Benlysta).
 3. ibuprofen (Advil).
 4. cyclophosphamide (Cytoxan). - correct answers-ibuprofen (advil)
- The most common sign of cervical cancer is:

1. postcoital bleeding.
 2. strong odor from vaginal discharge.
 3. itching in the vaginal area.
 4. molluscum contagiosum. - correct answers-postcoital bleeding
- The nurse practitioner prescribes amitriptyline (Elavil) for a patient with neuropathic pain secondary to diabetes mellitus. On follow-up, the patient complains of urine retention and dry mouth. The practitioner would:

1. discontinue amitriptyline and begin ibuprofen (Motrin).
2. refer to physical therapy.
3. start methocarbamol (Robaxin).
4. discontinue amitriptyline and begin gabapentin (Neurontin). - correct answers-discontinue amitriptyline and begin gabapentin (neurontin)

A 17-year-old male with rheumatoid arthritis is being treated with an NSAID and omeprazole (Prilosec). The patient complains of headache, abdominal pain, and gas. These symptoms are most likely:

1. associated with the omeprazole.
2. related to the underlying condition.
3. the result of the NSAID.
4. caused by viral gastroenteritis. - correct answers-associated with the omeprazole

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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q89-Q94):

NEW QUESTION # 89

Edward is a 50-year-old male patient who has peripheral vascular disease. You are prescribing a neuropathic analgesic for him. Which of the following drugs would you prescribe?

- A. Persantine
- B. Clindamycin
- C. Pentoxifylline
- D. Amitriptyline

Answer: D

Explanation:

In addressing the question of which neuropathic analgesic to prescribe for Edward, a 50-year-old male patient with peripheral vascular disease, it is important to consider the nature and mechanism of the medications available. Peripheral vascular disease primarily affects blood vessels outside of the heart and brain and can often lead to complications such as pain and numbness, typically in the legs. The treatment goal in such cases often includes managing symptoms and improving quality of life.

Among the options listed, Amitriptyline appears repeatedly and is the appropriate choice for treating neuropathic pain in Edward's case. Amitriptyline is a tricyclic antidepressant that is widely used not only for its primary function as an antidepressant but also for its efficacy in treating neuropathic pain. This type of pain is common in patients with peripheral vascular disease due to nerve damage caused by reduced blood flow.

The reason Amitriptyline is effective in such cases lies in its mechanism of action. It increases the levels of neurotransmitters in the nervous system, such as serotonin and norepinephrine, which help modulate pain perception. Amitriptyline also blocks the reuptake of these neurotransmitters, making them more available in the brain, which can help alleviate pain.

The other options listed such as Pentoxifylline, Persantine, and Clindamycin do not primarily address neuropathic pain. Pentoxifylline is often used to improve blood flow in patients with circulation problems, not specifically for pain relief. Persantine is another medication that helps prevent blood clots but does not have analgesic properties. Clindamycin is an antibiotic with no role in pain management.

Therefore, among the given choices, Amitriptyline would be the most suitable prescription for Edward to help manage his neuropathic pain associated with peripheral vascular disease. It is crucial, however, to monitor the patient for any potential side effects such as sedation, dry mouth, or urinary retention, which are commonly observed with tricyclic antidepressants. Adjustments to dosage or alternative therapies may be considered based on the patient's response and any adverse effects experienced.

NEW QUESTION # 90

When examining your patient you find that he has a speech disturbance in which his speech is slow and he finds it hard to express thoughts although his comprehension remains intact. This type of speech disturbance is which of the following?

- A. Wernicke's aphasia
- B. fluent aphasia
- C. nonfluent aphasia
- D. global aphasia

Answer: C

Explanation:

The speech disturbance described in the question is classified as nonfluent aphasia, more specifically associated with impairment in Broca's area of the brain. Nonfluent aphasia, also known as Broca's aphasia, is characterized by slow, laborious speech that is difficult to produce. Individuals with this condition often exhibit a struggle to form complete sentences and express their thoughts verbally. Despite these challenges in speech production, their ability to understand language remains intact, which distinguishes nonfluent aphasia from other types of language disorders.

In nonfluent aphasia, patients typically know what they want to say but face significant difficulties in verbalizing their thoughts. This is reflective of the impairment in Broca's area, located in the frontal lobe of the brain, which is crucial for speech production and

processing. The speech produced is often telegraphic, lacking in function words (like "is" or "the") and mainly consisting of content words such as nouns and verbs. This makes the speech appear "nonfluent" or halted.

Moreover, individuals with nonfluent aphasia might also experience impairments in other aspects of language use, such as writing, which is often as laborious as their spoken language. However, their comprehension abilities are typically preserved. They can understand spoken language and are able to engage with others to some extent, acknowledging that they understand even though they cannot respond fluidly.

It's important to differentiate nonfluent aphasia from other types of aphasia such as fluent (Wernicke's) aphasia, where speech remains fluent and grammatically correct but often lacks meaning or relevance; and global aphasia, where both the production and comprehension of language are severely impaired. The specific characteristic of nonfluent aphasia - impaired speech production with intact comprehension - is key to diagnosing and managing this condition appropriately.

Understanding the nature of nonfluent aphasia helps in tailoring communication methods with affected individuals and planning appropriate therapeutic interventions that focus on gradually improving speech production and helping patients find alternative ways to communicate effectively.

NEW QUESTION # 91

One way of learning what different medications a patient takes is to have the patient bring all medications and supplements she takes to an appointment. This is known as which of the following?

- A. Medication assessment.
- B. Review of systems.
- C. **Brown bag review.**
- D. Medicine cabinet review.

Answer: C

Explanation:

The term "Brown bag review" refers to a method used by healthcare providers to gain a comprehensive understanding of all the medications a patient is currently taking. This method involves the patient collecting all their medications, including prescription drugs, over-the-counter (OTC) medications, vitamins, and herbal supplements, and bringing them to their medical appointment in a literal or figurative brown bag.

The primary goal of a Brown bag review is to ensure the patient's safety by enabling the healthcare provider to verify the medications being used, check for any potential drug interactions, ensure proper dosing, and confirm that the patient is following the prescribed medication regimen correctly. This review also provides an opportunity to educate patients about their medications, discuss any concerns they might have, and make adjustments to their prescriptions if necessary.

This practice is distinct from a "Review of systems" which is a systematic approach used during a medical interview to collect information about the different organ systems of the body. The Review of systems is designed to uncover symptoms and signs of diseases but does not specifically focus on medication review.

Furthermore, a "Medicine cabinet review" might sound similar, but it is not a commonly recognized term in clinical practice for a medication review strategy. The Brown bag review remains the standard terminology and practice for this type of comprehensive medication assessment during a healthcare visit.

In summary, the Brown bag review is a valuable practice in healthcare that helps in optimizing patient treatment plans and improving overall medication management. By bringing all their medications to the review, patients actively participate in their healthcare process, leading to better health outcomes.

NEW QUESTION # 92

An 80-year-old patient presents with a history of infection. He is obese and his chief complaint is fatigue and thirst. What test should be run?

- A. Hemoglobin.
- B. Serum cholesterol.
- C. **Blood glucose.**
- D. Serum albumin.

Answer: C

Explanation:

The correct test to run for an 80-year-old patient who presents with fatigue, thirst, obesity, and a history of infection is a blood glucose test. This recommendation is based on several factors that align with the common symptoms and risk factors associated with diabetes mellitus, particularly type 2 diabetes.

First, the age of the patient is a significant factor. Glucose intolerance increases with age, making older patients more susceptible to diabetes. As individuals age, their insulin sensitivity typically decreases, and pancreatic function may deteriorate, both of which can contribute to elevated blood glucose levels.

Second, the patient's obesity further compounds the risk. Obesity is a well-known risk factor for the development of type 2 diabetes. Excess body fat, especially in the abdominal area, is linked to decreased insulin sensitivity, meaning that the body needs more insulin to help glucose enter cells. This state of insulin resistance is a precursor to diabetes.

Third, the symptoms of fatigue and thirst are classic signs of diabetes. Fatigue in diabetes can result from the body's inability to properly use glucose for energy due to insulin resistance or lack of insulin production. Thirst is a result of high blood sugar levels, which cause dehydration by pulling excess water into the urine as the body attempts to remove the surplus glucose.

Lastly, the history of infection could also be relevant. In people with undiagnosed or poorly controlled diabetes, high blood sugar levels can impair the immune system, making infections more frequent or severe.

Therefore, measuring the blood glucose levels will provide critical information about whether the patient's symptoms might be related to diabetes. Monitoring and managing blood glucose is essential for diagnosing diabetes and preventing its complications. Other tests like serum cholesterol, serum albumin, and hemoglobin might be useful for a complete metabolic profile and assessment, but given the specific presentation and risk factors described, the blood glucose test is the most immediately relevant and informative in this scenario.

NEW QUESTION # 93

Janet is reviewing a patient's test results and determines he has hypothyroidism, which means the thyroid does what?

- A. Produces too much thyroid hormone.
- B. Swells up in size.
- C. Shrinks in size.
- D. Does not produce enough thyroid hormone.

Answer: D

Explanation:

Hypothyroidism is a condition where the thyroid gland, which is located in the neck and plays a crucial role in regulating metabolism, fails to produce sufficient amounts of thyroid hormone. This hormone is vital for various bodily functions, including managing metabolism, heart rate, and body temperature. When the thyroid does not produce enough of this hormone, it leads to the condition known as hypothyroidism.

The symptoms of hypothyroidism can vary widely depending on the severity of the hormone deficiency. Common symptoms include fatigue, unexplained weight gain, constipation, dry skin, hair loss, sensitivity to cold, and a slower heart rate. These symptoms occur because thyroid hormones are critical to energy production and consumption in the body, influencing how the body processes energy.

Hypothyroidism can be caused by several factors. One common cause is Hashimoto's thyroiditis, an autoimmune disorder where the body's immune system attacks the thyroid gland, impairing its ability to produce hormones. Other causes may include certain medications, radiation therapy to the neck, surgical removal of part or all of the thyroid gland, and iodine deficiency.

Diagnosis of hypothyroidism typically involves a review of symptoms, a physical examination, and blood tests to measure levels of thyroid-stimulating hormone (TSH) and thyroxine. Elevated TSH levels and low thyroxine levels in the blood are indicative of hypothyroidism. Treatment usually involves hormone replacement therapy, specifically with a synthetic thyroid hormone called levothyroxine, which helps to restore hormone levels and reverse the symptoms of the disorder.

It is important for individuals diagnosed with hypothyroidism to receive regular monitoring and follow-up care to ensure that the prescribed treatment is effectively managing the condition. Adjustments in the dosage of hormone replacement may be necessary over time based on periodic blood tests and symptom assessment. Proper management of hypothyroidism is crucial to maintaining a good quality of life and preventing potential complications such as heart problems and severe depression.

NEW QUESTION # 94

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