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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q62-Q67):

NEW QUESTION # 62

Of the following, which vaginal condition would be considered the only one that would have an alkaline pH on the exam?

- A. Trichomoniasis
- B. Viral vaginosis
- C. Chlamydia vaginitis

- D. Bacterial vaginosis

Answer: D

Explanation:

Among the listed vaginal conditions, bacterial vaginosis is the condition associated with an alkaline pH during examination. Normally, the vaginal environment maintains a slightly acidic pH, typically around 4.0. This acidity is primarily due to the presence of lactic acid produced by lactobacilli, the predominant healthy bacteria in the vagina. The acidic environment helps to prevent the growth of pathogenic bacteria and maintains vaginal health.

However, in the case of bacterial vaginosis, there is a disruption in the normal bacterial flora of the vagina. This disruption leads to a decrease in lactobacilli and an overgrowth of other types of bacteria such as *Gardnerella vaginalis* and other anaerobes. This shift in the bacterial composition reduces the lactic acid production, thereby increasing the pH to more alkaline levels, often noted as above 4.5.

It is important to distinguish bacterial vaginosis from other conditions such as trichomoniasis, viral vaginosis, and chlamydia vaginitis. Trichomoniasis, caused by the protozoan *Trichomonas vaginalis*, can also lead to an elevated vaginal pH but is typically associated with other distinct symptoms like frothy yellow-green discharge and is sexually transmitted. Viral infections in the vagina, such as those caused by herpes simplex virus, do not typically alter the pH significantly. Chlamydia vaginitis, caused by the bacterium *Chlamydia trachomatis*, primarily results in an inflammatory response and typically does not affect the vaginal pH to become alkaline. Therefore, when considering a vaginal condition characterized by an alkaline pH observed during an examination, bacterial vaginosis is the most likely diagnosis among the options provided. It's crucial for healthcare providers to recognize this condition not only by pH but also by other symptoms and diagnostic tests to ensure appropriate treatment and management. Bacterial vaginosis is not considered a sexually transmitted disease (STD), but rather a dysbiosis (imbalance) of the normal vaginal flora. This distinction categorizes it as vaginosis rather than vaginitis, which typically implies an inflammatory condition of the vagina.

NEW QUESTION # 63

In terms of elder abuse, which of the following statements is least accurate?

- A. 90% of abusers of older adults are reported to be family members.
- B. **Approximately 1% of older adults are neglected or abused in the United States.**
- C. Only infants are more likely to sustain serious injury from physical abuse than the elderly.
- D. Only one in fourteen elder abuse cases is reported.

Answer: B

Explanation:

The statement that "approximately 1% of older adults are neglected or abused in the United States" is significantly inaccurate. Research and statistics show that the prevalence of elder abuse is much higher. Estimates indicate that around 10% of older adults experience some form of neglect or abuse, including physical, emotional, sexual abuse, or financial exploitation. This discrepancy highlights the need for greater awareness and more accurate data collection regarding elder abuse.

Elder abuse remains a critical public health and societal issue, and it often goes underreported. Studies suggest that only about one in fourteen cases of elder abuse are reported to authorities, which means the actual numbers might be even higher than the estimates. The reasons for underreporting are complex and include factors such as the victim's fear of retaliation, dependency on the abuser, and lack of awareness about available help.

In terms of the demographics of abusers, it is reported that family members are the perpetrators in approximately 90% of elder abuse cases. This can make it even more challenging for victims to report the abuse, as it involves people within their immediate family circle. The dynamics of family relationships, combined with dependency and emotional bonds, complicate the recognition and reporting of abuse.

Health care providers play a crucial role in identifying and reporting suspected cases of elder abuse. They are often in a position to notice signs of abuse that others might miss and are legally required to report these suspicions to appropriate state protective agencies. This reporting can lead to interventions that protect the elderly from further harm.

Overall, the statement underestimating the prevalence of elder abuse at 1% does not reflect the reality and gravity of the issue. It is important for statistics to accurately represent the scope of elder abuse to ensure that adequate resources, policies, and protective measures are in place to address and prevent such abuse.

NEW QUESTION # 64

Mr. Sanchez's family brings him in to see you because he seems to have frequent confused episodes and possible dementia. You would use which of the following questionnaires to determine if Mr. Sanchez could indeed have a form of dementia?

- A. Clock-Drawing Test

- B. Folstein Mini-Mental State Exam
- C. Generalized Anxiety Disorder 7-Item Scale
- D. Beck Depression Inventory

Answer: B

Explanation:

*In the scenario where Mr. Sanchez is experiencing frequent episodes of confusion and potential dementia, the most appropriate tool to assess his cognitive state is the Folstein Mini-Mental State Exam (MMSE). This assessment is specifically designed to evaluate various aspects of cognitive function which are often affected in cases of dementia, including Alzheimer's disease, vascular dementia, and other conditions that impact cognitive abilities. *

*The MMSE is a brief 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment. It assesses several cognitive domains: orientation to time and place, immediate recall, short-term memory (through registration and recall of three words), calculation, language, and the ability to understand and follow complex commands. *

*Scoring for the MMSE is straightforward: the maximum possible score is 30 points, with higher scores indicating better cognitive function. Generally, a score of 24 or higher (out of 30) suggests normal cognition. Scores between 19 and 23 may indicate mild cognitive impairment, while scores of 18 or below may indicate moderate to severe impairment. However, it's important to note that these cutoffs can vary based on age and education level, and the test should be interpreted within the context of the individual's baseline capabilities. *

*In contrast to the MMSE, other tools like the Generalized Anxiety Disorder 7-Item Scale (GAD-7) and the Beck Depression Inventory are primarily used for assessing anxiety and depression, respectively. These conditions can also affect cognitive function but are different from the cognitive decline typically seen in dementia. The Clock Drawing Test is another quick screening tool that can be indicative of cognitive impairment but is less comprehensive than the MMSE. *

*Therefore, for a comprehensive assessment of Mr. Sanchez's cognitive status, particularly to evaluate for possible dementia, the Mini-Mental State Exam is the most suitable choice among the options. It allows healthcare providers to objectively measure cognitive impairment and helps in guiding further diagnostic and management strategies.

NEW QUESTION # 65

Which of the following physiological changes would NOT be seen during pregnancy?

- A. Hemoglobin and hematocrit are decreased.
- B. Cardiac output decreases by 1/3 by the last two trimesters.
- C. The thyroid becomes diffusely enlarged by up to 15%.
- D. Plasma volume will increase 50% by the end of the third trimester.

Answer: B

Explanation:

During pregnancy, numerous physiological changes occur to support the developing fetus and prepare the mother's body for labor. Understanding these changes is important not only for medical professionals but also for expectant mothers to recognize what is normal during pregnancy. Here, we will discuss why the statement that "Cardiac output decreases by 1/3 by the last two trimesters" is incorrect, and what actually happens to cardiac output during pregnancy.

Firstly, cardiac output, which is the amount of blood pumped by the heart per minute, actually increases during pregnancy, not decreases. This increase is necessary to accommodate the enhanced metabolic needs of the mother and the growing fetus. Typically, cardiac output increases by about 30-50% by the end of the third trimester compared to pre-pregnancy levels. This increase is facilitated by an increase in both the heart rate (tachycardia) and stroke volume (the amount of blood ejected with each heartbeat). The initial statement that cardiac output decreases by 1/3 during the last two trimesters is therefore incorrect. The rise in cardiac output begins as early as the first trimester and peaks during the mid-second to third trimesters. This physiological adaptation helps to transport sufficient oxygen and nutrients to the fetus via the placenta and also supports the mother's increased metabolic demands. Other changes that accompany the increase in cardiac output include a decrease in systemic vascular resistance and an increase in blood volume. Plasma volume may increase by as much as 50%, which dilutes red blood cells leading to physiological anemia, often referred to as dilutional anemia of pregnancy. The heart may also enlarge slightly during pregnancy due to increased workload. Additionally, the statement mentions other physiological changes like the diffuse enlargement of the thyroid gland. Indeed, the thyroid gland can become slightly enlarged during pregnancy due to increased demands for thyroid hormones, which are crucial for fetal development, particularly brain development.

In summary, the correct physiological change during pregnancy regarding cardiac output is an increase, not a decrease. This increase is a crucial adaptation that helps meet the heightened metabolic demands of both the mother and fetus. Misunderstanding such fundamental changes can lead to confusion about what is normal in pregnancy and potentially misguide clinical assessments and interventions.

NEW QUESTION # 66

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. absent cremasteric reflex
- B. testis swelling
- **C. low-riding testis**
- D. nausea/vomiting

Answer: C

Explanation:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows:

Testis Swelling: Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

High-Riding Testis: Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

Nausea/Vomiting: These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

Absent Cremasteric Reflex: The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a **Low-Riding Testis** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

NEW QUESTION # 67

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