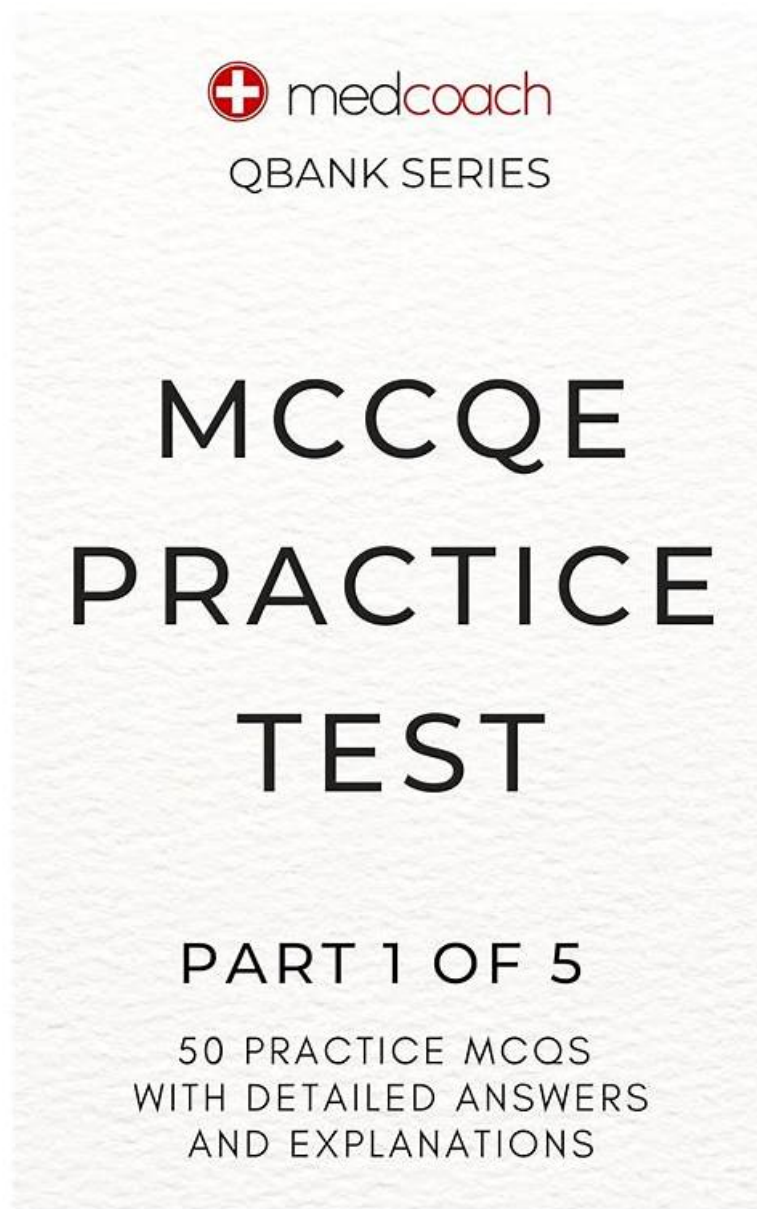


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q176-Q181):

NEW QUESTION # 176

You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.

You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

- A. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.
- **B. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.**
- C. Replace short-acting hydromorphone with transdermal fentanyl.
- D. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.
- E. Decline the renewal of further hydromorphone and discharge the patient.

Answer: B

Explanation:

The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.

Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:

"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up.

Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Substance Use):

"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients. Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION # 177

A 17-year-old boy presents to your clinic with a 6-month history of recurrent headaches. The headaches are excruciating, and he describes them as a stabbing pain, usually around his right eye. They occur several times daily for 2 to 3 weeks and recur every few months. The headaches are associated with tearing from his right eye and tend to get worse when he is overtired. Which one of the following is the most likely diagnosis?

- A. Post-concussive headache
- B. Sinusitis
- C. Migraine
- **D. Cluster headache**
- E. Brain tumour

Answer: D

Explanation:

The classic description of brief, severe unilateral periorbital pain with autonomic symptoms (tearing), occurring in clusters (same time daily for weeks), is diagnostic of cluster headache.

Toronto Notes 2023 - Neurology, "Headaches":

"Cluster headaches: severe unilateral periorbital pain, often with lacrimation, nasal congestion, occurring in clusters over weeks.

More common in young males." MCCQE1 Objectives (Internal Medicine > 35-2: Headache Disorders):

"Candidates must distinguish among headache types based on duration, pattern, and associated symptoms." Migraine tends to last hours and has nausea or photophobia. Sinusitis causes dull, pressure-like pain. Tumour-related headache is progressive and worse with Valsalva. Post-concussive headache would have trauma history.

NEW QUESTION # 178

A 94-year-old woman with severe dementia is referred for vaginal bleeding and a persistent foul odour from the vagina. She lives in a long-term care facility. She has been using a ring pessary for the past 15 years. Her current pessary has not been replaced in 2 years. On examination, there is moderate vaginal atrophy. After removing the pessary, which one of the following is the best next step?

- A. Prescribe vaginal metronidazole gel.
- B. Perform a vaginal biopsy.
- C. Arrange for a hysteroscopy and endometrial biopsy.
- **D. Start vaginal estrogen.**
- E. Wash the pessary and recommend a daily saline douche.

Answer: D

Explanation:

In elderly women with long-term pessary use and signs of vaginal atrophy (thin epithelium, bleeding, odor), local estrogen is the most appropriate initial treatment to restore the vaginal epithelium and reduce inflammation and discharge. Vaginal estrogen improves mucosal integrity and reduces complications like ulceration, infection, and bleeding.

Toronto Notes 2023 - Gynecology, "Pelvic Organ Prolapse and Pessary Care" Section:

"Local vaginal estrogen therapy is recommended for postmenopausal women with vaginal atrophy who are using pessaries. It reduces the risk of erosions, bleeding, and infection, especially when pessary follow-up has been suboptimal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-9: Vaginal Bleeding in Postmenopausal Women):

"Candidates should recognize vaginal atrophy as a common and treatable cause of bleeding in elderly women using pessaries." A biopsy (E) may be needed if symptoms persist after atrophy is treated. Hysteroscopy (A) is invasive and not first-line in this setting. Metronidazole (B) is not indicated without evidence of bacterial vaginosis. Daily saline douching (D) is not recommended and may irritate atrophic mucosa.

NEW QUESTION # 179

A 24-year-old woman with chronic anorexia nervosa presents to the Emergency Department with diarrhea, chest pain and palpitations. She is noted to have a BMI of 13, a heart rate of 48/min, significant orthostatic hypotension and a temperature of 35.9 °C. Her electrocardiogram shows frequent premature ventricular contractions. Her blood work indicates elevated liver transaminases and evidence of acute kidney injury from dehydration. She agrees to admission for medical stabilization only if she does not receive fluids either orally or intravenously, as they will cause her to gain weight and to feel bloated. Which one of the following is the best next step?

- A. Start intravenous fluids and physically restrain if necessary
- **B. Assess her capacity to consent for medical treatment**
- C. Refuse to admit her unless she agrees to full treatment
- D. Obtain a psychiatric consultation
- E. Ask her if she has a substitute decision-maker

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

The most appropriate next step is to assess the patient's capacity to consent to or refuse treatment. Patients with severe anorexia nervosa may lack decision-making capacity due to distorted thinking and perception, particularly if refusal of treatment is life-threatening. If she is found incapable, treatment can proceed in her best interests.

Toronto Notes 2023 - Psychiatry / Ethics:

"If a patient with anorexia nervosa refuses treatment but is medically unstable, assess capacity. If incapable, substitute decision-making may be initiated." MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Capacity):

"Candidates must assess decision-making capacity when a patient refuses essential care, especially in life-threatening psychiatric or medical conditions." Psychiatric consult (B) may follow, but the immediate action is capacity assessment. D is premature without determining capacity. A and E are also premature or inappropriate.

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NEW QUESTION # 180

An intoxicated 28-year-old man is brought to the Emergency Department after being found in the snow. His vital signs are as follows:

Temperature: 33°C

Respiratory rate: 22/min

Heart rate: 123/min

The patient is shivering and displays some dysarthria and ataxia. After his wet clothing is removed, he is provided with a warm blanket. The results of the subsequent physical examination are unremarkable, except for frostbite of the ears and fingers. Which one of the following is the best next step?

- A. Perform a peritoneal lavage.
- B. Continuous warm bladder irrigation.
- C. Start continuous arteriovenous rewarming.
- D. Apply heating pads to extremities.
- E. Set the room temperature to 28°C.

Answer: E

Explanation:

This patient is experiencing mild hypothermia (32-35°C), evidenced by shivering, ataxia, and tachycardia.

First-line management includes passive external rewarming - removing wet clothing, providing warm blankets, and ensuring a warm environment (ambient temperature ~28°C).

Toronto Notes 2023 - Emergency Medicine, Environmental Injuries:

"Mild hypothermia (32-35°C): Treatment includes passive rewarming (warm blankets, warm environment).

Avoid active rewarming methods to extremities due to risk of afterdrop." MCCQE1 Objectives - Internal Medicine > Environmental Exposure:

"Candidates must recognize appropriate levels of hypothermia and select evidence-based rewarming strategies based on severity."

Options A, C, and D are used in moderate to severe hypothermia (<32°C or unconscious patients). Heating pads (B) may cause tissue damage, especially with frostbite.

NEW QUESTION # 181

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