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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q49-Q54):

NEW QUESTION # 49

A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mm Hg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Hydralazine
- B. Nifedipine
- C. Labetalol
- D. Methyldopa
- E. Ramipril

Answer: E

Explanation:

Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death,

especially in the second and third trimesters.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:

"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1

Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

NEW QUESTION # 50

A 44-year-old woman presents to the office to discuss contraception. During the gynecologic examination, you notice an anterior cystocele to the hymenal ring. The woman denies any bulge symptoms but does report dribbling of urine, especially when she coughs or jogs.

Which one of the following is the best next step?

- A. Urology consultation
- **B. Pelvic-floor physiotherapy**
- C. No impact sports
- D. Topical estrogen
- E. Vaginal hysterectomy

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient has stress urinary incontinence and an incidental cystocele. First-line management of mild pelvic organ prolapse and stress incontinence includes pelvic floor physiotherapy (e.g., Kegel exercises). Surgical options are reserved for severe or refractory cases.

Toronto Notes 2023 - Gynecology, Pelvic Floor Disorders:

"For asymptomatic prolapse or mild stress incontinence, recommend pelvic floor strengthening. Conservative management is preferred before surgical referral." MCCQE1 Objectives - Gynecology > Urogynecology:

"Candidates should initiate pelvic floor therapy in women with mild prolapse or urinary leakage prior to specialist referral." Topical estrogen (B) helps with atrophic vaginitis, not stress incontinence. Hysterectomy (A) and specialist referral (C) are premature. Avoiding impact sports (E) is not a treatment.

NEW QUESTION # 51

A 53-year-old man presents to the Emergency Department with a 3-week history of believing his neighbor is poisoning him by pumping gas through his home's air vent. He appears distracted, irritable, and is speaking very quickly. He has a family history of depression. Which one of the following is the most likely diagnosis?

- A. Brief psychotic disorder
- B. Delirium
- C. Malingering
- **D. Bipolar I disorder**
- E. Psychotic disorder secondary to traumatic brain injury

Answer: D

Explanation:

This man exhibits a classic manic episode with psychotic features: persecutory delusions, distractibility, pressured speech, irritability, and possible grandiosity. The chronicity and mood symptoms are most consistent with Bipolar I disorder.

Toronto Notes 2023 - Psychiatry, "Mood Disorders" Section:

"Bipolar I disorder is characterized by episodes of mania, often with psychotic features. Symptoms include grandiosity, decreased need for sleep, distractibility, and mood-congruent delusions." MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must recognize mania and differentiate from brief psychosis or organic causes." Delirium (A) is acute, fluctuating, and involves impaired attention. Malingering (B) requires external gain.

Brief psychotic disorder (C) resolves within 1 month. Brain injury-related psychosis (E) would require a supporting history or findings.

(Part 2)

NEW QUESTION # 52

You are a physician working at a university campus health centre. Staff at the centre are thinking about initiating a campus-wide education campaign on stimulant medication use and misuse. From a physician's perspective, which one of the following is the key message to include in this campaign?

- A. Prevalence of stimulant medication use by students on university campuses.
- B. Ethical perspectives regarding nonprescription stimulant medication use.
- C. Legal perspectives regarding nonprescription stimulant medication use.
- D. Improvement of study habits through educational initiatives.
- **E. Adverse effects and health risks associated with stimulant medication use.**

Answer: E

Explanation:

The key public health message from a physician's perspective is the evidence-based health risks and adverse effects associated with nonprescribed stimulant use (e.g., insomnia, anxiety, cardiovascular events, and dependency). This is central to a harm-reduction approach.

Toronto Notes 2023 - Public Health & Psychiatry, Substance Use:

"Misuse of prescription stimulants is common among university students. Education campaigns should emphasize medical risks including cardiovascular complications, addiction potential, and psychiatric disturbances." MCCQE1 Objectives - Preventive Medicine > Health Promotion:

"Candidates should identify core messages in public education campaigns, prioritizing evidence-based risks and harm reduction."

Legal and ethical issues (B, C) are important but secondary to the health implications. Prevalence data (D) informs the campaign design, but is not the message itself. Study habits (A) are relevant for academic counseling, not medical messaging.

NEW QUESTION # 53

A 25-year-old woman who is at 8 weeks' gestation plans to travel to rural Cambodia to care for her ill mother. Which one of the following treatments should be provided to her before the trip?

- A. Hepatitis B immunoglobulin
- B. Tetanus and diphtheria booster if last received more than 5 years ago
- **C. Antimalarial chemoprophylaxis**
- D. Ciprofloxacin for travellers' diarrhea

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Travel to rural Cambodia poses a high risk of malaria, which can be life-threatening in pregnancy.

Antimalarial prophylaxis is strongly recommended for pregnant women traveling to endemic regions.

Chloroquine or mefloquine (depending on resistance patterns) may be used in pregnancy under specialist guidance.

Toronto Notes 2023 - Infectious Disease / Travel Medicine:

"Malaria prophylaxis is indicated in pregnant women traveling to endemic regions. The risk of severe malaria and poor fetal outcomes is high." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Pregnancy):

"Candidates must provide preventive care to pregnant travelers including vaccination and malaria prophylaxis." Tetanus boosters (D) are given every 10 years. Hep B Ig (B) is for acute post-exposure prophylaxis.

Ciprofloxacin (C) is contraindicated in pregnancy.

NEW QUESTION # 54

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