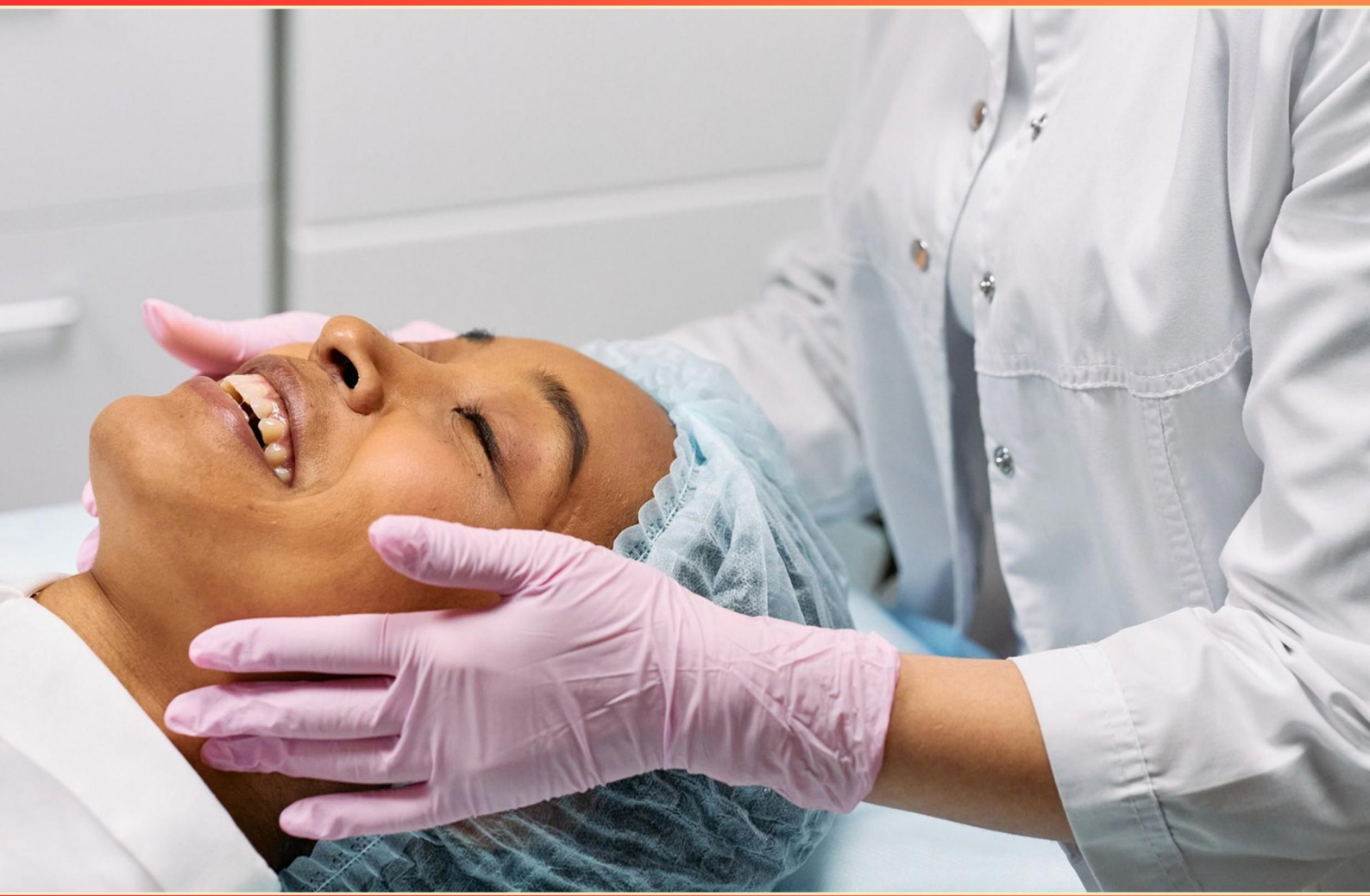
DERMATOLOGY WEEK 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which statement describes the mechanism of action of capsaicin?

A. Causes skin vasodilation to increase blood flow

B. Capsaicin reduces TRPV1 receptor on pain fibers in the skin

C. Blocks histamine H1 receptors

D. Stimulates growth of nociceptive nerves

2. When is de-escalation of RA treatment appropriate?

A. Shared decision

B. Low disease activity or remission for 6 months or longer

C. Always gradual reduction

D. Discontinue all therapy immediately

3. What is the brand name of methotrexate?

A. Rheumatrex

B. Trexall

C. Otrexup

D. Rasuvo

4. Sulfasalazine brand name is which of the following?

A. Remicade

B. Azulfidine

C. Humira

D. Arava

5. Naproxen IR dose is

A. 250-500 mg PO BID

B. 750-1000 mg PO daily

C. 125-250 mg PO QID

D. 500-750 mg PO daily

6. What does DRESS stand for?

A. Drug Reaction with Eosinophilia and Systemic Symptoms

B. Drug Reaction with Exanthematous and Systemic Symptoms

C. Dermatologic Reaction with Eosinophilia and Systemic Symptoms

D. Drug Reaction with Eosinophilia and Skin Symptoms

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7. Which of the following is NOT listed among older DMARD agents?

A. Gold Salts

B. Penicillamine

C. Methotrexate

D. Azathioprine

8. What is the weekly dose range for methotrexate?

A. 2.5-10 mg

B. 7.5-25 mg

C. 25-50 mg

D. 50-100 mg

9. For nonalcoholic fatty liver disease, which drug is conditionally recommended?

A. Methotrexate

B. Leflunomide

C. Hydroxychloroquine

D. TNF inhibitors

10. Which is the usual daily dose of Leflunomide?

A. 50 mg daily.

B. 10-20 mg daily.

C. 100 mg weekly.

D. 1-2 mg daily.

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Answers

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1. B
2. B
3. B
4. B
5. A
6. A
7. C
8. B
9. A
10. B

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Explanations

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1. Which statement describes the mechanism of action of capsaicin?

A. Causes skin vasodilation to increase blood flow

B. Capsaicin reduces TRPV1 receptor on pain fibers in the skin

C. Blocks histamine H1 receptors

D. Stimulates growth of nociceptive nerves

Capsaicin exerts its analgesic effect by acting on TRPV1 receptors on nociceptive nerve fibers. It first activates these receptors, causing Ca2+ influx and the release of neuropeptides like substance P, which explains the initial burning sensation. With repeated exposure, the nociceptors become desensitized, and TRPV1 function and receptor availability decrease (downregulation), along with depletion of substance P. This desensitization reduces pain signaling from the area, which is captured by the idea that capsaicin lowers TRPV1 receptor activity on pain fibers in the skin. The other statements don't describe this mechanism: capsaicin is not primarily about vasodilation, it does not block histamine H1 receptors, and it does not promote growth of nociceptive nerves.

2. When is de-escalation of RA treatment appropriate?

A. Shared decision

B. Low disease activity or remission for 6 months or longer

C. Always gradual reduction

D. Discontinue all therapy immediately

De-escalation is appropriate when rheumatoid arthritis is well controlled. If the disease has achieved and maintained low disease activity or remission for about six months or longer, it's reasonable to start tapering therapy. This stability allows reducing exposure to medications while keeping control, with the goal of minimizing side effects and costs. Tapering should be gradual and personalized, with careful monitoring of disease activity and a plan to adjust quickly if a flare occurs. Discontinuing all therapy abruptly or starting de-escalation during active disease would risk loss of control, so those scenarios are not appropriate. Shared decision-making plays a role in how and when to taper, but the timing hinges on sustained low activity or remission for a sustained period.

3. What is the brand name of methotrexate?

A. Rheumatrex

B. Trexall

C. Otrexup

D. Rasuvo

Methotrexate has several brand names that depend on how it's administered. The oral tablet form used for rheumatic diseases is Trexall, which is the brand most commonly associated with standard MTX dosing. Rheumatrex is another brand of methotrexate but is typically used for injectable formulations. Otrexup and Rasuvo are subcutaneous auto-injector forms. So, for the brand name of methotrexate in its common oral form, Trexall is the best answer.

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4. Sulfasalazine brand name is which of the following?

A. Remicade

B. Azulfidine

C. Humira

D. Arava

Brand names help distinguish medications with similar generic names or purposes. Sulfasalazine is sold under the brand Azulfidine. It's a prodrug that is activated in the gut to anti-inflammatory components, and it's used for inflammatory conditions like rheumatoid arthritis and inflammatory bowel disease. The other names correspond to different drugs: Remicade is infliximab, Humira is adalimumab (both anti-TNF biologics), and Arava is leflunomide. So Azulfidine is the correct pairing for sulfasalazine.

5. Naproxen IR dose is

A. 250-500 mg PO BID

B. 750-1000 mg PO daily

C. 125-250 mg PO QID

D. 500-750 mg PO daily

Dosing naproxen immediate release is about how much per dose and how often you take it. For adults, the typical per dose amount is 250 to 500 mg, given every 6 to 8 hours as needed, with a maximum of about 1500 mg per day. So taking 250–500 mg twice a day fits the common analgesic regimen and totals 500–1000 mg daily, which is within the usual range. Taking a single higher dose once daily isn't the standard pattern for the immediate release form. A schedule like 125–250 mg four times a day would involve smaller per dose amounts and an unconventional frequency, while a strict daily total of 500–750 mg doesn't align with the usual per dose 250–500 mg as needed every 6–8 hours.

6. What does DRESS stand for?

A. Drug Reaction with Eosinophilia and Systemic Symptoms

B. Drug Reaction with Exanthematous and Systemic Symptoms

C. Dermatologic Reaction with Eosinophilia and Systemic Symptoms

D. Drug Reaction with Eosinophilia and Skin Symptoms

DRESS stands for Drug Reaction with Eosinophilia and Systemic Symptoms. This name highlights the key features: a drug-induced hypersensitivity reaction that includes a notable eosinophilia and involvement of one or more internal organs (such as the liver or kidneys) in addition to a rash and fever. The pattern typically appears weeks after starting the offending drug, and recognizing the combination of rash, eosinophilia, and systemic organ involvement is crucial for prompt drug withdrawal and appropriate management. Other phrases would either emphasize only a skin reaction or exclude eosinophilia and systemic effects, which are central to this syndrome.

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7. Which of the following is NOT listed among older DMARD agents?

A. Gold Salts

B. Penicillamine

C. Methotrexate

D. Azathioprine

Distinguishing older DMARDs from more recently introduced ones is the idea here. Gold salts and penicillamine were among the first DMARDs used for rheumatoid arthritis, known for their effectiveness but also for substantial toxicity and monitoring needs. Azathioprine is another older immunosuppressant with DMARD activity that researchers and clinicians used before newer agents became standard. Methotrexate, while a central DMARD today, entered clinical use later and is considered a newer-generation option due to its more recent adoption and broad, potent efficacy. So methotrexate is not listed among the older DMARDs, which is why it's the correct choice.

8. What is the weekly dose range for methotrexate?

A. 2.5-10 mg

B. 7.5-25 mg

C. 25-50 mg

D. 50-100 mg

Methotrexate is used at low, once-weekly doses for inflammatory skin and joint conditions, not daily. The typical range is from seven and a half to twenty-five milligrams per week. Starting around 7.5 mg weekly allows a gradual buildup of the anti-inflammatory effect while keeping toxicity manageable. If response and tolerance are good, the dose can be increased, usually up to 25 mg weekly, to achieve better control of the disease. This weekly schedule helps minimize adverse effects related to continuous daily exposure and contrasts with cancer regimens, where much higher doses are used and toxicity management is more intensive.

9. For nonalcoholic fatty liver disease, which drug is conditionally recommended?

A. Methotrexate

B. Leflunomide

C. Hydroxychloroquine

D. TNF inhibitors

When managing nonalcoholic fatty liver disease, the focus is on limiting liver injury while treating any accompanying conditions. Drugs that can harm the liver require careful consideration; they are not routinely used in NAFLD, and any use is typically conditional, with close monitoring and a favorable risk-benefit balance. Methotrexate stands out as a conditionally considered option because it is known to have hepatotoxic potential, so it isn't used freely. In a patient who also needs disease-modifying therapy for another condition, methotrexate can be chosen only if the benefits justify the liver risk, with stringent monitoring of liver enzymes and other safety measures. The other agents listed carry higher risks for the liver or lack clear evidence supporting their use in NAFLD, making them less appropriate as conditional choices in this context.

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10. Which is the usual daily dose of Leflunomide?

A. 50 mg daily.

B. 10-20 mg daily.

C. 100 mg weekly.

D. 1-2 mg daily.

Leflunomide is a DMARD used for rheumatoid arthritis, and after an initial loading phase to reach therapeutic levels quickly, the usual daily maintenance dose is in the 10–20 mg range. This keeps drug exposure effective while balancing potential side effects. A common approach is a short loading course of 100 mg daily for a few days, then continuing with 10–20 mg once daily. The other options are not typical: 50 mg daily is higher than standard maintenance and increases risk of toxicity; 100 mg weekly doesn't fit how the drug is dosed; and 1–2 mg daily is far too low to maintain therapeutic levels.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://dermatologyweek1.examzify.com

We wish you the very best on your exam journey. You've got this!

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