DISORDERS OF THE ADRENAL GLAND PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 patient should be prioritized for assessment when managing adrenal-related conditions, including Cushing disease and possible adrenalectomy?

A. A patient with Cushing disease who just returned from surgery.

B. A patient with stable Conn syndrome.

C. A patient with hyperaldosteronism with mild symptoms.

D. A healthy patient admitted for observation.

2. Which instruction would be appropriate to delegate to assistive personnel for a hospitalized patient with suspected Cushing disease?

A. Remind the patient to avoid drinking coffee and changing positions suddenly.

B. Encourage the patient to drink caffeinated beverages regularly.

C. Allow unrestricted caffeine and rapid position changes.

D. Encourage frequent spicy foods.

3. After reviewing laboratory reports for a patient with hypercortisolism, which finding should be reported immediately to the primary care provider?

A. A serum sodium level increase from 138 to 154

B. Potassium 3.8

C. Glucose 95

D. Cortisol level elevated

4. Which class of medications is used to treat Cushing syndrome when surgery isn't possible?

A. Steroidogenesis inhibitors

B. Mifepristone blocks cortisol effects

C. Dopamine agonists

D. Beta blockers

5. Which statement best describes the adrenal function finding in Addisonian crisis?

A. Adrenal gland hypofunction

B. Adrenal gland hyperfunction

C. Normal adrenal function

D. Excessive cortisol production

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6. Which presentation may occur in affected newborn boys with classic CAH, depending on genotype?

A. Salt-wasting crisis.

B. Ambiguous genitalia at birth.

C. Hypertension with edema.

D. Salt-wasting crisis or virilization at puberty, depending on genotype.

7. Which of the following are secondary causes of adrenal insufficiency?

A. Pituitary tumors

B. Hypophysectomy

C. Abrupt discontinuation of corticosteroids

D. All of the above

8. Which medication is used to treat Cushing disease?

A. Metyrapone

B. Hydrocortisone

C. Dexamethasone

D. Fludrocortisone

9. How does CAH typically present in a newborn girl versus a boy?

A. Girls may have salt-wasting crisis; boys have virilization at puberty.

B. Girls have virilized external genitalia; boys may present with salt-wasting crisis or virilization at puberty.

C. Girls have normal genitalia; boys have ambiguous genitalia at birth.

D. Girls may have virilized external genitalia; boys may present with salt-wasting crisis or virilization at puberty, depending on genotype.

10. Which constellation of features is most consistent with Cushing syndrome due to ACTH excess?

A. Moonface, truncal obesity, hypertension, petechiae.

B. Hypoglycemia, weight loss, hypotension.

C. Hyperkalemia, hyponatremia.

D. Polyuria, polydipsia.

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Answers

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

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Explanations

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1. Which patient should be prioritized for assessment when managing adrenal-related conditions, including Cushing disease and possible adrenalectomy?

A. A patient with Cushing disease who just returned from surgery.

B. A patient with stable Conn syndrome.

C. A patient with hyperaldosteronism with mild symptoms.

D. A healthy patient admitted for observation.

The key idea here is postoperative adrenal status and the need for immediate assessment after adrenal-related surgery or treatment for Cushing disease. After surgery for Cushing disease, the body's cortisol production can crash or become unstable, so the patient is at real risk of adrenal insufficiency, shock, electrolyte imbalances, and glucose problems. This makes urgent monitoring essential to ensure the right steroid replacement is given, fluids and electrolytes are balanced, and any signs of instability are caught early. So, the patient who has just returned from surgery for Cushing disease needs assessment right away to guard against life-threatening complications and to fine-tune postoperative steroid management. The other scenarios involve patients who are stable or asymptomatic and do not carry the same immediate risk, so they are not as high a priority for urgent assessment in this context.

2. Which instruction would be appropriate to delegate to assistive personnel for a hospitalized patient with suspected Cushing disease?

A. Remind the patient to avoid drinking coffee and changing positions suddenly.

B. Encourage the patient to drink caffeinated beverages regularly.

C. Allow unrestricted caffeine and rapid position changes.

D. Encourage frequent spicy foods.

In suspected Cushing disease, reducing factors that raise blood pressure and provoke agitation is important because excess cortisol often comes with hypertension, edema, and metabolic instability. Caffeine stimulates the sympathetic nervous system, which can raise blood pressure and heart rate and worsen sleep and anxiety—unhelpful in a patient already at cardiovascular risk from cortisol excess. Having assistive personnel remind the patient to avoid coffee and other caffeinated drinks helps minimize these fluctuations and supports stability and rest. Keeping in mind safety with position changes, moving slowly and avoiding rapid changes helps prevent dizziness or falls that can occur with edema, weakness, or electrolyte disturbances seen in cortisol excess. The other choices would either promote symptoms (regular caffeinated intake), or introduce unnecessary risks (unrestricted caffeine with rapid changes) or focus on unrelated items (spicy foods) that don't address the hemodynamic and safety concerns of suspected Cushing disease.

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3. After reviewing laboratory reports for a patient with hypercortisolism, which finding should be reported immediately to the primary care provider?

A. A serum sodium level increase from 138 to 154

B. Potassium 3.8

C. Glucose 95

D. Cortisol level elevated

In hypercortisolism, watch for electrolyte imbalances caused by cortisol's mineralocorticoid effects. A serum sodium that has climbed to 154 mEq/L signals clinically significant hypernatremia, which can reflect volume status changes and can lead to serious symptoms if not addressed. This requires immediate reporting so the clinician can reassess fluid balance, hydration status, and adjust therapy as needed. The other values are less alarming in this context: potassium at 3.8 mEq/L is normal, glucose at 95 mg/dL is near normal, and a cortisol level that's elevated fits the diagnosis but isn't an acute safety issue needing urgent reporting.

4. Which class of medications is used to treat Cushing syndrome when surgery isn't possible?

A. Steroidogenesis inhibitors

B. Mifepristone blocks cortisol effects

C. Dopamine agonists

D. Beta blockers

When surgery isn't possible to remove the cortisol source, the treatment goal is to lower the amount of cortisol in the body. The best option for this is steroidogenesis inhibitors. These drugs act on the adrenal enzymes that produce cortisol, so they reduce circulating cortisol levels and help control the symptoms of Cushing syndrome. Examples include medications that inhibit key enzymes in adrenal steroid synthesis, which can be used chronically or acutely depending on the situation and how well the patient tolerates them. Mifepristone takes a different approach by blocking cortisol's effects at its receptors rather than decreasing cortisol production, so cortisol levels stay high even as symptoms are mitigated. This makes it useful in certain scenarios, but it doesn't address the excess hormone itself as effectively as steroidogenesis inhibitors when surgery is not an option. Dopamine agonists can help some pituitary-driven cases by reducing ACTH secretion, but they aren't universally effective across all Cushing presentations. Beta blockers may help with some symptoms but don't tackle the underlying hypercortisolism. So, lowering cortisol production directly with steroidogenesis inhibitors is the most appropriate medical strategy when surgery isn't feasible.

5. Which statement best describes the adrenal function finding in Addisonian crisis?

A. Adrenal gland hypofunction

B. Adrenal gland hyperfunction

C. Normal adrenal function

D. Excessive cortisol production

Addisonian crisis is an acute adrenal insufficiency where the adrenal cortex cannot meet the body's stress demands. This means the adrenal function is reduced (hypofunction), leading to a sharp drop in cortisol (and often aldosterone) production. Without enough cortisol, the body's ability to respond to stress and maintain vascular tone falters, and without aldosterone, there's loss of sodium and water with potassium retention, contributing to dehydration and hypotension. These changes define an adrenal hypofunction state during an Addisonian crisis. Options describing hyperfunction or normal function don't fit because excessive hormone production or normal activity would not cause this severe, stress-related deterioration.

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6. Which presentation may occur in affected newborn boys with classic CAH, depending on genotype?

A. Salt-wasting crisis.

B. Ambiguous genitalia at birth.

C. Hypertension with edema.

D. Salt-wasting crisis or virilization at puberty, depending on genotype.

In classic CAH from 21-hydroxylase deficiency, how the disease shows up depends on how much enzyme activity the genotype still allows. Severe mutations wipe out the enzyme, leading to cortisol and aldosterone deficiency right in infancy, which causes a salt-wasting crisis. Milder mutations leave some enzyme activity, so salt-wasting may not occur, but androgens rise and a virilization pattern can emerge later, sometimes becoming evident at puberty. For newborn boys, this means you can see either a salt-wasting crisis early on or later signs of androgen excess (virilization) as they go through puberty, depending on the specific genotype. Hypertension with edema points to other forms like 11β-hydroxylase deficiency, and ambiguous genitalia at birth is more characteristic of affected females.

7. Which of the following are secondary causes of adrenal insufficiency?

A. Pituitary tumors

B. Hypophysectomy

C. Abrupt discontinuation of corticosteroids

D. All of the above

Secondary adrenal insufficiency occurs when the pituitary cannot provide enough ACTH to stimulate the adrenal cortex, or when the hypothalamic-pituitary axis is suppressed. Each of these scenarios fits that pattern. Pituitary tumors reduce ACTH production, so the adrenal cortex isn't adequately stimulated and cortisol falls, while aldosterone is usually preserved because its regulation by ACTH is minimal and the renin-angiotensin system keeps mineralocorticoid function intact. Hypophysectomy, the surgical removal of the pituitary, directly eliminates the source of ACTH, leading to deficient cortisol production with preserved aldosterone. Abrupt discontinuation of corticosteroids after long-term therapy suppresses the HPA axis; the body's own ACTH/cortisol production remains suppressed for a time, producing insufficient cortisol when the exogenous steroids are stopped. Thus, all of these scenarios can cause secondary adrenal insufficiency, making "all of the above" the correct choice.

8. Which medication is used to treat Cushing disease?

A. Metyrapone

B. Hydrocortisone

C. Dexamethasone

D. Fludrocortisone

In Cushing disease, the medical goal is to lower cortisol production from the adrenal glands. Metyrapone achieves this by blocking the enzyme 11β-hydroxylase, a key step in the final synthesis of cortisol. By inhibiting this enzyme, cortisol levels fall, helping to reduce the signs and biochemical effects of hypercortisolism while other definitive treatments (like pituitary surgery) are pursued or considered. Hydrocortisone would add more cortisol, not reduce it, so it's not a treatment for the excess. Dexamethasone is a synthetic glucocorticoid used mainly for anti-inflammatory effects or in diagnostic suppression tests, not to treat already elevated cortisol. Fludrocortisone is a mineralocorticoid replacement used for low aldosterone activity, not for reducing cortisol production. Therefore, metyrapone best fits the goal of decreasing cortisol synthesis in Cushing disease.

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9. How does CAH typically present in a newborn girl versus a boy?

A. Girls may have salt-wasting crisis; boys have virilization at puberty.

B. Girls have virilized external genitalia; boys may present with salt-wasting crisis or virilization at puberty.

C. Girls have normal genitalia; boys have ambiguous genitalia at birth.

D. Girls may have virilized external genitalia; boys may present with salt-wasting crisis or virilization at puberty, depending on genotype.

CAH from 21-hydroxylase deficiency causes excess adrenal androgens that affect males and females differently at birth. In newborn girls, those high androgens virilize the external genitalia in utero, leading to virilized or ambiguous genitalia at birth. In newborn boys, the external genitalia are usually normal at birth because prenatal androgens don't disrupt male genital development, but the illness can present early with a salt-wasting crisis if aldosterone production is impaired. If the deficiency is milder or nonclassic, boys may not have a salt-wasting crisis and can show signs of androgen excess later at puberty. So the typical presentation is that girls may have virilized external genitalia, while boys may present with a salt-wasting crisis or virilization at puberty, depending on genotype.

10. Which constellation of features is most consistent with Cushing syndrome due to ACTH excess?

A. Moonface, truncal obesity, hypertension, petechiae.

B. Hypoglycemia, weight loss, hypotension.

C. Hyperkalemia, hyponatremia.

D. Polyuria, polydipsia.

Cushing syndrome from ACTH excess produces a clinical picture of chronic cortisol overload, with fat redistribution and fragile skin. Moon facies and truncal obesity reflect central fat deposition driven by cortisol. Hypertension occurs because cortisol in high amounts promotes sodium retention and increases vascular sensitivity to catecholamines. Petechiae come from skin thinning and capillary fragility due to collagen breakdown and impaired wound healing. This combination—rounded face, central obesity, high blood pressure, and easily bruising skin—is classic for ACTH dependent Cushing syndrome. The other options don't fit this pattern: hypoglycemia with weight loss and low blood pressure suggests adrenal insufficiency; hyperkalemia with hyponatremia points toward primary adrenal failure; polyuria and polydipsia are more typical of diabetes or uncontrolled hyperglycemia, not the characteristic Cushingoid changes.

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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://disordersofadrenalgland.examzify.com

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

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