ITE BOARD GENERAL INTERNAL MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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. What is the mechanism of action of metformin?

A. Increases insulin production in the pancreas

B. Decreases hepatic glucose production and increases insulin sensitivity

C. Inhibits glucose absorption in the intestines

D. Stimulates adipose tissue to absorb more glucose

2. Which of the following is NOT recommended for managing allergic conjunctivitis?

A. Oral antihistamines

B. Topical antihistamines

C. Artificial tears

D. Antibiotics

3. In a patient with atrial fibrillation, what is the main purpose of anticoagulation therapy?

A. To reduce heart rate

B. To prevent thromboembolism

C. To improve blood flow

D. To manage blood pressure

4. What is the first line management for an acute ischemic stroke within 3 hours of symptom onset?

A. Mechanical thrombectomy

B. Antiplatelet therapy

C. Intravenous thrombolysis with tPA

D. Corticosteroids

5. What is the first-line treatment for hypertension in a patient with diabetes?

A. Aspirin

B. ACE inhibitor

C. Calcium channel blocker

D. Thiazide diuretic

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6. What is the most common presenting symptom of chronic obstructive pulmonary disease (COPD)?

A. Wheezing

B. Cough

C. Dyspnea

D. Chest pain

7. Which lifestyle change is most effective in lowering blood pressure?

A. Increasing sodium intake

B. Regular physical exercise

C. Decreasing fruit and vegetable intake

D. Smoking cessation

8. What symptom might accompany the sudden onset of dyspnea in pulmonary embolism?

A. Chest tightness

B. Severe headache

C. Fever

D. Abdominal pain

9. How is at-risk drinking primarily defined for males?

A. More than 14 drinks per week

B. More than 21 drinks per week

C. More than 3 drinks per occasion

D. More than 5 drinks per occasion

10. How can saturated fat intake affect LDL cholesterol levels?

A. Increasing it will reduce LDL cholesterol

B. Reducing it below 7% can decrease LDL levels

C. It has no impact on cholesterol levels

D. It only affects HDL cholesterol levels

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Answers

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

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Explanations

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1. What is the mechanism of action of metformin?

A. Increases insulin production in the pancreas

B. Decreases hepatic glucose production and increases insulin sensitivity

C. Inhibits glucose absorption in the intestines

D. Stimulates adipose tissue to absorb more glucose

Metformin's primary mechanism of action is to decrease hepatic glucose production and increase insulin sensitivity in peripheral tissues, particularly muscle and adipose tissue. This multifaceted approach helps to improve glycemic control in patients with type 2 diabetes. By decreasing the liver's output of glucose, metformin effectively lowers blood sugar levels. Additionally, by enhancing the sensitivity to insulin, it promotes better uptake and utilization of glucose by cells, which further assists in controlling blood sugar levels. The benefits of metformin also extend to weight neutrality and a low risk of hypoglycemia, making it a cornerstone treatment in managing type 2 diabetes. While the drug does have some effect on intestinal absorption of glucose, this is not its primary mechanism. Metformin does not stimulate insulin production from the pancreas nor specifically instruct adipose tissue to absorb more glucose, distinguishing it from other antidiabetic medications that may employ these mechanisms.

2. Which of the following is NOT recommended for managing allergic conjunctivitis?

A. Oral antihistamines

B. Topical antihistamines

C. Artificial tears

D. Antibiotics

Managing allergic conjunctivitis typically involves addressing the underlying allergic response and alleviating symptoms. Oral antihistamines are commonly prescribed as they can help reduce systemic allergic reactions and relieve symptoms such as itching and sneezing. Topical antihistamines are effective for localized treatment of eye symptoms, providing quick relief from itching and redness. Artificial tears are beneficial as they help to wash away allergens from the eye surface and provide lubrication to alleviate dryness. In contrast, the use of antibiotics is not recommended in the management of allergic conjunctivitis because this condition arises from an allergic reaction, rather than a bacterial infection. Antibiotics target bacterial infections and will not provide any relief from the symptoms associated with allergies. Thus, they do not address the cause of allergic conjunctivitis and are not appropriate in this context.

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3. In a patient with atrial fibrillation, what is the main purpose of anticoagulation therapy?

A. To reduce heart rate

B. To prevent thromboembolism

C. To improve blood flow

D. To manage blood pressure

In patients with atrial fibrillation, anticoagulation therapy primarily serves to prevent thromboembolism. Atrial fibrillation can lead to the formation of blood clots in the heart, especially in the left atrial appendage, due to turbulent blood flow and stasis. These clots can then dislodge and potentially travel to vital organs such as the brain, leading to a stroke, or to other areas, causing serious complications. The use of anticoagulants reduces the risk of clot formation, thereby significantly lowering the risk of these thromboembolic events. This is particularly important in patients with risk factors for stroke, as identified by scoring systems like the CHA2DS2-VASc score. By preventing thromboembolism, anticoagulation therapy plays a crucial role in the management of atrial fibrillation and helps improve long-term patient outcomes. While the other options refer to important aspects of cardiovascular health—such as heart rate control, blood flow enhancement, and blood pressure management—the main focus in the context of atrial fibrillation is the prevention of thromboembolic events, which underscores the significance of anticoagulation therapy for patients with this condition.

4. What is the first line management for an acute ischemic stroke within 3 hours of symptom onset?

A. Mechanical thrombectomy

B. Antiplatelet therapy

C. Intravenous thrombolysis with tPA

D. Corticosteroids

In the context of managing an acute ischemic stroke within 3 hours of symptom onset, intravenous thrombolysis with tissue plasminogen activator (tPA) is recognized as the standard first-line treatment. tPA works by dissolving the clot that is obstructing the blood flow to the brain, thus restoring blood supply to the affected area, which is critical for minimizing potential neurological damage and improving patient outcomes. The administration of tPA needs to occur as quickly as possible after the onset of symptoms, ideally within the 3-hour window, as its effectiveness diminishes over time and the risk of complications, such as hemorrhage, increases. The importance of timing underscores why prompt recognition of stroke symptoms and rapid intervention are essential for effective management. In contrast, other interventions may have their own roles but are not first-line treatments for acute ischemic stroke. For instance, mechanical thrombectomy is indicated for certain patients but is typically utilized after initial thrombolytic therapy or in cases where tPA is contraindicated or ineffective. Antiplatelet therapy and corticosteroids are generally reserved for secondary prevention and managing complications, not acute management of the ischemic event itself. Thus, when addressing an acute ischemic stroke in its earliest stage, intravenous thrombolysis

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5. What is the first-line treatment for hypertension in a patient with diabetes?

A. Aspirin

B. ACE inhibitor

C. Calcium channel blocker

D. Thiazide diuretic

In patients with diabetes, the first-line treatment for hypertension is an ACE inhibitor. This choice is based on the substantial body of evidence demonstrating that ACE inhibitors not only effectively lower blood pressure but also provide specific renal protective benefits in diabetic patients. Diabetes can lead to nephropathy, and ACE inhibitors have been shown to reduce the progression of kidney disease by decreasing intraglomerular pressure through their effects on the renal vasculature. They achieve this by inhibiting the conversion of angiotensin I to angiotensin II, which results in vasodilation and decreased secretion of aldosterone, leading to reduced sodium and water retention. Additionally, the use of ACE inhibitors is recommended in guidelines for managing hypertension in individuals with diabetes due to their favorable impact on cardiovascular outcomes. Therefore, when treating a patient with both hypertension and diabetes, ACE inhibitors are preferred not just for blood pressure control, but also for their protective effects on the cardiovascular and renal systems.

6. What is the most common presenting symptom of chronic obstructive pulmonary disease (COPD)?

A. Wheezing

B. Cough

C. Dyspnea

D. Chest pain

Chronic obstructive pulmonary disease (COPD) is characterized by progressive respiratory symptoms that significantly impact patients' quality of life. Among these symptoms, dyspnea, or difficulty breathing, stands out as the most common presenting symptom. Patients often report an increased sensation of breathlessness, particularly during physical activities such as walking or climbing stairs, which can lead to limitations in their daily activities. Dyspnea occurs due to the airway obstruction and air trapping caused by the underlying pathophysiological changes in the lungs seen in COPD. These changes include inflammation, structural remodeling, and destruction of lung tissue, ultimately affecting the patient's ability to breathe effectively. As the disease progresses, dyspnea can become more pronounced, leading to increased discomfort and distress. While cough, wheezing, and chest pain can also be present in patients with COPD, they are not as universally reported or as defining of the disease as dyspnea. Many patients may experience a chronic productive cough or occasional wheezing, but these symptoms typically arise later as the disease worsens or in response to exacerbations. Chest pain is generally not a primary symptom of COPD, as it can be more indicative of other conditions like cardiovascular issues, although it may occur in some cases due to associated conditions or

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7. Which lifestyle change is most effective in lowering blood pressure?

A. Increasing sodium intake

B. Regular physical exercise

C. Decreasing fruit and vegetable intake

D. Smoking cessation

Regular physical exercise is particularly effective in lowering blood pressure due to several physiological and metabolic mechanisms. Engaging in consistent physical activity helps improve cardiovascular fitness, reduces levels of body fat, and enhances the function of the endothelium (the inner lining of blood vessels). These changes contribute to improved blood circulation and lower peripheral resistance, which can lead to lower blood pressure readings. Exercise promotes heart health by strengthening the heart muscle, allowing it to pump blood more efficiently. Moreover, physical activity can have additional benefits such as reducing stress levels and improving overall mental well-being, which can also indirectly aid in managing blood pressure. The recommended types of exercise for blood pressure management typically include aerobic activities like walking, jogging, cycling, or swimming, and aiming for at least 150 minutes of moderate intensity exercise per week is a common guideline.

8. What symptom might accompany the sudden onset of dyspnea in pulmonary embolism?

A. Chest tightness

B. Severe headache

C. Fever

D. Abdominal pain

In the context of pulmonary embolism, the sudden onset of dyspnea, or shortness of breath, is a critical symptom that can be accompanied by chest tightness. This tightness is often related to reduced blood flow and increased pressure in the pulmonary arteries, which can stimulate pain receptors and create a sensation of discomfort or constriction in the chest. This symptom reflects the body's response to impaired gas exchange and potentially the stress of the cardiovascular system as it struggles to compensate for the obstructed blood flow. Other symptoms, while they may appear in various contexts, are not typically associated with the acute presentation of a pulmonary embolism in the same way. For instance, severe headaches can occur in many medical scenarios but are not a classic symptom of pulmonary embolism. Fever may suggest an infectious process but is not specifically indicative of a PE. Similarly, abdominal pain could occur for different reasons and is not a direct correlate of the pulmonary difficulties associated with embolism. Therefore, chest tightness stands out as the symptom closely linked to the sudden respiratory distress experienced during a pulmonary embolic event.

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9. How is at-risk drinking primarily defined for males?

A. More than 14 drinks per week

B. More than 21 drinks per week

C. More than 3 drinks per occasion

D. More than 5 drinks per occasion

At-risk drinking for males is primarily defined as consuming more than 14 drinks per week. This guideline is based on research that assesses the relationship between alcohol consumption and various health risks, including the development of alcohol use disorders and other associated health problems. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) outlines this threshold as it helps identify individuals who may be engaging in behaviors that increase their risk for alcohol-related complications. Setting the weekly limit of 14 drinks allows for a broader evaluation of drinking patterns over time rather than focusing solely on occasional binge drinking, which is addressed through other definitions. Binge drinking for males is generally defined as drinking more than five drinks on a single occasion, illustrating the distinction in the measures used to assess risk based on frequency versus quantity within contexts. Thus, this definition emphasizes a moderate yet consistent level of concern regarding alcohol consumption and aids healthcare professionals in providing better guidance and intervention strategies for males at risk of alcohol-related issues.

10. How can saturated fat intake affect LDL cholesterol levels?

A. Increasing it will reduce LDL cholesterol

B. Reducing it below 7% can decrease LDL levels

C. It has no impact on cholesterol levels

D. It only affects HDL cholesterol levels

Saturated fat intake is known to play a significant role in the regulation of LDL cholesterol levels in the body. When saturated fat consumption is reduced to below 7% of total caloric intake, research has shown that this can lead to a decrease in LDL cholesterol levels. High LDL cholesterol is a well-established risk factor for cardiovascular diseases, and dietary changes are often recommended as part of a comprehensive strategy to lower these levels. Saturated fats primarily come from animal sources and some plant oils, and when included in the diet in excess, they tend to raise LDL cholesterol levels. Therefore, reducing saturated fat intake can help lower the overall levels of LDL cholesterol, improving heart health. In contrast, while other options suggest that increasing saturated fats might reduce LDL cholesterol, or that saturated fat has no impact at all, these statements do not align with current dietary guidelines and cardiovascular health research. Furthermore, the reference to saturated fat solely affecting HDL cholesterol levels also misses the overall understanding of how dietary fat influences different types of cholesterol in the bloodstream.

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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:

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

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