PANCE GASTROINTESTINAL (GI) AND NUTRITION 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 15

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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. MASLD primary risk factor?

A. Regular aerobic exercise

B. Consumption of a low-fat diet

C. Obesity and insulin resistance

D. High intake of omega-3 fatty acids

2. Which statement about GERD management is true?

A. Endoscopy is indicated in all cases of GERD

B. Proton pump inhibitors are the most effective therapy for symptom relief

C. H2-receptor antagonists cure GERD permanently

D. Alginate-containing antacids are more effective than PPIs

3. Which imaging modality is best during an acute episode of diverticulitis?

A. CT scan

B. Barium enema

C. Endoscopy

D. Ultrasound

4. Eosinophilic esophagitis is often triggered by which type of antigens?

A. Food antigens

B. Environmental antigens

C. Viral antigens

D. Bacterial antigens

5. What percentage of the general population experiences daily GERD symptoms?

A. 1-2%

B. 33-44%

C. 7-10%

D. 60-70%

6. A Schatzki ring typically causes dysphagia to which type of food?

A. Solids

B. Liquids

C. Both solids and liquids

D. None of the above

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7. In a patient with long-standing GERD and progressive dysphagia over about a year, the most likely diagnosis is?

A. Achalasia

B. Diffuse esophageal spasm (DES)

C. Pyloric stenosis

D. Esophageal stricture

8. A 70-year-old man develops postoperative ileus following a right hemicolectomy; what is the most appropriate initial management?

A. Nasogastric tube decompression and intravenous fluids

B. Immediate surgical intervention

C. Oral polyethylene glycol solution

D. High-dose corticosteroids

9. Chronic alcoholism is typically associated with deficiency of which vitamin?

A. Thiamine deficiency

B. Niacin deficiency

C. Vitamin A deficiency

D. Cobalamin deficiency

10. Which statement about inflammatory bowel disease is not true?

A. Ulcerative colitis is more common in non-smokers and ex-smokers.

B. Appendectomy protects against ulcerative colitis.

C. Crohn disease causes segmental transmural inflammation.

D. Ulcerative colitis affects the colon in a descending fashion.

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Answers

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

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Explanations

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1. MASLD primary risk factor?

A. Regular aerobic exercise

B. Consumption of a low-fat diet

C. Obesity and insulin resistance

D. High intake of omega-3 fatty acids

MASLD is driven by metabolic syndrome features, especially obesity and insulin resistance. Excess adipose tissue increases the release of free fatty acids to the liver and promotes de novo lipogenesis, while insulin resistance disrupts normal lipid and glucose handling in the liver. The combination leads to hepatic triglyceride accumulation, inflammation, and potential progression to steatohepatitis. That makes obesity with insulin resistance the strongest risk factor. Other options describe factors that tend to protect against MASLD or are not primary drivers: regular aerobic exercise and a low-fat diet improve insulin sensitivity and lower hepatic fat, and omega-3 fatty acids may help reduce liver fat, rather than increase risk.

2. Which statement about GERD management is true?

A. Endoscopy is indicated in all cases of GERD

B. Proton pump inhibitors are the most effective therapy for symptom relief

C. H2-receptor antagonists cure GERD permanently

D. Alginate-containing antacids are more effective than PPIs

In GERD, controlling acid is the key to symptom relief and mucosal healing. Proton pump inhibitors provide the most potent and durable suppression of gastric acid by irreversibly inhibiting the proton pump in parietal cells, leading to the greatest improvement in GERD symptoms and healing—especially in erosive disease. Because of this strong efficacy, they are the preferred initial therapy for moderate-to-severe GERD and for healing esophagitis. Endoscopy is not required for every patient; it's reserved for those with alarm features, persistent symptoms despite therapy, or suspected complications. H2-receptor antagonists can help with milder symptoms, but they don't offer the same level of acid suppression or mucosal healing as PPIs. Alginate-containing antacids may provide on-demand relief by forming a protective raft, but they don't deliver sustained control like PPIs.

3. Which imaging modality is best during an acute episode of diverticulitis?

A. CT scan

B. Barium enema

C. Endoscopy

D. Ultrasound

In an acute diverticulitis episode, you need a test that quickly confirms inflammation around the diverticula and, crucially, shows any complications like abscesses, perforation, or obstruction. A CT scan of the abdomen and pelvis with IV contrast best provides this. It reliably demonstrates colonic wall thickening and pericolic fat stranding typical of diverticulitis, and it can reveal abscesses, free air, or other signs of complicated disease. This information is essential for deciding management—outpatient antibiotics versus hospital admission or urgent intervention—and it also helps distinguish diverticulitis from other causes of acute abdomen. Barium enema is not preferred in this setting because it can worsen perforation risk and is not as effective at detecting extraluminal complications. Endoscopy is avoided during an acute attack due to perforation risk. Ultrasound can be helpful in certain patients (like in pregnancy or when CT is contraindicated) but is operator-dependent and less reliable for evaluating the colon and intra-abdominal spread. Therefore, CT with IV contrast is the imaging modality of choice for acute diverticulitis.

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4. Eosinophilic esophagitis is often triggered by which type of antigens?

A. Food antigens

B. Environmental antigens

C. Viral antigens

D. Bacterial antigens

Eosinophilic esophagitis is driven by an allergic reaction to foods. In susceptible individuals, certain food antigens trigger a TH2-type immune response that draws eosinophils into the esophageal lining, leading to inflammation and symptoms such as dysphagia or food impaction. This makes food antigens the primary triggers, unlike environmental antigens, viruses, or bacteria, which are more commonly associated with other allergic or infectious processes rather than EoE. Recognizing foods as the culprits explains why elimination diets or identifying specific food triggers can improve both symptoms and esophageal eosinophilia.

5. What percentage of the general population experiences daily GERD symptoms?

A. 1-2%

B. 33-44%

C. 7-10%

D. 60-70%

Daily GERD symptoms are seen in a minority of the population. Population studies estimate that about seven to ten percent experience reflux symptoms every day. That makes this option the best fit, since the other ranges are too low or too high for how common daily symptoms actually are in the general public. It helps to keep in mind that while many people have infrequent heartburn or reflux, daily troublesome symptoms are relatively uncommon.

6. A Schatzki ring typically causes dysphagia to which type of food?

A. Solids

B. Liquids

C. Both solids and liquids

D. None of the above

Schatzki rings create a fixed, ring-like narrowing at the distal esophagus near the gastroesophageal junction. Because this narrowing blocks larger solid boluses, dysphagia occurs with solids such as meat, bread, or other chunky foods. Liquids can usually pass around the narrowed area, so they don't typically cause problems. This pattern of dysphagia to solids helps distinguish it from motility disorders like achalasia, where both solids and liquids are impaired. Diagnosis is often by endoscopy or barium study, and treatment involves endoscopic dilation or bougage, with reflux management if present.

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7. In a patient with long-standing GERD and progressive dysphagia over about a year, the most likely diagnosis is?

A. Achalasia

B. Diffuse esophageal spasm (DES)

C. Pyloric stenosis

D. Esophageal stricture

Chronic reflux injury can lead to healing with scar formation in the distal esophagus, creating a fixed narrowing called a peptic (reflux) esophageal stricture. When a real stricture develops, the most noticeable symptom is progressively worsening difficulty swallowing solids, which may advance over months to a year as the scar tissue thickens. This pattern fits GERD-related damage better than the other possibilities. Achalasia, by contrast, typically causes dysphagia to both solids and liquids from the start, with regurgitation and a dilated esophagus. Diffuse esophageal spasm presents with intermittent, sometimes chest-painful episodes and dysphagia that is not characteristically progressive in a single direction. Pyloric stenosis is a gastric outlet problem, presenting with early satiety and projectile vomiting rather than esophageal narrowing. Workup for suspected peptic esophageal stricture includes upper endoscopy to visualize the narrowing and obtain biopsies (to exclude cancer), often supplemented by a barium swallow showing a smooth, tapered narrowing. Treatment focuses on acid suppression and mechanical dilation of the stricture, with ongoing GERD management to prevent recurrence.

8. A 70-year-old man develops postoperative ileus following a right hemicolectomy; what is the most appropriate initial management?

A. Nasogastric tube decompression and intravenous fluids

B. Immediate surgical intervention

C. Oral polyethylene glycol solution

D. High-dose corticosteroids

Postoperative ileus is a temporary slowdown of bowel movement after abdominal surgery, so the first approach is supportive care rather than surgical intervention. Decompressing the stomach with a nasogastric tube helps relieve distension, nausea, and reduces the risk of aspiration. Providing intravenous fluids corrects fluid losses and electrolyte disturbances that can worsen ileus and dehydration, supporting overall organ function as the gut regains motility. Surgical reintervention is not needed unless there is a concern for a mechanical obstruction, perforation, or other intra-abdominal complication. Oral polyethylene glycol would not be appropriate in this setting because it can increase distension and worsen symptoms during an ileus. High-dose corticosteroids have no role in resolving a postoperative ileus.

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9. Chronic alcoholism is typically associated with deficiency of which vitamin?

A. Thiamine deficiency

B. Niacin deficiency

C. Vitamin A deficiency

D. Cobalamin deficiency

Chronic alcoholism typically leads to thiamine (vitamin B1) deficiency because of poor intake, impaired absorption, and reduced hepatic storage. Thiamine is an essential cofactor for enzymes that convert carbohydrates into energy; without it, brain energy production falters, making the brain especially vulnerable and leading to Wernicke encephalopathy and, if untreated, Korsakoff syndrome. This link between long-term alcohol use and thiamine deficiency is why it's the classic vitamin problem in alcohol use. While niacin deficiency causes pellagra (dermatitis, diarrhea, dementia), vitamin A deficiency affects vision (night blindness), and cobalamin deficiency causes megaloblastic anemia and neuropathy, these are not as closely or specifically tied to chronic alcoholism as thiamine deficiency. In practice, thiamine supplementation is crucial, and it's often given before glucose to prevent precipitating Wernicke.

10. Which statement about inflammatory bowel disease is not true?

A. Ulcerative colitis is more common in non-smokers and ex-smokers.

B. Appendectomy protects against ulcerative colitis.

C. Crohn disease causes segmental transmural inflammation.

D. Ulcerative colitis affects the colon in a descending fashion.

Inflammatory bowel disease has distinct patterns of involvement that help distinguish ulcerative colitis from Crohn disease. Ulcerative colitis typically starts in the rectum and extends continuously up the colon, with inflammation limited to the mucosa and submucosa and no skip lesions. The other statements describe well-established associations: smoking tends to be protective in ulcerative colitis, so non-smokers and ex-smokers have higher risk; appendectomy has been linked to a reduced risk of developing ulcerative colitis; and Crohn disease characteristically causes segmental (skip) lesions with transmural inflammation, which can affect any portion of the GI tract. The statement that ulcerative colitis affects the colon in a descending fashion is not true because UC spreads from the rectum proximally in a continuous fashion, not from proximal towards distal in a descending pattern.

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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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