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QUESTION 1

You have been the geriatrician for a 79-year-old patient with a 10-year history of Alzheimer's disease, diabetes mellitus, and coronary artery disease. His 75-year-old wife has been his caretaker in the home. In the last 3 months, he has become progressively more combative and violent toward his wife. He was recently discharged from the hospital after intravenous antibiotic therapy for pneumococcal pneumonia but had to be readmitted to the intensive care unit with resistant, pneumococcal bacteremia, altered mental status, renal insufficiency, hypotension, CHF, and hypoxemia. When he was first aware of his early loss of memory, he told a family friend and his wife he would not want to be kept alive under such conditions. However, he did not execute an advanced directive. He does not have any surviving blood relatives and has no children. His wife refuses to sign the consent form to intubate her husband. Which of the following is the most appropriate action to take at this time?

- A. Continue antibiotic therapy but don't intubate the patient.
- B. Send the wife home because of her emotional exhaustion.
- C. Intubate the patient.
- D. Request that a judge appoint a legal decision maker for the patient.
- E. Write a Do Not Attempt Resuscitation (DNR) order.

Correct Answer: E Section: (none)

Explanation:

E. Medical care of the critically ill is focused on those individuals who, despite therapeutic interventions, may either recover with significant morbidity or die from their underlying illness. Part of the care of terminally ill patients is to ameliorate suffering, prevent disability, or recognize the finitude of life. The SUPPORT study provides physicians with accurate predictive information on the functional ability of patients and survival probability for end-of-life care. This study revealed that care provided to critically ill patients was often inconsistent with their preferences. Nearly half of the DNR orders were written in the last 2 days of life. In this clinical situation, the patient has multiple organ system failure with sepsis, acute respiratory failure, CHF, and altered mental status (coma). Although the physician could provide any of the medical interventions, he is aware of the patient's preferences as expressed by an appropriate proxy decision maker (wife). Ethical justifications for DNR orders include: These decisions require cultural sensitivity and awareness of the variety of beliefs surrounding death among patients, their families, physicians, hospital systems, and society. Although physicians are best qualified to identify possible outcomes, it is patients and their families who determine the significance of these outcomes.

QUESTION 2

A 60-year-old morbidly obese man presents with complaints of fatigue, worsening exertional dyspnea, three-pillow orthopnea, lower extremity edema, and cough occasionally productive of frothy sputum. He has a long-standing history of type II diabetes and hypertension. On examination, you note the presence of bibasilar rales, an S3 gallop, jugular venous distention, and 2+ pitting edema in both legs up to the knees. There does not appear to be an arrhythmia present.

Which test would be most sensitive for diagnosis of this condition?

- A. troponin I

- B. LDH
- C. creatine kinase-MB isoenzyme (CK-MB)
- D. brain natriuretic peptide (BNP)
- E. CXR

Correct Answer: D Section: (none)

Explanation:

This patient's presentation is most consistent with pulmonary edema from decompensated CHF. The BNP test has been found to be both sensitive and specific for the diagnosis of CHF. It can be a very useful test to order when a patient is dyspneic to help to determine if CHF is the cause. Troponin, CK-MB, and LDH are markers of damage to cardiac muscle and can be diagnostic in a MI. While MI can be a cause of CHF, and most patients presenting with CHF will have cardiac enzymes drawn as part of their evaluation, cardiac enzymes are neither sensitive nor specific for CHF. Similarly, a CXR can determine the presence of pulmonary edema but not its cause.

Acute pulmonary edema secondary to CHF will require management with diuresis for acute symptomatic relief. ACE inhibitors and beta-blockers do decrease mortality and morbidity in CHF; however their use in acute decompensated heart failure is suspected as they may induce hypotension and further cardiogenic shock. Digoxin is used for symptomatic relief either when other modalities fail or when rate control from atrial fibrillation is an issue. In patients with CHF and atrial fibrillation, beta-blockers have shown better effect and reduced morbidity than digoxin. Nevertheless, in the acute setting of decompensated heart failure with pulmonary edema, diuresis is the optimal initial treatment, not digoxin. In chronic heart failure, digoxin is reserved for patients with systolic failure that are symptomatic despite adequate ACE inhibitor and beta-blocker use. Furosemide is effective in treating the acute pulmonary edema associated with CHF by virtue of its potent diuretic action, which rapidly eliminates excess body fluid volume.

QUESTION 3

A mother brings her 15-year-old son in for a preparticipation sports physical examination. She feels that her son has not yet undergone pubertal changes and that makes her concerned.

Which of the following is a true statement regarding puberty delay?

- A. The onset of puberty in males is earlier than that in females.
- B. A puberty delay is not considered pathologic unless accompanied by short stature.
- C. Hypothyroidism can be a cause of pubertal delay.
- D. Males do not have a true adrenarche as females do.
- E. The most common cause for pubertal delay is pan-hypopituitarism.

Correct Answer: C Section: (none)

Explanation:

Pubarche in females is usually earlier than in males. Delayed puberty alone may be a pathologic condition; its presence

in conjunction with short stature makes a pathologic state more likely. Males do, indeed, have adrenarche. Panhypopituitarism is a cause of puberty delay, but not a common one. Undiagnosed hypothyroidism can be a cause of pubertal delay, and thyroid function testing should be a part of the routine evaluation of this problem. The onset of puberty in males is usually signaled by an increase in testicular volume. This is commonly seen in conjunction with lengthening of the phallus and thinning of the scrotal skin. As a result of puberty, the other findings (deepening of the voice, increased muscle mass, and increased facial hair) may be seen, but the first of the listed findings to appear is increased testicular volume. In females, puberty is usually signaled by the enlargement of breast buds.

QUESTION 4

A 60-year-old woman arrives at your office for a routine physical examination. During the course of her examination she asks you about osteoporosis. She is concerned about her risk for osteoporosis, as her mother suffered from multiple vertebral compression fractures at the age of 60. Your patient reports that she still smokes cigarettes ("although I know they are bad for me") and has one alcoholic beverage a week. She reports having had menopause 5 years ago and experiencing a deep venous thrombosis approximately 20 years ago. She is proud of the fact that she regularly exercises at the local fitness center. She has been taking 1500 mg of calcium with 800 IU of vitamin D every day. You suspect that she is at risk for osteoporosis. After a thorough discussion with your patient, you determine that pharmacologic intervention would be beneficial given the severity of her osteoporosis. Which of the following is most appropriate for your patient?

- A. estrogen replacement therapy
- B. combined HRT with estrogen and progestin
- C. alendronate
- D. calcitonin intranasal spray
- E. raloxifene

Correct Answer: C Section: (none)

Explanation:

DEXA is the newest, least expensive, and quickest method of assessing BMD. The precision of DEXA is approximately 12%. Standard radiography is inadequate for accurate bone mass assessment. Single photon absorptiometry is used to scan bone, which is in a superficial location with little adjacent soft tissue (e.g., radius). It may not be an accurate reflector of the density in the spine or hip, which are the sites of greatest potential risk for fracture. The quantitative CT scan and dual photon absorptiometry take more time, expose the patient to more radiation, and, in the case of quantitative CT scanning, significantly increase costs, when compared to DEXA. The major risk factors for osteoporosis are family history, slender body build, fair skin, early menopause, sedentary lifestyle, cigarette smoking, medications (corticosteroids or L-thyroxine), more than two drinks a day of alcohol or caffeine, and low calcium intake. The current recommendation for oral calcium in men and premenopausal women is 1000 mg/day. Postmenopausal women and patients with osteoporosis should have 1500 mg calcium a day and 4000 IU of vitamin D, which promotes intestinal calcium absorption. This patient's intake of calcium and vitamin D is not a risk factor for osteoporosis.

Alendronate is a bisphosphonate, which is approved for the prevention and treatment of postmenopausal osteoporosis. Among the many results of the WHI, it was found that combined estrogen plus progestin therapy was associated with an increased risk of nonfatal MI or death from coronary heart disease (CHD). Consequently, while it is recognized that postmenopausal women who are taking estrogen to alleviate postmenopausal symptoms may also experience skeletal benefits, the prevention of osteoporosis should not be a reason in itself to start estrogen therapy. Calcitonin inhibits osteoclastic bone resorption, but is not sufficiently potent to prevent bone loss in early postmenopausal women (within 5 years of menopause). It is best reserved for use in patients with osteoporosis unresponsive to other therapies.

Raloxifene is a selective estrogen receptor modulator (SERM), which is effective for prevention of bone loss in early postmenopausal women and treatment of established osteoporosis, but it also increases the risk of venous thromboembolic disease which makes it an inappropriate choice for this patient

QUESTION 5

The patient is a 28-year-old female medical student who is referred to the Office of Student Affairs due to receiving an incomplete on her surgery clerkship. Upon questioning, she admits to "sneaking out" of the operating room in order to avoid participating in surgeries. When confronted with her unprofessional behavior and expectations of the rotation, she claims to have significant anxiety revolving around the operating room. She states, "It's not that I mind the surgery itself, just the blood." She proceeds to reveal numerous instances of feeling dizzy, lightheaded, and even fainting when seeing blood. As a result, she has been unable to donate blood while in college or medical school and has, thus far, been able to "work around" drawing blood in other clerkships. Which of the following is her most likely diagnosis?

- A. agoraphobia
- B. generalized anxiety disorder (GAD)
- C. panic disorder
- D. social phobia
- E. specific phobia

Correct Answer: E Section: (none)

Explanation:

Agoraphobia is characterized by anxiety about being in places where escape might be difficult or help might not be available in the event that a panic attack occurs (e.g., crowds, bridges, standing in lines). GAD involves excessive worry about a number of events for at least 6 months. Panic disorder is diagnosed if there are recurrent, unexpected panic attacks along with concerns about having further attacks or about the consequences of having an attack (e.g., heart attack, losing control). Social phobia is characterized by a persistent dread of social or performance situations due to fears of acting in an embarrassing or humiliating way. This woman experiences symptoms consistent with a specific phobia, blood-injection-injury type (DSM IV-TR). Due to the sympathetic discharge, individuals with certain phobias, most notably social phobia, can sometimes be managed with the use of beta-blockers.

This is particularly useful when a known exposure will occur. Beta-blockers could worsen the symptoms of blood-injury phobia, however, given the vasovagal nature of the response. Insight-oriented and supportive therapies are not particularly helpful with treating phobias, as phobias usually require specific behavioral techniques. SSRIs can be efficacious in certain anxiety disorders, such as social phobia, panic disorder, and GAD; however, they are not useful for phobias such as blood-injury type. Exposure therapy is considered to be the optimal treatment for phobias in general, especially specific phobias. In this therapy, the patient is exposed to particular phobic stimuli of an increasingly anxiety-provoking nature, and certain relaxation techniques are introduced.

QUESTION 6

In your internal medicine clinic you are caring for a 42-year-old woman with hereditary nonpolyposis colon cancer (HNPCC), Lynch syndrome II, which is a hereditary, autosomal dominant, cancer syndrome that results from a mutation in a mismatch deoxyribonucleic acid (DNA) repair gene. These patients have a lifetime risk of colon cancer nearly 60-80%, but are also at risk for several other malignancies.

For which gynecologic malignancy is this woman most at risk?

- A. ovarian cancer
- B. breast cancer
- C. cervical cancer
- D. vulvar cancer
- E. endometrial cancer

Correct Answer: E Section: (none)

Explanation:

Women with HNPCC, Lynch syndrome II have a 20-40% lifetime risk of endometrial cancer. These women tend to get endometrial cancer at a much earlier age (median 46 years) compared to the general population (median 63 years). These women are also at risk for carcinomas of the ovary, breast, stomach, small bowel, pancreas, biliary tract, and transitional cell tumors of the urinary tract. Because of the inordinately high risk for endometrial and ovarian cancer in these patients, prophylactic hysterectomy and bilateral salpingo-oophorectomies are offered to women with this syndrome after the completion of childbearing.

QUESTION 7

A 21-year-old Asian female, with past medical history of exertional asthma, comes to your office complaining of mild low back pain. It started after her working out in the gym 3 days ago. The pain is 2/10 in intensity, has no radiation, increases with bending or lying down for a long time, and improves with warm showers. You examine the patient, diagnose her with paravertebral muscle spasm, and give her prescriptions for cyclobenzaprine and naproxen to use as needed for pain and stiffness. You receive a call from your patient 2 hours later. She is having generalized itching, dizziness, and swelling of the tongue and lips. She is having difficulty breathing. She tells you that she took the first dose of the medication you prescribed about 30 minutes ago. The most beneficial immediate intervention for this patient would be which of the following?

- A. oxygen
- B. albuterol nebulizer treatment
- C. IV fluids
- D. epinephrine
- E. diphenhydramine

Correct Answer: D Section: (none)

Explanation:

This patient is exhibiting signs and symptoms of an anaphylactic reaction, likely to one of the medications that she recently took. Angioedema is occurring (swelling of the lips and tongue). Her dyspnea may be a manifestation of laryngeal edema or of bronchospasm. She is at high risk for respiratory compromise and, therefore, of the options listed,

having her activate the emergency medical system is the most appropriate. Calling 911 from your office would be another option. Of the interventions listed, epinephrine would provide the most benefit in correcting the underlying problem. The alpha-and betaadrenergic effects result in vasoconstriction, bronchial smooth-muscle relaxation, and reduction on vascular permeability. Oxygen may be required if the patient is hypoxic, IV fluids may be necessary for persistent hypotension and albuterol may benefit the treatment of bronchospasm, but epinephrine would most immediately address the multiple systemic effects of anaphylaxis

QUESTION 8

An 8-year-old male presents to your office complaining of a 1-week history of painful knee and elbow joints. On examination, you find a painful, hot, and swollen knee. He also has multiple erythematous macules with pale centers on his trunk and extremities. The laboratory work you order reveals elevated antistreptococcal antibodies.

Which of the following information is required to make this diagnosis?

- A. The child must currently have a fever.
- B. The child must have arthritis.
- C. The presence of a group A streptococcal (GAS) infection must be documented.
- D. The child may have chorea alone.
- E. Aspiration of fluid from the swollen knee is required to confirm the diagnosis.

Correct Answer: D Section: (none)

Explanation:

ARF is clinically diagnosed by using the Jones criteria. The Jones criteria are separated into major and minor findings. The major criteria are arthritis (not simply arthralgia), carditis, Sydenham chorea, erythema marginatum, and subcutaneous nodules. The minor criteria include the presence of a fever, arthralgias, documentation of a GAS infection (either currently or in the past), or laboratory evidence of inflammation (increased ESR). Two major criteria, or one major and two minors, are required for the diagnosis of ARF. The only exception to this rule is that the presence of Sydenham chorea alone will make the diagnosis. While the documentation of a prior, or current, GAS infection is compelling, it is not a requirement for the diagnosis of ARF. Children with rheumatic fever are not considered contagious.

QUESTION 9

A 54-year-old man without significant past medical history presents to his primary care physician complaining of epigastric discomfort and early satiety. He subsequently undergoes an endoscopic procedure revealing an ulcerated mucosal lesion. The biopsy of this lesion is interpreted as a well-differentiated lymphoma.

Which of the following statements regarding his treatment and prognosis is most accurate?

- A. His prognosis is poorer than if he were diagnosed with a gastric adenocarcinoma.
- B. This lymphoma is not associated with *Helicobacter pylori* infection.
- C. Antibiotic therapy may induce regression of the lesion in the majority of cases.

- D. Treatment will not offer curative potential, so he should be referred for hospice care.
- E. Gastric resection is recommended for well-differentiated, but not higher grade, lymphomas.

Correct Answer: A Section: (none)

Explanation:

Although gastric lymphomas are less common than adenocarcinomas, they are much more treatable with a more favorable prognosis. Gastric lymphomas, especially well-differentiated mucosa-associated lymphoid tissue (MALT), are associated with *Helicobacter pylori* infection, and antibiotic therapy to eradicate *H. pylori* has been associated with regression of 75% of such tumors. Higher-grade gastric lymphomas may require chemotherapy with a standard regimen, such as CHOP, and consideration for surgical resection with curative intent.

QUESTION 10

A 52-year-old female has been referred to you for consultation following a core biopsy of an area of calcifications seen on a screening mammogram. She has no family history of breast or ovarian cancer. She has not been taking hormone replacement therapy and has no reproductive risk factors. On physical examination, there is no palpable mass. The core biopsy results demonstrate atypical ductal hyperplasia. What should be the next step in her treatment?

- A. close observation with semiannual mammograms and clinical examinations
- B. treatment with tamoxifen for 5 years
- C. needle localized excisional biopsy
- D. unilateral mastectomy
- E. bilateral mastectomy

Correct Answer: C Section: (none)

Explanation:

The management of a breast lesion has become more complex as our knowledge regarding breast cancer development and treatment has continued to grow. The gold standard for evaluation of a suspicious lesion on mammogram is a core needle biopsy. This can be performed on palpable lesions directly, but can also be used on nonpalpable lesions using ultrasound or stereotactic guidance. A diagnosis of atypical ductal hyperplasia cannot be established on core biopsy alone. Studies have demonstrated that nearly 20% of patients with this diagnosis on core biopsy go on to have evidence of ductal carcinoma in situ or invasive ductal carcinoma after excisional biopsy. As such, if a core biopsy demonstrates evidence for atypical ductal hyperplasia, the standard of care is to proceed with an excisional biopsy to establish the diagnosis. Once this diagnosis has been confirmed, management decisions can be made including close observation with frequent screening mammograms, chemoprevention with tamoxifen, or prophylactic bilateral mastectomy. A unilateral mastectomy is not an option as a diagnosis of atypical ductal hyperplasia increases the risk of breast cancer in both breasts

QUESTION 11

A recent study compared two drugs--exemestane and tamoxifen--for the treatment of estrogenreceptor positive breast cancer in postmenopausal women. At the end of the study, 91.5% of the women treated with the drug exemestane and 86.8% of the women treated with tamoxifen were disease free (P

What is the relative risk reduction for the development of recurrent breast cancer for women taking exemestane compared to women taking tamoxifen?

- A. 95.3%
- B. 72%
- C. 64%
- D. 36%
- E. 4.7%

Correct Answer: D Section: (none)

Explanation: Explanations: Relative risk is the percentage of subjects who achieve an outcome in one experimental group divided by the percentage of subjects who achieve the same outcome in another group. This statistic is used frequently in placebo-controlled trials, where the comparison occurs between the experimental group and the control group. In the study referenced in this set of questions, the comparison is between two groups who were given two different active medications exemestane and tamoxifen. The outcome studied here is the development of recurrent breast cancer. The data presented state that after the course of treatment, 91.5% of the women in the exemestane group and 86.8% of the women in the tamoxifen group were disease free. Therefore, 8.5% in the exemestane group and 13.2% in the tamoxifen group developed the outcome of recurrent breast cancer. The relative risk is then calculated as $0.085/0.132 = 0.64 = 64\%$. The relative risk reduction is the percentage by which the risk in one group has been reduced when compared to the other group. In other words, if the rate of an outcome in one group is 100%, the relative risk reduction is the difference between 100% and the measured relative risk. It is calculated by the formula: Relative risk reduction = $1 - \text{relative risk}$ In this example, the relative risk reduction is $1 - 0.64 = 0.36 = 36\%$.

The ARR, also known as the risk difference, is calculated by subtracting the percentage of subjects who achieve an outcome in one group from the percentage who achieve the outcome in another. In this study, the ARR for those in the exemestane group compared to those in the tamoxifen group is $13.2\% - 8.5\% = 4.7\%$. The NNT is the number of subjects who need to receive an intervention (such as a medication) in order for one of them to have a beneficial outcome. In this study, the beneficial outcome would be one less case of recurrent breast cancer. The NNT is calculated as $1/ARR$. In this case, the $NNT = 1/0.047 = 21$. In other words, 21 women need to be treated with exemestane in order for there to be one fewer case of recurrent breast cancer compared to women treated with tamoxifen.

QUESTION 12

A 72-year-old man comes to your clinic for the first time, accompanied by his wife. His wife states that she is concerned because he has been growing increasingly forgetful over the past year. Within the past month, he has forgotten to turn off the stove and has got lost while walking to the post office one block away from their home. His past medical history is significant for well-controlled diabetes and chronic lower back pain. He has no history of falls or traumatic injury to the head. Examination of the patient is significant for a score of 18 on a Mini Mental Status Examination (MMSE). During the administration of the MMSE, the patient blurts out that his wife brought him to the doctor because she is having an extramarital relationship.

Which of the following accurately describes this patient's condition?

- A. There is no genetic basis for development of this disease.

- B. It is usually abrupt in onset.
- C. There is no correlation between age and prevalence of this disease.
- D. Environmental exposure is a proven risk factor for development of this disease.
- E. It is one of the most common terminal illnesses in developed nations.

Correct Answer: E Section: (none)

Explanation:

This patient's symptoms are most consistent with Alzheimer disease. Alzheimer disease is a prominent condition in developed nations, ranking as the third most common terminal illness behind heart disease and cancer. It is the most common form of dementia, with over 4 million Americans having the condition in the United States alone. There is a direct correlation between advanced age and increasing prevalence of Alzheimer disease. While there is an early-onset form of familial Alzheimer disease that may appear as early as the third decade of life, this accounts for only a small percentage of total Alzheimer cases. There does appear to be a genetic component to the development of Alzheimer disease, as it has been demonstrated that first-degree relatives of Alzheimer patients possess an increased risk for development of the condition. Genes on chromosomes 1, 14, and 21 have been implicated in this association. While age and family history are important risk factors, there is no evidence proving that environmental factors lead to an increased chance for development of the disease. Progression of Alzheimer dementia is typically insidious, spanning as many as several years. Anticholinergic agents and any other medication with anticholinergic effects are contraindicated in the setting of Alzheimer dementia. Their use may lead to worsening of cognition and may contribute to decreased efficacy of medications used in the treatment of Alzheimer dementia. Tricyclic antidepressants such as amitriptyline should be avoided for this reason. Risperidone, olanzapine, and quetiapine are atypical antipsychotic medications which are useful in the treatment of emotional withdrawal and delusions which may arise in Alzheimer patients. Trazodone, carbamazepine, and divalproex are moodstabilizing medications which are useful in patients who display marked agitation. While trazodone does display some anticholinergic side effects, they are far less pronounced than those seen with amitriptyline.

QUESTION 13

A 50-year-old female presents to your office for evaluation of solid food dysphagia without weight loss. Symptoms have been present for 6 months and are progressive. The patient has had two episodes of near impaction, but copious water ingestion and repeated swallows allowed the food bolus to pass. She has never had to present to the ER for disimpaction. She drinks five to six beers per day, loves spicy foods, and smokes a pack of cigarettes daily with a total lifetime history of 30 pack-years. She has had intermittent heartburn symptoms for years and has not sought treatment. She takes hydrochlorothiazide for hypertension. Review of symptoms reveals chronic cough. Physical examination is unremarkable. Upper endoscopy reveals a distal esophageal stricture with inflammatory changes. Esophageal biopsies reveal benign mucosa with chronic inflammation. Gastric biopsies are unremarkable. Helicobacter pylori testing is negative.

The patient is at increased risk for which of the following illnesses?

- A. esophageal squamous cell cancer
- B. esophageal adenocarcinoma
- C. gastric cancer
- D. gastric lymphoma

E. duodenal adenocarcinoma

Correct Answer: B Section: (none)

Explanation:

The patient has a peptic stricture, seen in the setting of long-standing untreated gastroesophageal reflux with esophagitis. The history of progressive solid food dysphagia without weight loss is typical. Tobacco, alcohol, thiazide diuretics, and spicy foods do not predispose to benign esophageal strictures. The patient has developed a peptic stricture, a serious complication of GERD. The patient needs esophageal dilation (either with mechanical or pneumatic dilators) and maximal acid suppression. PPI therapy is superior to histamine receptor antagonist therapy in terms of healing erosive esophagitis. Patients with long-standing GERD are at increased risk of developing Barrett esophagus, a risk factor for esophageal adenocarcinoma. GERD is not a risk factor for esophageal squamous cell cancer, gastric cancer, or duodenal cancer. Patients with chronic H. pylori infection (which this patient did not have) are at increased risk for a form of gastric lymphoma known as a MALT-oma.

QUESTION 14

A 54-year-old woman is triaged in the emergency room for nausea and vomiting. Upon examination, she appears somewhat disheveled and anxious, smelling of alcohol. Her sclerae are injected, and she has moderate tenderness to palpation over her upper abdomen, without rebound or guarding. Although she initially denies alcohol use, she eventually concedes that she drinks daily, her last drink being "late last night."

Which of the following medications would be most helpful in decreasing her future cravings for alcohol?

- A. disulfiram (Antabuse)
- B. fluoxetine (Prozac)
- C. lithium
- D. naltrexone (ReVia)
- E. risperidone (Risperdal)

Correct Answer: D Section: (none)

Explanation:

Explanations:

This patient is at risk for alcohol withdrawal. Although the progression of withdrawal may vary, tremors are generally the first signs seen. These usually begin 6-8 hours after cessation of drinking. Psychotic symptoms, such as delusions or hallucinations, typically develop 8-12 hours after cessation. Seizures typically occur between 12 and 24 hours, and DTs takes place within 72 hours. (Synopsis, p. 403)

Disulfiram is used in individuals with alcohol dependence. As it inhibits acetaldehyde dehydrogenase,

thereby causing a deleterious reaction when combined with alcohol, it is used as a deterrent and not for cravings. Antidepressants, lithium, and antipsychotics have not been shown to reduce cravings.

Naltrexone, an opiate antagonist, has shown small but positive results in promoting abstinence, reducing heavy drinking days, and blunting cravings. The presumed mechanism involves the blockade of opiate receptors, thereby interfering with the euphoric and rewarding effects of alcohol.

QUESTION 15

A 34-year-old Black (G1) female presents to your clinic for an obstetric visit at 16 weeks estimated gestational age (EGA). She has a sure LMP and her estimated date of delivery (EDD) is in December. She is generally healthy and has not had any surgeries. She denies history of sexually transmitted diseases or abnormal pap smears. She has no significant family history. She does not smoke or use alcohol or illicit drugs. She works as an administrative assistant. Her prenatal labs are as follows: blood type O+, antibody screen negative; hepatitis B surface antigen negative; HIV antibody negative; Rubella nonimmune; rapid plasma regain (RPR) nonreactive; pap smear within normal limits; urine culture negative. Based on her laboratory results and history, you recommend that she receive which of the following injections during her pregnancy?

- A. measles, mumps, and rubella (MMR) vaccine
- B. influenza vaccine
- C. hepatitis B vaccine series
- D. RhoGAM injection
- E. poliomyelitis vaccine

Correct Answer: B Section: (none)

Explanation:

Influenza vaccination is recommended to all women who will be in the second or third trimester of pregnancy during the flu season. Poliomyelitis vaccination is not recommended for women in the United States unless they have some increased risk due to travel or exposure. MMR vaccination is contraindicated in pregnancy secondary to a theoretic risk of teratogenicity from the rubella vaccine. MMR should be given to this patient postpartum. RhoGAM is recommended routinely during pregnancy in Rh negative women who are unsensitized to Rh factor. In this case the patient is Rh positive.

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