

AANP ADULT GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER PRACTICE (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.

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!

Questions

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- 1. What is a common presentation of an acute flare of gout?**
 - A. Pain in the knees and hips
 - B. Red, hot, and swollen great toe
 - C. Sudden back pain after physical activity
 - D. Widespread joint stiffness upon waking

- 2. What is another name for the condition 'Pes Planus'?**
 - A. High arches
 - B. Flat feet
 - C. Plantar fasciitis
 - D. Foot drop

- 3. How does the incretin mimetic medication work?**
 - A. Inhibits insulin secretion
 - B. Delays stomach emptying
 - C. Increases glucagon secretion
 - D. Stimulates glucose production in the liver

- 4. What is the purpose of Medicare Part C?**
 - A. To provide long-term care services
 - B. To offer managed care plans that include additional services
 - C. To cover only prescription drug expenses
 - D. To offer hospital coverage only

- 5. What is the main therapeutic use of Loop diuretics?**
 - A. Management of hypertension
 - B. Monitoring glucose levels
 - C. Increasing potassium levels
 - D. Reducing fluid accumulation

- 6. Which condition is NOT typically treated with sulfonamides?**
 - A. Urinary tract infections
 - B. Chronic obstructive pulmonary disease
 - C. Ulcerative colitis
 - D. Crohn's disease

- 7. When prescribing medications to older adults, what is an important consideration?**
- A. The risk of decreased adherence to medication
 - B. The potential for altered pharmacokinetics and pharmacodynamics
 - C. The availability of generic options
 - D. The patient's ability to pay for medications
- 8. What is the primary effect of aldosterone antagonists, such as spironolactone?**
- A. Increase sodium reabsorption
 - B. Reduce potassium excretion
 - C. Enhance fluid retention
 - D. Stimulate aldosterone production
- 9. What technique is used to assess the psoas/iliopsoas muscle?**
- A. Flex the hip
 - B. Measure leg length
 - C. Draw the knee to the chest
 - D. Push against a wall
- 10. What should be the immediate step in asthma management for all patients?**
- A. Inhaled corticosteroid
 - B. Short-Acting B2 Agonist
 - C. Long-Acting B2 Agonist
 - D. Oral corticosteroid

Answers

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

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Explanations

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1. What is a common presentation of an acute flare of gout?

- A. Pain in the knees and hips
- B. Red, hot, and swollen great toe**
- C. Sudden back pain after physical activity
- D. Widespread joint stiffness upon waking

A common presentation of an acute flare of gout is characterized by a red, hot, and swollen great toe, a condition known as podagra. Gout is a type of inflammatory arthritis that occurs when there is an accumulation of uric acid crystals in the joints. The great toe is particularly susceptible to these deposits, leading to significant inflammation and pain during flares. During an acute gout attack, individuals often experience intense pain that reaches its peak within the first 24 hours. The affected joint, typically the metatarsophalangeal joint of the great toe, will show signs of redness, warmth, and swelling, which are classic indicators of inflammation. This acute presentation is quite different from the chronic joint stiffness typically seen in other inflammatory conditions, such as rheumatoid arthritis or osteoarthritis. Other options, while they may describe joint pain conditions, do not align with the typical manifestations of gout. For instance, pain in the knees and hips could indicate various other forms of arthritis but is less characteristic of gout. Sudden back pain after physical activity may relate to musculoskeletal issues rather than gout itself. Widespread joint stiffness upon waking is generally associated with conditions like rheumatoid arthritis or fibromyalgia, rather than with an acute episode of gout.

2. What is another name for the condition 'Pes Planus'?

- A. High arches
- B. Flat feet**
- C. Plantar fasciitis
- D. Foot drop

Pes Planus is the medical term used to describe a condition commonly known as flat feet. This condition is characterized by a lower than normal arch in the foot, which often causes the entire foot to make contact with the ground. Individuals with flat feet may experience discomfort, particularly after prolonged periods of standing or walking, due to the altered biomechanics and pressure distribution on the foot. The term "flat feet" directly describes the appearance and structure of the foot in this condition. It is important for practitioners to understand this terminology as it aids in effective communication regarding foot health and potential interventions. In contrast, the other options refer to different conditions: high arches indicate an opposite foot structure with an exaggerated arch; plantar fasciitis is a painful condition affecting the plantar fascia, often related to foot mechanics but not synonymous with flat feet; and foot drop is a neuromuscular condition that affects the ability to lift the front part of the foot, unrelated to the arch or flatness of the foot. Understanding these distinctions is essential in diagnosing and managing foot-related disorders accurately.

3. How does the incretin mimetic medication work?

- A. Inhibits insulin secretion
- B. Delays stomach emptying**
- C. Increases glucagon secretion
- D. Stimulates glucose production in the liver

Incretin mimetics, also known as GLP-1 receptor agonists, primarily function by delaying gastric emptying. This mechanism enhances the feeling of fullness (satiety) after meals, which can aid in weight management and improve glycemic control in individuals with type 2 diabetes. By slowing the passage of food from the stomach to the intestines, these medications not only help regulate blood sugar levels more effectively but also contribute to better postprandial (after eating) glucose control. The other options do not align with the primary actions of incretin mimetics. Incretin mimetics do not inhibit insulin secretion; rather, they stimulate insulin secretion in response to increased blood glucose levels. They also do not increase glucagon secretion; instead, they promote a reduction in glucagon levels postprandially, which helps to lower blood sugar levels. Lastly, they do not stimulate glucose production in the liver; rather, they work to suppress hepatic glucose production, further contributing to blood glucose regulation. Therefore, the correct understanding of incretin mimetics is that they primarily delay stomach emptying, which aids in controlling blood sugar and improving fullness.

4. What is the purpose of Medicare Part C?

- A. To provide long-term care services
- B. To offer managed care plans that include additional services**
- C. To cover only prescription drug expenses
- D. To offer hospital coverage only

Medicare Part C, also known as Medicare Advantage, serves the purpose of providing managed care plans that encompass a variety of healthcare services. These plans are offered by private insurance companies that are approved by Medicare and combine the benefits of Medicare Part A (hospital insurance) and Part B (medical insurance), often with added features like vision, dental, or hearing coverage. This integrated approach allows beneficiaries to receive a broader range of health services under a single plan, promoting better health management and coordination of care. Other options focus on specific aspects of healthcare coverage. For instance, long-term care services typically fall outside the scope of Medicare directly; these are largely not covered under Medicare Part A or Part B. While prescription drug expenses are addressed in Medicare Part D, they are not the central function of Part C. Additionally, stating that Part C offers hospital coverage only incorrectly narrows its extensive benefits, as it is designed to cover both hospital and outpatient medical services along with added perks. Thus, the comprehensive nature of Part C's offerings aligns with the description provided in the correct answer.

5. What is the main therapeutic use of Loop diuretics?

- A. Management of hypertension
- B. Monitoring glucose levels
- C. Increasing potassium levels
- D. Reducing fluid accumulation**

Loop diuretics are primarily used to reduce fluid accumulation in the body, which is particularly beneficial for patients experiencing conditions such as heart failure, renal impairment, or edema associated with liver disease. These medications work by inhibiting sodium and chloride reabsorption in the loop of Henle in the kidneys, leading to increased urine production. As a result, they effectively help to decrease the volume of fluid that has built up in tissues, alleviating symptoms such as swelling and shortness of breath that can arise from excess fluid retention. While loop diuretics can also play a role in managing hypertension as a secondary effect due to volume depletion, their chief therapeutic purpose remains the reduction of edema and fluid overload in various clinical settings.

6. Which condition is NOT typically treated with sulfonamides?

- A. Urinary tract infections
- B. Chronic obstructive pulmonary disease**
- C. Ulcerative colitis
- D. Crohn's disease

Sulfonamides, a class of antibiotics, are primarily used for treating specific bacterial infections and certain inflammatory conditions. While urinary tract infections, ulcerative colitis, and Crohn's disease can be managed with sulfonamides due to their antibacterial properties and anti-inflammatory effects, chronic obstructive pulmonary disease (COPD) is not typically one of the conditions treated with this medication class. In the case of urinary tract infections, sulfonamides are effective because they target the bacteria commonly responsible for these infections. For ulcerative colitis and Crohn's disease, sulfasalazine, a sulfonamide derivative, is utilized for its anti-inflammatory properties, helping to control the inflammatory response associated with these conditions. Chronic obstructive pulmonary disease, however, is primarily a progressive lung condition often treated with bronchodilators and corticosteroids rather than antibiotics like sulfonamides. The management of COPD focuses on improving airflow and reducing inflammation in the airways, making sulfonamides an inappropriate choice for this condition.

7. When prescribing medications to older adults, what is an important consideration?

- A. The risk of decreased adherence to medication
- B. The potential for altered pharmacokinetics and pharmacodynamics**
- C. The availability of generic options
- D. The patient's ability to pay for medications

In older adults, it is crucial to consider the potential for altered pharmacokinetics and pharmacodynamics when prescribing medications. As individuals age, their bodies undergo various physiological changes that can affect how drugs are absorbed, distributed, metabolized, and eliminated. For example, changes in organ function—such as reduced liver and kidney function—can lead to slower metabolism and clearance of medications, making the elderly more susceptible to side effects and toxicity. Additionally, changes in body composition, such as increased body fat and decreased lean body mass, can influence the distribution of certain drugs, affecting their efficacy and safety. These pharmacological changes necessitate careful evaluation and often lead to adjustments in dosing or frequency to minimize adverse effects and achieve desired therapeutic outcomes. Tailoring medication plans to address these factors is essential for ensuring safe and effective treatment in the older population. Other considerations, such as decreased adherence to medication, availability of generic options, and the patient's ability to pay for medications, are also important in the context of medication management in older adults. However, the immediate physiological changes affecting drug handling in the body (pharmacokinetics and pharmacodynamics) are fundamental to understanding individual responses to therapy and are critical for safe prescribing practices.

8. What is the primary effect of aldosterone antagonists, such as spironolactone?

- A. Increase sodium reabsorption
- B. Reduce potassium excretion**
- C. Enhance fluid retention
- D. Stimulate aldosterone production

Aldosterone antagonists, like spironolactone, primarily act to block the effects of aldosterone in the kidneys. Aldosterone normally promotes sodium reabsorption and potassium excretion in the distal nephron. By antagonizing aldosterone, spironolactone reduces this sodium reabsorption and, importantly, decreases the excretion of potassium. This mechanism leads to an increase in serum potassium levels, which is crucial in managing conditions like heart failure or hypertension where potassium-sparing diuretics are beneficial. The reduction of potassium excretion supports the maintenance of potassium homeostasis, which is particularly important in patients at risk for hypokalemia due to other medications or conditions. Understanding the role of aldosterone antagonists helps healthcare professionals anticipate their effects on electrolyte levels, renal function, and fluid balance, making them essential in various therapeutic protocols.

9. What technique is used to assess the psoas/iliopsoas muscle?

- A. Flex the hip**
- B. Measure leg length
- C. Draw the knee to the chest
- D. Push against a wall

The technique used to assess the psoas/iliopsoas muscle involves flexing the hip. This muscle is primarily responsible for hip flexion and is an important component in movements such as walking, running, and climbing stairs. When assessing the psoas muscle, the practitioner will often ask the patient to flex their hip against resistance. This action engages the psoas/iliopsoas muscle, allowing the practitioner to evaluate its strength and any potential tenderness or pain that may indicate an underlying condition, such as psoas muscle strain or irritation. Flexing the hip allows for the evaluation of the functional capacity of the psoas muscle, making it a direct assessment technique. Other movements, like measuring leg length or drawing the knee to the chest, do not specifically isolate the psoas/iliopsoas muscle in the same way. Pushing against a wall involves different muscle groups and assesses stability and strength rather than focusing on the hip flexors. Therefore, flexing the hip is the appropriate technique for assessing the condition and function of the psoas/iliopsoas muscle.

10. What should be the immediate step in asthma management for all patients?

- A. Inhaled corticosteroid
- B. Short-Acting B2 Agonist**
- C. Long-Acting B2 Agonist
- D. Oral corticosteroid

In asthma management, the immediate step for all patients experiencing symptoms is the use of a Short-Acting Beta-2 Agonist (SABA). SABAs, such as albuterol, work quickly to relax bronchial smooth muscle, leading to immediate relief of bronchospasm and dyspnea. They are considered the first line of treatment during an asthma attack or when symptoms exacerbate, providing rapid bronchodilation within minutes. This quick action makes SABAs essential in managing acute episodes and is vital in an asthma action plan. While inhaled corticosteroids are important for long-term control and prevention of symptoms, they take longer to exert their effects and are not suited for immediate relief. Long-acting Beta-2 agonists (LABAs) are used for ongoing control and should not be used as monotherapy in asthma management without an inhaled corticosteroid, as that could lead to increased risk of severe asthma exacerbations. Oral corticosteroids are typically reserved for severe exacerbations or long-term management in persistent asthma cases but are not a first-line treatment for immediate symptom relief.

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://aanp.examzify.com>

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

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