

# AANP Adult-Gerontology Primary Care Nurse Practitioners (AGPCNP) Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. For a female patient who has never had a Pap smear, which history detail is most important to assess the risk of cervical intraepithelial neoplasia (CIN)?**
  - A. Number of previous pregnancies**
  - B. Age of menarche**
  - C. Number of sexual partners**
  - D. Herpes infections**
- 2. What finding would you expect when investigating a patient with low back pain?**
  - A. Exacerbation of symptoms with straight-leg raising**
  - B. Loss of bowel and bladder function**
  - C. Increased ankle jerk on evaluation**
  - D. Increased lumbar lordosis**
- 3. When assessing dementia in a patient, which of the following tests may be used?**
  - A. Glasgow Coma Scale**
  - B. Cognitive Assessment Screening**
  - C. Functional Independence Measure**
- 4. Which statement about preventive health care for the elderly is incorrect?**
  - A. Elderly people usually have adequate insurance coverage**
  - B. Caloric needs are reduced in the elderly**
  - C. Femoral fractures are caused by uncoordinated muscle action than by impact**
  - D. Exercise is beneficial to reduce mortality from CAD**
- 5. Which statement is true regarding essential tremors?**
  - A. They often begin with "pill-rolling" tremors**
  - B. They are often barely visible, rapid tremors**
  - C. They are characteristic of Parkinson's disease**
  - D. They are slow tremors that usually involve the hands**

- 6. What is the recommended approach for a patient with a chlamydia infection in regards to symptom presentation?**
- A. Green penile discharge**
  - B. Urticaria**
  - C. Unremarkable symptoms**
  - D. Penile ulcer**
- 7. Which consideration is most important in enhancing a nurse practitioner's clinical assessment for promoting health behaviors in young adults?**
- A. Personality**
  - B. Including the parents with the patient**
  - C. Taking developmental stages into consideration**
  - D. Providing a chart of growth physical changes**
- 8. A young adult presents with a sore throat, fever, and malaise along with physical exam findings of posterior cervical lymphadenopathy and splenomegaly. What is the most appropriate instruction for the patient?**
- A. Avoid strenuous activity and contact sports until advised**
  - B. Restrict symptomatic antipyretic therapy to acetaminophen**
  - C. Restrict symptomatic antipyretic therapy to NSAIDs**
  - D. Avoid close contact with others for 2 weeks**
- 9. What is the most common type of hearing loss in older adults?**
- A. Otitis media**
  - B. Heredity**
  - C. Conductive**
  - D. Sensorineural**
- 10. An adult with Barrett's esophagus should be educated about the risk of what condition?**
- A. Gastroesophageal reflux disease**
  - B. Esophageal adenocarcinoma**
  - C. Peptic ulcer disease**
  - D. Chronic indigestion**

## **Answers**

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

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## **Explanations**

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**1. For a female patient who has never had a Pap smear, which history detail is most important to assess the risk of cervical intraepithelial neoplasia (CIN)?**

**A. Number of previous pregnancies**

**B. Age of menarche**

**C. Number of sexual partners**

**D. Herpes infections**

In assessing the risk of cervical intraepithelial neoplasia (CIN) for a female patient who has never had a Pap smear, understanding the number of sexual partners is pivotal. The risk of CIN is closely associated with sexual behavior, particularly the number of sexual partners a woman has had, as this can increase the likelihood of exposure to human papillomavirus (HPV), a primary risk factor for the development of cervical cancer. Multiple sexual partners increase the risk of HPV transmission, and certain high-risk types of HPV are directly linked to the development of CIN. Therefore, this detail plays a significant role in evaluating the patient's risk profile for cervical abnormalities and guiding appropriate screening and preventative measures. While previous pregnancies, age of menarche, and history of herpes infections may provide additional context about the patient's reproductive history and overall health, they do not have as direct a correlation with the risk of developing CIN as the number of sexual partners does. Recognizing high-risk sexual behaviors is essential for identifying patients who may benefit from increased surveillance and preventive education regarding HPV vaccination and safe sexual practices.

**2. What finding would you expect when investigating a patient with low back pain?**

**A. Exacerbation of symptoms with straight-leg raising**

**B. Loss of bowel and bladder function**

**C. Increased ankle jerk on evaluation**

**D. Increased lumbar lordosis**

When assessing a patient with low back pain, an exacerbation of symptoms with straight-leg raising is a classic finding indicative of underlying issues such as herniated disc or nerve root irritation. The straight leg raise test is used to evaluate for nerve root irritation, specifically in the L4, L5, and S1 nerve roots, which may be affected by conditions like sciatica. When the leg is raised, if the patient experiences pain that radiates down the leg, it suggests that a nerve root may be under tension or compression, typically leading to increased pain. The other options represent findings that could indicate more severe complications. Loss of bowel and bladder function could suggest cauda equina syndrome, which is a medical emergency. Increased ankle jerk is not a common finding with low back pain and typically indicates normal or hyperactive reflexes rather than the specific pain condition in question. Increased lumbar lordosis may occur in some patients with back pain due to muscle imbalances, but it is not a definitive finding and not as directly indicative of low back pain as the straight-leg raise test results are.

**3. When assessing dementia in a patient, which of the following tests may be used?**

**A. Glasgow Coma Scale**

**B. Cognitive Assessment Screening**

**C. Functional Independence Measure**

Cognitive Assessment Screening is the most appropriate test for assessing dementia in a patient because it specifically evaluates cognitive function, including memory, attention, reasoning, and the ability to perform daily activities, which are affected in dementia. Various screening tools, such as the Mini-Mental State Examination (MMSE) or the Montreal Cognitive Assessment (MoCA), fall under this category and are commonly used in clinical practice to identify cognitive impairment and assist in diagnosing dementia. The Glasgow Coma Scale is primarily used to assess consciousness level and neurological function, especially in patients with head injuries or altered mental status, making it unsuitable for evaluating the broader cognitive changes associated with dementia. Similarly, the Functional Independence Measure assesses an individual's functional capabilities and activities of daily living but does not specifically target cognitive impairment. Therefore, while helpful in evaluating the overall functional status, it is not tailored for dementia assessment.

**4. Which statement about preventive health care for the elderly is incorrect?**

**A. Elderly people usually have adequate insurance coverage**

**B. Caloric needs are reduced in the elderly**

**C. Femoral fractures are caused by uncoordinated muscle action than by impact**

**D. Exercise is beneficial to reduce mortality from CAD**

The statement that elderly people usually have adequate insurance coverage is incorrect because, although many older adults are covered by Medicare or have some form of health insurance, significant gaps can exist. Some elderly individuals may still face challenges such as high out-of-pocket costs, limited coverage for certain services, or lack of supplemental insurance. This financial strain can impede their access to preventive health measures and necessary care, making it crucial to understand the complexities of insurance coverage in this population. On the other hand, the reduction in caloric needs for the elderly is well-documented, primarily due to decreased metabolic rate and activity levels as people age. Understanding this helps inform dietary guidelines that promote healthy aging. Similarly, the assertion regarding femoral fractures leading more from uncoordinated muscle action rather than from direct impact highlights the effects of age-related changes in balance and strength, which increase the risk of falls and subsequent fractures. Finally, the importance of exercise as a means to reduce mortality from coronary artery disease (CAD) is well-supported by research demonstrating the myriad health benefits of physical activity in older adults, including improved cardiovascular health and overall functional status.

**5. Which statement is true regarding essential tremors?**

- A. They often begin with "pill-rolling" tremors**
- B. They are often barely visible, rapid tremors**
- C. They are characteristic of Parkinson's disease**
- D. They are slow tremors that usually involve the hands**

Essential tremors are indeed characterized by slow tremors that typically involve the hands, particularly during voluntary movements such as reaching for an object or holding something steady. This type of tremor is different from resting tremors seen in conditions like Parkinson's disease, which are often more pronounced when the person is not actively using their hands. In essential tremors, the involuntary movements generally increase with posture or intent to use the affected limbs. While they can be distressing and may impact daily activities, the nature of these tremors is distinct in their presentation as being more noticeable during specific actions rather than at rest. The correct categorization of essential tremors helps differentiate them from other neurological conditions, guiding appropriate management and treatment options for affected individuals.

**6. What is the recommended approach for a patient with a chlamydia infection in regards to symptom presentation?**

- A. Green penile discharge**
- B. Urticaria**
- C. Unremarkable symptoms**
- D. Penile ulcer**

The recommended approach for a patient with a chlamydia infection is often centered around understanding that the majority of individuals infected with chlamydia may not exhibit any symptoms at all. This asymptomatic nature of the infection is why no remarkable symptoms are seen, making the third choice the most appropriate. Asymptomatic chlamydia infections are particularly common, and screening is routinely recommended, especially for high-risk populations. Identifying this characteristic is crucial because untreated chlamydia can lead to serious complications, including pelvic inflammatory disease in women and urethritis in men, even if symptoms are not present. Regular screening and education about sexually transmitted infections (STIs) help mitigate the risks associated with asymptomatic conditions. Thus, the understanding that many patients with chlamydia may present with unremarkable symptoms underscores the importance of proactive testing and public health measures.

**7. Which consideration is most important in enhancing a nurse practitioner's clinical assessment for promoting health behaviors in young adults?**

**A. Personality**

**B. Including the parents with the patient**

**C. Taking developmental stages into consideration**

**D. Providing a chart of growth physical changes**

Taking developmental stages into consideration is crucial for effectively promoting health behaviors in young adults. Understanding the specific developmental characteristics and challenges faced by this age group allows nurse practitioners to tailor their assessments and interventions appropriately. Young adults are in a transitional life phase where they experience significant biological, psychological, and social changes. Recognizing these developmental aspects helps healthcare providers understand the unique needs and motivations of their patients. For instance, young adults may prioritize independence and identity exploration, which can influence their health-related decisions and behaviors. By aligning health promotion strategies with their developmental stage, nurse practitioners can encourage more meaningful engagement and adherence to healthy behaviors. In this context, the other considerations fall short in terms of their direct impact on clinical assessment. While personality might influence patient interactions, it does not universally apply across the population of young adults. Involving parents may be relevant in certain cases, particularly for younger patients still dependent on their family networks, but it may not resonate as strongly with older young adults who value autonomy. Providing charts of physical growth changes can serve as an educational tool, but it does not encompass the broader context of developmental and psychosocial factors that significantly affect health behaviors in young adults. Prioritizing developmental considerations ensures a more nuanced and effective approach in promoting health across this

**8. A young adult presents with a sore throat, fever, and malaise along with physical exam findings of posterior cervical lymphadenopathy and splenomegaly. What is the most appropriate instruction for the patient?**

**A. Avoid strenuous activity and contact sports until advised**

**B. Restrict symptomatic antipyretic therapy to acetaminophen**

**C. Restrict symptomatic antipyretic therapy to NSAIDs**

**D. Avoid close contact with others for 2 weeks**

The most appropriate instruction for the patient is to avoid strenuous activity and contact sports until advised. This is particularly important in the context of infectious mononucleosis, often caused by Epstein-Barr virus, which is characterized by symptoms such as sore throat, fever, malaise, posterior cervical lymphadenopathy, and splenomegaly. The reasoning behind this recommendation stems from the risk of splenic rupture which can occur in patients with splenomegaly. Engaging in strenuous activities or contact sports can increase the likelihood of such complications. Therefore, advising the patient to refrain from these activities helps ensure their safety while they recover. This guidance also allows for appropriate healing and reduces the risk of exacerbating their condition. While other options may appear relevant, they do not address the immediate concern tied to the patient's physical exam findings and the risks associated with their condition effectively.

**9. What is the most common type of hearing loss in older adults?**

- A. Otitis media**
- B. Heredity**
- C. Conductive**
- D. Sensorineural**

Sensorineural hearing loss is the most prevalent type of hearing impairment found in older adults. This form of hearing loss arises from damage to the inner ear structures or the auditory nerve pathways leading to the brain. As individuals age, the sensory hair cells within the cochlea can become damaged or diminish in number, leading to reduced ability to hear high-frequency sounds primarily, which is a common experience among the elderly. While the other options present valid types of hearing loss, they are less commonly seen in older adults. For example, otitis media is more frequently an issue in children; hereditary factors can contribute to hearing loss but are not as predominant as the age-related changes seen in the auditory system; and conductive hearing loss, which involves problems with the outer or middle ear that impede sound transmission, is not as frequent as sensorineural hearing loss in this demographic. Thus, recognizing sensorineural hearing loss as the most common type aligns with the observed trends in the aging population.

**10. An adult with Barrett's esophagus should be educated about the risk of what condition?**

- A. Gastroesophageal reflux disease**
- B. Esophageal adenocarcinoma**
- C. Peptic ulcer disease**
- D. Chronic indigestion**

Barrett's esophagus is a condition that arises when the normal squamous cells of the esophagus are replaced by columnar cells due to chronic exposure to stomach acid, typically from gastroesophageal reflux disease (GERD). One of the significant risks associated with Barrett's esophagus is the development of esophageal adenocarcinoma, a type of cancer that can develop from the abnormal cell changes in the esophagus. Patients with Barrett's esophagus are at an increased risk for esophageal adenocarcinoma due to the dysplastic changes that occur in the cells lining the esophagus. Regular surveillance endoscopies are often recommended to monitor for dysplasia and detect any early changes that could indicate progression to cancer. This highlights the importance of patient education regarding this risk to encourage adherence to surveillance recommendations and to promote awareness of symptoms that may prompt further evaluation. While individuals with Barrett's esophagus may experience other conditions, such as GERD, the primary concern in terms of serious complications is the potential for progression to esophageal cancer, underscoring the need for awareness and appropriate management.