

American Board of Obesity Medicine (ABOM) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. What intake value is based on observed or experimentally determined approximates for a group of healthy persons?**
 - A. Recommended dietary allowance (RDA)**
 - B. Estimated average requirement**
 - C. Adequate intake (AI)**
 - D. Tolerable upper intake level (UL)**
- 2. What is a result of increased carbohydrate metabolism due to supplementation?**
 - A. Weight gain**
 - B. Weight stabilization**
 - C. Weight loss**
 - D. Increased appetite**
- 3. Which class of anti-diabetes medications is known to promote weight gain?**
 - A. Metformin**
 - B. GLP-1 agonists**
 - C. Sulfonylureas**
 - D. DPP-4 inhibitors**
- 4. Which beta blocker is least likely to contribute to weight gain?**
 - A. Atenolol**
 - B. Propranolol**
 - C. Carvedilol**
 - D. Metoprolol**
- 5. Which of the following is NOT a dietary source of alpha-linoleic acid?**
 - A. Walnuts**
 - B. Soy**
 - C. Spinach**
 - D. Beef**

- 6. Which of the following is a recommendation for preoperative ERABS to improve surgical outcomes?**
- A. Adopt a high-fat diet**
 - B. Deep breathing exercises**
 - C. Extended bed rest**
 - D. Increased narcotic use**
- 7. What type of seizures are commonly associated with Borgeson-Forssman-Lehmann syndrome?**
- A. Absence seizures**
 - B. Tonic-clonic seizures**
 - C. Myoclonic seizures**
 - D. Focal seizures**
- 8. How many ounces of water is typically recommended for post-bariatric surgery patients?**
- A. 56 oz**
 - B. 64 oz**
 - C. 72 oz**
 - D. 80 oz**
- 9. How soon after a meal does dumping syndrome typically occur?**
- A. 5-10 minutes**
 - B. 15-30 minutes**
 - C. 30-60 minutes**
 - D. 1-2 hours**
- 10. What was the primary reason for fenfluramine being taken off the market in 1997?**
- A. Increased risk of liver damage**
 - B. Increased risk of valvular heart defects**
 - C. Severe gastrointestinal side effects**
 - D. Development of addiction**

Answers

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

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Explanations

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1. What intake value is based on observed or experimentally determined approximates for a group of healthy persons?

A. Recommended dietary allowance (RDA)

B. Estimated average requirement

C. Adequate intake (AI)

D. Tolerable upper intake level (UL)

The adequate intake (AI) represents a value that is derived from observed or experimentally determined approximations for a group of healthy individuals. This value is used when there is not enough scientific evidence to establish a recommended dietary allowance (RDA). The AI serves as a guideline for nutritional intake, indicating the amount of a nutrient that is assumed to be sufficient for most individuals in a particular group, ensuring that the population meets their nutritional needs. The concept behind the AI is to ensure individuals receive optimal nutrition even when precise measurements of nutrient requirements are not available, thus facilitating dietary planning and assessment. It is especially useful for nutrients that have not been extensively studied, allowing for practical recommendations to be made based on observed intake levels in healthy populations. In contrast, the other options have distinct definitions and purposes that set them apart from the AI, focusing on established guidelines and safety thresholds rather than observed intake levels.

2. What is a result of increased carbohydrate metabolism due to supplementation?

A. Weight gain

B. Weight stabilization

C. Weight loss

D. Increased appetite

Increased carbohydrate metabolism due to supplementation, particularly when considering the context of weight management and obesity medicine, can lead to weight loss. When carbohydrate metabolism is enhanced, the body becomes more efficient at utilizing carbohydrates for energy rather than storing them in the form of fat. This can occur through various mechanisms, such as improved insulin sensitivity, which helps to facilitate the uptake of glucose into cells for immediate energy use. Furthermore, enhanced metabolism may lead to an increase in overall energy expenditure, which can contribute to a negative energy balance. This negative energy balance is essential for weight loss, as it means that the body is burning more calories than it is consuming. Additionally, if carbohydrate supplementation leads to an increase in glycogen storage in muscles and liver, it's important to note that while glycogen storage does carry some water weight, the net effect of improved metabolic processes and energy utilization can lead to a reduction in overall body fat over time. Therefore, the outcome of increased carbohydrate metabolism through supplementation can indeed be associated with weight loss, particularly in conjunction with other lifestyle modifications such as dietary changes and physical activity.

3. Which class of anti-diabetes medications is known to promote weight gain?

- A. Metformin**
- B. GLP-1 agonists**
- C. Sulfonylureas**
- D. DPP-4 inhibitors**

Sulfonylureas are a class of anti-diabetes medications that can lead to weight gain as a notable side effect. They work by stimulating insulin release from the pancreas, which can increase appetite and, consequently, caloric intake. This mechanism, while effective in lowering blood glucose levels, frequently results in weight gain among individuals using these medications. In contrast, other classes of medications, such as metformin and GLP-1 agonists, are typically associated with weight loss or weight neutrality. Metformin often promotes modest weight loss, partly due to its effects on reducing appetite and improving insulin sensitivity. GLP-1 agonists can help with weight loss by promoting satiety and reducing food intake. DPP-4 inhibitors are generally considered weight neutral, meaning they do not significantly affect body weight. Understanding the weight-related effects of these medications is crucial for developing comprehensive diabetes treatment plans, especially in individuals who are also managing obesity.

4. Which beta blocker is least likely to contribute to weight gain?

- A. Atenolol**
- B. Propranolol**
- C. Carvedilol**
- D. Metoprolol**

Carvedilol is considered the beta blocker least likely to contribute to weight gain due to its unique pharmacological profile. Unlike other beta blockers, carvedilol is a non-selective beta blocker with additional alpha-blocking properties. This dual mechanism helps to counteract some of the adverse metabolic effects commonly associated with weight gain, such as fluid retention and alterations in lipid metabolism that can occur with other beta blockers. Other options, such as atenolol, propranolol, and metoprolol, have been associated with varying degrees of weight gain. Research indicates that these drugs can influence body weight through different mechanisms, including effects on resting energy expenditure and appetite that lead to weight increase. In contrast, carvedilol has shown a more neutral effect on weight, and some studies even suggest potential benefits in body weight management, especially in patients with heart failure and metabolic syndrome. This distinction makes carvedilol a preferable choice when considering a beta blocker for patients who are also managing weight concerns.

5. Which of the following is NOT a dietary source of alpha-linoleic acid?

- A. Walnuts**
- B. Soy**
- C. Spinach**
- D. Beef**

Alpha-linoleic acid (ALA) is an essential omega-3 fatty acid primarily found in plant-based sources. It is crucial for human health and must be obtained through the diet. The correct choice here is beef, as it is an animal product and does not significantly contain ALA. Walnuts, soy, and spinach are all excellent sources of alpha-linoleic acid. Walnuts are well-known for their high ALA content, making them a popular recommendation for plant-based omega-3 intake. Soy products, including tofu and soy milk, also provide ALA and are widely recognized for their health benefits, particularly in vegetarian and vegan diets. Spinach, while not as concentrated a source as the other options, still contains some levels of ALA and contributes to the dietary intake of omega-3s. In contrast, beef and other red meats typically do not provide ALA but may contain other types of fatty acids, like saturated fats or omega-6 fatty acids. Therefore, beef stands out as the option that does not contribute to dietary alpha-linoleic acid intake.

6. Which of the following is a recommendation for preoperative ERABS to improve surgical outcomes?

- A. Adopt a high-fat diet**
- B. Deep breathing exercises**
- C. Extended bed rest**
- D. Increased narcotic use**

The recommendation for preoperative Enhanced Recovery After Bariatric Surgery (ERABS) to improve surgical outcomes emphasizes the importance of preparing the body for surgery to enhance recovery. Deep breathing exercises play a critical role in this preparation. They help to optimize lung function, reduce the risk of postoperative respiratory complications, and promote better oxygenation. By encouraging patients to perform deep breathing exercises before surgery, healthcare providers can facilitate pulmonary expansion, decrease the likelihood of atelectasis, and enhance overall postoperative recovery. In contrast, adopting a high-fat diet is generally not advised prior to surgery, as it may not support optimal metabolic health or recovery. Extended bed rest can lead to deconditioning and complications such as venous thromboembolism and is counterproductive to the goals of preoperative preparation, which typically include promoting physical activity when possible. Increased narcotic use also does not align with ERABS principles, as reducing narcotic consumption preoperatively is often encouraged to minimize postoperative complications such as constipation, nausea, and impaired mobility. Therefore, deep breathing exercises are the most relevant and beneficial recommendation in this context.

7. What type of seizures are commonly associated with Borgeson-Forssman-Lehmann syndrome?

- A. Absence seizures
- B. Tonic-clonic seizures**
- C. Myoclonic seizures
- D. Focal seizures

Borgeson-Forssman-Lehmann syndrome is a rare genetic disorder characterized by several neurological manifestations, including seizures. In this syndrome, tonic-clonic seizures are a common occurrence. These seizures, which involve both muscle stiffness (tonic) and rhythmic muscle contractions (clonic), signify a generalized seizure type that can affect both hemispheres of the brain simultaneously. Understanding the nature of the seizures related to this syndrome is vital for effective management and treatment planning. Tonic-clonic seizures may warrant specific interventions, including potential medication adjustments or considerations for safety measures during episodes. In contrast, absence seizures, myoclonic seizures, or focal seizures do not have established links to Borgeson-Forssman-Lehmann syndrome, which is why they are not considered the common seizure types associated with this condition. This highlights the distinct seizure types related to particular genetic syndromes and the need for tailored treatment strategies.

8. How many ounces of water is typically recommended for post-bariatric surgery patients?

- A. 56 oz
- B. 64 oz**
- C. 72 oz
- D. 80 oz

The recommendation of 64 ounces of water for post-bariatric surgery patients is based on the need to maintain proper hydration and support overall health after the procedures. Post-surgery, patients often have smaller stomach capacities, making it crucial to consume adequate fluids to prevent dehydration. Drinking around 64 ounces helps ensure that patients are sufficiently hydrated, which is essential for various bodily functions, including digestion, nutrient absorption, and metabolic processes. Additionally, hydration can aid in reducing potential complications, such as constipation or urinary issues, that may arise after surgery. The specific quantity of water may vary based on individual needs, activity levels, and any additional guidelines provided by healthcare professionals, but 64 ounces serves as a practical and widely accepted target for many patients in recovery after bariatric surgery.

9. How soon after a meal does dumping syndrome typically occur?

- A. 5-10 minutes**
- B. 15-30 minutes**
- C. 30-60 minutes**
- D. 1-2 hours**

Dumping syndrome is a condition that can occur after surgery to remove part or all of the stomach, typically seen in patients who have undergone gastric bypass or other weight loss surgeries. It occurs when food moves too quickly from the stomach into the small intestine. The correct timeframe for the onset of dumping syndrome symptoms is 15-30 minutes after a meal. This is consistent with the physiological response where ingested food is rapidly delivered into the intestine. In this timeframe, patients may experience symptoms such as nausea, vomiting, abdominal cramping, diarrhea, and flushing due to the sudden influx of food and the body's attempts to manage it effectively. Recognizing this timing is crucial for both patients and healthcare providers, as it helps in the management and dietary planning for individuals at risk. Understanding that symptoms typically arise soon after eating helps guide patients to avoid large meals or specific types of foods that trigger this condition.

10. What was the primary reason for fenfluramine being taken off the market in 1997?

- A. Increased risk of liver damage**
- B. Increased risk of valvular heart defects**
- C. Severe gastrointestinal side effects**
- D. Development of addiction**

Fenfluramine was primarily taken off the market in 1997 due to its association with an increased risk of valvular heart defects. This weight-loss medication, which was commonly used in combination with phentermine (often referred to as "fen-phen"), was linked to serious cardiovascular issues, particularly the development of heart valve abnormalities. Clinical studies and reports indicated that patients taking fenfluramine showed an increased incidence of valvular heart disease, which led to significant concern regarding safety. This prompted regulatory agencies, including the FDA, to take action and recommend the withdrawal of fenfluramine and fen-phen from the market to protect public health. While other side effects, such as gastrointestinal issues, could occur, they were not the primary reason for the withdrawal. Similarly, liver damage and addiction were not associated with fenfluramine in a way that warranted its removal from the market at that time. The focus on valvular heart defects encapsulates the critical safety concerns that drove the decision to withdraw fenfluramine, highlighting the importance of monitoring drug effects on cardiovascular health.