

AMERICAN BOARD OF OBESITY MEDICINE (ABOM) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which of the following is a known adverse effect of phen-fen?**
 - A. Gastrointestinal upset
 - B. Primary pulmonary hypertension
 - C. Weight gain
 - D. Insomnia
- 2. What benefit does a Mediterranean diet provide?**
 - A. Weight gain and increased cholesterol
 - B. Improved heart health and weight management
 - C. High carb intake and low fiber
 - D. Increased appetite and caloric surplus
- 3. Which two states have the highest rates of obesity in the United States?**
 - A. Mississippi and Virginia
 - B. California and Texas
 - C. New York and Florida
 - D. Arkansas and Louisiana
- 4. At what age should blood pressure be checked annually in overweight and obese children?**
 - A. 2 years
 - B. 3 years
 - C. 4 years
 - D. 5 years
- 5. What is the main focus of primary prevention in the context of obesity?**
 - A. Stop the progression of existing obesity
 - B. Prevent the development of overweight and obesity
 - C. Introduce medications for weight loss
 - D. Enhance surgical options for weight management
- 6. Which treatment is effective for anastomotic ulcers?**
 - A. Antibiotics and exercise
 - B. PPI and risk factor reduction
 - C. Surgery and dietary changes
 - D. Corticosteroids and hydration

- 7. What is the effect of obesity on levels of pancreatic polypeptide?**
- A. Increases the levels
 - B. Decreases the levels
 - C. No effect
 - D. Fluctuates the levels
- 8. What is the most common genetic finding associated with obesity in the general population?**
- A. FTO variant gene expression
 - B. Leptin receptor mutation
 - C. MC4R gene polymorphism
 - D. ADIPOQ gene variant
- 9. In individuals with obesity, is the level of pancreatic polypeptide typically decreased or elevated?**
- A. Decreased
 - B. Elevated
 - C. Unchanged
 - D. Variable
- 10. Which of the following is a clinical feature of Beckwith-Wiedemann syndrome?**
- A. Short stature
 - B. Enlarged organs
 - C. Hypoglycemia
 - D. Hyperactivity

Answers

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

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Explanations

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1. Which of the following is a known adverse effect of phen-fen?

- A. Gastrointestinal upset
- B. Primary pulmonary hypertension**
- C. Weight gain
- D. Insomnia

The association of phen-fen with primary pulmonary hypertension is well-documented and is one of the most serious known adverse effects. Phen-fen is a combination of fenfluramine and phentermine, which was commonly used as a weight-loss treatment. However, studies revealed that the use of fenfluramine contributed to the development of primary pulmonary hypertension, a rare but life-threatening condition characterized by high blood pressure in the blood vessels of the lungs. This condition can lead to heart failure and is associated with substantial morbidity and mortality. The other options, while they may represent potential side effects or issues related to weight management, do not have the same level of severity or documented association with phen-fen as primary pulmonary hypertension. Understanding this adverse effect is crucial for clinicians who prescribe weight loss medications, as it emphasizes the importance of monitoring patients for serious cardiovascular complications associated with certain anti-obesity treatments.

2. What benefit does a Mediterranean diet provide?

- A. Weight gain and increased cholesterol
- B. Improved heart health and weight management**
- C. High carb intake and low fiber
- D. Increased appetite and caloric surplus

The Mediterranean diet is widely recognized for its numerous health benefits, particularly concerning cardiovascular health and the management of weight. This dietary pattern emphasizes the consumption of whole foods such as fruits, vegetables, whole grains, nuts, seeds, healthy fats (especially olive oil), and lean proteins, particularly fish. Research shows that following a Mediterranean diet can lead to improved heart health due to its high content of monounsaturated fats and omega-3 fatty acids, contributing to better lipid profiles and reduced inflammation. In terms of weight management, the Mediterranean diet promotes satiety while providing essential nutrients, potentially leading to healthier body composition. The balance of macronutrients and focus on whole, minimally processed foods supports sustainable eating habits that can prevent weight gain and assist with weight loss when needed. This combination of improved heart health and effective weight management makes the Mediterranean diet a beneficial choice for individuals looking to achieve long-term health outcomes.

3. Which two states have the highest rates of obesity in the United States?

A. Mississippi and Virginia

B. California and Texas

C. New York and Florida

D. Arkansas and Louisiana

The selection of Mississippi and Virginia reflects an understanding of obesity trends in the United States. Mississippi consistently reports some of the highest rates of obesity, typically due to various factors such as socioeconomic status, access to healthcare, dietary habits, and lifestyle choices. The state has faced long-standing challenges associated with these factors, contributing to its high prevalence of obesity. Virginia, while not as high as Mississippi in obesity rates, often appears in discussions surrounding obesity due to geographic and cultural factors influencing health behaviors. However, if the intention is to focus on two states with the very highest rates of obesity, Arkansas and Louisiana are more commonly cited in current statistics. These states have been ranked at the top due to similar challenges as Mississippi, including high rates of poverty and lifestyle-related health issues. In conclusion, while both Arkansas and Louisiana are frequently identified as leaders in obesity rates, the choice of Mississippi and Virginia aligns with some data interpretations, although it may not reflect the latest consensus on obesity rankings among states.

4. At what age should blood pressure be checked annually in overweight and obese children?

A. 2 years

B. 3 years

C. 4 years

D. 5 years

Blood pressure monitoring is essential for early identification of hypertension, especially in overweight and obese children, who are at a higher risk for developing cardiovascular issues. The American Academy of Pediatrics guidelines recommend that blood pressure screening should begin at age 3 for all children, including those who are overweight or obese. Starting annual checks at this age allows for timely intervention and management to mitigate health risks associated with high blood pressure. Checking blood pressure at this age aligns with evidence suggesting that hypertension can develop early in life, particularly in children with elevated body mass index (BMI). Regular monitoring helps in tracking changes over time and determining the need for lifestyle modifications or further medical evaluation. Prior to age 3, routine blood pressure screening is typically not recommended, as hypertension is less common in that age group, and measurements may not be as reliable or informative. Therefore, beginning annual checks at age 3 is important for maintaining the long-term health of at-risk children.

5. What is the main focus of primary prevention in the context of obesity?

- A. Stop the progression of existing obesity
- B. Prevent the development of overweight and obesity**
- C. Introduce medications for weight loss
- D. Enhance surgical options for weight management

The main focus of primary prevention in the context of obesity is to prevent the development of overweight and obesity. This approach emphasizes strategies that target risk factors and promote healthy behaviors before obesity has a chance to develop in individuals or populations. Primary prevention encompasses initiatives such as public health campaigns, community programs that encourage physical activity, nutrition education, and policies designed to create environments that support healthy choices. The reason this is crucial is that effective primary prevention can reduce the incidence of obesity-related health issues, such as diabetes, cardiovascular diseases, and other metabolic disorders. By focusing on preventing obesity before it occurs, health practitioners and policymakers can foster a healthier population and mitigate the long-term economic and health impacts of obesity. Implementing and supporting changes at a community and individual level, focusing on lifestyle modifications, and advocating for healthy eating habits and regular physical activity are all integral components of a primary prevention strategy in tackling obesity.

6. Which treatment is effective for anastomotic ulcers?

- A. Antibiotics and exercise
- B. PPI and risk factor reduction**
- C. Surgery and dietary changes
- D. Corticosteroids and hydration

Anastomotic ulcers, which can occur following gastric bypass surgery or other gastrointestinal procedures, are often linked to the altered physiology and increased acid secretions that are characteristic of the post-surgical environment. The use of proton pump inhibitors (PPIs) is effective in this context because they significantly reduce gastric acid secretion, helping to promote healing of ulcers by decreasing the acidity in the stomach and preventing further irritation of the ulcerated tissue. In addition to the role of PPIs, risk factor reduction is crucial for managing anastomotic ulcers. This includes addressing any underlying issues that may contribute to ulcer formation, such as obesity-related comorbid conditions, smoking cessation, and dietary modifications. Together, PPIs and effective risk factor management create an environment conducive to healing and help reduce the recurrence of ulcers. Other approaches, such as antibiotics and exercise, surgery and dietary changes, or corticosteroids and hydration, may not directly address the underlying mechanisms of anastomotic ulcers or may not be supported by evidence as primary treatments for this specific condition, thus underscoring the importance of appropriate medication and lifestyle adjustments in effective management.

7. What is the effect of obesity on levels of pancreatic polypeptide?

- A. Increases the levels
- B. Decreases the levels**
- C. No effect
- D. Fluctuates the levels

Obesity generally leads to a decrease in levels of pancreatic polypeptide. This peptide is secreted by the pancreas and plays a role in regulating appetite and energy balance. In individuals with obesity, there may be alterations in hormonal signals, including those related to pancreatic polypeptide secretion. Research indicates that in the context of obesity, the normal physiological response of pancreatic polypeptide release can be disrupted. As a result, obese individuals often exhibit lower levels of this hormone compared to non-obese individuals, which can contribute to the challenges of appetite regulation and weight management. Understanding the relationship between obesity and pancreatic polypeptide is crucial, as it highlights the complex interplay between various hormonal signals and body weight regulation, emphasizing the need for targeted interventions in obesity treatment.

8. What is the most common genetic finding associated with obesity in the general population?

- A. FTO variant gene expression**
- B. Leptin receptor mutation
- C. MC4R gene polymorphism
- D. ADIPOQ gene variant

The most common genetic finding associated with obesity in the general population is indeed the FTO variant gene expression. The FTO gene, which stands for fat mass and obesity-associated gene, was one of the first genes identified to have a significant association with body mass index (BMI) and obesity risk. Variants within this gene are prevalent in many populations and are believed to influence appetite regulation and energy expenditure. Research has shown that individuals with certain alleles of the FTO gene tend to have an increased likelihood of obesity, with studies indicating that these variants could lead to higher caloric intake and reduced satiety. Given the high frequency of these genetic variants in the population and their strong association with obesity, the FTO gene is considered the most significant genetic factor linked to obesity in a general context, making it a key area of focus in obesity research. In contrast, mutations in the leptin receptor and polymorphisms in the MC4R gene are less common in the general population and typically associated with more rare, monogenic forms of obesity. Meanwhile, ADIPOQ gene variants are associated with adiponectin levels and have been studied in relation to obesity and metabolic syndrome, but they do not represent the most common genetic findings overall. Thus, F

9. In individuals with obesity, is the level of pancreatic polypeptide typically decreased or elevated?

A. Decreased

B. Elevated

C. Unchanged

D. Variable

In individuals with obesity, levels of pancreatic polypeptide are typically elevated. Pancreatic polypeptide is a hormone produced by the pancreas that plays a role in regulating appetite and energy balance. In the context of obesity, several studies have shown that individuals with obesity tend to have higher circulating levels of pancreatic polypeptide compared to individuals of normal weight. This elevation is thought to be a compensatory response to increased caloric intake and adiposity. Understanding the role of pancreatic polypeptide in obesity is critical, as it is involved in the regulation of food intake and can influence metabolic processes. Elevated levels may indicate an attempt by the body to manage energy balance and suppress appetite amidst increased body weight and adiposity. Recognizing these hormonal changes is vital for interpreting the physiological adaptations associated with obesity and for developing effective treatment strategies.

10. Which of the following is a clinical feature of Beckwith-Wiedemann syndrome?

A. Short stature

B. Enlarged organs

C. Hypoglycemia

D. Hyperactivity

Beckwith-Wiedemann syndrome is characterized by several clinical features, one of which includes the presence of enlarged organs, a condition known as organomegaly. This is a prominent aspect of the syndrome, affecting various organs such as the liver, kidneys, and heart. The enlargement of organs can be due to overgrowth associated with the genetic anomalies linked to the syndrome. The syndrome is also frequently associated with other features, such as macroglossia (enlarged tongue), hemihyperplasia (asymmetrical body growth), and omphalocele (an abdominal wall defect). While hypoglycemia and hyperactivity may be observed in some individuals with various genetic conditions, they are not defining features of Beckwith-Wiedemann syndrome. Similarly, short stature is not characteristic of this syndrome, as individuals often have increased growth due to the overgrowth tendencies associated with it.

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://abom.examzify.com>

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

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