

AMERICAN BOARD OF OBESITY MEDICINE (ABOM) PRACTICE EXAM (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 adverse effect related to sexual arousal is associated with setmelanotide?**
 - A. Decreased libido
 - B. Increased sexual arousal
 - C. Sexual dysfunction
 - D. Infertility
- 2. Which symptom indicates the presence of sialadenosis in Bulimia?**
 - A. Dry mouth
 - B. Swelling of salivary glands
 - C. Tooth sensitivity
 - D. Difficulty swallowing
- 3. What does the STOP Bang scoring system help to assess for?**
 - A. Hypertension
 - B. Obstructive sleep apnea (OSA)
 - C. Diabetes mellitus
 - D. Obesity hypoventilation syndrome
- 4. What is a key characteristic of body dysmorphic disorder?**
 - A. Preoccupation with observable physical defects
 - B. Performance of repetitive behaviors related to appearance
 - C. Complete lack of concern for physical appearance
 - D. Absence of distress related to physical flaws
- 5. What is the standard treatment for strictures after gastric bypass surgery?**
 - A. Medication therapy
 - B. Balloon dilation
 - C. Surgical resection
 - D. Dietary modification
- 6. What is the mechanism behind re-feeding syndrome?**
 - A. High protein intake leads to insulin release
 - B. High carbohydrate intake leads to insulin release
 - C. Low carbohydrate intake leads to electrolyte shifts
 - D. High fat intake causes muscle breakdown

- 7. What dietary change is NOT recommended to prevent dumping syndrome?**
- A. Increase protein
 - B. Reduce simple carbohydrates
 - C. Increase fiber
 - D. Consume larger meals infrequently
- 8. Which of the following components is NOT approved for obesity treatment in children?**
- A. Qsymia
 - B. Liraglutide
 - C. Phentermine
 - D. Contrave
- 9. What initial therapy should be considered for managing post-gastric bypass hypoglycemia?**
- A. High protein diet
 - B. High carb mixed diet
 - C. Low carb mixed diet
 - D. Hypocaloric diet
- 10. In BPD/DS, what percentage of the intestine is bypassed?**
- A. 50%
 - B. 70%
 - C. 80%
 - D. 90%

Answers

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

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Explanations

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1. What adverse effect related to sexual arousal is associated with setmelanotide?

- A. Decreased libido
- B. Increased sexual arousal**
- C. Sexual dysfunction
- D. Infertility

Setmelanotide is a melanocortin receptor agonist primarily used for the treatment of obesity due to specific genetic disorders. One of the notable side effects observed with setmelanotide treatment is an increase in sexual arousal. This effect is primarily attributed to its action on melanocortin receptors, particularly in the central nervous system, where these receptors play a role in regulating sexual behavior and arousal. As patients undergo treatment with setmelanotide, some may experience enhanced sexual interest and heightened arousal, which can be considered a significant benefit or a noteworthy response to the drug. This particular action is in line with the drug's mechanism of stimulating melanocortin pathways, which are also implicated in sexual function. Other choices such as decreased libido, sexual dysfunction, and infertility are not commonly associated with setmelanotide usage. Instead, the increased sexual arousal suggests a more nuanced pharmacological effect of the drug on sexual health rather than negative consequences.

2. Which symptom indicates the presence of sialadenosis in Bulimia?

- A. Dry mouth
- B. Swelling of salivary glands**
- C. Tooth sensitivity
- D. Difficulty swallowing

Sialadenosis is characterized by the swelling of the salivary glands, which is a notable symptom associated with bulimia nervosa. This condition often arises due to repeated cycles of vomiting and electrolyte imbalances, leading to enlargement of the salivary glands, particularly the parotid glands. The visible swelling can provide a clear indication of salivary gland dysfunction and is a physical manifestation commonly observed in individuals with bulimia. While symptoms such as dry mouth, tooth sensitivity, and difficulty swallowing may also be present in individuals with bulimia, they are not specific indicators of sialadenosis. Dry mouth, for instance, may be a result of dehydration or medication side effects, tooth sensitivity can be linked to dental erosion due to acid exposure, and difficulty swallowing can arise from various conditions unrelated to sialadenosis. Therefore, the swelling of salivary glands is the most direct symptom that points to the presence of sialadenosis in bulimia, making it the correct choice.

3. What does the STOP Bang scoring system help to assess for?

- A. Hypertension
- B. Obstructive sleep apnea (OSA)**
- C. Diabetes mellitus
- D. Obesity hypoventilation syndrome

The STOP Bang scoring system is specifically designed to assess the risk of obstructive sleep apnea (OSA). It is a screening tool that evaluates several factors related to the patient's physical attributes and medical history. The acronym 'STOP' stands for Snoring, Tiredness, Observed apneas, and high blood Pressure, while 'Bang' stands for BMI, Age, Neck circumference, and Gender. Each component is considered to determine the likelihood that a patient has moderate to severe OSA. Identifying OSA is crucial because it can lead to various health complications, including cardiovascular issues, metabolic syndrome, and impaired quality of life. Effective screening with the STOP Bang tool can enable timely intervention and management, improving patient outcomes. In contrast, while hypertension, diabetes mellitus, and obesity hypoventilation syndrome are important health concerns, they are not the primary focus of the STOP Bang scoring system. The tool's specificity for OSA makes it a valuable asset in clinical settings when evaluating patients for this particular disorder.

4. What is a key characteristic of body dysmorphic disorder?

- A. Preoccupation with observable physical defects
- B. Performance of repetitive behaviors related to appearance**
- C. Complete lack of concern for physical appearance
- D. Absence of distress related to physical flaws

A key characteristic of body dysmorphic disorder is the performance of repetitive behaviors related to appearance. Individuals with this disorder often feel compelled to engage in actions such as checking mirrors, excessive grooming, skin picking, or seeking reassurance about their appearance from others. These behaviors are driven by intense preoccupations with perceived flaws in their physical appearance, which may be minor or nonexistent. The repetitive actions serve as a coping mechanism in an attempt to alleviate the distress caused by their body image concerns. This characteristic is central to understanding body dysmorphic disorder, as the disorder is not simply about having concerns about one's appearance, but rather about the obsessive nature of these concerns that lead to significant impairment in daily functioning and emotional distress. Recognizing the role of these repetitive behaviors can aid in diagnosing and developing effective treatment strategies for individuals suffering from this disorder.

5. What is the standard treatment for strictures after gastric bypass surgery?

- A. Medication therapy
- B. Balloon dilation**
- C. Surgical resection
- D. Dietary modification

The standard treatment for strictures following gastric bypass surgery is balloon dilation. Strictures can occur as a consequence of surgical alteration of the gastrointestinal tract, leading to narrowing at the site of the anastomosis or other areas, which can cause significant issues with eating and nutrient intake. Balloon dilation is a minimally invasive procedure where a deflated balloon is inserted through an endoscope and then inflated at the site of the stricture. This helps to widen the narrowed area, allowing for better passage of food and liquids, thereby alleviating symptoms associated with the stricture. It is often preferred due to its effectiveness and lower risk compared to surgical options. Other treatments, such as surgical resection, while sometimes necessary, are generally reserved for cases where balloon dilation fails or if there are complications requiring more invasive intervention. Medication therapy typically does not directly address the physical narrowing caused by the stricture, and dietary modification may assist in managing symptoms but does not resolve the underlying stricture itself. Thus, balloon dilation stands out as the most appropriate standard treatment in this context.

6. What is the mechanism behind re-feeding syndrome?

- A. High protein intake leads to insulin release
- B. High carbohydrate intake leads to insulin release**
- C. Low carbohydrate intake leads to electrolyte shifts
- D. High fat intake causes muscle breakdown

Re-feeding syndrome occurs when someone who has been malnourished or in a state of prolonged fasting begins to eat again, particularly with a diet high in carbohydrates. The mechanism involves a rapid increase in insulin secretion in response to the consumption of carbohydrates. When carbohydrates are reintroduced, glucose levels rise, leading to significant insulin release. This insulin surge is responsible for driving electrolytes, particularly phosphate, potassium, and magnesium, into the cells. As the body undergoes this metabolic shift, the demand for electrolytes increases due to the rapid cell proliferation and the anabolic processes that are activated. In individuals who have been in a state of starvation or malnutrition, their bodies may be depleted of these crucial electrolytes, leading to imbalances that can result in serious complications, including heart failure, respiratory failure, and neurological symptoms. In summary, the correct answer highlights the crucial role of carbohydrate intake in the onset of re-feeding syndrome through the associated insulin response, which subsequently triggers shifts in electrolytes that can have perilous health consequences when not carefully managed after a period of nutrient deprivation.

7. What dietary change is NOT recommended to prevent dumping syndrome?

- A. Increase protein
- B. Reduce simple carbohydrates
- C. Increase fiber
- D. Consume larger meals infrequently**

Dumping syndrome is a condition that can occur after gastric surgery, leading to rapid gastric emptying and various gastrointestinal symptoms. To prevent dumping syndrome, dietary recommendations play a crucial role in managing the symptoms associated with this condition. Consuming larger meals infrequently is not recommended as it can exacerbate the symptoms of dumping syndrome. When larger meals are consumed, they increase the volume of food that enters the small intestine at once, leading to an accelerated release of digestive fluids and causing rapid transit time. This can trigger symptoms such as nausea, vomiting, diarrhea, and abdominal cramping, all of which are characteristic of dumping syndrome. In contrast, dietary strategies that are recommended for individuals at risk of dumping syndrome include increasing protein intake, which helps to slow gastric emptying and provide a feeling of fullness with less volume. Reducing simple carbohydrates is also advised since they can quickly increase osmotic load, leading to rapid gastric emptying and an increased risk of symptoms. Furthermore, increasing fiber is suggested as it can also promote healthy digestion and help regulate the gastrointestinal transit time, thereby reducing the likelihood of dumping syndrome. Overall, maintaining smaller, more frequent meals with a focus on protein and fiber, while avoiding high amounts of simple carbohydrates and large meal portions, is the

8. Which of the following components is NOT approved for obesity treatment in children?

- A. Qsymia
- B. Liraglutide
- C. Phentermine
- D. Contrave**

The correct answer identifies Contrave as the component not approved for obesity treatment in children. Contrave is a combination medication that includes naltrexone and bupropion. While both ingredients have been studied for various uses in adults, the combination has not been studied or approved specifically for pediatric use in treating obesity. In contrast, the other options have received some level of approval or endorsement for managing obesity in the pediatric population. Qsymia, which combines phentermine and topiramate, is approved for adolescents aged 12 years and older. Liraglutide, a GLP-1 receptor agonist, has been shown to be effective in treating obesity and is approved for use in children aged 12 and older as well. Phentermine, although primarily approved for short-term weight management in adults, is also sometimes used off-label in children, particularly for those with obesity when lifestyle interventions have not been successful. Thus, this context highlights why Contrave is the only option that does not have approval for use in children for obesity treatment, setting it apart from the other listed medications.

9. What initial therapy should be considered for managing post-gastric bypass hypoglycemia?

- A. High protein diet
- B. High carb mixed diet
- C. Low carb mixed diet**
- D. Hypocaloric diet

The appropriate initial therapy for managing post-gastric bypass hypoglycemia is a low-carbohydrate mixed diet. Following gastric bypass surgery, patients often experience significant changes in their metabolic state, including episodes of hypoglycemia that can arise from the rapid absorption of carbohydrates, leading to excessive insulin release. A low-carbohydrate mixed diet can help manage these symptoms by reducing the overall intake of carbohydrates, thereby minimizing the postprandial blood sugar spikes and subsequent insulin surges that contribute to hypoglycemia. This dietary approach encourages patients to consume more protein and healthy fats, which can provide sustained energy levels without causing drastic fluctuations in blood glucose. Choosing a dietary plan that emphasizes lower carbohydrate intake, combined with balanced nutrition, supports a more stable glycemic control and helps in preventing the recurrence of hypoglycemic episodes, making it a crucial strategy for these patients.

10. In BPD/DS, what percentage of the intestine is bypassed?

- A. 50%
- B. 70%
- C. 80%**
- D. 90%

In the context of Biliopancreatic Diversion with Duodenal Switch (BPD/DS), the procedure is designed to achieve significant weight loss and improve metabolic conditions by bypassing a large portion of the small intestine. Specifically, in the BPD/DS procedure, approximately 70-80% of the intestine is bypassed. The aim of bypassing this significant portion is to limit calorie and nutrient absorption while also altering hormonal responses, which further facilitates weight loss and can improve conditions such as type 2 diabetes. The choice of stating that 80% of the intestine is bypassed aligns well with the procedural intent of maximizing malabsorption and thus promoting effective weight loss for patients undergoing this type of surgery. In this case, selecting 80% not only reflects the amount of intestine being bypassed but also emphasizes the procedure's profound impact on nutrient absorption and metabolic function, which is critical in the management of obesity and associated comorbidities. Therefore, the selection of this option accurately characterizes the BPD/DS surgical approach and its intended outcomes.

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:

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

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