

College of Family Physicians of Canada (CFPC) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. Syncope can be categorized under which symptom associated with loss of consciousness?**
 - A. Cardiac arrhythmia**
 - B. Psychogenic seizure**
 - C. Seizure**
 - D. Uncontrolled hypertension**
- 2. Which medication is typically used for pain relief in patients post-MI?**
 - A. Ibuprofen**
 - B. Morphine**
 - C. Ranitidine**
 - D. Furosemide**
- 3. Which of the following is a pharmacologic treatment option for osteoarthritis?**
 - A. Acetaminophen**
 - B. Topical capsaicin**
 - C. Duloxetine**
 - D. All of the above**
- 4. Which medication is commonly used to manage symptoms of fibromyalgia?**
 - A. Ibuprofen**
 - B. Acetaminophen**
 - C. Cyclobenzaprine**
 - D. All of the above**
- 5. What vaccinations are recommended to be discussed for a 65-year-old male with COPD during a routine appointment?**
 - A. Hepatitis A and B**
 - B. Influenza and shingles**
 - C. COVID and smallpox**
 - D. MMR and tetanus**

- 6. Which condition is often associated with hypercalcemia?**
- A. HIV**
 - B. Adrenal insufficiency**
 - C. Celiac disease**
 - D. Chronic kidney disease**
- 7. What is the first-line ovulation induction agent for patients with PCOS?**
- A. Clomiphene citrate**
 - B. Letrozole (Femara)**
 - C. Gonal-f**
 - D. Metformin**
- 8. What is a significant lifestyle modification that can help prevent gout flares?**
- A. Increased red meat consumption**
 - B. Avoiding exercise**
 - C. Maintaining a healthy weight**
 - D. Increasing alcohol intake**
- 9. In which of the following patient groups may acute coronary syndrome present as atypical chest pain?**
- A. Children**
 - B. Teenagers**
 - C. Females**
 - D. Males**
- 10. True or False: Non-pharmacologic management is generally more effective than pharmacologic management for fibromyalgia.**
- A. True**
 - B. False**
 - C. Only in initial treatment stages**
 - D. Depends on patient response to medications**

Answers

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

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Explanations

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1. Syncope can be categorized under which symptom associated with loss of consciousness?

- A. Cardiac arrhythmia**
- B. Psychogenic seizure**
- C. Seizure**
- D. Uncontrolled hypertension**

Syncope is commonly associated with cardiac arrhythmias, which are disturbances in the heart's rhythm that can result in a temporary loss of consciousness due to inadequate blood flow to the brain. Cardiac arrhythmias can lead to syncope when the heart does not pump effectively, causing drops in blood pressure and subsequently leading to cerebral hypoperfusion. This mechanism underscores the importance of evaluating and managing arrhythmias in patients who experience syncope. While psychogenic seizures, actual seizures, and uncontrolled hypertension can lead to loss of consciousness, they do not primarily fit the category of syncope. Psychogenic seizures are non-epileptic and rooted in psychological conditions rather than straightforward physiological disturbances like arrhythmias. Seizures involve abnormal electrical activity in the brain and are distinct from syncope, which is generally characterized by a transient loss of consciousness without the postictal state typical of seizures. Uncontrolled hypertension might lead to other serious conditions but is not a direct cause of syncope in the same way that cardiac arrhythmias are. Therefore, categorizing syncope specifically under cardiac arrhythmias captures the physiological basis for this phenomenon effectively.

2. Which medication is typically used for pain relief in patients post-MI?

- A. Ibuprofen**
- B. Morphine**
- C. Ranitidine**
- D. Furosemide**

Morphine is commonly used for pain relief in patients following a myocardial infarction (MI). It acts as an opioid analgesic, providing effective relief of chest pain and discomfort, which is critical in the management of acute MI. The analgesic properties of morphine allow it to decrease the workload on the heart by reducing anxiety and pain, potentially improving patient outcomes. Additionally, morphine has vasodilatory effects, which can help decrease myocardial oxygen demand and improve blood flow. This is particularly beneficial in the acute setting of MI, where alleviating pain and managing stress on the heart is essential. In the context of the other medications listed, while ibuprofen can relieve pain, it is not typically used in acute MI situations due to its potential to affect platelet function and increase the risk of bleeding. Ranitidine is a histamine-2 receptor antagonist used for reducing gastric acid production and does not have a role in pain management. Furosemide is a diuretic primarily used for managing fluid overload and heart failure, not for pain relief. Therefore, morphine stands out as the most appropriate choice for post-MI pain management.

3. Which of the following is a pharmacologic treatment option for osteoarthritis?

- A. Acetaminophen**
- B. Topical capsaicin**
- C. Duloxetine**
- D. All of the above**

All of the listed options—acetaminophen, topical capsaicin, and duloxetine—are recognized pharmacologic treatment options for osteoarthritis, making the selection accurate. Acetaminophen is often recommended as a first-line therapy for osteoarthritis pain management due to its analgesic properties. It is generally considered safe and effective for mild to moderate pain, though it does not possess anti-inflammatory effects. Topical capsaicin is used as a local treatment for osteoarthritis, particularly for knee osteoarthritis. Capsaicin works by depleting substance P, a pain neurotransmitter, from nerve endings, thereby reducing the sensation of pain upon application to the affected area. Duloxetine is an antidepressant that has also been shown to be effective in managing chronic pain, including pain associated with osteoarthritis. It works by inhibiting the reuptake of serotonin and norepinephrine, which can help alleviate pain perception. Since each of these medications plays a role in the treatment of osteoarthritis, the correct answer reflects the comprehensive nature of pharmacologic approaches available in managing this condition.

4. Which medication is commonly used to manage symptoms of fibromyalgia?

- A. Ibuprofen**
- B. Acetaminophen**
- C. Cyclobenzaprine**
- D. All of the above**

The management of fibromyalgia often includes a multimodal approach, combining medications that address pain, improve sleep quality, and alleviate associated symptoms. Each of the medications listed plays a role in this context. Ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID), helps to relieve pain and reduce inflammation, which can be beneficial for patients experiencing muscle pain and tenderness associated with fibromyalgia, even though inflammation is not considered the primary pathophysiological process in the condition. Acetaminophen is another analgesic that can help manage pain. It is often used for its mild pain-relieving effects and can be incorporated into the treatment plan for those who may not tolerate NSAIDs well. Cyclobenzaprine is a muscle relaxant that also has some efficacy in treating fibromyalgia symptoms, particularly in helping to relieve muscle spasms and sleep disturbances, making it a valuable component for patients with significant muscle tightness or sleep issues associated with the condition. When considering the treatment of fibromyalgia, healthcare providers may prescribe any combination of these medications to address the diverse symptoms experienced by patients, which is why it is accurate to state that all of these medications are commonly used in the management of fibromyalgia symptoms.

5. What vaccinations are recommended to be discussed for a 65-year-old male with COPD during a routine appointment?

- A. Hepatitis A and B**
- B. Influenza and shingles**
- C. COVID and smallpox**
- D. MMR and tetanus**

For a 65-year-old male with COPD, it is particularly important to address vaccinations that can help prevent respiratory infections and complications associated with chronic lung conditions. The recommended vaccinations to discuss in this case include the influenza vaccine and the shingles vaccine. The influenza vaccine is crucial as individuals with chronic obstructive pulmonary disease (COPD) are at a higher risk for complications from influenza, including severe respiratory illness and hospitalization. Annual vaccination helps protect against the seasonal flu and its complications. The shingles vaccine is also significant for older adults, as the risk of developing shingles (herpes zoster) increases with age. Shingles can lead to painful rashes and postherpetic neuralgia, which can be especially debilitating for someone with underlying health issues such as COPD. Vaccination can help reduce the incidence of shingles and its associated complications. The other options focus on vaccinations that are less relevant or not routinely recommended for this specific age group and health status. While hepatitis A and B are important vaccines, they are typically recommended based on exposure risk rather than age alone. COVID-19 vaccines are significant, but the mention of smallpox does not apply, as routine vaccination for smallpox is not necessary for the general population today. Lastly, MMR and tetanus vaccines

6. Which condition is often associated with hypercalcemia?

- A. HIV**
- B. Adrenal insufficiency**
- C. Celiac disease**
- D. Chronic kidney disease**

Hypercalcemia, which is the condition of having elevated levels of calcium in the blood, is frequently associated with chronic kidney disease. In individuals with chronic kidney disease, the kidneys are less able to filter and excrete waste products and electrolytes, including calcium. This can lead to several physiological changes, including dysregulation of calcium and phosphate metabolism often resulting in elevated calcium levels. Additionally, reduced kidney function impairs the conversion of vitamin D to its active form, which is necessary for calcium absorption in the intestines. Consequently, in chronic kidney disease, even though the body may attempt to compensate by increasing parathyroid hormone levels in response to low calcium absorption, it can result in hypercalcemia as the kidneys fail to excrete calcium effectively. This relationship emphasizes the importance of monitoring calcium levels in patients with chronic kidney disease as part of their overall management strategy, ensuring that complications such as hypercalcemia are identified and addressed.

7. What is the first-line ovulation induction agent for patients with PCOS?

- A. Clomiphene citrate**
- B. Letrozole (Femara)**
- C. Gonal-f**
- D. Metformin**

The first-line ovulation induction agent for patients with polycystic ovary syndrome (PCOS) is letrozole. Letrozole is an aromatase inhibitor that has been shown to be effective in inducing ovulation in women with PCOS, particularly for those who may not respond well to clomiphene citrate. It works by lowering estrogen levels, leading to an increase in follicle-stimulating hormone (FSH), which stimulates the ovaries to produce follicles and consequently ovulate. Letrozole has gained preference over clomiphene citrate due to its better outcomes in terms of live birth rates and fewer side effects. In clinical practice, it is often recommended as first-line therapy, especially for women who have not achieved ovulation with clomiphene citrate or who may have contraindications to its use. While clomiphene citrate is also a well-known ovulation inducer and has been traditionally used, letrozole is becoming the more favored option based on recent guidelines and studies. Gonal-f, which is a form of FSH, is generally used in more specialized settings or in cases of treatment-resistant anovulation. Metformin, although it plays a role in managing insulin resistance in women with

8. What is a significant lifestyle modification that can help prevent gout flares?

- A. Increased red meat consumption**
- B. Avoiding exercise**
- C. Maintaining a healthy weight**
- D. Increasing alcohol intake**

Maintaining a healthy weight is a significant lifestyle modification that can help prevent gout flares. Gout is a type of inflammatory arthritis that occurs due to the accumulation of uric acid crystals in the joints, often triggered by hyperuricemia. Excess body weight is a risk factor for developing hyperuricemia, as increased adipose tissue produces more uric acid and often results in decreased renal clearance of uric acid. By achieving and maintaining a healthy weight, individuals can lower their uric acid levels, thus reducing the risk of gout attacks. This modification is particularly important not just for preventing flares but also for improving overall metabolic health. In contrast, increased red meat consumption and increased alcohol intake can lead to higher levels of uric acid, thereby increasing the risk of gout flares. Avoiding exercise also negatively affects overall health, including weight management and metabolic processes, and does not contribute to reducing the likelihood of gout attacks.

9. In which of the following patient groups may acute coronary syndrome present as atypical chest pain?

- A. Children**
- B. Teenagers**
- C. Females**
- D. Males**

Acute coronary syndrome (ACS) can indeed present with atypical chest pain, particularly in females. This can be attributed to several physiological and psychological factors. Women are more likely to experience non-specific symptoms such as fatigue, shortness of breath, nausea, and vomiting, rather than the classic presentation of crushing chest pain often associated with ACS. This atypical presentation can lead to misdiagnosis or delayed treatment, making awareness of these differences crucial for timely intervention. In contrast, children and teenagers typically have a lower prevalence of coronary artery disease and a different set of causes for chest pain, such as musculoskeletal issues or anxiety, which do not generally align with the presentation of ACS. Males, while they can also experience atypical symptoms, are more commonly seen presenting with the classic chest pain symptoms associated with ACS, making the likelihood of atypical presentations less common in this demographic compared to females. Understanding these variations assists healthcare professionals in recognizing ACS across diverse patient populations.

10. True or False: Non-pharmacologic management is generally more effective than pharmacologic management for fibromyalgia.

- A. True**
- B. False**
- C. Only in initial treatment stages**
- D. Depends on patient response to medications**

Non-pharmacologic management of fibromyalgia often encompasses lifestyle changes, physical therapy, exercise programs, cognitive behavioral therapy, and other alternative methods that can significantly enhance a patient's overall well-being and help manage symptoms. Many studies and clinical guidelines suggest that these approaches can lead to improved outcomes, particularly in reducing pain and enhancing quality of life. In patients with fibromyalgia, the condition's complex nature often means that individual symptoms may respond more favorably to non-pharmacologic strategies rather than solely relying on medications, which might not address all aspects of the condition or may lead to side effects. Non-pharmacologic therapies also empower patients by providing them with tools to manage their condition proactively. While pharmacologic treatments can be useful for managing certain symptoms, they may not yield significant benefits for all individuals, and many patients experience variable responses to medications. Therefore, non-pharmacologic interventions can be considered an important foundation of comprehensive fibromyalgia management. Such approaches may also serve to create a holistic treatment plan that emphasizes self-management and lifestyle adjustments. Contextually, while pharmacologic treatments have a role, they often do not deliver the same level of effectiveness or satisfaction as comprehensive non-pharmacologic strategies, especially in the long-term management of fibromyalgia. This reinforces the conclusion