

DISORDERS OF THE ADRENAL GLAND PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 condition is associated with osteoporosis as a musculoskeletal complication?**
 - A. Cushing disease
 - B. Hyperaldosteronism
 - C. Addison disease
 - D. Pheochromocytoma
- 2. In a patient being evaluated for Cushing disease, which lab pattern would most strongly indicate the disease when considered with cortisol?**
 - A. Elevated cortisol with elevated sodium
 - B. Elevated cortisol with low sodium
 - C. Elevated cortisol with low glucose
 - D. Elevated cortisol with low calcium
- 3. In primary hyperaldosteronism, how does the RAAS respond and what is the expected renin level?**
 - A. Autonomous aldosterone production suppresses renin; renin levels are low or suppressed
 - B. Renin is high
 - C. RAAS is activated with high renin
 - D. Renin is normal
- 4. Which of the following statements about differentiating pituitary versus ectopic ACTH production is true?**
 - A. Low-dose dexamethasone suppression test reliably differentiates pituitary from ectopic ACTH production.
 - B. High-dose dexamethasone suppression test or CRH stimulation often shows suppression in pituitary sources.
 - C. ACTH stimulation test is the best for this differentiation.
 - D. MRI of the pituitary is definitive without any functional testing.
- 5. Secondary adrenal insufficiency is most commonly due to which etiology?**
 - A. Adrenal hemorrhage
 - B. Adrenal adenoma
 - C. Autoimmune Addison's disease
 - D. Pituitary or hypothalamic disease

- 6. Which is a primary cause of adrenal insufficiency?**
- A. Tuberculosis
 - B. Hemorrhage
 - C. Autoimmune Disorders
 - D. Secondary Adrenal Insufficiency Due to Pituitary Failure
- 7. After a positive biochemical test for pheochromocytoma, what is the next recommended step?**
- A. Imaging to localize the tumor
 - B. Start chemotherapy
 - C. Immediate surgery
 - D. Observation only
- 8. What is the recommended perioperative pharmacologic approach to pheochromocytoma?**
- A. Preoperative alpha-blockade, volume expansion, then beta-blockade if needed; avoid beta-blockers before alpha-blockade
 - B. Beta-blockade first
 - C. ACE inhibitors only
 - D. No preoperative blockade
- 9. When caring for a patient with hypercortisolism, the nurse begins to feel the onset of symptoms of a cold but still has 4 hours left in the shift. Which action by the nurse is correct?**
- A. Wear a face mask when caring for the patient.
 - B. Continue caring without any precautions.
 - C. Leave the unit and return later.
 - D. Discontinue care for the patient.
- 10. What infection-control measure is appropriate when caring for a patient with hypercortisolism who develops a cold during care?**
- A. Wear a face mask when caring for the patient.
 - B. No special precautions are needed.
 - C. Remove all PPE to save time.
 - D. Delay care until the cold resolves.

Answers

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

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Explanations

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1. Which condition is associated with osteoporosis as a musculoskeletal complication?

- A. Cushing disease**
- B. Hyperaldosteronism
- C. Addison disease
- D. Pheochromocytoma

Excess glucocorticoids drive osteoporosis by disrupting how bone is rebuilt. In Cushing disease, chronic high cortisol levels suppress the activity and lifespan of osteoblasts (the cells that form bone) and boost osteoclast survival (the cells that break down bone), while also reducing calcium absorption from the gut and increasing calcium loss in the kidneys. The net result is lower bone mineral density and a higher risk of fragility fractures, especially in the spine and hip. The other conditions listed don't typically cause osteoporosis as a primary musculoskeletal complication: hyperaldosteronism mainly affects blood pressure and electrolytes; Addison disease involves cortisol deficiency rather than excess; pheochromocytoma affects catecholamines and vascular symptoms without a direct, well-known link to bone loss. Therefore, Cushing disease is the condition most associated with osteoporosis.

2. In a patient being evaluated for Cushing disease, which lab pattern would most strongly indicate the disease when considered with cortisol?

- A. Elevated cortisol with elevated sodium**
- B. Elevated cortisol with low sodium
- C. Elevated cortisol with low glucose
- D. Elevated cortisol with low calcium

In Cushing disease, cortisol is chronically elevated, and cortisol can exert mineralocorticoid-like effects in the kidney, promoting sodium and water retention. This often leads to higher sodium levels and can contribute to hypertension seen with hypercortisolism. So when you pair elevated cortisol with elevated sodium, it fits the expected physiologic pattern of Cushing disease best. The other patterns don't align as well: cortisol excess tends to raise glucose, so a low glucose level isn't typical; sodium is usually not low in this context due to the sodium-retaining effect; calcium isn't a defining lab change in Cushing—so elevated sodium remains the most characteristic companion to high cortisol.

3. In primary hyperaldosteronism, how does the RAAS respond and what is the expected renin level?

- A. Autonomous aldosterone production suppresses renin; renin levels are low or suppressed
- B. Renin is high**
- C. RAAS is activated with high renin
- D. Renin is normal

Autonomous aldosterone production from the adrenal cortex drives sodium and water retention, causing volume expansion and hypertension. That increased volume feeds back to the kidneys to suppress renin release, so the renin-angiotensin-aldosterone system becomes suppressed overall. The expected renin level is low (suppressed). This distinguishes primary hyperaldosteronism from secondary forms, where the stimulus to renin is present and renin is high, driving a secondary rise in aldosterone.

4. Which of the following statements about differentiating pituitary versus ectopic ACTH production is true?

- A. Low-dose dexamethasone suppression test reliably differentiates pituitary from ectopic ACTH production.
- B. High-dose dexamethasone suppression test or CRH stimulation often shows suppression in pituitary sources.**
- C. ACTH stimulation test is the best for this differentiation.
- D. MRI of the pituitary is definitive without any functional testing.

Distinguishing pituitary ACTH production from ectopic ACTH production relies on how the ACTH axis responds to hormonal tests. Pituitary sources (Cushing disease) often retain some feedback sensitivity, so they tend to respond to high-dose dexamethasone or to CRH stimulation, whereas ectopic ACTH sources are usually more autonomous and do not show this response. High-dose dexamethasone suppression tends to suppress cortisol production in pituitary-origin Cushing, whereas ectopic sources typically do not suppress. Similarly, CRH stimulation often increases ACTH and cortisol when the source is pituitary, but not with ectopic tumors. This is why that statement reflects the best approach to differentiate the two. Low-dose dexamethasone suppression is mainly a screening test and cannot reliably distinguish between pituitary and ectopic causes on its own. The ACTH stimulation test is not the primary test for source differentiation; it's used more for assessing adrenal reserve. MRI of the pituitary alone is not definitive—pituitary imaging can miss ectopic sources and may reveal incidental pituitary lesions, so functional testing guides localization and interpretation.

5. Secondary adrenal insufficiency is most commonly due to which etiology?

- A. Adrenal hemorrhage
- B. Adrenal adenoma
- C. Autoimmune Addison's disease
- D. Pituitary or hypothalamic disease**

Secondary adrenal insufficiency arises when the pituitary or hypothalamus fails to provide adequate ACTH, so the adrenal cortex isn't sufficiently stimulated to make cortisol. This pituitary–hypothalamic disruption is the most common source of secondary AI. Since aldosterone is mainly controlled by the renin–angiotensin system and not ACTH, mineralocorticoid function is usually preserved, so hyperkalemia and severe salt-wasting are less typical than in primary adrenal failure. You may see hyponatremia and sometimes hypoglycemia due to cortisol deficiency affecting water balance and glucose metabolism. In contrast, problems involving the adrenal glands themselves—such as hemorrhage or adenoma—cause primary adrenal insufficiency, where ACTH is high and aldosterone can be affected, and autoimmune Addison's disease is a common cause of primary rather than secondary AI.

6. Which is a primary cause of adrenal insufficiency?

- A. Tuberculosis
- B. Hemorrhage
- C. Autoimmune Disorders**
- D. Secondary Adrenal Insufficiency Due to Pituitary Failure

Distinguishing the most common cause of primary adrenal insufficiency is about recognizing that the problem lies in the adrenal glands themselves, not in the pituitary. When the adrenal cortex is destroyed, cortisol and often aldosterone decline, leading to the characteristic Addisonian picture. Autoimmune destruction of the adrenal cortex is the most frequent cause of this primary form in many settings. In autoimmune adrenalitis, the immune system targets adrenal enzymes (such as 21-hydroxylase), triggering progressive lymphocytic infiltration and loss of functional cortex. This direct attack on the adrenal glands explains why cortisol and aldosterone drop, producing fatigue, weight loss, low blood pressure, hyponatremia, hyperkalemia, and often hyperpigmentation from excess ACTH. Tuberculosis can involve the adrenal glands and cause primary insufficiency by granulomatous destruction, but it is less common in many modern contexts compared to autoimmune causes. Adrenal hemorrhage can cause acute primary insufficiency, but it is not the typical chronic, most common cause. Secondary adrenal insufficiency due to pituitary failure is not primary—it's a problem of the pituitary, leading to low ACTH with relatively preserved aldosterone and a different clinical and laboratory profile. So autoimmune adrenalitis stands out as the leading cause of primary adrenal insufficiency because it directly damages the adrenal cortex, producing the full spectrum of hormonally driven deficits seen in Addison's disease.

7. After a positive biochemical test for pheochromocytoma, what is the next recommended step?

- A. Imaging to localize the tumor**
- B. Start chemotherapy
- C. Immediate surgery
- D. Observation only

Once pheochromocytoma is biochemically confirmed, the priority is to locate the tumor so it can be removed safely. Imaging to localize the lesion shows whether it's adrenal or extra-adrenal, whether it's unilateral or bilateral, and whether there's any metastatic disease—information essential for planning the surgical approach and preoperative management. Start with high-resolution CT or MRI of the abdomen to localize the tumor, and if these are inconclusive or there's suspicion of nonadrenal disease, functional imaging such as MIBG scintigraphy or PET can help pinpoint the lesion. Starting chemotherapy or operating immediately without knowing where the tumor is carries significant risks and isn't appropriate, and observing without treatment would miss a potentially curable source of dangerous catecholamine surges. After the tumor is localized, preoperative alpha-adrenergic blockade and careful perioperative planning prepare the patient for safe surgical removal.

8. What is the recommended perioperative pharmacologic approach to pheochromocytoma?

- A. Preoperative alpha-blockade, volume expansion, then beta-blockade if needed; avoid beta-blockers before alpha-blockade**
- B. Beta-blockade first
- C. ACE inhibitors only
- D. No preoperative blockade

Blocking alpha-adrenergic effects before manipulating the tumor is the cornerstone of management. Catecholamine surges during pheochromocytoma surgery cause dangerous spikes in blood pressure primarily via alpha-1-mediated vasoconstriction, so starting with alpha-blockade blunts these surges and prevents hypertensive crises. After adequate alpha-blockade is established, expanding the intravascular volume helps counter chronic vasoconstriction and reduces the risk of postoperative hypotension once the tumor's catecholamine input drops. If tachycardia or arrhythmias persist, a beta-blocker can be added, but only after alpha-blockade to avoid unopposed alpha activity that could worsen hypertension. Other approaches, like using ACE inhibitors alone, don't address the acute vasoconstrictive threat, and avoiding preoperative blockade is dangerous.

9. When caring for a patient with hypercortisolism, the nurse begins to feel the onset of symptoms of a cold but still has 4 hours left in the shift. Which action by the nurse is correct?

- A. Wear a face mask when caring for the patient.**
- B. Continue caring without any precautions.
- C. Leave the unit and return later.
- D. Discontinue care for the patient.

Immunocompromise from hypercortisolism makes infection control a priority. High cortisol levels suppress immune function, so a patient with hypercortisolism is more vulnerable to infections, including respiratory illnesses. If the nurse develops cold symptoms but still has to care for the patient, the best action is to wear a face mask during direct care to reduce the risk of transmitting respiratory droplets to the immunocompromised patient while allowing continued care. This approach protects the patient without unnecessarily interrupting care. Other choices would either risk spreading the illness to the patient, or unnecessarily remove the nurse from patient contact.

10. What infection-control measure is appropriate when caring for a patient with hypercortisolism who develops a cold during care?

- A. Wear a face mask when caring for the patient.**
- B. No special precautions are needed.
- C. Remove all PPE to save time.
- D. Delay care until the cold resolves.

Immunosuppression from hypercortisolism makes infections from common colds potentially more serious, so protecting the patient during care is essential. Wearing a face mask during direct contact reduces the chance that respiratory droplets from the caregiver reach the patient, helping to prevent transmission of the cold to someone who is more vulnerable. In addition to masking, diligent hand hygiene and other standard precautions are important, but the mask specifically addresses the droplet spread risk in this scenario. Ignoring precautions, removing PPE, or delaying care would increase the chance that the patient acquires or worsens an infection, which is why masking is the best choice here.

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://disordersofadrenalgland.examzify.com>

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

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