

# ITE Board General Internal Medicine Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. How can chronic stress impact health?**
  - A. By improving mental clarity**
  - B. By increasing the risk of cardiovascular disease**
  - C. By enhancing immune response**
  - D. By promoting healthy weight management**
- 2. What is a common presentation of Lyme disease?**
  - A. Fever and rash**
  - B. Erythema migrans rash, flu-like symptoms, and joint pain**
  - C. Persistent cough and fatigue**
  - D. Joint swelling and high fever**
- 3. What is a relative contraindication for DVT prophylaxis?**
  - A. Insulin therapy**
  - B. Uncontrolled hypertension**
  - C. LMWH use**
  - D. Oral anticoagulants**
- 4. Which clinical tool is used to assess the likelihood of a disease based on tests or findings?**
  - A. Symptom checklist**
  - B. Risk factor analysis**
  - C. Likelihood ratios**
  - D. Patient history form**
- 5. Which of the following is NOT a medical condition associated with depressive symptoms?**
  - A. Hypothyroidism**
  - B. Cushing syndrome**
  - C. Chronic obstructive pulmonary disease**
  - D. Parkinson disease**

- 6. What is the waist circumference threshold for men that is associated with an increased risk of type 2 diabetes?**
- A. 88 cm**
  - B. 94 cm**
  - C. 102 cm**
  - D. 106 cm**
- 7. Which medication is considered safe for a patient with cardiovascular disease experiencing major depression?**
- A. Bupropion**
  - B. Sertraline**
  - C. Mirtazapine**
  - D. Venlafaxine**
- 8. What preventive measure can help reduce the progression of diabetic retinopathy?**
- A. Regular eye examinations**
  - B. Excellent glycemic control and smoking cessation**
  - C. Weight management through diet**
  - D. Taking beta-blockers**
- 9. What is the primary goal of calculating BMI in patients?**
- A. To determine risk for chronic disease**
  - B. To diagnose specific nutritional deficiencies**
  - C. To evaluate physical fitness levels**
  - D. To assess overall body water composition**
- 10. What is a significant aspect of managing viral conjunctivitis?**
- A. Topical antibiotics should be used**
  - B. Corticosteroids are recommended**
  - C. Hydration is essential**
  - D. Topical corticosteroids or antibiotics should not be used**

## **Answers**

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

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## **Explanations**

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## 1. How can chronic stress impact health?

- A. By improving mental clarity
- B. By increasing the risk of cardiovascular disease**
- C. By enhancing immune response
- D. By promoting healthy weight management

Chronic stress significantly impacts health, particularly by increasing the risk of cardiovascular disease. When an individual experiences prolonged stress, several physiological changes occur. The body enters a state of heightened alertness, triggering the release of stress hormones such as cortisol and adrenaline. These hormones prepare the body for a 'fight or flight' response, but when stress is chronic, this response remains activated. Consequently, the continuous presence of stress hormones can lead to increased heart rate, elevated blood pressure, and higher levels of inflammation. Over time, these factors contribute to the development of atherosclerosis, where arteries become narrowed and hardened due to plaque buildup, thereby heightening the risk for heart attacks and strokes. Additionally, chronic stress is linked to unhealthy behaviors, such as poor diet, physical inactivity, and substance use, which can further exacerbate cardiovascular risks. In contrast, chronic stress does not enhance mental clarity or immune response; rather, it often leads to cognitive impairment and a weakened immune system, making individuals more susceptible to infections. Additionally, stress is typically associated with weight gain due to hormonal changes that increase appetite and cravings for high-calorie food, countering healthy weight management efforts.

## 2. What is a common presentation of Lyme disease?

- A. Fever and rash
- B. Erythema migrans rash, flu-like symptoms, and joint pain**
- C. Persistent cough and fatigue
- D. Joint swelling and high fever

Lyme disease, primarily transmitted by the bite of infected black-legged ticks (*Ixodes scapularis*), commonly presents with specific symptoms that help in its identification. The hallmark of Lyme disease is the erythema migrans rash, which is a distinctive circular rash that often resembles a "bull's-eye." This rash occurs in approximately 70-80% of infected individuals and commonly appears at the site of the tick bite. In addition to the characteristic rash, patients often experience flu-like symptoms, such as fever, chills, fatigue, and body aches. Joint pain is also a frequent manifestation, especially as the disease progresses to its later stages, where arthritis may develop. This combination of erythema migrans, flu-like symptoms, and joint pain forms the classic triad for Lyme disease diagnosis, making it critical for identifying the condition early and initiating appropriate treatment. Other presentations, like persistent cough and fatigue, can be seen in various conditions but are not specific to Lyme disease. High fever and joint swelling may occur but are typically more associated with advanced stages or complications rather than the initial presentation. Therefore, the distinctive combination of the erythema migrans rash, flu-like symptoms, and joint pain encapsulates the common and early manifestations of Lyme disease.

### 3. What is a relative contraindication for DVT prophylaxis?

- A. Insulin therapy
- B. Uncontrolled hypertension
- C. LMWH use**
- D. Oral anticoagulants

Relative contraindications for DVT prophylaxis refer to situations where the risks of administering prophylactic treatment may outweigh the benefits, but it may still be considered depending on the specific clinical circumstances. In this context, the use of low molecular weight heparin (LMWH), while generally safe and effective for DVT prophylaxis, can be a relative contraindication in certain scenarios. For example, patients who have active bleeding or those with a high risk of bleeding may be prescribed LMWH with caution. Further, if a patient has been receiving anticoagulation therapy or has conditions that predispose them to hemorrhage, the risks associated with LMWH administration may necessitate careful consideration and monitoring. Conversely, the other choices do not represent relative contraindications. Insulin therapy is unrelated to the context of DVT prophylaxis. Uncontrolled hypertension is a more significant contraindication when considering anticoagulation therapies due to an increased risk of bleeding. Oral anticoagulants are a treatment rather than a contraindication for DVT prophylaxis. DVT prophylaxis can often be adjusted based on the patient's ongoing anticoagulation needs, but LMWH must always be approached with caution in specific clinical scenarios.

### 4. Which clinical tool is used to assess the likelihood of a disease based on tests or findings?

- A. Symptom checklist
- B. Risk factor analysis
- C. Likelihood ratios**
- D. Patient history form

Likelihood ratios are a clinical tool used to assess the probability of a disease being present based on the results of diagnostic tests or specific clinical findings. They provide a way to quantify the strength of test results in relation to the disease in question. A likelihood ratio greater than 1 indicates that the test result is associated with the disease, while a ratio less than 1 suggests that the result is associated with the absence of the disease. This quantitative approach allows clinicians to make more informed decisions based on the tests conducted, as it combines the pre-test probability of the disease with the new evidence provided by test results. Other options like a symptom checklist or patient history form primarily focus on collecting information to identify potential conditions but do not directly evaluate the strength of evidence regarding the presence of a disease. Risk factor analysis identifies specific risk factors associated with certain diseases but does not provide a direct correlation with test outcomes. Likelihood ratios provide a more definitive statistical method to gauge disease probability based on findings, making them a crucial tool in clinical practice for diagnosis and decision-making.

**5. Which of the following is NOT a medical condition associated with depressive symptoms?**

- A. Hypothyroidism**
- B. Cushing syndrome**
- C. Chronic obstructive pulmonary disease**
- D. Parkinson disease**

Chronic obstructive pulmonary disease (COPD) is primarily a respiratory condition characterized by airflow limitation and is usually associated with symptoms such as chronic cough, wheezing, and shortness of breath. While individuals with COPD may experience depressive symptoms, the condition itself is not directly associated with the biological mechanisms that typically lead to depression. On the other hand, other listed conditions have well-documented physiological links to depressive symptoms. For example, hypothyroidism can lead to mood disturbances due to low thyroid hormone levels, which can affect overall energy and mood regulation. Similarly, Cushing syndrome results from excessive cortisol, which can significantly impact mood and has been linked to depressive disorders. Parkinson's disease, a neurodegenerative disorder, can affect the brain areas that regulate mood and emotions, leading to depression as a common non-motor symptom. Therefore, among the choices, COPD stands out as not being a medical condition inherently linked to the development of depressive symptoms, making it the correct selection for this question.

**6. What is the waist circumference threshold for men that is associated with an increased risk of type 2 diabetes?**

- A. 88 cm**
- B. 94 cm**
- C. 102 cm**
- D. 106 cm**

The waist circumference threshold associated with an increased risk of type 2 diabetes in men is 102 cm. This measurement is significant because it reflects central adiposity, which is a critical factor in the development of insulin resistance and cardiovascular disease. Excess abdominal fat, indicated by a larger waist circumference, is linked to metabolic syndrome and can lead to a higher risk of developing type 2 diabetes. In clinical practice, waist circumference measurements help healthcare providers assess an individual's risk for metabolic diseases independent of body mass index (BMI). The 102 cm threshold specifically serves as a guideline for identifying men who have greater health risks due to higher levels of abdominal fat. Monitoring waist circumference can therefore be crucial in preventive health strategies aimed at reducing the likelihood of chronic diseases such as diabetes. Other thresholds, such as 94 cm or 88 cm, are generally associated with increased risk in specific populations but are not the established cutoff for men in the general population regarding type 2 diabetes risk.

**7. Which medication is considered safe for a patient with cardiovascular disease experiencing major depression?**

- A. Bupropion**
- B. Sertraline**
- C. Mirtazapine**
- D. Venlafaxine**

Sertraline is considered a safer option for patients with cardiovascular disease who are experiencing major depression due to its favorable side effect profile and its efficacy in treating depression. Selective serotonin reuptake inhibitors (SSRIs) like sertraline are often the first-line treatment for major depressive disorder and have been shown to have a relatively low incidence of cardiovascular side effects compared to other antidepressants. Research has suggested that sertraline does not significantly increase blood pressure or heart rate, making it a better choice for patients with underlying cardiovascular issues. Furthermore, sertraline has demonstrated both antidepressant efficacy and a relatively benign safety profile, which supports its use in this population. In contrast, other medications such as bupropion can increase blood pressure and are generally avoided in patients with cardiovascular concerns. Mirtazapine, while effective for depression, can lead to sedation and weight gain, which may not be ideal for patients with cardiovascular disease. Venlafaxine can also raise blood pressure, especially at higher doses, making it less suitable for these patients. Therefore, sertraline is the most appropriate and safest option for patients with cardiovascular disease who are struggling with major depression.

**8. What preventive measure can help reduce the progression of diabetic retinopathy?**

- A. Regular eye examinations**
- B. Excellent glycemic control and smoking cessation**
- C. Weight management through diet**
- D. Taking beta-blockers**

Excellent glycemic control and smoking cessation are crucial preventive measures that can significantly impact the progression of diabetic retinopathy. Maintaining optimal blood glucose levels helps to prevent damage to the blood vessels in the retina, which are particularly vulnerable in individuals with diabetes. Consistently high blood sugar levels can lead to complications, including the development and worsening of retinopathy. Smoking cessation is also integral to reducing the risk of diabetic complications, including retinopathy. Smoking can exacerbate vascular problems and impede blood flow, contributing to the deterioration of retinal health. By controlling both blood sugar levels and eliminating tobacco use, patients can greatly reduce their risk of developing severe eye-related complications. In contrast, while regular eye examinations are important for early detection and monitoring of diabetic retinopathy, they do not directly prevent the disease's progression. Weight management through diet has several benefits in diabetes management but is not as directly linked to retinopathy now compared to strict glycemic control and smoking cessation. Taking beta-blockers, commonly used for cardiovascular conditions, does not provide a protective effect against the progression of diabetic retinopathy in the same way as controlling blood sugar and avoiding smoking.

**9. What is the primary goal of calculating BMI in patients?**

- A. To determine risk for chronic disease**
- B. To diagnose specific nutritional deficiencies**
- C. To evaluate physical fitness levels**
- D. To assess overall body water composition**

The primary goal of calculating Body Mass Index (BMI) in patients is to determine risk for chronic disease. BMI is a simple and widely used screening tool that categorizes individuals based on their weight relative to their height. It serves as an indirect measure of body fat and helps to identify individuals who may be at risk for obesity-related conditions, such as diabetes, hypertension, and cardiovascular diseases. Understanding BMI can signal healthcare providers to initiate further evaluations and interventions when necessary. For instance, a higher BMI may prompt discussion about lifestyle changes, medical interventions, or further assessments to prevent chronic diseases associated with obesity. While diagnosing nutritional deficiencies, evaluating physical fitness levels, and assessing body water composition are important aspects of patient health, they are not the primary goals served by BMI. BMI focuses specifically on the relationship between weight and height to estimate body fat and the associated health risks, making it a crucial tool in the assessment of a patient's health status related to chronic disease risk.

**10. What is a significant aspect of managing viral conjunctivitis?**

- A. Topical antibiotics should be used**
- B. Corticosteroids are recommended**
- C. Hydration is essential**
- D. Topical corticosteroids or antibiotics should not be used**

In managing viral conjunctivitis, it is crucial to understand that viral infections do not respond to antibiotics, making the use of topical antibiotics inappropriate. Additionally, corticosteroids can exacerbate viral infections, leading to worse outcomes for the patient. Therefore, recommendations against using topical corticosteroids or antibiotics are significant in the management of this condition. Viral conjunctivitis typically resolves on its own without specific treatment. The focus of management is on symptomatic relief, which can include cool compresses and over-the-counter artificial tears. The decision to avoid these medications helps to prevent unnecessary side effects and complications associated with inappropriate treatment for a viral infection. This understanding aligns with best practices in managing viral conjunctivitis, emphasizing the limited role of pharmacological intervention and the importance of patient education regarding the self-limiting nature of the condition.