

ITE Board General Internal Medicine Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 is often the immediate treatment approach for someone experiencing a situational adjustment reaction?**
 - A. Medications immediately**
 - B. Therapeutic intervention once the stressor resolves**
 - C. Regular follow-ups with a psychiatrist**
 - D. Immediate hospitalization if needed**

- 2. What is the most common symptom of congestive heart failure?**
 - A. Chest pain**
 - B. Shortness of breath**
 - C. Fatigue**
 - D. Palpitations**

- 3. What symptom might accompany the sudden onset of dyspnea in pulmonary embolism?**
 - A. Chest tightness**
 - B. Severe headache**
 - C. Fever**
 - D. Abdominal pain**

- 4. What is the leading cause of chronic kidney disease in adults?**
 - A. Hypertension**
 - B. Diabetes mellitus**
 - C. Glomerulonephritis**
 - D. Polycystic kidney disease**

- 5. What is the treatment for a suspected myocardial infarction?**
 - A. Ibuprofen and rest**
 - B. Aspirin and nitroglycerin**
 - C. Antibiotics and fluids**
 - D. Thrombolytics and steroids**

6. What is the primary cause of secondary hypertension?

- A. Adrenal gland tumors**
- B. Obstructive sleep apnea**
- C. Renal artery stenosis**
- D. Thyroid disorders**

7. What should be avoided when treating patients with topical antibiotics for stasis dermatitis?

- A. Potential allergic contact dermatitis**
- B. Secondary infections**
- C. Localized edema**
- D. Swelling in extremities**

8. What is the primary concern in prescribing vaccines for pregnant women?

- A. All vaccines are safe at any time**
- B. Live vaccines should be avoided**
- C. Vaccines can enhance pregnancy complications**
- D. Only viral vaccines are beneficial**

9. Which medication class is typically used to treat heart failure with reduced ejection fraction?

- A. ACE inhibitors**
- B. Beta-blockers**
- C. Diuretics**
- D. Calcium channel blockers**

10. Which type of diabetes is often associated with ketosis-prone episodes?

- A. Type 1 diabetes mellitus**
- B. Type 2 diabetes mellitus**
- C. Gestational diabetes**
- D. Maturity onset diabetes of the young**

Answers

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

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Explanations

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1. What is often the immediate treatment approach for someone experiencing a situational adjustment reaction?

- A. Medications immediately**
- B. Therapeutic intervention once the stressor resolves**
- C. Regular follow-ups with a psychiatrist**
- D. Immediate hospitalization if needed**

In the context of a situational adjustment reaction, the immediate treatment approach is typically focused on addressing the situational stressor and providing supportive interventions rather than relying on medications. Adjustment disorders, including situational adjustment reactions, arise as a response to identifiable stressors, and the primary aim is to help the individual cope with the stressor effectively. Once the stressor is identified, therapeutic interventions that emphasize problem-solving, coping strategies, and emotional support are crucial. These can take the form of counseling or therapy sessions that help the individual process their feelings and develop resilience. The idea is to facilitate adjustment to the new situation, leading to natural resolution over time. While medications may be considered for symptoms like anxiety or depression, they are not always the first step, especially if the individual can benefit from other forms of support. Hospitalization may be necessary in severe cases where there is a risk of harm to self or others, but in many instances, effective management can begin in an outpatient setting without immediate pharmacological intervention. Regular follow-ups with a psychiatrist, although beneficial in some situations, are not the standard immediate treatment for adjustment reactions. Overall, providing therapeutic intervention once the stressor resolves allows individuals to adapt more effectively and may lead to improved outcomes in managing their

2. What is the most common symptom of congestive heart failure?

- A. Chest pain**
- B. Shortness of breath**
- C. Fatigue**
- D. Palpitations**

Shortness of breath is recognized as the most common symptom of congestive heart failure (CHF) due to the body's inability to pump blood effectively, leading to fluid build-up in the lungs. This condition results in pulmonary congestion, which manifests as dyspnea, or difficulty breathing, particularly during physical exertion or while lying flat, a phenomenon known as orthopnea. Patients with CHF often report experiencing shortness of breath that can vary in intensity and may progressively worsen over time. This symptom is crucial in diagnosing and assessing the severity of heart failure. In contrast, while symptoms like chest pain, fatigue, and palpitations may occur, they are less characteristic of CHF compared to shortness of breath. Therefore, understanding the prevalence and pathophysiology behind shortness of breath in heart failure is essential for effective management and treatment of the condition.

3. What symptom might accompany the sudden onset of dyspnea in pulmonary embolism?

- A. Chest tightness**
- B. Severe headache**
- C. Fever**
- D. Abdominal pain**

In the context of pulmonary embolism, the sudden onset of dyspnea, or shortness of breath, is a critical symptom that can be accompanied by chest tightness. This tightness is often related to reduced blood flow and increased pressure in the pulmonary arteries, which can stimulate pain receptors and create a sensation of discomfort or constriction in the chest. This symptom reflects the body's response to impaired gas exchange and potentially the stress of the cardiovascular system as it struggles to compensate for the obstructed blood flow. Other symptoms, while they may appear in various contexts, are not typically associated with the acute presentation of a pulmonary embolism in the same way. For instance, severe headaches can occur in many medical scenarios but are not a classic symptom of pulmonary embolism. Fever may suggest an infectious process but is not specifically indicative of a PE. Similarly, abdominal pain could occur for different reasons and is not a direct correlate of the pulmonary difficulties associated with embolism. Therefore, chest tightness stands out as the symptom closely linked to the sudden respiratory distress experienced during a pulmonary embolic event.

4. What is the leading cause of chronic kidney disease in adults?

- A. Hypertension**
- B. Diabetes mellitus**
- C. Glomerulonephritis**
- D. Polycystic kidney disease**

Diabetes mellitus is recognized as the leading cause of chronic kidney disease (CKD) in adults. The relationship between diabetes and kidney damage is well-established, primarily due to the effects of hyperglycemia on the kidneys. Over time, high blood sugar levels can lead to glomerulosclerosis, which is the scarring of the kidney's filtering units, known as glomeruli. This damage impairs renal function and can eventually lead to end-stage renal disease. Additionally, diabetes can also be associated with hypertension, which further exacerbates kidney damage. However, while hypertension is a significant contributor to CKD, it is often a secondary complication resulting from diabetes rather than an independent primary cause. Apart from diabetes, other causes of chronic kidney disease include glomerulonephritis and polycystic kidney disease. Glomerulonephritis refers to a range of conditions that cause inflammation and damage to the kidney's filtering units, but its prevalence as a cause of CKD is lower compared to that associated with diabetes. Polycystic kidney disease is a genetic condition that leads to the growth of numerous cysts in the kidneys, but it is less common in the general population compared to the high incidence of diabetes-related kidney damage. Thus

5. What is the treatment for a suspected myocardial infarction?

- A. Ibuprofen and rest**
- B. Aspirin and nitroglycerin**
- C. Antibiotics and fluids**
- D. Thrombolytics and steroids**

The treatment for a suspected myocardial infarction primarily involves the use of aspirin and nitroglycerin. Aspirin is essential because it acts as an antiplatelet agent, helping to prevent further clot formation in the coronary arteries, which is crucial during an acute myocardial infarction. By inhibiting platelet aggregation, aspirin significantly improves outcomes for patients experiencing a heart attack. Nitroglycerin is administered to relieve chest pain and to help improve blood flow to the heart. It works by dilating blood vessels, which can alleviate the workload on the heart and enhance perfusion to myocardial tissues during an ischemic event. These treatments are foundational in managing a myocardial infarction, addressing both immediate pain relief and the prevention of further cardiac complications. In contrast, other options do not provide effective treatment for an acute myocardial infarction. For instance, while ibuprofen can alleviate pain, it does not address the underlying thrombotic process; antibiotics and fluids may help in different clinical scenarios but are irrelevant in the context of myocardial infarction; and the use of thrombolytics is a specific intervention that may apply in certain high-risk patients but is not universally indicated and is not paired with steroids as a standard treatment.

6. What is the primary cause of secondary hypertension?

- A. Adrenal gland tumors**
- B. Obstructive sleep apnea**
- C. Renal artery stenosis**
- D. Thyroid disorders**

The primary cause of secondary hypertension is renal artery stenosis. This condition results from the narrowing of the arteries that supply blood to the kidneys, leading to reduced blood flow. In response to this, the kidneys release hormones such as renin, which in turn activates the renin-angiotensin-aldosterone system (RAAS). This system increases blood pressure by causing blood vessels to constrict and promoting sodium and water retention, ultimately leading to hypertension. Renal artery stenosis is a significant cause of secondary hypertension, especially in patients who are younger or have sudden-onset hypertension. The functional relationship between the kidneys and blood pressure regulation makes this condition a key player in secondary hypertension scenarios. While adrenal gland tumors, obstructive sleep apnea, and thyroid disorders can also contribute to secondary hypertension, they are not as universally recognized as leading causes in clinical practice. Adrenal tumors can cause hormone imbalances, obstructive sleep apnea contributes to intermittent hypoxia and sympathetic nervous system activation, and thyroid disorders can influence blood pressure through metabolic changes. However, renal artery stenosis is often highlighted as a critical and prevalent cause in medical literature and clinical guidelines.

7. What should be avoided when treating patients with topical antibiotics for stasis dermatitis?

- A. Potential allergic contact dermatitis**
- B. Secondary infections**
- C. Localized edema**
- D. Swelling in extremities**

The correct choice is to avoid potential allergic contact dermatitis when treating patients with topical antibiotics for stasis dermatitis. Topical antibiotics, while effective for certain infections, can sometimes provoke allergic reactions in some individuals. This can lead to allergic contact dermatitis, which presents as a red, itchy rash at the site of application, complicating both the treatment process and the condition of stasis dermatitis itself. When treating stasis dermatitis, healthcare providers must be cautious about introducing any substance that could trigger an allergic response. This is particularly important in patients with sensitive skin or a history of allergies. The goal is to manage the dermatitis effectively without adding complications that could hinder healing or worsen the patient's symptoms. Although secondary infections, localized edema, and swelling in the extremities are considerations for patients with stasis dermatitis, they do not directly relate to the specific reactions caused by the use of topical antibiotics. These latter issues are more associated with the underlying condition rather than the adverse effects of the treatment being administered. Thus, the focus on avoiding allergic contact dermatitis specifically highlights the need to minimize adverse effects of treatment in vulnerable patients.

8. What is the primary concern in prescribing vaccines for pregnant women?

- A. All vaccines are safe at any time**
- B. Live vaccines should be avoided**
- C. Vaccines can enhance pregnancy complications**
- D. Only viral vaccines are beneficial**

The primary concern in prescribing vaccines for pregnant women is the safety profile of the vaccines, particularly regarding live attenuated vaccines. Live vaccines, such as those for measles, mumps, rubella (MMR), and varicella, contain weakened forms of the virus that could potentially pose a risk to the developing fetus. As a precaution, these vaccines are typically avoided during pregnancy to minimize any possibility of causing harm. On the other hand, inactivated or subunit vaccines are usually considered safe and can even be beneficial during pregnancy. For instance, vaccines like the flu vaccine and Tdap (tetanus, diphtheria, and pertussis) are recommended because they can protect both the mother and the baby from severe disease. The concern is not with the general practice of immunization during pregnancy but specifically with the use of live vaccines, which is why avoiding these is emphasized. Other choices do not accurately reflect the guidelines and best practices surrounding vaccinations in pregnant women. The assertion that all vaccines are safe at any time fails to address the specific concerns tied to the type of vaccines. Similarly, stating that vaccines can enhance pregnancy complications does not align with evidence that supports the safety of many vaccines during pregnancy. Lastly, claiming that only viral vaccines

9. Which medication class is typically used to treat heart failure with reduced ejection fraction?

- A. ACE inhibitors**
- B. Beta-blockers**
- C. Diuretics**
- D. Calcium channel blockers**

Heart failure with reduced ejection fraction (HFrEF) is commonly treated with beta-blockers as a foundational therapy. These medications help manage heart failure by decreasing heart rate, reducing myocardial oxygen demand, and improving heart function over time. They contribute to better survival and improve symptoms in patients with HFrEF. Beta-blockers work by blocking beta-adrenergic receptors, which are stimulated by catecholamines in the setting of heart failure. This blockade leads to a decrease in heart rate and contractility, which may seem counterintuitive initially, but ultimately helps the heart perform more efficiently and prevents further remodeling of the heart. While ACE inhibitors and diuretics are also important in the management of heart failure, particularly in terms of symptom management and volume overload, it is the beta-blockers that play a crucial role in long-term management and mortality reduction in patients specifically with HFrEF. Diuretics, on the other hand, are primarily used to treat fluid overload rather than directly impacting heart failure pathophysiology over time. Calcium channel blockers are not typically used in the management of HFrEF, especially in patients with reduced ejection fraction, given their effects on myocardial contractility and potential to worsen heart failure symptoms. Thus

10. Which type of diabetes is often associated with ketosis-prone episodes?

- A. Type 1 diabetes mellitus**
- B. Type 2 diabetes mellitus**
- C. Gestational diabetes**
- D. Maturity onset diabetes of the young**

Type 1 diabetes mellitus is associated with ketosis-prone episodes because it is characterized by an absolute deficiency of insulin due to autoimmune destruction of the insulin-producing beta cells in the pancreas. Without sufficient insulin, the body is unable to utilize glucose effectively for energy, leading to increased lipolysis and the production of ketone bodies as an alternative energy source. This accumulation of ketones can result in diabetic ketoacidosis, a serious and potentially life-threatening condition commonly seen in individuals with type 1 diabetes. In contrast, while type 2 diabetes can lead to some degree of ketone production, it generally has enough insulin production to prevent ketosis in most cases. Gestational diabetes typically resolves after pregnancy and is usually managed without the development of ketosis. Maturity onset diabetes of the young, specifically the types associated with genetic mutations affecting insulin secretion, rarely presents with ketosis unless there is significant metabolic stress. Thus, type 1 diabetes is uniquely susceptible to ketosis-prone episodes due to its nature of insulin deficiency and reliance on fat metabolism for energy, leading to an increased risk of diabetic ketoacidosis.

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://iteboardgeninternalmed.examzify.com>

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

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