

Mehlman High Yield Risk Factors Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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. A 60-year-old woman with hyponatremia and concentrated urine and recent weight loss. What is the most likely diagnosis and risk factor?**
 - A. Adrenal insufficiency**
 - B. Hypothyroidism**
 - C. SIADH due to small cell lung cancer**
 - D. Primary polydipsia**

- 2. Which disease-modifying antirheumatic drug is most commonly associated with pulmonary fibrosis in RA patients?**
 - A. Methotrexate**
 - B. Leflunomide**
 - C. Hydroxychloroquine**
 - D. TNF inhibitors**

- 3. A 40-year-old man with a history of heavy smoking and alcohol use develops new-onset dysphagia. What is the most appropriate next step?**
 - A. Immediate endoscopy**
 - B. Barium esophagram**
 - C. PPI trial**
 - D. CT chest**

- 4. A 40-year-old man returns from Africa with a malaria infection. Smear shows schizonts. What complication is the patient at greatest risk for?**
 - A. Hyperglycemia**
 - B. Jaundice**
 - C. Hypoglycemia**
 - D. Anemia**

- 5. A 38-year-old man with diabetes and no proteinuria; LDL 95 mg/dL; BP 120/80; HbA1c 10%. Which intervention is most likely to decrease morbidity?**
 - A. Commence metformin**
 - B. Initiate lisinopril**
 - C. Start statin**
 - D. Begin aspirin therapy**

- 6. Which population should be offered a one-time abdominal ultrasound to screen for abdominal aortic aneurysm?**
- A. Men aged 65-75 who have ever smoked.**
 - B. Women aged 65-75 with no smoking history.**
 - C. All men over 50.**
 - D. All smokers regardless of age.**
- 7. Which therapy is most associated with cardiotoxicity in breast cancer treatment?**
- A. Trastuzumab**
 - B. Tamoxifen**
 - C. Anastrozole**
 - D. Paclitaxel**
- 8. A 24-year-old female on a vegan diet has macrocytic anemia with hypersegmented neutrophils. Which deficiency is most likely?**
- A. Vitamin B12 Deficiency Due To Gastrectomy**
 - B. Folate Deficiency From Vegan Diet**
 - C. Vitamin B12 Deficiency Due To Veganism**
 - D. Iron Deficiency Anemia**
- 9. A middle-aged woman presents with dermatomyositis features including proximal muscle weakness and violaceous eyelids. Which malignancy is a key risk factor to screen for in this context?**
- A. Ovarian cancer**
 - B. Breast cancer**
 - C. Lung cancer**
 - D. Pancreatic cancer**
- 10. A 79-year-old man with atrial fibrillation and hypertension asks for the most effective way to reduce stroke risk. Which intervention is preferred?**
- A. Clopidogrel**
 - B. Warfarin**
 - C. Dabigatran**
 - D. Aspirin**

Answers

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

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Explanations

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1. A 60-year-old woman with hyponatremia and concentrated urine and recent weight loss. What is the most likely diagnosis and risk factor?

- A. Adrenal insufficiency**
- B. Hypothyroidism**
- C. SIADH due to small cell lung cancer**
- D. Primary polydipsia**

When hyponatremia occurs with an inappropriately concentrated urine, think SIADH—syndrome of inappropriate antidiuretic hormone secretion. In SIADH, ADH keeps the kidneys reabsorbing water even though the serum is diluted, so you see a low serum osmolality with concentrated urine and high urine sodium, all while the patient often appears euvolemic. In an older patient with recent weight loss, a paraneoplastic source is a key consideration. The cancer most classically associated with ectopic ADH production is small cell lung cancer. That link explains both the hyponatremia and the concentrated urine pattern here, and the weight loss fits a malignancy picture. The strongest risk factor for this tumor is smoking, which makes small cell lung cancer the most likely culprit. Other conditions like adrenal insufficiency or hypothyroidism can cause hyponatremia, but they don't typically present with the same inappropriately concentrated urine pattern in this clinical vignette, and primary polydipsia would usually produce dilute urine rather than concentrated urine.

2. Which disease-modifying antirheumatic drug is most commonly associated with pulmonary fibrosis in RA patients?

- A. Methotrexate**
- B. Leflunomide**
- C. Hydroxychloroquine**
- D. TNF inhibitors**

Pulmonary toxicity from disease-modifying antirheumatic drugs is a recognized issue in RA, and some agents have stronger links to interstitial lung disease and fibrosis than others. Methotrexate has the strongest and most consistently documented association with pulmonary toxicity in RA, including hypersensitivity pneumonitis-type reactions and chronic interstitial lung disease that can progress to fibrosis in susceptible patients. Clinically, this can present with new or worsening cough and shortness of breath, sometimes with fever, and imaging may show diffuse interstitial markings. The key management step is to stop the drug if toxicity is suspected, with corticosteroids used in more significant inflammatory cases. Risk factors for this toxicity include older age, preexisting lung disease, and smoking. Leflunomide and TNF inhibitors can also be linked to interstitial lung disease, and hydroxychloroquine has a much lower association with fibrosis. However, methotrexate carries the strongest, most established relationship with pulmonary fibrosis in RA, making it the best answer in this context.

3. A 40-year-old man with a history of heavy smoking and alcohol use develops new-onset dysphagia. What is the most appropriate next step?

- A. Immediate endoscopy**
- B. Barium esophagram**
- C. PPI trial**
- D. CT chest**

New-onset dysphagia in a patient with significant risk factors for esophageal cancer calls for urgent direct visualization and biopsy of the esophagus. Endoscopy allows the physician to see the exact area of narrowing or a mass and to take targeted biopsies in the same procedure, providing a definitive diagnosis and enabling timely management if cancer is found. Relying on a barium swallow might show a structural narrowing, but it cannot confirm cancer or provide tissue for histology, and it could delay definitive diagnosis. A trial of acid suppression therapy would not address a potential malignancy and could postpone needed cancer workup. CT chest can help stage disease after a diagnosis is made, but it cannot establish the diagnosis on its own and would not replace endoscopy with biopsy as the initial step.

4. A 40-year-old man returns from Africa with a malaria infection. Smear shows schizonts. What complication is the patient at greatest risk for?

- A. Hyperglycemia**
- B. Jaundice**
- C. Hypoglycemia**
- D. Anemia**

Malaria can cause dangerous metabolic disturbances, especially when there is a significant blood-stage parasite load. The parasite uses large amounts of glucose for its growth, and the host's glucose reserves can be rapidly depleted. In severe cases, this can lead to hypoglycemia, which is further risked when treatments such as quinine-based therapies are used because they can stimulate insulin release and increase glucose uptake by tissues. Because low blood glucose can progress quickly to confusion, seizures, or coma, it's the most urgent complication to anticipate in a patient with malaria and visible schizonts—indicating active, extensive parasitemia. Jaundice and anemia are common in malaria due to hemolysis and liver involvement, but they typically do not present with the same immediate life-threatening risk as hypoglycemia in the acute setting. Hyperglycemia is not a typical concern here.

5. A 38-year-old man with diabetes and no proteinuria; LDL 95 mg/dL; BP 120/80; HbA1c 10%. Which intervention is most likely to decrease morbidity?

A. Commence metformin

B. Initiate lisinopril

C. Start statin

D. Begin aspirin therapy

The key idea is that severe hyperglycemia in type 2 diabetes is most effectively addressed first with a glucose-lowering medication, because improving glycemic control reduces long-term complications and overall morbidity. Starting metformin is the best choice here because it directly lowers hepatic glucose production and improves insulin sensitivity, which lowers HbA1c and reduces microvascular complications (retinopathy, nephropathy, neuropathy) and even mortality in overweight patients. The patient's blood pressure is normal and there's no proteinuria, so ACE inhibitors for kidney protection aren't currently a priority. Although statins and aspirin have cardiovascular benefits, the immediate and strongest impact on reducing morbidity in this scenario comes from correcting the marked hyperglycemia with metformin.

6. Which population should be offered a one-time abdominal ultrasound to screen for abdominal aortic aneurysm?

A. Men aged 65-75 who have ever smoked.

B. Women aged 65-75 with no smoking history.

C. All men over 50.

D. All smokers regardless of age.

Screening for abdominal aortic aneurysm is most effective when targeted at a high-risk group. The strongest evidence shows that a one-time abdominal ultrasound reduces AAA-related mortality in men who are 65 to 75 years old and have ever smoked, because this group has a higher prevalence of aneurysms and the benefits of early detection outweigh potential harms. The other groups don't fit this balance as well. Women aged 65-75 with no smoking history have a much lower prevalence, and evidence of benefit is not clear. Screening all men over 50 broadens the screen to many lower-risk individuals, reducing cost-effectiveness and increasing the chance of false positives or unnecessary interventions. Screening all smokers regardless of age also includes many younger people where the benefit hasn't been demonstrated. So the recommended one-time ultrasound target is men aged 65-75 who have ever smoked.

7. Which therapy is most associated with cardiotoxicity in breast cancer treatment?

- A. Trastuzumab**
- B. Tamoxifen**
- C. Anastrozole**
- D. Paclitaxel**

Cardiotoxicity is most classically linked to therapies that target HER2, because HER2 signaling in heart muscle helps cells survive stress and maintain contractile function. When trastuzumab blocks this pathway, the heart can momentarily lose some pump strength, leading to a drop in left ventricular ejection fraction and potential heart failure. This effect is often reversible if the drug is held and heart function is treated, and it's more likely to be noticed during treatment or after therapy, especially if combined with anthracyclines. That's why clinicians monitor heart function with regular imaging and symptoms, and manage any decline by pausing trastuzumab and addressing heart failure as needed, with the possibility of reintroducing the drug later under careful monitoring. Tamoxifen, an oral selective estrogen receptor modulator, mainly raises concerns for thromboembolic events and, in some contexts, endometrial cancer risk, rather than causing the direct, dose-related cardiotoxicity seen with trastuzumab. Anastrozole can influence cardiovascular risk through metabolic effects (like lipid changes and blood pressure), but it does not typically produce the acute, reversible heart-muscle dysfunction characteristic of trastuzumab. Paclitaxel can have various toxicities, but cardiotoxicity is not its defining or most prominent feature.

8. A 24-year-old female on a vegan diet has macrocytic anemia with hypersegmented neutrophils. Which deficiency is most likely?

- A. Vitamin B12 Deficiency Due To Gastrectomy**
- B. Folate Deficiency From Vegan Diet**
- C. Vitamin B12 Deficiency Due To Veganism**
- D. Iron Deficiency Anemia**

Macrocytic (megaloblastic) anemia with hypersegmented neutrophils arises when DNA synthesis in developing blood cells is impaired, most commonly from deficiencies of vitamin B12 or folate. In a vegan, vitamin B12 is the most likely missing nutrient because B12 is found almost exclusively in animal-derived foods and not in plant sources unless fortified. Folate, while it can cause a similar blood picture, is abundant in many vegan-friendly foods like leafy greens and legumes, making folate deficiency less likely in this dietary context. Iron deficiency would present as microcytic anemia, not macrocytic. Therefore, the deficiency most consistent with this patient's vegan diet is vitamin B12 deficiency due to veganism.

9. A middle-aged woman presents with dermatomyositis features including proximal muscle weakness and violaceous eyelids. Which malignancy is a key risk factor to screen for in this context?

A. Ovarian cancer

B. Breast cancer

C. Lung cancer

D. Pancreatic cancer

Dermatomyositis in adults can act as a paraneoplastic signal, where the inflammatory muscle disease and distinctive skin findings point to an occult malignancy. In middle-aged women, ovarian cancer has the strongest association with new-onset dermatomyositis. The immune response that arises in the tumor can cross-react with muscle and skin, so cancers are often diagnosed around the time dermatomyositis first appears. Because of this, screening for ovarian cancer is a high-priority part of the cancer workup when dermatomyositis is suspected in a woman of this age group. While other cancers can be linked, the most important one to screen for in this context is ovarian cancer.

10. A 79-year-old man with atrial fibrillation and hypertension asks for the most effective way to reduce stroke risk. Which intervention is preferred?

A. Clopidogrel

B. Warfarin

C. Dabigatran

D. Aspirin

In atrial fibrillation, strokes are mainly cardioembolic from the left atrial appendage, so preventing clot formation with systemic anticoagulation provides the greatest reduction in risk. Warfarin blocks vitamin K-dependent clotting factors II, VII, IX, and X, tipping the balance away from clot formation and offering strong protection against embolic strokes. Antiplatelet therapies like aspirin or clopidogrel blunt platelet aggregation but are less effective against the fibrin-rich clots associated with AF, so they don't reduce stroke risk as much as anticoagulation. While direct oral anticoagulants (such as dabigatran) are good alternatives, warfarin remains the standard choice for maximizing stroke risk reduction in someone with AF and hypertension who can be managed safely with monitoring.

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://mehlmanhyriskfactors.examzify.com>

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

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