

MTM Pediatric Obesity 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. Which symptom may indicate sleep-disordered breathing associated with pediatric obesity?**
 - A. Frequent daytime napping**
 - B. Sleep apnea symptoms such as snoring or pauses in breathing during sleep**
 - C. High energy in evening**
 - D. Vaccination history**

- 2. Which item is a component of the proposed MTM model?**
 - A. Medication therapy review**
 - B. Personal med record**
 - C. Medication safety checklist**
 - D. Clinical guidelines review**

- 3. Which GLP-1 receptor agonist is listed as a prominent option for obesity management in youths aged 12 years and older?**
 - A. Metformin**
 - B. Orlistat**
 - C. Exenatide**
 - D. Liraglutide**

- 4. What is a key principle of MTM related to patient involvement?**
 - A. Active involvement of patients is critical, empowering them to be full participants in their own care**
 - B. Patients should defer to clinicians and not learn**
 - C. MTM should minimize patient education**
 - D. MTM should limit patient access to information**

- 5. Which listed medication fails to have approval for weight management due to low efficacy?**
 - A. Orlistat**
 - B. Phentermine**
 - C. Lisdexamfetamine**
 - D. Liraglutide**

- 6. How does culturally tailored care influence outcomes in pediatric obesity?**
- A. It has no impact on outcomes**
 - B. It reduces cost of care only**
 - C. It improves engagement, adherence, and effectiveness by aligning with cultural dietary patterns and family norms**
 - D. It delays treatment initiation**
- 7. Reported CAM use among children in the US per 2012 survey?**
- A. 11.6%**
 - B. 27%**
 - C. 63%**
 - D. 47%**
- 8. Which option is NOT listed as a high-risk pediatric medication group?**
- A. Analgesics**
 - B. Psychotropics**
 - C. Antimicrobials**
 - D. Cardiovascular agents**
- 9. Which statement about NAFLD and NASH is accurate?**
- A. NAFLD is Nonalcoholic fatty liver disease; NASH is nonalcoholic steatohepatitis**
 - B. NAFLD and NASH are the same condition**
 - C. NAFLD is alcoholic fatty liver disease**
 - D. NASH stands for nonalcoholic fatty liver disease**
- 10. What is mid-dose phentermine-topiramate?**
- A. 3.75 mg/23 mg**
 - B. 15 mg/92 mg**
 - C. 7.5 mg/46 mg**
 - D. 1 mg/8 mg**

Answers

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

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Explanations

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1. Which symptom may indicate sleep-disordered breathing associated with pediatric obesity?

- A. Frequent daytime napping**
- B. Sleep apnea symptoms such as snoring or pauses in breathing during sleep**
- C. High energy in evening**
- D. Vaccination history**

Sleep-disordered breathing in children, especially with obesity, most often shows up as snoring or pauses in breathing during sleep. These signs point to obstructive sleep apnea, where the airway repeatedly narrows or collapses while sleeping, leading to fragmented sleep and reduced oxygen levels. This pattern is a key clue that sleep quality is being disrupted by airway obstruction, which is why it's the best answer. Frequent daytime napping is not as specific to sleep-disordered breathing in kids and can occur for other reasons. High energy in the evening suggests circadian timing issues rather than breathing problems during sleep. Vaccination history has no connection to sleep-disordered breathing. If such symptoms are present, further evaluation with a pediatric sleep study and addressing weight-related factors are appropriate steps.

2. Which item is a component of the proposed MTM model?

- A. Medication therapy review**
- B. Personal med record**
- C. Medication safety checklist**
- D. Clinical guidelines review**

In MTM, documentation that patients can carry and share is essential. The Personal Medication Record is that patient-held summary of all medications, dosages, frequencies, and any allergies or OTC/supplement use. Creating and updating this record during MTM helps ensure everyone—patient, pharmacist, and other providers—has an accurate, up-to-date list to guide decisions and reduce medication discrepancies. This patient-facing med list is a central artifact of the MTM model, supporting clear communication, safety, and coordinated care. The other items are useful tools or activities in health care, but they are not standard components of the MTM model itself.

3. Which GLP-1 receptor agonist is listed as a prominent option for obesity management in youths aged 12 years and older?

A. Metformin

B. Orlistat

C. Exenatide

D. Liraglutide

GLP-1 receptor agonists work by mimicking the incretin hormone, which slows gastric emptying and increases the feeling of fullness, helping to reduce appetite and promote weight loss. In youths aged 12 and older, the prominent option for obesity management from this drug class is liraglutide. It has explicit pediatric approval for obesity in adolescents 12 years and up when combined with lifestyle changes, making it the most evidence-supported and clinically used choice in this age group. Metformin helps with insulin resistance and is not a GLP-1 receptor agonist, so it isn't the obesity treatment in this drug class. Orlistat reduces fat absorption but is not a GLP-1 receptor agonist. Exenatide is a GLP-1 receptor agonist, but it isn't the primary or widely approved option for obesity in adolescents, with liraglutide having the stronger pediatric obesity approval and data.

4. What is a key principle of MTM related to patient involvement?

A. Active involvement of patients is critical, empowering them to be full participants in their own care

B. Patients should defer to clinicians and not learn

C. MTM should minimize patient education

D. MTM should limit patient access to information

Active involvement of patients in MTM is essential because it empowers them to be full participants in their own care. When patients are engaged, clinicians can uncover goals, preferences, and barriers to adherence, allowing tailored education, problem-solving, and a collaborative care plan. This patient-centered approach improves safety and effectiveness of medication use by ensuring plans fit the patient's daily routines and values, leading to better adherence and outcomes. MTM is designed to educate patients, address drug therapy problems, and support informed choices, not to leave patients passive. Choices that imply deferring to clinicians, minimizing education, or restricting information undermine MTM's goal of optimizing therapy and safety.

5. Which listed medication fails to have approval for weight management due to low efficacy?

- A. Orlistat**
- B. Phentermine**
- C. Lisdexamfetamine**
- D. Liraglutide**

Weight management drugs are approved only when trials show a meaningful amount of weight loss beyond placebo. Lisdexamfetamine has not demonstrated sufficient efficacy for obesity treatment in those trials, so it does not have FDA approval for weight management. The other medications have shown approved benefits for weight loss: orlistat reduces fat absorption with modest weight loss, phentermine is approved for short-term use in adults as an appetite suppressant, and liraglutide (at the higher obesity-dose) has demonstrated meaningful weight loss and is approved for obesity in adults and certain adolescents. So, the medication without approval for weight management due to insufficient efficacy is lisdexamfetamine.

6. How does culturally tailored care influence outcomes in pediatric obesity?

- A. It has no impact on outcomes**
- B. It reduces cost of care only**
- C. It improves engagement, adherence, and effectiveness by aligning with cultural dietary patterns and family norms**
- D. It delays treatment initiation**

Culturally tailored care matters because it makes guidance fit the family's values, beliefs, and daily routines, which shapes how families engage with and apply recommendations. In pediatric obesity, success depends on both engagement with care and adherence to the plan, so when the approach respects cultural dietary patterns, family norms, and language preferences, families are more likely to participate, ask questions, and follow through. By aligning suggestions with traditional foods and cooking practices, clinicians can propose healthier preparation methods, appropriate portion sizes, and feasible substitutions rather than asking families to abandon familiar meals. Involving the whole family and using culturally appropriate communication strengthens trust and reduces barriers to follow-up, making behavior changes more sustainable. As a result, engagement, adherence, and the overall effectiveness of the intervention improve, leading to better weight management and health outcomes over time. This approach offers benefits beyond cost considerations or delaying treatment, and it supports meaningful changes by honoring the family's culture and routines.

7. Reported CAM use among children in the US per 2012 survey?

- A. 11.6%
- B. 27%
- C. 63%**
- D. 47%

CAM use among children is surprisingly common, reflecting that many families turn to nontraditional therapies alongside conventional care. In the 2012 US survey, about 63% of children were reported to have used some form of complementary or alternative medicine. This figure includes widely used natural products like vitamins and minerals, as well as other CAM approaches such as mind-body practices and practitioner-based therapies. The high percentage largely results from the inclusion of common vitamins and supplements as CAM, which many families administer regularly. Thus, 63% best fits the overall prevalence seen in that survey, whereas the other options are lower than what the data showed. In practice, when talking to patients, it's important to ask specifically about any CAM or supplement use, since these can impact nutrition, safety, and treatment plans.

8. Which option is NOT listed as a high-risk pediatric medication group?

- A. Analgesics
- B. Psychotropics
- C. Antimicrobials
- D. Cardiovascular agents**

In pediatric safety, certain medication groups are flagged as high-risk because small dosing errors can lead to serious harm, so clinicians pay extra attention to how these drugs are prescribed, prepared, and monitored. Analgesics are a high-risk group because opioids and other pain meds can cause respiratory depression and overdose if dosing or monitoring isn't precise. Psychotropics are high-risk due to effects on the central nervous system and potential cardiac or metabolic complications, receptor sensitivities, and interactions in growing children. Antimicrobials are high-risk because incorrect dosing, duration, or spectrum can lead to treatment failure, toxicity, and resistance, requiring careful dosing and monitoring. Cardiovascular agents, while dangerous and requiring vigilance, are not listed in this particular framework as a high-risk pediatric group, even though they do carry significant risk and need meticulous management.

9. Which statement about NAFLD and NASH is accurate?

- A. NAFLD is Nonalcoholic fatty liver disease; NASH is nonalcoholic steatohepatitis**
- B. NAFLD and NASH are the same condition**
- C. NAFLD is alcoholic fatty liver disease**
- D. NASH stands for nonalcoholic fatty liver disease**

NAFLD describes fatty liver disease that is not caused by alcohol, and it covers a range from simple fat accumulation (steatosis) to the more severe inflammatory form called nonalcoholic steatohepatitis. NASH specifically stands for nonalcoholic steatohepatitis, which is steatosis plus inflammation and liver cell injury that can progress to fibrosis. Therefore, the statement is accurate because it correctly defines the acronyms and differentiates the two conditions. The other options misstate the terms: they either say NAFLD and NASH are the same, call NAFLD alcoholic, or say NASH stands for nonalcoholic fatty liver disease. In pediatric obesity, recognizing the distinction matters because obesity-related liver disease can progress from simple fat in the liver to NASH with potential long-term liver damage.

10. What is mid-dose phentermine-topiramate?

- A. 3.75 mg/23 mg**
- B. 15 mg/92 mg**
- C. 7.5 mg/46 mg**
- D. 1 mg/8 mg**

Mid-dose phentermine-topiramate is 7.5 mg of phentermine combined with 46 mg of topiramate. This is the middle strength offered for this combination, sitting between the low-dose option (3.75 mg/23 mg) and the high-dose option (15 mg/92 mg). The mid-dose is used when a patient has had some response to the low-dose but still needs more effect, while aiming to balance efficacy with tolerability. Phentermine reduces appetite through a sympathomimetic effect, and topiramate adds weight loss through appetite suppression and other metabolic effects. Start with the lowest dose and titrate up to the mid-dose as tolerated, then to the high-dose if needed and tolerated, all while monitoring for side effects such as sensory changes, dry mouth, constipation, insomnia, and cognitive or mood effects.

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://mtmpediatricobesity.examzify.com>

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

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