NCC Women's Health Care Nurse Practitioner (WHNP) Practice Exam (Sample)

Study Guide

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Questions

1. What condition does the 17-hydroxyprogesterone test primarily screen for?

A. Ovarian cancer

B. Chronic kidney disease

C. Congenital adrenal hyperplasia

D. Polycystic ovary syndrome

2. What condition does the Psoas sign suggest?

A. Pneumonia

B. Appendicitis

C. Gallbladder inflammation

D. Spleen enlargement

3. Which condition entails chronic burning, pain during sexual intercourse, and irritation of the vulva?

A. Vulvodynia

B. Vaginismus

C. Vulvar vestibulitis syndrome

D. Endometriosis

4. What is the lay term for herpes zoster?

A. Shingles

B. Chickenpox

C. Cold sores

D. Skin rash

5. Common differentials for abdominal pain in adults include?

A. Dysmenorrhea and PID

B. Appendicitis and diverticulitis

C. IBS, constipation, and gastritis

D. Group A strep and pneumonia

6. What is a potential cause of amenorrhea among individuals with exogenous androgen use?

A. Pituitary dysfunction

B. Hypothalamic dysfunction

C. Ovarian dysfunction

D. Adrenal tumors

7. What is the primary cause of Kallmann syndrome?

A. Hormonal imbalance

B. Isolated gonadotropin deficiency

C. Genetic mutation

D. Structural abnormality

8. What screening tool is commonly used to assess risk factors for domestic violence?

A. HITS (Hurt, Insult, Threaten, Scream)

B. PHQ-9 (Patient Health Questionnaire)

C. Beck Depression Inventory

D. GAD-7 (Generalized Anxiety Disorder)

9. What is the MCV threshold for macrocytic anemia?

A. MCV greater than 95

B. MCV greater than 100

C. MCV greater than 110

D. MCV greater than 105

10. Which condition leads to an increased risk of amenorrhea due to high prolactin levels?

A. Pituitary tumors

B. Turner syndrome

C. Fragile X syndrome

D. Hyperthyroidism

Answers

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

Explanations

1. What condition does the 17-hydroxyprogesterone test primarily screen for?

A. Ovarian cancer

B. Chronic kidney disease

C. Congenital adrenal hyperplasia

D. Polycystic ovary syndrome

The 17-hydroxyprogesterone (17-OHP) test is primarily used to screen for congenital adrenal hyperplasia (CAH), which is a genetic disorder affecting adrenal hormone production. In individuals with CAH, there is a deficiency in the enzyme that converts 17-OHP to cortisol, leading to an accumulation of 17-OHP. The test is particularly important in newborn screening, as untreated CAH can result in serious health issues, including adrenal crisis and abnormal growth and development. By measuring the levels of 17-OHP in the blood, healthcare providers can quickly identify individuals who may require further testing and management for CAH. The other conditions mentioned—ovarian cancer, chronic kidney disease, and polycystic ovary syndrome—are not screened for using the 17-hydroxyprogesterone test. Ovarian cancer does not have a specific screening test that utilizes 17-OHP. Chronic kidney disease is primarily monitored through blood urea nitrogen (BUN), creatinine levels, and urine analysis rather than hormone levels. Polycystic ovary syndrome (PCOS) is typically diagnosed based on clinical symptoms and criteria such as irregular menstrual cycles, hirsutism, and ultrasound findings, rather

2. What condition does the Psoas sign suggest?

A. Pneumonia

B. Appendicitis

C. Gallbladder inflammation

D. Spleen enlargement

The Psoas sign is a physical examination finding that indicates irritation of the iliopsoas muscle, which can occur due to inflammation or irritation from nearby structures, particularly the appendix. When a patient experiences pain in the right lower quadrant upon passive extension of the hip or active flexion of the hip against resistance, it suggests that the underlying cause may be appendicitis. This sign is particularly utilized in assessing acute abdominal pain and is relevant in distinguishing appendicitis from other conditions that could cause similar symptoms. In contrast, pneumonia generally presents with respiratory symptoms, such as cough or dyspnea, rather than localized abdominal signs. Gallbladder inflammation typically would exhibit symptoms like right upper quadrant pain and may show signs such as Murphy's sign, rather than the Psoas sign. Spleen enlargement can cause discomfort, but it would not specifically elicit a Psoas sign response and is often examined through other signs and symptoms. Thus, the Psoas sign is primarily associated with appendicitis, as it indicates irritation of the psoas muscle due to inflammation in the area of the appendix.

3. Which condition entails chronic burning, pain during sexual intercourse, and irritation of the vulva?

A. Vulvodynia

B. Vaginismus

C. Vulvar vestibulitis syndrome

D. Endometriosis

Vulvodynia is characterized by chronic burning pain and discomfort in the vulvar area, which can significantly impact a woman's quality of life, including causing pain during sexual intercourse. This condition is often diagnosed when there is a persistent vulvar pain without an identifiable cause. It is crucial to note that vulvodynia can manifest as general vulvar pain or can be localized to specific areas, making it challenging to diagnose without a thorough assessment. In particular, the symptoms described—chronic burning, pain during intercourse, and vulvar irritation—are hallmark indicators of this condition. Vulvodynia can arise without any identifiable pathology, which distinguishes it from other conditions that may present similar symptoms. While vaginismus is characterized by involuntary contractions of the pelvic floor muscles, leading to difficulties with penetration, it does not specifically entail vulvar irritation or burning. Vulvar vestibulitis syndrome, although it shares some symptoms with vulvodynia, typically involves localized pain and sensitivity at the vaginal vestibule, and it can often be associated with specific triggers like touch or pressure. Endometriosis involves the presence of endometrial-like tissue outside the uterus, which can cause various pelvic pain symptoms, but it does not specifically describe the chronic burning or

4. What is the lay term for herpes zoster?

A. Shingles

B. Chickenpox

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D. Skin rash

Herpes zoster is commonly known as shingles. This term is used to describe a reactivation of the varicella-zoster virus, which originally causes chickenpox. After an individual recovers from chickenpox, the virus remains dormant in the nerve tissues and can reactivate later in life, leading to shingles. The condition is characterized by a painful rash that typically appears as a stripe of blisters on one side of the body, often accompanied by burning or stabbing pain. The other terms listed represent different conditions: chickenpox refers to the primary infection caused by the same virus (varicella-zoster), cold sores are typically associated with herpes simplex virus infections affecting the lips or mouth, and a skin rash is a non-specific term that could refer to any number of dermatological conditions and is not specific to herpes zoster. Therefore, shingles is the accurate lay term specifically for herpes zoster.

5. Common differentials for abdominal pain in adults include?

A. Dysmenorrhea and PID

B. Appendicitis and diverticulitis

C. IBS, constipation, and gastritis

D. Group A strep and pneumonia

The chosen response identifies irritable bowel syndrome (IBS), constipation, and gastritis as common differential diagnoses for abdominal pain in adults. This is correct because all three conditions can lead to significant abdominal discomfort and are common complaints in clinical practice. IBS is a functional gastrointestinal disorder characterized by symptoms such as abdominal pain, bloating, and changes in bowel habits. It is prevalent among adults and often presents with varying levels of abdominal pain that can be exacerbated by dietary factors or stress. Constipation is another frequent cause of abdominal pain, as it leads to discomfort due to prolonged retention of stool, which can result in cramping and bloating in the abdominal area. It is a common issue that can affect individuals across various age groups. Gastritis, the inflammation of the stomach lining, can also cause abdominal pain, presenting symptoms such as epigastric discomfort, nausea, or dyspepsia. This condition can arise from various factors, including excessive alcohol use, medication use (like NSAIDs), or infections. In contrast, while appendicitis and diverticulitis are indeed significant differentials for abdominal pain, they are more specific conditions rather than common complaints like IBS, constipation, and gastritis, which reflect a broader range of gastrointestinal

6. What is a potential cause of amenorrhea among individuals with exogenous androgen use?

A. Pituitary dysfunction

B. Hypothalamic dysfunction

C. Ovarian dysfunction

D. Adrenal tumors

Exogenous androgen use can lead to amenorrhea primarily due to ovarian dysfunction. The introduction of external androgens can disrupt the normal hormonal balance in the body, particularly affecting the hypothalamic-pituitary-ovarian (HPO) axis, which regulates the menstrual cycle. When androgens are administered externally, they can suppress the secretion of gonadotropins (LH and FSH) from the pituitary gland. This suppression leads to a reduction in ovarian stimulation, which in turn affects ovarian follicle development and can lead to anovulation. Consequently, the lack of ovulation means that menstrual periods may cease, resulting in amenorrhea. Additionally, excessive androgen levels can lead to conditions such as polycystic ovary syndrome (PCOS) or even ovarian atrophy, further contributing to disrupted menstrual cycles. In contrast, while pituitary dysfunction, hypothalamic dysfunction, and adrenal tumors can also lead to amenorrhea, they are not directly tied to the use of exogenous androgens in the same way. These conditions involve different physiological mechanisms and sources of hormonal imbalance that are not primarily induced by androgen intake.

7. What is the primary cause of Kallmann syndrome?

A. Hormonal imbalance

B. Isolated gonadotropin deficiency

C. Genetic mutation

D. Structural abnormality

Kallmann syndrome primarily stems from isolated gonadotropin deficiency, which is caused by a failure of the hypothalamus to produce sufficient amounts of gonadotropin-releasing hormone (GnRH). This insufficiency leads to reduced secretion of the pituitary hormones LH (luteinizing hormone) and FSH (follicle-stimulating hormone), which are crucial for normal sex development and function. In individuals with Kallmann syndrome, this hormonal deficiency often manifests as delayed or absent puberty, infertility, and possibly other associated symptoms such as anosmia (loss of the sense of smell), due to the developmental issues that occur in the hypothalamus during embryonic life. While genetic mutations can indeed play a role in the development of Kallmann syndrome, the core issue revolves around the isolated deficiency of gonadotropins, making it a primary cause in the context of this condition. In contrast, hormonal imbalances could encompass a wide range of conditions and are too broad to specifically define Kallmann syndrome. Genetic mutations, though relevant to some cases of the syndrome, are not the primary pathological mechanism but rather part of a larger picture. Structural abnormalities may occur in some presenting features of Kallmann syndrome; however,

8. What screening tool is commonly used to assess risk factors for domestic violence?

A. HITS (Hurt, Insult, Threaten, Scream)

B. PHQ-9 (Patient Health Questionnaire)

C. Beck Depression Inventory

D. GAD-7 (Generalized Anxiety Disorder)

The HITS screening tool, which stands for Hurt, Insult, Threaten, and Scream, is specifically designed to assess the risk factors associated with domestic violence. It consists of four straightforward questions that inquire about the experiences of individuals regarding the behaviors listed. This tool helps healthcare providers identify patients who may be experiencing intimate partner violence and assists in determining the severity and frequency of these experiences. Using HITS is particularly beneficial in clinical settings because it allows practitioners to address a sensitive topic in a structured and respectful manner. The results can guide further assessment, intervention, and referrals to appropriate support services for individuals at risk. In contrast, other options such as the PHQ-9, Beck Depression Inventory, and GAD-7 are primarily focused on assessing mental health issues, such as depression and anxiety. While these assessments are valuable in their domains, they do not specifically target domestic violence risk factors. Thus, HITS is the appropriate choice when the objective is to evaluate potential domestic violence experiences.

9. What is the MCV threshold for macrocytic anemia?

A. MCV greater than 95

B. MCV greater than 100

C. MCV greater than 110

D. MCV greater than 105

Macrocytic anemia is characterized by the presence of large red blood cells, and this condition is typically identified by evaluating the mean corpuscular volume (MCV) of the red blood cells. The threshold for diagnosing macrocytic anemia is set at an MCV greater than 100 femtoliters. This measurement indicates that the red blood cells are larger than normal, which commonly occurs due to vitamin B12 deficiency, folate deficiency, or other underlying conditions. An MCV value above 100 indicates that the increase in cell size is significant enough to warrant concern for macrocytic anemia. Values above this threshold help healthcare providers make diagnoses and guide further diagnostic work-up and treatment. This distinction is essential in clinical practice, as proper identification and management of macrocytic anemia can prevent complications associated with its underlying causes.

10. Which condition leads to an increased risk of amenorrhea due to high prolactin levels?

A. Pituitary tumors

B. Turner syndrome

C. Fragile X syndrome

D. Hyperthyroidism

Pituitary tumors, particularly prolactin-secreting adenomas (also known as prolactinomas), lead to increased levels of prolactin in the bloodstream. Elevated prolactin can disrupt the normal regulation of the menstrual cycle by inhibiting the secretion of gonadotropin-releasing hormone (GnRH) from the hypothalamus. GnRH is essential for stimulating the pituitary gland to produce follicle-stimulating hormone (FSH) and luteinizing hormone (LH), both of which are critical for ovulation and the maintenance of menstruation. As a result, women with high prolactin levels due to pituitary tumors often experience amenorrhea or irregular menstrual cycles. In contrast, conditions such as Turner syndrome and Fragile X syndrome are genetic disorders that can lead to premature ovarian insufficiency and secondary amenorrhea, but they do not primarily involve hyperprolactinemia as a causative factor. Hyperthyroidism could potentially affect menstruation, but it is generally associated with a decrease in prolactin levels rather than an increase. Therefore, the link between pituitary tumors and elevated prolactin is the key factor that makes this answer the best choice regarding the risk of amenorrhea.