

# NCLEX Adrenal Disorders 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 serum electrolyte abnormality is most characteristic of hyperaldosteronism?**
  - A. Hyponatremia**
  - B. Hypokalemia**
  - C. Hyperkalemia**
  - D. Hyponatremia**
  
- 2. Which hormone stimulates the adrenal cortex to produce cortisol?**
  - A. ACTH**
  - B. ADH**
  - C. TSH**
  - D. ANP**
  
- 3. Which sign is a typical feature of Cushing's syndrome that a nurse should monitor?**
  - A. Anorexia**
  - B. Dizziness**
  - C. Weight loss**
  - D. Moon face**
  
- 4. The adrenal cortex is responsible for producing which substances?**
  - A. Glucocorticoids and androgens**
  - B. Catecholamines and epinephrine**
  - C. Mineralocorticoids and catecholamines**
  - D. Norepinephrine and epinephrine**
  
- 5. A nurse assessing for Cushing's syndrome would expect which of the following fat distribution patterns?**
  - A. Hypotension**
  - B. Thick, coarse skin**
  - C. Deposits of adipose tissue in the trunk and dorsocervical area**
  - D. Weight gain in arms and legs**

- 6. Which medication acts as a mineralocorticoid replacement in Addison's disease?**
- A. Hydrocortisone**
  - B. Fludrocortisone**
  - C. Dexamethasone**
  - D. Prednisone**
- 7. Why is abrupt cessation of long-term high-dose corticosteroid therapy risky?**
- A. It increases lymphocytes.**
  - B. It suppresses the hypothalamic-pituitary-adrenal axis.**
  - C. It increases cortisol production.**
  - D. It reduces immune function.**
- 8. What is the primary treatment for pheochromocytoma?**
- A. Adrenalectomy**
  - B. Chemotherapy**
  - C. Insulin therapy**
  - D. Radiation**
- 9. Excess cortisol in Cushing's syndrome leads to which effect on the immune system?**
- A. Increased antibody production**
  - B. Impaired antibody function**
  - C. Increased lymphocyte proliferation**
  - D. Enhanced neutrophil activity**
- 10. Which adrenal gland region secretes catecholamines?**
- A. Adrenal Cortex**
  - B. Adrenal Zona Fasciculata**
  - C. Adrenal Medulla**
  - D. Adrenal Glomerulosa**

## Answers

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

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## **Explanations**

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**1. Which serum electrolyte abnormality is most characteristic of hyperaldosteronism?**

- A. Hyponatremia
- B. Hyponatremia
- C. Hypokalemia**
- D. Hyperkalemia

The key idea is that excess aldosterone drives potassium loss in the kidneys. In hyperaldosteronism, aldosterone acts on the distal tubules to reabsorb sodium and excrete potassium (and hydrogen ions). This typically raises sodium levels and blood pressure, and most characteristically lowers serum potassium, leading to hypokalemia. The low potassium can cause weakness, fatigue, and arrhythmias if severe. Hyponatremia would not fit with aldosterone's sodium-retaining effect, and hyperkalemia would be the opposite of what occurs with excess aldosterone. So, the serum electrolyte abnormality that best fits hyperaldosteronism is hypokalemia.

**2. Which hormone stimulates the adrenal cortex to produce cortisol?**

- A. ACTH**
- B. ADH
- C. TSH
- D. ANP

Cortisol production by the adrenal cortex is driven by adrenocorticotropic hormone (ACTH) from the anterior pituitary, which in turn is stimulated by corticotropin-releasing hormone from the hypothalamus. When ACTH binds to receptors on adrenal cortex cells, it promotes the synthesis and release of cortisol. This is all part of the hypothalamic-pituitary-adrenal axis, with cortisol exerting widespread metabolic and anti-inflammatory effects and feeding back to suppress ACTH and CRH when levels rise. The other hormones have different targets and roles: antidiuretic hormone acts on the kidneys to conserve water; thyroid-stimulating hormone prompts the thyroid to produce T3 and T4; and atrial natriuretic peptide helps regulate blood volume and pressure via the heart and kidneys. None of these stimulate the adrenal cortex to produce cortisol.

**3. Which sign is a typical feature of Cushing's syndrome that a nurse should monitor?**

- A. Anorexia
- B. Dizziness
- C. Weight loss
- D. Moon face**

High cortisol levels in Cushing's syndrome cause fat to redistribute and fluids to retain, leading to a distinctive round, full face called a moon face. This facial change is a classic sign clinicians look for when assessing for hypercortisolism and monitoring treatment response. Weight gain due to increased fat and fluid is more typical in Cushing's, so weight loss and anorexia are not characteristic features. Dizziness is not a hallmark of Cushing's syndrome either. In practice, noticing a moon-like face helps point to excess cortisol and guides further evaluation and management.

4. The adrenal cortex is responsible for producing which substances?

- A. Glucocorticoids and androgens**
- B. Catecholamines and epinephrine
- C. Mineralocorticoids and catecholamines
- D. Norepinephrine and epinephrine

The adrenal cortex makes glucocorticoids and androgens, with mineralocorticoids also being produced there. Catecholamines like epinephrine and norepinephrine come from the adrenal medulla, not the cortex. So the pair that reflects cortex-derived hormones is glucocorticoids and androgens – representing the cortex’s steroid hormone output.

5. A nurse assessing for Cushing's syndrome would expect which of the following fat distribution patterns?

- A. Hypotension
- B. Thick, coarse skin
- C. Deposits of adipose tissue in the trunk and dorsocervical area**
- D. Weight gain in arms and legs

Excess cortisol redistributes fat to the trunk and upper back, creating central obesity with a dorsocervical fat pad (the buffalo hump). This trunk-dorsocervical pattern is the hallmark you’d expect in Cushing's syndrome and explains why deposits in the trunk and dorsocervical area are the best match for the described fat distribution. Other ideas don’t fit the pattern as neatly: hypotension isn’t the defining fat distribution feature (hypertension is more typical with cortisol excess). Thick, coarse skin isn’t characteristic because Cushing’s usually causes thinning of the skin with easy bruising and purple striae. Weight gain in the arms and legs would be unusual, since the limbs tend to be relatively slender or wasted due to protein breakdown and redistribution of fat toward the trunk and dorsocervical region.

6. Which medication acts as a mineralocorticoid replacement in Addison's disease?

- A. Hydrocortisone
- B. Fludrocortisone**
- C. Dexamethasone
- D. Prednisone

In Addison’s disease, there is a deficiency of aldosterone, which leads to salt wasting, low blood pressure, and electrolyte imbalances. The medication that provides a dedicated mineralocorticoid effect is fludrocortisone. It acts like aldosterone at the distal nephron, promoting sodium reabsorption and potassium excretion to help restore circulating volume and maintain electrolytes and blood pressure. In practice, fludrocortisone is often used alongside a glucocorticoid (such as hydrocortisone) to address cortisol deficiency; hydrocortisone has some mineralocorticoid activity but is mainly for glucocorticoid replacement. The other options are primarily glucocorticoids with little mineralocorticoid effect, so they don’t serve well as mineralocorticoid replacement. Monitoring focuses on electrolytes, blood pressure, weight, and signs of fluid balance, with plasma renin activity helping fine-tune the dose.

**7. Why is abrupt cessation of long-term high-dose corticosteroid therapy risky?**

- A. It increases lymphocytes.**
- B. It suppresses the hypothalamic-pituitary-adrenal axis.**
- C. It increases cortisol production.**
- D. It reduces immune function.**

Abruptly stopping long-term high-dose corticosteroids is dangerous because these medications suppress the hypothalamic-pituitary-adrenal (HPA) axis. With chronic use, negative feedback reduces CRH, ACTH, and, over time, adrenocortical atrophy occurs. If the steroids are stopped suddenly, the adrenal glands may not be able to produce enough endogenous cortisol to meet the body's needs, especially during stress, illness, or injury. This can trigger adrenal insufficiency or an adrenal crisis, characterized by symptoms such as fatigue, weakness, low blood pressure, hypoglycemia, abdominal pain, and shock. The important takeaway is that the risk is not about increasing cortisol or boosting immune function; it's about the body's own cortisol production being suppressed and failing to respond when the external source is removed. This is why gradual tapering is essential to allow the HPA axis to recover and resume normal cortisol production.

**8. What is the primary treatment for pheochromocytoma?**

- A. Adrenalectomy**
- B. Chemotherapy**
- C. Insulin therapy**
- D. Radiation**

Pheochromocytoma is a tumor that overproduces catecholamines, leading to dangerous hypertension and other adrenergic symptoms. The definitive, primary treatment is surgical removal of the tumor, usually by adrenalectomy. Removing the source of excess catecholamines cures or greatly improves the condition in most patients. Because these tumors can trigger dramatic blood pressure spikes during manipulation, preoperative preparation is essential: start alpha-adrenergic blockade (for example, phenoxybenzamine) to control blood pressure and widen stability, and ensure adequate volume expansion. Beta-blockers may be added after alpha blockade if tachycardia persists. This pre-op optimization reduces the risk of intraoperative hypertensive crises and arrhythmias. Chemotherapy or radiation might be considered for malignant or unresectable disease, but they are not the primary treatment. Insulin therapy is not a treatment for pheochromocytoma.

**9. Excess cortisol in Cushing's syndrome leads to which effect on the immune system?**

- A. Increased antibody production**
- B. Impaired antibody function**
- C. Increased lymphocyte proliferation**
- D. Enhanced neutrophil activity**

Excess cortisol suppresses immune function, especially the aspects of the immune system that rely on antibodies. High cortisol reduces B-cell activity and antibody production, and it also dampens the overall antibody response so antibodies are less effective at recognizing and neutralizing antigens. This is why impaired antibody function is the best choice—the immune system's humoral defense is weakened rather than strengthened by cortisol excess. Cortisol can raise circulating neutrophil counts by demargination, but it does not enhance neutrophil function; it impairs chemotaxis and phagocytosis. It also suppresses lymphocyte proliferation and T-cell activity, further illustrating the overall immunosuppressive effect.

**10. Which adrenal gland region secretes catecholamines?**

- A. Adrenal Cortex**
- B. Adrenal Zona Fasciculata**
- C. Adrenal Medulla**
- D. Adrenal Glomerulosa**

Catecholamines are secreted by the adrenal medulla. The medulla, the inner part of the gland, contains chromaffin cells that release epinephrine and norepinephrine into the bloodstream in response to sympathetic stimulation. This quick release drives the fight-or-flight response—raising heart rate and contractility, constricting certain blood vessels to elevate blood pressure, widening airways, and promoting glucose release for immediate energy. In contrast, the adrenal cortex is organized into zones that produce steroids: aldosterone from the zona glomerulosa, cortisol from the zona fasciculata, and androgens from the zona reticularis. Thus, catecholamines come from the adrenal medulla.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nclexadrenaldisorders.examzify.com>**

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

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