PANCE Endocrinology Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://panceendocrinology.examzify.com

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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.

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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!

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Questions

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1. **In Hyperosmolar Hyperglycemic State (HHS) management, the initial focus is on what?**

   A. Immediate insulin before fluids.

   B. Aggressive IV fluids.

   C. Avoid fluids due to edema risk.

   D. Focus only on potassium.

2. **Which class of antihyperglycemic agents primarily increases insulin sensitivity?**

   A. DPP-4 inhibitors

   B. Biguanides

   C. Thiazolidinediones

   D. Sulfonylureas

3. **To distinguish ACTH-dependent from ACTH-independent endogenous Cushing's syndrome, which test is used first?**

   A. Plasma ACTH level

   B. Late-night salivary cortisol

   C. 24-hour urinary free cortisol

   D. Dexamethasone suppression test

4. **Central hypothyroidism is characterized by which of the following?**

   A. High TSH with low T4

   B. Insufficient stimulation of the thyroid by TSH leading to low thyroid hormone

   C. Autoimmune destruction of thyroid tissue

   D. Normal TSH with high T4

5. **Which is a common adverse effect associated with sulfonylureas?**

   A. Hypoglycemia

   B. Weight loss

   C. Hypertension

   D. Renal failure

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6. Which postpartum consideration is recommended in the management of thyroid disease during pregnancy?

A. Monitor for postpartum thyroiditis

B. Avoid monitoring after delivery

C. Initiate antithyroid therapy postpartum without testing

D. Administer radioactive iodine postpartum

7. Which symptom is commonly associated with hypothyroidism?

A. Weight gain

B. Weight loss

C. Diarrhea

D. Heat intolerance

8. What is the most common cause of Cushing's syndrome overall?

A. Exogenous glucocorticoid therapy

B. ACTH-secreting pituitary adenoma

C. Adrenal cortical carcinoma

D. Ectopic ACTH-secreting tumor

9. Which statement is NOT typical of acromegaly?

A. Weight gain

B. Macroglossia

C. Cognitive decline

D. Coarsening of facial features

10. What is the first-line pharmacologic therapy for most adults with type 2 diabetes?

A. Insulin.

B. Metformin.

C. Sulfonylurea.

D. GLP-1 receptor agonist.

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Answers

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

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Explanations

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1. In Hyperosmolar Hyperglycemic State (HHS) management, the initial focus is on what?

A. Immediate insulin before fluids.

B. Aggressive IV fluids.

C. Avoid fluids due to edema risk.

D. Focus only on potassium.

In Hyperosmolar Hyperglycemic State, the most urgent problem is profound dehydration with reduced intravascular volume from osmotic diuresis. The initial priority is aggressive IV fluid resuscitation to restore perfusion, improve kidney function, and begin correcting the hyperosmolar state. Normal saline is started to expand circulating volume, and once the patient is hemodynamically stable and glucose falls toward 200–250 mg/dL, you can transition to dextrose-containing fluids as insulin therapy continues. Starting insulin before adequate fluid resuscitation is avoided because it can precipitate worsening hypotension and potentially cerebral edema by rapidly shifting fluids and electrolytes in a volume-depleted patient. Potassium management is important, but it does not take priority over correcting volume status; total body potassium is depleted even if serum levels seem normal or high, and insulin will drive potassium into cells, so you monitor and replete as needed while fluids are being given and before or with insulin initiation. The focus on fluids is the right first step because without restoring volume, other therapies lose effectiveness and can cause harm.

2. Which class of antihyperglycemic agents primarily increases insulin sensitivity?

A. DPP-4 inhibitors

B. Biguanides

C. Thiazolidinediones

D. Sulfonylureas

Insulin resistance is best addressed by agents that improve how tissues respond to insulin rather than by increasing insulin release. Thiazolidinediones activate a Nuclear receptor called PPAR-gamma, which changes gene expression to enhance insulin sensitivity in muscle and adipose tissue and to redistribute fat in a way that lowers harmful lipid levels. The net effect is better glucose uptake and decreased hepatic glucose production without forcing more insulin. In contrast, other options work differently: DPP-4 inhibitors raise incretin hormones to boost insulin secretion and suppress glucagon; sulfonylureas stimulate the pancreas to release more insulin; metformin (a biguanide) mainly reduces glucose production by the liver and only secondarily improves insulin sensitivity. Because the primary action here is increasing tissue responsiveness to insulin, thiazolidinediones are the best fit.

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3. To distinguish ACTH-dependent from ACTH-independent endogenous Cushing's syndrome, which test is used first?

A. Plasma ACTH level

B. Late-night salivary cortisol

C. 24-hour urinary free cortisol

D. Dexamethasone suppression test

Measuring plasma ACTH level is the first step in differentiating ACTH-dependent from ACTH-independent Cushing's syndrome. Once hypercortisolism is established with screening tests, the ACTH value tells you whether cortisol is being driven by ACTH or produced independently by the adrenal gland. If the ACTH level is suppressed, the excess cortisol comes from an ACTH-independent adrenal source, such as an adrenal adenoma or hyperplasia. If the ACTH level is high or inappropriately normal despite high cortisol, the syndrome is ACTH-dependent, indicating pituitary or ectopic ACTH production. Those results then guide further testing to distinguish pituitary from ectopic sources, for example with high-dose dexamethasone suppression testing or CRH stimulation, along with targeted imaging. Tests that simply confirm hypercortisolism (like late-night salivary cortisol or 24-hour urinary free cortisol) show that cortisol is elevated but do not identify the source, so they're not used to distinguish ACTH-dependent from ACTH-independent.

4. Central hypothyroidism is characterized by which of the following?

A. High TSH with low T4

B. Insufficient stimulation of the thyroid by TSH leading to low thyroid hormone

C. Autoimmune destruction of thyroid tissue

D. Normal TSH with high T4

Central hypothyroidism happens when the pituitary or hypothalamus can't provide enough stimulation to the thyroid. That leads to insufficient TSH release (or an inappropriately normal TSH) and, as a result, low thyroid hormone production. The defining pattern is low thyroid hormone with a TSH that isn't elevated as it would be in primary thyroid failure. So the description of insufficient stimulation of the thyroid by TSH leading to low thyroid hormone best fits central hypothyroidism. In contrast, autoimmune destruction of the thyroid causes primary hypothyroidism with high TSH, and a normal TSH with high T4 isn't a hypothyroid state.

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5. Which is a common adverse effect associated with sulfonylureas?

A. Hypoglycemia

B. Weight loss

C. Hypertension

D. Renal failure

Sulfonylureas stimulate insulin release from pancreatic beta cells, which lowers blood glucose. Because this increases circulating insulin, the most common adverse effect is hypoglycemia, especially if meals are missed, in older adults, with renal/hepatic impairment, or when combined with other glucose-lowering drugs. The symptoms can range from tremor and sweating to confusion, and management involves rapid-acting carbohydrates and adjusting therapy to reduce this risk. Other choices don't fit as typical adverse effects: hypertension and renal failure aren't direct drug-related outcomes, and weight loss isn't expected (these agents more often cause weight gain due to higher insulin levels).

6. Which postpartum consideration is recommended in the management of thyroid disease during pregnancy?

A. Monitor for postpartum thyroiditis

B. Avoid monitoring after delivery

C. Initiate antithyroid therapy postpartum without testing

D. Administer radioactive iodine postpartum

Postpartum thyroiditis is a known complication that can occur after delivery, especially in women with autoimmune thyroid disease. The main idea here is to actively monitor thyroid function during the postpartum period because thyroid status can swing from hyperthyroid-like symptoms to hypothyroid over weeks to months. Early detection allows appropriate management: if thyrotoxicosis dominates, you manage symptoms and avoid unnecessary antithyroid drugs; if hypothyroidism follows, you can start thyroid hormone replacement as needed. Many cases resolve, but some women develop long-lasting hypothyroidism, so follow-up is important. Monitoring after delivery is preferred because blindly treating without confirming the current thyroid state can cause overtreatment or undertreatment. Initiating antithyroid therapy without testing is not appropriate, since postpartum thyrotoxicosis may be due to transient postpartum thyroiditis rather than active Graves' disease requiring antithyroid drugs. Radioactive iodine is not a routine postpartum measure and is generally avoided during pregnancy and lactation; if needed for hyperthyroidism, it's considered only after lactation has ceased and with proper evaluation, not as an immediate postpartum protocol. So, the recommended postpartum approach is to monitor for postpartum thyroiditis and tailor management to the actual thyroid function findings as they evolve.

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7. Which symptom is commonly associated with hypothyroidism?

A. Weight gain

B. Weight loss

C. Diarrhea

D. Heat intolerance

Hypothyroidism slows the body's metabolic rate, so energy expenditure drops and weight gain is a common, typical symptom. The other options point to increased thyroid hormone: weight loss reflects higher metabolism, diarrhea indicates increased gut motility, and heat intolerance occurs with excess thyroid hormone. In this context, the slower metabolism of hypothyroidism makes weight gain the most characteristic feature.

8. What is the most common cause of Cushing's syndrome overall?

A. Exogenous glucocorticoid therapy

B. ACTH-secreting pituitary adenoma

C. Adrenal cortical carcinoma

D. Ectopic ACTH-secreting tumor

Cushing syndrome most often comes from outside the body, not from the body's own cortisol production. Exogenous glucocorticoid therapy—i.e., taking steroids for another condition—is the largest, most common cause overall. These externally administered steroids produce cortisol-like effects and suppress the hypothalamic-pituitary-adrenal axis, so endogenous ACTH and cortisol production fall. Because of this, the iatrogenic form is far more common than endogenous causes. Among endogenous sources, a pituitary ACTH-secreting adenoma (Cushing disease) is the most frequent, with ectopic ACTH secretion and adrenal cortisol-producing tumors being less common. So, while endogenous causes exist, the dominant reason for Cushing syndrome overall is external glucocorticoid use.

9. Which statement is NOT typical of acromegaly?

A. Weight gain

B. Macroglossia

C. Cognitive decline

D. Coarsening of facial features

Excess growth hormone in acromegaly leads to gradual overgrowth of bone and soft tissues after growth plates close, so you see features like enlarged hands and feet, coarsened facial features, and macroglossia from tissue expansion. Macroglossia is a classic sign because the tongue enlarges and can cause speech changes or sleep apnea. The facial changes occur as the skull and facial bones remodel and soft tissues expand, giving that characteristic coarse appearance. Weight changes can accompany the condition due to increased soft tissue mass and metabolic effects, so weight gain fits the pattern of acromegaly. Cognitive decline, however, is not a typical feature of acromegaly. The condition generally does not cause progressive cognitive deterioration; if cognitive issues occur, they're not part of the core presentation and may arise from separate problems such as sleep apnea or other comorbidities, not from the glandular overgrowth itself.

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10. What is the first-line pharmacologic therapy for most adults with type 2 diabetes?

A. Insulin.

B. Metformin.

C. Sulfonylurea.

D. GLP-1 receptor agonist.

Metformin is the first-line pharmacologic therapy for most adults with type 2 diabetes because it lowers hepatic glucose production and improves insulin sensitivity, leading to meaningful A1c reductions with a low risk of hypoglycemia. It also tends to be weight-neutral or modestly weight-reducing and has a strong safety and cost profile, with cardiovascular benefits supported by long-standing trial data and current guidelines. Insulin is typically reserved for those with more advanced disease, high A1c despite oral therapy, or specific clinical situations. Sulfonylureas can lower glucose but carry a higher risk of hypoglycemia and weight gain. GLP-1 receptor agonists are effective and can aid in weight loss but require injections and are more expensive, so they're usually added after metformin if further control is needed.

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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://panceendocrinology.examzify.com

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

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