

American Board of Family Medicine

Knowledge Self-Assessment Questions: Health Behavior

Note: The order in which these questions are listed is the order in which they will be presented the first time through the Knowledge Self-Assessment. On subsequent visits to the assessment, the questions will be presented in groups organized by competency (content area).

1. True statements regarding smoking and cancer include which of the following?
(Mark all that are true.)

- Smoking causes cancer in only three organ systems
- Smoking is causally linked to adult myeloid leukemia
- Lung cancer causes fewer deaths in women than breast cancer
- Smoking causes prostate cancer

The Health Consequences of Smoking: A Report of the Surgeon General. US Dept of Health and Human Services, Office on Smoking and Health, 2004.

US Dept of Health and Human Services: *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General: Executive Summary.* National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

(Last Modified: March 2015)

(Last Reviewed: March 2015)

2. A 40-year-old female sees you for a routine evaluation. She reports difficulty becoming sexually aroused with her spouse of 10 years, and says she often cannot achieve orgasm. She takes sertraline (Zoloft) for anxiety, but is otherwise healthy. Her physical examination is normal.

Recommended general measures to help with her sexual dysfunction include which of the following? (Mark all that are true.)

- Increasing the dosage of sertraline
- Sensate-focus exercises
- The use of fantasy to provide distraction
- Kegel exercises (pelvic muscle contraction and relaxation) during intercourse

Laumann EO, Paik A, Rosen RC: Sexual dysfunction in the United States: Prevalence and predictors. *JAMA*

1999;281(6):537-544.

Phillips NA: Female sexual dysfunction: Evaluation and treatment. *Am Fam Physician* 2000;62(1):127-136, 141-142.

Basson R: Women's sexual desire and arousal disorders. *Prim Psychiatry* 2008;15(9):72-91.

(Last Modified: September 2011)

(Last Reviewed: September 2011)

3. A young couple comes to your office for an initial prenatal visit. At the end of the visit, the mother mentions that her two other children are substantially overweight, and asks what she can do to help prevent obesity in this child.

Which of the following recommendations are supported by good evidence? (Mark all that are true.)

- No television before the age of 2 years
- Introducing solid foods at 3 months of age to help the baby feel more full
- Breastfeeding
- Changing to reduced-fat milk at 12 months of age
- Offering juice before milk, starting at 6 months of age
- Parental modeling of healthy lifestyles

Council on Sports Medicine and Fitness; Council on School Health: Active healthy living: Prevention of childhood obesity through increased physical activity. *Pediatrics* 2006;117(5):1834-1842.

Daniels SR, Hassink SG; Committee on Nutrition: The role of the pediatrician in primary prevention of obesity. *Pediatrics* 2015;136(1):e275-e292.

Heyman MB, Abrams SA; Section on Gastroenterology, Hepatology, and Nutrition; Committee on Nutrition: Fruit Juice in infants, children, and adolescents: Current recommendations. *Pediatrics* 2017;139(6):e20170967.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

4. In children, risk factors for being overweight include which of the following? (Mark all that are true.)

- Birth weight categorized as low for gestational age
- High birth weight
- High socioeconomic level
- BMI >25 kg/m²
- An increase in BMI of 2 kg/m² in 1 year

Daniels SR, Hassink SG; Committee on Nutrition: The role of the pediatrician in primary prevention of obesity.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

5. A 72-year-old female sees you for a routine evaluation. She has well-controlled hypertension and is otherwise in good health. She comments that she recently slipped and fell on her hip and is now concerned that she may fall and actually break her hip. She asks if there is anything she can do to prevent further falls.

Which one of the following would be appropriate advice?

- A) Karate has been proven to improve balance
- B) Tai chi has been proven to decrease the risk of falls
- C) Stretching programs have the highest success rate for decreasing injurious falls
- D) Exercise could increase her blood pressure and thus increase her risk of stroke and subsequent falls
- E) She should increase her calcium intake, but exercise is not necessary because she is not at high risk for further falls

Falls among older adults: An overview. Centers for Disease Control and Prevention, 2007.

Li F, Harmer P, Fisher KJ, et al: Tai chi and fall reductions in older adults: A randomized controlled trial. *J Gerontol A Biol Sci Med Sci* 2005;60(2):187-194.

Verhagen AP, Immink M, van der Muelen A, et al: The efficacy of Tai Chi Chuan in older adults: A systematic review. *Fam Pract* 2004;21(1):107-113.

Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society: Summary of the Updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. *J Am Geriatr Soc* 2011;59(1):148-157.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

6. Behavioral therapy interventions for weight loss are contraindicated in which of the following? (Mark all that are true.)

- Pregnant or lactating women
- Patients with a controlled psychiatric disorder
- Patients with active substance abuse
- Patients who plan to undergo bariatric surgery

- Patients with a history of anorexia nervosa or bulimia nervosa

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults; North American Association for the Study of Obesity Practical Guide Development Committee: *Obesity: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute, 2000, NIH pub no 00-4084.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

7. Complications of smoking during pregnancy include which of the following? (Mark all that are true.)

- Low birth weight and premature delivery
- Preeclampsia
- Abruptio placentae
- Congenital atrial septal defects
- Ectopic pregnancy
- Spontaneous abortion

Cnattingius S: The epidemiology of smoking during pregnancy: Smoking prevalence, maternal characteristics, and pregnancy outcomes. *Nicotine Tob Res* 2004;6(Suppl 2):S125-S140.

The 2001 Surgeon General's report—Women and smoking. US Dept of Health and Human Services, Office on Smoking and Health, 2001.

US Dept of Health and Human Services: *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General: Executive Summary*. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

(Last Modified: December 2014)

(Last Reviewed: December 2014)

8. True statements about aerobic exercise in older patients include which of the following? (Mark all that are true.)

- Exercise is superior to social intervention in the treatment of depression
- Patients with coronary heart disease should be instructed to perform regular light to moderate aerobic exercise
- The American Heart Association recommends a target heart rate range of 100–155 beats/min for a 70-year-old adult during exercise
- Men are more likely than women to report engaging in no physical activity

Mather AS, Rodriguez C, Guthrie MF, et al: Effects of exercise on depressive symptoms in older adults with poorly

responsive depressive disorder: Randomised controlled trial. *Br J Psychiatry* 2002;180:411-415.

Wannamethee SG, Shaper AG, Walker M: Physical activity and mortality in older men with diagnosed coronary heart disease. *Circulation* 2000;102(12):1358-1363.

Warburton DE, Nicol CW, Bredin SS: Health benefits of physical activity: The evidence. *CMAJ* 2006;174(6):801-809.

Elsawy B, Higgins KE: Physical activity guidelines for older adults. *Am Fam Physician* 2010;81(1):55-59.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

9. A 13-year-old male is brought to your office by his mother for a routine annual examination. When you question the patient about substance abuse, the mother explains that the child's father drinks heavily and smokes in their home but the son has never seemed interested. Just before you leave the examination room, the mother asks to speak with you in private. She explains that she found a dirty rag in her son's room and asks for information about inhalant abuse.

Which one of the following would be accurate advice?

- A) Children who abuse inhalants are more likely to use other illicit drugs
- B) A urine drug test can be used to detect inhalant abuse
- C) It is usually obvious in the office setting whether a patient is abusing inhalants
- D) The mean age of first-time inhalant use is 15 years of age
- E) Rates of inhalant abuse are highest in African-Americans

Anderson CE, Loomis GA: Recognition and prevention of inhalant abuse. *Am Fam Physician* 2003;68(5):869-874.

National Institute on Drug Abuse: *Inhalant Abuse*. National Institutes of Health, 2010, pub no 10-3818.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

10. True statements regarding the use of varenicline (Chantix) for smoking cessation include which of the following? (Mark all that are true.)

- It has both nicotine receptor-agonist and nicotine receptor-antagonist properties
- It may increase the risk of certain cardiovascular adverse events in patients with cardiovascular disease
- It is known to be safe in pregnancy
- It has been shown to be safe and effective in combination with nicotine replacement therapy
- It is less effective than bupropion for smoking cessation

Jorenby DE, Hays JT, Rigotti N, et al: Efficacy of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: A randomized controlled trial. *JAMA* 2006;296(1):56-63.

Nides M, Oncken C, Gonzales D, et al: Smoking cessation with varenicline, a selective alpha4beta2 nicotinic receptor partial agonist: Results from a 7-week, randomized, placebo- and bupropion-controlled trial with 1-year follow-up. *Arch Intern Med* 2006;166(15):1561-1568.

Koegelenberg CF, Noor F, Bateman ED, et al: Efficacy of varenicline combined with nicotine replacement therapy vs varenicline alone for smoking cessation: A randomized clinical trial. *JAMA* 2014;312(2):155-161.

FDA Drug Safety Communication: Safety review update of Chantix (varenicline) and risk of cardiovascular adverse events. US Food and Drug Administration, 2012.

Cahill K, Lindson-Hawley N, Thomas KH, et al: Nicotine receptor partial agonists for smoking cessation. *Cochrane Database Syst Rev* 2016;(5):CD006103.

(Last Modified: August 2014)

(Last Reviewed: August 2014)

11. True statements regarding the consumption of trans fatty acids include which of the following? (Mark all that are true.)

- In the United States the main sources are meats and dairy products
- They result in a rise in LDL-cholesterol and a reduction in HDL-cholesterol
- They have been linked to vascular inflammation and elevation of C-reactive protein
- Consumers can avoid them by consuming foods with zero trans fatty acids listed on the nutrition label
- Consumers should be advised to avoid foods containing hydrogenated oils

Mozaffarian D, Katan MB, Ascherio A, et al: Trans fatty acids and cardiovascular disease. *N Engl J Med* 2006;354(15):1601-1613.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

12. Which of the following should trigger concern about possible sexual abuse? (Mark all that are true.)

- A 5-year-old girl using the term “vagina” to describe her anatomy
- A 7-year-old boy masturbating in the bathtub
- A 4-year-old boy and a 3-year-old girl playing “doctor” and showing each other their genitalia
- A 12-year-old boy touching the genitals of a 5-year-old neighbor

American Academy of Pediatrics: Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence: Sexuality education for children and adolescents. *Pediatrics* 2001;108(2):498-502.

Lahoti SL, McClain N, Girardet R, et al: Evaluating the child for sexual abuse. *Am Fam Physician* 2001;63(5):883-892.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

13. A 47-year-old female has been a patient of yours for many years. She continues to smoke almost 2 packs of cigarettes a day and has a number of problems including hypertension, repeated bouts of bronchitis, allergies, and insomnia. During a visit today, the patient admits that smoking has been bad for her health and that she should quit, but she is under a great deal of stress right now at work and wants to wait about 6 months before attempting to quit.

Which stage of change is this patient in?

- A) Precontemplation
- B) Contemplation
- C) Preparation
- D) Action
- E) Maintenance

Step toe A, Kerry S, Rink E, et al: The impact of behavioral counseling on stage of change in fat intake, physical activity, and cigarette smoking in adults at increased risk of coronary heart disease. *Am J Public Health* 2001;91(2):265-269.

Zimmerman GL, Olsen CG, Bosworth MF: A "stages of change" approach to helping patients change behavior. *Am Fam Physician* 2000;61(5):1409-1416.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

14. Components of effective brief behavioral interventions for managing hazardous drinkers include which of the following? (Mark all that are true.)

- Comparisons to drinking norms
- Feedback on the results of a clinical assessment
- A recommendation that the patient abstain from alcohol completely
- Patient education materials
- Repeated office sessions and telephone contact to reinforce the intervention

Fiellin DA, Reid C, O'Connor PG: Outpatient management of patients with alcohol problems. *Ann Intern Med*

2000;133(10):815-827.

Saitz R: Unhealthy alcohol use. *N Engl J Med* 2005;352(6):596-607.

Final Recommendation Statement: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions. US Preventive Services Task Force, 2018.

(Last Modified: January 2008)

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15. A 17-year-old patient asks about pharmacologic options to consider as part of her plan to lose weight. Accurate advice would include which of the following? (Mark all that are true.)

- Weight loss that occurs while a patient is taking these agents is usually sustained after discontinuation of the agent
- Pharmacologic intervention in the absence of lifestyle intervention can decrease a person's ability to lose weight
- Orlistat (Alli, Xenical) is not approved for use in adolescents
- The majority of weight loss with orlistat occurs in the first 6–9 months of treatment
- Locaserin (Belviiq) is available only at certified pharmacies because of its teratogenic risk

Padwal R, Li SK, Lau DCW: Long-term pharmacotherapy for obesity and overweight. *Cochrane Database Syst Rev* 2003;(4):CD004094.

Shepard TM: Effective management of obesity. *J Fam Pract* 2003;52(1):34-42.

Belviiq package insert. Arena Pharmaceuticals, 2012.

Qsymia package insert. VIVUS Inc, 2013.

Patient information: XENICAL (zen'i-cal) (orlistat) capsules. CHEPLAPHARM Arzneimittel GmbH, 2017.

(Last Modified: July 2013)

(Last Reviewed: July 2013)

16. True statements regarding pharmacotherapy for nicotine dependence include which of the following? (Mark all that are true.)

- Of the three classes of pharmacotherapy for nicotine dependence, nicotine replacement therapy (NRT) has the greatest flexibility in terms of dosage forms
- All forms of NRT are now available over the counter
- The nicotine inhaler most closely mimics the uptake of smoked or chewed nicotine

- Combinations of different types of NRT can be used together safely
- A patient using the nicotine patch who complains of early morning cravings should use the 24-hour patch

Bohadana A, Nilsson F, Rasmussen T, et al: Nicotine inhaler and nicotine patch as a combination therapy for smoking cessation: A randomized, double-blind, placebo-controlled trial. *Arch Intern Med* 2000;160(20):3128-3134.

Evans SE, Blank M, Sams C, et al: Transdermal nicotine-induced tobacco abstinence symptom suppression: Nicotine dose and smokers' gender. *Exp Clin Psychopharmacol* 2006;14(2):121-135.

Henningfield JE, Fant RV, Buchhalter AR, et al: Pharmacotherapy for nicotine dependence. *Ca Cancer J Clin* 2005;55(5):281-299.

Ranney L, Melvin C, Lux L, et al: Systematic review: Smoking cessation intervention strategies for adults and adults in special populations. *Ann Intern Med* 2006;145(11):845-856.

Shiffman S, Ferguson SG, Gwaltney CJ, et al: Reduction of abstinence-induced withdrawal and craving using high-dose nicotine replacement therapy. *Psychopharmacology (Berl)* 2006;184(3-4):637-644.

Mendelsohn CP: Optimising nicotine replacement therapy in clinical practice. *Aust Fam Physician* 2013;42(5):305-309.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

17. Moderate daily alcohol use has generally been defined as two or fewer standard alcoholic drinks/day for men and one or fewer drinks/day for women.

Which of the following would be considered a standard alcoholic drink? (Mark all that are true.)

- 12 oz of beer
- 8.5 oz of malt liquor
- 8 oz of table wine
- 1.5 oz of brandy
- 1.5 oz of whiskey

Roberts LJ, McCrady BS: *Alcohol Problems in Intimate Relationships: Identification and Intervention. A Guide for Marriage and Family Therapists*. National Institute on Alcohol Abuse and Alcoholism, 2003.

CDC: Fact Sheets - Alcohol Use and Your Health, 2016.

(Last Modified: January 2008)

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18. One of your middle-aged female patients has decided to take your advice and lose weight. She now wants your recommendations regarding the effectiveness of

various diets.

Which of the following would be accurate advice? (Mark all that are true.)

- An average caloric deficit of 300 kcal/day will result in a 1-lb weight loss per week
- Only very-low-calorie diets have been proven to aid in long-term weight loss
- Low-carbohydrate diets are too dangerous to recommend
- Low-fat diets are superior to low-calorie diets for weight loss
- Very-low-calorie diets produce results similar to those of low-calorie diets at 1 year
- Meal replacement shakes can improve long-term weight loss

Pirozzo S, Summerbell C, Cameron C, et al: Advice on low-fat diets for obesity. *Cochrane Database Syst Rev* 2002;(2):CD003640.

Shepard TM: Effective management of obesity. *J Fam Pract* 2003;52(1):34-42.

Sacks FM, Bray GA, Carey VJ, et al: Comparison of weight-loss diets with different compositions of fat, protein, and carbohydrates. *N Engl J Med* 2009;360(9):859-873.

(Last Modified: January 2008)

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19. Which of the following patients should be screened for a chlamydial infection?
(Mark all that are true.)

- An unmarried, sexually active 22-year-old female who has been in a mutually monogamous relationship with the same partner for the past 3 years
- A 40-year-old divorcee with a new sexual partner in the past 2 months
- A 23-year-old married pregnant female in a monogamous relationship
- A 27-year-old married female in her first trimester of pregnancy, with a past history of genital herpes
- A sexually active 31-year-old unmarried female who reports condom use by her boyfriend only during the “fertile” part of her cycle

Final Recommendation Statement: *Chlamydia and Gonorrhea: Screening*. US Preventive Services Task Force, 2014.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

20. “Red flags” for substance abuse problems include which of the following? (Mark

all that are true.)

- Frequent absences from school
- Elevated blood pressures in the office
- Sexual dysfunction
- A history of frequent trauma
- Insomnia

Mersy DJ: Recognition of alcohol and substance abuse. *Am Fam Physician* 2003;67(7):1529-1532.

(Last Modified: January 2008)

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21. Which one of the following is the most effective screening test for detecting hazardous or harmful alcohol use?

- A) The CAGE questionnaire
- B) AUDIT (Alcohol Use Disorders Identification Test)
- C) SMAST (Short Michigan Alcoholism Screening Test)
- D) Serum measurement of γ -glutamyl transferase
- E) Determination of mean corpuscular volume

Final Recommendation Statement: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions. US Preventive Services Task Force, 2018.

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22. A 32-year-old female who was recently discharged from an inpatient alcohol detoxification facility requests your assistance with ongoing sobriety and relapse prevention. She admits to a decreased interest in activities and a depressed mood.

Which of the following medications might be helpful in treating her alcoholism?
(Mark all that are true.)

- Naltrexone (ReVia)
- Acamprosate (Campral)
- Disulfiram (Antabuse)

- Sertraline (Zoloft)
- Buprenorphine

Garbutt JC, West SL, Carey TS, et al: Pharmacological treatment of alcohol dependence: A review of the evidence. *JAMA* 1999;281(14):1318-1325.

Nunes EV, Levin FR: Treatment of depression in patients with alcohol or other drug dependence: A meta-analysis. *JAMA* 2004;291(15):1887-1896.

Rösner S, Hackl-Herrwerth A, Leucht S, et al: Opioid antagonists for alcohol dependence. *Cochrane Database Syst Rev* 2010;(12):CD001867.

Work Group on Substance Use Disorders: Treatment of patients with substance use disorders, second edition. American Psychiatric Association. *Am J Psychiatry* 2006;163(8 suppl):5-82.

Williams SH: Medications for treating alcohol dependence. *Am Fam Physician* 2005;72(9):1775-1780.

Hendry S, Mounsey A: PURLs: Consider these medications to help patients stay sober. *J Fam Pract* 2015;64(4):238-240.

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23. Periodically, the National Center for Health Statistics, in collaboration with the Centers for Disease Control and Prevention, conducts nationwide surveys to assess the prevalence of overweight and obesity among the U.S. population. The most recent survey found that approximately what percentage of the U.S. adult population was obese during the years 2011–2014?

- A) 24%
- B) 30%
- C) 36%
- D) 42%
- E) 50%

Ogden CL, Carroll MD, Fryar CD, Flegal KM: Prevalence of obesity among adults and youth: United States, 2011–2014. National Center for Health Statistics, NCHS Data Brief no 219, 2015.

(Last Modified: December 2015)

(Last Reviewed: December 2015)

24. You are counseling a 65-year-old male with elevated LDL-cholesterol. When discussing dietary changes to promote healthy lipid levels, which of the following would be accurate advice? (Mark all that are true.)

- He should eliminate nuts from his diet
- He should eliminate trans fats from his diet

- He should limit or eliminate red meat in his diet
- The DASH diet will help lower his LDL-cholesterol
- Saturated fats should comprise 25% or less of his caloric intake
- His diet should include a high intake of fruits, vegetables, and whole grains

Eckel RH, Jakicic JM, Ard JD, et al; American College of Cardiology/American Heart Association Task Force on Practice Guidelines: 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation* 2014;129(25 Suppl 2):S76-S99.

(Last Modified: December 2015)

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25. An overweight 35-year-old female asks if you can prescribe “diet pills” for her. Her body mass index (BMI) is 31.3 kg/m². She is otherwise healthy, but her mother and father both have hypertension. Her examination is notable only for a blood pressure of 138/86 mm Hg.

Which one of the following would be appropriate advice?

- A) There is firm evidence that some drugs are more effective than others for short-term weight loss
- B) Pharmacologic therapy produces an average weight loss of 10 kg (22 lb) over 1 year
- C) Orlistat (Alli, Xenical) may reduce her risk for developing type 2 diabetes
- D) Hyperkalemia and metabolic alkalosis have been linked to the use of phentermine/topiramate (Qsymia)
- E) Pharmacologic therapy has been shown to reduce morbidity and mortality from obesity-related conditions

Li Z, Maglione M, Tu W, et al: Meta-analysis: Pharmacologic treatment of obesity. *Ann Intern Med* 2005;142(7):532-546.

Snow V, Barry P, Fitterman N, et al: Pharmacologic and surgical management of obesity in primary care: A clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005;142(7):525-531.

Qsymia package insert. VIVUS Inc, 2013.

Wharton S, Serodio KJ: Next generation of weight management medications: Implications for diabetes and CVD risk. *Curr Cardiol Rep* 2015;17(5):35.

American Diabetes Association: 5. Prevention or delay of type 2 diabetes: *Standards of Medical Care in Diabetes—2018*. *Diabetes Care* 2018;41(Suppl 1):S51-S54.

(Last Modified: July 2013)

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26. True statements regarding pharmacotherapy for tobacco cessation include which of the following? (Mark all that are true.)

- Pharmacotherapy is useful for most smokers who smoke more than 10-15 cigarettes/day
- Most of the time, physicians recommend pharmacotherapy to patients who smoke
- When combined with even brief counseling, first-line pharmacotherapy for cessation doubles the abstinence rate among persons making a quit attempt
- The FDA has approved nortriptyline for use in smoking cessation
- Bupropion (Wellbutrin) is one of two antidepressants that are effective for smoking cessation

Fiore MC, Jaén CR, Baker TB, et al: Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline, US Public Health Service, 2008.

Schmelzle J, Rosser WW, Birtwhistle R: Update on pharmacologic and nonpharmacologic therapies for smoking cessation. *Can Fam Physician* 2008;54(7):994-999.

Final Recommendation Statement: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. US Preventive Services Task Force, 2015.

Clinical guidelines for prescribing pharmacotherapy for smoking cessation. Agency for Healthcare Research and Quality, 2012.

FDA Drug Safety Communication: Safety review update of Chantix (varenicline) and risk of cardiovascular adverse events. US Food and Drug Administration, 2012.

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27. True statements regarding the use of antidepressants for smoking cessation include which of the following? (Mark all that are true.)

- Bupropion (Wellbutrin) may only be used as monotherapy for smoking cessation
- Bupropion is safe to use in patients with heart disease, including hospitalized patients
- The U.S. Public Health Service (USPHS) guidelines on tobacco cessation recommend against the use of all SSRIs for smoking cessation
- USPHS guidelines on tobacco cessation recommend against the use of all tricyclic antidepressants for smoking cessation
- Bupropion is contraindicated in patients with an eating disorder

Haggstram FM, Chatkin JM, Sussenbach-Vaz E, et al: A controlled trial of nortriptyline, sustained-release bupropion and placebo for smoking cessation: Preliminary results. *Pulm Pharmacol Ther* 2006;19(3):205-209.

Tonstad S, Farsang C, Klaene G, et al: Bupropion SR for smoking cessation in smokers with cardiovascular disease: A multicentre, randomised study. *Eur Heart J* 2003;24(10):946-955.

Wagena EJ, Knipschild PG, Huibers MJ, et al: Efficacy of bupropion and nortriptyline for smoking cessation among people at risk for or with chronic obstructive pulmonary disease. *Arch Intern Med* 2005;165(19):2286-2292.

Fiore MC, Jaén CR, Baker TB, et al: Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline, US Public Health Service, 2008.

Hughes JR, Stead LF, Hartmann-Boyce J, et al: Antidepressants for smoking cessation. *Cochrane Database Syst Rev* 2014;(1):CD000031.

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28. A 45-year-old obese male expresses concern about his inability to maintain an erection long enough to have sexual intercourse with his wife. He takes clonidine (Catapres) for hypertension and ibuprofen for osteoarthritis, and takes a daily multivitamin. He smokes 1 pack of cigarettes per day. He denies heavy drinking, but his wife reports frequent binge drinking and intermittent blackouts.

Appropriate counseling regarding his erectile dysfunction (ED) would include which of the following statements? (Mark all that are true.)

- Most cases of ED have a psychogenic etiology
- Cigarette smoking is an independent risk factor for ED
- Clonidine may be contributing to his ED
- Heavy alcohol use may be contributing to his ED
- Regular exercise and weight loss may help reverse ED

Coughlin L: Practice guidelines: AUA updates guidelines on management of erectile dysfunction. *Am Fam Physician* 2006;73(2):340.

Erectile Dysfunction Guideline Update Panel: *The Management of Erectile Dysfunction: An Update*. American Urological Association, 2006.

Esposito K, Giugliano F, Di Palo C, et al: Effect of lifestyle changes on erectile dysfunction in obese men: A randomized controlled trial. *JAMA* 2004;291(24):2978-2984.

Miller TA: Diagnostic evaluation of erectile dysfunction. *Am Fam Physician* 2000;61(1):95-104, 109-110.

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29. Which of the following office strategies are recommended by the Centers for Disease Control for preventing STDs? (Mark all that are true.)

- Educating patients at risk

- Incorporating the 5 Ps during sexual history taking
- Counseling and evaluating partners of infected patients
- Recommending abstinence as the preventive measure of choice

Workowski KA, Bolan GA: Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep* 2015;64(RR-03):1-137.

(Last Modified: January 2008)

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30. True statements regarding telephone quit lines for smokers include which of the following? (Mark all that are true.)

- They are free for smokers
- They connect smokers with trained counselors who prepare a customized cessation plan
- They are available only to English-speaking patients
- They have been shown to be more effective than nicotine replacement therapy
- They are a widely used form of tobacco control

Schroeder SA: What to do with a patient who smokes. *JAMA* 2005;294(4):482-487.

(Last Modified: January 2008)

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31. Behavioral therapy techniques that help promote weight loss include which of the following? (Mark all that are true.)

- Self-monitoring
- Classical conditioning
- Stimulus control
- Mass trials
- Food provision/meal replacements

Foster GD, Makris AP, Bailer BA: Behavioral treatment of obesity. *Am J Clin Nutr* 2005;82(1 suppl):230S-235S.

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32. The mother of two daughters asks if they should receive HPV vaccine. One

daughter is 12 years old, and the mother is certain she has never been sexually active. The other daughter is 21 years old and the mother believes she has had two sexual partners.

Which of the following would be appropriate advice? (Mark all that are true.)

- The 12-year-old is in the recommended target age range for the vaccine
- The 12-year-old should receive a three-dose series
- The vaccine is not recommended after the age of 18
- The vaccine is not recommended for patients who are already sexually active

Petrosky E, Bocchini JA, Hariri S, et al: Use of 9-valent human papillomavirus (HPV) vaccine: Updated HPV vaccination recommendations of the advisory committee on immunization practices. *MMWR Morb Mortal Wkly Rep* 2015;64(11):300-304.

National Center for Immunization and Respiratory Diseases: Recommended immunization schedule for children and adolescents aged 18 years or younger, UNITED STATES, 2017. Centers for Disease Control and Prevention website.

Meites E, Kempe A, Markowitz LE: Use of a 2-dose schedule for human papillomavirus vaccination—Updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep* 2016;65(49):1405-1408.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

33. A 44-year-old male with hypercholesterolemia sees you for a routine visit. He tells you that he has started a resistance exercise program. He states that his routine consists of the following: chest press, biceps curl, shoulder press, abdominal crunch, and quadriceps extension. He says he works out 3 days a week, completing 2 sets of 10 repetitions.

Which one of the following adjustments to his routine would you recommend?

- A) The frequency of training should be increased to at least 5 times/week
- B) He should strive for a target heart rate of 50%–60% of his maximum rate in the middle of his routine
- C) He should train the front and back of major muscle groups
- D) He should increase the number of repetitions to 15–20
- E) He should do fewer repetitions with heavier weights

Pollock ML, Franklin BA, Balady GJ, et al: AHA Science Advisory. Resistance exercise in individuals with and without cardiovascular disease: Benefits, rationale, safety and prescription. An advisory from the Committee on Exercise, Rehabilitation, and Prevention, Council on Clinical Cardiology, American Heart Association; Position paper endorsed

by the American College of Sports Medicine. *Circulation* 2000;101(7):828-833.

Williams MA, Haskell WL, Ades PA, et al: Resistance exercise in individuals with and without cardiovascular disease: 2007 update: A scientific statement from the American Heart Association Council on Clinical Cardiology and Council on Nutrition, Physical Activity, and Metabolism. *Circulation* 2007;116(5):572-584.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

34. True statements regarding the effects of regular aerobic exercise include which of the following? (Mark all that are true.)

- It reduces blood pressure in normotensive patients
- It reduces blood pressure in hypertensive patients
- It reduces insulin resistance
- Any favorable impact on blood pressure is dependent on associated weight loss
- Attenuation of atherosclerosis is dependent on statin use

Centers for Disease Control and Prevention Primary Prevention Working Group: Primary prevention of type 2 diabetes mellitus by lifestyle intervention: Implications for health policy. *Ann Intern Med* 2004;140(11):951-957.

Rauramaa R, Halonen P, Vaisanen SP, et al: Effects of aerobic physical exercise on inflammation and atherosclerosis in men: The DNASCO Study: A six-year randomized, controlled trial. *Ann Intern Med* 2004;140(12):1007-1014.

Elley CR, Arroll B (commentators): Review: Aerobic exercise reduces systolic and diastolic blood pressure in adults. *Evid Based Med* 2007;7(6):170.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

35. A 23-year-old gravida 5 para 4 sees you for follow-up 26 days after a routine vaginal delivery. She is not breastfeeding and would like to start a contraceptive method. Her previous medical history is notable only for a past history of migraine headaches.

True statements regarding the initiation of contraception in this patient include which of the following? (Mark all that are true.)

- A history of migraine without aura would preclude the use of a progestin-only method at this visit
- Regardless of her headache history, a history of migraine with aura would preclude the use of a progestin-only method at this visit
- A history of migraines without aura would preclude the use of a combined estrogen/progestin method at any time post partum

- A history of migraine with aura would preclude the use of a combined estrogen/progestin method at any time post partum

Medical Eligibility Criteria for Contraceptive Use, ed 3. World Health Organization, 2004.

US medical eligibility criteria for contraceptive use, 2010. *MMWR Recomm Rep* 2010;59(RR-4):1-86.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

36. During a sports preparticipation evaluation, a 17-year-old female who has been your patient for 8 years tells you she has been sexually active for 6 months. Which of the following sexual health counseling interventions would be helpful? (Mark all that are true.)

- Linking prevention of pregnancy and prevention of STDs
- Encouraging condom use regardless of whether another contraceptive method is used
- Providing periodic counseling about effective contraceptive methods
- Obtaining a more detailed sexual history
- Encouraging parent involvement in sex education
- Avoiding direct discussion of abstinence

As-Sanie S, Gantt A, Rosenthal MS: Pregnancy prevention in adolescents. *Am Fam Physician* 2004;70(8):1517-1524.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

37. Behavioral treatment strategies for weight control include which of the following? (Mark all that are true.)

- Reinforcing the adoption of positive behaviors
- Focusing mostly on the behavior itself and less on the conditions that may influence the behavior
- Incorporation of cognitive therapies
- Being process oriented
- Being goal oriented
- Advocating large rather than small changes

Foster GD, Makris AP, Bailer BA: Behavioral treatment of obesity. *Am J Clin Nutr* 2005;82(1 suppl):230S-235S.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

38. A 29-year-old female comes in for her annual examination. She indicates that she generally has 1–2 glasses of wine with dinner on weeknights, and up to 3–4 glasses on weekends when she and her husband go out with friends. Your evaluation reveals her to be in excellent physical health without problems at work or with her social life.

According to criteria established by the National Institute on Alcohol Abuse and Alcoholism, her alcohol use would be classified as

- A) moderate drinking
- B) risky drinking
- C) harmful drinking
- D) alcohol abuse
- E) alcohol dependence

Roberts LJ, McCrady BS: *Alcohol Problems in Intimate Relationships: Identification and Intervention. A Guide for Marriage and Family Therapists*. National Institute on Alcohol Abuse and Alcoholism, 2003.

Saitz R: Unhealthy alcohol use. *N Engl J Med* 2005;352(6):596-607.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

39. Approximately what percentage of patients seen in a family practice setting have substance abuse problems, excluding tobacco use?

- A) 5%
- B) 10%
- C) 20%
- D) 40%
- E) 50%

Mersy DJ: Recognition of alcohol and substance abuse. *Am Fam Physician* 2003;67(7):1529-1532.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

40. A 32-year-old male presents to your office for help for his drug abuse problem. He has abused methamphetamine for 8 years, and was recently incarcerated for methamphetamine-related charges.

Considerations regarding withdrawal in this situation include which of the following? (Mark all that are true.)

- Symptoms related to methamphetamine withdrawal are similar to those seen with opioid and sedative withdrawal
- Multiple medications, such as buprenorphine and acamprosate (Campral), have been approved for managing withdrawal from methamphetamine or other stimulants
- Methamphetamine withdrawal is frequently associated with profound dysphoria and subsequent potential suicidal ideation or suicide attempts
- Persistent headaches are an expected sequela of methamphetamine withdrawal and do not require further evaluation
- Pharmacologic therapy is the cornerstone of substance abuse treatment

Physical detoxification services for withdrawal from specific substances, in Center for Substance Abuse Treatment (CSAT): *Detoxification and Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series 45. DHHS pub no (SMA) 06-4131, 2006.

Srisurapanont M, Jarusuraisin N, Kittirattanapaiboon P: Treatment for amphetamine dependence and abuse. *Cochrane Database Syst Rev* 2001;(4):CD003022.

Practice Guideline for the Treatment of Patients With Substance Use Disorders, ed 2. American Psychiatric Association, 2010.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

41. A 60-year-old female with a history of stable angina tells you that a friend of hers has told her that taking 400 IU of vitamin E daily has been shown to maintain and improve one's health.

Which one of the following would you tell her regarding this supplement?

- A) Vitamin E may help prevent macular degeneration
- B) Vitamin E has been shown to reduce the risk of Alzheimer's dementia
- C) Vitamin E is an antioxidant and may reduce the risk of certain cancers
- D) Vitamin E may reduce her risk of a heart attack
- E) High-dose vitamin E supplementation should be avoided
- F) Although the benefits are unproven, at that dosage vitamin E is regarded as safe

Miller ER III, Pastor-Barriuso R, Dalal D, et al: Meta-analysis: High-dosage vitamin E supplementation may increase all-cause mortality. *Ann Intern Med* 2005;142(1):37-46.

Prevention of Alzheimer's Disease by Vitamin E and Selenium (PREADVISE). National Institute on Aging, National Cancer Institute. 2002-2013.

Taylor HR, Tikellis G, Robman LD, et al: Vitamin E supplementation and macular degeneration: Randomised controlled trial. *BMJ* 2002;325(7354):11.

Lee IM, Cook NR, Gaziano JM, et al: Vitamin E in the primary prevention of cardiovascular disease and cancer: The Women's Health Study: A randomized controlled trial. *JAMA* 2005;294(1):56-65.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

42. The abbreviated Fagerstrom Test for Nicotine Dependence is used to determine the intensity of addiction in smokers. This test consists of which one of the following sets of questions?

- A) Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, movies)? How soon after you wake do you smoke your first cigarette?
- B) How soon after you wake do you smoke your first cigarette? How many cigarettes do you smoke each day?
- C) Which cigarette would you most hate to give up? How soon after you wake do you smoke your first cigarette?
- D) Do you smoke if you are so ill that you are in bed most of the day? Which cigarette would you most hate to give up?

Mallin R: Smoking cessation: Integration of behavioral and drug therapies. *Am Fam Physician* 2002;65(6):1107-1115.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

43. True statements regarding reimbursement for tobacco cessation include which of the following? (Mark all that are true.)

- Coverage/reimbursement for tobacco cessation services have no impact on cessation rates
- Physicians may use "health and behavior" codes when billing for smoking cessation services
- Most state Medicaid programs pay for all medication and counseling services recommended by the U.S. Public Health Service tobacco cessation guidelines

- Medicare will reimburse both brief and intensive counseling for cessation services, in outpatient clinic and inpatient hospital settings

Cromwell J, Bartosch WJ, Fiore MC, et al: Cost-effectiveness of the clinical practice recommendations in the AHCPR guideline for smoking cessation. Agency for Health Care and Policy Research. *JAMA* 1997;278(21):1759-1766.

McPhillips-Tangum C, Bocchino C, Carreon R, et al: Addressing tobacco in managed care: Results of the 2002 survey. *Prev Chronic Dis* 2004;1(4):A04.

State Medicaid coverage for tobacco-dependence treatments—United States, 2005. *MMWR* 2006;55(44):1194-1197.

Theobald M, Jaen CR: An update on tobacco cessation reimbursement. *Fam Pract Manag* 2006;13(5):75-76, 78.

Petersen R, Garrett JM, Melvin CL, et al: Medicaid reimbursement for prenatal smoking intervention influences quitting and cessation. *Tob Control* 2006;15(1):30-34.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

44. True statements regarding physical activity in children include which of the following? (Mark all that are true.)

- Children who are influenced to watch less television tend to be more active and are less likely to be obese
- Both African-American and white females show significant declines in physical activity in adolescence
- Boys and girls have similar reasons for exercising, so a program that gets one gender to increase activity will work for both
- The physical activity level of children in relation to their peers is in place by 3 years of age for most children

Kimm SY, Glynn NW, Kriska AM, et al: Decline in physical activity in black girls and white girls during adolescence. *N Engl J Med* 2002;347(10):709-715.

Robinson TN: Reducing children's television viewing to prevent obesity: A randomized controlled trial. *JAMA* 1999;282(16):1561-1567.

US Dept of Health and Human Services: *Healthy People 2010*, ed 2.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

45. A 20-year-old male is brought to your office by friends a few hours after attending a rave party. His friends report that he has been combative and confused, and that he keeps clenching his jaw. Examination reveals a temperature of 38.2°C (100.8°F), a blood pressure of 160/94 mm Hg, and a heart rate of 108 beats/min. He has a mildly ataxic gait.

Which one of the following club drugs is the most likely cause of these findings?

- A) MDMA (3,4-methylenedioxymethamphetamine)
- B) Flunitrazepam (Rohypnol)
- C) GHB (γ -hydroxybutyrate)
- D) Ketamine
- E) Hashish

Commonly abused drugs. National Institute on Drug Abuse, 2007.

Gahlinger PM: Club drugs: MDMA, γ -hydroxybutyrate (GHB), Rohypnol, and ketamine. *Am Fam Physician* 2004;69(11):2619-2626.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

46. A 42-year-old female sees you for a routine evaluation. She mentions that she has a new sexual partner and would like him to use condoms in order to prevent pregnancy and decrease her STD risk.

Which of the following would be appropriate counseling? (Mark all that are true.)

- Oil-based lubricants should be used with latex condoms, as water-based lubricants can weaken latex and lead to increased breakage
- Natural membrane condoms (also called "natural" or "lambskin" condoms) are not recommended for STD prevention
- Failure of the condom to prevent STD transmission or unintended pregnancy is usually due to breakage
- Condom use may decrease the risk of HSV-2 transmission from an infected male partner to an uninfected female partner
- Condoms are regulated by the FDA as a medical device and are subject to random testing and sampling for quality

Wald A, Langenberg A, Link K, et al: Effect of condoms on reducing the transmission of herpes simplex virus type 2 from men to women. *JAMA* 2001;285(24):3100-3106.

Workowski KA, Bolan GA: Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep* 2015;64(RR-03):1-137.

(Last Modified: December 2012)

(Last Reviewed: December 2012)

47. According to the Task Force on Community Preventive Services convened by the Centers for Disease Control and Prevention, there is sufficient evidence to

recommend which of the following public policy initiatives to reduce or prevent tobacco use? (Mark all that are true.)

- Increasing the unit price of tobacco products
- Mass media educational campaigns as part of a comprehensive approach
- Smoking bans and restrictions in public places
- Laws preventing purchase of tobacco by minors

Fichtenberg CM, Glantz SA: Effect of smoke-free workplaces on smoking behaviour: Systematic review. *BMJ* 2002;325(7357):188.

Forster JL, Murray DM, Wolfson M, et al: The effects of community policies to reduce youth access to tobacco. *Am J Public Health* 1998;88(8):1193-1198.

Frieden TR, Mostashari F, Kerker BD, et al: Adult tobacco use levels after intensive tobacco control measures: New York City, 2002-2003. *Am J Public Health* 2005;95(6):1016-1023.

Koh HK, Judge CM, Robbins H, et al: The first decade of the Massachusetts Tobacco Control Program. *Public Health Rep* 2005;120(5):482-495.

Ling PM, Landman A, Glantz SA: It is time to abandon youth access tobacco programmes. *Tob Control* 2002;11(1):3-6.

Ong MK, Glantz SA: Free nicotine replacement therapy programs vs implementing smoke-free workplaces: A cost-effectiveness comparison. *Am J Public Health* 2005;95(6):969-975.

Stead F, Lancaster T: Interventions for preventing tobacco sales to minors. *Cochrane Database Syst Rev* 2005;25(1):CD001497.

Task Force on Community Preventive Services: *The Guide to Community Preventive Services: What Works to Promote Health?* Oxford University Press, 2005, chap 1.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

48. Effects seen to a greater degree with resistance training than with aerobic exercise include which of the following? (Mark all that are true.)

- Increased lean body mass
- Increased basal metabolism
- Increased maximum oxygen uptake
- Increased cardiac stroke volume
- Decreased resting heart rate

Pollock ML, Franklin BA, Balady GJ, et al: AHA Science Advisory. Resistance exercise in individuals with and without cardiovascular disease: Benefits, rationale, safety and prescription. An advisory from the Committee on Exercise, Rehabilitation, and Prevention, Council on Clinical Cardiology, American Heart Association; Position paper endorsed by the American College of Sports Medicine. *Circulation* 2000;101(7):828-833.

Williams MA, Haskell WL, Ades PA, et al: Resistance exercise in individuals with and without cardiovascular disease: 2007 update: A scientific statement from the American Heart Association Council on Clinical Cardiology and Council on Nutrition, Physical Activity, and Metabolism. *Circulation* 2007;116(5):572-584.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

49. Methods shown to be useful smoking cessation interventions include which of the following? (Mark all that are true.)

- Motivational interviewing
- The Stages of Change model
- The 5 As
- Recognizing that behavioral change is often a discrete single event
- Attempting to advance patients in the action stage to the preparation stage

Zimmerman GL, Olsen CG, Bosworth MF: A "stages of change" approach to helping patients change behavior. *Am Fam Physician* 2000;61(5):1409-1416.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

50. A 30-year-old female sees you for an annual examination. She is in good health and has no complaints. She is up to date on all preventive services. The only notable change from 1 year ago is an increase in her BMI from 24.1 kg/m² to 27.2 kg/m².

The most appropriate management for this patient would be to

- A) reassure her that her BMI is still within the normal range for her age
- B) recommend regular exercise to avoid further weight gain
- C) recommend diet, exercise, and behavior modification
- D) recommend diet, exercise, and pharmacotherapy
- E) prescribe low-dose pharmacotherapy for weight loss

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults; North American Association for the Study of Obesity Practical Guide Development Committee: *Obesity: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute, 2000, NIH pub no 00-4084.

Shaw K, Gennat H, O'Rourke P, et al: Exercise for overweight or obesity. *Cochrane Database Syst Rev* 2006;(4):CD003817.

Shepard TM: Effective management of obesity. *J Fam Pract* 2003;52(1):34-42.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

51. Foods associated with a reduction in blood pressure include which of the following? (Mark all that are true.)

- Dark chocolate
- Licorice
- White chocolate
- Sugar-containing beverages
- Soybean protein

Chobanian AV, Bakris GL, Black HR, et al: *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure-The JNC 7 Report*. National Heart Lung and Blood Institute (NHLBI), 2003.

Taubert D, Roesen R, Lehmann C, et al: Effects of low habitual cocoa intake on blood pressure and bioactive nitric oxide: A randomized controlled trial. *JAMA* 2007;298(1):49-60.

Whelton PK, He J, Appel LJ, et al: Primary prevention of hypertension: Clinical and public health advisory from the National High Blood Pressure Education Program. *JAMA* 2002;288(15):1882-1888.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

52. In obese patients, which of the following comorbidities require aggressive management because of the associated increased risk for mortality? (Mark all that are true.)

- Previous coronary artery stenting
- Peripheral vascular disease
- Type 2 diabetes mellitus
- Sleep apnea
- Gallstones

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults; North American Association for the Study of Obesity Practical Guide Development Committee: *Obesity: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute, 2000, NIH pub no 00-4084.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

53. Which one of the following is true regarding secondhand smoke exposure?

- A) Cancer is the main cause of deaths due to secondhand smoke in nonsmokers
- B) Secondhand smoke causes most new cases of asthma among adults

- C) Secondhand smoke has not been designated a class A, or known, carcinogen
- D) Secondhand smoke is a frequent cause of lower respiratory illness among children

Rulemaking to consider proposed identification of tobacco smoke as toxic air contaminant (January 26, 2006). California Air Resources Board, 2006–2007.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. US Dept of Health and Human Services, Office on Smoking and Health, 2006.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

54. Factors associated with adolescent tobacco use include which of the following?
(Mark all that are true.)

- Socioeconomic status
- Parental smoking
- Prices of tobacco products
- Viewing movies in which actors smoke
- Maternal smoking during pregnancy

Buka SL, Shenassa ED, Niaura R: Elevated risk of tobacco dependence among offspring of mothers who smoked during pregnancy: A 30-year prospective study. *Am J Psychiatry* 2003;160(11):1978-1984.

Racial/ethnic differences among youths in cigarette smoking and susceptibility to start smoking—United States, 2002-2004. *MMWR* 2006;55(47):1275-1277.

Slater SJ, Chaloupka FJ, Wakefield M, et al: The impact of retail cigarette marketing practices on youth smoking uptake. *Arch Pediatr Adolesc Med* 2007;161(5):440-445.

Primack BA, Longacre MR, Beach ML, et al: Association of established smoking among adolescents with timing of exposure to smoking depicted in movies. *J Natl Cancer Inst* 2012;104(7):549-555.

CDC: Fact Sheets: Youth and Tobacco Use, 2016.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

55. Criteria for recommending bariatric bypass surgery include which of the following?
(Mark all that are true.)

- A BMI >40 kg/m²
- The presence of obesity-related comorbidities such as hypertension, diabetes mellitus, or obstructive sleep apnea
- Psychological stability
- The presence of an eating disorder

- Repeated attempts to lose weight by diet, exercise, and/or weight loss drugs only to eventually gain the weight back

Arbaje AI: Determining eligibility for gastric bypass surgery. *Am Fam Physician* 2006;73(9):1638, 1643.

Choban PS, Jackson B, Poplawski S, et al: Bariatric surgery for morbid obesity: Why, who, when, how, where, and then what? *Cleve Clin J Med* 2002;69(11):897-903.

Snow V, Barry P, Fitterman N, et al: Pharmacologic and surgical management of obesity in primary care: A clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005;142(7):525-531.

Neff KJ, Olbers T, le Roux CW: Bariatric surgery: The challenges with candidate selection, individualizing treatment and clinical outcomes. *BMC Med* 2013;11:8.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

56. American Heart Association recommendations for child nutrition include which of the following? (Mark all that are true.)

- Remove the skin from poultry before serving
- Serve whole-grain breads with whole grain listed as the first ingredient on the food label
- Serve high-fiber, low-salt, low-sugar breads and breakfast cereals
- Introduce and regularly serve fish
- Serve fresh, frozen, and canned vegetables and fruits at every meal, being careful of added sugars

American Heart Association, Gidding SS, Dennison BA, et al: Dietary recommendations for children and adolescents: A guide for practitioners. *Pediatrics* 2006;117(2):544-559.

Ogata BN, Hayes D: Position of the American Dietetic Association: Nutrition guidance for healthy children ages 2 to 11 years. *J Acad Nutr Diet* 2014;114(8):1257-1276.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

57. An 11-year-old girl presents with recurring headaches and abdominal pain. A workup for her complaints is negative. She lives with her mother and her mother's boyfriend. She reports that her mother's boyfriend drinks too much and frequently hits her mother. They live in a rural area where a large factory recently closed, leaving many unemployed. On examination, she has no evidence of physical or sexual abuse, but with further questioning she admits to being touched inappropriately by her mother's partner.

Factors which place her at higher risk for sexual abuse include which of the following? (Mark all that are true.)

- Her gender
- Her age
- Living with a non-related caretaker
- A caregiver with substance abuse problems
- High local unemployment rates

McDonald KC: Child abuse: Approach and management. *Am Fam Physician* 2007;75(2):221-228.

Walsh K, Zwi K, Woolfenden S, Shlonsky A: School-based education programmes for the prevention of child sexual abuse. *Cochrane Database Syst Rev* 2015;(4):CD004380.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

58. A 44-year-old male who stopped smoking 3 months ago sees you for a follow-up visit. He began smoking again over the weekend, smoking 10 cigarettes over 2 days.

Which of the following would be appropriate strategies to counter his relapse? (Mark all that are true.)

- Encouraging the patient to identify his smoking cues and triggers and decide on alternative coping strategies to replace smoking
- Counseling the patient on the proper use of pharmacotherapy
- Scheduling a follow-up visit
- Reviewing the health benefits of quitting
- Telling the patient that he has let his family down by resuming smoking

Okuyemi KS, Nollen NL, Ahluwalia JS: Interventions to facilitate smoking cessation. *Am Fam Physician* 2006;74(2):262-271, 276.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

59. A 52-year-old sees you for a routine annual visit. On examination her heart rate is 82 beats/min, her respiratory rate is 16/min, and her blood pressure is 150/90 mm Hg. Her body mass index (BMI) is 30.1 kg/m², and she has a waist circumference

of 102 cm (40 in). Laboratory screening reveals an LDL-cholesterol level of 190 mg/dL, a fasting glucose level of 98 mg/dL, and a 2-hour blood glucose level of 160 mg/dL on an oral glucose tolerance test.

When counseling this patient regarding weight loss, which of the following would be accurate advice? (Mark all that are true.)

- Losing just 10 kg (22 lb) could eliminate her need for antihypertensive medications
- Losing 10 kg would lower her LDL-cholesterol level by about 20 mg/dL
- Reducing her body weight by 5%–10% would reduce her risk of developing type 2 diabetes
- She does not really need to lose weight because it is mostly in her abdominal area

Orzano AJ, Scott JG: Diagnosis and treatment of obesity in adults: An applied evidence-based review. *J Am Board Fam Pract* 2004;17(5):359-369.

Shaw K, Gennat H, O'Rourke P, et al: Exercise for overweight or obesity. *Cochrane Database Syst Rev* 2006;(4):CD003817.

Tuomilehto J, Lindstrom J, Eriksson JG, et al: Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* 2001;344(18):1343-1350.

JNC 7 Express: The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program, 2003, NIH pub no 03-5233.

Final Recommendation Statement: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. US Preventive Services Task Force, 2018.

(Last Modified: January 2008)

(Last Reviewed: January 2008)

60. True statements regarding dietary counseling programs for weight loss include which of the following? (Mark all that are true.)

- They typically result in a weight loss of 10%
- Their effect on weight loss tends to diminish over time
- Their effect on weight loss is greater in patients with diabetes mellitus
- Having frequently scheduled support meetings increases the amount of weight lost
- Patients with a BMI ≥ 30 kg/m² have been shown to benefit from intensive, multi-component behavioral interventions

Dansinger ML, Tatsioni A, Wong JB, et al: Meta-analysis: The effect of dietary counseling for weight loss. *Ann Intern Med* 2007;147(1):41-50.

Final Recommendation Statement: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. US Preventive Services Task Force, 2018.

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(Last Reviewed: May 2013)