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Hyperemesis Gravidarum

1. What defines Hyperemesis Gravidarum as different from typical morning sickness?

A. HG involves vomiting less than two times a day and no weight loss.
B. HG symptoms resolve spontaneously by the second trimester with minor dehydration.
C. HG is characterized by severe nausea, significant dehydration, and weight loss more than 5% of pre-pregnancy weight.
D. HG symptoms include mild dizziness and increased appetite.

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2. Which genetic factor has been recently identified as contributing to Hyperemesis Gravidarum?

A. Gene associated with thyroid dysfunction.
B. Gene responsible for the hormone GDF15 linked to placental and appetite control.
C. Gene regulating serotonin levels in the brain.
D. Gene associated with insulin resistance.

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3. What are some potential mental health outcomes for women who experience Hyperemesis Gravidarum during pregnancy?

A. Increased resilience to mental health disorders postpartum.
B. Severe mental health outcomes, such as depression during pregnancy, PTSD, and an increased risk for suicidal ideation.
C. Improved postnatal mental health and reduced anxiety.
D. Decreased risk of postpartum anxiety and improved sleep patterns.

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4. Which diagnostic tool is most appropriate for determining the severity of Hyperemesis Gravidarum and its effect on a patient's quality of life?

A. Doppler ultrasound measurements.
B. Complete blood count analysis.
C. Pregnancy-Unique Quantification of Emesis and Nausea (PUQE) survey tool.
D. Electrocardiogram (ECG).

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5. What is a recommended non-pharmacologic intervention for managing mild Hyperemesis Gravidarum symptoms?

A. Daily intake of aspirin supplements.
B. Application of a pressure-point wristband for acupressure.
C. Consumption of salty snacks four times a day.
D. Use of high-fat dietary supplements.

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6. Which combination of medications is considered the first-line treatment for hyperemesis gravidarum?

A. 25-50 mg diphenhydramine and 12.5-25 mg promethazine
B. 10-25 mg pyridoxine with 12.5 mg doxylamine
C. Metoclopramide and ondansetron
D. Intravenous methylprednisolone

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7. What should be the initial step in managing a patient with hyperemesis gravidarum?

A. Start IV hydration with dextrose-containing solutions
B. Administer ondansetron immediately
C. Initiate non-pharmacologic interventions
D. Prescribe proton pump inhibitors

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8. Why is ondansetron, despite its effectiveness, not the first-line treatment for hyperemesis gravidarum?

A. It is associated with a higher risk of dehydration
B. It has more side effects compared to pyridoxine and doxylamine
C. It requires hospitalization for monitoring
D. It cannot be complemented with other therapies

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9. What is a recommended step for a patient with hyperemesis gravidarum who presents with significant dehydration and electrolyte imbalances?

A. Oral pyridoxine and doxylamine
B. IV fluid bolus of dextrose solutions
C. IV normal saline with added potassium chloride
D. Ongoing ingestion of ginger chews

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10. Which of the following risk factors is associated with a higher likelihood of experiencing hyperemesis gravidarum?

A. Having a history of rhinitis
B. First-trimester pregnancy
C. Being over the age of 35
D. Presence of a multiparous condition

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