

# Actual Mastering Weight-Loss Medications 2025/2026: Ginger Hultin's Expert Guide to FDA-Approved Drugs for First-Attempt Exam Success

## Mastering Weight-Loss Medications 2025/2026

### 200 Multiple-Choice Questions with Rationales

#### Section 1: GLP-1 Receptor Agonists (Questions 1–50)

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##### Question 1

A 48-year-old woman with a BMI of 32 and hypertension asks about weight-loss medications. She has a **personal history of medullary thyroid carcinoma (MTC)** treated with thyroidectomy 5 years ago. Which of the following is contraindicated?

- A) Phentermine-topiramate
- B) Semaglutide
- C) Orlistat
- D) Naltrexone-bupropion

**Correct Answer: B**

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**Rationale:**

In the SELECT trial, semaglutide 2.4 mg demonstrated a **reduction in major adverse cardiovascular events (MACE)** in patients with overweight/obesity and established cardiovascular disease without diabetes. This has expanded the cardiovascular indication for semaglutide.

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**Question 17**

A patient reports significant constipation while taking tirzepatide (Zepbound). What is the first-line dietary recommendation?

- A) Increase fluid intake to 64–96 oz per day and add fiber
  - B) Discontinue tirzepatide
  - C) Add a stimulant laxative daily
  - D) Reduce protein intake to 0.8 g/kg
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**Correct Answer: A****Rationale:**

Constipation is a common side effect of GIP/GLP-1 agonists. First-line management includes **increased fluid intake** (64–96 oz/day) and **dietary fiber**. Laxatives (C) may be added if conservative measures fail, but are not first-line.

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**Question 18**

A 44-year-old woman on liraglutide (Saxenda) calls to report she is **pregnant**. What should be advised?

- A) Continue liraglutide; it is safe in pregnancy
  - B) Discontinue liraglutide immediately
  - C) Reduce liraglutide dose by 50%
  - D) Switch to semaglutide for pregnancy
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- A) GIP antagonizes GLP-1 to prevent hypoglycemia
  - B) GIP enhances insulin secretion and acts on adipose tissue to complement GLP-1
  - C) GIP is responsible only for GI side effects
  - D) GIP inhibits weight loss and is neutralized by tirzepatide
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**Correct Answer: B**

**Rationale:**

**Glucose-dependent insulintropic polypeptide (GIP)** is an incretin hormone that enhances insulin secretion and also acts on adipose tissue. In tirzepatide, GIP agonism **complements GLP-1 agonism** to produce greater weight loss and glycemic control than GLP-1 alone.

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**Question 35**

A 67-year-old man with a BMI of 34, **heart failure with reduced ejection fraction (HFrEF)**, and no diabetes is considering weight-loss medication. Which agent has demonstrated **cardiovascular benefit** in this population?

- A) Orlistat
  - B) Phentermine-topiramate
  - C) Semaglutide
  - D) Naltrexone-bupropion
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**Correct Answer: C**

**Rationale:**

Semaglutide 2.4 mg (Wegovy) has demonstrated **reduction in major adverse cardiovascular events (MACE)** in patients with established cardiovascular disease without diabetes (SELECT trial). It is the only AOM with this specific cardiovascular outcome data in non-diabetic patients.

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**Question 51**

A 32-year-old woman with a BMI of 33 and no other medical conditions is prescribed phentermine-topiramate (Qsymia). What is the most critical monitoring requirement?

- A) Monthly blood pressure checks
- B) Monthly pregnancy testing and use of effective contraception
- C) Quarterly lipid panel
- D) Annual thyroid ultrasound

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**Correct Answer: B**

**Rationale:**

**Topiramate** is **teratogenic**, with an increased risk of **cleft lip and palate** with first-trimester exposure. Qsymia has a **REMS program** requiring negative pregnancy tests before initiation and monthly thereafter, along with use of effective contraception.

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**Question 52**

A 45-year-old man on phentermine-topiramate (Qsymia) reports **tingling in his fingers and toes**. What is the most likely cause?

- A) Peripheral neuropathy from phentermine
- B) Paresthesia from topiramate
- C) Vitamin B12 deficiency
- D) Diabetic neuropathy

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**Correct Answer: B**



**Correct Answer: B**

**Rationale:**

Topiramate is a carbonic anhydrase inhibitor, which can lead to **hyperchloremic, non-anion gap metabolic acidosis**. Serum bicarbonate should be monitored periodically.

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**Question 69**

A 29-year-old woman with a BMI of 31 and **migraines** is prescribed phentermine-topiramate (Qsymia). She asks about the **topiramate dose** in Qsymia compared to migraine prophylaxis. What should she know?

- A) The dose is the same as migraine prophylaxis
  - B) The dose is lower than typical migraine doses
  - C) The dose is higher than migraine doses
  - D) Topiramate in Qsymia is not absorbed systemically
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**Correct Answer: B**

**Rationale:**

The topiramate dose in Qsymia (up to 92 mg/day) is generally **lower** than the typical migraine prophylaxis dose (100–200 mg/day). However, patients may still experience migraine benefit.

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**Question 70**

A 44-year-old man on phentermine-topiramate (Qsymia) reports **insomnia**. What is the most appropriate recommendation?

- A) Increase the phentermine dose
  - B) Take the medication in the morning
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**Question 86**

A patient on naltrexone-bupropion (Contrave) reports **nausea**. What is the mechanism?

- A) Bupropion causes nausea
- B) Naltrexone causes nausea
- C) Both components can cause nausea
- D) Nausea is a sign of opioid withdrawal

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**Correct Answer: C**

**Rationale:**

**Nausea** is a common side effect of both **naltrexone** and **bupropion**. It is often dose-dependent and may improve with time or with food intake.

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**Question 87**

A 41-year-old woman with a BMI of 38 and **history of seizures** (well-controlled on levetiracetam) is prescribed naltrexone-bupropion (Contrave). What is the correct action?

- A) Proceed with Contrave; levetiracetam prevents seizures
- B) Contrave is contraindicated in patients with a seizure history
- C) Reduce bupropion dose by 50%
- D) Monitor seizure frequency only

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**Correct Answer: B**



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**Correct Answer: D**

**Rationale:**

**Bupropion** can **worsen migraines** in some patients. Patients with frequent migraines should be monitored closely.

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**Question 104**

A patient on naltrexone-bupropion (Contrave) develops **jaundice** and elevated liver enzymes. What is the most appropriate next step?

- A) Continue Contrave; monitor LFTs monthly
  - B) Discontinue Contrave immediately and evaluate for hepatotoxicity
  - C) Add a hepatoprotective agent
  - D) Reduce the dose by 50%
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**Correct Answer: B**

**Rationale:**

**Naltrexone** has a boxed warning for **hepatotoxicity**. Jaundice and elevated LFTs require **immediate discontinuation** and evaluation.

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**Question 105**

A 26-year-old man with a BMI of 39 and **attention deficit hyperactivity disorder (ADHD)** on **methylphenidate** is prescribed naltrexone-bupropion (Contrave). What is the concern?

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**Question 121**

A patient on orlistat (Xenical) is also taking **warfarin**. What monitoring is required?

- A) No additional monitoring
- B) Monitor INR closely; orlistat may affect vitamin K absorption
- C) Warfarin dose must be doubled
- D) Orlistat is contraindicated with warfarin

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**Correct Answer: B**

**Rationale:**

Orlistat reduces absorption of **vitamin K** (fat-soluble), which can affect **INR** in patients on warfarin. INR should be monitored closely, especially after orlistat initiation or dose changes.

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**Question 122**

A patient starting orlistat (Xenical) asks about **dietary fat intake**. What is the recommended fat intake?

- A) <10% of total calories
- B) <30% of total calories, distributed across meals
- C) No fat restriction needed
- D) >50% of total calories

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**Correct Answer: B**



for **pancreatitis**, a rare but serious adverse effect. Discontinuation and assessment are appropriate.

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### Question 139

A patient on orlistat (Xenical) has been taking it for 1 year with good weight loss. She asks if she can **stop the medication**. What is the expected outcome?

- A) She will continue to lose weight
  - B) She will likely regain weight if lifestyle changes are not sustained
  - C) She will maintain weight loss automatically
  - D) Stopping orlistat causes rebound weight gain above baseline
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**Correct Answer: B**

### Rationale:

Discontinuation of orlistat typically leads to **weight regain** if the patient does not sustain the dietary changes (low-fat intake) that were required during treatment. Lifestyle maintenance is critical.

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### Question 140

Which of the following is a **boxed warning** for orlistat (Xenical)?

- A) Risk of thyroid tumors
  - B) Risk of hepatotoxicity
  - C) Risk of severe liver injury (rare)
  - D) Risk of suicidal ideation
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- A) Increased risk of hypoglycemia; consider reducing sulfonylurea dose
  - B) No risk; continue both
  - C) Increased risk of hyperglycemia
  - D) Sulfonylurea should be discontinued
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**Correct Answer: A**

**Rationale:**

Both GLP-1 agonists and sulfonylureas increase insulin secretion. The combination increases **hypoglycemia risk**. Sulfonylurea doses are often reduced when GLP-1 agonists are initiated.

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**Question 157**

A patient on **naltrexone-bupropion (Contrave)** reports **constipation**. What is the first-line recommendation?

- A) Discontinue Contrave
  - B) Increase fluid and fiber intake
  - C) Add a stimulant laxative
  - D) Reduce bupropion dose
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**Correct Answer: B**

**Rationale:**

Constipation is common with Contrave. First-line management includes **increased fluid intake, dietary fiber, and physical activity**. Laxatives may be added if conservative measures fail.

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**Question 174**

A patient on **naltrexone-bupropion (Contrave)** is prescribed **tramadol** for acute pain. What is the concern?

- A) Bupropion interacts with tramadol causing serotonin syndrome
  - B) Naltrexone may block tramadol's opioid effects
  - C) No interaction
  - D) Additive seizure risk
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**Correct Answer: B**

**Rationale:**

**Naltrexone** is an opioid antagonist and may **block the opioid effects of tramadol**, reducing analgesia. Non-opioid alternatives should be considered.

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**Question 175**

A 55-year-old man with a BMI of 33 and **type 2 diabetes** on **empagliflozin** is prescribed **semaglutide (Wegovy)**. What is the risk of combining these agents?

- A) Increased risk of hypoglycemia
  - B) Increased risk of diabetic ketoacidosis
  - C) No significant interaction
  - D) Increased risk of pancreatitis
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**Correct Answer: C**

**Rationale:**

SGLT2 inhibitors (empagliflozin) and GLP-1 agonists have **complementary mechanisms** and are commonly used together. Hypoglycemia risk is low when not combined with insulin or sulfonylureas.

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**Correct Answer: B**

**Rationale:**

Oily stools, fecal urgency, and increased frequency are **expected side effects** of orlistat due to unabsorbed fat. They are dose- and fat intake-dependent.

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**Question 193**

A patient on **tirzepatide (Zepbound)** reports **nausea** that is interfering with daily activities. What is the most appropriate management?

- A) Discontinue tirzepatide
  - B) Reduce dose or extend titration schedule
  - C) Add an antiemetic only
  - D) Switch to semaglutide
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**Correct Answer: B**

**Rationale:**

Nausea is dose-dependent. **Dose reduction** or **slower titration** often improves tolerability. Antiemetics may also be used, but dose adjustment is first-line.

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**Question 194**

A patient with a BMI of 38 and **chronic kidney disease stage 3b (eGFR 35 mL/min)** is prescribed **semaglutide (Wegovy)** . What is the correct approach?

- A) Semaglutide is contraindicated in CKD
  - B) Semaglutide can be used with caution; no dose adjustment needed
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