

Therapeutics Midterm Exam

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Adverse drug reactions:

1. Hyper-susceptibility reactions:

Reactions occurring in sub-therapeutic doses in susceptible patients.

2. patient on beta-blocker for ten years, the physician decided to stop the drug, after 2 days he had myocardial infarction, type of adverse drug reactions attributed to beta blocker is:

Type E

3. patient used **ibuprofen** then he was admitted to ER because of bronchospasm and SOB, his medical history is unremarkable....., according to "Naranjo algorithm" the assessment of the causality between **Co-trimoxazole** and the patient complaints is:

a. Highly probable b. probable c. possible d. doubtful e. inaccessible

4. characteristic feature of bizarre adverse reaction:

Dose-independent.

Drug interactions:

1. patient with hypothyroidism treated with levothyroxine and recently he has dyslipidemia treated with cholestyramine, the expected outcome is:

Return of hypothyroidism symptoms.

2. the drug which decrease the effectiveness of clopidogrel:

Lansoprazole

3. the drug that can result in lithium toxicity due to decrease in its elimination:

Thiazide diuretics

4. mismatch:

Sildenafil and ritonavir >>> hypertension

5. the consumption of regular grapefruit will increase the bioavailability of:

Cyclosporine ?

6.the drug which antagonizes the action of antihypertensive drug:

Naproxen

7.which of the following drugs can reduce the clearance of other drugs by reducing the hepatic blood flow:

a.digoxin b.lidocaine c.nifedipine ???

Drug monitoring:

1.lithium monitoring at:

12 hour post dose

2.aminoglycoside monitoring at:

Both peak and trough

3.not useful to monitor with drug concentration:

A drug with active metabolite

4.mismatch regarding monitoring

ACEI >>> serum sodium

Lactation and pregnancy:

1. increases breast milk production:

Metoclopramide.

2.accumulate in breast milk:

Sotalol

3.the reason behind why a highly albumin bound drug has measurable concentration in fetus is:

Decrease maternal albumin through pregnancy.

4.both alcohol and smoking can result (regarding adverse effects on fetus):

Learning and intellectual abilities.

5.the period at which the fetus is highly vulnerable to teratogenicity:

Second to eighth week

6.mismatch :

Trimethprim >>>hydrocephalus

Elderly:

1. Proton pump inhibitors carry a potential risk in elderly:

Colistridium difficile infection

2.elderly patient on a cholinesterase inhibitor was treated with Diphenhydramine (which is first generation anti-histamine with anticholinergic effect) for insomnia but the patient started to complain constipation, blurred vision and urine retention, so;

Discontinue diphenhydramine

3.elderly patient with GERD, you should treat with:

Antiacids

Pediatrics:

1.the main reason for the lack of evidence based medicine in pediatrics is:

Children are not in position to voluntarily accept or reject the participation in the research.

2.correct statement:

Children need higher dose of digoxin

3.homozygous alleles of TPMT requires reduction of 6-MP dose by:

90%

4.wrong statement:

Dose adjustment is according to ideal body weight.

Anemia:

1. 17 year old female patient with 3 month history of fatigue, tachycardia and blurred vision ,if there is abnormal lab result , mostly you are going to correct by:

Oral iron

2.patient with loss of vibration and proprioception is complaining from ataxia and depression with lab results revealing B12 level of 90 pg, you are going to treat bt:

Parenteral B12 therapy

3.the target of daily iron therapy is:

150-200 mg

4.adverse effect of recombinant erythropoietin:

Thrombosis

Epilepsy:

1. absense seizures with migraine headache treated by:

Valproic acid

2. Ethosuximide with dose dependent side effect:

GI distress

3. epileptic patient on carbamezapine but not well controlled so the physician switched to phenytoin , he should tell the patient regarding the new drug that:

Albumin level should be taken into consideration when you interpret the plasma concentration of phenytoin

4.enzyme inhibitor:

Valproic acid

5.ASD with active metabolite:

Primidone

6.seizure in elderly treated with:

Lamotrigine.

Asthma:

1. not related to the actions of ICS:

Bronchodilation

2. not related to the actions of systemic steroids:

Reduce airway remodeling

3. in aspirin induced asthma, we may use preferentially:

Montelukast

4. asthma exacerbations to ER, the management is:

Inhaled beta 2 agonist, systemic steroid and oxygen

5. wrong statement:

Beta 2 agonist reduce BHR

6. true statement:

Regular treatment with beta 2 agonist does not improve symptom control over as needed use.

DM:

1. used to prevent DM 2 :

Metformin

2. which of the following mimic the physiology of insulin secretion:

Lispro (7 am), lispro (11 am), lispro (5 pm), glargine (bedtime)

3. which of the following drugs cause DM type 2:

Cyclosporine

4. patient with diabetic ketoacidosis was admitted to ER, you are going to give:

IV regular (zinc crystalline)

5. combination which can delay the failure of beta cells of pancreas:

Metformin, rosiglitazone and Exentide.

6.diabetic patient with heart failure, do not use:

Rosiglitazone

7.diabetic patient with HTN treated with:

ACEI

8. diabetic patient with type 1 has a post prandial hyperglycemia even with appropriate dosing with insulin, you are going to add:

Pramlintide.

Total: 52 Questions