Class 8

1. A woman patient with ovarian cancer who is undergoing chemotherapy develops renal failure. Which of the following is responsible for patient condition?
   a. Cyclophosphamide
   b. Bleomycin
   c. Cisplatin
   d. Vinblastine
   e. Vincristine

2. A patient with a history of atrial fibrillation is considered for amiodarone treatment. Which of the following tests should be performed prior to the starting this medication to establish her baseline status?
   a. Echocardiogram
   b. Pulmonary function tests
   c. Renal function tests
   d. Complete blood count
   e. Peripheral nerve conduction study

3. A patient presents with a decreased level of consciousness. Family members state that the patient took some medication for sleep and anxiety. The patient's pupils are small and reactive, and the face is flushed. The temperature is 93F, there is diminished deep tendon reflex and very shallow respiration. There is some bullous blistering on hands and feet. What is the medication this patient most likely took?
   a. Diazepam
   b. Zolpidem
   c. Paroxetine
   d. Diphenhydramine
   e. Phenobarbital

4. A patient with a history of seizure disorder, bipolar disorders and restless leg syndrome presents with polydipsia and polyuria. Urinalysis reveals specific gravity <1.006 with no glucose. Blood glucose levels are normal. Which of the following medications most likely can cause these symptoms?
    a. Phenytoin
    b. Valproate
    c. Aspirin
    d. Lithium
    e. Pramipexole

5. A 46-year-old male patient with history of congestive heart failure. Patient presents with fever cough and exertional shortness of breath. The cough is productive with purulent sputum. Patients T is 101.3 F, and a blood pressure is 80/50 mm Hg, and oxygen saturation is 88%. During examination, the patient is alert with the rhonchi in the left lung field. Extremities are warm. Medication has started to improve the patients' blood pressure. This medication causes vasoconstriction with no effect on the heart. The patient's blood pressure improves but after some time his respiration gets worse, and extremities become cool. What drug was administered in this patient?
   a. Dobutamine
   b. Phenylephrine
   c. Norepinephrine
   d. Epinephrine

6. What is this patient's condition?

Septic shock

7. What is the medication which should have been used?

Norepinephrine

8. A patient with allergic rhinitis presents with low grade fever after beginning the trial of medication to relieve allergic symptoms. During examination patient pupils are dilated and the temperature is 99F with significant facial flushing. Which action of medication prescribed for the patient was the cause of this presentation?
    a. Alpha 1 adrenergic receptor activation
    b. H2 antagonism
    c. Muscarinic receptor antagonism
    d. Nicotinic receptor antagonism
    e. H1 receptor antagonism

9. Ethanol acts as what on the brain:

a. Depressant

10. Cocaine effect on the body is:

a. Stimulates SNS output, that leads to CVS problems

11. Patient during party consumed unknown substance. Has vision problems and sees “snowflakes”

a. Methanol

12. Altered time, color, special perceptions is caused by

Marihuana

13. Patient has used unknown substance. During examination you notice fruity odor coming out of the patient.

a. Isopropanol

14. Patient has used unknown substance. On MRI there are crystals present in the brain.

a. Ethylene glycol

15. Patient with insomnia, irritability, depression, nausea, anorexia is having withdrawal from

a. Marihuana

16. Patient with tremors, weakness, headache, sweating is having withdrawal from:

a. Ethanol

17. What did patient use if during examination there is pinpoint pupils

a. Opioids (toxicity – respiratory failure)

18. The patient on antidepressants (SSRs) develops high fever, hypertonia, tremors, hyperreflexia, agitation, diaphoresis. What drug patient has taken additional to SSRs

Opioids (Serotonin syndrome)

19. An adaptive state to prevent withdrawals is called

Dependence

20. If drug effect is 1+1=3 it is called

Synergism

21. If the drug effect is 0+2 = 3 it is called

Potentiation

22. Which one of these drug schedules is designed for drugs with very high abuse potential?

Schedule I

23. Laprazolam belongs to which drug schedule
    a. I
    b. II
    c. III
    d. IV
    e. V

24. Cough preparations that contain no more than 200 milligrams of codeine per 100 milliliters or per 100 grams. What drug class schedule is this

Schedule V

25. How is a dose calculated in a child?

mg/kg

26. Patient is receiving drug that ends with -caine:

local anesthetic (lidocaine)

27. Patient is getting a drug that ends with -thiazide:

Thiazide diuretic (Chlorothiazide)

28. Patient receives medications ending with -semide:

loop diuretic (Furosemide = Lasix)

29. Patient is receiving medication ending with -vir:

Antiviral drugs (Valacyclovir)

30. Patient is receiving medication ending with -pril:

ACE inhibitor (Captopril)

31. Patient is recivieng medication ending with -sartan:

Angiotensin II receptor blocker (ARBs)/antagonist

32. Patient is receiving medication ending with -olol:

Beta blockers (Propranolol)

33. Patient is receiving medication ending with -terol:

Beta agonist (Albuterol)

34. Patient is receiving medication ending with -dipine:

Calcium channel blocker (Nifedipine, Difedipine) , Verapamil

35. Patient is receiving medication -sone:

Glucocorticoids (Prednisone), Prednisolone

36. Patient is receiving medication -cillin:

Penicillin antibiotics (Ampicillin)

37. Patient is receiving medication -cycline:

tetracycline antibiotics (Tetracycline, Doxycycline)

38. Patient is receiving medication -azole:

Antifungal (Ketoconazole), nazol (Bifonazol), Amphotericin B

39. Patient is receiving medication -zepam, -zolam

Benzodiazepines (Flurazepam, Midazolam)

40. Patient is taking Sulfa-

Sulfonamides (Sulfasalazine)

41. Patient is taking drug -bital:

Barbiturates (Phenobarbital)

42. Patient is taking -tyline:

TCA (Amitriptyline)

43. Patient is taking -statin:

HMG CoA reductase inhibitors (Lovastatin)

44. Patient is receiving drug -eprazole:

PPI (Omeprazole)

45. Which one of the following is the thiazide diuretic mechanism of action?

a. Inhibit reabsorption of sodium and chloride in the ascending loop of Henle (it is impermeable to water) – loop diuretics
b. Inhibit sodium and chloride reabsorption in the initial part distal tubule. Loss of Na, Cl increases urine output. – thiazides
c. Induce a weak diuresis by reducing sodium potassium exchange in the late portion of the distal tubule and collecting duct. – potassium sparing
d. osmotically hold water in the tubules and increase urine flow

46. Which of the following is the mechanism of action of SSRI's?
    a. Increased 5-HT levels, but do not affect NE levels – ssri
    b. Increase of NE, S, DA, glutamate in the brain – stimulants
    c. Block D2-dopamine receptors in the limbic system (Antipsychotics)
    d. Increase levels of NE, S (5-HT), DA in the brain (MAO)

47. Which one of these drugs blocks the slow calcium channels, especially voltage – gated L-type Ca channel?
    a. Haloperidol
    b. Mannitol
    c. Nifedipine
    d. Furosemide

48. These drugs reduce conversion of angiotensin I to angiotensin II:

    ACE inhibitors

49. Which one of these is ACE inhibitor

a. -olol
b. -pril
c. -sartan
d. -azol

50. DUMBELS syndrome is

Defecation/diarrhea, Urination, Miosis/muscle weakness, Bronchoconstriction, Emesis, Lacrimation, Salivation/Seizures/Sweating

51. Which of the following drugs can be used to treat Alzheimer disease?
    a. Cevimeline (Evoxac), Tacrine (Cognex), Rivastigmine (Exelon), Galantamine (Razadine)
    b. Donepezil (Aricept), Tacrine (Cognex), Rivastigmine (Exelon), Galantamine, Benztropine (Cogentin)
    c. Dicyclomine (Bentyl), Clonidine (Catapres), Isoproterenol (Isuprel), Triazolam (Halcion)
    d. Donepezil (Aricept) and Tacrine (Cognex), Rivastigmine (Exelon), Galantamine (Razadine)

52. Class I antiarrhythmic effect is

    Na channel blockers – Quinidine, lidocaine, flecainide

53. Class II antiarrhythmic effect is

Beta blockers – propranolol

54. Class III antiarrhythmics effect is

K blockers – amiodarone

55. Class IV antiarrhythmics effect is

Ca channel blockers – Verapamil

56. Which drug is indirect thrombin (IIa) inhibitor?

Heparin

57. This drug enhanced formation of plasmin from plasminogen

tPA, streptokinase, urokinase

58. Blockade of reduction of vitamin K dependent factors (II, **VII**, IX, X) is function of what drug?

Warfarin (Coumadin)

59. Short acting beta agonist is

albuterol

60. Long-acting beta agonist is

salmeterol

61. This medication inhibits phospholipase A2 and reduces leukotriene and prostaglandin release

a. Glucocorticoids

62. This drug inhibits M3 receptors and causes bronchodilation

a. Ipatropium bromide (Atrovent)

63. Which one of the following is beta blocker?

a. Propranolol

64. Propranolol belongs to which class of drugs?

a. Beta blockers

65. Link the drug with condition, which one of these drugs is correctly matched with condition?

a. Propranolol = hypertension
b. Ipratropium – pneumonia
c. Haloperidol – asthma

66. Which one of these is antihypertensive medication?

a. Propranolol

67. Which one of the following is the first-generation antipsychotic?
    a. Olanzapine
    b. Risperidone
    c. Haloperidol
    d. Flucytosine
    e. Omeprazole

68. The psychoactive compound in marijuana binds to CB1 brain receptors that would normally bind which of these neurotransmitters?
    a. Serotonin
    b. Epinephrine
    c. Dopamine
    d. GABA
    e. Norepinephrine
    f. (Anandamide)

69. Which of the following is the interleukin 5 antagonist

Reslizu**mab**

70. Biological drugs inhibit what in the body:
    a. COX-1
    b. COX-2
    c. TXA
    d. TNF (Humira = adalimumab)

71. Which one of these medications is safe in patients with asthma?
    a. Beta blockers
    b. Diuretics
    c. ARB's
    d. Ca channel blockers

72. What are ACE inhibitors used for:

hypertension

73. What is the common side effect of ACE inhibitors?

Cough

74. To which one of these drugs the patients will be switched to if ACE inhibitor causes cough?

a. Ca channel blockers
b. Diuretics
c. Beta blockers
d. ARB’s

75. Drugs that end with -sin belong to which group of medications?

Alpha blockers (Prazosin)
First dose syncope

76. Other than being used as antihypertensive medication Terazosin also can be used to treat

Prostatic hypertrophy

77. Which antihypertensive drug can have first dose syncope?

Prazosin

78. Which one of these drugs would increase outflow of intraocular fluid in patients with open angle glaucoma:

Pilocarpine

79. For which condition Latanoprost (Xalatan) is most likely used:

Glaucoma

80. What is the mechanism of action of Latanoprost?

Increases uveoscleral outflow, reduces IOP

81. The effect of sedative hypnotic drugs is to enhance which of the following receptor actions in CNS?

a. Glycine
b. Serotonin
c. Dopamine
d. GABA

82. Diazepam (Valium) can be used for

seizures

83. Chlordiazepoxide (Librium) can be used for

alcohol withdrawal

84. Alprazolam (Xanax) can be used for:

panic disorders

85. This drug inhibits release of histamine from mast cells.

Cromolyn sodium

86. Dextromethorphan has effect on:

medulla cough center

87. Misoprostol is:

Synthetic prostaglandin E1 analog

88. Which one of the following medications used to treat GERD has been paired with wrong mechanism of action
   a. (Cimetidine) H2 blockers reduce acid production
   b. (Omeprazole) PPI block acid production
   c. (Aluminum) Antacids neutralize acid
   d. Prokinetics inhibit acid production (metoclopramide – Reglan)

89. Which of the following is synergistic drug effect?
   a. Tetracyclin and Maalox
   b. Alcohol and valium
   c. Aspirin and erythromycin
   d. Pepcid AC and cyclophosphamide

90. Taking medication PRN means?

91. Guaifenesin acts in antiallergy medication combos as:

expectorant

92. Long term use of acetaminophen can cause:

Liver toxicity

93. OTC antacids like Pepcid AC should not be taken longer than:

2 weeks

94. Which OTC antidiarrheal drug can be used by patients that take coumadin?

a. Koapectate
b. Pepto-Bismol
c. Pepcid AC or Pepto-Bismol
d. Lomotil
e. Imodium or Pepto-Bismol

95. OTC sleeping aids L-tryptophan and 5-HT work by:

a. Increasing serotonin
b. Decreasing serotonin
c. Increasing dopamine
d. Decreasing dopamine