

 جامعة طنطا كلية الصيدلة	Tanta University - Faculty of Pharmacy Department of Clinical Pharmacy		
	Final Examination for 5th level students Credit hour System		
Course Title:	Treatment of Respiratory Diseases		Code:PP014
21/06/2021	Term: 2nd	Pages: 7 / Q:67	Mark :50
Time: 2 hrs			

Select one answer for each question

1. Which of the following is correct about COPD?

- A. It is accompanied airflow limitation and respiratory symptoms
 B. It may be viewed as partially reversible
 C. It includes emphysema and chronic bronchitis
 D. All of the above

2. Which of the following is not correct about Emphysema?

- A. It is a destructive enlargement of alveoli
 B. It involves clinically significant airflow limitation
 C. It is a phenotype B that is called a "Blue bloater"
 D. None of the above

3. Their arterial blood gases (ABGs) actually are relatively normal during pink puffer

- A. True
 B. False

4. FEV1/FVC < 0.7 and FEV1% of 50-80 % can refer COPD to

- A. GOLD 1 (Mild)
 B. GOLD2 (Moderate)
 C. GOLD3 (Severe)
 D. GOLD4 (Very Severe)

5. Polycythemia with hypercapnia is characteristic for blue bloater

- A. True
 B. False

6. Physical examination of patient with COPD revealed the following EXCEPT

- A. Increased RR
 B. Decreased HR
 C. Barrel-chest
 D. Quiet heart sounds

7. Which of the following parameters shows elevation in its level during COPD?

- A. Oxygen tension
 B. Oxygen saturation
 C. Partial pressure of carbon dioxide
 D. Blood pH

8. Which of the following is not characteristic for COPD?

- A. Increased FEV1/FVC (Forced Vital Capacity ratio)
 B. Increased total lung capacity (TLC)
 C. Increased residual volume (RV)
 D. Increased vital capacity (VC)

9. Sputum or blood eosinophilia can differentiate asthma from COPD where eosinophilia is suggestive of COPD

- A. True
 B. False

10. Which of the following organisms causes COPD exacerbations?

- A. Streptococcus pneumoniae
 B. Haemophilus influenzae
 C. Moraxella catarrhalis
 D. All of the above

11. Aminophylline and theophylline are not recommended for the treatment of acute exacerbations of COPD
 A. True B. False
12. Patient with mild COPD exacerbation with no risk factors for poor outcome and treated as outpatient, the first line antibiotic therapy is Doxycycline and the second line is Azithromycin
 A. True B. False
13. Patient with moderate COPD exacerbation with no risk factors for poor outcome, the first antibiotic therapy is amoxicillin-clavulanate and the second line is Levofloxacin
 A. True B. False
14. Which of the following symptoms is indicative for pneumonia?
 A. Productive coughing/expectoration B. Dyspnea
 C. Fever D. All of the above
15. Patient with pneumonia and Pneumonia Severity Index (PSI) of 65 can be...
 A. Treated inpatient B. Treated outpatient
 C. Treated in or outpatient D. Treated at ICU
16. Management of HAP when there is no MDR risk factor includes.....
 A. Piperacillin-tazobactam 4.5 g IV every 6 hours B. Cefepime 2 g IV every 8 hours
 C. Levofloxacin 750 mg IV daily D. All of the above
17. Patient with pneumonia and CURB-65 score =4 can be...
 A. Treated inpatient B. Treated outpatient
 C. Treated at ICU D. Treated in or outpatient
18. Risk factors for MRSA consideration include:
 A. Respiratory failure requiring mechanical ventilation
 B. Gram-positive cocci on sputum culture
 C. End-stage renal disease D. All of the above
19. Vancomycin or Linezolid is the drug of choice when MRSA is suspected as a cause of pneumonia
 A. True B. False
20. Anti-pseudomonal beta-lactam include the following EXCEPT
 A. Meropenem B. Tazocin C. Ceftazidime D. None of the above
21. Which of these causes atypical pneumonia?
 A. Pneumococcus B. Influenza virus
 C. Mycoplasma D. Respiratory syncytial virus
22. Which of the following can be used to treat aspiration pneumonia?
 A. Ampicillin/sulbactam 1.5 - 3 g IV when anaerobic bacteria are probable pathogens
 B. Oral amoxicillin/clavulanate for patients who are not severely ill
 C. Stress-dose steroids in patients remained hypotensive despite fluids & vasopressors
 D. All of the above
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23. Select the antiviral which can be used for cytomegalovirus pneumonia?
 A. Zanamivir B. Ganciclovir C. Ribavirin D. Acyclovir
24. Blood Procalcitonin level can be used to differentiate viral pneumonia from bacterial one
 A. True B. False
25. A harsh vibratory sound on auscultation is known as:
 A. Crackles B. Stridor C. Rales D. Wheezing
26. Bronchitis is an infection of.....
 A. Alveoli B. Wind pipes C. Bronchial tubes D. None of the above
27. The common symptoms of acute bronchitis is....
 A. Sore throat B. Chest tightness C. Malaise D. Nagging cough
28. Chronic bronchitis is defined as....
 A. Daily dry cough that lasts at least 8 weeks for 2 consecutive years
 B. Daily wet cough that lasts at least 3 months for 2 consecutive years
 C. Daily wet cough that lasts at least 8 weeks for 2 consecutive years
 D. Daily dry cough that lasts at least 2 weeks for 2 consecutive years
29. The most common cause of acute bronchitis is...
 A. Viral pathogens B. Bacterial pathogens
 C. Fungal pathogens D. Non-infectious factors
30. Which of the following can be used for managing acute bronchitis?
 A. Acyclovir 800-1600 mg daily in divided doses
 B. Cimitidine 800-1200 mg daily in divided doses
 C. Bromelain 500 mg twice daily D. All of the above
31. Daliresp lacks one of the following properties
 A. Daliresp has antibacterial activity B. Daliresp is a PDE4 inhibitor
 C. Daliresp increases cAMP D. Daliresp has anti-inflammatory activity
32. Which of the following aids in managing chronic bronchitis?
 A. Andipratropium B. Fluticasone C. Formoterol D. All of the above
33. Which is the main cause of chronic bronchitis?
 A. Inhaled irritants such as industrial pollutants
 B. Cigarette smoke C. Viral and bacterial infections
 D. Underlying disease such as heart failure
34. Antibiotic therapy of chronic bronchitis includes.....
 A. Levofloxacin B. Clarithromycin C. Vibramycin D. All of the above
35. Select the non-true sentence about otitis media C/P & complications
 A. Otagia, headache, otorrhea and insomnia are common symptom
 B. URT symptoms (cough, rhinorrhea, sinus congestion) also exist
 C. GIT Symptoms (nausea, vomiting, and diarrhea) may pronounced
 D. Fever greater than 40°C is common and may represent bacteremia

36. Which of the following is correct about otitis media?

- A. Ketoprofen is analgesic of choice for children less than 12 year-old
- B. Otic drops as antipyrine and benzocaine ear drops can be used for otitis media
- C. Anti-histamines either nasal or oral, are recommended for otitis media
- D. All of the above

37. Otitis media is common in young children aged 6-18 months because.....

- A. The eustachian tube is shorter and more horizontal
- B. Immature immunity
- C. Uncompleted vaccination program
- D. All of the above

38. Obesity is considered as risk factor for otitis media

- A. True
- B. False

39. Confirmatory diagnosis of otitis media depends on:

- A. Opacity, bulging and erythema of tympanic membrane
- B. Evaluation of tympanic membrane movement
- C. C/P (Signs and symptoms)
- D. Both A and B

40. Choose the best answer concerning cough and cough remedies

- A. Post infectious cough is common after bacterial respiratory tract infection
- B. Post infectious cough may be due to up regulation of cough receptors
- C. Industrial chemicals are the most common cause of sub-acute cough
- D. All of the above

Part II Prof. Sahar El-Haggar:

41. A patient with seasonal allergic rhinitis has taking first-generation antihistamine, but he is still complaining of some nasal congestion. What would be the best recommendation?

- A) Switch to second-generation antihistamine
- B) Add an inhaled CS
- C) Add an intranasal decongestant for 3-5 days
- D) Both B and C
- E) All the above

42. Good Response or Mild Exacerbation after Inhaled Short-Acting β_2 -agonists have any of the following:

- A- For patients on inhaled CS, double dose for 7-10 days
- B- Persistent wheezing or shortness of breath
- C- Response to β_2 -agonists sustained for 4 hrs
- D- Both A and C
- E- All the above

43- Symptoms of allergic rhinitis include:

- A) Pressure on the cheeks and forehead
- B) Nasal pruritus with congestion
- C) Ear fullness with popping and itching of the palate
- D) Both B and C
- E) All the above

44- Formoterol has all the following except:

- A. Has a more rapid onset of action similar to that of albuterol
- B. Is a full agonist
- C. Is a partial agonist
- D. Is long-acting β_2 -agonists

45- Mast cell stabilizers:

- A- Include cromolyn sodium and nedocromil sodium
- B- Prevent the usual rise in BHR with specific pollen seasons
- C- Inhibit early and late asthmatic response to allergen
- D- Both A and C
- E- All the above

46- Intranasal steroids are effective for treating allergic rhinitis due to:

- A) Its ability to inhibit the activity of mast cells, basophils and lymphocytes
- B) Stimulate the mediators of inflammatory response
- C) Decreased capillary permeability and decreased nasal mucous secretion
- D) Both A and C
- E) All the above

47. The second-generation antihistamines are useful for treating the signs and symptoms of allergic rhinitis such as sneezing and lacrimation:

- A) True
- B) false

48- Expectorants:

- A) It facilitate removal of mucus and other irritants from the respiratory tract
- B) Produces more tenacious secretions and/or increases the viscosity of thickened secretions
- C) Their major pharmacological action is to irritate receptors in the gastric mucosa
- D) Both A and C
- E) All the above

49- Montelukast:

- A. Improve FEV₁, FVC and asthma symptoms
- B. Decrease nocturnal awakenings and increase β_2 -agonist use
- C. Is effective orally and parentally
- D- All the above
- E- Both A and B

50- Methylxanthine is moderately potent bronchodilator with mild anti-inflammatory properties so it can reduce BHR:

- A- True
- B- False

51- These are the intranasal decongestant approved by FDA except:

- A) Ephedrine and Naphazoline
- B) Phenylephrine and Xylometazoline
- C) Pseudoephedrine
- D) Oxymetazoline
- E) None of the above

52- Codeine:

- A) Is widely used cough expectorant and is the standard against which all others are measured
- B) The potential for codeine abuse is negligible but has been observed.
- C) Is synthetic nonnarcotic antitussives agent
- D) Both A and B
- E) All the above

53- Short acting intranasal decongestant:

- A) Are recommended for children less than age 2 years and pregnant women
- B) They keep the nasal mucosa moist and provide psychological assistance to patient
- C) Can cause rebound congestion
- D) Both A and C
- E) All the above

54- An old male with uncontrolled hypertension has common cold. He is feeling better on the fifth day of having common cold symptoms, and the runny nose is the only current problem. The best recommendation for this patient would be:

- A) A product that contains pseudoephedrine and alkylamine
- B) Intranasal decongestant contains Ephedrine or Naphazoline
- C) Intranasal decongestant contains Xylometazoline
- D) Both A and C
- E) Both A and B

55- Diphenhydramine:

- A) Is 2nd generation antihistamine and antitussive agent
- B) Its antitussive effects are due to its central-acting mechanism through the medullary cough center
- C) Pharmacists should be aware of reports of high-dose recreational abuse
- D) Both A and B
- E) All the above

56- Any of the following statements regarding the common cold is true:

- A) About 90% of common cold is caused by coronavirus
- B) Histamine is not involved in the inflammation associated with the common cold
- C) There is vaccine available to prevent the common cold
- D) Both A and B
- E) All the above

57- Echinacea has any of the following:

- A) Inhibit the immune system
- B) Can reduce the severity of cold symptoms
- C) Can be used in patients with autoimmune disease
- D) All the above
- E) Both A and B

58- Nasal decongestants have any of the following:

- A) They stimulate the α -adrenergic receptors of vascular smooth muscle
- B) They decrease edema and decreases nasal ventilation and drainage
- C) Headache caused by congested sinuses may not be relieved
- D) Excessive nose blowing, which irritates the nostrils is increased
- E) Both A and B

59- Camphor and menthol have any of the following:

- A) Antitussive may act centrally on sensory nerve receptors
- B) Stimulating cold sensory receptors
- C) Engenders a local anesthetic effect on respiratory passageways
- D) Both B and C
- E) All the above

60. In home management of acute asthma exacerbation, the test to assess the severity is:

- A. Forced expiratory volume in one second
- B. Forced vital capacity
- C. Peak expiratory flow
- D. Total lung capacity

- 61. Any of the following are related to incomplete response of acute asthma exacerbation (Moderate Exacerbation):**
- A. PEF 50%- 80% personal best
 - B. Persistent wheezing and shortness of breath
 - C. Treated by continuing B₂ agonist and add oral CS
 - D. All the above
 - E. Both B and C
- 62- The incidence of adverse effects such as tachypnea and hand tremor is greater in the use of:**
- A) Oral and parenteral β -antagonists
 - B) Inhaled β -agonists
 - C) Oral Albuterol
 - D) Inhaled Albuterol
 - E) Both A and C
- 63- Ipratropium bromide has any of the following:**
- A. Is competitive inhibitors of nicotinic receptors
 - B. Is effective bronchodilator as terbutaline
 - C. Has poor absorption across mucosa and BBB
 - D. All the above
 - E. Both A and C
- 64- Zafirlukast :**
- A. Is cysteinyl leukotriene receptor antagonist
 - B. Is inhibitor of leukotriene synthesis
 - C. Elevates liver enzymes
 - D. Both A and C
 - E. Both B and C
- 65. Any of the following are diagnostic tests for sever acute asthma:**
- A. Blood gases and chest radiograph
 - B. Complete blood count
 - C. Eosinophil count and IgE concentration in blood
 - D. Both A and B
 - E. All the above
- 66. The actions of systemic corticosteroids in treating asthma include any of the following:**
- A. Increased production of proinflammatory mediators
 - B. Preventing and reversing airway remodeling
 - C. Increasing vascular permeability and increasing mucus production
 - D. Both A and B
 - E. All the above
- 67. The principal advantage of beclomethasone dipropionate is:**
- A. High topical potency to reduce inflammation in the lung
 - B. High systemic activity
 - C. High anti-inflammatory potency (1000-fold greater than exogenous cortisol)
 - D. Both A and C
 - E. All the above

End of your questions.....Good luck