

Model questions third year (Clinical Pharmacy)

** Shaden is a 32-years old married woman who presents to his primary care doctor complaining of Epistaxis & headache. On investigation she has normal EENT findings, mild hypernatremia, normal blood glucose; normal T3; normal renal parameters. Her BP examination at three different encounters revealed an average value of 160/100 mm Hg. Her family history revealed that her parents have hypertension. S.G was diagnosed as hypertensive patient

Regarding to Shaden hypertension, she has:

- A. Pre-hypertension
- B. Stage 1 primary hypertension
- C. Stage 1 secondary hypertension
- D. Stage 2 essential hypertension
- E. Stage 2 secondary hypertension

Shaden hypertension can be:

- A. Controlled by life style modification (LSM) only
- B. Controlled by both LSM & pharmacotherapy
- C. Cured by LSM solely
- D. Cured by both LSM and pharmacotherapy
- E. Neither cured nor controlled

The pharmacological therapy for Shaden involves which of the following drugs?

- A. Hydrochlorothiazide
- B. Furosemide
- C. Captopril
- D. HCT + Furosemide
- E. HCT + Captopril

**A 65 years old man admitted to hospital suffering from persistent headache, nausea, vomiting, visual disturbances, insomnia. Initial examination revealed blood pressure of 185/110. X-ray chest revealed free lung and Echo revealed EF of 63 ml (N= 70 ml) and subclinical cardiomegaly. Laboratory test revealed normal LFTs and normal kidney function. CNS exam revealed negative Babinski test. This patient has a past medical history of uncontrolled hypertension.

This patient has:

- A. Asymptomatic hypertension urgency
- B. Symptomatic hypertension urgency
- C. Hypertension emergency
- D. Stage II hypertension
- E. Pre-hypertension

According to the case, the patient can be treated by:

- A. Parenteral antihypertensive
 - B. Oral antihypertensive
 - C. Both A and B
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** A 65 years old man admitted to hospital suffering from persistent headache, nausea, vomiting, visual disturbances, insomnia, and SOB. Initial examination revealed hypertensive patient with average blood pressure of 225/140 mmHg. X-ray chest revealed pulmonary edema and cardiomegaly. Laboratory test revealed proteinuria and elevated BUN. Fundoscopic examination revealed papilledema. This patient has a past medical history of uncontrolled hypertension.

Concerning the case, what is the exact diagnosis of the man condition?

- A. Asymptomatic hypertension urgency
- B. Symptomatic hypertension urgency
- C. Stage II hypertension
- D. Hypertension emergency
- E. Pre-hypertension

Regarding to the case, what is the drugs of choice for this patient condition?

- A. Phentolamine and Labetalol
- B. Nitroglycerin, Nitroprusside and labetalol
- C. Nitroglycerin, Nitroprusside and Nicardipine
- D. Amilodipine
- E. Captopril

Initial rapid depolarization involves potassium influx and depolarization of atrial & ventricular tissues.

- A. True
- B. False

The QT interval may be altered by tricyclic antidepressants

- A. True
- B. False

PR interval is lengthened in AV block

- A. True
- B. False

Re-entry is the most common cause of ventricular arrhythmia

- A. True
- B. False

Some dropped QRS is characteristic for 2nd degree AV block

- A. True
- B. False

(VADs) is commonly used in case of RCM till heart transplantation

- A. True
- B. False

Principal of the treatment of cardiomyopathy include the following EXCEPT

- A. Manage the signs and symptoms
- B. Reduce risk of complications
- C. Allow cure
- D. All of the above
- E. None of the above

All the following are correct about septal ablation EXCEPT

- A. It based on septal alcohol ablation technique
- B. It may provoke heart block
- C. It is an open heart surgery
- D. It may result in a disruption of the heart's electrical system
- E. All of the above

Which of the following predispose patient to cardiomyopathy?

- A. Coxsackie B virus B. SLE and rheumatic fever C. Doxorubicin (750 mg/m²)
D. All of the above E. None of the above

Blood tests seem important for one with dilated cardiomyopathy include:

- A. BNP B. Thyroid function test C. Iron level
D. Both A and C E. All of the above

Select the true statement about digitalis therapy for cardiomyopathy

- A. Digoxin has positive inotropic effect
B. Digoxin has pro-arrhythmic effect
C. Digitalis Fab and dialysis are main strategies to counteract digitalis intoxication
D. Both A and B E. All of the above

Which of the following is correct about therapy of cardiomyopathy?

- A. Valsartan induces angioedem
B. Carvedilol should be avoided for hypertensive elder patient
C. Thiazides should be avoided for hypertensive diabetic patient
D. Warfarin use is necessary for patient with dilated cardiomyopathy
E. All of the above

Systolic anterior motion (SAM) of the mitral valve results in:

- A. Left ventricular outflow obstruction
B. Mitral valve regurgitation C. Diastolic dysfunction
D. Both A and B E. All of the above

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Which of the following is correct about peripartum cardiomyopathy?

- A. It occurs at first trimester of pregnancy
B. It persists life-long after delivery C. It may be due to eclampsia
D. All of the above E. None of the above

Patient with cardiomyopathy should avoid:

- A. Alcohol B. TCA abuse
C. OTC medications containing sympathomimetics D. Both A and B
E. All of the above

Patients with hypertension should avoid...

- A. Licorice B. Smoking C. Diet rich in monosodium glutamate
D. All of the above E. None of the above

All these Co-morbid diseases induce secondary hypertension EXCEPT

- A. Chronic kidney disease B. Cushing's syndrome C. Conn's syndrome
D. Pheochromocytoma E. None of the above

Patho-physiology of hypertension emergency includes:

- A. Abrupt increases in endothelin and angiotensin II
B. Failure to release Nitric oxide
C. Excess release of aldosterone and antidiuretic hormone
D. Both A and B E. All of the above

Rebound hypertension is common with abrupt withdrawal of :

- A. Labetolol B. Clonidine C. Propranolol
D. All of the above E. None of the above

Which of the following helps to diagnose arrhythmia?

- A. Palpitations B. Shortness of breath C. Chest pain
D. Intermittent 24-hour recordings of the ECG E. All of the above

Dropped QRS wave on ECG is indicative for

- A. Sinus bradycardia B. First degree AV block C. Second degree AV block
D. Sinus Tachycardia E. None of the above

Narrow complex QRS is indicative for.....

- A. Atrial flutter B. Atrial fibrillation
C. Sinus Tachycardia D. Acute ventricular tachycardia
E. Supraventricular tachycardia

T wave in ECG is indicative for.....

- A. Atrial systole B. Atrial diastole C. Ventricular systole
D. Ventricular diastole E. None of the above
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