

# PHARMACOLOGY

CVS - Mid

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# Week1

(Lec 1 and 2)

**All the following are true regarding the use of ACEIS (angiotensin converting enzyme inhibitors) EXCEPT:**

- a. Dose of Enalapril should be adjusted in patients with renal insufficiency.**
- b. A good first line treatment for a hypertensive diabetic patient .**
- c. Associated hypokalemia always avoided by giving K supplement .**
- d. Most common bothersome side effect is chronic dry cough.**
- e. Effective in reducing proteinuria in diabetic patients.**

**Ans c**

**In a hypertensive patient who is taking insulin to treat diabetes, which of the following drugs is to be used with extra caution and advice to the patient ?**

- a. Methyldopa.**
- b. Hydralazine.**
- c. Guanethidine.**
- d. Propranolol.**
- e. Prazosin.**

**Ans d**

**ACEI decrease all of the following except:**

- a) fluid retention**
- b) aldosterone secretion**
- c) angiotensin II levels**
- d) renin leve**

ans d

Q26: The drugs which are useful in the treatment of heart failure and hypertension, can produce hyperkalemia but reduce salt and water retention are:

- a. Angiotensin converting enzyme inhibitors
- b. Vasodilators
- c. Angiotensin receptor blockers
- d. Digitalis
- e. Beta blockers

A

19-The reason behind which we use angiotensin 2 receptor antagonist is:

a. It completely blocks the angiotensin II

25-ARBs instead of ACEi because of

cough

30-A patient with HF and suffer edema, which is the best to decrease his edema:

furosemide

33-True statement:

low doses of thiazide have the same antihypertensive effect as high doses of it

36-A beta-blocker useful in hypertension with peripheral vascular disease

Acebutolol

53-This antihypertensive drug is used to stimulate receptors in the brain to decrease peripheral vascular resistance, heart rate and cardiac output

Labetalol

54-After 6-8 weeks of use, the main mechanism for the antihypertensive effect of thiazide diuretics is

Reduction of blood volume

Reduction of peripheral vascular resistance

Reduction of sympathetic nerve activity

Inhibition of aldosterone secretion

Inhibition of angiotensin II production

Ans b

56-Unique about ACE:

it's ability to inhibit the enzyme, so decreasing angiotensin 2

57-Used in hypertension and heart failure, hyperkalemia:

a.ACEI

(I think the answer is incorrect because ACEI cause hyperkalemia, unfortunately the other options of the question are unavailable)

**\*the best drug of choice to emergencies hypertension with tachycardia**

**Ans: esmolol**

**\*A beta blocker that has short half-life and used for intraoperative and postoperative hypertension: Answer: esmolol**

**\*What drug do you have to take caution with when the patient is diabetic: Propranolol**

## **2012**

**\*Esmolol >> a very short duration of action**

**which is true:**

**>>> both hydrochlorothiazide and furosemide result in hypokalemia.**

( the second information was not mentioned in our year)

## **Week 2**

( lecture 3 4 5)

**All the following drugs has more than one mechanism of action EXCEPT for one of them choose the drug that has only one mechanism of action:**

**A)Quinidine**

**B) Flecainide**

**C) Sotalol**

**D) Amiodarone**

**E) Verapamil**

**Ans:E**

**Constipation is the side effect of:**

- a. Verapamil**
- b. Flecainide**
- c. Quinidine**
- d. Disopyramide**

**ans a**

**A side effect that distinguishes ACEi from ARBs?**

- a. Hypotension**
- b. Cough**
- c. Hyperkalemia**

**ans b**

**Beta-blockers are used for prophylaxis in angina pectoris because they:**

- a. Decrease cardiac afterload.**
- b. Enhance collateral circulation.**
- c. Decrease cardiac preload.**
- d. Decrease heart rate and reduce myocardial work.**
- e. Dilate the coronaries.**

**Ans d**

**\*Used in treatment of benign prostate hypertrophy: Doxazosin**

**2012**

**\* nitroprusside causes vasodilation in arteriole and venules**

**\*\* Nifedipine used in variant angina**

**\*\* which is true:**

**>>> isosorbide mononitrate when used alone decrease coronary artery perfusion**

## Book

A 32-year-old woman with hypertension wishes to become pregnant. Her physician informs her that she will have to switch to another antihypertensive drug. Which of the following drugs is absolutely contraindicated in pregnancy?

- (A) Atenolol
- (B) Losartan
- (C) Methyldopa
- (D) Nifedipine
- (E) Propranolol

Methyldopa is often recommended in pregnant patients because it has a good safety record. Calcium channel blockers (choice D) and  $\beta$  blockers (choices A and E) are not contraindicated. In contrast, ACE inhibitors and ARBs (choice B) have been shown to be teratogenic. The answer is B.

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More book Q's from 2020 here :

<https://drive.google.com/file/d/1n8hzVt9AIpLQxjo9PSIdj8PhIsatd1qb/view?usp=sharing>

[https://drive.google.com/file/d/1MUj\\_SJmAZi\\_pO8ktXvwQ7\\_f4IlnwSTUS/view?](https://drive.google.com/file/d/1MUj_SJmAZi_pO8ktXvwQ7_f4IlnwSTUS/view?usp=sharing)

[usp=sharing](#)

## Week 3

( lecture 6 only, no q's on lecture 7)

**Which of the following is the least effective in the treatment of heart failure?**

**A- Calcium channel blockers**

**B- Vasodilators**

**C-  $\beta$  antagonists**

**D- ACE inhibitors**

**Ans a**

**4-Used in heart failure but doesn't increase cardiac output:**

**diuretics**

**2012**

**\*\* one of the wrong matching:**

eplerenone --> causes gynecomastia

**\*\*which is true?**

>>when there's no monitoring for hyperkalemia, the risks may outweigh the benefits of spironolcatone (stop it)

**\*\*Digoxin ... doesn't improve morbidity and mortality**

**\*\*digoxin >> increase intracellular Ca**



# الحمد لله رب العالمين

اللهم يا من لا يهزم جنده ولا يخلف وعده، ولا إله غيره، كُنْ  
لأهلنا في فلسطين عونًا ونصيرًا ومعينًا وظهيرًا.