



Therapeutics

Third Quiz Past Papers

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Therapy of Dyslipidemia

1) All of the following drugs can cause hypercholesterolemia except?

Enalapril

2) Which of the following drugs may NOT cause secondary hypercholesterolemia?

- a. Isotretinoin
- b. Glucocorticoids
- c. Thiazide diuretics
- d. Mirtazapine
- e. Lisinopril

Answer: E

3) Wrong answer?

Aerobic exercise reduces HDL and LDL

4) Which of the following is a rational indication for the use of omega-3 fatty acids?

- a. High serum lipoprotein (a)
- b. High LDL cholesterol
- c. Low HDL cholesterol
- d. Hypercholesterolemia
- e. Hypertriglyceridemia

Answer: E

5) A long stem describing someone with hyperlipidemia that was treated with statin and ezetimibe and later on his lipid profile showed low HDL and high triglycerides. What is the most likely drug to be added to therapy?

Niacin

6) High TG and low HDL, on statin, add?

Niacin

7) You use aspirin in patients using niacin for?

Flushing and itching

8) A patient taking sustained-release niacin. They complain of flushes and itch. Best management?

use Aspirin before dose

[the answer is most likely wrong / because if you're using fast-release niacin, you give aspirin shortly before ingestion. You give laropiprant (selective antagonist of prostaglandin DP1 receptor) while taking extended-release niacin..refer to slide 30 in therapy of dyslipidemia lecture]

9) Elevate LDL in patients with Hypertriglyceridemia?

Gemfibrozil

10) High TG, high total cholesterol and low HDL, treatment?

Niacin + Gemfibrozil

11) patient had a lipid profile of: HDL 30, Triglyceride 280, LDL 154 and cholesterol was 230. He received treatment then he come back for follow up his LDL was 210 and cholesterol was 270 what is the most appropriate management?

Simvastatin

12) High LDL despite statin treatment, add ezetimibe, why?
it has synergistic effect with statin

13) a major adverse effect of statins is myopathy. Many drugs will enhance this adverse reaction when co-administered with statins. Which of the following drugs is NOT known to enhance this adverse reaction?

- a. Grapefruit juice
- b. Niacin
- c. Rifampin
- d. Metronidazole
- e. Fibrates

Answer: c

14) Statin-induced myopathy increases with all of the following except?
Carbamazepine

15) A patient with hypertriglyceridemia and hypercholesterolemia. They are receiving itraconazole. Which drug is contraindicated?
simvastatin

16) Increases VLDL?
bile resin

17) Drug can't be used in the treatment of homozygous familial hypercholesterolemia?
statin

18) What isn't a part of dyslipidemia treatment in DM?

Niacin / viscous fibers

[Both answers can be part of dyslipidemia treatment in DM / refer to slide 53 in therapy of dyslipidemia lecture + to slide 23 in therapy of DM lecture]

19) Decreases LP (a)?
Alirocumab

20) Which of the following drug-side effect is mismatched?
Mipomersen - myopathy

21) Wrong match :
Omega3 cause Hyperuricemia

22) Not known to increase cholesterol:

- A) thyroxine
- B) hydrochlorothiazide
- C) propranolol
- D) cyclosporine
- E) isotretinoin

Ans: A

23) Mismatch :
Soluble fiber decreases lipoprotein A

24)Mismatch :

A)food phytosterols - decrease cholesterol absorption

B) Ezetimibe - lower Lp(a)

C)reduce weight - increase HDL

C)physical exercise - increase HDL

Ans: B

Therapy of Venous Thromboembolism

1) Which of the following is an appropriate duration of therapy to effectively treat an acute first episode of venous thromboembolism for all patients? **

- a. one month
- b. 10 days
- c. 2 years
- d. 3 months
- e. 6 months

Answer: D

2) Hospitalized patient with acute VTE, you treat him with?

Enoxaparin

3) patient with renal dysfunction and you are going to treat him with acute VTE, you choose?

UFH

4) UFH used when?

CrCl <25

5) True about new oral anticoagulants?

need no monitoring

6) Common side effect for all anticoagulants?

Bleeding

7) Patient with metastatic ovarian cancer development PE, anticoagulation should last?

for life

8) Patient with non-small cell lung cancer developed DVT what is the management?

IV loading dose of LMWH with oral warfarin

9) used to treat HIT?

Lepirudin

10) patient developed DVT and has previous history of thrombocytopenia 5 days after treatment with heparin. Which of the following drugs can be used to replace UFH?

Lepirudin

11) A 38-year-old, 70-kg man developed a swollen left calf, which was painful and warm few days ago. This swelling gradually increased affecting the entire left leg to the groin. In the Emergency Department, he reported a right-sided chest pain with inspiration. His medical history includes a gastric ulcer 4 years ago, treated with proton pump inhibitor and deep vein thrombosis (DVT) 3 years ago. Physical examination reveals an enlarged left leg and mild to moderate tenderness in the entire leg. Chest examination reveals a loud second heart sound. Vital signs: blood pressure 150/85 mmHg, heart rate 100 beats/minute and respiratory rate 28 breaths/minute. Laboratory data include: Hct 26.7%, serum creatinine 1.1 mg/dL. Arterial blood gases (on room air) PO₂ 72 mmHg, PCO₂ 30 mmHg, pH 7.48. the chest radiograph and lung scan (ventilation/perfusion [V/Q] scan) are highly suggestive of pulmonary embolism. The venogram is positive for defects in the iliofemoral vein.

Coagulation test results: INR 1.0, aPTT 28 seconds and platelet count 248,000/microliters. He reported that last time he had DVT, he developed thrombocytopenia 5 days into heparin therapy. Which of the following is the anticoagulation of choice?

- a. Dalteparin
- b. apixaban
- c. enoxaparin
- d. fondaparinux
- e. Bivalirudin

Answer: E

12) Which of the following drugs may increase the INR when coadministered with warfarin?

**

- a. rifampin
- b. spinach
- c. metronidazole
- d. broccoli
- e. phenytoin

Answer: C

13) Reduce INR with warfarin?

- a. isoniazid
- b. amiodarone
- c. red lettuce

Answer: C

14) Which of the following drugs decrease the anticoagulant effect of warfarin?

Rifampin

15) Which of the following drugs increase the anticoagulant effect of warfarin?

Isoniazid

16) Patient taking warfarin and had blood in his urine. His INR was 5.7 which of the following is the least appropriate step in his management?

The use of large dose IV vitamin K

17) which of the following anticoagulants is NOT matched with a specific antidote?

- a. heparin – protamine sulfate
- b. dabigatran – idarucizumab
- c. warfarin – vitamin k
- d. enoxaparin – clotting factors

Answer: D

18) which of the following anticoagulants is NOT matched with a specific antidote?

[I believe “NOT” should be deleted for the question to be correct based on the following choices :)]

- a. fondaparinux – protamine sulfate
- b. warfarin – vitamin k
- c. lepirudin – vitamin k
- d. heparin – idarucizumab
- e. enoxaparin – clotting factors

Answer: B

19) True about INR?

depends on PT of patient, PT of control and ISI

20) COVID and DVT?

Dabigatran

21) Wrong about warfarin?

needs platelet monitoring because it cause Heparin-induced thrombosis

22) Common side effect of anticoagulants:

Bleeding

23) UFH used when?

CrCl <25

24) UFH 5 days overlapping with warfarin

25) Duration of anticoagulant :

3 months

26) Reduce warfarin activity :

Carbamazepine

27) immediate anticoagulant in DVT :

LMWH

Therapy of epilepsy

1) Inhibitor of carbamazepine metabolism?

Valproate

2) Patient on carbamazepine therapy for tonic clonic seizure but still had frequent attacks of seizure so valproic acid was added. Several weeks later the patient developed neurological symptoms of diplopia and ataxia. What is the most likely explanation?

Valproic acid decreased the metabolism of carbamazepine

[note: valproic acid and topiramate are inhibitors]

3) Antiepileptic with most cognitive impairment?

Topiramate

4) Which of the following drug pairs metabolize vitamin D and cause osteoporosis with prolonged use?

Carbamazepine and phenytoin

5) Patient was on carbamazepine therapy for epilepsy. The physician kept increasing the dose over a period of weeks and the patient developed ataxia and nystagmus. Drug serum level was high at that point. Which of the following is wrong?

The drug was monitored correctly

6) Elderly on phenytoin since 25 years controlling his epilepsy, started complaining of incoordination, improved on lowering dose, still complaining of unsteadiness, next?

Lower dose again and monitor seizures

7) Elderlies have hypoalbuminemia, decreased hepatic blood flow and renal clearance. Which one of the following antiepileptic drugs is the most appropriate if used for the correct type of seizure?

Lamotrigine

8) Elderly with epilepsy?

Lamotrigine

[note: lamotrigine is considered the medication of choice in elderly]

9) Young patient with tonic clonic and mixed seizure, what is the best thing to give? **

Carbamazepine

[note: carbamazepine is first-line in many seizure types: focal onset seizures, generalized tonic-clonic seizures, and mixed seizure types]

10) Patient was on carbamazepine treatment for epilepsy and developed cognitive side effects at therapeutic doses, so he was switched to phenytoin. Which of the following you should avoid to tell your patient about this dangerous drug?

Phenytoin has lower cognitive side effects compared to carbamazepine (mostly)

11) Was on phenytoin, developed strong skin reaction, switch to?

Valproate

12) Which one of the following drugs can cause idiosyncratic acute liver failure?

Valproic acid

13) Boy with myoclonic epilepsy. Drug of choice?

Valproic acid

[note: valproic acid is first-line therapy for generalized seizures, including myoclonic, atonic, and absence seizures]

14) 9-year-old with frequent blank staring, poor concentration ... learning difficulties, awareness lapses and eye blinking, best treatment? ****

Ethosuximide

[note: ethosuximide is the first-line treatment for absence seizures]

15) Uncontrolled, mixed-seizure epilepsy, phenytoin, VA and CMZ failed (resistant), next? **

Lamotrigine

16) What is a dose dependent adverse effect ASD?

Lamotrigine and diplopia

17) Anti-seizure drug with carbonic anhydrase inhibitor effect?

Topiramate

18) Generalized tonic clonic seizures with neuropathic pain? **

Gabapentin

19) Wrong combination of antiepileptic drug and its use?

Ethosuximide – absence seizures and neuropathic pain

20) Contraindicated in breastfeeding?

Zonisamide

[note: phenytoin, valproic acid, levetiracetam and zonisamide distribute to breast milk and cross the placenta]

21) Liver disease avoid?

Carbamazepine

22) Common side effect caused by ASD:

Impairment of cognition

23) Incorrect :

GI upset is a chronic side effect of ethosuximide

24) Incorrect:

Neonates require high dose of ASD

25) Isoniazid & phenytoin => increased toxicity

Therapy of migraine

1) Long question about migraine patient taking many drugs, what is inappropriate in management?

Add another drug

2) Triptans... what can you add?

Corticosteroids

3) Drug not preventive in the treatment of migraine?

Carbamazepine

4) Not a problematic drug interaction:

metoclopramide & triptan

5) Migraine prevention & for anxiety:

Topiramate

6) correct:

valproic acid can be used to treat migraine

7) Not recommended in mild migraine :

Acetaminophen