**Pharmacology MCQs**
**14 November 2006**

1. Regarding diuretics

   a. They work to lower BP initially by ↓ peripheral vascular resistance.
   b. Thiazide diuretics are potassium sparing.
   c. They are effective in lowering BP 20-25mmHg in most patients.
   d. BP response to thiazides continues to increase at doses greater than usual therapeutic dose.
   e. Diuretics may impair glucose tolerance.

2. Which of the following drug's metabolism characteristics are bimodally distributed in the population?

   a. Sodium nitroprusside
   b. Clonidine
   c. Minoxidil
   d. Hydralazine
   e. Phentolamine

3. Regarding the ACE inhibitors

   a. They inhibit peptidyl dipeptidase thus preventing the inactivation of bradykinin.
   b. Captopril is a prodrug
   c. They are used with caution in patients with IDH as reflex sympathetic activation occurs 2° to the hypotensive effects of the ACE inhibitors.
   d. They have no role in treating the normotensive diabetic patients.
   e. They are useful antihypertensives in late pregnancy.

4. Which of the following calcium channel blockers is excreted predominantly in the faeces?

   a. Nifedipine
   b. Felodipine
   c. Diltazem
   d. Nimodipine
   e. Verapamil

5. Which of the following increases the risk of digoxin induced arrhythmias?

   a. Hyperkalaemia
   b. Hypercalcaemia
   c. Hypermagnesaemia
   d. Hyperuricaemia
   e. Hypernatraemia

6. Propanolol

   a. Is a β1 specific blocker
   b. Causes prominent postural hypotension
   c. Has no effect of plasma lipids
   d. Inhibits the stimulation of rennin production by catecholamines
   e. Has a +1/2 of 12 hours

7. Hydralazine

   a. Dilates veins but not arterioles
   b. Is contraindicated in the treatment of pre-eclampsia
   c. Can cause an SLE type syndrome in up to 10-20% of patients
   d. Causes orthostatic hypotension in many cases
   e. Is extremely useful as a single agent in the treatment of hypertension

8. Regarding atropine

   a. It is a quaternary amine alkaloid ester of tropic acid
   b. About 60% of the dose of atropine is excreted unchanged in the urine
   c. Atropine has prominent stimulant CNS effects when given in standard usual doses
   d. It causes irreversible blockade of the actions of cholinomimetics at muscarinic receptors
   e. It causes diarrhoea

9. $\beta$ blockers have many different properties. Which of the following statements is correct?

   a. Atenolol has high lipid solubility
   b. Esmolol has partial agonist activity
   c. Labetalol is $\beta 1$ selective
   d. The elimination half life of sotalol is 12 hours
   e. Timolol has prominent local anaesthetic activity

10. Digoxin has all of the following actions on cardiac electrical function EXCEPT

    a. $\downarrow$ atrial muscle automaticity
    b. $\downarrow$ AV node conduction velocity
    c. $\downarrow$ refractory period in Purkinge system and ventricles
    d. ST depression on ECG – especially with chronic use
    e. Bigeminy can occur

11. Amiodarone (oral)

    a. Has a half life of 5 days
    b. Increases clearance of warfarin, theophylline and other drugs
    c. Has high affinity for activated sodium channels
    d. Causes torsades de pointes frequently because of prolongation of the QT interval
    e. Causes photodermatitis in about 25% of patients

12. Loop diuretics

    a. Consist of spironolactone and bendrofluazide
    b. Inhibit the $Na^+$ $K^+$ $2Cl^-$ transport pump in the distal tubule of the kidney
    c. Can cause a usually irreversible ototoxic reaction
    d. Can cause hyperuricaemia and precipitate gout
    e. Inhibit renal prostaglandin synthesis

13. Regarding the alpha blockers

    a. Phenoxybenazmine binds to $\alpha$ receptors causing irreversible blockade
    b. Prazosin has a much higher affinity for $\alpha_2$ receptors compared with $\alpha_1$ receptors
    c. They may precipitate urinary retention
    d. They have no effect on peripheral vascular resistance
    e. Doxazosin has a short half life of 2 hours

14. Sotalol

    a. Is a selective β1 blocker
    b. Is only effective in treatment of supraventricular arrhythmias
    c. Is extensively metabolised in the liver
    d. Causes torsade de pointes when plasma concentrations of sotalol are normal-low
    e. Has a usual effective dosage of 80-320mg twice daily

15. Which of the following drugs causes cinchonism?

    a. Tocainide
    b. Lignocaine
    c. Quinidine
    d. Flecainide
    e. Procainamide

16. Which of the following IV antihypertensive drugs also inhibits insulin release?

    a. Diazoxide
    b. Hydralazine
    c. Labetalol
    d. Fenoldopram
    e. Nitroprusside

17. LMW heparin

    a. MW = 15000
    b. Inhibits activated factor X
    c. Has unpredictable pharmacokinetics
    d. Can be used with minimal problems in renal failure
    e. Is readily reversed with protamine sulphate

18. Lignocaine

    a. Is class 1A antiarrhythmic
    b. Blocks both activated and inactivated sodium channels
    c. Has good oral bioavailability
    d. Is the treatment of choice for most SVTs
    e. Elimination half life is decreased in patients with hepatic impairment

19. Flecainide

    a. Is a class III antiarrhythmic
    b. Half life is approximately 2 hours
    c. Potently blocks potassium channels
    d. Is extensively hepatically metabolised
    e. Has potent antimuscarinic effects

20. Heparin

    a. May cause severe thrombocytopaenia in 25% of patients
    b. Binds to antithrombin 3 thereby stimulating production of more clotting factors
    c. Is contraindicated in pregnancy
    d. Action can be revered by protamine
    e. Can be administered SC, IM, or IV

21. Regarding fibrinolytic agents

    a. Streptokinase is synthesised by staphylococci
    b. They all activate fibrinogen
    c. They are all of similar cost
    d. TPA is safer than streptokinase in elderly patients
    e. Streptokinase causes systemic fibrinolysis

22. Regarding calcium channel blockers

    a. Calcium channel blockers are not bound to plasma proteins
    b. Nifedipine has less vascular potency than verapamil
    c. Felodipine has been shown to inhibit insulin release in humans
    d. Diltiazem has a plasma half life of 3 – 4 hours
    e. Verapamil has a high affinity for cerebral blood vessels thus decreasing vaso spasm post subarachnoid haemorrhage

23. Digoxin

    a. Is poorly lipid soluble
    b. Is extensively metabolised
    c. Has minimal GI toxicity
    d. Is 80% bound to plasma proteins
    e. Has half life in the body of 40 hours

24. Drugs which may increase digoxin effect include all of the following EXCEPT

    a. Antacids
    b. Diltiazem
    c. Frusemide
    d. Quinidine
    e. Amiodarone

25. Methyldopa

    a. Lowers the heart rate and cardiac output more than clonidine does
    b. Causes reduction in renal vascular resistance
    c. Has minimal CNS side effects
    d. Has 80% bioavailability
    e. Usual therapeutic dose is about 1-2mg/day

26. All of the following drugs may share cross reactivity secondary to the presence of a sulphonamide moiety EXCEPT

    a. Acetazolamide
    b. Chlorothiazide
    c. Frusemide
    d. Bymetanide
    e. Amiloride

27. Verapamil

    a. Is contraindicated in treatment of SVT because of the side effect of hypotension
    b. Is the agent of choice for treatment of arrhythmias in children less than one
    c. Is not hepatically metabolised
    d. Is a class 3 antiarrhythmic
    e. Can cause VF

28. In patient on warfarin, an increase is INR tends to occur with

a. Cholestyramine
b. Vitamin K
c. Metronidazole
d. Rifampicin
e. Phenobarbital

29. Sodium nitroprusside

a. ↑ cGMP by release of nitric oxide
b. ↓ vascular resistance but ↑ blood pressure by direct action on sympathetic nervous system
c. Is a complex of calcium and cyanide groups
d. Is predominantly as arteriodilator
e. Has onset of action in 10-15 minutes

30. The toxic effects of organic nitrates include

a. Met haemoglobinaemia
b. Cyanide poisoning
c. Bradycardia
d. Precipitating glaucoma
e. Bronchospasm

31. Most β blockers

a. Have a small volume of distribution
b. Have poor bioavailability
c. Have ½ lives of 3 – 10 hours
d. Are highly lipid soluble and hence cross the blood brain barrier
e. Are rarely excreted unchanged

32. Which of the following antihypertensive drugs acts on the vasomotor centre

a. Prazosin
b. Clonidine
c. Hydralazine
d. Reserpine
e. Losartan

33. Regarding streptokinase

a. The GUSTO trial showed a higher risk of haemorrhagic shock compared to tPA
b. It is administered IV as a single rapid bolus dose
c. It converts plasmin to plasminogen
d. There are no in vivo inhibitors for the streptokinase – proactivation complex
e. Urokinase is made by bacteria

34. Concerning toxicity of lignocaine

a. Lignocaine is highly cardiotoxic compared to other local anaesthetics
b. Side effects are not dose related
c. Lignocaine exacerbates ventricular arrhythmias in about 10% of patients
d. Hypotension is very common with lignocaine toxicity
e. Neurological side effects are uncommon with lignocaine toxicity

35. Noradrenaline

a. Is more potent that Salbutamol at β2 receptors
b. Is less potent than isoprenaline at α receptors
c. Antagonises the effects of dopamine
d. Has similar potency to adrenaline at β1 receptors
e. Is less potent than adrenaline at α receptors

36. The adverse effects of captopril include

a. Hypokalaemia
b. ↑ cholesterol
c. Polycythaemia
d. Dry cough
e. Hypoglycaemia

37. Regarding local anaesthetics

a. Bupivicaine is metabolised faster than prilocaine
b. pKa of most local anaesthetics is 5 – 6
c. Local anaesthetic uptake is increased in an acidic environment
d. The charged form crosses the cell membrane more readily than the uncharged form
e. The charged form is more active at the receptor site

38. Regarding the relative size and susceptibility to block of types of nerve fibres

a. Pain fibres are affected after proprioception fibres
b. Large fibres are blocked before small
c. Myelinated nerves are blocked before unmyelinated of the same diameter
d. Slower firing fibres block before faster firing fibres
e. Central fibres are blocked before peripheral fibres

39. Regarding skeletal muscle relaxants

a. Suxemethonium is contraindicated in eye operations
b. Depolarising blockade increases intragastric pressure
c. Non depolarising blockade relaxes muscles equally
d. Suxemethonium may cause hypokalaemia
e. Depolarising blockade is usually reversed by administration of cholinesterase inhibitors

40. Regarding local anaesthetics, which of the following is true?

a. Local anaesthetics are weak acids
b. In the body they exist as either the uncharged base or as an anion
c. The charged form rapidly penetrates biologic membranes, whereas the unionised form is thought to be the most active at the receptor site
d. The local anaesthetic receptor is only accessible from the external side of the cell membrane – hence local anaesthetics can be less effective in infected tissues
e. The pKa of most local anaesthetics is 8.0 – 9.0, as infected tissues have a low extracellular pH, a very low fraction of nonionised local anaesthetic is available for diffusion into the cell.

41. For regional anaesthesia involving block of large nerves, maximal blood levels (and hence increased risk of toxic effects) occur in which of the following sites?

a. Intercostal
b. Caudal
c. Epidural
d. Brachial plexus
e. Sciatic nerve

42. The use of epinephrine with a local anaesthetic agent in spinal anaesthesia enhances the local anaesthetic effect by both reducing the systemic absorption and inhibiting release of substance P (reducing sensory firing). This results in prolonged local anaesthetic effect of about:

a. 10%
b. 25%
c. 50%
d. 75%
e. Epinephrine does not increase effect of spinal anaesthesia

43. How many ml of 2% lignocaine could be given to a 70kg patient before reaching the maximum allowable single dose of 4mg/kg?

a. 7ml
b. 10ml
c. 14ml
d. 20ml
e. 28ml

44. Select the incorrect statement regarding the two major classes of local anaesthetic agents

a. Ester type local anaesthetics are metabolised by plasma cholinesterases and tend to have a shorter half life.
b. Amides are hydrolysed in the liver by the Cytochrome P450 system and tend to have a longer half life.
c. Local anaesthetics are usually weak acids.
d. Most local anaesthetics consist of a hydrophilic group and a lipophilic group connected by an amide or ester intermediate chain.
e. Liver dysfunction may increase the half life of amide local anaesthetics more than esters.

45. From the list below, the local anaesthetic with the longest duration of action is:

a. Lignocaine
b. Bupivicaine
c. Mepivacine
d. Prilocaine
e. Procaine

46. The following skeletal muscle relaxants undergo either spontaneous or hepatic metabolism, EXCEPT

a. Vecuronium
b. Atracurium
c. Rocuronium
d. Pancuronium
e. None of the above

47. The following local anaesthetic agents and their side effects are correctly paired, EXCEPT:

a. Procaine – methaemoglobinaemia
b. Bupivicaine – idioventricular rhythm
c. Tetracaine – allergic reaction
d. Lignocaine – circumoral numbness
e. Prilocaine – hypotension

48. Succinylcholine

a. Produces a strong block of cardiac muscarinic receptors
b. At a dose of 1mg/kg can be expected to produce a neuromuscular blockade lasting 60 – 90 minutes
c. May cause a tachycardia if a second dose is given shortly after the first dose
d. May be associated with profound hypokalaemia, leading to cardiac arrest
e. Is contraindicated in eye surgery where the anterior chamber is to be opened

49. Regarding antipsychotics as a group

a. Metabolites are important to the action of these drugs
b. Haloperidol has a higher systemic availability than thioridazine or chlorpromazine
c. Elimination half lives of these drugs range between 3 – 6 hours
d. This group of drugs generally has short clinical duration of action
e. Clozipine is a member of the dihydroindolone group

50. Which of the following antipsychotics (in excess dose) is responsible for cardiac arrhythmias?

a. Chlorpromazine
b. Clozapine
c. Thioridazine
d. Haloperidol
e. Thiothixene

51. Plasma lithium levels (assuming no change in daily lithium dose) may become toxic in the presence of all of the following EXCEPT

a. Pregnancy
b. Use of thiazides
c. Dehydration
d. Use of some non-steroidal anti-inflammatory drugs
e. Post partum state

52. Regarding pharmacokinetics of antidepressants

a. Most are highly protein bound
b. Fluoxetine is poorly absorbed
c. Tricyclics are predominantly excreted unchanged in the urine
d. Plasma half lives of antidepressants are mostly less than 10 hours
e. The half life of the older MAOIs is helpful in governing doses

53. Which of the following drugs is potentially dangerous in a single drug overdose

a. Moclobemide
b. Paroxetine
c. Sertraline
d. Trazodone
e. Amoxapine

54. Which of the following drugs is 99% protein bound in plasma
    a. Gentamicin
    b. Theophylline
    c. Carbamazepine
    d. Atenolol
    e. Diazepam

55. Which of the following drugs is contraindicated (absolutely) in a patient with porphyria
    a. Zolpidem
    b. Chloral hydrate
    c. Buspirone
    d. Phenobarbitone
    e. Diazepam

56. Regarding local anaesthetic agents

    a. Lignocaine is also an antiarrhythmic of the Vaughan Williams classification group 1A
    b. At normal pH the larger fraction of local anaesthetic in the body fluids will be in the unchanged form
    c. Bupivacaine may cause an apparent cyanosis in some patients
    d. The duration of action of procaine will be increased in the presence of liver disease
    e. Local anaesthetic agents block conduction in small myelinated axons prior to blockade of other axons

57. Regarding IV anaesthetic agents

    a. Ketamine is the induction agent of choice in a head injured patient
    b. Propofol has a slow offset of action
    c. Etomidate causes hypotension more commonly than thiopentone
    d. Ideal agents for neuroleptanalgesia are fentanyl and droperidol
    e. Thiopentone is metabolised at a rate of 40-050% per hour in humans following a single dose

58. Suxamethonium

    a. Is a non-depolarising neuromuscular blocking agent
    b. Is contraindicated in all eye operations
    c. Stimulates cardiac muscarinic receptors and autonomic ganglia
    d. Its action is directly terminated by the action of plasma cholinesterase
    e. Should not be administered to patients with burns >24 hours old because of its hypercalcaemic effect

59. Inhalational anaesthetics

    a. Enflurane is proconvulsant
    b. Isoflurane is the inhalational agent of choice in patients with active IHD
    c. Nitrous oxide is a useful adjunct to volatile anaesthetic use in women in the first trimester of pregnancy
    d. Halothane has a MAC value of 75% making it less potent than desflurane
    e. Desflurane is extensively metabolised via the liver

60. Phenytoin

    a. Is 20-30% bound to albumin
    b. Is the drug treatment of choice in absence seizures
    c. Undergoes flow limited elimination
    d. Steady state mean plasma concentrations varies disproportionately with the dose
    e. Preferentially binds to activated state sodium channels

61. Drugs of abuse can be extremely dangerous in the wrong hands! Which of the following is correct

a. Ketamine is structurally related to psilocybin
b. LSD acts on various S HT receptor subtypes to produce its mind altering effects
c. Marijuana causes mydriasis and conjunctival infection
d. Cocaine has a long plasma half life
e. Amphetamine like drugs cause marked stimulation of appetite

62. Flumazenil

a. Is cleared renally
b. Predictably reverses benzodiazepine induced respiratory depression
c. Antagonises CNS effects of opioids
d. Can precipitate seizures in mixed overdose
e. Has a half life of around 10 hours

63. Regarding non-depolarising muscle relaxants

a. Pancuronium is eliminated via the kidney
b. Roacuronium is an isoquinolone derivative
c. Roacuronium undergoes Hoffman elimination
d. Vecuronium is eliminated predominantly via the kidney
e. Atracurium is eliminated via plasma pseudocholinesterase

64. Which of the following is a direct serotonin agonist

a. Fluoxetine
b. Amitriptylline
c. Moclobemide
d. Ondansetron
e. Sumatriptan

65. The opiate associated with seizures when given in high doses to patients with renal failure is

a. Morphine
b. Pethidine
c. Methadone
d. Fentanyl
e. Codeine

66. Ethanol

a. Is lipid soluble
b. Is metabolised by the MEOS system at blood concentrations below 100mg/dl
c. Is a vasodilator
d. The most frequent neurological abnormality in chronic alcoholism is asymmetrical peripheral nerve injury specific to hands and feet
e. Alcohol is estimated to be responsible for approximately 10% of cases of hypertension

67. Which of the following local anaesthetic agents is an ester

a. Bupivacaine
b. Ropivacaine
c. Prilocaine
d. Procaine
e. Lignocaine

68. Regarding temazepam – all of the following are true EXCEPT

a. It produces inactive metabolites
b. It induces enzymes only to a minimal extent
c. It causes less hangover than nitrazepam
d. It causes rebound insomnia
e. It increases REM sleep

69. Regarding the antiepileptic drugs

a. Lorazepam has documented efficacy against absence seizures
b. Phenytoin is able to stimulate its own metabolism by enzyme induction
c. Valproate has a large Vd (>500l/70kg)
d. The most common dose related adverse effects of Carbamazepine are ataxia and diplopia
e. Vigabatrin works by sodium channel blockade

70. Benzodiazepines

a. Increase the duration of GABA gated chloride channel openings
b. Will depress (in high doses) the CNS to the point known as stage 3 of general anaesthesia
c. Bind to GABA$\beta$ receptors
d. Have extensive cardiodepressant effects in doses used to cause hypnosis
e. Decrease the duration of stage 2 NREM sleep

71. Regarding drugs used in Parkinson's disease

a. Bromocriptine is the first line drug to treat Parkinson's disease in psychotic patients
b. 80-90% of a single dose of Levodopa enters the brain unaltered
c. Patients taking Selesiline to treat Parkinson's disease are limited in what they can eat because of the tyranine reaction phenomenon
d. Amantadine has anti Parkinsonian effects and is administered at a dose of 100mg bd
e. Anti muscarinic drugs are of benefit in elimination of bradykinesia in Parkinson's

72. A patient complains of post op muscle pain. This is most likely to be due to

a. Suxamethonium
b. Propofol
c. Isoflurane
d. Atracurium
e. Ketamine

73. Lithium

a. Has rapid onset of action
b. Is partially renally excreted
c. Has no neurological side effects
d. Has no contraindications to be given in conjunction with NSAIDS
e. Is contraindicated in sick sinus syndrome

74. With respect to opioid receptors

a. Fentanyl works predominantly at the kappa receptors
b. Both MU and delta receptors contribute to respiratory depression
c. Methadone is used for heroin withdrawal because its actions are predominantly at the delta receptors
d. Opioid receptors are coupled to a tyrosine kinase mechanism of action
e. Physical dependence and tolerance is caused by the rapid disintegration of receptors

75. Lignocaine

a. Penetrates the axon in its changed form
b. Is more potent than bupivacaine
c. Has higher affinity for activated than resting sodium channels
d. Is a weak acid
e. Blocks voltage gated sodium channels at their extracellular end

76. Regarding adverse effects of propofol

a. Post op vomiting is common
b. Hypertension is a complication
c. Severe acidosis can occur with its use in paediatric respiratory infections
d. It is positively inotropic
e. Tremor is a common side effect

77. Regarding inhaled anaesthetics

a. They reduce MAP in direct proportion to their alveolar concentration
b. Nitrous oxide has a relatively low MAC
c. Halogenated agents have a lower brain:blood partition coefficient
d. Nitrous oxide causes a decrease in tidal volume and an increase in respiratory rate
e. They decrease the metabolic rate in the brain by decreasing cerebral blood flow

78. Local anaesthetic agents

a. Are primarily $K^+$ channel blockers
b. Prevent repolarisation of the membrane
c. Can be used with a vasodilator to prolong local action
d. Activity is enhanced by high extracellular $K^+$ concentration
e. Activity is enhanced by high extracellular $Ca^{2+}$

79. Which of the following side effects for given drugs is wrong

a. Phenytoin – gum hypertrophy
b. Ethosuximide – hirsuitism
c. Phenobarbital – enzyme induction
d. Carbamazepine – ataxia
e. Valproate – idiosyncratic hepatic toxicity

80. The main side effect of benztropine is

a. Miosis
b. Confusion
c. Diarrhoea
d. GIT haemorrhage
e. Bronchorrhoea

81. Thiopentone

a. Is not lipid soluble
b. Can be used IM or IV to induce anaesthesia
c. Has good analgesic properties
d. Can cause convulsive movements
e. Anaesthetic action is terminated by redistribution from CNS to other highly vascularised tissues

82. Nitrous oxide

a. Can be used with $O_2$ as a carrier gas for halothane
b. Has poor analgesic properties
c. Forms a vapour which is explosive
d. Sensitises the heart to the action of catecholamines
e. Is an effective agent for inducing anaesthesia

83. Codeine

a. Is more potent than fentanyl
b. Frequently causes diarrhoea
c. Is used to treat nausea caused by morphine
d. Occurs in foxglove plants
e. Depresses the cough reflex

84. Regarding GABA: all the following are true EXCEPT

a. Receptor blockers have anticonvulsant activity
b. Is found in high concentrations in the basal ganglia
c. Concentrations in the basal ganglia are abnormally low in Huntington's chorea
d. Metabolism is inhibited by sodium valproate
e. Receptors are sensitive to the activity of benzodiazepines

85. Regarding local anaesthetics (LA)

a. Lignocaine is metabolised in the liver faster than any of the other amide LA
b. Allergies to amide Las are more common than with the ester Las
c. Prilocaine is the most cardiotoxic LA
d. Cocaine is an amide LA which is often used as a drug of abuse
e. The +1/2 of lignocaine may be increased 3-4 fold in a patient with severe liver disease

86. Regarding nondepolarising muscle relaxants

a. Jaw and eye muscles are paralysed before the limb and trunk muscles
b. Rocuronium is the most potent nondepolarising skeletal muscle relaxant
c. Atracurium is a steroid derivative
d. Vecuronium blocks cardiac muscarinic receptors, thus inducing moderate increase in heart rate
e. The nondepolarising agents produce a non-surmountable blockade

87. The skeletal muscle relaxant with the longest duration of action is

a. Suxamethonium
b. Mivacurium
c. Pancuronium
d. Rocuronium
e. Vecuronium

88. Which of the following DOES NOT increase the susceptibility of a nerve fibre to conduction blockade by a local anaesthetic

a. Small diameter
b. Myelination
c. Location in the periphery of a nerve
d. High firing rate
e. Short action potential duration

89. Diazepam

a. Is less lipid soluble than lorazepam
b. Binds sparingly to plasma proteins
c. Is potentiated by flumazenil
d. Undergoes microsomal oxidation in the kidney
e. Is mainly metabolised to desmethyl diazepam

90. Regarding phenytoin toxicity

a. Vitamin D metabolism abnormalities can occur
b. Nystagmus is a late complication
c. Alopecia is a complication
d. Agranulocytosis occurs commonly
e. ↑ deep tendon reflexes are a manifestation of phenytoin toxicity

91. Regarding adverse effects of propofol

a. Severe acidosis can occur with its use in paediatric respiratory infection
b. Tremors are a common side effect
c. Post op vomiting is common
d. Hypertension is a complication
e. It is positively inotropic

92. Which of the following benzodiazepines has the shortest elimination half life

a. Lorazepam
b. Diazepam
c. Triazolam
d. Temazepam
e. Alprazolam

93. Which of the following side effects most occurs with haloperidol

a. Hypotension
b. Extrapyramidal side effects
c. Arrhythmias
d. Anti muscarinic side effects
e. Toxic confusional state

94. Thiopentone

a. Has low lipid solubility
b. May worsen cerebral oedema
c. Is not significantly metabolised
d. Has effects on the brain that are terminated by redistribution
e. Is likely to ↑ MAP

95. Carbamazepine

a. Can be used in the treatment of bipolar disorder, trigeminal neuralgia and epilepsy
b. Like phenytoin, enhances GABA activity at therapeutic concentrations
c. Has a rate of absorption that does not vary widely among different patients
d. Can cause a mild, but persistent leukopaenia and this is an indication to stop treatment
e. Has cytochrome p450 inhibiting properties

96. Methadone is used in the treatment of narcotic addiction because

a. It is a less efficacious analgesic compared with morphine
b. It produces a short withdrawal when ceased
c. It is a phenylpiperidine class narcotic agonist
d. It produces predictable effects when given orally
e. It does not produce constipation

97. Regarding the alcohols

a. Alcohols can cause a wide anion gap metabolic acidosis
b. Formaldehyde is responsible for the toxic effects of methanol
c. A normal non-tolerant adult can metabolise 30-40grams of alcohol/hour
d. Ethanol is a potent vasoconstrictor
e. The volume of distribution of ethanol is 3L/kg

**MCQs 2 Mar 06**
**Answers**

| | | | | | |
|---|---|---|---|---|---|
| 1. | E | | | | |
| 2. | D | 18. | B | 35. | D |
| 3. | A | 19. | C | 36. | D |
| 4. | C | 20. | D | 37. | E |
| 5. | B | 21. | E | 38. | C |
| 6. | D | 22. | D | 39. | B |
| 7. | C | 23. | E | 40. | E |
| 8. | B | 24. | A | 41. | A |
| 9. | D | 25. | B | 42. | C |
| 10. | A | 26. | D | 43. | C |
| 11. | E | 27. | E | 44. | C |
| 12. | D | 28. | C | 45. | B |
| 13. | A | 29. | A | 46. | D |
| 14. | E | 30. | A | 47. | A |
| 15. | C | 31. | C | 48. | E |
| 16. | A | 32. | B | 49. | B |
| 17. | B | 33. | D | 50. | C |
| | | 34. | C | 51. | A |

52. A
53. E
54. E
55. D
56. E
57. D
58. C
59. A
60. D
61. B
62. D
63. A
64. E
65. B
66. C
67. D
68. E
60. D
70. B
71. D
72. A
73. E
74. B
75. C
76. C
77. A
78. D
79. B
80. B
81. E
82. A
83. E
84. A
85. E
86. A
87. C
88. E
89. E
90. A
91. A
92. C
93. B
94. D
95. A
96. D
97. A