PHARMACOLOGY 78 MCQs

CH1

1. Regarding the nature of drugs (page 2-3):
    A. Covalent bonding of drugs to receptors generally has a short lived effect
    B. Electrostatic bonds are stronger than hydrophobic bonds
    C. Most commonly used drugs have a molecular weight greater than 1000
    D. Drugs which bind to receptors via weak bonds are generally less selective
    E. Most drug preparations contain only one enantiomer

2. Regarding pharmacodynamic principles (page 4):
    A. The effect of a drug lasts only as long as the drug occupies the receptor
    B. A molecule that binds a drug is a receptor
    C. Many receptor-effector systems incorporate desensitization mechanisms preventing excess activation when drug molecules are present for extended periods
    D. A 'partial agonist' exerts effect by inhibiting molecules responsible for terminating the action of an agonist
    E. Pharmacodynamics govern the absorption, distribution and elimination of drugs.

3. Regarding pharmacokinetic principles (page 5-7):
    A. Aqueous diffusion is the most important limiting factor for drug permeation
    B. The Henderson-Hasselbach equation describes the passive flux of molecules down a concentration gradient
    C. Ionized molecules are more lipid soluble
    D. As pH decreases, a higher proportion of a weak acid exists in its more lipid doluble, protonated form
    E. A weak acid is excreted faster in acidic urine

CH 2

4. Regarding receptors (page 9):
    A. The concentration of a drug required to produce effect relates to the receptor's affinity for the drug
    B. Antagonists directly alter the function of the receptors
    C. Transport proteins are the best characterized group of drug receptors
    D. The anti-neoplastic effect of methotrexate is due to a\ction on structural protein receptors
    E. Low K_D equates to low binding affinity

5. Regarding drugs and receptors (page 16-19):
    A. The effect of a physiologic antagonist is generally more easy to control than a receptor-specific antagonist
    B. Atropine is a physiologic antagonist
    C. A chemical antagonist binds directly to the agonist drug
    D. Lipid soluble drugs generally act on membrane proteins
    E. Hormones and drugs affecting gene transcription take 10 minutes to show effect

6. Regarding receptors (page 18-22):
    A. Insulin acts via a simple ligand gated receptor channel
    B. Binding of Epithelial Growth Factor and Platelet Derived Growth Factor to their receptors causes up-regulation of receptors
    C. Acetylcholine works at nicotinic receptors via tyrosine kinase
    D. Adenyl cyclase converts cAMP into ATP
    E. G-proteins enable amplification of the initial ligand receptor transduction signal

CH 3

7. Regarding pharmacokinetics (page 36-43):
    A. Drug elimination occurs only in the liver and kidney
    B. The liver only eliminates drugs by biotransformation
    C. Capacity limited elimination occurs for phenytoin
    D. Accumulation will occur if dosing interval is less than 5 half-lives
    E. The rate of drug absorption is 'zero-order' when it is proportionate to the amount of drug remaining in the gut

8. Regarding pharmacokinetics (42-43):
    A. Extraction ratio refers to drug excretion by the kidneys
    B. Isoniazid, morphine and propanolol are poorly extracted by the liver
    C. Diazepam, warfarin and phenytoin are highly extracted by the liver
    D. Only 50% of a suppository medication can be assumed to bypass the liver on intial pass.
    E. Inhaled drugs are subject to first pass metabolism

9. Regarding phamacokinetics (page 43-49):
    A. A short half life always means a drug will have to be given frequently
    B. Well controlled infusion of aminoglycosides is thought to cause less renal toxicity than regular dosing
    C. Poor cardiac function may affect drug clearance
    D. Older people have a larger volume of distribution for digoxin
    E. Increased body weight due to ascites decreases the volume of distribution of aminoglycosides.

CH 4

10. Regarding biotransformation (page 51-62):
    A. Phase II reactions only follow phase I
    B. Phase I reactions involve conjugation
    C. The cytochrome P450 enzymes catalyse phase I reactions
    D. Diet does not affect drug metabolism
    E. Barbiturate users require lower does of warfarin to raise their prothrombin time

CH 5

11. Regarding Drug evaluation (page 64-73):
    A. Phase 3 trials follow approval to market a drug
    B. Phase 1 trials usually involve testing a drug on a small number of volunteer patients
    C. Phase 1 trials involve animal experimentation
    D. Many antibiotics were developed through random screening of natural products
    E. There are 3 conventional phases of drug evaluation in humans

CH 6

12. Acetylcholine (page 76-79):
    A. Is not released from sympathetic postganglionic fibres
    B. Is the neurotransmitter at all ganglions in the autonomic nervous system.
    C. Is mostly contained in large vesicles at synaptic endings
    D. Is synthesized by acetylcholinesterase
    E. Is released from synaptic endings when intracellular Ca++ decreases

13. Acetylcholine (page 76-88):
    A. Is competitively inhibited by botulinum toxin
    B. Is synthesized in the mitochondria
    C. Is broken down into choline and acetate by acetylcholinesterase
    D. Acts via muscarinic receptors when preganglionic fibres synapse in ganglia
    E. Causes pupil dilation

14. Noradrenaline (page 80-86):
    A. Is synthesized from tyrosine
    B. Is mimicked by cocaine acting on the NA receptor
    C. Is mimicked by amphetamines primarily due to them preventing NA uptake
    D. Has its action terminated primarily by metabolism
    E. As a slow infusion has a net effect of increasing heart rate in a patient with intact ANS reflexes

CH 7

15. Regarding acetylcholine and its receptors (92-94):
    A. Nicotinic receptors act via a G-protein
    B. Muscarinic receptors are located at synapses in sympathetic ganglions
    C. Acetylcholinesterase inhibitors affect both nicotinic and muscarinic receptors
    D. Acetylcholinesterase hydrolyzes Ach to Acetyl CoA and choline
    E. All cholinesterase inhibitors only have indirect cholinomimetic action

16. Regarding cholinomimetics (page 94-96):
    A. Esters of Ach are mainly lipophilic
    B. Choline esters are well absorbed and distributed
    C. Cholinomimetic alkaloids are poorly absorbed
    D. Activation of muscarinic receptors increases K+ flux across cardiac cell membranes
    E. In prolonged agonist occupancy of nicotinic receptors the effector response is prolonged

17. Muscarinic agonists (page 96-98):
    A. Cause miosis
    B. Increase inward Ca++ flux in cardiac pacemakers
    C. Relax bronchial smooth muscle
    D. Stimulate the bladder sphincter and trigone and relax the detrusor
    E. Are more richly evident in the spinal cord than in the brain

18. Regarding indirect-acting cholinomimetics (96-102):
    A. Most organophosphates are poorly absorbed
    B. Organophosphates bind covalently to acetylcholinesterase
    C. They have similar effect on bllod pressure and vascular smooth muscle to directly acting muscarinic agonists
    D. Are used in large daily doses in myasthaenia gravis
    E. Have no beneficial effect in treatment of Alzheimers disease.

CH 8

19. Atropine (page 107-108):
    A. Has more lasting CNS effects than scopolamine
    B. Is poorly absorbed from the gut
    C. Has rapidly declining effects on all organ systems
    D. Is more effective at blocking endogenous Ach than exogenous cholinoreceptor agonists
    E. Does not distinguish between M1, M2 and M3 subtypes of muscarinic receptor

20. Atropine (page 108-115):
    A. May decrease PR interval of an ECG in the presence of high vagal tone
    B. Blocks parasympathetic innervation of most blood vessels
    C. Blocks gastric secretions more so than other GI functions
    D. Is of no use in organophosphate poisoning
    E. Is a valuable treatment in the poisoning caused by Amanita phalloides mushrooms

CH 18.

21. Regarding thyroid hormone supplementation (p645):
    A. Large doses of iodine can increase iodine organification
    B. T4 is primarily absorbed from the stomach
    C. Hyperthyroidism may cause increased clearance to T3 and T4
    D. T3 is preferred as a thyroid supplement in hypothyroid patients with concurrent cardiac disease.
    E. Synthetic T4 has a short half life

22. Regarding thioamines (645---):
    A. Proylthiouracil is much more active than carbimozole
    B. They work by inhibition ractions catalysed by thyroid peroxidase
    C. They are safe for administration during pregnancy
    D. They are ineffectual when administered concurrently with thyroxine
    E. The most dangerous side effect is hypoprothrombinaemia

23. With respect to thyroid and non-thyroid drugs in the treatment of thyroid disease (page 651):
    A. Beta-blockers are useful management of hypothyroid symptoms
    B. Barbiturates inhibit the conversion of T4 to T3
    C. If anti-thyroid treatment is required in pregnancy
    D. Radioactive Iodine (131) is not excreted in breast milk
    E. Iodine, propanolol and hydrocortisone are all useful in the treatment of Thyroid Storm.

CH 9

24. Regarding catecholamines and their receptors (page 120-123):
    A. All β receptors act by increasing levels of cAMP
    B. All α receptors act by decreasing cAMP
    C. Norepinephrine is more selective for $\beta 2$ than $\beta 1$ receptors
    D. Gi is the important G protein subunit of β receptors
    E. Catecholamines readily cross the blood brain barrier

25. Regarding chemistry and pharmocokinetics of symphathomimetics (page 125-126):
    A. COMT increases bioavailability of catecholamines
    B. Amphetamine and ephedrine have a lower oral bioavailability than catecholamines
    C. Ephedrine and amphetamine are broken down by MAO
    D. Ephidrine and amphetamine enhance release of catecholoamines from nerve endings
    E. Larger substitutes of amino groups increase alpha activity of sympathomimetics

26. Regarding cholinergic/sympathomimetic action (page 127-129):
    A. Cholinergic stimulation of the heart decreases coronary blood flow
    B. Cholinergic stimulation of the hear increases ventricular ejection time
    C. Phenylephrine increases peripheral arteriole resistance and decreases venous capacitance
    D. α1 stimulation causes bladder wall contraction
    E. β2 activation causes increased ECF K+

27. Regarding specific sympathomimetic drugs (page 130-131)
    A. Norepinephrine has more lasting inotropic effects than chronotropic
    B. Ephidrine is primarily a direct agonist
    C. Dobutamine affects only β1 receptors
    D. Amphetamine has a stimulant effect on mood, alertness and appetite
    E. Cocaine stimulates release of catecholoamines from nerve endings

CH 10

28. Regarding α blockers (page 140-144):
    A. Prazosin has a half life of 12 hours
    B. Prazosin acts with similar efficacy on α1 and α2 receptors
    C. Nazal stuffiness and myadriasis are minor side effects of α blockade
    D. The main therapeautic effect of ergot derivatives in migraine treatment is due to αblockade
    E. Tamsulosin appears more selective for prostatic α1 receptors than vascular smooth muscle α1 receptors

29. Propranolol (page 144-146):
    A. Has relatively high bioavailability
    B. Has a large volume of distribution
    C. Is excreted unchanged in the urine
    D. Is more selective for β1 receptors than β2
    E. Has no local anaesthetic effect

30. β Blockers (page 145-147):
    A. Cause hypotension in normotensive subjects
    B. Cause increased plasma rennin
    C. Aid glaucoma by decreasing production of aqueous humor
    D. May result in increased plasma glucose
    E. May increase HDL concentration

31. Regarding specific β blockers (page 144, 147-148):
    A. Metoprolol and atenolol may be safer than propranolol for patients with airways disease
    B. Timolol is β1 selective
    C. Carvedilol has pure β blocking preoperties
    D. Esmolol has a longer half life tha propranolol
    E. Atenolol is completely metabolized by the liver

32. β blockers (page 148-152):
    A. Have no effect on AV node refractory period
    B. May reduce ventricular ectopic beats
    C. Have no benefit in obstructive cardiomyopathy
    D. Do not cause significant systemic effects when administered topically
    E. Do not require tapered withdrawal

CH 11

33. Regarding centrally acting anti-hypertensives (page 160-162):
    A. Clonidine initially produces a rise in BP before hypotension
    B. Methydopa lowers HR and CO more than clonidine
    C. Methyldopa has high bioavailability orally
    D. Clonidine affects mainly venous capacitance vessels
    E. Clonidine has poor bioavailability

34. Regarding propranolol and β blockers page 166-167):
    A. They frequently cause postural hypotension
    B. Atenolol dose should be lowered in renal failure
    C. Metoprolol is more potent than propranolol at β1 receptors
    D. Withdrawal from β blockers is not a problem
    E. Pindolol decreases heart rate more than other β blockers

35. Regarding vasoldilators (page 169-172):
    A. Hydralazine dilates the venous system
    B. Hydralazine is a good sole agent for treatment of hypertension
    C. Sodium nitroprusside is a general vasodilator
    D. Verapamil has less effect on cardiac muscle than diltiazem
    E. Diltiazem is more effective at decreasing BP than other calcium channel blockers

36. Regarding ACE inhibitors (page 172-173):
    A. Captopril inactivates bradykinin
    B. ACE is released from the renal cortex
    C. ACE inhibitors result in decreased cardiac output
    D. They decrease post AMI myocardial remodeling
    E. Captopril has low bioavailability

37. ACE inhibitors (page 174-):
    A. Are safe for use in pregnancy
    B. May be less effective when taken with NSAIDs
    C. Inhibit angiotensin action more completely than angiotensin receptor antagonists
    D. Are mostly eliminated by the liver
    E. Include hypokalaemia as a side effect

CH 12

38. Regarding vascular tone (page 182-183):
    A. NO causes vasodilation primarily through activation of adenyl cyclase
    B. Decreased intracellular Ca++ leads to vasoldilation
    C. Decreased potassium permeability stabilizes membrane potential in excitable cells
    D. Increased cAMP increases activation of myosin light chain kinase
    E. Venous tone determines systolic myocardial wall stress

39. Nitoglycerine (page 183-185):
    A. Is degraded by light
    B. Has high oral bioavailability
    C. Relaxes all types of smooth muscle
    D. Relaxes arteries at lower concentrations than veins
    E. Affects arterioles and precapillary sphincters more than large arteries

40. Regarding nitrates (page 185-188):
    A. Nitroglycerine increases coronary blood flow in patents with obstructive disease
    B. Long acting nitrates do not cause tolerance
    C. Isosorbide mononitrate has low bioavailability
    D. Nitrates have no effect on platelet function
    E. Relief of angina is primarily through decreased myocardial oxygen demand

41. Regarding calcium channel blockers (page 189-191):
    A. Verapamil s a hihydropyridine
    B. All bind to the same receptor on the calcium channel
    C. They generally have a high first pass effect
    D. They have similar effects on vnous and arterial smooth muscle
    E. Do not affect cardiac output

CH 13

42. Digoxin/Cardiac glycosides (page 202-205):
    A. Show useful inotropic effect in all cardiac failure
    B. Vary in solubility with pH
    C. Has poor distribution to body tissues
    D. Is extensively metabolized by the liver
    E. May have levels affected by antibiotics

43. Digoxin
    A. May lead to ST depression on ECG
    B. Directly inhibits the Ca/Na transporter
    C. Increases membrane potential in high doses
    D. Causes decreased heart rate as a direct effect on cardiac muscle
    E. Has its most common toxic effects on the CNS

44. Digoxin (page 211-212):
    A. Does not have significant interactions with diuretics
    B. Is affected by quinidine primarily due to displacement from tissue binding
    C. May require lower doses in hyperthyroidism
    D. May cause more arrhythmias when catecholamine release is high
    E. Is useful in treatment of Wolff-Parkinson-White syndrome

Pharm CH 14

45. Regarding cardiac electrophysiology (page 219-221):
    A. Conduction through the AV node takes 0.05secs
    B. Transmembrane potential of cardiac cells is determined chiefly by Cl-
    C. QRS complex reflects the duration of the ventricular AP
    D. Spontaneous depolarization of the pacemaker cells occurs during diastole
    E. Hypokalaemia will usually cause ectoptic pacemaker cells to slow or stop

46. Regarding cardiac electrophysiology (page 221-224):
    A. Normal cardiac (non pacemaker) AP upstroke is dependant on K+ current
    B. L-type Ca++ channels open more rapidly than other Ca++ channels
    C. Potassiium permeability increases during phase 3 of the cardiac AP
    D. Na+ channels are active during the plateau phase (2) of the cardiac AP
    E. Na current is greatest when membrane depolarization reaches levels positive to –55mV

47. Regarding antiarrhythmic drugs (page 227-229, 237):
    A. They reduce conduction and excitability more in depolarized tissue than in normally polarized
    B. They decrease refractory period of depolarized tissue more than polarized
    C. Na and Ca channel blocking drugs have the greatest affinity for rested channels
    D. Class Ib agents lengthen the duration of the cardiac AP
    E. Flecainide is a class IV antiarrhythmic agent

48. Lignocaine (page 229-236):
    A. Is a class Ia antiarrhythmic agent
    B. Acts on sodium and potassium channels
    C. Blocks Na channels only in the activated state
    D. Is effective in blocking both depolarized and normally polarized tissues
    E. Undergoes extensive hepatic metabolism

49. Quinidine (page 230-231):
    A. Shortens action potential duration
    B. Has α-adrenoreceptor blocking activity
    C. Stimulates increased vagal tone
    D. Decreases the effet of digoxin
    E. Toxic effects are more likely in the presence of hypokalaemia

50. Procainamide (page 231-232):
    A. Has greater antimuscarinic action than quinidine
    B. Does not have ganglion-blocking properties
    C. May cause a lupus-like syndrome
    D. Has poor oral bioavailability
    E. Is not indicated for ventricular arrhythmias associated with MI

51. Amiodarone (page 233-234):
    A. Has class I antiarrhythmic properties
    B. Combines mainly with activated sodium channels
    C. Shorten AP duration
    D. Has no effect on Ca channels
    E. Prolongs QRS but not QT interval

52. Amiodarone (page 234-235):
    A. Frequently induces new ventricular arrhythmias
    B. Does not have anti-anginal properties
    C. Causes peripheral vasoconstriction
    D. May cause skin photosensitivity
    E. Toxicity resolves soon after cessation

53. Regarding class III antiarrhythmnics (page 238-239):
    A. Shorten cardiac Aps
    B. Do not exhibit reverse use-dependence
    C. Sotolal does not cause increased risk of Torsades de Pointes
    D. Sotolol is extensively metabolized by the liver
    E. Sotolol is effective in both supraventricular and ventricular arrhythmias

54. Verapamil (page 239-240):
    A. Blocks both activated and inactivated Ca++ channels
    B. Is effective in VT
    C. Has high oral bioavailability
    D. Does not cause heart block
    E. Is excreted relatively unchanged in the urine

55. Regarding miscellaneous antiarrythmic agents (page 240):
    A. Adenosine has a half life of 10mins
    B. Adenosine directly inhibits AV nodal conduction
    C. Adenosine has effects inhibited by dipyridamole
    D. Magnesium is not effective for digoxin induced arrhythmias even if the blood level is low
    E. Hyperkalaemia increases the activity of ectopic pacemakers.

CH 45

56. Aminoglycosides (page 784):
    A. Include gentamicin, tobramycin, vancomycin
    B. Are more active at lower pH
    C. Enter the inner cell membrane via porin channels
    D. Bind to 30-S subunit ribosomal proteins
    E. Are primarily bacterostatic

57. Aminoglycosides (page 785-789):
    A. Are well distributed through bodily tissues
    B. Do not have activity against gram positive organisms
    C. Are toxic to the auditory portion of the cranial nerve VIII but spare vesibular function
    D. Exhibit antibacterial action beyond the time that the drug is present
    E. Have decreased nephrotoxicity when used with loop diuretics

58. Regarding gentamicin (page 788-790):
    A. Has better anaerobic cover than other aminoglycosides
    B. Gram negative resistance is usually due to selection of permeability mutants
    C. Ototoxicity is more common in the vestibular system than the auditory
    D. Ototoxicity is largely reversible
    E. If resistance to gram negative organisms is shown, the organism is likely to be susceptible to tobramycin.

CH 43

59. Regarding Beta-lactams (page 754-755):
    A. The beta lactams ring has 5 members
    B. All beta lactams are unstable in acid
    C. Penicillins are stable in solution
    D. Betalactams bind to penicillin binding proteins and thereby inhibit peptidoglycan synthesis
    E. Penicillins and cephalosporins are bactericidal regardless of cells state

60. Regarding beta-lactam resistance (page 755-757):
    A. Beta-lactamase is the most common mechanism of resistance
    B. Cephalosporins and penicillins are equally susceptible to inactivation by beta-lactamase
    C. Beta-lactamase production is responsible for MRSA
    D. Impaired penetration of drug to Penicillin Binding Protein is a mechanism of gram positive organism resistance
    E. Gram positive organisms may produce an efflux pump which expels beta-lactam drugs

CH 25

61. Regarding signs and stages of anaesthesia (page 420-421):
    A. Stage I involves irregular respiration, struggling and delerium
    B. Stage III is marked by cessation of spontaneous respiration
    C. Stage II is desirable for small procedures
    D. The most reliable indicator that surgical anaesthesia has been achieved is the loss of the eye-lash reflex and establishment of a regular repiratory pattern
    E. Amnesia is a common feature of stage I anaesthesia

62. Regarding inhaled anesthetics (page 422-425, 428)
    A. Low blood solubility results in more rapid induction of anaesthesia
    B. Isoflurane is associated with hepatotoxicity
    C. Metholxyflurane has relatively low blood solubility
    D. Sevoflurane has higher risk of nephrotoxicity than methoxyflurane
    E. The major site of elimination is the liver

63. Regarding inhaled anaesthetics (page 426-429):
    A. Halothane depresses BP primarily by decreasing systemic vascular resistance
    B. Inhaled anesthetics generally reduce myocardial O2 consumption
    C. Halothane decreases myocardial sensitivity to catecholamines
    D. They cause decreased cerebral blood flow
    E. They do not trigger malignant hyperthermia in susceptible individuals

64. Thiopentone (page 430-431):
    A. Recaovery is rapid due to rapid metabolism
    B. Is mostly excreted unchanged in the urine
    C. Causes dose dependent decrease in arterial BP, stroke volume and cardiac output
    D. Cardiovascular changes are primarily due to decreased total peripheral resistance
    E. Increases cerebral blood flow

65. Regarding the anaesthetic use of benzodiazepines and opioids (page 431-432):
    A. Midazolam is H2O soluble at physiologic pH
    B. Elimination half life of midazolam is 2-4hours
    C. Flumazenil is reliable for reversing benzodiazepine induced respiratory depression
    D. IV opioids may decrease chest wall rigidity
    E. Epidural opioids prevent pain caused by surgical incision

66. Regarding propofol and ketamine (page 423-433):
    A. Propofol is frequently associated with nausea
    B. Propofol causes marked hypotension primarily by decreased peripheral resistance
    C. Ketamine appears to work at the glutamine receptor
    D. Ketamine produces cardiovascular depression
    E. Ketamine decreases cerebral blood flow

CH 27

67. Regarding neuromuscular blocking agents (page 447-450):
    A. Non-depolarizing and depolarizing muscle relxants are acetylcholine antagonists
    B. Neuromuscular blocking agents are all non-polar compounds
    C. Non-depolarising muscle relaxants have a similar volume of distribution to blood volume
    D. Non-depolarising agents with high renal excretion generally have shorter half lives
    E. Atracurium is mostly eliminated by the liver

68. Succinyl-choline/suxametholnium (page 461-456):
    A. Plasma cholinesterases decrease the duration of action by metabolizing the drug at the motor end plate
    B. Causes fasciculations wheich are unaffected by general anaesthesia
    C. Stimulates all autonomic cholinoceptors
    D. Causes muscle pain especially in bedridden patients
    E. Action in phase I is reversed by neostigmine

69. Regarding non-depolarising muscle relaxants (page 453):
    A. The cause weakness in larger muscles first
    B. Vecuronium and rocuronium cause significant hypotension
    C. Severe burns may result in increased sensitivity
    D. NMJ blockade may be decreased in myasthaenia gravis
    E. They antagonize depolarizing agents in phase I and augment phase II activity

70. Regarding spasmolytics (page 457-460):
    A. Diazepam reduces muscle tone at non-sedating doses
    B. Baclofen is poorly absorbed orally
    C. Baclofen is a GABA agonist at GABA-B receptors
    D. Dantrolene acts in the CNS to relieve spasticity
    E. Dantrolene increases Calcium realease from the sarcoplasmic reticulum

CH 59

71. Activated charcoal (page 1016):
    A. Is effective for lithium overdose
    B. Is never indicated in repeated doses
    C. Is less effective alone than in combination with gastric lavage
    D. Generally absorbes 10% of its weight of susceptipble drugs
    E. Is ineffective in carbamaxepine overdose

CH 56

72. Regarding adverse drug reations (pages 964-5, 981-3):
    A. Majority of drug hypersensitivity reactions are of type I variety
    B. Type I hypersensitivity to drugs is due to direct antibody formation against the drug
    C. Penicillin only causes type I hypersensitivity reactions
    D. Stevens-Johnson syndrome is likely a severe form of type III hypersensitivity
    E. Drugs do not cause cell mediated hypersensitivity

73. Corticosteroids (page 968):
    A. Reduce proliferation of myeloid and erythroid stem cells
    B. Decrease size of lymph node and spleen lymphoid content
    C. Main immunologic function is due to certain T cell cytotoxicity
    D. Alter monocyte and neutrophil phagocytic ability
    E. Affect humoral immunity more than cellular

74. Corticosteroids (page 968-969):
    A. Cause neutropaenia and lymphocytosis
    B. Decrease catabolic rate of IgG
    C. Interfere with cell cycle of activated lymphoid cells
    D. Increase chemotaxis in monocytes and neutrophils
    E. Are ineffective in delayed hypersensitivity

CH 57:

75. Carbon Monoxide (page 990):
    A. Average atmospheric concentration is 1ppm
    B. Combines irreversibly with Hb
    C. Interferes with dissociation of oxyhaemoglobin
    D. Produces symptoms at 5-10%
    E. Clinical effect may be lessened by increased altitude and temperature

CH 57 and 59

76. Regarding Carbon monoxide toxicity (page 990, 1014, 1020):
    A. Tachycardia is usually the first sign of intoxication
    B. Half life at 1atm is 4 times more than with 100%O2
    C. Does not affect foetus
    D. May cause metabolic alkalosis in severe cases
    E. PO2 and SaO2 will be decreased

CH 59, 7 and 8

77. Regarding organophosphate poisoning (page 101, 105, 115, 1021):
    A. Dominant initial signs are of nicotineic excess
    B. Are initially bound and phosphorylated by ACHesterase
    C. Pralidoxime is most effective shen the phosphorylated enzyme cxomplex has “aged”
    D. Does not exert ganglionic effects
    E. Pralidoxime is effective in reversing central effects of organophosphate poisoning

CH 57, 59

78. Regarding Organophosphate poisoning (page 114, 115, 994, 1021):
    A. Results in myadriasis
    B. Atropine is of no use
    C. Prolidoxime is inactive at nicotinic sites
    D. Pralidoxime helps regenerate Acetylcholinesterase by hydrolyzing the enzyme-organophosphate bond
    E. Chronic low level exposure has no effects

Answers

Ch 1	
1	B
2	C
3	D
Ch 2	
4	A
5	C
6	E
Ch 3	
7	C
8	D
9	C
Ch 4	
10	C
Ch 5	
11	C
Ch 6	
12	D
13	B
14	C
Ch 7	
15	A
16	C
17	D
18	A
Ch 8	
19	E
20	A
Ch 18	
21	C
22	B
23	E
Ch 9	
24	A
25	D
26	C
27	A
Ch 10	
28	E
29	B
30	C
31	A
32	B
Ch 11	
33	A
34	B
35	C
36	D
37	B
Ch 12	
38	B
39	C
40	E
41	C
Ch 13	
42	E
43	A
44	D
Ch 14	
45	D
46	C
47	A
48	E
49	B
50	C
51	A
52	D
53	E
54	A
55	B
Ch 45	
56	D
57	D
58	C
Ch 43	
59	D
60	A
Ch 25	
61	D
62	A
63	B
64	C
65	B
66	B
Ch 27	
67	C
68	C
69	E
70	C
Ch 59	
71	D
Ch 56	
72	D
73	B
74	C
Ch 57	
75	C
Ch 57 & 59	
76	B
Ch 59, 7, 8	
77	B
Ch 57, 59	
78	D