



قائمة الاسئلة 2025-05-15 09:11

صيدلة سريرية ومداوا - () - المستوى الخامس - K2021 قسم علوم صيدلانية - الكل - كلية الصيدلة - الفترة الثالثة - درجة الامتحان (75)

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- 1) 1) Which of the following best describes DM1?
 - 1) - a) Hyperinsulinemia, ketosis-prone, patients usually present with hypoglycemia
 - 2) - b) Insulin resistance, most commonly develops in older adults
 - 3) + c) Beta cell destruction, most commonly develops in adolescents
 - 4) - d) High postprandial GLP1 levels, patients are obese and present with no or mild symptoms
- 2) 2) Patients with DM2 are commonly have
 - 1) - a) Normal β cell mass and number
 - 2) - b) Reduced hepatic glucose output
 - 3) - c) Reduced postprandial glucagon release
 - 4) + d) Reduced postprandial incretin hormone release
- 3) 3) Which of the following would meet the diagnostic criteria for diabetes mellitus?
 - 1) - a) A fasting plasma glucose of 119 mg/dL
 - 2) + b) A hemoglobin A1C value of 6.6%
 - 3) - c) A plasma glucose of 181 mg/dL at 2 hours during a 75g oral glucose tolerance test (OGTT)
 - 4) - d) A random plasma glucose of 192 mg/dL after a meal; the patient reports no symptoms and gained 2.3 kg over the last 6 months
- 4) 4) A patient with DM2 with insulin resistance is currently using a total daily dose of 320 units of insulin per day. The patient's last A1C measured this week was 7.8%. Which of the following would be the most appropriate treatment plan?
 - 1) - a) SQ insulin glargine 80 units TDS
 - 2) - b) SQ insulin lispro 80 units BD
 - 3) - c) SQ insulin degludec 90 units BD
 - 4) + d) SQ regular insulin 100 units TDS before meals
- 5) 5) All of the following are potential effects associated with SGLT2 inhibitors use EXCEPT:
 - 1) + a) Heart failure
 - 2) - b) Dizziness and light headedness
 - 3) - c) Weight loss
 - 4) - d) Genitourinary infections
- 6) 6) GLP1 receptor agonists
 - 1) - a) Decrease glucose-dependent insulin secretion
 - 2) - b) Increase urinary glucose excretion
 - 3) + c) Mimic the actions of endogenous incretins
 - 4) - d) Inhibit the enzyme that degrades endogenous incretins
- 7) 7) Regarding the new anticoagulants in the treatment of deep vein thrombosis (DVT),
 - 1) + a) Dabigatran is a direct oral thrombin inhibitor and can be used in patients with a history of HIT
 - 2) - b) Apixaban is used as monotherapy as well as in the switch treatment strategy
 - 3) - c) Edoxaban is a parenteral direct inhibitor of factor Xa
 - 4) - d) All above
 - 5) - e) None above
- 8) 8) Regarding prevention of deep vein thrombosis (DVT),
 - 1) - a) UFH dosing should be based on the patient's weight and creatinine clearance
 - 2) + b) Prevention of DVT is indicated if the patient is expected to be bed-ridden for more than three days
 - 3) - c) UFH should continue until one year after discharge from hospital
 - 4) - d) a & b only



- 5) - e) a & c only
- 9) 9) Which of the following is a goal of antithrombotic treatment?
- 1) - a) Preventing PE
- 2) - b) Preventing thrombus extension and limb loss
- 3) - c) Preventing renal failure
- 4) - d) All above
- 5) + e) a & b only
- 10) 10) Which of the following is a recommended initial drug therapy for DM2 patient whose A1c is 9%?
- 1) - a) Glulisine insulin + metformin
- 2) - b) Sitagliptin + glargine insulin
- 3) + c) Metformin + glibenclamide
- 4) - d) Sitagliptin alone
- 11) 11) Which of the following is a recommended oral add-on to metformin for obese patient with DM2?
- 1) - a) Basal insulin
- 2) - b) Glargine insulin
- 3) - c) NPH insulin
- 4) - d) Any of the above
- 5) + e) None above
- 12) 12) Regarding monitoring of antithrombotic therapy in DVT, which of the following is FALSE?
- 1) - a) Renal and liver function tests are necessary for dosing adjustment of antithrombotics
- 2) - b) Any aPTT measurement earlier than 6 hours of heparin initiation is falsely high
- 3) - c) Platelet count less than 50% of the base-line is a sign of HIT
- 4) + d) Initiation of warfarin monotherapy requires INR monitoring
- 13) 13) Regarding deep vein thrombosis (DVT),
- 1) + a) The use of combined oral contraceptive pills increases the risk of DVT
- 2) - b) The length of treatment of a DVT event is the same for each patient
- 3) - c) The end-point of heparin-apixaban overlapping is INR value of 2-3
- 4) - d) All above
- 5) - e) a & b only
- 14) 14) Regarding monitoring of antithrombotic therapy in DVT,
- 1) - a) All LMWH are contraindicated for a patient with heparin-induced thrombocytopenia except dalteparin
- 2) - b) Enoxaparin therapy does not require aPTT monitoring because its anticoagulant effect is predictable
- 3) - c) Any aPTT measurement earlier than 6 hours of UFH initiation is falsely elevated
- 4) - d) All above
- 5) + e) b & c only
- 15) 15) Regarding patients treated with warfarin for deep vein thrombosis (DVT),
- 1) - a) They should be advised not to change in their food significantly during therapy
- 2) - b) Melena can occur with coadministration of ibuprofen
- 3) - c) They should be advised to decrease warfarin dose if they get pregnant
- 4) + d) a & b only
- 5) - e) b & c only
- 16) 16) Regarding patients on warfarin for deep vein thrombosis,
- 1) - a) They should be advised to increase eating green vegetables significantly
- 2) - b) They should be advised to decrease eating green vegetables significantly
- 3) - c) They should be advised to discontinue warfarin immediately if they became pregnant
- 4) + d) All above
- 5) - e) b & c only



- 17) 17) Regarding deep vein thrombosis (DVT)
- 1) - a) The use of combined oral contraceptive pills increases the risk of DVT
 - 2) - b) Enoxaparin should replace warfarin in pregnant women
 - 3) - c) The end-point of heparin-warfarin overlapping is INR value of 2-3
 - 4) ☒ d) a & b only
 - 5) - e) a & c only
- 18) 18) Regarding prevention of deep vein thrombosis (DVT) in surgery,
- 1) - a) If enoxaparin is used, aPTT monitoring is necessary
 - 2) - b) If enoxaparin is used, INR monitoring is necessary
 - 3) - c) The dose of SC UFH is higher than the dose of IV UFH
 - 4) - d) All above
 - 5) ☒ e) None above
- 19) 19) Which of the following is a recommended oral add-on to metformin for obese patient with DM2?
- 1) - a) Glulisine insulin
 - 2) - b) Lispro insulin
 - 3) ☒ c) Pioglitazone
 - 4) - d) Liraglutide
- 20) 20) Patients on insulin therapy for DM1 should avoid exercise
- 1) - a) Because they have insulin deficiency
 - 2) - b) Because they have insulin excess
 - 3) ☒ c) If blood glucose level is greater than 300 mg/dL
 - 4) - d) If blood glucose level is greater than 700 mg/dL
- 21) 21) Which of the following is non-insulin injectable antidiabetic drug?
- 1) - a) Nateglinide
 - 2) ☒ b) Exenatide
 - 3) - c) Degludec
 - 4) - d) Glargine
- 22) 22) Which of the following is the first line initial drug therapy for DM2 patient whose A1c is more than 10%?
- 1) - a) Insulin glulisine
 - 2) ☒ b) Metformin + Glargine
 - 3) - c) Metformin
 - 4) - d) Linagliptin
- 23) 23) Patients on insulin therapy for DM1,
- 1) - a) Should avoid exercise because they have insulin deficiency
 - 2) ☒ b) They should match bolus insulin doses with the time and the amount of carbohydrate intake
 - 3) - c) They should stop insulin therapy during acute illnesses if they cannot eat their meals
 - 4) - d) They should match basal insulin doses with the time and the amount of carbohydrate intake
- 24) 24) Regarding the goals of treatment of diabetes mellitus,
- 1) - a) Delaying onset & progression of chronic complications is achieved by maintaining HbA1C below 6%
 - 2) - b) Improving patient's quality of life is achieved by lowering BG to below 180 mg/dL but not <70 mg/dL
 - 3) - c) Tools to achieve these goals include medical nutrition therapy, hypoglycemic drugs, and exercises
 - 4) ☒ d) All above
- 25) 25) Regarding insulin types,
- 1) - a) NPH insulin can be used as a basal component in both basal-bolus & in twice daily insulin therapies



- 2) - b) Detemir is a long-acting, and should not be mixed with any other insulin
3) - c) Lispro is a rapid-acting, and is used as a basal component
4) + d) a & b
- 26) 26) Which of the following is involved in the pathogenesis of DM1?
1) + a) Immunologically-mediated destruction of pancreatic β -cells
2) - b) Genetic predisposition
3) - c) Excessive intake of calories
4) - d) Environmental factors
- 27) 27) Which of the following is TRUE?
1) - a) Hyperosmolar coma is one of the chronic complications of DM2
2) + b) Insulin resistance is the initial pathophysiologic event in DM2
3) - c) Patients with DM2 are usually in the first decade of their lives
4) - d) All above
5) - e) None above
- 28) 28) Pulmonary embolism has just been confirmed in an otherwise healthy patient who was brought to the ED unconscious & hypotensive an hour ago after a motorcycle hit his leg.
1) - a) Enoxaparin overlapped with warfarin is the best treatment for this patient's acute VTE event
2) - b) UFH overlapped with warfarin is the best treatment for this patient's acute VTE event
3) + c) This patient should be hospitalized to treat his acute VTE event
4) - d) This acute VTE event in this patient can be treated in the outpatient department of the hospital
- 29) 29) Regarding warfarin as an antithrombotic drug,
1) + a) It can cause purple toe syndrome
2) - b) It is contraindicated in pregnancy
3) - c) Hyperbilirubinemia increases the risk of bleeding due to warfarin
4) - d) All above
- 30) 30) Regarding low warfarin therapy,
1) - a) Is used after replacement of some heart valves with artificial ones
2) - b) Is used in the switch therapy deep vein thrombosis in nonpregnant women after UFH initiation
3) + c) Its target INR in deep vein thrombosis is 2-3
4) - d) Its duration should not exceed 3 months
- 31) 31) Which of the following is a recommended add-on to metformin in the drug therapy of DM2 if A1c is 11%?
1) - a) Glibenclamide
2) - b) Lispro insulin
3) + c) Degludec
4) - d) Pioglitazone
- 32) 32) Regarding reactive pre-breakfast hyperglycemia,
1) - a) is caused by a high basal insulin dose
2) - b) is preceded by a 3-am hypoglycemia
3) - c) is caused by a low basal insulin dose
4) + d) a & b
5) - e) b & c
- 33) 33) Which of the following is true in both DM1 & DM2?
1) - a) The patient is usually young
2) + b) Glycosylated hemoglobin (HbA1c) is elevated
3) - c) The patient is usually obese
4) - d) Weight loss
- 34) 34) Which of the following is advantage(s) of thiazolidinediones (TZDs) over sulfonylureas (SUs)?
1) - a) TZDs cause greater reduction in HbA1c



- 2) - b) TZDs are more safe in patients with heart failure
3) + c) TZDs do not cause hypoglycemia
4) - d) a & c
- 35) 35) A patient with DM1 on two insulin injections daily since 5 months. His prebreakfast & postprandial glucose levels are 160-200 mg/dL & 130-150 mg/dL, respectively. He also has sustained nocturnal hypoglycemia.
- 1) - a) He is most likely having polyuria symptoms during the daytime
2) - b) His basal insulin dose should be increased
3) + c) His insulin therapy should be changed to three insulin injections
4) - d) His morning basal insulin dose should be decreased
- 36) 36) A patient with DM1 on insulin (regular+NPH) twice/day. His prebreakfast & postprandial glucose levels are 160-200 mg/dL & 130-150 mg/dL, respectively, and has sustained nocturnal hyperglycemia.
- 1) - a) He is most likely having polyuria symptoms during the daytime
2) - b) His night NPH insulin dose should be decreased
3) - c) His morning NPH insulin dose should be increased
4) + d) His NPH insulin should be given morning, evening, and at bed time
- 37) 37) A 110 kg patient with DM2 is on SQ insulin glargine 82 units @ bedtime & SQ insulin apart 12 units TDS before each meal. The patient's BGs have consistently been 70 – 90 mg/dL prebreakfast, 100 – 130 mg/dL pre-dinner, and 200 – 250 mg/dL at bedtime. The patient's A1C is currently 7.6% with a goal less than 7%. The next best step in DM management in this patient would be to
- 1) - a) Give 6 units of insulin lispro at bedtime.
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- 2) + b) Increase the dose of insulin lispro before the evening meal.
3) - c) Change the timing of the insulin glargine injection from bedtime to morning.
4) - d) Increase the dose of insulin glargine by 10%,
- 38) 38) An obese patient (104 kg, BMI 36.2 kg/m²) with DM2 is taking SQ degludec insulin 76 units daily and SQ glulisine insulin 18 units before each meal. Which of the following would be the most appropriate to determine a correction dose to treat hyperglycemia?
- 1) - a) One extra unit of insulin glulisine will lower blood glucose by 6 mg/dL
2) + b) One extra unit of insulin glulisine will lower blood glucose by 13 mg/dL
3) - c) One extra unit of insulin glulisine will lower blood glucose by 25 mg/dL
4) - d) One extra unit of insulin glulisine will lower blood glucose by 60 mg/dL
- 39) 39) Which one of the following insulin products have a duration of action greater than 24 hours?
- 1) + a) Insulin degludec
2) - b) Insulin glulisine
3) - c) Regular human insulin
4) - d) Neutralize protamine Hagedorn insulin
- 40) 40) A patient with DM2 has adopted several lifestyle changes. He has lost 6.8 kg in the past 3 months. All lab work, vital signs, and physical examination findings are normal except for mild non-proliferative retinopathy and chronic kidney disease (eGFR consistently between 35 and 50 mL/min/1.73 m² for the past year) with albuminuria. The patient's A1C today is 6.2%. The patient's current treatment regimen includes metformin 500 mg BD with meals, lisinopril 40 mg daily, rosuvastatin 20 mg daily. Which of the following medication changes should be recommended today?
- 1) + a) Start dapagliflozin
2) - b) Discontinue metformin
3) - c) Discontinue lisinopril
4) - d) Increase metformin dose
- 41) 41) A 60-year-old overweight patient with hypertension, peripheral vascular disease, and DM2 (on



metformin 1 g BD). A1C 7.6% (goal 7%). Which of the following treatment options would likely have the greatest therapeutic benefit for this patient?

- 1) ☒ a) Dulaglutide
 - 2) ☐ b) Glyburide
 - 3) ☐ c) Insulin glargine U100
 - 4) ☐ d) Sitagliptin
- 42) 42) An 84-year-old female with DM2, hypertension, dyslipidemia, IHD, heart failure (NYHA Class 2), and osteoarthritis in the hands, hips, and knees. She is currently taking metformin 500 mg BD, sitagliptin 50 mg OD, and insulin glargine SQ 20 units daily. Her current A1C is 9.6%. Which of the following is the most appropriate goal A1C for this patient?
- 1) ☐ a) A1C less than 6.5%
 - 2) ☐ b) A1C less than 7%
 - 3) ☒ c) A1C less than 8%
 - 4) ☐ d) A1C less than 10%
- 43) 43) A 55-year-old male, diagnosed with a new unprovoked left lower extremity DVT and pulmonary embolism in the emergency department (ED). He is alert, and his vital signs are normal and stable. Which of the following is the best initial treatment regimen for him upon discharge from the ED?
- 1) ☐ a) Enoxaparin subcutaneously \times 5 days + edoxaban PO daily
 - 2) ☒ b) Enoxaparin subcutaneously \times 5 days then edoxaban PO daily
 - 3) ☐ c) Enoxaparin subcutaneously \times 3 days + warfarin PO daily
 - 4) ☐ d) Enoxaparin subcutaneously daily \times 5 days then warfarin PO daily
- 44) 44) A patient with DVT and a baseline INR of 1.1 is started on warfarin and enoxaparin. INR on day 3 is 1.5. Warfarin therapy should be
- 1) ☒ a) Continued with the same dose
 - 2) ☐ b) Continued with increasing the dose
 - 3) ☐ c) Continued with decreasing the dose
 - 4) ☐ d) Stopped for one day
- 45) 45) Which of the following statements best describes how a patient should interpret INR results?
- 1) ☐ a) When the INR is below 2, he is at increased risk for bleeding
 - 2) ☐ b) When the INR is between 2 and 3, he needs to eat less vitamin K-containing food
 - 3) ☒ c) When the INR is below 2, his warfarin dose may need to be adjusted
 - 4) ☐ d) When the INR is higher than 3, he is at increased risk for having another VTE
- 46) 46) Which of the following is the most appropriate duration of apixaban therapy for a patient who experienced a first DVT following knee replacement surgery?
- 1) ☐ a) 6 weeks
 - 2) ☒ b) 3 months
 - 3) ☐ c) 6 months
 - 4) ☐ d) Indefinite
- 47) 47) Which of the following is the most appropriate drug to administer for bleeding due to an accidental warfarin overdose?
- 1) ☒ a) Vitamin K
 - 2) ☐ b) Protamine
 - 3) ☐ c) Idarucizumab
 - 4) ☐ d) Andexanet
- 48) 48) A 76-year-old male (height 175 cm, weight 105 kg) who is diagnosed with PE. Labs include BUN 26 mg/dL and serum creatinine (SCr) 2.3 mg/dL. What is the best recommendation for initial parenteral anticoagulant treatment for this case?
- 1) ☐ a) Fondaparinux
 - 2) ☐ b) Dalteparin



- 3) - c) Enoxaparin
4) + d) Unfractionated heparin
- 49) 49) A patient's INR is 1.6 after he had a significant dietary change. This INR value is because of
- 1) + a) Eating more dark green leafy vegetables than usual
2) - b) Eating fewer dark green leafy vegetables than usual
3) - c) Drinking grapefruit juice
4) - d) Drinking cranberry juice
- 50) 50) Which of the following is the most appropriate anticoagulant to treat VTE during pregnancy?
- 1) - a) Warfarin
2) - b) Dabigatran
3) + c) Enoxaparin
4) - d) UFH plus clopidogrel

