



قائمة الاسئلة

ادوية تطبيقية-تمرير عالي-الثاني - درجة هذا الاختبار (30)

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- 1) Fenofibrate can be used in hypertriglyceridemia (types IIb, IIIIV and V).
 - 1) True
 - 2) False.
- 2) Therapeutic uses of cholestyramine
 - 1) Type IIa hypercholesterolemia.
 - 2) Diarrhea due to bile acid malabsorption.
 - 3) pruritus due to obstructive jaundice.
 - 4) All Answers are correct.
- 3) colestipol
 - 1) forms complexes with bile acid in the intestine.
 - 2) decreases enterohepatic absorption of bile salt.
 - 3) decreases the absorption of cholesterol.
 - 4) All Answers are correct.
- 4) Adverse effects of bile acid binding resins are
 - 1) nausea, vomiting and steatorrhea.
 - 2) Decrease the absorption of fat-soluble vitamins.
 - 3) Decrease the absorption of anionic drugs.
 - 4) All Answers are correct.
- 5) Ezetimibe
 - 1) selective inhibitor of intestinal cholesterol absorption.
 - 2) effective even in absence of dietary cholesterol.
 - 3) inhibiting the absorption of cholesterol excreted in the bile.
 - 4) All Answers are correct.
- 6) HMG-COA reductase inhibitors are noncompetitive inhibitors of hydroxy-methyl-glutaryl Coenzyme -A reductase
 - 1) True.
 - 2) false
- 7) Statins should be taken at night as this is when the majority of cholesterol synthesis takes place
 - 1) True.
 - 2) False.
- 8) Fibric acid derivatives
 - 1) act on nuclear receptors called (PPAR - α)
 - 2) increase the synthesis of lipoprotein lipase
 - 3) increase the catabolism of VLDL and chylomicrons (TGS)
 - 4) All Answers are correct.
- 9) Statins can cause
 - 1) Myopathy.
 - 2) Myositis.
 - 3) rhabdomyolysis in both skeletal and cardiac muscle.
 - 4) All Answers are correct.
- 10) Ezetimibe is synergistic with HMG-COA reductase inhibitors, producing 25% in LDL cholesterol
 - 1) True.
 - 2) False.
- 11) Adverse effects of bile acid binding resins are:
 - 1) nausea, vomiting and steatorrhea.





- 2) - Decrease the absorption of fat-soluble vitamins.
3) - Decrease the absorption of anionic drugs.
4) All Answers are correct.
- 12) Protocol for anticoagulation
1) - IV heparin (initially), for 10 days (rapid action of heparin) followed by IV heparin + oral warfarin for 3-5 days.
2) - warfarin for 2-3 month to prevent recurrence of thrombosis. They may be administrated for life in high-risk patients (atherosclerosis & pulmonary embolism).
3) - Rivaroxaban is approved as initial oral treatment of deep vein thrombosis (DVT).
4) All Answers are correct.
- 13) . low density lipoprotein LDL is consisting of 50% cholesterol ,10% Triglyceride and 30% proteins:
1) True.
2) - False.
- 14) Which of the following fibrinolytics carries a high risk of antigenicity?
1) - Tenecteplase.
2) Streptokinase.
3) - Urokinase.
4) - Alteplase
- 15) Fondaparinux & low molecular weight heparins share all the following EXCEPT:
1) - Long half life
2) - Inhibit factor Xa
3) - Used in heparin induced thrombocytopenia
4) Bind to antithrombin.
- 16) Which one of the following is a direct inhibitor of factor Xa?
1) - Dalteparin.
2) Rivaroxaban.
3) - Heparin.
4) - Fondaparinux.
- 17) Heparin-induced thrombocytopenia can be managed by:
1) - A-Protamine sulfate
2) - B- Fondaparinux
3) - C- Argatroban
4) D. B and C
- 18) Adverse effects of warfarin include all the following EXCEPT:
1) - Bleeding
2) - Skin necrosis especially in protein C deficiency
3) Thrombocytopenia
4) - Teratogenic effect
- 19) All the following statements are true about warfarin EXCEPT:
1) - It is highly bound to plasma protein
2) - It has delayed onset (2-3days)
3) - Can cross placenta and is secreted in milk
4) Requires routine monitoring by a PTT
- 20) Advantages of LMWHs (low molecular weight heparins)
1) - Equal efficacy to unfractionated heparin. - Greater bioavailability from sc sites.
2) - longer $t_{1/2} \rightarrow 2 - 4$ times longer than UFH (given once or twice a day).
3) - Less thrombocytopenia & osteoporosis.
4) All Answers are correct.
- 21) Stimulation of lipoprotein lipase by a fenofibrate results in lowered serum levels of which substance?





- 1) triglycerides
 - 2) HDL-cholesterol
 - 3) LDL-cholesterol
 - 4) phospholipids
- 22) Enoxaparin (Clexane)®
- 1) Produced by chemical depolymerization of unfractionated heparin.
 - 2) Combines with antithrombin III → inactivate factor Xa, but less effect on factor IIa.
 - 3) Given only SC, the onset of action 4 h.
 - 4) All Answers are correct.
- 23) Heparin decreases the blood lipid level by releasing lipoprotein lipase (LPL).
- 1) True.
 - 2) False.
- 24) Indirect thrombin inhibitors include all of the following EXCEPT;
- 1) Reteplase.
 - 2) Heparin.
 - 3) Enoxaparin.
 - 4) Dalteparin
- 25) The most important complication of streptokinase therapy is.
- 1) Hypotension.
 - 2) Bleeding.
 - 3) Fever.
 - 4) Anaphylaxis.
- 26) All the following statements are true about heparin EXCEPT
- 1) It has vasodilator and plasma clearing effects.
 - 2) 80% metabolized in the liver.
 - 3) Does not cross placenta or secreted in milk.
 - 4) Can be administrated by intravenous, intramuscular & subcutaneous routes.
- 27) Heparin (Unfractionated heparin, UFH)
- 1) Present naturally in mast cells and basophils in lung, liver and intestine.
 - 2) It is extracted for commercial from porcine or cattle intestinal mucosa.
 - 3) Not absorbed orally. Given IV or SC.
 - 4) All Answers are correct.
- 28) Anticoagulant drugs
- 1) They act by inhibition of platelet aggregation.
 - 2) They prevent propagation and recurrence of thrombosis.
 - 3) They affect already formed thrombus.
 - 4) All Answers are correct.
- 29) Antiplatelet drugs
- 1) They act by inhibition of platelet aggregation.
 - 2) They prevent occurrence of thrombosis.
 - 3) They do not affect already formed thrombus.
 - 4) All Answers are correct.
- 30) Arterial thrombosis
- 1) Rich in platelets (white thrombus).
 - 2) Mainly due to atherosclerosis → interrupt blood flow → ischemia or death of tissue (infarction).
 - 3) Treated by anti-platelet drugs & fibrinolytics.
 - 4) All Answers are correct.

