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QUESTION 1

Which of the following antidiabetic medication may cause cyanocobalamin deficiency?

A. Saxagliptin

B. Canagliflozin

C. Pioglitazone

D. Glimepiride

E. Metformin

Correct Answer: E

Metformin is associated with vitamin B12 deficiency because it affects the calcium dependent membrane uptake of it. All other drug classes are not associated with this.

QUESTION 2

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN\\'s medication includes Dexamethasone 8 mg iv q6h with taper dosing, Ondansetron 4mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10mg po daily, Citalopram 20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1mg. lock-out every 6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K 5.0mmol/L, Na 135 mmol/L.

Which of the following medication may cause psychotic episode such as emotional lability, hallucinations, mania, mood swings and schizophrenic reasons?

A. Lisinopril

B. Dexamethasone

C. Famotidine

D. Metoclopramide

E. Hydromorphone

Correct Answer: B

Dexamethasone is associated with psychiatric disturbances. Corticosteroids may exacerbate pre-existing psychiatric conditions.

QUESTION 3

Which of the following should be monitored when a patient is on SGLT2 inhibitor?

A. Hydration status

B. Blood pressure

C. Blood glucose

D. Renal function

E. All of the above

Correct Answer: E

Because SGLT2 inhibitors work by preventing reabsorption of glucose in the kidneys, this increases frequency of urination. All of the options are monitoring requirements since the hydration status, blood pressure, blood glucose, and renal function may all be changed from increased urination (from the mechanism of the drug).

QUESTION 4

Which of the following statements is true regarding Drug-receptor bonds?

A. Covalent bonds of drugs with receptors are strong and mostly reversible

B. Covalent bonding is much more common than electrostatic bonding in drug-receptor interactions

C. Electrostatic bonds are stronger than covalent bonds

D. Hydrophobic bonds are weak bonds and they are important in the interactions of highly water soluble drugs with the lipids of cell membranes

E. Bond formation of between the acetyl group of aspirin and cyclo-oxygenase enzyme is a covalent bond

Correct Answer: E

Drugs mainly interact with the receptors by means of chemical forces or bonds. There are three major types of drug receptor bonds: - Covalent - Electrostatic - Hydrophobic Covalent bonds are very strong bonds and in most of the cases they are irreversible under biologic conditions. For example, the covalent bond between the acetyl group of aspirin and cyclo-oxygenase enzyme (target enzyme present on the platelets) does not breaks easily. The platelet aggregation effect of aspirin lasts long after free acetylsalicylic acid has disappeared from the blood (about 15 minutes) and it is reversed only by the synthesis of new cyclo-oxygenase enzyme in new platelets which takes a long time. Hence the effect of aspirin is seen after the drug is stopped. Among the drug receptor interactions, electrostatic bond is much more commonly found than covalent bond. The electrostatic bonds vary from relatively strong linkages between permanently charged ionic molecules to weaker hydrogen bonds and very weak induced dipole interactions such as van der Waals force. The electrostatic bonds are weaker than covalent bonds. Hydrophobic bonds are usually very weak bonds and probably important in the interactions of highly lipid soluble drugs with the lipids of cell membranes and perhaps in the interactions of the drugs with the internal walls of receptor "pockets".

QUESTION 5

An order is received for heparin 18 units per kg per hour on a patient whose weight is 125lb. The IV bag comes as a concentration of 50 units /mL. Calculate the infusion rate in terms of mL/hr.

A. 5.15 mls/hr

B. 10.23 mls/hr

C. 40.9 mls/hr

D. 20.45 mls/hr

E. 18 mls/hr

Correct Answer: D

QUESTION 6

The rate that an outcome will occur given a particular exposure, compared to the rate of the outcome occurring in the absence of that exposure is definition of which of the following?

A. Incidence rate

B. Prevelance rate

C. Odds ratio

D. Relative risk

E. Confidence Interval

Correct Answer: D

RR = rate of an outcome occurring in an exposed group (treatment group/intervention group) divided by the rate of an outcome occurring in an unexposed group (control group) Ex: Relative Risk = Rate of UTI in patients taking drug XYZ / rate of UTI in patients not on drug XYZ

Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938757/

QUESTION 7

Which of the following are complication associated with long term use of proton pump inhibitors?

A. Bone fractures

B. Hypomagnesemia

C. Vitamin B12 deficiency

D. Clostridium difficile infection

E. Helicobacter pylori infection

Correct Answer: D

Use proton pump inhibitors (PPIs) in patients with or who have risk factors for osteoporosis cautiously. PPIs have been associated with a possible increased risk of bone fractures of the hip, wrist, and spine. Daily treatment with a gastric acid- suppressing medication over a long period of time may lead to hypomagnesemia. Vitamin B12 deficiency has been reported with long term use of PPIs in the literatures. The use of PPIs, may increase the risk of enteric infection by encouraging the growth of gut microflora and increasing susceptibility to organism including Clostridium Difficile. There are recent FDA warnings regarding C. Diff infection with use of PPIs. H. Pylori infection is not a complication of PPIs. PPIs in combination with certain antibiotics are used to treat H. pylori Infections.

QUESTION 8

An order is received for 0.03 units /min of vasopressin for Sepsis to maintain MAP >65. The standard mixed in your hospital for vasopressin is 40 units in 100ml NS.

What is the rate in mLs/hr should the vasopressin be infused at?

A. 4.0 ml/hr

B. 4.9ml/hr

C. 4.5ml/hr

D. 3.5ml/hr

E. 6ml/hr

Correct Answer: C

QUESTION 9

What indication usually requires higher dose of proton pump inhibitor?

A. Helicobacter pylori

B. Esophagitis

C. Duodenal ulcer

D. Stress ulcer prophylaxis

E. Zollinger-Ellison syndrome

Correct Answer: E

The diagnosis of Zollinger-Ellison syndrome is suggested when plasma gastrin is > 1000 pg/ml and the basal acid output is > 15 mEq/h or when associated with a pH andlt; 2. The treatment is focused on controlling gastric acid hypersecretion and localisation of the tumour and its metastases. Proton pump inhibitors are the most effective antisecretory drugs and can be administered at high dosages

QUESTION 10

What is the Osmolarity of NS with KCL 40 meq/L? (MW of KCl: 74.55 g/mol) (MW of NaCl: 58.44 g/mol)

A. 800 mOsm/L

B. 308 mOm/L

C. 1108 mOsm/L

D. 830 mOsm/L

E. 388 mOsm/L

Correct Answer: E

QUESTION 11

Injectable Sulfamethoxazole/Trimethoprim comes as 400mg/80mg/5ml. Physician requests you to dose a Sulfamethoxazole/Trimethoprim intravenously for PCP. You know the dose is 15mg/kg/day (based on TMP component) divided q6h.

How many milliliters of Sulfamethoxazole/Trimethoprim of 400mg/80mg/5ml would you need for single dose? Patient weighs 80kg.

A. 18.75 mL

B. 75 mL

C. 15 mL

D. 50 mL

E. 16.5 mL

Correct Answer: A

80kg person = 15mg/kg/day = 1200mg/day 80mg /5ml = 1200mg/X X= 75mL/day / 4 doses = 18.75 mL per dose

QUESTION 12

Which of these cardiovascular drug classes is most associated with tachyphylaxis?

A. ACE inhibitors

B. Angiotensin-receptor blockers

C. Direct renin inhibitors

D. Calcium channel blockers

E. Nitrates

Correct Answer: E

Tachyphylaxis is the phenomenon where a patient experiences a rapid form of drug tolerance. Nitrates exhibit this property. It means that the patient becomes tolerance very quickly and so repeat doses become more and more ineffective. To overcome the problem of tachyphyaxis, then, sufficient time must elapse between doses.

QUESTION 13

A 22-year-old woman adopted a cat. Shortly thereafter, she developed itchy eyes and persistent rhinorrhea. She was clearly allergic to the pet, but desperately wanted to keep it. She tried taking diphenhydramine, but it had intolerable side effects.

Which of the following is a common effect of this type of medication?

A. Decreased intraocular pressure

B. Bradycardia

C. Xerostomia

D. Diarrhea

E. Excessive sweating

Correct Answer: C

Diphenhydramine possesses anticholinergic properties. Xerostomia, or dry mouth, is a common side effect of anti-cholinergic medications, due to anti-muscarinic, parasympatholytic effects. Other adverse reactions may include: ?Mydriasis with blurred vision, photophobia ?Urinary retention ?Constipation ?Anhidrosis ? Hyperthermia ?Tachycardia ?Altered mental status A commonly referenced mnemonic for anti-cholinergic toxicity is "mad as a hatter, red as a beet, dry as a bone, hot as a hare, blind as a bat" to reflect confusion, flushing, dry mouth, hyperthermia and mydriasis, respectively.

QUESTION 14

A patient presents in the pharmacy in a delirious state with pinpoint pupils. Which of the following toxicity states does the patient most likely have?

A. Alcohol

B. Opioid

C. Benzodiazepine

D. Amphetamine

Correct Answer: B

Signs of opioid overdose include pinpoint pupils, delirious state, nausea / vomiting, respiratory depression and sleepiness or loss of consciousness. Naloxone may be used to reverse the effects of opioid overdose.

QUESTION 15

Diabetic ketoacidosis, a potential complication of type 2 diabetes, is most associated which of the following antidiabetic drug classes?

A. DPP-4 inhibitors

B. SGLT-2 inhibitors

C. Sulfonylureas

D. Biguanides

E. Thiazolidinediones

Correct Answer: B

SGLT-2 inhibitors have a black box warning for diabetic ketoacidosis, which manifests as euglycemic and makes it relatively difficult to detect without monitoring. The complex physiology by which this occurs is not clearly understood. On the other end, they have been shown to reduce major cardiovascular events (MACE) in persons with type 2 diabetes and established cardiovascular disease.