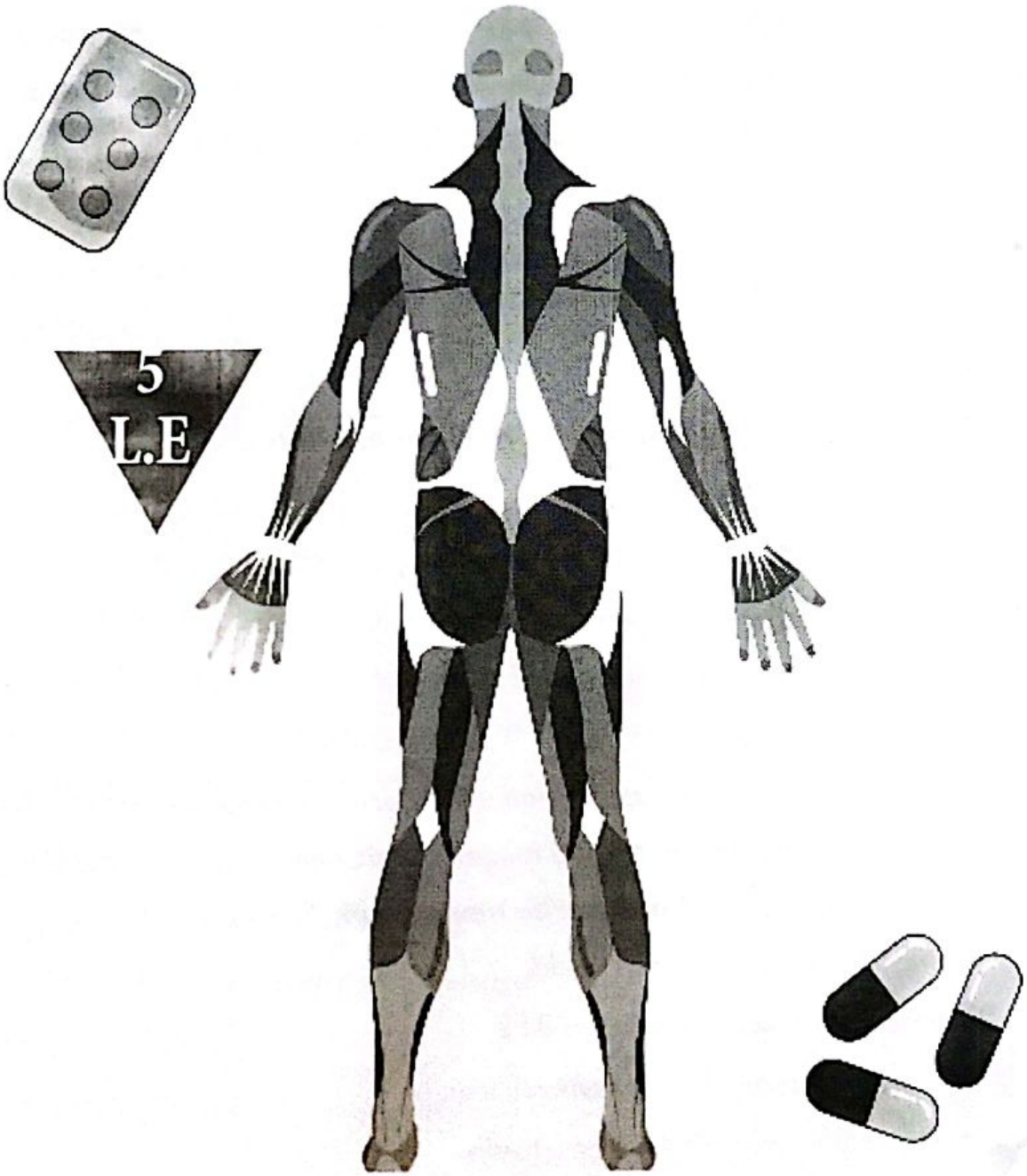
PHARMACOLOGY

His MCQ 1

LEVEL 1 - SEMESTER 2



Dr. M. M.

5. Which

MCQ Pharma HIS 1

1. Which is an appropriate treatment for a nutritional anemia that presents as a hunger for ice and/or upward curvature of the fingernails? A. Vitamin B12 B. Folic acid C. Vitamin D D. Iron	**D**
2. 81-year-old woman presents to the emergency department with progressive weakness, fatigue, and confusion. Her physical exam was positive for pallor but negative for koilonychias or cracking at the corners of the mouth. Which deficiency would be the highest priority in this patient's workup? A. Vitamin B12 B. Iron C. Folate D. Calcium	**A**
3. The following drug increase absorption of iron from intestine: a) Folic acid b) Cyanocobalamin c) Antacids d) Ascorbic acid e) Tetracycline	**D**
4. A 45-year-old male stomach cancer patient underwent tumor removal surgery. After surgery, he developed megaloblastic anemia. His anemia is caused by a deficiency of X and can be treated with Y. (A) X = intrinsic factor; Y = folic acid. (B) X = intrinsic factor; Y = vitamin B12 (C) X = extrinsic factor; Y = parenteral iron (D) X = extrinsic factor; Y = sargramostim	**B**

5. Which of the following is most likely to be required by a 5-year-old boy with chronic renal insufficiency? *(A) Cyanocobalamin* *(B) Deferoxamine* *(C) Erythropoietin* *(D) Filgrastim (G-CSF)* *(E) Oprelvekin (IL-11)*	**C**
6. A mother brings her 4-year-old son to the emergency department after discovering him eating her iron supplement. Which of the following should be administered to chelate the excess iron in his body? *A) EDTA* *B) Desferoxamine* *C) Dimercaprol* *D) Penicillamine* *E) Succimer*	**B**
7. A 65-year-old man with stage 3 CKD presents to the nephrology office. He has a 7-year history of type 2 diabetes and presents with a foot ulcer. CBC showed Hb 7.4 g/dL, normocytic normochromic anemia, & his serum ferritin level is 98 ng/mL (desired 100 ng/mL). The best initial treatment of this patient's anemia is: *a) Parentral iron therapy* *b) Parentral EPO & oral iron therapy* *c) Parentral EPO & parentral iron therapy* *d) Parentral EPO alone* *e) Parentral vitamin B12*	**C**

9. A 6

8. A 25-year-old patient with a history of a duodenal ulcer came to the clinic. He was complaining of easy fatigability and palpitation. He is noted to have pallor and tachycardia. His hemoglobin level was 10 g/dL. He does not report any visible GI blood loss. Complete blood count (CBC) showed Microcytic hypochromic anemia.

- **The most probable cause of anemia in this patient is:**

  A. Bleeding eosophageal varices

  B. Bleeding peptic ulcer

  C. Bone marrow failure

  D. Low dietary intake of iron

  E. Pernicious anemia

B

- **Which of the following most likely will be seen on laboratory investigation:**

  a) low serum ferritin

  b) normal MCH

  c) normal MCV

  d) normal reticulocytic count

  e) normal total iron binding capacity

A

C

- **The most appropriate treatment for this patient is:**

  A. Blood transfusion

  B. Folic acid

  C. Oral iron therapy

  D. Packed red cell transfusion

  E. Vitamin B12

9. A 63-year-old woman came to the clinic because of tiredness. She has been increasingly fatigued over the past year but in recent weeks she has become breathless on exertion. Her feet have become numb and she has started to become unsteady on her feet.

Her lab investigations showed:

- Haemoglobin 8.2 g/dL (n: 11.7-15.7 g/dL)
- Mean corpuscular volume (MCV) 112 fL (n: 80-99 fL)

- **"Most probable diagnosis is :**

  a. Anemia of chronic dse

  b. Hemolytic anemia

  c. Iron deficiency anemia

  d. Megaloblastic anemia

D

E

- **Neurological manifestation in this patient is due to:**

E

  A. Autonomic neuropathy

  B. Capal tunnel syndrome

  C. Diabetic neuropathy

  D. Peripheral neuritis

  E. Subacute combined degeneration of spinal cord

- **The most appropriate treatment of this patient is:**

  A. Ferrous sulfate orally

  B. Folic acid

  C. Parentral Iron dextran

  D. Pyridoxine

  E. Vitamin B12

10. A 60-year-old patient presented with anorexia, weakness, paresthesia and mental changes. His tongue was red, tendon reflexes were diminished, hemoglobin was 6 g% with large red cells and neutrophils had hypersegmented nuclei. Endoscopy revealed atrophic gastritis. Supplementation of which factor is likely to correct his condition? *a) Folic acid* *b) Vitamin B12* *c) Pyridoxine* *d) Riboflavin* *e) Iron*	**B**
11. A 24-year-old female at 4th week of pregnancy. Which one of the following is the most important supplementation should be administered to her: *a) Oral vitamin C.* *b) Parenteral vitamin K.* *c) Oral folic acid.* *d) Oral vitamin B2.* *e) Oral vitamin A.*	**C**
12. A 60-year-old patient presented with anorexia, weakness, paresthesia and mental changes. His tongue was red, tendon reflexes were diminished, haemoglobin was 6 g% with large red cells and neutrophils had hypersegmented nuclei. Endoscopy revealed atrophic gastritis. Deficiency of which factor is likely to be responsible for his condition: *A. Folic acid* *B. Vitamin B12* *C. Pyridoxine* *D. Riboflavin*	**B**

13. Vitamin B12: A. Is normally absorbed in the upper small intestine B. Therapy by mouth is the first choice in pernicious anemia C. Is good trial therapy in undiagnosed anemias D. Its deficiency can lead to anemia and neurological symptoms E. Is the first choice for the treatment of aplastic anemia.	**D**
14. Recombinant human erythropoietin has been used for the treatment of: A. Aplastic anemia B. Anemia associated with renal failure C. Megaloblastic anemia D. Sickle cell anemia E. Thalassemias	**B**
15. The daily dose of elemental iron for maximal haemopoietic response in an anaemic adult is: A. 30 mg B. 100 mg C. 200 mg D. 500 mg	**C**
16. The side effect which primarily limits acceptability of oral iron therapy is: A. Epigastric pain and bowel upset B. Black stools C. Staining of teeth D. Metallic taste	**A**
17. The metabolic reaction requiring vitamin B12 but not folate is: A. Conversion of malonic acid to succinic acid B. Conversion of homocysteine to methionine C. Conversion of serine to glycine D. Thymidylate synthesis	**A**

18. Megaloblastic anaemia developing under the following condition is due entirely to folate deficiency not associated with vitamin B12 deficiency: *A. Malnutrition* *B. Blind loop syndrome* *C. Phenytoin therapy* *D. Pregnancy*	C
19. Folinic acid is specifically indicated for: *A. Prophylaxis of neural tube defect in the offspring of women receiving anticonvulsant medication* *B. Counteracting toxicity of high dose methotrexate* *C. Pernicious anaemia* *D. Anaemia associated with renal failure*	**B**
20. A patient of chronic renal failure maintained on intermittent haemodialysis has anaemia not responding to iron therapy. Which of the following additional drug is indicated: *A. Epoetin* *B. Cyanocobalamin* *C. Folic acid* *D. Pyridoxine*	**A**
21. Forty years old male patient, a diagnosed case of CA small intestine, had hemoglobin of 9.2 gm/dl. He was started on oral iron therapy. After few days, patient complained of some GIT upset (on and off nausea, vomiting & diarrhea). Which one of the following oral iron preparation was responsible for his problem? *A. Iron dextran* *B. Sodium ferric gluconate.* *C. Iron sucrose* *D. Ferrous sulfate*	**D**

22. A mother brought her two years child to emergency in panic, stating that her chocolate flavored iron pills were taken by her son. Toxicity associated with acute iron poisoning usually includes which of the following? A. Dizziness, hypertension, and cerebral hemorrhage B. Hyperthermia, delirium and comal C. Hypotension, cardiac arrhythmias and seizures D. Necrotizing gastroenteritis, shock and metabolic acidosis E. Severe hepatic injury, encephalitis and coma	**D**
23. A 34 years old woman has macrocytic anemia, an increased serum concentration of transferrin, and a normal serum concentration of vitamin B12.The most likely cause of her anemia is deficiency of which of the following? A. Cobalamin B. Erythropoietin C. Folic acid D. Intrinsic factor E. Iron	**C**
24. A 55 years old patient of chronic renal failure presented with severe anemia with Hb - 5gm/dl. Which of the following is specific for production of RBCs in this case? A. Erythropoietin B. Romiplostim C. Granulocyte Stimulating factor D. Interleukin-11 (eleven) E. Granulocyte macrophage CSF	**A**

25. A physician sent an e-mail to the hospital pharmacist to know about the available iron preparations. In reply, the pharmacist enlisted the following drugs. The physician wants to prescribe only oral medicine. Which one of the following was selected by the physician? A. Iron dextran B. Sodium ferric gluconate C. Iron sucrose D. Ferrous gluconate	**D**
26. Following drugs stimulate erythrogenesis EXCEPT: A. Iron dextran B. Vitamine B12 C. Methotrexate D. Folic acid	**C**
27. Pemicious anemia is developed due to deficiency of: A. Erythropoetin B. Vitamin B12 C. Iron D. Vitamin B6	**B**
28. Select the drug used for pernicious anemia: A. Ferrous lactate B. Cyanocobalamin C. Iron dextran D. Ferrous gluconate	**B**
29. An adverse effect of oral iron therapy is: A. Anemia B. Thrombocytopenia C. Headache D. Constipation	**D**

30. Choose the drug which contains cobalt atom: A. Folic acid B. Iron dextran C. Cyanocobalamine D. Ferrous gluconate	C
31. Tick the drug used in aplastic anaemia: A. Fercoven B. Cyanocobalamine C. Epoetin alpha D. Folic acid	C
32. The following about absorption of iron in the gut is wrong: a) Absorption is greater in an anemic than in a normal person b) Absorption is enhanced by HCl c) Absorption is more efficient if it is in ferric form d) Absorption is reduced by formation of phosphate salts e) Absorption takes place mostly in upper small intestine	C
33. A 22-year-old woman is pregnant and at 14-week gestation. Her hemoglobin level is 9 g/dL. She has microcytic hypochromic anemia. She asked why she could have iron deficiency when she is no longer menstruating? Which of the following is the best explanation? A. Occult gastrointestinal blood loss B. Expanded blood volume and iron transport to the fetus C. Hemolysis D. Folate deficiency E. Decreased iron absorption.	B

34. A child of 3 years of age has clinical and laboratory signs of moderate iron deficiency anemia. Choose the most efficient method of treatment: a) Parenteral iron preparations b) B12 and folic acid supplements c) Oral iron preparations only until the normal Hb d) Oral iron until the normal Hb is reached and additionally 2-3 months of prophylactic dose e) Only diet changes with food rich in iron.	D
35. In the treatment of iron deficiency anemia: A. Therapy with iron should last for 6 months to replenish iron stores B. Parentral iron is usually preferred than oral iron C. The patient is advised to take oral iron on an empty stomach. D. Black stool is a strong indication for discontinuation of oral iron. E. Metabolic alkalosis is the major feature of acute iron toxicity	A
36. Which of the following increases the absorption of oral iron supplements? a) Acidity of gastric juice b) Activity of salivary amylase c) Secretory function of the stomach d) Decreased body demands e) The proteolytic activity of human gastric juice	A
37. Absorption of iron: A. Is greater in anemic man than in normal one B. Is decreased by ascorbic acid. C. Is more efficient when it is in ferric form D. Takes place mostly in the ileum. E. Is enhanced by co-administration of desferroxamine	A

38. Which of the following increases the absorption of oral iron supplements? a) Acidity of gastric juice b) Activity of salivary amylase c) Secretory function of the stomach d) Decreased body demands e) The proteolytic activity of human gastric juice	**A**
39. Absorption of iron: A. Is greater in anemic man than in normal one B. Is decreased by ascorbic acid. C. Is more efficient when it is in ferric form D. Takes place mostly in the ileum. E. Is enhanced by co-administration of desferroxamine	**A**
40. Choose the correct statement about severity of side effects to oral iron medication: A. Ferrous salts are better tolerated than ferric salts B. Complex organic salts of iron are better tolerated than inorganic salts C. Liquid preparations of iron are better tolerated than tablets D. Tolerability depends on the quantity of elemental iron in the medication	**D**
41. A patient of megaloblastic anaemia was treated with oral folic acid 5 mg daily. After 2 weeks he reported back with cognitive deficit, sensory disturbance, depressed knee jerk, while blood picture and haemoglobin level were improved. What could be the most likely explanation: A. Folic acid was not adequately absorbed resulting in partial response B. Folate therapy has precipitated vitamin B12 deficiency in the neural tissue C. Folate therapy has unmasked pyridoxine deficiency D. Patient has folate reductase abnormality in the nervous system	**D**

42. *Megaloblastic anaemia occurs in:* A. *Vitamin B12 but not folic acid deficiency* B. *Folic acid but not Vitamin B12 deficiency* C. *Either Vitamin B12 or folic acid deficiency* D. *Only combined Vitamin B12 + folic acid deficiency*	C