

MCQ of Lecture Pharma Endo 1

<p>1. A 62-year-old woman who is taking drug X for treatment of cardiac arrhythmia. Now she is diagnosed with hypothyroidism that is suspected to be induced by her antiarrhythmic drug. Which of the antiarrhythmic drugs listed below might be drug X?</p> <p>A. Amiodarone B. Lidocaine C. Procainamide D. Sotalol E. Verapamil</p>	A
<p>2. A 53-year-old woman with the diagnosis of Graves disease is being treated with radioactive iodine. She should be warned of the high likelihood of</p> <p>A. Hashimoto's disease. B. Iodism. C. Hypothyroidism. D. Thyroid nodules. E. Thyroid cancer.</p>	C
<p>3. A 25-year-old woman has been treated with thyroxine for hypothyroidism. She has become pregnant. She complains now of being constantly fatigued. The proper course of action would be to</p> <p>a) Do nothing, fatigue is normal during pregnancy. b) Increase the iodine in her diet. c) Measure her serum TSH, free T3 and free T4 levels during the first trimester and adjust her thyroxine dose based on the result. d) Double her dose of thyroxine. e) Decrease the dose of thyroxine as the need for thyroid replacement therapy decreases during pregnancy.</p>	C

<p>4. A 34-year-old woman is being prepared for thyroidectomy. As part of the preparation, she is given a solution containing high iodide concentration. She wonders why she is being treated with something that is added to food (salt). The explanation is that</p> <p>a) Iodide in food is poorly absorbed.</p> <p>b) Iodide in food is rapidly taken up by skeletal muscle.</p> <p>c) Low levels of iodide are required for thyroxine synthesis, but high levels inhibit thyroxine synthesis and release.</p> <p>d) Iodide in food is not utilized by the thyroid gland.</p> <p>e) High concentrations of iodide block the RH receptor on the pituitary gland.</p>	<p>C</p>
<p>5. When initiating T4 therapy for an elderly patient with long-standing hypothyroidism, it is important to begin with small doses to avoid which of the following?</p> <p>A. A flare-up of exophthalmos</p> <p>B. Acute renal failure</p> <p>C. Hemolysis</p> <p>D. Overstimulation of the heart</p> <p>E. Seizures</p>	<p>D</p>
<p>6. When considering an appropriate treatment for your hyperthyroid patient, you decide to prescribe a drug that can produce a relatively rapid inhibition of thyroid hormone release, but should not be given for more than a few weeks. Which drug has these characteristics?</p> <p>A. Levothyroxine</p> <p>B. Methimazole</p> <p>C. Potassium iodide</p> <p>D. Propylthiouracil</p> <p>E. Propranolol</p>	<p>C</p>

<p>7. When treating the same hyperthyroid patient, you decide to prescribe an additional drug that can also help to rapidly reduce their symptoms by reducing the peripheral conversion of T4 to T3, as well as blunting cardiovascular responses to elevated thyroid hormone levels. Which of the following would you most likely prescribe?</p> <ul style="list-style-type: none">A. AmiodaroneB. GlucoseC. InsulinD. PropranololE. Methimazole	D
<p>8. Two months after starting treatment for hyperthyroidism with methimazole, your patient returns to your clinic complaining of chronic cough and sore throat that will not go away. You recognize that because your patient is being treated with a thioamide, what condition should you be looking for, that could be confirmed by ordering a blood test?</p> <ul style="list-style-type: none">A. AnemiaB. AngioedemaC. EosinophiliaD. LeukopeniaE. Thrombocythemia	D

Other MCQ

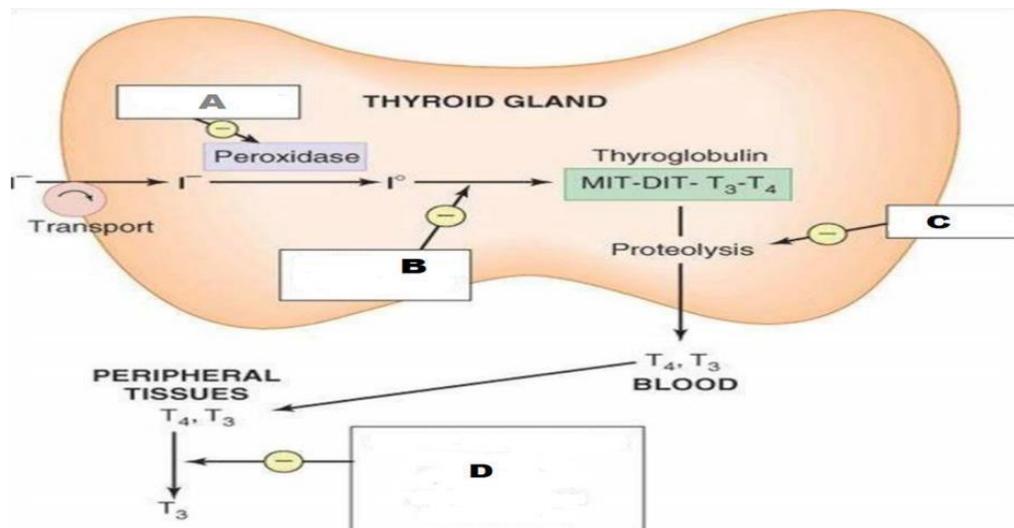
<p>1. Methimazole reduces serum concentration of T3 primarily by which of the following mechanisms?</p> <p>A. Accelerating the peripheral metabolism of T3</p> <p>B. Inhibiting the proteolysis of thyroid- binding globulin</p> <p>C. Inhibiting the secretion of TSH</p> <p>D. Inhibiting the uptake of iodide by cells in the thyroid</p> <p>E. Preventing the addition of iodine to tyrosine residues on Thyroglobulin</p>	E
<p>2. Though rare, a serious toxicity associated with the thioamides is which of the following?</p> <p>A. Agranulocytosis</p> <p>B. Lupus erythematosus-like syndrome</p> <p>C. Myopathy</p> <p>D. Torsades de pointes arrhythmia</p> <p>E. Thrombotic thrombocytic purpura (TTP)</p>	A
<p>3. A 65-year-old man with multinodular goiter is scheduled for a near-total thyroidectomy. Which of the following drugs will be administered for 10-14 d before surgery to reduce the vascularity of his thyroid gland?</p> <p>A. Levothyroxine</p> <p>B. Liothyronine</p> <p>C. Lugol's solution</p> <p>D. Prednisone</p> <p>E. Radioactive iodine</p>	C

<p>4. Which of the following is a sign or symptom that would be expected to occur in the event of chronic overdose with exogenous T4?</p> <p>A. Bradycardia</p> <p>B. Dry, puffy skin</p> <p>C. Large tongue and drooping of the eyelids</p> <p>D. Lethargy, sleepiness</p> <p>E. Weight loss</p>	E
<p>5. When initiating T4 therapy for an elderly patient with longstanding hypothyroidism, it is important to begin with small doses to avoid which of the following?</p> <p>A. A flare-up of exophthalmos</p> <p>B. Acute renal failure</p> <p>C. Hemolysis</p> <p>D. Overstimulation of the heart</p> <p>E. Seizures</p>	D
<p>6. A 27-year-old woman underwent near total thyroidectomy. She was started on levothyroxine. What hormone is produced in the peripheral tissues when levothyroxine is administered?</p> <p>A. Methimazole</p> <p>B. T3</p> <p>C. T4</p> <p>D. TSH</p> <p>E. FSH</p>	B
<p>7. The drug of choice for the treatment of thyrotoxicosis during pregnancy is:</p> <p>a. Methimazole</p> <p>b. Carbimazole</p> <p>c. Iodine therapy</p> <p>d. Propylthiouracil</p>	D

<p>8. A 25-year-old woman presents with insomnia and fears she may have "something wrong with her heart." Lab tests confirm hyperthyroidism. Which of the following is a drug that produces a permanent reduction in thyroid activity?</p> <p>A. I311 B. Methimazole C. Propylthiouracil D. Thiocyanate E. Thyroglobulin</p>	A
<p>9. A 56-year-old woman presented to the emergency department with tachycardia, shortness of breath, and chest pain. She had had shortness of breath and diarrhea for the last 2 d and was sweating and anxious. The diagnosis of thyroid storm was made. Which of the following is a drug that is a useful adjuvant in the treatment of thyroid storm?</p> <p>a) Propranolol. b) Radioactive iodine. c) Epinephrine. d) Amiodarone e) misoprostol</p>	A
<p>10. The antithyroid drug with the most rapid onset of antithyroid action is:</p> <p>a. Sodium iodide b. Propylthiouracil c. I131 d. Methimazole</p>	A
<p>11. Which of the following drugs inhibit 5'-deiodinase?</p> <p>a. Radioactive iodine b. Lugol's iodine c. Propylthiouracil d. Methimazole</p>	C

<p>12. Which option is most appropriate for a patient with newly diagnosed hyperthyroidism in the first trimester of pregnancy?</p> <p>a) Radioactive iodine b) Propylthiouracil c) Methimazole d) Surgical removal of the thyroid e) Lugol's iodine</p>	B
<p>13. Carbimazole or methimazole differs from propylthiouracil in that:</p> <p>a) It is dose to dose less potent b) It has a shorter plasma half-life c) It does not produce an active metabolite d) It does not inhibit peripheral conversion of thyroxine to triiodothyronine</p>	D
<p>14. Carbimazole acts by inhibiting:</p> <p>a) Iodide trapping b) Oxidation of Iodide c) Proteolysis of thyroglobulin d) Synthesis of thyroglobulin protein</p>	B
<p>15. 40 years old man presented to emergency with fever, restlessness & confusion. On examination severe tachycardia, BP 170/110 and ECG showed atrial fibrillation. Which of the followings is lifesaving drug should be giving immediately to him?</p> <p>a) Carbimazole b) Radioactive iodine c) Propranolol d) Liothyronine e) Insulin</p> <div data-bbox="545 1503 999 1688" style="text-align: center;"> </div>	C

16. Which one of the following drugs acts on step A:



B

- a) Propranolol
- b) Carbimazole
- c) Lithium
- d) Radio active iodine
- e) Thyroxine

17. A patient was recently placed on levothyroxine. Which of her medications may affect the levothyroxine dosage requirements?

- A. Bromocriptine
- B. Calcium carbonate
- C. Metoprolol
- D. Vitamin D

B

18. The most reliable guide to adjust thyroxine dose in hypothyroidism:

- A. Pulse rate
- B. Body weight
- C. Serum thyroxine level
- D. Serum TSH level

D

<p>19. The following thyroid inhibitor does not produce goiter when given in over dose:</p> <p>A. Propyl thiouracil B. Carbimazole C. Radioactive iodine D. Sodium thiocyanate</p>	C
<p>20. Lugol's Iodine is used in hyperthyroidism:</p> <p>A. As long term definitive monotherapy B. Preoperatively for 10-15 days C. Postoperatively for 10-15 days D. As adjuvant to carbimazole for long term therapy</p>	B
<p>21. The following thyroid inhibitor interferes with peripheral conversion of thyroxine to triiodothyronine:</p> <p>A. Propyl thiouracil B. Methimazole C. Carbimazole D. Radioactive iodine</p>	A
<p>22. When considering an appropriate treatment for your hyperthyroid patient, you decide to prescribe a drug that can produce a relatively rapid inhibition of thyroid hormone release, but should not be given for more than a few weeks. Which drug has these characteristics?</p> <p>A. levothyroxine B. methimazole C. potassium iodide D. propylthiouracil E. Propranolol</p>	C

<p>23. Propranolol is used in hyperthyroidism:</p> <ul style="list-style-type: none"> a) As short-term symptomatic therapy till effect of carbimazole develops b) As long-term therapy after subtotal thyroidectomy c) In patients not responding to carbimazole d) To potentiate the effect of radioactive iodine 	A
<p>24. A 2-year-old boy was brought to the emergency department because of fever, irritability, and diarrhea. The mother reported that she found her levothyroxine bottle empty. Vital signs were heart rate 180 bpm, respirations 26/min. Laboratory test showed high T4 level. An appropriate emergency therapy was planned. Which of the following drugs should be administered to control hormone-related symptoms that could be rapidly lethal in this patient?</p> <ul style="list-style-type: none"> A. Betamethasone B. Propranolol C. Levothyroxine D. Propylthiouracil E. Radioactive iodine 	B
<p>25. When treating the same hyperthyroid patient you decide to prescribe an additional drug that can also help to rapidly reduce their symptoms by reducing the peripheral conversion of T4 to T3, as well as blunting cardiovascular responses to elevated thyroid hormone levels. Which of the following would you most likely prescribe?</p> <ul style="list-style-type: none"> A. amiodarone B. glucose C. insulin D. propranolol E. methimazole 	D

<p>26. Two months after starting treatment for hyperthyroidism with methimazole, your patient returns to your clinic complaining of chronic cough and sore throat that will not go away. You recognize that because your patient is being treated with a thioamide, What condition should you be looking for, that could be confirmed by ordering a blood test?</p> <p>A. anemia B. angioedema C. eosinophilia D. leukopenia E. thrombocythemia</p>	D
<p>27. A 33-year-old woman was admitted to the hospital because of anorexia, malaise, jaundice, and right upper quadrant abdominal pain for the past 2 days. The woman was diagnosed with hyperthyroidism 1 month ago and started an appropriate therapy. lab results showed high alanine aminotransferase. Which of following drugs most likely caused the disorder?</p> <p>A. Methimazole B. Radioactive iodine C. Propylthiouracil D. Propranolol E. Potassium iodide</p>	C
<p>28. Which of the following is the treatment of choice for hypothyroidism?</p> <p>A. Iodide. B. Levothyroxine. C. Liothyronine. D. Liotrix. E. Propylthiouracil.</p>	B

29. A 23-year-old woman presents to her primary care physician with an enlarging neck mass and weight loss. The large mass is seen in the midline of the neck. She has lost 15 lb over the past month, feels like her heart is racing, and is always hot. The patient is diagnosed with Graves' disease and started on propylthiouracil. Which of the following is a side effect of propylthiouracil?

A

- (A) Agranulocytosis
- (B) Arrhythmias
- (C) Diabetes
- (D) Hypertension
- (E) Tachycardia

30. A 60-year-old male presents with severe hyperthyroidism and multinodular goiter. It was decided to treat him with I^{131} . The most appropriate course of treatment would be:

C

- a) Immediate I^{131} dosing with no other drug before or after
- b) Propranolol for 1 week followed by I^{131} .
- c) Propranolol + carbimazole till severe thyrotoxicosis is controlled-1 week gap I^{131} resume carbimazole after 1 week for 2-3 months
- d) Propranolol + Lugol's iodine for 2 weeks I^{131} -continue Lugol's iodine for 2-3 months

PAHRMA ENDOCRINE

2ND YEAR

MCQ diabetes

1



Dr/M.M

Written

1. *Mention mechanism of action of insulin ?*
2. *Mention three side effects of insulin ?*
3. *Mention three indication of insulin therapy ?*

MCQ

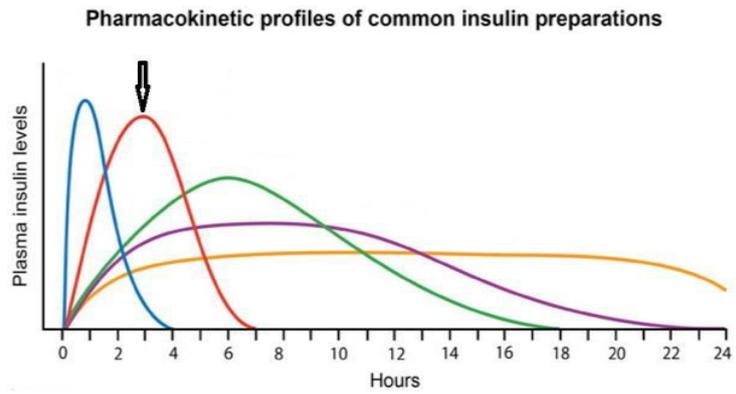
<p>1. <i>Insulin causes reduction in blood sugar level by the following mechanisms, EXCEPT:</i></p> <ul style="list-style-type: none">a) <i>Increased glucose uptake in the peripheral tissue</i>b) <i>Reduction of breakdown of glycogen</i>c) <i>Diminished gluconeogenesis</i>d) <i>Decreased glucose absorption from the gut</i>	D
<p>2. <i>Insulin can not be administered by:</i></p> <ul style="list-style-type: none">a) <i>Oral route</i>b) <i>Intravenous route</i>c) <i>Subcutaneous route</i>d) <i>Intramuscular route.</i>	A
<p>3. <i>Correct statements about crystalline (regular) insulin include all of the following, EXCEPT:</i></p> <ul style="list-style-type: none">a) <i>It can serve as replacement therapy for juvenile onset diabetes</i>b) <i>It can be administered intravenously</i>c) <i>It is a short-acting insulin</i>d) <i>It can be administered orally</i>	D
<p>4. <i>Diabetic coma is treated by the administration of:</i></p> <ul style="list-style-type: none">a) <i>Lente insulin</i>b) <i>Glucose</i>	B

<p>c) Crystalline insulin</p> <p>d) Oral anti-diabetic drugs.</p>	
<p>5. The following is peakless insulin preparation:</p> <p>A. Regular insulin.</p> <p>B. NPH insulin.</p> <p>C. Zinc insulin.</p> <p>D. Insulin galrgine.</p> <p>E. Lispro insulin</p>	D
<p>6. Which of the following is an important effect of insulin?</p> <p>A. Increased conversion of amino acids into glucose</p> <p>B. Increased gluconeogenesis</p> <p>C. Increased glucose transport into cells</p> <p>D. Inhibition of lipoprotein lipase</p> <p>E. Stimulation of glycogenolysis</p>	C
<p>7. Which of the following agents should be administered to achieve rapid control of the severe ketoacidosis in a diabetic boy?</p> <p>A. Regular insulin</p> <p>B. Glyburide</p> <p>C. Insulin glargine</p> <p>D. NPH insulin</p> <p>E. Tolbutamide</p>	A
<p>8. Which of the following is the most likely complication of insulin therapy?</p> <p>A. Hypoglycemia</p> <p>B. Increased bleeding tendency</p> <p>C. Pancreatitis</p> <p>D. Severe hypertension</p>	A

<p>9. The following regimens is Most appropriate for tight control of diabetes mellitus:</p> <p>a) Morning injections of mixed insulin lispro and insulin aspart.</p> <p>b) Evening injections of mixed regular insulin glargine.</p> <p>c) Morning and evening injections of regular insulin, supplemented by small amounts of NPH insulin at mealtimes.</p> <p>d) Evening injections of insulin glargine, supplemented by small amounts of insulin lispro at meal times.</p>	D
<p>10. The following is a long acting insulin preparation:</p> <p>A. Regular insulin.</p> <p>B. NPH insulin.</p> <p>C. Insulin detemir</p> <p>D. Lispro insulin</p>	C
<p>11. Which of the following insulins would provide a patient diagnosed with type 1 diabetes mellitus a constant release of insulin over a 24-hour period?</p> <p>a) insulin aspart</p> <p>b) insulin glargine</p> <p>c) insulin lispro</p> <p>d) NPH Insulin</p> <p>e) regular insulin</p>	B
<p>12. In a patient of DM maintained on insulin therapy, administration of the following drug con impair glycemia control:</p> <p>a) Prednisolone</p> <p>b) Prazosin</p> <p>c) Paracetamol</p> <p>d) Phenytoin</p>	A

13. The black arrow refers to:

- a) *Insulin lispro*
- b) *Insulin NPH*
- c) *Insulin aspart*
- d) *Insulin glargine*
- e) *Regular insulin*



E

14. Which of the following is not Adverse effects of insulin

- a) *Hypokalemia*
- b) *Weight gain*
- c) *Hyperglycemia*
- d) *Allergy*
- e) *Lipodystrophy*

C

Other MCQ

<p>1. The preparation of insulin for start of treatment of diabetic ketoacidosis is:</p> <ul style="list-style-type: none">a) Lente insulinb) N.P.Hc) Soluble insulind) Insulin glarginee) Ultra short insulin	C
<p>2. Which of the following is true in regard to insulin?</p> <ul style="list-style-type: none">a) It needs opening of K^+ channels to be secreted from β-cellsb) It needs closure of K^+ channels to be secreted from β-cellsc) It needs closure of Ca^{+2} channels to be secreted from β-cellsd) The ADP is responsible for secretion of insulin	B
<p>3. Which of the following is the most likely complication of insulin therapy?</p> <ul style="list-style-type: none">a) Dilutional hyponatremiab) Hypoglycemiac) Increased bleeding tendencyd) Pancreatitise) Severe hypertension	B
<p>4. A 13-year-old boy with type 1 diabetes is brought to the hospital complaining of dizziness. Laboratory findings include severe hyperglycemia, ketoacidosis, and a blood pH of 7.15. Which of the following agents should be administered to achieve rapid control of the severe ketoacidosis in this diabetic boy?</p> <ul style="list-style-type: none">a) Crystalline insulinb) Glyburidec) Insulin glargined) NPH insuline) Tolbutamide	A

<p>5. Which of the following is the most likely complication of insulin therapy?</p> <ul style="list-style-type: none"> a) Dilutional hyponatremia b) Hypoglycemia c) Increased bleeding tendency d) Pancreatitis e) Severe hypertension 	B
<p>6. A 45-year-old man with insulin-dependent diabetes mellitus on insulin injection decides that he wants to “drink” the insulin instead of taking the injection form. He is tired of the pain he gets during the injections. Which of the following is the most likely sequelae of this action?</p> <ul style="list-style-type: none"> a) Diarrhea b) Nausea c) Persistent hyperglycemia d) Transient ischemic attack e) Uremia 	C
<p>7. A 28-year-old man who is obese is found to have a hemoglobin A1c of 9.5%. He has been unable to adequately control his blood sugar with diet and exercise alone. His physician wishes to prescribe an insulin product to help control his blood sugar level. Which of the following is the longest acting to provide this patient a low, baseline insulin dose that will last throughout the day?</p> <ul style="list-style-type: none"> a) Insulin aspart b) Insulin glargine c) Insulin lispro d) Lente insulin e) NPH insulin 	B

<p>8. Which of the following statements is correct regarding insulin glargine?</p> <p>a) It is primarily used to control postprandial hyperglycemia.</p> <p>b) It is a “peakless” insulin.</p> <p>c) The prolonged duration of activity is due to slow dissociation from albumin.</p> <p>d) It should not be used in a regimen with insulin lispro or glulisine</p> <p>e) It may be administered intravenously in emergency cases</p>	B
<p>9. DW is a patient with type 2 diabetes who has a blood glucose of 400 mg/dL today at his office visit. The physician would like to give some insulin to bring the glucose down before he leaves the office. Which of the following would lower the glucose in the quickest manner in DW?</p> <p>a) Insulin aspart.</p> <p>b) Insulin glargine.</p> <p>c) NPH insulin.</p> <p>d) Regular insulin</p>	A
<p>10. The insulin receptor is a:</p> <p>a) Ion channel regulating receptor</p> <p>b) Tyrosine protein kinase receptor</p> <p>c) G-protein coupled receptor</p> <p>d) None of the above</p>	B
<p>11. The primary route of administration of insulin is:</p> <p>a) Intradermal</p> <p>b) Subcutaneous</p> <p>c) Intramuscular</p> <p>d) Intravenous</p>	B

<p>12. There is no alternative to insulin therapy for:</p> <ul style="list-style-type: none"> a) All type 1 diabetes mellitus patients b) All type 2 diabetes mellitus patients c) Type 2 diabetes patients not controlled by a sulfonylurea drug d) Type 2 diabetes patients not controlled by a biguanide drug 	A
<p>13. Insulin therapy is required for the following category/categories of type 2 diabetes mellitus patients:</p> <ul style="list-style-type: none"> a) Patients with ketoacidosis b) Patients undergoing surgery c) Pregnant diabetic d) All of the above 	D
<p>14. The insulin preparation of choice in diabetic ketoacidosis is:</p> <ul style="list-style-type: none"> a) Regular insulin b) Lente insulin c) Isophane insulin d) A 30:70 mixture of plain and isophane insulin 	A
<p>15. Correct statements about crystalline (regular) insulin include all of the following EXCEPT:</p> <ul style="list-style-type: none"> a) It can serve as replacement therapy for type-1 DM. b) It can be administered intravenously. c) It is short acting insulin. d) It can be given orally. e) It is a good agent for treatment of diabetic ketoacidosis. 	D
<p>16. Effects of insulin do not include:</p> <ul style="list-style-type: none"> a) Decreased conversion of amino acids into glucose. b) Decreased gluconeogenesis. c) Increased glucose transport into cells. d) Induction of lipoprotein lipase. e) Stimulation of glycogenolysis. 	E

<p>17. The primary reason for a physician to prescribe human insulin is:</p> <ul style="list-style-type: none"> a) <i>It has a faster onset of action than other insulins</i> b) <i>It has a shorter duration of action than other insulins.</i> c) <i>It can be given to patients who have an allergy to animal insulins</i> d) <i>It is more effective in preventing the complications of diabetes than animal insulins.</i> e) <i>It is cheaper than other insulins because it is produced by recombinant technology.</i> 	C
<p>18. The preparation of insulin for start of treatment of diabetic ketoacidosis is:</p> <ul style="list-style-type: none"> a) <i>Lente insulin</i> b) <i>N.P.H</i> c) <i>Soluble insulin</i> d) <i>Insulin glargine</i> e) <i>Ultra short insulin</i> 	C
<p>19. Which of the following actions most likely mediated the therapeutic effect of insulin in the patient's disease?</p> <ul style="list-style-type: none"> A. <i>Inhibition of the activity of dipeptidyl peptidase-4</i> B. <i>Incorporation of _glucose transporters in the_ cell membrane</i> C. <i>Activation of enzymes of the gluconeogenesis pathway</i> D. <i>Inhibition of the tyrosine kinase activity of the insulin receptor</i> 	B

20. A 42-year-old woman recently diagnosed with SLE started a treatment with a high daily dose of prednisone. The woman had a history of type 1 diabetes currently controlled with two daily administrations of premixed insulin, Which of the following changes in the patient's antidiabetic regimen should be made at this time?

- A. Decrease the daily insulin dosage.
- B. Increase the daily insulin dosage.
- C. Add glyburide to the antidiabetic regimen.
- D. Add exenatide to the antidiabetic regimen.
- E. Add sitagliptin to the antidiabetic regimen.

B

21. A 7-year-old girl was brought to the emergency department by her parents because of nausea, vomiting, and persistent abdominal pain secondary to infections & has history of Hashimoto's thyroiditis. Serum values on admission were fasting blood glucose 300 mg/dL (70-110 mg/dL), glycosuria 3+. Which of the following drugs would be appropriate for this patient?

- A. Regular insulin
- B. Metformin
- C. Pioglitazone
- D. Repaglinide
- E. Glyburide

A

PAHRMA ENDOCRINE

2ND YEAR

MCQ L3



Dr/M.M

Written

1. Enumerate lines of treatment of DKA?
2. Mechanism of action and side effect of glipizide?
3. Why metformin is contraindicated with alcohol and in liver dse?
4. Enumerate 2 secretagogue with one side effect for each?
5. Enumerate first line drug for type 2 diabetes, mention its mechanism of action and side effects?
6. Mention mechanism and side effect of pioglitazone?
7. Mention the drug preferred in hypertension in diabetic patient?
8. Diabetic patient maintained on oral hypoglycemic drugs, become pregnant. What should we do and why?
9. Obese patient, recently diagnosed diabetes, what is the best drug for diabetes used? Mention its main mechanism and side effect?

MCQ of lecture

<p>1. Treatment of DK include the following except:</p> <ul style="list-style-type: none">A. Regular insulin.B. Normal sodium.C. KCL.D. Sulphonylurea.	D
<p>2. Sulphonylureas act by:</p> <ul style="list-style-type: none">a) Reducing the absorption of carbohydrate from the gutb) Increasing the uptake of glucose in peripheral tissuesc) Reducing the hepatic gluconeogenesisd) Stimulating the beta islet cells of pancreas to produce insulin	D

<p>3. Sulphonylureas are effective in totally insulin deficient patients. This consideration is:</p> <p>a) True</p> <p>b) False</p>	B
<p>4. Thiazolidinediones act by:</p> <p>A. Diminishing insulin resistance by increasing glucose uptake and metabolism in muscle and adipose tissues</p> <p>B. Reducing the absorption of carbohydrate from the gut</p> <p>C. Stimulating the beta islet cells of pancreas to produce insulin</p> <p>D. Stimulating the hepatic gluconeogenesis</p>	A
<p>5. Alpha-glucosidase inhibitors act by:</p> <p>A. Diminishing insulin resistance by increasing glucose uptake and metabolism in muscle and adipose tissues</p> <p>B. Competitive inhibiting of intestinal alpha-glucosidases and modulating the postprandial digestion and absorption of starch and disaccharides</p> <p>C. Reducing the absorption of carbohydrate from the gut</p> <p>D. Stimulating the beta islet cells of pancreas to produce insulin</p>	B
<p>6. Which of the following drugs is most likely to cause hypoglycemia when used in the treatment of type 2 diabetes?</p> <p>A. Acarbose</p> <p>B. Glibenclamide</p> <p>C. Metformine</p> <p>D. Rosiglitazone</p>	B
<p>7. Which one of following drugs promotes the release of endogenous insulin?</p> <p>A. Acarbose</p> <p>B. Pioglitazone</p> <p>C. Glimpride</p> <p>D. Metformin</p>	C

<p>8. The combination of metformin and ethanol increases the risk of which of the following?</p> <p>A. Serious hepatotoxicity</p> <p>B. Excessive weight gain</p> <p>C. Hypoglycemia</p> <p>D. Lactic acidosis</p>	D
<p>9. Which of the following drugs is taken during the first part of a meal for the purpose of delaying the absorption of dietary carbohydrates?</p> <p>A. Acarbose</p> <p>B. Repaglinide</p> <p>C. Glipizide</p> <p>D. Pioglitazone</p>	A
<p>10. The PPAR-γ receptor that is activated by thiazolidinediones increases tissue sensitivity to insulin by which of the following mechanisms?</p> <p>A. Activating adenylyl cyclase and increasing the intracellular concentration of cAMP</p> <p>B. Inactivating a cellular inhibitor of the GLUT2 glucose transporter</p> <p>C. Inhibiting acid glucosidase, a key enzyme in glycogen breakdown pathways</p> <p>D. Regulating transcription of genes involved in glucose utilization</p>	D
<p>11. A 55 years old obese lady discovered to have random blood glucose 260 mg/dl during screening at 100 million health and her fasting blood glucose later was 160 mg/dl. She was told that she has type 2 DM. Next step is?</p> <p>A. Just follow up</p> <p>B. Metformin should be started</p> <p>C. She can be given a small dose sulphonyl urea</p> <p>D. Pioglitazone is given to improve insulin resistance</p> <p>E. Long acting insulin at bed time</p>	B

<p>12. The release of insulin from pancreatic beta cells would most likely be stimulated by which of the following?</p> <p>(A) Clonidine (B) Norepinephrine (C) Diazoxide (D) Glipizide</p>	D
<p>13. To supplement other oral type 2 diabetes medication, a patient is prescribed a drug to inhibit the intestinal absorption of carbohydrates. What would be an appropriate drug?</p> <p>(A) Metformin (B) Acarbose (C) Repaglinide (D) Pioglitazone</p>	B
<p>14. Sitagliptin acts by:</p> <p>a) Reducing the absorption of carbohydrate from the gut b) Increasing the uptake of glucose in peripheral tissues c) Reducing the hepatic gluconeogenesis d) Inhibits dipeptidyl peptidase 4 (DPP-4)</p>	D
<p>15. One the main advantages of Liraglutide over exenatide is that:</p> <p>A. It is longer in duration. B. It is a synthetic amylin analogue. C. It increases glucagon secretion. D. It is used instead of insulin in type 1 diabetes</p>	A
<p>16. Dapagliflusin acts by:</p> <p>a) Reducing the absorption of carbohydrate from the gut b) Inhibits sodium-glucose cotransporter-2 (SGLT2) c) Reducing the hepatic gluconeogenesis d) Inhibits dipeptidyl peptidase 4 (DPP-4)</p>	B

<p>17. What is the first step in the management of diabetic ketoacidosis?</p> <p>a. To provide fluids intravenously</p> <p>b. To provide insulin</p> <p>c. To provide bicarbonate</p> <p>d. To initiate insulin and fluids simultaneously</p>	A
<p>18. In a patient with type 2 diabetes, which drug mimics the action of incretins to augment glucose-dependent insulin secretion?</p> <p>(A) Acarbose</p> <p>(B) Glucagon</p> <p>(C) Exenatide</p> <p>(D) Metformin</p>	C
<p>19. The hormone that is secreted by the alpha cells of the pancreas that raises blood glucose when levels are low is:</p> <p>A. glucagon</p> <p>B. epiniphrine</p> <p>C. insulin</p> <p>D. cortisol</p>	A
<p>20. Insulin promotes all the following EXCEPT</p> <p>A. lipolysis</p> <p>B. lipogenesis</p> <p>C. protein synthesis</p> <p>D. glucose entry into cells</p>	A
<p>21. Which of the following tissues requires insulin for glucose entry into cells:</p> <p>A. muscle</p> <p>B. liver</p> <p>C. kidney tissue</p> <p>D. nervous tissue</p>	A

Other MCQ

<p>1. A 34-year-old male patient has a past medical history of Type 2 diabetes and hypertension. He has been experiencing profound swelling in his feet and lower legs for the past two weeks. Which diabetes medication is most likely responsible for his new edema?</p> <p>A. Metformin 850 mg tablet 1 po three times daily B. Gliclazide tablet two po twice daily C. Pioglitazone 45 mg tablet 1 po once daily D. Insulin glargine inject 20 units subcutaneously every evening E. Lisinopril 10 mg tablet 1 po once daily</p>	<p>C</p>
<p>2. What is a recognized adverse effect of SGLT2 inhibitors in diabetic patients?</p> <p>A) Hypocalcemia B) Genital fungal infections C) Hypernatremia D) Bradycardia E) Renal stones</p>	<p>B</p>
<p>3. A 47-year-old woman who is obese with hyperglycemia complains of polyuria and polydipsia. She has medical history of serious allergic reaction to Sulfamethoxazole. Her physician prescribes strict diet and an oral antidiabetic drug. which of the following drugs would be contraindicated for this patient to take?</p> <p>A. glipizide B. Metformine C. Repaglinide D. Acarbose E. Exanitide</p> 	<p>A</p>

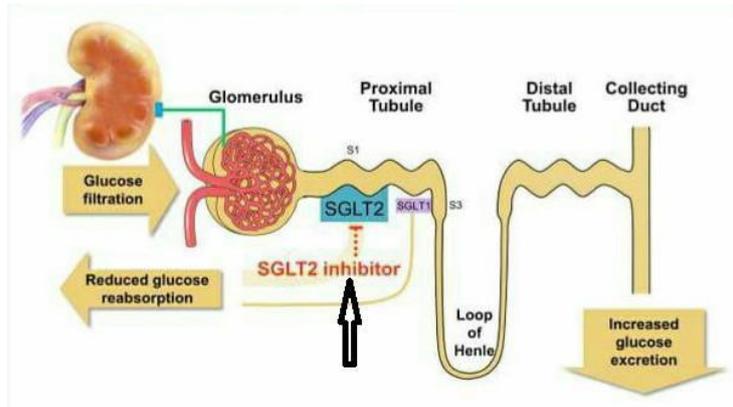
<p>4. Which of the following diabetes medications is most appropriately paired with an adverse effect associated with its use?</p> <p>A. Canagliflozin → urinary tract infections.</p> <p>B. Nateglinide → heart failure.</p> <p>C. Glipizide → weight loss.</p> <p>D. Liraglutide → lactic acidosis.</p>	<p>A</p>
<p>5. Which of following anti-diabetic drugs can cause vitamin B12 deficiency?</p> <p>a) Glipizide</p> <p>b) Acarbose</p> <p>c) Metformin</p> <p>d) Pioglitazone</p> <p>e) Nateglinide</p>	<p>C</p>
<p>6. Which of the following oral antidiabetic agents increases the incretin's duration of action?</p> <p>a) Sitagliptin</p> <p>b) Acarbose</p> <p>c) Nateglinide</p> <p>d) Tolbutamide</p> <p>e) Metformin</p>	<p>A</p>
<p>7. Which of the following agents should be administered to achieve rapid control of severe ketoacidosis?</p> <p>A. Regular insulin</p> <p>B. Glyburide</p> <p>C. Insulin glargine</p> <p>D. NPH insulin</p> <p>E. Tolbutamide</p>	<p>A</p>

<p>8. An oral agent help to control patient blood glucose by acting as starch blocker . which drug fits this description :</p> <p>a) Acarbose b) Thiazolidindiones c) Glipizide d) Metformin e) Tolbutamide</p>	A
<p>9. Which of the following when used together have complementary actions that increase insulin secretion?</p> <p>a) Regular human insulin and insulin glargine b) DPP-4 inhibitor sitagliptin and metformin c) Amylin and glucagon d) Glyburide and incretin mimetics e) Acarbose and sitagliptin</p>	D
<p>10. Which of the following oral agents is categorized as a secretagogue?</p> <p>a) Metformin b) Glipizide c) Sitagliptin d) Miglitol e) Acarbose</p>	B
<p>11. Which of the following oral antidiabetic agents increases the incretin's duration of action?</p> <p>a) Sitagliptin b) Acarbose c) Nateglinide d) Tolbutamide e) Metformin</p>	A

<p>12. Metformin acts by:</p> <ul style="list-style-type: none"> a) Releasing insulin from pancreas b) Suppressing gluconeogenesis and glucose output from liver c) Up regulating insulin receptors d) Inhibiting degradation of insulin 	B
<p>13. The drug which tends to reverse to the insulin resistance by increasing cellular glucose transporters:</p> <ul style="list-style-type: none"> a) Glibenclamide b) pioglitazone c) Acarbose d) Prednisolone 	B
<p>14. The correct statement about netaglinide:</p> <ul style="list-style-type: none"> a) It is long-acting oral hypoglycemic drug b) Taken just before a meal, it limits postprandial hyperglycemia in type 2 diabetes mellitus c) It lowers blood glucose in both type 1 and type 2 diabetes mellitus d) It acts by opening k channels in myocytes and adipocytes 	B
<p>15. A 72-year-old man with type 2 DM & hypertension presents to the emergency department after feeling dizzy & falling. In the emergency department, he becomes confused & does not know where he is. His blood pressure is 134 / 76 mmHg. His blood sugar is 34 mg/dl. He is given dextrose as his blood sugar improves, so does his mental status. What medication most likely caused this patient hypoglycemia?</p> <ul style="list-style-type: none"> a) Acarbose b) Exenatide c) Glipizide d) Metformin e) Pioglitazone 	C

16. Based on the mechanism of action showed in figure, drug above the arrow is likely to be:

- a) Exenatide
- b) Vildagliptin
- c) Dapagliflozin
- d) Glipizide
- e) Metformin



C

17. Drug used to control postprandial hyperglycemia is:

- a) Acarbose
- b) Biguanide
- c) Exenatide
- d) Repaglinide
- e) Sulfonylurea

D

18. One of the following doesn't promote the release of endogenous insulin:

- a) Chlorpropamide
- b) Glipizide
- c) Pioglitazone
- d) Repaglinide
- e) Tolbutamide

C

19. Which of the following antidiabetic drugs acts by decreasing the amount of glucose produced by the liver?

- a) Sulfonylureas.
- b) Meglitinides.
- c) Biguanides
- d) Gliptins.
- e) Exenatide.

C

<p>20. Alpha-glucosidase inhibitor (Acarbose):</p> <ul style="list-style-type: none"> a) Increase complex carbohydrate absorption from GIT. b) Inhibits lactase enzyme. c) Inhibits MAO-B selectively. d) Causes lactic acidosis. e) Causes flatulence as a common adverse effect. 	E
<p>21. Which of the following drugs inhibit the intestinal uptake of complex carbohydrate:</p> <ul style="list-style-type: none"> a) Acarbose b) Thiazolidinedione c) Glipizide d) Tolbutamide e) Metformin 	A
<p>22. The main reason metformin should not be used in patients with renal failure is that?</p> <ul style="list-style-type: none"> a) It increases the risk of lactic acidosis b) It increases the risk of ketoacidosis c) It causes development of CHF d) It causes hepatic necrosis 	A
<p>23. Which of the following is the mechanism by which sulfonylurea lowers blood glucose level?</p> <ul style="list-style-type: none"> a) Decrease insulin resistance by lowering body weight b) Enhance renal excretion of glucose c) Increase insulin synthesis d) Release insulin from pancreas 	D

<p>24. Lactic acidosis is associated with which of the following drugs:</p> <ul style="list-style-type: none"> a) Acarbose b) Glipizide c) Metformin d) Rosiglitazone e) Lovastatin 	<p>C</p>
<p>25. A 54-year-old obese patient with type 2 diabetes has a history of alcoholism. In his patient, metformin should either be avoided or used with extreme caution because the combination of metformin and ethanol increases the risk of which of the following?</p> <ul style="list-style-type: none"> a) A disulfiram-like reaction b) Excessive weight gain c) Hypoglycemia d) Lactic acidosis e) Serious hepatotoxicity 	<p>D</p>
<p>26. A 57-year-old man was recently diagnosed with Type-2 diabetes mellitus and placed on a medication. He began having myalgias and feeling sick and later developed respiratory distress, so he went to the hospital. His pH was 7.2, and he had elevated blood lactate levels. Which drug is likely causing his problem?</p> <ul style="list-style-type: none"> a) Acarbose b) Glyburide c) Metformin d) Pioglitazone e) Tolbutamide 	<p>C</p>

<p>27. Which of the following drugs is most likely to cause hypoglycemia when used as monotherapy in the treatment of type 2 diabetes?</p> <p>a) Acarbose b) Canagliflozin c) Glyburide d) Metformin e) Rosiglitazone</p>	C
<p>28. A 27-year-old man was recently diagnosed with Type-2 diabetes mellitus and placed on a medication. As he was drinking with his friends, he became violently ill. What medication is he most likely taking?</p> <p>a) Acarbose b) Glyburide c) Metformin d) Pioglitazone e) Tolbutamide</p>	C
<p>29. Which of the following classes of oral diabetes drugs is paired most appropriately with its primary mechanism of action?</p> <p>a) DPP-4 inhibitor → inhibits breakdown of complex carbohydrates. b) Glinide → increases insulin sensitivity. c) Sulfonylurea → increases insulin secretion. d) Thiazolidinedione → decreases hepatic gluconeogenesis.</p>	C
<p>30. Which of the following statements is characteristic of metformin?</p> <p>a) Metformin is inappropriate for initial management of type 2 diabetes. b) Metformin decreases hepatic glucose production. c) Metformin undergoes significant metabolism via the cytochrome P450 system. d) Metformin should not be combined with sulfonylureas or insulin. e) Weight gain is a common adverse effect.</p>	B

<p>31. A 64-year-old woman with a history of type 2 diabetes is diagnosed with heart failure. Which of the following medications would be a poor choice for controlling her diabetes?</p> <p>a) Exenatide. b) Glyburide. c) Nateglinide. d) Pioglitazone. e) Sitagliptin.</p>	D
<p>32. A 63-year-old female presents to clinic for a diabetes follow-up. She has been taking metformin for 3 years now, but her blood sugars have not been well controlled over the past year. Her average morning fasting blood sugar is 165 mg/dL, and her 2-h postprandial is 205 mg/dL. Glimepiride is added to her regimen. What is the mechanism of action of glimepiride?</p> <p>A. Decreased glucagon release B. Increased insulin release C. Increased insulin sensitivity in peripheral tissues D. Inhibits hepatic gluconeogenesis E. Inhibits intestinal brush border enzymes</p>	B
<p>33. Which of the following is not a sulfonylurea but acts by analogous mechanism to bring about quick and brief insulin release that is useful for normalizing meal time glycaemic excursions in type 2 diabetes mellitus:</p> <p>a) Glimepiride b) Miglitol c) Repaglinide d) Rosiglitazone</p>	C

<p>34. Which of the following is the most appropriate initial oral agent for management of type 2 DM in patients with no other comorbid conditions?</p> <ul style="list-style-type: none">a) Glipizide.b) Insulin.c) Metformin.d) Pioglitazone	C
<p>35. A 57-year-old man was recently diagnosed with Type-2 diabetes mellitus and placed on a medication. He began having myalgias and feeling sick and later developed respiratory distress, so he went to the hospital. His pH was 7.2, and he had elevated blood lactate levels. Which drug is likely causing his problem?</p> <ul style="list-style-type: none">A. AcarboseB. GlyburideC. MetforminD. PioglitazoneE. Tolbutamide	C

1. Mention MOA and uses of vit D ?
2. Mention MOA , uses , side effect of raloxifene ?
3. As regard bisphosphonate mention MOA , uses , SE ?
4. Mention MOA of teriparatide in low intermitant doses ?
5. Enumerate line of treatment of osteoporosis ? or enumerate two drugs used to treat osteoporosis and their mechanism of action ?
6. Enumerate lines of treatment of hypercalcemia ?

7. Cases scenario :

A healthy 50-year-old woman has recently entered menopause. She returned to her physician because her mother had osteoporosis and fractured her hip, she asks about preventive therapy. She has been taking an adequate amount of calcium and has increased her intake of vitamin D. Her physician arranges for a bone mineral density (BMD) test, which reveals that her BMD T-score is -2 (normal is greater than -1). Based on her T-score and family history of osteoporosis, her physician suggests that she begin therapy with Alendronate.

▪ How can alendronate reduce the risk of osteoporosis?

✓ Inhibit osteoclastic activity and survival → ↓ bone resorption

▪ What are its side effects?

1. Gastric & esophageal irritation
2. Renal impairments
3. Osteonecrosis of the jaw

<p>1. The following is recombinant PTH used in treatment of osteoporosis?</p> <ul style="list-style-type: none"> a) Estrogen b) Bisphosphonates c) Raloxifene d) Prednisolone e) Teriparatide 	<p>E</p>
<p>2. Vitamin D is used in treatment of which of the following conditions?</p> <ul style="list-style-type: none"> a) Gout b) Osteoporosis c) Post operative pain. d) Hypercalcemia e) Rheumatic fever 	<p>B</p>
<p>3. Indication for 1,25-dihydroxyvitamin D3 (calcitriol) administration is:</p> <ul style="list-style-type: none"> A. Vitamin D resistance B. Elevated skeletal turnover C. Hypercalcemia of malignancy D. Hypophosphatemia E. Primary hyperparathyroidism 	<p>D</p>
<p>4. Indication for risidronate or alendronate administration is:</p> <ul style="list-style-type: none"> A. Failure of vitamin D formation in skin B. Hypoparathyroidism C. Elevated skeletal turnover D. Hypophosphatemia E. Metastatic bone disease 	<p>E</p>

<p>5. Correct statements about fluoride include all of the following, EXCEPT:</p> <p>A. Fluoride is effective for the prophylaxis of dental caries</p> <p>B. Fluoride is accumulated by bone and teeth, where it may stabilize the hydroxyapatite crystal</p> <p>C. Subjects living in areas with naturally fluoridated water (1-2 ppm) had more dental caries and fewer vertebral compression fractures than subjects living in non fluoridated water areas</p> <p>D. Chronic exposure to very high level of fluoride results in thickening of the cortex of long bones and bony exostoses.</p>	C
<p>6. Which one of the following is most likely to be useful in the therapy of hypercalcemia?</p> <p>A. Calcitonin</p> <p>B. Glucocorticoids</p> <p>C. 1-25 dihydroxy vitamin D3</p> <p>D. Parenteral infusion of phosphate</p> <p>E. Thiazide diuretics</p>	B
<p>7. Which of the following drugs can cause rickets in children by increasing Vitamin D metabolism?</p> <p>A. Tetracycline</p> <p>B. Phenylbutazone</p> <p>C. Phenytoin</p> <p>D. Ciprofloxacin</p> <p>E. Ibuprofen</p>	C
<p>8. Bone resorption is accelerated by:</p> <p>A. Estrogens</p> <p>B. Fluorides</p> <p>C. Parathormone</p> <p>D. Bisphosphonates</p> <p>E. Calcitonin</p>	C

<p>9. Osteonecrosis of the jaw may be an adverse effect of:</p> <p>A. Estrogens B. Fluorides C. Parathormone D. Bisphosphonates E. Calcitonin</p>	D
<p>10. A 34-year-old woman with ulcerative colitis has required long- term treatment with pharmacologic doses of a glucocorticoid agonist. Which of the following is a toxic effect associated with long-term glucocorticoid treatment?</p> <p>A. A lupus-like syndrome B. Adrenal gland neoplasm C. Hepatotoxicity D. Osteoporosis E. Precocious puberty in children</p>	D
<p>11. The active metabolites of vitamin D act through a nuclear receptor to produce which of the following effects?</p> <p>A. Decrease the absorption of calcium from bone B. Increase PTH formation C. Increase renal production of erythropoietin D. Increase the absorption of calcium from the GIT E. Lower the serum phosphate concentration</p>	D
<p>12. Indication for risidronate or alendronate administration is:</p> <p>A. Failure of vitamin D formation in skin B. Hypoparathyroidism C. Elevated skeletal turnover D. Hypophosphatemia E. metastatic bone dse</p>	E

<p>13. The patient began therapy with a nasal spray containing a protein that inhibits bone resorption. The drug contained in the nasal spray was which of the following?</p> <p>A. Calcitonin B. Calcitriol C. Cinacalcet D. Cortisol E. Teriparatide</p>	A
<p>14. One of the following is the drug of choice for management of glucocorticoid-induced osteoporosis:</p> <p>a) Alendronate b) Calcitonin c) Estrogen d) Ketoconazole e) Vitamin D</p>	A
<p>15. Which of the following is a unique property of SERMS?</p> <p>(A) Act as agonists in some tissues and antagonists in other tissues (B) Activate a unique plasma membrane-bound receptor (C) Have both estrogenic and progestational agonist activity (D) Inhibit the aromatase enzyme required for estrogen synthesis (E) Produce estrogenic effects without binding to estrogen receptors</p>	A
<p>16. All of the following drugs could be used for treatment of senile osteoporosis EXCEPT:</p> <p>a. Vitamin D. b. Calcitonin. c. Bisphosphonates. d. Estrogen. e. Corticosteroids.</p>	E

<p>17. The patient's condition was not sufficiently controlled with alendronate, so she began therapy with a nasal spray containing a protein that inhibits bone resorption. The drug contained in the nasal spray was which of the following?</p> <p>(A) Calcitonin (B) Calcitriol (C) Cinacalcet (D) Cortisol (E) Teriparatide</p>	A
<p>18. A 66-year-old woman with osteoporosis is prescribed alendronate. What is the mechanism of action of alendronate sodium?</p> <p>A. Inhibition of osteoclastic activity in bone B. Increases reabsorption of Ca²⁺ and Mg²⁺ C. Increases production of calcitriol and dihydrotachysterol D. Decreases reabsorption of phosphate, bicarbonate, amino acids, sulfate, sodium, and chloride</p>	A
<p>19. Which of the following conditions is an indication for the use of raloxifene?</p> <p>a- Chronic renal failure b- Hypoparathyroidism c- Intestinal Osteodystrophy d- Postmenopausal Osteoporosis</p>	D
<p>20. A drug that decreases serum calcium level, used in osteoporosis & hypercalcemia:</p> <p>A. Calcitonin. B. Estrogen. C. Parathyroid hormone. D. Prednisone.</p>	A

<p>21. The following is NOT true concerning bisphosphonates:</p> <ul style="list-style-type: none"> A. Decreases bone turnover in Paget's disease of bone. B. Alendronate Inhibits an enzyme necessary for osteoclasts survival. C. Esophagitis is the most serious adverse effect & is reduced if taken with a full glass of water while sitting upright. D. May be safely given in renal dysfunction. 	D
<p>22. Calcitonin is a hormone that:</p> <ul style="list-style-type: none"> a) Increases calcium levels in the blood b) Decreases calcium levels in the blood c) Blocks the entry of calcium into cells d) Promotes the release of calcium from the bone 	B
<p>23. Vitamin D supplements are often prescribed to:</p> <ul style="list-style-type: none"> a) Increase calcium absorption from the intestines b) Inhibit the release of calcium from the bone c) Block the entry of calcium into cells d) Decrease calcium levels in the body 	A
<p>24. Bisphosphonates work by:</p> <ul style="list-style-type: none"> a) Increasing calcium absorption from the intestines b) Inhibiting the breakdown of bone c) Promoting the release of calcium from the bones d) Blocking the entry of calcium into cells 	B
<p>25. Which of the following is a common side effect of bisphosphonate use?</p> <ul style="list-style-type: none"> a) Hypocalcemia b) Hypercalcemia c) Osteomalacia d) Esophageal irritation 	D

<p>26. Bisphosphonates are contraindicated in patients with:</p> <ul style="list-style-type: none"> a) Hypocalcemia b) Hypercalcemia c) Renal impairment d) Allergies to dairy products 	<p>C</p>
<p>27. Which of the following is an example of a bisphosphonate drug?</p> <ul style="list-style-type: none"> a) Alendronate b) Metoprolol c) Insulin glargine d) Salbutamol 	<p>A</p>
<p>28. Bisphosphonates are classified as:</p> <ul style="list-style-type: none"> a) Antibiotics b) Antacids c) Anticoagulants d) Antiresorptive agents 	<p>D</p>
<p>29. Denosumab is classified as a:</p> <ul style="list-style-type: none"> a) Bisphosphonate b) Selective estrogen receptor modulator c) Monoclonal antibody d) Calcium channel blocker 	<p>C</p>
<p>30. Denosumab is used as a treatment option for secondary prevention of fractures in patients with:</p> <ul style="list-style-type: none"> a) Rheumatoid arthritis b) Hypertension c) Multiple sclerosis d) Breast cancer 	<p>D</p>

<p>31. Denosumab works by:</p> <ul style="list-style-type: none"> a) Increasing calcium absorption in the intestines b) Stimulating bone formation c) Inhibiting bone resorption d) Promoting the release of parathyroid hormone 	C
<p>32. Teriparatide is classified as a:</p> <ul style="list-style-type: none"> a) Bisphosphonate b) Selective estrogen receptor modulator c) Monoclonal antibody d) Parathyroid hormone analog 	D
<p>33. Calcitonin is used in treatment of:</p> <ul style="list-style-type: none"> A. hyperaldosteronism B. hyperthyroidism C. hypercalcaemia D. hyperkalaemia E. hyperuricaemia 	C
<p>34. The following statements about the parathyroid hormone are true, EXCEPT:</p> <ul style="list-style-type: none"> a) The parathyroid hormone (PTH) is a single-chain peptide hormone composed of 84 amino acids b) The parathyroid hormone increases calcium and phosphate absorption in intestine (by increased 1,25-dihydroxyvitamin D3 production) c) The parathyroid hormone increases serum calcium and decreases serum phosphate d) The parathyroid hormone increases calcium excretion and decreases phosphate excretion in kidneys 	D

<p>35. Denosumab, a monoclonal antibody against rank ligand is used for the treatment of:</p> <p>(a) Rheumatoid arthritis</p> <p>(b) Osteoporosis</p> <p>(c) Osteoarthritis</p> <p>(d) Systemic lupus erythematosus</p>	B
<p>36. Bisphosphonates act by:</p> <p>(a) Increasing osteoid formation</p> <p>(b) Increasing mineralization of osteoid</p> <p>(c) Decreasing osteoclast mediated resorption of bone</p> <p>(d) Decreasing PTH secretion</p>	C
<p>37. rPTH used in osteoporosis is:</p> <p>a. Teriparatide</p> <p>b. Denosumab</p> <p>c. Calcitriol</p> <p>d. Calciportiola</p>	A
<p>38. What advice would you give to a patient who is to be treated with bisphosphonates? مش مكتوبه بس اعرفها كمعلومه</p> <p>a. Take the drug before meals with a full glass of water</p> <p>b. Take the drug after meals with a full glass of water</p> <p>c. Discontinue the drug if bone pain persists</p> <p>d. Discontinue the drug if gastric irritation persists</p>	A
<p>39. Which of the following drug is a SERM useful for treatment of osteoporosis?</p> <p>a. Raloxifene</p> <p>b. Bisphophonate</p> <p>c. Strontium</p> <p>d. Estradiol</p>	A

<p>40. Which one of the following is most likely to be useful in the therapy of hypercalcemia?</p> <p>A. Calcitonin</p> <p>B. Glucocorticoids</p> <p>C. 1-25 dihydroxy vitamin D3</p> <p>D. Parenteral infusion of phosphate</p> <p>E. Thiazide diuretics</p>	B
<p>41. What is the first-line treatment for symptomatic hypercalcemia?</p> <p>A) Oral bisphosphonates</p> <p>B) Intravenous fluids (normal saline)</p> <p>C) Calcitonin</p> <p>D) Corticosteroids</p>	B
<p>42. What is the mechanism of action of denosumab in the treatment of hypercalcemia?</p> <p>A) Inhibits parathyroid hormone secretion</p> <p>B) Blocks RANKL, reducing osteoclast activity</p> <p>C) Increases renal calcium reabsorption</p> <p>D) Enhances intestinal calcium absorption</p>	B
<p>43. What is the mechanism of action of cinacalcet?</p> <p>A. It inhibits calcium absorption in the intestines.</p> <p>B. It acts as a calcimimetic, increasing the sensitivity of calcium-sensing receptors in the parathyroid gland.</p> <p>C. It blocks the action of parathyroid hormone.</p> <p>D. It stimulates calcitonin release.</p>	B

44. What is the mechanism by which sodium fluoride exerts its cariostatic effect?

- A) Reducing the acidity of saliva
- B) Enhancing calcium absorption
- C) Inhibiting bacterial metabolism
- D) Facilitating the deposition of calcium and phosphate in enamel

D

<p>1. A 35-year-old woman is experiencing infertility due to anovulation. Which agent is most appropriate for this patient?</p> <p>A. Clomiphene B. Ospemifene C. Raloxifene D. Mifepristone E. Letrozole</p>	A
<p>2. A 65-year-old woman with postmenopausal atrophy and hot flashes is prescribed with estrogen therapy by her primary care physician. She has a family history of endometrial cancer and is concerned about her risk for this condition. Which of the following statements is true?</p> <p>(A) Breast cancer is unlikely (B) Postmenopausal bleeding is unlikely (C) The risk can be offset by adding a proestrogen product (D) Thromboembolic events are unlikely</p>	C
<p>3. A 60-year-old man is found to have a prostate lump and an elevated prostate-specific antigen (PSA) blood test. Magnetic resonance imaging suggests several enlarged lymph nodes in the lower abdomen, and an x-ray reveals 2 radiolucent lesions in the bony pelvis. This patient is likely to be treated with which of the following drugs?</p> <p>(A) Anastrozole (B) Desogestrel (C) Flutamide (D) Methyltestosterone (E) Oxandrolone</p>	C

<p>4. A 70-year-old woman is being treated with raloxifene for osteoporosis.</p> <p>Which is a concern with this therapy?</p> <p>A. Breast cancer</p> <p>B. Endometrial cancer</p> <p>C. Venous thrombosis</p> <p>D. Hypercholesterolemia</p>	C
<p>5. Thalidomide-induced phocomelia that belongs to Pregnancy Category:</p> <p>A. A B. D</p> <p>C. X D. C</p> <p>E. B</p>	C
<p>6. The most dangerous period of pregnancy for drug adverse effect:</p> <p>A. 0-14 day</p> <p>B. 11-20 weeks</p> <p>C. 3-10 weeks</p> <p>D. 21-30 weeks</p> <p>E. 31-40 weeks</p>	C
<p>7. The most important indication of mifepristone is:</p> <p>a) Endometriosis</p> <p>b) Cushing syndrome</p> <p>c) First term abortion</p> <p>d) Second term abortion</p> <p>e) Contraception</p>	C
<p>8. A progestin is included in regimens for HRT to prevent which of the following adverse effects?</p> <p>(A) breast cancer</p> <p>(B) endometrial cancer</p> <p>(C) myocardial infarction</p> <p>(D) stroke</p> <p>(E) elevated cholesterol levels</p>	B

<p>9. 50-year-old woman with positive mammogram undergo lumpectomy and small carcinoma is removed. Biochemical analysis of cancer reveal presence of estrogen and progesterone receptor. After this procedure, she will probably receive one of the following drugs:</p> <ul style="list-style-type: none"> a) Danazol b) Flutamide c) Leuprolide d) Mifepristone e) Tamoxifine 	E
<p>10. Which of the following is unique property of SERMs:</p> <ul style="list-style-type: none"> a) Act as agonist in some tissues and antagonist in other tissues b) Has both estrogenic and progesterone agonist effect c) Inhibit aromatase enzyme required for estrogen synthesis d) Produce estrogenic effect without binding to estrogen receptor 	A
<p>11. Finasteride has efficacy in prevention of male pattern baldness by virtue of its ability to do which of the following:</p> <ul style="list-style-type: none"> a) Competitive antagonism of androgen receptor b) Decrease the release of gonadotropin c) Increase the serum conc of SHBG d) Inhibit synthesis of testosterone e) Reduce production of dihydrotestosterone 	E
<p>12. Raloxifene is preferred than HRT for treatment of postmenopausal osteoporosis in the following conditions:</p> <ul style="list-style-type: none"> a) Previous hysterectomy b) Recurrent vaginitis c) Rheumatoid arthritis d) Strong family history of breast cancer e) Troublesome hot flushes 	D

<p>13. Mechanism of action of mifepristone in medical abortion:</p> <ul style="list-style-type: none"> a) Antagonize progesterone receptor in uterus b) Antagonize estrogen receptor in uterus c) Antagonize progesterone and estrogen receptor in uterus d) Antagonize oxytocine receptor in uterus e) Antagonize androgen receptor in uterus 	A
<p>14. 55 year old female took tamoxifen for her breast cancer, she complains vaginal bleeding , which is best explanation :</p> <ul style="list-style-type: none"> a) Has estrogen agonist on breast and uterus leading to endometrial hyperplasia b) Has estrogen antagonist in breast and uterus leading to endometrial loss c) Has antagonist effect on breast and agonist effect on uterus d) Has no effect on uterus 	C
<p>15. Clomephene induce ovulation by :</p> <ul style="list-style-type: none"> a) Diminished ER mediated negative feedback on pituitary b) Increase action of ER in hypothalamus c) Increase action of ER in ovary d) Increase amount of ER 	A
<p>16. The following is true of raloxifene except:</p> <ul style="list-style-type: none"> a) It acts as an estrogen agonist in bone b) It everts estrogen antagonistic action on endometrium c) It increases risk of developing breast cancer d) It can induce/aggravate menopausal hot flushes 	C

<p>17. Which of the following drugs is an antiprogestin:</p> <ul style="list-style-type: none"> a) Gemeprost b) Vegestrol c) Mifepristone d) Tamoxifen 	C
<p>18. Finasteride acts by:</p> <ul style="list-style-type: none"> a) Blocking testosterone receptors in the prostate gland b) Reducing testosterone secretion from testes c) Reducing LH secretion from pituitary d) Lowering circulating as well as prostatic dihydrotestosterone concentration 	D
<p>19. The following is an orally active ovulation inducing agent:</p> <ul style="list-style-type: none"> a) Menotropin b) Mifepristone c) Danazol d) Clomiphene citrate 	D
<p>20. Which of the following is a selective estrogen receptor modulator that improve bone mineral density in postmenopausal women:</p> <ul style="list-style-type: none"> a) Clomiphene citrate b) Raloxifene c) Ormeloxifene d) Alendronate 	B
<p>21. The primary indication of tamoxiphen citrate is:</p> <ul style="list-style-type: none"> a) Female infertility b) Endometrial carcinoma c) Carcinoma breast d) Endometriosis 	C

<p>22. Which of the following is a steroid 5α-reductase inhibitor that has been found useful in benign prostatic hypertrophy and male pattern baldness:</p> <p>a) Flutamide b) Finasteride c) Prazosin d) Minoxidil</p>	B
<p>23. Estrogen partial agonist used in infertility is:</p> <p>a) Anastrozole b) Raloxifene c) Clomiphene d) Cyproheptadine</p>	C
<p>24. A specific progesterone receptor blocker is:</p> <p>a) Aminoglutethimide b) Beclomethasone c) Ketoconazole d) Mifepristone</p>	D
<p>25. The following drug is used to induce ovulation:</p> <p>a) Norgestrel b) Tamoxifen c) Ethinyl estradiol d) Clomiphene</p>	D
<p>26. The unique property of SERMs is that they:</p> <p>a) Act as agonists in some tissues and antagonists in other tissues b) Activate a unique plasma membrane-bound receptor c) Have both estrogenic and progestational agonist activity d) Inhibit the aromatase enzyme required for estrogen synthesis</p>	A

<p>27. Estrogen receptors are:</p> <ul style="list-style-type: none"> a) G-protein coupled receptors. b) Nuclear receptors. c) Channel receptors. d) Receptors linked to tyrosine kinase. 	B
<p>28. Clomiphene is:</p> <ul style="list-style-type: none"> a) Selective Estrogen Receptor Modulators (SERM) b) Pure estrogen receptor antagonists c) Synthesis inhibitors d) Selective blocker of estrogen receptors in the pituitary 	D
<p>29. Finasteride:</p> <ul style="list-style-type: none"> a) is used in treatment of prostatic cancer. b) is anti –progestin. c) induces ovulation d) is a 5 alpha -reductase inhibitor. 	D
<p>30. Administration of mifepristone, in early pregnancy usually results in abortion of the fetus due to:</p> <ul style="list-style-type: none"> a) interference with the progesterone needed to maintain pregnancy b) interference with estrogen needed c) interference with thyroxin needed d) all the above 	A
<p>31. The most potent estrogen produced and secreted by the ovary is called:</p> <ul style="list-style-type: none"> a) progesterone b) testosterone c) Estradiol d) none of the above 	C

<p>32. Clomiphene has been used successfully to treat:</p> <ul style="list-style-type: none"> a) uterine bleeding b) Growth retardation c) Bronchial asthma d) infertility associated with inovulatory cycles 	D
<p>33. The most frequent adverse effect of tamoxifen is :</p> <ul style="list-style-type: none"> a) Hot flushes and nausea b) Hyperacidity c) Headache d) None of the above 	A
<p>34. Concerning the mechanism of tamoxifen :</p> <ul style="list-style-type: none"> a) competes with progesterone for binding to same receptor b) competes with testosterone for binding to same receptor c) competes with estrogen for binding to estrogen receptor in breast tissue d) all of the above 	C
<p>35. One of the following can facilitate placental drug transfer to the fetus:</p> <ul style="list-style-type: none"> a) Large MW of drug b) High lipid solubility of drug c) Ionization of drug d) High plasma protein binding of drug e) High Maternal blood pressure 	B
<p>36. The 1st discovered most widely studied teratogen is:</p> <ul style="list-style-type: none"> a) Misoprostol b) ACE inhibitors c) Thalidomide d) Danazol e) warfarin 	C

<p>37. A 17-year-old pregnant woman. She begins taking isotretinoin (vit. A) for acne control her friend's pills and is pleased with the reduction in her acne. In which FDA Pregnancy Category does this drug belong?</p> <p>a) Category A b) Category B c) Category C d) Category D e) Category X.</p>	E
<p>38. Which of the following is an indication for estrogen therapy?</p> <p>a) Depression. b) Diabetes mellitus. c) Dysfunctional uterine bleeding. d) Gallstones. e) Migraine headache.</p>	C
<p>39. Pregnancy drug category D characterized by:</p> <p>a) Animal studies have shown a risk to the fetus but there are no adequate studies in humans b) Drug proved to be safe in animal and human c) There is evidence of fetal risk but benefits are thought to outweigh the risks d) Studies in animals or humans demonstrate fetal abnormalities e) Animal studies have not shown a risk to the fetus but there are no adequate studies in human</p>	C

<p>40. A 25-year-old pregnant woman begins taking a new drug (Drug X). Drug X has been found to have teratogenic effects in animal models, but no adequate human studies have been done. Under which FDA pregnancy category would Drug X fall?</p> <p>a) Category A b) Category B c) Category C d) Category D e) Category X</p>	C
<p>41. The chances of fetal malformation with a teratogenic drug is maximum:</p> <p>a) During first trimester of pregnancy b) During second trimester of pregnancy c) During third trimester of pregnancy d) When given just prior to the labor e) When given just after the labor</p>	A
<p>42. A 55 year old female took tamoxifen for her breast cancer, she complains vaginal bleeding, which is best explanation:</p> <p>a) Has estrogen agonist on breast and uterus leading to endometrial hyperplasia b) Has estrogen antagonist in breast and uterus leading to endometrial loss c) Has antagonist effect on breast and agonist effect on uterus d) Has no effect on uterus</p>	C
<p>43. Which of the following is anabolic steroid:</p> <p>a) Testosterone b) Dihydrotestosterone c) Stanozole and nandrolone d) Finasteride</p>	C

44. Drug is safe in animal and human . Under which FDA pregnancy category would this Drug ?

- a) Category A
- b) Category B
- c) Category C
- d) Category D
- e) Category X

A

Written Q

1. *Mention mechanism of action of contraceptives?*
2. *Mention three side effects of contraceptives?*
3. *Enumerate three causes of failure of contraceptives?*
4. *Enumerate five contraindication of combined contraceptives?*
5. *Enumerate 4 non oral contraceptives?*
6. *Enumerate two cases when we use POPs?*

MCQ

<p>1. <i>A 36-year-old woman requests birth control. She has no medical conditions, and she smokes one pack of cigarettes per day. Which would be the most appropriate to recommend?</i></p> <p>A. <i>Vaginal contraceptive ring</i></p> <p>B. <i>Transdermal contraceptive patch</i></p> <p>C. <i>Progestin-only "mini-pill"</i></p> <p>D. <i>Combination oral contraceptive pill</i></p>	<p>C</p>
<p>2. <i>A 54-year-old woman presents to the primary care clinic with hot flashes and irregular menstrual cycles. These symptoms started about 3 months ago and have worsened recently. She has always had regular menstrual cycles until 3 months ago. She would like to start hormone replacement therapy but estrogen only. What is a common side effect of unopposed estrogen replacement therapy?</i></p> <p>A) <i>Depression</i></p> <p>B) <i>Increased risk of endometrial cancer</i></p> <p>C) <i>Osteoporosis</i></p> <p>D) <i>Rash</i></p> <p>E) <i>Vaginal atrophy</i></p>	<p>B</p>

<p>3. 32-year-old woman presents to your office to discuss contraception. She wants to stop her progestin-only pill (mini pill) because her cycles are irregular on it. You recommend a combination pill to help regulate her cycle. You also mention that with estrogen added, the contraceptive efficacy is also higher. Which of the following is the primary contraceptive effect of the estrogenic component?</p> <p>A. Conversion of ethinyl estradiol to mestranol B. Atrophy of the endometrium C. Suppression of cervical mucus secretion D. Suppression of luteinizing hormone (LH) secretion E. Suppression of follicle-stimulating hormone (FSH) secretion</p>	E
<p>4. A 25-year-old woman is using injectable medroxyprogesterone acetate as a method of contraception. Which adverse effect is a concern if she wishes to use this therapy long-term?</p> <p>A. Hyperkalemia B. Male pattern baldness C. Osteoporosis D. Weight loss</p>	C
<p>5. Which is the most effective form of contraception with typical use?</p> <p>A. Combined oral contraceptives B. Progestin-only "mini-pill" C. Depot medroxyprogesterone acetate injection D. Subdermal progestin implant</p>	D
<p>6. Concurrent use of the following drug is likely to cause failure of oral contraception:</p> <p>a. Isoniazid b. Rifampicin c. Cimetidine d. Propranolol</p>	B

<p>7. Minipill hormonal contraception is composed of:</p> <p>a- High dose estrogen + high dose progestin</p> <p>b- Low dose estrogen + low dose progestin</p> <p>c- Low dose estrogen alone</p> <p>d- Low dose progestin alone</p>	D
<p>8. The estrogen that is used in most combined hormonal contraceptives is:</p> <p>a- Clomiphene</p> <p>b- Ethinyl estradiol</p> <p>c- Estrone</p> <p>d- Norgestrel</p>	B
<p>9. What is a common side effect of hormonal contraceptives?</p> <p>A) Weight loss</p> <p>B) Increased risk of thromboembolism</p> <p>C) Enhanced libido</p> <p>D) Decreased menstrual flow</p>	B
<p>10. Which of the following is a non-hormonal contraceptive method?</p> <p>A) Intrauterine device (IUD)</p> <p>B) Combined oral contraceptives</p> <p>C) Contraceptive implants</p> <p>D) Injectable contraceptives</p>	A
<p>11. What is the primary mechanism of action of emergency contraceptive pills (ECPs)?</p> <p>A) Inhibition of implantation</p> <p>B) Inhibition of ovulation</p> <p>C) Induction of menstruation</p> <p>D) Thickening of cervical mucus</p>	B

<p>12. What is the recommended time frame for taking emergency contraceptive pills after unprotected intercourse?</p> <p>A) Within 24 hours B) Within 72 hours C) Within 5 days D) Within 2 weeks</p>	B
<p>13. What is an advantage of using the contraceptive patch?</p> <p>A) It requires daily administration. B) It can be used during breastfeeding. C) It provides continuous hormone delivery. D) It is 100% effective.</p>	C
<p>14. What is the typical regimen for taking combined oral contraceptives?</p> <p>A) 21 days on, 7 days off B) 30 days on, 2 days off C) Continuous use with no breaks D) 14 days on, 14 days off</p>	A
<p>15. What is the primary hormone found in minipills?</p> <p>A) Estrogen B) Progesterone C) Progestin D) Testosterone</p>	C
<p>16. What is the main mechanism of action of minipills?</p> <p>A) Inhibition of ovulation B) Thickening of cervical mucus C) Alteration of the endometrial lining D) All of the above</p>	B

<p>17. What is a common side effect of minipills?</p> <p>A) Increased risk of thromboembolism</p> <p>B) Irregular menstrual bleeding</p> <p>C) Weight loss</p> <p>D) Acne improvement</p>	B
<p>18. Which group of women might be particularly suited for minipill use?</p> <p>A) Women with a history of migraines with aura</p> <p>B) Women who smoke and are over 35</p> <p>C) Women who are breastfeeding</p> <p>D) Women with uncontrolled hypertension</p>	C
<p>19. Which of the following is a common active ingredient in post-coital pills?</p> <p>A) Levonorgestrel</p> <p>B) Ethinyl estradiol</p> <p>C) Progesterone</p> <p>D) Testosterone</p>	A
<p>20. When is the most effective time to take post-coital pills?</p> <p>A) Within 72 hours after unprotected intercourse</p> <p>B) Within 5 days after unprotected intercourse</p> <p>C) Within 2 weeks after unprotected intercourse</p> <p>D) At any time during the menstrual cycle</p>	A
<p>21. What is a notable side effect of taking post-coital pills?</p> <p>A) Severe acne</p> <p>B) Nausea and vomiting</p> <p>C) Weight loss</p> <p>D) Increased risk of thromboembolism</p>	B

<p>22. What is the typical application schedule for a transdermal patch?</p> <p>A) Apply a new patch weekly for three weeks, then no patch for one week. B) Apply a new patch daily. C) Apply a new patch every month. D) Apply a patch only during the menstrual cycle.</p>	A
<p>23. What is the typical usage schedule for a vaginal contraceptive ring?</p> <p>A) Insert for 3 weeks, then remove for 1 week B) Use continuously without removal C) Change weekly D) Insert for 2 weeks, then remove for 2 weeks</p>	A
<p>24. How is medroxyprogesterone acetate commonly administered for contraception?</p> <p>A) Oral tablet B) Transdermal patch C) Intramuscular injection D) Vaginal ring</p>	C
<p>25. What is the typical duration of contraceptive effectiveness for medroxyprogesterone acetate when injected?</p> <p>A) 1 month B) 3 months C) 6 months D) 12 months</p>	B
<p>26. What is a common side effect of medroxyprogesterone acetate?</p> <p>A) Increased risk of thromboembolism B) Weight gain C) Severe headache D) Skin rash</p>	B

27. What serious side effect can be associated with the use of hormonal contraceptives, especially in smokers over 35?

- A) Osteoporosis
- B) Thromboembolic events (blood clots)
- C) Acne
- D) Gastrointestinal issues

B

Written Q

1. Enumerate two drugs used to induce labor and their mechanism of action?
2. Enumerate tocolytic drug and mechanism of one of them?
3. Mention MOA and side effect of Mg sulfate?

MCQ

<p>1. A pregnant patient at term presents for induction of labor. The best pharmacological approach would be administration of:</p> <p>A. PGE until the woman is in active labor.</p> <p>B. PGE with concurrent intravenous infusion of oxytocin.</p> <p>C. Oxytocin intramuscularly.</p> <p>D. PGE until the cervix has ripened followed by oxytocin.</p> <p>E. Ergonovine intramuscularly.</p>	D
<p>2. The following drugs used in the management of post-partum hemorrhage except:</p> <p>a) Oxytocin</p> <p>b) Ergometrine</p> <p>c) Mifeprystone</p> <p>d) Carboprost</p>	C
<p>3. Which statement is true about atosiban:</p> <p>A. Is oxytocin receptor antagonist</p> <p>B. Is Progesterone receptor antagonist</p> <p>C. Is least effective in inhibition of premature uterine contraction</p> <p>D. Is an anti-tocolytic drug</p>	A

<p>4. Which one of the following cases is indication for using methylergometrine?</p> <p>A) Cervical ripening. B) Control antepartum hemorrhage. C) Control postpartum hemorrhage. D) Induction of labor. E) Prolactin suppression.</p>	C
<p>5. Oxytocin is primarily used in which one of the Following situations</p> <p>A) Control antipartum hemorrhage B) Decreasing breast milk production C) Increasing sperm count D) Inducing labor contraction E) Treating hypotension</p>	D
<p>6. Adverse effects of Magnesium Sulphate can be reversed by which one of the following?</p> <p>A. Calcium B. Magnesium C. Phosphorus D. Potassium E. Sodium</p>	A
<p>7. Misoprostol can be used for:</p> <p>A) Cervical ripening B) control antepartum haemorrhage C) control post partum haemorrhage D) induction of labor E) prolactin suppression</p>	A

<p>8. The most important indication of mifepristone is:</p> <ul style="list-style-type: none"> a) Endometriosis b) Cushing syndrome c) First term abortion d) Second term abortion e) Contraception 	<p>C</p>
<p>9. Which of the following is the mechanism of action of Mifepristone in medical abortion?</p> <ul style="list-style-type: none"> a) Antagonize progesterone receptor in uterus b) Antagonize estrogen receptor in uterus c) Antagonize progesterone and estrogen receptor in uterus d) Antagonize oxytocin receptor in uterus e) Antagonize androgen receptor in uterus 	<p>A</p>
<p>10. Oxytocine is primarily used for:</p> <ul style="list-style-type: none"> a) Increase sperm count b) Decrease breast milk production c) Induce labor contraction d) Control antepartum hemorrhage e) Treat hypotension 	<p>C</p>
<p>11. Misoprostol can be used for:</p> <ul style="list-style-type: none"> a) Prolong pregnancy b) Cervical ripening c) Increase breast milk production d) Control antepartum hemorrhage e) Prevention of abortion 	<p>B</p>

<p>12. Which of the following is not tocolytic:</p> <ul style="list-style-type: none"> a) Nifedepine b) Ritodrine c) Atosiban d) Mg sulfate e) Methyle ergometrine 	E
<p>13. Absolute contraindication for mg sulfate is: <i>مش مكتوبه بس اعرفها</i></p> <ul style="list-style-type: none"> a) Seizures in preeclampsia b) Pulmonary edema c) Myasthenia gravis d) Myocardial infarction e) Cardiac arrythemia 	C
<p>14. Mechanism of action of atosiban:</p> <ul style="list-style-type: none"> a) Stimulate oxytocine receptor b) Stimulate estrogen receptor c) Stimulate progesterone receptor d) Block oxytocine receptor e) Block estrogen receptor 	D
<p>15. Which of the following tissues is most sensitive to oxytocin?</p> <ul style="list-style-type: none"> a) Myometrium b) Myoepithelium of mammary alveoli c) Vascular smooth muscle d) Renal collecting ducts 	A
<p>16. Which of the following is not indication of oxytocine ?</p> <ul style="list-style-type: none"> a) spontaneous premature labor b) post partum hemorrhage c) uterine inertia d) breast engorgement due to insufficient milk ejection reflex 	A

<p>17. The most important indication of mifepristone is:</p> <ul style="list-style-type: none"> a) Endometriosis b) Cushing syndrome c) First term abortion d) Second term abortion e) Contraception 	C
<p>18. All the following are oxytocic except?</p> <ul style="list-style-type: none"> a) oxytocine b) ergometrine c) PGs d) orciprenaline 	D
<p>19. True about toriban is that is:</p> <ul style="list-style-type: none"> a) oxytocine receptor antagonist b) progesterone receptor antagonist c) is least effective in inhibiting preterm uterine contraction d) anti-tocolytic drug 	A
<p>20. Beta agonist used for stopping premature labor?</p> <ul style="list-style-type: none"> a) carvidolol b) terbutaline c) pindolol d) nadolol 	B
<p>21. Indomethacin can be used for:</p> <ul style="list-style-type: none"> A) Cervical ripening B) control antepartum haemorrhage C) control post partum haemorrhage D) induction of labor E) dysmenorrhea 	E

<p>22. What is a potential fetal complication associated with the use of indomethacin in the third trimester?</p> <p>A) Fetal hypoglycemia B) Premature closure of the ductus arteriosus C) Neural tube defects D) Heart murmurs</p>	<p>B</p>
<p>23. What is the primary goal of using tocolytics, such as beta agonists, in preterm labor management?</p> <p>A) To eliminate the risk of premature birth B) To allow time for corticosteroids to enhance fetal lung maturity C) To induce labor quickly D) To prevent maternal complications</p>	<p>B</p>