

MCQ

<p>1. Which class of antidepressants is commonly prescribed as the first line of treatment for depression?</p> <p>A) Tricyclic antidepressants (TCAs) B) Selective serotonin reuptake inhibitors (SSRIs) C) Monoamine oxidase inhibitors (MAOIs) D) Atypical antidepressants</p>	B
<p>2. Which of the following is an example of a tricyclic antidepressant (TCA)?</p> <p>A) Sertraline B) Fluoxetine C) Amitriptyline D) Bupropion</p>	C
<p>3. Which antidepressant is known for its unique mechanism of action as a norepinephrine-dopamine reuptake inhibitor (NDRI)?</p> <p>A) Venlafaxine B) Bupropion C) Paroxetine D) Mirtazapine</p>	B
<p>4. What serious condition can occur when combining SSRIs with MAOIs?</p> <p>A) Serotonin syndrome B) Hypertensive crisis C) Neuroleptic malignant syndrome D) Tardive dyskinesia</p>	A
<p>5. Which of the following antidepressants is considered to have a sedative effect and is often prescribed for insomnia as well as depression?</p> <p>A) Fluoxetine B) Trazodone</p>	B

<p>C) Escitalopram D) Desvenlafaxine</p>	
<p>6. Which antidepressant is contraindicated in patients with a history of seizures?</p> <p>A) Sertraline B) Duloxetine C) Bupropion D) Citalopram</p>	C
<p>7. What is the general time frame for antidepressants to start showing their full effects?</p> <p>A) A few hours B) 1-2 days C) 1-4 weeks D) 2-3 months</p>	C
<p>8. Which of the following mechanisms does Bupropion primarily utilize?</p> <p>A) Serotonin reuptake inhibition B) Norepinephrine and dopamine reuptake inhibition C) Monoamine oxidase inhibition D) Glutamate receptor modulation</p>	B
<p>9. What is a common side effect associated with Bupropion?</p> <p>A) Weight gain B) Sexual dysfunction C) Insomnia D) Sedation</p>	C
<p>10. Bupropion is often used as an adjunct for which of the following conditions?</p> <p>A) Smoking cessation B) Panic disorder C) Obsessive-compulsive disorder D) Social anxiety disorder</p>	A

<p>11. Which of the following statements about Bupropion is true?</p> <p>A) It is a selective serotonin reuptake inhibitor (SSRI).</p> <p>B) It has a lower risk of sexual side effects compared to many other antidepressants.</p> <p>C) It primarily increases serotonin levels in the brain.</p> <p>D) It is only effective for depression.</p>	B
<p>12. Which of the following is a potential serious side effect of Bupropion?</p> <p>A) Hyponatremia</p> <p>B) Seizures</p> <p>C) Liver failure</p> <p>D) Anemia</p>	B
<p>13. What is the mechanism of action of Mirtazapine?</p> <p>A) Selective serotonin reuptake inhibition</p> <p>B) Serotonin receptor antagonist and norepinephrine reuptake inhibition</p> <p>C) Dopamine reuptake inhibition</p> <p>D) Monoamine oxidase inhibition</p>	B
<p>14. What is a potential serious side effect of Mirtazapine?</p> <p>A) Hyponatremia</p> <p>B) Agranulocytosis</p> <p>C) Liver failure</p> <p>D) Hypertension</p>	B
<p>15. Which of the following is a common side effect of Trazodone?</p> <p>A) Weight loss</p> <p>B) Sedation</p> <p>C) Hyperactivity</p> <p>D) Sexual dysfunction</p>	B

<p>16. Trazodone is often used off-label for the treatment of:</p> <ul style="list-style-type: none"> A) Chronic pain B) Insomnia C) Social anxiety disorder D) Post-traumatic stress disorder 	B
<p>17. Which of the following is a commonly prescribed SSRI?</p> <ul style="list-style-type: none"> A) Amitriptyline B) Fluoxetine C) Bupropion D) Venlafaxine 	B
<p>18. What is a serious potential side effect of TCA overdose?</p> <ul style="list-style-type: none"> A) Serotonin syndrome B) Cardiac arrhythmias C) Liver failure D) Agranulocytosis 	B
<p>19. What dietary restriction is necessary for patients taking MAOIs?</p> <ul style="list-style-type: none"> A) Low sodium B) Low carbohydrate C) Avoidance of tyramine-rich foods D) High protein 	C
<p>20. What is a serious potential side effect of MAOIs when combined with tyramine-rich foods?</p> <ul style="list-style-type: none"> A) Serotonin syndrome B) Hypertensive crisis C) Liver failure D) Cardiac arrest 	B

21. Which of the following is a non-selective MAOI?

- A) Rasagiline
- B) Selegiline
- C) Phenzelzine
- D) Tranylcypromine

C

<p>22. A 25-year-old woman has a long history of depressive symptoms accompanied by body aches. Physical and laboratory tests are unremarkable. Which of the following drugs might be useful in this patient?</p> <p>A. Fluoxetine. B. Sertraline. C. Phenelzine. D. Mirtazapine. E. Duloxetine.</p>	<p>E</p>
<p>23. A 51-year-old woman with symptoms of major depression also has glaucoma. Which of the following antidepressants should be avoided in this patient?</p> <p>A. Amitriptyline. B. Sertraline. C. Bupropion. D. Mirtazepine. E. Fluvoxamine.</p>	<p>A</p>
<p>24. Which of the following drugs is most likely to be of value in obsessive compulsive disorders?</p> <p>(A) Amitriptyline (B) Bupropion (C) Clomipramine (D) Trazodone (E) Venlafaxine</p>	<p>C</p>
<p>25. A 34-year-old male patient who was prescribed citalopram for depression. You discovered that he is also trying to overcome his dependency on tobacco products. the best choice would be:</p> <p>(A) Amitriptyline</p>	<p>B</p>

<p>(B) <i>Bupropion</i></p> <p>(C) <i>Fluoxetine</i></p> <p>(D) <i>Imipramine</i></p> <p>(E) <i>Venlafaxine</i></p>	
<p>26. Which drug is an antagonist at 5-HT₂ receptors and widely used for the management of insomnia?</p> <p>(A) <i>Estazolam</i></p> <p>(B) <i>Flurazepam</i></p> <p>(C) <i>Trazodone</i></p> <p>(D) <i>Triazolam</i></p> <p>(E) <i>Zolpidem</i></p>	C
<p>27. SSRIs are much less effective than tricyclic antidepressants in the management of:</p> <p>(A) <i>Bulimia</i></p> <p>(B) <i>Chronic pain of neuropathic origin</i></p> <p>(C) <i>Generalized anxiety disorder</i></p> <p>(D) <i>Obsessive-compulsive disorder</i></p> <p>(E) <i>Premenstrual dysphoric disorder</i></p>	B
<p>28. Which of the following drugs is most likely to be of value in obsessive-compulsive disorders?</p> <p>(A) <i>Amitriptyline</i></p> <p>(B) <i>Bupropion</i></p> <p>(C) <i>Fluoxetine</i></p> <p>(D) <i>Trazodone</i></p> <p>(E) <i>Venlafaxine</i></p>	C

<p>29. Concerning the proposed mechanisms of action of antidepressant drugs, which statement is accurate?</p> <p>(A) Bupropion inhibits NE and 5-HT reuptake into nerve endings in the CNS</p> <p>(B) Chronic treatment with tricyclic antidepressants leads to downregulation of presynaptic autoreceptors</p> <p>(C) Decreased levels of NE and 5-HT in cerebrospinal fluid is a characteristic of depressed patients before drug therapy</p> <p>(D) Nefazodone activates 5-HT receptors in the CNS</p> <p>(E) Selegiline selectively decreases the metabolism of serotonin</p>	B
<p>30. Which of the following is an antidepressant that is acting as an antagonist at 5-HT₂ receptors and widely used in (low doses) for the management of insomnia?</p> <p>(A) Estazolam</p> <p>(B) Flurazepam</p> <p>(C) Trazodone</p> <p>(D) Triazolam</p> <p>(E) Zolpidem</p>	C
<p>31. 76-year-old female patient was treated with a benzodiazepine for several weeks after the death of her husband, but she did not like the daytime sedation it caused even at low dosage. Living independently, she has no major medical problems. Because her depressive symptoms are not reduced, you decide on a trial of an antidepressant medication. Which of the following drugs would be the most appropriate choice for this patient?</p> <p>(A) Amitriptyline</p> <p>(B) Citalopram</p> <p>(C) Mirtazapine</p> <p>(D) Phenelzine</p> <p>(E) Trazodone</p>	B

<p>32. Which of the following drugs is most likely to be of value in obsessive-compulsive disorders?</p> <p>(A) Amitriptyline (B) Bupropion (C) Clomipramine (D) Trazodone (E) Venlafaxine</p>	C
<p>33. A 34-year-old male patient who was prescribed citalopram for depression has decided he wants to stop taking the drug. When questioned, he said that it was affecting his sexual performance. You find out that he is also trying to overcome his dependency on tobacco products. If you decide to reinstitute drug therapy in this patient, the best choice would be:</p> <p>(A) Amitriptyline (B) Bupropion (C) Fluoxetine (D) Imipramine (E) Venlafaxine</p>	B
<p>34. A patient under treatment for a major depressive disorder is brought to the emergency department after ingesting 30 times the normal daily therapeutic dose of imipramine. Which of the following would be least useful?</p> <p>(A) Administer bicarbonate and potassium chloride (to correct acidosis and hypokalemia) (B) Administer lidocaine (to control cardiac arrhythmias) (C) Initiate hemodialysis (to hasten drug elimination) (D) Maintain heart rhythm by electrical pacing (E) Use intravenous diazepam to control seizures</p>	C

35. 24-year-old stockbroker has developed a "nervous disposition." He is worried about minor matters, and sometimes complains of stomach cramps. There is no history of drug abuse. Diagnosed as suffering from generalized anxiety disorder, he is prescribed buspirone. The patient should be informed to anticipate:

- (A) A need to continually increase drug dosage because of tolerance
- (B) A significant effect of the drug on memory
- (C) Additive CNS depression with alcoholic beverages
- (D) That the drug is likely to take a week or more to begin working
- (E) That if he stops taking the drug abruptly, he will experience withdrawal signs

D