

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الجمهورية اليمنية

المجلس الطبي

فريق قلم صيدلي

REPUBLIC OF YEMEN  
Medical Council  
Pharmacist Pen Team

قلم صيدلي  
PHARMACIST PEN FOR TRAINING

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إعداد وتجميع فريق قلم صيدلي

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# I: Choose one best answer for the following questions:

1. Not used in triple therapy regimen to eradicate of H pylori is

- a) tetracycline
- b) clarithromycin
- c) Telrithromycin

2- the good local anesthetics shouldn't cause

- a) Vasodilation
- b) Local irritation and tissues damage
- c) systematic toxicity
- d) fast onset and long duration of action

3- local anesthetic produce

- a) Analgesic amnesia loss of consciousness
- b) blocking pain sensation without loss of consciousness
- c) alleviation anxiety and pain with an altered level of consciousness
- d) A stupor or somnolent state

4- indicate the local anesthetic agent which has shorter duration of action

- a) lidocaine
- b) procaine
- c) bupivacaine
- d) Mepivacaine

5-most local anesthetic drug consist of:

- a) lipophilic group (frequently aromatic ring)
- b) intermediate chain (ester - amide)
- c) Amino group
- d) All of the above

6-which of the following group is responsible for the duration of local anesthetic action?

- a) intermediate chain
- b) lipophilic group
- c) ionizable group
- d) all

7- A 55-year-old man with hypertension and no other chronic medical problems is currently treated with hydrochlorothiazide 50 mg daily, irbesartan 300 mg daily, carvedilol 25 mg twice daily, and amlodipine 10 mg daily. His BP is 144/96 mmHg (146/94 mmHg when repeated). He is adherent with all of these medications. Serum creatinine is 1.2 mg/dL, potassium is 4.2 mEq/L, and all other laboratory values are normal. Which of the following is the most appropriate to add to his regimen?

a. Terazosin 2 mg daily

**b. Spironolactone 25 mg daily**

c. Clonidine 0.1 mg twice daily

d. Chlorthalidone 12.5 mg daily

8- Which of the following is preferred as initial anti-hypertensive therapy for a 63-year-old woman who is diagnosed with hypertension and has a history of ischemic stroke (6 months ago), with a BP of 186/108 mmHg (184/106 mmHg when repeated)?

**a. A thiazide diuretic with an ACE inhibitor**

b. A thiazide diuretic with a nonselective  $\beta$ -blocker

c. A thiazide diuretic alone

d. An ACE inhibitor with an ARB

9- A 37-year-old woman has a BP measurement of 190/120 mm Hg when she first arrives for a routine physical examination by a medical assistant. She has no previous history of hypertension, and the only other time she had been seen by her primary care physician, her BP was 120/80 mm Hg. She is extensively interviewed and examined, and has no signs of acute or chronic hypertension-associated target-organ damage. Her physician measures her BP again 20 minutes later, and it is 142/92 mm Hg (140/90 mm Hg when repeated). Based on her most recent fasting lipid panel, her Framingham risk score is 1%. Which of the following is the most accurate clinical assessment of her present situation?

a. Prehypertension

**b. Elevated blood pressure**

c. Stage 1 hypertension

d. White coat hypertension

10- A 69-year-old woman with a history of angioedema (from Lisinopril), hypertension, and type 2 diabetes is currently receiving hydrochlorothiazide 25 mg daily and carvedilol 25 mg twice daily. Today her blood pressure is 138/82 mm Hg (138/84 mm Hg when repeated) and heart rate is 56 beats/min. Urinalysis shows 400 mg albumin/24 hours, serum creatinine is 1.2 mg/dL, potassium is 3.8 mEq/dL, weight is 90 kg, and height is 65". She complains of heartburn, a dry cough, constipation, and fatigue when she exercises. She normally exercises three times per week, and follows a DASH eating plan. The patient reports taking several nonprescription medications including aspirin 81 mg daily, a multivitamin daily,

acetaminophen, and loratadine. She asks you if these are safe to take because of her hypertension. Which of the following is the most appropriate response?

- a. You should stop taking these until you have discussed this with your primary care physician.
- b. Acetaminophen can increase your blood pressure; you should use naproxen instead.
- c. Loratadine can increase your blood pressure; you should use it only if needed.
- d. These medications are generally safe to use in patients with hypertension.

11- A 78-year-old man has a past medical history of hypertension for 10 years. His BP today is 158/72 mm Hg (156/70 mm Hg when repeated), heart rate is 60 beats/min, serum creatinine is 1.2 mg/dL, and potassium is 4.3 mEq/L. He is currently on lisinopril 40 mg daily and verapamil SR 240 mg daily, weighs 73 kg, is 70" tall, smokes one pack cigarettes daily, and consumes two to three ethanol-containing drinks weekly. Which of the following is the most appropriate recommendation to add to his antihypertensive regimen?

- a. Amlodipine
- b. Losartan
- c. Indapamide
- d. Metoprolol succinate

12- A 70-year-old woman with hypertension and type 2 diabetes has been on hydrochlorothiazide 25 mg daily and diltiazem extended release 240 mg daily for 6 years. She was on lisinopril several years ago, but it was stopped due to a dry cough. She was first diagnosed with hypertension when her blood pressure was 180/82 mm Hg. Today, her blood pressure is 158/78 mm Hg (160/76 mm Hg when repeated) and her heart rate is 100 beats/min. Her urinalysis shows 100 mg albuminuria/24 hours, serum creatinine is 1.6 mg/dL, potassium is 4.1 mEq/L, weight is 75 kg, and height is 66". Her only complaint is headache. Which of the following is/are routine monitoring parameters for her antihypertensive drug therapy?

- a. Heart rate
- b. Serum potassium, sodium, and magnesium
- c. Serum creatinine and BUN
- d. All of the above

13- Which of the following is preferred as add-on therapy for a patient who is post-MI (1 month ago) with a BP of 146/88 mm Hg (144/86 mm Hg when repeated) while treated with metoprolol succinate 200 mg daily?

- a. Chlorthalidone
- b. Verapamil
- c. Amlodipine
- d. Lisinopril

**14-** A 70-year-old woman with hypertension and type 2 diabetes has been on hydrochlorothiazide 25 mg daily and diltiazem extended release 240 mg daily for 6 years. She was on lisinopril several years ago, but it was stopped due to a dry cough. She was first diagnosed with hypertension when her blood pressure was 180/82 mm Hg. Today, her blood pressure is 158/78 mm Hg (160/76 mm Hg when repeated) and her heart rate is 100 beats/min. Her urinalysis shows 100 mg albuminuria/24 hours, serum creatinine is 1.6 mg/dL, potassium is 4.1 mEq/L, weight is 75 kg, and height is 66". Her only complaint is headache. Losartan 50 mg daily is added to her regimen. Four weeks later, her BP is 146/82 and 148/80 mm Hg, serum creatinine is 1.9 mg/dL, and potassium has increased to 4.4 mEq/L. Which of the following is the most appropriate option to treat this patient's hypertension?

- a. Increase losartan to 100 mg daily.**
- b. Increase hydrochlorothiazide to 50 mg daily.**
- c. Add spironolactone 25 mg daily.**
- d. Decrease losartan to 25 mg daily.**

**15-** A 69-year-old woman with a history of angioedema (from Lisinopril), hypertension, and type 2 diabetes is currently receiving hydrochlorothiazide 25 mg daily and carvedilol 25 mg twice daily. Today her blood pressure is 138/82 mm Hg (138/84 mm Hg when repeated) and heart rate is 56 beats/min. Urinalysis shows 400 mg albumin/24 hours, serum creatinine is 1.2 mg/dL, potassium is 3.8 mEq/dL, weight is 90 kg, and height is 65". She complains of heartburn, a dry cough, constipation, and fatigue when she exercises. She normally exercises three times per week, and follows a DASH eating plan. Which of the following is the most appropriate modification to her regimen?

- a. Decrease carvedilol to 12.5 mg twice daily and add enalapril.**
- b. Decrease carvedilol to 12.5 mg twice daily and add valsartan.**
- c. Replace hydrochlorothiazide with spironolactone and felodipine.**
- d. Replace carvedilol with valsartan.**

**16-** A 69-year-old woman with a history of angioedema (from lisinopril), hypertension, and type 2 diabetes is currently receiving hydrochlorothiazide 25 mg daily and carvedilol 25 mg twice daily. Today her blood pressure is 138/82 mm Hg (138/84 mm Hg when repeated) and heart rate is 56 beats/min. Urinalysis shows 400 mg albumin/24 hours, serum creatinine is 1.2 mg/dL, potassium is 3.8 mEq/dL, weight is 90 kg, and height is 65". She complains of heartburn, a dry cough, constipation, and fatigue when she exercises. She normally exercises three times per week, and follows a DASH eating plan. Which of her complaints is most likely from one of her antihypertensive medications?

- a. Heartburn**
- b. Dry cough**
- c. Constipation**
- d. Fatigue**

17- A 60-year-old woman with hypertension and heart failure with preserved ejection fraction is seen 2 months after experiencing an acute myocardial infarction. She also has a history of dyslipidemia. Her present BP is 130/84 mm Hg (132/82 mm Hg when repeated) and her heart rate is 60 beats/min. Her serum creatinine is 1.1 mg/dL, serum potassium is 3.5 mEq/L, and spot urinalysis shows 20 mg albumin/g creatinine. She currently has no peripheral or pulmonary edema. She is taking furosemide 40 mg twice daily, carvedilol 25 mg twice daily, enalapril 20 mg twice daily, and pravastatin 20 mg daily. Which of the following statements is most appropriate to include when counseling this patient regarding her antihypertensive therapy?

- a. It will be possible to stop enalapril once your BP is at goal.
- b. If you experience depression, stop taking carvedilol.
- c. Long-term benefits of these medications are a reduced risk of CV events.
- d. If you experience dry cough, stop taking lisinopril because this can lead to angioedema.

18- Which of the following statements is/are true regarding ARBs in the treatment of hypertension?

- a. ARBs are first-line agents because they lower BP and lower risk of CV events.
- b. The ALLHAT study showed that nonfatal MI and coronary heart disease are reduced more with ARB therapy than with amlodipine or chlorthalidone.
- c. ARBs are preferred over ACE inhibitors in patients with chronic kidney disease.
- d. An ACE inhibitor should be added to ARB therapy in patients with hypertension who are not yet at their BP goal value.

19- Which of the following is true regarding prehypertension?

- a. All patients with BP values greater than 120/80 mm Hg are classified as prehypertension.
- b. Guidelines recommend lifestyle modifications in all patients with prehypertension.
- c. Less than 50% of patients with prehypertension develop hypertension within their lifetime.
- d. Patients with prehypertension have equal CV risk compared to patients with normal BP values.

20- A patient with newly diagnosed hypertension asks you for advice on how to increase potassium as a lifestyle modification to lower BP. Which of the following is/are appropriate recommendations?

- a. Increase your dietary intake of potassium-rich foods.
- b. Start using nonprescription potassium supplements.
- c. Ask your physician to prescribe prescription-strength potassium chloride.
- d. Use liberal amounts of salt substitutes on your food

21- Which one of the following should not be used in the treatment of variant (Prinzmetal's angina)?

- a. Nifedipine
- b. Isosorbide mononitrate
- c. Metoprolol**
- d. Diltiazem

**22-Which of the following counseling point quotes for sublingual nitroglycerin contains incorrect information?**

- a. "It's ok to put a few in a clear Ziploc sandwich bag to pack for a trip"**
- b. "You can take one every 5 min for up to three doses"
- c. "Place it under your tongue and allow it to dissolve"
- d. "Call EMS if a third dose is required"

**23-RG is a 68-year-old female who presents to the clinic c/o chest pain. It occurs while she is gardening and is relieved with rest. She has a PMH of HTN. Current meds include metoprolol 25 mg twice daily and HCTZ 25 once daily. Current vitals are: BP: 128/78, P: 70, and RR: 12. Which of the following treatments would be appropriate for this patient?**

- a. Increase metoprolol to 50 mg twice daily**
- b. Start aspirin 81 mg once daily**
- c. Start amlodipine 2.5 mg once daily**
- d. A and B**

**24-Which of the following features are typical of cardiac chest pain?**

- a. Reproducible to palpation
- b. Precipitated by a meal
- c. Associated with pressure or tightness**
- d. All of the above

**25-Which one of the following would increase oxygen demand and potentially precipitate angina?**

- a. Anemia
- b. Hyperthyroidism**
- c. Sickle cell disease
- d. Hypoxemia

**26- Which one of the following is the recommended initial drug therapy for angina once as needed use of nitroglycerin is no longer adequate?**

- a.  $\beta$ -blockers**
- b. Nitrates
- c. Calcium channel blockers
- d. ACEI

**27-How long should clopidogrel be given along with aspirin after angioplasty and drug eluting stent placement?**

- a. 1 day
- b. 1 week
- c. 1 month
- d. 1 year

**28-Which of the following are potential clinical manifestations of atherosclerotic disease?**

- a. Limb ischemia
- b. Myocardial infarction
- c. Stroke
- d. All of the above

**29- lactulose**

- A) maximum daily dose is 5ml
- B) should not be used for more than 5 days
- C) is used to maintain bowel evacuation

**30- spironolactone**

- A) reduce symptom and mortality in HF
- B) dose may be increase to 250mg daily
- C) is an aldosterone antagonist

**31- Bioavailability refers to the measurement of the rate and the amount of administration drug that reaches the Systemic circulation.**

- a) True
- b) False

**32-. The maximum amount of drug in the body occurs when the rate of absorption and rate of elimination are equal**

- a) True
- b) false

**33- half-life is the time required to change the amount of drug in plasma by half during elimination**

- a) True
- b) False

**34. First-pass effect means loss of administered drug before it can enter the general circulation.**

- a) True
- b) False



**35- Which of the following should be monitor when used diuretic in HF**

- A) daily weight - potassium - magnesium
- B) HA1C
- C) fasting lipid profile
- D) B - type natriuretic peptide plasma concentration

**35- kinetic zero order equation**

- A)  $k = \frac{dA}{dt} = k[A^0]$
- B)  $T^{1/2} = 0.693/k$
- C)  $[A] = [A_0] - kt$

**36- all the following characterized the dust powder dosage form except**

- A) ability to input to gelatin capsule
- B) used as lubricants- absorbent- antiseptic
- C) ability to totally dissolved in water

**37- Total parenteral nutrition products:**

- a) Are often administered by a pharmacist.
- b) Can be administered intramuscularly
- c) Are often used in comatose patients
- d) Should never be combined with other parenteral products

**38- glipenclamide**

- A) restore B cell activity
- B) reduce insulin metabolism
- C) sulfonylurea

**39- A 72 year old female on aspirin 75mg daily , dipyridamole 100mg tds , timolol 0.5% both eyes to drops bd and lactulose 20ml daily ... her diagnosis is likely**

- A) glaucoma
- B) diarrhea
- C) osteoporosis

**40- promethazine is an**

- A) antidepressants
- B) analgesic
- C) antihistamine
- D) antipsychotic

**41- The following statements concerning Biotransformation are true Except:**

- a) It is enzymatic conversion of drug to metabolites and typically transformed to hydrophilic to enhance excretion,
- b) the liver is major site of drug metabolism although enzymatic transformation can occur throughout the body.
- c) It is enzymatic conversion of drug to more effective lipophilic metabolites
- d) None of the above

**42-The route of administration that provide complete bioavailability**

- A) oral
- B) subcutaneous
- C) intravenous
- D) intramuscular

**43- Which one of these dosage form highly absorbed more than other**

- A) hard gelatin capsule
- B) coated tablet
- C) solution
- D) suspension

**44-the most serious side effect of simvastatin**

- A) myalgia
- B) Appendicitis
- C) rhabdomyolysis
- D) all

**45. Bioequivalence refers to:**

- a) relationship between two or more products of the same drug in the same dose and dosage form with a similar bioavailability.
- b) the rate and amount of drug that reaches the systemic circulation.
- c) dosage forms containing the same drug in the same dose and do not differ significantly in the bioavailability parameters.
- d) a and c

**46- ointment base emollient use in dry skin but the W/O ointment not used in these area**

- a) true
- b) false

**47- nicotinic receptor act as**

- A) ganglion stimulant
- B) atropine like drugs
- C) cholinergic agonist
- D) a and c

**48- Metolazone**

- A) decrease blood volume
- B) relive bronchospasm
- C) cause sedation

**49- parameter that is not monitoring during Metolazone therapy**

- A) thyroid function tests
- B) electrolytes
- C) body weight

**50- Regarding to dipyridamole, which of the following is false**

- A) cannot be used in combination with low dose of aspirin
- B) is used for prophylaxis of thromboembolism
- C) may cause increased bleeding when used during or after surgery

**DONE**



حصري لى موقع قلم صيدلي ٢٠٢٣

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