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Question 1

Question Type: MultipleChoice

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemi

a. Select all that applies. Liver (D)

Options:

A- Sulfonylureas

B- Alpha- Glucosidase Inhibitors

C- DPP4 Inhibitors

D- Glucagon-like peptide-1 receptor agonists

E- Thiazolidinediones

F- Biguanide

G- SGLT2 inhibitors

Answer:

C

Explanation:

DPP4 Inhibitors, (D)Glucagon-like peptide-1 receptor agonists, (E)Thiazolidinediones (F)Biguanide Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha- Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation ofGLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia. Thiazolidinediones are the only true insulin-sensitising agents, exerting their effects in skeletal and cardiac muscle, liver, and adipose tissue. It ameliorates insulin resistance, decreases visceral fat.

Biguanides work in liver, muscle, adipose tissue via activation of AMP-activated protein kinase (AMPK) reduce hepatic glucose production. SGLT2 inhibitors work in the kidneys to inhibit sodium-glucose transport proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

https://doi.org/10.1093/eurheartj/ehv239

Question 2

Question Type: MultipleChoice

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemi

a. Select all that applies. Alpha cells in pancreases

Options:

A- Sulfonylureas

B- Alpha- Glucosidase Inhibitors

C- DPP4 Inhibitors

D- Glucagon-like peptide-1 receptor agonists

E- Thiazolidinediones

F- Biguanide

G- SGLT2 inhibitors

Answer:

C

Explanation:

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https://doi.org/10.1093/eurheartj/ehv239

Question 3

Question Type: **MultipleChoice**

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemi

a. Select all that applies. GI tract (B)

Options:

A- Sulfonylureas

B- Alpha- Glucosidase Inhibitors

C- DPP4 Inhibitors

D- Glucagon-like peptide-1 receptor agonists

E- Thiazolidinediones

F- Biguanide

G- SGLT2 inhibitors

Answer:

D

Explanation:

Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha- Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation ofGLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed

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proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

Question 4

Question Type: **MultipleChoice**

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemi

a. Select all that applies. Pancreases (A)

Options:

A- Sulfonylureas

B- Alpha- Glucosidase Inhibitors

C- DPP4 Inhibitors

D- Glucagon-like peptide-1 receptor agonists

E- Thiazolidinediones

F- Biguanide

G- SGLT2 inhibitors

Answer:

D

Explanation:

(A) Sulfonylureas, (C) DPP4 Inhibitors, (D) Glucagon-like peptide-1 receptor agonists Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha-Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation ofGLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia.Thiazolidinediones are the only true insulin-sensitising agents, exerting their effects in

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improve insulin release from the beta cells of the pancreas.

Question 5

Question Type: **MultipleChoice**

What vitamin should the a patient receive to avoid Wernicke- Korsakoff syndrome?

Options:

A- Thiamine

B- Cyanocobalamin

C- Folic Acid

D- Nicotinic Acid

E- Magnesium

Answer:

A

Explanation:

Thiamine should be administered to prevent Wernicke's encephalopathy.

http://www.uptodate.com/contents/management-of-moderate-and-severe-alcohol-withdrawal-syndromes

Question 6

Question Type: MultipleChoice

Which of the following would be most appropriate to treat infections associated with stenotrophomonas maltophilia?

Options:

A- Meropenem

B- Vancomycin

C- Ciprofloxacin

D- Sulfamethoxazole/trimethoprim

E- Ampicillin

Answer:

D

Explanation:

Primary treatment for stenotrophomonas maltophilia is SMX-TMP. Meropenem, ciprofloxacin, Ampicillin and vancomycin have no coverage.

Question 7

Question Type: **MultipleChoice**

Proportion of people in a population who have a particular disease at a specified point in time or over a specified period of time is definition as which of the following?

Options:

A- Incidence rate

B- Prevalence rate

C- Mortality rate

D- Relative risk

E- Odds ratio

Answer:

B

Explanation:

Incidence rate = New reported cases / summed person-years of observation (avg population during time interval) Prevalence = Cases in a population in a given time period / total population at that time.

https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson3/section2.html http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1a-epidemiology/numerators- denominators-populations

Question 8

Question Type: MultipleChoice

If a patient takes 0.5mg of intravenous hydromorphone every 4hrs what would be the equivalent orals total daily dose? Hydromorphone oral to parenteral ratio 7.5:1.5.

Options:

A- 15mg

B- 20mg

C- 10mg

D- 5mg

E- 7.5mg

Answer:

A

Explanation:

To determine the dose conversion IV to PO, the ratio of PO to IV needs to be determined, this is 7.5 / 1.5 which is 5. This number means that the PO dose is 5 times more than the IV dose to get the same amount of drug into the bloodstream. If the patient is taking 0.5 mg IV then the PO dose would be 0.5 mg multiplied by 5, which is 2.5 mg. Since the patient is taking the medication every 4 hours the patient is receiving 6 doses, 24hrs/4hrs = 6. Since the patient is receiving 2.5 mg every dose and is receiving 6 doses a day, the patient is receiving 15 mg, 2.5 mg multiplied by 6 doses.

Question 9

Question Type: MultipleChoice

Which of the following is/are nominal data?

Options:

A- Sex

B- Race

C- Blood Group

D- NYHA stages I-IV

E- Stages of breast cancer

Answer:

C

Explanation:

Nominal data is considered unordered categories. Sex answers fall into male or female which is unordered. Race can be multiple answers such as Caucasian, African American, Asian, etc which is unordered. Blood group can only have blood type O, A, B, or AB which is also unordered. Ordered, or ordinal data would have categories that are in some sort of order

http://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one

Question 10

Question Type: **MultipleChoice**

Which of the following medication may increase LDL?

Options:

A- Amiodarone

B- Lisinopril

C- Hydrochlorothiazide

D- Acetaminophen

E- Cyclosporine

Answer:

E

Explanation:

LDL can be elevated by diuretics, cyclosporine, glucocorticoids, and amiodarone.

http://circ.ahajournals.org/content/129/25_suppl_2/S1

Question 11

Question Type: **MultipleChoice**

You receive an order for 40mg/kg/dose of Amoxicillin every 12 hours. Pt's weight is 18 lbs. You have 250mg/5ml of amoxicillin suspension.

Calculate the total amount in milliliters needed for 10-day supply. Round up your answer to the nearest 1.

Options:

A- 14 mls

B- 132 mls

C- 96 mls

D- 86 mls

E- 36 mls

Answer:

B

Explanation:

If 40mg of amoxicillin are needed per kg of body weight, then the dose of amoxicillin is 40mg multiplied by the

patient's body weight. This patient weighs 18 lbs, based on the conversion of 2.2 lbs = 1 kg, the patient weighs

8.2 kg. 40 mg multiplied by 8.2 kg is equal to 328 mg, this is one dose of amoxicillin. If the amoxicillin comes in 250 mg/5 mL, then it needs to be determined how many mLs it will take to get 328 mg of amoxicillin. In order to do this 328 mg needs to be divided by 250 mg to get a ratio. This comes out to be 1.312. This ratio can be multiplied by the number of mLs it takes to make up 250 mg, which is 5 mLs. 1.312 multiplied by 5 mLs is 6.56 mL, this is how many mLs it will take to have 328 mg. This volume is for 1 single dose of amoxicillin. The patient is receiving 2 doses per day and for a total of 10 days, this means the patient will be receiving 20

doses. 20 doses multiplied by 6.56 mL doses equals the total volume the patient will be receiving, which is 131.2 mL.

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