NABP NAPLEX Mock Exam

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Question 1

Question Type: MultipleChoice

Which option best represents the major route of metabolism for acetaminophen?

Options:

A- Glucuronidation
B- Sulfation
C- Cytochrome P-450 oxidation
D- Direct renal excretion
E- Plasma breakdown

Answer:

A

Explanation:

Acetaminophen is metabolized by choices A through D. The major route is glucuronidation catalyzed by UDP- glucuronyl transferase in the liver. Sulfation is the next most common route and is the target mechanism for NAC therapy. Oxidation by cytochrome P-450 results in the formation of N-acetyl-p-benzoquinone imine, which is responsible for the hepatic necrosis caused by acetaminophen overdose. Direct renal excretion represents approximately 5% of the metabolism of acetaminophen. Plasma metabolism of acetaminophen does not generally occur.

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. 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 3

Question Type: MultipleChoice

In the management of acute ischemic stroke, within how many minutes from symptom onset should alteplase be administered?

Options:

A- 3 hours
B- 6 hours
C- 12 hours
D- 24 hours

Answer:

A

Explanation:

In the management of acute ischemic stroke, alteplase should be administered within 3 hours of symptom onset.

Question 4

Question Type: MultipleChoice

In a study where Rivaroxaban was compared to Enoxaparin to find total VTE following HIP replacement surgery, there were 17 total VTE out of 1513 patients in the Rivaraoaban group and 57 total VTE out of 1473 patient in the enoxaparin group.

What is the absolute risk reduction of using Rivaroxaban over Enoxaparin?

Options:

A- 17
B- 57
C- 71
D- 2.7
E- 0.27

Answer:

D

Explanation:

Absolute risk reduction: 0.027 = 2.7% (Event rate in enoxaparin group) -- (Event rate in rivaroxaban group) = (57/1473) -- (17/1513) = 0.02746

Question 5

Question Type: MultipleChoice

Results from a Meta-analysis where they looked at frequency of postoperative arterial fibrillation in patients on Ascorbic acid after cardiac surgery found odds ratio, 0.44 (95% CI, 0.32 to 0.61). How can you interpret this data?

Options:

A- Ascorbic acid increased frequency of postoperative arterial fibrillation after cardiac surgery by 44%
B- Ascorbic acid decreased frequency of postoperative arterial fibrillation after cardiac surgery by 44%
C- There was no statistically significant difference in frequency of postoperative arterial fibrillation after cardiac surgery
D- Ascorbic acid decreased frequency of postoperative arterial fibrillation after cardiac surgery by 56%
E- None of the above are correct

Answer:

D

Explanation:

Odds ratio of 0.44 (44%) means that this group was associated with an event happening 44% of the time, compared to 1 (an event happening 100% of the time if unexposed), therefore 100 - 44 = 56%, which is the reduction caused by the exposure. Exposure is the use of ascorbic acid.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1112884/

Question 6

Question Type: MultipleChoice

A 27-year-old female with ovarian cancer is undergoing chemotherapy. She develops subsequent renal failure.

Which option best drugs is most likely responsible for this?

Options:

A- Cyclophosphamide
B- Bleomycin
C- Cisplatin
D- Vinblastine
E- Vincristine

Answer:

C

Explanation:

Cisplatin. All chemotherapeutics have similar generalized side effects related to their effects on rapidly growing cells. These include hair loss, nausea, and fatigue. However, many chemotherapeutics have unique toxicities as well which are often tested. Cisplatin (C) is notable for its nephrotoxicity and ototoxicity. Cyclophosphamide

(A) is known to cause hemorrhagic cystitis. This is a distinct process from nephrotoxicity. The most noteworthy side effect of bleomycin (B) is pulmonary toxicity that can lead to pulmonary fibrosis. Vinblastine (D) is known for bone marrow suppression. Vincristine (E) causes neuropathy.

Question 7

Question Type: MultipleChoice

A patient presents in the pharmacy in a delirious state with pinpoint pupils. Which of the following toxicity states does the patient most likely have?

Options:

A- Alcohol
B- Opioid

C- Benzodiazepine
D- Amphetamine

Answer:

B

Explanation:

Signs of opioid overdose include pinpoint pupils, delirious state, nausea / vomiting, respiratory depression and sleepiness or loss of consciousness. Naloxone may be used to reverse the effects of opioid overdose.

Question 8

Question Type: MultipleChoice

In Normal distribution, what percentage of the sample is found within 2 standard deviation of the mean?

Options:

A- 68%
B- 95%
C- 99%
D- 100%
E- 72%

Answer:

B

Explanation:

In a normal distribution sample, within 1 standard deviation 68% of the sample falls within 1 standard deviation, 95% within 2 standard deviations, and 99.7% within 3 standard deviations of the mean.

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

Question 9

Question Type: MultipleChoice

Which option best class of antidiabetic medication may cause fluid retention?

Options:

A- Bile acid sequestrant
B- GLP-1 agonist
C- Thiazolidinediones
D- SGLT2 Inhibitor
E- Alpha-glucosidase inhibitor

Answer:

C

Explanation:

Thiazolidinediones may cause fluid retention through proposed mechanism of increasing reabsorption in the collecting duct of the kidney and increasing vascular permeability in adipose tissue. Bile acid sequestrants work in the intestine to bind bile acids which doesn't affect fluid retention. GLP-1 receptor agonists work to activate these receptors to secrete insulin from beta pancreatic cells/decrease glucagon secretion/ increase satiety and doesn't affect fluid retention. SGLT2 inhibitors actually cause increase of fluid elimination through the kidneys. Alpha-glucosidase inhibitors work in the gut to decrease carb absorption/digestion and have no affect on fluid retention.

Question 10

Question Type: MultipleChoice

Which of the following would be best to treat stenotrophomonas maltophilia?

Options:

A- Meropenem

B- Vancomycin
C- Ciprofloxacin
D- Sulfamethoxazole/trimethoprim
E- Cefepime

Answer:

D

Explanation:

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