



NABP NAPLEX Practice Questions

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Question 1

Question Type: MultipleChoice

Which of the following is/are a risk factor for myopathy with statin therapy?

Options:

- A- Hypothyroidism
- B- Vitamin D deficiency
- C- Renal impairment
- D- Hepatic dysfunction
- E- Vitamin C deficiency

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Answer:

D

Explanation:

Risk factors for myopathy are hypothyroidism, reduced renal or hepatic function, rheumatologic disorders such as polymyalgia rheumatica, steroid myopathy, vitamin D deficiency, or primary muscle diseases.

Question 2

Question Type: MultipleChoice

All of the following may increase triglycerides except:

Options:

- A- Protease inhibitor
- B- Bile acid sequestrants
- C- Fish oil
- D- Oral estrogens
- E- Glucocorticoids

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Answer:

C

Explanation:

Agents that can cause elevated triglycerides: oral estrogens, glucocorticoids, bile acid sequestrants, protease inhibitors, retinoic acid, anabolic steroids, sirolimus, raloxifene, tamoxifen, beta blockers (not carvedilol), and thiazides.

Question 3

Question Type: MultipleChoice

A Physician orders amiodarone 1 mg/min for six hours, then 0.5 mg/min thereafter. The patient's weight is 156 lbs. The concentration of the IV bag comes as 1.8 mg per ml. Calculate the infusion rate in mL/hr.

Options:

- A- 33.33mls/hr then /16.67mls/hr
- B- 60mls/hr then 30mls/hr
- C- 30mls/hr then 15mls/hr
- D- 16.67mls/hr then 8.3mls/hr
- E- 8.3mls/hr then 4.15mls/hr

Answer:

A

Explanation:

$[1 \text{ mg} / 1 \text{ min}] 60\text{min} = 60\text{mg/hr}$. $60 \text{ mg/hr} [1 \text{ mL} / 1.8 \text{ mg}] = 33.33 \text{ mL/hr}$ $0.5 \text{ mg/min} [60 \text{ min} / 1 \text{ hr}] = 30 \text{ mg/hr}$ $30 \text{ mg/hr} [1 \text{ mL} / 1.8 \text{ mg}] = 16.67 \text{ mL/hr}$ Infusion rates: 33.33 mL/hr for 6 hours, then 16.67 mL/hr

Question 4

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

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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 5

Question Type: MultipleChoice

If you mix 30 gm 5% lidocaine cream and 90gm of 0.5% hydrocortisone cream, what percent of lidocaine and hydrocortisone do you have as the end product?

Options:

- A- Lidocaine/Hydrocortisone 2%/1.25%
- B- Lidocaine/Hydrocortisone 0.375%/0.15%
- C- Lidocaine/Hydrocortisone 1.25 %/ 0.15%
- D- Lidocaine/Hydrocortisone 2% /0.25%
- E- Lidocaine/Hydrocortisone 1.25% /0.375%

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Answer:

E

Explanation:

Lidocaine: $30\text{g} \times 0.05 = 1.5\text{g}$. Hydrocortisone: $90\text{g} \times 0.005 = 0.45\text{g}$. $90\text{g} + 30\text{g} = 120\text{g}$. $1.5\text{g}/120\text{g} = 0.0125 \times 100 = 1.25\%$ Lidocaine. $0.45\text{g}/120\text{g} = 0.00375 \times 100 = 0.375\%$ Hydrocortisone.

Question 6

Question Type: MultipleChoice

Which option drugs is used to promote fetal lung maturation?

Options:

- A- Dexamethasone
- B- Nifedipine
- C- Misoprostol
- D- Methotrexate
- E- Prednisolone

Answer:

A

Explanation:

Dexamethasone is used to promote fetal lung maturation. This may be necessary in cases of women who need to deliver prematurely. A tocolytic drug, such as nifedipine, may be used to suppress labor whilst dexamethasone works to accelerate fetal lung development.

Question 7

Question Type: MultipleChoice

How many millimoles of sodium are in 0.9% sodium chloride?

Options:

- A- 90 millimoles
- B- 99 millimoles
- C- 145 millimoles
- D- 154 millimoles

Answer:

D

Explanation:

0.9% = 9 grams per every 1,000mL Molecular weight of NaCl = 58.5 $9 / 58.5 = 0.154$ moles
0.154 moles is the same as 154 millimoles There are 154 millimoles of sodium ions and 154 millimoles of chloride ions in 0.9% sodium chloride.

Question 8

Question Type: MultipleChoice

A patient takes 1gm of Calcium Carbonate salt three times a day. How much elemental calcium, in grams, is he getting in 24hrs? (MW of Ca: 40.078 g/mol, MW of CaCO₃: 100.087 g/mol)

Options:

- A- 3 g
- B- 1.8g
- C- 1.2g
- D- 0.8gm
- E- 1.8mg

Answer:

C

Explanation:

Calcium makes up 40% of the MW of CaCO_3 . $\text{MW Ca} / \text{MW CaCO}_3 = 40.078 / 100.087 = 40\%$. $40\% \text{ of } 1 \text{ g CaCO}_3 = 0.4 \text{ g}$. Patient is taking 0.4 g of Ca 3 times daily. $0.4 \text{ g Ca} \times 3 = 1.2 \text{ g}$ of Elemental Ca.

Question 9

Question Type: MultipleChoice

What is the standard loading dose for clopidogrel in the treatment of ACS?

Options:

- A- 75mg
- B- 100mg
- C- 150mg
- D- 200mg
- E- 300mg

Answer:

E

Explanation:

300mg is the standard loading dose of clopidogrel -- an antiplatelet drug -- in the treatment of acute coronary syndrome (ACS).

Question 10

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 11

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 α -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 of GLP-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.

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