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Question 1

Question Type: MultipleChoice

After talking to the patient you find out LT has been incompliant with her three times a day Valproic acid, level came back at 35 mmol/L.

What is the most appropriate course of action?

Options:

A- Notify the physician to decrease the dose of Valproic acid.

B- Notify the physician to increse the dose of Valproic acid.

C- Albumin needs to be obtained to calculate corrected Valproic acid level

D- Valproic acid level is within normal limit, no adjustment is needed.

Answer:

D

Explanation:

The delayed-release action of divalproex allows for less frequent dosing than valproic acid in some patients. Divalproex sodium contains sodium valproate and valproic acid in a 1:1 molar stable co-ordination compound. Valproic acid, sodium valproate, and divalproex share the same pharmacology; however, there are pharmacokinetic differences among products.

Question 2

Question Type: **MultipleChoice**

After talking to the physician you find out her labs. Her labs reveled albumin level of 2.1gm/dL, calcium of 7.8mg/dL, glucose 120mg/dL , sodium 138 mmol/L, phenytoin level of 17.8.

Based on the given data which of the following best interprets phenytoin concentration?

Options:

A- Phenytoin level is with normal limits

B- Phenytoin level is too high

C- Phenytoin level is too low

D- Phenytoin level cannot be determined

E- Phenytoin level need to be repeated

Answer:

B

Explanation:

Corrected phenytoin (mg/L) = Observed phenytoin (mg/L) / (0.2 x albumin [g/dL]) + 0.1 = 17.8 / (0.2 x 2.1) +

0.1 = 17.8 / 0.42 + 0.1 = 42.48mg/L phenytoin level is high. Normal therapeutic range is: 10-20mg/dL

Question 3

Question Type: **MultipleChoice**

LT is a 42-year-old white female with past medical history of epilepsy, gastroesophageal reflux disease and seasonal allergies. She weighs 86 kg, height 5'6" and allergic to Aspirin (rash) and Phenobarbital (difficulty breathing).

Her medications include Omeprazole 40mg daily, Phenytoin 200mg twice daily, Valproic acid 500mg four times daily, Loratadine 10mg daily. She comes to your community pharmacy to pick up prescription for Primidone 250mg twice daily.

Pertaining to Primidone what is the most appropriate action to take?

Options:

A- Notify the physician, Primidone dose is too low.

B- Notify the physician, Primidone in contraindicated in patient with phenobarbital allergy.

C- Notify the physician, Primidone in contraindicated in patient with Aspirin allergy.

D- Notify the physician, patient is already on three anti-seizure medication and primidone is not needed.

E- Notify the physician, Primidone in contraindicated in patient with gastroesophageal reflux disease.

Answer:

B

Explanation:

Primidone is an anticonvulsant drug that is structurally related to phenobarbital. Primidone is metabolized to

phenobarbital and therefore shares its anticonvulsant and sedative properties. Primidone may be more effective than therapy with phenobarbital alone because primidone and both of its metabolites, phenobarbital and phenylethylmalonamide (PEMA), possess anticonvulsant activity.

Question 4

Question Type: **MultipleChoice**

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

a. Select all that applies. Fat Tissue (H)

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:

E

Explanation:

Thiazolidinediones 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.

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Question 5

Question Type: **MultipleChoice**

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

a. Select all that applies. Kidney (G)

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:

G

Explanation:

SGLT2 inhibitors 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

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Question 6

Question Type: **MultipleChoice**

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

a. Select all that applies. Muscle (F)

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:

E

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 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,

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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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Question 7

Question Type: **MultipleChoice**

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

a. Select all that applies. Brain (E)

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:

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 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

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