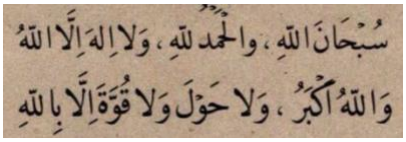

Pharma1

1. Which diuretic works by inhibiting carbonic anhydrase in the proximal tubule?

a) Furosemide

b) Acetazolamide

c) Hydrochlorothiazide

d) Spironolactone

Answer: b) Acetazolamide

2. Loop diuretics primarily inhibit which transporter in the thick ascending limb of Henle?

a) Na+/Cl- co-transporter

b) Na+/K+/2Cl- co-transporter

c) ENaC sodium channel

d) Carbonic anhydrase

Answer: b) Na+/K+/2Cl- co-transporter

3. Which diuretic is most effective for rapid and potent diuresis in acute pulmonary edema?

a) Hydrochlorothiazide

b) Mannitol

c) Furosemide

d) Spironolactone

Answer: c) Furosemide

4. Which diuretic class acts on the distal convoluted tubule and increases calcium reabsorption?

a) Loop diuretics

b) Thiazide diuretics

c) Potassium-sparing diuretics

d) Carbonic anhydrase inhibitors

Answer: b) Thiazide diuretics

5. Which potassium-sparing diuretic acts as an aldosterone antagonist?

a) Amiloride

b) Triamterene

c) Spironolactone

d) Mannitol

Answer: c) Spironolactone

6. A common side effect of loop diuretics is:

a) Hyperkalemia

b) Ototoxicity

c) Metabolic acidosis

d) Gynecomastia

Answer: b) Ototoxicity

7. Which diuretic is used to reduce intraocular pressure in glaucoma?

a) Acetazolamide

b) Furosemide

c) Hydrochlorothiazide

d) Spironolactone

Answer: a) Acetazolamide

8. Which diuretic class is known for causing hyperkalemia as a side effect?

a) Loop diuretics

b) Thiazides

c) Potassium-sparing diuretics

d) Carbonic anhydrase inhibitors

Answer: c) Potassium-sparing diuretics

9. Osmotic diuretics like mannitol act mainly by:

a) Inhibiting sodium reabsorption in the distal tubule

b) Increasing osmotic pressure in the nephron lumen to prevent water reabsorption

c) Blocking aldosterone receptors

d) Inhibiting carbonic anhydrase

Answer: b) Increasing osmotic pressure in the nephron lumen to prevent water reabsorption

10. Which diuretic would be appropriate to add in a patient with heart failure who develops hypokalemia on a loop diuretic?

a) Furosemide

b) Hydrochlorothiazide

c) Spironolactone

d) Acetazolamide

Answer: c) Spironolactone

Pharma2

1. What is the primary mechanism of action of Amphotericin B?

A) Inhibits fungal DNA synthesis

B) Binds to ergosterol, forming pores in fungal membranes

C) Inhibits fungal cytochrome P450 enzymes

D) Blocks fungal cell wall synthesis

Answer: B) Binds to ergosterol, forming pores in fungal membranes.

2. Which antifungal drug is mainly used topically due to its toxicity when given systemically?

A) Amphotericin B

B) Nystatin

C) Fluconazole

D) Itraconazole

Answer: B) Nystatin.

3. Flucytosine is often combined with which drug to prevent resistance and treat cryptococcal meningitis?

A) Fluconazole

B) Amphotericin B

C) Ketoconazole

D) Terbinafine

Answer: B) Amphotericin B.

4. Which antifungal drug inhibits fungal cytochrome P450 enzyme, disrupting ergosterol synthesis?

A) Amphotericin B

B) Flucytosine

C) Azoles (e.g., Fluconazole, Ketoconazole)

D) Echinocandins

Answer: C) Azoles (e.g., Fluconazole, Ketoconazole).

5. Which azole antifungal has good CNS penetration and is used for cryptococcal meningitis?

A) Itraconazole

B) Fluconazole

C) Voriconazole

D) Ketoconazole

Answer: B) Fluconazole.

6. Which antifungal class inhibits β-(1,3)-D-glucan synthesis in fungal cell walls?

A) Polyenes

B) Azoles

C) Echinocandins

D) Allylamines

Answer: C) Echinocandins (e.g., Caspofungin).

7. Terbinafine acts by inhibiting which enzyme in ergosterol synthesis?

A) Squalene epoxidase

B) 14-alpha-demethylase

C) β-(1,3)-D-glucan synthase

D) DNA polymerase

Answer: A) Squalene epoxidase.

8. Which antifungal drug is NOT indicated for dermatophytosis?

A) Terbinafine

B) Ketoconazole

C) Amphotericin B

D) Clotrimazole

Answer: C) Amphotericin B.

9. What are common adverse effects of Amphotericin B?

A) Nephrotoxicity and infusion-related fever/chills

B) Hepatotoxicity and alopecia

C) Visual disturbances and headache

D) Bone marrow suppression

Answer: A) Nephrotoxicity and infusion-related fever/chills.

10. Which azole antifungal is used only topically?

A) Fluconazole

B) Itraconazole

C) Clotrimazole

D) Voriconazole

Answer: C) Clotrimazole.

Pharma3

1. What is the mechanism of action of trimethoprim?

a) Inhibits bacterial cell wall synthesis

b) Inhibits bacterial dihydrofolate reductase

c) Inhibits DNA gyrase

d) Disrupts bacterial membrane permeability

Answer: b) Inhibits bacterial dihydrofolate reductase

2. Which of the following drugs is NOT effective for upper urinary tract infections (pyelonephritis)?

a) Ciprofloxacin

b) Nitrofurantoin

c) Co-trimoxazole

d) Amoxicillin-clavulanate

Answer: b) Nitrofurantoin

3. Fluoroquinolones exert their antibacterial effect by inhibiting:

a) Protein synthesis at 30S ribosomal subunit

b) DNA gyrase and topoisomerase IV

c) Cell wall synthesis

d) Folate synthesis

Answer: b) DNA gyrase and topoisomerase IV

4. Which fluoroquinolone should be avoided in treating urinary tract infections due to poor urinary concentration?

a) Ciprofloxacin

b) Levofloxacin

c) Moxifloxacin

d) Norfloxacin

Answer: c) Moxifloxacin

5. A common adverse effect of co-trimoxazole is:

a) Hyperkalemia

b) Tendon rupture

c) Pulmonary fibrosis

d) Photosensitivity

Answer: a) Hyperkalemia

6. Which drug is contraindicated in patients with G6PD deficiency due to risk of hemolysis?

a) Nitrofurantoin

b) Trimethoprim

c) Ciprofloxacin

d) Amoxicillin

Answer: a) Nitrofurantoin

7. What is the preferred drug for uncomplicated lower urinary tract infections?

a) Nitrofurantoin

b) Moxifloxacin

c) Rifampin

d) Gentamicin

Answer: a) Nitrofurantoin

8. Which of the following is a major resistance mechanism to trimethoprim?

a) Altered DNA gyrase

b) Reduced cell permeability

c) Overproduction of dihydrofolate reductase

d) Beta-lactamase production

Answer: c) Overproduction of dihydrofolate reductase

9. Fluoroquinolones are contraindicated in:

a) Pregnant women and children under 18 years

b) Patients with renal failure

c) Patients with sulfa allergy

d) Patients with liver disease

Answer: a) Pregnant women and children under 18 years

10. Which drug combination blocks sequential steps in bacterial folate synthesis?

a) Nitrofurantoin and ampicillin

b) Trimethoprim and sulfamethoxazole

c) Ciprofloxacin and levofloxacin

d) Amoxicillin and clavulanate

Answer: b) Trimethoprim and sulfamethoxazole

Pharma4

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Metronidazole & Tinidazole

1. What is the primary mechanism of action of metronidazole?

A. Inhibits cell wall synthesis

B. Binds to 30S ribosomal subunit

C. Reduces nitro group to form reactive intermediates damaging DNA

D. Blocks folate synthesis

2. Which condition is NOT a therapeutic use of metronidazole?

A. Bacterial vaginosis

B. Trichomoniasis

C. Candidiasis

D. Amebiasis

3. A patient taking metronidazole experiences flushing, nausea, and vomiting after consuming alcohol. This is due to:

A. Hepatotoxicity

B. Disulfiram-like reaction

C. Allergic reaction

D. CNS toxicity

4. Tinidazole has a longer half-life compared to metronidazole because:

A. Higher protein binding

B. 12–14 hours vs. 7.5 hours

C. Renal excretion is slower

D. Enhanced hepatic metabolism

5. Metronidazole is contraindicated in:

A. Renal impairment

B. First trimester of pregnancy

C. Elderly patients

D. Hypertension

Clindamycin

6. Clindamycin's mechanism involves binding to which ribosomal subunit?

A. 30S

B. 50S

C. 40S

D. 60S

7. A major adverse effect of clindamycin is:

A. Hypertension

B. Pseudomembranous colitis (C. difficile infection)

C. Hypoglycemia

D. Tinnitus

8. Clindamycin is ineffective against:

A. Bacteroides fragilis

B. Enterococci

C. Staphylococci

D. Streptococci

9. Resistance to clindamycin is LEAST likely due to:

A. Ribosomal mutation

B. Efflux pumps

C. Beta-lactamase production

D. Enzymatic inactivation

Antiherpes Agents (Acyclovir)

10. Acyclovir requires activation by:

A. Host cell kinase only

B. Viral thymidine kinase followed by host enzymes

C. Bacterial reductase

D. Cytochrome P450

11. Acyclovir is most effective against:

A. Influenza virus

B. Herpes simplex virus (HSV)

C. Hepatitis B virus

D. HIV

12. A common adverse effect of acyclovir is:

A. Hair loss

B. Nausea and headache

C. Hypertension

D. Hyperglycemia

13. Resistance to acyclovir is primarily caused by:

A. Increased drug efflux

B. Altered viral thymidine kinase or DNA polymerase

C. Ribosomal mutation

D. Enhanced folate synthesis

14. Which drug concentrates in phagocytic cells?

A. Metronidazole

B. Clindamycin

C. Acyclovir

D. Tinidazole

15. Which drug requires dose adjustment in severe hepatic impairment?

A. Metronidazole

B. Acyclovir

C. Clindamycin

D. Tinidazole

Answers

1.C | 2. C | 3. B | 4. B | 5. B | 6. B | 7. B | 8. B | 9. C | 10. B | 11. B | 12. B | 13. B | 14. B | 15. A

Pharma5

1. Which estrogen is the major secretory product of the ovary?

A. Estrone

B. Estriol

C. Estradiol

D. Ethinyl estradiol

Answer: C. Estradiol

2. Which of the following is a synthetic steroidal estrogen?

A. Estrone

B. Ethinyl estradiol

C. Estriol

D. Raloxifene

Answer: B. Ethinyl estradiol

3. Estrogens are primarily excreted in the body via:

A. Sweat

B. Bile

C. Lungs

D. Saliva

Answer: B. Bile

4. Which is NOT a therapeutic use of estrogens?

A. Primary hypogonadism

B. Postmenopausal hormone therapy

C. Osteoporosis prevention

D. Treatment of prostate cancer

Answer: D. Treatment of prostate cancer

5. What is a major adverse effect associated with estrogen therapy?

A. Hypotension

B. Uterine bleeding

C. Hypercalcemia

D. Renal failure

Answer: B. Uterine bleeding

6. Estrogen therapy is contraindicated in all EXCEPT:

A. Estrogen-dependent neoplasms

B. Undiagnosed vaginal bleeding

C. Liver disease

D. Hypertension

Answer: D. Hypertension

7. Which of the following is a natural progestin?

A. Desogestrel

B. Norethindrone

C. Progesterone

D. Dimethisterone

Answer: C. Progesterone

8. Which progestin derivative has no androgenic activity?

A. Norethindrone

B. Progesterone

C. L-norgestrel

D. Medroxyprogesterone acetate

Answer: B. Progesterone

9. A common adverse effect of androgenic progestins is:

A. Increased plasma HDL

B. Reduced plasma HDL

C. Hyperglycemia

D. Hypercalcemia

Answer: B. Reduced plasma HDL

10. Tamoxifen is best described as:

A. Pure estrogen agonist

B. Pure estrogen antagonist

C. Selective estrogen receptor modulator (SERM)

D. Aromatase inhibitor

Answer: C. Selective estrogen receptor modulator (SERM)

11. Which drug is indicated for emergency post-coital contraception and acts as a strong progesterone receptor blocker?

A. Danazol

B. Mifepristone

C. Raloxifene

D. Clomiphene

Answer: B. Mifepristone

12. Danazol is contraindicated in:

A. Men

B. Pregnancy and breastfeeding

C. Postmenopausal women

D. Adolescents

Answer: B. Pregnancy and breastfeeding

13. Which drug is a pure estrogen receptor antagonist used in tamoxifen-resistant breast cancer?

A. Anastrozole

B. Fulvestrant

C. Raloxifene

D. Mifepristone

Answer: B. Fulvestrant

14. Clomiphene acts by:

A. Inhibiting ovulation

B. Blocking estradiol’s negative feedback, increasing gonadotropin secretion

C. Suppressing ovarian function

D. Decreasing gonadotropin secretion

Answer: B. Blocking estradiol’s negative feedback, increasing gonadotropin secretion

15. The most common adverse effect of clomiphene is:

A. Weight gain

B. Hot flushes

C. Visual disturbances

D. Nausea

Answer: B. Hot flushes

16. Which of the following is a therapeutic use of progestins?

A. Treatment of hypertension

B. Hormonal contraception

C. Treatment of diabetes

D. Treatment of renal failure

Answer: B. Hormonal contraception

17. Aromatase inhibitors are most useful in:

A. Treating hypertension

B. Treating breast cancer resistant to tamoxifen

C. Treating osteoporosis

D. Inducing ovulation

Answer: B. Treating breast cancer resistant to tamoxifen

18. Which adverse effect is associated with Danazol?

A. Weight loss

B. Edema

C. Hyperglycemia

D. Hypotension

Answer: B. Edema

19. Which of the following is NOT an adverse effect of estrogens?

A. Migraine headache

B. Hyperpigmentation

C. Renal failure

D. Cholestasis

Answer: C. Renal failure

20. In patients with enlarged ovaries, clomiphene should be given:

A. In large doses

B. In small doses

C. Only intravenously

D. Not at all

Answer: B. In small doses

Pharma6 ***The Gonadotropins, Antagonists, and Prolactin***

1. Which of the following is NOT a gonadotropin?

A) Follicle-stimulating hormone (FSH)

B) Luteinizing hormone (LH)

C) Human chorionic gonadotropin (hCG)

D) Prolactin

Answer: D) Prolactin

2. Urofollitropin (uFSH) is best described as:

A) Recombinant FSH

B) Extracted from urine of postmenopausal women

C) Recombinant LH

D) Synthetic hCG

Answer: B) Extracted from urine of postmenopausal women

3. What is a major therapeutic use of gonadotropins?

A) Treatment of diabetes

B) Induction of ovulation

C) Management of hypertension

D) Suppression of lactation

Answer: B) Induction of ovulation

4. Which of the following is a possible adverse effect of gonadotropin therapy?

A) Ovarian hyper-stimulation syndrome

B) Hyperglycemia

C) Hypotension

D) Hyperkalemia

Answer: A) Ovarian hyper-stimulation syndrome

5. Multiple pregnancies occur in what percentage of gonadotropin-treated cycles (vs. baseline)?

A) 1%

B) 5-10%

C) 15-20%

D) 50%

Answer: C) 15-20%

6. Pulsatile administration of GnRH stimulates:

A) Only FSH

B) Only LH

C) Both FSH and LH

D) Only prolactin

Answer: C) Both FSH and LH

7. Continuous administration of GnRH analogs initially causes:

A) Suppression of gonadal hormones

B) A “flare” with increased gonadal hormones

C) No change in hormone levels

D) Permanent infertility

Answer: B) A “flare” with increased gonadal hormones

8. Which of the following is NOT a therapeutic use of GnRH analogs?

A) Endometriosis

B) Uterine fibroids

C) Parkinsonism

D) Central precocious puberty

Answer: C) Parkinsonism

9. A serious adverse effect of GnRH analog therapy is:

A) Sudden pituitary apoplexy

B) Hypercalcemia

C) Renal failure

D) Hyperthyroidism

Answer: A) Sudden pituitary apoplexy

10. Which of the following is a GnRH receptor antagonist?

A) Leuprolide

B) Ganirelix

C) Goserelin

D) Bromocriptine

Answer: B) Ganirelix

11. Compared to GnRH agonists, GnRH antagonists have the advantage of:

A) Immediate action

B) Higher pregnancy rates in IVF

C) Less suppression of gonadotropins

D) Longer duration of action

Answer: A) Immediate action

12. Degarelix is used in the treatment of:

A) Endometriosis

B) Advanced prostate cancer

C) Hyperprolactinemia

D) Diabetes insipidus

Answer: B) Advanced prostate cancer

13. The principal hormone responsible for lactation is:

A) FSH

B) LH

C) Prolactin

D) hCG

Answer: C) Prolactin

14. Hyperprolactinemia can cause all of the following EXCEPT:

A) Amenorrhea in women

B) Galactorrhea

C) Infertility in men

D) Hyperthyroidism

Answer: D) Hyperthyroidism

15. The main inhibitor of prolactin secretion is:

A) Estrogen

B) Progesterone

C) Dopamine

D) Serotonin

Answer: C) Dopamine

16. Which drug is an ergot-derived dopamine agonist used for hyperprolactinemia?

A) Ganirelix

B) Bromocriptine

C) Leuprolide

D) Degarelix

Answer: B) Bromocriptine

17. Dopamine agonists are used to treat all of the following EXCEPT:

A) Hyperprolactinemia

B) Acromegaly

C) Parkinsonism

D) Endometriosis

Answer: D) Endometriosis

18. A rare but serious adverse effect of bromocriptine in postpartum women is:

A) Stroke or coronary thrombosis

B) Hyperglycemia

C) Renal failure

D) Osteoporosis

Answer: A) Stroke or coronary thrombosis

19. Which of the following is a non-ergot dopamine agonist?

A) Quinagolide

B) Cabergoline

C) Pergolide

D) Goserelin

Answer: A) Quinagolide

20. Chronic high-dose ergot dopamine agonist therapy can cause:

A) Pulmonary infiltrates

B) Hepatic failure

C) Hyperkalemia

D) Diabetes

Answer: A) Pulmonary infiltrates

Pharma7 ***Male Hormones***

1. Which hormone primarily controls gametogenesis in males?

A) LH

B) FSH

C) Testosterone

D) DHT

Answer: B) FSH

2. What stimulates the pituitary release of FSH?

A) Inhibin

B) Activin

C) Testosterone

D) DHT

Answer: B) Activin

3. What percentage of circulating testosterone is free and biologically active?

A) 65%

B) 33%

C) 2%

D) 50%

Answer: C) 2%

4. Which of the following increases SHBG (Sex Hormone-Binding Globulin) levels in plasma?

A) Androgens

B) Obesity

C) Estrogen

D) Growth hormone

Answer: C) Estrogen

5. In peripheral tissues, testosterone is converted to its more active form by which enzyme?

A) Aromatase

B) 5α-reductase

C) 17α-hydroxylase

D) CYP450

Answer: B) 5α-reductase

6. Which androgen is mainly produced by the adrenal glands and has immunomodulatory effects in SLE?

A) Testosterone

B) DHT

C) DHEA

D) Androstenedione

Answer: C) DHEA

7. Which of the following is NOT a metabolic effect of androgens?

A) Increased renal erythropoietin secretion

B) Reduction of HDL levels

C) Increased liver synthesis of clotting factors

D) Increased insulin secretion

Answer: D) Increased insulin secretion

8. Why is testosterone not usually given orally?

A) It is toxic to the liver

B) It has low oral bioavailability

C) It causes severe side effects

D) It is rapidly excreted in urine

Answer: B) It has low oral bioavailability

9. Which synthetic androgen has the highest anabolic:androgenic activity ratio?

A) Methyltestosterone

B) Oxymetholone

C) Nandrolone decanoate

D) Oxandrolone

Answer: D) Oxandrolone (ratio ranges from 1:3 to 1:13)

10. Which is a common long-term adverse effect of anabolic steroid abuse?

A) Hypotension

B) Liver disease

C) Hyperglycemia

D) Hyperthyroidism

Answer: B) Liver disease

11. Which is NOT a therapeutic use of androgens?

A) Androgen replacement in hypogonadal men

B) Reversal of protein loss

C) Treatment of refractory anemias

D) Treatment of hypertension

Answer: D) Treatment of hypertension

12. Which of the following is a contraindication for androgen therapy?

A) Male pattern baldness

B) Pregnancy

C) Protein loss after trauma

D) Aplastic anemia

Answer: B) Pregnancy

13. Which drug is a 5α-reductase inhibitor used for BPH and male pattern baldness?

A) Flutamide

B) Spironolactone

C) Finasteride

D) Cyproterone acetate

Answer: C) Finasteride

14. Which antiandrogen is used in combination with a GnRH analog to reduce tumor flare in metastatic prostate cancer?

A) Flutamide

B) Bicalutamide

C) Spironolactone

D) Dutasteride

Answer: B) Bicalutamide

15. Which antiandrogen is also a potassium-sparing diuretic and inhibits 17α-hydroxylase?

A) Cyproterone

B) Flutamide

C) Spironolactone

D) Nilutamide

Answer: C) Spironolactone

16. What is a major adverse effect of antiandrogens like flutamide?

A) Hyperkalemia

B) Gynecomastia

C) Hypertension

D) Hyperglycemia

Answer: B) Gynecomastia

17. Which androgenic adverse effect is most likely to occur in women taking anabolic steroids?

A) Gynecomastia

B) Masculinization (hirsutism, deep voice)

C) Testicular atrophy

D) Azoospermia

Answer: B) Masculinization (hirsutism, deep voice)

18. Which of the following is NOT an effect of DHT inhibition?

A) Reduced prostate size

B) Treatment of hirsutism

C) Increased muscle mass

D) Treatment of early male pattern baldness

Answer: C) Increased muscle mass

Pharma8 ***Drugs Used in Neoplasms of the Urogenital System***

1. Which of the following is an alkylating agent that requires metabolic activation in the liver to exert its cytotoxic effects?

A) Methotrexate

B) Cyclophosphamide

C) Doxorubicin

D) Paclitaxel

Answer: B) Cyclophosphamide

2. What is a major dose-limiting toxicity of cyclophosphamide?

A) Cardiotoxicity

B) Hemorrhagic cystitis

C) Pulmonary fibrosis

D) Ototoxicity

Answer: B) Hemorrhagic cystitis

3. Methotrexate exerts its anticancer effect primarily by:

A) Inhibiting microtubule function

B) Inhibiting dihydrofolate reductase

C) Intercalating into DNA

D) Inhibiting topoisomerase II

Answer: B) Inhibiting dihydrofolate reductase

4. Which agent is used as a rescue therapy to reduce methotrexate toxicity?

A) Folinic acid (leucovorin)

B) Vitamin B12

C) N-acetylcysteine

D) Mesna

Answer: A) Folinic acid (leucovorin)

5. Which of the following is a major adverse effect of doxorubicin?

A) Nephrotoxicity

B) Cardiotoxicity

C) Pulmonary fibrosis

D) Hemorrhagic cystitis

Answer: B) Cardiotoxicity

6. Paclitaxel is best described as:

A) An anthracycline antibiotic

B) A microtubule stabilizer

C) A DNA alkylating agent

D) A topoisomerase I inhibitor

Answer: B) A microtubule stabilizer

7. Which premedication is recommended before paclitaxel administration to prevent hypersensitivity reactions?

A) Dexamethasone, diphenhydramine, H2-blocker

B) Leucovorin

C) Mesna

D) Atropine

Answer: A) Dexamethasone, diphenhydramine, H2-blocker

8. Which monoclonal antibody targets the HER-2/neu receptor and is used in HER2-positive breast cancer?

A) Bevacizumab

B) Trastuzumab

C) Rituximab

D) Cetuximab

Answer: B) Trastuzumab

9. What is the main mechanism of action of cisplatin?

A) Inhibits topoisomerase II

B) Inhibits dihydrofolate reductase

C) Forms DNA cross-links

D) Inhibits microtubule depolymerization

Answer: C) Forms DNA cross-links

10. Which toxicity is most commonly associated with cisplatin?

A) Cardiotoxicity

B) Nephrotoxicity

C) Pulmonary fibrosis

D) Hypersensitivity

Answer: B) Nephrotoxicity

11. Which drug is a topoisomerase I inhibitor used as second-line therapy for advanced ovarian cancer?

A) Etoposide

B) Topotecan

C) Bleomycin

D) Altretamine

Answer: B) Topotecan

12. Which of the following is a dose-limiting toxicity of bleomycin?

A) Cardiotoxicity

B) Nephrotoxicity

C) Pulmonary toxicity

D) Hepatotoxicity

Answer: C) Pulmonary toxicity

13. What is the mainstay of treatment for prostate cancer according to the PDF?

A) Chemotherapy

B) Surgical removal of the prostate

C) Elimination of testosterone production

D) Radiation therapy

Answer: C) Elimination of testosterone production

14. Which drug is an anthracycline antibiotic used for advanced, hormone-refractory prostate cancer?

A) Doxorubicin

B) Mitoxantrone

C) Bleomycin

D) Paclitaxel

Answer: B) Mitoxantrone

15. Which drug used in testicular cancer acts by causing DNA strand breaks via free radical formation and is cell-cycle specific for the G2 phase?

A) Etoposide

B) Bleomycin

C) Cisplatin

D) Cyclophosphamide

Answer: B) Bleomycin

Pharma9 ***Oral Contraceptives***

1. Which of the following best describes a monophasic oral contraceptive?

A) Dosage of both components is changed twice during the cycle

B) Dosage of one or both components is changed once during the cycle

C) Constant dosage of both components during the cycle

D) Contains only progestin

Answer: C) Constant dosage of both components during the cycle

2. Which of the following is NOT a commonly used progestin in oral contraceptives?

A) L-Norgestrel

B) Drospirenone

C) Norethindrone

D) Estradiol

Answer: D) Estradiol

3. The main mechanism of action of combination oral contraceptives is:

A) Destruction of ova

B) Inhibition of ovulation by inhibiting pituitary function

C) Increasing uterine contractions

D) Promoting implantation

Answer: B) Inhibition of ovulation by inhibiting pituitary function

4. Chronic use of combination oral contraceptives can cause which of the following changes in the ovary?

A) Enlargement

B) Depression of ovarian function and reduced size

C) No change

D) Permanent atrophy

Answer: B) Depression of ovarian function and reduced size

5. Which of the following is a potential effect of combination oral contraceptives on the liver?

A) Increased serum haptoglobins

B) Reduced serum haptoglobins

C) Decreased risk of cholestasis

D) Increased protein synthesis

Answer: B) Reduced serum haptoglobins

6. Which of the following is a mild adverse effect of oral contraceptives?

A) Myocardial infarction

B) Nausea

C) Venous thromboembolism

D) Amenorrhea with galactorrhea

Answer: B) Nausea

7. Which adverse effect is most commonly associated with progestin-only contraceptives like DMPA?

A) Predictable menses

B) Irregular bleeding and amenorrhea

C) Increased fertility

D) Severe hypertension

Answer: B) Irregular bleeding and amenorrhea

8. Which of the following is a contraindication for combined oral contraceptive use?

A) Controlled dyslipidemia

B) Venous thromboembolic disease

C) Mild headache

D) Menstrual irregularities

Answer: B) Venous thromboembolic disease

9. What is a unique risk associated with long-term use of depot medroxyprogesterone acetate (DMPA)?

A) Increased bone density

B) Reduction in bone density

C) Increased risk of breast cancer

D) Increased menstrual blood loss

Answer: B) Reduction in bone density

10. Which statement about the effect of oral contraceptives on carbohydrate metabolism is correct?

A) They increase carbohydrate absorption from the GIT

B) Progesterone decreases basal insulin levels

C) Potent progestins may cause a reversible decrease in carbohydrate tolerance

D) They have no effect on glucose metabolism

Answer: C) Potent progestins may cause a reversible decrease in carbohydrate tolerance

11. Which of the following is a benefit of using DMPA?

A) Increased risk of endometrial cancer

B) Decreased menstrual blood loss

C) Increased risk of ovulation

D) Predictable menstrual cycles

Answer: B) Decreased menstrual blood loss

12. Which of the following is a moderate adverse effect of oral contraceptives that may require discontinuation?

A) Nausea

B) Weight gain with androgen-like progestins

C) Mild headache

D) Increased ESR

Answer: B) Weight gain with androgen-like progestins

13. Which of the following is NOT a therapeutic use of combination oral contraceptives?

A) Oral contraception

B) Treatment of endometriosis

C) Treatment of hypertension

D) Regulation of menstrual cycle

Answer: C) Treatment of hypertension

14. What is a possible effect of androgen-like progestins in oral contraceptives on the skin?

A) Decreased pigmentation

B) Increased sebum and acne

C) Decreased hair growth

D) No effect

Answer: B) Increased sebum and acne

15. Which group of women should not use combined hormonal contraceptives?

A) Non-smoking women under 35 with controlled diabetes

B) Women with diabetes and vascular disease

C) Women with controlled dyslipidemia

D) Women with regular menstrual cycles

Answer: B) Women with diabetes and vascular disease

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