

D.PHARMA EXIT EXAM 2024



ARAMBH **SERIES**

SUBJECT

Pharmacotherapeutics

40 QUESTIONS WITH DETAILED EXPLANATION

**TIME-
08:00 P.M**



ANAMIKA MAM



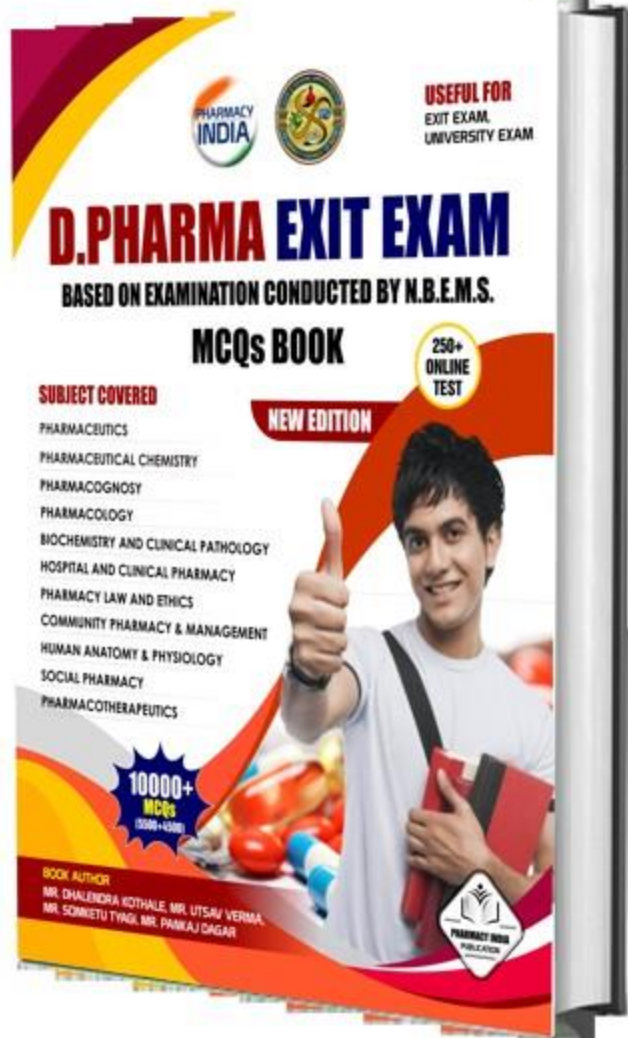
DOWNLOAD "PHARMACY INDIA" MOBILE APP



Mobile Phone Par Click karein

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK



Special Features:

- ✓ Covered all 11 Subjects
- ✓ Based on NBEMS New Syllabus
- ✓ 10000+ MCQs
- ✓ 250+ Pages
- ✓ Available on FLIPKART & AMAZON

FOR ANY QUERY:
CONTACT- 9389516306

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success



Visit – www.dpee.org
Website for D.Pharma Students

- HOME
- CRASH COURSE
- BOOKS
- MCQS
- QUIZ
- SYLLABUS
- SAMPLE PAPERS
- BLOG
- ABOUT US
- ACCOUNT
- 🔍

 WhatsApp D. Pharma Group [Join Now](#)







 Telegram D. Pharma Group [Join Now](#)

[Subscribe to our YouTube Channel \(Pharmacy india\)](#)

 [Preparing for the D Pharma Exit Exam?](#) 

Unlock the best resources to ace your exam with our comprehensive offerings:

FOLLOW US

CATEGORIES

Books

Activate Windows
Go to Settings to activate Windows

CK TO TOP 

1. Which of the following is not a musculoskeletal disorder

- (a) Rheumatoid arthritis
- (b) Osteoarthritis
- (c) Conjunctivitis
- (d) Both (a) and (b)

1. Which of the following is not a musculoskeletal disorder

- (a) Rheumatoid arthritis
- (b) Osteoarthritis
- (c) Conjunctivitis**
- (d) Both (a) and (b)

Conjunctivitis is an inflammation of the conjunctiva in the eye, making it an eye condition and not a musculoskeletal disorder. Rheumatoid arthritis and osteoarthritis are both inflammatory and degenerative joint diseases, which fall under the category of musculoskeletal disorders.

2. Rheumatoid arthritis (RA) is different from some other forms of arthritis because

- (a) Is more painful than other forms
- (b) Occurs below the waist
- (c) Is symmetrical, affecting the right and left sides of the body
- (d) Generally, occurs above the waist

2. Rheumatoid arthritis (RA) is different from some other forms of arthritis because

- (a) Is more painful than other forms
- (b) Occurs below the waist
- (c) Is symmetrical, affecting the right and left sides of the body**
- (d) Generally, occurs above the waist

Rheumatoid arthritis (RA) is distinct from many other forms of arthritis due to its symmetrical presentation. This means that if one joint is affected (e.g., the left wrist), the corresponding joint on the opposite side (the right wrist) is also likely to be affected.

3. The term arthritis refers to

- (a) Stiffness in joint
- (b) Inflammation of the joints
- (c) Both (a) and (b)
- (d) None of these

3. The term arthritis refers to

- (a) Stiffness in joint
- (b) Inflammation of the joints
- (c) Both (a) and (b)**
- (d) None of these

Arthritis is a common disease that causes inflammation, pain, and stiffness in the joints. It can affect any joint, but is most common in the hands, wrists, knees, hips, feet, ankles, shoulders, and lower back.

4. Which of the following drug is not used in rheumatoid arthritis

- (a) Methotrexate
- (b) Ibuprofen
- (c) Sulfasalazine
- (d) Chloramphenicol

4. Which of the following drug is not used in rheumatoid arthritis

- (a) Methotrexate
- (b) Ibuprofen
- (c) Sulfasalazine
- (d) Chloramphenicol

Chloramphenicol (d): This is an antibiotic that is used to treat certain bacterial infections but has no role in the treatment of rheumatoid arthritis. It does not address inflammation or joint issues associated with this condition.

Methotrexate (a): This is a commonly used disease-modifying antirheumatic drug (DMARD) that helps slow the progression of rheumatoid arthritis and reduce joint damage.

Ibuprofen (b): This is a nonsteroidal anti-inflammatory drug (NSAID) that provides relief from pain and inflammation, making it useful in managing symptoms of rheumatoid arthritis.

Sulfasalazine (c): This is another DMARD that can be effective in treating rheumatoid arthritis by reducing inflammation and preventing joint damage.

5. Which joints are affected in case of osteoarthritis?

- (a) Hands
- (b) Hips
- (c) Knees
- (d) All of these

5. Which joints are affected in case of osteoarthritis?

- (a) Hands
- (b) Hips
- (c) Knees
- (d) All of these

Osteoarthritis can affect various joints in the body, including:

Hands: Osteoarthritis often affects the small joints of the hands, leading to pain and stiffness.

Hips: The hip joints are commonly affected, causing pain and reduced mobility.

Knees: Osteoarthritis frequently impacts the knee joints, resulting in swelling and difficulty in movement.

6. What are the risk factors for developing osteoarthritis?

- (a) Joint injury
- (b) Obesity
- (c) Age over 55
- (d) All of the above

6. What are the risk factors for developing osteoarthritis?

- (a) Joint injury
- (b) Obesity
- (c) Age over 55
- (d) All of the above

All the listed factors are recognized risk factors for developing osteoarthritis:

Joint injury: Previous injuries can increase the risk of osteoarthritis in the affected joint.

Obesity: Excess weight adds stress to weight-bearing joints, increasing the risk.

Age over 55: The likelihood of developing osteoarthritis increases with age due to wear and tear on the joints.

7. Which drug class is typically used to manage symptoms of heart failure by reducing preload?

- A) Beta-blockers**
- B) Diuretics**
- C) ACE inhibitors**
- D) Calcium channel blockers**

7. Which drug class is typically used to manage symptoms of heart failure by reducing preload?

A) Beta-blockers

B) Diuretics

C) ACE inhibitors

D) Calcium channel blockers

Explanation:

Diuretics help reduce fluid accumulation and preload, alleviating symptoms of heart failure.

8. Which of the following is the non- pharmacological management of osteoarthritis

- (a) Weight gain
- (b) Aerobics and Cycling
- (c) Avoiding glucosamine
- (d) Arthroscopy

8. Which of the following is the non- pharmacological management of osteoarthritis

- (a) Weight gain
- (b) Aerobics and Cycling**
- (c) Avoiding glucosamine
- (d) Arthroscopy

Explanation:

These are non-pharmacological approaches that can help improve joint function, strengthen muscles around the joints, and maintain mobility.

9. What medications are management of osteoarthritis used in?

- (a) Ibuprofen
- (b) Doxycycline
- (c) Methotrexate
- (d) All of these

9. What medications are management of osteoarthritis used in?

- (a) Ibuprofen
- (b) Doxycycline
- (c) Methotrexate
- (d) All of these

Explanation:

This is a nonsteroidal anti-inflammatory drug (NSAID) commonly used to manage pain and inflammation associated with osteoarthritis.

Doxycycline: While doxycycline is an antibiotic, it is not a primary medication for osteoarthritis management.

Methotrexate: This is a disease-modifying antirheumatic drug (DMARD) used mainly for rheumatoid arthritis and not typically for osteoarthritis.

10. Which of the following test is used for conforming rheumatoid arthritis

- (a) Rf factor
- (b) ESR
- (c) Anti-CCP
- (d) C-reactive protein

10. Which of the following test is used for conforming rheumatoid arthritis

- (a) Rf factor
- (b) ESR
- (c) Anti-CCP
- (d) C-reactive protein

Explanation:

Anti-CCP: Anti-cyclic citrullinated peptide antibodies are highly specific for rheumatoid arthritis and are used to confirm the diagnosis.

11. Which of the following drug don't belongs to DMARDS

- (a) Etanercept
- (b) Sulfasalazine
- (c) Hydroxychloroquine
- (d) Methotrexate

11. Which of the following drug don't belongs to DMARDS

- (a) Etanercept
- (b) Sulfasalazine
- (c) Hydroxychloroquine
- (d) Methotrexate

Explanation:

While etanercept is used in the treatment of rheumatoid arthritis, it is classified as a biologic agent, specifically a tumor necrosis factor (TNF) inhibitor, rather than a traditional DMARD (disease-modifying antirheumatic drug).

12. Which of the following joints are rarely affected during RA

- (a) Wrist joints
- (b) Metacarpophalangeal joint
- (c) Cricoarytenoid joint
- (d) Lumbar spine joints

12. Which of the following joints are rarely affected during RA

- (a) Wrist joints
- (b) Metacarpophalangeal joint
- (c) Cricoarytenoid joint
- (d) Lumbar spine joints

Explanation:

Lumbar spine joints: RA typically affects peripheral joints more than axial joints, and the lumbar spine is rarely involved.

Wrist joints: Commonly affected in rheumatoid arthritis (RA).

Metacarpophalangeal joint: Also commonly affected in RA.

Cricoarytenoid joint: These joints can be affected in RA, leading to symptoms like voice changes or difficulty swallowing.

13. Hyaluronic acid injection is used in the management of

- (a) Osteoarthritis
- (b) Rheumatoid arthritis
- (c) Osteoporosis
- (d) Glaucoma

13. Hyaluronic acid injection is used in the management of

- (a) Osteoarthritis**
- (b) Rheumatoid arthritis
- (c) Osteoporosis
- (d) Glaucoma

Explanation:

Hyaluronic acid injections are commonly used in the management of osteoarthritis, particularly in the knee. They can help lubricate the joint and alleviate pain.

14. Which cells are involved in the pathogenesis of OA?

- (a) Chondrocytes
- (b) Lysosomes
- (c) Nucleus
- (d) Mitochondria

14. Which cells are involved in the pathogenesis of OA?

- (a) Chondrocytes
- (b) Lysosomes
- (c) Nucleus
- (d) Mitochondria

Explanation:

Chondrocytes: These are the primary cells found in cartilage and play a crucial role in the pathogenesis of osteoarthritis (OA). They are responsible for maintaining cartilage structure and function, and in OA, their activity becomes impaired, leading to cartilage degradation.

15. Ideal dose of methotrexate for RA management

- (a) 40 mg
- (b) 25 mg
- (c) 7.5-15 mg
- (d) 50 mg

15. Ideal dose of methotrexate for RA management

- (a) 40 mg
- (b) 25 mg
- (c) 7.5-15 mg
- (d) 50 mg

Explanation:

The ideal starting dose of methotrexate for managing rheumatoid arthritis (RA) is typically between 7.5 mg and 15 mg per week.



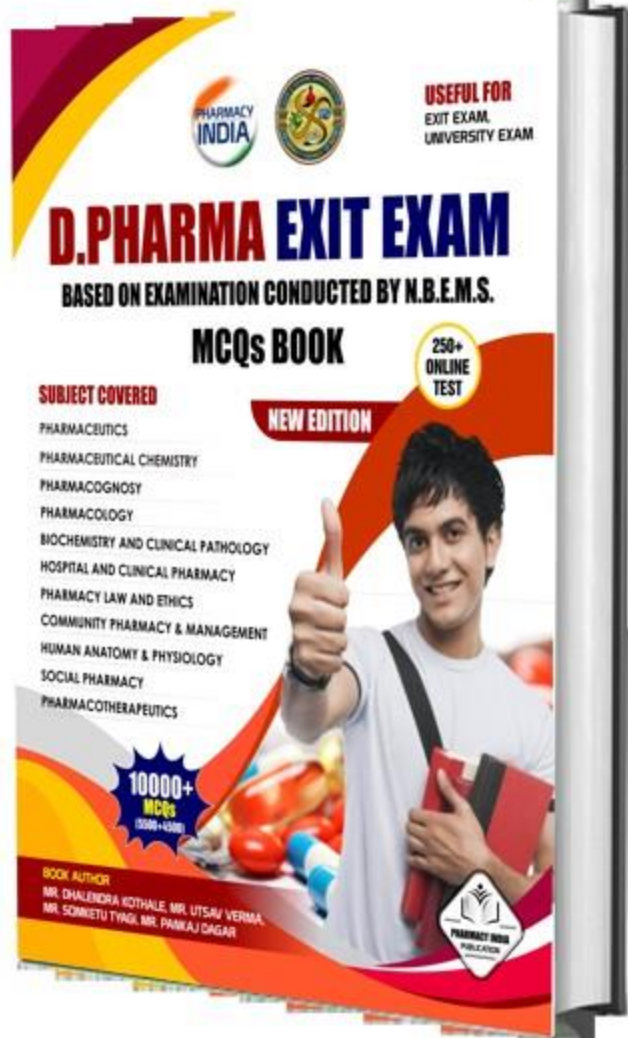
DOWNLOAD "PHARMACY INDIA" MOBILE APP



Mobile Phone Par Click karein

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK



Special Features:

- ✓ Covered all 11 Subjects
- ✓ Based on NBEMS New Syllabus
- ✓ 10000+ MCQs
- ✓ 250+ Pages
- ✓ Available on FLIPKART & AMAZON

FOR ANY QUERY:
CONTACT- 9389516306

16. Which of the following drug is TNF- α inhibitors

- (a) Methotrexate
- (b) Allopurinol
- (c) Leflunomide
- (d) Infliximab

16. Which of the following drug is TNF- α inhibitors

- (a) Methotrexate
- (b) Allopurinol
- (c) Leflunomide
- (d) Infliximab**

Explanation:

Infliximab: This is a TNF- α inhibitor used in the treatment of rheumatoid arthritis and other autoimmune conditions. It works by blocking the action of tumor necrosis factor alpha, a key inflammatory cytokine.

17. Surgical treatment of osteoarthritis is termed as

- (a) Arthroplasty
- (b) Angioplasty
- (c) Tubectomy
- (d) Arthroscopy

17. Surgical treatment of osteoarthritis is termed as

- (a) Arthroplasty
- (b) Angioplasty
- (c) Tubectomy
- (d) Arthroscopy

Explanation:

Arthroplasty: This is a surgical procedure to repair, replace, or reconstruct a joint damaged by osteoarthritis or other conditions. It is commonly performed on hips and knees.

Angioplasty: This procedure is used to widen narrowed or obstructed blood vessels and is not related to joint surgery.

Tubectomy: This refers to a surgical procedure for female sterilization and is not related to osteoarthritis.

Arthroscopy: This is a minimally invasive surgical technique used to visualize, diagnose, and treat joint problems but does not specifically refer to the treatment of osteoarthritis.

18. Which of the following antireumatic drug is Dihydrofolate reductase inhibitor

- (a) Methotrexate
- (b) Piroxicam
- (c) Sulfasalazine
- (d) Leflunomide

18. Which of the following antireumatic drug is Dihydrofolate reductase inhibitor

- (a) Methotrexate**
- (b) Piroxicam
- (c) Sulfasalazine
- (d) Leflunomide

Explanation:

Methotrexate: This is a dihydrofolate reductase inhibitor, which interferes with the metabolism of folate and is commonly used as a disease-modifying antirheumatic drug (DMARD) in the treatment of rheumatoid arthritis and other autoimmune diseases.

19. Articular cartilages are affected in

- (a) Osteoporosis
- (b) Osteoarthritis
- (c) Osteopenia
- (d) Rheumatoid arthritis

19. Articular cartilages are affected in

- (a) Osteoporosis
- (b) Osteoarthritis**
- (c) Osteopenia
- (d) Rheumatoid arthritis

Explanation:

Osteoarthritis: This condition primarily affects articular cartilage, leading to its degeneration, which results in pain, stiffness, and decreased joint function.

20. Which of the following drug is given in combination with methotrexate

- (a) Hydroxychloroquine
- (b) Glucosamine
- (c) Calcitriol
- (d) Cyanocobalamin

20. Which of the following drug is given in combination with methotrexate

- (a) Hydroxychloroquine
- (b) Glucosamine
- (c) Calcitriol
- (d) Cyanocobalamin

Explanation:

Hydroxychloroquine: This drug is often used in combination with methotrexate for the treatment of rheumatoid arthritis and other autoimmune diseases to enhance efficacy and improve patient outcomes.

21. What happens to skin cells in a person with psoriasis?

- (a) Skin cells pile up on the surface of the skin before they are mature
- (b) Mature skin cells can't make their way to the surface of the skin
- (c) Skin cells die before becoming mature
- (d) Both (b) and (c)

21. What happens to skin cells in a person with psoriasis?

- (a) Skin cells pile up on the surface of the skin before they are mature
- (b) Mature skin cells can't make their way to the surface of the skin
- (c) Skin cells die before becoming mature
- (d) Both (b) and (c)

Explanation:

In psoriasis, skin cells proliferate rapidly, leading to an accelerated life cycle.

(a): Skin cells pile up on the surface before they are mature, which causes the characteristic thick, scaly patches seen in psoriasis.

(b): Mature skin cells can still make their way to the surface, but the turnover is so rapid that they don't have enough time to mature properly.

(c): While there is increased cell turnover, the primary issue is not that they die before becoming mature, but rather that they are produced too quickly.

22. Which body parts are often affected by psoriasis?

- (a) Elbows
- (b) Scalp, Knees
- (c) Chest, back, and abdomen
- (d) All of these

22. Which body parts are often affected by psoriasis?

- (a) Elbows
- (b) Scalp, Knees
- (c) Chest, back, and abdomen
- (d) All of these**

Explanation:

Psoriasis can affect various parts of the body, and the following areas are commonly involved:

Elbows: Often have thick, scaly patches.

Scalp and Knees: The scalp is a frequent site for psoriasis, as are the knees.

Chest, back, and abdomen: These areas can also be affected, presenting with plaques of psoriasis.

23. What is a health problem that also may occur with psoriasis?

- (a) Hives
- (b) Gingivitis
- (c) Conjunctivitis
- (d) Arthritis

23. What is a health problem that also may occur with psoriasis?

- (a) Hives
- (b) Gingivitis
- (c) Conjunctivitis
- (d) Arthritis**

Explanation:

Psoriasis is associated with an increased risk of several comorbidities, and one of the most common is psoriatic arthritis, which affects the joints and can occur in conjunction with psoriasis.

24. Psoriasis falls into which category of disease

- (a) Infectious disease
- (b) Genetic disease (passed down through families)
- (c) Autoimmune disease
- (d) Both (b) and (c)

24. Psoriasis falls into which category of disease

- (a) Infectious disease
- (b) Genetic disease (passed down through families)
- (c) Autoimmune disease
- (d) Both (b) and (c)

Explanation:

Genetic disease: Psoriasis has a hereditary component, meaning it can run in families.

Autoimmune disease: It is also considered an autoimmune condition, where the immune system mistakenly attacks healthy skin cells, leading to the rapid turnover of skin cells and the formation of plaques.

25. Itching is a common symptom of psoriasis (and other skin disorders). Which of these suggestions can help relieve the itching

- (a) Apply hot packs
- (b) Spend brief periods of time in the sun
- (c) Use a skin moisturizer
- (d) Both (b) and (c)

25. Itching is a common symptom of psoriasis (and other skin disorders). Which of these suggestions can help relieve the itching

- (a) Apply hot packs
- (b) Spend brief periods of time in the sun
- (c) Use a skin moisturizer
- (d) Both (b) and (c)**

Explanation:

Spend brief periods of time in the sun: Controlled sun exposure can help reduce psoriasis symptoms for some people, though it should be done cautiously to avoid sunburn.

Use a skin moisturizer: Keeping the skin moisturized can help alleviate itching and reduce dryness, which is beneficial for those with psoriasis.

26. Psoriasis can interfere with quality of life. In what way

- (a) Itching can interfere with sleep
- (b) Plaques that appear on the hands can make it difficult to work
- (c) Plaques and itching may make people self-conscious about their appearance
- (d) All of these

26. Psoriasis can interfere with quality of life. In what way

- (a) Itching can interfere with sleep
- (b) Plaques that appear on the hands can make it difficult to work
- (c) Plaques and itching may make people self-conscious about their appearance
- (d) All of these**

Explanation:

Psoriasis can significantly affect quality of life in various ways:

Itching can interfere with sleep: Persistent itching can lead to difficulty sleeping, affecting overall health and well-being.

Plaques that appear on the hands can make it difficult to work:

Lesions on the hands can hinder daily activities and job performance.

Plaques and itching may make people self-conscious about their appearance: Many individuals with psoriasis feel self-conscious about their skin condition, which can impact their social interactions and mental health.

27. Psoriasis is the most common form of

- (a) Plaque
- (b) Pustular
- (c) Guttate
- (d) Inverse

27. Psoriasis is the most common form of

- (a) Plaque
- (b) Pustular
- (c) Guttate
- (d) Inverse

Explanation:

Plaque psoriasis is the most common form of psoriasis, characterized by raised, red patches covered with thick, silvery scales. It typically occurs on the elbows, knees, scalp, and lower back.

Pustular psoriasis (b), guttate psoriasis (c), and inverse psoriasis (d) are other types of psoriasis but are less common compared to plaque psoriasis.

28. Which of the below are symptoms of psoriasis

- (a) Itching
- (b) Burning
- (c) Cracked skin, Stiff joints
- (d) All of these

28. Which of the below are symptoms of psoriasis

- (a) Itching
- (b) Burning
- (c) Cracked skin, Stiff joints
- (d) All of these

Explanation:

All of the listed symptoms can occur in individuals with psoriasis:

Itching: Many people with psoriasis experience itching due to the inflammation of the skin.

Burning: A burning sensation may also occur in areas affected by psoriasis.

Cracked skin, Stiff joints: Psoriasis can lead to dry, cracked skin, and individuals with psoriatic arthritis may experience stiff joints.

29. The most prevalent form of psoriasis is 1 the plaque psoriasis. It is characterized by

- (a) Flaky white to yellowish scales formed on the scalp or inside the ear
- (b) White blisters of pus surrounded by red skin localized to hands and feet
- (c) Raised, inflamed, thick, red lesions covered by a silvery white scale found on the elbows, knees, scalp and lower back
- (d) Pimples all over the face

29. The most prevalent form of psoriasis is 1 the plaque psoriasis. It is characterized by

- (a) Flaky white to yellowish scales formed on the scalp or inside the ear
- (b) White blisters of pus surrounded by red skin localized to hands and feet
- (c) Raised, inflamed, thick, red lesions covered by a silvery white scale found on the elbows, knees, scalp and lower back
- (d) Pimples all over the face

Explanation:

Plaque psoriasis is characterized by raised, inflamed patches of skin that are covered with silvery-white scales. These lesions are commonly found on the elbows, knees, scalp, and lower back.

The other options describe different forms of skin conditions:

(a) describes seborrheic dermatitis.

(b) describes pustular psoriasis.

(d) is not specific to psoriasis and may refer to acne.

30. The type of psoriasis that often starts in childhood or young adulthood and is characterized by small, red, individual spots on the trunk and limbs is called

- (a) Inverse psoriasis
- (b) Guttate psoriasis
- (c) Pustular psoriasis
- (d) Erythrodermic psoriasis

30. The type of psoriasis that often starts in childhood or young adulthood and is characterized by small, red, individual spots on the trunk and limbs is called

- (a) Inverse psoriasis
- (b) Guttate psoriasis**
- (c) Pustular psoriasis
- (d) Erythrodermic psoriasis

Explanation:

Guttate psoriasis often begins in childhood or young adulthood and is characterized by small, red, individual spots (lesions) that typically appear on the trunk and limbs. It is often triggered by infections, such as strep throat.

31. Which of the following is a potential side effect of long-term antiepileptic drug use?

A) Weight loss

B) Osteoporosis

C) Increased energy

D) Improved cognitive function

31. Which of the following is a potential side effect of long-term antiepileptic drug use?

A) Weight loss

B) Osteoporosis

C) Increased energy

D) Improved cognitive function

Explanation:

Long-term use of certain antiepileptic drugs can affect bone health, increasing the risk of osteoporosis.

32. Which dietary therapy is sometimes used in the management of epilepsy, especially in children?

- A) Mediterranean diet**
- B) Ketogenic diet**
- C) Vegan diet**
- D) Low-carb diet**

32. Which dietary therapy is sometimes used in the management of epilepsy, especially in children?

A) Mediterranean diet

B) Ketogenic diet

C) Vegan diet

D) Low-carb diet

Explanation:

The ketogenic diet is high in fats and low in carbohydrates and has been shown to reduce seizure frequency in some patients.

The ketogenic diet involves consuming a very low amount of carbohydrates and replacing them with fat to help your body burn fat for energy.

33. Which of the following non-motor symptoms is often seen in Parkinson's disease?

- A) Tremors**
- B) Depression**
- C) Bradykinesia**
- D) Rigidity**

33. Which of the following non-motor symptoms is often seen in Parkinson's disease?

- A) Tremors
- B) Depression**
- C) Bradykinesia
- D) Rigidity

Explanation:

Non-motor symptoms, such as depression and anxiety, are common in Parkinson's disease and can significantly affect quality of life.

34. What is the role of dopamine agonists in Parkinson's disease treatment?

- A) They replace lost dopamine**
- B) They mimic the effects of dopamine**
- C) They inhibit dopamine breakdown**
- D) They act as a sedative**

34. What is the role of dopamine agonists in Parkinson's disease treatment?

- A) They replace lost dopamine**
- B) They mimic the effects of dopamine**
- C) They inhibit dopamine breakdown**
- D) They act as a sedative**

Explanation:

Dopamine agonists stimulate dopamine receptors and help alleviate motor symptoms by mimicking dopamine activity in the brain.

35. Which of the following is a common side effect of ACE inhibitors?

- A) Hyperkalemia**
- B) Hypoglycemia**
- C) Constipation**
- D) Tachycardia**

35. Which of the following is a common side effect of ACE inhibitors?

A) Hyperkalemia

B) Hypoglycemia

C) Constipation

D) Tachycardia

Explanation:

ACE inhibitors can lead to elevated potassium levels, known as hyperkalemia, which requires monitoring.

36. Which test is commonly used to evaluate cholesterol levels?

- A) Complete blood count (CBC)**
- B) Lipid profile**
- C) Basic metabolic panel (BMP)**
- D) Liver function tests (LFTs)**

36. Which test is commonly used to evaluate cholesterol levels?

A) Complete blood count (CBC)

B) Lipid profile

C) Basic metabolic panel (BMP)

D) Liver function tests (LFTs)

Explanation:

A lipid profile measures levels of LDL, HDL, and triglycerides, which are crucial for assessing hyperlipidaemia.

37. Which of the following is a common cause of secondary hypertension?

- A) Obesity**
- B) Primary hyperaldosteronism**
- C) Chronic stress**
- D) Sedentary lifestyle**

37. Which of the following is a common cause of secondary hypertension?

A) Obesity

B) Primary hyperaldosteronism

C) Chronic stress

D) Sedentary lifestyle

Explanation:

Primary hyperaldosteronism is an example of a condition that can cause secondary hypertension.

38. What defines asthma?

- A) Chronic lung infection**
- B) Reversible airflow obstruction**
- C) Irreversible airway damage**
- D) Airway infection**

38. What defines asthma?

- A) Chronic lung infection**
- B) Reversible airflow obstruction**
- C) Irreversible airway damage**
- D) Airway infection**

Explanation:

Asthma is characterized by episodes of reversible airflow obstruction due to airway inflammation and hyperresponsiveness.

39. Which of the following is a common allergen that can trigger asthma?

- A) Mold spores**
- B) Pollen**
- C) Dust mites**
- D) All of the above**

39. Which of the following is a common allergen that can trigger asthma?

- A) Mold spores**
- B) Pollen**
- C) Dust mites**
- D) All of the above**

Explanation:

Allergens like mold, pollen, and dust mites are common triggers for asthma exacerbations.

40. A key inflammatory mediator in asthma is:

- A) Histamine**
- B) Prostaglandins**
- C) Leukotrienes**
- D) All of the above**

40. A key inflammatory mediator in asthma is:

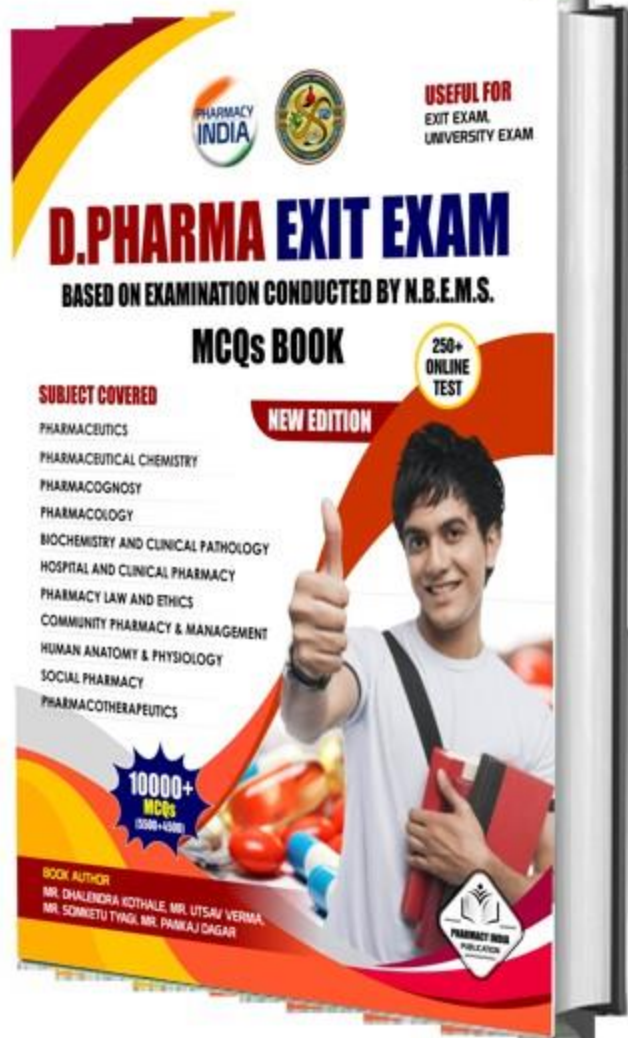
- A) Histamine**
- B) Prostaglandins**
- C) Leukotrienes**
- D) All of the above**

Explanation:

In asthma, various mediators, including histamine, prostaglandins, and leukotrienes, contribute to inflammation and bronchoconstriction.

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK



Special Features:

- ✓ Covered all 11 Subjects
- ✓ Based on NBEMS New Syllabus
- ✓ 10000+ MCQs
- ✓ 250+ Pages
- ✓ Available on FLIPKART & AMAZON

FOR ANY QUERY:
CONTACT- 9389516306

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit
Exam Success

For Latest **D.PHARMA EXIT EXAM** Updates
Visit: **DPEE.ORG**



HOME

CRASH COURSE

BOOKS

MCQS

MODEL PAPERS

QUIZZES

TEST SERIES

BLOG

ABOUT US

ACCOUNT



Preparing for the D Pharma Exit Exam? 

Unlock the best resources to ace your exam with our comprehensive offerings:

- **D Pharma Exit Exam Crash Course:** Boost your preparation with our targeted crash course. Get expert guidance and targeted study materials to enhance your exam preparation.

[➕ D Pharma Exit Exam Crash Course](#)

- **D Pharma Exit Exam Books:** Explore our selection of essential books covering everything you need to know for the exam.

 FOLLOW US



 CATEGORIES

Books

Crash Courses



6395596959

Connect for admission related queries