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D.PHARMA EXIT EXAM

ARAMBH SERIES

SUBJECT

PHARMACOLOGY

TIME-
08:30 P.M

40 QUESTIONS WITH DETAILED EXPLANATION

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1. All of the following agents are used in glaucoma treatment, EXCEPT

(a) Apraclonidine
(b) Timolol
(c) Pilocarpine
(d) Metoprolol

1. All of the following agents are used in glaucoma treatment, EXCEPT

(a) Apraclonidine

(b) Timolol

(c) Pilocarpine

(d) Metoprolol

Explanation:

Metoprolol is a beta-blocker commonly used to treat high blood pressure and heart conditions, but it is not used for managing glaucoma.

In contrast, apraclonidine, timolol, and pilocarpine are all medications used to reduce intraocular pressure in glaucoma treatment.

2. Atropine can cause

(a) Decreased cardiac output

(b) Heart block

(c) Hypertension

(d) Mydriasis

2. Atropine can cause

(a) Decreased cardiac output

(b) Heart block

(c) Hypertension

(d) Mydriasis

Explanation:

Atropine is an anticholinergic drug that can lead to dilation of the pupils (mydriasis) by blocking the effects of acetylcholine on the muscarinic receptors in the eye. It can also have other effects such as increased heart rate (tachycardia) and potentially hypertension, but it does not typically cause decreased cardiac output or heart block directly.

3. Which is the shortest acting mydriatic

(a) Atropine
(b) Tropicamide
(c) Cyclopentolate
(d) Homatropine

3. Which is the shortest acting mydriatic

(a) Atropine

(b) Tropicamide

(c) Cyclopentolate

(d) Homatropine

Explanation:

Tropicamide is known for its rapid onset and relatively short duration of action compared to other mydriatics. It is commonly used for dilating the pupils for eye examinations because its effects are brief, typically lasting only a few hours.

4. Atropine is used in all EXCEPT

(a) Glaucoma

(b) As a mydriatic

(c) As a cycloplegic

(d) Preanesthetic medication

4. Atropine is used in all EXCEPT

(a) Glaucoma

(b) As a mydriatic

(c) As a cycloplegic

(d) Preanesthetic medication

Explanation:

Atropine is not used for glaucoma treatment; in fact, it can increase intraocular pressure, which is detrimental for patients with glaucoma. It is used as a mydriatic and cycloplegic agent for eye examinations and can also be used as a preanesthetic medication to reduce secretions and counteract bradycardia.

5. Which one of the following is ADR of Pilocarpine

(a) Arrhythmia
(b) Headache
(c) Diminished vision
(d) Hypotension

5. Which one of the following is ADR of Pilocarpine

(a) Arrhythmia

(b) Headache

(c) Diminished vision

(d) Hypotension

Explanation:

Pilocarpine, a parasympathomimetic agent used to treat glaucoma, can cause a headache as a side effect due to its action on the ocular muscles and increased pressure on the ciliary body. Other potential side effects include diminished vision and, less commonly, hypotension.

Arrhythmia is not typically associated with pilocarpine.

6. If an ophthalmologist wants to dilate the pupils for an eye examination, which of the following drugs could be theoretically useful

(a) Acetylcholine
(b) Pilocarpine
(c) Neostigmine
(d) Tropicamide

6. If an ophthalmologist wants to dilate the pupils for an eye examination, which of the following drugs could be theoretically useful

(a) Acetylcholine
(b) Pilocarpine
(c) Neostigmine
(d) Tropicamide

Explanation:

Tropicamide is a mydriatic agent that causes the pupils to dilate by blocking the action of acetylcholine at muscarinic receptors in the eye. This makes it very useful for eye examinations.

Acetylcholine and neostigmine are not used for dilation.

Pilocarpine is a miotic agent that constricts the pupils rather than dilates them.

7. Which of the following drugs is commonly used topically and once a day in the treatment of open glaucoma

(a) Pilocarpine
(b) Tropicamide
(c) Latanoprost
(d) Carteolol

7. Which of the following drugs is commonly used topically and once a day in the treatment of open glaucoma

(a) Pilocarpine

(b) Tropicamide

(c) Latanoprost

(d) Carteolol

Explanation:

Latanoprost is a prostaglandin analog that effectively lowers intraocular pressure and is typically administered once daily.

Pilocarpine and carteolol are also used in glaucoma treatment, but they generally require more frequent dosing. Tropicamide is used mainly for pupil dilation during eye examinations rather than for long-term glaucoma management.

8. Pilocarpine is used for

(a) Glaucoma

(b) Urinary retention

(c) Paralytic ileus

(d) All of these

8. Pilocarpine is used for

(a) Glaucoma

(b) Urinary retention

(c) Paralytic ileus

(d) All of these

Explanation:

Pilocarpine is a miotic agent used to lower intraocular pressure in glaucoma by increasing the outflow of aqueous humor. It is not typically used for urinary retention or paralytic ileus; these conditions are generally managed with different types of medications or interventions.

9. Actions of pilocarpine include the following EXCEPT

(a) Sweating
(b) Miosis
(c) Salivation
(d) Cycloplegia

9. Actions of pilocarpine include the following EXCEPT

(a) Sweating

(b) Miosis

(c) Salivation

(d) Cycloplegia

Explanation:

Pilocarpine is a muscarinic agonist that causes miosis (pupil constriction), increases salivation, and can stimulate sweating.

Cycloplegia, which is paralysis of the ciliary muscle leading to loss of accommodation, is not an effect of pilocarpine. In fact, pilocarpine typically causes the opposite effect by stimulating accommodation.

10. Select the diuretic that is most effective in acute congestive glaucoma

(a) Mannitol
(b) Amiloride
(c) Furosemide
(d) Indapamide

10. Select the diuretic that is most effective in acute congestive glaucoma

(a) Mannitol

(b) Amiloride

(c) Furosemide

(d) Indapamide

Explanation:

Mannitol is an osmotic diuretic that can rapidly reduce intraocular pressure in acute congestive glaucoma by drawing fluid out of the eye. It is often used in emergency situations to manage severe cases of glaucoma. The other diuretics listed (amiloride, furosemide, and indapamide) are generally not used specifically for acute glaucoma management.

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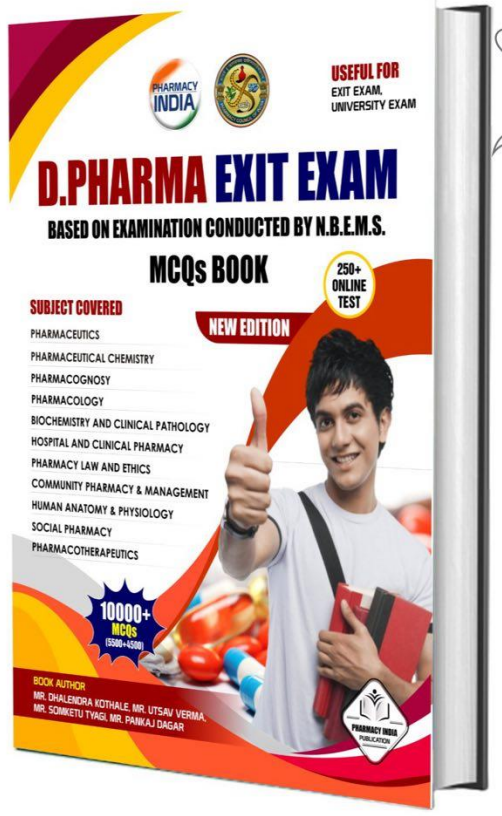

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11. First drug to be used in absence seizures IN

(a) Phenytoin
(b) Benzodiazepines
(c) Valproate
(d) Carbamazepine

11. First drug to be used in absence seizures IN

(a) Phenytoin

(b) Benzodiazepines

(c) Valproate

(d) Carbamazepine

Explanation:

Valproate (valproic acid) is considered a first-line treatment for absence seizures. It is effective in controlling these types of seizures and is often preferred over other antiepileptic drugs for this specific seizure type.

Phenytoin and carbamazepine are not effective for absence seizures and are generally used for other types of seizures.

Benzodiazepines may be used in specific cases but are not the first-line treatment for absence seizures.

12. Which of the following drugs is not an anticonvulsant

(a) Phenytoin
(b) Flunarizine
(c) Topiramate
(d) Phenobarbitone

12. Which of the following drugs is not an anticonvulsant

(a) Phenytoin

(b) Flunarizine

(c) Topiramate

(d) Phenobarbitone

Explanation:

Flunarizine is primarily used as a calcium channel blocker for the prevention of migraines and the management of certain types of dizziness and vertigo, rather than as an anticonvulsant. Phenytoin, topiramate, and phenobarbitone are all well-established anticonvulsants used to manage various types of seizures.

13. Drug of choice for myoclonic epilepsy in pregnancy is

(a) Carbamazepine
(b) Sodium valproate
(c) Phenobarbitone
(d) Phenytoin

13. Drug of choice for myoclonic epilepsy in pregnancy is

(a) Carbamazepine

(b) Sodium valproate

(c) Phenobarbitone

(d) Phenytoin

Explanation:

Phenobarbitone (phenobarbital) is often preferred for managing seizures in pregnancy due to its relatively better safety profile compared to some other anticonvulsants. Sodium valproate (valproic acid) is effective for myoclonic seizures but is generally avoided during pregnancy due to its high risk of causing fetal harm, including neural tube defects. Carbamazepine and phenytoin are also used in epilepsy management but have potential risks during pregnancy.

14. Which of the following antiepileptic drugs acts by affecting the levels of GABA

(a) Sodium valproate
(b) Ethosuximide
(c) Phenytoin sodium
(d) Carbamazepine

14. Which of the following antiepileptic drugs acts by affecting the levels of GABA

(a) Sodium valproate

(b) Ethosuximide

(c) Phenytoin sodium

(d) Carbamazepine

Explanation:

Sodium valproate (valproic acid) enhances the levels and effectiveness of GABA (gamma-aminobutyric acid) in the brain, which helps to control seizures.

Ethosuximide primarily affects calcium channels and is used mainly for absence seizures. Phenytoin sodium and carbamazepine work by stabilizing neuronal membranes and modulating sodium channels rather than directly affecting GABA levels.

15. Drug of choice in complex partial seizure is

(a) Phenytoin

(b) Valproate

(c) Carbamazepine

(d) Phenobarbitone

15. Drug of choice in complex partial seizure is

(a) Phenytoin

(b) Valproate

(c) Carbamazepine

(d) Phenobarbitone

Explanation:

Carbamazepine is considered the first-line treatment for complex partial seizures. It is effective in controlling these types of seizures by stabilizing neuronal activity.

While phenytoin, valproate, and phenobarbitone can also be used for various types of seizures, carbamazepine is specifically recommended for complex partial seizures.

16. Best agent for premenstrual syndrome management is

(a) Progesterone
(b) Anxiolytic
(c) SSRI
(d) Vitamin E

16. Best agent for premenstrual syndrome management is

(a) Progesterone

(b) Anxiolytic

(c) SSRI

(d) Vitamin E

Explanation:

Selective serotonin reuptake inhibitors (SSRIs) are often considered the most effective treatment for severe PMS or premenstrual dysphoric disorder (PMDD). SSRIs help alleviate mood-related symptoms associated with PMS. While progesterone, anxiolytics, and vitamin E may also be used in some cases, SSRIs are generally preferred for their efficacy in addressing the mood and emotional symptoms of PMS.

17. Antidepressant drug that can be used in nocturnal enuresis is

(a) Imipramine
(b) Fluvoxamine
(c) Phenelzine
(d) Bupropion

17. Antidepressant drug that can be used in nocturnal enuresis is

(a) Imipramine

(b) Fluvoxamine

(c) Phenelzine

(d) Bupropion

Explanation:

Imipramine, a tricyclic antidepressant, is sometimes used to treat nocturnal enuresis (bedwetting) in children. It has anticholinergic properties that can help reduce the frequency of nighttime urination.

The other options listed (fluvoxamine, phenelzine, and bupropion) are not typically used for this purpose.

18. The selective MAO-B inhibitor out of the following is

(a) Selegiline
(b) Cordyline
(c) Moclobemides
(d) Tranylcypromine

18. The selective MAO-B inhibitor out of the following is

(a) Selegiline

(b) Cordyline

(c) Moclobemides

(d) Tranylcypromine

Explanation:

Selegiline specifically inhibits monoamine oxidase type B (MAO-B), which is involved in the breakdown of dopamine in the brain. This makes it useful in the treatment of Parkinson's disease.

Cordyline is a plant, moclobemide is a selective MAO-A inhibitor, and tranylcypromine is a non-selective MAO inhibitor.

19. Common side effects of are all except chlorpromazine

(a) Osteoporosis

(b) Parkinson's disease

(c) Skin rash

(d) Amenorrhoea

19. Common side effects of are all except chlorpromazine

(a) Osteoporosis

(b) Parkinson's disease

(c) Skin rash

(d) Amenorrhoea

Explanation:

Chlorpromazine is a typical antipsychotic drug that can cause extrapyramidal symptoms similar to Parkinson's disease due to its dopamine antagonist effects. It can also cause skin rashes and menstrual disturbances, including amenorrhea. Osteoporosis is not a common side effect of chlorpromazine.

20. Dysphoria caused by opiates is mediated by which receptor

(a) Mu
(b) Kappa
(c) Delta
(d) Sigma

20. Dysphoria caused by opiates is mediated by which receptor

(a) Mu

(b) Kappa

(c) Delta

(d) Sigma

Explanation:

Kappa opioid receptors are associated with dysphoria and hallucinations, which can contribute to an unpleasant or distressing experience.

Mu receptors are primarily responsible for the analgesic and euphoric effects of opioids, while delta receptors are involved in mood regulation and pain modulation. Sigma receptors are less well-understood but are not directly linked to dysphoria caused by opioids.

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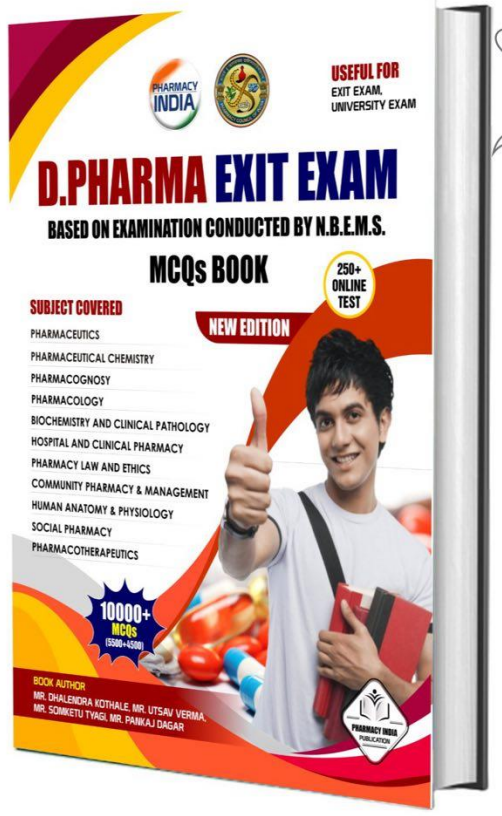

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21. Which among the following drug is contra-indicated in renal failure

(a) Pethidine
(b) Amlodipine
(c) Fentanyl
(d) Atracurium

21. Which among the following drug is contra-indicated in renal failure

(a) Pethidine

(b) Amlodipine

(c) Fentanyl

(d) Atracurium

Explanation:

Pethidine (meperidine) is metabolized to normeperidine, which is excreted by the kidneys. In patients with renal impairment, normeperidine can accumulate to toxic levels, potentially causing seizures and other adverse effects. Therefore, pethidine is generally avoided in renal failure. Amlodipine, fentanyl, and atracurium are less affected by renal function.

22. Which of the following drug is not an opioid agonist

(a) Heroin
(b) Ketamine
(c) Methadone
(d) Codeine

22. Which of the following drug is not an opioid agonist

(a) Heroin

(b) Ketamine

(c) Methadone

(d) Codeine

Explanation:

Ketamine is an NMDA receptor antagonist and is used primarily as an anesthetic and for its dissociative and analgesic effects. It is not an opioid agonist.

Heroin, methadone, and codeine are all opioid agonists. They act on opioid receptors in the brain to produce their effects, including pain relief and euphoria.

23. The u opioid receptor is responsible for the following effects

(a) Miosis
(b) Tachycardia
(c) Hyperthermia
(d) Bronchodilation

23. The u opioid receptor is responsible for the following effects

(a) Miosis

(b) Tachycardia

(c) Hyperthermia

(d) Bronchodilation

Explanation:

Mu opioid receptors mediate several effects associated with opioid use, including miosis (pupil constriction). They are also associated with analgesia, euphoria, respiratory depression, and decreased gastrointestinal motility. Tachycardia, hyperthermia, and bronchodilation are not typical effects of mu opioid receptor activation.

24. Opioids" differ from "opiates" in that they are

(a) More powerful in action

(b) More long acting

(c) Synthetic derivative

(d) Derived directly from opium

24. Opioids" differ from "opiates" in that they are

(a) More powerful in action

(b) More long acting

(c) Synthetic derivative

(d) Derived directly from opium

Explanation:

The term "opioids" refers to a broad class of drugs that include both natural opiates (derived directly from opium, such as morphine and codeine) and synthetic or semi-synthetic compounds (such as fentanyl and oxycodone) that mimic the effects of opiates. Opiates specifically refer to drugs that are naturally derived from the opium poppy, whereas opioids encompass both natural and synthetic compounds.

25. Which of the following is an atypical neuroleptic drug

(a) Loxapine
(b) Olanzapine
(c) Pimozide
(d) Flupenthioxol

25. Which of the following is an atypical neuroleptic drug

(a) Loxapine

(b) Olanzapine

(c) Pimozide

(d) Flupenthioxol

Explanation:

Olanzapine is classified as an atypical antipsychotic (or second-generation antipsychotic). Atypical neuroleptics generally have a broader spectrum of efficacy and often have a different side effect profile compared to typical (first-generation) antipsychotics.

The other drugs listed are typical neuroleptics:

Loxapine: Atypical but can also be considered a first-generation antipsychotic.

Pimozide: A typical antipsychotic.

Flupenthixol: A typical antipsychotic.

26. Which of the following is a non-sedative anxiolytic

(a) Chlorpromazine
(b) Buspirone
(c) Hydroxyzine
(d) Alprazolm

26. Which of the following is a non-sedative anxiolytic

(a) Chlorpromazine

(b) Buspirone

(c) Hydroxyzine

(d) Alprazolm

Explanation:

Buspirone is a non-sedative anxiolytic specifically designed to treat anxiety disorders. Unlike benzodiazepines, it does not cause significant sedation or have a high potential for abuse. It works on serotonin receptors and is considered a non-sedative option for managing anxiety.

27. The following anaesthetic can be used by the open drop method

(a) Ether
(b) Desflurane
(c) Halothane
(d) Isoflurane

27. The following anaesthetic can be used by the open drop method

(a) Ether

(b) Desflurane

(c) Halothane

(d) Isoflurane

Explanation:

Ether is a volatile anesthetic that was historically used with the open drop method. In this method, ether was applied to a gauze or cloth, and the patient would inhale the vapor. This technique was common in the early days of anesthesia but has largely been phased out in favor of more modern methods and agents.

In this method, a volatile anesthetic liquid is dropped onto a piece of gauze, cloth, or a similar absorbent material. The patient then inhales the vapors from the cloth.

28. Select the general anaesthetic having the most marked uterine relaxant action

(a) Propofol
(b) Halothane
(c) Nitrous oxide
(d) Ether

28. Select the general anaesthetic having the most marked uterine relaxant action

(a) Propofol

(b) Halothane

(c) Nitrous oxide

(d) Ether

Explanation:

Halothane: This volatile anesthetic is known for its potent uterine relaxant properties.

Halothane can significantly decrease uterine tone and relax the uterine muscles, which can be particularly useful in obstetric procedures such as cesarean sections. This property is a well-documented effect of halothane, making it the most notable anesthetic for uterine relaxation among the options given.

29. Currently barbiturates are primarily used as

(a) Hypnotic

(b) Antiepileptic

(c) Sedative

(d) Preanesthetic medicant

29. Currently barbiturates are primarily used as

(a) Hypnotic

(b) Antiepileptic

(c) Sedative

(d) Preanesthetic medicant

Explanation:

Antiepileptic: Barbiturates are primarily used as antiepileptic drugs, particularly in the management of certain types of seizures. Drugs such as phenobarbital are used in the treatment of epilepsy, especially when other medications are not effective or in cases of refractory seizures.

30. Hypnotic dose of diazepam produces the following action

(a) Tachycardia
(b) Constipation
(c) Hyperalgesia
(d) Decreased nocturnal gastric secretion

30. Hypnotic dose of diazepam produces the following action

(a) Tachycardia

(b) Constipation

(c) Hyperalgesia

(d) Decreased nocturnal gastric secretion

Explanation:

Diazepam, being a benzodiazepine with sedative and anxiolytic properties, can reduce stress and anxiety, which may lead to a decrease in nocturnal gastric secretion. Stress and anxiety are known to increase gastric acid secretion, so reducing these factors can result in decreased gastric acid output.

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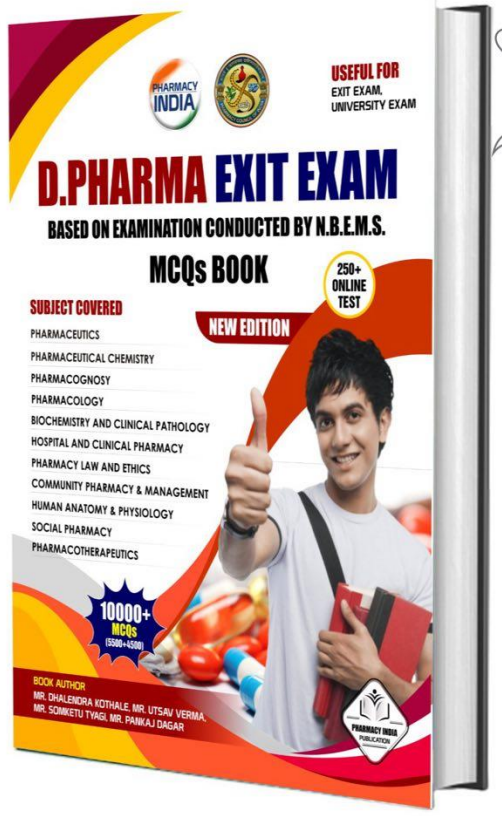

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31. Renin is secreted from

(a) juxtaglomerular apparatus
(b) PCT
(c) DCT
(d) Collecting ducts

31. Renin is secreted from

(a) juxtaglomerular apparatus

(b) PCT

(c) DCT

(d) Collecting ducts

Explanation:

Renin is secreted by the juxtaglomerular cells of the juxtaglomerular apparatus, which is located in the kidney. This structure is crucial for regulating blood pressure and fluid balance. The juxtaglomerular cells release renin in response to decreased blood pressure, reduced sodium chloride concentration, or sympathetic nervous system activation.

32. Digoxin toxicity is increased by all EXCEPT

(a) Renal impairment

(b) Hyperkaliemia

(c) Hypercalcemia

(d) Hypomagnesemia

32. Digoxin toxicity is increased by all EXCEPT

(a) Renal impairment

(b) Hyperkaliemia

(c) Hypercalcemia

(d) Hypomagnesemia

Explanation:

High levels of potassium in the blood (hyperkalemia) actually reduce the risk of digoxin toxicity. Digoxin works by inhibiting the sodium-potassium ATPase pump.

Elevated potassium levels can compete with digoxin for binding at the ATPase pump, thus reducing the effect of digoxin and decreasing the risk of toxicity. In contrast, hypokalemia (low potassium) increases the risk of digoxin toxicity.

33. Digitalis has positive inotropic effect by the virtue of its effect on

(a) Na’-K ATPase pump
(b) H-K' ATPase pump
(c) Na Glucose channels
(d) Calcium pump

33. Digitalis has positive inotropic effect by the virtue of its effect on

(a) Na’-K ATPase pump

(b) H-K' ATPase pump

(c) Na Glucose channels

(d) Calcium pump

Explanation:

Digoxin, a type of digitalis, exerts its positive inotropic effect primarily through its inhibition of the Na^+-K^+ ATPase pump. This pump normally maintains the balance of sodium and potassium across the cell membrane. Inhibition of this pump by digoxin leads to increased intracellular sodium levels. This, in turn, promotes the exchange of sodium for calcium via the sodium-calcium exchanger, resulting in higher intracellular calcium levels. Increased calcium levels enhance cardiac contractility, which improves the heart's pumping ability (positive inotropic effect).

34. If systemic vascular resistance is twice that of normal treatment should be

(a) Adrenaline
(b) Nor-adrenaline
(c) Sodium nitroprusside
(d) Isoprenaline

34. If systemic vascular resistance is twice that of normal treatment should be

(a) Adrenaline

(b) Nor-adrenaline

(c) Sodium nitroprusside

(d) Isoprenaline

Explanation:

Sodium Nitroprusside:This is a potent vasodilator that works by relaxing smooth muscle in blood vessels, thereby reducing systemic vascular resistance. It is the drug of choice when there is a need to quickly lower elevated SVR, as it effectively reduces afterload and helps alleviate the strain on the heart.

35. Calcium channel blocking agents used in the treatment of hypertension include

(a) Proposing
(b) Lidoflazine
(c) Captopril
(d) Nifedipine

35. Calcium channel blocking agents used in the treatment of hypertension include

(a) Proposing
(b) Lidoflazine
(c) Captopril
(d) Nifedipine

Explanation:

Proposing: This option is not a known calcium channel blocker or antihypertensive agent.

Lidoflazine: This is not a widely recognized calcium channel blocker. It is not typically used for treating hypertension.

Captopril: This is an angiotensin-converting enzyme (ACE) inhibitor, not a calcium channel blocker. It is used to treat hypertension by inhibiting the conversion of angiotensin I to angiotensin II, which helps lower blood pressure.

Nifedipine: This is a calcium channel blocker that is used to treat hypertension and angina. It works by inhibiting the influx of calcium ions into vascular smooth muscle and cardiac cells, leading to vasodilation and reduced blood pressure.

36. Which drug should NOT be given during pregnancy

(a) Labetalol
(b) ACE inhibitors
(c) Hydralazine
(d) Methyl dopa

36. Which drug should NOT be given during pregnancy

(a) Labetalol

(b) ACE inhibitors

(c) Hydralazine

(d) Methyl dopa

Explanation:

ACE Inhibitors: ACE inhibitors (e.g., enalapril, lisinopril) are contraindicated during pregnancy, especially in the second and third trimesters.

They can cause serious adverse effects such as renal dysfunction, oligohydramnios (low amniotic fluid), and fetal injury or death.

They should be avoided to prevent harm to the developing fetus.

37. The nitrate which does NOT undergo first-pass metabolism

(a) Isosorbide mononitrate
(b) Nitro-glycerine
(c) Pentaerythritol tetranitrate
(d) Isosorbide dinitrate

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Explanation:

Isosorbide Mononitrate: This nitrate is administered orally and is not significantly affected by first-pass metabolism, meaning a greater proportion of the drug reaches systemic circulation unchanged. It is often used for long-term management of angina.

38. Nitro-glycerine can be administered by all of the following routes EXCEPT

(a) Oral
(b) Sublingual
(c) Intramuscular
(d) Intravenous

38. Nitro-glycerine can be administered by all of the following routes EXCEPT

(a) Oral

(b) Sublingual

(c) Intramuscular

(d) Intravenous

Explanation:

Oral: Nitro-glycerin can be administered orally, but it undergoes significant first-pass metabolism, which reduces its effectiveness when taken this way.

Sublingual: This is a common and effective route for administering nitroglycerin. It allows for rapid absorption directly into the bloodstream, providing quick relief from angina.

Intramuscular: Nitro-glycerin is not typically administered intramuscularly. This route is not standard for this medication, as it is primarily used in other forms.

When nitroglycerin is given intramuscularly, the absorption can be inconsistent and slower compared to sublingual or intravenous routes. This can lead to unpredictable therapeutic effects.

Intravenous: Nitro-glycerin can be given intravenously, especially in acute settings, for rapid control of angina or heart failure.

39. All of the following drugs act by blocking calcium channels EXCEPT

(a) Dantrolene
(b) Nicardipine
(c) Diltiazem
(d) Verapamil

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(a) Dantrolene

(b) Nicardipine

(c) Diltiazem

(d) Verapamil

Explanation:

Dantrolene: This drug works by interfering with calcium release from the sarcoplasmic reticulum in skeletal muscle cells, effectively reducing muscle contraction. It does not block calcium channels in the way that calcium channel blockers do.

40. The drug of choice for supraventricular tachycardia is

(a) Verapamil
(b) Diltiazem
(c) Digoxin
(d) Phenytoin

40. The drug of choice for supraventricular tachycardia is

(a) Verapamil

(b) Diltiazem

(c) Digoxin

(d) Phenytoin

Explanation:

Verapamil: This is a calcium channel blocker that is effective in managing supraventricular tachycardia (SVT). It works by slowing conduction through the atrioventricular (AV) node, which can help terminate episodes of SVT.

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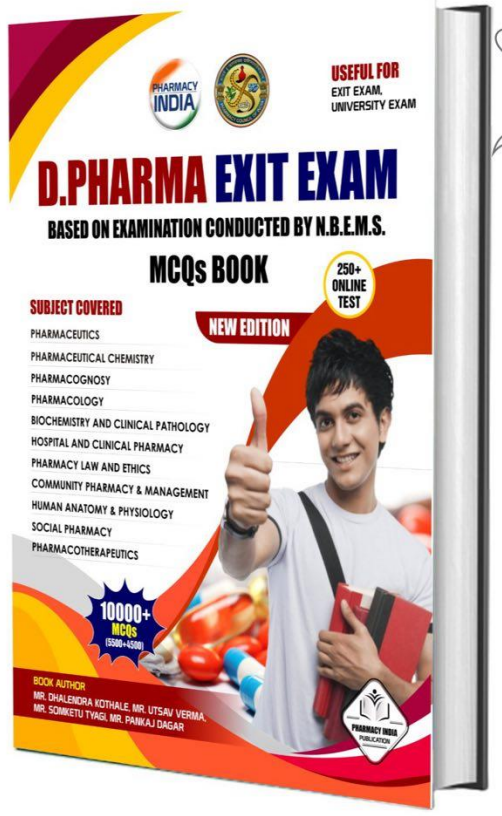

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