D.PHARMA EXIT EXAM 2024

PHARMACY INDIA

ARAMBH SERIES

TIME- 08:00 P.M

SUBJECT

Pharmacology

40 QUESTIONS WITH DETAILED EXPLANATION

ANAMIKA MAM

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WHATSAPP & TELEGRAM SE JUDNE KE LIYE ICONS PAR CLICK KARE

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1. Which H_1 antagonist is noted for the Serotonin-blocking

(a) Brompheniramine
(b) Cyproheptadine
(c) Suprastin
(d) Dimedrol

1. Which H_1 antagonist is noted for the Serotonin-blocking

(a) Brompheniramine

(b) Cyproheptadine

(c) Suprastin

(d) Dimedrol

Cyproheptadine

- It primarily blocks 5-HT2A receptors and has additional H1 antihistaminic, anticholinergic and sedative properties.
- Like other antihistaminics, it has been used in allergies and is a good antipruritic, but the anti 5-HT action has no role in these conditions.
- It increases appetite and has been used in children and poor eaters to promote weight gain.

2. The following is a selective 5-HT_4 agonist

(a) Buspirone
(b) Sumatriptan
(c) Cisapride
(d) Clozapine

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(a) Buspirone

(b) Sumatriptan

(c) Cisapride

(d) Clozapine

Agonist	**$5HT_1$**	**$5HT_{1A}$**	**Buspirone (Partial agonist) (Anti – anxiety drug)**
		$5HT_{1B/1D}$	Sumatriptan (used in migraine)
	$5HT_3$	2-methyl 5HT	
	$5HT_4$	**Metoclopramide , cisapride , renzapride**	

3. Which class of drugs is commonly used as diuretics?

(a) ACE inhibitors
(b) Beta-blockers
(c) Loop diuretics
(d) Calcium channel blockers

3. Which class of drugs is commonly used as diuretics?

(a) ACE inhibitors
(b) Beta-blockers
(c) Loop diuretics
(d) Calcium channel blockers

Loop diuretics are pharmacological agents that primarily inhibit the Na-K-Cl cotransporter located on the luminal membrane of cells along the thick ascending limb of the loop of Henle.

Furosemide, bumetanide, and torsemide.

4. Which autocoid is produced by platelets and is involved in platelet aggregation and vasoconstriction?

(a) Thromboxane A2
(b) Prostaglandin E2
(c) Serotonin
(d) Bradykinin

4. Which autocoid is produced by platelets and is involved in platelet aggregation and vasoconstriction?

(a) Thromboxane A2
(b) Prostaglandin E2
(c) Serotonin
(d) Bradykinin

Thromboxane A2 is produced by platelets and is involved in platelet aggregation and vasoconstriction. Prostaglandin E2, serotonin, and bradykinin have different primary roles.

5. Which autocoid is involved in regulating renal blood flow and is produced in the kidney?

(a) Prostaglandins
(b) Bradykinin
(c) Nitric oxide
(d) Histamine

5. Which autocoid is involved in regulating renal blood flow and is produced in the kidney?

(a) Prostaglandins
(b) Bradykinin
(c) Nitric oxide
(d) Histamine

Prostaglandins play a role in regulating renal blood flow and are produced in the kidney. Bradykinin, nitric oxide, and histamine have different primary roles.

6. 5-HT antagonist used to control chemotherapy induced nausea and vomiting

(a) Risperidone
(b) Ondansetron
(c) Cyproheptadine
(d) Clozapine

6. 5-HT antagonist used to control chemotherapy induced nausea and vomiting

(a) Risperidone

(b) Ondansetron

(c) Cyproheptadine

(d) Clozapine

Ondansetron

$5HT_3$ Antagonists like ondansetron, grainsetron and tropisetron are the agents of choice for chemotherapy induced vomiting.

7. Which enzyme is responsible for the breakdown of bradykinin in the body?

(a) Kininase
(b) Cyclooxygenase (COX)
(c) Lipoxygenase
(d) Phospholipase A2

7. Which enzyme is responsible for the breakdown of bradykinin in the body?

(a) Kininase

(b) Cyclooxygenase (COX)

(c) Lipoxygenase

(d) Phospholipase A2

Kininase is responsible for the breakdown of bradykinin. Kininase refers to a group of enzymes, primarily kininase I and kininase II (also known as angiotensin-converting enzyme, or ACE), that hydrolyze bradykinin into inactive fragments. This process reduces the concentration of bradykinin in tissues, effectively terminating its action.

Cyclooxygenase (COX), lipoxygenase, and phospholipase A2 are involved in the metabolism of different autocoids.

8. Which of the following drug prevents the release of leukotrienes and Histamine from mast cells

(a) Zileuton
(b) Fexofenadine
(c) Nedocromil
(d) Tiotropium

8. Which of the following drug prevents the release of leukotrienes and Histamine from mast cells

(a) Zileuton

(b) Fexofenadine

(c) Nedocromil

(d) Tiotropium

Mast Cell Stabilizers

Sodium cromoglycate and nedocromil prevent the degranulation of mast cells by trigger stimuli. These are indicated only for prophylaxis of bronchial asthma. These are given by inhalational route.

9. Which autocoid is known for its role in the regulation of blood pressure through the kallikrein-kinin system?

(a) Bradykinin
(b) Prostaglandin E2
(c) Thromboxane A2
(d) Nitric oxide

9. Which autocoid is known for its role in the regulation of blood pressure through the kallikrein-kinin system?

(a) Bradykinin
(b) Prostaglandin E2
(c) Thromboxane A2
(d) Nitric oxide

Bradykinin is involved in the regulation of blood pressure through the kallikrein-kinin system. The kallikrein-kinin system is a complex biochemical pathway that plays a crucial role in regulating blood pressure, inflammation, and pain.

Prostaglandin E2, thromboxane A2, and nitric oxide have different primary roles.

10. Which autocoid is involved in the modulation of immune responses and inflammation?

(a) Prostaglandins
(b) Nitric oxide
(c) Serotonin
(d) Histamine

10. Which autocoid is involved in the modulation of immune responses and inflammation?

(a) Prostaglandins
(b) Nitric oxide
(c) Serotonin
(d) Histamine

Prostaglandins are involved in the modulation of immune responses and inflammation.
Nitric oxide, serotonin, and histamine have different roles in the body.

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11. Which autocoid is derived from the amino acid tryptophan and has effects on mood and gastrointestinal motility?

(a) Serotonin
(b) Histamine
(c) Bradykinin
(d) Prostaglandin E2

11. Which autocoid is derived from the amino acid tryptophan and has effects on mood and gastrointestinal motility?

(a) Serotonin
(b) Histamine
(c) Bradykinin
(d) Prostaglandin E2

Serotonin is derived from tryptophan and affects mood and gastrointestinal motility. Histamine, bradykinin, and prostaglandin E2 have different primary effects.

12. A nonsteroidal anti-inflammatory agent derived from Anthranilic acid is

(a) Mefenamic acid
(b) Ibuprofen
(c) Indomethacin
(d) Diclofenac Sodium

12. A nonsteroidal anti-inflammatory agent derived from Anthranilic acid is

(a) Mefenamic acid

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Classification

S. NO.	CLASS	SUB-CLASS	DRUGS
(A)	Nonselective COX inhibitor (conventional NSAIDs)	Salicylates	Aspirin, Diflunisal
		Propionic acid derivatives	Ibuprofen, Naproxen, Ketoprofen Flubriprofen
		Anthranilic acid (Fenamate)	Mephenamic acid
		Enolic and derivatives	Piroxicam, Tenoxicam
		Acetic acid derivatives	Ketorolac, Indomethacin, Nabumetone
		Pyrazolone derivatives	Phenylbutazone,Oxyphenbutazone

S. NO.	CLASS	SUB-CLASS	DRUGS
(B)	Preferential COX-2 inhibitor		Nimuslide, Diclofenac, Meloxicam, Aceclofenac, Etodolac
(C)	Selective COX-2 inhibitor		Celecoxib, Etoricoxib, Parecoxib
(D)	Analgestic – Antipyretic with poor anti inflammatory action	Praraminophenol Derivative	Paracetamol (Acetaminophen)
		Pyrazolone Derivative	Metamizole (Dipyrone), Propiphenazone
		Benzoxazocine Derivative	Nefopam

13. Which of the following is nonapeptide

(a) Kallidin
(b) Bradykinin
(c) Substance P
(d) Gastrin

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(a) Kallidin

(b) Bradykinin

(c) Substance P

(d) Gastrin

Two plasma kinins are

1. Kallidin (Decapeptide)
2. Bradykinin (Nonapeptide).

Kallidin: A nonapeptide consisting of nine amino acids.

Bradykinin: An octapeptide made up of eight amino acids.

Substance P: A neuropeptide with eleven amino acids.

Gastrin: A peptide hormone that varies in length but typically has more than nine amino acids, often around 17 or more.

14. Which autocoid acts as a potent vasodilator and is involved in regulating blood flow?

(a) Nitric oxide (NO)
(b) Thromboxane A2
(c) Serotonin
(d) Bradykinin

14. Which autocoid acts as a potent vasodilator and is involved in regulating blood flow?

(a) Nitric oxide (NO)
(b) Thromboxane A2
(c) Serotonin
(d) Bradykinin

Nitric oxide (NO) acts as a potent vasodilator and regulates blood flow. Thromboxane A2, serotonin, and bradykinin have different primary effects.

15. Which autocoid is involved in mediating pain and fever during inflammation?

(a) Prostaglandins
(b) Histamine
(c) Nitric oxide
(d) Thromboxane A2

15. Which autocoid is involved in mediating pain and fever during inflammation?

(a) Prostaglandins
(b) Histamine
(c) Nitric oxide
(d) Thromboxane A2

Prostaglandins are a group of lipid compounds derived from arachidonic acid mediate pain and fever during inflammation. Histamine, nitric oxide, and thromboxane A2 have different primary functions.

16. Which of the following is a plasma protein derived chemical mediator of inflammation

(a) Serotonin
(b) Cytokine
(c) Globulin
(d) Bradykinin

16. Which of the following is a plasma protein derived chemical mediator of inflammation

(a) Serotonin
(b) Cytokine
(c) Globulin
(d) Bradykinin

Bradykinin: A plasma protein-derived chemical mediator involved in inflammation. It is produced from high-molecular-weight kininogen through the action of plasma kallikrein and plays a role in vasodilation, increased vascular permeability, and pain sensation.

Serotonin: A neurotransmitter that is primarily found in the gastrointestinal tract and is not a plasma protein-derived mediator.

Cytokine: A broad term for a variety of signaling proteins involved in immune responses, but they are not specifically plasma protein-derived.

Globulin: A type of plasma protein, but not itself a chemical mediator of inflammation.

17. NSAIDs produce ulcerogenic action because

(a) They decrease acid secretion in stomach

(b) They increase mucus secretion in stomach

(c) They increase mucosal blood flow in stomach

(d) None of these

17. NSAIDs produce ulcerogenic action because

(a) They decrease acid secretion in stomach

(b) They increase mucus secretion in stomach

(c) They increase mucosal blood flow in stomach

(d) None of these

Inhibition of COX-1 mediated synthesis of gastroprotective PGs (PGE2, PGI2) is clearly involved, though local action inducing back diffusion of H+ ions in gastric mucosa also plays a role.

Deficiency of PGs reduces mucus and HCO_3^- secretion, tends to enhance acid secretion and may promote mucosal ischaemia. Thus, NSAIDs enhance aggressive factors and contain defensive factors in gastric mucosa—are ulcerogenic.

18. Meloxicam belongs to which class of Non-steroidal Anti-inflammatory Drugs (NSAIDs)

(a) Preferential COX-2 inhibitor
(b) Selective COX-1 Inhibitor
(c) Preferential COX-1 inhibitor
(d) Selective COX-2 inhibitor

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		Pyrazolone derivatives	Phenylbutazone,Oxyphenbutazone

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		Pyrazolone Derivative	Metamizole (Dipyrone), Propiphenazone
		Benzoxazocine Derivative	Nefopam

19. Which autocoid is known to cause contraction of smooth muscle in the gastrointestinal tract and bronchi?

(a) Histamine
(b) Prostaglandin E2
(c) Serotonin
(d) Bradykinin

19. Which autocoid is known to cause contraction of smooth muscle in the gastrointestinal tract and bronchi?

(a) Histamine
(b) Prostaglandin E2
(c) Serotonin
(d) Bradykinin

Histamine causes contraction of smooth muscle in the gastrointestinal tract and bronchi. Prostaglandin E2 and serotonin have different roles, and bradykinin primarily affects blood vessels.

20. Effects of taking Warfarin along with Aspirin may cause

(a) Congestive heart failure
(b) Increased bleeding
(c) Kidney damage
(d) Liver damage

20. Effects of taking Warfarin along with Aspirin may cause

(a) Congestive heart failure

(b) Increased bleeding

(c) Kidney damage

(d) Liver damage

Warfarin is an anticoagulant that inhibits vitamin K-dependent clotting factors, while aspirin is an antiplatelet agent that inhibits platelet aggregation. When taken together, they can significantly increase the risk of bleeding because both drugs affect different aspects of the coagulation process.

While warfarin and aspirin are sometimes used together in specific clinical scenarios (such as in patients with certain cardiovascular conditions), this combination requires careful monitoring due to the heightened risk of bleeding complications.

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21. For which of the following action lowest dose of Aspirin required

(a) Anti platelet aggregation
(b) Anti inflammatory
(c) Analgesic
(d) Antipyretic

21. For which of the following action lowest dose of Aspirin required

(a) Anti platelet aggregation

(b) Anti inflammatory

(c) Analgesic

(d) Antipyretic

At low doses (40-325 mg), aspirin acts as an antiplatelet drug and is useful in the prophylaxis of myocardial infarction and stroke.

It acts by inhibiting cyclooxygenase enzyme and thus decreasing the synthesis of TXA2 (platelet aggregator). However it also inhibits PGI2 (anti-aggregatory) synthesis.

22. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention
(b) Sedation
(c) Gastric irritation
(d) Rashes

22. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention

(b) Sedation

(c) Gastric irritation

(d) Rashes

Shared toxicities due to PG synthesis inhibition

- Gastric mucosal damage
- Bleeding - Inhibition of Platelet function.
- Limitation of renal blood flow : Na^+ and water retention.
- Delay/Prolongation of labour.
- Asthma and anaphylactoid reaction in susceptible individuals.
- Hepatic failure

23. For which of the following conditions could Aspirin is used prophylactically

(a) Non cardiogenic pulmonary edema

(b) Peptic ulcers

(c) Thromboembolism

(d) Metabolic acidosis

23. For which of the following conditions could Aspirin is used prophylactically

(a) Non cardiogenic pulmonary edema

(b) Peptic ulcers

(c) Thromboembolism

(d) Metabolic acidosis

Thromboembolism(is a condition in which a blood clot breaks off from its original site and travels through the bloodstream) prophylaxis with aspirin is as effective as low-molecular-weight heparin in preventing mortality at 90 days in orthopedic trauma patients with fractures of an extremity, pelvis, or hip.

24. Safest non opioid analgesic for ulcer is

(a) Celecoxib
(b) Diclofenac sodium
(c) Ibuprofen
(d) Paracetamol

24. Safest non opioid analgesic for ulcer is

(a) Celecoxib

(b) Diclofenac sodium

(c) Ibuprofen

(d) Paracetamol

PARA AMINOPHENOL DERIVATIVES

Paracetamol

- Paracetamol is one of the safest NSAIDs.
- It does not posses anti-inflammatory activity.
- Paracetamol is effective by oral or parenteral routes.
- Metabolized in liver by sulphate and glucuronic conjugation.
- Hepatotoxic

25. Nitroglycerine and other sublingual administered drug have a region that permits....

(a) Slow absorption

(b) Moderate absorption

(c) Slow to moderate absorption

(d) Rapid absorption

25. Nitroglycerine and other sublingual administered drug have a region that permits....

(a) Slow absorption

(b) Moderate absorption

(c) Slow to moderate absorption

(d) Rapid absorption

Nitroglycerin is administered sublingually in the management of anginal discomfort. Rapid sublingual absorption provides venodilation within 2 minutes.

This involves placing the drug under the tongue, where it dissolves and is absorbed directly into the bloodstream through the mucous membranes. This bypasses the gastrointestinal tract and first-pass metabolism in the liver, leading to faster onset of action.

26. What agent is used in the paracetamol toxicity....

(a) Esmolol

(b) N-acetyl cystine

(c) Oximes

(d) Sodium thiosulphate

26. What agent is used in the paracetamol toxicity....

(a) Esmolol

(b) N-acetyl cystine

(c) Oximes

(d) Sodium thiosulphate

Explanation

- N-acetylcysteine is an effective antidote and should be administered to all patients judged to be at risk of developing hepatotoxicity after paracetamol overdose.

27. The administration route for a drug injected just beneath the top layer of the skin is called....

(a) Intradermal
(b) Subcutaneous
(c) Intramuscular
(d) intravenous

27. The administration route for a drug injected just beneath the top layer of the skin is called....

(a) Intradermal

(b) Subcutaneous

(c) Intramuscular

(d) intravenous

Explanation

- Intradermal injections (ID) are injections administered into the dermis, just below the epidermis. The ID injection route has the longest absorption time of all parenteral routes.
- Injections are used for sensitivity tests, such as TB (Mantoux method), allergy, and local anesthesia tests.

28. Which type of infection could be orally treated with highly polar antibacterial agent.....

(a) Brain infection
(b) Kidney infection
(c) Gut infection
(d) Lung infection

28. Which type of infection could be orally treated with highly polar antibacterial agent.....

(a) Brain infection

(b) Kidney infection

(c) Gut infection

(d) Lung infection

Explanation

- A highly polar antibacterial drug will not be able to cross the gut wall, since it will not be able to pass through hydrophobic cell membranes. So it remain in the gut and can be used to treat gut infections.

29. While administrating of drug to a female patient which factor is to be kept in mind....

(a) Pregnancy
(b) Lactation
(c) Menstruation
(d) All of the above

29. While administrating of drug to a female patient which factor is to be kept in mind....

(a) Pregnancy

(b) Lactation

(c) Menstruation

(d) All of the above

30. Tolerance develops because of.....

(a) Diminish absorption

(b) Rapid excretion of a drug

(c) Both of the above

(d) None of the above

30. Tolerance develops because of.....

(a) Diminish absorption

(b) Rapid excretion of a drug

(c) Both of the above

(d) None of the above

Explanation

- A condition that occurs when the body gets used to a medicine so that either more medicine is needed or different medicine is needed.

31. EC50 mainly reflexes a drug's....

(a) Maximum effect

(b) Potency

(c) Safety

(d) All of the above

31. EC50 mainly reflexes a drug's....

(a) Maximum effect

(b) Potency

(c) Safety

(d) All of the above

Explanation

- The EC50 is a value representing the potency of a drug, it is the concentration at which the drug exerts 50% of its maximal effect.

32. What is the chlorpromazine (100 mg) equivalent oral dose of haloperidol....

(a) 2 mg
(b) 100 mg
(c) 30 mg
(d) 300 mg

32. What is the chlorpromazine (100 mg) equivalent oral dose of haloperidol....

(a) 2 mg

(b) 100 mg

(c) 30 mg

(d) 300 mg

Explanation

- Haloperidol and chlorpromazine are antipsychotic medications used to treat schizophrenia and acute psychosis.
- Chlorpromazine 100 mg equivalent oral dose of haloperidol 2 mg

33. Driving force in drug movement in aqueous diffusion model....

(a) Drug concentration gradient
(b) Active transport
(c) Pore transport
(d) Endocytosis

33. Driving force in drug movement in aqueous diffusion model....

(a) Drug concentration gradient

(b) Active transport

(c) Pore transport

(d) Endocytosis

Explanation

- The driving force for steady-state diffusion is the concentration gradient. It is responsible for driving particles to move from regions of higher concentration to regions of lower concentration until the gradient is equalized.

34. Plasma membrane which pass the drug from lower concentration to higher concentration with the help of any energy.....

a) Filtration
b) Active diffusion
c) Simple diffusion
d) All of the above

34. Plasma membrane which pass the drug from lower concentration to higher concentration with the help of any energy.....

a) Filtration
b) Active diffusion
c) Simple diffusion
d) All of the above

Explanation

- Active diffusion (or active transport) involves the movement of substances across a plasma membrane from an area of lower concentration to an area of higher concentration, and this process requires energy (usually in the form of ATP).

35. Side effect of imipramine is....

(a) Miosis

(b) Increased urine frequency

(c) Orthostatic hypotension

(d) All of the above

35. Side effect of imipramine is....

(a) Miosis

(b) Increased urine frequency

(c) Orthostatic hypotension

(d) All of the above

- Imipramine is a tricyclic antidepressant that cause peripheral vasodilation and it leads to cause orthostatic hypotension.
- Orthostatic hypotension is a known side effect due to the drug's anticholinergic properties and effects on blood pressure regulation.
- Orthostatic hypotension is a form of low blood pressure that occurs when a person stands up from sitting or lying down, leading to dizziness, lightheadedness, or fainting.

36. Which of the following is the side effect of Paracetamol

(a) Bronchospasm
(b) Candidiasis
(c) Diarrhea
(d) Liver necrosis

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(a) Bronchospasm

(b) Candidiasis

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(d) Liver necrosis

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- Hepatotoxic

37. Mechanism of action of Zileuton

(a) Inhibits production of IgE
(b) Inhibits Lipoxygenase
(c) Inhibits Cyclooxygenase
(d) Inhibits the activity of mast cells

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(a) Inhibits production of IgE

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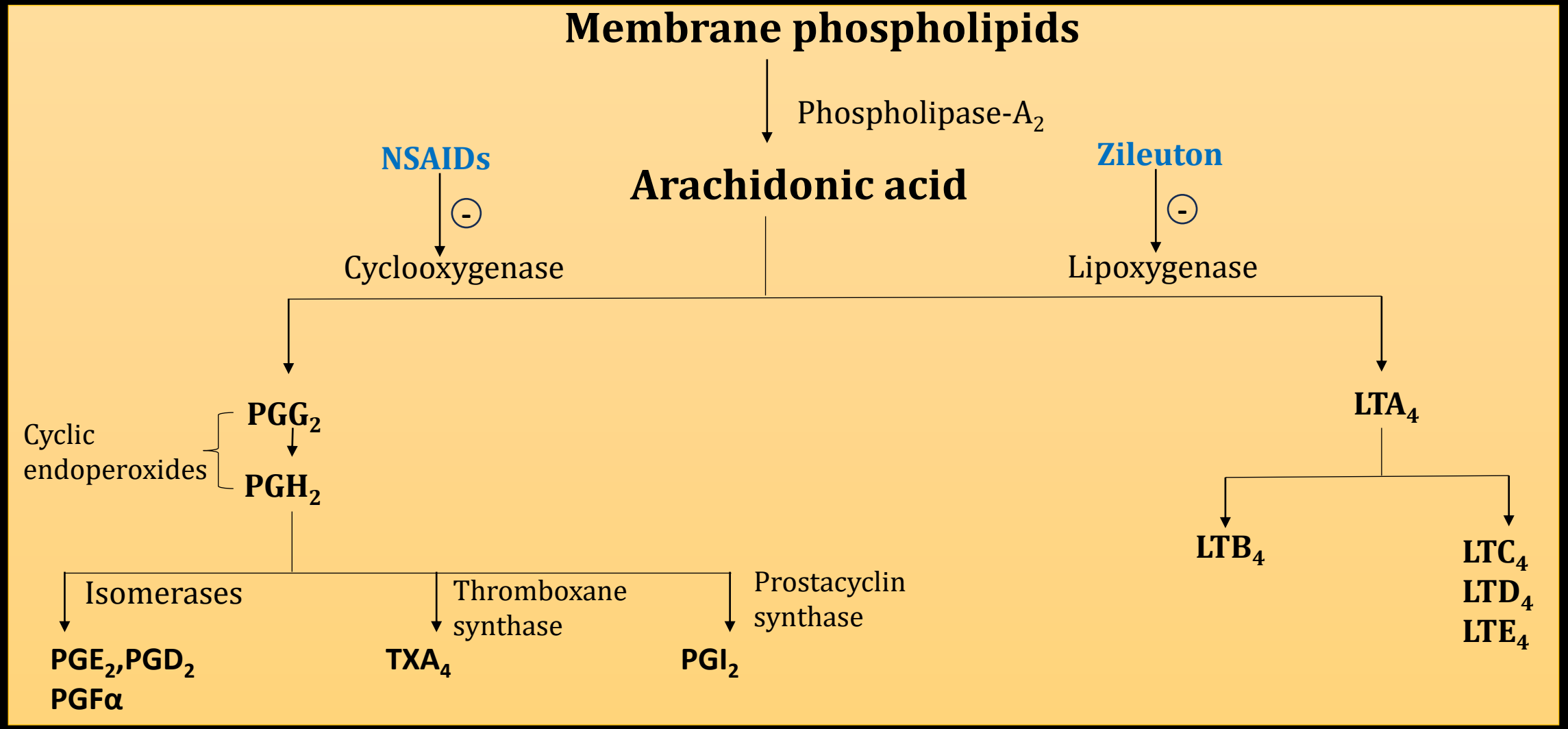

BIOSYNTHESIS OF PROSTAGLANDINS (PG) AND LEUKOTRIENES (LT)

38. Aspirin is contraindicated in children because of increased risk of

(a) Gastric bleeding
(b) Reye's syndrome
(c) Fanconi syndrome
(d) Ototoxicity

38. Aspirin is contraindicated in children because of increased risk of

(a) Gastric bleeding

(b) Reye's syndrome

(c) Fanconi syndrome

(d) Ototoxicity

ASPIRIN

- **A** → Asthma
- **S** → Salicylism
- **P** → Peptic ulcer
- **I** → Ion uncoupling / platelet disaggeration
- **R** → Reye's syndrome (swelling in liver and brain)
- **I** → Idiosyncracy
- **N** → Noise (tinnitus)

39. Co-administration of NSAIDs with Warfarin may often lead to

(a) Antagonistic interaction
(b) Interaction to change in drug transport
(c) Interaction due to disturbances in electrolyte balance
(d) Additive or synergistic interaction

39. Co-administration of NSAIDs with Warfarin may often lead to

(a) Antagonistic interaction

(b) Interaction to change in drug transport

(c) Interaction due to disturbances in electrolyte balance

(d) Additive or synergistic interaction

Interactions of Aspirin

- Aspirin antagonises the uricosuric effect of probencid
- Aspirin with oral anticoagulant Risk of bleeding.
- Blunt the diuretic effect of furesemide and thiazide.
- Aspirin complete with canrenone (active metabolite of spironolactone) for tubular secretion block effect
- **Benorylate** - An ester of Aspirin + Paracetamol Cause less gastric irritation and bleeding.
- **Diflunisal -** Fluorine Containing long acting salicylates.

40. Which enzyme is responsible for the conversion of arachidonic acid into thromboxane A2?

(a) Cyclooxygenase (COX)
(b) Lipoxygenase
(c) Phospholipase A2
(d) Kininase

40. Which enzyme is responsible for the conversion of arachidonic acid into thromboxane A2?

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(b) Lipoxygenase
(c) Phospholipase A2
(d) Kininase

Cyclooxygenase (COX) is responsible for the conversion of arachidonic acid into thromboxane A2.

Lipoxygenase and phospholipase A2 are involved in the production of other autocoids.

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