KATHMANDU UNIVERSITY
End Semester Examination
July/August, 2019

Mark scored:

Level : B.Pharm.
Year : IV

Course : PHAR 412
Semester : II

Exam Roll No. :

Time: 30 mins.

F. M. : 20

Registration No.:

Date :

SECTION "A"
[20Q × 1 = 20 marks]

Choose and encircle the most appropriate answer.

1. .....a gene therapy technique has prompted the most ethical concern.
   a. Naked DNA transfer
   b. Adeno-associated viral gene delivery
   c. Germ-line manipulation
   d. Electroporation

2. CYP2D6 polymorphism can affect.....
   a. Drug efficacy
   b. Drug toxicity
   c. Drug interaction potential
   d. a, b and c

3. If creatinine clearance >80 ml/min.....
   a. Dose should be adjusted in patient
   b. No need to adjust dose
   c. Dose need to be moderately adjusted
   d. Dose must be mildly adjusted

4. Therapeutic drug monitoring is useful in all except:
   a. Anticonvulsants b. Antiarrhythmics c. Antihypertensives d. Lithium

5. Reference level for serum creatinine is:
   a. 0.6-1.35mg/dL b. 8-20mg/dL c. 0.2-0.3mg/dL d. 0.9-1.8mg/dL

6. Sexual mode is the source of transmission of which hepatitis?
   a. Hepatitis B b. Hepatitis A c. Hepatitis D d. Hepatitis C

7. Minamata poisoning was due to which heavy metal?
   a. Arsenic b. Lead c. Mercury d. Cadmimum

8. Loss of visual acuity is induced by which antitubercular drug?
   a. Rifampicin b. Ethambutol c. Pyrizinamide d. Isoniazide

9. Acute iron poisoning can be managed with:
   a. EDTA
   b. Penicillamine
   c. Unithol
   d. Desferrioxamine

10. Patient with hemorrhagic stroke is managed with:
   a. Aspirin
   b. Warfarin
   c. Intensive BP reduction
   d. Tight glycaemic control

11. Drug induced diseases are also called:
a. Iatrogenic diseases
b. Congenital diseases
c. Acquired diseases
d. Communicable diseases

12. Type of anaemia that occurs with increased MCV.
a. Microcytic b. Normocytic c. Macrocytic d. Megacytic

13. Morisky scale is used to evaluate:
a. Medication adherence
b. Adverse drug reaction
c. Drug-drug interactions
d. Cause of death

14. Activated Charcoal should be used only in case of poisoning due to:
a. Carbamazepine b. Acid c. Alkali d. Iron

15. Following drugs are used to manage patients with rheumatoid arthritis except:
a. DMARDs
b. NSAIDs
c. Opoid analgesics
d. Biological therapies

16. One of the following is the essential components of Pharmacovigilance:
a. Detection of ADR
b. Ignorance of ADR
c. Hiding of ADR
d. Dissemination

17. .....is an inflammatory disease that begins with strep throat.
a. Rheumatic fever b. Pneumonia c. Lung CA d. Oral thrush

18. Displacement of methotrexate or warfarin from protein binding by aspirin is.....
a. Pharmacodynamic DDIs
b. Pharmacokinetic DDIs
c. Not a DDIs
d. Toxicokinetic DDIs

19. .....decreases craving and relapses in alcoholism.
a. Disulfiram b. Topiramate c. Naltrexone d. Flumazenil

20. When a dose of the drug has to be progressively increased over the course of days to maintain rewarding or analgesic effects, it is called
a. Tolerance b. Adaptation c. Relapse d. Aversion

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Level : B.Pharm.
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Time : 2 hrs. 30 mins.

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F. M. : 55

Note: Check (√) the number of each question you have answered in the front page of main answer book (of Sections B, C and D).

SECTION "B"
[5Q × 3 = 15 marks]

Answer *ANY FIVE* questions.

1. Discuss briefly on the required standards for clinical pharmacists?
2. What are the major objectives of patient counselling?
3. What are the roles and responsibilities of TDM team?
4. Discuss on dopamine theory of drug addiction.
5. Ram, a male, with the age of 65 years age and body weight of 65 Kg has serum creatinine of 65 µmol/L. Calculate creatine clearance.
6. What are the importance and implications of pharmacovigilance in ADR management?
7. Write short notes on (*ANY TWO*)
   a. Mantoux test
   b. DMARDs for rheumatoid arthritis
   c. Management of organophosphate poisoning

SECTION "C"
[5Q × 5 = 25 marks]

Answer *ANY FIVE* questions.

8. What are the risk factors for TB? What are the regimens available for managing drug resistant TB?
9. Discuss on different dimensions of medication adherence.
10. What are the consequences of 'Pharmacogenetics?
11. Discuss on various laboratory data used to interpret different disease conditions.
12. What are chelating agents? Discuss on how is EDTA useful in heavy metal poisoning.
13. List various cardiovascular diseases? How are the risk factors for cardiovascular disease classified?
14. Explain on pharmacokinetic method of drug interaction with examples.

SECTION "D"

[2Q × 7.5 = 15 marks]

Answer *ANY TWO* questions.

15. An adult male patient (52 years old, 75 kg) whose serum creatinine is 2.4 mg/dL is to be given gentamicin sulfate for a confirmed Gram-negative infection. The usual dose of gentamicin in adult patients with normal renal function is 1 mg/kg every 8 hours by multiple IV bolus injections. Gentamicin sulfate (Garamycin) is available in 2-mL vials containing 40 mg of gentamicin sulfate per milliliter. Calculate (a) the *Cl*cr in this patient by the Cockcroft–Gault method and (b) the appropriate dosage regimen of gentamicin sulfate for this patient in mg and mL. The fraction of dose excreted unchanged in the urine, *fe*, = 0.98 for gentamicin sulfate.

16. Discuss on various approaches involved for the management of poisoned patients. How do you manage a patient with paracetamol poisoning?

17. Define drug abuse and problems associated with drug abuse? Explain in detail about the treatment methods for alcohol abuse.