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QUESTION 1

Which of the following class of antidiabetic medications can increase triglycerides?

A. Bile acid sequestrant

B. GLP-1 agonist

C. Thiazolidinediones

D. SGLT2 Inhibitor

E. Alpha-glucosidase inhibitors

Correct Answer: A

The only bile acid sequestrant, colesevelam (Welchol), has been shown to increase triglycerides through mechanism of: activation of phosphatidic acid phosphatase with promotes triglyceride synthesis. GLP-1 agonists work on GLP 1 receptors to increase insulin secretion, decrease glucagon secretion, and increase satiety. Thiazolidinediones activate nuclear transcription factor PPAR gamma to increase insulin sensitivity. SGLT2 inhibitors inhibit glucose reabsorption in the kidney. Alpha-glucosidase inhibitors slow down digestion and absorptions of carbs in the gut.

QUESTION 2

A 54-year-old male with a long history of mild persistent asthma on daily fluticasone therapy has been using his albuterol inhaler every day for the past month, and presents requesting a refill. What changes should be made to his current regimen?

A. Add ciclesonide to current regimen

B. Add salmeterol to current regimen

C. Discontinue fluticasone and instead use salmeterol

D. Add cromolyn to current regimen

E. Discontinue fluticasone and add ipratropium to current regimen

Correct Answer: B

Add salmeterol to the current regimen. This patient had mild persistent asthma but was using his albuterol daily, which indicates that a step up in therapy is warranted. The preferred first line treatment regimen for moderate persistent asthma are low to medium dose inhaled corticosteroids plus a long acting beta2 agonist, as well as a short acting beta2 agonist as needed. A is incorrect. Ciclesonide is an inhaled corticosteroid. The patient in the case is already using fluticasone, so adding ciclesonide would be therapeutic duplication. C is incorrect. Long-acting beta2 agonists should only be used as adjunctive therapy in patients who are currently receiving but not adequately controlled on an inhaled corticosteroid. These medications should not be used as monotherapy, due to an increased risk of asthma related deaths. D is incorrect. Cromolyn prevents the release of vasoactive mediators from mast cell and is primarily used for exercise-induced asthma, it is not indicated as an alternative agent in patients with moderate persistent asthma. E is incorrect. Ipratropium is a short-acting anticholinergic, which is often used in COPD or in asthma exacerbations. It is not indicated for maintenance treatment of moderate persistent asthma.

QUESTION 3

Which of the following medication should be avoided in patients with heart failure?

A. Cilostazol

B. Pioglitazone

C. Naproxen

D. Celebrex

E. All of the above

Correct Answer: E

Patients with heart failure should avoid taking NSAIDs (which includes naproxen), COX-2 inhibitors, nondihydropyridine calcium channel blockers (for reduced EF), thiazolidinediones (which includes pioglitazone), cilostazol, and dronedarone (for severe or recently decompensated heart failure).

QUESTION 4

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN\\'s medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4mg iv q6h prn for N/V, Levothyroxine 0.075mg po daily, Lisinopril 10mg po daily, Citalopram 20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125 mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1mg. lock-out every 6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K 5.0mmol/L, Na 135mmol/L. Day 3 post-operation LN\\'s pain was much better and only used 3 mg of hydromorphone in the 24hrs.

Physician wants to change to oral morphine. What would be your best recommendation?

A. Morphine SR 10mg po daily and morphine 5mg po q6h prn for breakthrough pain

B. Morphine 60mg ER po daily and morphine 15mg po q6h prn breakthrough pain

C. Morphine 30mg ER po q6hr and morphine 5mg q6h prn for breakthrough pain

D. Morphine 15mg ER po q12hr and morphine 15mg po q6h prn for breakthrough pain

E. Morphine 15mg ER po q12hr and morphine 5mg po q6h prn breakthrough pain

Correct Answer: E

Since LN used 3 mg of hydromorphone, this would be equivalent to a total of morphine 60 mg po daily. Since you would start with 70-80% of that dose, Morphine 15mg ER po q12hr and morphine 5mg po q6h prn breakthrough pain would be appropriate regimen.

QUESTION 5

In the management of acute ischemic stroke, within how many minutes from symptom onset should alteplase be administered?

A. 3 hours

B. 6 hours

C. 12 hours

D. 24 hours

Correct Answer: A

In the management of acute ischemic stroke, alteplase should be administered within 3 hours of symptom onset.