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**QUESTION 1**

Sickle cell disease (SCD) affects millions of individuals worldwide, and the Sickle Cell Disease Association of America estimates that 70,000 to 100,000 individuals have SCD and 3 million individuals have the sickle cell trait. While SCD is known to primarily affect individuals of African American descent, individuals from South America, the Caribbean, Central America, the Middle East, and the Mediterranean can also have SCD or the SCD trait. SCD is estimated to affect 1 in 500 African American infants, and 1 in 12 African Americans are estimated to have the sickle cell trait. SCD is characterized by episodes of acute and chronic pain. By increasing awareness about SCD and promoting patient education, health care professionals can help patients and their families cope with SCD and better manage the associated pain. Recurring episodes of acute and/or severe pain are hallmarks of SCD. SCD pain can often be debilitating, and episodes of pain vary from patient to patient in both frequency and intensity. SCD pain can be classified as acute, chronic, or mixed. At some point, most SCD patients experience episodes of pain often referred to as vaso-occlusive crisis (sickle cell crisis), the duration of which may range from hours to days. Some patients seldom have a sickle cell crisis, while others may experience crises several times a year. Some episodes may be so severe that hospitalization is warranted to manage the pain. An acute pain event is the most common type of pain, and the onset is typically abrupt. It is often the result of an ischemic tissue injury, which is due to the occlusion of microvascular beds by sickled erythrocytes during an acute crisis. Acute pain episodes can also be triggered by factors including extreme temperature changes, changes in altitude, physical and emotional stress, illnesses, infections, dehydration, cold climates, menstruation, and fatigue. Chronic pain is pain that lasts for 3 to 6 months or longer. Chronic pain often results from the destruction of bones, joints, and visceral organs due to recurrent crises. Sources of chronic sickle cell pain include aseptic necrosis, leg ulcerations, and osteomyelitis. Unfortunately, acute and chronic pain associated with SCD are commonly undertreated or inappropriately managed due to patient fear of potential addiction and adverse effects. Many studies report that some health care professionals are also concerned about the potential for addiction. When appropriate, pharmacologic management of SCD pain may involve the use of 3 major pharmacologic classes: nonopioids, opioids, and adjuvants.

What steps can health care professionals take to help patients and their families cope with SCD?

- A. Raising awareness and advocating patient education
- B. Overestimating the number of individuals affected by SCD
- C. Focusing on the potential for addiction and adverse effects
- D. Distinguishing the difference between chronic and acute pain

Correct Answer: A

The final sentence of the first paragraph reads, "By increasing awareness about SCD and promoting patient education, health care professionals can help patients and their families cope with SCD and better manage the associated pain."

QUESTION 2

Which of the following yields the least ATP directly?

- A. TCA cycle
- B. oxidative phosphorylation
- C. glycolysis
- D. Beta Oxidation



Correct Answer: A

The TCA cycle yields 2 GTPs (molecules that can be converted to ATP but are not ATP themselves), oxidative phosphorylation, which includes the ETC, can yield from 32 to 34 ATP. Glycolysis yields 2 ATP. Beta oxidation yields a range over 100 ATP that depends on the length of the fatty acid being degraded.

QUESTION 3

Multiply $3\frac{1}{4} \times \frac{8}{18}$.

- A. $\frac{1}{3}$
- B. $3\frac{1}{9}$
- C. $\frac{1}{13}$
- D. $1\frac{4}{9}$

Correct Answer: D

$3\frac{1}{4} \times \frac{8}{18} = \frac{13}{4} \times \frac{8}{18} = \frac{104}{72} = \frac{13}{9} = 1\frac{4}{9}$.

QUESTION 4

The hybridization of the oxygen in CO₂ is:

- A. s
- B. sp
- C. sp²
- D. sp³

Correct Answer: C

QUESTION 5

The viscosity of a liquid:

- A. increases with decreasing temperature
- B. increases with increasing temperature
- C. decreases with decreasing temperature
- D. is independent of temperature

Correct Answer: A



A liquid's viscosity, or its resistance to flow, changes with a change in temperature. As a liquid's temperature increases, bonds within it break and the molecules in the liquid can move more freely and easily, decreasing its viscosity. Likewise, if the temperature decreases, molecules have more of an opportunity to form bonds which then decreases the liquid's fluidity, increasing its viscosity.

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