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QUESTION 1

The primary seat of tubercular infection is generally in the upper part of the lung. The invading organisms settle on the surface here and cause a multiplication of the cells and an inflammatory exudate in a small area. With the continuous growth of the bacilli in the localized region, adjoining areas of the lung become affected, and there is further extension into the immediate vicinity by means of the lymphatics. Small nodules form and then coalesce to create a larger area. The body primarily defends itself with the formation of dense masses of cicatricial tissue, which function to wall off the affected area. This results in unfavorable growth conditions for the bacilli. This mode of defense, combined with the production of substances antagonistic to the toxins produced by the bacilli, is so efficacious that in the great majority of cases no further extension of the process takes place. In certain cases, however, the growth of the bacilli in the focus area is unchecked, then the surrounding tissue is killed and converted into a soft semi-fluid material; further extension then takes place. All parts of the enormous surface of the lungs are connected by a system of air tubes or bronchi, and as a result, the bacilli have favorable opportunity for distribution. This opportunity is facilitated by sudden movements of the air currents in the lung produced by coughing. The body's defense; however, can still keep pace with the attack, and even in an advanced stage, the infection can sometimes be permanently checked; in other cases, the check is temporary, the process of softening continues, and large cavities are produced by the destruction of the tissue. On the inner surface of these cavities there may be a rapid growth of bacilli. From the lungs, the bacilli are carried by the lymphatics to the lymph nodes at the root of the lungs, in which a similar process takes place; this, on the whole, is favorable, because further extension by this route is for a time blocked. The extension across surfaces continues and the abundant sputum, which is formed in the lungs and contains large numbers of bacilli, becomes the vehicle of transportation. The windpipe and larynx may become infected, as the back parts of each are more closely in contact with the sputum and are the parts most generally infected. A large part of the sputum is swallowed and infection of the intestine takes place with the lesions taking the form of large ulcers. From the intestinal ulcers there is further extension by means of the lymphatics to the large lymph nodes in the back of the abdominal cavity.

The main idea of the passage could best be summarized as:

- A. The progression of a tubercular infection and how the body's immune system responds to it.
- B. How bacilli maintain growth inside of the body.
- C. The human body's reaction to a bacterial infection.
- D. The progression of a tubercular infection.

Correct Answer: A

In the first paragraph, the author describes the point of tubercular infection, the progression of the infection, and the ways in which the body fight the infection. The second paragraph continues the description of the infection's progress.

QUESTION 2

For most Americans, the words "Alzheimer's disease" (AD) often mispronounced purposefully or accidentally as "old timers' disease" signify devastating memory loss and stigma. The information about AD often learned solely through the media may lead individuals to believe that AD is inevitable (it isn't), and possibly think that all AD patients receive poor care (there are many remarkably good AD units). Many individuals may envision a future burdened with more dementia patients and fewer societal resources to help support them (a real possibility). In general, pharmacists are well aware of what AD is and isn't. AD is complex and relentlessly progressive; it affects patients, loved ones, and caregivers adversely. Pharmacists can provide pertinent information about AD's myths, realities, and available symptomatic treatments. AD's harbinger is language difficulties, which include aphasia (language disturbance), apraxia (inability to carry out motor functions), and agnosia (failure to recognize or identify objects). Consequently, those with AD will often create new words for items. They may call a pencil a "list writer," or a key a "door turner." Clinicians stage AD as mild, moderate, or severe depending on the patient's cognitive and memory impairment, communication



problems, personality changes, behavior, and loss of control of bodily functions. People often dismiss mild AD as normal cognitive decline or senility ?in other words, "normal" aging. For this reason, most people don't seek treatment and are diagnosed in the late-mild to early-moderate stage. In the severe stage, difficulty swallowing elevates the risk of aspiration pneumonia, which often marks the beginning of the downward spiral that ultimately ends with death; AD has no cure. A handful of pharmacologic treatments ?acetylcholinesterase inhibitors and N-methyl-D-aspartate antagonists ?alter the decline trajectory. These treatments slow disease progression, enhance cognitive function, delay cognitive decline, and decrease disruptive behaviors. Not all patients respond to these medications, but experts generally believe that those who do will show mild to moderate improvements for 6 months to a year. Although the drugs's effects are short-lived, they improve patients's quality of life and briefly enable independence. Determining when medications stop providing a therapeutic benefit and should be discontinued is challenging. Clinicians use various methods to monitor decline, including mental status tools, patient self-report, and loved ones's observations. Most clinicians continue drug treatment if the patient seems to tolerate the medication well, can afford it, and if there seems to be a benefit. With disease progression, specific behavioral symptoms including depression, agitation, hallucinations, and sleep disturbances become concerns. Antianxiety drugs, antipsychotics, and antidepressants are sometimes used to alleviate symptoms, but effective behavioral strategies are much preferred.

The side note, "often mispronounced purposefully or accidentally as 'old timers's disease," best functions in what way in the first paragraph?

- A. Give a relatable anecdote for the reader to begin a description of a serious topic.
- B. Make a joke about a serious topic.
- C. Provide background details about Alzheimer's disease.
- D. Teach the reader a nickname of the disease.

Correct Answer: A

An effective strategy for grabbing the attention of a reader is to incorporate an anecdote or joke that stands out. This is referred to as the 'hook' of the introductory paragraph. In this case, the writer is providing a detail that may or may not be known by the reader that enables the writer to relate with the reader and carefully open up the discussion about a serious topic.

QUESTION 3

Which compound forms when acetyl-CoA enters the TCA cycle?

- A. oxaloacetate
- B. acetic acid
- C. citrate
- D. FADH₂

Correct Answer: C

Prior to the TCA cycle, glycolysis functions to breakdown glucose into pyruvate which is then decarboxylated and turned into acetyl-CoA. Acetyl-CoA combines with oxaloacetate to make citrate, which marks the start of the TCA cycle.

QUESTION 4



Lex's favorite cookie store sells the following cookies: Sugar: \$2.00 Macaroons: \$1.50 Chocolate chip: \$2.50 Peanut butter: \$2.00

If Lex buys 3 cookies, what is the least amount he could have spent?

- A. \$5.50
- B. \$5.00
- C. \$4.50
- D. \$4.00

Correct Answer: C

The cheapest cookie is \$1.50, times 3 is \$4.50.

QUESTION 5

Coughs that linger after a cold or sinus problem cause constant disruption in the home, school, and workplace. Often, these dry, nonproductive coughs become increasingly troublesome although other symptoms (fever, congestion, and fatigue) resolved days or weeks ago. This stubborn cough persists for weeks, and plagues its victim and the victim's family night and day. The diagnosis might be a common, but overlooked cause of lingering cough: atypical pneumonia caused by mycoplasma. Mycoplasma (pleomorphic bacteria that lack a cell wall) are the smallest and simplest self-replicating organisms known to humans. They probably evolved from gram-positive, walled eubacteria by degenerative evolution. Smaller than amoebas, these 0.1-micrometer organisms grow and reproduce slowly and require no oxygen or host cell. They also change shapes asymmetrically, appearing as long, thin filaments, tiny spheres, or branches. Scientists have identified more than 100 mycoplasma species. Fifteen species are known to live in humans, most as normal symbiotic flora. Mycoplasma pneumoniae, previously called "walking pneumonia," is pathogenic in humans. Mycoplasma pneumoniae glides freely and uses its specialized filamentous tips to burrow between cilia within the respiratory epithelium, causing the respiratory epithelial cells to slough. It also produces hydrogen peroxide, which causes initial cell disruption in the respiratory tract and damages erythrocyte membranes. Researchers have determined that more than 40% of infants younger than 1 year old have had a mycoplasma infection. By age 5, approximately 65% of children have been infected. Nearly all adults have been infected at least once, often repeatedly. Mycoplasma pneumoniae usually affects people younger than 40 years of age. The highest incidence is found in the 5- to 9-year age group. The risk of contracting mycoplasma pneumoniae is greatest for people who live or work in crowded areas, such as daycare facilities, schools, homeless shelters, long-term care units, and military and prison environments. However, many people who develop mycoplasma infections have no identifiable risk factor. Most mycoplasma infections cause mild to moderate clinical symptoms, but the infection incubates over 3 weeks and can last weeks without treatment. This infection cannot be diagnosed based on symptoms alone; laboratory testing is essential. Infection can also cause ear infections, sinus infections, bronchitis, croup, severe sore throats, infectious asthma, and 1 type of the common cold. When mycoplasma infects children, about 25% of them develop nausea, vomiting, or diarrhea.

Which of the following is NOT true about mycoplasma infection?

- A. It can be contracted without an identifiable risk factor.
- B. It has an incubation period of over three weeks.
- C. It can be diagnosed without laboratory testing.
- D. It can cause nausea, vomiting, or diarrhea in children.

Correct Answer: C



The final paragraph of the passage states that mycoplasma infection CANNOT be diagnosed without laboratory testing, "This infection cannot be diagnosed based on symptoms alone; laboratory testing is essential."

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