

Neutropenic patients are considered high risk if their neutropenia lasts for:

- a. 1 day
- b. 3 days
- c. 5 days
- d. 7 days

Answer: c. 5 days

Which combination of drugs for treating neutropenic fever is associated with a higher rate of adverse effects?

- a. Cefepime plus gentamicin
- b. Vancomycin plus aztreonam
- c. Piperacillin-tazobactam
- d. Ciprofloxacin

Answer: a. Cefepime plus gentamicin

Which of the following drugs is not typically used in high-risk neutropenic patients?

- a. Vancomycin
- b. Meropenem
- c. Fluconazole
- d. Amikacin

Answer: a. Vancomycin

What is the recommended treatment for invasive aspergillosis?

- a. Amphotericin B
- b. Flucytosine and voriconazole
- c. Caspofungin
- d. Voriconazole

Answer: d. Voriconazole

In a patient with refractory pneumonia and an upper lobe nodule, what is the recommended treatment?

- a. IV amphotericin B
- b. IV voriconazole
- c. IV caspofungin
- d. IV fluconazole

Answer: b. IV voriconazole

Which of the following is not used in the treatment of aspergillosis?

- a. Amphotericin B
- b. Flucytosine and voriconazole
- c. Caspofungin
- d. Micafungin

Answer: b. Flucytosine and voriconazole

Which of the following statements is true about viral treatment in neutropenic patients?

- a. Treat all neutropenic patients with antiviral drugs.
- b. Use mild antiviral treatment because it is not a serious condition.
- c. Aggressively treat neutropenic patients with vesicular or ulcerative skin or mucosal rash.
- d. Viral treatment is not necessary for neutropenic patients.

Answer: c. Aggressively treat neutropenic patients with vesicular or ulcerative skin or mucosal rash.

A patient on CHOP-R regimen for non-Hodgkin lymphoma developed fever, hypotension, and dizziness 8 days after initiation of treatment.

What is the most likely absolute neutrophil count (ANC)?

- a. 500/microliter
- b. 300/microliter
- c. 200/microliter

d. 100/microliter

Answer: c. 200/microliter

A patient on chemotherapy developed pneumonia with neutropenia and started empirical antibiotics. What additional medication may be added?

- a. G-CSF
- b. Erythropoietin
- c. Interferon-alpha
- d. Antifungal medication

Answer: a. G-CSF

What is a common adverse effect of Filgrastim?

- a. Headache
- b. Bone pain
- c. Nausea
- d. Hypertension

Answer: b. Bone pain

Which of the following conditions is not an indication for high-risk neutropenic patients?

- a. Neutropenia lasting >7 days
- b. Presence of comorbidities
- c. Age over 65 years
- d. Neutropenia lasting <2 days

Answer: d. Neutropenia lasting <2 days

2. Which antibiotic combination is associated with a higher rate of adverse effects when used for treating neutropenic fever?

- a. Piperacillin-tazobactam plus tobramycin
- b. Cefepime plus amikacin
- c. Meropenem plus vancomycin
- d. Imipenem-cilastatin plus gentamicin

Answer: b. Cefepime plus amikacin

3. Among the following drugs, which one is not typically used in high-risk neutropenic patients?

- a. Fluconazole
- b. Caspofungin
- c. Micafungin

d. Itraconazole

Answer: d. Itraconazole

4. Which antifungal agent is recommended as the first-line treatment for invasive aspergillosis?

a. Amphotericin B

b. Caspofungin

c. Voriconazole

d. Itraconazole

Answer: c. Voriconazole

5. A patient with refractory pneumonia and an upper lobe nodule should be treated with which intravenous antifungal agent?

a. Amphotericin B

b. Voriconazole

c. Caspofungin

d. Fluconazole

Answer: b. Voriconazole

6. Among the following options, which one is not used in the treatment of aspergillosis?

a. Amphotericin B

b. Flucytosine and voriconazole

c. Caspofungin

d. Micafungin

Answer: d. Micafungin

7. Which statement about viral treatment in neutropenic patients is true?

a. All neutropenic patients should be treated with antiviral drugs.

b. Mild antiviral treatment is sufficient as neutropenic patients are less prone to viral infections.

c. Aggressive treatment is required for neutropenic patients with vesicular or ulcerative skin or mucosal rash.

d. Antiviral treatment is not necessary for neutropenic patients.

Answer: c. Aggressive treatment is required for neutropenic patients with vesicular or ulcerative skin or mucosal rash.

8. A patient on CHOP-R regimen for non-Hodgkin lymphoma developed fever, hypotension, and dizziness 8 days after initiation of treatment. What is the most likely absolute neutrophil count (ANC)?

a. 500/microliter

b. 300/microliter

c. 200/microliter

d. 100/microliter

Answer: c. 200/microliter

9. A patient on chemotherapy developed pneumonia with neutropenia and started empirical antibiotics. Which additional medication may be added to the treatment?

a. Granulocyte colony-stimulating factor (G-CSF)

b. Erythropoietin

c. Interferon-alpha

d. Antifungal medication

Answer: a. Granulocyte colony-stimulating factor (G

1. What is the correct approach for the management of the patient with rheumatoid arthritis?

a. The "step-up approach" is the least one employed in clinical practice

b. She should be started on adalimumab as the first agent

c. She should only be treated with



corticosteroids since she does not have erosions

d. Treatment with combination agents is superior to sequential monotherapy

e. Combination therapy should NOT be employed because of the higher risk of side effects

Answer: d. Treatment with combination agents is superior to sequential monotherapy

2. Which of the following is true about the management of rheumatoid arthritis?

a. Intentional approach is superior to the sequential one

b. Methotrexate is the first-line agent for rheumatoid arthritis

c. Hydroxychloroquine is the least effective in halting the radiographic changes in rheumatoid arthritis

d. Hydroxychloroquine is more effective than sulfasalazine

e. Hydroxychloroquine can cause scleritis

Answer: b. Methotrexate is the first-line agent for rheumatoid arthritis

3. Which of the following is true about hydroxychloroquine in the treatment of rheumatoid arthritis?

a. It is used as a monotherapy in severe disease

b. The dose is weight-dependent

c. It inhibits dihydrofolate reductase

d. It is more effective than sulfasalazine

e. It can cause scleritis

Answer: d. It is more effective than sulfasalazine

4. What is true about hydroxychloroquine in the treatment of rheumatoid arthritis?

a. There is no need for liver enzyme monitoring

b. CBC and liver function tests are done 6 months after initiation of therapy

c. The recommended duration of stopping hydroxychloroquine before getting pregnant is 6 months

d. Leflunomide is the agent for rheumatoid arthritis not used in pregnancy

Answer: a. There is no need for liver enzyme monitoring

5. A patient with rheumatoid arthritis on adalimumab develops a dry cough and night sweats, with apical consolidation seen on CXR. What is the next step?

- a. Continue adalimumab and initiate treatment for tuberculosis
- b. Stop adalimumab and test for tuberculosis
- c. Increase the dose of adalimumab
- d. Switch to a different biologic agent

Answer: b. Stop adalimumab and test for tuberculosis

6. In a patient with rheumatoid arthritis who did not respond to methotrexate and sulfasalazine plus hydroxychloroquine, what is the next step?

- a. Add etanercept
- b. Start corticosteroids as monotherapy
- c. Switch to leflunomide
- d. Increase the dose of sulfasalazine plus hydroxychloroquine

Answer: a. Add etanercept

7. A patient with rheumatoid arthritis on

methotrexate, sulfasalazine plus hydroxychloroquine, and etanercept develops pneumonia. What is the next step?

- a. Stop methotrexate
- b. Stop sulfasalazine plus hydroxychloroquine
- c. Stop etanercept
- d. Continue all medications

Answer: c. Stop etanercept

1. Which of the following is an appropriate duration of therapy to effectively treat an acute first episode of venous thromboembolism for all patients?

- a. one month
- b. 10 days
- c. 2 years
- d. 3 months
- e. 6 months

Answer: d. 3 months

2. What is the treatment of choice for a hospitalized patient with acute venous thromboembolism?

- a. Enoxaparin

- b. Warfarin
- c. Fondaparinux
- d. Lepirudin

Answer: a. Enoxaparin

3. In a patient with renal dysfunction and acute venous thromboembolism, which anticoagulant should be chosen?

- a. Unfractionated heparin (UFH)
- b. Enoxaparin
- c. Fondaparinux
- d. Lepirudin

Answer: a. Unfractionated heparin (UFH)

4. When is unfractionated heparin (UFH) used in the management of venous thromboembolism?

- a. CrCl < 25
- b. CrCl < 50
- c. CrCl < 75
- d. CrCl < 100

Answer: a. CrCl < 25

5. What is true about new oral anticoagulants?

- a. They require monitoring of anticoagulant effect

- b. They have a narrow therapeutic range
- c. They have a high risk of drug interactions
- d. They need no monitoring

Answer: d. They need no monitoring

6. What is a common side effect for all anticoagulants?

- a. Hypertension
- b. Hyperglycemia
- c. Bleeding
- d. Renal impairment

Answer: c. Bleeding

In a patient with metastatic ovarian cancer and pulmonary embolism, how long should anticoagulation be continued?

- a. 3 months
- b. 6 months
- c. 1 year
- d. for life

Answer: d. for life

What is the management of a patient with non-small cell lung cancer who developed deep vein thrombosis?

- a. IV loading dose of LMWH with oral warfarin
- b. Enoxaparin monotherapy
- c. Fondaparinux monotherapy
- d. Lepirudin monotherapy

Answer: a. IV loading dose of LMWH with oral warfarin

What is the agent used to treat heparin-induced thrombocytopenia (HIT)?

- a. Dalteparin
- b. Apixaban
- c. Enoxaparin
- d. Lepirudin

Answer: d. Lepirudin

A patient developed deep vein thrombosis and had a previous history of thrombocytopenia 5 days after treatment with heparin. Which of the following drugs can be used to replace unfractionated heparin (UFH)?

- a. Dalteparin
- b. Apixaban
- c. Enoxaparin
- d. Lepirudin

Answer: d. Lepirudin

1. What is a disadvantage of using morphine in acute coronary syndrome?

- a. Slows the aspirin absorption
- b. Increases bleeding risk
- c. Delays reperfusion
- d. Impairs platelet function

Answer: a. Slows the aspirin absorption

2. Which combination of drugs is known to achieve the goals of decreasing mortality, heart failure, re-infarction or stroke, and stent thrombosis in secondary prevention of myocardial infarction?

- a. Aspirin + ACE inhibitors + high-intensity statins + organic nitrates
- b. Aspirin + ACE inhibitors + high-intensity statins + amlodipine
- c. Aspirin + ACE inhibitors + high-intensity statins + bisoprolol
- d. Aspirin + ACE inhibitors + high-intensity statins + clopidogrel
- e. Aspirin + ACE inhibitors + high-intensity statins + verapamil

Answer: c. Aspirin + ACE inhibitors + high-



intensity statins + bisoprolol

3. Which of the following drugs does NOT decrease mortality in acute coronary syndrome?

- a. Aspirin
- b. ACE inhibitors
- c. High-intensity statins
- d. Morphine

Answer: d. Morphine

4. Which of the following drugs does NOT prevent remodeling in acute coronary syndrome?

- a. Aspirin
- b. ACE inhibitors
- c. High-intensity statins
- d. Loop diuretics

Answer: d. Loop diuretics

5. Which of the following statements is NOT correct about the use of fibrinolytic therapy in patients with ST-elevation myocardial infarction?

- a. In the absence of contraindication to

fibrinolytic therapy

b. It is indicated when performing percutaneous coronary intervention is lacking

c. It is indicated when transfer of the patient to a facility capable of performing percutaneous coronary intervention is impossible

d. It may be given within 12 hours of onset of symptoms

e. When patient presentation is delayed beyond 24 hours

Answer: e. When patient presentation is delayed beyond 24 hours

6. What is NOT a contraindication for the use of alteplase?

a. History of streptokinase use

b. Active bleeding

c. Recent major surgery

d. Intracranial hemorrhage

Answer: a. History of streptokinase use

7. Which of the following is NOT an indication for the use of anticoagulants in acute coronary syndromes?

a. For patients undergoing fibrinolysis

- b. For patients undergoing primary percutaneous coronary intervention
- c. For patients with a contraindication to reperfusion therapy
- d. For patients with non-ST-elevation acute coronary syndrome

Answer: d. For patients with non-ST-elevation acute coronary syndrome

8. Which of the following anticoagulants is NOT matched with the appropriate duration of therapy in patients with acute coronary syndromes?

- a. Bivalirudin - up to 3 days
- b. Enoxaparin - up to 8 days
- c. Unfractionated heparin - 2 days
- d. Fondaparinux - 21 days

Answer: d. Fondaparinux - 21 days

1. Which of the following drugs is a sodium-glucose cotransporter-2 (SGLT-2) inhibitor used in the treatment of type 2 diabetes?

- a. Metformin
- b. Empagliflozin

- c. Glimepiride
- d. Sitagliptin

Answer: b. Empagliflozin

2. A patient with type 2 diabetes and obesity is prescribed a medication that decreases hepatic glucose production and improves insulin sensitivity. Which medication is most likely prescribed?

- a. Pioglitazone
- b. Acarbose
- c. Repaglinide
- d. Liraglutide

Answer: a. Pioglitazone

3. Which of the following medications acts by inhibiting the breakdown of incretin hormones, leading to increased insulin secretion and decreased glucagon release?

- a. Metformin
- b. Exenatide
- c. Canagliflozin
- d. Rosiglitazone

Answer: b. Exenatide

4. A patient with type 2 diabetes is prescribed a medication that stimulates insulin release from pancreatic beta cells in a glucose-dependent manner. Which medication is most likely prescribed?

- a. Metformin
- b. Glipizide
- c. Saxagliptin
- d. Pramlintide

Answer: b. Glipizide

5. Which of the following medications is a long-acting insulin analog that provides basal insulin coverage with a duration of action up to 24 hours?

- a. Regular insulin
- b. Insulin aspart
- c. Insulin glargine
- d. Insulin lispro

Answer: c. Insulin glargine

6. A patient with type 1 diabetes requires mealtime insulin coverage. Which of the following insulins is a rapid-acting insulin analog with a quick onset of action?

- a. Insulin glulisine
- b. Insulin detemir
- c. Insulin NPH
- d. Insulin degludec

Answer: a. Insulin glulisine

7. Which of the following medications is a dipeptidyl peptidase-4 (DPP-4) inhibitor used in the treatment of type 2 diabetes?

- a. Metformin
- b. Sitagliptin
- c. Glimepiride
- d. Canagliflozin

Answer: b. Sitagliptin

8. A patient with type 2 diabetes and chronic kidney disease is prescribed a medication that lowers blood glucose by inhibiting glucose reabsorption in the kidneys. Which medication is most likely prescribed?

- a. Metformin
- b. Empagliflozin
- c. Insulin glargine

d. Pioglitazone

Answer: b. Empagliflozin

9. Which of the following medications is a glucagon-like peptide-1 (GLP-1) receptor agonist used in the treatment of type 2 diabetes?

a. Glipizide

b. Pramlintide

c. Liraglutide

d. Repaglinide

Answer: c. Liraglutide

10. A patient with type 2 diabetes is prescribed a medication that inhibits the breakdown of complex carbohydrates in the intestine, leading to a decrease in postprandial glucose levels. Which medication is most likely prescribed?

a. Metformin

b. Acarbose

c. Saxagliptin

d. Rosiglitazone

Answer: b. Acarbose

## Medical Therapy of Pneumonia:

1. Which of the following antibiotics is considered a first-line treatment for community-acquired pneumonia in an otherwise healthy adult?

- a. Ampicillin
- b. Ceftriaxone
- c. Levofloxacin
- d. Vancomycin

Answer: c. Levofloxacin

2. What is the recommended duration of antibiotic treatment for uncomplicated community-acquired pneumonia in adults?

- a. 3 days
- b. 5 days
- c. 7 days
- d. 10 days

Answer: d. 10 days

3. Which of the following is an appropriate empirical antibiotic choice for a hospitalized



patient with severe pneumonia and risk factors for multidrug-resistant pathogens?

- a. Amoxicillin-clavulanate
- b. Ceftriaxone
- c. Vancomycin
- d. Piperacillin-tazobactam

Answer: d. Piperacillin-tazobactam

Medical Therapy of Migraine:

1. Which class of medications is considered first-line for acute treatment of migraine attacks?

- a. Beta-blockers
- b. Nonsteroidal anti-inflammatory drugs (NSAIDs)
- c. Antiepileptic drugs
- d. Triptans

Answer: d. Triptans

2. What is the recommended duration of triptan use for the treatment of acute migraine attacks?

- a. 1 day
- b. 3 days
- c. 5 days

d. 7 days

Answer: b. 3 days

3. Which of the following medications is commonly used for migraine prophylaxis?

a. Sumatriptan

b. Propranolol

c. Naproxen

d. Acetaminophen

Answer: b. Propranolol

Medical Therapy of Venous Thromboembolism:

1. What is the recommended duration of anticoagulant treatment for a patient with a first episode of unprovoked deep vein thrombosis (DVT)?

a. 3 months

b. 6 months

c. 1 year

d. indefinite

Answer: d. indefinite

2. Which of the following is a direct oral anticoagulant (DOAC) commonly used for the

treatment of venous thromboembolism?

- a. Warfarin
- b. Heparin
- c. Rivaroxaban
- d. Enoxaparin

Answer: c. Rivaroxaban

3. What is the recommended duration of anticoagulant treatment for a patient with a pulmonary embolism provoked by a transient risk factor?

- a. 1 month
- b. 3 months
- c. 6 months
- d. 1 year

Answer: b. 3 months

Medical Therapy of Osteoporosis:

1. Which class of medications is considered first-line for the treatment of osteoporosis in postmenopausal women?

- a. Bisphosphonates
- b. Selective estrogen receptor modulators (SERMs)

- c. Calcium supplements
- d. Vitamin D analogs

Answer: a. Bisphosphonates

2. How long is the usual treatment duration with bisphosphonates for osteoporosis?

- a. 1 year
- b. 3 years
- c. 5 years
- d. 10 years

Answer: c. 5 years

Medical Therapy of Pneumonia:

1. Which of the following antibiotics is considered the first-line treatment for community-acquired pneumonia in a previously healthy adult?

- a. Azithromycin
- b. Ceftriaxone
- c. Levofloxacin
- d. Vancomycin

Answer: a. Azithromycin

2. What is the recommended duration of

antibiotic treatment for uncomplicated community-acquired pneumonia in immunocompetent adults?

- a. 3-5 days
- b. 7-10 days
- c. 14-21 days
- d. 30 days

Answer: b. 7-10 days

3. Which of the following is not a risk factor for drug-resistant pathogens in pneumonia?

- a. Age over 65 years
- b. Recent hospitalization
- c. Chronic obstructive pulmonary disease (COPD)
- d. Smoking history

Answer: c. Chronic obstructive pulmonary disease (COPD)

Medical Therapy of Migraine:

1. Which class of medications is commonly used as first-line treatment for acute migraine attacks?

- a. Nonsteroidal anti-inflammatory drugs

(NSAIDs)

- b. Triptans
- c. Beta-blockers
- d. Anticonvulsants

Answer: b. Triptans

2. What is the recommended duration of treatment with preventive medications for chronic migraine?

- a. 1-3 months
- b. 6-12 months
- c. 2-3 years
- d. Indefinitely

Answer: d. Indefinitely

3. Which of the following medications is a calcitonin gene-related peptide (CGRP) receptor antagonist used for migraine prevention?

- a. Propranolol
- b. Topiramate
- c. Amitriptyline
- d. Erenumab

Answer: d. Erenumab

Medical Therapy of Venous Thromboembolism:

1. What is the recommended initial anticoagulant therapy for acute deep vein thrombosis (DVT)?

- a. Unfractionated heparin (UFH)
- b. Low molecular weight heparin (LMWH)
- c. Warfarin
- d. Fondaparinux

Answer: b. Low molecular weight heparin (LMWH)

2. Which of the following is an oral direct factor Xa inhibitor used for the treatment of venous thromboembolism?

- a. Heparin
- b. Enoxaparin
- c. Rivaroxaban
- d. Dabigatran

Answer: c. Rivaroxaban

Medical Therapy of Osteoporosis:

1. Which class of medications is considered the first-line treatment for postmenopausal osteoporosis?

- a. Bisphosphonates
  - b. Selective estrogen receptor modulators (SERMs)
  - c. Calcitonin
  - d. Teriparatide
- Answer: a. Bisphosphonates

2. What is the recommended daily calcium intake for postmenopausal women with osteoporosis?

- a. 500 mg
- b. 800 mg
- c. 1000 mg
- d. 1500 mg

Answer: c. 1000 mg



## Medical Therapy of Pneumonia:

1. Which antibiotic is considered the first-line treatment for community-acquired pneumonia in a previously healthy adult?

- a. Azithromycin
- b. Ceftriaxone
- c. Vancomycin
- d. Levofloxacin

Answer: a. Azithromycin

2. What is the recommended treatment duration for community-acquired pneumonia in an otherwise healthy adult?

- a. 3 days
- b. 7 days
- c. 10 days
- d. 14 days

Answer: c. 10 days

## Medical Therapy of Migraine:

1. Which class of drugs is considered first-line for the acute treatment of migraine?

- a. Triptans
- b. NSAIDs
- c. Beta-blockers
- d. Anticonvulsants

Answer: a. Triptans

2. What is the recommended prophylactic treatment for patients with frequent or severe migraines?

- a. Topiramate
- b. Sumatriptan
- c. Ibuprofen
- d. Propranolol

Answer: a. Topiramate

Medical Therapy of Venous Thromboembolism:

1. Which factor Xa inhibitor is commonly used for the treatment of venous thromboembolism?

- a. Warfarin
- b. Rivaroxaban
- c. Heparin
- d. Fondaparinux

Answer: b. Rivaroxaban

2. What is the recommended duration of anticoagulant therapy for a patient with a first episode of unprovoked deep vein thrombosis?

- a. 3 months
- b. 6 months
- c. 1 year
- d. Indefinite duration

Answer: d. Indefinite duration

Medical Therapy of Osteoporosis:

1. Which class of medications is commonly used as first-line treatment for osteoporosis?

- a. Bisphosphonates
- b. Selective estrogen receptor modulators (SERMs)
- c. Calcium supplements
- d. Vitamin D supplements

Answer: a. Bisphosphonates

2. What is the recommended daily intake of calcium for postmenopausal women with osteoporosis?

- a. 500 mg
- b. 800 mg
- c. 1000 mg
- d. 1500 mg

Answer: c. 1000 mg

## Medical Therapy of Major Depression:

1. Which class of medications is considered first-line treatment for major depression?

- a. Selective serotonin reuptake inhibitors (SSRIs)
- b. Benzodiazepines
- c. Tricyclic antidepressants (TCAs)
- d. Monoamine oxidase inhibitors (MAOIs)

Answer: a. Selective serotonin reuptake inhibitors (SSRIs)

2. What is the recommended duration of antidepressant treatment for a first episode of major depression?

- a. 2 weeks
- b. 4 weeks
- c. 6 months
- d. 1 year

Answer: c. 6 months

1. Which neurotransmitter is believed to be primarily dysregulated in my schizophrenia?

- a. Serotonin
- b. GABA
- c. Dopamine
- d. Acetylcholine

Answer: c. Dopamine

2. What is the most common age of onset for schizophrenia?

- a. Childhood
- b. Adolescence
- c. Early adulthood
- d. Late adulthood

Answer: c. Early adulthood

3. Which of the following is NOT a positive symptom of schizophrenia?

- a. Delusions
- b. Hallucinations
- c. Flat affect
- d. Disorganized speech

Answer: c. Flat affect

4. Which class of antipsychotic medications is known for its greater risk of extrapyramidal side effects?

- a. First-generation (typical) antipsychotics
- b. Second-generation (atypical) antipsychotics
- c. Benzodiazepines
- d. Mood stabilizers

Answer: a. First-generation (typical) antipsychotics

5. What is the first-line treatment for acute psychotic episodes in schizophrenia?

- a. Cognitive-behavioral therapy (CBT)
- b. Antidepressants
- c. Antipsychotic medications
- d. Electroconvulsive therapy (ECT)

Answer: c. Antipsychotic medications

6. Which medication is commonly used to manage the extrapyramidal side effects of antipsychotics?

- a. Lithium
- b. Haloperidol

- c. Lorazepam
- d. Benztropine

Answer: d. Benztropine

7. Which symptom domain of schizophrenia is associated with impaired cognitive function and negative symptoms?

- a. Positive symptoms
- b. Negative symptoms
- c. Cognitive symptoms
- d. Affective symptoms

Answer: c. Cognitive symptoms

8. What is the term for the loss of interest, motivation, and emotional responsiveness often seen in schizophrenia?

- a. Apathy
- b. Agitation
- c. Mania
- d. Euphoria

Answer: a. Apathy

9. Clozapine, an atypical antipsychotic, is primarily used in which situation?

- a. First-line treatment for acute psychotic

episodes

- b. Treatment-resistant schizophrenia
- c. Bipolar disorder
- d. Generalized anxiety disorder

Answer: b. Treatment-resistant schizophrenia

10. Which therapy approach focuses on helping individuals with schizophrenia manage their symptoms and improve functioning in daily life?

- a. Cognitive-behavioral therapy (CBT)
- b. Psychodynamic therapy
- c. Electroconvulsive therapy (ECT)
- d. Transcranial magnetic stimulation (TMS)

Answer: a. Cognitive-behavioral therapy (CBT)

1. Medication errors can occur due to mistakes made by which of the following healthcare professionals?

- A) Physicians
- B) Pharmacists
- C) Nurses
- D) All of the above

Answer: D) All of the above



2. How many prescription medications are available in the United States?

- A) Approximately 500
- B) Approximately 2,000
- C) Approximately 6,800
- D) Approximately 10,000

Answer: C) Approximately 6,800

3. Medication errors are associated with an added risk to patients when there are interactions among:

- A) Prescription medications only
- B) Over-the-counter drugs only
- C) Health supplements, herbs, and alternative medicines only
- D) All of the above

Answer: D) All of the above

4. According to a Johns Hopkins study, what is the ranking of medical errors, including medication errors, as a cause of death in the USA?

- A) First-leading cause of death
- B) Second-leading cause of death
- C) Third-leading cause of death

D) Fourth-leading cause of death

Answer: C) Third-leading cause of death

5. Which of the following is the definition of a medication error?

A) Any preventable event that may cause inappropriate medication use or patient harm while the medication is in the control of the healthcare professional or the patient.

B) Any adverse drug reaction experienced by a patient.

C) Any error made during the compounding process of a medication.

D) Any error in documenting a patient's medication history.

Answer: A) Any preventable event that may cause inappropriate medication use or patient harm while the medication is in the control of the healthcare professional or the patient.

6. Which of the following is a common reason for medication errors?

A) Failure to communicate drug orders

B) Illegible handwriting

C) Confusion over similarly named drugs

D) All of the above

Answer: D) All of the above

7. Medication errors can be due to human errors and a flawed system. What does a flawed system refer to?

A) A system that is weak and imperfect, with inadequate backup to detect mistakes.

B) A system that is overly strict and inflexible, leading to mistakes.

C) A system that is too complex and difficult to understand, leading to mistakes.

D) A system that is outdated and needs to be replaced, leading to mistakes.

Answer: A) A system that is weak and imperfect, with inadequate backup to detect mistakes.

8. At which point in the medication process do medication errors usually occur most commonly?

A) Ordering/prescribing

B) Administration

C) Monitoring

D) Dispensing

Answer: A) Ordering/prescribing

9. What is one of the most common system failures contributing to medication errors?

- A) Inaccurate order transcription
- B) Drug knowledge dissemination
- C) Failing to obtain allergy history
- D) Poor professional communication

Answer: A) Inaccurate order transcription

10. Which patient populations are particularly sensitive to medication errors?

- A) Elderly and children
- B) Adults and teenagers
- C) Pregnant women and infants
- D) Middle-aged and adolescents

Answer: A) Elderly and children

1. Which of the following healthcare professionals can be responsible for medication errors?

- A) Physicians
- B) Pharmacists

- C) Nurses
- D) Patients
- E) All of the above

Answer: E) All of the above

2. Approximately how many prescription medications are available in the United States?

- A) 500
- B) 1,000
- C) 3,000
- D) 6,800
- E) Countless

Answer: D) 6,800

3. Medication errors are associated with an added risk to patients due to interactions with:

- A) Prescription medications only
- B) Over-the-counter drugs only
- C) Health supplements and herbs only
- D) Alternative medicines only
- E) All of the above

Answer: E) All of the above

4. According to a Johns Hopkins study, what is the ranking of medical errors, including medication errors, among the leading causes of death in the USA?

- A) First
- B) Second
- C) Third
- D) Fourth
- E) Fifth

Answer: B) Second

5. Medication errors can occur in which of the following steps of the medication process?

- A) Professional practice
- B) Health care products
- C) Procedures and systems, including prescribing
- D) Order communication
- E) All of the above

Answer: E) All of the above

6. Which of the following is NOT a common

reason for medication errors?

- A) Failure to communicate drug orders
- B) Illegible handwriting
- C) Incorrect drug selection from a drop-down menu
- D) Accurate use of similar drug names
- E) Errors involving dosing units or weight

Answer: D) Accurate use of similar drug names

7. Medication errors can be due to:

- A) Human errors
- B) Flawed system with inadequate backup to detect mistakes
- C) Both A and B
- D) Neither A nor B

Answer: C) Both A and B

8. Ordering/prescribing errors account for approximately what percentage of medication

errors?

- A) 10%
- B) 25%
- C) 50%
- D) 75%
- E) 100%

Answer: C) 50%

9. Which of the following is an administration error?

- A) Incorrect route of administration
- B) Giving the drug to the wrong patient
- C) Extra dose
- D) All of the above
- E) None of the above

Answer: D) All of the above

10. Monitoring errors can include failing to take into account:

- A) Patient liver and renal function
- B) Patient allergies
- C) Potential drug interactions
- D) All of the above



E) None of the above

Answer: D) All of the above

11. Which of the following is NOT a common system failure contributing to medication errors?

- A) Inaccurate order transcription
- B) Drug knowledge dissemination
- C) Failing to obtain allergy history
- D) Adequate order checking
- E) Poor professional communication

Answer: D) Adequate order checking

12. Expired products can result in medication errors due to:

- A) Improper storage
- B) Use of expired products
- C) Both A and B
- D) Neither A nor B

Answer: C) Both A and B

13. Incorrect strength of medication can occur due to:

- A) Calculation errors
- B) Incorrect conversion of units
- C) Both A and B
- D) Neither A nor B

Answer: C) Both A and B

14. Which of the following strategies can help prevent medication errors?

- A) Implementing medication safety protocols
- B) Conducting regular medication reconciliation
- C) Enhancing patient education on medications
- D) All of the above
- E) None of the above

Answer: D) All of the above

15. What is the role of healthcare professionals in preventing medication errors?

- A) Following established protocols and guidelines
- B) Practicing effective communication and teamwork
- C) Reporting and learning from errors
- D) All of the above
- E) None of the above

Answer: D) All of the above

1. What are the key features of schizophrenia?

- a) Disorganized and bizarre thoughts
- b) Delusions and hallucinations
- c) Inappropriate affect and impaired psychosocial functioning
- d) All of the above (Correct answer: d)

2. Which neurotransmitter dysfunctions are involved in schizophrenia?

- a) Dopamine
- b) Serotonin

c) Glutamate

d) All of the above (Correct answer: d)

3. What is the recommended approach for selecting an antipsychotic drug for a patient with schizophrenia?

a) Focus on the beneficial effects

b) Consider the adverse effect profiles

(Correct answer: b)

c) Use combination regimens for all patients

d) Use monotherapies with high risk of adverse effects

4. What is the role of psychosocial rehabilitation programs in the treatment of schizophrenia?

a) They are not effective and should be avoided

b) They should be used as the sole treatment option

c) They should be used in combination with antipsychotic treatment (Correct answer: c)

d) They are only necessary during the initial psychotic episode

5. What is the recommended duration of

maintenance antipsychotic treatment for most patients with schizophrenia?

- a) 1-2 years
- b) 5-10 years
- c) Lifelong treatment (Correct answer: c)
- d) No maintenance treatment is needed

6. Patients with schizophrenia who continue to abuse alcohol or drugs usually have:

- a) A better response to medications
- b) A poor response to medications and a poor prognosis (Correct answer: b)
- c) Reduced risk of relapse
- d) No impact on their treatment outcomes

7. Which of the following medical conditions can cause psychosis?

- a) HIV (AIDS)
- b) Alzheimer's disease
- c) Parkinson's disease
- d) All of the above (Correct answer: d)

8. What are the desired outcomes of therapy for schizophrenia?

- a) Avoiding adverse effects

- b) Increasing adaptive functioning
- c) Preventing relapse
- d) All of the above (Correct answer: d)

9. Which antipsychotic medications belong to the first-generation antipsychotics (FGAs)?

- a) Chlorpromazine
- b) Haloperidol
- c) Thiothixine
- d) All of the above (Correct answer: d)

10. How do second-generation antipsychotics (SGAs) differ from FGAs in terms of their mechanism of action?

- a) SGAs block dopaminergic neurotransmission
- b) SGAs block D2 dopamine receptors as well as 5-HT<sub>2A</sub> serotonin receptors (Correct answer: b)
- c) SGAs have a higher risk of neurologic adverse effects
- d) SGAs are not effective in treating schizophrenia

11. What is the major advantage of SGAs over

FGAs?

- a) Lower risk of neurologic adverse effects, particularly motor effects (Correct answer: a)
- b) Higher efficacy in treating positive symptoms
- c) Lower risk of metabolic adverse effects
- d) Faster onset of action

12. What are the goals during the initial treatment of an acute psychotic episode in patients with schizophrenia?

- a) Reduction of symptoms and normalization of sleep and eating patterns (Correct answer: a)
- b) Complete elimination of symptoms

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