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Question 1

CJ is a 69-year-old male with a history of diabetes, hypertension and hypercholesterolemi

a. His fasting lipid profile is TC 530 mg/dL; LDL-C 125; HDL-C 48 mg/dL; and TG 640 mg/dL. His A1c 8.1, calculate creatinine clearance is 65mls/hr, BP 135/80 mm Hg, HR 70 beats /min.

His current medications include metformin 1000mg po bid, lisinopril 20mg daily, sitagliptin 50mg bid and atorvastatin 40mg daily.

What is the best pharmacological agent to initiate on CJ?

Options:

A- Increase atorvastatin to 80mg

B- Niacin 500mg twice daily

C- Fenofibrate 162mg daily

D- Gemfibrozil 600mg twice daily

E- Fish oil 500mg twice daily

Answer:

C

Explanation:

It is reasonable to add triglyceride-lowering medications such as fibrates or niacin to prevent pancreatitis in those with triglyceride levels >500 mg/dL, which applies to this patient as his TG level is 640 mg/dL . C. is wrong because gemfibrozil should not be initiated in patients on statin therapy because of an increased risk for muscle symptoms and rhabdomyolysis. Fenofibrate may be considered concomitantly with a low- or moderate- intensity statin when triglycerides are above 500 mg/dL,2, however he is on a high intensity statin therapy. For niacin, the IR dose should start at 100 mg TID2 and niacin does not lower triglyceride levels as much as fibrate do.4 Fenofibrates are dose adjusted for renal function lower than 60 mL/min to 54 mg/mL, so this dose is appropriate for this patient because of his renal function being above 60 mL/min. The best option is fenofibrate 162 mg daily, but this needs to be monitored for any symptoms of muscle pain exhibited by the patient, especially as the patient is at a higher risk due to being a diabetic. Fish oil is not a first line agent to treat hypertriglyceridemia.

http://circ.ahajournals.org/content/129/25_suppl_2/S1

Question 2

Question Type: MultipleChoice

What is the Osmolarity of NS with KCL 40 meq/L? (MW of KCl: 74.55 g/mol) (MW of NaCl: 58.44 g/mol)

Options:

A- 800 mOsm/L

B- 308 mOm/L

C- 1108 mOsm/L

D- 830 mOsm/L

E- 388 mOsm/L

Answer:

E

Explanation:

KCl: Osmoles = number of particles in solution Convert 40meq to weight in g: 40meq 1equiv/1000 mEq 74.5g/1 equiv = 2.98g of KCL. Calculate mOsm/L: 2.98g/L 1mol/74.5g 2Osm/1 mol 1000mOsm/1 Osm = 80mOsm/L. NaCl: 0.9g/100ml 1mol/58.5 g 2 Osm/1mol 1000 mOsm/ 1Osm 1000ml/1L = 308 mOsm/L 80 mOsm/L + 308 mOsm/L = 388 mOsm/L

Question 3

Question Type: **MultipleChoice**

Number of new cases per population at risk in a given time period is a definition of which of the following?

Options:

A- Incidence rate

B- Prevalence rate

C- Mortality rate

D- Odds ratio

E- Confidence Interval

Answer:

A

Explanation:

Incidence rate = New reported cases / summed person-years of observation (avg population during time interval). Prevalence = Cases in a population in a given time period / total population at that time Mortality rate

= deaths during specified time interval / population size at risk for death.

https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson3/section2.html

Question 4

A patient takes 1gm of Calcium Carbonate salt three times a day. How much elemental calcium, in grams, is he getting in 24hrs? (MW of Ca: 40.078 g/mol, MW of CaCO3: 100.087 g/mol)

Options:

A- 3 g

B- 1.8g

C- 1.2g

D- 0.8gm

E- 1.8mg

Answer:

C

Explanation:

Calcium makes up 40% of the MW of CaCO3. MW Ca / MW CaCO3 40.078 / 100.087 100% = 40%. 40% of 1 g CaCO3 = 0.4 g. Patient is taking 0.4 g of Ca 3 times daily. 0.4 g Ca 3 = 1.2 g of Elemental Ca.

Question 5

Question Type: MultipleChoice

Results from a Meta-analysis where they looked at frequency of postoperative arterial fibrillation in patients on Ascorbic acid after cardiac surgery found odds ratio, 0.44 (95% CI, 0.32 to 0.61). How can you interpret this data?

Options:

A- Ascorbic acid increased frequency of postoperative arterial fibrillation after cardiac surgery by 44%

B- Ascorbic acid decreased frequency of postoperative arterial fibrillation after cardiac surgery by 44%

C- There was no statistically significant difference in frequency of postoperative arterial fibrillation after cardiac surgery

D- Ascorbic acid decreased frequency of postoperative arterial fibrillation after cardiac surgery by 56%

E- None of the above are correct

Answer:

D

Explanation:

Odds ratio of 0.44 (44%) means that this group was associated with an event happening 44% of the time, compared to 1 (an event happening 100% of the time if unexposed), therefore 100 - 44 = 56%, which is the reduction caused by the exposure. Exposure is the use of ascorbic acid.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1112884/

Question 6

Question Type: MultipleChoice

JK is a 67 years old African American man who presents to your clinic for his blood pressure management. His past medical history includes Peptic ulcer disease and hypertension. His two BP readings are 160/98, 159/96 and HR 85. He says he has been adherent to his medication and lifestyle. He currently takes 12.5mg Chlorthalidone and Prilosec 20mg daily.

Which of the following is the best strategy to manage his blood pressure?

Options:

A- Increase chlorthalidone to 25mg daily

B- Add Norvasc 2.5 daily

C- Add Lisinopril 5mg daily

D- Add hydrochlorothiazide 25mg daily

E- Add Lisinopril 20mg daily

Answer:

B

Explanation:

As the patient is over the age of 60 and he does not have CKD or diabetes, his goal BP should be SBP < 150 mmHg or DBP < 90 mmHg, and he is not currently at this goal with his medication regimen. Options are to maximize the current medication dosage (option A), or to add a second agent. Since calcium channel blockers like Norvasc are recommended as initial treatment options in African Americans, choosing Norvasc over lisinopril would probably be the more effective option.

http://jamanetwork.com/journals/jama/fullarticle/1791497

Question 7

JM is a 32-year-old women who comes to your diabetic clinic with complain of several episodes of hypoglycemi

a. She is on Insulin NPH/regular 70/30, 22 units twice a day with breakfast and dinner. 8 units with lunch.

After discussing with physician you decide to decrease the total daily insulin by 10% and change to insulin glargine once a day and Insulin Lispro three time a day at ratio of 50:50 -- 50 % of long and 50 % of short acting insulin.

What is her new insulin regimen? Round down to the nearest 1 unit.

Options:

A- 16 units of insulin glargine once daily, Insulin Lispro 4 units 3 times a day with meals

B- 15 units of insulin glargine once daily, Insulin Lispro 5 units 3 times a day with meals

C- 23 units of insulin glargine once daily, Insulin Lispro 7 units 3 times a day with meals

D- 30 units of insulin glargine once daily, Insulin Lispro 6 units 3 times a day with meals

E- 18 units of insulin glargine once daily, Insulin Lispro 6 units 3 times a day with meals

Answer:

C

Explanation:

22 2 + 7 = 51 units of total insulin per day. Decrease by 10% 51 units 0.9 = 45.9 units per day round up to 46 units. 46 units 0.50 = 23 units, administer 23 units of insulin glargine once daily. 46 units 0.50 = 23 units total Insulin Lispro. Round down, divided by three times a day, 7 units 3 times a day with meals.